



# Community-Partnered School Behavioral Health Services Programs

2024-2025 Data Collection, Findings, and Considerations  
Education Article § 7-438

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## MARYLAND STATE DEPARTMENT OF EDUCATION

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## Background

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**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 2024-2025 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

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**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 2024-2025 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 2024-2025 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 2024-2025 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 and the SEED School in Maryland completed the survey. One hundred and eighty-five survey responses were submitted in total. The survey identified that 131 unique program providers (see Appendix A for a complete listing of program providers identified in the 2024-2025 survey) delivered programs to students across Maryland during the 2024-2025 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 1,421 schools served by 131 community-partnered school behavioral health services programs as reported by 185 respondents. These programs offered services to 94,413 students in total across the State. For the 24 LEAs and the SEED School, there were 36,826 students in kindergarten through fifth grade served by these programs, 24,540 students in sixth through eighth grade, and 33,047 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 (82%), social-emotional concerns (72%), and family counseling (57%) were the most common service types reported by respondents. The least common service types were for group counseling for substance use concerns (13%) and for substance use treatment programs (11%). The most common service provided to kindergarten to fifth grade students was individual counseling for mental health (70%) and the least common was group counseling for substance use concerns (3%). The most common service provided to sixth through eighth grade students was individual counseling for mental health (64%) and the least common was substance use treatment programs (8%). The most common service provided to ninth through twelfth grade students was individual counseling for mental health (62%) and the least common was substance use treatment programs (10%).

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 (83%), depression (81%), traumatic experiences and social skills deficit (each at 73%). The most common referral concern for kindergarten to fifth grade students was anxiety (67%) and the least common concern was substance use (8%). The most common referral concern for sixth through eighth grade students was depression (63%) and the least common concern was sexual orientation (9%). The most common referral concern for ninth through twelfth grade students was anxiety and depression (each at 65%) and the least common concern was eating disorders (20%).

**Table 1. Types of Services Provided to Students by Community-Partnered School Based Behavioral Health Service Programs in 2024-2025\***

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
<b>Individual Counseling for Mental Health</b>	82%	70%	64%	62%

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
<b>Individual Counseling for Substance Use Concerns</b>	27%	6%	16%	24%
<b>Individual Counseling for Social-Emotional Concerns</b>	72%	61%	57%	54%
<b>Group Counseling for Mental Health Concerns</b>	43%	34%	33%	30%
<b>Group Counseling for Substance Use Concerns</b>	13%	3%	9%	11%
<b>Group Counseling for Social-Emotional</b>	49%	32%	33%	33%
<b>Family Counseling</b>	57%	49%	44%	42%
<b>Family Support Groups</b>	23%	17%	15%	16%
<b>Prevention Programs</b>	24%	17%	17%	18%
<b>Substance Use Treatment Programs</b>	11%	4%	8%	10%
<b>Other Treatment Programs</b>	10%	9%	8%	8%
<b>Psychiatric Services, including Medication Management</b>	48%	43%	39%	38%
<b>Risk Assessments</b>	46%	36%	36%	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:

- After-school programs;
- Applied Behavior Analysis;
- Behavior health education;
- Bereavement Counseling, individual and group counseling;
- Bullying Education and Counseling;
- Case Management;
- Evaluations and Treatment Plans referrals to outside more intense programs;
- Family and Community Engagement;
- Family and Couples Counseling;
- Grief Counseling;
- Group counseling -mental and behavioral health;
- Groups and individual therapy for LGBTQ students;
- Information Sessions;
- Medication Management;
- Mental Wellness App;
- Mentoring;
- Mobile Treatment;
- Peer to Peer Mediation;
- Psychiatric Rehabilitation Program;
- Psychological Evaluations;
- Restorative Circles Community Conferencing;
- Self-care App;
- Skill Development groups;
- Strengthening Families;
- Student Support Meetings;
- Testing Services;
- Threat Assessments; and
- Trauma Treatment.

**Table 2. Referral Concerns for Students Serviced by Programs in 2024-2025\***

<b>Primary Referral Concern</b>	<b>Percent of Respondents Providing Service Type to Students</b>	<b>Percent of Respondents Providing Service Type to Kindergarten through Fifth Grade Students</b>	<b>Percent of Respondents Providing Service Type to Sixth through Eighth Grade Students</b>	<b>Percent of Respondents Providing Service Type to Ninth through Twelfth Grade Students</b>
<b>Depression</b>	81%	56%	63%	65%
<b>Anxiety</b>	83%	67%	56%	65%
<b>Substance Use</b>	32%	8%	18%	30%
<b>Traumatic Experience(s)</b>	73%	56%	55%	58%
<b>Low Self-Esteem</b>	66%	50%	50%	51%
<b>Social Skills Deficit</b>	73%	61%	51%	50%
<b>Suicidal Risk (Ideation or Attempt)</b>	50%	26%	37%	43%

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
<b>Aggressive Physical Behavior</b>	59%	50%	42%	38%
<b>Physical or Sexual Abuse</b>	34%	26%	24%	29%
<b>Eating Disorder(s)</b>	24%	11%	18%	20%
<b>Gender Identity</b>	29%	10%	21%	26%
<b>Sexual Orientation</b>	31%	9%	9%	28%

*\*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:

- Acculturation Stress;
- Attention Deficit Hyperactivity Disorder (ADHD) ;
- Anger Management;
- Attendance;
- Autism Related Concerns;
- Behavior Issues;
- Benefit Assistance;
- Bereavement;
- Bullying, Harassment and Intimidation;
- Complex medical issues requiring mental health support;
- Emotional Dysregulation;
- Executive functioning;
- Family, Peer and Relationship Issues;
- Food Insecurity;
- Grief/Loss;
- Housing Financial Assistance;
- Impulsive Behaviors;
- Oppositional Defiant Disorder;
- Physical Violence;
- Post Traumatic Stress Disorder;
- School Avoidance;
- Self-harm;
- Separation/Divorce;
- Summer camp; and
- Transitions.

### **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 2024-2025 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 academic progress reports (32%). The least common metric was classroom tests and quiz scores (5%). Forty-five 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 2024-2025 school year. For kindergarten to fifth grade students, 13% of respondents were able to report on the number of students making academic progress, and 57% of respondents reported that they did not monitor academic progress. For sixth through eighth grade students, 11% of respondents were able to report on the number of students making academic progress and 62% 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 60% 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 2024-2025 School Year\***

<b>Student Academic Progress Monitoring Metrics</b>	<b>Percent of Programs Using Metric</b>
<b>Standardized Test Scores (e.g., Maryland Comprehensive Assessment Program (MCAP), i-Ready, Northwest Evaluation Association Measures of Academic Progress (NWEA MAP))</b>	8%
<b>Grades/Report Cards</b>	20%
<b>Academic Progress Report</b>	32%
<b>Class Assignment Completion</b>	10%
<b>Classroom Tests and Quiz Scores</b>	5%
<b>Homework Completion</b>	9%
<b>Observations of Classroom Engagement</b>	23%
<b>No Academic Measure Used at This Time</b>	45%
<b>Other</b>	15%

*\*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:

- Academic goal sheet and credit recovery;
- Attendance;
- Check ins with teachers;
- Collaboration with teachers;
- Credit Recovery;
- Daily progress monitoring sheets;
- Discipline referrals, suspensions;
- IEP Meetings and Family or School Staff Report and Updates;
- In App Survey;
- Nessy Learning;
- Per student, parent and teacher report;

- Special Education MTSS Meetings;
- Treatment Plan Goals;
- Use of Greenspace by ABH for measurement-based care.

**Table 4. Percentage of Respondents Monitoring Student Academic Progress During the 2024-2025 School Year\***

<b>Monitoring of Academic Progress</b>	<b>Percent of Respondents for Kindergarten through Fifth Grade Students</b>	<b>Percent of Respondents for Sixth through Eighth Grade Students</b>	<b>Percent of Respondents for Ninth through Twelfth Grade Students</b>
<b>Program did not monitor academic progress</b>	57%	62%	60%
<b>Program monitored academic progress, but the number of students making academic progress is unknown</b>	30%	27%	27%
<b>Program monitored academic progress and able to report the total number of students making academic progress</b>	13%	11%	13%

\* Note: Percentages rounded up to the nearest whole number.

Respondents indicated that a variety of metrics were used to monitor student behavioral progress during the 2024-2025 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 (30%) and 27% of respondents reported other metrics were used than those listed. The least common metric used was the Achenbach Child Behavior Checklist (1%). Twenty-three 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 2024-2025 school year. For kindergarten to fifth grade students, 23% of respondents were able to report on the number of students making behavioral progress and 37% of respondents reported that they did not monitor behavioral progress. For sixth through eighth grade students, 19% of respondents were able to report on the number of students making behavioral progress and 40% of respondents reported that they did not monitor behavioral progress. For ninth to twelfth grade students, 21% of respondents were able to report on the number of students making behavioral progress and 37% 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 2024-2025 School Year\***

<b>Student Behavioral Progress Monitoring Metrics</b>	<b>Percent of Programs Using Metric</b>
<b>Goal Attainment Scale (GAS)</b>	15%
<b>Connors Rating Scales</b>	15%
<b>Achenbach Child Behavior Checklist</b>	1%
<b>Behavior Assessment Scale for Children (BASC)</b>	18%
<b>Child Assessment Needs Scale (CANS)</b>	8%
<b>Piers-Harris Self-Concept Scale</b>	2%
<b>Risk Identification Suicide Kit (RISK 2)</b>	9%
<b>NICHQ Vanderbilt Assessment Scale</b>	17%
<b>Child and Adolescent Functional Assessment Scale (CAFAS)</b>	3%
<b>Outcome Measurement System (OMS)</b>	11%
<b>Attendance</b>	30%
<b>Office Referrals</b>	27%
<b>No Behavioral Measure Used at This Time</b>	23%
<b>Other</b>	27%

*\*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:

- Agency Developed Client Satisfaction Surveys;
- Agency uses their own Prevention Quality Indicators (PQI) System;
- Brief Assessment of Recovery Capital;
- Case notes;
- Child ADHD SNAP IV Parent Report and teacher feedback;
- Clinician documented progress toward treatment goals and objectives;

- Cognitive Skills Quotient (CSQ);
- Strengths and Difficulties Questionnaire (SDQ);
- Devereux Early Childhood Assessment, Clinical Form (DECA-C);
- Coping with Children's Negative Emotions Scale (CCNES);
- Descriptive behavioral data;
- Evidence-based practice (EBP) Pre and Post Assessments;
- Goal setting;
- Greenspace provides many assessment tools that clinicians have started to use;
- Group Evaluation Tool Developed by Agency;
- In app check-ins;
- Internal Symptom rating scale;
- Life Skills Training Questionnaire (LSTQ) ;
- Mental Health Screener;
- National Center for School Mental Health (NCSMH) Survey;
- NORC Pre Post Evaluation of Parent Child Behavior Change;
- OHIO Youth Assessment;
- Patient Health Questionnaire;
- Pediatric Symptoms Checklist;
- Columbia-Suicide Severity Rating Scale (C-SSRS);
- Pediatric Symptom Checklist (PSC);
- Reports from teachers, administration, counselors and parents;
- Sheppard Pratt comprehensive library of treatment decisions plans and interventions;
- Student Subjective Wellbeing Questionnaire;
- Substance Use Recovery Evaluator (SURE);
- Threat Assessments; and
- Unified protocol trauma focused on Cognitive Behavioral Therapy (CBT).

**Table 6. Percentage of Respondents Monitoring Student Behavioral Progress During the 2024-2025 School Year\***

<b>Monitoring of Behavioral Progress</b>	<b>Percent of Respondents for Kindergarten through Fifth Grade Students</b>	<b>Percent of Respondents for Sixth through Eighth Grade Students</b>	<b>Percent of Respondents for Ninth through Twelfth Grade Students</b>
<b>Program did not monitor behavioral progress</b>	37%	40%	37%
<b>Program monitored behavioral progress, but the number of students making behavioral progress is unknown</b>	40%	41%	42%
<b>Program monitored behavioral progress and able to report the total number of students making behavioral progress</b>	23%	19%	21%

\*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 2024-2025 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 the Generalized Anxiety Disorder Scale (GAD-7; 35%) and the Patient Health Questionnaire (PHQ-9; 35%). However, 34% of respondents reported other metrics were used than those listed. The least common metric was the Piers-Harris Self-Concept Scale (1%) followed by the Global Appraisal of Individual Needs (GAIN; 2%). Twelve 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 2024-2025 school year. For kindergarten to fifth grade students, 31% 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, 28% of respondents were able to report on the number of students making social-emotional progress and 32% of respondents reported that they did not monitor social emotional progress. For ninth to twelfth grade students, 28% 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.

**Table 7. Reported Usage of Progress Monitoring Metrics Used by Respondents to Monitor Student Social Emotional Progress During the 2024-2025 School Year\***

<b>Student Social-Emotional Progress Monitoring Metrics</b>	<b>Percent of Programs Using Metric</b>
<b>Pediatric Symptom Checklist-17 (PSC-17)</b>	36%
<b>Strengths and Difficulties Questionnaire (SDQ)</b>	7%
<b>Beck Depression Inventory (BDI)</b>	18%
<b>Beck Anxiety Inventory (BAI)</b>	12%
<b>Piers-Harris Self-Concept Scale</b>	1%
<b>Columbia Impairment Scale (CIS)</b>	6%
<b>Child and Adolescent Functional Assessment Scale (CAFAS)</b>	6%
<b>Global Appraisal of Individual Needs (GAIN)</b>	2%
<b>Patient Health Questionnaire (PHQ-9)</b>	35%
<b>Generalized Anxiety Disorder Scale (GAD-7)</b>	35%
<b>Outcome Measurement System (OMS)</b>	15%
<b>No Social-Emotional Measure Used at This Time</b>	12%
<b>Other</b>	34%

*\*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:

- Behavior Assessment System for Children (BASC);
- Brief Assessment of Recovery Capital;
- Brief Revised Working Alliance Inventory;
- Center for Epidemiological Studies Depression Scale for Children (CES-DC);
- Child and Adolescent Trauma Screen (CATS) Assessment;
- Child Behavior Checklist (CBCL);
- Child Post-Traumatic Stress Disorder (PTSD) Symptom Scale;
- Clinician documented progress toward treatment goals and objectives;
- Cognitive Skills Quotient (CSQ);
- Columbia-Suicide Severity Rating Scale (C-SSRS);
- Conners ADHD and Child Trauma Screen PTSD;
- Devereux Early Childhood Assessment, Clinical Form (DECA-C);
- Evidence-based practice (EBP) Pre and Post Assessments;
- Greenspace - variety of measurement tools to assess anxiety depression and behavioral functioning;
- In-App check ins;
- Internal Symptom Rating Scale;
- Mood Disorder questionnaire;
- Mood Screening;
- National Center for School Mental Health (NCSMH) Survey;
- NORC Pre Post Evaluation of Parent Child Behavior Change;
- OHIO Youth Assessment;
- Patient Health Questionnaire for Adolescents (PHQ-A);
- Pediatric Emotional Distress Scale;
- Pediatric Symptom Checklist;
- PEDS PCL Post Traumatic Stress Disorder Checklist;
- Positive Youth Development Inventory (PYDI);
- Restorative Circles;
- Revised Child Anxiety and Depression Scale (RCADS);
- Screen for Child Anxiety Related Disorders (SCARED);
- Session Rating Scale;
- Sheppard Pratt comprehensive library of treatment decisions plans and interventions;
- Spence Children's Anxiety;
- Strengths and Difficulties Questionnaire (SDQ);
- Substance Use Recovery Evaluator;
- Teacher Report Forms;
- Teen Mental Health First Aid (tMHFA) Evaluations;
- Trauma assessments;
- Treatment Plans; and
- World Health Organization Disability Assessment Schedule (WHODAS).

**Table 8. Percentage of Respondents Monitoring Social/Emotional Progress During the 2024-2025 School Year**

<b>Monitoring of Social Emotional Progress</b>	<b>Percent of Respondents for Kindergarten through Fifth Grade Students</b>	<b>Percent of Respondents for Sixth through Eighth Grade Students</b>	<b>Percent of Respondents for Ninth through Twelfth Grade Students</b>
<b>Program did not monitor social-emotional progress</b>	29%	32%	31%
<b>Program monitored social-emotional progress, but the number of students making social-emotional progress is unknown</b>	40%	40%	41%
<b>Program monitored social-emotional progress and able to report the total number of students making social-emotional progress</b>	31%	28%	28%

*\*Note: Percentages rounded up to the nearest whole number.*

## Summary

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**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 2024-2025 school year. All LEAs and the SEED School 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 131. 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 23,393 students during the 2020-2021 school year to 94,413 during the 2024-2025 school year. One thousand four hundred and twenty-one schools were serviced by community-partnered school behavioral health services programs. Most programs provided individual counseling for either mental health (82%) or social-emotional (72%) concerns. Most students were referred for anxiety (83%), depression (81%), or traumatic experiences (73%).

In terms of academic progress monitoring, many programs utilized academic progress reports, grades and report cards (combined 52%) to measure progress, although 45% of programs did not use a measure to monitor academic progress. For behavioral progress monitoring, the most common metric utilized was attendance (30%). Although progress monitoring metrics were used to measure behavioral progress, 23% of programs did not use a measure to monitor behavioral progress. To measure social-emotional progress monitoring, the Generalized Anxiety Disorder Scale (GAD-7; 35%) and the Patient Health Questionnaire (PHQ-9; 35%) were the most common metrics used. Twelve percent of programs did not use a measure to monitor social-emotional progress.

# Appendices

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## 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 2024-2025 school year

Achieving True Self	Changing Tides Therapeutic & Consultative Services
Advanced Behavioral Health	Chesapeake Bay Psychological Services LLC
Advantage Psychiatric Services	Chesapeake Health Care
All Walks of Life	Child Advocacy Center of Frederick County
Allegany County Health Department (ACHD)	Children's Guild
Anchor Counseling Centers	Choptank Behavioral Health
April May	Chris Dwyer
ARCSM	Coastal Counseling, LLC
Ascend Mental Health	Community Mediation Center of Calvert County
Aspire Life Center LLC	Community Wellness Center
Associated Catholic Charities (Villa Maria)	Congruent Counseling Services
Avawell	Constance Pullen, LCSW-C
Backpack Healthcare	Corsica River Mental Health, Inc.
Barstow Acres	Creative Counseling LLC
Bell-Burton Institute	Creative Space Child Therapy, LLC
Boys and Girls Club of Southern Maryland	Dorchester County Health Department - Mental Health
Brighter Stronger Foundation	East John Youth Center
Brook Lane	Empowering Minds Resource Center
BTST (Better Tomorrow Starts Today)	Eva Life Giver
C&C Advocacy	EveryMind
Calvert County Health Department	Evolve Mental Wellness
Caring Matters	Expanding Horizons Counseling and Wellness
Caroline County Behavioral Health	Families First Counseling and Psychiatry
Carolyn Parker, LCSW	Family Healthcare of Hagerstown
Carroll County Youth Service Bureau (CCYSB)	For All Seasons, LLC
CASA, Inc.	Frederick Health Hospice
Center for Children	Fresh Start Therapeutic Services
Changing Lives at Home	

Garrett County Behavioral Health Authority  
Gifts, LLC  
Green Valley Therapy  
Harvesting Hope Youth and Family Wellness Inc  
Hazel Health  
Holistic Health  
Hope Health Systems  
Hospice of Washington County  
Hyacinth Wellness  
iMind Behavioral Health  
Inner County Outreach  
Inner County Outreach Mental Health  
Innovative Therapeutic Services  
Interdynamics, Inc.  
Jack E. Barr Center for Well-Being at San Mar  
Jewish Social Services Agency (JSSA)  
Johns Hopkins Bayview Medical Center  
Journey's Behavioral Health  
Kent County Dept of Health- Outpatient Mental Health Center  
Kevin P Geis. PhD, LLC.  
Key Point Health Services, Inc.  
KTS Mental Health Group  
KTS Mental Health Group  
La Clinica de Pueblo  
Life Renewal Services  
Lighthouse Inc.  
Lotus Life Therapy, LLC  
Luminis Behavioral Health  
Main Street Mobile Treatment  
Maple Shade Youth and Family Services, Inc.  
Maryland Family Resource  
Marys Center

Medicalincs/Healthlincs  
Montgomery County Department of Health and Human Services: Learning and Bridge to Wellness, and School and Community Youth Services  
Mosaic Counseling and Wellness  
Mountain Laurel Medical Center  
New Day New Start Behavioral Health  
New Vision Counseling Center  
Our Minds Matter  
Parent Encouragement Program (PEP) Family Resiliency Program  
Pathways Inc  
Peace Of Mind  
Potomac Community Services  
Progress and Learning Autism Network  
Prosper App UNEO  
QCI Behavioral Health  
Rise Counseling & Wellness Group  
Rising Wellness  
Safe Harbor Community Services  
Shay Pratt  
Sheppard Pratt DBA Family Services  
SMYAL  
Striving for Wellness Together, LLC.  
T.I.M.E. Organization  
Talbot Child Psychology  
The Children's Guild  
The Lourie Center for Children's Social and Emotional Wellness  
The Mental Health Center of Western Maryland  
The Orenda Center of Wellness  
The Personal Wellness Center  
The Wellness Center  
Thrive Behavioral Health

Tidemark Intervention Services  
Time Organization  
Transition Counseling and Mentoring Services  
Tree of Hope  
Uneo Health  
United Counseling LLC  
University of Maryland School Mental Health Program

Upper Bay Counseling and Support Services  
Villa Maria Behavioral Health  
Wicomico County Health Department  
Willow Tree Counseling Center  
Worcester County Health Department  
Worcester Youth and Family Counseling  
WrapAround MD

APPENDIX B: MARYLAND STATE DEPARTMENT OF EDUCATION COMMUNITY-PARTNERED SCHOOL BEHAVIORAL HEALTH SERVICES PROGRAMS SURVEY 2024-2025 SCHOOL YEAR

8/13/25, 11:50 AM

Qualtrics Survey Software



## Intro

**Maryland State Department of Education**  
**Community-Partnered School Behavioral Health Services Programs Survey**  
**2024-2025 School Year**

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.

[https://msde.qualtrics.com/Q/EditSection/Reports/View/36/SurveyPrintPreview?ContentID=SV\\_4586gsvKFR027g&ContextLibraryID=UR\\_aYq...](https://msde.qualtrics.com/Q/EditSection/Reports/View/36/SurveyPrintPreview?ContentID=SV_4586gsvKFR027g&ContextLibraryID=UR_aYq...) 1/15

Surveys should be completed by the individual within the local education agency (LEA) who coordinates community-partnered school behavioral health services programs 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 **2024-2025** school year. All entries are due by **October 24, 2025**.

Contact: For any questions about the survey, please contact John Hummel at [john.hummel@maryland.gov](mailto:john.hummel@maryland.gov) or (410) 767-0288.

### **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

[https://msde.qualtrics.com/Q/EditSectionBlocks/Ajax/GetSurveyPinPreview?ContextSurveyID=SV\\_498bgnKFR06Z7g&ContextLibraryID=UR\\_aYq...](https://msde.qualtrics.com/Q/EditSectionBlocks/Ajax/GetSurveyPinPreview?ContextSurveyID=SV_498bgnKFR06Z7g&ContextLibraryID=UR_aYq...) 2/15

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 programs 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 LEA 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.

**Respondent Information**

Please select your LEA

**Name of individual completing this form.**

**Title**

**Email Address**

**Phone Number**

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

Name and Title of Program Supervisor

### Program Specifics

Provide the total number of schools in the LEA that this community-partnered school behavioral health services program served during the 2024-2025 school year.

Provide the number of students in the LEA (all schools combined) that the community-partnered school behavioral health services program served during the 2024-2025 school year.

Number of K-5th Grade Students	<input type="text" value="0"/>
Number of 6th-8th grade students	<input type="text" value="0"/>
Number of 9th-12th grade students	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

Select the types of services provided by the community-partnered school behavioral health services program during the 2024-2025 school year (select all that apply).

	Click to write Column 1		
	K-5th Grade	6th-8th Grade	9th-12th Grade
Individual Counseling for Mental Health Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Counseling for Substance Use Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Counseling for Social-Emotional Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Counseling for Mental Health Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Click to write Column 1

	K-5th Grade	6th-8th Grade	9th-12th Grade
Low Self-Esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Skills Deficits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicidal Risk (Ideation or Attempts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggressive Physical Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical or Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disorder(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Identify all the progress monitoring metrics used by the community-partnered school behavioral health services program to monitor student academic progress during the 2024-2025 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
- Classroom Tests and Quiz Scores
- Homework Completion
- Observations of Classroom Engagement
- No Academic Measure used to Monitor Student Progress at this Time

Other (please specify)

**Identify all of the progress monitoring metrics used by the community-partnered school behavioral health services program to monitor student behavioral progress during the 2024-2025 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)
- 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

**Identify all the progress monitoring metrics used by the community-partnered school behavioral health services program to monitor student social-emotional progress during the 2024-2025 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)

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 2024-2025 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).

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 2024-2025 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).

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 2024-2025 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).

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 2024-2025 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).

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 2024-2025 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).

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 2024-2025 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 behavioral progress (place the number in the box below).

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 2024-2025 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).

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 2024-2025 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).

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 2024-2025 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).

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