



Date: March 22, 2016

To: Senate Education Committee

From: Catherine Simonson, LICSW  
Chief Client Services Officer  
Howard Center

Re: Testimony on Mental Health and Schools

#### Introduction and Purpose

- Act 46, Section 49: Coordination of Educational and Social Services
- Increase in children exhibiting emotional disturbance is an area of shared concern for AOE and AHS
  - Sense of Urgency: Increase in acuity, numbers of children and families, cost
  - Disproportional adversity on our youngest

What does coordination of mental health and education look like in Vermont?

#### **Success Beyond Six Programming:**

- School Clinicians providing school capacity mental health resources
- Behavior Interventionist Programs supporting identified students in their public schools.
- Specialized Independent Schools

#### **Positive Behavioral Interventionist Support**

#### **Early Childhood Mental Health**

- Act 166 to include equity in access and service

#### **Integrated Family Services**

#### **Interagency System of Care: Act 264 and Interagency Agreement of 2005**

## What works or how do we know people are better off?

See Howard Center 2015 Outcomes Report; Educational Services

### Statewide Perspective: Vermont Care Partners 2015 Annual Report

[http://www.vermontcarepartners.org/pdf/files/140\\_VCP\\_Outcomes-Report-FY2015\\_WEB.pdf](http://www.vermontcarepartners.org/pdf/files/140_VCP_Outcomes-Report-FY2015_WEB.pdf)

## Challenges to addressing the sense of urgency:

- **Changes to funding and oversight of specialized services for children**
  - ABA or Applied Behavioral Services for Children with Autism
  - Decrease in access statewide due to funding changes
  - Agencies have been forced to close community based ABA programs
  - Risk of cost shifting to education
  
- **Inconsistency of Service Provision across the State**
  - Policy question: What is our standard of mental health access in schools for all students regardless of where they live?
  - Existing state wide structures and funding models serve as foundation for consistency
  - Local control and decision-making
  
- **Resource Challenges**
  - State is faced with a Medicaid crisis
  - Growing population of children and families impacted by opiate crisis
  - Designated Agency System has a documented sustainability issue  
Al Gobeille's interview  
<http://digital.vpr.net/post/report-details-chronic-underfunding-vermonts-mental-health-agencies#stream/0>
  
- **Act 264 and Interagency Agreement need to be updated to address challenges of today with coordination of care**

## **Policy Considerations**

- The well-being of children and families in our State is not the responsibility of any one entity but we continue to administer and fund our services by distinct departments or agencies.
- AHS efforts to look at integrating family services and health care finance reform for children should include leaders from education.
- Consider incentives for strong local collaborative work across children's mental health, developmental services, DCF and education.