



February 21, 2022

The Honorable Joseline A. Peña-Melnyk
Chair, House Health and Government Operations Committee
Room 241, House Office Building
Annapolis, Maryland 21401

House Bill 418 - Mental Health – Workforce Development – Fund Established - FAVORABLE

Dear Chairman Peña-Melnyk and House Health and Government Operations Committee members,

Baltimore Harm Reduction Coalition (BHRC) is an advocacy organization that mobilizes community members for the health, dignity, and safety of people targeted by the war on drugs and anti-sex worker policies. As a certified Overdose Response Program, Naloxone distributor, and syringe service program, we have provided essential health care services across the state for years. To improve the reach of the life-saving services provided by us and dozens of harm reduction programs across the state, BHRC supports House Bill 418 (Mental Health - Workforce Development - Fund Established).

During a continued overdose epidemic, Maryland is in the midst of a behavioral health workforce crisis. Federal data¹ released just this month found that Maryland has 63 federally designated mental health professional shortage areas (HPSAs)², including 11 entire counties. These shortage areas, in which less than 20% of residents are getting their mental health needs met, impact over 1.7 million Marylanders. Another indicator found that 17 of Maryland's 24 jurisdictions come in below the national average (350:1) in terms of population to mental health providers, with a number that are considerably lower.³

The bill establishes a Behavioral Health Workforce Investment Fund to reimburse for costs associated with educating, training, certifying, recruiting, placing, and retaining behavioral health professionals and paraprofessionals. Funding is left discretionary initially to allow for a required workforce needs assessment that will (1) determine the immediate, intermediate, and long-term unmet need and capacity of Maryland's behavioral health workforce; (2) calculate the total number of behavioral health professionals and paraprofessionals needed over the next 5 years, 10 years, and 20 years; and (3) make very specific findings and recommendations regarding the types of workforce assistance programs and funding necessary to meet the need across all sectors of the behavioral health workforce.

Much as a result of our state's inadequate behavioral health workforce capacity, our harm reduction provider landscape continues to experience considerable service disruptions and slow growth. We

¹ <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>

² A HPSA is a geographic area, population group, or health care facility that has been designated by the US Health Resources and Services Administration (HRSA) as having a shortage of health professionals in one of three categories – primary care, dental health, and mental health

³ <https://www.countyhealthrankings.org/explore-health-rankings/maryland?year=2022&measure=Mental+Health+Providers&tab=1>

must prioritize strengthening a workforce to administer life saving, necessary public health programming as our overdose rate continues to rise amidst a consistent COVID-19 epidemic. Without proper sustainable workforce or the funding to pay them appropriately, Maryland will continue to not meet the needs of residents at risk of overdose. In order for harm reduction to thrive, Maryland must expand and stabilize our behavioral health workforce. For these reasons, **we urge the House Health and Government Operations Committee to give SB 283 a favorable report.**

For more information about Baltimore Harm Reduction Coalition or our position, please contact our Director of Mobilization, Rajani Gudlavalleti at rajani@baltimoreharmreduction.org