



## **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 data<sup>1</sup> released just this month found that Maryland has 63 federally designated mental health professional shortage areas (HPSAs)<sup>2</sup>, 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.<sup>3</sup>

### **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.

---

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

<sup>2</sup> 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

<sup>3</sup> <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](mailto:ageddes@mdcoalition.org)