

MARYLAND GENERAL ASSEMBLY

Legislative Proposal

The Student Therapy Access Act of 2025

An Act Concerning

Student Therapy Access Project (STAP) – Preventative Mental-Health Screening and School-Based Therapeutic Support

SECTION 1. PURPOSE

The purpose of this Act is to establish a statewide preventative mental-health system for Maryland public middle schools by:

1. Implementing **annual mental-health screenings** for all students in grades 6 through 8.
 2. Embedding mental-health professionals directly into public schools to ensure timely follow-up and therapeutic support.
 3. Ensuring that all schools receive equitable clinical resources through the provision of **two licensed therapists per school**, supported by a flexible rotation model.
 4. Reducing crisis interventions, behavioral escalations, absenteeism, and long-term mental-health burdens on Maryland's education, juvenile justice, and healthcare systems.
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SECTION 2. DEFINITIONS

(A) **“Screening”** means a brief, evidence-based mental-health assessment tool administered annually to students in grades 6–8 to identify early signs of emotional, behavioral, or psychological needs.

(B) **“Licensed Therapist”** means a mental-health professional licensed in Maryland as an LMSW, LGPC, LCSW-C, LCPC, or equivalent credential.

(C) **“Follow-Up Care”** means post-screening services, including risk assessment, therapeutic sessions, parent communication, crisis intervention, and referrals.

(D) **“STAP”** means the Student Therapy Access Project, a statewide implementation partner authorized to administer screenings, assign therapists, and manage follow-up procedures.

(E) **“Participating School”** means any Maryland public middle school (grades 6–8) that adopts the screening and support framework outlined under this Act.

SECTION 3. ANNUAL MENTAL-HEALTH SCREENINGS

(A) All Maryland public middle schools shall administer an annual mental-health screening for every student enrolled in grades 6 through 8.

(B) Screenings shall:

1. Utilize an evidence-based, developmentally appropriate tool approved by the Maryland State Department of Education (MSDE).
2. Be delivered digitally or in written format.
3. Take no longer than 10–15 minutes to complete.
4. Be trauma-informed and culturally sensitive.
5. Include explanatory materials for students and parents.

(C) Schools must provide parents/guardians with an opt-out form at least 30 days prior to screening.

(D) Screening data must be securely stored and reviewed exclusively by licensed mental-health professionals.

SECTION 4. FOLLOW-UP REQUIREMENTS

(A) Students identified as “high-risk” or “urgent” must be evaluated by a licensed therapist within **72 hours** of screening results.

(B) Students identified as “moderate concern” must receive follow-up care within **14 days**.

(C) Therapists must provide:

1. Individual or small-group therapeutic sessions
2. Crisis assessments
3. Parent/guardian notification
4. Referrals to external services if needed
5. Safety planning for students at risk of harm

(D) All follow-up interactions must be documented in a HIPAA-compliant system.

SECTION 5. THERAPIST DEPLOYMENT MODEL

(A) Each participating public middle school shall be assigned **two licensed therapists**, with funding, placement, and oversight coordinated by STAP or an approved equivalent provider.

(B) Therapists may rotate between schools when needed, provided that:

1. Students maintain continuity with the same assigned therapist
2. Schools have a clearly defined weekly rotation schedule

3. Urgent-risk students always receive immediate access to a therapist

(C) Additional therapists may be added to a school if:

- Enrollment exceeds capacity
- Screening data identifies elevated risk levels
- Crisis events increase
- School administrators request supplemental support

(D) Therapists shall conduct:

- Screening reviews
- Follow-up sessions
- Crisis interventions
- Parent meetings
- Documentation
- Coordination with school counselors and administrators

SECTION 6. SCHOOL REQUIREMENTS

(A) Each participating school must:

1. Provide a private room for screenings and follow-up sessions
2. Coordinate scheduling with STAP or assigned therapist teams
3. Disseminate parent/guardian notifications
4. Ensure student access to screening technology

5. Identify a staff liaison to assist with logistics

(B) Schools may not restrict a student's ability to access follow-up mental-health support unless a parent/guardian has submitted an opt-out.

SECTION 7. DATA, REPORTING, & PRIVACY

(A) All screening and follow-up data must be stored in a **HIPAA-compliant, encrypted system**.

(B) Only licensed therapists and authorized administrators may access student mental-health records.

(C) Schools and providers shall submit **de-identified yearly reports** to MSDE detailing:

- Number of students screened
- Number of students flagged by each risk tier
- Average follow-up times
- Referral counts
- Generalized outcome trends (attendance, behavior)

(D) No identifiable student data may be shared outside the school or authorized provider.

SECTION 8. STATE OVERSIGHT & IMPLEMENTATION

(A) The Maryland State Department of Education shall oversee:

- Approval of screening instruments
- Approval of implementation partners
- Enforcement of follow-up timeframes
- Review of de-identified yearly reports
- Annual statewide evaluation

(B) MSDE may partner with STAP or equivalent organizations to support training, technical assistance, data reporting, and quality assurance.

SECTION 9. FUNDING

(A) Implementation shall be funded through:

1. Maryland state mental-health allocations
2. Federal ESSA and mental-health grants
3. SAMHSA youth mental-health funding
4. County matching programs
5. Public–private partnerships

(B) Funds may be used for:

- Therapist salaries
- Screening technology

- Training
- Program administration
- Crisis response and referral support
- Data reporting infrastructure

(C) No costs shall be imposed on students or families.

SECTION 10. ROLLOUT TIMELINE

Year 1 — Pilot Phase

- Two schools adopt STAP model
- Two licensed therapists assigned
- Full screening & follow-up implemented
- Initial evaluation report submitted to MSDE

Year 2 — County Expansion

- Expansion to additional schools
- Increased staffing proportionally
- Countywide data collection

Year 3 — Full Countywide Implementation

- All middle schools within initial county adopt the model
 - Public release of de-identified statewide report
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SECTION 11. EXPECTED OUTCOMES

This Act is expected to produce:

- 35–60% reduction in crisis-level student incidents
 - 20–40% reduction in behavioral escalations
 - Improved attendance and academic engagement
 - Earlier identification of depression, anxiety, and trauma
 - Higher family engagement and community support
 - Long-term reductions in juvenile justice involvement
 - Lower public health costs by shifting toward early intervention
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SECTION 12. EFFECTIVE DATE

This Act shall take effect on **July 1, 2026**, with pilot implementation beginning in the following academic year