

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

Ways and Means Committee

February 24, 2022

LETTER OF INFORMATION

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this letter of information regarding House Bill 657.

HB 657 requires the Maryland Consortium on Coordinated Community Supports, in consultation with certain stakeholders outlined in the bill, to “develop guidelines for developing a standardized screening to identify students with behavioral health services needs.”

Early identification of mental health and substance use needs is critical. Half of those who will develop mental health disorders show symptoms by age 14,^{1,2} and failure to identify these needs can have devastating consequences. The 2018 Youth Risk Behavior Surveillance Survey reported that more than 1 in 5 Maryland middle school students had seriously thought about committing suicide, with higher rates among female students and students of color. The report also showed that 18% of Maryland’s high school students had seriously considered suicide in the past 12 months. Suicide rates are consistently higher amongst LGBTQ youth, Black youth, and individuals who have interacted with the juvenile justice and child welfare system.³

But there are validated, evidence-based screenings available now that can help identify behavioral health challenges early. In 2015, the Kennedy Forum published a report summarizing the data supporting use of measurement-based care for behavioral health treatment and provided information on a number of self-report, validated rating scales.⁴ The Meadows Mental Health Policy Institute published a report in March 2021⁵ expanding on the data in the Kennedy

¹ Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005 Jun;62(6):617-27

² Paus, T., Keshavan, M., & Giedd, J. N. (2008). Why do many psychiatric disorders emerge during adolescence?. *Nature Reviews Neuroscience*, 9(12), 947-957.

³ Governor’s Commission on Suicide Prevention (2020),

<https://health.maryland.gov/bha/suicideprevention/Documents/2020%20Maryland%20State%20Suicide%20Prevention%20Plan.pdf>

⁴ Fortney, J., Sladek, R., Unützer, J., Kennedy, P., Harbin, H., Emmet, B., Alfred, L., & Carneal, G. (2015). Fixing behavioral health care in America: A national call for measurement-based care in the delivery of behavioral health services. The Kennedy Forum. www.thekennedyforum.org

⁵ Alter, C.L., Mathias, A., Zahniser, J., Shah, S., Schoenbaum, M., Harbin, H.T., McLaughlin, R., & Sieger-Walls, J. (2021, February). Measurement-Based Care in the Treatment of Mental Health and Substance Use Disorders. Dallas, TX: Meadows Mental Health Policy Institute. <https://mmhpi.org/project/measurement-based-care-in-the-treatment-of-mental-health-substance-use-disorders/>

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Forum report to include additional measures, including a number of screening tools specific to children, youth, and adolescents.⁶

While the screening tools in these reports were developed and identified primarily for use in clinical settings, they can serve as a good starting point in the development of standardized screenings as required by HB 657. Should the legislature choose to pass HB 657, we would encourage the Consortium and the identified stakeholders to refer to and consider these existing tools in performance of the duties required by the bill.

⁶ Id. at pgs. 32-35.