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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

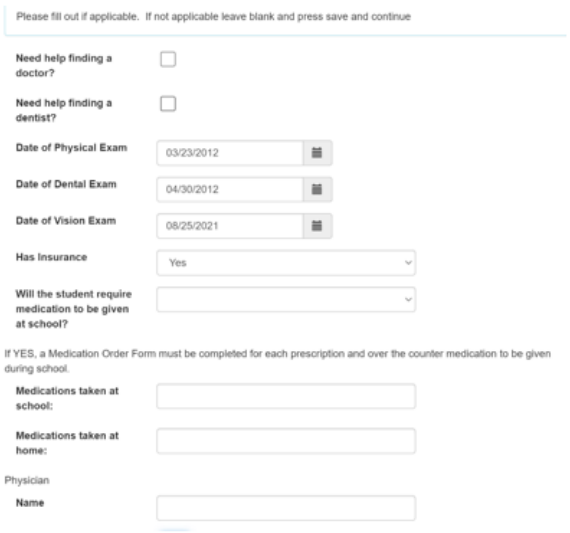
Registration sample not accessible*

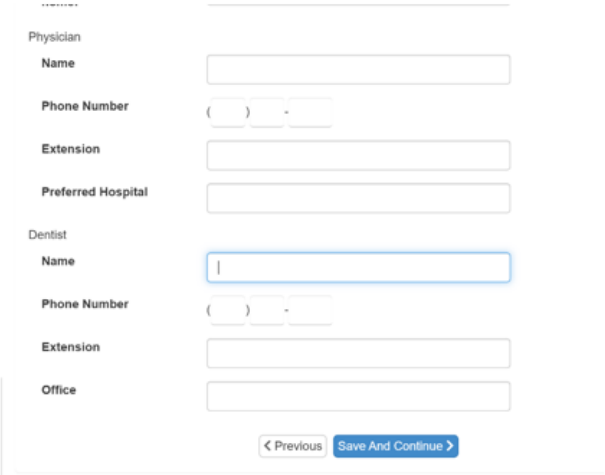
- Allegany County Public Schools*
- Anne Arundel County Public Schools
- Baltimore City Public Schools
- Baltimore County Public Schools
- Calvert County Public Schools*
- Caroline County Public Schools*
- Carroll County Public Schools
- Cecil County Public Schools*
- Charles County Public Schools
- Dorchester County Public Schools*
- Frederick County Public Schools
- Garrett County Public Schools*
- 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

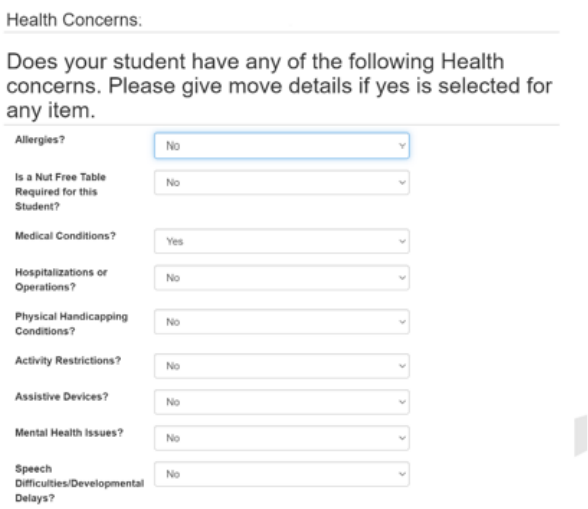
Visual Comparison of Maryland Parent Student Health Questionnaire at Registration

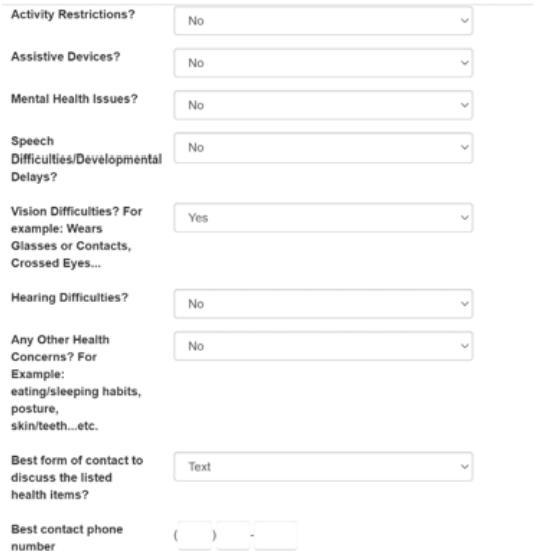
HB657: Standardized Behavioral Health Screenings for Development and Implementation Bill

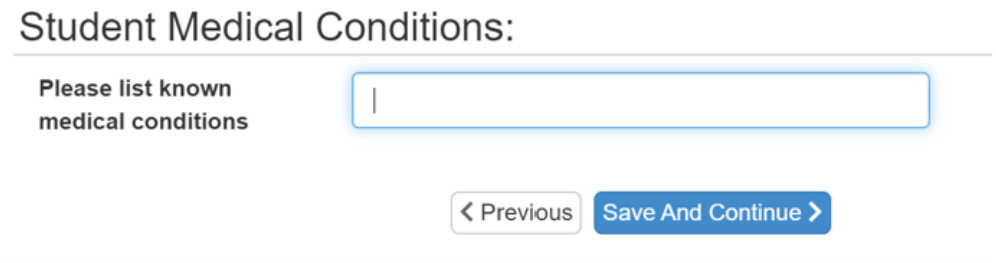
HCPSS Student Health Questionnaire











BALTIMORE COUNTY PUBLIC SCHOOLS
Towson, Maryland 21204

BALTIMORE COUNTY DEPARTMENT OF HEALTH
Baltimore, Maryland 21212

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: _____

BEBCO 5443-17A

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).

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

Anne Arundel

Medical/Emergency Information

In case of emergency, if neither parent/gaurdian 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:
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 ☐ M ☐ F	Grade
School Name:					

Does the student have health insurance?
☐ Private ☐ Medical Assistance ☐ No Insurance

Does the student have dental insurance?
☐ Y ☐ N

CURRENT HEALTH CONCERNS

Please check the following health concerns that may impact the student's educational day. This information may be shared with FCPS staff as appropriate.

☐ **The student does not have any medical concerns**

☐ ADD/ADHD
☐ allergies **(choose all that apply)**
- ☐ foods _____
- ☐ bee sting/insect bite _____
- ☐ medicines _____
- ☐ pesticides/chemicals*_____
- ☐ other _____

☐ asthma: Has the student experienced an asthma episode in the past 12 months? ☐ Yes ☐ No
☐ blood disorder _____
☐ cancer
☐ diabetes
☐ hearing problems ☐ hearing aid(s)
☐ heart problems _____
☐ mental health diagnosis_____
☐ physical disability _____
☐ seizures
☐ vision problems _____
- ☐ glasses ☐ contacts

☐ other _____

☐ **This information is a change in health condition from the last school year**

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.*

MEDICATIONS

List all medications and dosages your child receives on a routine basis

☐ **Medications are not required at school**

*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).*

Medications: _____

_____

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.

Parent/Guardian name (please print):_____ Primary Contact Ph# _____

***Signature* of Parent / Guardian:**_____ **Date** _____

Rev Apr 2011

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 _____

WICOMICO COUNTY PUBLIC SCHOOLS

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)