



Good afternoon, Senator Rafferty, Representative Murphy, and esteemed members of the Committee on Education and Cultural Affairs,

Thank you for the opportunity to provide comment on LD 1203: An Act to Provide Grants to Schools That Contract for Behavioral and Mental Health Services. NASW Maine supports this bill and any program that addresses access shortages to the behavioral health needs of our youth.

Maine is facing critical shortages in its behavioral health workforce, as indicated in our 2024 point-in-time study, which revealed that over 10,000 individuals were waiting an average of seven months for clinical services. The average organizational clinical vacancy rate was reported was 22%, with higher rates in rural areas of Maine. Subsequent focus group participants reported that behavioral health services for Maine's children and teens have some of the highest vacancy rates for multiple reasons, including the additional collaborative work required with families, concerns about clinician safety, and reimbursement amounts that do not cover the cost of services.

As a clinician with over 25 years of experience in an urban primary care clinic serving an underserved, low-income community, I (Julie) have found that one, if not the most effective settings for children and teens to receive behavioral health services is in the schools, which allows for easier access than to community services. Teachers can support students in attending school appointments. Overburdened parents and family members don't have to take time out of work to get students in need to their appointments.

Yet, our schools are experiencing barriers preventing them from delivering effective mental health support to students. A May 2024 study from the National Center on Educational Statistics (NCES) found that "forty-eight percent of public schools reported that they are unable to effectively provide mental health services to all students who need them, a nearly 10 percentage point decline from 2021-2022." The top three barriers to providing effective mental health services in school cited in this study were "insufficient mental health professional staff coverage to manage caseload (55 percent), inadequate funding (54 percent), and inadequate access to licensed mental health professionals (49 percent)." LD 1203 addresses all three of these barriers, providing funding to add mental health staff in schools to increase access to licensed mental health professionals.

Without an investment in mental health support in schools, schools are forced to address behavioral concerns in other, more costly ways. A 2019 study examining the relationship between economic downturns and children's mental health noted that "the likelihood of using special education and early intervention services decreases by 3.8% to 4.2% for each percentage point drop in unemployment rates." Contemplating the inverse of this, they report that "changes in child mental health during recessions are important not just within a child's family but also for the school districts serving them." While we may not be able to do much with the unemployment rate, LD 1203 addresses students' increased mental health issues with the proper tool for the job: mental health services.

This is something I (Jeremy) have experienced first-hand. As a school social worker, I worked with a student last year who, in my professional opinion, desperately needed outpatient therapy. Because of his family situation, the only way he could access this service was if it was provided at school. Fortunately, we had a clinician at our school with an MOU from an outside organization to provide therapy on-site. The student met with this clinician regularly, made great improvements with teacher and peer relationships, and showed increased self-esteem, which he desperately needed. This year, I subsequently took a job at a different school and coincidentally found that this same student had transferred to the school where I now work. This student transferred to the school's therapist, but the therapist soon left for a job with more stable pay and better benefits—something, unfortunately, all too

common for people in that position. The organization has still been unable to hire for that position, and this student has since deteriorated. He now struggles with peer relationships and adult relationships and appears to have this gaping hole where his budding sense of self-esteem used to be. He has struggled immensely without this crucial support, and his behaviors have now reached a point where he qualifies as having a disability and is in the process of being approved for an IEP to address these struggles.

The time to act on this is now. By many accounts, we appear to be moving toward trying financial times. We know from experience and research that recessions negatively impact child mental health, increase adolescent suicidality, and lead to an increase in the use of special education services to address student mental health issues. Couple this with the school budget cuts that are often brought about by recessions, and you are left with a situation in which student access to mental health support is often decreased just at the moment when students need them most.

NASW urges you to vote LD 1203 as "ought to pass" and wants to thank you for your work on this important issue. Please do not hesitate to reach out to NASW Maine for any support we can offer on this bill, including in any future work sessions for LD 1203.

Thank you again,

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Julie Schermer

President of the Board Maine Chapter - NASW Jeremy Lynch, MA, MSW, LCSW Co-Chair School Social Work Committee

NASW - Maine Chapter

References:

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