



# Survival Coalition

of Wisconsin Disability Organizations

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*P.O. Box 7222, Madison, Wisconsin 53707*

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To: Representative Rodriguez, Chair  
Representative Pope, Vice-Chair  
Members, Assembly Speaker's Task Force on Urban Education

From: Survival Coalition of Wisconsin Disability Organizations

Survival Coalition is comprised of more than 30 statewide disability organizations that advocate and support policies and practices that lead to the full inclusion, participation, and contribution of people living with disability, including students. Several of Survival Coalition's member groups directly support students with disabilities and their families to advocate for quality special education supports.

Our coalition submits testimony today on behalf of the Wisconsin's student population (117,000 - one in 7) who have disabilities. **Many of the issues the Urban Education Task Force is exploring today - lower than average academic achievement, problematic truancy and graduation rates - are experienced to a greater degree by students with disabilities.**

Despite research showing that with appropriate, high-quality education supports, students with disabilities are capable of making progress and achieving proficiency in reading and math to the same degree as peers without disabilities, proficiency rates are nearly three times lower (14.5% compared to 40.1% in reading; 21.6% compared to 52.9% in math 2013-14). High school completion rates for students with disabilities consistently lag 20 points lower than their peers. **When students with disabilities do not achieve a high school diploma, often they are destined for a life of poverty, reliant on public benefits, and are at higher risk of the school to prison pipeline.**

Our testimony today will address four important areas and make some specific recommendations that we think can improve outcomes for students with disabilities and provide schools with the supports they require. The topics we will address include:

- Wisconsin's Approach to School Mental Health in context of the Wisconsin School Mental Health Project;
- Positive Behavioral Interventions and Supports (PBIS) and Trauma Sensitive Schools;
- Suspension rates for children with disabilities, including concerns about students of color; and,
- Inappropriate use of restrictive measures to address behavior

## **1. Support expansion of the Wisconsin School Mental Health Project and initiatives aligned with Wisconsin’s Approach to School Mental Health.**

The recently-launched Wisconsin School Mental Health Project [<http://dpi.wi.gov/sites/default/files/imce/administrators/bi-weekly-mailing/2%20-%20wischoolmhproject.pdf>] draws upon years of collaborative youth development work in areas such as social and emotional learning, school based prevention and intervention regarding alcohol and other drug abuse (AODA), suicide prevention, school climate improvement, PBIS and trauma sensitive schools, and anti-stigma education related to mental health issues. Twenty-seven school districts are participating in this five-year project on student emotional well-being and mental health, training school-community teams to develop policies, programs, and practices that support all students in developing emotional well-being and support students with mental health challenges, including accessing community-based clinical mental health care if needed. These activities will be integrated into the schools’ existing behavior and discipline systems.

The School Mental Health Project relies on the principles outlined in Wisconsin’s Approach to School Mental Health, collaboratively developed with various partners through the Department of Public Instruction. School mental health is envisioned as a continuum of learning supports integrated throughout the school community, within a multi-level system of supports: universal strategies to promote social and emotional well-being for all students, selected strategies supporting students at risk or with mild mental or behavioral health challenges, and targeted strategies supporting those with significant needs. The strategies and services will focus on students’ strengths and specific needs, provided by adults in a manner that is compassionate, trauma-sensitive, and culturally responsive.

In Wisconsin’s Approach to School Mental Health, families are essential partners, respectfully and authentically engaged in determining school mental health learning supports for their children. Most school mental health strategies and services are provided by school personnel in partnership with families; community-based mental health service providers are welcomed as collaborative partners. If clinical services are provided in a school setting, they are done so in partnership with families and schools, and available equitably for all students who need them.

### **Key Recommendations:**

- Invest in scaling up the Wisconsin School Mental Health Project to involve more schools and districts throughout the state.
- Support the “Expanded School Mental Health Services” proposal from the Coalition for Expanding School Based Mental Health, providing grant funding for school districts to collaborate with community mental health agencies in partnership with youth and families regarding clinical mental health services in the school setting.

## **2. Expand Positive Behavioral Interventions and Supports (PBIS) and Trauma Sensitive Schools.**

In their joint 2009 report *Out of the Darkness... Into the Light*, Disability Rights Wisconsin, WI FACETS and Wisconsin Family Ties identified two components of implementing positive approaches for students with challenging behaviors: Positive Behavior Interventions and Supports (PBIS) and trauma-sensitive approaches.

## Positive Behavior Interventions and Supports (PBIS)

Wisconsin's practice of PBIS in schools builds upon a growing consensus in the literature that positive behavioral supports are an effective way to prevent problem behaviors. PBIS represents a multi-level system of supports that applies evidence-based programs, practices and strategies for all students (including students with disabilities) to increase academic performance, improve safety, decrease problem behavior, and establish a positive school culture. The PBIS framework includes three levels of intervention: universal strategies (Tier 1), supplemental supports (Tier 2) and intensive interventions (Tier 3). Schools across Wisconsin implementing PBIS have reduced suspension and truancy rates, and have recovered hours of valuable class time previously spent on discipline.

However, there is room for significant ramping up of PBIS efforts in Wisconsin. According to annual reporting for the 2013-14 school year, of our state's 2,218 public schools, 1,148 were actively assessing PBIS implementation, and 810 had reached fidelity at the universal level (Tier 1). Twenty percent of all Wisconsin schools, or over half of the schools that had reached fidelity at Tier 1, had sustained that fidelity for 3 or more years.<sup>1</sup> However, implementation at the Tier 2 and Tier 3 level is currently sparse.

## Trauma Sensitive Schools

Research has shown that millions of children are exposed to traumatic experiences before the age of 18, and that such trauma can significantly impact both physical and mental health. Trauma impacts all aspects of a child's development, including emotional regulation, memory, cognitive processing, and social skills, undermining his or her ability to learn, form relationships, and function appropriately in the classroom. The principles of trauma-informed care, which stem from the question "what happened to you?" rather than "what's wrong with you?" can promote safe school environments and positive relationships that support students who have experienced trauma to learn and thrive.

Trauma informed practices can be implemented in schools within the PBIS framework. Universal (Tier 1) trauma informed practices can include, for example, modeling of emotional regulation and caring behavior by adults; classroom instruction on social-emotional learning (SEL) skills, and proactive behavior management. Increasing the number of trauma sensitive schools would contribute significantly to resiliency and improved outcomes for students with trauma histories.<sup>2</sup>

## **Key Recommendations:**

- Fund expansion of evidence-based positive behavior supports intervention (PBIS) statewide, with a specific focus on underperforming schools.
- Target improvement of the implementation of PBIS in urban districts, to increase the number of schools and staff trained in trauma-informed practices and the number of schools implementing PBIS with fidelity in the 2nd and 3rd tier of practice.

## **3. Address suspension rates for children with disabilities, including concerns about students of color.**

The practice of suspension as a disciplinary measure has major consequences for students with disabilities. Being suspended from school increases the likelihood of subsequent suspension and

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<sup>1</sup> Wisconsin RtI Center/PBIS Network *Annual Report 2013-14*, [http://www.wisconsinrticenter.org/assets/files/Annual%20report%2013-14\\_web.pdf](http://www.wisconsinrticenter.org/assets/files/Annual%20report%2013-14_web.pdf)

<sup>2</sup> <http://sspw.dpi.wi.gov/sites/default/files/imce/sspw/pdf/mhtraumausingpbis.pdf>

expulsion. Students who receive a suspension in middle or high school are less likely to graduate on time and are more likely to drop out. High suspension rates have also been found to lower school wide academic achievement and standardized test scores.<sup>3</sup>

The suspension rate for students with disabilities statewide in the 2013-2014 school year hovers around 10 % while the rate for their non-disabled peers is significantly lower at 2.9 %. Though suspensions have decreased overall in Wisconsin in the past decade, the disparity between suspension rates has actually increased: in the 2002-03 school year, students with disabilities were 2.38 times more likely to be suspended than their peers, while in 2012-13 they were 3.35 times more likely to be suspended.<sup>4</sup>

The disproportion is particularly startling when we look at the top ten largest school districts in the state where the percentage of students being suspended during the course of the 2013-2014 year is as high as 23%. In the Milwaukee Public School District, students with disabilities suspension rate is as high as 23% compared to 10% for non-disabled peers; and in Madison the rate of suspension is 17.9% percent for students with disabilities compared to 3.8% non-disabled education peers.

When we look at the intersection of students with disabilities and race and rates of suspension, the prevalence is even greater. The Center for Civil Rights Remedies published statistics on suspension for the 2011-2012 school year in Wisconsin. The rate of suspension for African American students with a disability in Elementary School was 22.99% and that increases to 48.07 % statewide for students in Secondary Schools in our state.<sup>5</sup>

### **Key Recommendations:**

The Survival Coalition supports the 2014 recommendations of a DPI-convened School Discipline Task Force, which included several elements regarding reducing the use of exclusionary discipline (both suspension and expulsion):

- Release a recommendation or mandate that schools eliminate zero-tolerance policies for all but the most severe infractions and provide recommendations on limited use of suspension and expulsion.
- Create and distribute a guidance document with evidence-based approaches proven effective in reducing exclusionary discipline, including alternatives to suspension and expulsion.
- Enhance the reporting of existing discipline data collected by DPI, improving analytic tools to allow disaggregation by multiple factors and publishing an annual report of state discipline trends and patterns.
- Create “benchmarks” or “norms” for each school and district. Identify high discipline and/or high discipline disparity schools and offer assistance to help lower rates.

## **4. Curtail inappropriate use of restrictive measures to address behavior.**

As outlined in a 2009 report by Disability Rights Wisconsin, WI FACETS and Wisconsin Family Ties, the restrictive practices of seclusion and restraint are neither educational nor therapeutic, and are not effective in teaching appropriate behavior. Instead, consequences range from death, physical injury, psychological harm, failure to learn appropriate behavior, and impeding the development of trusting relationships with staff. Children who are subject to seclusion and restraint often feel unsafe

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<sup>3</sup> Christopher Boccanfuso, 2011

<sup>4</sup> Office of Children’s Mental Health 2014 Report to the Wisconsin Legislature:  
<http://ssp.wi.gov/sites/default/files/imce/ssp/pdf/mhchildrensmentalhealthreport2014.pdf>

<sup>5</sup> The Center for Civil Rights Remedies, 2012

coming to school and remaining in the school environment. This impacts a child's ability to learn and thus their desire to stay in school and graduate.

Wisconsin State Law governing the use of seclusion and restraint in schools passed in March of 2012. School districts were required to begin following 2011 Wisconsin Act 125 the following September 2012. School districts are required to report the use of seclusion and restraint on an annual basis to their school boards. Districts are not required to report this data to the Wisconsin Department of Public Instruction, but Disability Rights Wisconsin has been compiling this data through open records.

During the 2012-2013 school year, there were approximately 21,454 seclusion and/or restraints used on 2,214 students in the State of Wisconsin. The preliminary results of the data collection for the 2013-2014 school year show near 20,000 uses of seclusion and/or restraint across the state in our public schools. It is difficult to determine the accuracy of these numbers since school districts are not required to report this information to DPI. DRW has been able to determine there are huge inaccuracies across the state. However, it is clear that the use of seclusion and restraint is alive and well in the State of Wisconsin and that in most school districts across the state children with disabilities are being subjected to these techniques.

In 2002, SAMHSA's provided guidance on the Children's Health Act. The agency provided Six Core Strategies to prevent or reduce the use of restraint and seclusion in health-care settings. The US Department of Education 2012 resource document endorsed the strategies as something that could transfer to use in schools.

This model curriculum includes the following six core components:

- Leadership toward organizational change
- The use of data to inform practice
- Workforce Development: In-service training, supervision, and mentoring
- Use of primary prevention tools
- Supporting roles for persons served and advocates in programs
- Debriefing tools

**Given the evidence that these seclusion and restraint do not improve education for students with disabilities, and also impede it, we believe it is time to revisit how Wisconsin's seclusion and restraint law is meeting its intent to reduce the practice.**

**Key Recommendations:**

- DPI should convene stakeholders to discuss necessary fixes and updates to the existing law on seclusion and restraint measures to ensure the safety of kids and classrooms.
- Reporting of seclusion and restraint instances should be made directly to DPI to allow for greater consistency and tracking.

**Contact: Survival Co-Chairs:**

Maureen Ryan, [moryan@charter.net](mailto:moryan@charter.net); (608) 444-3842;  
Beth Swedeen, [beth.swedeen@wisconsin.gov](mailto:beth.swedeen@wisconsin.gov); (608) 266-1166;  
Kristin M. Kerschensteiner, [kitk@drwi.org](mailto:kitk@drwi.org); (608) 267-0214