



Rachel Talbot Ross
Senator, District 28

THE MAINE SENATE
132nd Legislature

3 State House Station
Augusta, Maine 04333

Testimony of Senator Rachel Talbot Ross introducing
**LD 1203, “An Act to Provide Grants to Schools That Contract for Behavioral
and Mental Health Services”**

Before the Joint Standing Committee on Education and Cultural Affairs

April 8, 2025

Senator Raferty, Representative Murphy, and Honorable Colleagues on the Joint Standing Committee on Education and Cultural Affairs, I am Senator Rachel Talbot Ross. I represent Senate District 28, which includes part of my hometown of Portland and Peaks Island. Thank you for the opportunity to present LD 1203, “*An Act to Provide Grants to Schools That Contract for Behavioral and Mental Health Services.*”

This bill is an effort to respond to the growing mental health crisis among youth in this State. According to data from the 2023 Maine Integrated Youth Health Survey, administered by the Maine Center for Disease Control, 32 percent of middle school students reported feeling sad or hopeless for two or more weeks in a row, such that they stopped participating in some usual activities in the last year; that figure was 35% for high school students. When asked if students had seriously considered committing suicide over the past 12 months, 22% of middle school students said they had, 17% said they had made a plan to do so, and 8% had attempted to do so; of high school students, 18% reported having seriously considered committing suicide, 14% reported having made a plan to do so, and 8% reported having attempted to do so.

According to a point-in-time study by the National Association of Social Workers and the Alliance for Addiction and Mental Health Services, over 10,000 Maine children and Adults are on a waitlist for mental health services.

It is incumbent upon us to respond thoughtfully, effectively, and swiftly, and we know that the best form of immediate treatment and support is embedding mental health professionals on school campuses, ~~which are located in hundreds of schools across Maine.~~

This bill facilitates an investment in these services in two ways, which I'll outline briefly and then will explore in more depth.

- First, this bill allows a school administrative unit with an appropriate entity to provide social work and family therapy services for students within the school administrative unit;
- Second, this bill requires the Department of Education to administer a grant program to provide money to school administrative units that contract for social work and family therapy services and provides an ongoing source of funding for this program.

I'll expand on the central goal of the bill: to allow schools to contract out with mental health providers. These providers, ~~an approved list of which are listed in Section 1,~~ will be authorized to provide contracted

individual, group, and family therapy services for students. By allowing schools to contract with outside providers, they can supplement the good work of their guidance departments. This has a particular advantage for smaller and rural schools, which may not have the resources or the management capacity to support new in-house staff. Additionally, contracted providers will have the benefit of working within an existing network of support for mental health care providers and will be able to bring the resources offered by those larger provider networks into schools. By contracting with outside providers, schools will be able to offer targeted support according to their needs, facilitating an immediate response that is now so acutely necessary.

I want to note that the funding mechanism I offer in this proposal differs from the one we brought forward last year, and that is because the costs have changed. Last year, over 100 schools across Maine benefited from this program. In the time since last session's bill, now only 45 schools have this service.

I have included Dr. Judy Peters' doctoral research at Simmons University. All data that I reference in my testimony is cited in the reference page of her attached research materials. Dr. Peters is a Maine Social Worker and provides compelling evidence of the urgent need for this legislation. Her 2024 study, titled "The pressure of unmet needs: Elementary school social workers' lived experiences caring for students with anxiety since the COVID-19 pandemic," offers critical insights into the challenges our schools face.

Dr. Peters' research emphasizes that Maine is facing a particularly severe crisis. Her study reveals that Maine, New Hampshire, and Vermont rank among the top five states for the highest rates of anxiety among children ages 6-11 since 2020. Alarming, Maine has the highest rate of child anxiety at 18.6% - more than twice the national prevalence of 9.0% for this age group. In 2020, over 90% of Maine school mental health providers reported an increase in anxiety among the students they serve.

Through interviews with ten licensed Maine elementary school social workers across rural, urban, and suburban districts, Dr. Peters documented the following key findings:

First, "behavior is communication." Social workers observe anxiety manifesting in various ways: Verbally, through expressions of fear and worry about "everything and anything," Also, non-verbally, through behaviors like "running out of the classroom," withdrawal, "lots more crying," inability to focus, clinginess, hiding, and frequent trips to the bathroom or nurse with somatic complaints.

As one social worker stated, "It is bigger and more frequent and a barrier. It's preventing students from learning. It's preventing students from attending. It's preventing students from taking risks... The majority of 504 plans now are anxiety related... We used to carry 4-6 504 plans, and as of today... we are at 39, 16 of them are anxiety."

Another observed, "Instead of 1 or 2 explosive kids in a grade level, we have 1 or 2 explosive kids in a classroom."

Yet another in-school counselor says, "Each year gets harder... my burnout factor is pretty high this year... probably the highest it's been in my 20+ years, and I think it's because of the high, high needs of so many

children. It's not just a few. It's severe behaviors in every classroom."

Dr. Peters' research identifies critical gaps: "The biggest barrier for these kids is finding a community provider. Someone that would be with them longer-term. I'm only with them a half an hour a week if all goes well..."

"I just heard from a parent who's on a waitlist, been on a waitlist for about 9 months. It's not looking like it's going to happen anytime soon."

"I had a parent call last week, and their student, a first grader, had some really extreme, extreme unsafe behaviors, and so they took them to the doctor, and the doctor referred them to the school. It's like, that's not the way that's supposed to work. It's supposed to go the other way around."

Dr. Peters' research confirms that anxiety is the most common and earliest mental health problem for children. Without treatment, this creates serious risks, including poor academic performance, school drop-out, substance abuse disorders, suicide, and later financial disadvantages. Most concerning is that while treatment is effective at early ages, most children don't receive it.

The American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association have declared a national emergency in children and adolescent mental health. Since the COVID-19 pandemic, school mental health services have been "overwhelmed" with increasing caseloads, expectations, isolation, and barriers to meet student needs.

LD 1203 directly addresses these challenges by establishing a grant program through the Department of Education to help school districts contract with licensed behavioral health providers. This approach brings services directly to where students are – removing transportation barriers and reducing missed class time. It also incorporates a family approach.

Dr. Peters' research concludes that "Maine elementary school social workers have become a crucial safety net but have faced increased demands with diminishing resources. Gaps in community supports increased the complexity of treatment in the school environment." Her findings "shed a spotlight on the vital role that elementary school social workers' have played post-pandemic and raise concerns about the long-term impact of severe anxiety on the students affected, the school climate and staff tasked with caring for them without remedial action to ensure that school is a comfortable place for everyone to work and learn!"

This proposal brings services directly to where students are – removing transportation barriers and reducing missed class time. Schools benefit from increased resources to address behavioral challenges, creating improved classroom environments that reduce learning disruptions and better support teachers who manage complex student needs. These enhancements would strengthen educators' capacity to implement evidence-based programming, ultimately fostering more effective educational settings that promote academic success and student well-being.

I urge you to support LD 1203 to ensure every Maine student has access to the mental health support they need to succeed. This investment addresses immediate needs while building a stronger foundation for our

children's future and our state's prosperity.

Amidst a mental health crisis of such magnitude, it is imperative that the state make a significant investment in the health and prosperity of our children and young people. Thank you to the Committee for considering this important bill. I urge you to vote favorably, and I'm happy to answer any questions you may have.

Sincerely,

Rachel Talbot Ross
State Senator, District 28
Representing part of Portland and Peaks Island

Abstract

The considerable disruption caused by the COVID-19 pandemic has raised concern about the long-term impact on the mental health of students and the educational professionals tasked to care for them. As school-based social workers are responsible for assessing and treating students with anxiety in an effort to maximize school performance, their experiences caring for students with anxiety in the wake of COVID-19 is an important area for study. School social worker's role in assisting young students with anxiety is critical given the known value of early intervention and that more children receive mental health support in schools than in any other setting. Though school social workers are employed in schools from pre-kindergarten through 12th grade in the U.S., of particular importance are the experiences of those who care for elementary school students who have been affected during their formative school years. This qualitative study used a phenomenological approach to analyze semi-structured interviews with 10 current elementary school social workers whose job responsibilities include caring for students with anxiety. Findings report on 4 essential themes describing social worker's conceptualizations of the problem and presentation of student anxiety in the school setting along with influencing factors as well as their perspectives on the growing demands for social work services and workforce needs to improve service provision described as 1) "behavior is communication", 2) "ripple effects", 3) "the pressure of unmet needs" and 4) "a humongous lack of resources." These social worker experiences, knowledge and perspectives provide new insights to guide school social work policy and inform improved practices.

"The Pressure of Unmet Needs"

Elementary School Social Workers Lived Experiences Caring for Students with Anxiety in the Wake of the COVID-19 Pandemic

Judy Peters, PhD, LCSW
Simmons University

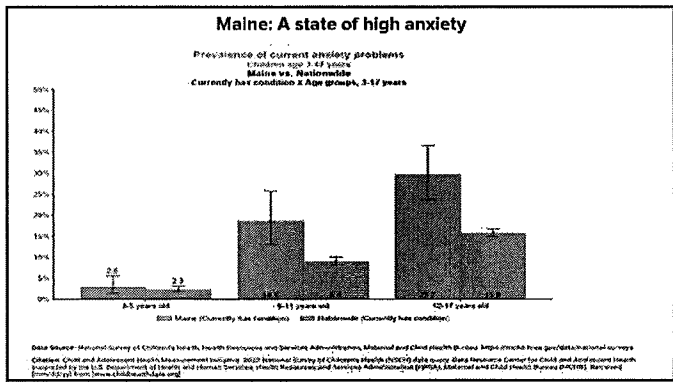
Peters, J. (2024). "The pressure of unmet needs": Elementary school social workers' lived experiences caring for students with anxiety since the COVID-19 pandemic. [Doctoral dissertation, Simmons University]. Simmons University Archives, Boston, MA. https://simmons.archives.simmons.edu/departments/EDUCATION/531/and/531/50221/729_0/

Child Anxiety in Maine

- Maine, New Hampshire and Vermont in the top 5 states for the highest rates of anxiety among children ages 6-11 since 2020 (Children and Adolescent Health Measurement Initiative [CAHMI], 2019, 2021, 2022)
- Maine: the highest rate of child (ages 6-11) anxiety (18.6%), > 2x the national prevalence for this age group (9.0%) (CAHMI 2022)
- In 2020 > 90% of Maine school mental health providers reported an increase in anxiety among the students they serve (Maine Department of Education [DOE], 2021)

Background and Significance

- Anxiety is the most common and earliest mental health problem for children (Bresnahan et al., 2010; Rasmussen et al., 2011; Rizzoli et al., 2021)
- Risks: Poor academic performance, school drop-out, substance abuse disorders, suicide, later financial disadvantage (Grunbaum et al., 2019; Afari et al., 2010)
- Treatment is effective at early ages, but most children don't receive it (Rostk et al., 2016; Grunbaum et al., 2019; Vostanis et al., 2018)



Background and Significance

- American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, & Children's Hospital Association declared a national emergency in children and adolescent mental health (American Academy of Pediatrics, 2021)
- Since the COVID-19 pandemic school mental health services have been "overwhelmed" with increasing caseloads, expectations, isolation and barriers to meet student needs (Hinton et al., 2022, p. 392; Cogg et al., 2021)

Study Aim and Methodology

Study Aim:

To explore elementary school social worker's first-hand experiences with and knowledge of caring for elementary students with anxiety in the wake of COVID-19.

Qualitative (phenomenological) method:

Looks for common meaning within the experiences of a group considering both what is experienced & the influencing contexts (Creswell & Poth 2018; Moustakas, 1994).

Participants and Data Collection	
<p>Data collection</p> <p>-20 semi-structured interviews using an interview guide</p> <p>-Nov 2023 - April 2024</p>	<p>Participants</p> <p>-10 licensed Maine elementary school SWs</p> <p>-Rural, urban and suburban districts.</p> <p>-80% with 10+ years of practice. (60% with 20 or more years of practice)</p> <p>-80% > 200 students in their schools.</p> <p>-90% serving general and special education</p>

“It is big”

“It is bigger and more frequent and a barrier. It’s preventing students from learning. It’s preventing students from attending. It’s preventing students from taking risks and having conversations that are hard. Preventing students from advocating for themselves... The majority of 504 plans now are anxiety related ... **We used to carry 4-6, 504 plans and as of today... we are at 39, 16 of them are anxiety.**”

“It’s happening more. Instead of 1 or 2 explosive kids in a grade level, **we have 1 or 2 explosive kids in a classroom.**”

“We’re getting a lot of calls from parents about kids who are screaming and crying and saying they don’t want to come to school. **Kids who refuse to get out of the car when they get to school... Lots more than previously.**”

Findings		
T1	<p>“Behavior is communication”</p> <p>“It is big”</p>	<p>Sw’s conceptualizations of the problem and presentation of student anxiety in the school setting.</p>
T2	<p>“The pressure of unmet needs”</p>	<p>Sw’s professional response to caring for students with anxiety.</p>
T3	<p>“A humongous lack of resources”</p>	<p>Sw’s perspectives of barriers to service provision and workforce needs.</p>

T2: “The pressure of unmet needs”

“Being the only mental health provider in our school feels like a lot of **pressure**. There’s a lot of unmet needs that I feel the pressure of.”

“Each year gets harder. I thought during COVID that that was my hardest year. I’ve been at this school for 20+ years. Then the next year got harder and this year I mean... my **burnout** factor is pretty high this year. This year is probably the highest it’s been in my 20+ years and I think it’s because of the high, high needs of so many children. It’s not just a few. It’s severe behaviors in every classroom.”

“Our resources are stretched so thin and then it makes it hard to do the parts that need to happen on a day-to-day basis because you’re putting out all the fires that arise making it really tricky. It feels like the school needs to fix it all, but yet when we try, we don’t do well enough... Sometimes I feel a little **helpless** and I have used that terminology a lot in the last week and a half.”

“More feelings of **self-doubt** than ever before. Just overwhelmed, definitely **overwhelmed**. Very aware that there’s this giant well of need and it is truly not possible to meet it all.”

T1: “Behavior is Communication”

SW’s observations of student anxiety

Verbal	Non-verbal
<p>-“They’re scared. They’re worried about everything and anything.”</p> <p>-“Lots more worries about how to navigate social situations”</p> <p>-“Cursing”</p>	<p>-“Running out of the classroom”</p> <p>-“He went totally inward and didn’t want to do stuff”</p> <p>-“Lots more crying. I do see a lot more of that”</p> <p>-“Just not able to sit and attend”</p> <p>-“Clngy”, hiding, frequent trips to the bathroom or nurse with somatic complaints</p>

T3: “A humongous lack of resources!”

“The biggest barrier for these kids is finding a **community provider**. Someone that would be with them longer-term. I’m only with them a half an hour a week if all goes well, if they’re not absent, if there isn’t a snow day, if there isn’t an assembly.. The lack of resources in the community is really a big deal.”

“I just heard from a parent who’s on a wait list, been on a **waitlist for about 9 months**. It’s not looking like it’s going to happen anytime soon.”

“I had a parent call last week and their student, a first grader, had some really extreme, extreme unsafe behaviors and so they took them to the doctor and **the doctor referred them to the school**. It’s like, that’s not the way that’s supposed to work. It’s supposed to go the other way around.”

Implications

Maine elementary school social workers have become a crucial safety net, but have faced increased demands with diminishing resources. Gaps in community supports increased the complexity of treatment in the school environment.

To reduce risk of attrition and improve student mental health support SWs request:

Professional support

- Caseload management
- Salary/budget
- Professional training
- Replacement of COVID funding

Families resources

- Community mental health

References

- Ginsburg, G.S., Muggen, M., Caron, E.B., Souer, H.R., Piskolki, P.J. (2019). Exploring treatment as usual for pediatric anxiety disorders among school based clinicians. *School Mental Health*, 11, 719-727.
- Necton, C. P., Caporino, N. E., Kendall, P. C., Iyengar, S., Lee, P., Peris, T., Sakolsky, D., Piacentini, J., Compton, S.N., Albano, A.M., Birmaher, B. & Ginsburg, G.S. (2019). Mood and suicidality outcomes 3–11 years following pediatric anxiety disorder treatment. *Depression and anxiety*, 36(10), 930-940.
- Maine Department of Education (2021). [Maine DOE student mental health survey report] <https://legislature.maine.gov/dose/7711>
- Mustakia, C. (1994). *Phenomenological research methods*. Sage publications.
- Peters, J. (2014). "The pressure of 'unmet needs': Elementary school social workers' lived experiences caring for students with anxiety since the COVID-19 pandemic." [Doctoral dissertation, Simmons University]. [Simmons University, Boston, MA]
- Rachae, N., McArthur, B. A., Cooke, J. E., Eirich, R., Zha, J., & Madsigan, S. (2021). Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: a meta-analysis. *Lancet paediatrics*, 77(11), 1142-1150.
- Strawn, J.R., Lu Lu, Peris, T.S., Levine, A., & Walkup, J.T. (2021). Research review: Pediatric anxiety disorders—what have we learned in the last 10 years? *Journal of Child Psychology and Psychiatry*, 62:2, 114-139.
- Watson, K. R., Capp, G., Astor, R. A., Kelly, M. S., & Benbenishty, R. (2022). "We Need to Address the Trauma": School Social Workers' Views About Student and Staff Mental Health During COVID-19. *School mental health*, 14(4), 902-917.

Conclusion & ?'s

These findings shed a spotlight on the vital role that elementary school social workers' have played post-pandemic and raise concerns about the long-term impact of severe anxiety on the students affected, the school climate and staff tasked with caring for them without remedial action to ensure that school is a comfortable place for everyone to work and learn!

References

- Allen, K. B., Benningfield, M., & Blackford, J. U. (2020). Childhood anxiety—if we know so much, why are we doing so little?. *JAMA psychiatry*, 77(9), 887-888.
- American Academy of Pediatrics (2021). Declaration of a national emergency in child and adolescent mental health. Retrieved August 18, 2023 from <https://www.aap.org/4n/advoceadvchild-and-adolescent-health-mental-development/adv-adv-aap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health>
- Beesdo, K., Pine, D.S., Lieb, R., & Wittchen, H.U. (2010). Incidence and risk: patterns of anxiety and depressive disorders and categorization of generalized anxiety disorder. *Archives of General Psychiatry*, 67, 47-57.
- Capp, G., Watson, K., Astor, R. A., Kelly, M. S., & Benbenishty, R. (2021). School social worker voice during COVID-19 school disruptions: A national qualitative analysis. *Children & Schools*, 43(2), 79-88.
- Child and Adolescent Health Measurement Initiative (CAHMI) (2017-2018, 2019, 2021, 2020- 2021, 2021-2022, 2022). National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved May 16, 2024 from <https://www.childhealthdata.org/>
- Creswell, J.W., & Poth, C.N. (2018). *Qualitative Inquiry & Research Design: Choosing among five approaches*. Sage Publications: Thousand Oaks.
- Ginsburg, G.S., Becker-Haimes, E. M., Keeton, C., Kendall, P. C., Iyengar, S., Sakolsky, D., Albano, A. M., Peris, T., Compton, S.N. & Piacentini, J. (2018). Results from the child/adolescent anxiety multimodal extended long-term study (CAMELS): primary anxiety outcomes. *Journal of the American Academy of Child & Adolescent Psychiatry*, 57(7), 471-480.