

# HOUSE BILL 639

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By: **Delegates Luedtke, Afzali, George, Harper, Kaiser, A. Miller, Serafini, Stukes, F. Turner, and A. Washington**

Introduced and read first time: January 30, 2014

Assigned to: Health and Government Operations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Task Force on Community–Partnered School–Based Mental Health**

3 FOR the purpose of establishing the Task Force on Community–Partnered  
4 School–Based Mental Health; providing for the composition, chair, and staffing  
5 of the Task Force; prohibiting a member of the Task Force from receiving  
6 certain compensation, but authorizing the reimbursement of certain expenses;  
7 requiring the Task Force to study and make recommendations regarding certain  
8 matters; requiring the Task Force to report its findings and recommendations to  
9 the Governor and the General Assembly on or before a certain date; providing  
10 for the termination of this Act; and generally relating to the Task Force on  
11 Community–Partnered School–Based Mental Health.

12 Preamble

13 WHEREAS, One in five students experiences a diagnosable and treatable mental  
14 health disorder and only one in five of those students is actually able to access  
15 services due to a variety of factors; and

16 WHEREAS, Behavioral and emotional issues act as a barrier to high school  
17 graduation and academic success in addition to disciplinary and attendance  
18 problems in school; and

19 WHEREAS, Recent events in Maryland and around the country have ignited a sense  
20 of urgency among state leaders and policymakers to address mental health and  
21 safety in our schools; and

22 WHEREAS, Maryland has established an extensive array of students' mental health  
23 evidence–based practices delivered in home and community settings. Despite  
24 this investment, the mental health system of care continues to lack the full

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 capacity needed to ensure the delivery of care to all youth in Maryland with  
2 mental health needs; and

3 WHEREAS, School social workers, school counselors, and school psychologists are  
4 instrumental in preventing and managing emotional–behavioral problems.  
5 However, these professionals may be limited to providing services to youth in  
6 special education only and do not have the necessary infrastructure, including  
7 child psychiatric care and extended hours, to fully support student mental  
8 health needs; and

9 WHEREAS, Schools without the necessary community–partnered infrastructure to  
10 support student mental health may rely excessively on exclusionary disciplinary  
11 practices, such as suspension, expulsion, and arrest, contributing to the  
12 widening of the State’s achievement gap; and

13 WHEREAS, Schools can provide a safe, secure, and accessible base for improving  
14 mental health outcomes by serving as a hub for community behavioral health  
15 providers to augment existing school services in order to support a full  
16 continuum of student mental health. Community–partnered school–based  
17 mental health offers a well–supported mechanism to improve students’ mental  
18 health, academic functioning, and safety. In addition, a community–partnered  
19 school–based mental health model leverages an array of funding streams,  
20 including mental health, substance use, juvenile services, child welfare, and  
21 others, to support the education system in addressing the mental health needs  
22 of students; now, therefore,

23 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
24 MARYLAND, That:

25 (a) There is a Task Force on Community–Partnered School–Based Mental  
26 Health.

27 (b) The Task Force consists of the following 18 members:

28 (1) two members of the Senate of Maryland, appointed by the  
29 President of the Senate;

30 (2) two members of the House of Delegates, appointed by the Speaker  
31 of the House;

32 (3) the State Superintendent of Schools, or the State Superintendent’s  
33 designee;

34 (4) the Director of the Child and Adolescent Division of the Behavioral  
35 Health Administration, or the Director’s designee; and

36 (5) the following 12 members, appointed by the Governor:

- 1                           (i)    one representative of the Maryland School Psychologists’  
2 Association;
- 3                           (ii)   one representative of School Social Workers in Maryland;
- 4                           (iii)  one representative of a local school system experienced in  
5 providing community–partnered school–based mental health;
- 6                           (iv)   two representatives of the provider community experienced  
7 in providing community–partnered school–based mental health;
- 8                           (v)    two representatives of the National Center for School  
9 Mental Health at the University of Maryland School of Medicine;
- 10                          (vi)   one representative of the Mental Health Association of  
11 Maryland;
- 12                          (vii)  one representative of the Advocates for Children and Youth;
- 13                          (viii) one representative of the Maryland Coalition of Families for  
14 Children’s Mental Health;
- 15                          (ix)   one representative of the Maryland Chapter of the National  
16 Alliance on Mental Illness; and
- 17                          (x)    one representative of the Maryland Disability Law Center.
- 18           (c)    The Task Force shall elect a chair of the Task Force from among its  
19 members.
- 20           (d)    The State Department of Education shall provide staff for the Task Force.
- 21           (e)    A member of the Task Force:
- 22                    (1)    may not receive compensation as a member of the Task Force; but
- 23                    (2)    is entitled to reimbursement for expenses under the Standard  
24 State Travel Regulations, as provided in the State budget.
- 25           (f)    The Task Force shall:
- 26                    (1)    study the prevalence of existing community–partnered  
27 school–based mental health programs in the State;
- 28                    (2)    collect and evaluate data on the efficacy of community–partnered  
29 school–based mental health programs across the State and the nation;

1                   (3) identify fiscally sustainable models of providing  
2 community-partnered school-based mental health, including maximization of  
3 third-party billing for mental health services and supplemental funding for ancillary  
4 services; and

5                   (4) make recommendations regarding:

6                   (i) policy initiatives to promote the expansion of  
7 community-partnered school-based mental health programs in the State;

8                   (ii) strategies to better equip mental health providers to partner  
9 with schools, including integration into existing multitiered systems of support, such  
10 as Positive Behavioral Interventions and Supports;

11                   (iii) strategies for community behavioral health providers to help  
12 improve student safety, reduce disciplinary removals and school-based arrests, and  
13 facilitate pathways to early identification and intervention of violent behavior and  
14 serious mental illness;

15                   (iv) best practices for conducting quality assessment and  
16 improvement activities and measuring outcomes to document the impact of  
17 programming on mental health, behavior, and academic indicators; and

18                   (v) any other relevant issues or considerations identified by the  
19 Task Force.

20                   (g) On or before December 15, 2014, the Task Force shall report its findings  
21 and recommendations to the Governor and, in accordance with § 2-1246 of the State  
22 Government Article, the General Assembly.

23                   SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
24 June 1, 2014. It shall remain effective for a period of 1 year and, at the end of May 31,  
25 2015, with no further action required by the General Assembly, this Act shall be  
26 abrogated and of no further force and effect.