



Children's Behavioral Health Coalition 2025 Youth and Family Policy Priorities

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Maryland is facing an historic budget crisis, the likes of which has not been seen in decades. The Children's Behavioral Health Coalition recognizes the challenge this poses for state policymakers and understands that difficult decisions will have to be made. We believe the policy goals outlined below cannot be accomplished alone and that our advocacy is most impactful when done in collaboration with our partners in government. Therefore, we commit to working in coordination with the Moore administration and the Maryland General Assembly over the next few years to advance these priorities in a fiscally responsible manner.

- » **FUNDING FOR SCHOOL-BASED BEHAVIORAL HEALTH SERVICES** – More than 36% of Maryland high school students have reported feeling persistently sad or hopeless, and 18% of those students have seriously considered suicide.¹ Historic investments in school behavioral health provided via the landmark Blueprint for Maryland's Future are just now taking effect, with another \$125 million slated for release annually through Maryland's Consortium on Coordinated Community Supports. **Full funding for comprehensive school behavioral health services will ensure students have the support and resources necessary for mental wellbeing and academic success.**
- » **INFANT AND EARLY CHILDHOOD MENTAL HEALTH CARE** – Exposure during ages 0-5 to poverty, violence, neglect, poor caregiver mental health and other adverse childhood experiences (ACEs) has a long-term impact on brain development and future functioning. Too often the result of this trauma is expulsion from childcare or preschool and complex behavioral health needs later in childhood and adolescence. **We can improve outcomes for very young Marylanders by using more appropriate diagnostic and screening practices for children 0-5, eliminating reimbursement barriers that preclude the delivery of prevention and early intervention services to very young children and supporting ongoing training, technical assistance and data collection via the Infant and Early Childhood Mental Health Consultation Program.**
- » **JUVENILE JUSTICE DIVERSION** – The absence of behavioral health programming is perhaps the single biggest reason for unnecessary youth incarceration nationwide. Over 70 percent of youth in the juvenile justice system have behavioral health conditions, with nearly 30 percent of those youth experiencing severe conditions.² Despite this, the solution to a perceived increase in juvenile crime is often harsher penalties for youth. **Maryland youth need a continuum of community-based services and supports specifically designed to divert them from justice involvement and reduce youth detention.**
- » **YOUTH CRISIS RESPONSE** – Recent years have seen positive steps in the development of Maryland's statewide behavioral health crisis response system, but more work is needed to ensure the availability of crisis services and supports that address the unique behavioral health needs of children and youth. **Maryland youth should have access to all types of crisis services, crisis facilities with separate space for youth services and staff who are dually trained for adults and children, and a comprehensive mobile response and stabilization system for children and families that is available in every jurisdiction.**

¹ Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) 2022-2023, Maryland Department of Health, <https://health.maryland.gov/phpa/ccdpc/Reports/Pages/YRBS-2022-2023.aspx>

² The Sentencing Project "System Reforms to Reduce Youth Incarceration" (2023).

Other Ongoing CBHC Efforts

In addition to the priorities above, CBHC is working to inform a variety of ongoing efforts to ensure these initiatives adequately address needs specific to youth and families.

- » **YOUTH CO-DESIGNED BEHAVIORAL HEALTH PROGRAMS** – Community-based prevention and early intervention programs that are youth-led and youth-co-designed eliminate stigma and other barriers that discourage and prevent youth from accessing mental health and substance use care. These programs recognize the value youth and families with lived experience can bring to the design, implementation, evaluation and evolution of behavioral health programs. CBHC continues to advocate for the development of youth co-designed behavioral health programming across Maryland.
- » **RESIDENTIAL TREATMENT FOR YOUTH** – Maryland currently has extremely limited residential treatment options for youth with behavioral health needs, especially for those with the most complex needs. This lack of treatment options contributes to the over-reliance on extended hospitalizations and the placement of youth in out-of-state treatment programs, which can have profound negative consequences and be tremendously costly. At the same time, the process for placing youth in these limited residential settings can be cumbersome and invasive, forcing families to voluntarily place their child in the custody of social services to cover the associated educational costs. CBHC is actively pursuing a variety of strategies to expand residential treatment center (RTC) capacity and streamline the RTC placement process.
- » **WRAPAROUND: TARGETED CASE MANAGEMENT AND THE 1915(I)** – CBHC has worked over the years to improve Maryland’s programs for delivering high fidelity home- and community-based wraparound care to Maryland youth with more intensive behavioral health needs and their families. The Maryland Department of Health is actively working now to implement legislation CBHC spearheaded in 2023 requiring an overhaul of the Targeted Case Management and 1915(i) programs, and we continue to monitor and advise on these efforts.
- » **EXECUTIVE FUNCTION SKILLS TRAINING** – CBHC continues to advance awareness and school adoption of classroom-based youth executive function (EF) skills training programs. These programs build necessary skills for learning by strengthening attention, working memory and self-control. Enhanced executive functioning contributes to higher rates of school connectedness and is proven to prevent and address mental health challenges, including ADHD, depression, and suicide attempts. Howard County is currently utilizing funding from the Consortium on Coordinated Community Supports to implement the ACTIVATE EF program as a Tier 1 intervention for high-risk elementary and middle school students.

*The **Children’s Behavioral Health Coalition (CBHC)** brings together state and local advocacy groups with a focus on policy issues and concerns specific to children, youth and families with mental health and substance use needs. CBHC works to ensure that younger Marylanders have access to high quality, culturally and linguistically competent behavioral health services and supports that are family driven and youth guided and that resources are equitably distributed and data driven.*