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**University of Southern Maine Catherine Cutler Institute Testimony
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,*
Presented by Center for Learning Director Emily Stultz, April 3, 2025**

Senator Bailey, Representative Mathieson, and distinguished members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services: My name is Emily Stultz, and I am the Director of the Center for Learning at the Catherine Cutler Institute at the University of Southern Maine. Before this role, I worked directly in Maine's behavioral health system as a clinician, case manager, and residential support provider. That front-line experience, combined with my current work overseeing statewide mental health certification programs, has given me a clear understanding of the day-to-day workforce challenges and the infrastructure needed to address them.

I want to express my deep concern about the unintended consequences of LD 1084 and respectfully oppose the bill on behalf of the Catherine Cutler Institute.

Since 1996, the Center for Learning (CFL) has partnered with the Maine Department of Health and Human Services (DHHS) as a third-party contractor to support the development of the state's behavioral health workforce. While **the CFL does not set policy, we implement DHHS directives by delivering State-aligned instruction, managing certifications, and maintaining systems built on quality, accessibility, and accountability.**

Over time, the CFL has evolved from an administrative role into **a strategic partner in developing both the size and the skill of the workforce**. In collaboration with DHHS, providers, and peer organizations, we design training that meets regulatory standards and responds to the changing demands of the field. Our approach draws on subject matter expertise, pilot testing, and continuous improvement to ensure instruction remains relevant, accessible, and consistent statewide.

This work is grounded in long-standing collaboration with Maine's behavioral health community. In 2014, we partnered with 81 agencies, 13 colleges and universities, and three State entities to lead a comprehensive redesign of the Mental Health and Rehabilitation Technician/Community (MHRT/C) curriculum and certification process. That inclusive approach has continued through statewide training summits in 2022 and 2023 and a 2021 partnership with nine agencies to strengthen the Mental Health Support Specialist (MHSS) curriculum. Today, Maine benefits from a network of 65 MHRT/C non-academic trainers and 64 MHSS trainers. We also continue to work with public and private colleges and universities statewide to strengthen pathways from education into the workforce.

Driven by our shared goal of expanding access to care, improving service quality, and preparing more individuals for the field, we are actively implementing key innovations: an asynchronous provisional MHRT I and hybrid MHRT/C curricula aligned with DHHS standards; a centralized learning system for consistent statewide instruction; and a credentialing database to support real-time analysis of Maine's non-clinical behavioral health workforce. These efforts are made possible through strong coordination with

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providers and trainers. Earlier this year, agency partners helped pilot the credentialing database — an important step toward improving efficiency and transparency. We are also working with agencies and instructors to ensure the hybrid MHRT/C curriculum expands access and meets workforce needs.

This system has delivered meaningful results. **From 2018 to 2024, the Center issued approximately 15,500 MHRT certifications across all levels.** Building on this foundation, DHHS recently awarded the CFL a competitive contract to administer additional credentials, including Behavioral Health Professional, Direct Support Professional, Personal Support Specialist, and Other Qualified Mental Health Professional. The contract is designed to prioritize timely access to training, drive ongoing quality improvement, and support the State in updating credentialing policies. While this level of coordinated leadership is new, we are prepared — and contractually positioned — to take on that role. Through structured collaboration with DHHS, formalized agency partnerships, and robust systems for performance monitoring, we are building a transparent, accountable credentialing infrastructure to expand access and elevate Maine's behavioral health workforce.

We appreciate the intent of LD 1084 and share the goal of expanding Maine's behavioral health workforce. However, that growth must not come at the expense of training quality. Shifting away from an independent, statewide system — and allowing individual agencies to manage credentialing — risks uneven standards, reduced oversight, and misalignment with State expectations. It could also jeopardize public funding and strains systems already under significant pressure.

Individuals in this field often work in high-stress environments where **strong training and oversight are essential to ensuring the safety of both providers and clients.** Accelerated training without proper safeguards increases the risk that core competencies — such as ethics, safety, and trauma-informed care — will be inconsistently applied or overlooked. These gaps can have serious consequences, including poorer client outcomes, higher staff turnover, and a loss of public trust.

LD 1084 would also undermine ongoing data collection and data-driven quality improvement initiatives. In collaboration with DHHS, the CFL is developing a statewide database to collect, monitor, and analyze behavioral health workforce trends. This system is designed to promote transparency, guide targeted investments, and inform State policy. Without a cohesive structure in place, Maine's ability to track progress, identify gaps, and respond to emerging needs would be significantly weakened.

As Maine works to strengthen its behavioral health workforce, any system changes must build on existing infrastructure — grounded in a shared commitment to quality, accountability, and access. **The Center for Learning remains deeply committed to partnering with agencies and DHHS to address today's challenges and support a coordinated approach that prepares more individuals for the field, expands access to care, and improves outcomes statewide.** We look forward to continuing this vital work with DHHS and provider agencies in the months ahead, addressing the critical issues raised in today's testimony and advancing solutions that strengthen the workforce and better serve individuals, families, and communities across Maine.

Thank you for your continued dedication to Maine's behavioral health system. I welcome your questions and the opportunity for further discussion.