Alliance for Addiction and Mental Health Services, Maine

The unified voice for Maine's community behavioral health providers

Testimony in Support of

Resolve, to Alleviate the Behavioral Health Workforce Shortage by Allowing the Training and Granting of Behavioral Health Certifications by Community-based Agencies and Hospitals – LD 1084

April 3rd, 2025

Good afternoon, Senator Bailey, Representative Mathieson, and honorable members of the Committee on Health Coverage, Insurance, and Financial Services. My name is Adam Bloom-Paicopolos. I am a resident of Wells and am proud to serve as the Executive Director of the Alliance for Addiction and Mental Health Services, Maine (the Alliance). The Alliance is the statewide association representing Maine's community-based behavioral health agencies who provide much-needed mental health and substance use services to over 80,000 children, adults, and families annually. The Alliance advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

On behalf of the Alliance, I am here today to speak in support of 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*" and I thank Representative Crafts for bringing this important legislation forward.

Maine's community behavioral health providers play a critical role in supporting individuals and families across the state, yet workforce shortages remain one of the most significant challenges we face. The demand for mental health and substance use disorder services continues to grow, and providers are struggling to recruit and retain staff due to several challenges, including barriers within the existing certification and training process. In a 2024 study and subsequent report (*Executive Summary included below)* the Alliance developed in partnership with NASW Maine, our research found that community-based organizations have a 21% vacancy rate across the state for mental health clinicians. These workforce challenges only get more intense in our rural areas.

LD 1084 presents a thoughtful, pragmatic approach to addressing these issues by allowing community-based agencies and hospitals to train and certify behavioral health professionals in-house. This initiative will streamline the credentialing process for essential roles, including Mental Health Rehabilitation Technicians, Certified Residential Medication Aides, and Behavioral Health Professionals. By removing sole reliance on third-party approval for certification, community-based organizations will be better positioned to respond to workforce shortages and expand access to high-quality care in a timely manner.

Additionally, providing training within the community-based agencies that will

ultimately employ these professionals ensures that new staff are well-prepared to meet the unique needs of the communities they serve. It is important to emphasize that this legislation does not compromise the quality or rigor of training; rather, it enhances the accessibility and efficiency of certification without diminishing professional standards. Community-based agencies and hospitals have a vested interest in ensuring that all staff are well-qualified, and in-house training will allow them to tailor instruction to align with evidence-based best practices and Maine's evolving behavioral health landscape—all while reducing barriers to growing our workforce.

Ensuring a robust, well-trained workforce is essential to maintaining and improving access to behavioral health services throughout the state. LD 1084 provides an opportunity to make meaningful progress toward this goal while supporting the dedicated professionals who serve our state's most vulnerable individuals, children, and families. I respectfully urge the Committee to support this measure and advance policies that strengthen the behavioral health system for all Mainers.

Thank you for the opportunity to provide testimony this afternoon. I would be happy to answer any questions from the Committee.

Respectfully,

Adam Bloom-Paicopolos, MPP
Executive Director

Maine's Behavioral Health Access and Workforce Challenges:

Solutions to a Growing Problem

Julie M. Schirmer, LCSW, ACSW and Chelsea Johnson
A Report of the Behavioral Health Access and Workforce Coalition
September, 2024

Executive Summary

This report presents the findings from a point-in-time survey, a series of focus groups, and a policy scan assessing the status of behavioral health (BH) access and workforce issues in Maine, which the BH Access and Workforce Coalition conducted. The coalition's concern emerged from the national twenty-year increased prevalence of suicides and BH diagnoses, the increased BH access issues experienced during COVID-19, and Maine's aging population and workforce.

The objectives of this work were to 1) quantify the extent of BH access limitations in Maine, 2) understand contributing factors and impact for the area of greatest need, and 3) identify strategies for improving the access challenges and the workforce in that area of greatest need moving forward. The results from this work reveal access challenges across the board for persons seeking BH care in Maine, with the greatest gaps in access to mental health counseling and prescribing services. Challenges will worsen in the upcoming years and will be most problematic for those with more severe mental health conditions who seek care from the network of BH agencies across the state. An increasing number of clinicians are nearing retirement, with fewer younger clinicians available to fill their positions. In addition, telehealth services provide more opportunities for mid-career clinicians to move out of BH organizations and into positions that offer more control, greater flexibility, and a higher income.

The point-in-time survey provides a snapshot of access and workforce data for the continuum of BH services as of January/February 2024. Fifty organizational leaders and 277 independent providers who responded reported access challenges across all BH service categories, from peer support services to medication prescribers, reporting an average wait period for services between 5 and 33 weeks. The area reported to have the most severe access challenges was mental health services, with 10,012 persons waiting for mental health counseling and 2,819 waiting for mental health prescribing services. Twenty organizations reported a 32-week average wait time for mental health counseling, with 69% waiting ten months or more. For those independent providers who kept wait lists, 57 reported a 33-week average wait time, with 38% waiting 10 months or more. Ten organizations reported 2,819 persons waiting an average of 33 weeks wait time for mental health prescribing, with 59% waiting ten months or more.

Organizational vacancy rates (computed as the total vacancy number divided by the number of employed FTEs and vacancies) ranged from 6% to 21% across the continuum of the BH workforce, with 24 organizations reporting 21% vacancy rates for mental health clinicians and 19% vacancy rates for dual-licensed clinicians. Of the independent providers, 40% were aged 60 or above, with

45% planning to retire in five years and 67% in ten years. Appendix B lists the responding organizations, the survey questions, and detailed results.

During June and July 2024, 34 participants in five focus groups provided their perspectives on the access and workforce data from the point-in-time survey. They discussed the contributing factors, impact, and potential solutions to the mental health clinical workforce identified in the survey as the area of greatest need. Most participants reported that the access and workforce numbers from the point-in-time survey were on target or too low. Table 1 describes the four primary goals that framed the twenty-five proposed solutions that emerged from the focus groups.

The remainder of this report provides more details on the point-in-time survey and focus group findings on the extent of the BH service gap, contributing factors, impact, and recommendations to address and alleviate the BH workforce shortage in Maine. The Appendices provide information on the BH Access and Workforce Coalition members (A), the point-in-time survey responding organizations, questions, and more detailed information on results (B), focus group participants, and more detailed information on the focus group results (C).

Table 1: Focus Group Themes Related to Mental Health Clinical Services

Theme	Description
Enhance the Financing of Services	The number one issue raised across all focus groups was insufficient reimbursements and wages.
Collaborate to Improve Paperwork and Regulations	Providers face regulatory obstacles and feelings of futility in communicating with insurers and regulators.
Enhance BH Career Pathways	Undergraduate and graduate training programs are experiencing a drop in enrollment and retention of students.
Promote Retention of Providers in Community BH Organizations	The employment trend for mental health clinicians in BH organizations is to leave shortly after they get their license to practice independently.

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