

**SB 388\_FAV\_MOA.pdf**

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Position: FAV



P.O. Box 350, Stevenson, MD 21153 ♦ T: (410) 486-9662 ♦ F: (443) 378-8845 ♦ [www.marylandoptometry.org](http://www.marylandoptometry.org)

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March 1, 2023

The Honorable Brian Feldman, Chairman  
Education, Energy and the Environment Committee  
2 West  
Miller Senate Office Building  
Annapolis, Maryland 21401

**Re: Testimony in Support of Senate Bill 388 “Public Schools – Standardized Behavioral Health Questionnaire for Students – Development and Implementation”**

Dear Chairman & Members of the Committee:

The Maryland Optometric Association (MOA) submits this testimony in strong support of Senate Bill 388 entitled, “Public Schools – Standardized Behavioral Health Questionnaire for Students – Development and Implementation” (SB 388). Passage of SB 388 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 Senate Bill 388.

Sincerely,



Whitney Fahrman, O.D.  
MOA President

# **SB388 EEE Testimony\_Catherine Carter LTSC\_Standard**

Uploaded by: Catherine Carter

Position: FAV



## **SB388: Standardized Behavioral Health Questionnaire for Students - Development and Implementation Bill**

Dear Education, Energy, and the Environment Committee Member,

My name is Catherine Carter, Vision/Health Advocate who worked on the [Atticus Act](#) 2018. For the 2023 session, I am asking for a favorable report for SB388 Standardized Behavioral Health Questionnaire for Students - 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 at registration. It allows parents to ask for help to report and update their student's needs and facilitate connecting to 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.

In addition, when I updated my registration for my children for school, I was 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 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.

**HB265 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 ASSOCIATION OF SCHOOL HEALTH NURSES
4. ONE MEMBER OF THE DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES IN THE DEPARTMENT
5. ONE MEMBER OF THE MARYLAND ACADEMY OF AUDIOLOGY
6. ONE MEMBER OF THE MARYLAND ASSOCIATION OF NONPUBLIC SPECIAL EDUCATION FACILITIES
7. ONE EXPERT IN EARLY CHILDHOOD TRAUMA AND DEVELOPMENT; AND
8. ONE EXPERT ON DATA PROTECTION;
9. ANY OTHER INDIVIDUAL SELECTED BY THE CHAIR

**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.

**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>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

## HCPSS Student Health Questionnaire

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

Need help finding a doctor?

Need help finding a dentist?

Date of Physical Exam

Date of Dental Exam

Date of Vision Exam

Has Insurance

Will the student require medication to be given at school?

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:

Medications taken at home:

Physician Name

Physician Name

Phone Number

Extension

Preferred Hospital

Dentist Name

Phone Number

Extension

Office

[< 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?

Is a Nut Free Table Required for this Student?

Medical Conditions?

Hospitalizations or Operations?

Physical Handicapping Conditions?

Activity Restrictions?

Assistive Devices?

Mental Health Issues?

Speech Difficulties/Developmental Delays?

Activity Restrictions?

Assistive Devices?

Mental Health Issues?

Speech Difficulties/Developmental Delays?

Vision Difficulties? For example: Wears Glasses or Contacts, Crossed Eyes...

Hearing Difficulties?

Any Other Health Concerns? For Example: eating/sleeping habits, posture, skin/teeth...etc.

Best form of contact to discuss the listed health items?

Best contact phone number

### 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)

# **SB388 Facts Sheet\_ Standardized Behavioral Health Q**

Uploaded by: Catherine Carter

Position: FAV



## **SB388: Standardized Behavioral Health Questionnaire Facts Sheet**

**What is Student Behavioral Health Questionnaire?** A student behavioral health questionnaire is a form that parents/guardians fill out when they register their student for school and when they update their registration annually. Parents are given the opportunity to inform the school of any health issues such as allergies, health history, disabilities, need for resources, etc. Some school districts give the parent the opportunity to request help with finding health resources for their student. Each school district has different behavioral questionnaires, varying from 30+ check boxes to one question asking if the parent has any health concerns.

**What does S388 do?** This bill would be a technical change to the Blueprint from student behavioral health screening to student behavior health questionnaire given to parents to reflect/clarify the intent of the bill. Each district's behavioral health services coordinator would still develop and implement their behavioral health questionnaire based on the guidelines developed by the Consortium.

The **change** in what is currently tasked by law for the Blueprint's Maryland Consortium on Coordinated Community Supports, made up of education and behavioral health experts, will be:

- **Develop guidelines, in consultation with outside expert groups, on the questionnaire**
- **The student behavioral health screening changes to a student behavioral health questionnaire that parents would fill out**
- **This now questionnaire is given to parents at registration and annually at registration updating for them to have to opportunity to fill out and update their student's information**
- **The Consortium reviews the guidelines every 5 years**

**How will Questionnaire guidelines help students and parents?** Currently the Blueprint mandates each school district's behavioral health coordinator develop a screening. Changing the screening to a questionnaire given to parents/guardians would mean parents/guardians are providing the behavioral health information and needs on their student. This information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Parents/guardians don't always know what health information would be important for schools to know. Vague questions such as "Any medical concerns..." can result in important health information not being shared. Expert guidelines that are updated every five years will help coordinators develop an effective questionnaire to help ensure student in need are identified and connected to resources. Since health needs change, parents/guardians are giving the opportunity every year to update their student's information when they update their registration.

**Standardize currently Questionnaires:** Standardizing the questionnaire will help ensure more equity in access to resources. Each school district has different behavioral questionnaires, varying from 30+ check boxes to one vague question asking if the parent has any health concerns. Schools that utilize more detailed questionnaire are better able to ensure students in need are connected with the right supports and resources.

**Local LEA control** The Blueprint's Maryland Consortium is only providing expert **guidelines** for developing a standardized behavioral health questionnaire. Each school district's behavioral health services coordinator can create and implement their own standardized behavioral health questionnaire based on the guidelines developed by the Consortium. Every schools will be required to give parents/guardians the opportunity to update their student's health information annually.

**Parent/Guardian Opt-In** The student behavioral health questionnaire is optional and opt in. Parents choose to fill out and what to fill out.

**SB388lh.pdf**

Uploaded by: Cindy Carter

Position: FAV



Cancer Support Foundation, Inc.  
8268 Academy Road  
Ellicott City, Maryland 21043  
Phone: 410.964.9563  
Email: [info@cancersupportfoundation.org](mailto:info@cancersupportfoundation.org)  
[www.cancersupportfoundation.org](http://www.cancersupportfoundation.org)

Education, Energy and Environment Committee

March 1, 2023

SB388

Support

Cindy Carter  
Cancer Support Foundation

Good afternoon, Chair and committee of Education, Energy and Environment.

I am Cindy Carter Co-Founder of Critical medical needs Program and Executive Director of Cancer Support Foundation. I am writing in support of SB388.

Students identified with behavioral health challenges and their families are part of the states vulnerable population that we work with through the several programs in which we are involved.

Parents are working with the school for their children each day. This seems the logical place to start with communication and connection with services. Education can be for the whole family.

People are not aware of what is available and what to do. The questionnaire is a great start to get the basic needs identified and develop towards getting these families into the services they need..

We are in support of SB388 and are asking for a favorable report.

Sincerely,

A handwritten signature in black ink that reads "Cindy Carter".

Cindy Carter  
Critical Medical Needs Program  
Executive Director  
Cancer Support Foundation



**SB388 - ACLU Testimony - March 1, 2023.pdf**

Uploaded by: Frank Patinella

Position: FAV



## Testimony for the Senate Education, Environment, and Energy Committee

### Senate Bill 388 — Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation

FRANK PATINELLA  
SENIOR EDUCATION  
ADVOCATE

March 1, 2023

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

### FAVORABLE

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 Senate Bill 388 — Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation. SB 388 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.

SB 388 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 behavioral health questionnaire for students and parents or legal guardians. Federal and state privacy laws ensure that student information will be kept confidential and not released without written consent of the parent or legal guardian<sup>1,2</sup>.

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, stressors in the child's social environment, and

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<sup>1</sup> Center for Disease Control and Prevention (2022, June 27). *Health Information & Privacy: FERPA and HIPAA* | CDC. Retrieved June 27, 2022, from <https://www.cdc.gov/phlp/publications/topic/healthinformationprivacy.html>

<sup>2</sup> Maryland State Department of Education and Maryland Department of Health and Mental Hygiene Center for Maternal and Child Health (2006, January). *Documentation of School Health Records: Maryland State School Health Services Guideline*.

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 \$50 million now but that amount will grow to \$130 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 of 2022, 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 standardized form and a process to allow parents to voluntarily 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.

For the foregoing reasons, we ask the committee to give SB 388 a favorable report.

# **010 SB388 Standardized Behavioral Health Questiona**

Uploaded by: Karen Lewis Young

Position: FAV

KAREN LEWIS YOUNG  
Legislative District 3  
Frederick County

Committee on Education, Energy,  
and the Environment



James Senate Office Building  
11 Bladen Street, Room 302  
Annapolis, Maryland 21401  
410-841-3575 · 301-858-3575  
800-492-7122 Ext. 3575  
Karen.Young@senate.state.md.us

THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

February 28, 2023

Support of SB 388 – Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation

The Honorable Brian Feldman

Education, Energy, and Environment Committee

Maryland Senate

11 Bladen Street, Room 302

Annapolis, MD 21401

Chair Feldman, Vice-Chair Kagan, and Esteemed Members of the Education, Energy, and Environment Committee:

I am pleased to be here before you today to ask for a favorable report on SB 388 designed to add an advisory panel to the Maryland Consortium on coordinated community support. This bill did pass this committee in the House last year but did not pass the Senate. There were some concerns about an amendment that was added but I hope this committee is mindful of that history as we move forward this year. The members of this advisory panel established by SB 388 will assist the consortium – the consortium already exists, it was part of the Blueprint plan – in their task to develop standardized guidelines for our county boards regarding the information to be collected when students register for school. These questionnaires are already in existence. Every single one of our school systems collect this information when a student registers to come to their school but the information they are collecting is very different. Some of these questionnaires are extremely extensive. For example, the Baltimore County questionnaire covers every sort of disability or issue that you might need to know about if you are a teacher or administrator. However, other counties might only have a line that says “is there anything that we should know about your child”.

The reason that this was out of place for the consortium is because this information is dramatically different and it also affects the allocation of resources for each county. The consortium for coordinated community support was established partly to remedy this situation. This bill before you does nothing to change that. All this bill does is put into place a health advisory board to advise the Maryland consortium when making recommendations about the topics being included in this required and statutorily necessary questionnaire. Even so, the local

boards still have the autonomy they enjoy to write their own questions and administer the questionnaire as they deem fit.

The members being added through this legislation are subject experts in their various disability fields and they are added because these disabilities may mask behavioral health issues or they may be mistaken for having them.

If you work in the autism community, kids with hearing loss can often be initially diagnosed with autism or vice versa because they are not communicating well. Each of those require different support systems from the school. Those with vision impairment might be diagnosed with a learning disability or dyslexia when in fact they may just need glasses. We are trying to avoid those situations with the addition of the advisory group.

Finally, allowing the experts to advise the consortium will allow the consortium to decide what is the best path forward. It will facilitate the capturing of more accurate data and the needs of our diverse student population better.

In addition, this bill makes a technical change which was suggested last year in consultation with Rachel Heiss and the leadership of the Blueprint commission to clarify that the screening that is referenced in the Blueprint consortium legislation is referring to a questionnaire. This is to clarify the intent of the original legislation.

Lastly, this bill adds a data privacy expert to this group because that is always a concern to this body.

Thank you for your consideration, and I ask for a favorable report on HB 265.

I urge a favorable report.

Sincerely,



Senator Karen Lewis Young

# **Testimony for Senate Bill 388.docx.pdf**

Uploaded by: Martin Kerrigan

Position: FAV

February 26, 2023

To the distinguished members of the Education, Energy, and the Environment Committee,

My name is Martin Kerrigan and I am the Chairperson of the Maryland Traumatic Brain Injury Advisory Board. I am writing to ask for a favorable vote on Senate Bill 388, Standardized Behavioral Health Questionnaire for Students - Development and Implementation.

In addition to my role as Chairperson of the Maryland Traumatic Brain Injury Advisory Board I am also a career special educator for over 20 years. I have both a graduate and post graduate degree in special education with an emphasis in acquired brain injury. In 2017 there were 4,794 Emergency Department visits and 210 hospitalizations for Marylanders ages 0–18 years old with a diagnosis of TBI. At the same time the total number of Maryland students aged birth through 21 receiving special education services with the diagnosis of traumatic brain injury is less than 220. These numbers have remained consistent for the last 15 years.

In 2018, the Centers for Disease Control and Prevention published a report to Congress “The Management of Traumatic Brain Injury in Children: Opportunities for Action.” According to the report “it is widely recognized that children with brain injury are under-identified for health and educational services and under-served by existing supports, placing them at risk for poor health and educational outcomes. Understanding the gaps in care and developing approaches for optimal assessment, access to services, and service delivery is critical to ensuring that children with TBI have the best possible treatment and outcomes.” The report states that a cause of the inability to access available educational services includes “The potential under-identification of students with TBI for special education services.”

According to the U.S. Department of Education, the total number of students receiving special education services under the disability code traumatic brain injury suggests that fewer than 20% of students who likely need services are actually receiving them.

Maryland is a leader in public education. It is one of our strongest resources. By screening for behavioral health concerns, including traumatic brain injury, we can provide some of our most vulnerable citizens with what they are entitled to, a free and appropriate public education.

Please feel free to contact me with any questions or concerns, I can be reached by phone at 443-756-3419 and by email at [mwkerri1@gmail.com](mailto:mwkerri1@gmail.com). Thank you so much and I look forward to a positive vote on SB 388 Standardized Behavioral Health Questionnaire for Students - Development and Implementation.

Respectfully,

Martin Kerrigan  
Maryland Traumatic Brain Injury Advisory Board

Chairperson,





**SB388\_BHscreenings\_KennedyKrieger\_Support.pdf**

Uploaded by: Maureen van Stone

Position: FAV



**DATE:** March 1, 2023      **COMMITTEE:** Senate Education, Energy and the Environment  
**BILL NO:** Senate Bill 388  
**BILL TITLE:** Public Schools - Standardized Behavioral Health Questionnaire for Students –  
Development and Implementation  
**POSITION:** Support

## **Kennedy Krieger Institute supports Senate Bill 388 - Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation**

### **Bill Summary:**

Senate Bill 388 requires the Maryland Consortium on Coordinated Community Supports to develop, with certain stakeholders, guidelines for a standardized behavioral health questionnaire. This behavioral health questionnaire is intended to identify students with behavioral health service needs, including those needs resulting from a traumatic brain injury (TBI).

### **Background:**

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

### **Rationale:**

Behavioral health is inherent to overall health and essential to positive school performance and achievement. Many health conditions can effect behavioral health, among them is traumatic brain injury (TBI). Based on available data for the United States, the Centers for Disease and Control (CDC) in their *Report to Congress on The Management of Traumatic Brain Injury in Children* in 2018 <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 questionnaires are essential to ensure children receive proper management, including behavioral health services and academic supports. Due to current inadequate identification in the schools, these deficits are often overlooked or attributed to other causes and therefore not adequately monitored and provided with behavioral health services in the context of their traumatic brain injury. Without proper identification and management, childhood TBI will continue to be a burden on society due to the high risk for negative outcomes in adulthood, including lower rates of independent living and increased rates of substance abuse, incarceration, and homelessness. Enacting this legislation will help individual children and be a critical step toward systems-level research into outcomes and best practices for children with TBI.

**Kennedy Krieger Institute requests a favorable report on Senate Bill 388.**

## **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.

# **Testimony In Support of SB 388 - HB 265 - Standard**

Uploaded by: Rich Ceruolo

Position: FAV



February 24, 2023

Maryland Senate  
11 Bladen St.  
Annapolis, MD. 21401

**In Support of SB 388 / HB 265: Public Schools – Standardize Health Screening for Students – Development and Implementation.**

Members of the Maryland Senate’s Education, Energy and Environment Committee.

Our 1500 plus membership of families supports this bill, and the establishment of standardizing Health Screening Forms and the process of collecting data from families when they enroll their children in school. And then taking that data, sharing it across local and state agencies in order to enroll the student into services and programs to help support the student and their family.

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

When this information is voluntarily provided by the family enrolling their student, that form should then automatically trigger a variety of support services to be enacted on behalf of the student and their entire family, automatically enrolling them into a variety of wrap around support services contained within the Blueprint for Maryland’s Future.

After the events of the past 3 plus years of the pandemic, we well as the recent NAEP and MCAP scores showing Maryland students failing in math and reading and English we need to do better for our kids. Now more than ever, we all need supports and services to help our children be more successful in life as well as in school. Getting back to normal is going to take all of us acting in concert to support our students the most in need of services, mental health services, counseling and social supports.

Please return a favorable report on SB 388 / HB 265 in order to provide services and supports to families all across the state of Maryland. Thank you for your time and consideration of our testimony.

Mr. Richard Ceruolo | [richceruolo@gmail.com](mailto:richceruolo@gmail.com)

Parent, Lead Advocate and Director of Public Policy

Parent Advocacy Consortium: <https://www.facebook.com/groups/ParentAdvocacyConsortium>

# **MPA Testimony 2023 - Support - Senate Bill 388 - P**

Uploaded by: Pat Savage

Position: FWA



10480 Little Patuxent Parkway, Ste 910, Columbia, MD 21044. Office 410-992-4258. Fax: 410-992-7732. [www.marylandpsychology.org](http://www.marylandpsychology.org)

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Education, Energy, and the Environment Committee  
Miller Senate Office Building, 2 West  
Annapolis, MD 21401

February 28, 2023

**RE: Senate Bill 388 - Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation**

**Position: Support**

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

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, is writing to express **SUPPORT** for **Senate Bill 388 - Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation**, which would serve to implement the admirable goal of the Blueprint for Maryland's Future that public school students receive regular behavioral health screenings, followed by appropriate follow-up referral when indicated.

Addressing the behavioral health needs of Maryland's school children is an essential role for our public schools – students perform better academically, and grow up to be better-functioning adults, when these needs are met along the way. Early identification of emerging behavioral health challenges through the questionnaire referenced in SB 388 can enable schools to offer effective interventions and to provide needed supports as early as possible, including referral to existing systems of behavioral support within the school. The Maryland Consortium on Coordinated Community Supports will benefit from the knowledge and experience of its members with behavioral health expertise in developing the guidelines for this questionnaire. Senate Bill 388 can assist Maryland's public schools in developing a comprehensive system for identifying and addressing the behavioral health needs of our students. We urge that this important legislation receive a **FAVORABLE REPORT**.

Thank you for considering our comments on SB 388. If we can provide any additional information or be of any assistance, please do not hesitate to contact MPA's Legislative Chair, Dr. Pat Savage at [mpalegislativcommittee@gmail.com](mailto:mpalegislativcommittee@gmail.com).

Respectfully submitted,

Rebecca Resnick, Psy.D.  
Rebecca Resnick, Psy.D.  
President

R. Patrick Savage, Jr., Ph.D.  
R. Patrick Savage, Jr., Ph.D.  
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association  
Barbara Brocato & Dan Shattuck, MPA Government Affairs



**SB 388 Support w: Amendments.pdf**

Uploaded by: Sarah Peters

Position: FWA



February 28, 2023

**Bill: SB 388-Public Schools - Standardized Behavioral Health Screenings for Students - Development and Implementation**

**Position: Support w/ Amendment**

Dear Chair, Vice Chair, 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 wellbeing of students and families across the state.

Behavioral health screening tools are important components of comprehensive social, emotional, and behavioral support systems because such instruments help identify at-risk students. As school-based professionals trained in the development, administration, and interpretation of those tools, school psychologists are vital members of organizations tasked with creating guidelines for developing and implementing screening instruments. Moreover, because school psychologists serve at the level of individual school buildings, school psychologists also will play vital roles in analyzing screening tool data.

To function adequately, screening tools must collect reliable and valid data. Improper survey design and interpretation risks both under and over identification of students requiring services such as community based mental health supports. Further, unreliable instruments of questionable validity risk introducing biases into the screening process based on students' demographic characteristics. Such biases risk inequitable provision of badly needed social, emotional, and behavioral health services. Thus, committees tasked with creating guidelines for developing screening tools as well as teams tasked with developing, implementing, and interpreting the tools must be composed of professionals trained in those areas.

Because of the above considerations, we respectfully ask that the committee consider adding a school psychologist to the list of professionals. In addition, we ask that the committee consider schools' abilities to distribute, collect, and interpret the screening tools given current staffing shortages. Although NASP recommends a ratio of one school psychologist for every 500 students, per the February 2022 America's School Mental Health Report Card, Maryland's current ratio is one school psychologist for every 1198 students. Because beneficent educational decisions require correct data interpretation, schools will need school psychologists to help teams draw valid screening data conclusions. Thus, we respectfully ask that the committee take measures necessary to address school psychologist shortages while planning implementation of the screening processes contained in the bill.

If we can provide any further information or be of any additional assistance, please contact us at [legislative@mSPAonline.org](mailto:legislative@mSPAonline.org) or Sarah Peters at [speters@hbstrategies.us](mailto:speters@hbstrategies.us).

Respectfully submitted,

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

**4 - X - SB 388 - EEE - MDH - LOSWA.pdf**

Uploaded by: State of Maryland (MD)

Position: FWA



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 1, 2023

The Honorable Brian J. Feldman  
Chair, Senate Education, Energy, and the Environment Committee  
2 West, Miller Senate Office Building  
Annapolis, Maryland 21401

### **RE: SB 388 – Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation - Letter of Support with Amendments**

Dear Chair Feldman and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support with amendments for SB 388 – Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation. SB 388 requires the Maryland Consortium on Coordinated Community Supports (Consortium), in consultation with identified stakeholders, to develop guidelines for developing a standardized questionnaire that will be administered to the parents or guardians of students to identify those with behavioral health services needs. SB 388 requires each behavioral health (BH) services coordinator to develop and implement a standardized behavioral health questionnaire that will be given to parents or guardians.

MDH supports the early identification of youth who may have behavioral health needs. Further, and as a result of a helpful conversation with the bill's sponsor, MDH supports the inclusion of questions that ask about physical symptoms which may represent behavioral health needs. Up to half of all individuals who will present with behavioral health needs do so by age 14.<sup>1</sup> Additionally, it is not uncommon for stress and distress to be exhibited by physical symptoms in some people.<sup>2</sup>

In the context of the above supportive statements, MDH respectfully requests the consideration of the following:

1. We recommend each behavioral health coordinator be trained in ensuring that not only the development and implementation of the questionnaire, but also any interpretation of the questionnaire, be absent of avoidable implicit bias.<sup>3,4</sup>
2. Given the nature of the questionnaire MDH encourages continued thoughtful consideration of how this questionnaire will be transferred from the parent/guardian securely to the school.

---

<sup>1</sup> Kessler, RC, Berglund, P, Demler, O, Jin, R, Merikangas, KR, Walters, EE (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry* 62, 593–602. DOI: [10.1001/archpsyc.62.6.593](https://doi.org/10.1001/archpsyc.62.6.593).

<sup>2</sup> United Nations International Children's Emergency Fund (United Nations Children Fund). How to recognize signs of distress in children. N.d. <https://www.unicef.org/parenting/child-care/how-to-recognize-signs-of-distress>.

<sup>3</sup> Marcelin, J. R., Siraj, D. S., Victor, R., Kotadia, S., Maldonado, Y. A. The Impact of Unconscious Bias in Healthcare: How to Recognize and Mitigate It, *The Journal of Infectious Diseases*, Volume 220, Issue Supplement\_2, 15 September 2019, Pages S62–S73, <https://doi.org/10.1093/infdis/jiz214>.

<sup>4</sup> Agrawal, S. Enekeuchi, A. It's Time to Address the Role of Implicit bias Within Health Care Delivery. *Health Affairs*. January 15, 2020. <https://www.healthaffairs.org/doi/10.1377/forefront.20200108.34515/>

3. While appreciating the differences in Maryland's 24 jurisdictions, MDH supports ensuring that jurisdictional standardized questionnaires following the Consortium's guidelines, do not, fundamentally, differ from each other resulting in avoidable disparate identification, misidentification or missed identification of behavioral health needs due to a youth's zipcode (as well as the inherent issues based on assumptions of a youth associated with a race, ethnicity, gender identification, etc.).
4. MDH encourages the ongoing discussion and solutioning of ensuring behavioral health provider capacity to identify and respond equitably to the results of this questionnaire.

MDH is committed to supporting early identification of youth's behavioral health needs. This initiative may increase the chance that earlier access to appropriate treatment occurs which, in turn, may lead to better health outcomes for Marylanders. If you would like further information please contact Megan Peters, Acting Director, Office of Governmental Affairs, at 410-260-3190 or [megan.peters@maryland.gov](mailto:megan.peters@maryland.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "LH Scott".

Laura Herrera Scott, M.D., M.P.H.  
Secretary

**230228-SB388-behavior-questnr-students.pdf**

Uploaded by: Christine Hunt

Position: UNF

Christine Hunt and Jay Crouthers  
1014 Dockser Drive  
Crownsville, MD 21032

February 28, 2023

Maryland General Assembly  
Members of the Education, Energy and Environment Committee  
Annapolis, MD

RE: SB 388 – Public Schools – Standardized Behavioral Health Questionnaire for Students – Development and Implementation

Dear Senators,

We oppose SB 388 and respectfully request that you vote against it.

We are totally against the government overreach that this bill promotes. There is no reason to have every student in the State be assessed for “behavioral health services needs”. If a student exhibits adverse behavior then they should be addressed and the parents notified and recommendations for assistance can be provided.

It is not the job of the school system to be in the mental health business.

This is another way for the State to insert itself in health care choices which could ultimately result in taking those choices away from the parents – violating parental rights. This is the State knowing what is best for our children, when that responsibility falls on the parents, who, for the majority of our citizens, do a very good job.

Please vote against this bill.

Sincerely,

Christine Hunt and Jay Crouthers

**SB388\_MSEA\_Lamb\_INFO.pdf**

Uploaded by: Lauren Lamb

Position: INFO



**Informational Testimony regarding Senate Bill 388  
Public Schools - Standardized Behavioral Health Screenings for Students -  
Development and Implementation**

**Senate Education, Energy and the Environment Committee  
March 1, 2023**

**Lauren Lamb  
Government Relations**

The Maryland State Education Association offers this informational testimony on Senate Bill 388, 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 75,000 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. 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 more important than ever that we increase the pipeline of qualified behavioral health professionals and approach additional mandates with caution.

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 5</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.

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.

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<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2904965/>

<sup>2</sup> <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> <https://link.springer.com/article/10.1007/s40596-019-01127-6>

<sup>4</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4916917/>

<sup>5</sup> <https://tpcjournal.nbcc.org/the-process-and-implications-of-diagnosing-oppositional-defiant-disorder-in-african-american-males/>