



**Erin Maguire, Past President
S. 90**

Coordinating Vermont's Response to Adverse Childhood and Family Experiences

The Vermont Council of Special Education Administrators (VCSEA) applauds the work to date regarding the focus of S.90. Adverse childhood and family experiences are a clear cause of both health impacts later in life as well as learning challenges and social challenges in schools. In the past 10 years there has been an increase in the number of children who have experienced trauma, toxic stress, as well as multiple adverse childhood and family experiences. Improving a fully systemic response is an excellent goal and one that VCSEA fully supports. Interagency collaboration will be a key component to this body of work given the multiple agencies involved in supporting and treating children and families experiencing ACEs, AFEs, trauma and toxic stress.

Schools have increased the services and supports available to children who are experiencing mental health challenges, emotional disturbances and who have a history of or are presently experiencing trauma or toxic stress. We have learned a lot about what children need and have been developing systems to address those needs. These include but are not limited to:

- Multi Tiered System of Supports (MTSS) have been implemented and are required under Vermont Statute. Within MTSS, children receive early intervention around social emotional functioning through behavior plans, social work services, social skills training, sensory integration activities, and a variety of other specific programs. MTSS leadership teams and MTSS structures regularly intervene specific to risk factors including ACEs and AFEs.
- Early MTSS, a similar set of interventions at the birth – 8 range of development has been of great focus.
- Positive Behavior Intervention and Supports (PBIS) is a program that has been implemented in over 200 schools. It represents a tiered approach specifically designed to address a whole school approach to pro-social behaviors and to address challenges with social skills.
- Creating trauma informed schools has been a significant focus across Vermont. There are many schools that have had training from several skilled trainers in order to build classrooms that consider and address the impact of trauma and build resiliency.
- Implementation of mental health services in schools is on the rise. Many schools pair with their local designated mental health agencies to bring mental health services into schools through Success Beyond Six. The study from Act 68 specifically describes the level of resource allocation by schools toward this important endeavor.
- Development of service delivery models in special education to serve and support students identified with emotional disturbance are a prominent feature in many school districts across the state.

While this work has been successful we are not done. The effort to systemically address the needs of children and families experiencing ACEs and AFEs is worthy work. It is important however that we focus our energy in the right places to ensure success. The following are recommendations made by VCSEA for the committee's consideration:

1. When considering leadership and training around trauma informed schools, the school nurses office is not the center of leadership for this work. Creating trauma informed schools requires the whole school and must come from the school's central leaders. It must also land within the context of whole school planning as well as within the structure of MTSS. **VCSEA recommends the bill call upon the Agency of Education to consider leadership training (rather than just the school nurses and preschool teachers) in ACEs, AFEs and training to further develop trauma informed schools in connection with the PBIS work already happening across the state.**
2. The treatment for the challenges we are discussing are not 'health oriented' through a school nurses office but rather should be based in the mental health services and family supports. The designated agencies are woefully underfunded to address the demand of the call for service to treat children experiencing trauma. **VCSEA recommends that this committee review the present waitlists at all designated mental health agencies to understand the strong impact that the lack of service is having on this specific topic.**
3. The lack of Tier II services available under health insurance creates a vacuum of service availability to many children. When the only options are 60 minutes of therapy once a week or an emergency room visit we have a huge gap. **VCSEA recommends that all children in need of mental health services receive the services they are deemed to need and that we require health insurance to cover the cost of such treatment.**
4. The lack of available mental health services in this state is also related to the low wages of providers and the challenges in maintaining a high quality work force. **VCSEA recommends the committee consider how to attract high quality providers and pay them better wages across the state.**
5. A study already commissioned by the legislature should be fully reviewed and considered as part of this bill. Act 68 mandated a study of mental health services for the children of Vermont describing the allocation of funds through education presently dedicated to mental health supports, much of which is a result of ACEs and AFEs. **VCSEA recommends the committee fully review this report, it's recommendations, and the testimony offered by VCSEA on this report in its consideration of this bill.**
6. The existing System of Care as defined in Act 264 of 1990 and the Interagency agreement of 2005 includes a framework for interagency collaboration at the local, regional and state level. Current state level leadership awareness of and commitment to this system of care is lacking. **VCSEA recommends the state recommit to the infrastructure of communication, training and support to build regional mental health and child safety systems together with the schools are all vital to the critical interagency work needed to address trauma systemically.**

In closing, it is important that we do not confuse the fact that mental health treatment and education are the supports needed for children experiencing ACEs. While ACEs result in health impacts later in life, physicians and school nurse are not the locus of treatment. It is critical that they be capable of identification and referral, just as it is important that mental health providers, educators, DCF, and other state agencies interacting with families and children be aware and capable of identifying risks factors and making referrals. The necessary focus on the mental health services available to children in Vermont is of critical importance in this bill and at this point the bill seems to be missing the mark in this regard. Thank you for considering a stronger component supporting increased access to mental health care for the children of Vermont.