This bill establishes the Commission on Student Behavioral Health and Mental Health Treatment to study, evaluate, and revise guidelines for student behavioral health and mental health treatment and practices, including school-based health centers (SBHCs). The Behavioral Health Administration (BHA) must provide staff for the commission. Members of the commission may not receive compensation but may be reimbursed for expenses. The commission must report its findings and recommendation in two reports, one by December 1, 2020, and the second by December 1, 2021. The bill takes effect July 1, 2020, and terminates June 30, 2022.

Fiscal Summary

State Effect: BHA can likely staff the commission with existing resources; to the extent that the commission requires specialized staff expertise, BHA expenditures may increase minimally for contractual staff support. Any expense reimbursements for the commission are assumed to be minimal and absorbable within existing budgeted resources. No effect on revenues.

Local Effect: None.

Small Business Effect: None.
Analysis

Bill Summary: The commission must:

- study behavioral health treatment and practices for students dealing with behavioral health and mental health issues;
- make recommendations on actions necessary to improve the current practices of student behavioral health treatment, including school-based health centers;
- revise guidelines for student behavioral health treatment and practices in school-based health centers; and
- research ways to coordinate school-based practices with health care provider practices to improving treatment available for students that need behavioral health or mental health treatment.

Current Law/Background:

School-based Health Centers

SBHCs are health centers located in a school or on a school campus that provide on-site comprehensive preventive and primary health services. Services may also include behavioral health, oral health, ancillary, and supportive services. SBHCs were started in Maryland in 1985 to increase children’s access to health care. They have proven effective in diagnosing and treating illness, managing chronic health conditions, and increasing school attendance for children at risk of missing school due to health issues. In some parts of the United States where SBHCs have been studied, an increase in student achievement has been noted in schools with SBHCs.

According to the Maryland State Department of Education (MSDE), as of fiscal 2019, 85 SBHCs operated across 12 local school systems in Maryland. The Governor’s proposed fiscal 2021 budget includes $2.6 million in State aid to public schools for SBHCs. This level of annual funding has been nearly the same since fiscal 2012.

Maryland Council on Advancement of School-based Health Centers

The purpose of the council is to improve the health and educational outcomes of students who receive services from SBHCs by advancing their integration into the health care and educational systems at the State and local levels. The council must develop specified policy recommendations to improve the health and educational outcomes of students who receive services from SBHCs. Chapter 199 of 2017 transferred the council from MSDE to the Maryland Department of Health (MDH). The council must report its findings and
recommendations to the Maryland Community Health Resources Commission (MCHRC), MDH, MSDE, and the General Assembly by December 31 of each year.

The council consists of 15 voting members and 6 ex officio members, and it includes representatives of several State agencies and other organizations, as well as parents, principals, and SBHC clinicians. MCHRC must provide staff support for the council but may seek the assistance of organizations with relevant expertise to provide additional staffing to MCHRC and the council.

**Maryland Community Health Resources Commission**

MCHRC was established as an independent commission in 2005 to expand access to health care services in underserved communities in the State. MCHRC is composed of 11 members appointed by the Governor. The commission supports the development of community health care resources by (1) awarding grants to expand access in underserved areas and support public health priorities and (2) supporting local health improvement coalitions and efforts to promote population health initiatives. The chair of MCHRC is an ex officio member of the council.

**Commission on Innovation and Excellence in Education**

The Commission on Innovation and Excellence in Education (known as the Kirwan Commission), chaired by former University of Maryland Chancellor Dr. William “Brit” Kirwan, was established by Chapters 701 and 702 of 2016 to (1) review and recommend any needed changes to update the current education funding formulas (known as the Thornton formulas) and (2) make policy recommendations that would enable Maryland’s preK-12 system to perform at the level of the best-performing systems in the world.

The council provided both public and written testimony to the Kirwan Commission on several occasions in 2018. One of the elements, or recommendations, of the Kirwan Commission’s January 2019 *Interim Report* is to train staff in all schools to recognize mental health issues as well as other issues related to trauma and to coordinate access to needed mental health and other services for students, as part of the effort to increase school safety. Chapter 30 of 2018, the Safe to Learn Act, specifically charged the Kirwan Commission with developing recommendations to address these issues. This Kirwan Commission recommendation is accompanied by a cost estimate that funding for SBHCs increase to $9.0 million beginning in fiscal 2021, which would fully fund the original $6.0 million commitment to SBHCs made by the State in the early 1990s, adjusted for inflation.
Additional Information

Prior Introductions: None.

Designated Cross File: SB 896 (Senator Hester) - Education, Health, and Environmental Affairs.

Information Source(s): Maryland State Department of Education; Maryland Department of Health; Department of Legislative Services

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