

Matthew Habedank, Northwestern Counseling & Support Services  
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My name is Matt Habedank, and I am the Director of Children's Behavior Services at Northwestern Counseling & Support Services (NCSS), which is the Designated Agency serving Franklin and Grand Isle Counties. A large part of my role involves overseeing school-based programming, including one to one intensive behavior intervention (BI) support as well as positive behavior intervention and supports (PBIS) consultation. I am here today to speak about the ongoing workforce crisis in human services, specifically connected to school-based mental health supports, and the resulting impacts on children in Vermont schools. I appreciate the opportunity to speak with the committee today, and thank you for your time.

The pandemic and workforce crisis have stretched Vermont's Designated Agency system nearly to the limit. As COVID continues to impact nearly every facet of day to day life, we are faced with the stark reality that the months of increased stress, isolation, uncertainty, and fear of an invisible menace have taken their toll on the mental health of all of us. For far too many, grief and loss have compounded the toxic stress they have endured as the pandemic has claimed the life of someone close to them. Vermont's children are by no means immune to these deleterious effects, as they continue to adapt to a new reality at home and school that a couple short years ago would have seemed lifted from the pages of a dystopian novel. And just as the need continues to rise presumably to a crescendo, the reality is that we simply do not have the appropriate resources to provide the care that Vermont's schools, families, and children need and deserve.

There are many obstacles to meeting the mental health needs of children in Vermont schools today, but the biggest of these by far is staffing. The vacancy rate across the designated agency system is currently nearing 20%, with some agencies approaching 50%, and shows no sign of turning in a more positive direction. In a system that struggled with adequate funding before COVID, the pandemic has only exacerbated these shortfalls and left many of Vermont's most vulnerable citizens, most notably its children, with inadequate access to care.

In the School Based Clinician program at NCSS, which provides training, consultation, care coordination, and clinical therapy in a school setting, there are currently five schools that have been waiting since the summer for a staff to be hired. This represents roughly 125 children that are not receiving necessary mental health treatment, along with hundreds of hours of training, consultation, and support to school staff that have gone unrealized. While the hiring pool for these positions is small, there have been applicants. However, over and over the refrain is echoed that the pay simply does not justify the necessary qualifications or the demands of the position.

The provision of mental health treatment in schools has always been a partnership between designated agencies and schools. When our system of care is not equipped to meet the need, there is a ripple effect across not only schools, but also hospitals, law enforcement, and other providers. This has left many educators feeling overwhelmed and exhausted, which has resulted in higher numbers of teachers,

para-educators, and support staff also leaving the field. The scarcity of staffing resources on both ends has resulted in in both parties feeling like they are asking for excessive leeway as well as having to step out of their role to help support. DA staff are being asked to help cover recess and lunch duty, along with full-school and classroom support, and an occasional day as a substitute teacher. Schools are asked much more often to provide coverage for students with a contracted BI, as programs simply do not have adequate staffing to provide a substitute.

This can lead to strained relationships between schools and DAs, and certainly leads to a lower quality of care for children, who especially now depend on a consistent schedule with trusted adults. Additionally, each time any staff is asked to step outside their role – be they school or DA staff – they are leaving their primary duties behind, which creates an additional strain on the system as a whole. The vital work of getting ahead of issues so they don't become big often gets preempted by the necessity of filling an immediate need.

The School-Based Autism Program at NCSS provides one to one behavior support to children with elevated behavior concerns and individualized programming needs connected to autism spectrum disorder or other similar diagnosis. The number of students the program serves has dropped from 32 when the pandemic hit to 16 currently, with eight children and schools waiting for staff to be hired to begin services. Prior to the pandemic, this program was able to provide substitutes whenever a staff was out, be it short or long term. Over the course of this school year, all but 4 of these children have been subbed by their school at least once. The details below highlight the difficulties with the school being asked to provide coverage:

*“When school subbed, he began showing high magnitude, unsafe, and novel behaviors towards school staff, including choking the special educator and bolting out of the school into the parking lot and trying to get into locked vehicles. This resulted in a very frustrated team that felt unequipped to keep the client safe at school. The challenge with schools subbing our clients is that we already know schools cannot support these students in the long term. We are there because schools have already identified that they do not have the internal capacity to support the client’s needs with a school staff (or without a BI).”*

Much like the school based clinicians discussed above, the rate of pay is the primary factor both in staff leaving their current position as well as in difficulty hiring. Staff have expressed, correctly, their belief that schools are a high-risk environment where they are much more likely to be exposed to the virus, putting both themselves and their families at increased risk. Many have noted that they believe in the work they are doing and feel it is important, but the combination of pay and risk is enough to lead them to leave the field, or never enter it in the first place. Feedback from staff frequently centers on the rate of pay for a BI being less than what is advertised at fast food restaurants and convenience stores. When McDonalds faces staff shortages and needs to increase salaries, they raise the price of a big mac. In the DA system that mechanism does not exist, so in order have the resources to ensure proper staffing and care, we turn to you. Some comments from a recent employee engagement survey at NCSS sum up this concern well:

*“Finding a way to increase salaries for direct service workers would increase morale and employee longevity. Working in a full-time position and making less than 40k with a Master's Degree is not acceptable, especially as other fields and workforces that require less education continue to raise wages to fill employment gaps.”*

*“I like NCSS a lot, I love the people, I love the work and values.... I would love to stay at the agency but I don't know how people do it. I assume it is because they have a partner/spouse who has a well enough paying job to compensate. Otherwise, with the cost of living in Vermont, especially childcare, there is little incentive to stay, no matter how passionate you are for the work.”*

The bottom line is that kids and families are struggling, along with the professionals who are there to support them, which makes the partnership between schools and mental health providers more important than ever. The collective trauma we have all been through has led to observed increases in the children we serve in symptoms of anxiety and depression, both related to currently diagnosed conditions or new symptoms that were not present before. We are seeing a dramatic increase in students struggling with school engagement, this not only accounts for truancy but students' attitudes toward school seem to have fundamentally shifted resulting in decreased academic performance and engagement as well as lack of community and empathy towards classmates and staff. Our programs have continued to provide individual client care but also tried to increase consultation, push in services, and support provided to school staff and classrooms to try to support the general population in addition to our clients. We are finding that every single person whether they are an adult or child is needing some type of mental health support to continue to remain healthy.

The list of needs and staffing shortages goes on and on. The PBIS consultant program, which provides lower level behavior intervention to students along with addressing school-wide behavior systems and supports, currently has 5 openings, or nearly half the program. This leaves 50-60 children without adequate intervention and support, and deprives five schools of expert behavior analytic knowledge and consultation, further straining the system and leaving upstream solutions untapped. Another one to one BI program which serves children classified by special education as EBD currently has 10 referrals waiting for available staffing, and each of those children is simultaneously struggling with their needs while putting incredible strain on the school system. The events of the last two years have led to children falling behind, and in need of additional support to stabilize. Without an investment in kids now, they may not catch up which will likely result in more problems, and expense, down the road. Investing in our programs now will help kids to stabilize, catch up, and mitigate the need for more expensive programming later.

Despite all these concerns, there are great things happening. The BI program mentioned above was just able to start work with two new children – the first new clients in almost a year. The PBIS consultant program and School Based Clinicians talked about this outcome:

*“Our new SBC worked for over two months to onboard a 6-year-old who was smearing feces everywhere and running constantly out of class and escaping the school, teachers were terrified*

*of him and his classroom teacher was beyond her capacity to deal. The school was at their wits end and just several months into kindergarten they were looking for alternative placement for him. With the support of SBC and PBIS he has stabilized somewhat and is able to remain at the school. If we weren't able to prioritize this kid and give him services proactively he would have been moved to a much higher level of care."*

Stories like this are still happening every day, but there are many more kids for whom this chapter is waiting to be written. The pandemic has presented all of us with challenges unlike any we have ever known, but for the children of Vermont, the hardest work may still be to come. A robust and healthy system of mental health service providers that can meet the significant needs of Vermont's schools is vital to helping children make up the ground they've lost, turn the curve on symptoms of anxiety and depression, keep them engaged in learning and with their communities, and support teachers and other school staff in continuing the vital work they do.

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