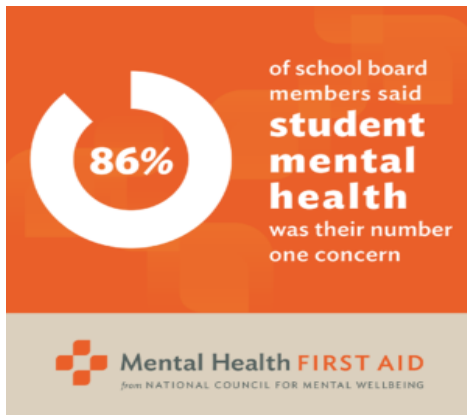


Testimony to House Education Committee

February 1, 2023

Matthew Habedank and Lance Metayer, Northwestern Counseling & Support Services



It comes as no surprise that student mental health concerns are a primary focus of schools, school boards, parents, providers, communities, and legislatures across the country. While these concerns existed prior to the pandemic, the needs of students have clearly become more serious in the last three years. In data released last week by the *National Council of Mental Wellbeing*, school board members surveyed nationwide ranked student mental health as their number one concern, with “86% reporting being either extremely concerned (56%) or very concerned (30%), a higher level of extreme concern than was expressed for school funding (51%), staffing challenges (48%), and school safety (46%).”



While this national data is not specific to Vermont, all indications are the level of concern is disquietingly similar. This is an issue that cannot lay at the feet of any one group, rather we must come together to address the increasing needs of our youth. Yet data from the same study suggest that state and local policymakers should be doing a “great deal more” to address student mental health. The Designated Agency system is perhaps the most important and accessible mental health entity that is already actively partnering with schools to tackle these issues, and, with your help, can do much more. **The most significant barrier to immediate assistance to schools and families in addressing the concerns is adequate funding of the DA system to allow expansion of mental health infrastructure in schools.**

The Superintendent of a Supervisory Union in Franklin County testified last year that *the most important thing the legislature could do to support schools in addressing student mental health needs is to increase funding to their partners who provide those services*. The legislature responded with an 8.3% increase in funding to DAs, which has helped. In school programs at NCSS, both staffing and numbers of students served are up 15% from pandemic lows, which occurred at the end of the 21-22 school year.

However, there is more work to do. Last year’s increase, in the current economic climate, amounts to a COLA for the DA system, which was underfunded before the pandemic. NCSS school programs currently have nearly 40 vacancies, which represents over 120 students waiting for services, needing only staffing. Schools are eager to partner with NCSS to pursue creative service delivery models to bring help to more of Vermont’s youth, and again the main barrier is hiring staff. We look for your support in helping meet this need.

Highly individualized, intensive BI programming. Often provided by a Behavior Interventionist working with one student in the classroom across the school day. Programs serve a range of students including those classified as EBD, diagnosed with Autism, and a range of other diagnosis and needs.

A mid-tier of services provided to students who require an individualized level of support but not at the level of a 1:1 staff. Often provided by a master's-level clinician working with a small group or caseload of students on low-intensity behavior plans implemented in conjunction with school staff, as well as those receiving more traditional clinical support. Funding and structure allow for clinician time to be spread across more students. PBIS Consultant, Home School Coordinator, and School-Based Clinician models fit in this tier. In terms of numbers of identified students served, the majority are in this tier.

Many services are more widely available to the school as a whole. Flexibility of case-rate funding, as in PBIS Consultant, allows for clinician to spend time helping develop and support school-wide systems and build school capacity, impacting students at the early intervention and prevention levels. Facilitates interventions impacting students who are not identified clients.