Tuesday, February 28, 2023

Senator Curry, Representative Roberts and distinguished members of the Joint Standing Committee on Innovation, Development, Economic Advancement and Business, I am Sarah Calder, Senior Government Affairs Director at MaineHealth, and I am here to testify in support of LD 632, “An Act to Amend the Social Work Education Loan Repayment Program.”

MaineHealth is an integrated non-profit health care system that provides a continuum of health care services to communities throughout Maine and New Hampshire. Every day, our over 22,000 care team members support our vision of “Working Together so Our Communities are the Healthiest in America” by providing a range of services from primary and specialty physician services to a continuum of behavioral health care services, community and tertiary hospital care, home health care and a lab.

Like health care systems across the country, MaineHealth is facing significant workforce shortages despite making historic investments to recruit and retain our current care team members. In fact, MaineHealth has increased wages for nonexecutives and non-physicians five times since 2021, totaling $223 million. Even with those investments and other creative and innovative efforts to recruit and “grow our own,” we are still challenged with over 2,900 open positions, not including physicians.

One area in particular that we are experiencing a significant shortage is in social work. MaineHealth is currently recruiting for approximately 60 social workers. These positions are open, on average, for 191 days or over half a year before a candidate is hired.

Social workers play a key role in helping individuals to cope and overcome many complex and unique challenges so they can live healthy and productive lives. Social workers assist individuals with a wide variety of challenges such as medical and psychiatric issues, addiction challenges, developmental disabilities, as well as complex psychosocial issues such as homelessness, unemployment, and financial challenges. Licensed clinical social workers play a critical role in the behavioral health continuum both in the outpatient (community setting) and at the most intensive levels of care, like Spring Harbor Hospital. Outpatient, Hospital, and Emergency Department Social Workers are a tremendous asset, providing individuals
and our community with much needed care, therapeutic treatment, and intervention.

As you know, the pandemic exacerbated a pre-existing crisis in Maine’s behavioral health system. Without sufficient access to community behavioral health services, like social work and therapy, a greater demand is placed on more intensive levels of care. In fact, every day people with behavioral health needs, particularly children, languish in hospital Emergency Departments for days and weeks, and many community-based services maintain long waiting lists or are simply non-existent. Just in the past year at MaineHealth, 435 children and adolescents languished in MaineHealth Emergency Departments for an average of 5.5 days awaiting appropriate services. The state-wide number is even more sobering – 861 children languished on average for 7 to 10 days in Emergency Departments across the state, depending on the level of care they needed.

The legislation before you today is one tool we can use to recruit and retain licensed clinical social workers to stay and practice in Maine and more accurately reflects the growing financial burden of an advanced degree. The individual cost of education coupled with relatively low salaries, results in many skilled clinicians leaving organizations that primarily serve Medicaid patients for private practice where there is immediate potential for higher incomes and more control over the service being delivered. For this reason, many licensed mental health and substance use organizations who primarily serve Medicaid clients, like MaineHealth, are experiencing high turnover and multiple vacancies.

MaineHealth has attempted to address this workforce shortage with increased salaries, and support for better working conditions, but the exodus to private practice continues. This legislation would have a substantial impact on this trend by requiring recipients serve a certain percentage of MaineCare patients, a population without the means to pay out-of-pocket for behavioral health services.

The workforce shortage and behavioral health crisis are significant, and we look forward to working with you this Session to advance policy changes, like LD 632, that attract and retain individuals to meet the increased workforce demands and also increase access to behavioral health services for our vulnerable community members who struggle with mental health needs.

Thank you and I would be happy to answer any questions you may have.