Community-Partnered School Behavioral Health Services Programs:

Data Collection, Findings, and Considerations

2022-2023 School Year

Education Article § 7-438, MSAR # 10871

Division of Student Support, Academic Enrichment, and Educational Policy

December 2023

MARYLAND STATE DEPARTMENT OF
EDUCATION
EQUITY AND EXCELLENCE

MARYLAND STATE DEPARTMENT OF EDUCATION

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Background

The Annotated Code of Maryland Education Article § 7-438 requires the Maryland State Department of Education (MSDE), in consultation with local and state stakeholders, to "develop and implement a standardized reporting system to determine the effectiveness of community-partnered school behavioral health services programs" and to "collect data on the outcomes of students who receive behavioral health services from community-partnered school behavioral health services programs, including a student's academic, behavioral, social, and emotional functioning and progress."

In response to Education Article § 7-438, MSDE's Division of Student Support, Academic Enrichment, and Educational Policy met with representatives from the University of Maryland Center for School Mental Health (SMH), 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 requires 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 the requirements of the legislation, this report will describe the data collection process for the 2022-2023 school year and provide an analysis of the effectiveness of community-partnered school behavioral health services program.

The legislation defines a community-partnered school behavioral health services program 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, means "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 specific schools are made at the school or the LEA level. Typically, a memorandum of understanding (MOU) is developed between the school or LEA 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

To obtain data on the effectiveness of community-partnered school behavioral health services programs in Maryland public schools, MSDE staff developed an online survey (see Appendix B) to request information from the LEAs on community-partnered school behavioral health services programs for the 2022-2023 school year. The survey was distributed to local mental health coordinators, who were instructed to complete a separate survey for each community-partnered school behavioral health services program with whom the LEA partnered during the 2022-2023 school year. Respondents were instructed to collaborate with the community-partnered school behavioral health services program supervisor in completion of the survey responses.

The survey requested the following information for the 2022-2023 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 and title of the program supervisor;

- The total number of schools in the LEA served by the program;

- The total number of students in the LEA served by the program, separated by grade level;

- The types of services provided by the program, separated by grade level;

- The primary concerns that prompted student referrals to the program, separated by grade level;

- Types of the progress monitoring metrics used by the program to monitor student academic progress;

- Types of the progress monitoring metrics used by the program to monitor student behavioral progress;

- Types of the progress monitoring 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, separated by grade level;

- The total number of students who participated in the program reported as making behavioral progress, separated by grade level; and

- The total number of students who participated in the program reported as making social-emotional progress, separated by grade level.

The survey defined progress monitoring metrics as: student, parent, or teacher-reported measures, which may be standardized. 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 (SDQ) as well as reports regarding attendance and grades and observations that are collected to assess the progress or outcomes of students. Progress monitoring was defined as the routine collection of data 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.

All 24 LEAs in Maryland completed the survey. One hundred and thirty-two survey responses were submitted in total. The survey identified that 103 unique program providers (see Appendix A for a complete listing of program providers identified in the 2022-2023 survey) delivered programs to students across Maryland during the 2022-

2023 school year. Please note that some program providers delivered services to multiple LEAs 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

There were 1,852 schools served by 103 community-partnered school behavioral health services programs as reported by the 132 respondents. These programs offered services to 38,918 students in total across the State. One LEA provided the total number of students that the programs served and 23 LEAs provided the number of students served by grade level. For those 23 LEAs, there were 12,139 students in kindergarten through fifth grade served by these programs, 6,596 students in sixth through eighth grade, and 9,609 students in ninth through twelfth grade.

Table 1 outlines the types of services provided by community-partnered school behavioral health services programs and the percentage of respondents offering each service type. Overall, individual counseling for mental health (92%), social-emotional concerns (78%), and family counseling (64%) were the most common service types reported by respondents. The least common service types were for group counseling for substance use concerns (8%) and for substance use treatment programs (7%). The most common service provided to kindergarten to fifth grade students was individual counseling for mental health (83%) and the least common was substance use treatment programs (1%). The most common service provided to sixth through eighth grade students was individual counseling for mental health (77%) and the least common was substance use treatment programs (5%). The most common service provided to ninth through twelfth grade students was individual counseling for mental health (74%) and the least common were group counseling for substance use concerns and substance use treatment programs (each 7%).

Table 2 illustrates the referral concerns for students serviced by community-partnered school behavioral health services programs. Overall, the most frequent concerns prompting student referrals to programs were anxiety (92%), depression (83%), and traumatic experiences (78%). The most common referral concern for kindergarten to fifth grade students was anxiety (80%) and the least common concern was substance use (2%). The most common referral concern for sixth through eighth grade students was anxiety (76%) and the least common concern was substance use (15%). The most common referral concern for ninth through twelfth grade students was anxiety (75%) and the least common concern was substance use (20%).

Table 1. Types of Services Provided to Students by Community-Partnered School Based Behavioral Health Service Programs in 2022-2023*

Type of Service	Percent of Respondents Providing Service Type to All Students	Percent of Respondents Providing Service Type to Kindergarten through Fifth Grade Students	Percent of Respondents Providing Service Type to Sixth through Eighth Grade Students	Percent of Respondents Providing Service Type to Ninth through Twelfth Grade Students
Individual Counseling for Mental Health	92%	83%	77%	74%

Type of Service	Percent of Respondents Providing Service Type to All Students	Percent of Respondents Providing Service Type to Kindergarten through Fifth Grade Students	Percent of Respondents Providing Service Type to Sixth through Eighth Grade Students	Percent of Respondents Providing Service Type to Ninth through Twelfth Grade Students
Individual Counseling for Substance Use Concerns	23%	7%	17%	20%
Individual Counseling for Social-Emotional Concerns	78%	69%	64%	61%
Group Counseling for Mental Health Concerns	43%	36%	32%	32%
Group Counseling for Substance Use Concerns	8%	4%	6%	7%
Group Counseling for Social-Emotional	38%	32%	27%	30%
Family Counseling	64%	56%	54%	48%
Family Support Groups	20%	15%	11%	9%
Prevention Programs	20%	14%	15%	17%
Substance Use Treatment Programs	7%	1%	5%	7%
Other Treatment Programs	16%	13%	13%	14%
Psychiatric Services, including Medication Management	50%	45%	42%	42%

Type of Service	Percent of Respondents Providing Service Type to All Students	Percent of Respondents Providing Service Type to Kindergarten through Fifth Grade Students	Percent of Respondents Providing Service Type to Sixth through Eighth Grade Students	Percent of Respondents Providing Service Type to Ninth through Twelfth Grade Students
Risk Assessments	46%	38%	39%	37%

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%.

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

- Alternative to suspension;
- Applied Behavioral Analysis (ABA);
- Care coordination;
- Classroom workshops on social-emotional learning (SEL) topics;
- Community resources;
- Early intervention substance use treatment;
- Expressive therapies;
- Psychosocial assessment;
- Substance use therapy;
- Tier 2 SEL small groups; and
- Youth tobacco cessation.

Table 2. Referral Concerns for Students Serviced by Programs in 2022-2023*

Primary Referral Concern	Percent of Respondents Providing Service Type to Students	Percent of Respondents Providing Service Type to Kindergarten through Fifth Grade Students	Percent of Respondents Providing Service Type to Sixth through Eighth Grade Students	Percent of Respondents Providing Service Type to Ninth through Twelfth Grade Students
Depression	83%	70%	70%	67%
Anxiety	92%	80%	76%	75%
Substance Use	23%	2%	15%	20%

Primary Referral Concern	Percent of Respondents Providing Service Type to Students	Percent of Respondents Providing Service Type to Kindergarten through Fifth Grade Students	Percent of Respondents Providing Service Type to Sixth through Eighth Grade Students	Percent of Respondents Providing Service Type to Ninth through Twelfth Grade Students
Traumatic Experience(s)	78%	68%	64%	61%
Low Self-Esteem	55%	42%	45%	40%
Social Skills Deficit	69%	59%	55%	46%
Suicidal Risk (Ideation or Attempt)	60%	44%	53%	48%
Aggressive Physical Behavior	62%	55%	54%	44%
Physical or Sexual Abuse	36%	28%	30%	30%
Eating Disorder(s)	27%	11%	17%	22%
Gender Identity	41%	17%	35%	35%
Sexual Orientation	32%	11%	23%	27%

Note: Percentages rounded up to the nearest whole number. A student may be referred for multiple concerns. Therefore, the sum of the percentages exceeds 100%.

Types of referral concerns listed as "other" by respondents in Table 2 included:

- Early intervention substance use;
- Academic concerns;
- Attendance;
- Attention-Deficit/Hyperactivity Disorder (ADHD);
- Behaviors associated with autism;
- Disruptive behaviors;
- Family crisis and family issues, such as divorce;
- Grief counseling;

- Poor behavior regulation; and

- Self-injury.

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

Respondents indicated that a variety of metrics were used to monitor student academic progress during the 2022-2023 school year. Table 3 displays the usage of different progress monitoring metrics by community-partnered school behavioral health services programs to measure academic progress. The most prevalent measure used to monitor academic progress was grades/report cards (46%). The least common metric was classroom tests and quiz scores (9%). Thirty-three percent of respondents indicated that they did not use any metric to monitor academic progress.

Table 4 indicates the percentage of respondents monitoring academic progress during the 2022-2023 school year. For kindergarten to fifth grade students, 13% of respondents were able to report on the number of students making academic progress, and 43% of respondents reported that they did not monitor academic progress. For sixth through eighth grade students, 14% of respondents were able to report on the number of students making academic progress and 43% of respondents reported that they did not monitor academic progress. For ninth to twelfth grade students, 13% of respondents were able to report on the number of students making academic progress and 48% of respondents reported that they did not monitor academic progress.

Table 3. Reported Usage of Progress Monitoring Metrics by Respondents to Monitor Student Academic Progress During the 2022-2023 School Year*

Student Academic Progress Monitoring Metrics	Percent of Programs Using Metric
Standardized Test Scores (e.g., Maryland Comprehensive Assessment Program (MCAP), i-Ready, Northwest Evaluation Association Measures of Academic Progress (NWEA MAP))	9%
Grades/Report Cards	46%
Academic Progress Report	37%
Class Assignment Completion	19%
Classroom Tests and Quiz Scores	9%
Homework Completion	15%
Observations of Classroom Engagement	33%
No Academic Measure Used at This Time	33%
Other	20%

Note: Percentages rounded up to the nearest whole number. Multiple progress monitoring metrics are typically used by a program. Therefore, the sum of the percentages exceeds 100%.

Academic progress monitoring metrics reported under "other" included:

- Verbal reports from and communication with staff, students, and parents;

- Daily data sheets;

- IEP meetings and progress reports;

- Vanderbilt Scales;

- Missing assignments; and

- Teacher-Child Rating Scale (T-CRS).

Table 4. Percentage of Respondents Monitoring Student Academic Progress During the 2022-2022 School Year*

Monitoring of Academic Progress	Percent of Respondents for Kindergarten through Fifth Grade Students	Percent of Respondents for Sixth through Eighth Grade Students	Percent of Respondents for Ninth through Twelfth Grade Students
Program did not monitor academic progress	43%	43%	48%
Program monitored academic progress, but the number of students making academic progress is unknown	44%	42%	40%
Program monitored academic progress and able to report the total number of students making academic progress	13%	14%	13%

Note: Percentages rounded up to the nearest whole number.

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

Respondents indicated that a variety of metrics were used to monitor student behavioral progress during the 2022-2023 school year. Table 5 displays the usage of different progress monitoring metrics by community-partnered school behavioral health services programs. The most prevalent measure used to monitor behavioral progress was attendance (36%) and 45% of respondents reported other metrics were used than those listed. The least common metric used was the Achenbach Child Behavior Checklist (2%). Fifteen percent of respondents indicated that they did not use any metric to monitor behavioral progress.

Table 6 indicates the percentage of respondents monitoring behavioral progress during the 2022-2023 school year. For kindergarten to fifth grade students, 17% of respondents were able to report on the number of students

making behavioral progress and 27% of respondents reported that they did not monitor behavioral progress. For sixth through eighth grade students, 20% of respondents were able to report on the number of students making behavioral progress and 29% of respondents reported that they did not monitor behavioral progress. For ninth to twelfth grade students, 18% of respondents were able to report on the number of students making behavioral progress and 32% of respondents reported that they did not monitor behavioral progress.

Table 5. Reported Usage of Progress Monitoring Metrics Used by Respondents to Monitor Student Behavioral Progress During the 2022-2023 School Year*

Student Behavioral Progress Monitoring Metrics	Percent of Programs Using Metric
Goal Attainment Scale (GAS)	3%
Connors Rating Scales	11%
Achenbach Child Behavior Checklist	2%
Behavior Assessment Scale for Children (BASC)	8%
Child Assessment Needs Scale (CANS)	6%
Piers-Harris Self-Concept Scale	1%
Risk Identification Suicide Kit (RISK 2)	11%
NICHQ Vanderbilt Assessment Scale	18%
Child and Adolescent Functional Assessment Scale (CAFAS)	4%
Outcome Measurement System (OMS)	17%
Attendance	36%
Office Referrals	30%
No Behavioral Measure Used at This Time	15%
Other	45%

Note: Percentages rounded up to the nearest whole number. Multiple progress monitoring metrics are typically used by a program. Therefore, the sum of the percentages exceeds 100%.

Behavior progress monitoring metrics reported under "other" included:

- Cross-Cutting Tool;

- Adverse Childhood Experiences (ACEs) Tool;

- Beck Anxiety Inventory (BAI);

- Beck Depression Inventory (BDI);

- Hamilton Anxiety Rating Scale (HAM-A);

- Patient Health Questionnaire (PHQ-9);

- Generalized Anxiety Disorder Scale (GAD-7);

- Columbia Suicide Severity Rating Scale (CSSR-S);

- Urine Analysis;

- Daily data sheets;

- Pediatric Symptom Checklist-17 (PSC-17);

- Therapeutic Alliance Scales for Children (TASC);

- NICHQ Vanderbilt Assessments;

- Child PTSD Symptoms (CPSS-5C);

- Columbia Suicide Severity Rating Scale (CSSR);

- Screen for Child Anxiety Related Disorders (SCARED); and

- Revised Children's Anxiety and Depression Scale (RCADS-25).

Table 6. Percentage of Respondents Monitoring Student Behavioral Progress During the 2022-2023 School Year*

Monitoring of Behavioral Progress	Percent of Respondents for Kindergarten through Fifth Grade Students	Percent of Respondents for Sixth through Eighth Grade Students	Percent of Respondents for Ninth through Twelfth Grade Students
Program did not monitor behavioral progress	27%	29%	32%
Program monitored behavioral progress, but the number of students making behavioral progress is unknown	56%	52%	51%

Monitoring of Behavioral Progress	Percent of Respondents for Kindergarten through Fifth Grade Students	Percent of Respondents for Sixth through Eighth Grade Students	Percent of Respondents for Ninth through Twelfth Grade Students
Program monitored behavioral progress and able to report the total number of students making behavioral progress	17%	20%	18%

Note: Percentages rounded up to the nearest whole number.

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

Respondents indicated that a variety of metrics were used to monitor student social-emotional progress during the 2022-2023 school year. Table 7 displays the usage of different progress monitoring metrics by community-partnered school behavioral health services programs. The most prevalent measure used to monitor social-emotional progress was Generalized Anxiety Disorder Scale (GAD-7) (29%), however, 45% of respondents reported other metrics were used than those listed. The least common metric was the Piers-Harris Self-Concept Scale (0%) followed by the Global Appraisal of Individual Needs (GAIN; 1%). Twenty-five percent of respondents indicated that they did not use any metric to monitor social-emotional progress.

Table 8 indicates the percentage of respondents monitoring behavioral progress during the 2022-2023 school year. For kindergarten to fifth grade students, 20% of respondents were able to report on the number of students making social-emotional progress and 29% of respondents reported that they did not monitor social-emotional progress. For sixth through eighth grade students, 20% of respondents were able to report on the number of students making social-emotional progress and 31% of respondents reported that they did not monitor social-emotional progress. For ninth to twelfth grade students, 20% of respondents were able to report on the number of students making social-emotional progress and 33% of respondents reported that they did not monitor social-emotional progress.

Table 7. Reported Usage of Progress Monitoring Metrics Used by Respondents to Monitor Student Social-Emotional Progress During the 2022-2023 School Year*

Student Social-Emotional Progress Monitoring Metrics	Percent of Programs Using Metric
Pediatric Symptom Checklist-17 (PSC-17)	16%
Strengths and Difficulties Questionnaire (SDQ)	5%
Beck Depression Inventory (BDI)	20%
Beck Anxiety Inventory (BAI)	17%

Student Social-Emotional Progress Monitoring Metrics	Percent of Programs Using Metric
Piers-Harris Self-Concept Scale	0%
Columbia Impairment Scale (CIS)	2%
Child and Adolescent Functional Assessment Scale (CAFAS)	3%
Global Appraisal of Individual Needs (GAIN)	1%
Patient Health Questionnaire (PHQ-9)	27%
Generalized Anxiety Disorder Scale (GAD-7)	29%
Outcome Measurement System (OMS)	12%
No Social-Emotional Measure Used at This Time	25%
Other	45%

Note: Percentages rounded up to the nearest whole number. Multiple progress monitoring metrics are typically used by a program. Therefore, the sum of the percentages exceeds 100%.

Social-emotional progress monitoring metrics reported under "other" included:

- Adverse Childhood Experiences (ACEs) Tool;

- Columbia Suicide Severity Rating Scale (CSSR-S);

- Center for Epidemiological Studies Depression Scale for Children (CES-DC);

- Patient Health Questionnaire-15 (PHQ-15);

- PHQ-9 modified for Adolescents (PHQ-A);

- Child Assessment & Needs Screening (CANS);

- Cross-Cutting Tool;

- Daily data sheets;

- Post Traumatic Stress Disorder Checklist for DSM-5 (PCL-5);

- Patient-Reported Outcome Measures (PROMs);

- Revised Children's Anxiety and Depression Scale (RCADS);

- Teacher-Child Rating Scale (T-CRS); and

- Therapeutic Alliance Scales for Children (TASC).

Table 8. Percentage of Respondents Monitoring Social/Emotional Progress During the 2022-2023 School Year

Monitoring of Social-Emotional Progress	Percent of Respondents for Kindergarten through Fifth Grade Students	Percent of Respondents for Sixth through Eighth Grade Students	Percent of Respondents for Ninth through Twelfth Grade Students
Program did not monitor social-emotional progress	29%	31%	33%
Program monitored social-emotional progress, but the number of students making social-emotional progress is unknown	52%	49%	46%
Program monitored social-emotional progress and able to report the total number of students making social-emotional progress	20%	20%	20%

Note: Percentages rounded up to the nearest whole number.

Summary

This report presents statewide data on the effectiveness of community-partnered school behavioral health services programs in Maryland public schools. After reviewing the data, the following comments are provided for consideration.

Survey results indicate that LEAs continued the use of community-partnered school behavioral health services programs to provide direct services to students during the 2022-2023 school year. All LEAs reported partnering with community-partnered school behavioral health services programs. The number of unique program providers reported as partnering with LEAs grew from 62 (as reported in the 2020-2021 school year report) to 103. The total number of students reported as receiving academic, behavioral, and social/emotional services statewide through a community-partnered school behavioral health services program reportedly grew from 22,475 students during the 2018-2019 school year to 23,393 students during the 2020-2021 school year and 38,918 students during the 2022-2023 school year. One thousand eight hundred and fifty-schools were serviced by community-partnered school behavioral health services programs. Most programs provided individual counseling for either mental health (92%) or social-emotional (78%) concerns. Most students were referred for anxiety (92%), depression (83%), or traumatic experiences (78%).

In terms of academic progress monitoring, many programs utilized grades and report cards (46%) to measure progress, although 33% of programs did not use a measure to monitor academic progress. For behavioral progress monitoring, the most common metric utilized was attendance (36%). Although progress monitoring metrics were used to measure behavioral progress, 15% of programs did not use a measure to monitor behavioral progress. To measure social-emotional progress monitoring, the Generalized Anxiety Disorder Scale (GAD-7; 29%) and the Patient Health Questionnaire (PHQ-9; 7%) were the most common metrics used. Twenty-five percent of programs did not use a measure to monitor social-emotional progress.

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 2022-2023 school year.

Adaptive Teaching and Learning Autism Services	Key Point Health Services
Advanced Behavioral Health, Inc.	KTS Mental Health Group
Advantage Psychiatric Services	Life Renewal Services (LRS)
Allegany County Health Department-Behavioral Health Services	Lighthouse, Inc.
AprilMay Company, Inc.	Linkages to Learning-City of Rockville
Associated Catholic Charities	Linkages to Learning-DHHS &Sheppard Pratt
Avawell	Linkages to Learning-EveryMind
Balance Point Wellness	Linkages to Learning-Sheppard Pratt
Behavioral Health, Worcester County Health Department	Linkages to Learning-YMCA Youth and Family Services
Bluntly Coached, LLC	Main Street Mobile Treatment
Bodhi Counseling	Maple Shade Youth & Family Services, Inc.
Bridge To Wellness-DHHS -EveryMind	Maryland Family Resource, Inc.
Bridge To Wellness-DHHS -Sheppard Pratt	Mental Health Center of Western Maryland, Inc
Bridge To Wellness-DHHS -YMCA	Minary's Dream Alliance/ Club FEAR
Brighter Hope Wellness	Mosaic Counseling
Brooklane Health Services, Inc.	New Vision Counseling Center
Better Tomorrow Starts Today	Peace Of Mind
C&C Advocacy	Potomac Community Services
Calvert County Behavioral Health	Progress and Learning Autism
Caroline County Behavioral Health	QCI Behavioral Health

Carroll County Youth Service Bureau (CCYSB)	Safe Harbor Community Services
Catholic Charities- Villa Maria	San Mar Children's Home, Inc. /d/b/a Jack E. Barr Center for Well-Being at San Mar
Center for Children	Sheppard Pratt and Way Station
Channel Marker, Inc.	Sheppard Pratt
Chesapeake Health Care	Sheppard Pratt Family Services
Children's Guild	Sheppard Pratt Outpatient Mental Health Service of Frederick
Choptank Community Health	Sheppard Pratt/ Way Station Outpatient Mental Health Center
Coastal Counseling	Striving For Wellness Together LLC
Community Behavioral Health	T.I.M.E. Behavioral Health Services
Congruent Counseling Services	Talbot Child Psychology, LLC
Constance Pullen	The Children's Guild
Corsica River Mental Health Services, Inc.	The Orenda Center of Wellness
Creative Counseling LLC	The Personal Wellness Center
Crisis Response Team, Worcester County Health Department	The Wellness Center, LLC
Discovering Serenity Counseling Services School Based Program	Therapeutic Connections
Dorchester County Public Schools/Local Management Board	Thrive Behavioral Health
Dr. Kevin Geiss	TIME Organization
Empowering Minds Resource Center	Tobacco Prevention and Smoking Cessation Program, Worcester County Health Department
Evolve Mental Wellness	Tressa Bell Burton, LLC
Families First Counseling and Psychiatry	Tri-County Youth Services Bureau/Center for Children
For All Seasons	United Counseling

Fresh Start Therapeutic Services

University of Maryland at Baltimore

Garrett County Health Department - School Based Mental Health Therapists

Upper Bay

Gifts, LLC

Upper Bay Counseling & Support Services

Harford County Health Department, Bureau of Behavioral Health

Villa Maria

Hope Health Systems

Villa Maria of Mountain Maryland

Hospice of Washington County

Wicomico County Health Department

Inner County Outreach

Willow Tree Counseling Center

Innovative Therapeutic Services

WrapAround Maryland

Interdynamics, Inc.

YouMe Healthcare

Johns Hopkins Bayview Medical Center

Youth Empowerment Source (YES)

Kent County Health Department

APPENDIX B: MARYLAND STATE DEPARTMENT OF EDUCATION COMMUNITY-PARTNERED SCHOOL BEHAVIORAL HEALTH SERVICES PROGRAMS SURVEY 2022-2023 SCHOOL YEAR

Maryland State Department of Education Community-Partnered School Behavioral Health Services Programs Survey 2022-2023 School Year

Background

The Annotated Code of Maryland Education Article §7-438 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. *This report occurs every 2 years.* The data to be collected include the name of the community-partnered school behavioral program; number of schools served; number of students served; types of services provided; primary referral concerns of students; types of progress monitoring metrics used to monitor students' academic, social-emotional, and behavioral progress; and number of students making progress according to those metrics.

Surveys should be completed by the individual within the local education agency (LEA) who coordinates community-partnered school behavioral health services program in collaboration with the community-partnered school behavioral health program supervisor.

One entry should be made for each community-partner program.

Please complete the survey items based upon the data that have been collected from the 2022-2023 school year. All entries are due by August 31, 2023.

Contact: For any questions about the survey, please contact Christen Fanelli at christen.fanelli@maryland.gov or 410-767-0288.

> ## Maryland State Department of Education Community-Partnered School Behavioral Health Services Programs Survey 2022-2023 School Year
>
> ### Frequently Asked Questions (FAQ)

Frequently Asked Questions:

- **What is a community-partnered school behavioral health program?**

A community-partnered school behavioral health program is a program or service provided by a community mental health agency/organization, licensed mental health clinician, or outpatient mental health center 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 LEA 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 community-partnered school behavioral health services programs?**

The system level person indicated above should complete and submit a survey for each community-partnered school behavioral health services program used by the system. Thus, if the system partners with multiple community-partnered school behavioral health services programs, they will complete multiple surveys, a separate one for each community-partnered school behavioral health services 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 is progress monitoring?**

Progress monitoring refers to routinely collecting data at multiple times to monitor a student's progress by a community-partnered behavioral health provider. *This form asks about progress monitoring metrics used routinely throughout treatment. Data collected only at intake should not be included.*

- **What are progress monitoring metrics?**

Progress monitoring metrics include student, parent, or teacher-reported measures, which may be standardized, such as rating scales like the Pediatric Symptom Checklist - 17 (PSC-17), the Strengths and Difficulties Questionnaire (SDQ), reports regarding attendance and grades, or the Outcome Measurement System (OMS). Any observations that are collected to assess the progress or outcomes of students participating in community-partnered school behavioral health services programs may also be included.

Maryland State Department of Education Community-Partnered School Behavioral Health Services Programs Survey 2022-2023 School Year

LEA and Program Contact Information

* 1. Local Education Agency

* 2. Please provide contact information for the individual completing this survey.

Name

Title

Email Address

Phone Number

* 3. Enter the name of the community-partnered school behavioral health program for which you are responding. For a definition of a community-partnered school behavioral health services program, see the FAQ.

Reminder: A separate form should be completed for each program.

Full name of
Behavioral Health
Program:

Name and Title of
Program Supervisor:

Maryland State Department of Education Community-Partnered School Behavioral Health Services Programs Survey 2022-2023 School Year

Program Specifics

* 4. Provide the total number of schools in the LEA that this community-partnered school behavioral health services program served during the 2022-2023 school year.

* 5. Provide the number of students in the LEA (all schools combined) that the community-partnered school behavioral health services program served during the 2022-2023 school year.

Number of K-5th grade students

Number of 6th-8th grade students

Number of 9th-12th grade students

* 6. Select the types of services provided by the community-partnered school behavioral health services program during the 2022-2023 school year (select all that apply).

	K-5th grade	6th-8th grade	9th-12th grade
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	☐	☐	☐
Family Support Groups	☐	☐	☐
Prevention Programs	☐	☐	☐
Substance Use Treatment Programs	☐	☐	☐
Other Treatment Programs	☐	☐	☐
Psychiatric Services, including Medication Management	☐	☐	☐
Risk Assessments	☐	☐	☐

Other (please specify)

* 7. Identify the primary concerns that prompted student referrals to the community-partnered school behavioral health services program during the 2022-2023 school year (select all that apply).

	K-5th grade	6th-8th grade	9th-12th grade
Depression	☐	☐	☐
Anxiety	☐	☐	☐
Substance Use	☐	☐	☐
Traumatic Experience(s)	☐	☐	☐
Low Self-Esteem	☐	☐	☐
Social Skills Deficits	☐	☐	☐
Suicidal Risk (Ideation or Attempts)	☐	☐	☐
Aggressive Physical Behavior	☐	☐	☐
Physical or Sexual Abuse	☐	☐	☐
Eating Disorder(s)	☐	☐	☐
Gender Identity	☐	☐	☐
Sexual Orientation	☐	☐	☐

Other (please specify)

[   ]

* 8. Identify all the progress monitoring metrics used by the community-partnered school behavioral health services program to monitor student **academic** progress during the 2022-2023 school year (select all that apply).

☐ Standardized Test Scores (e.g., MCAP, i-Ready, NWEA MAP)

☐ Grades/Report Cards

☐ Academic Progress Report

☐ Class Assignment Completion

☐ Other (please specify)

☐ Classroom Tests and Quiz Scores

☐ Homework Completion

☐ Observations of Classroom Engagement

☐ No Academic Measure used to Monitor Student Progress at this Time

[   ]

* 9. Identify all of the progress monitoring metrics used by the community-partnered school behavioral health services program to monitor student **behavioral** progress during the 2022-2023 school year (select all that apply).

☐ Goal Attainment Scale (GAS)

☐ Connors Rating Scale

☐ Achenbach Child Behavior Checklist

☐ Behavior Assessment Scale for Children (BASC)

☐ Child Assessment Needs Scale (CANS)

☐ Piers-Harris Self-Concept Scale

☐ Risk Identification Suicide Kit (RISK 2)

☐ Other (please specify)

☐ NICHQ Vanderbilt Assessment Scale

☐ Child and Adolescent Functional Assessment Scale (CAFAS)

☐ Outcome Measurement System (OMS)

☐ Attendance

☐ Office Referrals

☐ No Behavioral Measure used to Monitor Student Progress at this Time

[   ]

* 10. Identify all the progress monitoring metrics used by the community-partnered school behavioral health services program to monitor student **social-emotional** progress during the 2022-2023 school year (select all that apply).

☐ Pediatric Symptom Checklist-17 (PSC-17)

☐ Strengths and Difficulties Questionnaire (SDQ)

☐ Beck Depression Inventory (BDI)

☐ Beck Anxiety Inventory (BAI)

☐ Piers-Harris Self-Concept Scale

☐ Columbia Impairment Scale (CIS)

☐ Child and Adolescent Functional Assessment Scale (CAFAS)

☐ Global Appraisal of Individual Needs (GAIN)

☐ Patient Health Questionnaire (PHQ-9)

☐ Generalized Anxiety Disorder Scale (GAD-7)

☐ Outcome Measurement System (OMS)

☐ No Social-Emotional Measure used to Monitor Student Progress at this Time

☐ Other (please specify)

[   ]

* 11. Enter the total number of **K-5th grade** students who participated in this community-partnered school behavioral health services program who were reported as making **academic** progress during the 2022-2023 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).

[   ]

* 12. Enter the total number of **6th-8th grade** students who participated in this community-partnered school behavioral health services program who were reported as making **academic** progress during the 2022-2023 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 **9th-12th grade** students who participated in this community-partnered school behavioral health services program who were reported as making **academic** progress during the 2022-2023 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).

[ ]

* 14. Enter the total number of **K-5th grade** students who participated in this community-partnered school behavioral health services program who were reported as making **behavioral** progress during the 2022-2023 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).

[ ]

* 15. Enter the total number of **6th-8th grade** students who participated in this community-partnered school behavioral health services program who were reported as making **behavioral** progress during the 2022-2023 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).

[ ]

* 16. Enter the total number of **9th-12th grade** students who participated in this community-partnered school behavioral health services program who were reported as making **behavioral** progress during the 2022-2023 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).

[ ]

* 17. Enter the total number of **K-5th grade** students who participated in this community-partnered school behavioral health services program who were reported as making **social-emotional** progress during the 2022-2023 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).

[ ]

* 18. Enter the total number of **6th -8th grade** students who participated in this community-partnered school behavioral health services program who were reported as making **social-emotional** progress during the 2022-2023 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).

[ ]

* 19. Enter the total number of **9th-12th grade** students who participated in this community-partnered school behavioral health services program who were reported as making **social-emotional** progress during the 2022-2023 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).

[ ]