



To: The Vermont State Board of Education
Rep. Peter Conlon, Chair Vermont House Education
Sen. Brian Campion, Chair Vermont Senate Education
From: The Vermont Council of Special Education Administrators (VCSEA)
Date: February 1, 2024
Re: Mental Health in Schools

The following comments are being submitted on behalf of The Vermont Council of Special Education Administrators (VCSEA). VCSEA is an organization dedicated to providing **leadership for the education of all children with a specific focus on students with disabilities.**

You could have easily had any of the fifty-two Special Education Directors speaking with you today. Each of our individual school district experiences are shared experiences. The common factors you would hear would be the depth of impact and dearth of support to meet the needs of our students experiencing mental health crises.

Please think about a youth who is experiencing suicidal ideation. They have shared this with their counselor at school, their physician, their parents, anyone who will listen. Every time a screening is completed, a visit to the ER may happen, a change in meds occurs, the youth continues in counseling. The cycle continues, the youth attempts harm, they are hospitalized, they run away from the hospital, a team agrees that they should be in a residential location, however the mental health agency is mandated to try everything in the community first so the youth returns home. The cycle continues, the youth runs away, attempts again, starts self medicating, returns home. Vermont's Act 264 requires that Coordinated Service Plans are in place. Through this process the adults are talking, the youth has stopped communicating, agencies are trying to find staff to help, counselors look for more time, parents are scared for where this may end up. **The system is broken.**

This youth exists in each and every school in our state. They are somewhere along the continuum of supports that if fully staffed, trained, and supported would be an amazing system. Instead these youth are ending up in ER beds, residential placements if one can be found, and worse. Many are discharged from an ER bed, sent home, and then return to the public school. The number of students at the extreme end of the continuum is no longer a rarity. It is a situation that teachers, principals, directors and superintendents are now navigating on a regular basis.



1. Schools are mandated to provide counselors and mental health services for students who have it on their educational plans such as 504's, and Individual Education Programs. Our community partners have a different mandate. Their rules about client engagement can be limiting. If participants don't attend a certain number of sessions or complete the steps for intake they are dropped for services.
 - a. Schools are required to find ways to meet the needs and for better or worse, are held accountable. The legal repercussions for not providing services in a school is unique only to schools.
2. Service providers include a range of positions including behavioral interventionists, social emotional interventionists, board certified behavior analysts, school counselors, social workers, school psychologists, licensed mental health clinicians, psychiatrists, and nurses
 - a. All of the Supervisory Unions represented by VSCEA are experiencing shortages of qualified staff at all levels. The staff that are in place are experiencing overwhelming caseloads, are not trained to work with the intensity of students, and as a result are experiencing their own mental health issues.
3. Community Partnerships with area mental health agencies, private clinicians, hospital mental health staff are all impacted by the global shortage of qualified mental health providers. We have systems in place and generally funding sources for these partnerships including local funds and grants.
 - a. ESSER funds sustained many local initiatives and partnerships with mental health agencies and professionals including staffing, recreation activities, programming, afterschool/summer activities, staff training and more. As ESSER funds sunset, the reality of how to continue the activities we have been able to staff and put in place for students is a significant concern.
4. Our designated mental health agencies are frequently contracted to work within our schools. Collaborative practices are in place to provide wrap around services. With the best intention, services such as counseling, family case management, respite, direct skills work, and assistance with accessing community resources is directly impacted by staffing levels.
5. Our local therapeutic schools and collaborative programs do not have openings although on paper they have "seats". Several have closed within the past year. With limited



options and an overwhelming number of students in need of these schools, we are seeing students rejected for admittance at alarming rates. The intensity of the students in these programs prevents the schools from taking on additional students. The goal is always to have students return to their community. Their communities do not always have the support students require to return.

- a. A local program director explained in a passionate description of how their students exceed their staff's capacity on a daily basis in their therapeutic and behavioral needs therefore there are seats unfilled. Imagine being a school that has the seats, has the staff, and can say no to more students. **Public schools can not do that. We can't say no.** We continue to do the work to support students, families, staff, and administration in situations that we embrace each day to do our best with what we have, but we are at a tipping point.