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Alliance for Addiction and Mental Health Services, Maine *The unified voice for Maine's community behavioral health providers*

Testimony in Support of

Resolve, Establishing the Study Group on Solutions to Address Maine's Behavioral Health Workforce Shortage – LD 1380

April 8, 2025

Good afternoon, Senator Ingwersen, Representative Meyer, and honorable members of the Committee on Health and Human 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 strong support of LD 1380, "Resolve, Establishing the Study Group on Solutions to Address Maine's Behavioral Health Workforce Shortage".

As you all know, Maine is experiencing a significant behavioral health workforce crisis that is growing in urgency each day. This crisis is only exacerbated by an unprecedented level of demand for mental health and substance use disorder services. Community behavioral health providers are struggling to recruit and retain qualified professionals at every level – from licensed clinicians to direct care workers. These challenges are even more substantial in our rural areas. As a result of these shortages, adults, children, and families across the state are experiencing lengthy wait times and an inability to access care when they need it.

This past fall, the Alliance partnered with NASW Maine and several other organizations committed to addressing this crisis to conduct a point-in-time study to better understand the issues at hand and to convene a summit of consumers, providers, policymakers, and other key stakeholders to identify actionable solutions.

Our research found that mental health clinician vacancy rates for community-based organizations averaged 21%, and that the average wait time for mental health counseling services was 32 weeks – that's 8 months for care that in many cases, cannot wait.¹ The impact of these access to care and workforce challenges are seen every day in our hospital emergency rooms and in our law enforcement encounters.

Our Fall summit, which brought together over 60 individual leaders and organizations from a diverse array of stakeholder perspectives, identified several thoughtful and timely strategies to address this workforce crisis. Many of the solutions identified in this process are before you today in LD 1380.

By establishing a legislative study group and bringing legislators together with providers, consumer advocates, educators, and policy experts — LD 1380 represents a meaningful opportunity to assess the feasibility of implementing identified short-term and long-term strategies to address the behavioral health workforce shortage and produce actionable recommendations the state can take to advance this work.

One such strategy with tremendous potential elevated by our summit would be the establishment of a community behavioral health teaching clinic, as championed by Washington state – think how physical health has teaching hospitals with special programming and enhanced rates to develop and grow a strong pipeline of clinicians entering the field, but for behavioral health.ⁱⁱ Developing a stronger understanding of a this program, its potential impact for Maine’s workforce and access to care, identifying the right partners to be at the table, and forming recommendations on action steps for the state to implement a similar model are exactly the discussions and outcomes this bill would achieve.

LD 1380 is more than just another workgroup to study an issue— it builds upon existing research and identified strategies to create a clear pathway from dialogue to policy solutions. I respectfully urge the Committee to vote “Ought to Pass” on this important legislation to grow our behavioral health workforce and better meet the access and care needs of Mainers across the state.

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

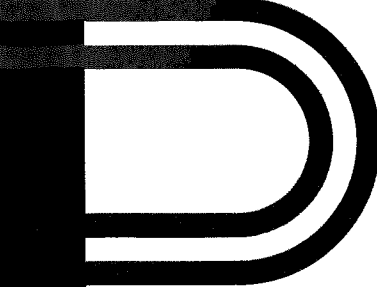
Respectfully,



Adam Bloom-Paicopolos, MPP
Executive Director

ⁱ An executive summary of the September 2024 report, *Maine’s Behavioral Health Access and Workforce Challenges*, is attached at the end of this testimony.

ⁱⁱ Washington Council for Behavioral Health. *Behavioral Health Teaching Clinic & Enhancement Rate Demonstration Project & Stakeholder Report*. December 2024. <https://www.thewashingtoncouncil.org/wp-content/uploads/2025/01/BH-Teaching-Clinic-Final-Report-Dec.-2024.pdf>



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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consultant, who provided technical consulting support on study methods/design and survey and focus group analyses and support for the policy analyses of other state