

MEMORANDUM

TO: Senate Health and Welfare Committee
FROM: Martha Allen, President, Vermont-NEA
DATE: April 6, 2017
SUBJECT: S.90

Thank you for allowing Vermont-NEA to share some thoughts on S.90. My name is Martha Allen, I am a 30 year teacher from Canaan and President of Vermont-NEA. Before, I speak directly to S.90, I wanted to give you an overview of what we have been hearing from our members, the public school teachers and staff who live in work in every community in the state, with increasing urgency over the past several years. I know this won't come as a shock to you all, but even as our student population has declined our youngest children are coming to school with more complex challenges and needs than ever before.

Our members walk through their school doors every day and are charged with educating children who walk through those same doors coming from families in crisis – from drug addiction to homelessness. Consequently, educators are having a harder time meeting the needs of all the children who may not be prepared to learn. Our members are seeing increased incidences of very young children who are acting out, often physically, in ways that impact not only their ability to learn, but the ability of their peers to learn and teachers to teach. Our schools, in some cases, may be the only community center where children and their families can get supports, yet teachers and support staff don't always have the resources and training to support these complex needs. For the teachers and the staff in our schools who do have the professional expertise to provide the best support to these children – social workers, psychologists, behavioral interventionists – their waiting lists are long, and time is stretched extremely thin. For the past several years, every time I visit schools across the state, I hear from both career educators and new educators that the student population has changed dramatically. The challenges these children, whose eyes their teachers look into every day, and their families are facing needs to be addressed. That is why I am here.

Vermont-NEA is supportive of S.90. Our children, communities and families are in crisis. We know that if we are going to address these issues it must be done systemically and across the health care, social services and education fields. I will speak to a couple of specific points in Draft 3.1.

1. I want to highlight the importance, as outlined in the current draft, for having AHS in conjunction with AOE, develop a plan for building out the recommendations in the joint report on "Coordination of Education and Social Services" presented as part of Act 46. There are three recommendations in that report that I think are critical and need to be moved forward:
 - "Increase PBIS schools and schools implementing with fidelity" – We know that where PBIS is implemented well, especially in elementary schools, it can have a very positive impact. However, every member of the faculty, staff and administration must be committed to success for it to work properly.
 - "Explore Full Service schools or the elements of Full Service schools and determine if, when and how to implement." – We believe we need to have more services offered to children and their families inside a school based setting. There are many options, but this could include more partnerships with FQHCs to bring doctors and dentists into

schools. This could mean having AHS staff embedded in schools to provide support to children and families in the building we know they enter nearly every day.

- “Ensure schools are trauma informed, understand toxic stress and have access to appropriate services to address; consider offering statewide conference on trauma informed best practice, in order to beef up training statewide” – As we understand, currently there is not consensus among schools on what it means to be “trauma informed”. We need to make sure there is a clear standard for this as well as ensuring that once a standard is clear, proper training is provided to all teachers and staff.
2. The “Adverse Childhood and Family Experiences Advisory Committee”, currently does not have any representatives from the public school system. It has representatives from organizations working with children 0-5, but if we are going to address this challenge systemically it would be valuable to have the input of the public school system, specifically the K-5 grades.
 3. Given the systemic approach needed to address ACEs, we would ask that any reports to the legislature from AHS as outlined in S.90 also be presented to the House and Senate Education Committees so that they may also be part of this critical conversation.
 4. I am happy to see school nurses being integrated into family wellness coaching and the community health teams. We know that there are other educators in schools, be they social workers, school counselors or school psychologists, who could also receive this training and benefit from integration into community health teams, if appropriate.
 5. It seems that in addition to opportunities to integrate information about adverse childhood and family experience into curriculum in medical schools, there would be value in having similar recommendation for colleges and universities in Vermont who have teacher training programs.

Thank you for working to address this critical issue.