



The Vermont Suicide Prevention Center
A Program of The Center for Health and Learning
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Testimony to House and Senate Education on Mental Health and Schools

March 17, 2016

Submitted by:

Dr. JoEllen Tarallo-Falk, Executive Director of Center for Health and Learning Testimony to House and Senate Education on Mental Health and Schools

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Dr. JoEllen Tarallo-Falk, Executive Director of Center for Health and Learning (signature below)

Thank you for the opportunity to testify about the issue of mental health and schools.

I would like to tell you who I am and what I bring to this conversation.

I am a state and nationally licensed Health Educator preK-12, and I have taught more than 30 graduate courses in health education and school health through four Institutions of Higher Education in VT. In collaboration with VT Department of Education I have developed two of the courses leading to state licensure for Health Education, Nursing and Counseling in Vermont.

I have worked as an educator under four VT school district contracts.

I worked for eight years as a School Health and Middle Grades Consultant at Vermont Department of Education. I believe I have been in more schools in VT than 95% of all Vermonters.

I served in an Assistant Superintendent level position as Director of Curriculum and Assessment for four years in Windham Southeast Supervisory Union under Ray McNulty, former Commissioner of Education.

I am currently Executive Director of the Center for Health and Learning, a non-profit established by the VT Department of Education to leverage the work of school health, of which the VT Suicide Prevention Center is a program, and I have overseen more than 100 contracts with state agencies and school districts in VT.

We have provided leadership and support to VT School Board Association model policies and protocols for nutrition and physical activity, sexual health and HIV disease, bullying and harassment and suicide prevention.

I have been recognized by state and national organizations for my work in school health.

On a personal level I experienced a perfect storm after moving to a new community in VT, my husband was diagnosed with a terminal illness and my 14 year old daughter became involved with drugs during a time when she lost four of her peers to suicide and a boyfriend to an alcohol related car crash. I spent 1.5 years trying to work through school and community mental health systems in VT before I felt it necessary to send her out of state to a therapeutic boarding school to ensure her safety and well being. She is approaching 20 and doing well. I know the education and mental health systems in Vermont well.

When I was a community health educator I would start my presentations off with the question, "If you thought of someone under the age of 21 that you care about, what would you most wish for them?" I received answers from more than 1000 staff and family members and their answers always led back to health. The data from the Youth Risk Behavior Survey and Suicide data and surveillance backs up the need.

We need to consider the impacts of health on all policies in Vermont, especially education policy. I will distill down to you my recommendations.

1) First point: Schools cannot do this alone. There are three sectors in Vermont that need to be involved: Education, Health Care which includes the delivery of mental health services and Community Providers such as Juvenile Justice, Foster Care and other social services.

There are four current and exemplary programs that forge linkages between these three sectors that we should invest in and which necessitate close collaboration and accountability for outcomes between AHS and AOE:

1. Success Beyond Six which leverages Medicaid dollars and engages an early childhood approach
2. Integrated Family Services which also leverage funding streams and has a strong family engagement approach
3. Positive Behavioral Interventions Support which shore up and connect academic and behavioral supports and which should be linked tightly to mental health services
4. School Health Collaboration which is currently the least developed system and very promising. School health brings together health and physical education, school nursing, counseling and psychological services, nutrition and physical activity, community and family engagement and environmental health to create a well-coordinated system addressing the physical, mental, emotional, social and environmental factors of school success.

We have a problem with capacity at the Agency of Education. With the departure of the Physical Education Consultant this week and the recent retirement of the Health Education Specialist position, there is currently no one at the Agency of Education who has longitudinal vision and in-depth knowledge of school health. I would urge you to combine these and other vacant positions to create a position of leadership who can represent the agency at the many meetings and strategy systems required to build capacity to make the four program efforts previously mentioned fully integrated into the strategy of AOE.

Further, we need to ensure leadership at the district level that has the background to coordinate the interface between health and education and is empowered to work with school administration to do so.

2) Second point: The Education system needs to be tightly linked to a continuum of care that emphasizes health promotion, prevention, early intervention, intervention, treatment and recovery and that has the attributes of a culture of health with policies, protocols and wrap around services to link with our community mental health systems and health care coordination. We need to move quickly and be bold about these innovations and move toward well linked school health services.

In the last ten years of Leave No Child Behind, the focus on health education and alcohol, tobacco and other drug education, and accountability and reporting measures for school health have been rolled back and largely ignored. We need to work closely with VT School Boards, Superintendents and Principals Association to strategically think about shoring these systems up. With the challenges of marijuana legalization and addiction that we face in Vermont these measures are more important than ever. Let me be clear because I spend my time reading the literature and our own VT Department of Health has published a health impact assessment outlining the impacts of marijuana legalization on education and public health. Marijuana is itself an addicting drug, accounts for a significant number of adolescent treatment hospitalizations and highly associated with mental illnesses including depression, psychosis and schizophrenia.

3) Final point: We should use evidence based practices and best practice programs such as *Mental Health First Aid*, *Umatter for Schools* developed here in Vermont and now a national Best Practice Program in which 110 schools have participated in training and implemented school level program outcomes, *The Good Behavior Game* and others to educate and engage our school communities in research based knowledge, programs and strategies.

The *VT Suicide Prevention Platform* outlines effective strategies that offset suicide and other mental health and social problems. We are asking the House and Senate Appropriations to fully fund the Vermont Suicide Prevention Center as was promised in the Governor's budget address and I will talk to the Chair of Appropriations about those issues.

Thank you for your time and attention.

A handwritten signature in black ink that reads "JoEllen Tarallo-Falk". The signature is written in a cursive, flowing style.

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