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Testimony to the Vermont House of Representatives Education Committee

Re: Schools and Mental Health

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Thank you for the opportunity to provide written testimony for Mental Health Advocacy Day regarding Schools and Mental Health. Vermont Family Network (VFN) is Vermont's federally designated Parent Training and Information Center (PTI). Our organization has been supporting families for more than 35 years! PTIs exist in every state and are required by the Individuals with Disabilities Education Act (IDEA). VFN provides Family Support Consultants who are skilled parents of children with disabilities who support families in accessing services for their children in the school and in the community.

As required by the IDEA, VFN provides parents with information and resources to help them advocate for the provision of a Free and Appropriate Public Education (known as "FAPE") in the Least Restrictive Environment to which their children are entitled. To achieve the IDEA expectations of a PTI, VFN operates a state-wide telephone helpline, provides in-person support to families, and may attend school meetings with parents in extraordinary circumstances. VFN also attends Act 264 (a statute which provides an entitlement to coordination of services) meetings in the parent representative role to support families. VFN provides written materials and conducts training on a broad range of topics of interest to families and professionals who work with children with disabilities.

Parents contact us when they have concerns and questions about their child in school. Special education laws and regulations and the mental health system of care can be very confusing for parents who are already overwhelmed with the daily challenges involved in raising a child with a disability. In 2023, we had over 6,000 contacts with parents. Of these contacts, 1,200 of these were with parents whose children have mental health diagnoses.

Families of children with mental health diagnoses call VFN about the special education process and eligibility, Section 504, Act 264, identifying community resources, and overwhelmingly, behavior issues in school.

Here are some of the issues we hear about for this group of children and youth:

- School-based anxiety, resulting in chronic absenteeism.
- Children are often lacking services, specifically in the form of well-written functional behavioral assessment which could provide behavior supports that would prevent behaviors from occurring or escalating.
- Increased use of exclusionary discipline, including suspension and expulsions.
- The school may actually have all the information they need to keep behaviors from escalating, including a written behavior plan; however, not everyone at the school is following the plan, due to lack of expertise or staff resources, or both.
- Teachers may lack knowledge of how a disability manifests, blaming a child (and often the family) for the behavior.
- Children on Section 504 Plans often don't get evaluations before a change of educational placements, which is required by regulation.
- Behaviors that escalate into safety issues, property destruction, and endangerment to self and others
- Lack of alternative educational placements.
- A fractured system of community-based and higher level of services for children with co-occurring Intellectual Disability/Developmental Disability (ID/DD), mental health, and medical diagnoses.

I would like to share a few examples with the permission of their families.

Child 1: *A 12-year-old with a diagnosis of attention deficit hyperactivity disorder (ADHD), anxiety disorder, and Post-Traumatic Stress Disorder. This student was on a Section 504 Plan, although the parent had asked for a special education evaluation several times. Section 504 of the Rehabilitation Act guarantees that students with disabilities who qualify must have equal access to all academic and non-academic activities and programs. The school said that this student was "too smart" to qualify for special education. They were suspended for misbehavior on the bus and in school. The parents had to go before the school board to plead their case. The superintendent threatened that the child would not be allowed back on the bus, even*

*though it would be a hardship for the parents to get them to school. While suspended, the child was admitted to the Brattleboro Retreat. The school team held a meeting to determine if the behavior was caused by or directly related to (“a manifestation of”) their disability. This type of meeting is called a “manifestation determination meeting.” The teachers and behavioral support person felt that the student’s Section 504 Plan included appropriate accommodations - stating in effect that the behavior was not a result of them not getting enough support. One teacher even said the student was “not anxious.” The team asked the social worker to describe how anxiety presented in school, and on the bus. The picture she painted aptly described the behaviors the team had witnessed. The team reconsidered and supported a comprehensive special education evaluation once the child had returned from the Brattleboro Retreat. Unfortunately for this family, the child had to reach a real crisis before action was taken to offer a higher level of support. The school personnel failed to recognize this child’s behavior was the direct result of his disability.*

*Child 2: An 8-year-old who had exhibited challenging behaviors for a long period of time. The parents were called numerous times to pick up their child and it got to the point where calls were almost daily. There was no evaluation or functional behavioral assessment conducted. This student was then put on an Educational Support Team (EST) Plan for behavior. Problems continued and the child was told not to return to school until they were “ready to learn.” After 10 days, the parent requested tutoring and was informed this only applies to suspensions, and they did not “suspend” their child. The parent then sent another written request for an evaluation and their child was given a “psychological screening,” not an evaluation. Following the screening, they were placed in a district behavioral program, which was also unsuccessful. Following that, this child was again told not to return and home tutoring was later provided (3 weeks later.) The tutoring was to be for 2 hours daily for 5 days per week; however, the tutor was frequently absent. The school told the parent that they “had no one else” and they just can’t pull “sub tutors out of a hat.”*

*The parent then was referred to us by their mental health agency. VFN supported this parent, and the child was evaluated, found eligible for special education and began receiving supports. Things are now going well for this child.*

*This is a success story but only after a lot of hurdles to get appropriate services in place.*

*Child 3: A 16-year-old with an emotional disturbance diagnosis on an Individualized Education Program (IEP) but without a behavior plan had difficulty accessing school. Supports were limited. The student was accused of writing graffiti on the bathroom*

*wall. No one witnessed this; however, based on the fact that the student was seen with a red marker earlier that day and the graffiti was in red, they were accused. The student vehemently denied this but was told they were suspended for 5 days. When the student returned to school they were taunted by other students who heard the student was suspended for the alleged graffiti. The student swore at the group of students and was told not to return to school. There was no manifestation determination meeting and the school said they would not provide tutoring as it likely “would not work.”*

*The parent then contacted VFN and we began supports, including a successful re-entry and IEP meeting. However, by that point the student did not want to return to the building and refused to go to school. Other options were presented—all were met with refusal. The parent now must take unpaid Family Medical Leave to stay home with the student in the hope that they will return to school or agree to another option.*

*This student should have received appropriate behavior support from the time they began to struggle. The school did not conduct a manifestation determination meeting which could have indicated the need to conduct a functional behavioral assessment. The student was suspended for an offense they may not have been guilty of.*

Here are some possible solutions to the problems presented in these examples:

- Annual trainings for new 504 coordinators and classroom teachers since they don't usually have a disability background.
- More training around how to conduct a good functional behavioral assessment; how to write a good behavior plan and how to administer the plan once written.
- Restorative justice practices should be implemented and used in schools.
- More mental health funding so that the schools are not bearing the burden of supports. We should be making sure that Multi-Tiered Systems of Support (MTSS) are built on strong foundations, particularly as we are trying to address challenging behaviors sooner and with better results.
- Mental Health, developmental, medical, and education systems (Agency of Human Services and Agency of Education) work to create systems of care that work more in concert with one another so that families do not bear the burden of piecing together an unnecessarily complex system of care.

Thank you again for the opportunity to provide testimony.

