



HB740 - Public Schools - School-Based Mental Health Services - Full-Time Therapist
House Ways and Means Committee
February 18, 2026

POSITION: Letter of Information

The Community Behavioral Health Association of Maryland (CBH) files this letter of information to inform the Committee about the complex, existing work taking place across Maryland to increase access to mental health resources in schools. The limited funds and workforce shortages endemic to behavioral health services require careful planning and multi-agency leadership to successfully navigate. The good news is that progress is underway. Moreover, by rejecting proposed BRFA cuts to school mental health funding, you can achieve the goals of HB 740 and support Maryland's progress to build school mental health capacity.

CBH is the leading voice for community providers serving the mental health and addiction needs of vulnerable Marylanders, representing 95 organizations meeting the needs of Maryland residents.

CBH shares HB740's goal of ensuring that children receive timely mental health support, and we recognize schools as critical environments for identifying needs and connecting students to care. As you consider this legislation, we offer several considerations to ensure that efforts to expand access to behavioral health supports are sustainable, coordinated, and aligned with Maryland's behavioral health delivery system:

- **Youth Need is Growing.** The prevalence of depression in Maryland youth ranks us as the second worst state in the country, and the rate of youth considering suicide ranks us at the fifth worst state.ⁱ
- **Available Workforce Is Shrinking.** In 2024, a state study found that Maryland had half the workforce required to meet existing need for behavioral health treatment, and the gap would double by 2028 if not addressed. No substantive measures to increase the workforce supply have been implemented in response to this study.ⁱⁱ

The conflict between growing need and shrinking workforce is precisely why thoughtful, interagency planning is required to resolve the problem. To increase counselors in schools without increasing the supply of counselors will simply remove counselors from one setting (such as foster care providers) and move them into schools, rather than increasing Maryland's treatment capacity and workforce. Shifting unmet need does not solve the problem facing Maryland youth.

The good news is work is underway to build school capacity to address the behavioral health needs of their children, and it is showing promising results. The Consortium on Coordinated Community Supports (Consortium) is mandated to receive \$100 million annually to expand school mental health services through partnership models with community-based providers. In its first year, Consortium-supported services reached an astonishing 86% of Maryland schools. The Consortium's funding has resulted in the hiring of 705 behavioral health staff, trained nearly 6,000 school staff, and resulted in clinical improvement in almost two-thirds of the 136,000 students served.ⁱⁱⁱ

Unfortunately, Governor More's proposed Budget Reconciliation and Financing Act (BRFA) reduces funding for this work by 20 percent.

CBH strongly supports approaches that embed community-based behavioral health providers within schools through collaborative partnership models. Building on existing provider infrastructure maximizes available resources, promotes continuity of care outside of school hours, and reflects the operational realities of a constrained workforce. We thus encourage continued coordination with efforts already in motion to ensure Maryland is expanding capacity, not shifting it, and doing so in a way that supports both students and the broader public behavioral health system.

Thank you for your consideration and for your ongoing partnership on this critical issue.

February 18, 2026



For more information contact Nicole Graner, Director of Government Affairs and Public Policy, at Nicole@mdcbh.org.

ⁱ Mental Health America, “[The State of Mental Health in America: Ranking the States](#),” at pp. 17, 19 (2025).

ⁱⁱ Maryland Health Care Commission, “[Investing in Maryland’s Behavioral Health Talent](#)” (2024).

ⁱⁱⁱ Maryland Consortium on Coordinated Community Supports, “[Statewide Impact Report](#)” (June 2025).