

HB265_The Arc Maryland_ Support.pdf

Uploaded by: Ande Kolp

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HOUSE WAYS AND MEANS COMMITTEE

HOUSE BILL 265: Public Schools – Standardized Behavioral Health Questionnaire for Students – Development and Implementation

February 8, 2023

POSITION: SUPPORT

The Arc Maryland is the largest statewide advocacy organization dedicated to protecting and advancing the rights and quality of life of people with intellectual and developmental disabilities.

The Arc Maryland supports House Bill 265 as it is designed to ensure standardization of the student health questionnaire that is completed by parents or guardians at the time of enrollment and updated annually. Currently there are many different versions of this questionnaire; there is not uniformity of the extent and type of questions, and the information collected by counties. When information is not complete, it can affect the allocation of resources and the services that may be available to students and can also be a disservice to students who may present behaviors that could mask a physical, mental, or intellectual condition.

This bill names certain professionals who will have the opportunity to provide input to the creation of the standardized behavioral health questionnaire for students. Behavioral health is inherent to overall health and essential to positive school performance and achievement. In addition, the more comprehensive questionnaire will help schools to understand the intersection between some mental and physical health conditions and behavioral health for proper care, support, and positive interventions.

For more information, please contact: Ande Kolp, Executive Director of The Arc Maryland
akolp@thearcmd.org

HB265 WMs Testimony_Catherine Carter LTSC_Standard

Uploaded by: Catherine Carter

Position: FAV



HB265: Standardized Behavioral Health Questionnaire for Students - Development and Implementation Bill

Dear Ways and Means Committee Member,

My name is Catherine Carter, Vision/Behavioral Health Advocate who worked on the [Atticus Act](#) 2018. For the 2023 session, I am working with Delegate Guyton on a bill called the [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 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.

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

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

Visual Comparison of Maryland Parent Student Health Questionnaire at Registration

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: _____
Health Information	
List medications taken regularly at home at school	
List any life-threatening allergies	

Frederick

CONFIDENTIAL HEALTH INFORMATION

In case of an emergency, the school staff will contact 911.

Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION					
Last:	First:	Middle:	Date of Birth:	Gender <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"/> The student does not have any medical concerns	
<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> allergies (choose all that apply) <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"/> This information is a change in health condition from the last school year	
<small>*FCPS uses the Integrated Pest management programs to identify and control pest problems in schools. Elementary schools must notify staff and parents/guardians of all students 24 hours before pesticides are to be applied inside the school building or on the grounds. Middle and high schools must notify only those parents, guardians or staff who have filed a written request for notification; forms are available at each school and must be updated every school year. See the FCPS Calendar Handbook for details, or contact your child's school.</small>	

MEDICATIONS
List all medications and dosages your child receives on a routine basis
<input type="checkbox"/> Medications are not required at school
<small>If the student requires over-the-counter or prescription medications or treatments at school, the health care provider and parent must complete and submit the appropriate authorization form(s). Obtain forms from the health staff at your child's school or at http://www.fcps.org/ (click on Forms).</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# _____
Signature of Parent / Guardian: _____ Date _____

Washington

Documentation Required for Enrollment

Do you have verification of residency? (Must be current within 3 months) Yes No

Gas, Electric, Water, Oil, Sewer Bill

Lease/Mortgage

Property Tax Bill/Statement

Do you have verification of age? Yes No (Birth Certificate Preferred)

Do you have the following Health Related Documents? Yes No

Immunization Certificate

Physical Examination Record

Blood Lead Testing Certificate
Pre-K, K and 1st Grade

If any box is marked "no", please request assistance from school staff. Maryland Law requires that you provide all of the above information before a child may attend/enroll in school.

Carroll

Proof of Immunization Compliance: (Initial next to document received)

DHMH Certificate 896 _____ Clinic Record or Physician's Office Record _____ Other State Official Immunization Record _____
Official School Record _____



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)

HB265_BHscreenings_KennedyKrieger_Support.pdf

Uploaded by: Emily Arneson

Position: FAV



DATE: February 8, 2023 **COMMITTEE:** House Ways and Means
BILL NO: House Bill 265
BILL TITLE: Public Schools - Standardized Behavioral Health Questionnaire for Students –
Development and Implementation
POSITION: Support

Kennedy Krieger Institute supports House Bill 265 - Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation

Bill Summary:

House Bill 265 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 ¹ 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 ², 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* ³ 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 ⁴, 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*⁵ 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 House Bill 265.

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, Ettel 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.

HB 265 Testimony.pdf

Uploaded by: Michele Guyton

Position: FAV

MICHELE GUYTON
Legislative District 42B
Baltimore County

Ways and Means Committee
Early Childhood Subcommittee
Education Subcommittee



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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

February 8, 2023

FAVORABLE

**HB265 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 HB265—designed to add additional members as an advisory panel to the Maryland Consortium on Coordinated Community Supports. These members will assist the Consortium in their task to develop standardized guidelines for 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. The Consortium on Coordinated Community Supports was established through the Blueprint for Maryland’s Future to remedy this situation. This bill simply puts into place a behavioral health advisory group to advise the Consortium when making recommendations about topics 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. In addition, the members being added through this legislation are subject experts in various disabilities that may mask behavioral health issues or be masked by them. By expanding the expertise on the Consortium, we will capture more accurate data on the supports needed to address the challenges of our students.

This bill passed the House last session but did not make it out of the Senate. Thank you for your consideration of HB265.

Sincerely,

Delegate Michele Guyton D24B

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

Testimony In Support of HB 265 - SB 388 - Standard

Uploaded by: Rich Ceruolo

Position: FAV



February 8, 2023

Maryland House of Delegates
6 Bladen St.
Annapolis, MD. 21401

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

Members of the Maryland House of Delegate’s Ways & Means 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.

What a great idea to equity and inclusion 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 assistance.

When this information is voluntarily provided by the family enrolling their student, should then automatically trigger a variety of support services to be enacted on behalf of the entire family, and enroll them into the 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, counseling and social supports.

Please return a favorable report on 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
Parent, Lead Advocate and Director of Public Policy
Parent Advocacy Consortium (Find us on Facebook/Meta)
<https://www.facebook.com/groups/ParentAdvocacyConsortium>

HB265 FWA (2).pdf

Uploaded by: Morgan Mills

Position: FWA

February 8, 2023

Chairwoman Atterbeary, Vice Chair Wilkins, and other members of the Ways and Means committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a non-profit that is dedicated to providing education, support, and advocacy for persons with mental illnesses, their families and the wider community.

[One in six](#)¹ U.S. youth aged 6-17 experience a mental health disorder each year, and [half](#)² of all mental health conditions begin by age 14. Yet, [only roughly half](#)³ of youth with mental health conditions received any kind of treatment in the past year. Undiagnosed, untreated, or inadequately treated mental illnesses can significantly interfere with a student's ability to learn, grow, and develop. Since children spend much of their productive time in educational settings, schools offer a unique opportunity for early identification, prevention, and interventions that serve students where they already are.

Early identification and effective treatment for children and their families can make a difference in the lives of children with mental health conditions. In fact, the earlier the treatment, the better the outcomes and lower the costs. Unfortunately, far too often, there are long delays before the children and youth get the help they need.

Schools can play an important role in helping children and youth get help early. Through the development of this questionnaire, parents and schools will be able to identify the warning signs of an emerging mental health condition. When we invest in children's mental health to make sure they can get the right care at the right time, we improve the lives of children, youth, and families — and our communities. Supporting children's mental health is critical to their psychological well-being, social and emotional development, academic achievement, and long-term success.

NAMI MD fully supports the development of a standardized questionnaire to help identify students who may be in need of behavioral and mental health services. However, a behavioral health professional is not included in the listed stakeholders. It is imperative that this bill explicitly states the need for a behavioral health professional to have a seat at the table when developing this questionnaire.

We thank Delegate Guyton for her work in ensuring that mental health needs in our youth can be recognized before they progress further. Early intervention saves lives. We ask for a favorable report with the addition of a mental/behavioral health professional explicitly listed as a stakeholder.

¹ "US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children" -- <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2724377?guestAccessKey=f689aa19-31f1-481d-878a-6bf83844536a>

² "Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication" -- <https://pubmed.ncbi.nlm.nih.gov/15939837/>

³ See Footnote '1'

MPA Testimony 2023 - Support with Amendment - HB 2

Uploaded by: Pat Savage

Position: FWA



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

February 5, 2023

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Delegate Vanessa E. Atterbeary, Chair
Ways and Means Committee
House Office Building, Room 131
Annapolis, MD 21401

House Bill 265 - Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation

Position: Support with Amendment

Dear Chairman Atterbeary, Vice Chair, 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 with an amendment** for **House Bill 265 - 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. However, it is important that the screening instruments and questionnaires employed in this process be both reliable and valid – and this critical issue is not addressed in HB 265. While the Maryland Consortium on Coordinated Community Supports is charged with developing guidelines for developing a standardized questionnaire to identify students with behavioral health service needs, the stakeholder group identified in the bill does not include any behavioral health professionals, nor anyone with expertise in developing such instruments for use with students. Many licensed psychologists who conduct assessments of children and youth possess these qualifications. We therefore request that a licensed psychologist, specifically a member of the Maryland Psychological Association, be included in the stakeholder group.

With the addition of a licensed psychologist to the stakeholder group, House Bill 265 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 be amended to include an MPA member, and that the **amended bill receive a favorable report**.

Thank you for considering our comments on HB 265. If we can be of any further assistance as the House – Ways and Means Committee considers this bill, please do not hesitate to contact MPA's Legislative Chair, Dr. Pat Savage at mpalegislativcommittee@gmail.com.

Respectfully submitted,

Rebecca Resnik, 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

Support w: Amendment Hb 265.pdf

Uploaded by: Sarah Peters

Position: FWA



Delegate Vanessa E. Atterbeary, Chair
Delegate Jheanelle K. Wilkins, Vice Chair
Ways and Means Committee
Room 131 House Office Building
Annapolis, MD 21401

February 1st, 2023

Bill: House Bill 265 –
Public Schools - Standardized Behavioral Health Screenings for Students - Development and Implementation

Position: Support w/ Amendment

Dear Chairwoman Atterbeary, Vice Chair Wilkins, 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 mandated for inclusion in the consortium. 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 or Sarah Peters at speters@hbstrategies.us.

Respectfully submitted,

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

HB265 Response - Support with Amendments by BHA (1

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., Acting Secretary

February 8, 2023

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

RE: HB 265 – Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation - Letter of Support

Dear Chair Atterbeary and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support with amendments for HB 265 – Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation. HB 265 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. HB 265 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 14.¹ Additionally, it is not uncommon for stress and distress to be exhibited by physical symptoms in some people.²

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.^{3,4}
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.

¹ 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).

² 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>.

³ 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>.

⁴ 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.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Laura Herrera Scott', is positioned above the typed name.

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

HB 265_ Public Schools - Standardized Behavioral H

Uploaded by: Alexa Thomas

Position: UNF



PSSAM
Public School Superintendents' Association
OF MARYLAND

Mary Pat Fannon, Executive Director
1217 S. Potomac Street
Baltimore, MD 21224
410-935-7281
marypat.fannon@pssam.org

BILL: HB 265

TITLE: Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation

DATE: February 8, 2023

POSITION: Oppose

COMMITTEE: Ways and Means

CONTACT: Mary Pat Fannon, Executive Director, PSSAM

The Public School Superintendents' Association of Maryland (PSSAM), on behalf of all twenty-four local school superintendents, **opposes** House Bill 265.

House Bill 265 requires that the Maryland Consortium on Coordinated Community Supports develop, in consultation with certain stakeholders, guidelines for developing a standardized behavioral health questionnaire to identify students with need for behavioral health services. This bill also requires each behavioral health service coordinator to develop and implement a standardized behavioral health questionnaire based on the guidelines developed by the Consortium, as well as mandates distribution of the questionnaire to the parent or guardian in certain circumstances.

PSSAM has concerns about the implementation of this bill, specifically its effect on the ongoing work being accomplished by The Consortium on Coordinated Community Supports (CCCS). CCCS has several statutory purposes and responsibilities as outlined in the Blueprint legislation, and is composed of specific appointees with expertise in the relevant fields.

One of the statutory purposes of CCCS is to provide expertise in developing best practices in the delivery of behavioral health and wraparound services. At present time, the Consortium has developed a Best Practices subcommittee, co-chaired by Dr. Derek Simmons, current superintendent of Caroline County Public Schools, and Dr. John Campo, chair of child and adolescent psychiatry at Johns Hopkins. This committee also includes the co-directors of the National Center for School Mental Health. We are concerned that this bill circumvents the statutory authority and the role of the Consortium.

Additionally, while the intent of this legislation is to identify student populations with mental health needs, the importance of implementing and maintaining systemic processes to serve these populations identified by the questionnaire cannot be understated. Currently, there is a critical shortage of child and adolescent clinicians both in the school setting and in communities. Without a structure in place to support the growth and development of community behavioral health, as well as school-based behavioral health, the bill's prescriptive language will contribute to the already expansive waitlists that disservice many of our young people presently in need of services.

The Consortium is currently working to finalize their framework, as well as other components to begin the RFP process to support the expansion of community and school-based services. Maryland's superintendents ask that you let the work of the Consortium, as designed, move forward without interference by this bill. The Consortium as a whole, in conjunction with representative content area experts, functions to be inclusive of a system to improve behavioral health outcomes for all of our students.

For these reasons, PSSAM **opposes** House Bill 265 and requests an unfavorable report.

HB265_MSEA_Lamb_INFO.pdf

Uploaded by: Lauren Lamb

Position: INFO

**Informational Testimony regarding House Bill 265
Public Schools - Standardized Behavioral Health Screenings for Students -
Development and Implementation**

**House Ways and Means Committee
February 8, 2023**

**Lauren Lamb
Government Relations**

The Maryland State Education Association offers this informational testimony on House Bill 265, 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 so they can pursue their dreams. 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.^{1 2} The screening assessment must be rigorously reviewed for bias to prevent misdiagnosis of students of color.^{3 4 5} 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.

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

² <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)

³ <https://link.springer.com/article/10.1007/s40596-019-01127-6>

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

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

HB0265 Standardized BH Screening_MHAMD LOI.pdf

Uploaded by: Margo Quinlan

Position: INFO

**House Bill 265 Public Schools - Standardized Behavioral Health Screenings for Students -
Development and Implementation**

Ways and Means Committee

February 8, 2023

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 265.

HB 265 requires the Maryland Consortium on Coordinated Community Supports, in consultation with certain stakeholders outlined in the bill, to “develop guidelines for developing a standardized screening to identify students with behavioral health services needs.”

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

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

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

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

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

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

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

www.thekennedyforum.org

For more information contact:

Margo Quinlan, Director of Youth & Older Adult Policy: 410-236-5488 / mquinlan@mhamd.org

Health Policy Institute published a report in March 2021⁵ expanding on the data in the Kennedy Forum report to include additional measures, including a number of screening tools specific to children, youth, and adolescents.⁶

While the screening tools in these reports were developed and identified primarily for use in clinical settings, they can serve as a good starting point in the development of standardized screenings as required by HB 265. Should the legislature choose to pass HB 265, 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. We would also urge that the stakeholder group named within the bill be expanded to include behavioral health professionals.

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

⁶ Id. at pgs. 32-35.