



409 7th St Northwest, Suite 305
Washington, D.C. 20004
February 7, 2023

Senate Finance Committee
Maryland General Assembly
3 East
Miller Senate Office Building
Annapolis, MD 21401

Via electronic submission

RE: SUPPORT FOR SB 201, Maryland Medical Assistance and Children’s Health Insurance Programs—School-Based Behavioral Health Services—Reimbursement

Dear Chairwoman Griffith and Members of the Committee:

Thank you, Chairwoman Griffith, for hearing S-201 in Committee today and thank you to Senators Hester and Augustine for sponsoring this important legislation.

On behalf of Inseparable, a growing movement of people working to advance policy solutions that reflect the belief that the health of our minds cannot be separate from the health of our bodies, I am writing to urge you to pass this bill out of Committee today.

Inseparable is focused on closing the treatment gap for the millions of Americans with mental health conditions who are not getting the help they need, improving crisis response services, and getting youth help early, especially through school mental health services.

The mental health challenges facing youth and young adults today are so alarming that the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association declared a national emergency in fall 2021.¹ Nearly 13% of children in the Maryland — about 142,927 kids — experienced anxiety or depression in 2020, compared with 10.8% in 2016.² As has been widely reported, the youth mental health crisis has continued even as children have returned to school. Even before the pandemic, nearly four in ten (36.7%) high school students reported feeling persistently sad or hopeless in the past year, and nearly one in ten (8.9%) had made at least one suicide attempt.³ For youth ages 10–14

¹ AAP-AACAP-CHA Declaration of a National Emergency in Adolescent Mental Health. (10/19/2021). Retrieved from <https://www.aap.org/en/advocacy/childand-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>.

² The Kids Count Index “ 2022 Kids Count Data Book: State Trends in Child Well Being. Annie E Casey Foundation (2022)

³ Bitsko RH, Claussen AH, Lichstein J, et al. Mental Health Surveillance Among Children — United States, 2013–2019. MMWR Suppl 2022;71(Suppl-2):1–42. DOI. Retrieved from <http://dx.doi.org/10.15585/mmwr.su7102a1>.

years old, suicide is the second leading cause of death.⁴ In addition, 50% of all mental health conditions begin by age 14, and 75% begin by age 24.⁵

When youth experience mental health challenges, it can affect their academic performance, their relationships with their teachers, parents, friends and family, and even their health and safety. Without treatment, children with behavioral health conditions often face challenges in adulthood, including increased risk of criminal justice involvement and instability in employment and relationships.⁶

Fortunately, prevention and early intervention work. Research shows that the earlier a person gets effective mental health treatment, the better the outcomes. Yet, in Maryland, 45.5% of youth ages 12-17 who have depression did not receive any care within the prior year.⁷ For Black and brown youth, the rates are even worse—nationally, over 63% go without services.⁸

One of the best ways to help our children is to provide mental health supports where they are—in school. School-based mental health services reduce barriers to care such as transportation, parents needing to take time off of work, and taking students out of a familiar environment. School-based behavioral health services are also important because they normalize care and reduce stigma. Importantly, school-based services reduce inequities in behavioral health care, particularly for low-income families and historically underserved students.

Recognizing the rising need among youth for mental health care, the Centers for Medicaid and CHIP Services (CMCS) released an informational bulletin in August 2022 encouraging states to provide school-based mental health services and specifically highlighted the ability of states to take advantage of Medicaid to bill for school-based services for all Medicaid-enrolled students.⁹

⁴ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Access at <http://www.cdc.gov/injury/wisqars/>.

⁵ Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005 Jun;62(6):593-602. doi: 10.1001/archpsyc.62.6.593. Erratum in: *Arch Gen Psychiatry*. 2005 Jul;62(7):768. Merikangas, Kathleen R [added]. PMID: 15939837.

⁶ Neufeld SAS, Jones PB, Goodyer IM. Child and adolescent mental health services: longitudinal data sheds light on current policy for psychological interventions in the community. *J Public Ment Health*. 2017;16(3):96-99. Access at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5868550/>.

⁷ NAMI Maryland “Maryland State Fact Sheet” <https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/MarylandStateFactSheet.pdf>

⁸ Center for Behavioral Health Statistics and Quality. (2021). Behavioral health equity report 2021: Substance use and mental health indicators measured from the National Survey on Drug Use and Health (NSDUH), 2015–2019 (Publication No. PEP21-07-01-004). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

⁹ Centers for Medicaid and CHIP Services. Information on School-Based Services in Medicaid: Funding, Documentation and Expanding Services. Daniel Tsai, August 18, 2022. Retrieved from <https://www.medicaid.gov/federal-policy-guidance/downloads/sbscib081820222.pdf>

Congress also took action and, in the Bipartisan Safer Communities Act, required updated CMCS guidelines and funded a federal technical assistance center to better support Medicaid school-based mental health services.

With SB 201, Maryland will take advantage of these federal investments and join 17 (and growing) states to leverage Medicaid funding for all Medicaid-enrolled students. Ensuring school-based services are Medicaid-billable for all Medicaid-enrolled students (and by all school mental health professionals) will bring significant federal dollars that can help sustain and expand mental health services.

Allowing Medicaid billing of school-based mental health services for Medicaid-enrolled students will go a long way in combating the youth mental health crisis among Maryland's students and will, at the same time, ensure Maryland is more efficiently using its state general funds to support the health and well-being of tomorrow's generation. **We respectfully request that the Committee support this important legislation, S. 201, and provide hope and support to students, teachers, and parents across the state.**

Respectfully,

A handwritten signature in blue ink that reads "Angela Kimball".

Angela Kimball

Sr Vice-President of Advocacy & Public Policy