



Testimony on SB 201
Maryland Medical Assistance & Children's Health Insurance Programs –
School-Based Behavioral Health Services – Reimbursement
Senate Finance Committee
February 7, 2023

POSITION: FAVORABLE WITH AMENDMENTS

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of adults and children in Maryland. Our 110 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

CBH members have clinicians on the ground in 909 of Maryland's 1,449 public schools (63%) and have delivered school-based mental health services to over 19,000 children so far this year. Our members weave funding from insurance payers, Medicaid, and county or school contracts together to support their delivery of school-based services.

Our members' work is underfunded and not reaching all of the children who need mental health supports in schools. We strongly support efforts to expand the services already delivered. However, such efforts must be undertaken carefully to avoid supplanting the school mental health services that our members already deliver. There are two ways that the existing service infrastructure risks being disrupted or supplanted if we are careless in expanding services: (1) drawing down new Medicaid dollars for schools risks excluding or reducing existing services delivered by clinics with Medicaid funds; and (2) any expansion that does not partner with existing clinics will increase competition for the scarce resource of qualified staff. Maryland must rise to meet the needs of our children, but we must do so carefully if we are to be successful.

An Unprecedented Youth Mental Health Crisis

America's children are struggling in ways experts have never seen before. In 2021, the U.S. Surgeon General [issued](#) a rare advisory warning of a "devastating" mental health crisis among teens, urging states to expand access to care in as many settings as possible. Just three months ago, the American Academy of Pediatrics and others [urged](#) the Biden Administration to declare a federal public health emergency in order to galvanize states to address the crisis our children are facing.

The expansion of behavioral health services in schools will aid in these efforts, connecting children to mental health or addiction treatment who otherwise may not receive it or be identified as needing it. Students should be able to access a range of supportive services to help them succeed in their school environment, and currently there are not enough behavioral health professionals in schools to meet the rising need.

How Services Are Billed Now

However, it is critical to understand that children who have IEPs are *not* the only children receiving mental health services in schools. Maryland has a robust infrastructure of partnerships between schools and licensed outpatient mental health clinics (OMHCs). OMHCs employ mental health clinicians who work on site at schools,

delivering services to children with Medicaid or private insurance. Most often, the onsite clinicians bill Medicaid or other insurance for their services under the OMHC licensed. The benefits of a partnership between an OMHC and school to deliver mental health services include:

- 1) Schools operate for 180 days a year, while OMHC operate year-round;
- 2) OMHCs can bring a clinical infrastructure to bear, including an array of clinicians, with varying specialties and cultural competencies, operating under supervision and with existing quality and compliance standards in place;
- 3) OMHCs can offer operational infrastructure, including the capacity to bill Medicaid and other insurers where appropriate, as well as malpractice insurance and other operational needs;
- 4) OMHC can use non-Medicaid funding to fill in service gaps, such as serving children who lack insurance, can't afford co-pays, or have a mental health need that doesn't rise to the level of a diagnosable disorder.
- 5) Competition between schools and OMHCs to hire a limited number of qualified staff is reduced through a partnership model.

Principles for Expanding School Mental Health

With this understanding about current mental health service delivery in schools, there are three priorities to address in the expansion of school mental health services.

Supplement Not Supplant: It is essential that the expansion of school mental health services supplement rather than supplant current services. The Maryland Department of Health must ensure that any state plan amendment to draw down Medicaid in school settings recognizes the existing Medicaid services being delivered by OMHCs and works to preserve that delivery mechanism. Our proposed amendment ensures that SB201 reflects this legislative intent.

With a Scarce Workforce, Partnership Models Keep Kids from Losing Care: The nation is in the midst of a workforce crisis as it is facing down the youth mental health crisis. As schools seek to hire more mental health professionals, they risk drawing from the pool of mental health professionals employed by Medicaid providers. In fact, the number of children getting Medicaid mental health services has declined, in part, due to the scale of workforce crisis facing Medicaid providers. At the same time, several CBH members have reported significant volume of departures among their child-serving staff to secure higher-paid job in public schools.

Many Maryland counties are designated as mental health shortage areas. We simply don't have enough mental health professionals to allow replications of the Medicaid workforce inside schools. Partnership approaches are the only way to ensure we don't leave Medicaid-insured children shortchanged with access to Medicaid services.

Maintain Access to Care: Complex Medicaid billing rules pose potentially serious coordination challenges that could cause a reduction of service access for children and unbillable services for community providers. These challenges must be addressed comprehensively to ensure children and youth do not lose access to therapy, medication management and care coordination when receiving a mental health service delivered by a school employee.

For these reasons, we urge a favorable report with the following amendments, which ensure that the bill before you incorporates CBH's three principles for expanding school mental health services.

Under Section B., add:

(5) LICENSED HEALTH PROFESSIONALS AND PARAPROFESSIONALS EMPLOYED BY A MENTAL HEALTH AND SUBSTANCE USE DISORDER PROGRAM LICENSED IN ACCORDANCE WITH § 7.5-401 OF THIS ARTICLE.

Add section E:

E) MONEY EXPENDED IN CONNECTION WITH THE STATE PLAN AMENDMENT FOR CARRYING OUT THE PURPOSE OF THIS BILL IS SUPPLEMENTAL TO AND IS NOT INTENDED TO TAKE THE PLACE OF EXISTING MEDICAID FUNDING AND CONTRACTS WITH COMMUNITY BEHAVIORAL HEALTH AGENCIES THAT ARE CURRENTLY UTILIZED FOR THE PROVISION OF BEHAVIORAL HEALTH SERVICES IN SCHOOL SETTINGS.