

February 7, 2023

**Senate Finance Committee  
Testimony - FAV**

**SB 201 – Maryland Medical Assistance and Children’s Health Insurance Programs – School-Based Behavioral Services -Reimbursement**

Chairman Griffith, Vice Chair Klausmeier, and other distinguished members of the Senate Finance Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a non-profit that is dedicated to providing education, support, and advocacy for persons with mental illnesses, their families and the wider community.

NAMI Maryland thanks Senators Hester and Augustine for sponsoring SB 201 and urges a **Favorable Committee Report**. This is a top priority for NAMI – Maryland!

As you may know, One in six<sup>1</sup> U.S. youth aged 6-17 experience a mental health disorder each year, and half<sup>2</sup> of all mental health conditions begin by age 14. Attention-deficit/hyperactivity disorder (ADHD), behavior problems, anxiety, and depression are the most commonly<sup>3</sup> diagnosed mental disorders in children. Yet, only about half<sup>4</sup> of youth with mental health conditions received any kind of treatment in the past year. Obviously, the COVID pandemic has further exacerbated these mental health issues.

Undiagnosed, untreated or inadequately treated mental illnesses can significantly interfere with a student’s ability to learn, grow and develop. Since children spend much of their productive time in educational settings, schools offer a unique opportunity for early identification, prevention, and interventions that serve students where they already are. Youth are almost as likely to receive mental health services in an education setting as they are to receive treatment from a specialty mental health provider — in 2019, 15% of adolescents aged 12-17<sup>5</sup> reported receiving mental health services at school, compared to 17% who saw a specialty provider.

School-based mental health services are delivered by trained mental health professionals who are employed by schools, such as school psychologists, school counselors, school social workers, and school

---

<sup>1</sup> “US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children” -- <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2724377?guestAccessKey=f689aa19-31f1-481d-878a-6bf83844536a>

<sup>2</sup> “Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication” -- <https://pubmed.ncbi.nlm.nih.gov/15939837/>

<sup>3</sup> CDC “Data and Statistics on Children’s Mental Health” -- <https://www.cdc.gov/childrensmentalhealth/data.html>

<sup>4</sup> See Footnote ‘1’

<sup>5</sup> SAMSHA “Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health” -- <https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf>

nurses. By removing barriers such as transportation, scheduling conflicts and stigma, school-based mental health services can help students access needed services during the school-day. Children and youth with more serious mental health needs may require school-linked mental health services that connect youth and families to more intensive resources in the community.

Early identification and effective treatment for children and their families can make a difference in the lives of children with mental health conditions. Policies should also consider reducing barriers to delivering mental health services in schools including difficulty with reimbursement, scaling effective treatments, and equitable access.

SB 201 goes a long way in addressing these issues by requiring the Maryland Department of Health (MDH) to apply for a State plan amendment to the Centers for Medicare & Medicaid Services (CMS) that would authorize expanded reimbursement to providers of behavioral health services when provided in a school setting. It would seek to provide reimbursement to the maximum extent permitted under Federal and State law to providers under existing programs such as the Maryland Medical Assistance Program (Medicaid) and Maryland Children's Health Insurance Program (CHIP). This would allow Maryland to tap additional federal dollars to provide these needed services in school-based settings.

NAMI Maryland respectfully urges a FAVORABLE committee report for SB 201.

Kathryn S. Farinholt  
Executive Director  
National Alliance on Mental Illness, Maryland

**Contact:** Rob Garagiola, Principal  
Compass Government Relations Partners  
[RGaragiola@compassadvocacy.com](mailto:RGaragiola@compassadvocacy.com)  
(301) 801-9678