



State of Wisconsin

Wisconsin Council on Mental Health

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July 21, 2014

To: Senator Johnson, Representative Duffy, Representative Kind, Representative Petri, Representative Ribble, Representative Ryan, Representative Sensenbrenner

The Wisconsin Council on Mental Health (WCMH) is the Governor's statutorily-authorized advisory council on mental health. In addition to the Council's statutory role in advising the Governor, Legislature, and state agencies on mental health budget and policy issues, the WCMH also occasionally contacts our Congressional delegation when proposed federal legislation speaks to mental health policy issues that are among our state-level priorities. This is one such occasion.

The WCMH would like to request your support, via co-sponsorship, of the Keeping All Students Safe Act (KASSA), S. 2036 / H.R. 1893, which would enhance student safety by regulating seclusion and restraint of students in our nation's public schools.

Although research clearly shows that seclusion and restraint techniques are ineffective either for managing challenging behavior or teaching more appropriate behavior, these harmful practices are used all-too-frequently in school settings across the United States, governed only by an uneven patchwork of state legislation. Public schools are currently the only publicly-funded child-serving entity in which seclusion and restraint is not regulated at the federal level.

In addition, the use of seclusion and restraint falls disproportionately on students with disabilities. According to a March 2014 report (<http://tinyurl.com/pzf6rv2>) from the Office of Civil Rights of the US Department of Education, students with disabilities represented about 12% of the public school population in the 2011-12 school year. However, they also represented 75% of students physically restrained at school, and 58% of those placed in seclusion or involuntary confinement.

Furthermore, even among students with disabilities, the techniques are likely being used disproportionately on students with mental health issues. A recent statewide online survey (Wisconsin Family Ties, 2014) showed that, among 231 parents, 43% of their children who had both an IEP and a mental health diagnosis had been secluded or restrained at school. Only 20% of respondents with an IEP but no mental health diagnosis had experienced seclusion and restraint, while none of the respondents with neither an IEP nor a mental health diagnosis had ever been secluded or restrained.

The WCMH supported Wisconsin's state-level version of seclusion and restraint regulation, Act 125, which was implemented on September 1, 2012. Unfortunately, Act 125 does not require districts to make public reports to the state education agency, hence we still do not know the extent of the use of seclusion and restraint in our state, nor do we have any means to gauge the law's effectiveness. Furthermore, school resource officers (law enforcement) and other contract personnel are not subject to Act 125 and may continue to use these aversive techniques when there is no imminent risk of physical harm.

KASSA would go beyond Wisconsin's Act 125 by requiring school districts to report incidents of seclusion and restraint to their state educational agency, disaggregated by demographics, age, and disability status; the Senate version of the bill would further require disaggregation by disability category. The enhanced disaggregation would enable advocates to track statewide incidents of seclusion and restraint, broken out by mental health as well as by race, in a way that is not currently possible in Wisconsin. In addition, under KASSA, the regulation of seclusion & restraint would also apply to contractors and resource officers as well as school personnel.

Thank you for your consideration of this vital measure, for the benefit of students with mental health issues across the country, and in Wisconsin in particular.

Sincerely,

A handwritten signature in cursive script that reads "Shel Gross".

Shel Gross, Chair
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