



**Testimony of Sarah Calder, MaineHealth  
In Opposition to  
LD 1084, “Resolve, to Alleviate the Behavioral Health Workforce Shortage by  
Allowing the Training and Granting of Behavioral Health Certifications by  
Community-based Agencies and Hospitals”  
April 3, 2025**

Senator Bailey, Representative Mathieson and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, I am Sarah Calder, Senior Government Affairs Director at MaineHealth, and I am here to testify in opposition to LD 1084, “Resolve, to Alleviate the Behavioral Health Workforce Shortage by Allowing the Training and Granting of Behavioral Health Certifications by Community-based Agencies and Hospitals.”

MaineHealth is an integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our vision of “Working Together So Maine’s Communities are the Healthiest in America,” MaineHealth, which includes MaineHealth Behavioral Health, is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and providing better access to behavioral healthcare through integration with primary care.

We appreciate the intent of the legislation before you today, but, as drafted, LD 1084 would remove the option to use a third-party to conduct the trainings for mental health rehabilitation technicians, certified residential medication aides, and behavioral health professionals. MaineHealth Behavioral Health does not have the resources to provide the training internally. This bill would require a far more expensive and less efficient system than that which we have today.

In addition to our concern regarding the provision of necessary training, I would like to emphasize the challenges associated with both applying for certification and the ongoing re-application process every two years. The MaineHealth Behavioral Health Home team is currently comprised of 65 case managers, all of whom are required to obtain their MHRT/C certification to effectively perform their duties. Moreover, certification is a prerequisite for case managers to apply for the position. Additionally, we have 18 care team members in our residential programs that are required to obtain their MHRT/C certification. Eliminating the third-party process would not only slow down the hiring and recertification timelines, but it could also result in staff members being unable to work.

The capacity to deliver the required training—often taking up to five days per domain, with eight domains in total—combined with the additional responsibility of managing applications and recertifications, represents a significant workload. Unfortunately, we do not have the necessary staffing resources to support this effort.

With that said, we would urge the Committee to amend LD 1084 and allow community-based and hospital providers the option to use a third-party to conduct the trainings or provide the trainings internally.

Thank you and I would be happy to answer any questions you may have.