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Testimony of Rep. Lydia Crafts introducing LD 829, An Act to Improve Behavioral Health Support for Students in Public Schools

Before the Joint Standing Committee on Education and Cultural Affairs

Good Afternoon Senator Rafferty, Representative Brennan and members of the Joint Standing Committee on Education and Cultural Affairs. I'm Representative Lydia Crafts and represent District 46. I'm here to present LD 829, An Act to Improve Behavior Health Support for Students in Public Schools.

According to the 2021 Maine Integrated Youth Health Survey (see attached), 35.9% of high school students and 29.6% of middle school students surveyed reported symptoms of clinical depression. 18.5% of high school students and 20% of middle school student seriously contemplated suicide. These statistics, sadly, don't surprise staff working in our public schools because they witness the daily struggles of young people in their classrooms. Having worked as a social worker in Maine's public schools for the last ten years, I have supported children who have lost parents to overdoses, offered showers to rural unhoused students who otherwise bathe in the lake in November, and have filled backpacks with food, clothing, and hygiene supplies on Friday afternoons. All of these struggles decrease a child's ability to receive and retain new information and skills.

In most schools, teachers and support staff are often the first line of contact with students in schools. The goal of this bill is to enable teachers the opportunity to refer students to counselors and mental health providers who can streamline resources, get families connected with help, and offer direct counseling supports. This will provide students the help they need and allow teachers to focus on teaching.

This bill reduces the current elementary and middle school ratio to 250:1 for students to school counselors. It establishes, for the first time, the same ratio for students to social workers and licensed mental health providers. It also creates a ratio of 500:1 for students to psychologists. The creation of these student to staff ratios establishes a minimum requirements to allow students to access supportive educational programming and individualized behavioral health supports while at school.

Additionally, it creates a pilot program with USM to help train and support a cohort of school staff across the state in behavior analytic skills training. In addition to higher rates of mental health needs in schools, school staff also witness increasing disruptive and challenging

behaviors. Children's expression of unmet needs can often be difficult to support and manage in a classroom setting. We know that our communities are not equipped to provide Board Certified Behavior Analysts to every public school, but increasing training in similar skill sets will provide schools additional resources within their own buildings.

Additionally, I have a suggested amendment to the language of the bill that will broaden the scope of 'school social worker' while not eliminating the term altogether. Expanding the term from 'school social worker' to 'school social worker and clinical mental health providers' will increase access to a clinically trained workforce.

Maine's children deserve access to supports they need to thrive in school and LD 829 helps us reach this goal. Thank you for your support and I'm happy to answer any questions.

	Maine Suicide & Depression 2021 MIYHS High School Report									
	Questions	Aroware of Interest	Maine 2021 95% CI ⁺	9781n9 2012 3555-07	Significance Tests A Mathir 2021 %5. Kidine 2019					
16.	During the past 12 months, did you ever feel so sad or hopelass almost every day for two weeks or more in a row that you stopped doing some usual activities? (hn42/hn42)	Percentage of students who answered "Yes"	35.9% (34.9% - 37.0%)	32,1% (31.0% - 33.2%)	Η					
17.	During the past 12 months, when you felt sad or hopeless, from whom did you get help? (Select only one response.) (hm43b/hn43b)	Among students who have ever fielt sad or hopeless during the past 12 months, the percentage of students who answered that they got help from an adult	23.7% (22.8% - 24.5%)	25.2% (24.3% - 26.1%)						
18.	During the past 12 months, when you felt sad or hopeless, from whom did you get help? (Select only one response.) (hrr43b_2/hrr43b_2)	Among students who have ever felt sad or hopeless during the past 12 months, the percentage of students who answered that they got help from a teacher or other school staff	2.2% (1.9% - 2.4%)	3.7% (3.3% - 4.0%)	L					
19,	During the past 12 months, did you ever seriously consider attempting suicide? (hn44/m44)	Percentage of students who answered "Yes"	1 8.5% (17.8% - 19.3%)	16.4% (15.6% - 17.2%)	Η					

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Maine Suicide & Depression 2021 MIYHS Middle School Report									
	Questions	Apawars of Interact	Maine 2021 95% Ct*	Maine 2018 55% CP	Significence Tuels A. Maine 2021 MR. Maine 2019				
4.	Have you ever felt so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? (mn153/mn153)	Percentage of students who answered *Yes*	29.6% (28.3% - 31.0%)	24.8% (23.4% - 26.2%)	Н				
5.	Have you ever seriously thought about killing yourself? (mn25/mn25)	Percentage of students who answered "Yes"	20.0% (18.9% - 21.1%)	1 9.8% (19.0% - 20.7%)					

LD 829, An Act to Improve Behavioral Health Support for Students in Public Schools (Sponsored by Rep. Crafts)

Representative Crafts Proposed Amendment for 3/28/23 Public Hearing

Changes from original bill highlighted and italicized

Amend the bill by adding a new section 1:

Sec. 1. 20-A MRSA § 4008, sub-§1, ¶C and sub-§2 is amended to read:

C. "School social worker <u>Clinical mental health provider</u>" means a person who is employed as a school social worker in a school setting and who:

(1) Is licensed as a social worker by the State Board of Social Worker Licensure; or

(2) Possesses a bachelor's degree and has been granted a conditional license from the State Board of Social Worker Licensure-; or

(3) Is licensed as a Clinical Professional Counselor by the State Board of Counseling Professionals Licensure.

2. Privileged communication. A school counselor or school social worker <u>clinical mental health</u> <u>provider</u> may not be required, except as provided by this section, to divulge or release information gathered during a counseling relation with a client or with the parent, guardian or a person or agency having legal custody of a minor client. A counseling relation and the information resulting from it shall be kept confidential consistent with the professional obligations of the counselor or social worker <u>clinical mental health provider</u>.

Amend the bill by striking section 1 and replacing it as follows:

Sec. 4 2. 20-A MRSA §4008-A, sub-§2, as enacted by PL 2019, c. 45, §1, is amended to read:

2. Direct and indirect services to students. Each school counselor and <u>school social worker</u> <u>clinical</u> <u>mental health provider</u> shall spend at least 80% of the school counselor's or <u>school social worker's</u> <u>clinical</u> <u>mental health provider's</u> time providing direct services to and indirect services on behalf of students.

Amend the bill by striking sections 2 and 3:

Sec. 2. 20-A MRSA §4008-A, sub-§2-A is enacted to read:

2-A. School social worker direct services to students. Each school social worker shall spend at least 80% of the school social worker's time providing direct services to students.

Sec. 3. 20-A MRSA §4015 is enacted to read:

§4015. Board-certified assistant behavior analyst training

School administrative units shall employ an educator at each school in the school administrative unit who has completed a national board-certified assistant behavior analyst training. The State shall pay all costs associated with the training and shall provide an annual stipend of \$3,000 for up to 3 years to the educator who has completed the training.

Amend the bill by adding the following section:

Sec 3. 20-A MRSA §10014, sub-§1, ¶A, sub-¶2 is amended to read:

(2) A local education agency liaison for children and youth experiencing homelessness pursuant to the federal McKinney-Vento Homeless Education Assistance Improvements Act of 2001, 42 United States Code, Section 11431 et seq. or a school counselor or school social worker <u>clinical mental health provider</u> as defined in section 4008, subsection 1;

Leave sections 4 and 5 as is:

Sec. 4. 20-A MRSA §15672, sub-§11, as amended by PL 2005, c. 2, Pt. D, §36 and affected by §§72 and 74 and c. 12, Pt. WW, §18, is further amended to read:

11. Guidance staff. "Guidance staff" means full-time equivalent public guidance counselors, <u>or</u> directors of guidance or school social workers <u>counselors</u>, as documented in the department's database.

Sec. 5. 20-A MRSA §15679, sub-§2, ¶A, as amended by PL 2017, c. 284, Pt. C, §33, is further amended by amending subparagraph (2) to read:

(2) The student-to-guidance staff ratio is 350:1 250:1;

Amend sections 6 and 7 as follows:

Sec. 6. 20-A MRSA §15679, sub-§2, ¶A, as amended by PL 2017, c. 284, Pt. C, §33, is further amended by enacting a new subparagraph (2-A) and (2-B) to read:

(2-A) The student-to-clinical mental health provider ratio is 250:1;

(2-B) The student-to-school psychologist ratio is 500:1;

Sec. 7. 20-A MRSA §15679, sub-§2, ¶B, as amended by PL 2017, c. 284, Pt. C, §33, is further amended by enacting a new subparagraph (2-A) and (2-B) to read:

(2-A) The student-to-clinical mental health provider ratio is 250:1;

(2-B) The student-to-school psychologist ration is 500:1;

Amend the bill by adding the following unallocated section:

Sec 8. Behavior analyst training pilot program. The University of Southern Maine shall establish a pilot program in conjunction with the University of Southern Maine to provide behavior analytic training skills for 15-20 public school staff. The staff who participate in the pilot program must be chosen from geographically diverse locations across the State. At the end of the pilot program, the University of Southern Maine shall report to the Department of Education on the participation and success of the program.

SUMMARY

This proposed amendment does the following.

1. Changes the term "school social worker" to "clinical mental health provider" and amends that definition to include licensed clinical professional counselors.

2. Removes the requirement that school social workers are required to spend 80% of their time providing direct services to students and maintains the current law that the now-termed clinical mental health providers must spend 80% of their time on direct or indirect services to and on behalf of students.

2. Strikes the requirement in the original bill for school administrative units to employ an educator at each school who has completed a national board-certified assistant behavior analyst training and instead directs

the University of Southern Maine to establish a pilot program requiring 15-20 public school staff, from geographically diverse locations across the State, to receive behavior analytic skills training in conjunction with USM and report back to the Department of Education on the success of the program.

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3. It provides that for the purpose of the calculation of salary and benefit costs in the school funding formula, the elementary school and middle school level and high school level student-to-school psychologist ration is 500:1.