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March 10, 2025

Senator Ingwersen, Chair
Representative Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Re: LD 258 – *Resolve, to Establish a Program to Recruit and Retain Behavioral Health Clinicians*

Senator Ingwersen, Representative Meyer and members of the Joint Standing Committee on Health and Human Services, thank you for the opportunity to provide information neither for nor against LD 258, *Resolve, to Establish a Program to Recruit and Retain Behavioral Health Clinicians*.

The Office of Behavioral Health (OBH) would also like to thank the sponsors and cosponsors for considering ways in which the Department can support the recruitment and retention of behavioral health clinicians throughout the state. The bill is unclear on the intended definition of “behavioral health clinician” and it is therefore difficult to determine the full impact the proposed legislation may have on the Department as well as providers and clients. This legislation, as written, does not indicate whether “behavioral health clinician” is inclusive of nurse practitioners, psychiatrists, and other comparable roles, or if it is more specifically focused on licensed clinical social workers, licensed marriage and family therapists, licensed clinical professional counselors, and related. There are currently 345 provider organizations statewide for adult and youth behavioral health services, all with varying employee rosters and employment needs, such as recruitment of additional staffing, and OBH notes that not all organizations are contracted with the Department.

OBH agrees that strategies to support strengthening the behavioral health workforce in Maine are needed. However, it is unclear whether one-time incentive payments are truly effective in longer- term retention and workforce engagement. The proposed \$25,000 incentive to each clinician would presumably increase the workforce in the short term but may not address long term retention of behavioral health clinicians. Additionally, this approach may result in precipitous lateral transfers of the existing workforce to different employers. This would not only fail to increase the overall workforce but could inadvertently create further disruptions by way of organizational instabilities and disruptions in client care. Furthermore, this may impact Maine’s rural or more underserved communities that are already often the most vulnerable and in need of staffing.

Finally, as written, this proposal is fiscally unsustainable, with a conservative fiscal estimate of *at least* \$66 million for implementation. While the bill remains unclear what defines a

“behavioral health clinician,” it directs the Department to establish eligibility criteria. The Department has been working diligently to bolster the children’s system of care and feels that narrowing the scope of this bill to focus on Children’s Behavioral Health clinicians, specifically those working in children’s outpatient and residential care, may be a solution to the otherwise unsustainable anticipated fiscal impact. Currently, Home and Community Based Treatment (HCT) has a 6 youth to 1 clinician ratio, and as of January 2025, 422 youth were reported as awaiting access to these services while 305 youth are currently receiving these services. Utilizing this data, it would be appropriate to estimate that approximately 121 clinicians are needed (70 for those youth on a waitlist and 51 for those currently receiving services).

The Office also expresses other concerns with the Department’s role in this proposed program as it is currently written. Apart from the fiscal impact alone, there are several ways this bill could impact the Department, its offices, and programs, partner providers, and clients. Additional staffing would be required to develop, implement, and oversee this program, and we would require more time than currently outlined for the program’s development and implementation. Likewise, recruitment and retention of employees is a responsibility more suitable for employer organizations, especially in setting employment expectations, minimum employment periods, termination policies, and other aspects the bill seeks to impose on the Department. The Office believes this legislation seeks to address a real concern throughout Maine, but OBH is equally concerned that this proposal as it currently reads will not achieve the results the Legislature seeks, that our current policies and initiatives strive for, or that our constituents need.

Please feel free to contact me if you have any questions during your deliberation of this bill.

Sincerely,

Sarah Squirrell

Sarah Squirrell Director
Office of Behavioral Health
Maine Department of Health and Human Services