

House Bill 392 Budget Reconciliation and Financing Act of 2026

Appropriations Committee

March 5, 2026

Position: FAVORABLE WITH AMENDMENTS

The Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of House Bill 392 with amendments.

HB 392 alters and repeals certain required appropriations and makes a range of other statutory changes to reconcile and finance the proposed Fiscal Year 2027 budget.

Maryland is contending with a significant budget crisis and unprecedented levels of uncertainty at the federal level. MHAMD recognizes the challenge this poses for state policymakers and understands that difficult decisions will have to be made.

These challenges notwithstanding, there remains critical unmet need across the state that must be addressed. More than 30% of Marylanders in need of counseling or therapy do not receive it, a rate that exceeds the national average.¹ Maryland's percentage of serious suicidal ideation among youth aged 12-17 is 5th highest in the nation.² According to data from the Maryland Department of Health (MDH), the state's 988 helpline received nearly 9,800 calls in September 2025, a 30% increase over the same period in 2024. And while, thankfully, overdose deaths are declining, there were still over 1,300 Marylanders who lost their lives to overdose in 2025.³

Addressing this unmet need will require strategic investments to expand access to community- and school-based mental health care and bolster Maryland's behavioral health workforce. These are investments that will improve the health of our society and ultimately save the state money through a reduction in preventable hospital emergency department utilization, homelessness and criminal justice involvement.

Accordingly, as described in greater detail below, MHAMD **strongly opposes** the provisions in HB 392 that would eliminate funding for critically important school- and community-based behavioral health services.

¹ <https://www.kff.org/interactive/mental-health-and-substance-use-state-fact-sheets/maryland>

² Reinert, M, Nguyen, T & Fritze, D. (October 2025). "The State of Mental Health in America 2025." Mental Health America, Alexandria VA. <https://mhanational.org/the-state-of-mental-health-in-america/>

³ <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx?ref=opioiddatalab.ghost.io>

1. **Please REJECT the proposed \$20 MILLION (20%) annual reduction in school mental health funding (pg. 9, lines 6-15)**

According to Maryland’s most recent Youth Risk Behavior Survey (YRBS), 36% of Maryland high school students are persistently sad or hopeless, 18% of high school students and 24% of middle school students have seriously considered suicide, and 10% of both high school students and middle school students have actually attempted suicide.⁴

Despite these dire statistics, HB 392 would reduce the annual budget of the Consortium on Coordinated Community Supports – which provides mental health funding to public schools in every jurisdiction across the state – from \$100 million to \$80 million.

Last school year this funding supported over 136,000 students across nearly 90% of all public schools and resulted in improved mental health outcomes for 60-80% of those students.⁵ The funding also added over 700 new individuals to Maryland’s school behavioral health workforce and trained nearly 6,000 school personnel in behavioral health practices to improve student outcomes. Early data from the current school year gives every indication that this program will continue to produce remarkable outcomes and a positive return on investment.⁶

At a time when the demand for quality youth mental health care is greater than ever, reducing school mental health funding by 20% would be devastating for students and families across the state.

2. **Please REJECT language that weakens the state’s commitment to expanding Maryland’s network of certified community behavioral health clinics (CCBHCs) (pg. 42, lines 9-13)**

CCBHCs are federally designated care delivery models that provide a comprehensive range of outpatient mental health and substance use care, coordination with other providers and services, and connection to other systems and supports. Similar to federally qualified health centers (FQHCs), CCBHCs provide services regardless of insurance status or ability to pay.

States implementing the model have seen increased access to care, reduced ED and inpatient utilization, mitigation of behavioral health workforce challenges, higher engagement post discharge from hospitals, and greater integration with physical care.

In 2023, the General Assembly passed legislation ([SB 362](#) | [HB 1148](#)) to establish a statewide network of CCBHCs, and the Behavioral Health Administration (BHA) has done considerable work over the past year engaging stakeholders and preparing for an eventual application to participate in the federal CCBHC demonstration program. The language in HB 392, however, would make the continuation of this initiative discretionary and leave the future of Maryland’s CCBHC program in question.

⁴ Maryland Department of Health 2022-2023 Youth Risk Behavioral Survey and Youth Tobacco Survey data. <https://health.maryland.gov/phpa/ccdpc/Reports/Pages/YRBS-2022-2023.aspx>

⁵ [Maryland Consortium on Coordinated Community Supports Statewide Impact Report: March 2024-June 2025](#)

⁶ [Maryland Consortium on Coordinated Community Supports Statewide Impact Report: July-September 2025](#)