



Senate Bill 284 - Budget Reconciliation and Financing Act of 2026

Budget and Tax Committee

March 4, 2026

Position: FAVORABLE WITH AMENDMENTS

The Community Behavioral Health Association of Maryland (CBH) represents 95 community-based behavioral health providers serving individuals through Maryland's Public Behavioral Health System, including all five current CCBHC grantees and over half of Consortium grantees. We appreciate the opportunity to submit testimony on Senate Bill 284 and urge the Committee to carefully consider its impact on Maryland's behavioral health infrastructure and the individuals who rely on it.

Maryland continues to face a behavioral health workforce crisis, chronic underfunding of community-based services, and growing demand for care.¹ These pressures are compounded by state fiscal constraints and federal uncertainty. When community capacity erodes, individuals do not stop needing care — they seek it in emergency departments, inpatient units, and the criminal justice system. Those settings are more expensive and less effective for stabilization and recovery.

The need remains clear. In 2025, 1,315 Marylanders died from overdose.² Among youth, 37% of middle school students and 39% of high school students report persistent sadness or hopelessness.³ These are not abstract trends — they reflect families navigating crisis with limited options. Maryland has begun building infrastructure that is working, particularly through the Certified Community Behavioral Health Clinic (CCBHC) model and the Consortium on Coordinated Community Supports. SB284 weakens both.

CBH respectfully asks the Committee to:

1. Restore the Mandate to Apply for the CCBHC Demonstration in FY2026 (*pg. 42, lines 9–13*)

SB284 removes the statutory requirement that MDH apply for the Certified Community Behavioral Health Clinic (CCBHC) Demonstration and delays application until FY2029.

Last year, the General Assembly reaffirmed the requirement that MDH complete the federal planning grant and apply for the Demonstration in FY2026. That action reflected bipartisan recognition that Maryland must modernize outpatient behavioral health financing and maximize enhanced federal funding. We ask you to do so again.

Maryland received nearly \$1 million in federal planning funds and secured a no-cost extension through December 2026, allowing completion of planning activities while maintaining eligibility to apply when the Demonstration opens in early 2026. Maryland's CCBHC sites have already demonstrated measurable system impact: 40% shorter hospital stays, 47% lower hospital costs, 60% fewer emergency department visits, and 50% fewer hospitalizations. These are Maryland outcomes, not data in other states.

The Demonstration includes a 65% federal Medicaid match. Maryland's current \$10.1 million general fund investment across five sites would leverage approximately \$28.7 million in services under the enhanced

¹ Maryland Health Care Commission, "[Investing in Maryland's Behavioral Health Talent](#)" (October 2024).

² MDH, "[Overdose Portal](#)."

³ MDH, "[Youth Risk Behavior Survey/Youth Tobacco Survey \(YRBS/YTS\) 2022-2023](#)."



match compared to \$20.4 million under the standard rate. Evaluating cost without accounting for enhanced federal revenue understates Maryland’s fiscal exposure and undervalues community-based care. Four sites will see SAMHSA grant funding expire in September 2026. A three-year delay increases the likelihood of workforce loss, reduced crisis capacity, and a return to fragmented financing.

2. Reject the \$20 Million Annual Reduction in School Mental Health Funding (pg. 9, lines 14–15)

SB284 reduces annual funding for the Consortium on Coordinated Community Supports from \$100 million to \$80 million beginning in FY2027.

Last year, the Administration proposed reducing the Consortium by \$90 million annually. The General Assembly reduced that proposal to a \$30 million cut, preserving the funding in recognition of early success. The most recent statewide impact report demonstrates measurable reach and improvement.⁴ It identifies:

- 136,945 students received behavioral health services;
- 86% of Maryland schools participated;
- 705 new behavioral health workforce members hired; and
- 87% of students and families report satisfaction

CBH understands that difficult budget decisions are required, but behavioral health services are often treated as flexible because the downstream consequences are not immediately visible in the operating budget. When outpatient capacity contracts, emergency department boarding increases, inpatient stays lengthen, law enforcement involvement rises, and families absorb greater burden without support. Balancing the budget by limiting access to behavioral health services disproportionately affects those with the fewest alternatives and shifts costs into the most expensive parts of the system.

Just last session, the General Assembly acted to restore the CCBHC mandate and preserve Consortium funding. The identified provisions of SB284 weaken those commitments.

CBH urges the Committee to restore the statutory requirement to apply for the CCBHC Demonstration in FY2026 and to maintain full funding for the Consortium on Coordinated Community Supports. Protecting access to behavioral health care is fiscally responsible and consistent with prior legislative direction.

Thank you for your consideration.

For more information, please contact Nicole Graner at Nicole@MDCBH.org.

⁴ MDH, “[Maryland Consortium on Coordinated Community Supports](#),” 2025.