HB 639

Department of Legislative Services

Maryland General Assembly
2014 Session

FISCAL AND POLICY NOTE

House Bill 639 (Delegate Luedtke, *et al.*)
Health and Government Operations

Task Force on Community-Partnered School-Based Mental Health

This bill establishes the Task Force on Community-Partnered School-Based Mental Health. The Maryland State Department of Education (MSDE) must provide staff support for the task force. A final report with findings and recommendations is due by December 15, 2014.

The bill takes effect June 1, 2014, and terminates May 31, 2015.

Fiscal Summary

State Effect: Any expense reimbursements for task force members and staffing costs for MSDE are assumed to be minimal and absorbable within existing resources.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The task force is charged with (1) studying the prevalence of existing community-partnered school-based mental health programs in the State; (2) collecting and evaluating data on the efficacy of community-partnered school-base mental health programs across the State and the nation; and (3) identifying fiscally sustainable models of providing community-partnered school-based mental health services, including maximizing third-party billing for mental health services and supplemental funding for ancillary services.

The task force must make recommendations regarding (1) policy initiatives to promote the expansion of community-partnered school-based mental health programs in the State; (2) strategies to better equip mental health providers to partner with schools, including integration into existing multitiered systems of support; (3) strategies for community behavioral health providers to help improve student safety, reduce disciplinary removals and school-based arrests, and facilitate pathways to early identification and intervention of violent behavior and serious mental illness; (4) best practices for conducting quality assessment and improvement activities and measuring outcomes to document the impact of programming on mental health, behavior, and academic indicators; and (5) any other relevant issues.

A member of the task force may not receive compensation but is entitled to reimbursement for expenses.

Current Law/Background: The bill's preamble states that one in five children experience a diagnosable and treatable mental health disorder, but only one in five of those children is able to access necessary services. 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. In addition, research indicates that school mental health programs can improve educational outcomes by decreasing absences, decreasing discipline referrals, and improving test scores.

Schools can be in a position to identify mental health problems. Schools cannot, however, adequately address the mental health needs of school-age children absent community and mental health provider support and partnerships. Students often bring their mental health issues and societal problems including homelessness, poverty, and community violence into the classrooms. At the same time, while school-based social workers, counselors, and psychologists are instrumental in preventing and managing emotional-behavioral problems, these professionals may be limited to providing services only to youth in special education, and are without the necessary infrastructure, including child psychiatric care and extended hours, to fully support student mental health needs.

Mental Hygiene Administration and Core Service Agencies

The Mental Hygiene Administration (MHA), within the Department of Health and Mental Hygiene (DHMH), is the State's lead agency for providing publicly funded mental health services and ensuring that residents receive appropriate treatment. The administration provides services in the community through core service agencies (CSAs) designated by each county government. Additionally, the administration provides services through five psychiatric hospitals and two residential treatment centers for youth.

CSAs are the local mental health authorities responsible for planning, managing, and monitoring public mental health services at the local level. CSAs operate under DHMH as agents of county government.

Maryland Mental Health Crisis Response System

Chapter 371 of 2002 established the Maryland Mental Health Crisis Response System within MHA. The system operates a statewide network by coordinating inter-jurisdictional services to develop crisis response systems to serve the entire State. Local crisis response systems provide suicide prevention and crisis intervention hotlines, mental health information and referrals, coordination of disaster mental health teams, a community crisis bed and hospital bed registry, and linkages to social services telephone systems. Currently, there are crisis teams in Baltimore City and Anne Arundel, Baltimore, Harford, Howard, Montgomery, Prince George's, and Worcester counties.

Behavioral Health Integration in Pediatric Primary Care Program

In January 2013, DHMH, MSDE, the Johns Hopkins Bloomberg School of Public Health, the University of Maryland School of Medicine, and the Salisbury University Department of Social Work announced the launch of B-HIPP to support the efforts of pediatric primary care providers to assess and manage mental health concerns in their patients and connect their patients to mental health services. The program is supported by funding from DHMH and MSDE, and assistance is provided without charge or regard to a patient's insurance status. The program offers phone consultations for primary care providers with child mental health specialists, opportunities for mental health skills training for primary care providers, referral and resource networking, and a pilot program for social work co-location in pediatric primary care practices.

Pilot School Health Program

Pilot school health programs were established in Baltimore City and Caroline County to improve health services for school-age children in two areas with underserved portions of the population. The programs became permanent in 1997. The specified purposes and objectives of the program in Baltimore City are to encourage and promote appropriate and cost-effective use of health care services; reduce unnecessary use of hospital emergency room services; demonstrate the efficacy of involving parents, students, and community organizations in school health programs; and assess whether school health programs could be used as a basis for advising family members of the student about other sources of primary care. The specified purposes and objectives of the program in Caroline County are to concentrate on the early identification, health counseling, and referral for mental health problems to prevent suicides; assess whether school health programs could be used as a basis for advising other family members of the student of

other sources of primary care; and provide specified health and referral services for students, including counseling.

Additional Comments: SB 679 establishes a task force with substantially similar goals.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Maryland State Department of Education, Department of Health and Mental Hygiene, Illinois Children's Mental Health Partnership, Department of Legislative Services

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Analysis by: Caroline L. Boice

Direct Inquiries to:
(410) 946-5510
(301) 970-5510