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By: Senator Conway

Introduced and read first time: January 31, 2014

Assigned to: Education, Health, and Environmental Affairs and Finance

## A BILL ENTITLED

## 1 AN ACT concerning

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## Task Force on Community-Partnered School Mental Health

FOR the purpose of establishing the Task Force on Community-Partnered School Mental Health; providing for the composition, chair, and staffing of the Task Force; prohibiting a member of the Task Force from receiving certain compensation, but authorizing the reimbursement of certain expenses; requiring the Task Force to study and make recommendations regarding the provision and financing of community-partnered school mental health programs and services; requiring the Task Force to report its findings and recommendations to the Governor and the General Assembly on or before a certain date; providing for the termination of this Act; and generally relating to the Task Force on Community-Partnered School Mental Health.

13 Preamble

WHEREAS, One in five children experiences a diagnosable and treatable mental health disorder, and only one in five of those children is able to access necessary services due to a variety of factors; and

WHEREAS, Behavioral and emotional issues can act as a barrier to academic success and high school graduation, as well as create disciplinary and attendance problems in school; and

WHEREAS, Recent events in Maryland and around the country have ignited a sense of urgency among state leaders and policymakers to address mental health and safety in our schools; and

WHEREAS, Although Maryland has established an extensive array of children's mental health evidence—based practices delivered in home and community settings, the mental health system of care lacks the full capacity needed to ensure the delivery of care to all youth in Maryland with mental health needs; and



1 2 3 4	are instrum professional and are wit	ental i s may thout t	While school-based social workers, counselors, and psychologists in preventing and managing emotional-behavioral problems, these be limited to providing services only to youth in special education he necessary infrastructure, including child psychiatric care and		
5 6 7 8 9	WHE infrastructu disciplinary	REAS, re to s practi	fully support student mental health needs; and  Schools without the necessary community—partnered apport student mental health may rely excessively on exclusionary res, including suspension, expulsion, and arrest, contributing to the ate's achievement gap; and		
10 11 12 13	WHEREAS, Schools can provide a safe, secure, and accessible base for improving mental health outcomes by serving as a hub for community behavioral health providers to augment existing school services in order to support a full continuum of student mental health services; and				
14 15 16		ted n	Community-partnered school mental health offers a technism to improve a student's mental health, academic fety; and		
17 18 19 20	WHEREAS, The community-partnered school mental health model leverages an array of funding streams, including mental health, substance use, juvenile services child welfare, and others to support the education system in addressing the mental health needs of students; now, therefore,				
21 22	SECT MARYLANI	ION O, Tha			
23	(a)	There	is a Task Force on Community–Partnered School Mental Health.		
24	(b)	The T	ask Force consists of the following members:		
25 26	designee;	(1)	the State Superintendent of Schools, or the State Superintendent's		
27 28	Maryland H	(2) ygiene	the Director of the Office of Child and Adolescent Services in the Administration, or the Director's designee; and		
29		(3)	the following members, appointed by the Governor:		
30			(i) one school psychologist;		
31			(ii) one school social worker;		
32 33	providing co	mmun	(iii) one representative of a local education agency experienced in ity-partnered school mental health services;		

$\frac{1}{2}$	(iv) two individuals experienced in providing community-partnered school mental health services;
3 4	(v) two representatives of the national Center for School Mental Health at the University of Maryland School of Medicine;
5 6	(vi) one representative of the Mental Health Association of Maryland;
7	(vii) one representative of Advocates for Children and Youth;
8 9	(viii) one representative of the Maryland Coalition of Families for Children's Mental Health;
10 11	(ix) one representative of the Maryland Chapter of the National Alliance on Mental Illness; and
12	(x) one representative of the Maryland Disability Law Center.
13 14	(c) The Task Force shall elect a chair from among the members of the Task Force.
15	(d) The State Department of Education shall provide staff for the Task Force.
16	(e) A member of the Task Force:
17	(1) may not receive compensation as a member of the Task Force; but
18 19	(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.
20	(f) The Task Force shall:
21 22	(1) study the prevalence of existing community-partnered school mental health programs in the State;
23 24	(2) collect and evaluate data on the efficacy of community-partnered school mental health programs in the State and other states;
25 26 27 28	(3) identify fiscally sustainable models of providing community-partnered school mental health services, including maximizing third-party billing for mental health services and supplemental funding for ancillary services; and
29	(4) make recommendations regarding:

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1	(i) policy initiatives to promote the expansion of				
2	community-partnered school mental health programs in the State;				
3	(ii) strategies to better equip mental health providers to partner				
4	with schools, including integration into existing multitiered systems of support;				
5	(iii) strategies for community behavioral health providers to help				
$\frac{6}{7}$	improve student safety, reduce disciplinary removals and school-based arrests, and facilitate pathways to early identification and intervention of violent behavior and				
8	serious mental illness;				
9	(iv) best practices for conducting quality assessment and				
10 11	improvement activities and measuring outcomes to document the impact of programming on mental health, behavior, and academic indicators; and				
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12	(v) any other relevant issues identified by the Task Force.				
13	(g) On or before December 15, 2014, the Task Force shall report its findings				
14	and recommendations to the Governor and, in accordance with § 2-1246 of the State				
15	Government Article, the General Assembly.				
16	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect				
17	June 1, 2014. It shall remain effective for a period of 1 year and, at the end of May 31,				
18	2015, with no further action required by the General Assembly, this Act shall be				

abrogated and of no further force and effect.