

March 10th, 2025

LD 258: Resolve to Establish a Program to Recruit and Retain Behavioral Health Clinicians

Good afternoon, Senator Ingwerson, Representative Meyer, and honorable members of the Committee on Health and Human Services. My name is Julie Schirmer. I am a licensed clinical social worker, current president of the Maine Chapter of the National Association of Social Workers (NASW ME), and behavioral health and education consultant for the Preventive Medicine Enhancement Program for Maine. On behalf of over 1,000 NASW members and the 7,000+ licensed social workers in Maine, I am happy to share thoughts supporting this and any other legislation that can help to address our current behavioral health workforce shortages.

Maine is experiencing critical shortages in their behavioral health workforce, with the direst need being for clinicians. The Lewiston shooting was a wake-up call that our system is not perfect. In January-February of last year, 50 agencies and 277 individual providers reported that more than 10,000 people were waiting for behavioral health clinical services for an average of 33 weeks. Twenty agencies reported clinician vacancies of over 20%, with some of the highest vacancy rates in home and school-based services. Community agencies caring for Mainers with the most severe behavioral health conditions are reporting extreme difficulty recruiting and retaining staff. One focus group participant noted, "In the past, we had three applicants for one opening. Now we have three openings for one applicant."

Maine's recent settlement with the Department of Justice (DOJ) is for Maine not providing adequate behavioral health care for children and teens. Long wait times for outpatient or in-home behavioral health services are causing Maine's youth to be placed in the most restrictive (and expensive) settings for lengthy periods, be it 13-month stays in local emergency rooms, out-of-state residential programs, and Long Creek. In June 2024, Maine's children's behavioral health dashboard reported long wait times for behavioral health in-home services: 172 days for HCT services, 357 days for Specialized Rehabilitation and Community Support Services, and 328 days for targeted Case Management Services.

The DOJ settlement has wonderful aspirations, including requiring annual cost-of-living increases for behavioral health services. Yet, these aspirations will not be met without a vibrant workforce to back them up. At the same time of this lawsuit settlement, Maine agencies are limiting, if not closing, services due to lack of staffing. Many are based in rural areas and are for our youth, particularly children and teens with behavioral health and developmental disabilities. Agencies report that clinical positions for school- or home-based services for this population are the hardest to recruit and retain staff, reporting reimbursement rates not covering costs, travel time limiting reimbursement, family treatment complicating care, and personal and professional safety concerns.

New graduates from our behavioral health clinical programs are not seeking jobs in agencies and schools and instead are seeking jobs in other states that provide incentives such as loan repayments of up to \$50,000.

I urge you to approve this incentive program and any other program to address our behavioral health workforce shortage. I am happy to participate in the workgroup to advise on eligibility details. If Maine doesn't shore up this workforce, Mainers will suffer, more services will close, and the DOJ settlement agreement will be impossible to keep afloat.

Sincerely, Julie M. Schirmer, LCSW, ACSW, President, Maine Chapter of NASW