

In-Support LD 2125

Senator Ingwersen, Representative Meyer, and members of the Health and Human Services Committee, my name is Kristie Worster, and I am the Chief Program Officer at Sweetser. I am a Licensed Clinical Social Worker and a Certified Clinical Supervisor in the State of Maine.

I am here today to testify in support of LD 2125 and to underscore the critical importance of sustaining access to Children's Residential Care Services.

Sweetser is one of just a handful of organizations that are left standing providing children's residential services, and we currently operate two Children's Residential Units—one in Winterport and one in Saco.

We serve children and adolescents ages 10 to 17, providing individual, family, and group therapy with a full-time therapist on staff, as well as a supervisor, a coordinator, a nurse, and one Behavioral Health Professional for every two youth. The average length of stay is around 9 months. Currently, 2 beds in each unit remain unfilled due to workforce limitations.

The youth we serve have experienced significant trauma, reflected in high Adverse Childhood Experiences (ACEs) scores. They have typically already attempted outpatient therapy, Home and Community-Based Services, and often have had multiple encounters with crisis services, law enforcement, and emergency departments. When youth first enter residential treatment, they frequently struggle with boundaries and the behaviors that led to their referral. During the first few months, youth may engage in property destruction and physical aggression. This period is when both staff and the youth themselves are at the greatest risk of injury.

In the last two years, Sweetser has been forced to close 16 of our 32 children’s residential beds.

These closures were driven by safety concerns and the inability to maintain adequate staffing levels. Recruitment and retention remain significant challenges. Many staff feel called to work with children and adolescents, but the reality of a \$39,000 annual salary—paired with the emotional and physical demands of the job—often forces them to leave. Staff frequently move to higher-paying, lower-stress positions in retail, despite feeling a deep commitment to this work. On top of that, it takes approximately 18 months for direct service staff to become fully competent in a residential role. Once they reach that point, they are highly skilled, and youth thrive under their care. Staff retention is directly tied to treatment success. We know that stable, experienced staff develop meaningful relationships with youth, which is essential for effective treatment and positive discharge outcomes.

Each week, I assess the clinical and operational viability of Sweetser’s Children’s Residential Services. There is no question that this service is urgently needed—both of our units maintain waitlists. However, without the ability to build and sustain a stable workforce capable of meeting the high acuity needs of this population, I cannot assure you that Sweetser’s remaining two units will still be open two years from now.

LD 2125 represents an opportunity to stabilize this critical part of Maine’s children’s behavioral health system in the short term while efforts to make these services sustainable long-term are underway. Without immediate action, Maine’s most vulnerable youth will lose access to the care they need.

Thank you for your time and attention to this matter.

Kristie Worster
Chief Program Officer