



Board of Directors 2025 - 2027

President

Connie Dausch, MS, LCPC, NCC

Acadia Healthcare

Connie.Dausch@ctcprograms.com

Recording Secretary

Dana Madden, MA, LCPC

Johns Hopkins/Bayview

DMadden4@jhmi.edu

Treasurer

Babak Imanoel, D.O.

Northern Parkway Treatment

Services, BH Health Services

BabakImanoel@gmail.com

National AATOD Liaison

Kenneth Stoller, MD

Johns Hopkins Hospital

Board of Directors - AATOD

KStolle@jhmi.edu

Immediate Past President

Teron Powell, DHA

Silverman Treatment Solutions

TPowell@addictionmedical.net

Past President

Vickie Walters, LCSW-C

IBR/REACH

VWalters@IBRInc.org

Past President

Howard Ashkin, MMH, PsA

MedMark Treatment Centers

HAshkin@MedMark.com



Mailing Address

c/o Dr. Babak Imanoel

3126 Enclave Court

Pikesville, MD 21208



www.matod.org

Senate Budget & Tax Committee

March 4, 2026

Senate Bill 284 - Budget Reconciliation and Financing Act of 2026

FAVORABLE with AMENDMENT

The Maryland Board of Professional Counselors and Therapists (**BoPCT**) multiple responsibilities include the certification and licensure prospective and active Addiction and Behavioral Health Counselors, as well as the investigation of consumer complaints regarding BoPCT approved Counselors. The BoPCT has independence in regulating professionals but depends on MDH to approve many operational and administrative decisions. **MATOD opposes the provision in the BRFA that would take \$500,000 from the BoPCT.**

It is important to note that COMAR regulations establish the maximum number of patients that each Counselor may have in their caseloads, depending on the specific type of care. Opioid Treatment Program (OTP) caseloads, for example, may not exceed an average of fifty (50) patients per Counselor, while Intensive Outpatient Program (IOP) caseloads may not exceed 15 patients per Counselor.

Past and proposed BRFA transfers from the BoPCT since FY 2022 would equal 42% (\$6.5 million) of all health occupation board transfers during a time when the BoPCT is unable to meet their obligations in a timely or efficient manner. As of February 2024, the BoPCT had a total of 290 open complaints: 200 were open beyond MDH's investigation timeframe of six months, and 83 were open for more than two years. Similar insufficient oversight dates back to 2017.

BoPCT on-going inability to process Counselor applications in a timely manner costs Maryland lives and depletes an already critical workforce shortage. This inability severely impairs Addiction and Mental Health programs from hiring qualified Counselors due to failure to efficiently receive, respond to and complete Counselor applications.

The current BRFA includes the removal of \$500,000 from the BoPCT budget, which will further negatively impact the BoPCT ability to support the increasing need for Addiction and Mental Health Counselors and protect consumers. **The proposed \$500,000 budget cut should remain with the BoPCT and be used to:**

- Fund the hiring of staff to receive, review, process and follow up on Alcohol & Drug Trainee, Certified Counselor and Licensed Counselor applications
- Fund the hiring of staff to perform COMAR-required patient and consumer complaint investigations
- Fund the hiring of BoPCT employees that are not consultants, which will improve staff recruitment and retention
- Fund long overdue BoPCT website modernization and improvements

MATOD urges this committee to remove the proposed retraction of \$500,000 from the BoPCT budget and support the above mentioned improvements.

MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.

Employer and institutional affiliations are provided for identification purposes only and do not convey employer and institutional positions