

Mental Health Challenges in Vermont Schools Then and Now



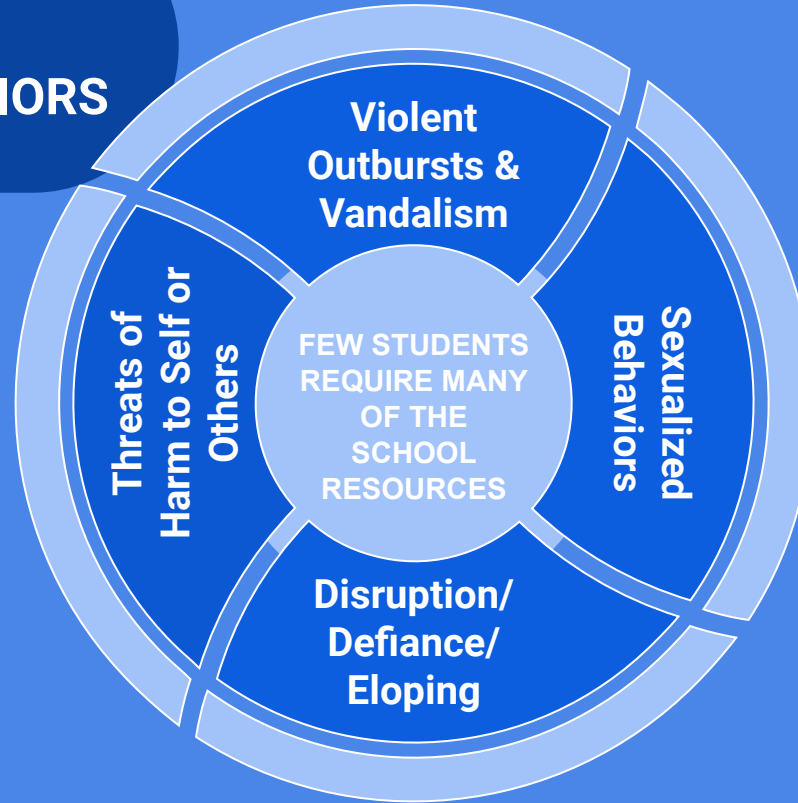
(Illustration by Saulal Albert)

February 9, 2023

Testimony Vermont House Education Committee

Lynn Cota, Superintendent
Franklin Northeast Supervisory Union

**GROWING COMPLEXITY
AND SEVERITY
OF STUDENT BEHAVIORS**



SCHOOL & COMMUNITY CHALLENGES

ADULT MENTAL HEALTH

SUBSTANCE USE

DOMESTIC
VIOLENCE

** Regional School Level Qualitative Data - Champlain Valley*

Vermont Youth Mental Health Data

Suicide Data: Vermont



Suicide is a public health problem and leading cause of death in the United States. Suicide can also be prevented – more investment in suicide prevention, education, and research will prevent the untimely deaths of thousands of Americans each year. Unless otherwise noted, this fact sheet reports 2020 data from the CDC, the most current verified data available at time of publication (March 2022).

9th leading cause of death in Vermont

2nd leading

cause of death for ages 10-24

2nd leading

cause of death for ages 25-34

4th leading

cause of death for ages 35-44

4th leading

cause of death for ages 45-54

8th leading

cause of death for ages 55-64

16th leading

cause of death for ages 65+

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Vermont	117	17.85	18
Nationally	45,979	13.48	

See full list of citations at afsp.org/statistics.

100% of communities did not have enough mental health providers to serve residents in 2021, according to federal guidelines.

Over **12 times** as many people died by suicide in 2019 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of **2,365 years** of potential life lost (YPLL) before age 65.

91% of firearm deaths were suicides.

59% of all suicides were by firearms.

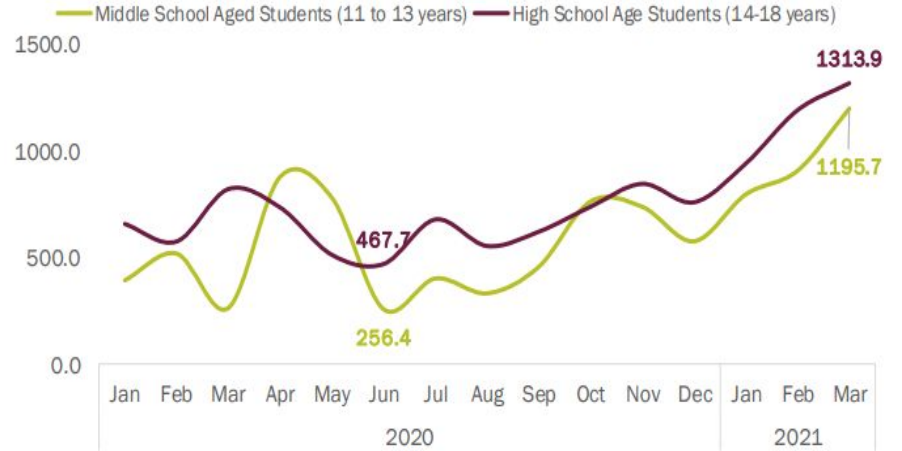
In 2020, mental health ED visit rates in youth are higher than 2019.



* Vermont Department of Health

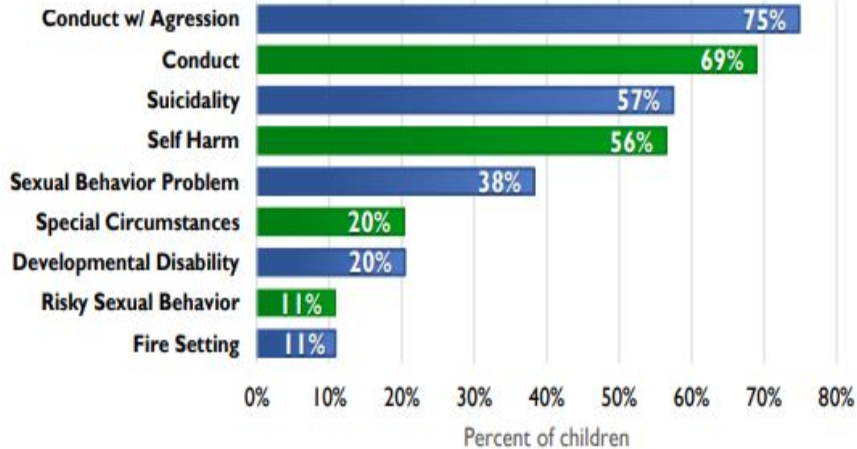
From June 2020 to March 2021, ED visit rates for suicidal ideation and self-directed violence have quadrupled for middle school aged students, and nearly tripled for high school aged students.

Rate per 10,000 Middle/High School Aged Youth ED Visits



* Vermont Department of Health

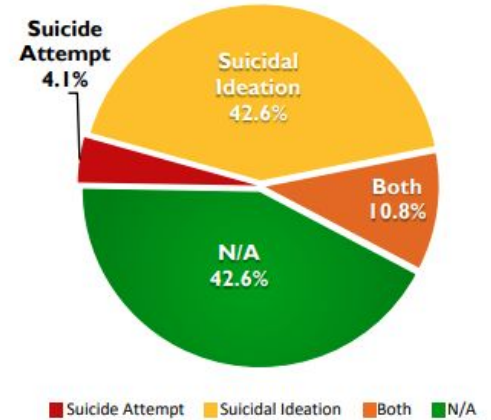
Presenting Needs Among Children in Residential Programs FY23 Q1



Presenting Needs

The CRC captures the presenting needs among children referred for residential assessment/treatment to better understand the clinical needs within the system of care. Children may have more than one presenting need and are counted in each respective measure.

Suicidality



Suicidality

This chart shows the percentage of children with a presenting need of suicidality broken into more detail for suicidal ideation, suicide attempt, both, or none.

24%

High School students reported they felt sad or had little interest in doing things often in the past week



7%

High School youth thought of committing suicide often in the past week



17%

High School youth reported feeling sudden fear for no apparent reason



15%

High Schoolers reported the future seemed hopeless

12%

High School students who use substances reported doing so for stress management and 11% for coping

25%

Middle School students have tried alcohol by the age of 13



20%

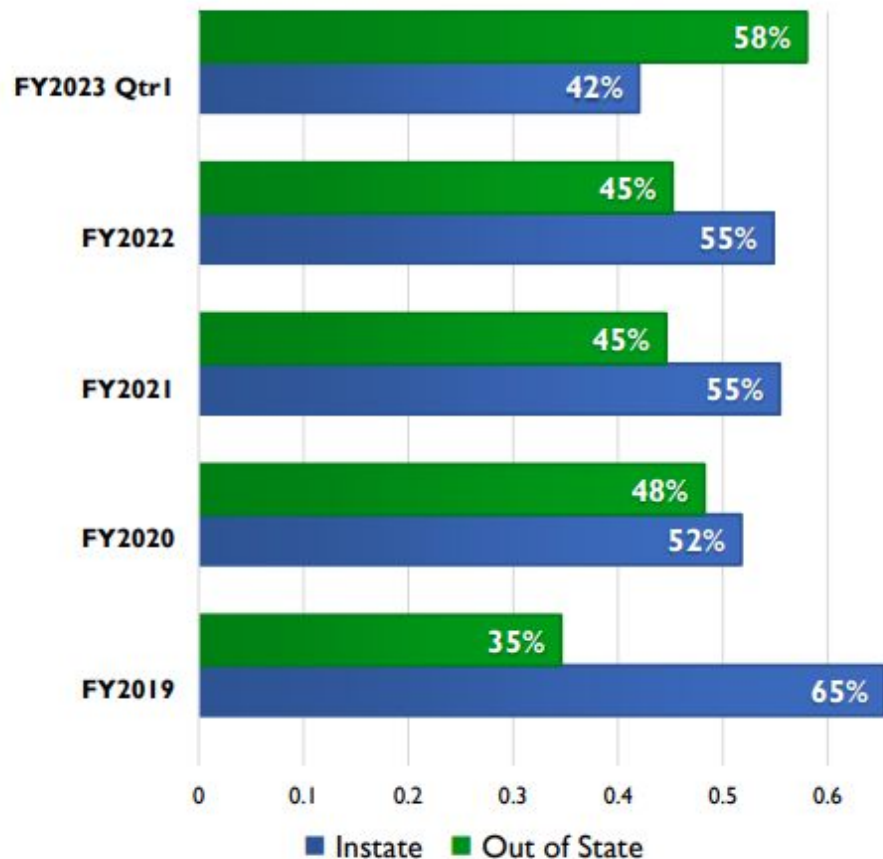
High Schoolers have used cannabis in their lifetime

27%

High School students and 11% of Middle School students report having smoked an e-cigarette in their lifetime



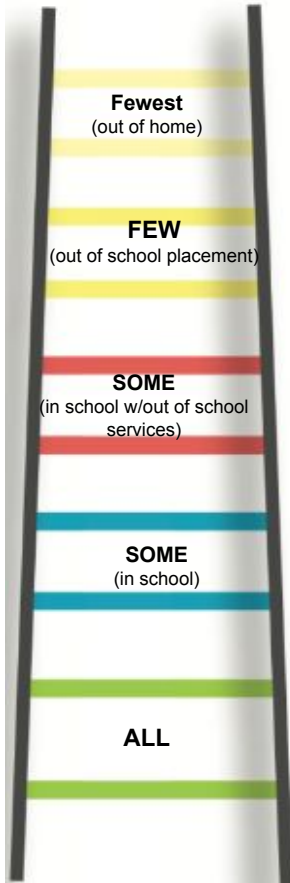
Statewide Residential



Statewide

This chart represent the breakdown of in-state placements compared to out-of-state placements by fiscal year. If a child/youth was placed in more than one program in a fiscal year, they are represented more than once.

Historical Context - Continuum of SEL and Mental Health Services for Students and Schools



- **Most intensive out of home level supports**
- Residential mental health treatment placement, extensive therapeutic and psychiatric support and intervention, step down supports for reentry to the family and community

- **Even more intensive out of school level supports - Student enrolled outside of the local public school**
- Therapeutic day programs, alternative schools, short term stabilization placements with more intensive access to mental health, short term residential crisis placement/assessment, and step down supports for reentry to public school

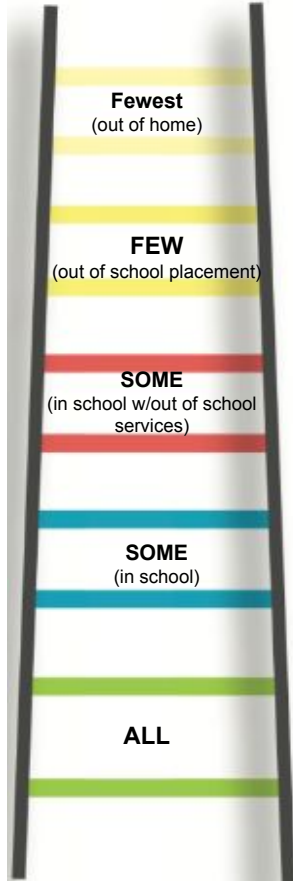
- **More intensive out of school level supports - Individuals and Families with Mental Health Partners**
- Mental health counseling, in home family based services, child psychiatry - evaluations and medication management, 24/7 access to mental health crisis services

- **More intensive school level supports contracted with Mental Health Partners**
- School and home based coordination of services (Behavior interventionists, community support interventionists, clinicians, consultation Board Certified Behavior Consultants, access to mental health crisis service (sometimes mobile access))

- **School level supports available to students who are struggling with SEL or Mental Health needs**
- Provided by teachers, school counselors, school psychologists, and paraeducators



Current Reality - Continuum of SEL and Mental Health Services for Students and Schools



Most intensive out of home level supports

- Residential mental health treatment placement, extensive therapeutic and psychiatric support and intervention, step down supports for reentry to the family and community
NO ACCESS / FAMILIES LOOK FOR PLACEMENTS OUT OF STATE

Even more intensive out of school level supports - Student enrolled outside of the local public school

- Therapeutic day programs, alternative schools, short term stabilization placements with more intensive access to mental health, short term residential crisis placement/assessment, and step down supports for reentry to public school
NO ACCESS/ LONG WAITLISTS/REFUSED ACCESS DUE TO INTENSITY OF NEEDS / RELEASED FROM CRISIS WITHOUT SERVICES

More intensive out of school level supports - Individuals and Families with Mental Health Partners

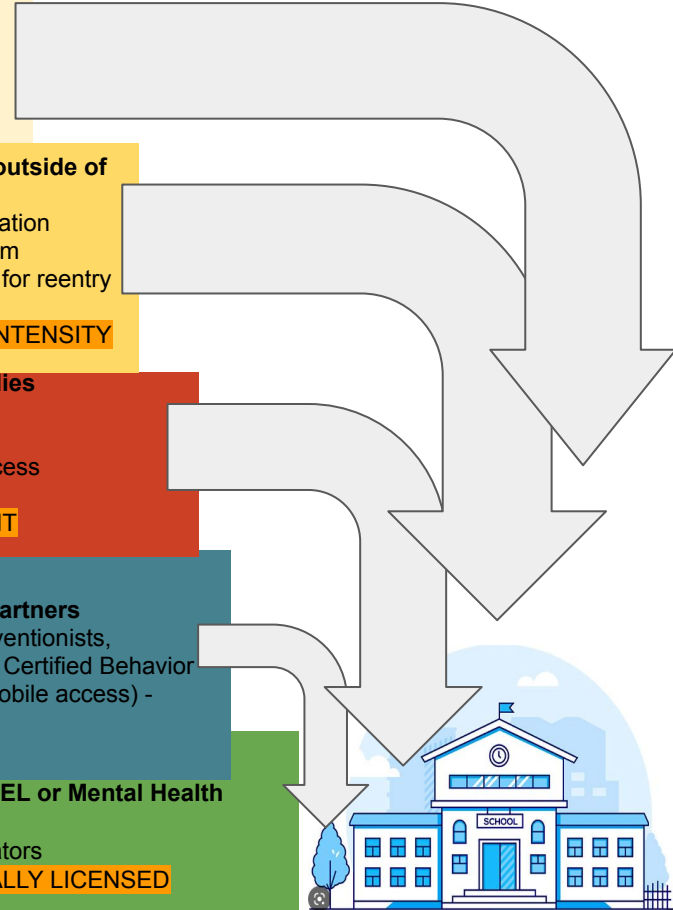
- Mental health counseling, in home family based services, child psychiatry - evaluations and medication management, 24/7 access to mental health crisis services **MORE LIMITED ACCESS / LONGER WAITLISTS FOR PSYCHIATRY SERVICES SOUGHT OUT OF STATE**

More intensive school level supports contracted with Mental Health Partners

- School and home based coordination of services (Behavior interventionists, community support interventionists, clinicians, consultation Board Certified Behavior Consultants, access to mental health crisis service (sometimes mobile access) - **LIMITED ACCESS / LONG WAITLISTS**

School level supports available to students who are struggling with SEL or Mental Health needs

- Provided by school counselors, school psychologists, paraeducators
STAFFING SHORTAGE / UNFILLED POSITIONS / PROVISIONALLY LICENSED EDUCATORS





How Are Our School Systems Responding - FNESU Context

Created 6
SU Level
Alternative
Programs

Focus on Adult
and Youth
Social
Emotional
Learning

Restorative
Practices /
PBIS

Hiring Board
Certified
Behavior
Analysts

In House
Behavior
Interventionists



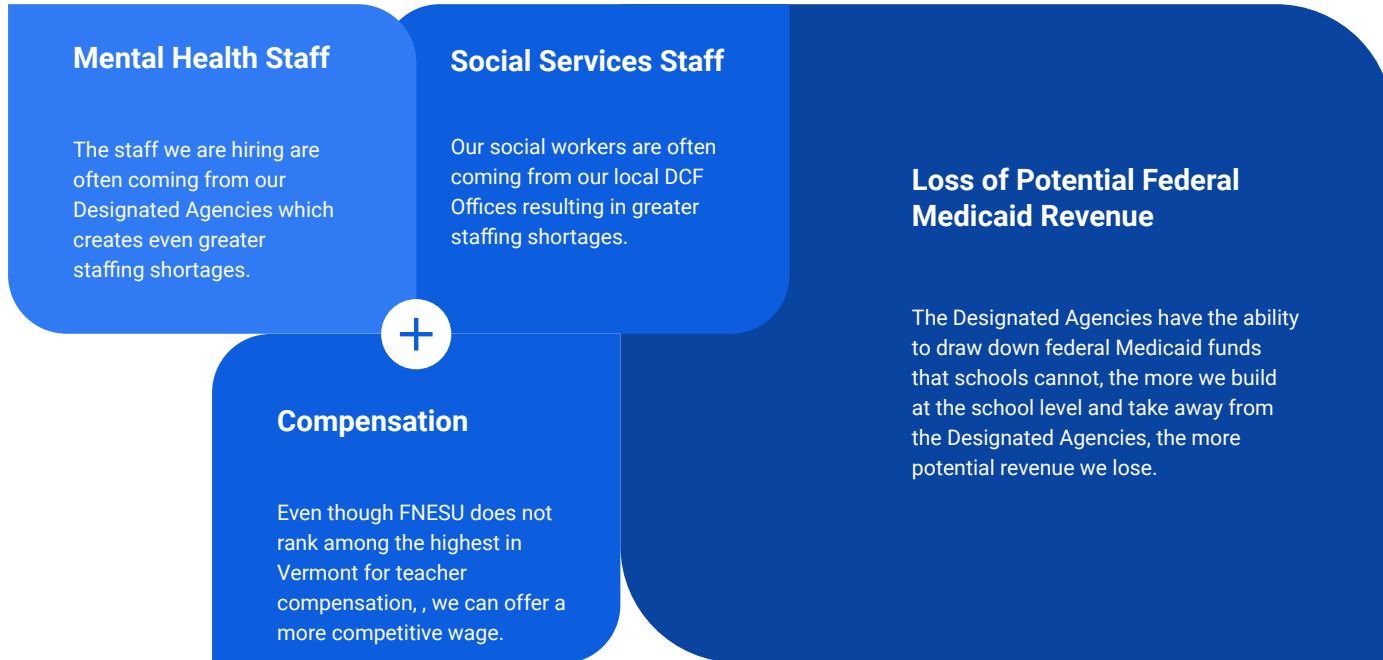
Crisis Training
for our School
Psychologists

Hiring School
Social
Workers

Contracting with Talk
Space for Mental
Health Services for
Staff and Students

Hiring
Mental
Health
Clinicians

Unintended Consequences for Our Designated Agency and Social Services Partners






breaking point ☆

Thesaurus.com

noun

- 1 the point at which a person, object, structure, etc., collapses under stress.
- 2 the point at which a situation or condition becomes critical.

A stack of several grey, rectangular stones is arranged in a slightly irregular tower. The stones are set against a background of a red wooden wall with vertical planks. The foreground shows some green grass and a few small, light-colored twigs. The overall scene is outdoors and well-lit.

**Our mental health
partners are a part of the
very foundation that
holds
up public education!**

Human Services

- Address Salary Inequities Related to Staffing Shortages
- Fund Resources to Ensure Families Can Access Services that Address Basic Needs

Basic Needs for Families

- Food
- Shelter
- Healthcare
- Services
- Safety
- High Quality Childcare
- Broadband Access

PRIORITIES TO SUPPORT THE MENTAL HEALTH CHALLENGES FACED IN VERMONT SCHOOLS


Designated Mental Health Agencies

Increase funding for Designated Mental Health Agencies

- Suicide Prevention
- Addiction
- Domestic Violence
- Youth Mental Health Counseling
- Adult Mental Health Counseling
- Intensive Family Based Services
- Mental Health Services in School

Intensive Mental Health Resources for Youth

- Intensive/Therapeutic In Patient Programs
- Stabilization Beds
- Step-Down Resources
- Therapeutic Alternative Programs
- Equitable Regional Access to Resources



**Education is the
foundation upon
which we build our
future.**

Christine Gregoire