



BEHAVIORAL HEALTH COMMUNITY COLLABORATIVE

Working together to promote quality lives

Senator Bailey, Representative Perry and the Good Members of the HCIFS Committee

My name is Betsy Sweet, and I represent the Behavioral Health Community Collaborative – eight non-profit community based mental health agencies for children and adults. (Sweetser, Opportunity Alliance, Spurwink, Shalom House, KidsPeace, Volunteers of America, Gateway Community Services, Oxford County Mental Health Services).

I testify today in support of LD 1494 – designed to help with the severe shortage and crisis in behavioral health care workers. This committee is well aware of the crisis we have in mental health – both the increasing need for services for both children and adults, and the extreme shortage of workers available to provide the services.

There are many parts to this problem and you and your colleagues in several other committees are working diligently to help solve it. We appreciate you.

One of the issues that we hear often from the field is that there is an extraordinary hold up in actually getting licensed (after you have qualified) in the state of Maine. Graduates from MSW and LCPC programs are told to expect 4-6 months out of work as they wait for their licenses to be processed. People who want to come work here from out of state don't do it because of the long wait times – and the time they will have to spend unemployed. Just recently I was talking to an MSW who will be graduating in May. She wants to stay in Maine but will be moving to Massachusetts for two reasons – better pay and she can't wait 6 months to be able to work. Her words. Personnel managers from behavioral health agencies report being unable to hire either recent graduates or people from other states because they can't wait the time it takes to get a license. This is in spite of legislation passed in 2021 that provides for reciprocity of licensing with other states who have similar requirements.

The original purpose of this bill was to require provisional licensing, much as we do for teachers and others as they are working to get credentialed. But I have been talking with the Department – and as you will hear from them, they already do some of this, and their internal data shows very reasonable times to issue licenses. So somewhere, there is a disconnect. What providers and workers are reporting of their experience is very different from the hard data kept by the DFPR.

We are also aware that we all want the same thing – an efficient and effective process to get folks licensed and working in this field. So, we would ask the committee to hold this bill over

and ask that the DPFS hold meetings with key stake holders – behavioral health agencies, university personnel or department staff and representatives of people who are trying to get licensed so that we can figure out where the “knot holes” are that is making this so very difficult fix. This committee could direct us to meet in the off session and then come back, if necessary, with any legislative steps that might be necessary to fix this. We would also request that the committee include social workers – LSWs and MSW’s in this process.

There is a serious problem in the system and we are anxious to figure it out. We ask that the committee direct us to do so, so that we may come back with solutions.

Thank you and I’m happy to answer any questions.