April 8, 2025

Senator Ingwersen, Representative Meyer, and honorable members of the Health & Human Services Committee,

I'm Jayne Van Bramer, Sweetser's President and CEO. I am here today to speak in favor of LD1380, Resolve Establishing the Study Group on Solutions to address Maine's Behavioral Health Workforce Shortage.

Imagine the distress of having a child with a severe emotional disorder being expelled from school, or a spouse suffering from major depressive disorder who is unable to get up in the morning and attend work. In seeking help, you contact your insurance provider or search online for local therapists—only to discover that many therapists are not accepting any new clients, or that, at best, you will be placed on an indefinite waitlist. This is the reality for thousands of your constituents across Maine.

A point-in-time survey conducted last year by the Behavioral Health Access and Workforce Coalition found that more than 10,000 children and adults across Maine are currently on waitlists for clinical services—often waiting ten months or longer. Delays in access to care lead to worsening conditions, resulting in higher levels of intervention in more costly and intensive settings, such as emergency departments or inpatient hospitals.

The most significant barrier to timely and effective behavioral health and substance use treatment in Maine is a shortage of qualified professionals. At organizations like Sweetser, our ability to expand vital services is directly limited by workforce capacity. Beyond basic staffing

shortages, our field is also contending with a lack of workforce diversity, burdensome administrative requirements, and a rising tide of professional burnout. Contributing factors to this crisis include an aging workforce, high rates of provider attrition, rising higher education costs, and the growing acuity and complexity of the individuals we serve.

Graduate students in Counseling and Social Work programs are required to complete between 900 and 1,000 supervised hours to graduate. Many of them juggle internships with coursework, employment, and family responsibilities—often delaying graduation or incurring additional debt.

Meanwhile, nonprofit organizations operate on razor-thin margins. Supervising clinicians frequently decline to take on interns, as it detracts from their productivity. Some organizations have ceased accepting interns altogether. Providing stipends to graduate students and offering financial incentives to agencies and supervisors could significantly improve intern placement and retention—ultimately bolstering the behavioral health workforce pipeline.

Other legislative measures could include tuition assistance and loan forgiveness in exchange for a commitment to work in Maine's behavioral health nonprofit sector for a designated period.

Finally, we must acknowledge that salaries for master's-level clinicians remain unacceptably low—due in part to insufficient MaineCare reimbursement rates for services such as child residential care, outpatient therapy, and school-based clinical services.
This legislation is not a comprehensive fix—but it represents critical forward momentum. It moves us closer to a strategic, actionable implementation plan to address this crisis. The mental health and well-being of Maine's communities depend on this progress.