



Testimony on SB 283
Mental Health – Workforce Development – Fund Established
Senate Budget & Taxation and Finance Committees
February 8, 2023
POSITION: SUPPORT

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 110 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

The COVID pandemic exacerbated a workforce crisis that already existed for behavioral health providers. This workforce shortage impacts both the licensed professionals that provide medication management and therapy in our outpatient clinics as well as the paraprofessional direct care staff who provide day-to-day supports in our rehabilitation programs. The inability to attract and retain a qualified workforce has created client waiting lists for critical services. The alternative for these individuals in need are higher end, higher cost services, such as hospital emergency departments and inpatient units.

A recent survey of our members indicates serious workforce challenges. Despite the mandated provider rate increases included in the Fight for Fifteen legislation that passed in 2019 – which amounted to 10.75% over three years (FY 21 through FY 23) - increases in Maryland salaries for various behavioral health professionals have exceeded that aggregate percentage; for psychiatrists the salary increase was 34%; for therapists it was 18% (according to the Bureau of Labor Statistics, May 2021). Our member organizations now report wait lists of up to 200 individuals, with the longer waits usually associated with services for children. Our residential program providers report a 29% increase in the ratio of clients to staff. Survey data indicate that the majority of providers experienced staff turnover ranging from 32% to 64%.

SB 283 would create a fund to provide reimbursement for costs associated with educating, training, certifying, recruiting, placing, and retaining both behavioral health professionals and paraprofessionals. It also requires reporting to this committee on how the funds were spent.

We cannot hope to stem the tide in overdose deaths and implement creative programming to meet the increased behavioral health demand without an adequate workforce.

We urge a favorable report on SB 283.

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