Implementation of State Legislation to Expand School Behavioral Healthcare Access in Maryland

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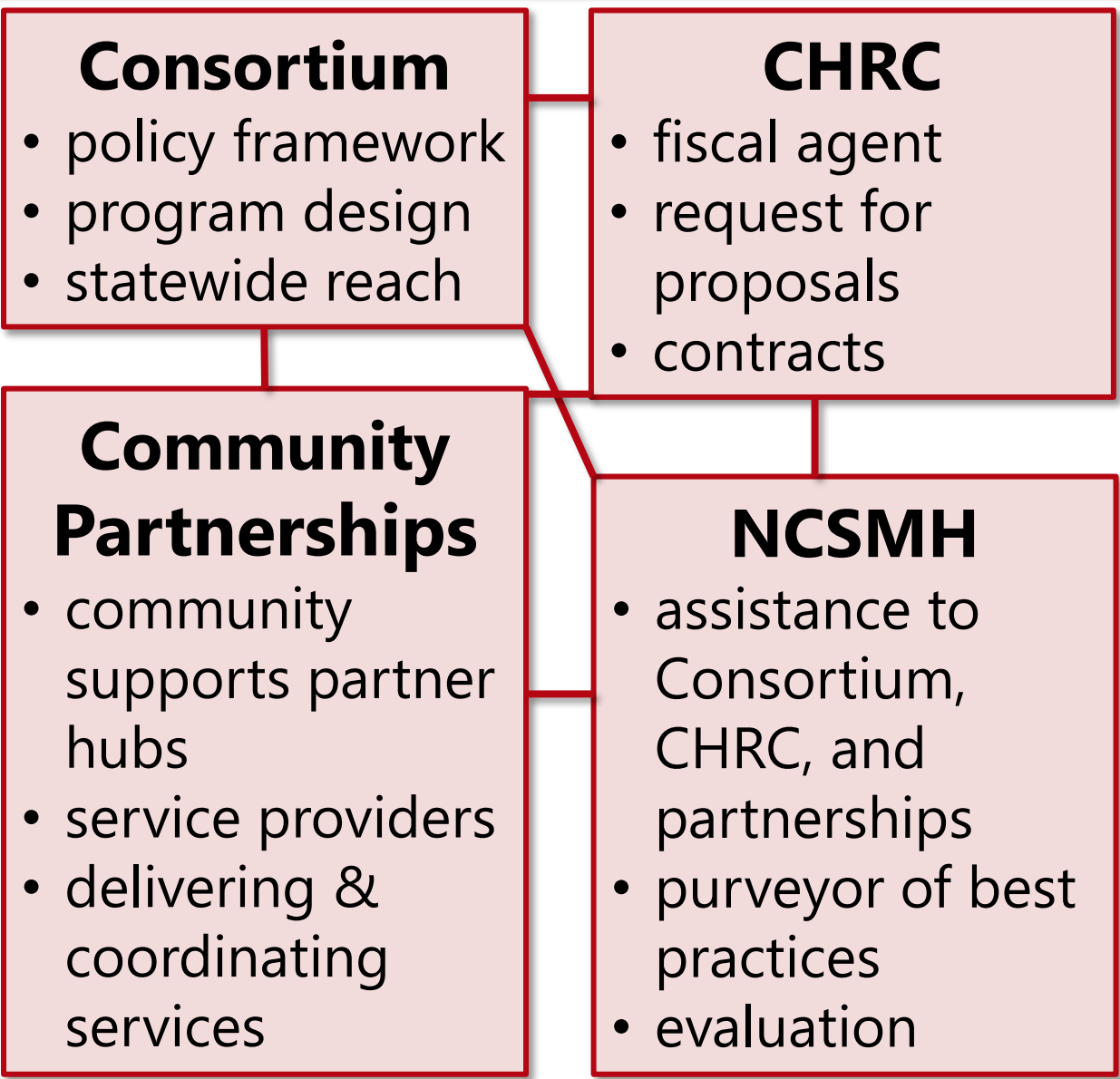[2]Maryland Community Health Resources Commission, Maryland Department of Health

BACKGROUND: Blueprint for Maryland's Future

- **Comprehensive school mental health systems operate within a multi-tiered system of supports (MTSS)** to address varying levels of behavioral health needs. Typically, this includes universal mental health promotion for all students (tier 1), targeted services for those with mild to moderate concerns (tier 2), and intensive treatment for students experiencing significant impairment (tier 3). **Effective implementation of these systems relies on collaborative efforts between school staff and community providers**, per national standards[3,8].
- While the MTSS framework provides a strong foundation, understanding how state-mandated initiatives enhance behavioral healthcare services remains underexplored. These initiatives may rely on Medicaid funding, which varies by state in terms of reimbursement policies and service availability, leading to access disparities[6].
- In 2021, Maryland passed the **Blueprint for Maryland's Future** into law to transform the state's education system[1,2]. As a result, the **Maryland Consortium on Coordinated Community Supports** ("the Consortium") was created by the Maryland General Assembly **to develop "a statewide framework to expand access to comprehensive behavioral health services for Maryland students"**[5].

CURRENT STUDY

Under the Consortium leadership, the **Maryland Community Health Resources Commission (CHRC)**, in partnership with the Maryland State Department of Education and the **National Center for School Mental Health (NCSMH)** at the University of Maryland, selected 15 priority evidence-based practices and funded behavioral healthcare providers and community support partner hubs across Maryland.

Consortium
- policy framework
- program design
- statewide reach

CHRC
- fiscal agent
- request for proposals
- contracts

Community Partnerships
- community supports partner hubs
- service providers
- delivering & coordinating services

NCSMH
- assistance to Consortium, CHRC, and partnerships
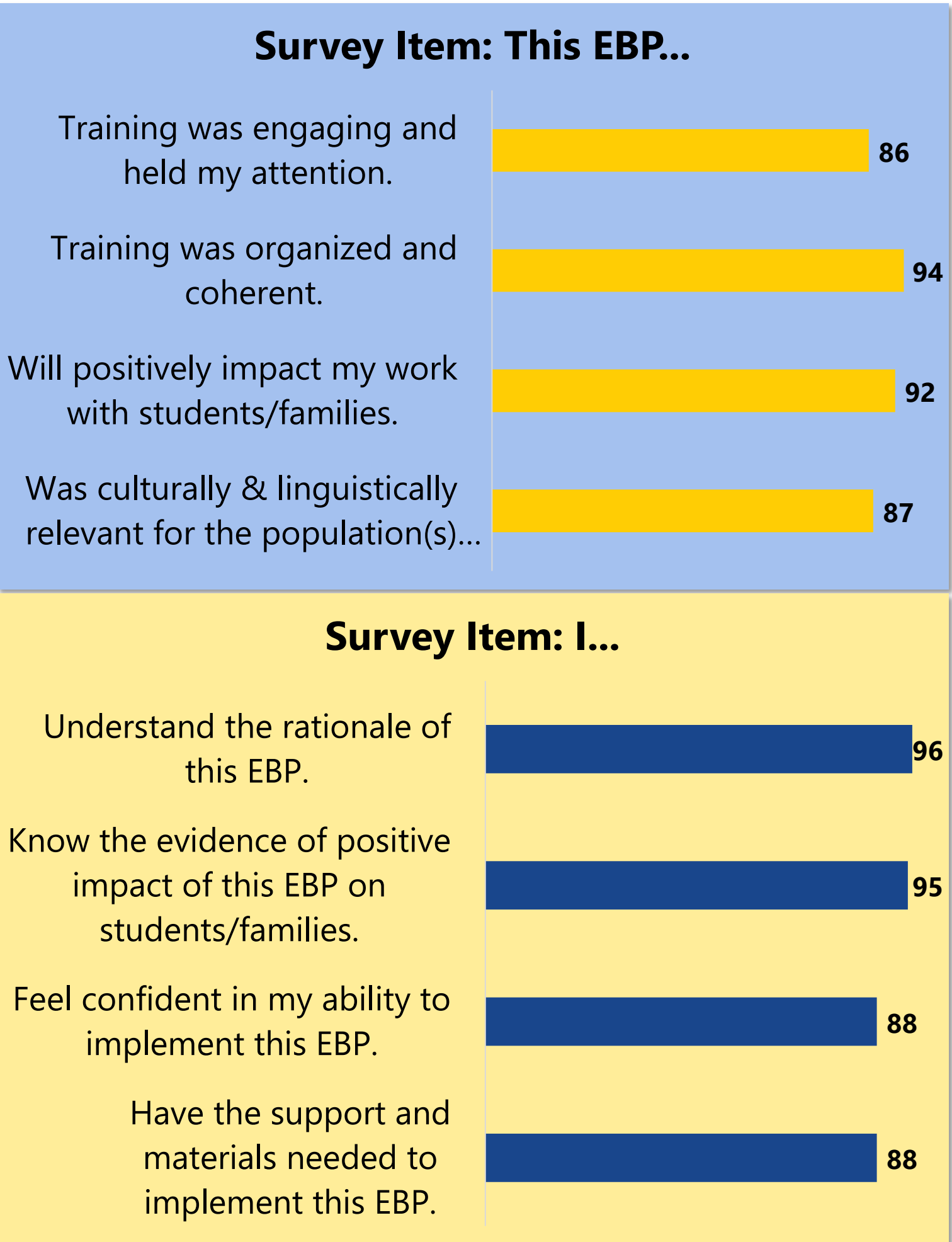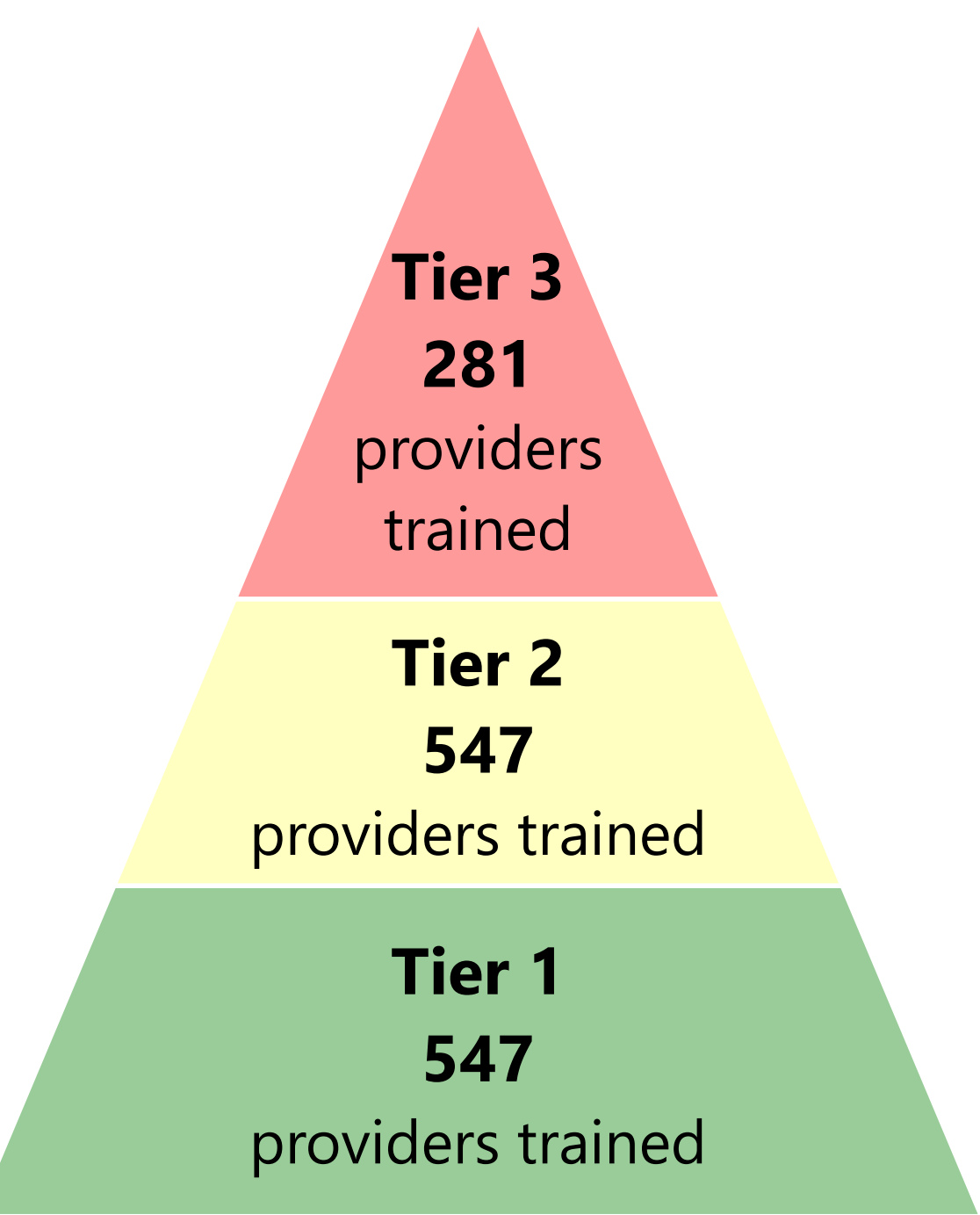- purveyor of best practices
- evaluation

METHOD

- Through a request for proposals and a collaborative review process, **127 behavioral health providers** across Maryland were awarded funding to provide evidence-based behavioral healthcare services to Maryland students and families, with an emphasis on **15 priority evidence-based practices (EBPs)**.
- **The CHRC and NCSMH:**
  - **Coordinated trainings and provided implementation support.**
  - **Collected data from service provider grantees and trained clinicians.**
- The NCSMH tracked trainings and gathered provider feedback through an anonymous post-EBP-training survey from March – November 2024.
- Grantees reported student and family service satisfaction March – June 2024

RESULTS: Providers

- From March-November 2024, **1,401 providers received EBP trainings** (duplicated).
- 1,021 feedback surveys received (72.9% response rate).

Tier 3
281
providers trained

Tier 2
547
providers trained

Tier 1
547
providers trained

Survey Item: This EBP...

Training was engaging and held my attention.	86
Training was organized and coherent.	94
Will positively impact my work with students/families.	92
Was culturally & linguistically relevant for the population(s)...	87

Survey Item: I...

Understand the rationale of this EBP.	96
Know the evidence of positive impact of this EBP on students/families.	95
Feel confident in my ability to implement this EBP.	88
Have the support and materials needed to implement this EBP.	88

Poster Objectives

1. To describe how Maryland state legislation facilitates the expansion of behavioral healthcare services available in Maryland schools.
2. To describe the progress and impact of behavioral healthcare providers' training in evidence-based practices funded through the Maryland Blueprint.

State legislation to expand mental health supports for students and families **shows promise** in increasing access to multi-tiered evidence-based practices and improving outcomes.

Scan the QR code or email jkeperling@som.umaryland.edu to learn more about this Maryland Blueprint effort!

26,503 students served!
March-June 2024

RESULTS: Students & Families

- From March – June 2024, **26,503 Maryland students received grant-funded behavioral healthcare services.**
- **90%** of students and families surveyed **reported satisfaction** with services.
- **96%** of students showed **progress in general psychological well-being.**

Tier 3: 3,438 students served
Tier 2: 4,639 students served
Tier 1: 18,656 students served

DISCUSSION

EBP Implementation: Lessons Learned

- **Maintain clear, ongoing communication.** Ensure continuous, transparent communication about EBP goals at all levels.
- **Provide ongoing support and build capacity.** Offer sustained support and technical assistance beyond initial training to help providers enhance their skills and effectively implement new practices.
- **Adapt EBPs to local contacts while maintaining fidelity.** Allow local providers to tailor EBP models to the specific needs and challenges of each community, while preserving fidelity and key EBP components.
- **Support implementation with on-going coaching.** Training alone is insufficient for long-term skill retention and impact. Providers benefit from continuous feedback and guidance to address challenges[7]. *The NCSMH implemented implementation coaching and support calls following EBP training.*

Coordinating Community Service Providers & Local Education Agencies

Community Support Partnerships are designed to address student well-being including academic, social, emotional, and physical needs, through:
- Coordinate wraparound services by encouraging local education agencies (LEAs) to work closely with community-based organizations, healthcare providers, mental health services, etc.
- Support increased collaboration between LEAs and local management boards.
- Emphasize family engagement and support networks where schools, LEAs, and service providers work together.
- Promote comprehensive data sharing across agencies and service providers.
- Provide professional development for both educators and service providers.
- Expand Community Support Partnerships to streamline service delivery.
- Use data to regularly assess the effectiveness of coordinated services and quality improvements.

Adoption in Other States

- The Blueprint for Maryland's Future models comprehensive education reform, emphasizing equity and sustainability.
- Successful implementation requires states to conduct needs assessments, engage stakeholders, and ensure sustainable funding mechanisms while building bipartisan support.
- Ongoing monitoring and accountability are essential to refine strategies and achieve equitable outcomes for all students[1,2,4].

Limitations

- Challenges assessing student-level outcomes from aggregated service provider data.
- Fidelity measurement is assessed informally.
- Variability in EBP implementation fidelity: many grantees adapt EBPs or only use some components of an EBP.
- Limited time and lack of incentives for providers to participate in lengthy EBP trainings.

Future Directions

- Examine longitudinal impact of academic, behavioral, and socioemotional outcomes.
- Examine impact by behavioral health category (mood, trauma, substance use, etc.).
- Determine best practices for implementing a state-mandated initiative, including:
  - ✓ Review needs assessment, asset maps, and governance plans to provide services aligned with existing critical improvement areas.
  - ✓ Pilot and scale up over multiple years to iteratively improve methods.
  - ✓ Provide EBP guidance, training, and implementation support.
  - ✓ Determine and collect metrics to measure progress and ensure accountability.
  - ✓ Empower communities to collaborate through a regional hub-spoke model: develop a clear and feasible governance framework, refine staffing plans and both levels, develop an understanding of the referral process and role of schools, plan for wraparound support, and understand community needs and ability to address said needs.

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