

MAINE BEHAVIORAL HEALTH ACCESS AND WORKFORCE LANDSCAPE: CHALLENGES & SOLUTIONS

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Behavioral Health Workforce and Access Summit
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Objectives:

- understand the behavioral health landscape in Maine
- identify strategies for improving the current and future BH workforce in the state of Maine
- identify viable solutions, champions, and timelines

Rationale

Depression and anxiety rates have been increasing - 33.8%, slightly higher than the US rate of 32.3%

Telehealth BH services attracting clinicians away from community agencies

Aging of Maine's BH workforce

BH clinicians - among the top twenty fastest-growing U.S. occupations

Fastest-Growing Occupations

OCCUPATION	GROWTH RATE, 2023-33
Wind turbine service technicians	60%
Solar photovoltaic installers	48%
Nurse practitioners	46%
Data scientists	36%
Information security analysts	33%
Medical and health services managers	29%
Physician assistants	28%
Computer and information research scientists	26%
Physical therapist assistants	25%
Operations research analysts	23%
Occupational therapy assistants	22%
Actuaries	22%
Financial examiners	21%
Home health and personal care aides	21%
Veterinary assistants and laboratory animal caretakers	19%
Veterinary technologists and technicians	19%
Logisticians	19%
Veterinarians	19%
Substance abuse, behavioral disorder, and mental health counselors	19%
Epidemiologists	19%

<https://www.bls.gov/ooh/fastest-growing.htm>

Point-in-Time Survey Methodology (Jan-Febr, 2024)



A 15-question multiple choice survey was developed, asking about **demographics, waitlist, and workforce data**



Organization questions included the number of FTEs, vacant positions, and the number of clients waiting across the range of BH providers



Independent providers questions included their **age and retirement plans**



50 organizational providers and 277 providers completed the survey questions

Survey Response by Organizations* and Individual Providers**

	Organizations	Individuals	Total
Number of surveys submitted	87	314	401
Duplicates †	9	0	9
Partial/Incomplete (less than 37% of data)	28	37	65
Number of surveys analyzed	50	277	327

* **Organizations** are considered large behavioral health organizations and medical systems (e.g., Maine Health, Northern Light, Central Maine Medical Center, Maine General, St. Mary's, TOGUS).

****Individuals** are behavioral health providers and support staff NOT working in large organizations. If an organization or person centrally manages referrals and waitlists, the survey would be forwarded to central management.

Survey Respondents, Populations Served, Services Provided and Location of Service

	Individual Providers (n = 277)	Organizational Providers (n=50)
Predominant Services Provided	71% - mental health clinicians	68% - outpatient, community, and home
Populations Served*		
- Infants	3%	28%
- Children	22%	74%
- Teens	48%	76%
- Adults	92%	92%
- Seniors	59%	68%
Services Provided		
- 1 county only	20%	28%
- Statewide	57%	44%
Percent Treating Addiction	40%	76%

Organizational Respondents by Number of Full-Time Employees

Range	FTE Number
Less than 10 FTEs	17
11-25 FTEs	16
6-49 FTEs	5
50-149 FTEs	7
Over 150 FTEs	5

*% of providers reflect if they serve any of these populations.

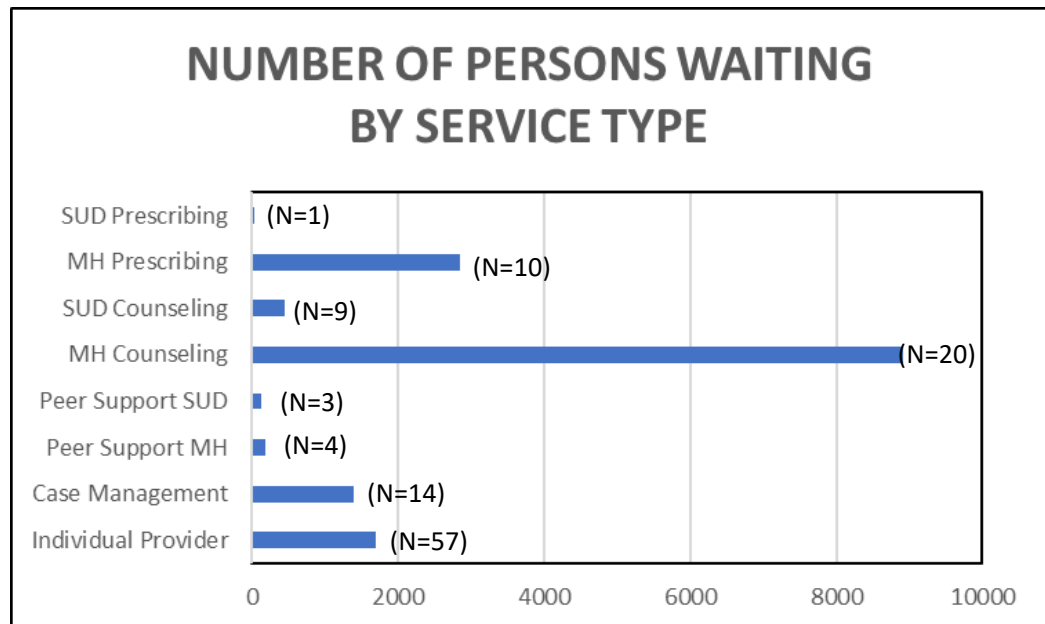
Potential Clients Waiting for Behavioral Health Services

Organizations:

- 8,913 for organizational mental health counseling
- 2,849 for psychiatry
- 1,395 for case management

Individual Providers:

- 1,099 for individual providers



N=number of organizations responding

Potential Client Average Wait Time for Services

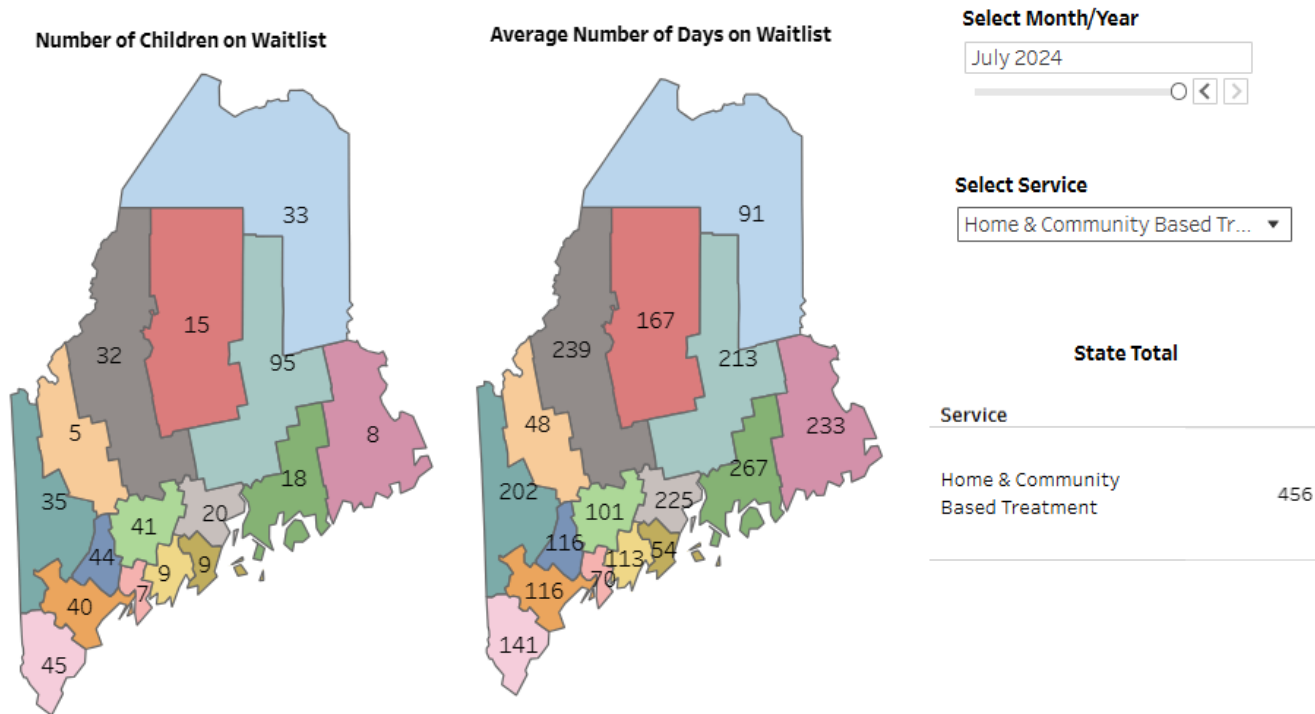
Service Type	Mean Wait Time	Number and Percentage of Clients Waiting
MH Counseling	32 weeks	8812 (40%)
Individual Provider	33 weeks	1099 (21%)
MH Prescribing	33 weeks	2819 (20%)
Case Management	25 weeks	1340 (28%)
SUD Counseling	14 weeks	418 (18%)
Peer Support MH	16 weeks	189 (8%)
Peer Support SUD	5 weeks	125 (6%)
SUD Prescribing	8 weeks	25 (2%)

*Waitlist and mean wait time numbers reflect only those responders who reported both the numbers of clients waiting AND the actual wait times. Does not account for duplicate persons waiting by multiple providers.

Maine: Children's Behavioral Health (BH) Dashboard

Access to Children's Behavioral Health Community-Based Services

The goal of the Children's Behavioral Health system is to provide timely access to community based behavioral health services. This report shows the number of children waiting and the average number of days children have been waiting to receive these services.



Maine: Drug Data Hub: Individuals needing but not receiving substance use services

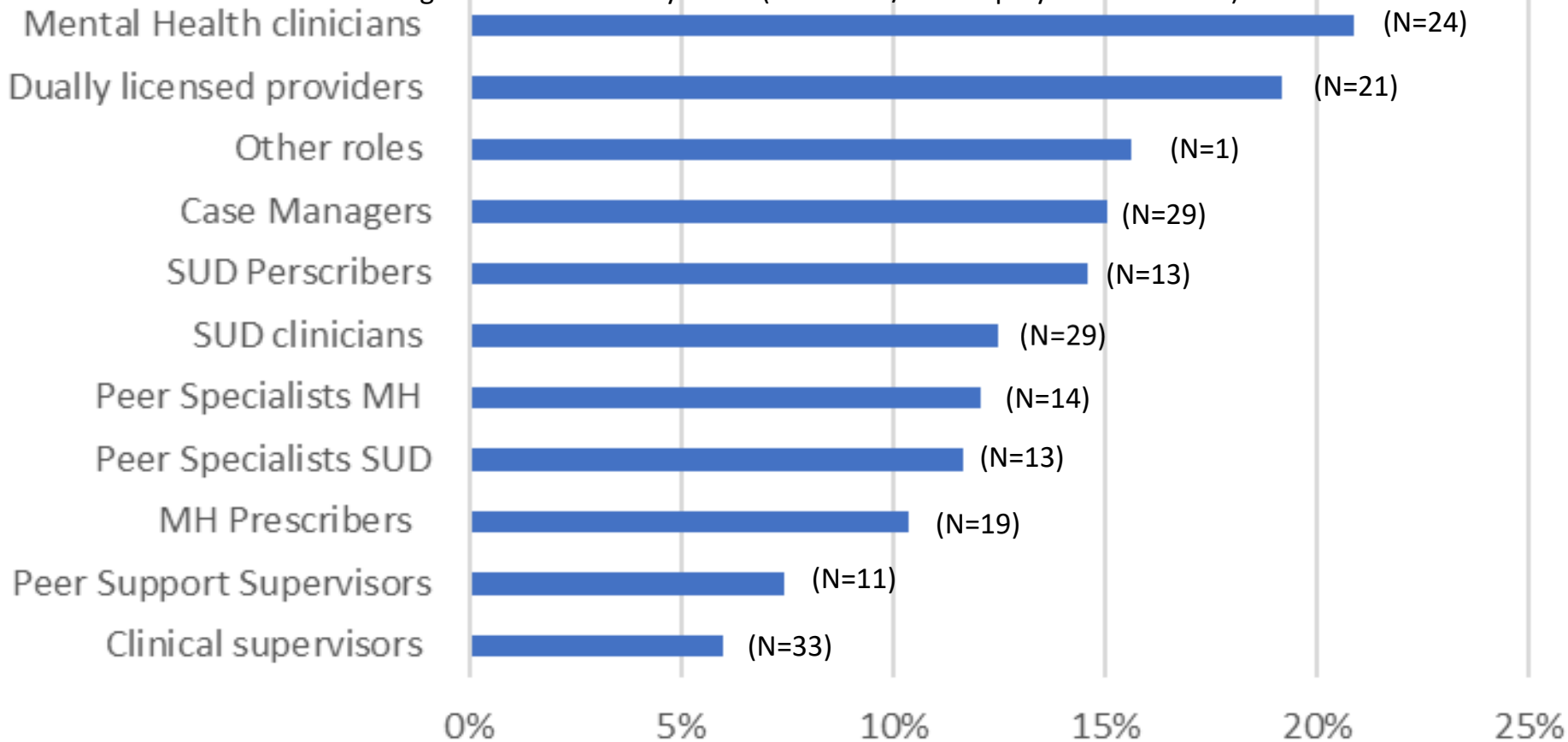
State/Substate Region	Estimated %
Maine	8.04%
Aroostook (Aroostook)	6.98%
Central (Kennebec, Somerset)	7.83%
Cumberland (Cumberland)	8.30%
Downeast (Washington, Hancock)	7.35%
Midcoast (Lincoln, Knox, Sagadahoc, Waldo)	7.76%
Penquis (Penobscot, Piscataquis)	8.04%
Western (Androscoggin, Franklin, Oxford)	8.78%
York (York)	8.02%

SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018.

Organizational Vacancy Rates

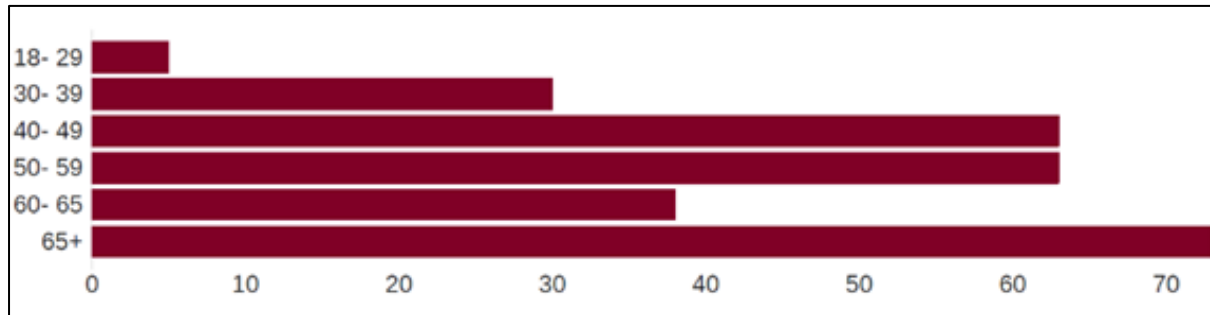
N=number of responding organizations

Organizational Vacancy Rates (Vacancies/FTE Employed + Vacancies)



Age of Individual Providers

Point in Time Study, January-February 2024, Behavioral Health Access Coalition



40% of responding individual providers are age 60 and above

45% of whom plan to retire in 1-5 years

67% of whom plan to retire in 1- 10 years

Focus Group Methodology (June-July, 2024)



Five focus groups were conducted to investigate the mental health clinical workforce shortage, the **highest area of need** identified in the point-in-time survey



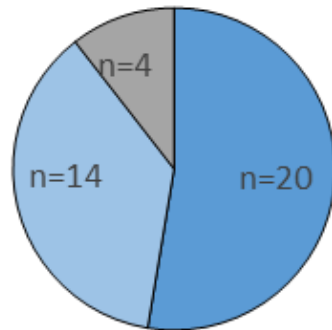
Participants were recruited from survey respondents, BH program chairs, and organization members of the Alliance



Groups were comprised of BH undergraduate faculty , graduate faculty, independent providers, organizational leaders, and clinical directors in the state of Maine

Focus Group Questions

Reactions to Waitlist Numbers and Time



- Agrees with wait list numbers
- Believes data to be too low
- Believes data to be too high

- Reactions to Survey Data
- Contributing Factors
- Impact
- Solutions

Focus Group Themes

Financing of Services and Workforce

Paperwork & Regulations

Career Pathways

Recruitment and Retention

Impact

Clients: symptoms worsening and lives devolving as they waited for services, resulting in increased isolation, hopelessness, disability, and increased risk of losing their jobs, insurance, and homes.

Providers and Staff: lack of work-life balance and burnout associated with high caseloads and high acuity cases, leaving organizations soon after getting independent license

Organizations: difficulty recruiting and retaining staff, increased use of higher cost-services, closing or reducing services

Financing of Services



Insufficient
reimbursement

"The biggest impactfor therapy services would be adjustments in [reimbursement] rates through MaineCare."



Low wages

"Daily rates for residential care...fall well short of...the actual cost of delivering the care."

"When my daughter graduated as a physical therapist with zero years of experience, she is making more money than her mother after 35 years of working in this field"

"[The per member per month rate as opposed to the 15-minute unit rate... has allowed us to make some gains with wages...."

Maine: Behavioral Health Mean Wages*+

Difficulty reaching livable wage for a family of 4 with 1 working parent

Occupation Title	Mean Hourly
Substance abuse, behavioral disorder, and mental health counselors	\$ 27.70
Mental Health and Substance Abuse Social Workers	\$ 32.91
Healthcare Social Workers	\$ 31.79
Social and Human Service Assistants	\$ 23.47
Marriage and Family Therapists	\$ 31.99
Clinical and Counseling Psychologists	\$ 56.59
Social Workers, All Other	\$ 28.78
LWM - 2 adults, 2 children, 1 adult working	\$ 42.75

Sources: *Mark McInerney, Maine Department of Labor, 6/15/2024

+ [Living Wage Calculator - Living Wage Calculation for Maine \(mit.edu\)](https://livingwage.mit.edu)

Paperwork and Regulations

"The no-show rate [for MaineCare clients] is just too high. We don't [get paid] and [cannot] pay our providers...when people don't show up."

"...We are still vulnerable to the whim of the insurance company [who say], 'I don't think that's medically necessary.'"



Regulatory obstacles



Difficulties receiving and/or delaying payments



Paperwork burdens



Communication and transparency

"We're having to pay more in staff to....fight with insurers ... thus limiting the money we have to pay the providers."

BH Career Pathways

"[Students] can't do a full-time internship, go to school, and maintain employment unless they work during the day, in the evenings, and on the weekends. If you have families, that's just not feasible."

"We need financial incentives for practicing clinicians who provide supervision and [for the] students."



High education loan debt



Lack of field placements



Lack of clarity of BH career pathways and the different BH professions



Barriers for persons with criminal justice history

"Many students won't enter higher education because they don't want to take out the loan debt. They can't afford it."

Recruitment and Retention

“Often payers just don't understand the costs needed to provide our services.”

Re: “moral distress”:
“I often hear myself saying, ‘This is a complicated system...an under-resourced system. I'm so sorry I can't be more helpful to you.’”

“How do we really bring people together more to have consistent conversations about how we could improve as an overall field?”



Insufficient reimbursement and low pay



Compassion fatigue and burnout



Lack of collective bargaining



Lack of meaningful data

Workforce data and tracking



BH access and workforce trends



Scholarships, loans, tax credits



Cost-impact (higher emergency room and hospitalizations)



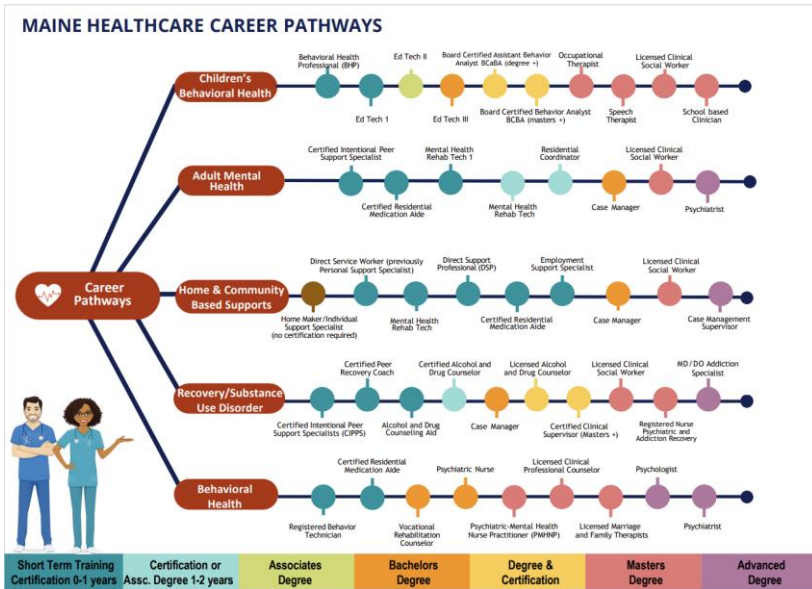
Outcomes for those who wait for services

“ [Data that can] break down [workforce shortage areas] down a bit more so that we have a better sense of [geographic] need] would be worthwhile.”

“I'm hearing more and more about workforce shortages in the urban areas of our state than I ever have before.”

“People are getting better and therefore [are] less likely to use these other [high cost, high intensity] services....We're saving you money.”

Maine Initiatives:



- MaineCare Rate Increases
- Child BH and Drug Hub Dashboards
- Career Pathways
- Rural Integrated BH in Primary Care Project

<https://www.maine.gov/labor/docs/2024/hctfm/CareerPathways.pdf>

<https://umaine.edu/socialwork/about-the-school/sanctuary-model-workshop/>

Reasoning behind removing or instituting alternatives to the ASWB Exam for Social Work Licensure

Maine Data: First-Time ASWB Pass Range for by Degree and License

Level	Range
Bachelors	64-86%
Masters	59-94%
Independent Practice	50-89%

National Data Shows:

Significant pass rate bias concerning:

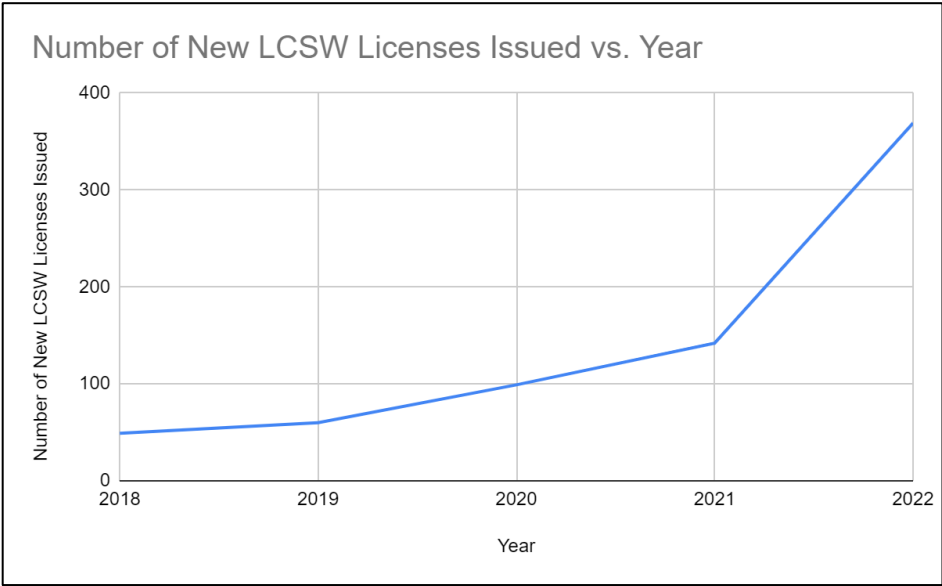
- ethnicity
- age

No evidence that the ASWB exam:

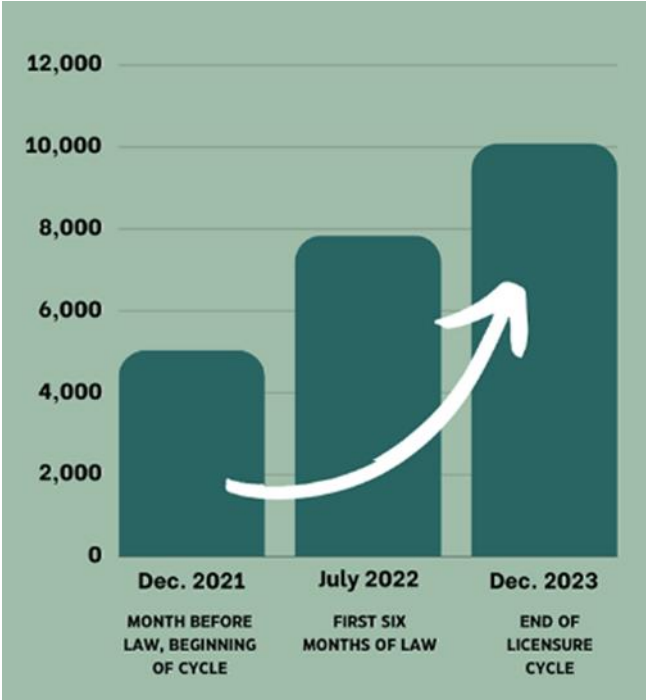
- proves competence
- protects client safety

Significant increases in the workforce after ASWB removal or alternatives established

RI – Impact of ASWB Exam Removal



Illinois – Impact of Alternative Pathway



Nebraska: BH Education Workforce Center

44% growth in BH workforce since inception

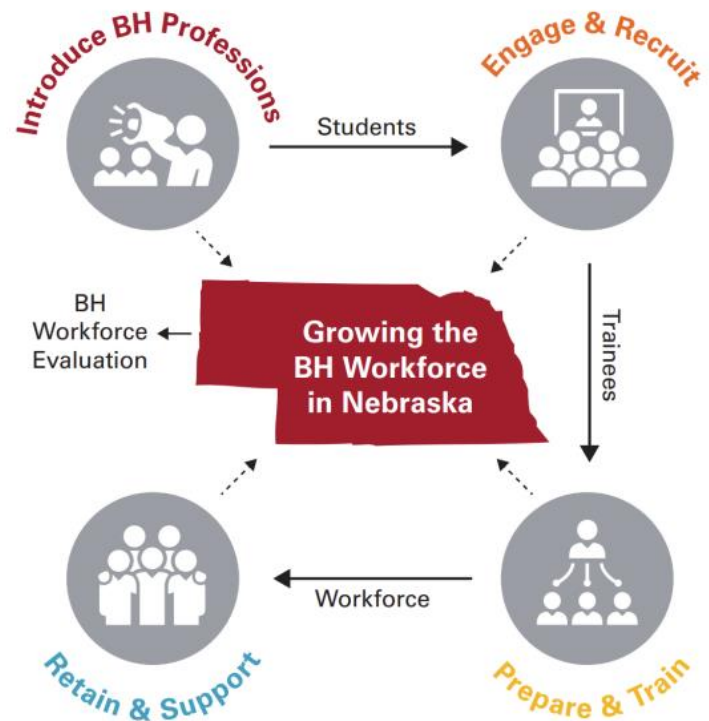
BH Workforce Dashboard

Mentoring – BH Careers App

Graduate Trainee Stipends

Lifelong Learning Fund

BHECN Scholars



https://www.unmc.edu/bhecn/_documents/2223bhecnlegislative-report.pdf

Washington State: BH teaching clinic enhancement rate



Hospitals

Compensated training program for new resident physicians



FQHCs

Compensated training program for new healthcare providers



BHAs

Uncompensated training program for new behavioral healthcare providers

Implementation Timeline

2023	2024	2025
<ul style="list-style-type: none">Appropriation for teaching clinicCMS Approval of directed paymentWCBH demonstration continues	<ul style="list-style-type: none">Provider applicationIT infrastructureMCO Contract amendmentsWCBH demo endCapitation rate development go/no goUpdate teaching clinic standards based on review	<ul style="list-style-type: none">Teaching clinic startHCA approves applicationsCapitation rate development if go

Massachusetts: Collaborating on Paperwork and Regulations

Stakeholders broadly support the Roadmap's vision, goals, and the state's ongoing commitment to implementing the Roadmap. Based on feedback from these stakeholders and findings from a literature review, the following opportunities were identified to further the Roadmap's implementation and its goals.

IMPROVEMENTS RELATED TO ROADMAP IMPLEMENTATION

Enhance cross-agency collaboration, communication, and oversight

- Establish or leverage an existing inter-agency government structure to promote state agency collaboration and cohesive oversight of the Roadmap.
- Develop an inter-departmental centralized data dashboard that reports on the status of various aspects of the Roadmap.

Enhance stakeholder engagement and public education on the Roadmap

- Create an ongoing stakeholder engagement and consultation mechanism for state agencies and community partners to share information and continuously improve the Roadmap.
- Develop a public awareness campaign to promote and clarify key aspects of the Roadmap.

Address transportation challenges related to ambulance and law enforcement drop-offs at CBHCs

- Develop solutions to promote ambulance and law enforcement transportation to CBHCs instead of emergency departments for individuals with behavioral health care needs, when appropriate.

Continue to expand coverage of behavioral health care services to ensure access to all Roadmap services for all Massachusetts residents

- Expand behavioral health care coverage of crisis and non-crisis services at CBHCs and services at BHUC sites by all payers to increase access to community-based services.

2019


2021 – 2022

2023 – Ongoing

Statewide listening sessions
to inform development

Designing the
Roadmap

Roadmap
Implementation

A photograph of a forest path. The path is a narrow, reddish-brown dirt trail that winds through a lush green forest. The ground is covered in vibrant green moss and small plants. Tall, dark evergreen trees line the path, their trunks creating a vertical rhythm. The lighting is soft, suggesting a dappled sunlight filtering through the canopy. The overall atmosphere is serene and natural.

Next steps:
Possibilities
Plans
Paths forward