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Alliance for Addiction and Mental Health Services, Maine
The unified voice for Maine's community behavioral health providers

Testimony in Support of LD 997
"Resolve, to Reduce Workforce Barriers for Mental Health Professionals in Maine"
Sponsored by Representative Salisbury
April 10, 2023

Good morning Senator Baldacci, Representative Meyers, and esteemed members of the Joint Standing Committee on Health and Human Services. I am Malory Shaughnessy, a resident of Westbrook, and the Executive Director of the Alliance for Addiction and Mental Health Services. Please accept this testimony on behalf of the Alliance **in support of** LD 997. We thank Representative Salisbury for bringing forth this legislation once again.

LD 997 addresses two constant barriers to hiring workforce for Maine's community mental health services. The first part is designed to align the requirements of becoming a behavioral health professional (or a BHP) across the different MaineCare services or programs. There are very different requirements for these same positions across different sections and programs **within MaineCare Section 65 and Section 28**. It simply adds complexity, creates a barrier to hiring and retaining staff, and does not make sense.

Many providers that hire BHPs offer several of these services and it would ease staffing concerns if these BHPs could work within all programs. It would allow a provider to offer a fulltime position which many people are seeking. It also enables movement of these staff when other staff are out due to vacations or sickness.

There is really no reason to continue to have different requirements as the work conducted is basically the same across these services. A BHP should be a BHP no matter where they work.

Currently, the dashboard for children's behavioral health services shows that Section 65 Home and Community Therapy still has over 600 children on waitlists with an average of 6 to 8 months wait time in some counties. One of the reasons for this growing waitlist was due to stagnant reimbursement rates (*something which is being addressed with the new rate reform process*), but it is also due to this barrier and the inability to hire BHPs to work in multiple services. Providers across the state are also seeing turnover rates with these direct care essential workers of 40-50%, and many positions advertised remain vacant for months to sometimes over a year.

Anything we can do to improve this situation, without reducing effectiveness of the programs is needed. All of these direct care workers already have to begin within 30 days of hire **the specific training to become a BHP**. **The curriculum overview is on the following pages.**

On the last pages of my testimony I have included the various different requirements currently to become a BHP depending on the program. I am also including a timeline of the changes to the BHP program over the years. **It is important to note that in 2018, the 28-hour School Based BHP curriculum and the 35-hour BHP curriculum were merged into one course and certificate for all BHPs**, regardless of the setting they are working in. **This bill will help the rules catch up to this merger.**

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The second barrier to hiring workforce for Maine's community-based agencies lies in the process to be certified as a Mental Health Rehabilitation Technician/Community Certification, or a MHRT/C.

In the last session, Representative Melanie Sachs' bill, LD 504, was passed. The final language was that "***no later than October 1, 2021, the Department of Health and Human Services shall amend its guidelines for the mental health rehabilitation technician/community certification, also known as an MHRT/C certification, in order to allow an individual who has completed a 4-year postsecondary educational degree program in a mental health-related field or obtained a graduate degree in a mental health-related field to receive the MHRT/C certification notwithstanding any other guidelines for certification***."

However, agencies continue to find that in hiring staff with 4 year undergraduate or graduate degree in a mental health related field, they are still only allowed a "provisional" certification. They need to receive "full" certification as they would be granted in most other states. They are still subject to having to complete several of the 8 domains to receive certification. Some examples:

- "Only receiving provisional certificate w/ a 4 -year degree that is not within the UMS System (this happens often, folks who graduate from small, private colleges like Skidmore, Goshen, Wheaton, or even Bates, with degrees in psychology, sociology, etc.). Typically, those applicants are granted only 1 Domain of 8!"
- "Applicants with a Master's Degree in SW or Counseling only receiving provisional certificates."

Also, those that are deemed in need of completing Domains 1-3 are mandated to complete them within 90 days.

- "What makes 90 days near impossible is coursework at a university/college class is per semester, longer than the 90 days and assuming the class is available. Options for non-academic training shortens this time, but at a cost, and assuming available dates do not have overlap. Plus we have to consider impact on work schedules and meeting with clients. This is true for all provisional certificates, even if they offer a year to complete the Domains required."

What we are really asking for is a degree-based path to full certification. We would also ask for a slight amendment to the language in LD 997 to strike out the last clause **", as long as the individual has met the 3 so-called priority domains identified in the certification program."**

If someone has the education and the desire to work in this field, why do we continue to place unnecessary barriers in their path? **Please support LD 997 and eliminate these particular barriers.**

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Curriculum BHP Training (35 hours)

1. BHP Module 1	3 hours
2. Professionalism	2.5 hours
3. Working as a Team	2 hours
4. Cultural Competency and Family Dynamics	2.5 hours
5. Communication	3 hours
6. Documentation	2.5 hours
7. Child Development	2 hours
8. Children's Behavioral Health	3.5 hours
9. Autism	2 hours
10. Trauma	4 hours
11. Understanding & Managing Behavior	2.5 hours
12. Principles of Instruction	2.5 hours
Closing Activity, Evaluations, and Final Exam	3 hours

Adult and Child CPR & First Aid Certification and completion of Bloodborne Pathogen Training are also required for BHP certification

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Section 65 and Section 28 BHP requirements from the MaineCare Manual below:

Section 65 - Behavioral Health Services

65.06-9.D. **Provider Requirements for Children's Home and Community Based Treatment**

Staff allowed to provide this treatment include a clinician and, when appropriate, a staff certified as a Behavioral Health Professional.

To provide Home and Community Based Treatment the employee must meet the educational requirement and complete the required Behavioral Health Professional (BHP) training within the prescribed time frames, as described in 65.06-9(E).

Educational requirement to deliver the Home and Community Based Treatment services can be one (1) of the following:

1) A minimum of 60 higher education credit hours in a related field of social services, human services, health or education;
2) A minimum of 90 higher education credit hours in an unrelated field with the provider required to have a specific plan for supervision and training documented in the personnel file of the employee;
3) A high school diploma or equivalent and a minimum of 3 years of direct experience working with children in a behavioral health children's services program with the provider required to have a specific plan for supervision and training documented in the personnel file of the employee.

65.06-13.B. Provider Requirements for Behavioral Health Day Treatment

Staff qualified to provide this treatment include the following clinicians (Psychiatrist, Psychologist, LCSW, LMSW, LCPC, LMFT) and staff *certified as a Behavioral Health Professional (BHP) who has completed ninety (90) documented college credit hours or Continuing Education Units (CEU's)*.

To provide Behavioral Health Day Treatment as a BHP, the employee must meet the education requirement and complete the required BHP training within the prescribed time frames, as described in 65.06-13.C.

Section 28 - Rehabilitative and Community Support Services For Children With Cognitive Impairments and Functional Limitations

28.08-2 Staff Requirements

A. Qualification Requirements for Direct Care Staff

1. **Direct care staff** *must meet the following minimum requirements*:
   - Be at least 18 years of age;
   - Have a high school diploma or equivalent;
   - All direct care staff must obtain a Behavioral Health Professional (BHP) certification within one (1) year of hire. OR

3. **Provisional Approval of Providers**

   Staff must begin receiving the Behavioral Health Professional training within thirty (30) days from the date of hire. The provisional candidate must complete the training and obtain certification within one (1) year from the date of hire.

C. **Requirements for Behavioral Health Professional providing Specialized Services**

2. Behavioral Health Professional providing Specialized Services *must meet all of the certification requirements as stated for the Certification as Behavioral Health Professional or equivalent* as determined by the Department ***and must***:

   a. Be under the Supervision of a Licensed Psychologist, Board Certified Behavior Analyst or equivalent as determined by the Department, and

   b. Be able to demonstrate specific competencies required to provide Specialized Services including but not limited to the basic principles of behavior; and

   c. Be able to apply, under the direction of the supervisor, an array of procedures specific to Specialized Services.

Timeline of BHP Training:

- January 1997: *French v. Concannon* lawsuit filed. The plaintiffs asserted that Maine's long waitlists for children's case management and home and community-based services were in violation of Medicare's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) requirement. (Approximately 75% of Maine's Medicaid expenditures were spent on the most restrictive and costly services for children including residential treatment and psychiatric hospitalization. Maine had approximately 260 children in out-of-state residential placements - average length of stay was four times longer and the cost was three times greater than in-state placements.)
- December 1997: In response to LD 1744, Maine DHHS published "A Plan for Children's MH Services" for expanding home and community-based services for children that included in-home behavioral health services. https://www.documentcloud.org/documents/4495895-PLAN.html
- 2000: *Risinger v. Concannon* lawsuit filed. The state was required to develop a system to track. In response, DHHS enhanced the Enterprise Information System (EIS) to track children who request behavioral health services and assure that children receive timely and consistent access to services. (The lawsuit was resolved in 2007, and DHHS reached full compliance in 2008.)

- These children's behavioral health services have been regulated under various sections of MaineCare over the past few decades:
    - Section 65 M&N (around 2006) – Child and Family Behavioral Health Treatment (65 M); Community Based Treatment for Children Without Permanency (65 N)
    - Section 24 Day Habilitation Services for Children with Mental Retardation or Pervasive Developmental Disorders (later absorbed by Section 28)
    - Currently, these services are regulated under:
        - Established 2008: Section 65 Behavioral Health Services - 65 HCT and 65 Day- Treatment
        - Established 2010: Section 28 Rehabilitative & Community Support Services for Children with Cognitive Impairments and Functional Limitations (both Standard and Specialized; in-home and school-based), and
        - February 2020: Proposed Section 106 School Based Behavioral Health Services Rule withdrawn.

BHP Training & Certificate Program

- 1998: DHHS recognized the need to train the non-licensed, direct care staff who were part of the team providing in-home services. DHHS hosted forums for parents, educators, and providers to ask, "What knowledge and skills are required for direct care staff (later called BHPs) to provide quality services?"
- 1999: Spurwink's Behavioral Health Sciences Institute (BHSI) in partnership with Muskie School of Public Service published the first version of the curriculum - Behavior Specialist/Habilitation Specialist (BS/HS1).
- 2003-2004: Module on Trauma added.
- 2006: Update and revision of the curriculum that included changing the certificate to Behavioral Health Professional (BHP), making the BS/HS1 certificate invalid. BHP Training - 50 contact hours and First Aid/CPR and Bloodborne pathogens training required for approximately another 7 contact hours.
- 2010: BHP Training & Certificate became mandatory for all direct staff billing as BHPs.
- 2010-2011: DOE & DHHS collaborated with BHSI to revise the curriculum, creating a separate School-Based BHP training (28 contact hours) for school programs intending to MaineCare for Section 28 and Section 65 school-based services.
- 2012: Woodfords Family Services (WFS) was awarded the contract for administering the BHP Training & Certificate Program.

- 2013 - 2016: WFS surveyed stakeholders and completed a comprehensive literature review. Revised the BHP curriculum to reflect current research and best practice - divided the content into 12 modules (instead of 10) including the addition of a module on Autism.
- 2016: Published the new 35-hour BHP Curriculum.
- 2017: Launched the BHP Blended Learning course (12 online modules and 7 hours of in-class instruction with a Certified BHP Instructor).
- 2018: Merged the 28-hour SBBHP curriculum and the 35-hour BHP curriculum into one course and certificate for all BHPs, regardless of the setting they are working in.
- 2020: Launched the Virtual Classroom – 7-hour Live Day taught in Adobe by Certified BHP Instructors. Revisions to the curriculum are ongoing as needed.