

# A Stronger System of Care for Maryland Children



Maryland's children are struggling like never before. Last year, the U.S. Surgeon General issued a rare public health advisory on the national youth mental health crisis. Maryland is facing this crisis, however, with service infrastructure suffering from chronic underinvestment from long before the pandemic. Limited home and community-based treatment options for children with moderate to intensive needs have driven the crises making [headlines](#), including hospital overstay and soaring emergency room visits for child suicide attempts. To effectively address the youth mental health crisis, Maryland needs funding streams for children's mental health that works across settings, while also plugging gaps and busting barriers.

## 1. Maximize funds for school mental health by building off existing community partnerships with outpatient clinics.

Schools have long struggled with inadequate funding to address student mental health needs. Two recent initiatives have changed the landscape and hold great promise. The *Bipartisan Safer Communities Act* in June 2022 dedicated \$500 million to school mental health and created incentives for schools to draw down Medicaid dollars. The federal funding builds on Maryland's recent efforts through the *Blueprint for Maryland's Future Act*, which addresses the coordination of community supports, including mental health supports, for children in school settings.

**CBH members have clinicians delivering mental health treatment to students in 838 Maryland schools**

Maryland's school mental health funding should prioritize partnerships with community providers. CBH member organizations already have clinicians in 838 of Maryland's 1,449 schools who are delivering school-based mental health services to children. These organizations largely rely on Medicaid and commercial payers to fund their work. A partnership approach offers several benefits: the ability to maximize insurance participation, ensure students can access the wider array of behavioral health services available in the community, and maximize access to limited staff amidst a behavioral health workforce crisis.

School partnerships with community mental health clinics offer significant benefits. Clinics:

- Can offer a range of clinicians with varying specialties and competencies to match clinical and cultural needs of child;
- Can serve parents as well as children;
- For children with more acute needs, can access services outside of school settings;
- Available for services 12 months a year, not just during the school year;
- Treating clinicians operate under clinical supervision, improving quality of care;
- Can panel clinicians for reimbursement from both Medicaid and commercial payers.

While schools can benefit from tapping Medicaid to expand services, important considerations about community partnerships need to be built into the approach for the delivery of school mental health services so that the expansion of services in schools does not result in the contraction of services in the community. As schools strengthen their funding and Medicaid reimbursement strategies, there is a danger that existing Medicaid services through community organizations will be supplanted rather than supplemented, or they may be disallowed by Medicaid as "duplicative" of the school's intervention.

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## 2. Enable clinics to be more effective partners by tapping the Certified Community Behavioral Health Clinic (CCBHC) model.

### Barriers Solved by the CCBHC model:

- Same-day access can result in elimination of waitlists for service;
- Can serve patients regardless of insurance or citizenship status;
- Can expand array of specialty services to improve expertise available to patients.

A new federal model for delivering mental health services is available, and it has demonstrated success at resolving many barriers facing Maryland. Certified Community Behavioral Health Clinics (CCBHCs) offer 24-hour access to coordinated and comprehensive behavioral healthcare for all ages. CCBHCs have slashed the wait time to access care nationally and in Maryland. They drastically reduce hospitalizations and emergency room visits which have soared, especially for youth, during the pandemic. They can be reimbursed for care outside of clinic walls including homes and schools, and their cost-based reimbursement model enables reinvestment in workforce during a time when child psychiatrists and other clinicians are scarce.

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## 3. Build out the range of services, including high-fidelity wraparound and evidence-based practices.

Children with intensive mental health needs require specialized care coordination. High-fidelity Wraparound is the evidence-based practice for this level of care. [Studies](#) demonstrate that outcomes for youth receiving wraparound services are better than those for youth receiving a standard array of services. Maryland operated a wraparound program [with impressive outcomes](#) including reductions in inpatient hospitalization and residential treatment. But in 2016, the Hogan administration dissolved both the specialized care management entity and the Wraparound program it administered. This dissolution, along with other access barriers to home and community-based services, has fueled the adolescent hospital overstay crisis and soaring behavioral health-related emergency room visits over the past few years. We must restore Maryland's wraparound program and ensure children with complex needs can be treated in their homes and communities through effective programming.

Many states have used Medicaid to build out strong arrays of evidence-based practices (EBPs) for low-income youth and families, either through CCBHC models, Medicaid state plan amendments or Families First Prevention Act (FFSPA) funding. According to SAMHSA, roughly 10% of the Medicaid-enrolled children receive EBPs. In Maryland, Medicaid has not yet used CCBHC or other funding mechanisms to build capacity for EBPs, nor has it operationalized its [2019 FFSPA plan](#). As a result, such services are accessible in only a few jurisdictions to children through juvenile justice or child welfare involvement. All vulnerable Maryland children should have access to high quality behavioral health services when needed, including those at-risk of out-of-home placement. Maryland must leverage these federal funding opportunities to expand access to proven treatment for multi-system involved children and their families.

**Learn more** The Community Behavioral Health Association of Maryland represents mental health and addiction treatment providers serving low-income Maryland residents. We seek to improve the quality of care and ensure it is available when and where Maryland residents need it. Go to [mdcbh.org](http://mdcbh.org) to learn more about us.