



Testimony In favor of LD 1424

"Resolve, To Change the Educational Requirements of Behavioral Health Professionals Providing Services for Children"

Good afternoon Senator Claxton, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Scott Hayward. I am the state director for Pathways of Maine. I have been a clinician in Children's services in Maine for 20 years.

I thank Representatives Salisbury and Stearns for identifying the urgent need for an update and alignment of the requirements to becoming a behavioral health professional (BHP). BHP's are the cavalry in our campaign against families having to be separated due to children's mental health issues. It is becoming increasingly more difficult to hire BHP's, especially in rural parts of Maine, in part due to the current eligibility requirements to be a BHP in section 65 Home based treatment (HCT). In 2016, Pathways employed 91 BHP's in section 65 (HCT). Today we employ 49.

Currently, in order to work in Home and community based treatment (HCT) a person must have at least 3 years experience in children's behavioral health. Or 3 years of college.

The current requirements exclude someone who has worked in children's services for 2 years, or someone who has many years of experience in adult behavioral health services.

The requirements for section 28 are only a high school diploma. Yet it is virtually the same population of children we are serving. HCT actually has a clinician supervising the BHP in the home. Section 28 does not.

In order to be certified as BHP, a person has to undergo a 50+ hour training course. Regardless of the service. We feel this is more than adequate to prepare someone for the job.

Both services have long waitlists. Our ability to hire BHPs to address these waitlists could be improved, by allowing us to hire BHPs based on the same criteria across all services.

One of the biggest challenges with the BHP position is turnover. The hours worked are evenings and weekends. Most people pursuing a degree use this service as a stepping stone, which is fine but that leads to turnover.

People that are not pursuing a degree tend to see the position as a longer term job, helping to decrease the number of staff changes families receiving the service might experience.

When these services aren't available, children end up in ERs and crisis units and group homes at up to 10 times the cost of home based services. More than 9 of every 10 kids who get HCT are still in their homes 1 year AFTER the service has ended. No other service can show this kind of success.

Right now, the state is planning to build a LOCKED psychiatric facility for children. As a clinician and a parent that horrifies me. The state has never needed this before. When HCT was available everywhere we were actually able to decrease the state's reliance on group homes and foster care.

Waitlists are over 500 kids for HCT right now, and the real number is probably much higher because HCT hasn't been available in many rural parts of the state for so long that families aren't even referred for it anymore.

Thank you for your consideration!