



**Testimony on Behalf of the University of Southern Maine Catherine Cutler Institute
Presented by Jeanne Hackett, Policy Associate II
Regarding LD 997, *Resolve, to Reduce Workforce Barriers for Mental Health Professionals
in Maine*
April 10, 2023**

Senator Baldacci, Representative Meyer and distinguished members of the Committee on Health and Human Services: My name is Jeanne Hackett, and I am a Policy Associate II at the University of Southern Maine Catherine Cutler Institute. Prior to joining USM, I worked at the Co-Occurring Collaborative Serving Maine, facilitating professional development programs for the behavioral health workforce. My background also includes working as a licensed clinician at Jackson Brook Institute, now called Spring Harbor, treating individuals diagnosed with substance use and co-occurring disorders.

As part of the Maine Behavioral Health Workforce Development Collaborative, my team and I at USM administer the mental health certification programs on behalf of the Maine Office of Behavioral Health (OBH) including Mental Health Rehabilitation Technician (or MHRT) I, MHRT/Community, MHRT/Crisis Service Provider, as well as the Mental Health Support Specialist training program. We also support OBH with the Certified Intentional Peer Support Specialist certification program.

It is with this expertise I am here to inform your consideration of LD 997, which affects the MHRT/Community certification and as proposed, could unintentionally create barriers to certification. The MHRT/C is a knowledge competency and skills-based role, and since November 2021, when pathways to this certification were updated, 288 full MHRT/C certificates were issued to applicants with a four-year or higher mental health related degree, enabling them to enter the workforce as an MHRT/C. If LD 997 had been in effect, during that time only 63 applicants would have been eligible for certification. I will clarify this later in my testimony but would first like to provide important background on the current MHRT/C certification process.

There are eight competency domains an applicant must satisfy to earn the MHRT/C. These were developed during a years-long stakeholder process when OBH initiated a program update that was inclusive of providers, service recipients, academics, community members and the Department. The first three domains (which include behavioral, psychological, and rehabilitation models; community integration and inclusion; and ethics and professional boundaries) are considered priorities for an individual to provide services as outlined in Chapter II, Section 17, Community Support Services; Section 65, Behavioral Health Services; and Section 92 Behavioral Health Home Services.

Presently, there are three pathways to MHRT/C certification.

Pathway A – Hold a degree or certificate from an approved academic program. There are currently 33 programs throughout Maine that have aligned their courses to cover the eight

competency domains. The applicants receive a two-year full MHRT/C certificate, renewable with continuing education.

Pathway B – This is the pathway affected by LD 997. Hold a four-year or higher social services related degree or be a licensed social worker. The individual receives a full MHRT/C certificate. We conduct a thorough transcript analysis and if there are missing domains, the individual has two years to complete them while being employed, if possible. They must complete half of the requirements in the first year, and the remaining in year two. They might not have any requirements completed with their degree, yet they will obtain a certificate.

Pathway C – There are several entry points to receive a two-year provisional certificate and as in Pathway B, applicants have two years to complete the domain requirements.

1. Hold a two-year social services-related degree
2. Have 30 social services-related academic credits
3. Hold a four-year unrelated degree
4. OR Have 12 months of related adult behavioral health direct service experience.

LD 997 proposes an applicant on Pathway B complete the three priority domains before becoming certified. The reason only 63 individuals would have been certified under this requirement is because we know from experience that the other 225 applicants would not have met the priority domains with their degrees alone. The current system enables an applicant to become certified without meeting any of the eight domains at the time of their application, and again, is given two years to complete the gap areas.

Additionally, LD 997 proposes to eliminate remaining domain requirements that address trauma-informed care, policy knowledge, substance use, co-occurring disorders and recovery, cultural competence, and vocational support. Service recipients are living with serious mental illness and deserve competent qualified professional care. Training in these essential areas also benefits the workers. Allowing staff to begin working, while at the same time receive training, ongoing support and supervision, and the opportunity for collaboration with peers, would likely improve retention in those first two years of employment.

We know that many mental health related degrees do not cover some of the key areas mentioned above. Also, it's not unusual for someone with a degree to have additional requirements to become certified in their profession, such as nurses, clinicians, social workers, attorneys, etc.

There are several options for individuals to complete the 30-hour domain requirements.

1. Complete an academic course.
2. Complete a non-academic course or training.
3. Or use related work experience. An individual can waive up to four domains with experience in adult behavioral health services.

To make non-academic training more accessible to applicants who hold a degree or choose not to take academic courses, OBH funded the development of a 30-hour course for each of the eight

domains. Qualified trainers, mostly from provider agencies around the state, participated in a train-the-trainer session to become approved to teach the courses. There was no fee for these trainers to obtain and teach the curriculum. Currently there are 37 instructors. Ideally, providers with an approved trainer can offer these courses to their staff for no fee.

Healthcare Training for ME is another initiative recently developed to help applicants obtain no cost training for MHRT certification. There is an application process through their website.

Additionally, some of the community colleges are offering courses at no cost for students to earn their MHRT/C certification.

In closing, I hope this illustrates a robust program designed to be accessible to a variety of applicants with a range of qualifications. LD 997 would not only enable untrained staff to work with Maine's most vulnerable citizens, but it would create a disparity with the hundreds of MHRT/Cs who have demonstrated and continue to work towards competency in essential areas.

Thank you for your consideration.