

**To protect public safety, address the critical shortage of Maine’s behavioral health workforce**  
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As a clinical social worker, one would assume that I am overjoyed with the announcement of the Department of Health and Human Services (DHHS) [\\$2 million award](#) to shore up our behavioral health crisis system and the Gov. Janet Mills’ [proposal](#) to strengthen Maine’s firearm laws and mental health system. While I am thrilled about the attention received, I am deeply concerned that what is proposed amounts to a knee-jerk reaction to the Lewiston shootings and a band-aid approach to shoring up the mental health system in Maine.

Our mental health system is already like a house of cards. I expect that the new crisis services proposed by the governor and DHHS will only aggravate that, drawing clinicians and support staff away from the existing behavioral health system and causing a cascade of organizations to falter and fall. For instance, a longstanding behavioral health agency in Lewiston [recently faced a fiscal crisis](#) due to multiple challenges including staff vacancies. Thankfully, another behavioral health organization has stepped up to [continue providing services](#).

In a [January-February 2024 point-in-time survey](#), fifty behavioral health organizations and 277 behavioral health clinicians across Maine provided data on access to care and workforce issues. Organizational leaders report that, overall, for every 100 behavioral health clinicians and support staff employed, there are 26 vacancies: 35 vacancies for mental health clinicians and 41 vacancies for case managers. The most severe shortages are for mental health counselors (269 vacancies) and case managers (134 vacancies). The highest numbers are the 8,913 people waiting 32 weeks for mental health counseling, the 2,849 people waiting an average of 33 weeks for psychiatric medication assessment, the 1,394 people waiting an average of 25 weeks for case management services, and the 1,694 clients waiting 33 weeks for clinicians in private practice.

Agencies report a critical need for services targeted to children and teens. They report reducing capacity or closing services such as [Assertive Community Treatment](#), residential homes, inpatient beds, and outpatient supports, often in locations where they can’t find staffing.

We are at a red flag moment. It appears that neither this system nor the current yellow flag law would have been able to provide Robert Card II with mental health support when he needed it most or prevent him from his mass shooting.

The behavioral health workforce shortage is only worsening with our aging workforce. Of individual behavioral health providers responding, more than a third are age 60 and above, and [50 percent report plans](#) to retire in 1-5 years. A study by the [Association of Behavioral Healthcare](#) found that for every 13 behavioral health providers who leave community mental health agencies, only ten behavioral health clinicians are there to replace them.

There are many ways to address this. First, support those entering the workforce with education loan support, such as [LD 632](#), Rep. Lydia Craft's bill to amend the Social Work Education Loan Repayment Program.

Second, support the existing behavioral health workforce through salaries that provide livable wages, career ladders, and incentives. Make it more attractive for behavioral health providers to move and practice in Maine. Pass the Social Work Compact ([LD 2140](#)). Fund the task force to study alternatives to the exam for social work licensing ([LD 1990](#)). Fund the other behavioral health bills on the legislative table as outlined by behavioral health leaders in [the Maine Resiliency Package](#).

Lastly, use Maine's surplus funds to initiate a behavioral health workforce center in our University of Maine system to help recruit, train and retain behavioral health workers. [Nebraska](#) and others have found their behavioral health workforce increasing with the creation of similar programs.

Don't play cards with our behavioral health system. Join me in challenging Gov. Mills and our legislators to use a large chunk of the [projected \\$370 million surplus](#) to support our behavioral health workforce and ensure we have the workforce and scaffolding needed to keep all Mainers healthy and safe.