

# **HB657 WMs Testimony\_Catherine Carter LTSC\_Standard**

Uploaded by: Catherine Carter

Position: FAV



## **HB657: Standardized Behavioral Health Screenings for Development and Implementation Bill**

Dear Ways and Means 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. Gueyus 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

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

# 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: _____
<b>Health Information</b>	
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"/> <b>The student does not have any medical concerns</b>	
<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> allergies <b>(choose all that apply)</b> <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"/> <b>This information is a change in health condition from the last school year</b>	
<small>*FCPS uses the Integrated Pest management programs to identify and control pest problems in schools. <b>Elementary</b> 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. <b>Middle and high schools</b> 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
<b>List all medications and dosages your child receives on a routine basis</b>
<input type="checkbox"/> <b>Medications are not required at school</b>
<small>If the student requires over-the-counter or prescription medications or treatments at school, the health care provider and parent <b>must</b> complete and submit the appropriate authorization form(s). Obtain forms from the health staff at your child's school or at <a href="http://www.fcps.org/">http://www.fcps.org/</a> (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# _____
<b>Signature of Parent / Guardian:</b> _____ <b>Date</b> _____

# 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 1<sup>st</sup> 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)

# **Testimony BIAMD HB745 support.pdf**

Uploaded by: Catherine Mello

Position: FAV



**Date: February 22, 2022**  
**2022**

**Hearing Date: February 24,**

**Committee: House Ways and Means Committee**

**Bill: House Bill 657**

**Title: 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 a 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 disabilities<sup>i</sup> 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. This number does

not include children treated in community hospitals, urgent care, physician's offices or those who received no treatment at all. 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.<sup>ii</sup>Falls 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 females to be treated for TBI in Maryland trauma centers.

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 TBI<sup>iii</sup>. 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.<sup>iv</sup> This is 0.2% of the total population of students currently receiving special education services in Maryland schools.

Children with 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<sup>v</sup>. 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 Ways and Means 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

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<sup>i</sup> 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

<sup>ii</sup> Data from MIEMMS Trauma Registry

<sup>iii</sup>

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

<sup>iv</sup> [Maryland Special Education Census Data](#)

<sup>v</sup> 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

**MANSEF Testimony support HB 657.pdf**

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 WAYS AND MEANS COMMITTEE  
February 24, 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](mailto:mansef@aol.com).



# **HB657\_BHscreenings\_KennedyKrieger\_Support.pdf**

Uploaded by: Emily Arneson

Position: FAV



**DATE:** February 24, 2022      **COMMITTEE:** House Ways and Means  
**BILL NO:** House Bill 657  
**BILL TITLE:** Public Schools - Standardized Behavioral Health Screenings for Students - Development and Implementation  
**POSITION:** Support

**Kennedy Krieger Institute supports House Bill 657 - Public Schools - Standardized Behavioral Health Screenings 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 screening. This behavioral health screening 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 <sup>1</sup> 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 <sup>2</sup>, 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* <sup>3</sup> 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* <sup>4</sup>, 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*<sup>5</sup> 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 screening is 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**

1. Centers for Disease Control and Prevention. (2018). Report to Congress: The Management of Traumatic Brain Injury in Children, National Center for Injury Prevention and Control; Division of Unintentional Injury Prevention. Atlanta, GA.
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>
4. Jones KM, Starkey N, Barker-Collo S, Ameratunga S, Theadom A, Pocock K, Borotkanics R, Feigin VL. Parent and Teacher-Reported Child Outcomes Seven Years After Mild Traumatic Brain Injury: A Nested Case Control Study. *Front Neurol*. 2021 Jul 23;12:683661. doi: 10.3389/fneur.2021.683661. PMID: 34367050; PMCID: PMC8342814.
5. Haarbauer-Krupa J, Ciccio A, Dodd J, Ettl D, Kurowski B, Lumba-Brown A, Suskauer S. Service Delivery in the Healthcare and Educational Systems for Children Following Traumatic Brain Injury: Gaps in Care. *J Head Trauma Rehabil*. 2017 Nov/Dec;32(6):367-377. doi: 10.1097/HTR.0000000000000287. PMID: 28060211; PMCID: PMC6027591.

**HB657 - Behavioral Health - ACLU-MD - FAV - Feb 24**

Uploaded by: Frank Patinella

Position: FAV



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

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

FRANK PATINELLA  
SENIOR EDUCATION  
ADVOCATE

**FAVORABLE**

AMERICAN CIVIL  
LIBERTIES UNION  
OF MARYLAND

3600 CLIPPER MILL ROAD  
SUITE 350  
BALTIMORE, MD 21211  
T/410-889-8555  
F/410-366-7838

WWW.ACLU-MD.ORG

OFFICERS AND DIRECTORS  
HOMAYRA ZIAD  
PRESIDENT

DANA VICKERS SHELLEY  
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 Screenings 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.



**NAMI - HB657 -BH Screenings - 2022.pdf**

Uploaded by: Josh Howe

Position: FAV



## **HB 657 – Public Schools - Standardized Behavioral Health Screenings for Students - Development and Implementation**

### **FAVORABLE**

Chair Atterbeary and Members of the Ways & Means Committee

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 45,000 families, individuals, community-based organizations, and service providers. NAMI Maryland provides education, support and advocacy for persons with mental illnesses, their families and the wider community.

HB 657 would require the Maryland Consortium on Coordinated Community Supports to develop, in consultation with stakeholders, guidelines for developing a standardized behavioral health screening to identify students with behavioral health service needs. Mental health screenings are a key part of youth mental health. Approximately 50% of lifetime mental health conditions begin by age 14 and 75% begin by age 24. At the same time, the average delay between when symptoms first appear and intervention is approximately 11 years. Mental health screenings allow for early identification and intervention and help bridge the gap.

We've found that early identification and treatment leads to better outcomes. Early treatment may also lessen long-term disability and prevent years of suffering. Health care screenings are common in this country, and mental health screenings should be no exception. NAMI strongly supports early mental health screening and bolstering existing screening programs. Early mental health screening should take place in a primary care doctor's office or in school.

Mental health screenings in schools allow staff to identify mental health conditions early and connect students with help. Ideally, schools should also be trained to work with the community mental health system and to discuss mental health concerns with families.

**NAMI Maryland respectfully asks for a Favorable Report on HB 657**

Kathryn S. Farinholt  
Executive Director  
National Alliance on Mental Illness, Maryland

**Contact:** Moira Cyphers  
Compass Government Relations  
MCyphers@compassadvocacy.com

## **HB 657**

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  
6 Bladen Street, Room 306  
Annapolis, Maryland 21401  
410-841-3793 • 301-858-3793  
800-492-7122 Ext. 3793  
Michele.Guyton@house.state.md.us

THE MARYLAND HOUSE OF DELEGATES  
ANNAPOLIS, MARYLAND 21401

February 24, 2022

SUPPORT

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

Dear Madame Chair and Members of the Ways and Means 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. 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.

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.

Sincerely,

Delegate Michele Guyton D24B

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

# **HB 657 - Favorable - Guyton.pdf**

Uploaded by: Michele Guyton

Position: FAV



Delegate Vanessa E. Atterbeary, Chair  
Delegate Alonzo T. Washington, Vice Chair  
Ways and Means Committee  
Room 131 Senate Office Building  
Annapolis, MD 21401

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

**Position: Support with Amendment**

Dear Chairman Atterbeary, Vice Chair Washington, 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 in Maryland. We advocate for the social-emotional, behavioral, and academic well-being of students and families across the state.

Although we agree with the importance of identifying children in need of behavioral health services, our schools are in significant need of more behavioral health providers. For example, there is currently one school psychologist for every 1,198 students in Maryland right now, based on America's School Mental Health Report Card published in February 2022. The recommended ratio from the National Association of School Psychologists is one school psychologist for every 500 students. Without more providers, it is unclear how schools will be able to evaluate the responses to the standardized behavioral health screening and follow up with students in need of services. This legislation would be most effective if paired with legislation to increase investment in school behavioral health services, such as *HB 1231 - Public Schools - Student Health Professional Retention Program – Established*.

Additionally, we recognize the importance of ensuring the consortium is getting various expert input when providing recommendations on the behavioral health screening. However, we believe it is essential to ensure that they also receive input from behavioral health providers. We suggest explicitly including school-based providers in the list of people the consortium must consult. We would recommend including a school psychologist, a social worker, and a school-based health center provider.

We ask for the following amendments that we believe helps clarify the bill:

**On Page 2, Line 32 strike "GUIDELINES" and substitute "MODEL POLICY"**

**On Page 3, strike beginning with "GIVEN" in Line 2 through "SYSTEM" in Line 4 and substitute "PROVIDED TO PARENTS OR GUARDIANS BASED ON THE RECOMMENDATIONS INCLUDED IN THE MODEL POLICY ESTABLISHED UNDER § 7-447.1 OF THIS ARTICLE"**

**On Page 3, strike beginning with "DEVELOP" in Line 9 through "NEEDS." And substitute: "A MODEL BEHAVIORAL HEALTH SCREENING POLICY, WHICH SHALL INCLUDE:"**



**(A) GUIDELINES TO ASSIST BEHAVIORAL HEALTH SERVICES COORDINATOR TO DEVELOP THE STANDARDIZED SCREENING REQUIRED UNDER § 7-447 OF THIS ARTICLE;**  
**(B) RECOMMENDATIONS ON IMPLEMENTING THE STANDARDIZED SCREENING; AND**  
**(C) RECOMMENDATIONS ON BEST PRACTICES FOR FOLLOW UP ON BEHAVIORAL HEALTH NEEDS REPORTED ON THE STANDARDIZED SCREENING."**

**On Page 4, Line 2 strike "AND" and insert:**

**"8. ONE MEMBER OF THE MARYLAND SCHOOL PSYCHOLOGISTS' ASSOCIATION;**

**9. ONE MEMBER OF THE MARYLAND CHAPTER OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS**

**10. ONE MEMBER OF THE MARYLAND ASSEMBLY OF SCHOOL-BASED HEALTH CARE**

**11. ONE MEMBER OF THE MARYLAND SCHOOL COUNSELOR ASSOCIATION"**

**One Page 4, Line 3, strike "9" and substitute "12"**

If we can provide any further information or be of assistance, please contact us at [legislative@mSPAonline.org](mailto:legislative@mSPAonline.org) or Scott Tiffin at [stiffin@policypartners.net](mailto:stiffin@policypartners.net) or 443-350-1325.

Respectfully submitted,

Katie Phipps, M.Ed., Ed.S., NCSP  
Chair, Legislative Committee  
Maryland School Psychologists' Association

# **Maryland Optometric Association - HB 657 - Favorab**

Uploaded by: Michele Guyton

Position: FAV

February 21, 2022

The Honorable Vanessa E. Atterbeary, Chairman  
House Ways & Means Committee  
131 House Office Building  
6 Bladen Street  
Annapolis, Maryland 21401

**Re: Testimony in Support of House Bill 657 “Public Schools – Standardized Behavioral Health Screenings for Students – Development and Implementation”**

Dear Chairman & Members of the Committee:

The Maryland Optometric Association (MOA) submits this testimony in strong support of House Bill 657 entitled, “Public Schools – Standardized Behavioral Health Screenings for Students – Development and Implementation” (HB 657). Passage of HB 657 will help identify underserved students to ensure receipt of needed behavioral health services to reach their full academic potential.

MOA is a 501 (c) 6 non-profit trade association representing hundreds of member optometrists practicing in almost every jurisdiction in the State. Many of our doctors specialize in the diagnosis and treatment of children with learning-related and developmental visual deficiencies. These visual deficiencies impact a child’s ability to learn in an academic setting and can often present as a behavioral or developmental issue.

There are many visual conditions that can impact a child’s ability to read, write, spell or perform math computations. Approximately 80% of learning comes through the visual system. When assessing a child’s overall behavioral health for learning difficulties, it is critical that all important factors (physical and emotional) be considered. This legislation would bring together a well-rounded stakeholder group of healthcare professionals and child advocates to streamline and improve both the identification and assessment process for children with potential behavioral health issues. In turn, parents and educators will have better tools to identify students in need of services and connect them with the right provider(s).

For the reasons stated herein, the Maryland Optometric Association urges this Committee to vote favorably on House Bill 657.

Sincerely,



Whitney Fahrman, O.D.  
MOA President



**2022 HB 657 favorable amendment.pdf**

Uploaded by: Allen Tien

Position: FWA



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.

Allen Tien, MD, MHS  
President & Chief Science Officer  
Medical Decision Logic, Inc.  
Towson, MD 21204

# **HB 657 - SWA - Public Schools – Standardized Behav**

Uploaded by: Ary Amerikaner

Position: FWA



House Bill 657 - *Public Schools – Standardized Behavioral Health Screenings for Students – Development and Implementation*  
House Ways and Means Committee  
February 24, 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](mailto:ary.amerikaner@maryland.gov), for any additional information.

# **HB 657.Behavioral Health Screenings.pdf**

Uploaded by: John Woolums

Position: FWA

**BILL:** House Bill 657  
**TITLE:** Public Schools - Standardized Behavioral Health Screenings for Students - Development and Implementation  
**POSITION:** SUPPORT WITH AMENDMENTS  
**DATE:** February 24, 2022  
**COMMITTEE:** Ways and Means  
**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 them in crafting the standardized screening tool 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 House Bill.pdf**

Uploaded by: Scott Tiffin

Position: FWA



Delegate Vanessa E. Atterbeary, Chair  
Delegate Alonzo T. Washington, Vice Chair  
Ways and Means Committee  
Room 131 Senate Office Building  
Annapolis, MD 21401

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

**Position: Support with Amendment**

Dear Chairman Atterbeary, Vice Chair Washington, 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 in Maryland. We advocate for the social-emotional, behavioral, and academic well-being of students and families across the state.

Although we agree with the importance of identifying children in need of behavioral health services, our schools are in significant need of more behavioral health providers. For example, there is currently one school psychologist for every 1,198 students in Maryland right now, based on America's School Mental Health Report Card published in February 2022. The recommended ratio from the National Association of School Psychologists is one school psychologist for every 500 students. Without more providers, it is unclear how schools will be able to evaluate the responses to the standardized behavioral health screening and follow up with students in need of services. This legislation would be most effective if paired with legislation to increase investment in school behavioral health services, such as *HB 1231 - Public Schools - Student Health Professional Retention Program – Established*.

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We ask for the following amendments that we believe helps clarify the bill:

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**(C) RECOMMENDATIONS ON BEST PRACTICES FOR FOLLOW UP ON BEHAVIORAL HEALTH NEEDS REPORTED ON THE STANDARDIZED SCREENING."**

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**9. ONE MEMBER OF THE MARYLAND CHAPTER OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS**

**10. ONE MEMBER OF THE MARYLAND ASSEMBLY OF SCHOOL-BASED HEALTH CARE**

**11. ONE MEMBER OF THE MARYLAND SCHOOL COUNSELOR ASSOCIATION"**

**One Page 4, Line 3, strike "9" and substitute "12"**

If we can provide any further information or be of assistance, please contact us at [legislative@mSPAonline.org](mailto:legislative@mSPAonline.org) or Scott Tiffin at [stiffin@policypartners.net](mailto:stiffin@policypartners.net) or 443-350-1325.

Respectfully submitted,

Katie Phipps, M.Ed., Ed.S., NCSP  
Chair, Legislative Committee  
Maryland School Psychologists' Association

# **HB657 Behavioral Health Screening 2.24.22.pdf**

Uploaded by: Jeanette Ortiz

Position: UNF



## HB657 PUBLIC SCHOOLS - STANDARDIZED BEHAVIORAL HEALTH SCREENINGS FOR STUDENTS - DEVELOPMENT AND IMPLEMENTATION

February 24, 2022

WAYS AND MEANS COMMITTEE

### OPPOSE

Jeanette Ortiz, Esq., Legislative & Policy Counsel (410.703.5352)

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Anne Arundel County Public Schools (AACPS) opposes **HB657 Public Schools - Standardized Behavioral Health Screenings for Students - Development and Implementation**. This bill requires the Maryland Consortium on Coordinated Community Supports to develop, in consultation with certain stakeholders, guidelines for developing a standardized behavioral health screening to identify students with behavioral health service needs. It also requires that the screening be given to the parent or guardian of each student when the student enrolls for school and every year thereafter; and requiring each behavioral health services coordinator to develop and implement a certain standardized behavioral health screening.

AACPS recognizes the importance of promoting the positive mental health of all students through the development of impactful relationships and by teaching resilience. Student mental health is of particular importance during this time, when AACPS students are faced with a global health pandemic and other challenges. School counselors, school psychologists, school social workers, pupil personnel workers, and school nurses collaborate with staff, parents/guardians, and the community to overcome barriers to learning. The emphasis on multi-tiered systems of support, which also include Section 504 accommodations and restorative practices, further supports this effort and AACPS Strategic Plan emphasizing relationships, rigor, and readiness for all students. By removing barriers, providing resources, and teaching appropriate social-emotional skills, students gain the tools to be productive citizens.

AACPS has training, protocols, and practices in place to assist staff in recognizing warning signs related to behavioral health concerns and these students are referred to the student services team in the school buildings. This current protocol allows students to receive appropriate behavioral health support in a way that does not tax the system to the point in which the student services staff is unable to perform their job. While the Blueprint requires school systems to administer a standardized behavioral health screening to identify students with behavioral health service needs, it does not require school systems to do so on annual basis. A screening can be time consuming. This legislation is proposing a protocol that would be extremely burdensome to implement and would require significant additional staffing to implement.

While well-intentioned, this bill would place an extraordinary burden on the already understaffed student services staff – school counselors, school psychologists, and school social workers. Screening nearly 84,000 students and being required to respond in an extremely condensed timeframe to any student that indicated a concern pursuant to the behavioral health screening on an annual basis would utterly overwhelm the system. School systems simply do not have the staff to implement this bill. AACPS opposes any legislation which increase staff workloads.

We also have significant concerns about the potential liability to schools and districts, for asking students to disclose any behavioral health conditions but not ensuring immediate follow-up and referrals for support if needed.

Finally, this legislation would have a significant fiscal impact on the school system. AACPS would likely be required to double the number of student services staff available in each school to perform the behavioral health screenings and perform the follow-up interventions as a result of the screenings. AACPS opposes unfunded mandates.

Accordingly, AACPS respectfully requests an **UNFAVORABLE** committee report on HB657.

# **HB0657 Standardized BH Screening.pdf**

Uploaded by: Dan Martin

Position: INFO

**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,<sup>1,2</sup> 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.<sup>3</sup>

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.<sup>4</sup> The Meadows Mental Health Policy Institute published a report in March 2021<sup>5</sup> expanding on the data in the Kennedy

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<sup>1</sup> 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

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

<sup>3</sup> Governor’s Commission on Suicide Prevention (2020),

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

<sup>4</sup> 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](http://www.thekennedyforum.org)

<sup>5</sup> 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/>

*For more information, please contact Dan Martin at (410) 978-8865*



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

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.

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<sup>6</sup> Id. at pgs. 32-35.

**HB657\_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**

**Ways and Means  
Thursday, February 24<sup>th</sup>, 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 guidelines for developing a standardized behavioral health screening for students, require that the screening be given to a student's parent or guardian each year they are enrolled in school, and require each behavioral health services coordinator to develop and implement a standardized behavioral health screening.

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 screenings would be implemented mindfully as to not result in unintended negative consequences, including stigma and stereotypes about students' health, capabilities, and future outcomes.<sup>1 2</sup> The screening assessment must be rigorously reviewed for bias to prevent misdiagnosis of students of color.<sup>3 4</sup> 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 lowered expectations or stigmatizing labels.

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<sup>1</sup> 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/>

<sup>2</sup> 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](https://journals.lww.com/co-psychiatry/Abstract/2020/11000/The_role_of_stigma_in_children_and_adolescents.10.aspx)

<sup>3</sup> 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>

<sup>4</sup> Liang, J., et. al., *Journal of Child and Family Studies*, *Mental Health Diagnostic Considerations in Racial/Ethnic Minority Youth*, December 2015, Retrieved February 22, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4916917/>

**1 - HB 657 - W&M - MDH - LOI .pdf**

Uploaded by: State of Maryland (MD)

Position: INFO



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

February 24, 2022

The Honorable Vanessa E. Atterbeary  
Chair, Ways and Means Committee  
Room 131 House Office Building  
Annapolis, Maryland 21401

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

Dear Chair Atterbeary 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 Screenings 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 screening to identify students with behavioral health services needs. The standardized screening 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.<sup>1</sup> 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 screening will enable the identification of at-risk youth and 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 (443) 695-4218 or [heather.shek@maryland.gov](mailto:heather.shek@maryland.gov).

Sincerely,

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

Dennis R. Schrader  
Secretary

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<sup>1</sup> Darney, Reinke, Herman, Stormont, & Ialongo, 2013; Hawton, Saunders, & O'Connor, 2012