



House Ways & Means Committee  
February 24, 2022

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

### Support with Amendments

Optimally protecting and strengthening student mental and behavioral health requires effective incorporation of scientific knowledge and methods into an integrated process of screening, referral, coordinated community supports and multidisciplinary services, within a life-course community epidemiology framework encompassing prevention, early intervention, and acute treatment. Implementation of evidence-based measurement into diverse community settings can be supported by use of established implementation science knowledge and methods. Implementation science can be applied to increase the scientific rigor of program roll-out in a practical and efficient manner that generates high-quality scientific information on results.

Evidence-based measurement for screening is an essential core component. Screening should be comprehensive yet balanced in scope and use of participant time. Self-report screening has been extensively validated with middle school and high school students in school systems in multiple regions, including Pennsylvania, Michigan, New Jersey, Kansas, and California, while parent report has been validated for primary school children in Pennsylvania. Comprehensive self-report screening for ages 14 and above has also been validated in pediatric emergency departments in Philadelphia and Delaware, as well as pediatric primary care.

We recommend as much scientific and technical capacity as possible. Multiple scientific areas have contributed to the development and validation of current capabilities for comprehensive self-report and parent-report screening, and are certain to be able to continue to inform and guide ongoing refinement and evolution of screening and the scoring of screening results to optimize referral and services at the case management level, as well as to enable program monitoring, evaluation, and continual improvement at the population level. Biostatistical analysis of comprehensive screening data can generate new knowledge that can guide subsequent strengthening of policy and community practice. Community engagement, adoption, and participation in ongoing evidence-based further development of standardized screening can be strengthened by the application of knowledge of human reasoning and cognitive science.

Development, including selection, design, refinement, adaptation, and implementation, of standardized screening should take into account repeated use of the measurement approach in order to track course and outcomes, showing program results, and further guiding further improvements based on evidence generated by the screening program and its methods. These potential improvements can be supported by scientific knowledge of causal factors that are relevant for prevention as well as treatment.

There is good potential to incorporate evidence-based standardized screening methods and de-identified population data into K-12 curriculum, such as for social emotional learning, for prevention.

Hence, we offer an amendment to ensure the Consortium responsible for development of guidelines for developing standardized screening include input from members with expertise in the following areas:

- public mental health science, including measurement, epidemiology, prevention, social sciences, clinical services
- implementation science
- biostatistics and causal data modeling and analysis
- data science optimization
- cognitive science and human reasoning

With these additions, we urge a favorable report on House Bill 657.

A handwritten signature in blue ink that reads "Allen Tien". The signature is fluid and cursive, with a prominent vertical stroke at the beginning.

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