



Testimony of Melissa Hackett
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In support of LD 432, Resolve, To Improve Behavioral Health Care for Children
April 2, 2021

Senator Claxton, Representative Meyer, and members of the Committee on Health and Human Services, I am Melissa Hackett, Policy and Communications Associate with the Maine Children's Alliance, submitting our testimony in support of LD 432. We are a statewide non-partisan, non-profit research and advocacy organization whose mission is to promote sound public policies to improve the lives of children, youth, and families in Maine.

For providers working with children to support their mental health needs, communication and collaboration with the child's family, school staff, and other providers, is essential to ensuring quality supportive care. Yet children's mental health providers are too often faced with difficult decisions between billable hours and being able to participate in activities that are not reimbursable, but are critical to providing the best care for a child. By expanding the scope of work providers can be reimbursed for, we can increase participation in meetings, ensure greater communication and coordination between providers, school personnel, and families, resulting in better support for youth.

As a school-based mental health professional offered: Often it would be helpful to have outside therapists/community treatment providers attend IEP meetings or provide input on re-evaluations. However, since this not a billable service it frequently does not occur. These providers are often only getting what parents and children are sharing with them, rather than being able to hear from the school staff themselves. It would be helpful to have consistent and frequent communication with providers, so the work that is being done can be replicated at home, and vice versa.

Teen and adolescent mental health was already a concern in Maine before the pandemic. According to the National Child Health Survey, a survey of parents with children ages 0-17, Maine continues to have the highest rate in the nation of children with anxiety problems, both in the 2016-2017 and 2018-2019 surveys.¹ And according to the 2019 Maine Integrated Youth Health Survey, 32 percent of Maine high school students felt sad or hopeless two weeks or more and 16 percent of students seriously considered attempting suicide.²

The impact of COVID-19 cannot be emphasized enough in terms of the increased mental health needs of children. Given how concerning youth mental health in Maine was pre-pandemic, we should see this as the emergency on top of an already existing crisis that it is. Isolated from peers, experiencing disruptions to daily life, and increased stressors on families, have created incredibly difficult situations for young people living through this pandemic. According to the national State of Young People During COVID-19 survey, 25 percent of students felt much less connected to classmates, adults, and school than before,

¹ National Survey of Children's Health (2016-present) <https://www.childhealthdata.org/browse/survey>

² Maine Integrated Youth Health Survey Data <http://data.mainepublichealth.gov/miyhs/>

and more than 50 percent were much more concerned than usual about their own and their family's physical and emotional health.³

There is a great need right now for expanded and effective supportive services for youth in both schools and communities. This moment also underscores the need for legislation like this, to create the opportunity for more effective communication and collaboration between mental health providers, schools, and families, to ensure teens and adolescents who are struggling, get the support they need to weather this crisis and beyond.

Thank you.

³ The State of Young People During COVID-19

https://www.americaspromise.org/sites/default/files/d8/YouthDuringCOVID_FINAL%20%281%29.pdf