

Statewide School Mental Health Survey 2

1. The Maryland Blueprint Committee's Statewide School Mental Health Survey

This survey is being conducted by the Maryland Blueprint Committee. The information collected will be used to gather data on school-based mental health service status and needs. We are asking Directors of Student Services in each jurisdiction to collaborate with the Core Service Agency Directors and local Directors of Special Education to complete a single survey for their jurisdiction. The survey will be completed using Survey Monkey with follow up phone calls as needed. We would like the Directors of Student Services to complete the survey by June 6th. If you experience difficulty completing the survey using Survey Monkey, please feel free to call or email Rachael Faulkner at 410-235-1178 or rfaulkner@mhamd.org.

1. Please fill in the spaces below.

County	<input type="text"/>
Name	<input type="text"/>
Position/Title	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City	<input type="text"/>
Zip Code	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

Statewide School Mental Health Survey 2

2. SCHOOL-BASED AND EXPANDED SCHOOL MENTAL HEALTH SERVICES

School-based mental health programs encompass a range of prevention and intervention services, many of which are routinely provided in a school setting by school system personnel. School system personnel who provide these services may include school counselors, school psychologists, school nurses, social workers, and pupil personnel workers. Expanded School Mental Health (ESMH) builds upon this foundation and expands the level of services delivered in schools to provide a full continuum of mental health services for children and adolescents in both general and special education, developed through strong school-family-community partnerships. These services may:

- Involve school-employed and collaborating community mental health professionals working together in schools to implement a full array of prevention, mental health promotion, early intervention and treatment programs and/or
- Result in the delivery of mental health services provided outside of the school setting by providers who are linked to the school.

1. Indicate the types of services provided in your county. Indicate whether these services are provided by:

- School system employees
- Community providers who are not school system employees who deliver services in the school setting, and/or
- Community providers (non school system employees) who are linked to the school, but deliver services outside the school setting.

Check any and all of the three categories above that apply.

	School System Employees	School-based Community Providers	School-linked Community Providers
Classroom Prevention Activities (e.g., classroom instruction about mental health and/or social and emotional learning, Second Step, youth suicide prevention, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Intakes/Evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Management (e.g., threat assessments, suicide assessments, crisis intervention team member)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Outreach (e.g., home visits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional Behavior Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Behavior Interventions and Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Statewide School Mental Health Survey 2

Psychological Evaluations (other than for special education)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals to Non School-based Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School-Wide Prevention Activities (e.g., an activity targeting a school-wide issue such as mental health awareness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. To what extent do you think that school-based and school-linked mental health services are effectively helping to meet the mental health needs of students?

1 - Not at all
 2
 3
 4 - To some extent
 5
 6
 7 - To a great extent

3. Evidence-based Programs – Below is a list of evidence-based programs that have been implemented in schools. Please indicate if these programs are being implemented within your schools. This list may not include all programs. If you are implementing other evidence-based programs, please list them.

*Please note that while we recognize the importance of evidence-based practices such as behavior modification, formative assessments, cognitive behavioral therapy, etc., for the purpose of this survey we are only looking to learn about more formal programs that are being implemented in schools.

- | | | |
|--|---|---|
| <input type="radio"/> Adolescent Coping with Depression (CWD-A) | <input type="radio"/> Good Behavior Game | <input type="radio"/> Project Achieve |
| <input type="radio"/> Aggression Replacement Training | <input type="radio"/> FRIENDS | <input type="radio"/> Project ALERT |
| <input type="radio"/> Barkley ADHD | <input type="radio"/> Girl Power | <input type="radio"/> Project Northland |
| <input type="radio"/> Bullies to Buddies | <input type="radio"/> I Can Problem Solve | <input type="radio"/> Resolving Conflicts Creatively |
| <input type="radio"/> CARE (Care, Assess, Respond, Empower) | <input type="radio"/> The Incredible Years | <input type="radio"/> Responsive Classroom |
| <input type="radio"/> Caring School Community (CSC) | <input type="radio"/> Life Skills Training | <input type="radio"/> Second Step |
| <input type="radio"/> CAST (Coping and Support Training) | <input type="radio"/> Lions-Quest Skills | <input type="radio"/> Skillstreaming |
| <input type="radio"/> Check and Connect | <input type="radio"/> Making Healthy Choices | <input type="radio"/> SOS Signs of Suicide |
| <input type="radio"/> Check In/Check Out | <input type="radio"/> Multisystemic Family Therapy | <input type="radio"/> TeenScreen |
| <input type="radio"/> Cognitive Behavioral Interventions for Trauma in Schools | <input type="radio"/> Olweus Bullying Prevention Program | <input type="radio"/> Too Good for Drugs and Violence
What Works Clearinghouse |
| <input type="radio"/> Cognitive Behavioral Therapy for Adolescent Depression | <input type="radio"/> Promoting Alternative Thinking Strategies (PATHS) | <input type="radio"/> Towards No Tobacco |
| <input type="radio"/> Coping Cat | <input type="radio"/> PATHS to PAX | <input type="radio"/> Other |
| <input type="radio"/> Coping Power | <input type="radio"/> Positive Action | |

Statewide School Mental Health Survey 2

4. If you selected "other" in the question above, please indicate the name of the program and grade range of students served.

Name of Program	<input type="text"/>
Grade Range of Students Served	<input type="text"/>
Name of Program	<input type="text"/>
Grade Range of Students Served	<input type="text"/>
Name of Program	<input type="text"/>
Grade Range of Students Served	<input type="text"/>
Name of Program	<input type="text"/>
Grade Range of Students Served	<input type="text"/>
Name of Program	<input type="text"/>
Grade Range of Students Served	<input type="text"/>

5. School System Personnel - Indicate the total number of individuals employed by the school system in the following student services and mental health positions, independent of the ESMH Program; "Full-Time Equivalents" indicates the proportion of time an individual is employed in the position (e.g., 1.0 FTE equals one full-time position; 0.5 FTE equals a half-time position; 0.2 equals one day/week position)."

*For each position listed below, indicate *BOTH the number of these professionals employed and their FTEs*. Also indicate additional school system personnel not listed, the number of these professionals employed and their FTEs. Upon completion, please calculate the total number of school system personnel and total FTEs.

Behavioral Interventionist	<input type="text"/>
Crisis Specialist	<input type="text"/>
Mental Health Worker	<input type="text"/>
Nurse	<input type="text"/>
Psychometrist	<input type="text"/>
Pupil Personnel Worker	<input type="text"/>
School Counselors	<input type="text"/>
School Psychologists	<input type="text"/>
Social Worker	<input type="text"/>
Interns paid by the school system (e.g., Counselor Interns, School Psychology Interns, Social Work Interns)	<input type="text"/>
Supervisor(s) or resource personnel responsible for administration of Student Services, Nursing, PPW's, School Counseling, School Psychology, and/or Social Work	<input type="text"/>
Other	<input type="text"/>
Other	<input type="text"/>

Statewide School Mental Health Survey 2

Total

6. Community Providers Working in the Schools - Indicate the total number of current, licensed, non school system-employed providers delivering mental health services in your schools, with which there is a contractual arrangement. "Full-Time Equivalents" indicates the proportion of time an individual is employed in the position and delivering mental health services (e.g., 1.0 FTE equals one full-time position; 0.5 FTE equals a half-time position; 0.2 equals one day/week position)."

*For each position listed below, indicate the number of these professionals employed and their FTEs. Upon completion, please calculate the total number of community providers and total FTEs.

Counselor	<input type="text"/>
Marriage & Family Therapist	<input type="text"/>
Nurse	<input type="text"/>
Pediatrician	<input type="text"/>
Psychiatrist	<input type="text"/>
Psychologist	<input type="text"/>
Social Worker	<input type="text"/>
Other	<input type="text"/>
Other	<input type="text"/>
Total	<input type="text"/>

7. School-linked Community Providers – Please share any data you wish to provide regarding relationships with school-linked community mental health providers to whom children are referred by your school system

Statewide School Mental Health Survey 2

8. Indicate the type(s) of data your county gathers and evaluates for school-based and expanded school mental health program outcomes

- Bullying Referrals
- Disproportionality in Special Education
- Disproportionality in Suspensions
- Expulsions
- Goal Attainment Data
- Graduation Rates
- Number of meetings attended (e.g., parent conferences; Pupil Services Team meeting; IEP meeting, etc.)
- Number of Services Provided (e.g., number of treatment sessions provided, number of behavior intervention plans developed, number of prevention groups, number of staff consultations)
- Office Disciplinary Referrals
- Parent Satisfaction Data
- Referrals to 504 Committee and/or IEP Team
- Referrals to Pupil Services Team
- Seclusion Data
- Student Academic/Promotion Data
- Student Attendance
- Student Satisfaction Data
- Suspensions
- Teacher Satisfaction Data
- Youth Suicide Rates

Describe other outcome data used to evaluate ESMH outcomes:

9. Family Involvement – Families are involved as partners in our school mental health and/or ESMH program in the following ways

- Information about children's mental health is readily available in Parent Information Centers
- Information about children's mental health is available throughout the school
- Family members are employees of the ESMH program
- Our school system collaborates with children's mental health family groups (e.g., NAMI, Maryland Coalition of Families for Children's Mental Health)
- Family members participate in ongoing planning and improvements

Other

Statewide School Mental Health Survey 2

10. Interagency Collaboration – Does your school system have printed guidelines and procedures related to collaboration and coordinated mental health care for students involved with:

	Yes	No
Child Welfare	jñ	jñ
Juvenile Services	jñ	jñ

11. In your opinion, which statement best reflects the degree to which school mental health and expanded school mental health services provided in your county schools actually meet the need for the provision of such services in the school setting?

- All students that need SMH services access the services
- All students that need ESMH services access the services
- More than half of all students that need SMH services access the services
- More than half of all students that need ESMH services access the services
- 50% or fewer of students that need SMH services access the services
- 50% or fewer of students that need ESMH services access the services
- No students are able to access ESMH services

Statewide School Mental Health Survey 2

3. ADDITIONAL QUESTIONS ONLY FOR YOUR COUNTY'S ESMH PROGRAM

1. Indicate the availability of ESMH programs in your county: For each age group/setting listed below include the total number of schools and the number with an ESMH program.

*For each setting, indicate the total number of schools in each category and then indicate the number of these schools with ESMH.

Preschool	<input type="text"/>
Elementary	<input type="text"/>
Elementary/Middle	<input type="text"/>
Middle	<input type="text"/>
Middle/High	<input type="text"/>
High	<input type="text"/>
Alternative	<input type="text"/>
Special Education	<input type="text"/>
Total	<input type="text"/>

2. Population Served – Indicate who is served by your county's ESMH programs:

- General Education Students
- Special Education Students
- Families

3. Funding Sources – Which funds support ESMH services provided in your jurisdiction? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Federal - Medicaid | <input type="checkbox"/> County/Local Health Department |
| <input type="checkbox"/> Federal Grants | <input type="checkbox"/> County/Local School System |
| <input type="checkbox"/> State - Department of Health and Mental Hygiene | <input type="checkbox"/> County/Local Budget - Other |
| <input type="checkbox"/> State - Maryland State Department of Education | <input type="checkbox"/> Private Grants |
| <input type="checkbox"/> State Grants - Other Agencies | <input type="checkbox"/> Private Insurance |

Other (please specify)

Statewide School Mental Health Survey 2

4. Funding Patterns – What have the funding patterns of your ESMH program been in the past 5 years?

	Same Level	Declined	Increased	N/A
Federal Funding	€	€	€	€
State Funding	€	€	€	€
Local Funding	€	€	€	€
Private Funding	€	€	€	€
Other Funding	€	€	€	€

5. *Optional

Briefly describe one typical case that will illustrate the need for additional ESMH service funding beyond fee-for-service reimbursement. Putting a human face on data will assist in effectively advocating for consistent, stable and committed public funding for integrated and collaborative school-based mental health services.