Children's Behavioral Health Coalition

2026 Youth and Families Policy Priorities

The need for quality mental health and substance use care that addresses the unique needs of young Marylanders has never been greater. More than 36% of Maryland high school students report feeling persistently sad or hopeless, and 18% of high schoolers and 24% of middle schoolers have seriously considered suicide[1]. According to a 2025 report from Mental Health America[2], Maryland's percentage of serious suicidal ideation among youth aged 12-17 is 5th highest in the nation. The Children's Behavioral Health Coalition will advocate for a range of solutions to address Maryland's youth mental health crisis.

INFANT AND EARLY CHILDHOOD MENTAL HEALTH CARE (IECMH)

Attention to behavioral health concerns in infants and very young children can prevent more serious problems in adolescence and adulthood. Outcomes for Marylanders aged 0-5 can be improved by (1) using more appropriate diagnostic and screening practices for this population, (2) eliminating reimbursement barriers that preclude the delivery of prevention and early intervention services to infants and toddlers, (3) expanding the service array available to very young Marylanders with more intensive behavioral health needs, and (4) stabilizing important state initiatives designed to expand access to IECMH care. **Accordingly, Maryland should:**

- **Implement recommendations from the Behavioral Health Advisory Council and the Commission on Behavioral Health Care Treatment and Access regarding the screening, diagnosis, and treatment of very young children**
- **Improve Maryland's 1915(i) program for youth with intensive behavioral health needs by including services appropriate for families of children aged 0-5**
- **Restore technical assistance funding that supports the Maryland State Department of Education's IECMH Support Services program**

SCHOOL BEHAVIORAL HEALTH

Maryland is making progress in its efforts to expand access to quality school-based mental health and substance use care. From March 2024 to June 2025 the state's Consortium on Coordinated Community Supports ("Consortium") funded school behavioral health programs in every jurisdiction, serving 136,945 students across 86% of all Maryland public schools, increasing Maryland's behavioral health workforce by 705 individuals, and maintaining or improving behavioral

[1] https://health.maryland.gov/phpa/ccdpc/Reports/Pages/YRBS-2022-2023.aspx
[2] https://mhanational.org/the-state-of-mental-health-in-america/

health outcomes for 85-95% of all students served. Unfortunately, due to ongoing budget deficits and potential reductions in federal support, funding for these services remains at risk. But Maryland cannot balance its budget on the backs of our youth. **We must ensure continued, stable funding for the Consortium and these critical school behavioral health resources in FY27.**

MATERNAL MENTAL HEALTH

Mental health conditions during and after pregnancy can have very serious adverse effects on the health and functioning of the mother, her infant and her family. These perinatal mood and anxiety disorders (PMADs) are treatable once recognized, but 50% of all mothers who experience PMADs are never identified, leading to a range of associated consequences for the child, including difficult infant temperament, poor attention regulation, and an increased risk of subsequent anxiety and depression.[3] **Maryland should adopt recommendations from the state's Task Force to Study Maternal Mental Health that are designed to (1) expand access to information and resources for mothers and families at various times during the perinatal period, (2) improve screening for PMADs, and (3) enhance maternal mental health training for maternity care providers and pediatricians.**

INSURANCE PARITY

Families with commercial insurance continue to face barriers when trying to access needed behavioral health care for their child. Insurance company networks – especially in rural communities – include few psychiatrists and clinicians that both specialize in children's behavioral health and have openings for new patients. Children needing a residential level of care have even fewer options. Residential Treatment Centers in Maryland rarely accept private insurance due to onerous reauthorization requirements, rapid adverse redeterminations, burdensome appeals processes, and outright failure to provide reimbursement for care provided. States across the country are increasingly levying larger fines for this type of parity noncompliance, including substantial penalties in late 2025 from Virginia, Delaware, and Georgia, which issued a $20 million fine across multiple insurance companies. **The Maryland Insurance Administration should increase penalties for insurance companies that violate state and federal parity laws.**

JUVENILE JUSTICE DIVERSION

The absence of mental health and substance use programming is perhaps the single biggest reason for unnecessary youth incarceration nationwide. Over 70% of youth in the juvenile justice system have behavioral health conditions, with nearly 30% of those youth experiencing severe conditions.[4] Youth Service Bureaus (YSBs) provide a range of behavioral health assessment, prevention, and treatment services and have proven highly effective at keeping youth from entering or reentering the juvenile justice system. **CBHC will support efforts to expand YSBs and other prevention and early intervention services for youth involved with or at-risk of involvement with the Department**

[3] Report of the Task Force to Study Maternal Mental Health. Senate Bill 74/Chapter 6 (2025). December 2016).
[4] The Sentencing Project. Systems Reforms to Reduce Youth Incarceration (2023).

of Juvenile Services and work to prevent a further criminalization of youth with behavioral health needs.

YOUTH CRISIS RESPONSE

A robust crisis response system designed specifically for children and youth can result in dramatically fewer emergency department visits and subsequent referrals to inpatient care, thereby reducing emergency department boarding and hospital overstays. 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. **As identified in the Behavioral Health Administration's 2025 Roadmap to Strengthen Maryland's Public Behavioral Health System for Children, Youth and Families[5] ("Roadmap"), Maryland should integrate the full scope of the youth-specific Mobile Response and Stabilization Services (MRSS) model into every jurisdiction's crisis response system and ensure that youth and families are aware of crisis services and know how to access them.**

PEDIATRIC HOSPITAL OVERSTAYS AND FOSTER YOUTH

A lack of treatment options for youth with behavioral health needs contributes to an over-reliance on emergency departments, extended hospitalizations and the placement of youth in inappropriate and unlicensed settings. The problem is especially acute for foster care youth in the custody of the Department of Human Services (DHS), who are too often housed in hotels or local DHS offices for a lack of other out-of-home placement options – a costly, harmful practice that has resulted in tragic outcomes.[6] In 2025 the General Assembly established the Workgroup on Children in Unlicensed Settings and Pediatric Overstays and required the workgroup to review data and develop a plan to end the use of pediatric overstays and placements of foster care youth in unlicensed settings. **CBHC will review and look to support the recommendations of this workgroup.**

VOLUNTARY PLACEMENT AGREEMENTS

When youth are referred to a residential treatment center (RTC) for behavioral health care, there can be a corresponding education cost that families are often unable to cover. In these instances, families must enter into a voluntary placement agreement (VPA) and give up physical custody of their child so the Department of Human Services (DHS) may cover the RTC educational costs. This delays treatment, often leaving youth waiting in hospitals while families navigate the cumbersome and invasive VPA process. The General Assembly passed legislation in 2022 intended to streamline this process and reduce the need for VPAs by authorizing local behavioral health authorities to approve the educational funding for youth in RTCs, but this legislation has still not been implemented. **Per the BHA Roadmap referenced above, the state should formalize an interagency process, establish a timeline for action, engage stakeholders, completely revise the VPA process, and transfer some functions from DHS to the Maryland Department of Health within the next year.**

[5] Jocelin Guyer etal. Roadmap to Strengthen Maryland's Public Behavioral Health System for Children and Families (June 2025).
[6] https://www.cbsnews.com/baltimore/news/maryland-department-human-services-teen-death-suicide/