HB 713

Department of Legislative Services

Maryland General Assembly
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FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 713 (Delegate Luedtke, *et al.*)
Ways and Means Education, Health, and Environmental Affairs

State Department of Education - Community-Partnered School Behavioral Health Services Programs - Reporting System and Report (School Behavioral Health Accountability Act)

This bill requires the Maryland State Department of Education (MSDE), in consultation with the Department of Health and Mental Hygiene (DHMH), local boards of education, and other interested stakeholders, as determined by MSDE, to develop and implement a standardized reporting system to determine the effectiveness of community-partnered school behavioral health service programs. The standardized reporting system must use measures that collect data on the outcomes of students who receive behavioral health services, including a student's academic, behavioral, social, and emotional functioning and progress. By December 1, 2017, and every two years thereafter, MSDE must submit a report that provides an analysis of the effectiveness of community-partnered school behavioral health services programs.

The bill takes effect July 1, 2016.

Fiscal Summary

State Effect: General fund expenditures increase by $114,300 in FY 2017 for MSDE to hire a half-time specialist and for contractual expenses to research and develop the system. Future years reflect elimination of one-time costs, annualization, and inflation. Revenues are not affected.

(in dollars)	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Revenues	$0	$0	$0	$0	$0
GF Expenditure	114,300	147,800	150,600	153,500	156,500
Net Effect	($114,300)	($147,800)	($150,600)	($153,500)	($156,500)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: Local school system or local health department expenditures may increase to enter the required data into the system. Local costs will depend on the data collection system developed.

Small Business Effect: None.

Analysis

Bill Summary: "Behavioral Health Services" is defined as prevention, intervention, and treatment services for the social-emotional, psychological, behavioral, and physical health of students, including mental health and substance abuse disorders.

"Community-partnered school behavioral health services program" is defined as a program that provides behavioral health services to students by community behavioral health providers in partnership with public schools and families that augment the behavioral health services and supports provided by public schools. School-based health centers are specifically excluded from the definition.

Current Law/Background: According to the National Alliance on Mental Illness, four million children and adolescents in the United States suffer from a serious mental disorder, and 21% of children ages 9 to 17 have a diagnosable mental or addictive disorder that causes at least minimal impairment. Only 20% of children with mental disorders are identified and receive mental health services in any given year. The National Institute of Mental Health also reports that about 8% of teenagers (ages 13 to 18) have an anxiety disorder, but only 18% receive mental health care.

The University of Maryland Center for School Mental Health released a report in 2015 entitled *Community-Partnered School Behavioral Health State of the Field in Maryland.* According to that report, community-partnered school behavior health services programs are available in 20 out of the 24 jurisdictions in the State. Respondents to a survey conducted for the report indicated that 517 (37%) of the 1,414 schools included on this survey actually provide community-partnered school-based health services, while 32 (2%) provide community-partnered school-based substance-use services.

School health services programs are either run by the local school system (14) or the local health department (10). In 9 jurisdictions, the local health department provides the funding as well as management for the school health service programs.

MSDE advises that there may be impediments to collecting student-level patient data in the area of student behavioral health and social/emotional functioning due to the federal Health Insurance Portability and Accountability Act.

State Expenditures: General fund expenditures increase by $114,342 in fiscal 2017 for MSDE to hire a half-time specialist and for contractual expenses to research and develop the data collection system. The following information and assumptions are used in this estimate.

- MSDE advises that it needs a full-time education program specialist to work with university researchers to develop research and evaluation protocols and a half-time program specialist to collaborate with MSDE's Division of Curriculum, Assessment, and Accountability to identify and align existing data academic and behavioral health metrics. The Department of Legislative Services (DLS) advises that a half-time education specialist can work with university researchers and MSDE's Division of Curriculum, Assessment, and Accountability and continue to produce the required reports and work with local school systems and local health departments. Thus, general fund expenditures increase by an estimated $39,342 in fiscal 2017, which accounts for a 90-day start-up delay following the bill's July 1, 2016 effective date.

- DHMH advises that a half-time contractual staff will need to be hired to collaborate with MSDE to develop the standardized reporting system from July 1, 2016, through December 1, 2017, when the first report is due. However, DLS advises that the half-time education specialist hired by MSDE can coordinate with local health departments.

- General fund expenditures increase by an estimated $75,000 in fiscal 2017, increasing to $100,000 annually in fiscal 2018 to hire contractors to research, develop, and maintain the system. MSDE advises that current data systems do not link academic outcomes to health indicators; thus, a system will need to be created by specialists in this area. It is anticipated that MSDE will need to hire a university research team and a technical database creation team. Exact costs estimates for these services are not readily available, but it is estimated that in total these services will cost $100,000 annually ($75,000 in fiscal 2017 due to a start-up delay). Due to the sensitive nature of the data that must be collected, the standardized reporting system developed may require extra safeguards, which may result in additional costs.

Future years reflect elimination of one-time costs, annualization, and inflation.

Local Expenditures: Local school system or local health department expenditures may increase to enter the required data into the system. Local costs will depend on the data collection system developed. If the data system is built upon and works with existing systems, it is possible that local expenditures will only increase minimally. If the system

developed requires entirely new systems and processes, there may be a need for additional local staff to carry out these requirements.

Additional Information

Prior Introductions: None.

Cross File: SB 494 (Senator Nathan-Pulliam, *et al.*) - Education, Health, and Environmental Affairs.

Information Source(s): Maryland State Department of Education, Department of Health and Mental Hygiene, University of Maryland Center for School Mental Health, Department of Legislative Services

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Analysis by: Caroline L. Boice

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