State Department of Education—Community-Partnered School Behavioral Health Services Programs-Reporting System and Report (School Behavioral Health Accountability Act)

Presented by the
Maryland State Department of Education

December 1, 2017

Larry Hogan
Governor

Karen B. Salmon, Ph.D.
State Superintendent of Schools

Karen B. Salmon, Ph.D.
State Superintendent of Schools

Andrew R. Smarick
President, Maryland State Board of Education

Larry Hogan
Governor

Sylvia A. Lawson, Ph.D.
Chief Performance Officer

Mary L. Gable
Assistant Superintendent of Schools
Division of Student, Family, and School Support and Academic Policy

Walter Sallee, MPA
Director, Student Services and Strategic Planning
Division of Student, Family, and School Support

Deborah Nelson, Ph.D.
Section Chief, School Safety and Climate
Specialist, School Psychological Services
Division of Student, Family, and School Support

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Agency Equity Officer
Equity Assurance and Compliance Office
Office of the Deputy State Superintendent for Finance and Administration
Maryland State Department of Education
200 W. Baltimore Street - 6th Floor
Baltimore, Maryland 21201-2595
410-767-0433 - voice
410-767-0431 - fax
410-333-6442 - TTY/TDD

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Acknowledgements

The Behavioral Health Services Program Reporting System and Report is the result of valuable input, commitment, and collaboration between the Maryland State Department of Education (MSDE) and at the University of Maryland Center for School Mental Health and the Behavioral Health Administration (BHA) of the Maryland Department of Health (formerly the Department of Health and Mental Hygiene). Their active participation and commitment made this report possible.

Introduction

On April 26, 2016, Governor Hogan signed Senate Bill 494, which required the MSDE, in consultation with local and state stakeholders, to develop and implement a reporting system designed to:

(1) determine the effectiveness of community-partnered school behavioral health services programs; and
(2) collect data on the outcomes of students who receive behavioral health services from community-partnered school behavioral health services programs, including academic, behavioral, social, and emotional functions and progress.

The legislation also required the MSDE to submit a report to the Governor and the General Assembly on or before December 1, 2017, and every two years thereafter. To meet requirements of the legislation, this report will describe data collection that was conducted and will provide an analysis of the effectiveness of community-partnered school behavioral health services programs.

Background

With an increasing number of students being identified with mental health and substance use concerns, many schools have formed partnerships with community agencies and providers to deliver services and supports to students and families. The State Department of Education's Community-Partnered School Behavioral Health Services Program Reporting System and Report (School Behavioral Health Accountability Act) was passed during the 2016 legislative session. The legislation became effective on July 1, 2016.

The definition of community-partnered school behavioral health services programs that was adopted by the legislation is *a program that provides behavioral health services to students by community behavioral health providers in partnership with public schools and families that*

augment the behavioral health services and supports provided by public schools. It is important to note that the legislation specifically excludes school-based health centers from this definition.

Behavioral health services, as defined by the legislation, provide *prevention, intervention, and treatment services for the social-emotional, psychological, behavioral, and physical health of students, including mental health and substance use disorders.*

Local education agency (LEA) partnerships with behavioral health services programs are currently driven by local needs and resources (i.e. student concerns, availability of community behavioral health services, etc.). Decisions about which behavioral health services programs are delivered in a particular school(s) are made at the school or the school system level. Usually, a memorandum of understanding (MOU) is developed between the school or school system and the community partner. The MOU addresses details such as parental consent for the delivery of services, waivers determining which information can be shared with school staff, payment for services provided, and confidentiality agreements. These programs may, or may not, collect data on students. In instances where student data are collected, information is not currently shared with the MSDE.

In response to SB494, the MSDE's Division of Student, Family, and School Support met with representatives from the University of Maryland Center for School Mental Health, Behavior Health Administration, and other stakeholders to collaborate on a reporting system that would meet the requirements of the legislation. The reporting system used data from two primary sources: (1) an online survey that was sent to an identified contact in each LEA; and (2) existing data from the Maryland Department of Health that was compiled from community-based providers responsible for input of data into the Outcome Measurement System (OMS) database for third-party billing.

Online Survey Data Collection

An online survey was developed (see Appendix A) using Survey Monkey to request information from LEAs on community partnered school behavioral health programs. The survey was entitled, "Community-Partnered School Behavioral Health Services Program Survey. A request was made by Dr. Karen Salmon, State Superintendent of Schools, to each LEA superintendent through the weekly superintendent's memo to identify a point of contact to complete the survey for each school system. Surveys were distributed to the points of contact during the last week of August 2017. In addition, a webinar was held to provide technical assistance and to answer questions during the second week of September 2017.

The survey requested the following information:

- Name and email of the individual completing the survey;
- The school system;

- The name of the Community-Partnered School Behavioral Program for which the response was intended;
- The total number of schools in the school system served by the program;
- The total number of students served by the program;
- The type of services provided by the program;
- The primary referral concerns of students assisted by the program;
- The types of standardized assessments/metrics used by programs to monitor student academics; and
- The number of students determined by standardized assessments/metrics to be making progress by the program.

Each LEA contact was instructed to complete one survey for each program that served at least 10 students in the school system. If multiple programs serving 10 or more students were identified in a school system, a survey was completed for each program. If a program served fewer than 10 students, the survey automatically ended the survey for that particular program.

Respondents were asked to complete the survey for the 2016-2017 academic school year. Since the 2016-2017 year represents the first year for the data collection, this data is considered baseline data for the purposes of reporting. In addition, respondents were asked to send out the online survey link directly to programs, if necessary, in order to verify and confirm responses. Future efforts by the MSDE will continue to revise the data collection tool(s) and analysis strategies used to comply with Senate Bill 494. Therefore, this report is intended to be viewed as a baseline data collection effort that will continue to be developed over time.

Demographic Data for Online Survey

Responses were obtained from the 24 LEAs in Maryland. In addition, several community partners completed the online survey. Sixty-seven community partners responded to the survey. The list of community partners that responded to the online survey on behalf of their program can be found in Appendix B.

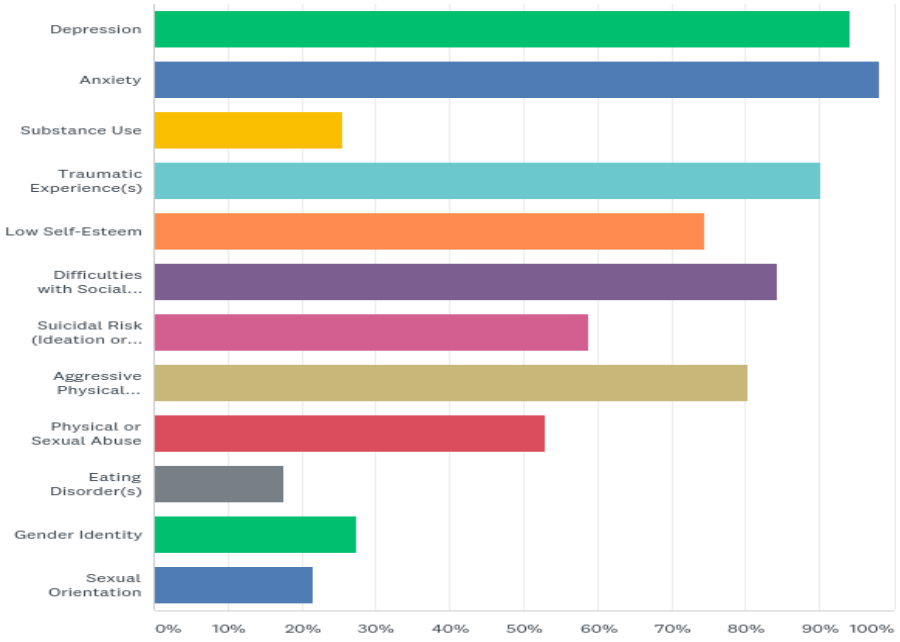
Of the 67 responses to the online survey, 64 respondents indicated that the program they were reporting on served 10 or more students during the 2016-2017 school year. Of the programs which served more than 10 students, responses indicated that there were approximately 15,803 students served in the State by the programs. The types of services provided by the programs can be reviewed in Table 1 on page 7. The primary referral concerns for students serviced by the programs can be found in Chart 1 on page 7.

Table 1. Types of Services Provided to Students by in 2016-2017

Type of Service	Percent of Respondents Providing Service Type to Students During the 2016-2017 School Year
Individual Counseling for Mental Health Concerns	100%
Individual Counseling for Substance Use Concerns	28%
Individual Counseling for Social/Emotional Concerns	94%
Group Counseling for Mental Health Concerns	65%
Group Counseling for Social/Emotional Concerns	63%
Group Counseling for Substance Use Concerns	8%
Family Counseling	77%
Prevention Program	26%
Substance Use Treatment Programs	8%
Treatment Programs	14%
Other	35%

Note: Percentages were rounded up to the nearest whole number. Multiple services are typically provided by a single program. Therefore the sum of percentages exceeds 100 percent.

Chart 1. Primary Referral Concerns for Students Serviced by Programs in 2016-2017



Analysis of Effectiveness of Behavioral Health Services Programs Using the Online Survey

The online survey defines a standardized measure/metric as, *a student, parent, or teacher-reported measure using standard items and scoring procedures.* Examples provided to respondents were rating scales, such as the Outcome Measurement System, Pediatric Symptom Checklist – 17, and the Strengths and Difficulties Questionnaire. Other examples included measures such as academic engagement, discipline referrals, student attendance, and grades. A

key determinant of identifying a measure or metric was whether the intended outcome was to assess the progress or outcomes of students participating in programs. Progress monitoring was defined as, *routine collection of standardized assessments at multiple times to monitor a student's progress by a community-partnered behavioral health provider.* It is important to note that data collected *only* at intake for a student were not considered progress monitoring measures.

Respondents were asked to provide the names of all standardized assessments/metrics used to monitor academic, behavioral, and social/emotional progress of students assisted during the 2016-2017 school year. Respondents were also asked to indicate the number of students reported as making academic, behavioral, and social/emotional progress during the 2016-2017 school year.

Analysis of Effectiveness of Academic Functioning and Progress of Students in Community Behavioral Health Services Programs

Respondents indicated that a variety of standardized assessments and metrics were used to monitor student academic progress during the 2016-2017 school year. Table 2 lists the metrics reported by respondents. These metrics included standardized test scores, grades, class assignment completion, classroom tests and quiz scores, and homework completion. The most prevalent source used to monitor academic progress was grades (55percent), followed by class assignment completion (29percent). Approximately 33 percent of the respondents indicated that an academic metric is currently not used. Another 28 percent indicated use of an assessment or metric other than the metrics listed in the survey. The metrics included teacher consultation reports and collaboration with a school counselor or other student service personnel. Approximately four respondents from the school systems indicated that data on academic progress were not currently reported through the local school system's office of student services.

Table 2. Standardized Assessments and Metrics used by Programs to Monitor Student Academic Progress during the 2016-2017 School Year

Academic Metrics	Percent Using Metric
Standardized Test Scores	20%
Grades	55%
Class Assignment Completion	29%
Classroom Tests and Quiz Scores	24%
Homework Completion	22%
No Academic Measure Used at This Time	33%
Other	28%

Note: Percentages were rounded up to the nearest whole number. Multiple metrics are typically used by a single program. Therefore the sum of percentages exceeds 100 percent.

Table 3 indicates the percentage of students served by programs who were reported as making academic progress during the 2016-2017 school year.

Table 3. Percentage of Students Served by Programs Reported as Making Academic Progress during the 2016-2017 School Year

Answer Choices	Responses
N/A Program did not Monitor Academic Progress	16%
Don't Know (Program did Monitor Academic Progress, but the Number of Students Making Progress is Unknown)	68%
Total Number of Students in the Program Making Academic Progress	16%

Note: Percentages were rounded up to the nearest whole number.

An analysis of written responses provided by the respondents yielded some additional insights into these data. Some comments are captured below:

- "Our program requires clinicians to monitor academic metrics but does not have a data system to collect, aggregate, and monitor them for the program as a whole."

- "The program has been in place for 13 years and has grown in both number of students served and schools served. Data are collected to reflect program growth. A parent satisfaction survey is conducted bi-annually to ascertain the opinions of parents regarding the services provided."

- "We are in the third year of implementation with very positive results. We have not collected data specific to our school-based population but we do have outcome data. We also have in place comprehensive training, supervision, monitoring, and consultation for all clinicians and their clinical supervisors and a fidelity monitoring system that support providing a high fidelity evidence-based practice. "

Analysis of Effectiveness of Behavioral Functioning and Progress of Students in Community Behavioral Health Services Programs

Respondents noted that a variety of standardized assessments and metrics were used by the program to monitor student behavioral progress during the 2016-2017 school year. Table 4 indicates the assessments/metrics reported by respondents. Assessments and metrics reported included functional assessment/behavior intervention plans, goal attainment scales, Connors Parent and Teacher Rating Scales, the Achenbach Child Behavior Checklist, the Behavior Assessment Scale for Children, the Outcome Measurement System (OMS), school attendance, and number of office referrals. The most prevalent sources used to monitor behavioral progress were number of office referrals (57 percent) and school attendance (55 percent). The OMS was also another widely used data source. Forty-three percent of respondents indicated use of the

OMS to monitor behavior progress. Approximately 16 percent of the respondents indicated no current use of a behavioral assessment or metric. Thirty percent indicated use of an assessment or metric other than ones listed in the survey. Additional assessments or metrics used included the Risk Identification Suicide Kit (RISK) Assessment Tool, provider-developed rating scale, consultations with the school behavior interventionist and other student service personnel, and the Vanderbilt Assessment Scales.

Table 4. Standardized Assessments/Metrics used by Programs to Monitor Student Behavioral Progress during the 2016-2017 School Year

Behavior Assessments/Metrics	Percent Using Assessment/Metric
Functional Behavioral Assessment/Behavior Intervention Plan	28%
Goal Attainment Scale	16%
Connors Parent and Teacher Rating Scales	26%
Achenbach Child Behavior Checklist	4%
Behavior Assessment Scale for Children	10%
Outcome Measurement System	43%
School Attendance	55%
Number of Office Referrals	57%
No Behavioral Measure Used at This Time	16%
Other	30%

Note: Percentages were rounded up to the nearest whole number. Multiple metrics are typically used by a single program. Therefore the sum of percentages exceeds 100 percent.

Table 5 indicates the percentage of students served by programs who were reported as making behavioral progress during the 2016-2017 school year.

Table 5. Percentage of Students Served by Programs Reported as Making Behavioral Progress during the 2016-2017 School Year

Answer Choices	Responses
N/A Program did not Monitor Behavioral Progress	12%
Don't Know (Program did Monitor Behavioral Progress, but the Number of Students Making Progress is Unknown)	70%
Total Number of Students in the Program Making Behavioral Progress	18%

Note: Percentages were rounded up to the nearest whole number.

An analysis of written responses provided by the respondents yielded some additional insights into these data. Some of those comments are captured below:

- "Program did not monitor every student receiving services."

- "Don't know exact number of students making progress at this time, but the majority of students seen made academic, behavioral, and social/emotional progress as seen by grades, office referrals, and teacher reports."

Analysis of Effectiveness of Social/Emotional Functioning and Progress of Students in Community Behavioral Health Services Programs

Respondents noted that a variety of standardized assessments and metrics were used by the program to monitor student social/emotional progress during the 2016-2017 school year. Table 6 indicates the assessments/metrics reported by respondents. Assessments and metrics reported included the Pediatric Symptom Checklist, the Strengths and Difficulties Questionnaire, the Beck Depression Inventory, the Beck Anxiety Inventory, and the OMS.

The most prevalent data resource used to monitor social/emotional progress was the OMS (45 percent). Use of the OMS was followed by the Strengths and Difficulties Questionnaire (18 percent), the Beck Depression Inventory (18 percent), and the Beck Anxiety Inventory (18 percent). Approximately 31 percent of the respondents indicated no current use of a behavioral assessment or metric. Thirty-one percent indicated no use of an assessment or metric other than the ones listed in the survey. The assessments and metrics included outpatient treatment plans, provider-developed rating scales, consultations with teachers, consultation with behavior specialists and student service providers, Vanderbilt Assessment Scales, the Patient Health Questionnaire, the Generalized Anxiety Disorder Scale, the Revised Children's Anxiety and Depression Scale, and the Screen for Child Anxiety Related Emotional Disorders.

Table 6. Standardized Assessments/Metrics used by Programs to Monitor Student Social/Emotional Progress during the 2016-2017 School Year

Behavior Assessments/Metrics	Percent Using Assessment/Metric
Pediatric Symptom Checklist	12%
Strengths and Difficulties Questionnaire	18%
Beck Depression Inventory	18%
Beck Anxiety Inventory	18%
Outcome Measurement System	45%
No Social/Emotional Measure Used at This Time	31%
Other	31%

Note: Percentages were rounded up to the nearest whole number. Multiple metrics are typically used by a single program. Therefore the sum of percentages exceeds 100 percent.

An analysis of the written responses provided by the respondents yielded some additional insights into these data. Some of those comments are captured below:

- "Program did not monitor every student receiving services."

- "Don't know exact number of students making progress at this time, but the majority of students seen made academic, behavioral, and social/emotional progress as seen by grades, office referrals, and teacher reports."

Table 7 indicates the percentage of students served by programs who were reported as making behavioral progress during the 2016-2017 school year.

Table 7. Percentage of Students Served by Programs Reported as Making Social/Emotional Progress during the 2016-2017 School Year

Answer Choices	Responses
N/A Program did not Monitor Social/Emotional Progress	16%
Don't Know (Program did Monitor Social/Emotional Progress, but the Number of Students Making Progress is Unknown)	68%
Total Number of Students in the Program Making Social/Emotional Progress	16%

Note: Percentages were rounded up to the nearest whole number.

An analysis of written responses provided by the respondents yielded some additional insights into these data. Some comments are captured below:

- "We do administer the OMS, but we are unable to pull individual data for clients, only program trends. We are now administering On Track Outcomes in order to measure progress with individual students."

- Don't know exact number of students making progress at this time, but the majority of students seen made academic, behavioral, and social/emotional progress as seen by grades, office referrals, and teacher reports."

Summary

As noted in the introduction, on April 26, 2016, Governor Hogan signed Senate Bill 494, which required that the MSDE, in consultation with local and State stakeholders, develop and implement a reporting system to:

(1) determine the effectiveness of community-partnered school behavioral health services programs; and
(2) collect data on the outcomes of students who receive behavioral health services from community-partnered school behavioral health services programs, including academic, behavioral, social, and emotional functions and progress.

Data were collected from respondents representing the 24 local school systems using an online survey. Respondents were also asked to identify assessments and metrics that are used by behavioral health services programs during the 2106-2017 school year to monitor the academic, behavioral, and social/emotional progress of the students served. Respondents were also asked to

identify the percentage of students in behavioral health programs making progress on these assessments and measures. The data presented in this report are baseline data which provide a deeper understanding of the number of students in Maryland serviced by behavioral health services programs, the referral concerns of the students, and current assessments and metrics used to monitor progress and program effectiveness.

Appendices

Appendix A
Community-Partnered School Behavioral Health Services Program Survey

MARYLAND STATE DEPARTMENT OF EDUCATION

PREPARING WORLD CLASS STUDENTS

Community-Partnered School Behavioral Health Services Programs Survey

FAQ for Survey

What is a "community-partnered school behavioral health program"?
A community-partnered school behavioral health program ("Program") is a program or service provided by a community mental health agency/organization, licensed mental health clinician, or outpatient mental health center ("Provider") that partners with public schools and families to provide prevention, intervention and treatment services for social-emotional, psychological, behavioral, and physical health of students, including mental health and substance use disorders. *School-Based Health Centers are not included in this data request.*

How should this form be completed if a single Provider has multiple Programs?
This form should be completed for eachProgram. If a Provider offers multiple Programs, a separate form must be filled completed for each Program.

What are "behavioral health services"?
A behavioral health service is a therapeutic service provided to an individual, a family, and/or a group of children with identified mental health and/or substance use concerns.

What are "standardized assessments and metrics"?
Standardized assessments and metrics include student, parent, or teacher-reported measures with standard items and scoring procedures, such as rating scales like the Pediatric Symptom Checklist - 17 (PSC-17) or the Strengths and Difficulties Questionnaire. You may also include any assessments or metrics of academic engagement, office discipline referrals, attendance, or grades that are collected to assess the progress or outcomes of students participating in Programs. Standardized assessments and metrics do include the Outcome Measurement System (OMS).

What is "progress monitoring"?
Progress monitoring refers to routinely collecting standardized assessments at multiple times to monitor a student's progress by a community-partnered behavioral health provider.
NOTE: This form asks about standardized assessments and metrics used for progress monitoring. Data collected only at intake should not be included.

TIMEFRAME: Please complete the following survey questions for the 2016-2017 schoolyear

(between July 1, 2016 through June 30, 2017).

MSDE Contact: For questions and comments, please contact Deborah Nelson by email at deborah.nelson@maryland.gov or by phone at 410-767-0294

DUE DATE: Responses are due no later than September 28, 2017

* 1. Name and Email of Person Completing Form

Full Name:	
Title:	
Email:	

* 2. Please identify your school system

- ◯ Allegany
- ◯ Anne Arundel County
- ◯ Baltimore City
- ◯ Baltimore County
- ◯ Calvert County
- ◯ Caroline County
- ◯ Carroll County
- ◯ Cecil County
- ◯ Charles County
- ◯ Dorchester County
- ◯ Frederick County
- ◯ Garrett County
- ◯ Harford County
- ◯ Howard County
- ◯ Kent County
- ◯ Montgomery County
- ◯ Prince George's County
- ◯ Queen Anne's County
- ◯ Seed School
- ◯ Somerset County
- ◯ St. Mary's County
- ◯ Talbot County
- ◯ Washington County
- ◯ Wicomico County
- ◯ Worcester County

* 3. Enter the name of the Community-Partnered School Behavioral Health Program ("Program") for which you are responding. For definition of Program, see the above FAQ *Note: Each Provider may have multiple Programs. This form should be completed for each Program.*

Full Name of Behavioral Health Program: _____

Full Name of Provider: _____

* 4. Provide the total number of schools in the school system that the Program served in 2016-2017

* 5. Was the total number of students in the school system that were served by the Program in 2016-2017...

- ◯ less than 10 total students in the school system
- ◯ 10 or more total students in the school system

* 6. Provide the total number of students in the school system that the Program served in 2016-2017

* 7. Select the types of services provided by the Program during the 2016-2017 school year (select all that apply)

- ☐ Individual Counseling for Mental Health Concerns
- ☐ Individual Counseling for Substance Use Concerns
- ☐ Individual Counseling for Social/Emotional Concerns
- ☐ Group Counseling for Mental Health Concerns
- ☐ Group Counseling for Substance Use Concerns
- ☐ Group Counseling for Social/Emotional Concerns
- ☐ Family Counseling
- ☐ Prevention Programs
- ☐ Substance Use Treatment Programs
- ☐ Treatment Programs
- ☐ Other (please specify)

* 8. Identify the primary concerns that prompted student referrals to the Program during the 2016-2017 school year (check all that apply)

- [ ] Depression
- [ ] Anxiety
- [ ] Substance Use
- [ ] Traumatic Experience(s)
- [ ] Low Self-Esteem
- [ ] Difficulties with Social Skills
- [ ] Suicidal Risk (Ideation or Attempts)
- [ ] Aggressive Physical Behavior
- [ ] Physical or Sexual Abuse
- [ ] Eating Disorder(s)
- [ ] Gender Identity
- [ ] Sexual Orientation

Other (please specify)

* 9. Name all the standardized assessment/metrics used by the Program to monitor student academic progress during the 2016-2017 school year (check all that apply)

- [ ] Standardized Test Scores (e.g., PARCC)
- [ ] Grades
- [ ] Class Assignment Completion
- [ ] Classroom Tests and Quiz Scores
- [ ] Homework Completion
- [ ] No Academic Measure used to Monitor Student Progress at this Time
- [ ] Other (please specify)

* 10. Name all the standardized assessments/metrics used by the Program to monitor student behavioral progress during the 2016-2017 school year (check all that apply)

- [ ] Functional Behavioral Assessment/Behavior Intervention Plan
- [ ] Goal Attainment Scale
- [ ] Connors Parent and Teacher Rating Scales
- [ ] Achenbach Child Behavior Checklist
- [ ] Behavior Assessment Scale for Children
- [ ] Outcome Measurement System
- [ ] Attendance
- [ ] Office Referrals
- [ ] No Behavioral Measure used to Monitor Student Progress at this Time
- [ ] Other (please specify)

* 11. Name all the standardized assessments/metrics used by the Program to monitor student social/emotional progress during the 2016-2017 school year (check all that apply)

- [ ] Pediatric Symptom Checklist
- [ ] Strengths and Difficulties Questionnaire
- [ ] Beck Depression Inventory
- [ ] Beck Anxiety Inventory
- [ ] Outcome Measurement System
- [ ] No Social/Emotional Measure used to Monitor Student Progress at this Time
- [ ] Other (please specify)

* 12. Enter the total number of students who participated in this Program who were reported as making academic progress during the 2016-2017 school year

- ◯ N/A (Program did not monitor academic progress)
- ◯ Don't Know (Program did monitor academic progress, but number of students making progress is unknown.)
- ◯ Total Number of Students in the Program Making Academic Progress (place the number in the box below)

* 13. Enter the total number of students who participated in this Program who were reported as making behavioral progress during the 2016-2017 school year

- ◯ N/A (Program did not monitor behavioral progress)
- ◯ Don't Know (Program did monitor behavioral progress, but number of students making progress is unknown.)
- ◯ Total Number of Students in the Program Making Behavioral Progress (place the number in the box below)

* 14. Enter the total number of students who participated in this Program who were reported as making social/emotional progress during the 2016-2017 school year

- ◯ N/A (Program did not monitor social/emotional progress)
- ◯ Don't Know (Program did monitor social/emotional progress, but number of students making progress is unknown.)
- ◯ Total Number of Students in the Program Making social/emotional Progress (place the number in the box below)

15. Please provide any other information about the Program that you think should be considered

Appendix B

Community-Partnered Programs Providing Services to Students

Below is a list of Community-Partnered School Behavioral Health Services Programs that were identified in the online survey as providing services to students.

- School Wellness Center
- Red Flags
- Positive Youth Development
- Linkages to Learning
- TCPS School Mental Health Program
- Corsica River Mental Health
- Bridges Behavioral Health and Wellness, Inc.
- Community Behavioral Health
- Dorchester County Health Department
- For All Seasons
- Eastern Shore Psychological Services, Inc.
- Army School Behavioral Health
- In-School Community Partnerships
- School-Based Mental Health Centers
- The Children's Guild, Inc.
- PACE Consulting, LLC
- Advanced Behavioral Health
- Innovative Therapeutic Services School-Based Services
- Life Renewal Services
- Behavioral Health and Rape Crisis Center
- Hope Health Systems
- Villa Maria
- Carroll County Youth Services Bureau
- Thrive Behavioral Health
- University of Maryland School Mental Health Programs
- Fusions
- Anne Arundel County Expanded School-Based Mental Health
- Caroline Behavioral Health