Community-Partnered School Behavioral Health Services Programs: Report

Division of Student Support, Academic Enrichment, and Educational Policy

December 2021 Legislative Report

MARYLAND STATE DEPARTMENT OF EDUCATION

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Background

On April 26, 2016, Governor Hogan signed Senate Bill 494 (SB 494), which requires 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

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

In response to SB 494, in 2017, the MSDE's Division of Student Support, Academic Enrichment, and Educational Policy met with representatives from the University of Maryland Center for School Mental Health, the Maryland Department of Health Behavioral Health Administration (BHA), and other stakeholders to collaborate on a reporting system that would meet the requirements of the legislation.

In addition, the legislation also requires 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 the data collection process for the 2020-2021 school year and provide an analysis of the effectiveness of community-partnered school behavioral health services programs (CPSBHSPs).

The legislation defined a CPSBHSP as one 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 school system (LSS) 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 particular schools 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.

Data Collection

An online survey, titled Community-Partnered School Behavioral Health Services Program Survey, was developed (see Appendix B) to request information from LSSs on CPSBHSPs for the 2020-2021 school year. Surveys were distributed to the local mental health coordinator in August 2021. The local coordinator was instructed to complete a separate survey for each CPSBHSP offered by the LSS during the 2020-2021 school year. Respondents were instructed to collaborate with the CPSBHSP supervisor in completion of the survey responses.

The survey requested the following information for the 2020-2021 school year:

- The name of the school system

- Name, title, email address, and telephone number of the person completing the survey

- The name of the community-partnered school behavioral program

- The name of the program supervisor

- The total number of schools in the school system served by the program

- Whether the program served 10 or more students in the school system or fewer than 10 students

- The total number of students in the school system served by the program

- The types of services provided by the program

- The primary concerns that prompted student referrals to the program

- The names of all the standardized assessments/metrics used by the program to monitor student academic progress

- The names of all the standardized assessments/metrics used by the program to monitor student behavioral progress

- The names of all the standardized assessments/metrics used by the program to monitor student social/emotional progress

- The total number of students who participated in the program reported as making academic progress

- The total number of students who participated in the program reported as making behavioral progress

- The total number of students who participated in the program reported as making social/emotional progress

The survey defined standardized assessments and metrics as *student, parent, or teacher-reported measures with standard items and scoring procedures.* Examples provided to respondents included the Outcome Measurement System (OMS) and ratings scales such as the Pediatric Symptom Checklist – 17 (PSC-17) and the Strengths and Difficulties Questionnaire. Other possible assessments/metrics identified in the survey

included academic engagement, office discipline referrals, student attendance, and grades. A key determinant in identifying a standardized assessment or metric was whether the intended outcome was to assess the progress or outcomes of students participating in CPSBHSPs. Progress monitoring was defined as the 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 as progress monitoring measures.

Due to the impact of the COVID-19 pandemic, the 2021 report reflects data from a school year in which many Maryland students engaged with instruction in a virtual environment, outside the school building. The number of students receiving instruction "in-person" varied throughout the school year and across all school settings and age spans. This presented unique challenges for school personnel in identifying and referring students for behavioral health services, as well as challenges for CPSBHSPs in quickly pivoting to a virtual service delivery model. These challenges make it difficult to draw valid conclusions or compare information from this year's report with previous reports.

All 24 LSSs in Maryland completed the survey. Seventy-two survey responses were submitted in total. The survey identified that 59 unique program providers (see Appendix A for a complete listing of program providers identified in the 2021 survey) delivered 89 programs to students across Maryland during the 2020-2021 school year. Please note that some program providers delivered services to multiple LSSs within Maryland, hence the variation between the unique program provider count and, the total number of programs count.

Findings

SERVICES PROVIDED TO, AND PRIMARY REFERRAL CONCERNS FOR STUDENTS SERVED BY COMMUNITY-PARTNERED SCHOOL BEHAVIORAL HEALTH SERVICES PROGRAMS

Of the 72 survey responses received, 91.67% percent of respondents (66 in total) indicated that the program they were reporting on served 10 or more students during the 2019-2020 school year. Of the 72 respondents who reported offering a CPSBHSP that served 10 or more students, 71 also submitted a total count of the students served. These 71 submissions reported offering services to 23,393 students in total across the State. Table 1 outlines the types of services provided by CPSBHSPs and the percentage of respondents offering each service type. Individual counseling for mental health (94 percent), social/emotional concerns (85 percent), and family counseling (79 percent) were the most common service types reported by respondents. Group counseling for substance use concerns (13 percent), substance use treatment programs specifically (14 percent), treatment programs in general (22 percent), individual counseling for substance use concerns (32 percent), and prevention programs (39 percent), were the least common.

Table 2 illustrates the primary referral concerns for students serviced by CPSBHSPs. The most frequent primary concerns prompting student referrals to such programs included anxiety (99 percent), depression (99 percent), traumatic experiences (86 percent), difficulties with social skills (86 percent), low self-esteem (83 percent), and suicidal risk (80 percent).

Table 1. Types of Services Provided to Students by Community-Partnered School Based Behavioral Health Service Programs in 2020-2021

Type of Service	Percent of Respondents Providing Service Type to Students During the 2019-2020 School Year
Individual Counseling for Mental Health Concerns	94%
Individual Counseling for Social/Emotional Concerns	85%
Family Counseling	79%
Group Counseling for Social/Emotional Concerns	51%
Group Counseling for Mental Health Concerns	50%
Prevention Programs	39%
Individual Counseling for Substance Use Concerns	32%
Treatment Programs	22%
Substance Use Treatment Programs	14%
Group Counseling for Substance Use Concerns	13%
Other	22%

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

Types of services listed as "other" by respondents in Table 1 included:

- Professional development for staff

- Positive youth development

- Diagnostic assessments

- Psychiatric services

- Medication management

- Family support groups

- Risk assessments

Table 2. Primary Referral Concerns for Students Serviced by Programs in 2020-2021

Primary Referral Concern	Percent of Students Serviced with Primary Referral Concern During the 2020-2021 School Year
Anxiety	99%
Depression	99%
Traumatic Experience(s)	86%
Difficulties with Social Skills	86%
Low Self-Esteem	83%
Suicidal Risk (Ideation or Attempt)	80%
Aggressive Physical Behavior	66%
Physical or Sexual Abuse	64%
Gender Identity	56%
Eating Disorder(s)	51%
Sexual Orientation	51%
Substance Use	36%

Note: Percentages rounded up to the nearest whole number.

COMMUNITY-PARTNERED SCHOOL BEHAVIORAL HEALTH SERVICES PROGRAMS' USAGE OF STANDARDIZED ASSESSMENTS/METRICS AND MONITORING OF STUDENT ACADEMIC PROGRESS

Respondents indicated that a variety of standardized assessments and metrics were used to monitor student academic progress during the 2020-2021 school year. Table 3 displays the usage of different standardized assessments/metrics by CPSBHSPs. The most prevalent measure used to monitor academic progress was grades (44 percent). No other single standardized assessment or metric was used by a majority of respondents. Forty-four percent of respondents indicated that they did not use any academic measure to monitor student academic progress. Table 4 indicates the percentage of respondents monitoring academic progress during the 2020-2021 school year. Thirty-two percent of respondents did not monitor academic progress and fifty-eight percent of programs reported monitoring academic progress but could not articulate the total number of students who were making progress.

Table 3. Reported Usage of Standardized Assessments and Metrics by Respondents to Monitor Student Academic Progress during the 2020-2021 School Year

Student Academic Progress Standardized Assessments/Metrics	Percent Using Assessment/Metric
Standardized Test Scores	3%
Grades	44%
Class Assignment Completion	8%
Classroom Tests and Quiz Scores	11%
Homework Completion	15%
No Academic Measure Used at This Time	44%
Other	15%

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

Assessments/metrics reported under "other" included:

- Classroom engagement
- Verbal reports from staff, students, and parents

Table 4. Percentage of Respondents Monitoring Student Academic Progress during the 2020-2021 School Year

Monitoring of Academic Progress	Responses
Respondent's program(s) did not monitor academic progress	32%
Respondent's program(s) monitored academic progress, but the number of students making behavioral progress is unknown	58%
Respondent's program(s) monitored academic progress and able to report the total number of students making behavioral progress	8%

Note: Percentages rounded up to the nearest whole number.

COMMUNITY-PARTNERED SCHOOL BEHAVIORAL HEALTH SERVICES PROGRAMS' USAGE OF STANDARDIZED ASSESSMENTS/METRICS AND MONITORING OF STUDENT BEHAVIORAL PROGRESS

Respondents indicated that a variety of standardized assessments and metrics were used to monitor student behavioral progress during the 2020-2021 school year. Table 5 displays the usage of different standardized assessments/metrics by CPSBHSPs. The most prevalent measure used to monitor behavioral progress was school attendance (38 percent). No other single standardized assessment/metric was used by a majority of respondents. The Goal Attainment Scale, Behavior Assessment Scale for Children and Achenbach Child Behavior Checklist were used by fewer than ten percent of respondents. Twenty-six percent of respondents reported using an assessment or metric other than the ones listed in the survey. Twenty-eight percent of respondents indicated that they did not use any behavioral measure to monitor student behavioral progress. Table 6 indicates the percentage of respondents monitoring behavioral progress during the 2020-2021 school year. Eleven percent of respondents did not monitor behavioral progress, whereas sixty-eight percent of programs reported monitoring behavioral progress but could not articulate the total number of students who were making progress.

Table 5. Reported Usage of Standardized Assessments/Metrics Used by Respondents to Monitor Student Behavioral Progress during the 2020-2021 School Year

Student Behavioral Progress Standardized Assessments/Metrics	Percent Using Assessment/Metric
Functional Behavioral Assessment/Behavior Intervention Plan	24%
Goal Attainment Scale	7%
Connors Parent and Teacher Rating Scales	13%
Achenbach Child Behavior Checklist	1%
Behavior Assessment Scale for Children	6%
Outcome Measurement System	21%
School Attendance	38%
Number of Office Referrals	19%
No Behavioral Measure Used at This Time	28%
Other	26%

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

Assessments/metrics reported under "other" included:

- Child Assessment Needs Screening
- Risk Identification Suicide Kit 2
- Piers-Harris Self-Concept Scale
- National Institute for Children's Health Quality Vanderbilt Assessment Scale
- Child and Adolescent Functional Assessment Scale

Table 6. Percentage of Respondents Monitoring Student Behavioral Progress during the 2020-2021 School Year

Monitoring of Behavioral Progress	Responses
Respondent's program(s) did not monitor behavioral progress	11%
Respondent's program(s) monitored behavioral progress, but the number of students making behavioral progress is unknown	68%
Respondent's program(s) monitored behavioral progress and able to report the total number of students making behavioral progress	21%

Note: Percentages rounded up to the nearest whole number.

COMMUNITY-PARTNERED SCHOOL BEHAVIORAL HEALTH SERVICES PROGRAMS' USAGE OF STANDARDIZED ASSESSMENTS/METRICS AND MONITORING OF STUDENT SOCIAL/EMOTIONAL PROGRESS

Respondents indicated that a variety of standardized assessments and metrics were used to monitor student social/emotional progress during the 2020-2021 school year. Table 7 displays the usage of different standardized assessments/metrics by CPSBHSPs. Excluding the category of "other," no single standardized assessment/metric listed in the survey for this question was used by a majority of respondents. The two most prevalent measures used to monitor social/emotional progress were Outcome Measurement System (18 percent) and Beck Depression Inventory (18 percent). The Strengths and Difficulties Questionnaire was used by fewer than ten percent of respondents. Thirty-nine percent of respondents reported using an assessment or metric other than the ones listed in the survey. Twenty-eight percent of respondents indicated that they did not use any social/emotional measure to monitor student social emotional progress. Table 8 indicates the percentage of respondents monitoring behavioral progress during the 2020-2021 school year. Ten percent of respondents did not monitor social emotional progress, sixty-eight percent monitored but could not identify the number of students making progress. Twenty-two percent of respondents reported monitoring behavioral progress and could articulate the total number of students who were making progress.

Table 7. Reported Usage of Standardized Assessments/Metrics Used by Respondents to Monitor Student Social/Emotional Progress during the 2020-2021 School Year

Social/Emotional Progress Standardized Assessments/Metrics	Percent Using Assessment/Metric
Pediatric Symptom Checklist	17%
Strengths and Difficulties Questionnaire	6%
Beck Depression Inventory	18%
Beck Anxiety Inventory	15%
Outcome Measurement System	18%
No Social/Emotional Measure Used at This Time	28%
Other	39%

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

Assessments/metrics reported under "other" included:

- Pier-Harris Self-Concept Scale
- Columbia Impairment Scale
- Child and Adolescent Functional Assessment Scale
- Global Appraisal of Individual Needs
- Patient Depression Questionnaire
- Anxiety Disorder Scale
- Generalized Anxiety Disorder Scale

Table 8. Percentage of Respondents Monitoring Social/Emotional Progress during the 2020-2021 School Year

Monitoring of Social/Emotional Progress	Responses
Respondent's program(s) did not monitor social/emotional progress	10%
Respondent's program(s) monitored social/emotional progress, but the number of students making social/emotional progress is unknown	68%
Respondent's program(s) monitored social/emotional progress and able to report the total number of students making social/emotional progress	22%

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

Summary

Survey results indicate that LSSs continued the use of community-partnered school behavioral health services programs to provide direct services to students during the 2020-2021 school year despite the unique obstacles due to COVID-19. All but one LSS reported partnering with CPSBHSPs. The one system that does not partner indicated that they meet student needs through school-based clinicians employed by the system. The number of unique program providers reported as partnering with LSSs grew from 59 (as reported in the 2019 report) to 62. The total number of students reported as receiving academic, behavioral, and social/emotional services statewide through a CPSBHSP that served 10 or more students reportedly grew from the 2019 report of 22,475 students to 23,393 students in this 2021 report.

Appendices

APPENDIX A: COMMUNITY-PARTNERED PROGRAMS PROVIDING SERVICES TO STUDENTS

Below is a list of community-partnered school behavioral health services programs that were identified in the survey as providing services to students during the 2020-2021 school year.

Advanced Behavioral Health
Advantage Psychological Services
Allegany County Health Department
April May
Associated Catholic Charities
Balance Point Wellness
Bluntly Coached, LLC
Bridges Behavioral Health & Wellness
Brook Lane Health Services
Calvert County Behavioral Health
Caroline County Behavioral Health
Carroll County Youth Services Bureau
Center for Children
Chesapeake Bay Psychological Services
Chesapeake Health Care
Chesapeake Health Care - Mental Health
Chester River Behavioral Health
Children's Guild
Community Behavioral Health
Corsica River Mental Health
Crittenton Services
Eastern Shore Psychological Services
Family Services Incorporated - Sheppard Pratt

For All Seasons
Garrett County Health Department
GIFTS Mental Health Clinic
Harford County Health Department
Hope Health System
Innovative Therapeutic Services
Jewish Social Service Agency - Mindcraft Program
Johns Hopkins Bayview
Key Point Health Services
Life Renewal Services, LLC
Linkages to Learning
Main Street Community Mental Health Center
Maple Shade Youth and Family Services
Mary Center
Mental Health Center of Western Maryland
Pathways 4 Mental Health
Project Chesapeake
Safe Harbor Christian Counseling
San Mar Jack E. Barr Center for Well-Being
School Community-Based Youth Services
School-Based Mental Health Services
Sheppard Pratt Outpatient Mental Health Services of Frederick
Striving for Wellness Together
The Personal Wellness Center
Thrive Behavioral Health
Time Organization
Tri-County Youth Services Bureau
University of Maryland, Baltimore

Upper Bay Counseling
Villa Maria - Anne Arundel
Villa Maria Behavioral Health
Villa Maria Behavioral Health of Frederick County, Catholic Charities
Villa Maria Catholic Charities (Dundalk)
Villa Maria Catholic Charities (West Location)
Villa Maria of Lansdowne - Catholic Charities
Villa Maria of Mountain Maryland
Willow Tree Counseling Center
Worcester County Health Department
Youth Empowerment Source

APPENDIX B: SURVEY

1. Survey Overview and Frequently Asked Questions

Chapter 213 (*Community Partnered School Behavioral Health Services Programs Reporting System and Report*) requires the Maryland State Department of Education (MSDE) to implement a reporting system to determine the effectiveness of community-partnered school behavioral health services programs. The data to be collected includes the name of the community-partnered school behavioral program; number of schools served; types of services provided; primary referral concerns of students; types of assessments/metrics used to monitor students academics, social emotional, and behavioral progress; and number of students making progress according to the metrics. One entry should be made for each community-partner program. All entries are due before September 7, 2021.

Frequently Asked Questions:

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.*

Who should complete the forms?

This form should be completed by the individual within the Local School System who coordinates and provides oversight of the community-partnered school behavioral health services program in collaboration with the community-partnered school behavioral health program supervisor.

How should this form be completed if a system has multiple Programs?

The system level person indicated above should complete and submit a survey for each PROGRAM used by the system. Thus, if the system partners with multiple programs, they will complete multiple surveys, a separate one 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. 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 may also be included. 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 most recent school year, 2020-2021 (between July 1, 2020 through June 30, 2021).

Contact: For questions ab
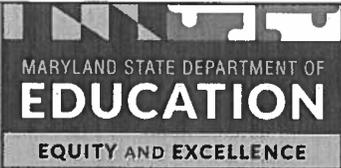
2. Contact Information

* 1. Please identify your school system.

[▲▼]

* 2. Indicate the name and email of person completing form

Full Name: [   ]

Title: [   ]

Email: [   ]

Phone: [   ]

* 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: A form should be completed for each program.*

Full name of Behavioral
Health Program: [   ]

Full name of program
supervisor: [   ]

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3. Program Specifics

4. Provide the total number of schools in the LSS that this program served in 2020-2021.

[   ]

5. Indicate the total number of students in the LSS (all schools combined) that were served by the Program in 2020-2021.

○ Less than 10 total students in the system

○ 10 or more total students in the school system

6. Provide the total number of students in the system (all schools combined) that the program served in 2020-2021.

[   ]

7. Select the types of services provided by the program during the 2020-2021 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 2020-2021 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)

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9. Name all the standardized assessment/metrics used by the program to monitor student <u>academic</u> progress during the 2020-2021 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)

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10. Name all of the standardized assessments/metrics used by the program to monitor student <u>behavioral</u> progress during the 2020-2021 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 <u>social/emotional</u> progress during the 2020-2021 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 <u>academic</u> progress during the 2020-2021 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 <u>behavioral</u> progress during the 2020-2021 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 <u>social/emotional</u> progress during the 2020-2021 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)