

Maine's behavioral health crisis comes down to staffing | Opinion

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The recent closing of the Edmund N. Ervin Pediatric Center (EEPC) diagnostic center is one of many warning signs that our behavioral health system is in danger. The EEPC is the only multidisciplinary diagnostic center north of Boston for children with developmental disabilities and complex behavioral health disorders.

Psychiatric inpatient facilities are closing. Two of the four crisis centers in Kennebec and Aroostook counties, which were legislated after the Lewiston shootings, were removed from this year's budget. Over the past year, the number of school-based behavioral health clinicians in Maine's public schools decreased by over 95.

ABOUT THE AUTHOR

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The lack of providers plays a huge part in these closings — at a time when Maine is responding to a Department of Justice lawsuit for not providing adequate mental health services for children and teens.

The state workforce shortage was a big concern cited during a work session to move forward on the Alternative Pathways to Social Work Licensing bill ([LD 1298](#)) introduced by Sen. Rachel Talbot Ross, D-Portland. The bill proposes that candidates who do not pass the ASWB exam can retake it or choose the alternative pathway.

The alternative pathway consists of an additional year of supervised practice and a competency-based evaluation of education and practice by their supervisor for graduates. This was one of four bills that would increase the number of available behavioral health clinicians to staff these services, with little to no fiscal note. The bill would add numbers and strengthen the workforce, expand access and address inequities shown in exam pass rates.

The concern for this bill from the overseeing state office representative was having insufficient staff to make the computer changes and review competency forms. Retired social workers could easily be contracted out to review these forms from the backlog of those waiting for the alternative pathway. Forms could be similar to those used in Vermont, Rhode Island, Connecticut, Illinois and other states. Rhode Island and Illinois report doubling the number of new licenses within two years after implementing the alternative pathway.

Should department staff shortages play a major factor in decision-making on this bill, when Maine is spending \$132 million per year on out-of-state residential care for children and \$18 million per year for Maine children sentenced to Long Creek Correctional Center? These institutional costs far outweigh the cost of additional staff.

A divided report emerged from last week's work session, with the majority wanting to study this bill: the same committee recommendation made on an earlier version of this bill during the previous legislative session. Studies have already been conducted.

In September 2024, approximately 70 leaders from state, academia, behavioral health organizations and the Legislature attended a summit to review and prioritize solutions from a report detailing outcomes from a 2024 point-in-time survey that indicated over 10,000 people were waiting an average of more than seven months for counseling, with 2,819 waiting over seven months for medication management and 1,340 waiting over six months for case management services. Summit participants prioritized solutions based on information from focus groups and actions taken by other states, considering both impact and cost.

A coalition of advocates and legislators used the priority list to guide legislative proposals to help address the access, workforce and Department of Justice concerns, focusing on lower-cost programs, recognizing the state's fiscal shortages. The two other proposed minimal-cost

workforce bills did not get approved. Passing the amended alternative pathway would indicate that legislators are making a good-faith effort to address the behavioral health access and workforce crises in our state. We need to bring Maine kids home.

Where does Maine want to spend its money? Is it on adequate departmental staffing or fines to the Department of Justice? Is it on school, outpatient and community-based services, or emergency room stays, prisons or out-of-state residential centers?

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