



BEHAVIORAL HEALTH COMMUNITY COLLABORATIVE

Working together to promote quality lives

Senator Rafferty, Representative Murphy and the good members of the Education Committee:

My name is Betsy Sweet, and I am here on behalf of the Behavioral Health Community Collaborative. We are a group of seven community based non-profit mental health providers who collectively serve 70% of the people in Maine who receive services. I'm here to express our strong support for LDs 858 and 1203, which would provide schools with grant funding to maintain, bring back and expand the number of licensed mental health clinicians directly into school buildings.

As you have already heard, there are increasing numbers of students who are struggling with anxiety, depression, trauma, grief, thoughts of suicide and other serious challenges. We know that if these issues are addressed early in a child's life they can develop the tools, coping strategies and do the healing to help them greatly as they grow up. The unfortunate reality is that far too many of them don't get the help they need — not because they don't want it, but because of barriers like cost, transportation, waitlists, stigma, or simply not knowing where to turn. In addition, we have vast areas of "service deserts" where services simply are not available.

Placing mental health clinicians directly in schools removes many of those barriers. It means that help is available where students already are — in a setting that is familiar, safe, and trusted. It allows us to meet kids in real time, to intervene early, and to provide consistent, culturally responsive care that can truly change the trajectory of a young person's life.

We also know that mental health challenges don't just impact individual students — they affect entire classrooms, teachers, and school communities. When students don't have access to mental health support, they may struggle to focus, miss school, or act out in ways that disrupt learning for everyone. But when they do have support, we see dramatic improvements in attendance, behavior, academic performance, and overall well-being.

Unfortunately, treating clinicians in schools as if they were in a private or agency practice, both in terms of funding and expectations, just doesn't work. To provide quality treatment the clinician should not only see the patient, but be involved in their IEP team meetings, talk to the teachers, perhaps do outreach to the parents — none of which can happen because it is not "billable". For just a small investment, access to care for the children in your districts and the quality of care for these kids will rise dramatically.

I'd like to take a minute to speak about the fiscal note. As you have already heard, the coalition of organizations behind this bill and the MEA have determined that the funding mechanism in LD 1203 is

the easiest and most effective direct solution available. And I know that this committee is facing many bills that have fiscal notes at a time when resources are scarce and seem to be dwindling. Please be aware that the fiscal note can be adjusted quite easily by changing the number of clinicians provided for. It is simply a \$20,000 stipend per clinician so you can change it quite simply. Further, for any money spent now, early and in the beginning stages of these challenges, we will save money in future treatment costs – and human cost.

As you consider this bill, please be aware it is not just about mental health — it's about education, geographic and economic equity, removing stigma, and building a foundation where every student has a real chance to thrive. The need is great, and the time is now.

Thank you for your time and for your commitment to the health and future of our young people. I am happy to answer any questions you may have.

The members of the Behavioral Health Community Collaborative are Sweetser, Inc., Opportunity Alliance, Volunteers of America, Shalom House, KidsPeace, Spurwink, Community Concepts