

	MT	Bozeman	Andrew Rowse	Self	12/15/2025 11:14 AM
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**Subject:** No to mandated school district consolidation

**Comment:** I'm writing to advocate against any legislation that mandates district consolidation without voter choice.

Small independent districts are special because they are as close to the community they serve as possible. Voters experience the most control with this model. Consolidation disenfranchise populations in one of the few remaining areas of government where there is still high-impact. The widespread detachment of our citizens as "owners" of their own communities is a risk that goes beyond school matters.

Additionally, even with a purely monetary look at school finances assuming a world full of "Econ" personas, the committee should remember that people do not behave as "Econs" and maximizing for this assumption is misguided. Multiple Nobel prizes awarded in behavioral economics have shown that maximizing for "Econs" produces the wrong (if not opposite) outcomes that are desired.

Allow consolidation to happen, with voter choice, but do not mandate it.

	MT	Helena	Sarah Froehlke	Zero to Five Montana	12/15/2025 12:00 PM
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**Subject:** Zero to Five Montana Public Comment

**Attachments:**

**Comment:** Attached is Zero to Five Montana's December 15, 2025 public comment to the School Funding Commission.

 [VIEW ATTACHMENT 1](#)



December 15, 2025

School Funding Interim Commission

Dear Members of the School Funding Commission:

On behalf of Zero to Five Montana, I am writing today to encourage the Commission to include pathways for early learning partnerships with community-based organizations, such as Head Start and licensed or registered child care providers in its final policy recommendations in addition to the recommendations already outlined.

Thank you for your consideration and please feel free to contact me at [alexdubois@zerotofive.org](mailto:alexdubois@zerotofive.org) if you have any questions.

A handwritten signature in black ink, appearing to read "Alex DuBois", with a stylized flourish at the end.

Alex DuBois  
Policy and Engagement Director  
Zero to Five Montana

	MT	Helena	Rob Watson	School Administrators of Montana	12/15/2025 02:42 PM
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**Subject:** School Based Behavioral Health inventory - School Admin of MT

**Comment:** Dear Members of the SFIC,

Thanks for your time and commitment. As referenced in public comment on Monday, Dec 15, our organization recently conducted an inventory of school based behavioral health, services, resources, and challenges. We had an excellent response rate (nearly 60% of all schools) respond. Large and small, rural and urban schools respond. The attached documents are results of that inventory - desegregated by school size. The second document contains the data for those schools on or near tribal reservations. We are happy to answer any questions related to this data, which was presented to Section B during the 2025 legislative session. Thank you for your interest in this important topic. Rob Watson, School Admin of MT.

**Attachments:**

 [VIEW ATTACHMENT 1](#)

 [VIEW ATTACHMENT 2](#)

# School Admin of MT: School-based behavioral health inventory, January 2025

The survey was designed to gather information about behavioral health programs in Montana schools, including crisis response and prevention programs. The survey addressed the types of programs in place and the behavioral needs addressed. It also inquired about the biggest barriers and challenges to providing behavioral health services in schools.

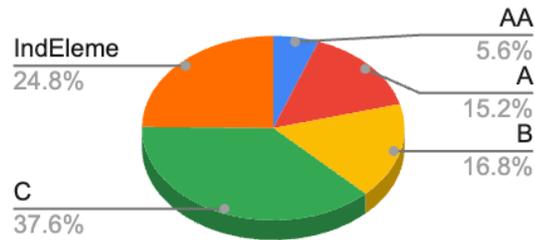
## Survey Participation

The survey was distributed during the fall of 2024. *The 125 survey participants represent 58.96% of Montana schools.*

District Type of Survey Participants:

District Type	Response	Percent of survey participants
AA	7	5.60%
A	19	15.20%
B	21	16.80%
C	47	37.60%
Independent Elementary	31	24.80%
Total	125	100.00%

District Type



## Survey Responses and Findings

Survey participants responded to the following questions:

1. *What programs do you have in place to address student behavioral health? Consider both crisis response and prevention programs. (Choose your top 2 or 3)*

What programs do you have in place to address student behavioral health? Consider both crisis response and prevention programs.	Number of participants with program in place	Percent of participants with program in place	AA	A	B	C	Ind Elem
Classroom based programs (Ex: PAX, Second Step, Whole Class SEL Lessons, other)	89	71.20%	85.71%	78.95%	57.14%	68.09%	77.42%
MTSS or Intervention Team	81	64.80%	85.71%	73.68%	76.19%	59.57%	54.84%
School Safety Team or Crisis Response Team	72	57.60%	100.00%	78.95%	66.67%	48.94%	41.94%
Suicide Prevention (Ex: SOS, QRP, YAM, other)	52	41.60%	85.71%	63.16%	61.90%	31.91%	19.35%
External partner working with students and/or families (Ex: YDI, Aware, other)	45	36.00%	71.43%	68.42%	42.86%	29.79%	12.90%
CSCT	37	29.60%	100.00%	42.11%	33.33%	14.89%	25.81%
Community Intervention Team (Ex: Safety team that includes community partners and school staff.)	34	27.20%	57.14%	36.84%	38.10%	21.28%	16.13%
Student surveys (Ex: Panorama, PASS, other)	31	24.80%	85.71%	42.11%	19.05%	19.15%	12.90%
Rural Behavioral Health Institute (RBHI)	23	18.40%	42.86%	31.58%	33.33%	12.77%	3.23%
School Based Outpatient Therapy (SBOT)	22	17.60%	42.86%	31.58%	23.81%	8.51%	12.90%

Tele-Health	22	17.60%	14.29%	26.32%	23.81%	19.15%	6.45%
School Based Health Center, Clinic or Services	21	16.80%	85.71%	31.58%	38.10%	2.13%	0.00%
Peer-to-peer or mentoring program to address student issues (Ex: Hope Squad)	17	13.60%	0.00%	42.11%	23.81%	6.38%	3.23%
other	16	12.80%	28.57%	15.79%	14.29%	4.26%	19.35%
Tribal Health Clinics	12	9.60%	14.29%	21.05%	14.29%	6.38%	3.23%

Most school district types use classroom-based programs, MTSS or Intervention Teams, and School Safety or Crisis Response Teams. AA districts are more likely to have a variety of programs in place including CSCT, External partners, School based health centers, clinic or services, and Student surveys while rural school districts are less likely to have these programs in place.

2. What behavioral needs are addressed by your programs? (Choose your top 2 or 3)

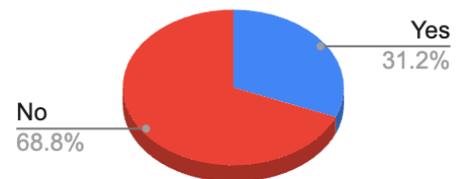
What behavioral needs are addressed by your programs?	Number of participants with program addressing need	Percent of participants with program addressing need	AA	A	B	C	Ind Elem
Social Skills Development (ex: self-management, responsible decision-making)	96	76.80%	71.43%	89.47%	71.43%	78.72%	70.97%
Mental Health (ex: anxiety, depression, suicidal ideation)	93	74.40%	100.00%	73.68%	90.48%	76.60%	54.84%
Emotional Well-Being (ex: preventative programs)	90	72.00%	100.00%	73.68%	61.90%	72.34%	70.97%
Conflict Resolution	64	51.20%	57.14%	42.11%	57.14%	51.06%	51.61%
Deescalation	62	49.60%	71.43%	68.42%	61.90%	34.04%	48.39%
Crisis Response	56	44.80%	42.86%	52.63%	61.90%	42.55%	32.26%
Substance abuse or chemical dependency support	27	21.60%	57.14%	36.84%	19.05%	21.28%	6.45%
other	4	3.20%	14.29%	0.00%	0.00%	2.13%	6.45%

District types cite similar responses to the behavioral needs addressed by their programs with the exception of AA districts placing a higher emphasis on Mental Health and Emotional Well-Being rather than Social Skills Development.

3. Do you currently have a Comprehensive School and Community Treatment (CSCT) Program in your school?

Do you currently have a CSCT Program in your school?	All Districts	Percent	AA	A	B	C	Ind Elem
No	86	68.80%	0.00%	57.89%	61.90%	85.11%	70.97%
Yes	39	31.20%	100.00%	42.11%	38.10%	14.89%	29.03%

CSCT Program



A significant number of schools (68.80%) do not have a CSCT program in place. However, all AA respondents have a CSCT Program currently in place.

4. *What resource or funding is used to pay for your behavioral health programs? (Choose your top 2 or 3)*

What resource or funding is used to pay for your behavioral health programs?	Number of participants citing resource or funding	Percent of participants citing resource or funding	AA	A	B	C	Ind Elem
School funding (general fund or safety levy)	100	80.00%	85.71%	89.47%	76.19%	78.72%	77.42%
Grant funding	50	40.00%	57.14%	57.89%	42.86%	38.30%	25.81%
Federal funding (ex: title I, special education, impact aid, SAMHSA)	46	36.80%	57.14%	63.16%	47.62%	25.53%	25.81%
Medicaid Reimbursement	39	31.20%	57.14%	36.84%	38.10%	17.02%	38.71%
State funding (ex: DPHHS or OPI)	24	19.20%	57.14%	15.79%	19.05%	17.02%	16.13%
Partner Funding, outside organization is billing for services (SBOT, SBHC, or other)	21	16.80%	71.43%	36.84%	14.29%	8.51%	6.45%
Private Insurance	17	13.60%	28.57%	21.05%	14.29%	10.64%	9.68%
other	6	4.80%	14.29%	5.26%	4.76%	2.13%	6.45%

School funding (general fund or safety levy) is the primary source for behavioral health programs, with 80% of schools relying on it. School Funding is cited by all district types as the primary funding source. AA districts are more likely to leverage partner funding, Medicaid reimbursement, and state funding.

5. *Who delivers or provides the behavioral health program? (Choose your top 2 or 3)*

Who delivers or provides the behavioral health program?	Number of participants citing provider	Percent of participants citing provider	AA	A	B	C	Ind Elem
School counselor or school psychologist	97	77.60%	71.43%	94.74%	85.71%	78.72%	61.29%
Teaching or Classified Staff	64	51.20%	85.71%	52.63%	33.33%	51.06%	54.84%
External organizations/partners	57	45.60%	100.00%	52.63%	42.86%	44.68%	32.26%
Other School Staff (ex: admin, school social worker, nurse, therapist, case manager)	57	45.60%	57.14%	63.16%	52.38%	42.55%	32.26%
Peer Mentors	9	7.20%	0.00%	21.05%	9.52%	2.13%	6.45%
other	4	3.20%	14.29%	0.00%	9.52%	0.00%	3.23%

School districts of all sizes rely heavily on school counselors or school psychologists, teaching or classified staff, and other school staff to provide behavioral health programs. All AA districts have external organizations/partners in place to deliver services, which differs from other district types

6. *What are the biggest barriers or challenges to providing behavioral health to your school? (Choose top 2 or 3)*

What are the biggest barriers or challenges to providing behavioral health to your school?	Number of participants citing barrier or challenge	Percent of participants citing barrier or challenge	AA	A	B	C	Ind Elem
Lack of funding	97	77.60%	100.00%	73.68%	76.19%	76.60%	77.42%
Lack of qualified staff	89	71.20%	85.71%	68.42%	76.19%	68.09%	70.97%

Limited counseling options in our community	58	46.40%	71.43%	73.68%	47.62%	42.55%	29.03%
Sustainability	48	38.40%	71.43%	42.11%	28.57%	34.04%	41.94%
Time to find resources and/or time to develop a partnership	37	29.60%	14.29%	31.58%	23.81%	36.17%	25.81%
Lack of partnership opportunities	33	26.40%	14.29%	21.05%	38.10%	29.79%	19.35%
Community perceptions	26	20.80%	42.86%	10.53%	19.05%	23.40%	19.35%
Staff perceptions	20	16.00%	14.29%	26.32%	4.76%	19.15%	12.90%
School Board perceptions	14	11.20%	0.00%	5.26%	0.00%	17.02%	16.13%
other	2	1.60%	0.00%	5.26%	0.00%	2.13%	0.00%

Lack of funding (77.60%) and lack of qualified staff (71.20%) are overwhelmingly identified as the most significant barriers to providing behavioral health services. These challenges are consistently echoed across all district types. Many districts also cite limited options in the community and sustainability as barriers or challenges. AA districts are more likely than smaller districts to cite community perceptions as a barrier to providing programs.

### 7. Other comments or suggestions?

The survey asked participants to provide other comments or suggestions. Below is a summary of the responses:

- **Collaboration and Partnership:** Some participants highlighted successful collaborations with community organizations and mental health providers, emphasizing the importance of these partnerships in expanding resources and providing comprehensive support to students.
- **Limited Access:** Rural schools face significant barriers to accessing external professionals due to cost, distance, and availability.
- **Rising Needs:** Increasing behavioral challenges, especially in young children that put a strain on resources and impact learning environments.
- **Sustainability:** Concerns about the long-term sustainability of programs due to reliance on grant funding were frequently mentioned. Participants emphasized the need for consistent and reliable funding sources to ensure the ongoing availability of behavioral health services.
- **Prevention Focus:** Proactive approaches are needed to address issues.
- **School Board and Community Perceptions:** Several participants mentioned the need to address negative perceptions or lack of understanding about mental health within their communities and school boards. They stressed the importance of educating stakeholders about the prevalence and impact of mental health challenges in youth and the benefits of investing in prevention and intervention programs.
- **Specific Program Feedback:** Some participants offered specific feedback on particular programs, noting successes and areas for improvement.

These comments offer valuable insights into the challenges and opportunities associated with providing behavioral health services in Montana schools. They underscore the need for increased funding, qualified personnel, community partnerships, and ongoing efforts to address stigma and promote understanding of student mental health.

## Conclusion

Montana schools are using a variety of programs to address student behavioral health needs. Access to qualified mental health providers and funding resources in Montana schools varies significantly across districts. Many school districts rely heavily on school counselors and staff who may not have specialized mental health training. Despite the efforts being made, significant barriers remain, including a lack of funding and qualified staff. Addressing these barriers will be crucial to ensuring that all students have access to the behavioral health services they need.

# School Admin of MT: School-based behavioral health inventory with a focus on schools on or near reservations, April 2025

The survey was distributed during the fall of 2024 and was designed to gather information about behavioral health programs in Montana schools, including crisis response and prevention programs. The survey addressed the types of programs in place and the behavioral needs addressed. It also inquired about the biggest barriers and challenges to providing behavioral health services in schools.

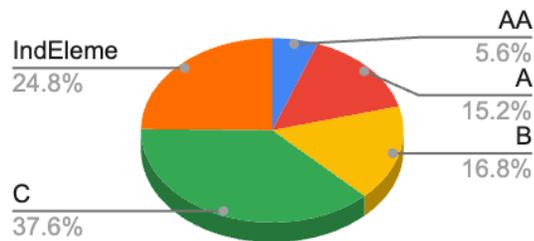
## Survey Participation

The 125 survey participants represent 58.96% of Montana schools. *14 participants (AA-0, A-5, B-5, C-3, Ind Elem-1) represent schools on or near reservations (Tribal Schools).*

District Type of Survey Participants:

District Type	Response	Percent of survey participants
AA	7	5.60%
A	19	15.20%
B	21	16.80%
C	47	37.60%
Independent Elementary	31	24.80%
Total	125	100.00%

District Type



## Survey Responses and Findings

Survey participants responded to the following questions:

1. *What programs do you have in place to address student behavioral health? Consider both crisis response and prevention programs. (Choose your top 2 or 3)*

What programs do you have in place to address student behavioral health? Consider both crisis response and prevention programs.	# of participants with program in place	% of participants with program in place	AA	A	B	C	Tribal Schools
Classroom based programs (Ex: PAX, Second Step, Whole Class SEL Lessons, other)	89	71.20%	85.71%	78.95%	57.14%	68.09%	64.29%
MTSS or Intervention Team	81	64.80%	85.71%	73.68%	76.19%	59.57%	<b>35.71%</b>
School Safety Team or Crisis Response Team	72	57.60%	100.00%	78.95%	66.67%	48.94%	<b>14.29%</b>
Suicide Prevention (Ex: SOS, QRP, YAM, other)	52	41.60%	85.71%	63.16%	61.90%	31.91%	42.86%
External partner working with students and/or families (Ex: YDI, Aware, other)	45	36.00%	71.43%	68.42%	42.86%	29.79%	50.00%
CSCT	37	29.60%	100.00%	42.11%	33.33%	14.89%	14.29%
Community Intervention Team (Ex: Safety team that includes community partners and school staff.)	34	27.20%	57.14%	36.84%	38.10%	21.28%	35.71%
Student surveys (Ex: Panorama, PASS, other)	31	24.80%	85.71%	42.11%	19.05%	19.15%	14.29%

Rural Behavioral Health Institute (RBHI)	23	18.40%	42.86%	31.58%	33.33%	12.77%	21.43%
School Based Outpatient Therapy (SBOT)	22	17.60%	42.86%	31.58%	23.81%	8.51%	21.43%
Tele-Health	22	17.60%	14.29%	26.32%	23.81%	19.15%	<b>42.86%</b>
School Based Health Center, Clinic or Services	21	16.80%	85.71%	31.58%	38.10%	2.13%	0.00%
Peer-to-peer or mentoring program to address student issues (Ex: Hope Squad)	17	13.60%	0.00%	42.11%	23.81%	6.38%	42.86%
other	16	12.80%	28.57%	15.79%	14.29%	4.26%	21.43%
Tribal Health Clinics	12	9.60%	14.29%	21.05%	14.29%	6.38%	<b>71.43%</b>

Most school district types use classroom-based programs, MTSS or Intervention Teams, and School Safety or Crisis Response Teams. AA districts are more likely to have a variety of programs in place including CSCT, External partners, School based health centers, clinics or services, and Student surveys while rural school districts are less likely to have these programs in place. Tribal schools have significantly fewer behavioral health programs in place, with only 14.3% reporting a School Safety or Crisis Response Team and just 35.7% with MTSS programs. Tribal schools are more likely to implement Tele-Health programs and make use of Tribal Health Clinics.

2. What behavioral needs are addressed by your programs? (Choose your top 2 or 3)

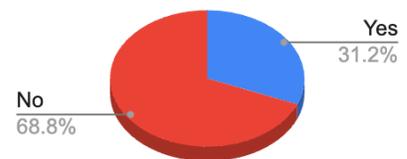
What behavioral needs are addressed by your programs?	# of participants with program addressing need	% of participants with program addressing need	AA	A	B	C	Tribal Schools
Social Skills Development (ex: self-management, responsible decision-making)	96	76.80%	71.43%	89.47%	71.43%	78.72%	78.57%
Mental Health (ex: anxiety, depression, suicidal ideation)	93	74.40%	100.00%	73.68%	90.48%	76.60%	<b>57.14%</b>
Emotional Well-Being (ex: preventative programs)	90	72.00%	100.00%	73.68%	61.90%	72.34%	<b>35.71%</b>
Conflict Resolution	64	51.20%	57.14%	42.11%	57.14%	51.06%	42.86%
Deescalation	62	49.60%	71.43%	68.42%	61.90%	34.04%	50.00%
Crisis Response	56	44.80%	42.86%	52.63%	61.90%	42.55%	35.71%
Substance abuse or chemical dependency support	27	21.60%	57.14%	36.84%	19.05%	21.28%	21.43%
other	4	3.20%	14.29%	0.00%	0.00%	2.13%	0.00%

District types cite similar responses to the behavioral needs addressed by their programs with the exception of AA districts placing a higher emphasis on Mental Health and Emotional Well-Being rather than Social Skills Development. Tribal schools are less likely to have programs that address mental health and emotional well-being—substantially lower than AA districts, where 100% address both, and other districts, which range from 72% to 100%.

3. Do you currently have a Comprehensive School and Community Treatment (CSCT) Program in your school?

Do you currently have a CSCT Program in your school?	All Districts	Percent	AA	A	B	C	Tribal Schools
No	86	68.80%	0.00%	57.89%	61.90%	85.11%	78.57%
Yes	39	31.20%	100.00%	42.11%	38.10%	14.89%	21.43%

CSCT Program



A significant number of schools (68.80%) do not have a CSCT program in place. However, all AA respondents have a CSCT Program currently in place.

4. *What resource or funding is used to pay for your behavioral health programs? (Choose your top 2 or 3)*

What resource or funding is used to pay for your behavioral health programs?	# of participants citing resource or funding	% of participants citing resource or funding	AA	A	B	C	Tribal Schools
School funding (general fund or safety levy)	100	80.00%	85.71%	89.47%	76.19%	78.72%	71.43%
Grant funding	50	40.00%	57.14%	57.89%	42.86%	38.30%	35.71%
Federal funding (ex: title I, special education, impact aid, SAMHSA)	46	36.80%	57.14%	63.16%	47.62%	25.53%	42.86%
Medicaid Reimbursement	39	31.20%	57.14%	36.84%	38.10%	17.02%	28.57%
State funding (ex: DPHHS or OPI)	24	19.20%	57.14%	15.79%	19.05%	17.02%	14.29%
Partner Funding, outside organization is billing for services (SBOT, SBHC, or other)	21	16.80%	71.43%	36.84%	14.29%	8.51%	0.00%
Private Insurance	17	13.60%	28.57%	21.05%	14.29%	10.64%	7.14%
other	6	4.80%	14.29%	5.26%	4.76%	2.13%	0.00%

School funding (general fund or safety levy) is the primary source for behavioral health programs, with 80% of schools relying on it. School Funding is cited by all district types as the primary funding source. AA districts are more likely to leverage partner funding, Medicaid reimbursement, and state funding. Tribal schools rely most heavily on school funding, similar to other districts, but have very limited use of partner funding and private insurance.

5. *Who delivers or provides the behavioral health program? (Choose your top 2 or 3)*

Who delivers or provides the behavioral health program?	# of participants citing provider	% of participants citing provider	AA	A	B	C	Tribal Schools
School counselor or school psychologist	97	77.60%	71.43%	94.74%	85.71%	78.72%	78.57%
Teaching or Classified Staff	64	51.20%	85.71%	52.63%	33.33%	51.06%	42.86%
External organizations/partners	57	45.60%	100.00%	52.63%	42.86%	44.68%	21.43%
Other School Staff (ex: admin, school social worker, nurse, therapist, case manager)	57	45.60%	57.14%	63.16%	52.38%	42.55%	50.00%
Peer Mentors	9	7.20%	0.00%	21.05%	9.52%	2.13%	7.14%
other	4	3.20%	14.29%	0.00%	9.52%	0.00%	0.00%

School districts of all sizes rely heavily on school counselors or school psychologists, teaching or classified staff, and other school staff to provide behavioral health programs. All AA districts have external organizations/partners in place to deliver services, which differs from other district types. Tribal schools have significantly fewer partnerships with external organizations for delivering behavioral health programs.

6. *What are the biggest barriers or challenges to providing behavioral health to your school? (Choose top 2 or 3)*

What are the biggest barriers or challenges to providing behavioral health to your school?	# of participants citing barrier or challenge	% of participants citing barrier or challenge	AA	A	B	C	Tribal Schools
Lack of funding	97	77.60%	100.00%	73.68%	76.19%	76.60%	64.29%
Lack of qualified staff	89	71.20%	85.71%	68.42%	76.19%	68.09%	78.57%
Limited counseling options in our community	58	46.40%	71.43%	73.68%	47.62%	42.55%	78.57%
Sustainability	48	38.40%	71.43%	42.11%	28.57%	34.04%	21.43%

Time to find resources and/or time to develop a partnership	37	29.60%	14.29%	31.58%	23.81%	36.17%	28.57%
Lack of partnership opportunities	33	26.40%	14.29%	21.05%	38.10%	29.79%	21.43%
Community perceptions	26	20.80%	42.86%	10.53%	19.05%	23.40%	0.00%
Staff perceptions	20	16.00%	14.29%	26.32%	4.76%	19.15%	7.14%
School Board perceptions	14	11.20%	0.00%	5.26%	0.00%	17.02%	0.00%
other	2	1.60%	0.00%	5.26%	0.00%	2.13%	0.00%

Lack of funding and lack of qualified staff are overwhelmingly identified as the most significant barriers to providing behavioral health services. These challenges are consistently echoed across all district types. Many districts also cite limited options in the community and sustainability as barriers or challenges. AA districts are more likely than smaller districts to cite community perceptions as a barrier to providing programs. Tribal schools most commonly cite lack of qualified staff, limited outpatient options, and lack of funding as key barriers to behavioral health services, while low concern around community or school board perceptions possibly suggests buy-in may be stronger for addressing student mental health needs.

### 7. Other comments or suggestions?

The survey asked participants to provide other comments or suggestions. Below is a summary of the responses:

- **Collaboration and Partnership:** Some participants highlighted successful collaborations with community organizations and mental health providers, emphasizing the importance of these partnerships in expanding resources and providing comprehensive support to students.
- **Limited Access:** Rural schools face significant barriers to accessing external professionals due to cost, distance, and availability.
- **Rising Needs:** Increasing behavioral challenges, especially in young children, put a strain on resources and impact learning environments.
- **Sustainability:** Concerns about the long-term sustainability of programs due to reliance on grant funding were frequently mentioned. Participants emphasized the need for consistent and reliable funding sources to ensure the ongoing availability of behavioral health services.
- **Prevention Focus:** Proactive approaches are needed to address issues.
- **School Board and Community Perceptions:** Several participants mentioned the need to address negative perceptions or lack of understanding about mental health within their communities and school boards. They stressed the importance of educating stakeholders about the prevalence and impact of mental health challenges in youth and the benefits of investing in prevention and intervention programs.
- **Specific Program Feedback:** Some participants offered specific feedback on particular programs, noting successes and areas for improvement.
- **The feedback from Tribal school administrators aligns with the themes identified in the overall survey, particularly around limited resources and staffing, but emphasizes a shortfall in Tier 3 support and a lack of trained specialists.**

These comments offer valuable insights into the challenges and opportunities associated with providing behavioral health services in Montana schools. They underscore the need for increased funding, qualified personnel, community partnerships, and ongoing efforts to address stigma and promote understanding of student mental health.

### Conclusion

Montana schools are using a variety of programs to address student behavioral health needs. Access to qualified mental health providers and funding resources in Montana schools varies significantly across districts. Many school districts rely heavily on school counselors and staff who may not have specialized mental health training. Despite the efforts being made, significant barriers remain, including a lack of funding and qualified staff. Addressing these barriers will be crucial to ensuring that all students have access to the behavioral health services they need.

	MT	Missoula	Courtney Kircos	Self	12/15/2025 02:55 PM
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**Subject:** School Funding Helps All

**Comment:** Hello,

My name is Courtney Kircos. I am a classified employee from Missoula. I've worked in education for 10 years and when I started working for the schools I made \$19,000 a year. I truly didn't know how I was going to make it. Ten years later and the average wage for a classified employee is \$27,000 a year. That's an increase of only \$8,000. Wages for those working in the lunch rooms, cleaning the schools and helping families get enrolled have not kept up with the rising costs of rent and other necessities. As you think about how best to fund our schools please remember that an adequately funded school pays to keep janitors, paras, food service workers and more. Just as teachers deserve to be paid a living wage so do we. Please ensure that we too can continue to contribute to our communities through our meaningful work.

Thank you

	MT	Helena	Leigh A Wilson	Self	12/15/2025 03:35 PM
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**Subject:** School funding for all teachers and paraprofessionals

**Comment:** My name is Leighann Wilson, I have worked as a paraprofessional for 20yrs in the Helena school district. As you work on the school funding system please consider funding for not only the licensed teachers but also for the paraprofessionals that work alongside them. The paraprofessionals work with special education students that require training. Being funded all year would give opportunities for training and help the school districts with recruiting and retaining valuable employees. This would benefit all students but the students with highest needs the most.

Thank you

	MT	Helena	Rob Watson	School Administrators of Montana	01/11/2026 04:38 PM
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**Subject:** IEEWG Draft Report, Pathways to Graduation

**Comment:** Dear Committee Members,

In your draft report, you have identified Middle School as a critical component of career connected learning. The School Administrators of Montana (SAM) support this recommendation as we know that successful transition to college/career starts earlier than high school. Supporting students with career exploration in middle school can help with decisions and choices made in high school. The Association for Middle Level Education supports this idea with recent research regarding career planning in middle school. SEE: <https://www.amle.org/middle-school-career-exploration-is-vital-to-future-success/>. Also - I wanted you to be aware of a FREE resource that can help students. A recent partnership has been created between OPI and Level All (see: <https://www.levelall.com/educators>) This tool is FREE to all schools. It provides a structured platform for career exploration as well as place for students to store their plan and materials. It can also be accessed after HS.

	MT	Missoula	Courtney Kircos	Self	01/12/2026 03:51 PM
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**Subject:** School Funding to Support Classified Employees

**Comment:** -

**Attachments:**

 [VIEW ATTACHMENT 1](#)

Dear School Funding Committee,

I appreciate you taking the time to read my letter, school funding in the last few years has been something that has been consistent in our (state of Montana). My name is Courtney Kircos and I work as a Classified Public School Employee here in Montana. I have worked as an Educational Support Professional for ten years. Since my time working in public education I have seen how the current funding structure has show its cracks and inability to fully fund our public schools.

I am what is referred to as a Classified Employee or an Education Support Professional (ESP). I like thousands of other EPSs work along side Certified Staff to ensure the smooth operation of the schools and student successes. We are many times, the forget element of public education. But, it is an ESP that ensure the bills are paid, classrooms are cleaned, the phones are answered and the transcripts finalized. We work often times without a thank you, acknowledgment, or support to accomplish our tasks. You will often hear from teachers what do you need to have better outcomes and many times you will hear “we need more Paras”. Often when a student with high needs comes to a school it is an ESP, specifically a Para, that is written into an IEP to support the student. These students might have various teachers, but they usually have one Para, an ESP is that vital to the function of a school. Without a fully staffed school student behaviors increase, classrooms feel overwhelming with numbers, and schools suffer.

School funding cannot simply look at how to pay teachers but how to pay for the retention of ESP's. Our school districts need to have constant staffing to maintain behaviors, test scores, and overall school success. The current funned structure impedes districts abilities to adequately pay staff and maintain buildings. I am a fourth generation Montanan, and have lived in Montana for most of my life. Both on the eastern side of the state and western. I love living and working in the state that I have called home for most of my life. However, the reality is that currently Educational Support Professionals are not paid enough to maintain the bare minimum of lifestyle comforts such as rent, food and at times an enjoyable activity such as going to a movie.

Many ESPs leave the school system when they find they are not able to get unemployment for the summer months and are forces to find alternative jobs. The continued loss of these employees has wide sweeping negative implications for all districts across Montana. We need out schools to be funded adequately so employees like myself can live and thrive in the communities we call home. Montana is a wonderful state and we can be the change for how ESPs are treated, paid, and valued. I ask that this committee take into consideration this request for better school funding.

Thank you for your time and attention.

Sincerely,

Courtney Kircos