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NASW MAINE CHAPTER
National Association of Social Workers

NASW Maine Testimony of LD 1380: Resolve, Establishing the Study Group on Solutions to Address Maine's Behavioral Health Workforce Shortage

Good afternoon, Senator Ingwerson, Representative Meyer, and esteemed members of the Committee on Health and Human Services,

I am Julie Schirmer, a clinical social worker, President of the National Association of Social Workers Maine Chapter (NASW ME) board of directors, and first author of the Maine Behavioral Health Access and Workforce Challenges and Solutions for Maine. This report, uploaded to the testimony website, provides detailed evidence and solutions to Maine's behavioral health access and workforce shortages based on our 2024 point-in-time survey, focus groups, and a brief review of other states' approaches to addressing their behavioral health workforce shortages. A Summit of 70 leaders from state agencies, the legislature, behavioral health organizations and professions, and funders met in September of last year to prioritize possible solutions, examples of which are organized in the table below.

Our survey shows that Mainers have long delays in accessing behavioral health services, with over 10,000 people waiting an average of 7 months for care – sending children out of state, children and adults into the criminal justice system, and parents and extended family taking time out of work to home school effected children to monitor their safety and get them to care. I have also uploaded Dr. Peter's recent study, which examines the experiences of elementary school social workers in caring for students with anxiety following COVID-19. Her work highlights that Maine is in the top 5 states in our country for the highest rates of anxiety among children ages 6-11. Treatment is effective at early stages, but most children don't receive it. Untreated anxiety is associated with increased risk of poor academic performance, school dropout, substance abuse disorder, suicide, and later financial disadvantage. Maine school social workers report increased anxiety, increased demand for services with diminishing resources, and less care being provided in the community. This is at a time when agencies report discontinuing behavioral health services in 55 schools in Maine over the past 12 months.

Behavioral health organizations report average vacancy rates for behavioral health clinicians of 22%, which is higher in rural areas of the states and particularly pronounced for clinical care provided in schools, where intense collaboration is required with families and teachers. If we don't address the behavioral health provider workforce shortage, there will be no one to staff the promised programs in the recent Department of Justice settlement. Clients will not get the care they need. Families will suffer emotionally and financially. Our overall workforce will suffer. And the state will suffer high fines and an extended lawsuit.

Solutions exist that have been successfully implemented in other states, with examples outlined in the table below. This list, compiled from our report and prioritized at the September Summit, is not comprehensive. Several solutions are being proposed in this year's legislative session, particularly those with minimal or no cost. Others need your help.

Maine needs a brain trust of leaders from diverse communities across the state, representing all political persuasions, all disciplines, and diverse backgrounds, to investigate and support these and other solutions and funding to successfully address this root cause to our broken behavioral health system. We must prioritize keeping our children and communities safe, keeping our families in the workforce, and ensuring a healthy physical, mental, and economic future for all Mainers.

Respectfully submitted,

Julie Schirmer

Julie M. Schirmer, LCSW, ACSW

President, Board of Directors, NASW ME

Table 1: Behavioral Health Access and Workforce Summit Legislative Recommendations According to Impact and Costs

	No/Minimal Cost ($5,000 or less)	**Moderate Cost ($1 million or less)**	**High Cost (over $1 million)**
High Impact	- Insurance parity across insurers for services such as reimbursement for non-independent licensed clinicians - Legislate behavioral health license reciprocity between states, with an automatic Maine license after two years of experience and a clean record - Create a Task Force (or require) formal collaborative structures between insurers and providers to address rules and regulations that limit care and to streamline documentation, such as: - minimizing documentation disparities between Section 65 (behavioral health agencies) and Section 90 (behavioral health based in medical care)	- Create alternative pathways to the ASWB licensing exam for social workers *(TBD minimal or medium cost)* - Fund the existing social work education loan repayment program - Allocate funds for ongoing training and clear career pathways for all behavioral health providers, including clinicians - Fund a 'pilot' behavioral health teaching community organization	- Fund stipends for student placements and financial support for student supervisors/ organizations Fund behavioral health scholarships, tuition supports, and loan repayment programs for all levels of behavioral health service providers - Create a financial reimbursement framework that covers the cost of services and ensures cost-of-living increases and competitive salaries for behavioral health providers -
Medium Impact	- Create a Behavioral Health Workforce Task Force investigating behavioral health (BH) teaching community organizations, BH teaching hospitals, and innovative retention strategies for behavioral health organizations - Increase the number of behavioral health providers on the MaineCare Advisory Committee and associated subcommittees		