

February 10, 2026

Submitter: Annie Stewart, LCSW

Committee: Senate Committee on Education

Measure: SB 1555

Dear Chair Frederick, Vice Chair Weber, and Members of the Senate Education Committee,

My name is Annie Stewart and I am a **Licensed Clinical Social Worker (LCSW) in Oregon**, specializing in children and adolescents in an outpatient mental health setting. I work with K–12 students across Oregon after the school day, and I see firsthand how **insufficient school-based mental health support directly undermines students' ability to learn, regulate emotions, and stay safe**. I am submitting this testimony in opposition to **SB 1555**.

Key concern: Mental health is foundational to learning

Many of the challenges schools are attempting to solve — including absenteeism, behavioral disruptions, and academic decline — are symptoms of unmet mental health needs. In my clinical work, these unmet needs often escalate to **self-harm and suicidal ideation** when students lack access to support during the school day. Students experiencing chronic anxiety, depression, or trauma cannot consistently regulate emotions, focus attention, or engage cognitively, making academic interventions alone insufficient. A funding model that does not explicitly account for in-school mental health support risks misidentifying symptoms while ignoring underlying causes.

Why SB 1555 is problematic

SB 1555 replaces Oregon's existing education funding framework with a **new cost-model process** that does not explicitly require the inclusion of school counselors, social workers, or other mental-health professionals when determining the cost of a quality education. When essential roles are not named in the model itself, they are left to discretion rather than treated as core components of student learning and safety. Even when funding exists, positions that are not explicitly protected are often deprioritized or cut first during budget shortfalls.

Connecting counselors to the bill

Because SB1555 establishes a model for the cost of a “quality education,” **omitting school counselors and other mental health professionals effectively treats these essential supports as optional, putting them at risk of being underfunded or cut**, even though they are critical for students to be able to attend, focus, and learn.

Clinical observations about school-specific stress

Many of my child and adolescent clients experience fewer acute mental health

crises during the **summer months**, when school is not in session. When school resumes, anxiety, emotional dysregulation, and school avoidance often increases. This pattern underscores the importance of addressing student mental health **during the school day**, not just after school or in outpatient settings.

Even basic self-regulation can be difficult at school. Students report that short breaks, such as going to the bathroom, are tightly timed. Worrying about returning on time adds anxiety, making it harder to focus once they are back in class. These daily pressures create an environment where students feel trapped, dysregulated, and unsupported.

School counselor and staffing challenges

School counselors, when present, are often **overworked or inaccessible**. Many schools have only one counselor serving **400–500 students**, far above the American School Counselor Association's recommended ratio of **1:250**. Counselors are frequently reserved for crisis response, leaving most students without access to preventative or early-intervention support during the school day.

Investing in school-based mental health is **both feasible and foundational**. Many districts already employ counselors, social workers, and psychologists and have administrative systems to support these roles. What is lacking is **adequate staffing**, not entirely new structures. Directly funding these positions and reducing student-to-provider ratios can **help create conditions that support better attendance, behavior, emotional regulation, and academic outcomes**.

Oregon's youth mental health crisis

- Nearly **40%** of high school students report persistent sadness or hopelessness.
- **Twenty percent** seriously considered suicide, and **9.5% attempted suicide** in the past year.
- Suicide is the **second-leading cause of death for Oregon youth ages 5–24**.
- These challenges often begin in **elementary and middle school**, with anxiety, depression, and trauma interfering with learning and development.

Conclusion / Ask

I urge the Legislature to **oppose SB 1555 as written** and instead prioritize **immediate, sustained funding for school counselors, social workers, and psychologists**, ensuring all students have access to mental-health support during the school day. This is essential not only for student well-being, but for educational success statewide.

Thank you for your time and consideration.

Annie Stewart, MSW, LCSW

