

# Children's Behavioral Health Coalition

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January 14, 2019

Dr. William E. Kirwan  
Chair, Maryland Commission on Innovation and Excellence in Education  
90 State Circle  
Annapolis, Maryland 21401

Dear Dr. Kirwan:

Thank you for the Commission's commitment and dedication to developing policy and funding proposals that will reform Maryland's education system. It is reassuring to hear Commission members recognize the value of early intervention and the coordination of school-based behavioral health services of students in crisis. During the Commission's meetings, we have heard stories of schools being reactionary to K-12 students' growing request to be connected to programming or services. Now, the Commission has an opportunity to be proactive in recommending a new approach to all local school systems.

Student behavioral health needs were not adequately addressed fifteen years ago in the process that created the current school funding formulas, and so we have been grateful for the opportunity to participate in this process to ensure that students have the behavioral health supports necessary to succeed. These supports are critical, for national data reports that one in five youth has a mental health disorder<sup>1</sup>, which impairs their ability to function in a classroom or complete home assignments. However, we continue to have concerns that these students will not be supported or will be left without access to resources that will help them to learn.

This past legislative session, through the Safe to Learn Act of 2018, the Commission on Innovation and Excellence in Education was charged with offering policies and cost proposals to fund school-based behavioral health services in Maryland schools. These recommendations will impact the student/teacher school climate, shift student academic outcomes, and alter the school learning environment. Since June 2018, the Children's Behavioral Health Coalition has engaged with the Commission by participating in a panel presentation on the current status of the state's behavioral health services and submitting recommendations to address student needs such as increased training for school personnel, the scaling of school behavioral health services in all jurisdictions, systematic screening and identification of student needs and a statewide system of accountability and outcome measurement. The Commission adopted our recommendations and we are appreciative of their vote.

However, the cost estimates approved by the Commission are inadequate for full implementation of the recommendations that were adopted. Attached is a copy of the Children's Behavioral Health Coalition's cost projections of each recommendation for comparison and consideration. Our main concerns are:

- The full commission adopted the recommendation to "Scaling of school behavioral health service availability to ensure that all students have some exposure and access to behavioral health programming and services and to ensure that schools without behavioral health services

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<sup>1</sup> National Institute of Mental Health (<https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2015/mental-health-awareness-month-by-the-numbers.shtml>)

will organize response plans to connect all students to community-partnered school-based or community behavioral health and other services, as needed.” This recommendation requires both adequate staffing of school-employed staff and investment in community-partnered school behavioral health. This investment supplements the outpatient services that are billable to the students’ insurance allowing the community based partner to integrate more fully into the school and reach more students through the provision of a wider continuum of services. The current funding assumption does not include any funding for this part of the recommendation.

- What is the State’s plan to assess whether they are meeting nationally recommended ratios? The Commission’s consultants’ response is unclear as to how each district currently reflects these ratios in staffing.
- Although the response indicates that there is capacity (“existing resources”) sufficient to screen students, universal mental health screening is not currently being conducted in any district and requires significant staff time and resources related to developing and sustaining data collection and analysis and appropriate follow-through for students with identified mental health concerns. How will the existing support staff be equipped with the training, data infrastructure and follow-through resources on top of all of the other responsibilities they currently hold?

As the Commission works toward issuing its blueprint to create strong and quality Maryland schools, we urge you to include dedicated funding for behavioral health in our schools. Students are being asked to attend classes and participate in classroom instruction after they experience life-changing traumas, yet do not have access to services that would help to reframe their mindset and manage their situation. This is the time to make our students’ behavioral health a priority in both policy and funding.

Thank you for your attention to this request. We look forward to your response. If you have any questions, please contact Irnande Altema at 443-901-1550 x206 or [ialtema@mhamd.org](mailto:ialtema@mhamd.org).

Sincerely,

Advocates for Children and Youth

Behavioral Health Systems Baltimore

Catholic Charities

Community Behavioral Health Association of Maryland

Disability Rights Maryland

Licensed Clinical Professional Counselors of Maryland

Johns Hopkins University, Department of Child Psychiatry

Maryland Association of Youth Services Bureaus

Maryland Coalition of Families

Maryland Chapter, American Academy of Pediatrics

Maryland Occupational Therapy Association

Maryland Psychiatric Society

Maryland Psychological Association

Mental Health Association of Maryland

NAMI Maryland

National Council on Alcoholism and Drug Dependence of Maryland

On Our Own of Maryland

University of Maryland, Center for School Mental Health

Children's Behavioral Health Coalition - Kirwan Commission Recommendations, Element 4B with Cost Estimates		
Recommendation	Possible Annual Costs	State Costs
<i>Dedicated staff at MSDE to coordinate with school behavioral health coordinator and staff in LEAs</i>	<b>\$150,000 for full time FTE of staffing</b> (salary and fringe) at the state level	\$150,000
<i>Each LEA with at least one mental health coordinator</i>	<b>\$125,000 for full time FTE of staffing</b> (salary and fringe)/LEA	\$3 million
<i>Staff in all schools trained to recognize student mental health issues</i>	<b>\$25,000/district</b> for resources, materials and enhancing internal training capacity within each district	\$600,000
<i>Schools to develop and implement systematic screening to identify students with behavioral health needs</i>	<p>If using free measures in the public domain— need to fund staffing and software related to development of policy and procedures, online survey and database— <b>estimate \$850,000 at the State Level for year 1 and then would need to cover staffing and ongoing maintenance and improvements (\$425,000/year)</b></p> <p>Funding .20 FTE of a licensed school-employed mental health provider at each school (<b>estimate \$25,000 salary and fringe/school</b>)</p>	\$36-36.5 million
<i>Scaling of school behavioral health service availability to ensure that all students have some exposure and access to behavioral health programming and services (tiers – level of severity)</i>	<p>Invest in adequate staffing of school-employed staff (see recommended ratios from national organizations - National Association of School Psychologists (NASP): <i>500-700 students/1 school psychologist</i> , School Social Work Association of America (SSWAA): <i>400 students to one school social worker</i> , American School Counselors Association (ASCA): <i>250 students/1 school counselor</i> . Cost per LEA to be determined based on extent of shortage of staff (<b>approximately \$125,000 for salary and fringe for licensed mental health staff/full time FTE/district</b>)</p> <p>Invest in community-partnered school-behavioral health to supplement outpatient mental health providers to offer a broader continuum of care from mental health promotion to prevention to intervention – (<b>example Baltimore City Schools, \$16,000 supplement for half time FTE and \$32,000 full-time FTE—ideally at least half-time community provider in each school</b>)</p>	<p><b>State costs:</b> \$3 million</p> <p><b>Community provider partnerships:</b> \$16,000 - \$32,000 per school (x1429) = \$22.8 million - \$45.7 million (total)</p>
<i>Schools will be required to develop partnerships with available community resources and experts</i>	No additional cost as this is completed as part of current role of school-based behavioral health staff	N/A
<i>School staff will also be trained in protocols for how to identify and help support any student needing behavioral health services while enrolled in school</i>	<p>No additional LEA cost as this is completed as part of current role of school-based behavioral health staff to make sure there is a protocol for all staff to be able to identify youth with concerns and to make appropriate referrals</p> <p>State Level – State mental health coordinator (see item one) will work with LEA school mental health coordinators to identify and/or develop trainings that could be used at the preschool, elementary, middle and high school level to improve the ability of staff to identify students with concerns and to make appropriate referrals - <b>\$100,000 for training materials, consultation, and other related costs.</b></p>	\$100,000
	<b>Total Investment:</b>	<b>~ \$65 - \$88 million</b>
<b>KEY:</b> <b>Total number of schools = 1429</b> <b>Total number of school districts = 24</b>		