

Senator Rafferty, Representative Murphy, and members of the Committee on Education and Cultural Affairs. My name is Melanie Tompkins, and I am a Licensed Clinical Social Worker from Mapleton. I have been providing Home and Community Based Treatment throughout Aroostook County for four years.

I am speaking here today to urge you to **support** LD 1203 for behavioral and mental health services in our schools.

Our mental health system in rural Maine has consistently struggled to meet the needs of our communities. Since earning my Master of Social Work degree in 2020, I have watched our resources crumble away leaving a trail of disaster behind. Our children have experienced the brunt of this catastrophe, with more providers refusing to work with this difficult population. Children's mental health cases are complex and can be heart-wrenching. When mental health services are not accessible locally, children spend days or weeks in emergency departments, where they do not belong; or we ship them hours or states away to try to receive the appropriate care, only further complicating their situation. Recent research shows a drastic increase in anxiety and depression in our youth; and people in the field are reporting significant increases in dangerous, risky and anti-social behavior. I believe this information is already being provided to you all for your work session. Maine must do better. The Department of Justice demands it. Aroostook is a prime example for what is to come for the rest of the state if we do not change course. The severe lack of outpatient services or school-based support leads to children in crisis with no one available to help. Then we ask families to care for them until they can't keep them safe and then we seek higher levels of care. Our emergency departments are not equipped for these cases, so they ask parents to stay for days or weeks at the hospital with their child until something in their presentation changes or a placement is identified. To make matters worse, we currently have no crisis unit or inpatient psychiatric beds for children, meaning we are sending them hours away to keep them safe. When short-term treatment does not help our kids, we seek residential and when our state facilities cannot meet their needs, we send them throughout New England; and when that doesn't work, we look to states like Georgia, Arkansas or Missouri. I'm sure I don't have to tell you how detrimental this is to the child or family and how much this slows their healing and treatment. It is currently reported that there are 68 Maine children in out-of-state residential placements. This entire scenario could be mitigated if we interrupted the crisis cycle early on. School-based interventions are effective and efficient measures to keep our kids safe with their families in their communities. Let me share two stories of kids I work with: Sarah is a 12-year-old girl from the Valley who has struggled with mental and behavioral health issues pretty much her entire life. Unfortunately for her, the staff at her school had no idea how to handle her and would often engage in responses to her behavior that were escalatory. Sarah needed someone who understood her and what was happening for her, instead she received negative (and sometimes scary) responses from adults. This led to her frequently missing school, refusing to go, being secluded, being suspended and police often getting called in. Eventually, her family turned to what they thought was best; a residential placement six hours from home in southern Maine. Unfortunately, this did not go well and ended with Sarah getting criminal charges for property damage; and being discharged back home. Sarah continues to struggle at home and barely attends school. Sarah is on the waitlist for OTC, the only specialized school in Aroostook which is two hours from her home; the team is hopeful this will be the answer for her, as they have trained staff and adequate support for children like Sarah. But what would Sarah's life be like if she had the appropriate early intervention she needed? Steven is a 7-year-old boy from the Valley as well. Unlike Sarah, Steven has had many more successes at school and with services overall. Part of this is the early intervention and the access to resources and supports his family has. But the other major part is the difference in staff at their schools. Steven's first grade year was a disaster, with a teacher who had no clue and no training about behavioral issues and who tried to treat Steven like a typical kid – it did not work. Throughout his second-grade year, Steven has had a lovely teacher with a ton of training (and patience), occupational therapy, a school-based therapist and psychiatric mental health nurse, as well as access to my HCT team and he has made so much growth and been quite successful in his classroom. These stories show that school-based interventions work! Services in schools reduce barriers to access and the stigma associated with mental health treatment. Aroostook County is over 6800 mi², making distance a major barrier to access; we also have many families with a severe lack of reliable transportation and almost zero public transportation options. Most parents cannot miss work to take their child to an appointment over an hour away. And then you add our winter road conditions to this, and many children go without treatment because it is inaccessible. Unfortunately, there is still a stigma around accessing mental health care, especially in families with generational trauma or poverty. Children dealing with anxiety, depression, trauma or abuse often go unnoticed by teachers who have too many other things on their plate. Maine's youth suicide rate is among the highest in the nation. Bringing more services into schools will allow these children to get the help they need, even when their families are unable to engage in the treatment. Adding providers to the school infrastructure, where children spend most of their days, reduces all of these barriers to access and can save lives. Children receiving mental health services at school have seen improved attendance, better academic performance and fewer disciplinary issues. Early intervention is key; it is also very cost-effective and efficient by reducing emergency room visits, hospitalizations and other expensive crisis interventions. The children of Maine have been stuck in a mental health crisis; it is time we focused on prevention and community-based, accessible supports to address it.

Thank you for your time.