

# SCHOOL MENTAL HEALTH

## ROADMAP TO EFFECTIVE EXPANSION

### SUMMARY

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The pandemic accelerated an existing mental health crisis among youth. Fortunately, state and federal policymakers have created funding to expand access to mental health services for children in school settings.

Maryland's Consortium on Coordinated Community Supports leverages state investments to expand partnerships to meet students' behavioral health needs. Mandated funding begins at \$85 million in FY2024 and grows to \$130 million annually in FY2026 and thereafter. At the same time, the federal government has created new avenues and incentives for schools to tap Medicaid to strengthen supports for students.

It is critical that Maryland take advantage of these funding opportunities to effectively address the youth mental health crisis and improve access to care. Expanding school mental health is a complex task given the volume of stakeholders and funding sources involved.

This factsheet describes the principles that policymakers should incorporate in their planning to ensure that the funding supplements existing school mental health programs and does not supplant them.

### ABOUT US

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The Community Behavioral Health Association of Maryland represents mental health and addiction treatment providers delivering care to vulnerable Maryland residents. We represent 89 organizations across the state who deliver the full continuum of behavioral health care to over 75,000 individuals annually.

Learn more about our work to improve access to care and support our members in improving the quality of care at [mdcbh.org](https://mdcbh.org).

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## PRINCIPLES FOR EXPANSION

### 1. BUILD ON THE STRENGTHS OF THE INFRASTRUCTURE IN PLACE.

Maryland has a rich infrastructure of partnerships between schools and community clinics, who place clinicians in schools and braid revenue from insurers with county grants to deliver an array of services to children in schools. These services should be the basis for Medicaid-paid services.



Most Maryland schools already have clinicians on the ground who are employed by community clinics.

- ✓ Existing capacity to bill multiple insurers
- ✓ Array of clinicians with varying specialties and cultural competencies
- ✓ Structure for ensuring clinical supervision and compliance
- ✓ Supports children & families year-round

### 2. USE STATE DOLLARS TO ADDRESS KNOWN GAPS.

The robust groundwork of Maryland's existing school mental health partnerships has significant gaps. State dollars distributed by the Consortium for Coordinated Community Supports should be designated to support community providers for the activities and services that are not currently reimbursable by Medicaid or other insurance.

Half of children with mental health needs do not receive treatment.



- ✓ Inability to serve uninsured or underinsured children
- ✓ Critical activities like teacher consultation, participation in IEP meetings, are not paid.
- ✓ Prevention supports to children without a mental health diagnosis

### 3. EFFECTIVELY LEVERAGE MEDICAID.

Medicaid drawdown by schools should be limited to administrative claiming activities performed by school staff, such as benefits enrollment, referral, evaluation of services, and future assessments.

Medicaid processes and rates should be the same regardless of where the service occurs, whether in a clinic or school. Doing so will avoid the unintended consequence of supplanting existing Medicaid services and help promote continuity of care for children and their families.

- ✓ Reimburse school-based services at same rate as community clinics
- ✓ Set higher reimbursement rate for services that meet outcome or EBP standards
- ✓ Apply same rules for staff licensure, authorization, and claiming as used in community clinics
- ✓ Avoid same-day service exclusions