

HB657 EHE Testimony_Catherine Carter LTSC_Standard

Uploaded by: Catherine Carter

Position: FAV



HB657: Standardized Behavioral Health Questionnaire for Students

Dear Education, Health, and Environmental Affairs Committee Members,

My name is Catherine Carter, Vision/Behavioral Health Advocate who worked on the [Atticus Act 2018](#). For the 2022 session, I am working with Delegate Guyton on a bill called the [Standardized Behavioral Health Screenings for Development and Implementation](#). This Bill complements the work of the Blueprint for Maryland's Future and the Blueprint's Maryland Consortium on Coordinated Community Supports by enabling this group of experts to create guidelines for the schools to follow for their parent student health questionnaires for registration. It allows parents to ask for help to support their struggling students and facilitate connecting them to local resources.

This bill was inspired by my positive experience and collaborative work with [HCPSS staff](#). The bill will help find kids like Atticus who struggle to see clearly and went years misdiagnosed and lacked the right vision care and school accommodations. This bill will help kids like my daughter. After struggling to find local health resources who were open and accepting patients, her middle school that gave me a list of local behavioral health providers, so I was able to build a healthcare team to support her IEP goals. This team helped support her through the pandemic and re-enter high school. We are seeing continuous improvement on the gains we had lost due to virtual school and the pandemic because the school helped connect me to local behavioral health resources for my child.

In addition, when I registered all five of my children this year, I was so excited to see the behavioral health screening questions added (I attached screenshots below). There were questions on physical, dental, and eye exam. If your child has vision problems more specifically wears glasses, contacts, cross eyes. Questions on mental health. This health screening would have been such a valuable tool for me with Atticus, my daughter, and the parents of the 168 students we saw at the [2020 HCPSS Eye Exam Clinic](#). This tool is a chance for a struggling parent to ask for help. I contacted HCPSS to thank them. They said they thought of me when they saw the vision questions. They were glad that students aren't coming in as blank slates so they can be better prepared to meet student needs. Now all my kids' teachers know they wear glasses. Guyeus first grade teacher helps make sure he wears his. Because my kids had an eye exam in the last year, they also don't need a vision screening.

With the HCPSS screening, struggling students are identified and resources can be put into place to support. Staff training, grants, student support teams, and special education teams can be better informed. Parents can be connected to local resources like I was. Because this screening is part of the annual registration, a student's behavioral health needs can be updated and to see if the resources are working. I didn't list my daughter's needs because she has the essential resources in place thanks to the school's help.

Please consider supporting this bill. I appreciate the years of support and hope this Committee sees this bill is a continuation of building upon the work of addressing the health needs of our students.

The Bill:

1. Tasks the Maryland Consortium on Coordinated Community Supports to:
 - i. Create guidelines for school district behavioral health coordinators to follow when developing their student behavioral health needs questionnaire
 - ii. Consult with experts, including data protection specialists to ensure secure student data**
 - iii. Update these guidelines every 5 years
2. Questionnaire is given to parents/guardians at new registration and every year after

Positive Impact:

1. Allows parents to ask for help to support their struggling students
2. Facilitates connecting families to local resources
3. Keeps student behavioral health needs up to date
4. Provides expert guidelines to help schools more effectively identify students in need of behavioral health resources
5. Helps ensure equity in the distribution of the Consortium's resources
(Coordinated Community Supports Partnership Fund)

The Blueprint's Maryland Consortium on Coordinated Community Supports: Coordinate the delivery of evidence-based, culturally competent mental and behavioral health services to Maryland students, in a manner that partners with providers in the surrounding community and leverages to the fullest extent possible federal and public funding.

THE CONSORTIUM CONSISTS OF THE FOLLOWING MEMBERS:

- (1) THE SECRETARY OF HEALTH, OR THE SECRETARY'S DESIGNEE;
- (2) THE SECRETARY OF HUMAN SERVICES, OR THE SECRETARY'S DESIGNEE;
- (3) THE SECRETARY OF JUVENILE SERVICES, OR THE SECRETARY'S DESIGNEE;
- (4) THE STATE SUPERINTENDENT OF SCHOOLS, OR THE STATE SUPERINTENDENT'S DESIGNEE;
- (5) THE CHAIR OF THE COMMISSION, OR THE CHAIR'S DESIGNEE;
- (6) THE DIRECTOR OF COMMUNITY SCHOOLS IN THE STATE DEPARTMENT OF EDUCATION, OR THE DIRECTOR'S DESIGNEE;
- (7) ONE MEMBER OF THE MARYLAND COUNCIL ON ADVANCEMENT OF SCHOOL-BASED HEALTH CENTERS, APPOINTED BY THE CHAIR OF THE COUNCIL;
- (8) ONE COUNTY SUPERINTENDENT OF SCHOOLS, DESIGNATED BY THE PUBLIC SCHOOL SUPERINTENDENTS ASSOCIATION OF MARYLAND;
- (9) ONE MEMBER OF A COUNTY BOARD OF EDUCATION, DESIGNATED BY THE MARYLAND ASSOCIATION OF BOARDS OF EDUCATION;
- (10) ONE TEACHER WHO IS TEACHING IN THE STATE, DESIGNATED BY THE MARYLAND STATE EDUCATION ASSOCIATION;
- (11) ONE SOCIAL WORKER PRACTICING AT A SCHOOL IN THE STATE, DESIGNATED BY THE MARYLAND CHAPTER OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS;
- (12) ONE PSYCHOLOGIST PRACTICING IN A SCHOOL IN THE STATE, DESIGNATED BY THE MARYLAND SCHOOL PSYCHOLOGISTS ASSOCIATION;
- (13) ONE REPRESENTATIVE OF NONPROFIT HOSPITALS, DESIGNATED BY THE MARYLAND HOSPITAL ASSOCIATION;
- (14) THE FOLLOWING MEMBERS APPOINTED BY THE GOVERNOR:
 - (I) ONE REPRESENTATIVE OF THE COMMUNITY BEHAVIORAL HEALTH COMMUNITY WITH EXPERTISE IN TELEHEALTH;
 - (II) ONE REPRESENTATIVE OF LOCAL DEPARTMENTS OF SOCIAL SERVICES;
 - (III) ONE REPRESENTATIVE OF LOCAL DEPARTMENTS OF HEALTH; AND

(15) THE FOLLOWING MEMBERS APPOINTED JOINTLY BY THE PRESIDENT OF THE SENATE AND THE SPEAKER OF THE HOUSE:

- (I) ONE INDIVIDUAL WITH EXPERTISE IN CREATING A POSITIVE CLASSROOM ENVIRONMENT
- (II) ONE INDIVIDUAL WITH EXPERTISE IN EQUITY IN EDUCATION; AND
- (III) TWO MEMBERS OF THE PUBLIC, APPOINTED BY THE PRESIDENT OF THE SENATE

(I) THE NATIONAL CENTER FOR SCHOOL MENTAL HEALTH SHALL PROVIDE TECHNICAL ASSISTANCE.

Bill's Consultant members:

1. ONE MEMBER OF THE MARYLAND OPTOMETRIC ASSOCIATION
2. ONE MEMBER OF THE STATE TRAUMATIC BRAIN INJURY ADVISORY BOARD
3. ONE MEMBER OF THE MARYLAND EDUCATION COALITION
4. ONE MEMBER OF THE MARYLAND ASSOCIATION OF SCHOOL HEALTH NURSES
5. ONE MEMBER OF THE DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES IN THE DEPARTMENT
6. ONE MEMBER OF THE MARYLAND ACADEMY OF AUDIOLOGY
7. ONE MEMBER OF THE MARYLAND ASSOCIATION OF NONPUBLIC SPECIAL EDUCATION FACILITIES
8. ONE EXPERT IN EARLY CHILDHOOD TRAUMA AND DEVELOPMENT; AND
9. ONE EXPERT ON DATA PROTECTION;

Coordinated Community Supports Partnership Fund: (I) \$25,000,000 IN FISCAL YEAR 2022; (II) \$50,000,000 IN FISCAL YEAR 2023; (III) \$75,000,000 IN FISCAL YEAR 2024; (IV) \$100,000,000 IN FISCAL YEAR 2025; AND (V) \$125,000,000 IN FISCAL YEAR 2026 AND EACH FISCAL YEAR THEREAFTER

Current Registration by District	
Registration sample not accessible*	
<ul style="list-style-type: none">• Allegany County Public Schools*• Anne Arundel County Public Schools• Baltimore City Public Schools• Baltimore County Public Schools• Calvert County Public Schools*• Caroline County Public Schools*• Carroll County Public Schools• Cecil County Public Schools*• Charles County Public Schools• Dorchester County Public Schools*• Frederick County Public Schools• Garrett County Public Schools*	<ul style="list-style-type: none">• Harford County Public Schools*• Howard County Public Schools• Kent County Public Schools• Montgomery County Public Schools• Prince George's County Public Schools*• Queen Anne's County Public Schools*• Saint Mary's County Public Schools• Somerset County Public Schools*• Talbot County Public Schools• Washington County Public Schools• Wicomico County Public Schools• Worcester County Public Schools

Visual Comparison of Maryland Parent Student Health Questionnaire at Registration

HB657: Standardized Behavioral Health Screenings for Development and Implementation Bill

HCPSS Student Health Questionnaire

Please fill out if applicable. If not applicable leave blank and press save and continue

Need help finding a doctor?	<input type="checkbox"/>
Need help finding a dentist?	<input type="checkbox"/>
Date of Physical Exam	<input type="text" value="03/23/2012"/>
Date of Dental Exam	<input type="text" value="04/30/2012"/>
Date of Vision Exam	<input type="text" value="08/25/2021"/>
Has Insurance	<input type="text" value="Yes"/>
Will the student require medication to be given at school?	<input type="text"/>

If YES, a Medication Order Form must be completed for each prescription and over the counter medication to be given during school.

Medications taken at school:	<input type="text"/>
Medications taken at home:	<input type="text"/>
Physician Name	<input type="text"/>

Physician Name	<input type="text"/>
Phone Number	<input type="text" value="() -"/>
Extension	<input type="text"/>
Preferred Hospital	<input type="text"/>
Dentist Name	<input type="text"/>
Phone Number	<input type="text" value="() -"/>
Extension	<input type="text"/>
Office	<input type="text"/>

[< Previous](#) [Save And Continue >](#)

Health Concerns:

Does your student have any of the following Health concerns. Please give more details if yes is selected for any item.

Allergies?	<input type="text" value="No"/>
Is a Nut Free Table Required for this Student?	<input type="text" value="No"/>
Medical Conditions?	<input type="text" value="Yes"/>
Hospitalizations or Operations?	<input type="text" value="No"/>
Physical Handicapping Conditions?	<input type="text" value="No"/>
Activity Restrictions?	<input type="text" value="No"/>
Assistive Devices?	<input type="text" value="No"/>
Mental Health Issues?	<input type="text" value="No"/>
Speech Difficulties/Developmental Delays?	<input type="text" value="No"/>

Activity Restrictions?	<input type="text" value="No"/>
Assistive Devices?	<input type="text" value="No"/>
Mental Health Issues?	<input type="text" value="No"/>
Speech Difficulties/Developmental Delays?	<input type="text" value="No"/>
Vision Difficulties? For example: Wears Glasses or Contacts, Crossed Eyes...	<input type="text" value="Yes"/>
Hearing Difficulties?	<input type="text" value="No"/>
Any Other Health Concerns? For Example: eating/sleeping habits, posture, skin/teeth...etc.	<input type="text" value="No"/>
Best form of contact to discuss the listed health items?	<input type="text" value="Text"/>
Best contact phone number	<input type="text" value="() -"/>

Student Medical Conditions:

Please list known medical conditions

[< Previous](#) [Save And Continue >](#)

New Student Health History

Last Name: _____ First Name: _____ Grade: _____ Gender: Male Female

Last school your child attended? _____ DOB: _____

Has your child traveled or resided outside of the U.S. in the past year? Yes No

If yes, list countries: _____

Where do you usually take your child for routine medical care?

Name: _____ Phone Number: _____

Does your child take any medication? Yes No If yes, list medications: _____

Does your child require any special health treatments or procedures (e.g. tube feeding or catheterization)? Yes No

If yes, describe: _____

Where do you usually take your child for routine dental care? _____

Name: _____ Phone Number: _____

To the best of your knowledge, has your child had any of the following?

	Yes	No	If yes, describe:
Prematurity			
Birth defect			
Immunity problems			
Bleeding problems			
Lead poisoning			
Sickle Cell Disease			
Diabetes			
Anaphylaxis			
Seasonal allergies			
Food allergies			
Medication/Drug allergies			
Mental health/emotional problems like depression			
ADHD/ADD			
Concussion or traumatic brain injury			
Migraines			
Learning problems/disabilities			
Seizures			
Speech problems			
Ear or hearing problems			
Eye or vision problems			
Dental problems			
Asthma or breathing problems			
Heart problems			
Stomach problems			
Bowel problems			
Bladder problems			
Musculoskeletal problem (including cerebral palsy)			
Limited physical activity			
Other:			
Is your child toilet trained?			

Hospitalization Date: _____ Reason: _____

Hospitalization Date: _____ Reason: _____

Surgery Date: _____ Reason: _____

Surgery Date: _____ Reason: _____

Parent Signature: _____ Telephone: _____ Date: _____

Parent Address: _____

Baltimore City

STUDENT WHOLENESS INVENTORY (OPTIONAL)

Please check all items below that apply to the student

(NOTE: This section is optional but assists City Schools in providing needed supports/services).

- | | |
|---|--|
| <input type="checkbox"/> Student enjoys participating in extracurricular and enrichment activities (i.e., student government, academic clubs, debate team, culture clubs, etc.) | <input type="checkbox"/> Student has a history of drug/alcohol use |
| <input type="checkbox"/> Student feels unsafe/alienated/disenfranchised | <input type="checkbox"/> Student has asthma and/or other medical concerns |
| <input type="checkbox"/> Student has a history of abuse/victimization | <input type="checkbox"/> Student has hearing problems |
| <input type="checkbox"/> Student has a strong interest/skill in sports/athletics/physical activities | <input type="checkbox"/> Student has long-term use of medication |
| <input type="checkbox"/> Student has antisocial/delinquent behaviors | <input type="checkbox"/> Student has vision problems |
| <input type="checkbox"/> Student has experienced the death of a parent/guardian and/or sibling | <input type="checkbox"/> Student has/had delayed speech/language |
| <input type="checkbox"/> Student has mental health difficulties | <input type="checkbox"/> Student has/is receiving occupational therapy |
| <input type="checkbox"/> Student has/had a serious trauma exposure and/or injury | <input type="checkbox"/> Student has/is receiving speech/language therapy |
| <input type="checkbox"/> Student is/was in a gang | <input type="checkbox"/> Student is not fully toilet trained |
| <input type="checkbox"/> Student could benefit from additional testing regarding cognitive development | <input type="checkbox"/> Student has a parent or sibling receiving special education services |
| <input type="checkbox"/> Student has a strong interest/skill in arts-based programming (i.e., dance, film, music, theatre, visual arts, etc.) | <input type="checkbox"/> Student has a parent/guardian that has a chronic illness or is disabled |
| <input type="checkbox"/> Student has experienced academic failure/frustration | <input type="checkbox"/> Student has a sibling with learning difficulties |
| <input type="checkbox"/> Student had a birth weight of six pounds or less | <input type="checkbox"/> Student has family members in a gang |
| <input type="checkbox"/> Student had exposure to lead | <input type="checkbox"/> Student is a parenting teen |
| | <input type="checkbox"/> Student is/was in foster care |
| | <input type="checkbox"/> Other considerations _____ |

Anne Arundel

Medical/Emergency Information



In case of emergency, if neither parent/guardian can be reached, an Emergency Contact will be called.

Emergency Contact #1

Include Contact? Yes No

Emergency Contact #2

Include Contact? Yes No

Medical Concerns

Optional. Allergies, Asthma, Diabetes, etc.

Medication(s)

Optional.

Kent

Part 5 - Health & Immunization Information:

Is immunization record complete? Yes No

DHMD 896 Form Completed/Approved by School Nurse (Name/Date: _____)

Temporary Approval of record by other School Official (Name/Date: _____)

As required by law for all students entering MD public schools for the first time, has the child received a physical exam in the past 9 months? Yes No If "NO", please list reason: finances,

lack of access, other (please indicate: _____)

Please list any health concerns (medications, allergies, medical conditions, etc)

St. Mary's

MEDICAL INFORMATION:

Health Insurance? Yes No

Primary Care Physician: _____ Telephone: _____

Date of Last Physical: _____ Immunizations Complete? Yes No

Medications at school: Yes No **PS 109 MUST be completed for medications.**

Any Medical Concerns if appropriate:

Talbot

Doctor Name/Phone: _____	Dentist Name/Phone: _____
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Health Information

List medications taken regularly at home at school	_____
List any life-threatening allergies	_____

Frederick

CONFIDENTIAL HEALTH INFORMATION

In case of an emergency, the school staff will contact 911.

Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION					
Last:	First:	Middle:	Date of Birth:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade
School Name:					
Does the student have health insurance? <input type="checkbox"/> Private <input type="checkbox"/> Medical Assistance <input type="checkbox"/> No Insurance			Does the student have dental insurance? <input type="checkbox"/> Y <input type="checkbox"/> N		

CURRENT HEALTH CONCERNS	
<i>Please check the following health concerns that may impact the student's educational day. This information may be shared with FCPS staff as appropriate.</i>	
<input type="checkbox"/> The student does not have any medical concerns	
<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> allergies (choose all that apply) <input type="checkbox"/> foods _____ <input type="checkbox"/> bee sting/insect bite _____ <input type="checkbox"/> medicines _____ <input type="checkbox"/> pesticides/chemicals* _____ <input type="checkbox"/> other _____ <input type="checkbox"/> asthma: Has the student experienced an asthma episode in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> blood disorder _____	<input type="checkbox"/> cancer <input type="checkbox"/> diabetes <input type="checkbox"/> hearing problems <input type="checkbox"/> hearing aid(s) <input type="checkbox"/> heart problems _____ <input type="checkbox"/> mental health diagnosis _____ <input type="checkbox"/> physical disability _____ <input type="checkbox"/> seizures <input type="checkbox"/> vision problems _____ <input type="checkbox"/> glasses <input type="checkbox"/> contacts <input type="checkbox"/> other _____
<input type="checkbox"/> This information is a change in health condition from the last school year	
<small>*FCPS uses the Integrated Pest management programs to identify and control pest problems in schools. Elementary schools must notify staff and parents/guardians of all students 24 hours before pesticides are to be applied inside the school building or on the grounds. Middle and high schools must notify only those parents, guardians or staff who have filed a written request for notification; forms are available at each school and must be updated every school year. See the FCPS Calendar Handbook for details, or contact your child's school.</small>	

MEDICATIONS
List all medications and dosages your child receives on a routine basis
<input type="checkbox"/> Medications are not required at school
<small>If the student requires over-the-counter or prescription medications or treatments at school, the health care provider and parent must complete and submit the appropriate authorization form(s). Obtain forms from the health staff at your child's school or at http://www.fcps.org/ (click on Forms).</small>
Medications: _____ _____

<small>I hereby give authorization and consent to the school, in the event that I cannot be contacted, to obtain emergency medical care and necessary emergency transportation to a healthcare facility. I understand and authorize that my child's medical records or other medical information, furnished to the school, will be shared with FCPS/Frederick County Health Department staff and emergency personnel who have a legitimate medical/educational purpose for accessing such medical records and information.</small>
Parent/Guardian name (please print): _____ Primary Contact Ph# _____
Signature of Parent / Guardian: _____ Date _____

Washington

Documentation Required for Enrollment

Do you have verification of residency? (Must be current within 3 months) Yes No

Gas, Electric, Water, Oil, Sewer Bill

Lease/Mortgage

Property Tax Bill/Statement

Do you have verification of age? Yes No (Birth Certificate Preferred)

Do you have the following Health Related Documents? Yes No

Immunization Certificate

Physical Examination Record

Blood Lead Testing Certificate
Pre-K, K and 1st Grade

If any box is marked "no", please request assistance from school staff. Maryland Law requires that you provide all of the above information before a child may attend/enroll in school.

Carroll

Proof of Immunization Compliance: (Initial next to document received)

DHMH Certificate 896 _____ Clinic Record or Physician's Office Record _____ Other State Official Immunization Record _____
Official School Record _____



ENROLLMENT INFORMATION FOR PARENTS/GUARDIANS

If you are enrolling your student in Wicomico County Public Schools for the first time, please complete the following forms:

- ❖ Student Personal Data and Enrollment Information Form
- ❖ Maryland Schools Record of Physical Examination
- ❖ Personal Race and Ethnicity Form
- ❖ PreK3 or PreK 4 Application (if applicable)
- ❖ PreKindergarten Experience Form (PreK3 – Kindergarten)
- ❖ Survey of Children (PreK3 – Kindergarten only)
- ❖ Judy Center Partnership Center Form (Beaver Run and Pemberton PreK3 – Kindergarten only)

HB 657_BIAMD_fav.pdf

Uploaded by: Catherine Mello

Position: FAV



Date: April 4, 2022

Hearing Date: April 5, 2022

Committee: Senate Education, Health, and Environmental Affairs Committee

**Bill: House Bill 657- Public Schools-Standardized Behavioral Health Screening for Students-
Development and Implementation**

Position: Support

Submitted by:

Catherine Rinehart Mello

Brain Injury Association of Maryland

2200 Kernan Dr.

Baltimore MD 21207

Our organization:

The Brain Injury Association of Maryland is a 39-year-old organization providing education, advocacy, and research. One of our primary missions is to operate an information and assistance hotline as part of the no wrong door system for accessing long-term care services. We respond to over 300 calls per month from individuals, family members, and professionals seeking information and assistance to help people living with brain injury. We support the development and implementation of behavioral health screening to help identify the needs of children in Maryland schools who sustained a brain injury and may be struggling with ongoing symptoms.

Rationale:

As a result of TBI, children can experience changes in their health, thinking, behavior, self-regulation, and social skills, all of which are important for success in school and the impacts carry on into adulthood. Symptoms and impact of a brain injury vary based on the part of the brain injured, severity of injury and the age or development of each child. The full impact of a brain injury sustained in early childhood may not be realized until they are much older. Younger children navigate very structured environments and do not have to make complex decisions. As children get older and responsibilities for planning, organizing, decision making and responding to more complex social situations shift from adults to the child, the full impact of a brain injury that may have happened years before can become evident.

Each year in the United States, approximately 475,000 children under the age of 14 years sustain a TBI and approximately 30,000 have long-term disabilitiesⁱ Data from Maryland Institute for Emergency Medical Services System (MIEMMS) show that an average of 987 children visited Maryland Trauma Centers for treatment of a traumatic brain injury (TBI) between 2017-2020. Children ages 0-4 and 15-18 are the age groups most likely to be treated at the trauma centers and the groups who sustained the most severe injuries based on Glasgow Coma Scale Scores.ⁱⁱFalls were the most common mechanism of injury for the 0-4 age group followed by abuse and motor vehicle collisions. In 2020 there was a 48%

increase in TBI as a result of abuse between 2019-2020 data. African- American children were more likely to receive treatment for TBI in trauma centers than their white counterparts. Males were twice as likely as females to be treated for TBI in Maryland trauma centers. These numbers do not include children treated in community hospitals, urgent care, physician's offices, or those who received no treatment at all. The actual incidence is likely many times higher but is not reported in a systematic manner. The majority of children who sustain a brain injury or concussion recover fully and do not live with long-term effects. However, 14% of those who sustained a mild injury and 61% of children who sustained a moderate to severe injury experienced a disability as a result of the TBIⁱⁱⁱ which can include physical, cognitive, and emotional symptoms. Despite the number of severe brain injuries reported among school-aged children, there are currently only 234 Maryland students identified as requiring special education services as the result of a traumatic brain injury.^{iv} This is 0.2% of the total population of students currently receiving special education services in Maryland schools. Children with a life-time history of TBI as reported by their parents were twice as likely to report that their children had symptoms of depression, anxiety or behavioral or conduct problems that children without a life-time history of brain injury^v. One systematic review showed that up to 50% of children who sustained a brain injury developed behavioral problems and disorders^{vi}. Implementing a behavioral health screening that includes history of TBI can help ensure that these children are appropriately identified and assessed for any additional services and support that they need.

We ask that the Education, Health, and Environmental Affairs Committee give a favorable report to HB 657.

Additional Resources:

[TBI Advisory Board Report](#) 2019-Note 2020 and 2021 Advisory Board Reports are awaiting approval from the Maryland Department of Health before they can be released.

*Charts from MIEMMS can be sent upon request

ⁱ Prasad MR, Swank PR, Ewing-Cobbs L. Long-Term School Outcomes of Children and Adolescents With Traumatic Brain Injury. *J Head Trauma Rehabil.* 2017;32(1):E24-E32. doi:10.1097/HTR.0000000000000218

ⁱⁱ Data from MIEMMS Trauma Registry

ⁱⁱⁱ <https://www.cdc.gov/traumaticbraininjury/pdf/reportstocongress/managementoftbiinchildren/TBIRTCExecutiveSummary.pdf>

^{iv} [Maryland Special Education Census Data](#)

^v Haarbauer-Krupa J, Lee AH, Bitsko RH, Zhang X, Kresnow-Sedacca M. Prevalence of Parent-Reported Traumatic Brain Injury in Children and Associated Health Conditions. *JAMA Pediatr.* 2018;172(11):1078–1086. doi:10.1001/jamapediatrics.2018.2740

^{vi} AUTHOR=Ewing-Cobbs Linda, Montroy Janelle J., Clark Amy E., Holubkov Richard, Cox Charles S., Keenan Heather T. As Time Goes by: Understanding Child and Family Factors Shaping Behavioral Outcomes After Traumatic Brain Injury. *Frontiers in Neurology* Volume 12, 2021 <https://www.frontiersin.org/article/10.3389/fneur.2021.687740>

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MANSEF Testimony support HB 657 before EHEA April

Uploaded by: Dorie Flynn

Position: FAV



**TESTIMONY IN SUPPORT OF
House Bill 657:
Public Schools – Standardized Behavioral Health Screenings for Students –
Development and Implementation**

OFFERED ON BEHALF OF
The Maryland Association of Nonpublic Special Education Facilities
(MANSEF)

**BEFORE THE EDUCATION HEALTH AND
ENVIRONMENTAL AFFAIRS COMMITTEE**
April 5, 2022

The Maryland Association of Nonpublic Special Education Facilities (MANSEF) has 70 nonpublic special education schools across Maryland. We currently serve approximately 3800 publicly funded school children and employ over 1200 teachers, clinicians, and administrators. MANSEF offers our support of House Bill 657.

The Maryland Consortium on Coordinated Community Supports was established to (1) Support the development of coordinated community supports to meet student behavioral health needs and other related challenges in a holistic, nonstigmatized, and coordinated manner; (2) Provide expertise for the development of best practices in the delivery of student behavioral health services, supports, and wraparound services; and (3) Provide technical assistance to local school systems to support positive classroom environments.

The development of standardized behavioral health guidelines will provide a valuable framework to ensure the State is meeting the needs of all students. A uniform measurement will help the State address where to place the resources and provide the early intervention where necessary to identify students most in need.

The inclusion of MANSEF as one of the stakeholders in the development of the guidelines is important as we have a wealth of expertise in serving students with

behavioral health challenges. ***We work in partnership with the local public school systems in serving the most challenged students. We have a national expert, Abby Potter, who consults with the MANSEF schools on the implementation of positive behavioral intervention strategies and supports (PBIS). In addition, we employ a comparatively high number of clinicians, who are experts in trauma-informed strategies.*** PBIS refers to the school-wide and individual application of data-driven, trauma-informed actions, instruction, and assistance to promote positive social and emotional growth while preventing or reducing challenging behaviors to encourage educational and social emotional success. PBIS has become the gold-standard intervention and strategy for providing a comprehensive support system for, not just special needs students, but for all students.

The pandemic has placed a laser-focus on the emotional and mental health of students, and we pride ourselves on addressing the needs of our students in a therapeutic environment where they can succeed.

If you require further information please contact Dorie Flynn, Executive Director at 410-938-4413 or mansef@aol.com.

HB657_BHscreenings_KennedyKrieger_Support_SENATE.p

Uploaded by: Emily Arneson

Position: FAV



DATE: April 5, 2022 **COMMITTEE:** Senate Education, Health and Environmental Affairs
BILL NO: House Bill 657
BILL TITLE: Public Schools - Standardized Behavioral Health Questionnaire for Students –
Development and Implementation
POSITION: Support

Kennedy Krieger Institute supports House Bill 657 - Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation

Bill Summary:

House Bill 657 requires the Maryland Consortium on Coordinated Community Supports to develop, with certain stakeholders, guidelines for a standardized behavioral health questionnaire. This behavioral health questionnaire is intended to identify students with behavioral health service needs, including those needs resulting from a traumatic brain injury (TBI).

Background:

Kennedy Krieger Institute provides specialized services to patients nationally and internationally. Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based and community-based programs. Kennedy Krieger is nationally recognized for its comprehensive continuum of care in the rehabilitation of children and adolescents with brain injury from acute rehabilitation to community re-entry with a strong emphasis on school reintegration and long term follow-up.

Rationale:

Behavioral health is inherent to overall health and essential to positive school performance and achievement. Many health conditions can effect behavioral health, among them is traumatic brain injury (TBI). Based on available data for the United States, the Centers for Disease and Control (CDC) in their *Report to Congress on The Management of Traumatic Brain Injury in Children* in 2018 ¹ estimated that mild TBI is experienced in 70-90% of TBI-related emergency department visits, moderate TBI in up to 15% and severe TBI in 2%.

Traumatic brain injury is often an invisible disability. Many children fully heal physically from their initial injury, but frequently experience significant cognitive, emotional, and behavioral effects of injury which considerably impact functioning, particularly in educational performance. Such outcomes are documented throughout the literature for pediatric TBI.

Information about a traumatic brain injury is not routinely shared with schools or even, at times, the child's primary care physician. In fact, in a study published in *Pediatrics* in 2006 ², 37% of caregivers of children hospitalized for traumatic brain injury reported that their child did not see a physician at all in the first year after injury. In that study, was also reported a high rate of unmet needs, especially cognitive and behavioral needs in the first year after injury. A decade later, childhood TBI continued to be inadequately identified, monitored, and treated. A 2017 study in the *Journal of Developmental and Behavioral Pediatrics* ³ found a high rate of unmet needs more than six years after injury in children between 3 and 7 years of age, hospitalized for TBI. Further, Jones et al in their work *Parent and Teacher Reported Child Outcomes Seven Years after Mild Traumatic Brain Injury 2021* ⁴, point out that parents have a unique reporting perspective over teachers with the advantage of pre-injury knowledge of their child. It is essential that we gather this information from parents to fully support students in their education.

In 2016, the American Congress of Rehabilitation Medicine, Pediatric-Adolescent Task Force published a manuscript *Service Delivery in the Healthcare and Educational Systems for Children Following Traumatic Brain Injury: Gaps in Care*⁵ which addresses the importance of correctly identifying children with TBI at an educational systems level. In this paper, they cite the low census of children identified in Special Education for traumatic brain injury compared to published injury rates and the estimated number of children living with TBI-related disability. It is known that many children with traumatic brain injury are labeled in the school systems as having other handicapping conditions such as learning or emotional disability which do not adequately represent the child's history and needs. The task force proposed a solution to this problem which included "appropriate, systematic identification" of children with TBI in schools.

Given the much higher prevalence of children with TBI that don't require hospitalization, proper identification of TBI through behavioral health questionnaires are essential to ensure children receive proper management, including behavioral health services and academic supports. Due to current inadequate identification in the schools, these deficits are often overlooked or attributed to other causes and therefore not adequately monitored and provided with behavioral health services in the context of their traumatic brain injury. Without proper identification and management, childhood TBI will continue to be a burden on society due to the high risk for negative outcomes in adulthood, including lower rates of independent living and increased rates of substance abuse, incarceration, and homelessness. Enacting this legislation will help individual children and be a critical step toward systems-level research into outcomes and best practices for children with TBI.

Kennedy Krieger Institute requests a favorable report on House Bill 657.

References

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2. Slomine BS, McCarthy ML, Ding R, MacKenzie EJ, Jaffe KM, Aitken ME, Durbin DR, Christensen JR, Dorsch AM, Paidas CN; CHAT Study Group. Health care utilization and needs after pediatric traumatic brain injury. *Pediatrics*. 2006 Apr;117(4):e663-74. doi: 10.1542/peds.2005-1892. Epub 2006 Mar 13. PMID: 16533894.
3. Kingery, K. M., Narad, M. E., Taylor, H. G., Yeates, K. O., Stancin, T., & Wade, S. L. (2017). Do Children Who Sustain Traumatic Brain Injury in Early Childhood Need and Receive Academic Services 7 Years After Injury?. *Journal of developmental and behavioral pediatrics : JDBP*, 38(9), 728–735. <https://doi.org/10.1097/DBP.0000000000000489>
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HB657 - Behavioral Health - ACLU-MD - EHEA (March

Uploaded by: Frank Patinella

Position: FAV



**Testimony for the House Ways and Means Committee
February 24, 2022**

**House Bill 657 — Standardized Behavioral Health Questionnaire
for Development and Implementation Bill**

FRANK PATINELLA
SENIOR EDUCATION
ADVOCATE

FAVORABLE

AMERICAN CIVIL
LIBERTIES UNION
OF MARYLAND

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EXECUTIVE DIRECTOR

ANDREW FREEMAN
GENERAL COUNSEL

The ACLU of Maryland's *Right to Education* works to ensure that all public school students can learn, thrive, and effectively engage in the social, political, and economic life of their community. Given the prevalence of behavioral health issues among students in Maryland's public schools, we strongly support HB 657 -Standardized Behavioral Health Questionnaire for Development and Implementation. HB 657 builds upon the work of Blueprint's Consortium on Coordinated Community Supports ("Consortium") by establishing a standardized way for parents to report any behavioral or mental health concern that they have about their child during the school enrollment process.

HB 657 tasks the Consortium, which is comprised of mostly mental health experts, to create guidelines for each school district's behavioral health coordinators to follow when developing their students behavioral health questionnaire. The bill will ensure that student information will be kept confidential. This bill is simply a tool for parents to report any concerns related to the behavioral health of their child — including but not limited to issues related to mental health, medical issues, stress in the child's social environment, and homelessness. School staff can then access the Consortium's network of community-based resources and providers to ensure that parents' and children's needs are met. The Consortium is funded at \$25 million now but that amount will grow to \$125 million by fiscal 2026, which will greatly expand the availability and access to services for children and families in Maryland. Addressing these barriers to learning and improving the overall school climate are core tenets of the Blueprint bill.

During the fall semester, several parents called the ACLU-MD asking about mental health services for their children. I helped one of these parents enroll her three children at a new school in Baltimore City. During the enrollment process, the parent asked about mental health resources as one of her children was experiencing significant mental health issues that were not present before the pandemic. After a week went by, I reached out to City Schools' central office and was told that her particular school had a partnership with an external mental health provider. I provided the contact information to the parent and the next

day, she reported that she had an appointment for her child that week with this provider. Since then, she has been happy with the services and her child is showing significant improvement in school.

We want to make sure that these community resources are known to parents and creating a form and a process to allow parents to report behavioral health issues during the enrollment process is a common-sense step to improve access and coordination of these services. Given that the Blueprint plan is moving forward, let's make sure that the planned investments in the Blueprint's Consortium on Coordinated Community Supports is proceeding in a way that maximizes impact for families and children statewide. We ask the committee to give HB657 a favorable report.

Letter of support for HB657.pdf

Uploaded by: Martin Kerrigan

Position: FAV

Chairman Pinsky, Vice Chair Kagan, and distinguished members of the Education, Health, and Environmental Affairs Committee,

Thank you for taking the time to read and/or listen to this testimony. I represent the Maryland Traumatic Brain Injury Advisory Board. I am submitting this written testimony in support of House bill 657, Standardized Behavioral Health Questionnaire for Students – Development and Implementation. For the past several years our top priority as a board has been to improve the identification of students with traumatic brain injury in Maryland schools.

Traumatic Brain Injury (TBI) is often referred to as the silent epidemic. According to the Centers for Disease Control and Prevention (CDC) “TBI is a leading cause of death and disability among children and young adults in United States.” In 2018, The Centers for Disease Control and Prevention published a report to Congress “The Management of Traumatic Brain Injury in Children: Opportunities for Action.” According to the report “it is widely recognized that children with brain injury are under-identified for health and educational services and under-served by existing supports, placing them at risk for poor health and educational outcomes. Understanding the gaps in care and developing approaches for optimal assessment, access to services, and service delivery is critical to ensuring that children with TBI have the best possible treatment and outcomes.”

According to the most recent special education census published by the Maryland State Department of Education in October 2021 there are currently 111,315 students, ages birth to 21, receiving special education services in Maryland. Of those only 211, or .19%, are identified as having TBI as their disability. However, in 2017 alone, data from the Maryland Department of Health reported 4,794 emergency department visits and 210 hospitalizations for Marylanders ages birth through 18 with a diagnosis of TBI. This hospital data has remained consistent for the last 15 years.

The CDC report also cites an estimate of 145,000 school aged individuals living with a persistent disability as the result of a TBI yet the total number of students nationwide receiving services under the disability code of traumatic brain injury is around 25,000. This suggests that less than 20% of students living with a disability because of a TBI are receiving the appropriate services.

This data by itself is enough to suggest a possible discrepancy however there is potentially a much larger group that we are ignoring completely. Individuals that are seen at their doctor’s offices or who receive medical treatment at places other than the hospital are not counted in this data. Neither are individuals that do not receive any treatment at all.

The nature of adolescent brain development can cause the effects of a brain injury to not be evident immediately. The most common part of the brain to be injured is the frontal lobe, which is also the part of the brain that is responsible for executive functioning and higher order thinking. If a child is injured prior to the onset of frontal lobe development and maturation, usually early adolescence, the extent of damage to the frontal lobe might not become evident until years later. For many children that might have suffered a TBI at a younger age the family has completely forgotten about the injury, especially if it did not require extensive medical treatment. The effects of the injury do not manifest themselves until the child enters adolescence and is unable to cope or develop similar to their peers. This often leads to children with TBI being misidentified or diagnosed incorrectly as having emotional disturbance, specific learning disability, other health impairment, or intellectually disabled.

Many times, the school personnel are not aware that a child had a TBI or to what extent a child may have been injured. Parents do not always think to include the school as part of the child's recovery plan. Understandably, it is very easy for a child's "brain injury" to be forgotten about or to get overlooked. Untreated TBI can result in cognitive, social, emotional, and behavioral problems such as substance abuse, violent behavior, and increase in criminal behavior. One study that was done in Minnesota found that over 82% of inmates in a correctional facility had a history of TBI. A history of untreated TBI also results in higher rates of homelessness, substance abuse, mental health diagnosis, additional brain injuries, and lower rates of independent living.

We understand that by simply adding several questions to a questionnaire we are not going to capture every incidence of traumatic brain injury in Maryland students. However, it is our hope that by including TBI in a larger mental health screening, that we will at least begin to see an increase in the number of students whose difficulties may actually be the result of a traumatic brain injury and therefore can begin to get the appropriate interventions and supports that they require in order to achieve their full potential.

Once again thank you for your time and we look forward to a favorable report on House Bill 657.

Thank you,

Martin Kerrigan

Chairperson, Maryland Traumatic Brain Injury Advisory Board

HB 657 - Favorable - Guyton - Senate.pdf

Uploaded by: Michele Guyton

Position: FAV

MICHELE GUYTON
Legislative District 42B
Baltimore County

Ways and Means Committee
Early Childhood Subcommittee
Education Subcommittee



The Maryland House of Delegates
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410-841-3793 • 301-858-3793
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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

April 5, 2022

SUPPORT

**HB657- Public Schools- Standardized Behavioral Health Screenings for Students –
Development and implementation**

Dear Chair Pinsky and Members of the Education, Health and Environmental Affairs Committee,

I am writing to request a favorable report on HB657 –designed to provide standardized guidelines to county boards regarding information to be collected during school registration for each student. Currently each of our 24 systems already requires a version of a “student questionnaire” that is filled out by parents or guardians at the beginning of the school year. The extent and type of information collected by counties differs dramatically and affects the allocation of resources and the services that may be provided for students.

This bill simply puts into place a behavioral health advisory group to assist the members of the Maryland Consortium on Coordinated Community Supports that was established in the Blueprint for Maryland’s Future to develop behavioral health screenings. The amendment defines this screening as a questionnaire. This group will work with the Consortium to make recommendations about required topic to be included in school questionnaires. The local boards still have autonomy to create their own specific questions if they choose to do so.

There have been many different advocacy groups requesting that we collect information about specific subjects through a variety of bills every year. This bill attempts to consolidate those in one advisory group for consistency and expediency. Some questions about why the health related questions are included – these can mask or present as a behavioral health issue.

We have one technical amendment which makes changes to the advisory group membership and one amendment to clarify that the screening will be administered as a parent questionnaire. Thank you for your consideration of HB657. This bill will help all children in Maryland access equivalent resources.

Sincerely,

Delegate Michele Guyton D24B

A handwritten signature in cursive script that reads "Delegate Michele Guyton".

Testimony In Support of HB 657 - Senate EHE - Stan

Uploaded by: Rich Ceruolo

Position: FAV



April 4, 2022

Maryland Senate
11 Bladen St.
Annapolis, MD. 21401

In Support of HB 657 with Amendment: Public Schools – Standardize Health Screening for Students – Development and Implementation.

Members of the Maryland Senate’s EHE Committee.

Our 1400 plus membership of families supports this bill, and the establishment of standardizing Health Screening Forms and the process of collecting data from families when they enroll their children in school.

What a great idea to equity and inclusion for families of children that require the wrap around supports and services included within the Blueprint for Maryland’s Future. Giving families a standard form to fill out that enables them to self-identify their student/child as potentially needing some form of assistance.

We offer the following amendment to the bill. That this information provided by the family, about their student, then automatically trigger certain services and social supports to be enacted on behalf of the family as the result of this data being shared with the school district, and eventually with MSDE.

After the events of the past 2 years, now more than ever, we all need supports and services to help our children be more successful in life as well as in school. Getting back to normal is going to take all of us acting in concert to support our students the most in need of services, counseling and social supports. W

Please return a favorable report on HB 657 in order to provide services and supports to families all across the state of Maryland.

Mr. Richard Ceruolo | richceruolo@gmail.com
Parent, Lead Advocate and Director of Public Policy
Parent Advocacy Consortium (Find us on Facebook/Meta)
<https://www.facebook.com/groups/ParentAdvocacyConsortium>

HB 657.Behavioral Health Screenings - SENATE.pdf

Uploaded by: John Woolums

Position: FWA

BILL: House Bill 657
TITLE: Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation
POSITION: SUPPORT WITH AMENDMENTS
DATE: April 5, 2022
COMMITTEE: Education, Health, and Environmental Affairs
CONTACT: John R. Woolums, Esq.

The Maryland Association of Boards of Education (MABE) supports House Bill 657 with amendments to streamline the development of the behavioral health screenings intended to be developed and administered in accordance with the Blueprint for Maryland's Future Act.

MABE recognizes that this bill is a well-intended effort to assist local school systems in meeting the behavioral health needs of students through the use of screening tools required to be developed under the Blueprint for Maryland's Future Act. "Behavioral health services" are defined as trauma-informed prevention, intervention, and treatment services for the social-emotional, psychological, and behavioral health of students, including mental health and substance use disorders." MABE firmly believes that identifying and connecting students with behavioral health needs with appropriate services must be of the highest priority for local school systems. Importantly, the Blueprint law includes this responsibility as one of many assigned to local behavioral health coordinators, who are to be supported in their work at the local level by both the Maryland State Department of Education (MSDE) and Maryland Department of Health (MDH).

In this light, MABE requests an amendment to have the standardized screening tool, or questionnaire, intended in the bill to be developed by a stakeholder group, to be developed instead by the local coordinators with the assistance of MSDE and MDH. Under current law, but not clearly indicated in the bill itself as drafted, Section 7-447 already specifies roles for each of these departments to assist the local behavioral health service coordinators. Assisting school systems in crafting the standardized questionnaire envisioned by this bill would be aligned with the current law, and be much less labor intensive than the stakeholder group proposed by this bill.

To be clear, Section 7-447(d) specifically requires MSDE to "dedicate staff to coordinate with behavioral health services coordinators and staff in local education agencies" to work with school-based behavioral health providers and to assist in expanding services through coordinated community supports partnerships. Similarly, MDH must also designate an employee to be the primary contact for school behavioral health services to work with school-based behavioral health providers and to assist in expanding services through coordinated community supports partnerships. The Blueprint law even requires MSDE staff to "be responsible for close collaboration with other youth-serving agencies, the Maryland Consortium of Coordinated Community Supports, and the Maryland Longitudinal Data System Center to establish: (i) Shared goals; (ii) Processes to collect and share data; and (iii) Ways to leverage and blend funding to support behavioral health in schools and community-based settings."

In these ways, MABE believes that the Blueprint already contains the process for State agency collaboration in supporting local behavioral health services coordinators in all of their responsibilities, including the development of the screening tool to identify students with behavioral health services needs.

For these reasons, MABE requests a favorable report on House Bill 657 with the amendment described above.

MSPA HB 657 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FWA



Senator Paul G. Pinsky, Chair
Senator Cheryl C. Kagan, Vice Chair
Education, Health, and Environmental Affairs Committee
Miller Senate Office Building, 2 West
Annapolis, MD 21401

Bill: House Bill 657 - Public Schools – School Psychologist Recruitment Program

Position: Support with Amendments

Dear Chair Pinsky, Vice Chair Kagan, and Members of the Committee:

I am writing on behalf of the Maryland School Psychologists' Association (MSPA), a professional organization representing about 500 school psychologists throughout Maryland. We advocate for the social-emotional, behavioral, and academic well-being of students and families across the state.

We strongly support the concept of increased screening of students for behavioral health needs but have concerns about the ability of schools to fully follow up with children whose screenings indicate a potential need for behavioral health support. Although the Blueprint included resources to support student behavioral health needs, the 2019 Commission on Innovation & Excellence in Education report noted that “[p]roviding access to behavioral health programming and services assumes increasing the ratio of guidance counselors, psychologists, social workers, etc. to industry-recognized ratios: 500-700 students per psychologist, 400 students per social worker, and 250 students per guidance counselor.” Staffing ratios for school psychologists are currently nowhere close to the Commission’s recommended staffing ratios. **Passing legislation such as HB 657, should be accompanied with increased funding for school behavioral health staffing or an earmarking of current school behavioral health funding for retention and recruitment of school behavioral health providers.**

Additionally, we request the following amendment because we feel the Consortium has the expertise needed to develop a behavioral health questionnaire but would like the Consortium to be able to get any input they feel they need:

One Page 3, Line 30, strike “**THE FOLLOWING**” and substitute “**ANY INTERESTED**” and in Line 31 strike “**SELECTED**” and substitute “**IDENTIFIED**”

One Page 3, Line 31 starting with “:” strike through “**PROTECTION**” on Page 4, Line 17

MSPA supports HB 657 but strongly believes that the state needs to also consider broader investment in school behavioral health staffing. If we can provide any additional information or be of any assistance, please contact us at legislative@mspaonline.org or Scott Tiffin at stiffin@policypartners.net.

Respectfully submitted,

Katie Phipps
Chair, Legislative Committee
Maryland School Psychologists' Association

NASW hb 657 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FWA

Testimony before the Senate Health, Education, and Environmental Affairs Committee
House Bill 657: Public Schools - Standardized Behavioral Health Questionnaire for Students –
Development and Implementation

****SUPPORT WITH AMENDMENT****
April 4, 2022

NASW is the largest national organization of the profession, representing over 120,000 social workers nationwide, with 16,000 licensed in the state of Maryland. Over 500 social workers are currently employed in public schools in our state, assisting students and families so that children can learn, grow, and thrive. As licensed mental health professionals, school social workers are meeting every day with students whose anxiety, depression, or other emotional challenges interfere with their ability to profit from the instruction that their teachers provide. Identification and early intervention can be critical in the success of these students.

In February 2022, the Hopeful Futures Campaign published *America's School Mental Health Report Card*, which ranked states on a scale of 1 to 3 across eight policy indicators that support school mental health. While Maryland scored a perfect 3 in the area of “Family-School-Community Partnerships,” respectable 2’s in the areas of “Teacher and Staff Training” and “Health School Climate,” it scored zero in the area of Well Being Checks. It is time for Maryland to demonstrate its leadership by developing a formal screening system for all of its students in this important area.

We would suggest that this legislation be limited to a directive to the Maryland Consortium for Coordinated Community Supports to study, develop and update guidelines for an evidence-based standardized mental health questionnaire to be used in Maryland schools. The educational and school mental health professionals of the Consortium represent the most appropriate disciplines to explore and make recommendations for the most effective tool to achieve this end. We would request that the establishment of an additional panel of non-mental health professionals and the requirement for consultation with them would provide an unnecessary step which may slow down this important work and suggest that this step be eliminated.

With the changes here outlined, we would ask for a favorable report.

Respectfully,

Mary Beth DeMartino, LCSW-C
Executive Director, NASW-MD

HB0657 Howard Co BOE Testimony 040522 for EHEA - B

Uploaded by: Staff Howard County

Position: FWA



**Board of Education of Howard County
Testimony Submitted to the Maryland Senate,
Education, Health, and Environmental Affairs Committee
April 5, 2022**

**Board of Education
of Howard County**

Vicky Cutroneo, *Chair*

Antonia Watts, *Vice Chair*

Christina Delmont-Small

Yun Lu, Ph.D.

Jennifer Swickard Mallo

Jolene Mosley

Chao Wu, Ph.D.

Peter J. Banyas
Student Member

Michael J. Martirano, Ed.D.
*Superintendent
Secretary/Treasurer*

**HB0657: FAVORABLE W/AMENDMENTS
Public Schools - Standardized Behavioral Health Questionnaire for Students -
Development and Implementation**

The Board of Education of Howard County (the Board) supports **HB0657 Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation** with amendments to ensure thoughtful implementation is applied to expanded behavioral health services under the Blueprint for Maryland's Future.

Under the existing legal requirements for the Behavioral Health Services Coordinator in each local school system to develop and implement a standardized screening to identify students with behavioral health service needs, HB0657 as amended by the House calls for the screening to be replaced with a questionnaire that would be based on guidelines to be developed by the Blueprint's Consortium on Coordinated Community Supports. The guidelines would be developed in consultations with a list of stakeholders (starts page 3 line 15) and updated every five years.

As the development of guidelines for a standardized behavioral health screening would allow for consistency across the state, HCPSS staff supported this original language of HB0657. However, there are no behavioral health professionals recommended for the consortium. Representation for any number of behavioral health professional associations such as the Maryland School Psychologists Association, the Maryland Association of School Counselors, the Maryland School Social Worker Association, should be added.

HB0657 as amended requires the standardized questionnaire developed by the school system be given to all parents when a student enrolls and every year thereafter while the student is enrolled in the local school system – with no timeframe in the bill and an effective date of July 1, 2022, this implies it would be a requirement as of school year 2022-2023. While perhaps less intrusive than a screening, similar resources would be needed for distribution, collection, and follow-up on such questionnaires.

As identified in the Board's legislative priorities for student well-being, if the Blueprint envisions all children being screened annually, it will require sufficient funding and school-based staff resources. Until the scope of expanded mental health services called for under the Blueprint – and the role of a screening vs. questionnaire to best serve intended outcomes – can be systematically addressed based on the yet-to-be-developed local implementation plans, which will be reviewed and approved

based on guidance from the Accountability and Implementation Board and the Maryland State Department of Education, this mandate should be removed from the bill.

For these reasons, we urge a FAVORABLE report of HB0865 from this Committee on the development of standardized guidelines for behavioral health screenings, with removal of any mandatory distribution.

HB 657 - SWA - Public Schools – Standardized Behav

Uploaded by: Yousuf Ahmad

Position: FWA

House Bill 657 - *Public Schools – Standardized Behavioral Health Screenings for Students – Development and Implementation*

Senate Education, Health, and Environmental Affairs Committee

April 5, 2022

MSDE requests that during the proposal and consideration of legislation that representatives of the Department identified to serve in various capacities not be identified by specific divisions within MSDE but as a representative from the Department as a whole to ensure that MSDE can select the appropriate individual(s) to participate.

We respectfully request that you consider this information as you deliberate **HB 657**. Please contact Ary Amerikaner, at 410-767-0090, or ary.amerikaner@maryland.gov, for any additional information.

3 - X - HB 657 - EHEA - MDH - LOI .pdf

Uploaded by: Heather Shek

Position: INFO



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

April 5, 2022

The Honorable Paul G. Pinsky
Chair, Senate Education, Health and Environmental Affairs Committee
2 West, Miller Senate Office Building
Annapolis, MD, 21401

RE: HB 657 – Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation

Dear Chair Pinsky and Committee Members:

The Maryland Department of Health (MDH) is submitting this letter of information for House Bill (HB) 657 – Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation.

HB 657 requires the Maryland Consortium on Coordinated Community Supports, in consultation with identified stakeholders, to develop guidelines for developing a standardized questionnaire to identify students with behavioral health services needs. The standardized questionnaire will be given to the parent or guardian of each student when the student enrolls for school and every year thereafter while the student is enrolled in the local school system.

Research shows that failure to address students' behavioral health needs is linked to poor academic performance, behavior problems, school violence, dropping out, substance abuse, special education referral, suicide, and criminal activity.¹ Based on preliminary data from the Maryland Office of the Chief Medical Examiner, in fiscal year (FY) 2021 there were 104 suicides reported among youth ages 0-25. This is an increase of 12% from the 93 suicides reported for youth ages 0-25 in FY 2018. Of the 104 youth in FY 2021, 16 (15.4%) accessed the Public Behavioral Health Service (PBHS) system of care. Early identification of at-risk youth can facilitate a connection to appropriate prevention and treatment services.

If you would like to discuss this further, please contact Heather Shek, Director, Office of Governmental Affairs at 410-767-5282 or heather.shek@maryland.gov.

Sincerely,

A handwritten signature in black ink that reads "Dennis R. Schrader".

Dennis R. Schrader
Secretary

¹ Darney, Reinke, Herman, Stormont, & Jalongo, 2013; Hawton, Saunders, & O'Connor, 2012

HB 657X_MSEA_Lamb_INFO.pdf

Uploaded by: Lauren Lamb

Position: INFO

**Informational Testimony regarding House Bill 657
Public Schools - Standardized Behavioral Health Screenings for Students -
Development and Implementation**

**Education, Health, and Environmental Affairs
Tuesday, April 5th, 2022
1:00 p.m.**

**Lauren Lamb
Government Relations**

The Maryland State Education Association offers this informational testimony on House Bill 657, which would require the Maryland Consortium on Coordinated Community Supports to develop, in consultation with certain stakeholders, guidelines for developing a standardized behavioral health questionnaire to identify students with behavioral health service needs, require that the questionnaire be given to the parent or guardian of each student when the student enrolls for school and every year thereafter, and require each behavioral health services coordinator to develop and implement a certain standardized behavioral health questionnaire.

MSEA represents 76,000 educators and school employees who work in Maryland's public schools, teaching and preparing our almost 900,000 students for the careers and jobs of the future. MSEA also represents 39 local affiliates in every county across the state of Maryland, and our parent affiliate is the 3-million-member National Education Association (NEA).

MSEA believes that every child is a whole child who needs adequate social, emotional, and behavioral support to thrive in and out of the classroom. To that end, behavioral health counseling services should be integrated into the educational system beginning at the pre-kindergarten level through Grade 12. This legislation rightly acknowledges the importance of providing consistent, responsive behavioral health services in schools using up-to-date tools.

To effectively support students' growth, behavioral health and counseling services must be implemented with appropriate student-to-provider ratios and with

adequate time for any screening or service provided. As our schools face ongoing staffing shortages and increased mental health concerns in the wake of the Covid-19 pandemic, it is more important than ever that we increase the pipeline of qualified behavioral health professionals and approach additional mandates with caution. This legislation does not account for the current shortage of counselors, school psychologists, and behavioral health services coordinators.

We therefore must ensure that annual behavioral health questionnaires would be implemented mindfully as to not result in unintended negative consequences, including stigma and stereotypes about students' health, capabilities, and future outcomes.^{1 2} The questionnaire must be rigorously reviewed for bias to prevent misdiagnosis of students of color.^{3 4} It is crucial that all service providers have manageable caseloads and the resources to equip families, staff, and students with training around the meaning of and appropriate care for any diagnosis given, and that schools provide educators with the tools to meaningfully support students' behavioral health on an ongoing basis.

While increasing behavioral health resources is urgently needed, we caution against the consequences of hasty and under-resourced implementation. Students will benefit most when schools are provided with adequate staffing, appropriate screening tools that account for cultural and social context, and thorough training on addressing behavioral health needs that will lead students to success and not stigma.

¹ Mukolo, A., et. al., *Journal of the American Academy of Child and Adolescent Psychiatry*, *The stigma of childhood mental disorders: A conceptual framework*, February 2010, Retrieved February 22, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2904965/>

² Telesia, L., et. al. *Current Opinion in Psychiatry*, *The role of stigma in children and adolescents with mental health difficulties*, November 2020, Retrieved February 22, 2022, from https://journals.lww.com/co-psychiatry/Abstract/2020/11000/The_role_of_stigma_in_children_and_adolescents.10.aspx

³ Fadus, M., et. al., *Academic Psychiatry*, *Unconscious Bias and the Diagnosis of Disruptive Behavior Disorders and ADHD in African American and Hispanic Youth*, November 2019, Retrieved February 22, 2022, from <https://link.springer.com/article/10.1007/s40596-019-01127-6>

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