

The Cost of Trauma

in a Small Rural School

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◆ Executive Summary

This analysis looks at the experience of one small, rural school – Cabot School. Cabot is one of two schools in Washington Northeast Supervisory Union.

The purpose of this analysis is to identify and explicate how an increase in numbers of trauma-affected students over the past two years has impacted the funding, culture, and instruction of this school.

Some of the key findings include:

- Actual Special Education costs for the period FY12-FY16 tracked closely to budget, generally falling below the budgeted amount. In FY17 and FY18 (projected), a rapid increase in caseload for trauma-affected students resulted in budget overruns approaching \$200,000 (pre-reimbursement figures) each year.
- Eleven special education students with significant trauma histories account for \$600K in additional costs over and above regular and special education expenditures for supporting these students at Cabot School in FY18 (projected).
- Some of the increase in numbers of trauma-affected students are the result of emergent trauma responses by local students with early childhood trauma histories. The behaviors became unmanageable within the standard means of school support, necessitating alternative placements for these students. Middle- and high-school programs are less flexible by design than programs in elementary school, which conflicts with these students' need for flexibility in schedule and workload. Alternative schools are designed to provide this flexibility.
- Some of the increase in the number of trauma-affected students are the result of an influx of DCF-placed students in Cabot foster homes or conditional family placements that are not managed and monitored by DCF.
- The placement decisions for students made by DCF are made without consultation with the school, possibly in violation of ESSA rules for Educational Stability. As a result, these placements do not consider the capacity of the school to manage the students, either in terms of costs or the provision of necessary services and supports.
- Cabot appears to have more than its fair share of trauma-impacted foster children. In FY17, Cabot School ranked 4th state-wide in raw numbers of State-Placed students, with 7.23 students. As a percentage of ADM, Cabot ranked 2nd state-wide, at 4.5%.
- Notwithstanding the availability of State-Placed reimbursement (100%) and Special Education reimbursement under the current formula (54%-90%), Cabot School is still responsible for some unreimbursed expenses for addressing the needs of these students. Coincidentally, the arrival or emergence of these students and their needs did not align with our budgeting cycle, so we experience some of these unreimbursed costs as deficits in the school budget. In FY17, the deficit approached \$90,000. The projected unbudgeted costs for FY18 (at the moment) are \$60,000. These shortfalls have to be absorbed through programming reductions elsewhere in the master budget, which is difficult to accomplish in a small school already operating on a shoestring budget, or treated as a budget deficit and added to next year's budget.

◆ Welcome to Cabot School

Cabot is a small, largely agricultural community in Washington County with 1547 residents (2010 census). Cabot is the founding manufacturing home of Cabot Cooperative Creamery, makers of world famous Cabot Cheese. Cabot Village has a traditional Vermont Town Green at its center with a village grocery store, a village hardware store, a Post Office, and a small local auto repair garage adjoining and across from the Green. The school abuts the Green on the other side.

Cabot operates a PK-12 school. The Cabot School enrollment in FY 17 (2016-17 school year) was 191 students. FY18 enrollment (at this writing), is 188 students. Currently, elementary classrooms operate as modified multi-age classrooms, with a teacher assigned to each grade level 1-6. Instructional periods and student mixes of each grade-pair varies depending on the subject area and the particular needs and abilities of the students. Paired-classroom configurations are dynamic and situational – teachers plan for certain configurations but flexibly adjust which students are in which classroom as the instructional and behavioral needs ebb and flow from lesson to lesson. Middle school students (7-8) learn in a blended Project-based Learning environment, with core instruction delivered in a thematic, as opposed to a subject-by-subject, construct. High School operates in a more traditional manner, with core-subject-oriented classes. The exception is Humanities, which combines HS grades in 9th and 10th grade; this is a consequence of operating with part-time teaching staff for English and Social Studies/History.

Cabot School prides itself on its student-oriented approach to instruction across all grade levels. An early adopter of, and current leader in, Project-based Learning (it starts in 3rd grade) and experiential learning opportunities, Cabot School was “doing” Act 77 before there was an Act 77. The School is the heart of the community; many residents venture outside of their homes only for shopping and events at the school. A Presentation of Learning (PBL) rehearsal in early afternoon will draw a hundred people ahead of the formal evening presentation. Other events around town are scheduled in consideration of school sports events.

Special Education at Cabot

Cabot school currently has 3.0 FTE Special Education teachers for a child count of 30 students who attend Cabot (does not count out-of-school placed students, who are case managed by the SU office). There are 5.0 FTE special education paraprofessional staff, with three assigned duties in K-6, and one each in middle school and high school. The majority of special education services are delivered in the classroom. Cabot prides itself on its inclusive philosophy.

Cabot School does not utilize paraprofessional staff for primary, direct instruction to special education students. Paraprofessionals in the classroom provide secondary support for instruction by working with higher-skilled small groups while teachers and special educators focus on the neediest students in the elementary school. This service delivery model has been in place for several years, and is reflective of recent recommendations for improving instruction that resulted from the recent District Management Group study.

The majority of students identified for special education fall into common disability categories such as Learning Disabled (LD) or Speech/Language Impaired (SLI), with a small subset of students with developmental disabilities (Autism, Learning Impairment). This grouping of students is amenable to the routine service delivery model of core instruction with specialized instruction, because these students are *available for instruction*. Availability for instruction simply means that the student, despite any learning challenge, is generally cooperative and willing to follow teacher direction as they work on improving their learning skills.

Trauma Students at Cabot School

What has changed for us at Cabot School, especially in the past two years, is the overwhelming number of students who are *not* available for instruction, due to the effects of significant childhood trauma. A detailed explanation of the effects of childhood trauma is beyond the scope of this paper. The causes are well understood – most often exposure to adult drug or alcohol use and the resulting neglect, and/or physical/emotional/sexual abuse. For purposes here, it is enough to understand that each student experiencing the effects of trauma represents his or her own unique set of emotional sensitivities, trigger points, and behavioral responses when triggered. External presentation – so-called acting out – by these students has long been viewed as a “behavior” problem. These reactions by the child can be triggered by very routine events that would bother other children – ending a favored activity, the teacher saying ‘no’ to a request, being asked to line up for lunch, or (especially) any of the hundreds of stimulations that come from peers that most kids shake off. These children are emotionally fragile, and when triggered their brain goes into a fight-or-flight response that is uncontrollable (by them) and primitive in its outward manifestation. As for the effect of trauma on learning, we are only now recognizing childhood trauma for what it really is – a specific (though technically unlabeled) type of learning disability resulting from the inability of the child’s brain to store and retain new learning that occurs when the child is in an elevated emotional state.

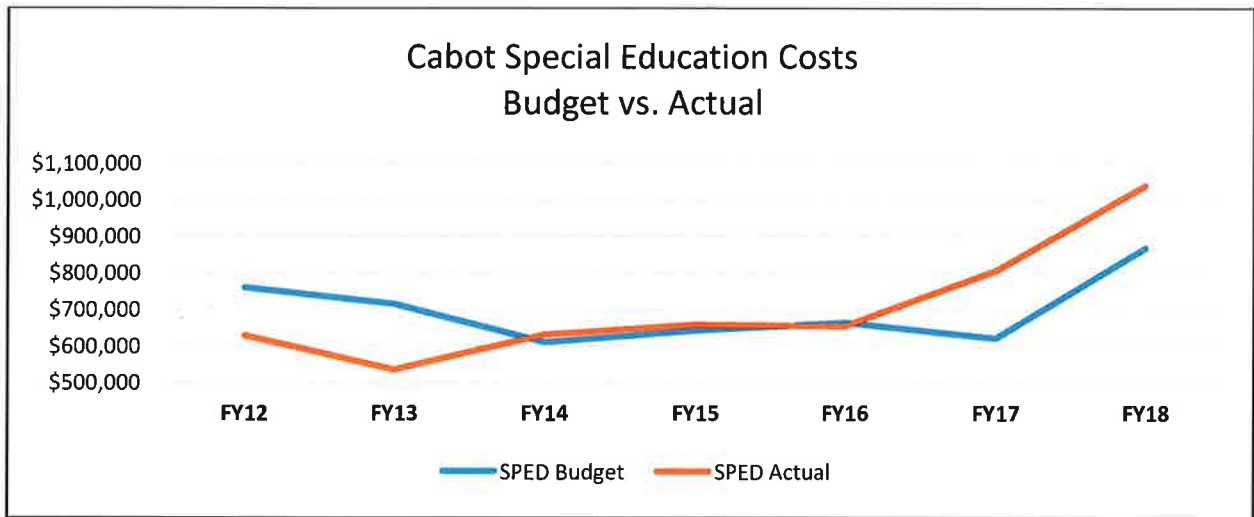
Trauma-affected students represent a dual challenge for teachers – 1) how to understand the child and his/her unique experiences and trigger points, to best avoid triggering the student; and 2) how to reach the child with regular and special instruction during those periods when they are available for learning. One such student in a classroom is a handful; three or four is a crisis in the making, because they typically are not all escalated or all calm at the same time. The classroom teacher with a group of these fragile students feels like they spend their day bouncing from one escalation to another, all the while wondering how they will ever get back to teaching the rest of the class.

It is not the case that these are “bad kids;” indeed, the unfamiliar observer would be hard pressed to identify one of these trauma-affected students from among their classmates when the child is not escalated and acting out. The same observer would also be surprised at how quickly the same calm, smiling child can transform into a student with raging emotions and, sometimes, harmful behaviors towards self and others. Because the emotional lability of these students is so unpredictable, we have to meet their needs in one of two ways; 1) the provision of in-school behavioral intervention (1:1 adult support) or placement in a therapeutic day treatment school that is equipped to provide a unique educational and therapeutic environment. The trend over the past two years has been to manage these students in-school until they reach high school age, at which point in-school support becomes less effective because of the age of the child and the demands of a more structured middle- or high-school. These students often move to an alternative therapeutic school. This is a pattern, not a hard and fast rule, but the students who are the subject of this paper fit this pattern at this time.

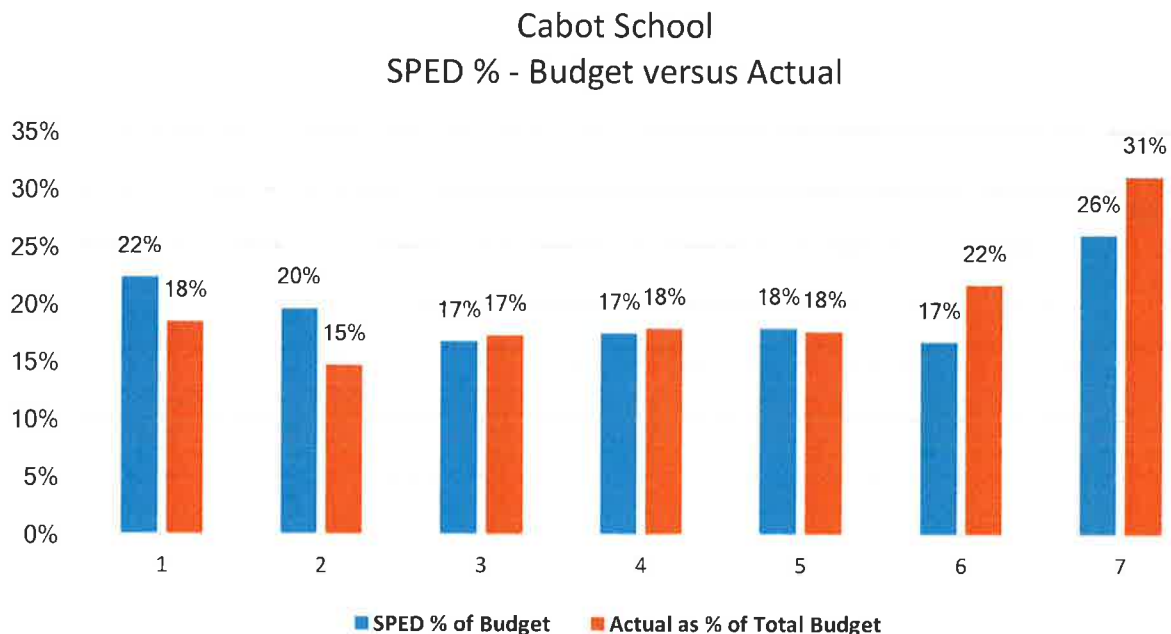
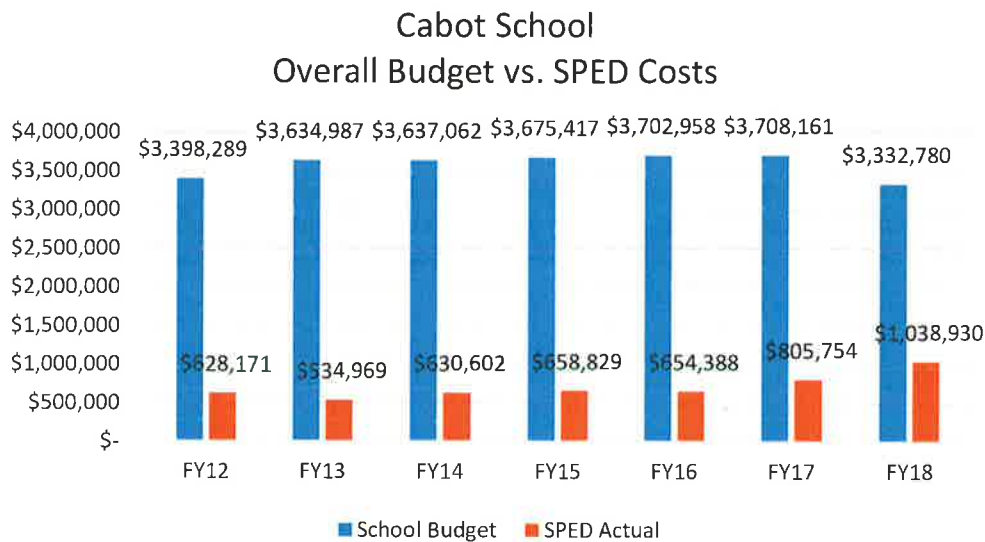
Meeting the needs of trauma students is challenging because it takes a special skill set to work with them. It is not simply a matter of putting an adult next to them – these students need positive behavioral supports – a set of protocols and practices designed by trained behavioral analysts to meet the unique emotional profile of the child. These protocols, when implemented by a trained Behavioral Interventionist, can slowly but progressively teach the missing skill set that most students develop naturally over time – resiliency in the face of obstacles and disappointments that every child faces in their daily life. The most cost-effective method for providing these services in-school is to contract with a mental health agency (Washington County Mental Health). This approach allows us to assign staff when the child is with us, and remove those services when the child no longer needs them or, as often happens with this population, when the child moves to another home and school district.

◆ Funding Challenges

Special Education costs at Cabot School had stayed relatively flat from FY12-FY16, averaging around \$621,000/year over the five-year period. Then, starting in FY17 and continuing this year, for reasons noted above (the influx of high-cost trauma students), the two-year average for special education costs jumped to over \$950,00/year, a 65% increase for the period. Without the increase we experienced in FY17 (i.e. if these students had not arrived or otherwise needed extra services to meet their trauma profile), special education costs in Cabot would have decreased by more than \$20,000. Note that these cost increases reflect special education costs over and above those that are normally associated with students requiring special education services. In other words, these cost increases can be directly associated with the cost of treating trauma in the school. The chart on the following page illustrates the six-year trends in special education expenditures, pointing both to an overall increase *and* to the fact that these expenditures have exceeded our ability to anticipate them during the budgeting process in each of the past two years.



Another way to look at the budget-versus-experience curve is think of it in terms of the overall school budget, which shows approximate level funding with an increasing percentage going to meet the needs of Trauma students in the past two fiscal years:



(Note: the \$375K decrease in the overall school budget from FY17-FY18 reflects the transfer of a number of costs and revenues to the SU budget, including Paraprofessionals, State-placed expenses and reimbursements, etc.)

Two important points bear calling out: 1) in FY17, our actual special education costs, which we had projected in the fall (due to an unanticipated influx of new students over the summer) to be 17% of the overall school budget, were actually 22% (a local budget deficit borne by Town taxpayers of nearly \$89K, after accounting for Special Ed reimbursements), and; 2) despite increasing our budget for FY 18 (to a projected share of the overall budget of 26%), we are now projecting to miss THAT mark by as much as 5%, due to the unanticipated increase of six additional trauma students (2 local and 4 state-placed) that surfaced after the FY18 budget was passed by voters in May (on the third try). After reimbursements, this will result in a \$60K deficit in the current fiscal year. And we are only in November – that number could increase if we get more DCF placements in our foster homes, homes that are currently *not* at their approved capacity.

At this point, it should be clear that for the past two school years Cabot School has been struggling to stay ahead of an ever-increasing influx of new trauma students, in addition to dealing with trauma students who have been in the school for a while but have reached the point where the programs at a small, rural middle/high school cannot accommodate their learning and behavioral challenges. The financial strains for this small town are coming at the same time that we are being told to “level-fund” or worse, to “cut spending to match targeted staff-to-student ratios.” We are not insensitive to the importance of these two cost containment philosophies, but at the same time, we can’t imagine how to do either and still keep all of our students safe and learning.

◆ The Impact of DCF Placements

The town of Cabot currently has several foster homes that are deemed by DCF to be “stable placements” for children in crisis. Some of these homes are licensed to take as many as four children. A number of these foster families have been willing to take very high-needs (read, trauma-affected) children that other homes will not take, or that have already passed through one or more foster homes on their way to Cabot. DCF case managers have reportedly told Family Court judges that “A placement in Cabot is a good idea because the school does such a good job with them.” These factors appear to have combined to make Cabot School a “magnet” for the placement of trauma-affected children, with four new children coming into the school in late-August alone. These new students, when added to seven other trauma-students already on the case load (eleven students in total), are the basis of the financial impact analysis in the previous section.

Numbers reported by the Agency of Education reinforce the impression that Cabot carries more than its fair share of State-Placed students. The most recent data (FY17) shows the following:

State-Placed Students by Count - FY17

District Name	Elem	SEC	State-Placed	FY17 Total	SP/ADM FY17
St. Albans Town	549.03	477.04	13.85	1039.92	1.3%
Rutland City	942.57	942.81	8.09	1893.47	0.4%
Fairfax	391.95	325.69	7.75	725.39	1.1%
Cabot	87.67	66.51	7.23	161.41	4.5%
Burlington	2131.99	1521.87	7.00	3660.86	0.2%

State-Placed Students as % of ADM- FY17

District Name	Elem	SEC	State-Placed	FY17 Total	SP/ADM FY17
Isle La Motte	25	26.03	4.00	55.03	7.3%
Cabot	87.67	66.51	7.23	161.41	4.5%
Wardsboro	45.5	58	3.00	106.50	2.8%
Mt. Holly	83	55.24	3.90	142.14	2.7%
Lowell	71.78	67.21	3.92	142.91	2.7%

This raises some uncomfortable but necessary questions. I think it is fair to ask if there are factors at play in this and other small communities in Vermont that encourage DCF to seek, support, and then over-populate foster homes in economically deprived areas of the State. Is it conceivable that some families might have more than one motivation for becoming a foster family? I don't doubt they all have a fundamental belief that they (the host family) can provide a safe and caring home. But in economically depressed, rural areas in the State, are the stipends paid by DCF an attractive financial incentive compared to the salaries from available local employment? And finally, is there a fundamental disconnect between the mission of DCF (foster placement) and schools (free and appropriate education for all student)?

It is certainly the case, at least in Cabot, that the local DCF office does not work with the school before placing new foster students. The school is always the last to know when there are new students arriving. ESSA rules implemented in 2016 mandated a process for assuring Educational Stability in which children who are moved from one home to another in a different town are not automatically moved to a new school placement. The process requires a Best Interest Determination made collaboratively between schools and DCF. So far as I can tell, this process was not followed for any of the new students placed at Cabot School in the current school year, or if it was, it left out a key partner in the process – Cabot School. Indeed, at least one of these students just “showed up” on the first day of school, not registered. Upon arrival, the foster-parent reported that the DCF caseworker had told her, “Oh, just bring him to school, it'll be okay.” As the legal guardian for children in State custody, it is DCF's responsibility to enroll students in school.

When children arrive at the door of the school, our first instinct is to take them in and sort out the details later, but when these children are products of a trauma environment, we don't know what we are getting, and when the child's needs exceed the staffing capacity of the school, we are left to deal with the consequences of the child's behavior while we scramble to figure out how to support the child. This was certainly the case at the beginning of the current school year, with the arrival of six new students, all with intensive behavioral needs, four of whom were on an IEP, two of whom were not but probably should have been. (These last two are not reflected in the financial analysis in the previous section. If we find them eligible for special education – likely – *and* also in need of intensive supports – probably – this will further skew the special education cost projections for the current year.)

From my conversations with DCF management, it appears that they feel they are meeting their obligations under the law in making these foster placements – and I suppose they are. When we take these students into our schools, we do everything we can to meet our obligations under the law. Somewhere in between these two positions of self-assurance lies a fundamental problem – many of these children that I have been talking about are in DCF custody because of terrible things that happened to them in the care of their families, and they are suffering the consequences of this trauma. These children have moderate-to-severe mental health issues stemming from the trauma, but once they are placed in a foster home, it apparently becomes the school's responsibility to deal with the costs and impacts of the mental health needs of these students.

Not all of my trauma-impacted children are in foster homes; some are in conditional custody with a familial placement, and some grew up in Cabot. They all present with the same range of mental health issues and costs as the State-Placed students. The reimbursement rates for these students range from 100% of the cost (for State-Placed students) to something less than that if they are local students. But no matter how one slices this cost-pie, in the end the money to support the mental health needs of all of these students comes out of the Education Fund. In my small community of Cabot, the projected cost for these students this year is approaching \$600,000, about 18% of the overall school budget. This figure represents the additional cost of educating just 6% of the overall student population. Even though our student-to-staff ratio closely approximates the desired 5:1 ratio, we can't get out from under these extra expenditures. This is why we can't level-fund a school budget in Cabot.

◆ Culture and Learning in a Trauma-Impacted Environment

This rapid increase in trauma students from within and without the community begs the question, "Is there such a thing as too much?" The short answer is "yes." Today, Special Education is not what it was when I started practicing in the field. The needs are radically changed. When viewed through a spreadsheet, one might ask, "is it reasonable that a school of 188 students can sustain an overall special education population of 30 students (16% of enrollment) with three special education teachers?" In the traditional model of special education support, where students had learning challenges but were otherwise "available" for learning, the answer is 'yes.' But when you start to delve further into the needs of the current population, you find that eleven (37%) of the thirty identified special education students suffer from the effects of childhood trauma; of that number, five are so complex that their best placement is in an alternative school. The other six students are currently at Cabot School; four of them are assigned behavioral intervention staff 1:1; the remaining two need that support and we are awaiting the availability of appropriate staffing from Washington County Mental Health.

All of these students require a level of support far exceeding the typical special education student. The students who are either in an alternative placement or already have an assigned behavioral interventionist receive the support that makes them available for learning much of the time. The ones without support (because we can't hire support) are struggling in the current school environment. It would be wrong to say they are not learning, because they have good days as well as bad, but they are not in an optimal frame of mind to receive the intensive level of instruction that comes at them on a daily basis. One of these students gets a lot of support from a substitute paraprofessional who comes in most days of the week to work in his classroom. The other student gets the majority of his emotional and social support from the school Principal, who spends more of his time directly involved with student behavior for this and two other non-special-education, trauma-impacted students, than he does with the day-to-day operation of the entire school.

Committing the building Principal to act as a behavior interventionist in this small, one-administrator school, all day every day, is an unrecoverable and unsustainable cost for this school. It is also the only option available for us right now, as we continue to deal with high needs students who would not otherwise be safe in the school building without significant adult intervention. We have no other option – we can't suspend or expel these students – and we don't want to even if we could. Neither can we leave them uncovered and take the risk that one of them will hurt another student or an adult – and some of them threaten to do so and past history that convinces us they just might act on a threat.

Everyone has a challenge, everyone is frustrated – DCF says they don't have enough foster homes, but they also think it is the school's problem to deal with this degree of mental health challenge, with no responsibility for considering the impact on the school climate when they place the child. We have a strong and supportive partnership with Washington County Mental Health, but they cannot staff the demand for behavioral support services coming at them from us and all of the other schools in their

catchment area. At the end of the day, the rubber meets the road in the school, but we have the same challenges when it comes to finding appropriate adult support for these students. If we hire an adult staff member and put them under contract, they belong to us for the remainder of the current school year, even if we don't need to keep them around, because there is no termination provision in the Collective Bargaining Agreement, and no willingness by VT-NEA to consider such a provision. Damned if we do, damned if we don't.

The Impact On Learning

Back in the classroom, the kids and teachers are struggling. I won't get into particulars that would inadvertently allow a reader to guess who I am talking about. Suffice it to say that all of the new trauma-impacted students who arrived this year are in elementary school, and their arrival has disrupted the school climate in ways that would have been unimaginable in past years.

There is a snowball effect on all of the children in our elementary classrooms when we are spending so much time dealing with the behavior of just a few children. Here I am mostly concerned about those children that are coming to school with inadequate adult support. We have defined Positive Behavior Support Plans for all of our students who need one, but by definition, a Positive Behavior Support Plan, if it is to succeed, demands the flexibility of an adult to intervene "in the moment" when a child's behavior is overly disruptive. A typical plan would include scheduled breaks for the child who does not have the resiliency to sit in the room for an entire period without a break. A typical plan would also include a protocol for exiting a child from the classroom so that s/he can have an opportunity to deescalate in a safe, quiet environment before returning to class. This adult support obligation cannot be fulfilled by the classroom teacher, and must be provided by a second adult who has the presence and the flexibility to deal with the child in crisis. Ideally, this adult will be trained to recognize when a child might be escalating, before there is a serious disruptive event. It is disadvantageous for these children to have continued disruptive events in front of their peers; it harms the disruptive child's ability to build positive peer relationships, and it harms the rest of the children in the classroom because it robs them of classroom instruction time when the teacher is left to deal with the disruptive behaviors. Finally, and just as important, the day-to-day stress of dealing with these behaviors is having a negative impact on the health of our teaching staff.

We are concerned on a daily basis with the possibility that we might lose one or two of our elementary teachers due to the stress of trying to teach in an environment where certain students are consistently at risk of erupting in a violent response to one of their peers. Recently, we had a newly hired special education teacher quit without warning or notice, claiming stress-induced migraines caused by her interactions with these students. We have longtime, experienced staff questioning their commitment to working in this environment; last year's influx of difficult students was perceived as an anomaly, but two years in a row now feels like a pattern. And as already mentioned, I have a Principal in name-only, as he spends his days doing the work that we can't hire enough behavior interventionists to handle. The teachers are stressed; the administrators don't sleep at night. It's not a sustainable situation. We need some relief.

◆ What Can Be Done?

Nothing in what I have said above should be perceived as me or anyone at Cabot School speaking out against these students. I am not asking that these students “go away” and I am quietly proud that some think of this school as “always doing the right thing for these students.” But that said, I struggle with these and other questions every day:

- What about the other schools in the area, in the State, who work under the same legal and moral precepts that we do? Why were some of these students moved from placements in, e.g., Barre, a District with larger schools and greater resources than Cabot, without anyone asking if this was in the best interest of the children?
- Is it fair and proper for DCF to assume that a small, rural school is somehow better equipped to handle big problems than a larger school with more administrators and support staff and financial resources? What does this say about the “other” schools?
- Why does Cabot, with its relatively tiny three-million-dollar budget do a better job with these children than other, larger schools with greater capacity and ability to absorb an influx of high needs students like we have experienced in the past two years?
- How is it sustainable for this small community to continue to absorb more and more trauma-affected students from outside its borders, at the same time that it struggles to deal with its own home-grown trauma-affected students?
- How do we meet the financial challenges of reducing school costs laid before us by the Agency and the Legislature AND absorb this mental health cost shift in our local school budget?
- What will we do in Cabot when we burn out the staff and lose otherwise competent teaching and support staff because they believe they can no longer serve all students in the manner they deserve?

What can be done? This is a complex issue that is beyond the ability of local and SU school administrators to solve on our own. To start, it would help if those who look in at us from the outside could look beyond per-pupil costs, as if every child costs the same to educate as any other, and begin to recognize the impact and cost differential for these most challenging and fragile students. Please, start there.

I have more questions than answers, but I argue that an honest assessment of these questions by responsible persons in the Agency of Education, Agency of Human Services, and the Legislature could begin to solve some of these challenges. Here are a few things to consider:

Acknowledge the problem

Cabot School’s “trauma challenge” represents a \$600K load on the Education Fund over and above usual special education costs. This is a phenomenal amount of money to have to spend on eleven students – more than \$54,000/student, over and above regular education and usual special education costs combined. The Legislature needs to be made aware of the extent of this challenge, and it needs to stop looking at education spending as if this money is spread evenly across all of our students. Yes, the Cabot School budget is high. Yes, we would like to spend less money. No, we can’t so long as we are facing costs like these. And given the trend of the past two years, we expect this to get worse before it gets better.

Placement decisions by DCF have to be done in collaboration with the school

No child should show up unannounced at a new school. Child placement is not a one-off decision – DCF has to find a good home for these kids, but part of that calculus for them ought to include some sensitivity to the school environment. There are rules in place for ensuring this happens, but it appears these rules are not being followed. Currently we are being left out of the Best Interest Determination process, and we should not be held liable for meeting the needs of these students when they show up at our door, unannounced. School is the place where most of the social/emotional learning occurs, and the effort

required to provide this education for *all* of the students is complicated exponentially with the introduction of each new trauma-impacted student into the milieu. This is especially true in a small school with one classroom per grade level; there is no ability to balance the load of trauma versus non-trauma children across multiple classrooms. In Cabot, where grade pairs (1-2, 3-4, 5-6) interchange and interact across and between two small classrooms, the introduction of just one especially difficult student in a class effectively impacts two grades at the same time. *At a certain point, this means that some placements may not be appropriate because the school has reached its saturation point and does not have the capacity to deal with the child when s/he arrives. Cabot School finds itself at this point today.* Absent our participation in a Best Interest Determination for each child that DCF considers placing in a home in Cabot, we have no way to voice these concerns prior to the arrival of a student.

Mental health costs should not be paid from the Education Fund

Public schools are not, by design, day treatment facilities. My teachers are trained to teach reading, writing, and arithmetic. Few if any have any secondary skill-base in mental health counseling. As a result, the schools spend valuable Education Fund dollars to acquire outside mental health services. Across all of the eleven trauma students in this analysis, the average additional cost is more than \$54K/year. This is money spent on mental health services, not instruction. Why does it come from the Education Fund?

Adjust the Special Ed Reimbursement formula to fully fund Trauma costs

Budget deficits resulting from unanticipated trauma support costs are killing us. Try as we might to anticipate the needs of our students, current and incoming, we don't have a crystal ball. Last school year (FY17), we had to provide additional services for four students (2 local and 2 that moved in unexpectedly) with significant trauma histories. The unreimbursed total for these four students was \$72,000. This year (FY18), we are currently looking at unreimbursed costs of \$60,000 for students with significant trauma histories. When faced with budget deficits such as these, a small school like Cabot has few options. We can try to cut costs in other budget areas, but we have few options. The so-called discretionary cost pool (budget minus staffing costs) is only around \$660,000 in the current year. There is not a lot of "fat" in the budget. In addition, we have the healthcare recapture to deal with - \$29,000 that we budgeted but will not receive¹. Today we are looking at nearly \$90,000 (15%) out of a \$660,000 discretionary pool and there are no obvious sources.

If we can't get Mental Health to pay for these services, then additional reimbursement for the unanticipated and unbudgeted costs for students with a trauma history is warranted under the current funding formula. All trauma-impacted students should automatically become eligible for extraordinary reimbursement because of their status. Only one of the eight trauma students affecting the Cabot Budget is currently eligible for Extraordinary Reimbursement under the current reimbursement model.

I am happy to answer any questions the reader may have about any of the issues I have raised in this paper.



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Superintendent, Washington Northeast Supervisory Union

¹ The healthcare recapture is especially problematic for us, because we had already budgeted for lower healthcare costs in the second half of the year in the budget that was passed by the voters. The recapture represents a double taxation for our schools.