



# INVESTING IN MARYLAND'S BEHAVIORAL HEALTH TALENT

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

EXECUTIVE SUMMARY | OCTOBER 2024

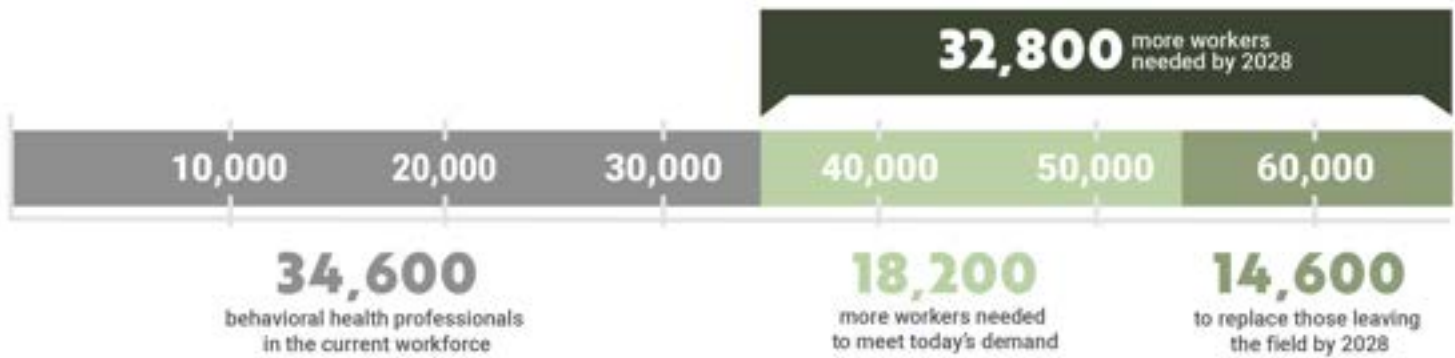


**MARYLAND**  
**Health Care**  
**Commission**



**TRAILHEAD**  
**STRATEGIES**

# HOW MANY MORE BEHAVIORAL HEALTH PROFESSIONALS DOES MARYLAND NEED?



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	<b>8,029</b>
Counselors and Therapists	8,732	5,784	3,748	<b>9,532</b>
Psychiatric Aides and Technicians	1,496	938	802	<b>1,740</b>
Social Workers in BH Settings	2,799	1,651	1,024	<b>2,675</b>
Psychologists (Clinical and Counseling)	1,266	745	315	<b>1,060</b>
Psychiatrists	1,196	105	164	<b>269</b>
Nursing Assistants	1,094	379	771	<b>1,150</b>
Licensed Practical Nurses	339	173	134	<b>307</b>
Registered Nurses (Inc. Adv. Practice)	2,126	1,002	590	<b>1,592</b>
Nurse Practitioners	313	260	78	<b>338</b>
Occupational Therapists	2,747	1,061	779	<b>1,840</b>
Rehabilitation Counselors	2,105	602	789	<b>1,391</b>
Community Health Workers	2,548	1,322	1,300	<b>2,622</b>
Physician's Assistants	269	171	71	<b>242</b>
<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.



Maryland colleges and universities awarded **fewer** master's degrees in **social work** (-9%), **clinical and counseling psychology** (-30%), and **counseling and therapy** (-10%) in 2022 compared to 2019.



**70%** masters of social work and clinical and counseling psychology graduates were either **working in other industries** outside of healthcare, **employed out of state**, or **not working** one year after degree completion.



Maryland's two psychiatry residency programs had 27 slots in 2024. While all matched, Maryland ranks **38th out of 50** states in psychiatry resident matches per capita.



# HOW CAN A STATEWIDE BEHAVIORAL HEALTH WORKFORCE INVESTMENT FUND HELP?



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The purpose of the Behavioral Health Workforce Investment Fund is to provide reimbursement for costs associated with educating, training, certifying, recruiting, placing, and retaining behavioral health professionals and paraprofessionals.

*Excerpt from Maryland Senate Bill 283*

## 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

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 of hybrid schedules, or make other investments to increase retention.



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.

# HOW CAN THE FUND FIT INTO A COMPREHENSIVE WORKFORCE STRATEGY?



While the Fund is designed to support **STRATEGY 3** and **STRATEGY 5**, additional policy and practice change is needed to address the workforce crisis long term

Run back to college, if you want to make a livable income, **don't** become a social worker.

Licensed  
Clinical  
Social Worker

FUND  
FOCUS



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.

BH Policy and  
Advocacy Leader

## 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.

## ACKNOWLEDGEMENTS

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