

SB283 - Adventist HealthCare - FAV.pdf

Uploaded by: Andrew Nicklas

Position: FAV



820 West Diamond Avenue, Suite 600
Gaithersburg, MD 20878
www.AdventistHealthCare.com

February 8, 2023

To: The Senate Budget and Tax Committee

From: Adventist HealthCare

Re: SB283 Mental Health – Workforce Development – Fund Established

POSITION: SUPPORT

Our Behavioral Health workforce is in a crisis. The need and demand for care has never been greater. This is in part due to work supported by this legislature that has raised awareness of mental health issues and expanded access to mental health services. These gains are significant but will not be sustainable if we do not have an adequate pipeline of mental health professionals to care for our communities.

Adventist HealthCare (AHC) is the second largest provider of behavioral health care in Maryland. With 117 inpatient beds at Shady Grove Medical Center, a robust outpatient clinic offering in-person and virtual visits, and the Lourie Center a national leader in children’s mental and emotional health, AHC is committed to expanding access to mental health care. Currently, the biggest challenge we face is a lack of available providers. AHC currently has an average vacancy rate of 22% for behavioral health nurses and 26% for physicians. The challenge is even greater in the field of early childhood mental health. This is a systemic issue and will take a robust strategy to address.

There are strategies for growing the behavioral health workforce – stipends and scholarships, enhanced training programs, loan repayment, paid internships, etc. The question, however, is how much funding do we put into these different initiatives and how do we target efforts to ensure we are properly resourcing **all** behavioral health professionals and paraprofessionals? **SB 283 is the answer.** 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.

AHC is pursuing multiple strategies to recruit and retain our workforce such as increasing compensation and offering loan forgiveness. We are also developing training programs to increase the supply of clinical support employees. But we cannot do it alone. Addressing this issue will take a comprehensive strategy as outlined in this bill.

For these reasons Adventist HealthCare supports SB283 and encourages the committee to give a **favorable report.**



SB 283_Maryland Coalition of Families_Fav.pdf

Uploaded by: Ann Geddes

Position: FAV



SB 283 – Mental Health – Workforce Development – Fund Established

Committee: Budget and Taxation

Date: February 8, 2023

POSITION: Favorable

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling challenge.

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 workforce crisis is especially acute among providers of child and adolescent behavioral health services.

- There is a tremendous shortage of child and adolescent psychiatrists. Currently there are some 8,000 practicing child and adolescent psychiatrists, and it is estimated that the nation requires 30,000 to adequately meet the needs of children and adolescents.
- Only 4,000 out of more than 100,000 U.S. clinical psychologists are child and adolescent clinicians.
- There is a dramatic shortage of school psychologists. The National Association of School Psychologists recommends a ratio of 1 school psychologist per 500 students; current data estimate a ratio of 1 per 1,400 students.

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>

The need for behavioral health care has increased dramatically in the wake of the COVID pandemic. Children and adolescents were hit particularly hard. There are scores of stories of children and families now waiting over six months for an initial appointment with a child and adolescent clinician, if they can even find an in-network child and adolescent provider. Many end up simply seeing an adult provider – a less than ideal situation. Or worse, they end up in the emergency department seeking crisis care.

The shortage of behavioral health workers is not confined to professional clinicians – the shortage of paraprofessionals also is acute and negatively impacts access to care for children and adolescents. For example, youth on Medicaid who need residential substance use treatment in Maryland are now abandoned. There is only one provider in the state, and they take private insurance only. The last provider of adolescent residential substance use treatment for youth without private insurance shuttered their doors in 2017. They reported that they could not retain paraprofessional staff at the wages they were able to offer. The Director of this program reported “staff can make more money working up the road at WaWa, and the work is easier.”

There are many positive ideas and strategies for growing the behavioral health workforce – stipends and scholarships, enhanced training programs, loan repayment, paid internships, etc. The question, however, is how much funding do we put into these different initiatives and how do we target efforts to ensure we are properly resourcing *all* behavioral health professionals and paraprofessionals? SB 283 is the answer.

SB 283 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.

This bill will expand and stabilize Maryland’s behavioral health workforce. Therefore we urge a favorable report on SB 283.

Contact: Ann Geddes
Director of Public Policy
The Maryland Coalition of Families
8950 State Route 108, Suite 223
Columbia, Maryland 21045
Phone: 443-926-3396
ageddes@mdcoalition.org

2023 Legislation MHCC (SB 283-Mental Health-Workfo

Uploaded by: Ben Steffen

Position: FAV



February 8, 2023

The Honorable Guy Guzzone
Chair, Senate Budget and Taxation Committee
3 West
Miller Senate Office Building
Annapolis, Maryland 21401

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Re: SB 283 – Mental Health - Workforce Development - Fund Established – Letter of Support

Dear Chair Guzzone and Chair Griffith:

The Maryland Health Care Commission (the “MHCC”) is submitting this letter of support on *SB 283 – Mental Health - Workforce Development - Fund Established*.

This bill establishes the Behavioral Health Workforce Investment Fund to provide reimbursement for costs associated with educating, training, certifying, recruiting, placing, and retaining behavioral health professionals and paraprofessionals. The bill specifies that money expended from the Fund is supplemental and not intended to supplant funding that would otherwise be appropriated for behavioral health services. Further, the bill also requires the Maryland Health Care Commission to conduct a comprehensive behavioral health workforce needs assessment on or before December 1, 2023.

The United States faces a growing shortage of licensed behavioral health care specialists—psychiatrists, psychologists, and clinical social workers—and that shortage comes at a time when rates of mental illness and substance use disorder (SUD) are high and rising. Concerns about shortages of behavioral health care professionals and paraprofessionals have been longstanding. The shortage of behavioral health care professionals and paraprofessionals is not foreign to the state of Maryland. We face the same or similar issues in the delivery of behavioral health care services as every other state.

An inadequate behavioral health workforce impacts the prevention, diagnosis, and treatment of behavioral health conditions. Untreated behavioral health conditions are often cited as major contributors to many societal ills including homelessness and violence. Less severe behavioral

health conditions, untreated because of limited access to providers or the stigmatization of behavioral health conditions, may lead to expensive inpatient care or prolonged outpatient care.

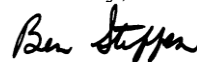
Building the behavioral health workforce is hampered by difficulties in accessing training programs, challenges with staff retention due to burnout and limited career advancement opportunities, payers low reimbursement rates, and the complexities of behavioral health treatment that incorporates psychopharmacological treatments with individual or group therapy. Even very treatable behavioral conditions require involvement of a psychiatrist to prescribe and monitor the drugs and a psychologist or clinical therapist to deliver individual and group therapy. Increasingly primary care physicians are also involved in working with behavioral health professionals in monitoring behavioral health treatment and synchronizing behavioral and physical care.

This bill requires the MHCC to conduct a comprehensive behavioral health workforce needs assessment in coordination with the Behavioral Health Administration, the Maryland Higher Education Commission, and other interested stakeholders. We are pleased to take on this task and believe now is the time to start this important assessment. This legislation aligns with the work we have done on health care workforce issues over the past two decades.

MHCC is supportive of SB 283 and ask the Committees for a favorable report.

If you any questions or would like to discuss this legislation or our existing efforts, please contact Ben Steffen, Executive Director, Maryland Health Care Commission at ben.steffen@maryland.gov or Tracey DeShields, Director of Policy Development and External Affairs at tracey.deshields2@maryland.gov.

Sincerely,



Ben Steffen,
Executive Director

cc:

Budget and Taxation Committee Members
Finance Committee Members
Tracey DeShields, MHCC



SB0283 BH Workforce Investment Fund ST.pdf

Uploaded by: Brenna Olson

Position: FAV



Senate Bill 283 Mental Health – Workforce Development – Fund Established
Senate Budget and Taxation Committee
February 8, 2023
TESTIMONY IN SUPPORT

Shepherd's Table is a social services organization that provides hot, nutritious meals, a free eye clinic, clothing, and other social services primarily to the unhoused community in the Montgomery County area. Many of our clients have experienced the trauma of unstable housing or food insecurity and rarely have access to the necessary behavioral health care that could assist them through such a difficult stage of life. Overcoming homelessness and hunger becomes even more difficult when it is exacerbated by mental health challenges, just as physical health challenges.

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 meeting their mental health needs, 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 considerably lower number.³ In Montgomery County, our Mobile Crisis Teams are so understaffed that

This is unsustainable. There are simply not enough behavioral health professionals to meet the mental health and substance use needs of all Marylanders.

There are many positive ideas and strategies for growing the behavioral health workforce – stipends and scholarships, enhanced training programs, loan repayment, paid internships, etc. The question, however, is how much funding we put into these different initiatives, and how do

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>

we target efforts to ensure we are properly resourcing *all* behavioral health professionals and paraprofessionals? **SB 283 is the answer.**

The bill establishes a *Behavioral Health Workforce Investment Fund* to reimburse 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 five years, ten 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.

When we asked our clients if they could change one thing about the homelessness continuum of care, the answer was resounding: mental health care. Therapists are hard to come by, social workers are overburdened and burnt out, and crisis teams are severely understaffed in Montgomery County. Maryland needs more mental health support, especially for our community experiencing homelessness. Investing in the workforce that keeps us safe and healthy is extremely important for Shepherd's Table and our clients.

This bill will expand and stabilize Maryland's behavioral health workforce. **For these reasons, Shepherd's Table urges this committee to pass SB 283.**

Sentate Bill 238v2.pdf

Uploaded by: Carlos Mackall

Position: FAV



Senate Bill 283 Mental Health – Workforce Development – Fund Established

Senate Budget and Taxation Committee

February 8, 2023

TESTIMONY IN SUPPORT

Totally Linking Care MD (TLC-MD) is a nonprofit coalition of 6 hospitals that connects healthcare providers and programs with residents in Southern Maryland (Calvert County, Charles County, Prince George’s County, and St. Mary’s County). We believe that everyone deserves access to quality healthcare.

We build innovative health programs through grant funding and sustain them through public/private partnerships. Our goal is to simplify how residents access healthcare, one program at a time, to help them become the healthiest version of themselves. We do this by breaking down barriers to health care services and building bridges between hospitals, healthcare professionals, faith-based organizations, and, most importantly, the residents of our community.

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

This is unsustainable. There are simply not enough behavioral health professionals to meet the mental health and substance use needs of all Marylanders.

There are many positive ideas and strategies for growing the behavioral health workforce – stipends and scholarships, enhanced training programs, loan repayment, paid internships, etc. The question, however, is how much funding do we put into these different initiatives and how do we target efforts to ensure we are properly resourcing **all** behavioral health professionals and paraprofessionals? **SB 283 is the answer.**

The bill establishes a *Behavioral Health Workforce Investment Fund* to reimburse for costs associated with educating, training, certifying, recruiting, placing, and retaining behavioral

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>



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.

Senate Bill 283 Mental Health – Workforce Development and the current workforce crisis for behavioral health workers in Maryland are very important to TLC-MD and the residents that we serve. As TLC-MD works to implement the first Substance Abuse and Mental Health Services Administration (SAMSHA) national guidelines full crisis continuum system in Prince Georges County, we will need this level of support to hire qualified and passionate staff. Proactive sustainability measures need to be introduced, such as SB 283. With the introduction of 988 and the evolution of thinking nationwide around mental health awareness, it is very important that the State of Maryland react to this void.

This bill will expand and stabilize Maryland's behavioral health workforce. **For these reasons, TLC-MD urges this committee to pass SB 283.**

Sincerely,

Margaret Fowler

Margaret Fowler
Executive Director

SB0283_FAV_MedChi, MACHC, MdCSWC_MH - Workforce De

Uploaded by: Christine Krone

Position: FAV



MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS



The Maryland State Medical Society
1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

TO: The Honorable Guy Guzzone, Chair
Members, Senate Budget and Taxation Committee
The Honorable Malcolm Augustine

FROM: Christine K. Krone
Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
410-244-7000

DATE: February 8, 2023

RE: **SUPPORT** – Senate Bill 283 – *Mental Health – Workforce Development – Fund Established*

On behalf of the Maryland State Medical Society, the Mid-Atlantic Association of Community Health Centers, and the Maryland Clinical Social Work Coalition, we submit this letter of **support** for Senate Bill 283.

Senate Bill 283 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, 10, and 20 years; and (3) make very specific findings and recommendations regarding the types of workforce assistance programs and funding necessary to meet the needs across all sectors of the behavioral health workforce.

The above-mentioned organizations support Senate Bill 283, which aims to address the critical shortage facing the Maryland behavioral and mental health workforce. In 2020, the Behavioral Health Administration contracted with the University of Maryland, Baltimore's Systems Evaluation Center to conduct a survey and collect data to learn more about recruitment and retention issues within the behavioral health workforce across the State¹. Among hiring administrators, survey results indicated **low salary** and **not enough applicants** as the top two reported hurdles for recruitment. And staff, who provide direct care or services, responses indicated **burnout** and **low salary** were the top two reported reasons for staff to consider leaving both their agency and the behavioral health field altogether. To address this alarming data, the fund established in the bill gives behavioral health providers who utilize the fund a tool for recruitment and retention of behavioral health professionals and paraprofessionals. We urge a **favorable** report.

¹ Behavioral Health Organization (2020, September 4). *Maryland Behavioral Health Workforce Survey – Results Summary*. Maryland Department of Health. Retrieved February 6, 2020, from <https://health.maryland.gov/bha/Documents/Workforce%20Survey%20Summary%20distribution9.4.20%20%282%29%20%282%29.pdf>

SB0283 BH Workforce Intestment Fund.pdf

Uploaded by: Dan Martin

Position: FAV

Senate Bill 283 Mental Health – Workforce Development – Fund Establishes

Senate Budget and Taxation Committee

February 8, 2023

TESTIMONY IN SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of Senate Bill 283.

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 And in a 2021 issue brief⁴, the Community Behavioral Health Association of Maryland found **staff vacancies** in 78% of child outpatient mental health centers, 83% of psychiatric rehabilitation programs for minors, and 50% of youth targeted case management programs.

This is unsustainable. There are simply not enough behavioral health professionals to meet the mental health and substance use needs of all Marylanders.

There are many positive ideas and strategies for growing the behavioral health workforce – stipends and scholarships, enhanced training programs, loan repayment, paid internships, etc. The question, however, is how much funding do we put into these different initiatives and how do we target efforts to ensure we are properly resourcing **all** behavioral health professionals and paraprofessionals? **SB 283 is the answer.**

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

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>

⁴ <http://mdcbh.org/files/manual/169/Child%20Utilization%20-%20Sept%202021.pdf>

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.

This bill will stabilize and expand Maryland's behavioral health workforce. **For these reasons, MHAMD supports SB 283 and urges a favorable report.**

SB 283_MH Workforce Fund - BHSB_FAVORABLE.pdf

Uploaded by: Dan Rabbitt

Position: FAV



February 8, 2023

**Senate Budget & Tax Committee
TESTIMONY IN SUPPORT**

SB 283 – Mental Health - Workforce Development - Fund Established

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 78,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

Behavioral Health System Baltimore supports SB 283 – Mental Health - Workforce Development - Fund Established. Maryland is experiencing a behavioral health workforce shortage that demands state attention. This bill will strategically invest to address both current workforce demands and future needs.

Maryland has faced a behavioral health workforce shortage for many years and the pandemic only made this worse. Maryland has 63 federally designated mental health professional shortage areas, including 15 entire counties.¹ Most behavioral health providers have numerous open position that are going unfilled and this is harming access to care for Marylanders around the state. One particular area of difficulty that BHSB has seen is in hiring clinicians and peers for new mobile response teams that can serve as alternatives to the emergency room and law enforcement for those experiencing a mental health crisis. Providers in the Baltimore region have largely been unable to hire for these teams due to the demand for workers.

Another workforce shortage that can be addressed through this bill is the underrepresentation of people of color in mental health professions. About half of those served in the Maryland public behavioral health system are people of color but only 15% of mental health professionals in the U.S. are people of color.^{2, 3} This lack of diversity contributes to substandard care and must addressed through intentional workforce strategies and investments.

There are many positive ideas and strategies for growing and diversifying the behavioral health workforce – stipends and scholarships, enhanced training programs, loan repayment, paid internships, and others. The bill will determine the best short and long-term needs strategies for educating, training, recruiting, and retaining behavioral health professionals and paraprofessionals and direct investments towards those strategies. Funding is left discretionary initially to allow for a workforce needs assessment to ensure sound investments. **We urge the Senate Budget & Tax Committee to support SB 283 and begin to address the state’s behavioral health workforce needs.**

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142

Endnotes:

¹ Rural Health Information Hub available at: <https://www.ruralhealthinfo.org/charts/7?state=MD>

² Maryland 2018 Mental Health National Outcome Measures available at <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Maryland-2018.pdf>

³ Demographics of the U.S. Psychology Workforce available at: <https://www.apa.org/workforce/data-tools/demographics>

SB283_MHFund_KennedyKrieger_Support.pdf

Uploaded by: Emily Arneson

Position: FAV



Kennedy Krieger Institute

DATE: February 8, 2023 **COMMITTEE:** Budget and Taxation
BILL NO: Senate Bill 283
BILL TITLE: Mental Health - Workforce Development - Fund Established
POSITION: Support

Kennedy Krieger Institute supports Senate Bill 283 - Mental Health - Workforce Development - Fund Established

Bill Summary:

SB 283 would establish the Behavioral Health Workforce Investment Fund to provide reimbursement for costs associated with educating, training, certifying, recruiting, placing, and retaining behavioral health professionals and paraprofessionals; providing that money expended from the Fund is supplemental and not intended to supplant funding that would otherwise be appropriated; and requiring the Maryland Health Care Commission to conduct a comprehensive behavioral health workforce needs assessment on or before December 1, 2023.

Background:

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive, and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based, and community-based programs. Over 27,000 individuals receive services annually at Kennedy Krieger.

The vision for the newly established Office for Health Equity Inclusion and Diversity (O-HEID) at Kennedy Krieger Institute is to promote the health and well-being of those who work and receive training and services at Kennedy Krieger Institute. The O-HEID uses evidence, culturally relevant, and equity-based approaches that assures diversity and inclusion. The O-HEID is working to establish collaboration, data, and metrics to address remediable disparities within our patient populations, policies, and practices.

Rationale:

Prior to the COVID-19 pandemic, there was already an ongoing behavioral health crisis in children. The pandemic has significantly exacerbated that crisis. It is estimated that 1 out of 5 children has a mental, emotional, or behavioral health disorder,¹ though only about 20 percent of these children receive the mental health services they need.² For children of color, children with disabilities, LGBTQ+ children, and children living in households with incomes at or below the poverty level, the crisis is particularly intense as they bear an undue burden of poor mental health outcomes. Such disparities are, in large part, due to scarcity of trained culturally responsive and trauma-informed mental health providers, socioeconomic disadvantage, racism, and/or immigration status, amongst other factors.³ After nearly 3 years, the negative effects of the pandemic including loss and grief, isolation, and academic challenges have resulted in long-lasting and increasing rates of depression, suicidal ideation, and anxiety amongst youth.⁴ This increase in frequency and chronicity is concerning for multiple reasons, including the fact that psychiatric conditions that start in childhood increase the risk for poorer health outcomes later in life.⁵

The behavioral health needs of Marylanders are strongly outpacing the behavioral health workforce. There is a nationwide shortage of behavioral health professionals,⁶ which means that children and youth are suffering from lack of identification and treatment of mental health concerns. Racial, ethnic, and language diversity is lacking in the mental health field in which, nationwide, less than 10% of psychologists, psychiatric nurse practitioners, and psychiatrists are Black or Hispanic/Latino. Incentivization to recruit and retain a diverse and talented mental health workforce is especially critical in Maryland, the most diverse east coast state.⁷⁻¹⁰ As such, investing in the behavioral health workforce is a critical necessity because without sustained efforts to recruit

and retain well-qualified behavioral health professionals, there will be a shortage of workers which will negatively impact the health of Marylanders. Moreover, further investment in the behavioral health workforce is a critical step to ensuring that children in Maryland have access to much needed services and would send a clear message to Marylanders that mental health matters.

Kennedy Krieger Institute requests a favorable report on Senate Bill 283.

References

1. National Research Council and Institute of Medicine. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. The National Academic Press; 2009.
2. American Academy of Child & Adolescent Psychiatry. Best Principles for Integration of Child Psychiatry into the Pediatric Health Home. Accessed January 29, 2023, https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/best_principles_for_integration_of_child_psychiatry_into_the_pediatric_health_home_2012.pdf
3. Trent M, Dooley DG, Dougé J, et al. The Impact of Racism on Child and Adolescent Health. *Pediatrics*. 2019;144(2):e20191765. doi:10.1542/peds.2019-1765
4. Theberath M, Bauer D, Chen W, et al. Effects of COVID-19 pandemic on mental health of children and adolescents: A systematic review of survey studies. *SAGE Open Med*. 2022;10:20503121221086712. doi:10.1177/20503121221086712
5. William T. Grant Foundation. Disparities in Child and Adolescent Mental Health and Mental Health Services in the U.S. Accessed October 5, 2022, <https://wtgrantfoundation.org/library/uploads/2015/09/Disparities-in-Child-and-Adolescent-Mental-Health.pdf>
6. U.S. Department of Health and Human Services HRaSA. National projections of supply and demand for selected behavioral health practitioners: 2013–2025. January 29, 2023.
7. American Psychological Association. Table 7. Number of Active Psychologists by Race/Ethnicity, 2007-2016. American Psychological Association. December 15, 2020, 2020. 2020. <file:///N:/Articles/Healthcare%20Workforce/Psychologist%20race%20ethnicity%202016.pdf>
8. Lokko HN, Chen JA, Parekh RI, Stern TA. Racial and Ethnic Diversity in the US Psychiatric Workforce: A Perspective and Recommendations. *Acad Psychiatry*. Dec 2016;40(6):898-904. doi:10.1007/s40596-016-0591-2
9. Zippia I. Psychiatric Nurse Practitioner Statistics by Race. Updated September 9, 2022. 2023. <https://www.zippia.com/psychiatric-nurse-practitioner-jobs/demographics/>
10. U. S. Census Bureau. Quick Facts: Maryland. U.S. Census Bureau. December 17, 2020, 2020. Accessed December 17, 2020, 2020. <https://www.census.gov/quickfacts/fact/table/MD,baltimorecitymarylandcounty/AGE295219>

Contact information: Emily Arneson, AVP Government Affairs – 443.631.2188 or arneson@kennedykrieger.org
707 North Broadway Baltimore, Maryland 21205

SB 283 Mental Health - Workforce Development - Fun

Uploaded by: Jake Whitaker

Position: FAV



Maryland
Hospital Association

February 8, 2023

To: The Honorable Guy Guzzone, Chair, Senate Budget and Taxation Committee

Re: Letter of Support- Senate Bill 283 - Mental Health - Workforce Development - Fund
Established

Dear Chair Guzzone:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 283.

Maryland, like much of the nation, is experiencing a behavioral health crisis. Behavioral health needs worsened during the COVID-19 pandemic, and a historic health care workforce shortage limits availability of care. Seventeen of Maryland's 24 jurisdictions fall below the national average ratio of 350 mental health providers for every person.

Maryland patients frequently access behavioral health services for the first time when in crisis during visits to hospital emergency departments. When patients have access to behavioral health professionals and services, they can receive care at the onset of behavioral health conditions and stay out of crisis.

SB 283 helps address the behavioral health workforce crisis—and improve health care for Marylanders—by establishing 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 five 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.

This bill will improve the availability of behavioral health care professionals and services, improve outcomes, keep people out of crisis, and decrease unnecessary emergency department visits.

For these reasons, we request a *favorable* report on SB 283.

For more information, please contact:

Jake Whitaker
Jwhitaker@mhaonline.org

Sheppard Pratt written testimony SB283 _ HB418 Men

Uploaded by: Jeffrey Grossi

Position: FAV



Sheppard Pratt

Written Testimony

Senate Budget and Taxation Committee
Senate Finance Committee
House Ways and Means Committee
House Appropriations Committee

SB 283 / HB 418 Mental Health – Workforce Development – Fund Established

February 7, 2023

Position: SUPPORT

Sheppard Pratt thanks the Maryland General Assembly for your longstanding leadership and support of mental and behavioral health providers in Maryland. This testimony outlines the Sheppard Pratt **support of SB 283 / HB 418 Mental Health – Workforce Development – Fund Established**. It is our hope that the Maryland General Assembly vote a favorable report on this legislation.

Maryland is in the midst of a behavioral health workforce crisis. But this issue is not restricted to Maryland – it is happening nationwide making recruitment beyond state lines also challenging. Federal data released just this month found that Maryland has 63 federally designated mental health professional shortage areas (HPSAs), including 11 entire counties. These shortage areas, in which less than 20 percent 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.

This is unsustainable. There are simply not enough behavioral health professionals to meet the mental health and substance use needs of all Marylanders. At Sheppard Pratt, we are struggling to find applicants at every level of the organization.

There are many positive ideas and strategies for growing the behavioral health workforce – stipends and scholarships, enhanced training programs, loan repayment, paid internships, etc. This bill will help to solve the issue and begin to build the workforce we need in Maryland.

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.



Sheppard Pratt

At Sheppard Pratt, we know that Medicaid rates are insufficient to attract and retain Rehab and Recovery employees to staff residential programs for adults with serious mental illnesses. Without licensed residential programs vulnerable adults with serious mental illness are at risk for expensive hospitalization or homelessness. Medicaid Outpatient Mental Health Clinic rates are also insufficient. Current rates make it difficult to attract and retain licensed staff, cover administrative costs, keep pace with inflation and provide adequate access to care for outpatient mental health therapy and medication for adults, children and adolescents. We know that workforce is one piece of a complicated puzzle. This bill will put some of the pieces together.

Sheppard Pratt urges you to vote a favorable report on **SB 283 / HB 418 Mental Health - Workforce Development - Fund Established.**

About Sheppard Pratt

Sheppard Pratt is the nation's largest private, nonprofit provider of mental health, substance use, developmental disability, special education, and social services in the country. A nationwide resource, Sheppard Pratt provides services across a comprehensive continuum of care, spanning both hospital- and community-based resources. Since its founding in 1853, Sheppard Pratt has been innovating the field through research, best practice implementation, and a focus on improving the quality of mental health care on a global level. Sheppard Pratt has been consistently ranked as a top national psychiatric hospital by *U.S. News & World Report* for nearly 30 years.

VoH SB 283 2023.docx.pdf

Uploaded by: Jennifer Tuerke

Position: FAV



Senate Bill 283 Mental Health – Workforce Development – Fund Established
Senate Budget and Taxation Committee
February 8, 2023
TESTIMONY IN SUPPORT

Voices of Hope, Inc. is a nonprofit community-based organization that serves individuals with substance use disorders in Cecil and Harford Counties. We provide harm reduction and SUD treatment navigation services, operate Recovery Community Centers and 2 recovery houses. We engage with people who use drugs and are experiencing traumatic events including wounds from injection drug use and homelessness. We believe that many severe health concerns could be addressed in primary care settings before reaching the level of needing crisis health care.

Maryland is in the midst of a behavioral health workforce crisis. Federal data ¹ 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. In Cecil County, we have NO inpatient treatment and detox providers that accept Medicaid. A reason for not having a provider is the lack of available workforce in the area.

This is unsustainable. There are simply not enough behavioral health professionals to meet the mental health and substance use needs of all Marylanders. There are many positive ideas and strategies for growing the behavioral health workforce – stipends and scholarships, enhanced training programs, loan repayment, paid internships, etc. The question, however, is how much funding do we put into these different initiatives and how do we target efforts to ensure we are properly resourcing all behavioral health professionals and paraprofessionals? **SB 283 is the answer.**

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.

Successful recovery support in the community depends on quality treatment available in the area. With a limited workforce, treatment needs are being unaddressed. Future expansion of treatment is restricted because we can't even treat the people who need it now.

This bill will expand and stabilize Maryland's behavioral health workforce. **For these reasons, Voices of Hope, Inc. urges this committee to pass SB 283.**

Thank you,

Jennifer Tuerke
Executive Director

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>

SB0283.pdf

Uploaded by: Jonathan Dayton

Position: FAV



Statement of Maryland Rural Health Association (MRHA)

To the Senate Budget and Taxation Committee

Chair: Senator Guy Guzzone

February 7, 2023

Senate Bill 283: Mental Health - Workforce Development - Fund Established

POSITION: SUPPORT

Dear Chair Guzzone, Vice Chair Rosapepe, and Committee, *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*

This is unsustainable. There are simply not enough behavioral health professionals to meet the mental health and substance use needs of all Marylanders. There are many positive ideas and strategies for growing the behavioral health workforce – stipends and scholarships, enhanced training programs, loan repayment, paid internships, etc. The question, however, is how much funding do we put into these different initiatives and how do we target efforts to ensure we are properly resourcing all behavioral health professionals and paraprofessionals? SB 283 is the answer.

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.

As we know rural communities are experiencing significant challenges with the recruitment and retention of mental health providers and the services for mental health often require residents to travel great distances, or not receive treatment at all for their conditions. This bill will expand and stabilize Maryland's behavioral health workforce. For these reasons, Maryland Rural Health Association urges this committee to pass SB 283.

Sincerely,

Jonathan Dayton, MS, NREMT, CNE, Executive Director

jdayton@mdruralhealth.org

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>

HFAM Testimony SB 283.pdf

Uploaded by: Joseph DeMattos

Position: FAV



**TESTIMONY BEFORE THE
SENATE BUDGET AND TAXATION COMMITTEE**

February 8, 2023

Senate Bill 283: Mental Health - Workforce Development - Fund Established

Written Only Testimony

POSITION: FAVORABLE

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 283. HFAM represents skilled nursing centers and assisted living communities in Maryland, as well as associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction of the state.

Senate Bill 283 establishes the Behavioral Health Workforce Investment Fund to provide reimbursement for costs associated with educating, training, certifying, recruiting, placing, and retaining behavioral health professionals and paraprofessionals.

Healthcare today faces the greatest shortage and the most tremendous opportunity in workforce development in a generation. To meet this opportunity and succeed, we must deploy new tools and create innovative programs to shore up the healthcare workforce.

Behavioral and mental health is a critical component of overall health and wellbeing at every stage of life, yet it is among the most challenging areas of healthcare to tackle. Across healthcare settings, we are facing a shortage of workers to provide vital behavioral health services to Marylanders in need.

While workforce recruitment and retention challenges have long existed in healthcare, these challenges have only grown worse over the last several years and they will remain as we navigate a post-pandemic world. This legislation is important to combating staffing challenges and removing barriers to entry, which will help ensure that Marylanders have access to behavioral healthcare resources and professionals.

As we plan our long-term “new normal” in healthcare, we are placing considerable attention on how on-the-job training, education programs, certification, and recruitment can be overlapped to produce more professionals across the care continuum – especially in the field of behavioral health.

For these reasons, we request a favorable report from the Committee on Senate Bill 283.

Submitted by:

Joseph DeMattos, Jr.
President and CEO
(410) 290-5132

SB0283_HorizonFoundation_FAV.pdf

Uploaded by: Kerry Darragh

Position: FAV



BOARD OF TRUSTEES

Lisa Pearson
Chair

Nikki Highsmith Vernick
President & CEO

Christopher Fortune
Vice Chair

Mark Cissel
Treasurer

Gopi Suri
Secretary

Jonathan Ahn

Yvonne Commodore-
Mensah

Juliet Gilliam

Catherine Hamel

Brian Hepburn

Sharon Hoover

Stacie Hunt

Tracy Miller

Sekou Murphy

Yvette Rooks

Celian Valero-Colon

David Wolf

Lanlan Xu

February 8, 2023

COMMITTEE: Senate Budget and Taxation Committee

BILL: SB 283 – Mental Health - Workforce Development - Fund
Established

POSITION: Support

The Horizon Foundation is Howard County's community health foundation and the largest independent health philanthropy in the state of Maryland. We lead community change so everyone in Howard County can live a longer, better life.

**The Foundation is pleased to support SB 283 – Mental Health -
Workforce Development - Fund Established.**

SB 283 establishes a statewide fund to assist with costs associated with educating, training, certifying, recruiting, placing, and retaining behavioral health professionals and paraprofessionals. The bill would also require the Maryland Health Care Commission to conduct a comprehensive behavioral health workforce needs assessment.

Maryland's health care work force is experiencing unprecedented levels of fatigue and attrition, driven by the COVID-19 pandemic. The pandemic has made worse an existing lack of mental and behavioral health workers. According to the United States Health Resources and Services Administration (HRSA), Maryland has 63 federally designated mental health professional shortage areas (HPSAs), 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. The 2023 County Health Rankings found that 17 of Maryland's 24 jurisdictions come in below the national average (350:1) in terms of population to mental health providers. Howard County, a relatively prosperous and healthy jurisdiction, has a still too high 300:1 resident to mental health provider ratio.

Mental health has been one of the Horizon Foundation's top priorities in recent years. Together with our many community partners and grantees, we advocated for enhanced mental health supports for students during the school day. As a result, mental health counselors will soon be available in every public school in Howard County.

The Horizon Foundation has also worked to increase access to mental health crisis services through our work with the Greater Baltimore Regional Integrated Crisis System (GRBICS), and helped support the operation of Sheppard Pratt’s new urgent care behavioral health clinic in Elkridge. Regardless of our best efforts to link community members to mental and behavioral health care, we need to attract and retain more qualified professionals capable of delivering said care.

SB 283 will broaden the mental and behavioral health workforce so all Marylanders can access the care they need. For this reason, the Horizon Foundation **SUPPORTS SB 283** and urges a **FAVORABLE** report.

Thank you for your consideration.

SB283_MSEA_Lamb_FAV.pdf

Uploaded by: Lauren Lamb

Position: FAV

**Testimony in Support of Senate Bill 283
Mental Health – Workforce Development – Fund Established**

**Senate Budget and Taxation Committee
February 8, 2023**

**Lauren Lamb
Government Relations**

The Maryland State Education Association supports Senate Bill 283, which would establish the Behavioral Health Workforce Investment Fund to provide reimbursement for costs associated with educating, training, certifying, recruiting, placing, and retaining behavioral health professionals and paraprofessionals, provide that money expended from the Fund is supplemental and not intended to supplant funding that would otherwise be appropriated, and require the Maryland Health Care Commission to conduct a comprehensive behavioral health workforce needs assessment on or before December 1, 2023.

MSEA represents 75,000 educators and school employees who work in Maryland's public schools, teaching and preparing our almost 900,000 students so they can pursue their dreams. MSEA also represents 39 local affiliates in every county across the state of Maryland, and our parent affiliate is the 3-million-member National Education Association (NEA).

Behavioral health professionals, both in schools and in the community, are more essential than ever as students face increased mental health challenges in the wake the pandemic. We support all efforts to strengthen and diversify the behavioral health pipeline in Maryland, and commend investments in recruiting, retaining, and supporting behavioral health professionals.

We urge the committee to issue a Favorable Report on this bill.

SB283-CBH-FAV.pdf

Uploaded by: Lori Doyle

Position: FAV



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.

For more information contact Lori Doyle, Public Policy Director, at (410) 456-1127 or lori@mdcbh.org.

NASW Maryland - 2023 SB 283 FAV - Behavioral Health

Uploaded by: Mary Beth DeMartino

Position: FAV

**Testimony before the Senate Budget and Taxation and Finance Committee
Senate Bill 283: Mental Health – Workforce Development – Fund Established**

****Support with Amendment****

February 8, 2023

Senator Augustine, and Members of the Senate Budget and Taxation Committee:

On behalf of the National Association of Social Workers, Maryland Chapter (NASW-MD) Social Work in Schools Committee, we would like to express our support for Senate Bill 283: Mental Health – Workforce Development – Fund Established.

NASW is the largest national organization of the profession, representing over 120,000 social workers nationwide, with 16,000 licensed in the state of Maryland. Social workers provide the majority of behavioral health services in Maryland, working in hospital and hospice care, with substance use disorders, school mental health services, veterans, child welfare, and providing individual, group, and family psychotherapy.

In 2023, the needs far exceed the capacity of what we can provide. Death by suicide continues to climb, substance abuse treatment is not available for all who seek it while death by overdose reaches record levels, parents of children in need of intense psychiatric treatment can't find providers, schools are unable to hire the trained professionals they need for critical early intervention, local governments are setting up crisis intervention teams as part of the transformation of community policing, but can't hire the mental health professionals to staff the teams.

There just aren't enough of us.

SB 283 is a critical first step. It establishes a permanent funding for the behavioral health workforce, requires a comprehensive assessment of need, and includes a recommendation of the funding needed to meet the need. We hope the workgroup created by the legislation would also conduct a comprehensive review of current state programs that support training, education, and tuition assistance for behavioral health professionals and paraprofessionals and the funding levels of those programs over the years.

We urge you to return a favorable report on SB 283.

Respectfully,

Mary Beth DeMartino, LCSW-C
Executive Director, NASW-MD

1b - SB 283 - B&T - MHCC - LOS.pdf

Uploaded by: Maryland State of

Position: FAV



February 8, 2023

The Honorable Guy Guzzone
Chair, Senate Budget and Taxation Committee
3 West
Miller Senate Office Building
Annapolis, Maryland 21401

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Re: SB 283 – Mental Health - Workforce Development - Fund Established – Letter of Support

Dear Chair Guzzone and Chair Griffith:

The Maryland Health Care Commission (the “MHCC”) is submitting this letter of support on *SB 283 – Mental Health - Workforce Development - Fund Established*.

This bill establishes the Behavioral Health Workforce Investment Fund to provide reimbursement for costs associated with educating, training, certifying, recruiting, placing, and retaining behavioral health professionals and paraprofessionals. The bill specifies that money expended from the Fund is supplemental and not intended to supplant funding that would otherwise be appropriated for behavioral health services. Further, the bill also requires the Maryland Health Care Commission to conduct a comprehensive behavioral health workforce needs assessment on or before December 1, 2023.

The United States faces a growing shortage of licensed behavioral health care specialists—psychiatrists, psychologists, and clinical social workers—and that shortage comes at a time when rates of mental illness and substance use disorder (SUD) are high and rising. Concerns about shortages of behavioral health care professionals and paraprofessionals have been longstanding. The shortage of behavioral health care professionals and paraprofessionals is not foreign to the state of Maryland. We face the same or similar issues in the delivery of behavioral health care services as every other state.

An inadequate behavioral health workforce impacts the prevention, diagnosis, and treatment of behavioral health conditions. Untreated behavioral health conditions are often cited as major contributors to many societal ills including homelessness and violence. Less severe behavioral

health conditions, untreated because of limited access to providers or the stigmatization of behavioral health conditions, may lead to expensive inpatient care or prolonged outpatient care.

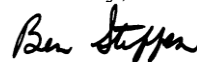
Building the behavioral health workforce is hampered by difficulties in accessing training programs, challenges with staff retention due to burnout and limited career advancement opportunities, payers low reimbursement rates, and the complexities of behavioral health treatment that incorporates psychopharmacological treatments with individual or group therapy. Even very treatable behavioral conditions require involvement of a psychiatrist to prescribe and monitor the drugs and a psychologist or clinical therapist to deliver individual and group therapy. Increasingly primary care physicians are also involved in working with behavioral health professionals in monitoring behavioral health treatment and synchronizing behavioral and physical care.

This bill requires the MHCC to conduct a comprehensive behavioral health workforce needs assessment in coordination with the Behavioral Health Administration, the Maryland Higher Education Commission, and other interested stakeholders. We are pleased to take on this task and believe now is the time to start this important assessment. This legislation aligns with the work we have done on health care workforce issues over the past two decades.

MHCC is supportive of SB 283 and ask the Committees for a favorable report.

If you any questions or would like to discuss this legislation or our existing efforts, please contact Ben Steffen, Executive Director, Maryland Health Care Commission at ben.steffen@maryland.gov or Tracey DeShields, Director of Policy Development and External Affairs at tracey.deshields2@maryland.gov.

Sincerely,



Ben Steffen,
Executive Director

cc:

Budget and Taxation Committee Members
Finance Committee Members
Tracey DeShields, MHCC



MD Catholic Conference_FAV_SB0283.pdf

Uploaded by: MJ Kraska

Position: FAV



MARYLAND
CATHOLIC
CONFERENCE

February 08, 2023

SB 283

Mental Health - Workforce Development - Fund Established

**Senate Budget & Taxation Committee
Senate Finance Committee**

Position: Favorable

The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 283 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.

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 This is unsustainable. There are simply not enough behavioral health professionals to meet the mental health and substance use needs of all Marylanders.

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>

The Conference appreciates your consideration and respectfully urges a **favorable** report for Senate Bill 283.

MPA Testimony 2023 - Support - SB 283 - Mental Hea

Uploaded by: Pat Savage

Position: FAV



10480 Little Patuxent Parkway, Ste 910, Columbia, MD 21044. Office 410-992-4258. Fax: [410-992-7732](tel:410-992-7732). www.marylandpsychology.org

February 5, 2023

OFFICERS OF THE BOARD

President

Rebecca Resnick, PsyD,

President-elect

Brian Corrado, PsyD

Past President

Linda McGhee, PhD, JD

Secretary

Tanya Morrel, PhD

Treasurer

Melinda Capaldi, PsyD

Representatives-at-large

Jessica Rothstein, PsyD
Andrea Chisolm, Ph.D.

Representative to APA Council

Peter Smith, PsyD

COMMITTEE CHAIRS

Communications

Robyn Waxman, PhD

Diversity

Whitney Hobson, PsyD

Early Career Psychologist

Meghan Mattos, PsyD

Educational Affairs

Laurie Friedman Donze, PhD

Ethics

Colleen Byrne, PhD

Legislative

Pat Savage, PhD

Membership

Linda Herbert, PhD

Professional Practice

Karin Cleary, PhD

PROFESSIONAL AFFAIRS

OFFICER

Paul C. Berman, PhD

INTERIM EXECUTIVE

DIRECTOR

Thomas Cote, MBA, CAE

Senator Guy Guzzone, Chair
Senator Jim Rosapepe, Vice Chair
Budget and Taxation Committee
3 West, Miller Senate Office Building
Annapolis, MD 21401

**Bill: Senate Bill 283 – Mental Health – Workforce Development – Fund Established
Position: Support**

Dear Chair Guzzone, Vice Chair Rosapepe, and Members of the Committee:

The Maryland Psychological Association (MPA), which represents over 1,000 doctoral-level psychologists from throughout the state, is writing in **SUPPORT** of Senate Bill 283 – Mental Health – Workforce Development – Fund Established, which will help Maryland to address growing inequities in the availability of mental health professionals in both inner-city and rural parts of the state.

This bill addresses several critical points in increasing and diversifying the Maryland mental health workforce.

1. Individuals often best positioned to understand the mental health needs of diverse communities are themselves disadvantaged by inadequate funds for education and training.
2. The preference for serving a minority community is often eliminated because of the combination of student loan debt and low salaries in such community treatment centers. The same combination leads to poor workforce retention in those settings because of the higher salaries available in wealthier communities and facilities.
3. Certification in the most effective evidence-based treatments is costly and often beyond the means of individuals, which disproportionately affects those serving minority communities and prevents access to quality treatment.

Despite many highly motivated individuals who want to be part of the mental health workforce, the above factors serve to educate, train, and steer a much smaller number, into primarily the better resourced settings, leaving out both inner city and rural Maryland communities. SB 283 recognizes that without funds, it is difficult to alter these determining factors. For these reasons, the Maryland Psychological Association asks for a **FAVORABLE** report on Senate Bill 283.

Thank you for considering our comments on SB 283. If we can be of any further assistance as the Senate – Budget and Taxation Committee considers this bill, please do not hesitate to contact MPA's Legislative Chair, Dr. Pat Savage at mpalegislativcommittee@gmail.com.

Respectfully submitted,

Rebecca Resnik, Psy.D.

Rebecca Resnick, Psy.D.
President

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

R. Patrick Savage, Jr., Ph.D.

R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

SB283_Workforce Development Fund_BHRC_FAVORABLE -

Uploaded by: Rajani Gudlavalleti

Position: FAV



February 8, 2022

The Honorable Guy Guzzone
Chairman, Senate Budget and Taxation Committee
3 West, Miller Senate Office Building
Annapolis, Maryland 21401

Senate Bill 283 - Mental Health – Workforce Development – Fund Established - FAVORABLE

Dear Chairman Guzzone and Senate Budget and Taxation 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 Senate Bill 283 (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 Senate Budget and Taxation 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

SB0283_CC_Vaughan_FAV.pdf

Uploaded by: Regan Vaughan

Position: FAV



SB 283
Mental Health – Workforce Development – Fund Established
Senate Budget and Taxation Committee
February 8, 2023
Support

Catholic Charities of Baltimore supports SB 283 which would establish a workforce investment fund to reimburse for costs associated with educating, training, certifying, recruiting, placing and retaining behavioral health professionals and paraprofessionals.

Inspired by the Gospel to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders in need. For 100 years, Catholic Charities has accompanied Marylanders as they age with dignity, obtain empowering careers, heal from trauma and addiction, achieve economic independence, prepare for educational success and feel welcome as immigrant neighbors. We recognize that in order to provide the quality services that Marylanders deserve, we need to expand our mental health workforce.

Catholic Charities operates 8 outpatient mental health clinics, a diagnostic unit for children, a residential treatment center, and a special needs placement school. Across the board, we are having difficulties hiring and retaining behavioral health professionals. There simply are more positions than trained individuals seeking work. As we work to expand school based mental health services, reduce the hospital overstay issue and stabilize our public behavioral health system, it is imperative that there be a sufficient behavioral health workforce.

SB 283 offers a framework to rebuild our behavioral health workforce. The bill requires a workforce assessment to (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. This assessment will be used to guide the use of the Fund.

For the reasons listed above, Catholic Charities of Baltimore appreciates your consideration, and urges the committee to issue a favorable report for SB 283.

Submitted By: Regan Vaughan, Director of Advocacy

2023 LCPCM SB 283 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Budget and Taxation Committee

Bill Number: Senate Bill 283

Title: Mental Health - Workforce Development - Fund Established

Hearing Date: February 8, 2023

Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 283- Mental Health – Workforce Development – Fund Established*. The bill establishes a workgroup to make recommendations on programs that support addressing the health professional shortage in behavioral health. The bill also creates a special fund that could be used to implement the workgroup’s recommendations in the future.

LCPCM supports the goal of establishing dedicated resources to increasing the number of behavioral health professionals. We would like to participate in the workgroup that will frame how Maryland can attract new behavioral health professionals as well as retain our existing workforce. Licensed clinical professional counselors (LCPCs) work in multiple settings including community-based programs and private practice, and we serve people in every age group, demographic, and communities.

We ask for a favorable report with our amendment. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2023 MASBHC SB 283 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Budget and Taxation Committee

Bill Number: Senate Bill 283 - Mental Health - Workforce Development - Fund Established

Hearing Date: February 8, 2023

Position: Support

The Maryland Assembly on School-Based Health Centers supports *Senate Bill 283 – Mental Health – Workforce Development – Fund Established*. The bill creates a workgroup to make recommendations regarding building and retaining the behavioral health professional workforce. The recommendations could be implemented if state funding is allocated to the program.

We are supporting this bill because of the drastic shortage of behavioral health professionals. We would like to note that schools are struggling to meet the behavioral health needs of their students through several different types of programs – school health, school-based health centers, and community-based partnerships. We believe it would be helpful for the workgroup to include a focus area of behavioral health provided in schools.

We ask for a favorable report. If we can provide any additional information, contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2023 MCHS SB 283 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Maryland Community Health System

Committee:	Senate Budget and Tax Committee
Bill:	Senate Bill 283 – Mental Health - Workforce Development - Fund Established
Hearing Date:	February 8, 2023
Position:	Support

The Maryland Community Health System (MCHS) supports Senate Bill 283 – Mental Health – Workforce Development – Fund Established. The bill establishes a stakeholder workgroup to evaluate and make recommendations on programs that can address the behavioral health professional shortage. If funds are identified, the Department can implement those recommendations which may include tuition assistance and support for clinical placements.

As a network of federally qualified health centers, we provide behavioral health services to underserved communities. We employ a wide range of practitioners – including licensed clinical social workers, licensed clinical and professional counselors, and psychologists. We are in the midst of a severe behavioral health professional shortage, making it very difficult to meet the needs of our patients, many of whom suffer from complex co-occurring behavioral and somatic health illnesses.

We would be eager to participate in the workgroup, so that we could add our perspective on how behavioral health can be integrated with somatic health. Our health centers provide comprehensive somatic, behavioral, and oral health care.

We strongly request a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

2023 MNA SB 283 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill: Senate Bill 283 - Mental Health - Workforce Development - Fund Established

Hearing Date: February 7, 2023

Position: Support

The Maryland Nurses Association (MNA) supports *Senate Bill 283- Mental Health – Workforce Development -Fund Established*. The bill creates a special fund to support initiatives to increase the number of behavioral health professionals. A stakeholder advisory committee would make recommendations on a range of strategies, which could include tuition assistance and support for clinical placements.

Nurses are part of the behavioral health team that includes licensed alcohol and drug counselors, licensed clinical social workers, psychiatrists, and licensed clinical professional counselors. Nurses support psychiatric patients at the bedside in acute care facilities, as well as provide treatment at the advanced practice registered nursing level. We would be honored to contribute to the work of the stakeholder advisory committee in considering options to address the crisis level shortage of behavioral health providers.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2023 MOTA SB 283 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ www.mota-members.com

Committee:	Senate Budget and Tax Committee
Bill:	Senate Bill 283 - Mental Health - Workforce Development - Fund Established
Hearing Date:	February 7, 2023
Position:	Support

The Maryland Occupational Therapy Association (MOTA) supports *Senate Bill 283- Mental Health – Workforce Development -Fund Established*. The bill creates a special fund to support initiatives to increase the number of behavioral health professionals. A stakeholder advisory committee would make recommendations on a range of strategies, which could include tuition assistance and support for clinical placements.

According to the Health Services Resources Administration (HRSA), almost every Maryland jurisdiction is now facing a shortage of mental health providers.¹ Maryland needs to focus its resources on alleviating this crisis now, or we will fall even further behind. The bill provides the framework for moving forward with innovative strategies to attract more individuals into the behavioral health profession as well as retain them.

Occupational therapy practitioners are part of the behavioral health team at outpatient mental health centers, in-patient psychiatric units, and in school settings. We are committed to being part of the advisory committee process to advise the Department of Health on comprehensive strategies to address the behavioral health professional shortages.

We ask for a favorable report. If we can provide any additional information, please feel free to contact Robyn Elliott at relliott@policypartners.net.

¹ <https://www.ruralhealthinfo.org/charts/?state=MD>

Senate Bill 283 Mental Health NMSS.pdf

Uploaded by: Shannon Wood

Position: FAV

Senate Bill 283 Mental Health – Workforce Development – Fund Established
Senate Budget and Taxation Committee
National Multiple Sclerosis Society: TESTIMONY IN SUPPORT

Shannon Wood, Director of Advocacy and Policy (shannon.wood@nmss.org)
February 8, 2023

Thank you for the opportunity to submit testimony in support of SB 283, to strengthen the behavioral health workforce in Maryland to address the unmet need for mental health services from people affected by multiple sclerosis.

Multiple sclerosis, or MS, is an unpredictable disease of the central nervous system, impacting an estimated 1 million Americans. Currently, there is no cure, though significant progress is being made to achieve Society's vision of a world free of MS. Symptoms vary from person to person and may include disabling fatigue, mobility challenges, cognitive changes, and vision issues. Early diagnosis and treatment are critical to minimize disability.

In addition to its physical symptoms, MS may have profound impact on an individual's mental health and behavior, as well as the mental health of family members and caregivers. People with MS may have difficulty adjusting to the diagnosis of a disorder that is unpredictable, has a fluctuating course, and carries a risk of progressing over time to some level of physical disability. Lack of knowledge about the disease adds to the anxieties commonly experienced by people who are newly diagnosed with MS. In addition to these emotional reactions to the disease, demyelination and damage to nerve fibers in the brain can also result in emotional changes¹.

Significant statistics related to mental health and MS include:

- Depression is the most common mental health diagnosis in MS, with a lifetime risk for major depressive disorder of 50–60%ⁱ.
- Anxiety frequently occurs with depression. Compared to the general population, anxiety is three times more common in MS.
- Suicidal ideation is about three times as common in MS compared to the general population.
- Adjustment disorders (unhealthy or excessive reactions to stressful events or life changes) and bipolar disorder are also more common in MSⁱⁱ.
- Pseudobulbar affect (PBA), involuntary laughing and/or crying often without consistent feelings, affects more than 10% of people with MS.
- Substance use disorder can be particularly harmful for people with MS, because of the potential to cause more neurological damage to the already compromised central nervous system and to interact with MS medications.

- Depression can affect cognitive functioning in MS, including aspects like working memory, processing speed, learning and memory functions, abstract reasoning, and executive functioning.ⁱⁱⁱ
- Higher socio-economic status is associated with a lower burden of psychiatric symptoms and with a higher likelihood of self-reported symptom recovery after receiving mental health treatment, and attitudes regarding mental health care delivery in MS vary according to racial and ethnic background^{iv}.

Aside from the normal stresses of everyday life, MS creates stresses of its own. Many people with MS say they experience more symptoms during stressful times; when the stress lessens, their symptoms seem less severe. Due to the unpredictable nature of MS, just anticipating the next exacerbation can be a significant source of stress. MS can cause significant anxiety, distress, anger and frustration from the moment of its very first symptoms, with anxiety at least as common in MS as depression. Loss of functions and altered life circumstances caused by the disease can be significant causes of distress on the mental health of people living with MS. Due to these impacts, mental health care is considered an essential element of comprehensive MS care.

Far too often, it can be challenging for Marylanders affected by MS to access needed mental health services due to behavioral health professional shortages across the state. 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

This is unsustainable. There are simply not enough behavioral health professionals to meet the mental health and substance use needs of Marylanders affected by MS. There are many positive ideas and strategies for growing the behavioral health workforce – stipends and scholarships, enhanced training programs, loan repayment, paid internships, etc. The question, however, is how much funding do we put into these different initiatives and how do we target efforts to ensure we are properly resourcing **all** behavioral health professionals and paraprofessionals? SB 283 is part of the solution to the complicated problem of the state's behavioral health workforce crisis.

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>

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.

This bill will expand and stabilize Maryland's behavioral health workforce, allowing for more people affected by MS to access needed mental health services. **For these reasons, the National Multiple Sclerosis Society urges this committee to pass SB 283.** Thank you for your consideration.

ⁱ Skokou, M., Soubasi, E., & Gourzis, P. (2012). Depression in multiple sclerosis: a review of assessment and treatment approaches in adult and pediatric populations. *ISRN neurology*, 2012, 427102.

ⁱⁱ [1] Silveira, C., Guedes, R., Maia, D., Curral, R., & Coelho, R. (2019). Neuropsychiatric Symptoms of Multiple Sclerosis: State of the Art. *Psychiatry investigation*, 16(12), 877–888. <https://doi.org/10.30773/pi.2019.0106>

ⁱⁱⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6933139/>

^{iv} [https://www.msard-journal.com/article/S2211-0348\(21\)00717-3/fulltext](https://www.msard-journal.com/article/S2211-0348(21)00717-3/fulltext)

1a - SB 283 - B&T - BHA - LOS (1).pdf

Uploaded by: State of Maryland (MD)

Position: FAV



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Acting Secretary

February 8, 2023

The Honorable Guy Guzzone
Chair, Budget and Taxation Committee
3 West, Miller Senate Office Building
Annapolis, Maryland 21401

RE: SB 283 Mental Health - Workforce Development - Fund Established - Letter of Support

Dear Chair Guzzone and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support for Senate Bill (SB) 283 – Mental Health - Workforce Development - Fund Established. SB 283 establishes a non-lapsing fund to provide reimbursement for costs associated with educating, training, certifying, recruiting, placing, and retaining behavioral health professionals and paraprofessionals. Additionally, SB 283 will require the Maryland Health Care Commission (MHCC), in coordination with the Behavioral Health Administration (BHA), the Maryland Higher Education Commission, and other interested stakeholders, to conduct a comprehensive behavioral health workforce needs assessment.

Behavioral health conditions, both mental health and substance use disorders, impact millions of people in the United States.¹ The COVID-19 pandemic and continuing opioid crisis have had a considerable impact on the demand for behavioral health services and there is a challenge in recruiting and maintaining behavioral health workers.² Establishing measures to address the workforce shortage is important in ensuring providers network adequacy to address the behavioral health needs of Marylanders.

MDH supports the intent of SB 283 to complete a workforce needs assessment to determine the immediate, intermediate, and long-term need and capacity of the behavioral health workforce. However, MDH notes that in recent years, efforts have been completed to gather this information which include, but are not limited to:

- Health Resources and Services Administration (HRSA) [Behavioral Health Workforce Projections, 2020-2035](#)³
- [BHA 2019 Workforce Survey](#)⁴

¹ Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health. (SAMSHA)

<https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFRRPDFWHTMLFiles2020/2020NSDUHFRR1PDFW102121.pdf>

² United States Government Accountability Office. Behavioral Health: Available Workforce Information and Federal Actions to Help Recruit and Retain Providers. GAO-23-105250. October 27, 2022. <https://www.gao.gov/products/gao-23-105250>

³ United States Department of Health and Human Services. Health Resources and Services Administration. October 2022. <https://bh.w.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Projections-Factsheet.pdf>

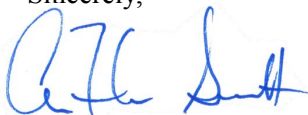
⁴ Maryland Department of Health. Behavioral Health Administration. Maryland Behavioral Health Workforce Survey – Results Summary. September 24, 2020. <https://health.maryland.gov/bha/Documents/Workforce%20Survey%20Summary%20distribution9.4.20%20%282%29%20%282%29.pdf>

Furthermore, similar work is taking place under the direction of the Maryland Higher Education Commission and the Maryland Department of Labor. To avoid duplicative work, MDH recommends collaborating with these agencies toward developing an unified approach in addressing workforce shortages to include behavioral health professionals.

Lastly, MDH appreciates the General Assembly's interest in establishing a fund to provide reimbursement for costs associated with educating, training, certifying, recruiting, placing, and retaining behavioral health professionals and paraprofessionals. MDH supports the language in SB 283 establishing flexibility of the money appropriated to the funds and will work closely with the Maryland Department of Budget and Management to determine the level of funding that is sufficient to carry out the intent of this legislation.

If you have any questions, please contact Megan Peters, Acting Director of Governmental Affairs, at megan.peters@maryland.gov or (410) 260-3190.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Acting Secretary

SB 283 - Support - MPS WPS.pdf

Uploaded by: Thomas Tompsett

Position: FAV

February 7, 2023

The Honorable Guy Guzzone
Budget and Taxation Committee
3 West - Miller Senate Office Building
Annapolis, MD 21401

The Honorable Melony Griffith
Finance Committee
3 East - Miller Senate Office Building
Annapolis, MD 21401

RE: Support – SB 283: Mental Health - Workforce Development - Fund Established

Dear Chair Guzzone, Chair Griffith, and Honorable Members of the Committees:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS support Senate Bill 283: Mental Health - Workforce Development - Fund Established. (SB 283). The importance of workforce development around mental health cannot be understated. Mental health workforce development is vitally important because it helps to ensure that people in need of mental health services receive high-quality, effective care. This involves training and supporting mental health professionals, so they have the skills and knowledge needed to diagnose and treat mental health conditions. A well-developed mental health workforce can improve access to care, reduce disparities in care, and lead to better health outcomes for individuals and communities. Additionally, investing in mental health workforce development can help to address workforce shortages, reduce burnout and turnover among mental health professionals, and promote career satisfaction and growth in the field.

MPW/WPS would like to note for the committees that the commitment to becoming a psychiatrist takes an extremely long time to obtain and that psychiatrists' training is capped due to a limited number of graduate medical education (GME) slots. In the end-of-year package this past year, Congress funded 200 new GME slots, with 100 being designated for psychiatry, but states will still need to invest in expanding residency and fellowships to meet their mental health needs. SB 283 is a meaningful step in that direction.

For the reasons stated above, MPS/WPS ask this committee for a favorable report on SB 283. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee