Testimony of Sarah Calder, MaineHealth
Neither For Nor Against LD 394, “Resolve, Regarding Legislative Review of Chapter 117: Rule Regarding the Duties of School Counselors and School Social Workers, a Major Substantive Rule of the Department of Education”
Thursday, April 6, 2023

Senator Rafferty, Representative Brennan, and distinguished members of the Joint Standing Committee on Education and Cultural Affairs, I am Sarah Calder, Senior Government Affairs Director at MaineHealth, and I am here to testify Neither For Nor Against LD 394 as the rule is silent on Licensed Clinical Professional Counselors (LCPCs) and Licensed Marriage and Family Therapists (LMFTs), and these clinicians are an integral component to our work with several school-based health centers.

MaineHealth is an integrated non-profit health care system that provides a continuum of health care services to communities throughout Maine and New Hampshire. Every day, our over 22,000 care team members support our vision of “Working Together so Our Communities are the Healthiest in America” by providing a range of services from primary and specialty physician services to a continuum of behavioral health care services, community and tertiary hospital care, home health care and a lab.

As part of our mission to provide access to needed care for our communities, MaineHealth provides a range of behavioral health services throughout our footprint. These range from community based outpatient therapy, medication management, substance use treatment and care management to inpatient treatment in four community hospitals and Spring Harbor Hospital. Additionally, MaineHealth has integrated several behavioral health clinicians, including Licensed Clinical Social Workers, LCPCs, and LMFTs into several school-based health centers across our footprint.

These integrated clinicians provide behavioral health support to students at a time when the need has never been greater. As part of their work, they work closely with teachers and administrators to support healthy functioning of the students by completing assessments, identifying treatment goals, and providing ongoing care for the students in their respective locations. Additionally, they support in managing crises, providing support groups, and, in at least one region, they participate in the NAMI Sources of Strength initiative. They also serve as a conduit to primary care.

As you may know, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association recently declared a national emergency in children’s mental health. Maine is not immune. And we are experiencing the effects of this crisis acutely in our Emergency Departments, though they are in no way equipped to meet the needs of children and adolescents with behavioral health needs. Just last year alone,
435 children and adolescents languished in MaineHealth Emergency Departments for an average of 5.5 days awaiting appropriate services.

Programs, like ours, which integrate behavioral health clinicians in school-based health centers, are one evidence-based way to successfully manage children’s behavioral health needs – and keep them out of the Emergency Department – and we need to make sure that all clinicians, including LCPCs and LMFTs, are able to continue providing this service. I urge you to direct the Department to ensure their inclusion in the Rule.

Thank you for your time and consideration of this important request and I would be happy to answer any questions you may have.