

# Investing in Maryland's Behavioral Health Talent

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A needs assessment to inform the design of the Behavioral Health Workforce Investment Fund established by the Maryland legislature through Senate Bill 283

**October 2024**



**MARYLAND**  
**Health Care**  
**Commission**



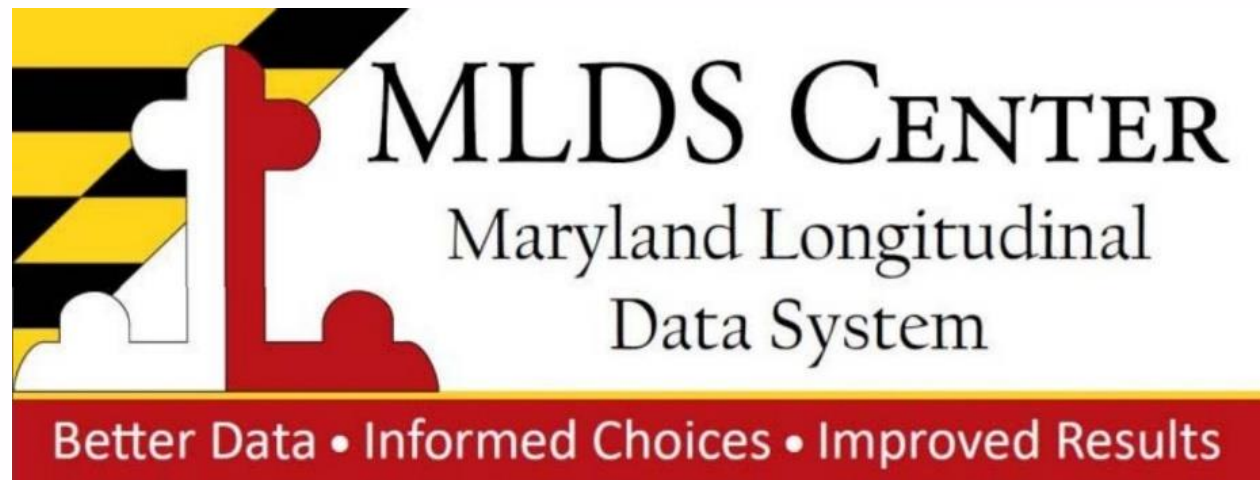
**TRAILHEAD**  
**STRATEGIES**

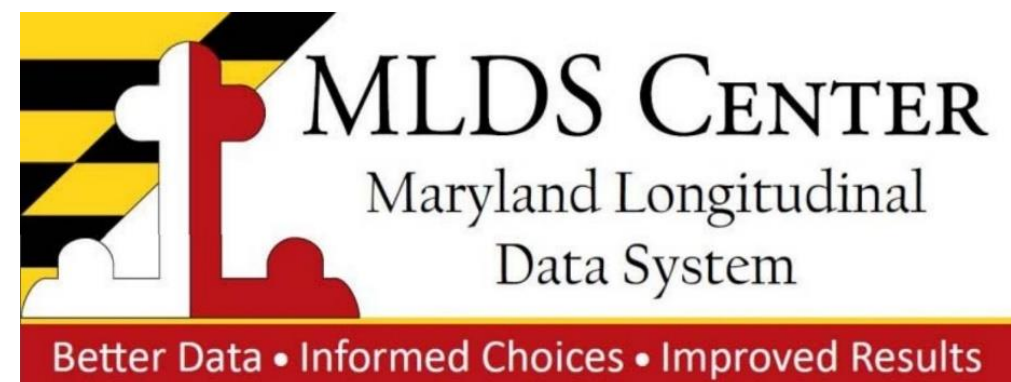


# Part 1

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**What we did.**





# Crunched Numbers

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If we don't focus on the staff we have now with the Fund, it will be like pouring water into a cup with leaks in the bottom. It won't work.

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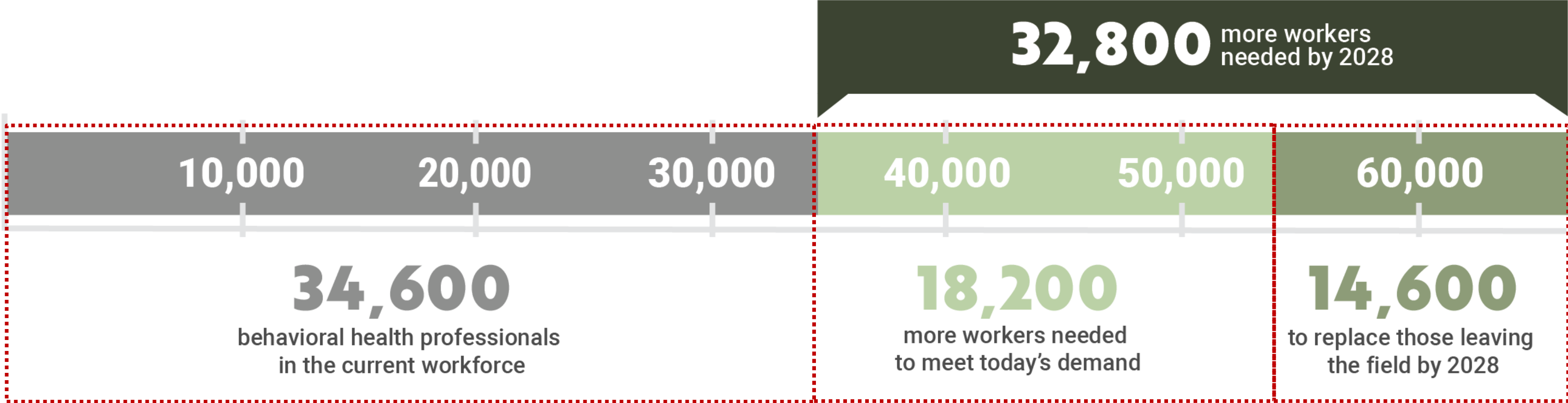
*BH Policy and Advocacy Leader*

## Part 2

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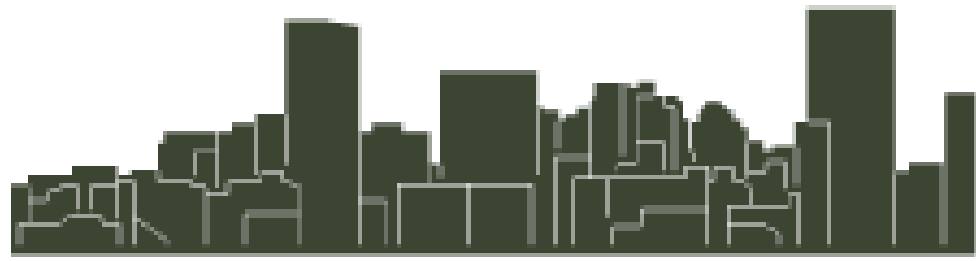
**What we found.**

Behavioral health professionals prevent, diagnose, and treat mental health and substance use disorders, as well as life stressors and crises.

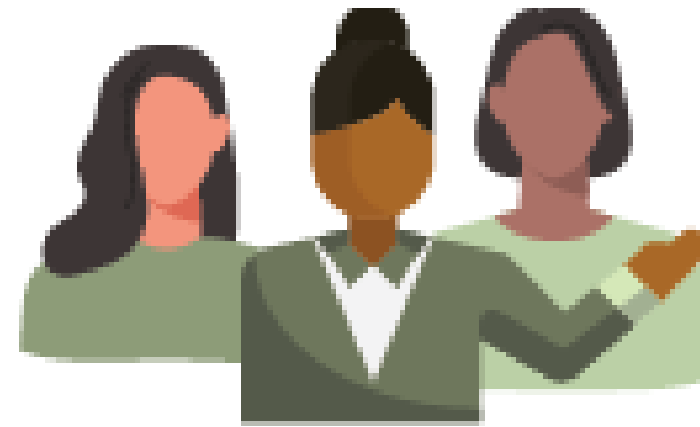


OCCUPATION	ESTIMATED WORKERS IN BH (2023)	NET NEW POSITIONS NEEDED BY 2028	REPLACEMENT WORKERS NEEDED BY 2028	NEW NEEDED BY 2028
Social and Human Services Assistants*	7,583	4,029	4,000	8,029
Counselors and Therapists	8,732	5,784	3,748	9,532
Psychiatric Aides and Technicians	1,496	938	802	1,740
Social Workers in BH Settings	2,799	1,651	1,024	2,675
Psychologists (Clinical and Counseling)	1,266	745	315	1,060
Psychiatrists	1,196	105	164	269
Nursing Assistants	1,094	379	771	1,150
Licensed Practical Nurses	339	173	134	307
Registered Nurses (Inc. Adv. Practice)	2,126	1,002	590	1,592
Nurse Practitioners	313	260	78	338
Occupational Therapists	2,747	1,061	779	1,840
Rehabilitation Counselors	2,105	602	789	1,391
Community Health Workers	2,548	1,322	1,300	2,622
Physician's Assistants	269	171	71	242
<b>Total</b>	<b>34,613</b>	<b>18,222</b>	<b>14,565</b>	<b>32,786</b>

*\*This is a broad category that includes peer recovery specialists, outreach workers, unlicensed case managers, and other roles that are sometimes referred to as paraprofessionals*



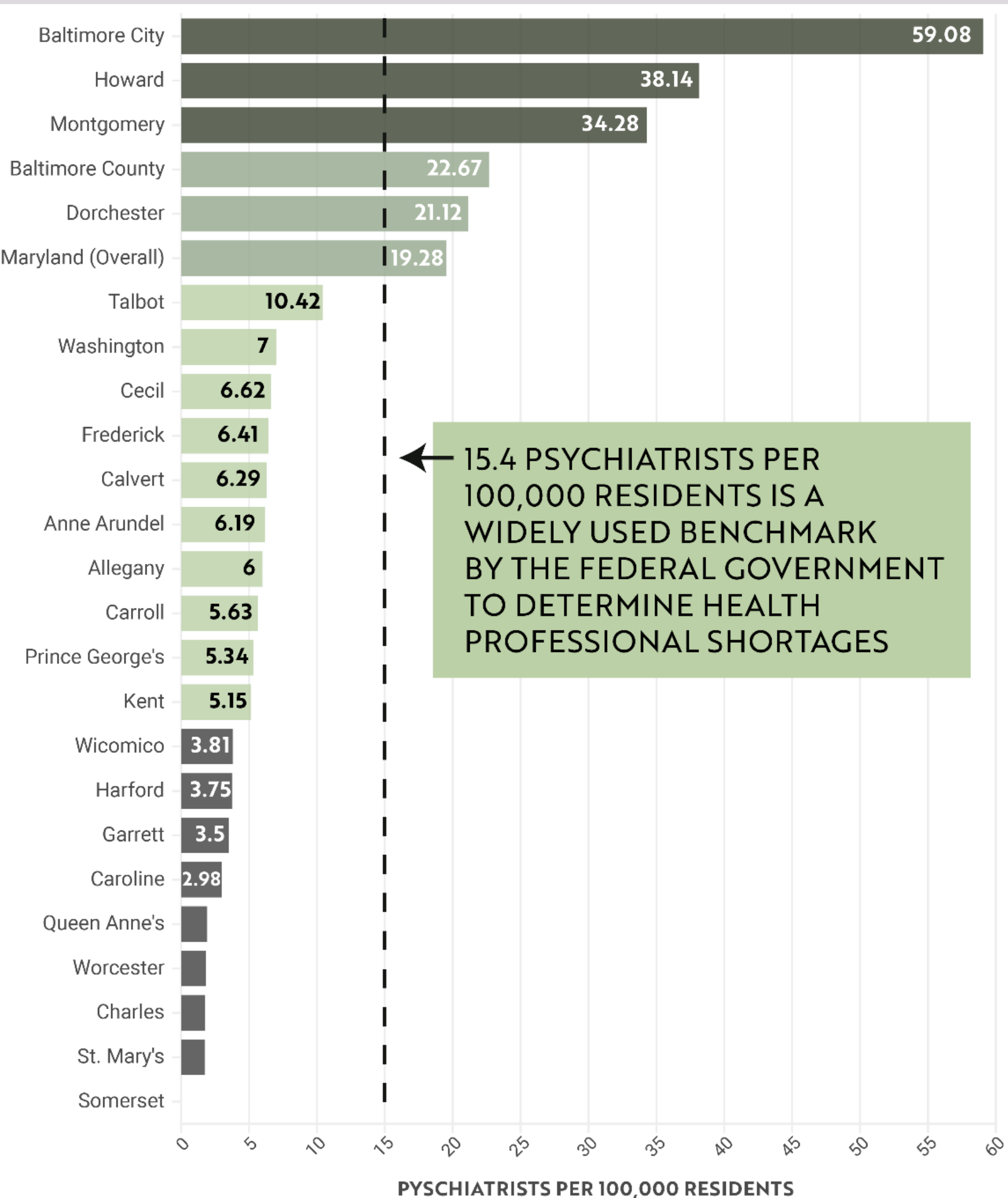
The **City of Baltimore** employs more **BH professionals** per capita than any Maryland county. **Prince George's, Carroll, Charles, Calvert, Worcester,** and **Queen Anne's** employ the **fewest** professionals per resident.



**Most Behavioral Health workers are female,** except for psychiatrists.



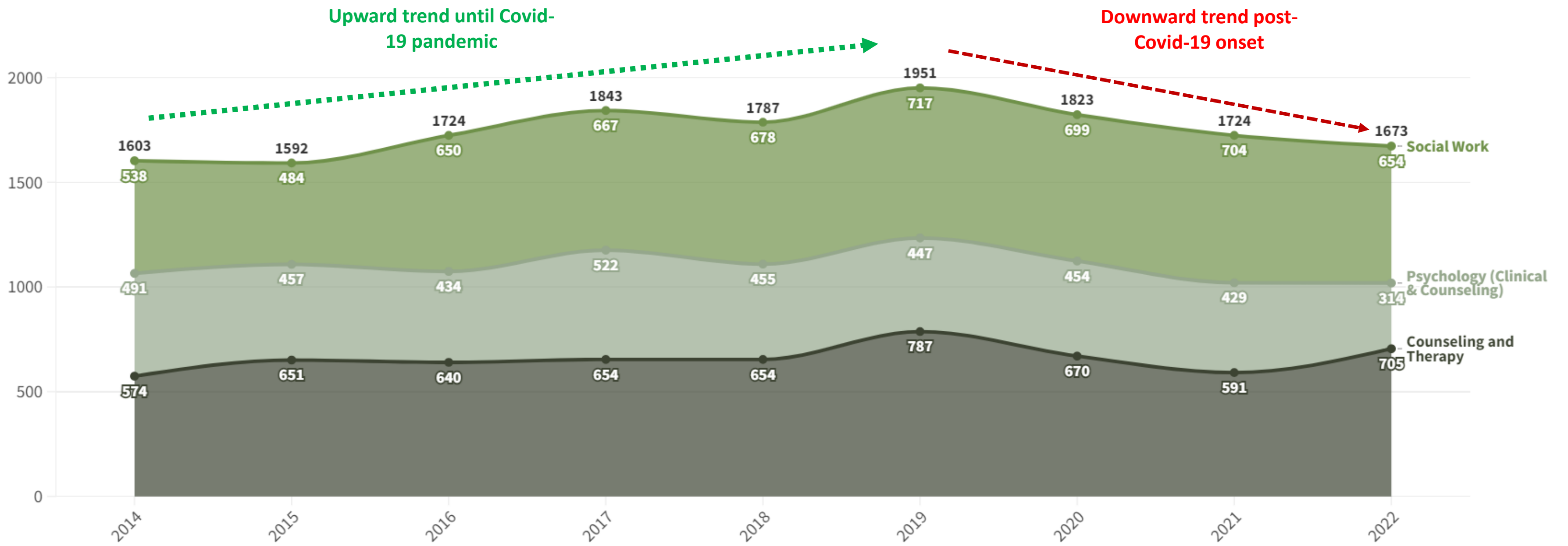
**Black workers are underrepresented among higher paying BH professions** including psychiatrists, nurse practitioners, and psychologists, but are **overrepresented among lower paying professions.** **Hispanic workers are underrepresented** across all professions.



Source: Trailhead Analysis of Lightcast Estimates and AMA Physician Masterfile Data

- 1196 psychiatrists in 2023, above the statewide benchmark. Focus in the psychiatry pipeline should be:
  - Geographic coverage:** Incentivizing or setting up structures for psychiatrists to serve patients in jurisdictions below the benchmark.
  - Replacing those leaving the field:** 164 are expected to retire or leave MD by 2028 (33 per year). This outpaces the number trained; MD's two residency programs had 27 matches in 2024. MD ranks 37th among US States in psychiatry resident matches per capita.
  - Representation:** There are fewer Black, Hispanic, and female psychiatrists than in the Maryland workforce and population overall.
  - Services to patients receiving publicly funded care.** Providing specialized fellowships, residency rotations, incentives, and support for more psychiatrists to provide care, regardless of a patient's ability to pay. In 2010, 45% of psychiatrists nationally did not accept insurance, much higher than most other physician specialties (Bishop et al, 2014).

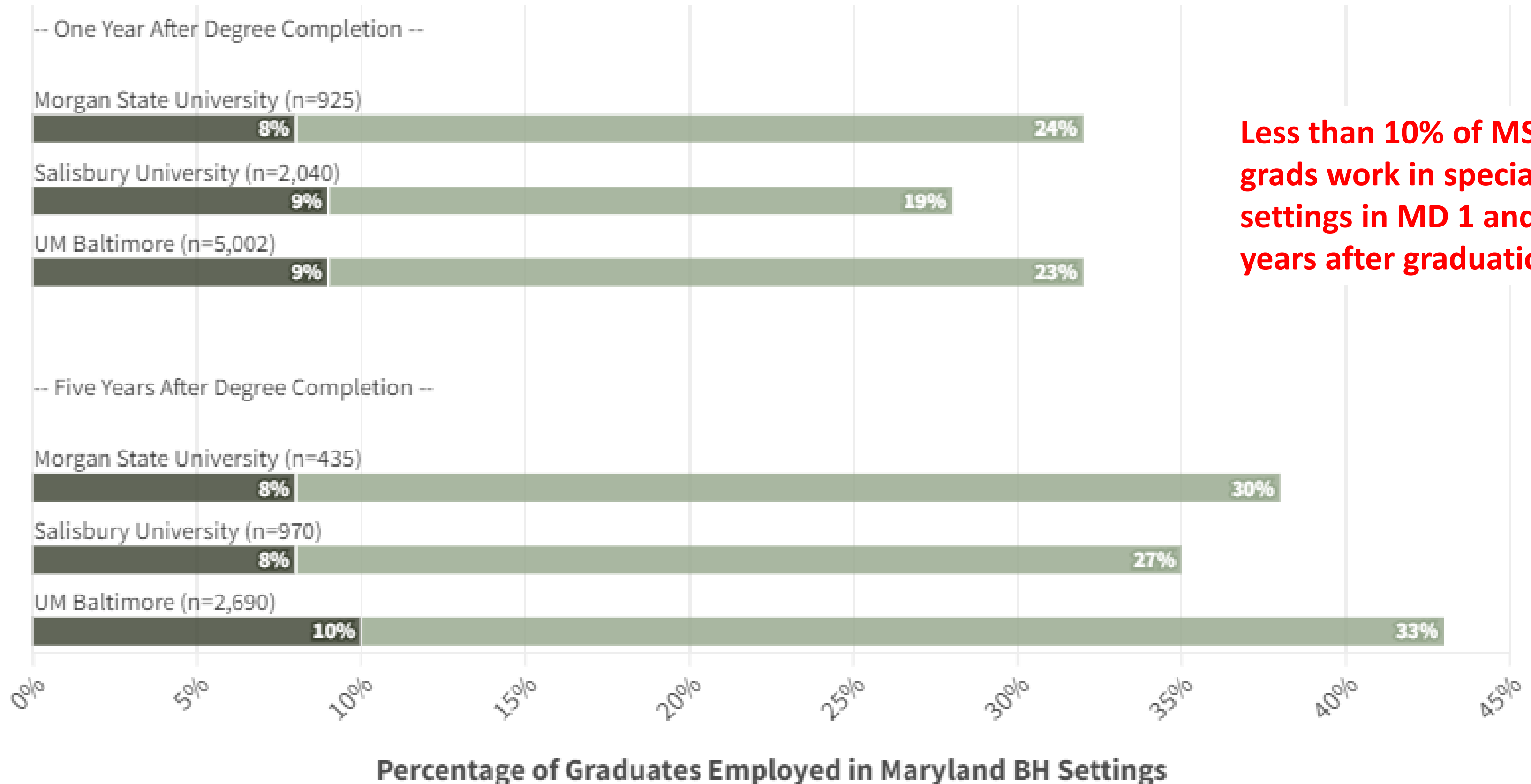
# Maryland College and University Master's Degree Awards in Social Work, Psychology, and Counseling/Therapy, 2014 – 2022



Master's Degree Awards in Social Work, Psychology, and Counseling and Therapy

# Percent of Maryland MSW Graduates Likely or Possibly Employed in Maryland BH Settings Since 2014, One and Five Years After Degree Award

■ Likely ■ Possibly



**Less than 10% of MSW grads work in specialty BH settings in MD 1 and 5 years after graduation.**

- **Trend toward more advanced nursing degrees:** While the total number of nursing degrees awarded in 2022 (4,007) is approximately unchanged from 2014 (3,994), there is a much larger share of master's and doctorate nursing degree awards today than in 2014.
- **Very few nursing grads employed in specialty BH:** Only 2% of graduates from nursing associate (2%), bachelors (2%), masters (1%), or doctorate (2%) programs were employed in Maryland specialty BH settings one year after graduation. Slightly more (6%) of nursing certificate program grads were.
- **Majority of master's grads not serving BH needs of Maryland residents.** Since 2014, 70% Masters of Social Work and Clinical and Counseling Psychology graduates from Maryland universities were either working in other industries in Maryland, were employed out of state, or not working one year after degree completion.
- **Community colleges a critical partner:** Maryland community colleges awarded just over 200 certificate or associate degrees in addiction studies / counseling in 2014, well below the demand. However, a higher share than bachelor's, master's, or doctorate degree recipients in similar fields are working in Maryland's BH system. 40% of graduates were likely or possibly employed in BH settings in Maryland one year and five years later.

## Part 3

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**What can be done about it?**

**Step 2:** Identified based on interviews of what is needed, models from other states, and/or programs that exist now that could be expanded.

**Step 3:** Cost per worker estimates based on current grant programs, interviews with training partners and public RFPs from other states.

**Step 1:** Gap between workers now and number needed for each occupation.

INVESTMENTS FOR CONSIDERATION	RECOMMENDED AMOUNT	# WORKERS IMPACTED
Certified Peer Recovery Training and Placement Grants	\$4.3M	579
Alcohol and Drug Counselor Registered Apprenticeship Program	\$10.9M	1,090
Social Worker "Earn and Learn" Residency Program	\$21M	750 – 1,250
Maryland Loan Repayment Programs for Social Workers and Professional Counselors	\$10M	250
Community Behavioral Health Talent Attraction and Retention Grants*	\$50M	2,500 - 5,000
Statewide BH Nursing Apprenticeship Pathway Program	\$14.5M	965
Community Psychiatric Mental Health Nurse Practitioner Fellowships	\$16.8M	168
Psychiatry Residency and Fellowship Program Expansion	\$7.5M	50
<b>Total Direct BH Workforce Program Investments</b>	<b>\$135M</b>	
<b>Administration (10%)</b>	<b>\$13.5M</b>	
<b>Total Over 5 Years</b>	<b>\$148.5M</b>	<b>6,352 – 9,352</b>

\* Grants to employers in the settings of focus to provide paid internships, expand supervision opportunities, offer retention bonuses, provide scholarships and tuition assistance, implement flexible or hybrid schedules, or make other investments to increase retention.

# Program #2: Alcohol and Drug Counselor Registered Apprenticeship Program

Investment: \$10,900,000 over 5 years

Expected Outcomes: 1,090 trained and certified

Cost per trainee: \$10,000

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- **The Need**

- Why this program model

- **Overview of Potential Investment**

- Grants to colleges, universities, non-profit training institutions, and consortiums to set up and operate registered apprenticeship programs
- Program model and statement of work (employer partners, classroom requirements, support services needs)

- **Alignment with Existing Funding Sources**

- Labor's Sponsor Apprenticeship Reimbursement Program (SAIR)
- USDOL Apprenticeship Building America Grant Program

- **Example Program Model**

- Washington State's Substance Use Disorder Professional Apprenticeship Program



An investment of **\$59.5M OVER FIVE YEARS**  of new money and a commitment to align existing funding streams, state investments, and successful competitive federal grants could be used to reach the recommended amount.

## Potential Funding Types and Example Capital Targets for the Fund Over Five Years

**Example only**

Amounts are for discussion purposes only and do not represent commitments by state, federal, or private entities

Funding Type	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Catalytic State Funds "A Downpayment"</b>	\$13,775,000	\$13,660,000	\$13,560,000	\$13,705,000	\$4,725,250	<b>\$59,425,250</b>
State: Alignment with Existing State Programs	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	<b>\$6,250,000</b>
Federal: Funds Administered by State Agencies (e.g., WIOA/SNAP E&T/HRSA Federal Match)	\$3,100,000	\$3,200,000	\$3,875,000	\$3,925,000	\$3,950,000	<b>\$18,050,000</b>
Federal: Successful Competitive Grant Applications	\$0	\$2,000,000	\$5,575,000	\$6,725,000	\$5,500,000	<b>\$19,800,000</b>
Private: Philanthropy / Employers / Social Impact Investment	\$2,500,000	\$9,500,000	\$9,500,000	\$9,500,000	\$9,560,000	<b>\$40,560,000</b>
Recycled Funds from Billable Patient Encounters	\$0	\$750,000	\$1,000,000	\$1,250,000	\$1,500,000	<b>\$4,500,000</b>
<b>Total</b>	<b>\$20,625,000</b>	<b>\$30,360,000</b>	<b>\$34,760,000</b>	<b>\$36,355,000</b>	<b>\$26,485,250</b>	<b>\$148,585,250</b>

The Ask



Cross-Agency  
Commitment  
to Pursue





## 1 PROVIDE COMPETITIVE COMPENSATION

More than half of paraprofessionals and many early career social workers and counselors do not make a living wage. After adjusting for cost of living, median salaries are lower in Maryland than in neighboring states for social workers, counselors, psychiatrists, and nurse practitioners. Paying a living wage and keeping pace with other settings and states is foundational.

## 2 INCREASE AWARENESS OF BEHAVIORAL HEALTH CAREERS

Expand partnerships with public schools to expose more students to behavioral health career pathways through coursework, certification, and apprenticeship programs under the *Blueprint for Maryland's Future*.

## 3 SUPPORT PAID EDUCATION AND TRAINING

The traditional education model is not working. Expanded opportunities to reduce the financial burden of education and training and help prospective and current BH professionals “Earn and Learn” on their way to certification or licensure is critical.

## 4 PROMOTE TIMELY AND EFFECTIVE LICENSING

Clear, efficient, and transparent processes to become a licensed social worker, counselor, therapist, and certified peer recovery specialist in Maryland is critical to the overall strategy.

## 5 INVEST IN JOB QUALITY

45% of BH professionals working today are expected to retire, leave Maryland, or leave the field or their occupation over the next five years. Supporting BH employers in community-based and school settings to offer paid-internships, flexible schedules, tuition assistance programs, and expanded mentorship and supervision are critical to increase retention.

## 6 EXPAND IMPACT OF CURRENT WORKFORCE

Expanding evidenced-based models, such as the Collaborative Care model (CoCM) where specialty BH providers partner with primary care providers, can help current healthcare workers serve more patients effectively.

### SETTING OF FOCUS

- ▲ Community-based providers
- ▲ Federally Qualified Health Centers
- ▲ Certified Community Behavioral Health Clinics
- ▲ Providers in the crisis care continuum
- ▲ Education settings, especially primary and secondary public schools

FUND  
FOCUS



# Major Components to Successful Fund Administration

Recommend 10% of direct program costs, or \$13.5M over 5 years



**Thank you**

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