

Good afternoon, and thank you for the opportunity to speak today.

My name is Angela Filion, and I am the Principal of Allen Brook School, a PreK–2 school within Williston Schools. While my daily work is grounded in early childhood education, my testimony today represents the shared realities of public schools across our district and across grade levels. It reflects the voices of our students and families, our faculty and staff, and my fellow administrators working throughout the PreK–12 system.

Like educators across Vermont, we are seeing a significant increase in student mental health needs—anxiety, trauma responses, behavioral crises, and suicidal ideation—appearing earlier, lasting longer, and requiring more intensive intervention. At the same time, school budgets are tightening. Schools are now functioning as frontline mental health responders, often without the staffing structures, training capacity, or sustainable funding to do so effectively.

Public education is frequently evaluated, and criticized based on academic growth measures and outcomes. What is often missing from that conversation is the reality that many students arrive at school with unmet basic needs that must be addressed before learning can begin. Schools are increasingly responsible for ensuring students feel safe, regulated, nourished, and emotionally supported before instruction is even possible. This is not a shift schools have chosen, but one we have been required to absorb as outside systems struggle to meet demand.

At the classroom level, teachers are feeling this tension acutely. Many report feeling ill-equipped to support students' complex trauma and mental health needs, while simultaneously feeling intense pressure to maintain academic rigor and meet performance expectations. This dual demand-care first, achievement always, places an unsustainable burden on educators.

Schools are required to engage in critical training, including Harassment, Hazing, and Bullying prevention, threat assessment, suicide prevention, and Crisis Prevention Institute (CPI) training as well as being mandated reporters. These trainings are essential and life-saving. However, they often occur at the start of the school year and during school hours, requiring schools to pull their most skilled staff—special educators, counselors, behavior specialists, and administrators—out of buildings for full-day or multi-day sessions.

This has real operational consequences. Students with the highest needs temporarily lose access to their most trained adults leaving remaining staff stretched thinner. Safety risks increase. When these trainings are unfunded and inflexible, schools are forced to choose between long-term preparedness and day-to-day stability—an untenable position for any public system.

Mental health challenges also do not begin or end at the school door. Many originate in the home. Families are navigating significant stressors and often need support, training, and tools to help their children develop routines, emotional regulation skills, and coping strategies. Without accessible family-centered resources, schools are asked to carry not only the responsibility for education, but the cumulative weight of unmet needs beyond the school setting.

Pediatric offices are uniquely positioned to play a preventive role in this work. Incorporating Adverse Childhood Experiences (ACEs) screening into routine wellness visits—beginning as early as birth—would allow families to be connected earlier to mental health supports. Many pediatric practices already have mental health professionals on site. Strengthening intentional partnerships between pediatric providers,

families, schools, and community mental health systems would allow concerns to be addressed proactively rather than reactively. Early intervention across home, school, and medical settings is more effective and more cost-efficient than crisis response later.

Despite shared goals, our systems remain siloed. Schools, mental health providers, pediatricians, and state agencies often serve the same children without sufficient coordination. Schools bring essential insight into how children function across the school day, in group settings, and over time. That perspective must be included as part of any comprehensive support plan.

I also want to raise a concern regarding the application of Harassment, Hazing, and Bullying laws, particularly for children under the age of eight. Many students are entering school with lagging social, emotional, and self-regulation skills due to increased technology use and significant family stressors. While student safety and accountability are critical, our youngest learners need developmentally appropriate, instructional responses that prioritize prevention and skill-building rather than early labeling or compliance-driven processes.

Educators are not asking to do less. We are asking for shared responsibility, coordinated systems, and sustainable resources that reflect the full scope of what public schools are being asked to do.

I respectfully urge the Legislature to invest in flexible, sustained funding for school-based mental health staffing, cross-agency training, early intervention efforts, and family-centered prevention supports—so schools are not left absorbing these expanding responsibilities through already-limited education budgets.

Thank you for your time and your commitment to Vermont's students, families, and public schools.