### Behavioral Health and Substance Abuse Disorder Services Workgroup charge:

1. Evaluate (review) programs that provide behavioral and substance abuse disorder services in the public schools in the State.

2. Develop proposals to expand the programs evaluated (reviewed) under item (1) to other jurisdictions, if appropriate, including recovery schools.
Tasks

- Review and discuss data
- Review and rate criteria for expansion
- Recovery School discussion and recommendations
- Public comments
- Next Steps
Review and discuss data

Small group work:

- Behavioral Health
- Substance Abuse
- Both
- Both

Looking for Gaps
Review and Discuss Data: Deep Dive

- **WHO** is the recipient of the service/program provided? (Grade bands)
  - Who is not served? *(Questions 6, 7, and 8)*

- **WHERE** are the programs/services provided? *(Question 9)*
  - Where are they not located?
  - **WHICH Tiers** are addressed? *(Question 5)*
  - Which are missing?

- Are the programs/services **evidence based**? *(Questions 14 and 15)*
  - What might we need to recommend?

- Other observations/findings? Where are the **GAPS**?
Findings-Data Dive
Criteria for Expansion

- Review and discuss the criteria for expansion recommended at our last meeting.

- In small groups, select your top 5 criteria
  Which ones are a must and why?
Recovery Schools

Small groups

- Discuss the materials read and information shared at the previous meetings.
- Consider the models (private, alternative program, charter school, school-within-a-school, and University high school).
- Identify criteria for consideration for Recovery Schools in Maryland
Criteria for Consideration-Recovery Schools
☐ Public Comment(s)  ☐ Next Steps

Thank You!!!!
Behavioral and Substance Abuse Disorder Services Workgroup

September 7, 2017

Develop proposals to expand the programs evaluated to other jurisdictions, if appropriate, including recovery schools.

Findings/Recommendations

1. Programs/services should be based on assessed needs and match the community needs in which it will reside.

2. Programs/services should be evidence or research based and have a proven track record of success.

3. Program/service implementation should have full commitment from the jurisdiction to be delivered with fidelity of the model proven to be effective. Guidance and/or technical assistance should be provided.

4. Programs/services should have clear outcomes with planned measures of success including process, outcome and impact data.

5. Programs/services should include an integrated continuum of services that is team based in the schools and includes community partners licensed in the area of substance abuse. Data sharing agreements and restrictions should identified and agreed upon.

6. Programs/services should cover all substances and mental health disorder signs and symptoms as well as stigma reduction.

7. Programs/services should be sustainable.

8. Programs should reach the largest number of students possible.
Good Morning, Dr. Muller and Behavioral and Substance Abuse Programs and Services Workgroup Members,

Thank you for this opportunity to contribute to your discussion on how to help our precious teens in recovery sustain their sobriety and earn their Maryland high school diploma.

I would like to add to what Mike Bucci shared at your last meeting, on how recovery schools have a preventive impact on underage substance abuse. You will recall he described how Phoenix School students spoke to peers at regular schools on how the former’s substance abuse impacted their lives, as well as their families, and that their peers were more engaged than they probably would have been listening to an adult talk about how drugs are bad for them.

I spoke with Dr. Andrew Finch¹ last week and he explained that it is essential to recognize that recovery schools play a significant role in underage substance abuse prevention; not only in helping our teens in recovery establish sustainable roots for their sobriety, but also in deterring other teens from a first ingestion of a drug or continuing to abuse their drug of choice.

There is no data on this, but I believe Rebecca Bonner and her colleagues would confirm this from their experience.

Prof. Moberg offers expense and the small percentage of students benefitting from a recovery school to account for why there are only a few dozen nationwide.² When the value of young lives saved is added to the far-reaching preventative effects of recovery schools, the question becomes “How soon can we open a school for each district or region?”³ Think of the ripple-effect they would have on your prevention efforts, Maryland graduation rates, and the very quality of life for Maryland families!

Thank you for your time and your service to our children.

Patty Winters
Team Leader, Phoenix Rising: Maryland Recovery School Advocates

September 6, 2017

Footnotes

¹Dr. Andrew Finch, Associate Professor of the Practice in the department of Human and Organizational Development at Peabody College, Vanderbilt University: https://my.vanderbilt.edu/recoveryhighschools/

²Erbentraut, Joseph, “Recovery Schools Save Teen Addicts, So Why Aren’t They Everywhere?” Huffington Post, October 19, 2015: http://www.huffingtonpost.com/entry/recovery-high-schools-teen-addicts_us_561eb212e4b050c6c4a408ee

³Each school’s service area would be determined by recovery student population density, and capital and operations resources.
Q1 Work group Member Contact Information

Work group Member Name: Dr. Meena Brewster
Name of Person Completing this form: Maryellen Kraese
Title of Person Completing this form: Outreach & Prevention Administrator
Agency or School System: St. Mary's County Health Dept.
Email Address: maryellen.kraese1@maryland.gov
Phone Number: 301 475-4951

Q2 List the name of the behavioral or substance (ab)use disorder service / program.
Botvin Life Skills

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.
Both

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Name of Provider: Glori Van Brunt
Title of Provider: LCPC
Phone # of Provider: 301-863-4001 ext.18120

Q5 For the program / service listed above, please check ALL the services provided in the school setting.
Prevention / Educational,
Treatment / Intervention / Clinical
Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.
0

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.
0

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.
100

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.
St. Mary's

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.
Personal Self-Management Skills Students develop strategies for making healthy decisions, reducing stress, and managing anger. General Social Skills Students strengthen their communication skills and learn how to build healthy relationships. Drug Resistance Skills Students understand the consequences of substance use, risk-taking, and the influences of the media.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. Number of students served; referred & reason; # wait listed
b. student demographics; including sexual orientation
c. family status; parents marital status,
d. Number of students referred out for services
e. Number of students completing the program

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Microsoft Excel spreadsheet

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.
To counter myths and misconceptions about drugs, their rate of usage, and effects; to increase awareness of effects of drug use on physical, mental, and emotional health.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q14 For the programs/service listed above, please indicate if the program/service is evidence-based or not.</td>
<td>YES</td>
</tr>
<tr>
<td>Q15 If YES to question # 14, please note your citation here.</td>
<td><a href="https://botvinlifeskillstraining.wordpress.com/">https://botvinlifeskillstraining.wordpress.com/</a></td>
</tr>
<tr>
<td>Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?</td>
<td>YES</td>
</tr>
<tr>
<td>Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.</td>
<td>Financial</td>
</tr>
<tr>
<td>Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!</td>
<td>Respondent skipped this question</td>
</tr>
</tbody>
</table>
Q1 Work group Member Contact Information

Work group Member Name: N/A
Name of Person Completing this form: Richard Moody
Title of Person Completing this form: Supervisor
Agency or School System: Prince George's
Email Address: rmoody@pgcps.org
Phone Number: 301-749-4379

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

administrative referrals to community agencies

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Both

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational
Treatment / Intervention / Clinical

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

N/A
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

125

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

460

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Prince George's

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Decrease the number of students that have a second incidence of alcohol or drug abuse/use.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. # of students referred

b. # of repeat violations

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. spreadsheet

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

not specific to heroin/opioid

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

NO

Q15 If YES to question # 14, please note your citation here.

Respondent skipped this question

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

YES
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<thead>
<tr>
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<td>Financial, Travel</td>
</tr>
<tr>
<td>Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!</td>
<td>Respondent skipped this question</td>
</tr>
</tbody>
</table>
Q1 Work group Member Contact Information

Work group Member Name: public school
Name of Person Completing this form: Sean Cannon
Title of Person Completing this form: Director of Student Services
Agency or School System: Cecil
Email Address: scannon@ccps.org
Phone Number: 4438505137

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Botvin’s LifeSkills Program

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Both

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

3000
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

3000

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

2000

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Cecil

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

To provide students with skills needed to avoid drug and alcohol use and to promote positive life choices.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. suspension data
b. pre and post survey data

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. survey
b. school system data management system

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

addresses heroin and opiate use both directly and indirectly, making sure to keep information shared age appropriate

Q14 For the program / service listed above, please indicate if the program / service is evidence-based or not.

YES

Q15 If YES to question # 14, please note your citation here.

Respondent skipped this question

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

YES
Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

- Financial
- Human Capital
- Space

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Respondent skipped this question
Page 1: Data Sheet

Q1 Work group Member Contact Information

Work group Member Name: Jenelle Mayer
Name of Person Completing this form: Kristi Cuthbertson
Title of Person Completing this form: Director of Behavioral Health
Agency or School System: Allegany County Health Department
Email Address: kristi.cuthbertson@maryland.gov
Phone Number: 3017595255

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Allegany County Health Department

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Behavioral / Mental Health

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Treatment / Intervention / Clinical

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

98
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

85

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

93

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Allegany

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

To address mental health issues, learn coping skills, address family systems and dynamics to improve overall functioning of individuals and their families.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. Number of children and adolescents served

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. N/A

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

We assess and make appropriate referrals. Behavioral Health includes outpatient, intensive outpatient and residential services.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

YES

Q15 If YES to question # 14, please note your citation here.

N/A. Cognitive Behavioral Therapy is primary EB therapy utilized.

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

YES
**Q17** If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

- Financial
- Human Capital

**Q18** Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

For mental health services, we are in all of the schools in Allegany County. Services are available to all students in the school system. Family therapy is utilized and medication evaluation and management is available, if needed.
Q1 Work group Member Contact Information

Work group Member Name: Sean Cannon
Name of Person Completing this form: Joanna K. Seiberling
Title of Person Completing this form: Coordinator of Guidance Services
Agency or School System: Cecil County Public Schools
Email Address: jkseiberling@ccps.org
Phone Number: 410.996.5455

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

North Bay Leadership Summit

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Both

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

0
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

150

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

100

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Cecil

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Provide mentor designed programming for at-risk students.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. Number of participants

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Scheduled/Designated meeting times

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

During organized activities there was open discussion about drug and alcohol use, including opiate and heroin use.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

NO

Q15 If YES to question # 14, please note your citation here.

Respondent skipped this question

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

YES
Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Financial,
Travel,
Other (please specify):
Lack of outdoor education center

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Respondent skipped this question
Data Sheet for Behavioral / Substance (Ab)use Programs and Services

#6

Collector: Web Link 1 (Web Link)
Started: Thursday, August 17, 2017 11:50:09 AM
Last Modified: Thursday, August 17, 2017 12:01:13 PM
Time Spent: 00:11:03
IP Address: 162.129.251.220

Page 1: Data Sheet

Q1 Work group Member Contact Information

Work group Member Name: Annastasia Kezar
Name of Person Completing this form: Annastasia KEzar
Title of Person Completing this form: Programs Manager
Agency or School System: Johns Hopkins Bayview Med Center
Email Address: akezar@jhmi.edu
Phone Number: 410-550-1035

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Expanded School Mental Health

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Both

Q4 If not previously provided in question 1, for the program/service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational, Treatment / Intervention / Clinical, Recovery / Postvention
Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.
400

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.
300

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.
250

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.
Baltimore City

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.
harm reduction, education, improved attendance, graduation

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. lifeskills mds

b. esmh data

c. oms data

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. lifeskills mds data

b. esmh data base

c. beacon health data base

d. epic EMR reports

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.
referrals to INpt, Training on using naloxone
Q14 For the programs/service listed above, please indicate if the program/service is evidence-based or not.

YES

Q15 If YES to question # 14, please note your citation here.

PSC 17, PHQ9, CRAFFT

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

Respondent skipped this question

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Human Capital
Space
Travel
Time

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

therapists work in schools primarily as MH but in High schools also have more extensive training in SUD
Q1 Work group Member Contact Information

Work group Member Name: Dr. Adrian Talley
Name of Person Completing this form: Nana Donkor
Title of Person Completing this form: Health Education Supervisor
Agency or School System: Prince George's County Public Schools
Email Address: nana.donkor@pgcps.org
Phone Number: 301-808-4080

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Life Skills Training

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Both

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

The Life Skills Training program is for students in grades 6 - 8
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

4,825

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

The Life Skills Training program is for students in grades 6 - 8

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Prince George's

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

To help youth resist drug, alcohol, and tobacco use as well as reduce violence and other high risk behaviors

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. Feedback from teacher training
b. Classroom visits
c. Observation report data
d. Teacher implementation feedback data

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Feedback forms
b. Surveys
c. Observation checklists

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Life Skills Training is a violence prevention and substance abuse prevention program that helps students learn how to resist the use of drugs, alcohol, and tobacco (including heroin and opiates).

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

YES
**Q15** If YES to question #14, please note your citation here.

Included in SAMHSA's National Registry of Evidence-based Programs and Practices

**Q16** If an opportunity exists would the program or service be appropriate for expansion to other school systems?

**YES**

**Q17** If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Financial, Human Capital, Time

**Q18** Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Respondent skipped this question
Q1 Work group Member Contact Information

Work group Member Name: Cecil County Public Schools
Name of Person Completing this form: Kyle Longeway
Title of Person Completing this form: Coordinator of Student Services
Agency or School System: Cecil County Public Schools
Email Address: klongeway@ccps.org
Phone Number: 4109965490

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

MET/CBT 5 Counseling Program

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Substance (Ab)use

Q4 If not previously provided in question 1, for the program/service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Name of Agency: Health Department-Drug and Alcohol
Name of Provider: Ken Collins
Title of Provider: Director of Alcohol and Drug Recovery
Phone # of Provider: 410-996-5106

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational
Treatment / Intervention / Clinical
Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

0

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

50

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

50

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Cecil

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Provide students who have violated the Cecil County Public Schools drug and alcohol policy with the necessary skills and supports need to change behavior.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. # of participants
b. recidivism rates

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Student data management system

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

As an early intervention program MET/CBT 5 provides the necessary skills and supports needed to prevent future drug use especially heroin and opioids.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

YES

Q15 If YES to question # 14, please note your citation here.

Respondent skipped this question
<table>
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<tr>
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</tr>
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</tr>
</tbody>
</table>
Q1 Work group Member Contact Information

Work group Member Name: Glori VanBrunt
Name of Person Completing this form: Glori VanBrunt
Title of Person Completing this form: Student Prevention Program Counselor
Agency or School System: Great Mills High School, St. Mary's County, MD
Email Address: gvanbruntlcpc@hotmail.com
Phone Number: 240 223-2451

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Student Prevention Program

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Both

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Name of Agency: Glori L. VanBrunt, LCPC
Name of Provider: Glori VanBrunt
Title of Provider: Therapist
Phone # of Provider: 2402232451
Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational, Treatment / Intervention / Clinical, Recovery / Postvention

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

0

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

0

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

72

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

St. Mary's

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Prevention and support services for students experiencing problems with anger management, mood regulation, marked changes in school performance or behavior (including truancy and excessive absences), interpersonal struggles and behavioral issues that increase their risk for substance abuse.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. Absences and disciplinary interventions pre and post

b. Focus of prevention services

c. Pre and post assessment measures of severity of problem (social, emotional, educational, relational, and substance use)

d. Successful completion of the program
Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Use of demographic information from school records
b. Contact and communication with parents of students in the program
c. Contact and communication with teachers/school staff
d. Contact and communication with coaches, community agencies involved with student (DSS, psychiatrist, Dept. Juvenile Justice, etc)
e. Contact and communication with student directly

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Through intake assessment regarding substance use directly and within students peer group, community, or family. Once evaluated, based on severity/exposure students are referred to community resources or worked with directly through the program. Information, support, and prevention strategies are used.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not. YES

Q15 If YES to question # 14, please note your citation here.

http://lifeskillstraining.com/

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? YES

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply. Financial

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

The program is designed/indicated for prevention, but due to need of students, limited access to mental health in our rural community, and difficulty with family support, Adding intervention and postvention services would serve a great need. This program was only funded for 12 hours per week and had a full caseload by week 8 which indicated the great need in our community. By the school years end (2017) there were 6 students who were still on the wait list and never received services. Expanding the program is desperately needed in our community and is supported enthusiastically, but due to funding is not possible at this time.
Q1 Work group Member Contact Information

Work group Member Name: Robert Schmidt
Name of Person Completing this form: Lynne Duncan
Title of Person Completing this form: Assistant Superintendent
Agency or School System: Talbot
Email Address: lduncan@tcps.k12.md.us
Phone Number: 410-822-0330

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Eastern Shore Psychological Services

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Both

Q4 If not previously provided in question 1, for the program/service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Name of Agency: Eastern Shore Psychological Services
Name of Provider: Dr. Ben Kohl
Title of Provider: Director of Programs
Phone # of Provider: 410-822-5007
Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational, Treatment / Intervention / Clinical, Recovery / Postvention
Other (please specify):
Psychiatric Rehabilitation Psychiatric Med Management Psychological Evaluations

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

150

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

80

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

125

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Talbot

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Decrease or minimize initial presenting symptoms and increase school performance

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. # of suspensions
b. attendance
c. frequency of mental health interventions
d. disciplinary referrals
e. mental health referral data collection
Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Power School
b. School mental health referral form
c. Monthly service provider data collection form
d. Risk Identification Suicide Kit (RISK)
e. UNCOPE addictions tool CARE 2 violent assessment tool

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

education prevention and intervention

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

YES

Q15 If YES to question # 14, please note your citation here.

SUDDS is used by the provider to identify the level of care for substance course of treatment.

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

YES

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Financial, Human Capital, Space

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Respondent skipped this question
Q1 Work group Member Contact Information

- Work group Member Name: Jonathan Turner
- Name of Person Completing this form: Jonathan Turner
- Title of Person Completing this form: Lead Specialist - School Counseling
- Agency or School System: MSDE
- Email Address: jonathan.turner@maryland.gov
- Phone Number: 410-767-0288

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

A comprehensive school counseling program plan.

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Other (please specify):
A comprehensive school counseling program plan is aligned with the American School Counselor Association (ASCA) national model and is designed to address the academic, behavioral, and social-emotional needs of every student through direct and indirect services.

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question
**Q5** For the program / service listed above, please check ALL the services provided in the school setting.

<table>
<thead>
<tr>
<th>Prevention / Educational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment / Intervention / Clinical</td>
</tr>
<tr>
<td>Recovery / Postvention</td>
</tr>
</tbody>
</table>

Other (please specify):

Tier 1 services include classroom guidance lessons to educate and create awareness about sensitive topics that are intended to promote building positive relationships and making good choices. Other Tier I supports include assisting the larger school community with creating a safe, positive school climate / culture and responding to situations that require immediate attention (responsive services). Tier II supports include specialized small group counseling that support either a unique student population or fulfill an identified need from the school staff, students, or other stakeholders. Tier III supports involve more indirect services where referrals and consultations with community partners and other clinical services are utilized to support individual student and family needs.

**Q6** For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

337,858

**Q7** For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

192,683

**Q8** For the program / service listed above, please indicate the number of High School (9-12) students served annually.

253,096
Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Aliquippa,
Anne Arundel,
Baltimore City,
Baltimore County,
Calvert,
Caroline,
Carroll,
Cecil,
Charles,
Dorchester,
Frederick,
Garrett,
Harford,
Howard,
Kent,
Montgomery,
Prince George's,
Queen Anne's,
Somerset,
St. Mary's,
Talbot,
Washington,
Wicomico,
Worcester,
SEED,
JSE

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

School counselors use data to show the impact of the school counseling program on student achievement, attendance and behavior and analyze school counseling program assessments to guide future action and improve future results for all students.
Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. academic achievement, i.e. - grades, GPA, and test scores
b. attendance
c. behavior, i.e. - referrals, suspensions, healthy choices
d. college and career readiness, i.e. - college applications, scholarships, etc...

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. student information system
b. Naviance and other online college and career readiness tools
c. individual student records / files
d. standardized assessments
e. anecdotal notes and sign-in sheets

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Classroom guidance and small group lessons cover substance use awareness, risks, and strategies for help and support.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not. YES

Q15 If YES to question # 14, please note your citation here.

https://www.schoolcounselor.org/school-counselors-members/about-asca-(1)

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? YES
<table>
<thead>
<tr>
<th>Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Capital</td>
</tr>
<tr>
<td>Time, Access to Students</td>
</tr>
<tr>
<td>Other (please specify): The position of the school counselor is often plagued with being tasked with work that falls outside the scope of school counseling preventing the full implementation of a school counseling program plan.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent skipped this question</td>
</tr>
</tbody>
</table>
#12

Collector: Web Link 1 (Web Link)
Started: Thursday, August 17, 2017 5:38:36 PM
Last Modified: Thursday, August 17, 2017 5:48:09 PM
Time Spent: 00:09:33
IP Address: 96.5.124.27

## Q1 Work group Member Contact Information

<table>
<thead>
<tr>
<th>Work group Member Name:</th>
<th>Christine Knodel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Person Completing this form:</td>
<td>Christine Knodel</td>
</tr>
<tr>
<td>Title of Person Completing this form:</td>
<td>Supervisor of Student Services</td>
</tr>
<tr>
<td>Agency or School System:</td>
<td>Calvert County Public Schools</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:knodec@calvertnet.k12.md.us">knodec@calvertnet.k12.md.us</a></td>
</tr>
<tr>
<td>Phone Number</td>
<td>443 550-8461</td>
</tr>
</tbody>
</table>

## Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Kresge Foundation

## Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Behavioral / Mental Health

## Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

<table>
<thead>
<tr>
<th>Name of Agency:</th>
<th>Calvert County Health Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Provider:</td>
<td>Dr. Lawrence Polsky</td>
</tr>
<tr>
<td>Title of Provider:</td>
<td>County Health Officer</td>
</tr>
<tr>
<td>Phone # of Provider:</td>
<td>410 535-5400</td>
</tr>
</tbody>
</table>
Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational,
Treatment / Intervention / Clinical,
Recovery / Postvention

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

0

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

Unknown

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

Unknown

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Calvert

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Treatment/Stabilization of Mental Health/Substance Abuse

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. Unknown

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Unknown

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Unknown
<table>
<thead>
<tr>
<th>Q14</th>
<th>For the programs/service listed above, please indicate if the program/service is evidence-based or not.</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q15</td>
<td>If YES to question # 14, please note your citation here.</td>
<td>Unknown whether the program is evidence based or not.</td>
</tr>
<tr>
<td>Q16</td>
<td>If an opportunity exists would the program or service be appropriate for expansion to other school systems?</td>
<td>YES</td>
</tr>
<tr>
<td>Q17</td>
<td>If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.</td>
<td>Financial, Space</td>
</tr>
<tr>
<td>Q18</td>
<td>Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!</td>
<td>The Kresge Foundation was started through seed funding but has been stand alone for the last two years. CCPS provides the venue for mental health services to be provided to students in need through the local health department staff. Due to confidentiality laws the local health department maintains records on the students they service.</td>
</tr>
</tbody>
</table>
#13

## Work group Member Contact Information

- **Work group Member Name:** Ben Brauer
- **Name of Person Completing this form:** Ben Brauer
- **Title of Person Completing this form:** Supervisor of Student Service
- **Agency or School System:** Allegany County Public Schools
- **Email Address:** benjamin.brauer@acpsmd.org
- **Phone Number:** 3017592410

## List the name of the behavioral or substance (ab)use disorder service / program.

- DARE and Mental Health First Aid

## For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

- **Both**

## If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

- **Respondent skipped this question**

## For the program / service listed above, please check ALL the services provided in the school setting.

- Prevention / Educational
- Treatment / Intervention / Clinical

## For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

- 600
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

600

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

600

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Allegany

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

DARE - to provide education, awareness and strategies to address substance abuse and to provide a solid decision making model which can be applied to other situations regarding a student's well being. Mental Health First Aid - to provide school system employees the skills necessary to recognize a child in crisis and to provide necessary interventions.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. DARE - end of program summative assessment

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. DARE - student assessment

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

DARE - the DARE officers have integrated specific information related to the crisis and its effects on our community into the lessons.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

YES

Q15 If YES to question # 14, please note your citation here.

Respondent skipped this question

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

YES
<table>
<thead>
<tr>
<th>Q17</th>
<th>If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.</th>
<th>Respondent skipped this question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q18</td>
<td>Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!</td>
<td>Respondent skipped this question</td>
</tr>
</tbody>
</table>
Q1 Work group Member Contact Information

- Work group Member Name: Kim Roof
- Name of Person Completing this form: Kim Roof
- Title of Person Completing this form: Director of Student Services
- Agency or School System: Calvert County Public Schools
- Email Address: roofk@calvertnet.k12.md.us
- Phone Number: 443-550-8482

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

No specific name. We work in conjunction with our health department

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

- Both

Q4 If not previously provided in question 1, for the program/service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

- Name of Agency: Calvert County Health Department
- Name of Provider: Dr. Larry Polsky
- Title of Provider: Health Officer
- Phone # of Provider: 41-535-5400

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

- Treatment / Intervention / Clinical
Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

CCPS does not keep that data

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

CCPS does not keep that data

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

CCPS does not keep that data

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service. Calvert

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

The goal is to provide services to families that may not otherwise have the ability to get assistance needed outside of the CCPS

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. The data points are guided by the CCHD as it relates to grant and program funding.

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. That is determined by CCHD

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

CCHD would have that information as it relates to direct services

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

YES

Q15 If YES to question # 14, please note your citation here.

yes
Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **YES**

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

- Financial,
- Space,
- Travel,
- Access to Students

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

So far it has been an asset to our communities and families that we serve.
**Q1 Work group Member Contact Information**

<table>
<thead>
<tr>
<th>Work group Member Name:</th>
<th>Brad Engel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Person Completing this form:</td>
<td>Brad Engel</td>
</tr>
<tr>
<td>Title of Person Completing this form:</td>
<td>Supervisor of Student Support Services</td>
</tr>
<tr>
<td>Agency or School System:</td>
<td>Queen Anne's County Schools</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:brad.engel@qacps.org">brad.engel@qacps.org</a></td>
</tr>
<tr>
<td>Phone Number</td>
<td>410-758-8216</td>
</tr>
</tbody>
</table>

**Q2 List the name of the behavioral or substance (ab)use disorder service / program.**

Lifeskills

**Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.**

Substance (Ab)use

**Q4 If not previously provided in question 1, for the program / service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.**

<table>
<thead>
<tr>
<th>Name of Agency:</th>
<th>QACPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Provider:</td>
<td>Lifeskills</td>
</tr>
</tbody>
</table>

**Q5 For the program / service listed above, please check ALL the services provided in the school setting.**

Prevention / Educational

**Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.**

4000
<table>
<thead>
<tr>
<th>Q7</th>
<th>For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1500</td>
</tr>
<tr>
<td>Q8</td>
<td>For the program / service listed above, please indicate the number of High School (9-12) students served annually.</td>
</tr>
<tr>
<td></td>
<td>1200</td>
</tr>
<tr>
<td>Q9</td>
<td>For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.</td>
</tr>
<tr>
<td></td>
<td>Queen Anne's</td>
</tr>
<tr>
<td>Q10</td>
<td>For the program / service listed above, please write a brief description for the desired outcome of the service.</td>
</tr>
<tr>
<td></td>
<td>Reduce the number of students who violate the substance use policy</td>
</tr>
<tr>
<td>Q11</td>
<td>For the program / service listed above, please list the data points collected for the desired outcome.</td>
</tr>
<tr>
<td></td>
<td>a. Referrals</td>
</tr>
<tr>
<td></td>
<td>b. Discipline Referrals</td>
</tr>
<tr>
<td>Q12</td>
<td>For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.</td>
</tr>
<tr>
<td></td>
<td>a. Referrals</td>
</tr>
<tr>
<td></td>
<td>b. Surveys</td>
</tr>
<tr>
<td>Q13</td>
<td>For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.</td>
</tr>
<tr>
<td></td>
<td>Interventions for Addicts and support for families</td>
</tr>
<tr>
<td>Q14</td>
<td>For the programs/ service listed above, please indicate if the program / service is evidence-based or not.</td>
</tr>
<tr>
<td></td>
<td>NO</td>
</tr>
<tr>
<td>Q15</td>
<td>If YES to question # 14, please note your citation here.</td>
</tr>
<tr>
<td></td>
<td>Respondent skipped this question</td>
</tr>
<tr>
<td>Q16</td>
<td>If an opportunity exists would the program or service be appropriate for expansion to other school systems?</td>
</tr>
<tr>
<td></td>
<td>Respondent skipped this question</td>
</tr>
</tbody>
</table>
Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply. 

Respondent skipped this question

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Respondent skipped this question
#16

**Q1 Work group Member Contact Information**

- **Work group Member Name:** Lynne Muller
- **Name of Person Completing this form:** Deborah Nelson
- **Title of Person Completing this form:** Section Chief, School Safety and Climate
- **Agency or School System:** MSDE
- **Email Address:** deborah.nelson@maryland.gov
- **Phone Number:** 4107670294

**Q2 List the name of the behavioral or substance (ab)use disorder service / program.**

Coordinated Student Services--School Psychologists

**Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.**

Behavioral / Mental Health

**Q4 If not previously provided in question 1, for the program/service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.**

- **Name of Agency:** All LEAs
Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational
Treatment / Intervention / Clinical
Other (please specify):
Teacher Consultation, Referral to Outside Agencies, Coordination with School-Based Providers, Individual Counseling, Group Counseling, Assessment of Students for Special Education Services, 504s, and other services.

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

Total Number Statewide Not Known at this Time

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

Total Number Statewide Not Known at this Time

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

Total Number Statewide Not Known at this Time
Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service:

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

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

To improve conditions for learning for students with mental health and behavioral health concerns through attendance, engagement in learning, more productive student/staff relationships, and improved school climate

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

- varies by LEA
**Data Sheet for Behavioral / Substance (Ab)use Programs and Services**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.</td>
<td>Varies by LEA</td>
</tr>
<tr>
<td>Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.</td>
<td>N/A</td>
</tr>
<tr>
<td>Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.</td>
<td>YES</td>
</tr>
</tbody>
</table>
| Q15 If YES to question # 14, please note your citation here. | Howard Adelman  
Linda Taylor |
| Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? | YES |
| Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply. | Financial |
| Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group! | Respondent skipped this question |
#17

Collector: Web Link 1 (Web Link)
Started: Monday, August 21, 2017 8:25:23 AM
Last Modified: Monday, August 21, 2017 8:59:54 AM
Time Spent: 00:34:31
IP Address: 167.102.25.196

Page 1: Data Sheet

Q1 Work group Member Contact Information

Work group Member Name: Jenelle Mayer
Name of Person Completing this form: Chris Delaney
Title of Person Completing this form: Program Director of Behavioral Health Prevention
Agency or School System: Allegany County Health Department
Email Address: christine.delaney@maryland.gov
Phone Number: 301-759-5265

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Prevention

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Other (please specify): Substance Abuse Prevention

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

200
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

600

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

4,900

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Allegany

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Students will have the knowledge of the risks associated with alcohol, tobacco & other drug use as well as local resources.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. Number of attendees
b. Youth Risk Behavioral Survey

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Number of attendees

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Opiate education and resources are provided to all high school health class students and to all 8th grade students. The County Sheriff participates in these presentations. Media campaigns are implemented throughout the year focused on youth and parents. Education was also provided to every school's faculty, custodians and cafeteria works.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

YES

Q15 If YES to question # 14, please note your citation here.

Environmental strategies are implemented throughout the year to address perception of risk, proper storage & disposal of medications as well as general information about opiates.
Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? YES

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

- Financial
- Human Capital
- Travel
- Time

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

It is difficult to measure the number of students that were reached through our marketing campaign efforts.
Q1 Work group Member Contact Information

Work group Member Name: Michelle Hardy
Name of Person Completing this form: Michelle Hardy
Title of Person Completing this form: Behavioral Health Program Director
Agency or School System: Wicomico County Health Department
Email Address: michelle.hardy@maryland.gov
Phone Number: 410-334-3497

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Wicomico Behavioral Health- Wicomico Co. Health Department

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Both

Q4 If not previously provided in question 1, for the program/service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational
Treatment / Intervention / Clinical

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

60
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

80

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

80

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Wicomico

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Decreased suspension rate. Improved grades, Decreased police interaction

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. The Beacon Health - OMS questionnaire

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Beacon Health OMS questionnaire

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

MH therapists screen for substance abuse for all children 12 and older. All children of all ages are assessed for substance abuse

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

YES

Q15 If YES to question # 14, please note your citation here.

Cognitive Behavioral Therapy
Motivational Interviewing

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

NO
**Q17** If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

- Space,
- Travel,
- Time,
- Access to Students,
- Other (please specify):

We only provide school based services to Wicomico County

**Q18** Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Respondent skipped this question
#19

**Q1 Work group Member Contact Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Work group Member Name:</td>
<td>Brad Engel</td>
</tr>
<tr>
<td>Name of Person Completing this form:</td>
<td>Brad Engel</td>
</tr>
<tr>
<td>Title of Person Completing this form:</td>
<td>Supervisor of Student Services</td>
</tr>
<tr>
<td>Agency or School System:</td>
<td>Queen Anne's County</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:brad.engel@qacps.org">brad.engel@qacps.org</a></td>
</tr>
<tr>
<td>Phone Number</td>
<td>410-758-8216</td>
</tr>
</tbody>
</table>

**Q2 List the name of the behavioral or substance (ab)use disorder service / program.**

Student Assistance

**Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.**

Both

**Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.**

<table>
<thead>
<tr>
<th>Field</th>
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</thead>
<tbody>
<tr>
<td>Name of Agency:</td>
<td>Student Assistance Program</td>
</tr>
</tbody>
</table>

**Q5 For the program / service listed above, please check ALL the services provided in the school setting.**

Prevention / Educational

**Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.**

0
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

15

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

40

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Queen Anne's

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Intervention for possible substance use issue

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. Number of referrals

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Number of referrals

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Identifies students who might be at risk

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

NO

Q15 If YES to question # 14, please note your citation here.

Respondent skipped this question

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

Respondent skipped this question
<table>
<thead>
<tr>
<th>Q17</th>
<th>If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.</th>
<th>Human Capital</th>
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</thead>
<tbody>
<tr>
<td>Q18</td>
<td>Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!</td>
<td>Respondent skipped this question</td>
</tr>
</tbody>
</table>
Page 1: Data Sheet

Q1 Work group Member Contact Information

Work group Member Name: Joe Jones
Name of Person Completing this form: Joe Jones
Title of Person Completing this form: Director of Behavioral Health
Agency or School System: Caroline County Behavioral Health
Email Address: joe.jones@maryland.gov
Phone Number: 410-479-1882

Q2 List the name of the behavioral or substance (ab)use disorder service / program.
Caroline County Behavioral Health

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.
Both

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Name of Agency: Caroline County Behavioral Health
Name of Provider: Caroline County Behavioral Health
Title of Provider: Caroline County Behavioral Health
Phone # of Provider: 410-479-3800
Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational, Treatment / Intervention / Clinical, Recovery / Postvention

Other (please specify):
MAT

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

79

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

40

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

61

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Caroline

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Our Mission is to provide quality treatment, prevention, and related services to the residents of Caroline County. Education, assessment, counseling, treatment, and referral services are delivered by qualified professionals to those residents impacted by substance use and mental health disorders. The program is dedicated to our community's wellness and recovery from behavioral health, somatic health and best possible quality of life outcomes for all individuals and families throughout their lifespan.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. length of stay
b. reduction is use, ED visits, appointments
c. new charges
d. successful completions
e. recidivism
Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Beacon

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

We train and provide in narcan, have a vivitorl program, buprenorphine tele-med program and accept crisis walk ins.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

YES

Q15 If YES to question # 14, please note your citation here.

SAMHSA

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

YES

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Financial, Human Capital, Space, Travel, Time

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Stigma is worse as the grades increase. Older adolescents appear less likely to seek counseling.
Data Sheet for Behavioral / Substance (Ab)use Programs and Services

#21

Collector: Web Link 1 (Web Link)
Started: Monday, August 21, 2017 2:08:03 PM
Last Modified: Monday, August 21, 2017 3:41:34 PM
Time Spent: 01:33:31
IP Address: 152.179.53.250

Page 1: Data Sheet

Q1 Work group Member Contact Information

Work group Member Name: Renaissance Christian Counseling Center
Name of Person Completing this form: Latisha Jackson
Title of Person Completing this form: Lead Group Facilitator
Agency or School System: Woodhome Elementary/Middle
Email Address: ljackson@msbcministries.org
Phone Number: 410-265-7291

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Life Skills Program

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Substance (Ab)use

Q4 If not previously provided in question 1, for the program/service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

65
Q7 For the program/service listed above, please indicate the number of Middle School (6-8) students served annually.

110-116

Q8 For the program/service listed above, please indicate the number of High School (9-12) students served annually.

0

Q9 For the program/service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Baltimore City

Q10 For the program/service listed above, please write a brief description for the desired outcome of the service.

At the completion of the program, it is expected students will change their attitude toward substance use, increase assertiveness skills, develop healthy behaviors and have an increase in knowledge about the consequences of drug use.

Q11 For the program/service listed above, please list the data points collected for the desired outcome.

a. For one 4th grade class, the results show 42% increase compared to pre-survey.

b. The results for the second 4th grade class, there was a 52% increase in results compared to pre-survey.

c. The data for the 5th grade indicate 41% increase compared to pre-survey.

d. Results indicate 56% increase for the 6th grade.

Q12 For the program/service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Pre and post surveys

Q13 For the program/service listed above, please provide a short answer regarding how the program/service addresses heroin and/or opiate use.

We currently do not address heroin/opiate use.

Q14 For the program/service listed above, please indicate if the program/service is evidence-based or not.

YES
Q15 If YES to question # 14, please note your citation here.

The program utilizes the curriculum of the Life Skills Training Program developed by Dr. Gilbert J. Botvin. According to the Life Skills website (http://lifeskillstraining.com), Dr. Botvin and his colleagues tested the effectiveness of the program at Cornell University's Weill Cornell Medical College. In addition, the website indicates the following journals corroborates the program's effectiveness on drug use prevention: "the Journal of the American Medical Association (1995), Addictive Behaviors (2000), the Archives of Pediatrics and Adolescent Medicine (2006), and the American Journal of Public Health (2013)."

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? YES

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

<table>
<thead>
<tr>
<th>Financial, Human Capital</th>
</tr>
</thead>
</table>

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Respondent skipped this question
**Q1 Work group Member Contact Information**

Work group Member Name: TREATMENT RESOURCES FOR YOUTH, INC.
Name of Person Completing this form: LATAVIA LITTLE
Title of Person Completing this form: EXECUTIVE DIRECTOR
Agency or School System: TREATMENT RESOURCES FOR YOUTH, INC.
Email Address: TREATMENTRESOURCES@YAHOO.COM
Phone Number: 410-366-2123

**Q2** List the name of the behavioral or substance (ab)use disorder service / program.

TREATMENT RESOURCES FOR YOUTH, INC.

**Q3** For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Substance (Ab)use

**Q4** If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

**Q5** For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational
Treatment / Intervention / Clinical

**Q6** For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

81
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

92

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

306

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Baltimore City

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

EDUCATE STUDENTS ABOUT SUD; REDUCE SUD AMONG YOUTH AND YOUNG ADULTS

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. REDUCTION IN MARIJUANA USE
b. K-12 INVOLVMENT/HIGH SCHOOL COMPLETION
c. REDUCTION IN ARREST
d. ABSTINENCE

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. URINALYSIS
b. SCHOOL PERSONNEL
c. REPORT CARDS/PROGRESS REPORTS
d. DATA FROM DEPT OF JUVENILE SERVICES

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

PROVIDE OVERDOSE PREVENTION EDUCATION; COMPLETE OVERDOSE PLAN; ASSESSMENT AND REFERRAL

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

YES
Q15 If YES to question #14, please note your citation here.

MOTIVATIONAL INTERVIEWING
CONTINGENCY MANAGEMENT

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?  

NO

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Financial, Human Capital, Space

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Respondent skipped this question
Page 1: Data Sheet

Q1 Work group Member Contact Information

Work group Member Name: John Plaskon
Name of Person Completing this form: Paula Turner
Title of Person Completing this form: Program Coordinator
Agency or School System: Corsica River Mental Health Systems, Inc.
Email Address: turnerp@crmhsinc.com
Phone Number: 410-758-2211

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

School Based Behavioral Health, Corsica River Mental Health Services, Inc.

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Both

Q4 If not previously provided in question 1, for the program/service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Name of Agency: Corsica River Mental Health Services, Inc.
Name of Provider: Paula Turner, LCSW-C
Title of Provider: Program Coordinator
Phone # of Provider: 410-758-2211 ext. 1021

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Treatment / Intervention / Clinical
Recovery / Postvention
Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

20

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

30

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

30

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Caroline,
Dorchester,
Queen Anne’s

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Client to have increased awareness of actions/behaviors both positive and negative. To increase coping skills to improve choices and behavioral outcomes for the individual and their families.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. diagnosis
b. frequency
c. service type
d. duration

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. depression & anxiety scales
b. self esteem scales
c. feedback from school staff
d. spreadsheet with the above information including date services began
<table>
<thead>
<tr>
<th>Q13</th>
<th>For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Client identified with a opioid use diagnosis, services are in place to reduction of usage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q14</th>
<th>For the programs/ service listed above, please indicate if the program / service is evidence-based or not.</th>
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</thead>
<tbody>
<tr>
<td>YES</td>
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<thead>
<tr>
<th>Q15</th>
<th>If YES to question # 14, please note your citation here.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Recording outcomes, use of scales to monitor progress along with client report and case documentation</td>
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<table>
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<tr>
<th>Q16</th>
<th>If an opportunity exists would the program or service be appropriate for expansion to other school systems?</th>
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</thead>
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<td>YES</td>
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<table>
<thead>
<tr>
<th>Q17</th>
<th>If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Financial, Access to Students</td>
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<table>
<thead>
<tr>
<th>Q18</th>
<th>Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Respondent skipped this question</td>
</tr>
</tbody>
</table>
Q1 Work group Member Contact Information

Work group Member Name: Jessica Kraus
Name of Person Completing this form: Mary Thompson
Title of Person Completing this form: Program Administrator
Agency or School System: Harford County Health Dept.
Email Address: posie.thompson@maryland.gov
Phone Number: 4102735681

Q2 List the name of the behavioral or substance (ab)use disorder service / program.
Teen Diversion Program

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.
Both

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.
Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.
Prevention / Educational, Treatment / Intervention / Clinical

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.
0
Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

12

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

12

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service. Harford

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Clients will be able to re-integrate into their home school or least restrictive educational setting. Clients will be maintained in their home community without requiring intensive behavioral health interventions such as inpt. hospitalization, intensive outpt. services or out of home placements.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. Divert inpt. hospitalization for 90 days post discharge
b. Divert RTC placement for 9 months post discharge
c. Divert non-public school placements for 9 months post-discharge

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Parent interview and follow-up twice a year post-discharge
b. Follow-up with school data with appropriate releases

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Program is primarily a mental health program. It does provide didactic drug prevention education, where indicated, random urine drug screens, individual counseling and, when indicated a referral to a more intensive drug treatment group.

Q14 For the program / service listed above, please indicate if the program / service is evidence-based or not.

NO
Q15 If YES to question # 14, please note your citation here. 

Respondent skipped this question

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? 

YES

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply. 

Financial, Space

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Teen Diversion is a very intensive program that due to funding and space is only able to serve a limited number of clients. The program has been able to document its success and the consequent savings accrued by decreasing more expensive services, for over 20 years.
#25

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 22, 2017 8:57:26 AM
Last Modified: Tuesday, August 22, 2017 9:10:12 AM
Time Spent: 00:12:45
IP Address: 167.102.25.241

Page 1: Data Sheet

Q1 Work group Member Contact Information

Work group Member Name: JOHN MCGINNIS
Name of Person Completing this form: JOHN MCGINNIS
Title of Person Completing this form: PUPIL PERSONNEL SPECIALIST
Agency or School System: MSDE
Email Address: JOHN.MCGINNIS@MARYLAND.GOV
Phone Number: 410-767-0295

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

STATE COUNCIL ON CHILD ABUSE AND NEGLECT (SCCAN)

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Behavioral / Mental Health

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Name of Agency: MARYLAND STATE COUNCIL ON CHILD ABUSE & NEGLECT
Name of Provider: CLAUDIA REMINGTON
Title of Provider: EXECUTIVE DIRECTOR
Phone # of Provider: 410-767-7868

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational
Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

N/A PROVIDE INFORMATION TO AGENCIES AND SERVICE PROVIDERS

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

N/A

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

N/A
Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

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

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

PROVIDING INFORMATION AND TRAINING THROUGH AGENCIES AND SERVICE PROVIDERS.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. N/A
**Q12** For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. N/A

**Q13** For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

**THE INDIVIDUAL AGENCIES AND SERVICE PROVIDERS WOULD ADDRESS THESE ISSUES**

**Q14** For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

NO

**Q15** If YES to question # 14, please note your citation here.

Respondent skipped this question

**Q16** If an opportunity exists would the program or service be appropriate for expansion to other school systems?

YES

**Q17** If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

- Time,
- Access to Students

**Q18** Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

SCCAN OPERATES WITH THE COOPERATION OF THE MARYLAND DEPARTMENT OF HUMAN SERVICES IN PROVIDING INFORMATION ON PROGRAMS AT THE NATIONAL AND STATE LEVEL TO ADDRESS ADULT AND FAMILY ISSUES.
# Data Sheet for Behavioral / Substance (Ab)use Programs and Services

## #26

**Collector:** Web Link 1 (Web Link)

**Started:** Tuesday, August 22, 2017 10:53:22 AM

**Last Modified:** Tuesday, August 22, 2017 11:09:00 AM

**Time Spent:** 00:15:37

**IP Address:** 96.5.120.250

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### Page 1: Data Sheet

#### Q1 Work group Member Contact Information

- **Work group Member Name:** James Padden
- **Name of Person Completing this form:** James Padden
- **Title of Person Completing this form:** Director of Related Services
- **Agency or School System:** Baltimore City Public Schools
- **Email Address:** jpadden@bcps.k12.md.us
- **Phone Number:** 443-642-4217

#### Q2 List the name of the behavioral or substance (ab)use disorder service / program.

School psychologists and social workers provide behavioral interventions and supports.

#### Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

**Behavioral / Mental Health**

#### Q4 If not previously provided in question 1, for the program/service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

- **Name of Agency:** Baltimore City Public Schools
- **Name of Provider:** James Padden
- **Title of Provider:** Director of Related Services
- **Phone # of Provider:** 443-642-4217
Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational
Treatment / Intervention / Clinical
Other (please specify):
Services and supports to students are shared by multiple departments of the district + community partners.

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

undetermined at this time

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

undetermined at this time

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

undetermined at this time

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Baltimore City

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Behavioral, social and emotional supports to promote student success in the classroom.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. Attendance
b. Suspension
c. Academic performance
Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. MDOnline IEP
b. Infinite Campus
c. Academic records
d. Test scores
e. Encounter tracker for clinical notes (special ed)

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Not addressed by this department

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

YES

Q15 If YES to question # 14, please note your citation here.

Clinical/therapy services provided by social workers and school psychologists are evidence-based.

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

YES

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Financial,
Other (please specify):
School psychologists are difficult to find

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

The behavioral and mental health supports provided by school psychology and social workers are one component of the comprehensive supports needed by students in the district.
Q1 Work group Member Contact Information

Work group Member Name: Steve Neff and Elizabeth Rathbone
Name of Person Completing this form: Steve Neff
Title of Person Completing this form: Director
Agency or School System: MCPS
Email Address: Steve_Neff@mcpsmd.org
Phone Number: 301-315-7335

Q2 List the name of the behavioral or substance (ab)use disorder service / program.
Red Flags

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.
Both

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Name of Agency: MCPS Comprehensive Health Education/EveryMind
Name of Provider: Cara Grant
Title of Provider: Supervisor
Phone # of Provider: 301-279-3508

Q5 For the program / service listed above, please check ALL the services provided in the school setting.
Prevention / Educational
Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

76,250

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

35,000

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

12,345

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service. Montgomery

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Awareness, education

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. Pre- and post-classroom survey

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Survey

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Each grade level has information on substance use (age-appropriate) and making healthy choices. Opioids specifically mentioned in middle and high schools.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not. NO

Q15 If YES to question # 14, please note your citation here. Respondent skipped this question
Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?  

YES

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Financial, Human Capital, Time

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Respondent skipped this question
#28

**Collector:** Web Link 1 (Web Link)

**Started:** Tuesday, August 22, 2017 11:20:28 AM

**Last Modified:** Tuesday, August 22, 2017 11:23:12 AM

**Time Spent:** 00:02:44

**IP Address:** 205.222.248.98

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**Q1 Work group Member Contact Information**

- **Work group Member Name:** Steve Neff and Elizabeth Rathbone
- **Name of Person Completing this form:** Elizabeth Rathbone
- **Title of Person Completing this form:** Coordinator
- **Agency or School System:** MCPS
- **Email Address:** Elizabeth_A_Rathbone@mcpsmd.org
- **Phone Number:** 2403144824

---

**Q2 List the name of the behavioral or substance (ab)use disorder service / program.**

Youth Mental Health First Aid

---

**Q3** For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

- **Program/Service:** Both

---

**Q4** If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

- **Provider:** Respondent skipped this question

---

**Q5** For the program / service listed above, please check ALL the services provided in the school setting.

- **Services:** Prevention / Educational

---

**Q6** For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

- **Number of Students:** na (staff training)
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

na (staff training)

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

na (staff training)

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Montgomery

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Staff member awareness

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. Pre- and post-survey

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Survey

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Under awareness/education of signs, symptoms, prevalence of substance use

Q14 For the programs / service listed above, please indicate if the program / service is evidence-based or not.

YES

Q15 If YES to question # 14, please note your citation here.

YMHFA research

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

YES
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.</td>
<td>Financial, Human Capital, Space, Time</td>
</tr>
<tr>
<td>Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!</td>
<td>Respondent skipped this question</td>
</tr>
</tbody>
</table>
#29

## Q1 Work group Member Contact Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Work group Member Name:</td>
<td>Ryan D. Voegtlin</td>
</tr>
<tr>
<td>Name of Person Completing this form:</td>
<td>Ryan D. Voegtlin</td>
</tr>
<tr>
<td>Title of Person Completing this form:</td>
<td>Director Student Services</td>
</tr>
<tr>
<td>Agency or School System:</td>
<td>AACPS</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:RVOEGTLIN@aacps.org">RVOEGTLIN@aacps.org</a></td>
</tr>
<tr>
<td>Phone Number</td>
<td>410-222-5322</td>
</tr>
</tbody>
</table>

## Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Alternatives to Drugs

## Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Substance (Ab)use

## Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

<table>
<thead>
<tr>
<th>Field</th>
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<tbody>
<tr>
<td>Name of Agency:</td>
<td>Anne Arundel County Public Schools</td>
</tr>
<tr>
<td>Name of Provider:</td>
<td>Ryan Voegtlin</td>
</tr>
<tr>
<td>Title of Provider:</td>
<td>Director Student Services</td>
</tr>
<tr>
<td>Phone # of Provider:</td>
<td>410-222-5322</td>
</tr>
</tbody>
</table>

## Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational
Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

2

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

61

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

53

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Anne Arundel

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

to provide resources and education to families of AACPS students

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. age
b. race
c. gender
d. grade
e. school

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. referrals

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

we recently incorporated the Documentary Chasing the Dragon to our program. We also attend the county programs related to opiate and have become an active member. Our program also keep parents updated on the resources available to them in our county.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

NO
Data Sheet for Behavioral / Substance (Ab)use Programs and Services

<table>
<thead>
<tr>
<th>Q15</th>
<th>If YES to question # 14, please note your citation here.</th>
<th>Respondent skipped this question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q16</td>
<td>If an opportunity exists would the program or service be appropriate for expansion to other school systems?</td>
<td>YES</td>
</tr>
<tr>
<td>Q17</td>
<td>If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.</td>
<td>Travel, Time</td>
</tr>
<tr>
<td>Q18</td>
<td>Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!</td>
<td></td>
</tr>
</tbody>
</table>

This is a seven night program hold in the evenings for both Parent and student. This program has been used for 30 years but has been updated and overcalled to meet the changing social trends. Based on our exit survey completed by the Parents the program receives 4.5 out of 5 points. The top comment is that they (Parents) feel better equipped is engage with their students about drug use and prevention.
Q1 Work group Member Contact Information

Work group Member Name: Steve Neff/Elizabeth Rathbone
Name of Person Completing this form: Elizabeth Rathbone
Title of Person Completing this form: Coordinator
Agency or School System: MCPS
Email Address: Elizabeth_A_Rathbone@mcpsmd.org
Phone Number: 240-314-4824

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

DHHS, Screening and Assessment Services for Children and Adolescents

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Substance (Ab)use

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Name of Agency: DHHS
Name of Provider: Raymond Crowel
Title of Provider: Chief

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational, Treatment / Intervention / Clinical, Recovery / Postvention
Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

0

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

250

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

850

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Montgomery

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Assessments, education, connection to services for students and families

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. Number of referrals

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. SASCA report

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Information on opioids and their effects, referrals to community service providers

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

YES

Q15 If YES to question # 14, please note your citation here.

SAMHSA
**Q16** If an opportunity exists would the program or service be appropriate for expansion to other school systems?  
**YES**

**Q17** If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.  
- Financial,  
- Human Capital,  
- Time

**Q18** Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!  
*Respondent skipped this question*
Q1 Work group Member Contact Information

Work group Member Name: Debbie Somerville
Name of Person Completing this form: Debbie Somerville
Title of Person Completing this form: Coordinator
Agency or School System: Baltimore County Public Schools
Email Address: dsomerville@bcps.org
Phone Number: 443-809-6368

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

School-based Community Mental Health Partners

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Behavioral / Mental Health

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Treatment / Intervention / Clinical

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

not sure
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

not sure

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

not sure

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Baltimore County

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Students' emotional health status will improve

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. CGAS score
b. primary diagnosis
c. length in treatment
d. suspension
e. attendance

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. annual report by providers

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

These services indirectly address opiate use by addressing mental/behavioral health problems that may increase the risk for substance abuse.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

NO

Q15 If YES to question # 14, please note your citation here.

Respondent skipped this question
<table>
<thead>
<tr>
<th>Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.</td>
<td>Financial, Space</td>
</tr>
<tr>
<td>Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!</td>
<td>Respondent skipped this question</td>
</tr>
</tbody>
</table>
Q1 Work group Member Contact Information

Work group Member Name: Alexia Lotts-McCain
Name of Person Completing this form: Alexia Lotts-McCain
Title of Person Completing this form: Coordinator of Health and Physical Education
Agency or School System: Baltimore City Public Schools
Email Address: amccain@bcps.k12.md.us
Phone Number: 443-642-4072

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Comprehensive health education curriculum

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Both

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

In progress
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

In progress

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

In progress

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Baltimore City

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

The desired outcome of the Substance Abuse Prevention units in health education are to prevent the initiation and reduction of drinking, cigarette smoking, marijuana and opiate use. The Mental and Emotional Health units are intended to provide students with the ability to use mental and emotional health knowledge, skills and strategies to enhance wellness.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. The Youth Risk Behavior Survey
b. The School Health Profiles
c. Middle of the Year Assessments
d. End of School Year assessments

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. The YRBS

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

The comprehensive health education curriculum provides lessons that describe the effects of heroin/opiate use on the human body; understand how families and peers influences their decision making; and examine the cycle of addiction to heroin/opiates and what can be done to prevent it.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

NO
### Data Sheet for Behavioral / Substance (Ab)use Programs and Services

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q15</strong> If YES to question # 14, please note your citation here.</td>
<td>Respondent skipped this question</td>
</tr>
<tr>
<td><strong>Q16</strong> If an opportunity exists would the program or service be appropriate for expansion to other school systems?</td>
<td>YES</td>
</tr>
<tr>
<td><strong>Q17</strong> If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.</td>
<td>Time</td>
</tr>
<tr>
<td><strong>Q18</strong> Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!</td>
<td>Respondent skipped this question</td>
</tr>
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</table>
#33

**Q1 Work group Member Contact Information**

Work group Member Name: For All Seasons
Name of Person Completing this form: Beth Anne Langrell
Title of Person Completing this form: Executive Director
Agency or School System: Caroline County Schools
Email Address: blangrell@forallseasonsinc.org
Phone Number: 410-822-1018

**Q2 List the name of the behavioral or substance (ab)use disorder service / program.**

School based mental health services

**Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.**

Behavioral / Mental Health

**Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.**

Respondent skipped this question

**Q5 For the program / service listed above, please check ALL the services provided in the school setting.**

Prevention / Educational, Treatment / Intervention / Clinical

**Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.**

181
Q7 For the program/service listed above, please indicate the number of Middle School (6-8) students served annually.

60

Q8 For the program/service listed above, please indicate the number of High School (9-12) students served annually.

0

Q9 For the program/service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Caroline

Q10 For the program/service listed above, please write a brief description for the desired outcome of the service.

To provide mental health treatment to children on site in the school setting. Working as a team with teachers, parents and administration to wrap services around the child in school and in the home. Desired outcomes include strengthening skills to manage symptom stemming from anxiety, stress, depression, trauma, behavior management.

Q11 For the program/service listed above, please list the data points collected for the desired outcome.

a. Number of children seen
b. Diagnosis
c. Treatment plan goals
d. Self report of symptoms

Q12 For the program/service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. excel
b. face to face contact

Q13 For the program/service listed above, please provide a short answer regarding how the program or service addresses heroin and/or opiate use.

face to face conversations provides an ongoing opportunity to address heroin, opiate and other drugs

Q14 For the programs/service listed above, please indicate if the program/service is evidence-based or not.

NO

Q15 If YES to question # 14, please note your citation here.

Respondent skipped this question
Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? YES

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Financial,
Space,
Other (please specify):
Work force availability and roadblocks created with credentialing with licensing board as well as private insurance companies

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Our agency is proud to partner with Caroline County Schools and we look forward to a continued partnership.
#34

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 23, 2017 12:18:18 PM
Last Modified: Wednesday, August 23, 2017 12:23:25 PM
Time Spent: 00:05:07
IP Address: 23.24.121.53

Page 1: Data Sheet

Q1 Work group Member Contact Information

Work group Member Name: Catherine Meyers
Name of Person Completing this form: Catherine Meyers
Title of Person Completing this form: Executive Director
Agency or School System: Center for Children
Email Address: meyers@center-for-children.org
Phone Number: 3016099887

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Center for Children Inc

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Behavioral / Mental Health

Q4 If not previously provided in question 1, for the program / service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Name of Agency: Center for Children Inc
Name of Provider: Center for Children Inc
Title of Provider: Staff Therapists
Phone # of Provider: 3014758008

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Treatment / Intervention / Clinical
**Q6** For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

200

**Q7** For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

60

**Q8** For the program / service listed above, please indicate the number of High School (9-12) students served annually.

0

**Q9** For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Charles, St. Mary's

**Q10** For the program / service listed above, please write a brief description for the desired outcome of the service.

Children and families will receive services needed to maintain school functioning and to improve mental health symptoms

**Q11** For the program / service listed above, please list the data points collected for the desired outcome.

a. OMS

**Q12** For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. OMS

**Q13** For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

n/a only as a preventative for children having mental health issues

**Q14** For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

NO

**Q15** If YES to question # 14, please note your citation here.

Respondent skipped this question
Data Sheet for Behavioral / Substance (Ab)use Programs and Services

**Q16** If an opportunity exists would the program or service be appropriate for expansion to other school systems?  
**YES**

**Q17** If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.  
- Financial,  
- Space,  
- Time,  
- Access to Students

**Q18** Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

cooperative relationship between schools and provider essential
#35

**Q1 Work group Member Contact Information**

Work group Member Name: HARBEL Prevention and Recovery Center

Name of Person Completing this form: Patricia Quinn Stabile

Title of Person Completing this form: Program Director

Agency or School System: HARBEL Prevention and Recovery Center (Baltimore)

Email Address: pstabile@harbelprc.com

Phone Number: 410-44-2100

**Q2 List the name of the behavioral or substance (ab)use disorder service / program.**

HARBEL Prevention and Recovery Center

**Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.**

Substance (Ab)use

**Q4 If not previously provided in question 1, for the program/service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.**

Respondent skipped this question

**Q5 For the program / service listed above, please check ALL the services provided in the school setting.**

Treatment / Intervention / Clinical
Recovery / Postvention

**Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.**

0
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

0

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

60

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Baltimore City

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Engagement in SUD tx

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. admission demographics
b. discharge demographics
c. tx plan completion/ non-completion at discharge
d. arrests while in tx

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. program records

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

education and overdose prevention as part of tx plans

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

YES

Q15 If YES to question # 14, please note your citation here.

SUD tx is evidence based - may used a variety of evidence based interventions- starting with developing a therapeutic relationship with counselor, using motivational interviewing, using cognitive behavioral therapy, using ACRA.
<table>
<thead>
<tr>
<th>Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.</td>
<td>Financial, Human Capital, Space, Travel, Time, Access to Students Other (please specify): Supervision Time/ Admin time</td>
</tr>
<tr>
<td>Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!</td>
<td>Respondent skipped this question</td>
</tr>
</tbody>
</table>
#36

## Work group Member Contact Information

<table>
<thead>
<tr>
<th>Work group Member Name:</th>
<th>Kirsten Roller</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Person Completing this form:</td>
<td>Kirsten Roller</td>
</tr>
<tr>
<td>Title of Person Completing this form:</td>
<td>Health Education Specialist</td>
</tr>
<tr>
<td>Agency or School System:</td>
<td>Maryland State Department of Education (MSDE)</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:kirsten.roller@maryland.gov">kirsten.roller@maryland.gov</a></td>
</tr>
<tr>
<td>Phone Number</td>
<td>410-767-0330</td>
</tr>
</tbody>
</table>

## List the name of the behavioral or substance (ab)use disorder service / program.

Maryland Comprehensive Health Education Program

## For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Other (please specify): COMAR 13A.04.18

## If not previously provided in question 1, for the program/service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

<table>
<thead>
<tr>
<th>Name of Agency:</th>
<th>Maryland State Department of Education (MSDE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Provider:</td>
<td>24 local school systems</td>
</tr>
</tbody>
</table>

## For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational

## For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

All public school students in the state
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

All public school students in the state

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

All public school students in the state

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Allegany, Anne Arundel, Baltimore City, Baltimore County, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, Worcester, SEED, JSE
Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Standard 2: Alcohol, Tobacco, and Other Drugs. Students will demonstrate the ability to use drug knowledge, decision-making skills, and health enhancing strategies to address, the non-use, use, and abuse of medications, alcohol, tobacco, and other drugs.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

<table>
<thead>
<tr>
<th>Data Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. By September 2016 and each 5 years after that, each local superintendent of schools shall certify to the State Superintendent of Schools that the instructional programming within grades prekindergarten—12 meets, at a minimum, the requirements set forth in Regulation .01 of this chapter.</td>
</tr>
</tbody>
</table>

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

<table>
<thead>
<tr>
<th>Data Collection Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. By September 2016 and each 5 years after that, each local superintendent of schools shall certify to the State Superintendent of Schools that the instructional programming within grades prekindergarten—12 meets, at a minimum, the requirements set forth in Regulation .01 of this chapter.</td>
</tr>
</tbody>
</table>

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Comprehensive Health Education Programs in each local school system are required to include instruction related to heroin and opiod addiction and prevention, including information relating to the lethal effect of fentanyl. The instruction must be delivered in elementary, middle, and high school grade bands and must be a stand-alone unit in the program.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

NO

Q15 If YES to question # 14, please note your citation here.

Respondent skipped this question

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

YES
**Q17** If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

- Financial
- Human Capital
- Time
- Access to Students

**Q18** Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Respondent skipped this question
Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q1 Work group Member Contact Information

- Work group Member Name: Barbara Brookmyer
- Name of Person Completing this form: Robert T Stephens
- Title of Person Completing this form: Health Officer
- Agency or School System: Garrett County Health Department
- Email Address: ROBERT.STEPHENS@MARYLAND.GOV
- Phone Number: 3013347670

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Level 1 and 0.5 SRD Treatment

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

- Substance (Ab)use

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

- Name of Agency: Garrett County Health Department
- Name of Provider: Kathryn Beals, LCSW
- Title of Provider: SRD Treatment Supervisor
- Phone # of Provider: 301-334-7672

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

- Prevention / Educational
- Treatment / Intervention / Clinical
Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

0

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

0

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

30

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Garrett

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Provide SRD early intervention services and treatment for high school students.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. Number of students referred for treatment
b. Number of students receiving treatment
c. Number of treatment sessions
d. Number of students enrolled in early intervention
e. Number of early intervention sessions

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. PatTrac (Electronic Medical Record)

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Provides addiction treatment for students with a SRD Diagnosis and early intervention for students who are at high risk of addiction

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

NO
<table>
<thead>
<tr>
<th>Q15 If YES to question # 14, please note your citation here.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRD treatment is the standard of care and meets all State licensing requirements. The answer to #14 should be &quot;n/a&quot;.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial, Space</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent skipped this question</td>
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#38

**Collector:** Web Link 1 (Web Link)
**Started:** Thursday, August 24, 2017 2:16:42 PM
**Last Modified:** Thursday, August 24, 2017 2:30:02 PM
**Time Spent:** 00:13:19
**IP Address:** 167.102.25.241

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**Page 1: Data Sheet**

**Q1 Work group Member Contact Information**

- **Work group Member Name:** Lynne Muller
- **Name of Person Completing this form:** Alicia Mezu
- **Title of Person Completing this form:** Health Services Specialist
- **Agency or School System:** Maryland State Department of Education
- **Email Address:** alicia.mezu@maryland.gov
- **Phone Number:** 410-767-0353

**Q2 List the name of the behavioral or substance (ab)use disorder service / program.**

Guidance document for use of Naloxone in the school setting (frequently asked questions document)

**Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.**

- Substance (Ab)use

**Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.**

- Respondent skipped this question

**Q5 For the program / service listed above, please check ALL the services provided in the school setting.**

- Prevention / Educational
- Treatment / Intervention / Clinical
- Recovery / Postvention
Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

unknown

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

unknown

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

unknown
Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

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

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

To save lives and prevent deaths due to opioid abuse

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

Respondent skipped this question
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
</table>
| Q12      | For the program/service listed above, please list the primary data collection tools utilized to capture the desired data points.  
|          | a. **reporting form for naloxone administration** |
| Q13      | For the program/service listed above, please provide a short answer regarding how the program or service addresses heroin and/or opiate use.  
|           | Provides information about naloxone administration in the public schools and who it is administered to |
| Q14      | For the programs/service listed above, please indicate if the program/service is evidence-based or not.  
|           | NO |
| Q15      | If YES to question # 14, please note your citation here.  
|           | Respondent skipped this question |
| Q16      | If an opportunity exists would the program or service be appropriate for expansion to other school systems?  
|           | YES |
| Q17      | If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.  
|           | Other (please specify):  
|           | This is mandated by law and all local education agencies in the state must report naloxone administration |
| Q18      | Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!  
|           | Respondent skipped this question |
#39

Q1 Work group Member Contact Information

Work group Member Name: Reginald Burke
Name of Person Completing this form: Reginald Burke
Title of Person Completing this form: Specialist, School Completion and Alternative Programs
Agency or School System: Maryland State Department of Education
Email Address: reginald.burke@maryland.gov
Phone Number: 4107670313

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Youth Mental Health First Aid

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Both

Q4 If not previously provided in question 1, for the program/service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational
Treatment / Intervention / Clinical

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

400
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

600

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

400

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

- Baltimore County
- Dorchester,
- Somerset

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

train adults to recognize the symptoms of mental health problems, provide initial support, and refer individual to professional help

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. Unable to carry out daily activities
b. Unable to work or attend school
c. substance abuse disorder

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. office referrals
b. attendance data
c. academic data
d. referrals to SST

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

The program teaches adults the warning signs and risk factors to look for in youth that may be experiencing substance abuse issues.

Q14 For the program / service listed above, please indicate if the program / service is evidence-based or not.

YES
Q15 If YES to question # 14, please note your citation here.

The Youth Mental Health First Aid program is included in SAMHSA’s National Registry of Evidenced-based Programs and Practices (NREPP)

| Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? | YES |
| Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply. | Financial, Time |
| Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group! | Respondent skipped this question |
Q1 Work group Member Contact Information

Work group Member Name: Denise Gomez
Name of Person Completing this form: Evelyn Saim-Lobos
Title of Person Completing this form: Program Director
Agency or School System: Family Services, Inc.
Email Address: evelyn.saim-lobos@fs-inc.org
Phone Number: 240-755-3575

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

The Landing Program

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Other (please specify):
Recovery from Substance (Ab)use

Q4 If not previously provided in question 1, for the program/service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Name of Agency: The Landing Program at Family Services, Inc.
Name of Provider: Evelyn Saim-Lobos
Title of Provider: Program Director
Phone # of Provider: 3018404066

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational, Recovery / Postvention
Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

0

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

15-20 (about)

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

20-35 (about)

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Montgomery

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

To provide satisfactory services per client report. To provide service that clients would recommend to others with similar needs. To provide services that make a positive impact on the clients’ lives per client report. To minimize the length of time the program has vacancies in to ensure prompt services are available to person in the community. To provide prompt response and service to persons referred to the program.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. The number of persons reporting overall satisfactory services divided by the number of surveys completed.

b. The number of persons reporting they would recommend the service to others with similar needs divided by the number of surveys completed.

c. Number of clients reporting positive impact on my life. (Strongly agree/ agree) divided by total number of clients surveyed.

d. The number vacancies filled within 30 days of becoming vacant divided by the total number of vacancies over the course of 3 months. (Max enrollment is 40)

e. Number of clients referred to the program receiving initial contact by The Landing staff within 2 business days of referral divided by total number of referrals.
Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

| a. Surveys |

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

We are a recovery support center and have members recovering from a variety of drugs including heroin and/or opiates. We develop a recovery plan with each member and their family. We have groups concerning risk factors for opioid use/abuse & relapse.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

| NO |

Q15 If YES to question # 14, please note your citation here.

Respondent skipped this question

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

| YES |

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

| Financial, Travel, Access to Students |

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Respondent skipped this question
Q1 Work group Member Contact Information

- **Work group Member Name:** Bob Stephens
- **Name of Person Completing this form:** Kendra McLaughlin
- **Title of Person Completing this form:** Director of Health Education
- **Agency or School System:** Garrett County Health Dept
- **Email Address:** kendra.mclaughlin@maryland.gov
- **Phone Number:** 3013347732

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Garrett County Drug Free Communities Coalition

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

- **Substance (Ab)use**

Q4 If not previously provided in question 1, for the program/service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

- **Name of Agency:** Garrett County Health Department
- **Name of Provider:** Kendra McLaughlin
- **Title of Provider:** Director of Health Education and Outreach
- **Phone # of Provider:** 3013347732
Q5 For the program / service listed above, please check ALL the services provided in the school setting.

- Prevention / Educational
- Treatment / Intervention / Clinical
- Recovery / Postvention

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

indirectly, all Garrett County k-5 students; 1,686

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

indirectly, all Garrett County 6-8 students; 876

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

indirectly, all Garrett County 9-12 students; 1,122

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Garrett

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

assist in promoting treatment, intervention and prevention services to those people affected by alcohol and other drug abuse in Garrett County

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. Past 30 day use of tobacco, alcohol, marijuana, prescription drugs
b. Outpatient treatment admissions
c. Overdose deaths

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Maryland Youth Risk Behavior Survey
b. PatTrac: Outpatient Addiction Stats
c. Maryland Vital Records
Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Services include prevention (drug take back, PDMP promotion, school presentations, permanent drop boxes, safe medication storage and disposal), intervention (Naloxone training), treatment (medication assisted treatment options), and recovery (support groups).

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

| YES |

Q15 If YES to question # 14, please note your citation here.


Prevention and Intervention Strategies to Decrease Misuse of Prescription Pain Medications; American Public Health Association Policy Statement; Nov 3, 2015; Policy #20154

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

| YES |

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

| Financial, Human Capital, Time, Access to Students |

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Respondent skipped this question
Q1 Work group Member Contact Information

Work group Member Name: Tracey Williams
Name of Person Completing this form: Tracey Williams
Title of Person Completing this form: Supervisor of Student Services
Agency or School System: Kent
Email Address: twilliams@kent.k12.md.us
Phone Number: 410-810-3170

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Alcohol Edu

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Substance (Ab)use

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

0
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

0

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

150

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Kent

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Educate about the risks involved in drinking, binge drinking. Educate about the steps to get help for you or someone else if needed.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

Respondent skipped this question

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Classroom assignments, quizzes

b. Online survey

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

This program does not address heroin/opiate. We are looking into resources from Discovery Education for all students enrolled in Health.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

YES

Q15 If YES to question # 14, please note your citation here.

Alcoholedu

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

YES
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
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<tr>
<td>Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.</td>
<td>Financial</td>
</tr>
<tr>
<td>Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!</td>
<td>Respondent skipped this question</td>
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</table>
**Q1 Work group Member Contact Information**

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</tr>
</thead>
<tbody>
<tr>
<td>Name of Person Completing this form:</td>
<td>Robin Handler</td>
</tr>
<tr>
<td>Title of Person Completing this form:</td>
<td>Robin Handler</td>
</tr>
<tr>
<td>Agency or School System:</td>
<td>Washington County</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:Handlrob@wcps.k12.md.us">Handlrob@wcps.k12.md.us</a></td>
</tr>
<tr>
<td>Phone Number</td>
<td>301 766 2966</td>
</tr>
</tbody>
</table>

**Q2 List the name of the behavioral or substance (ab)use disorder service / program.**

Washington County middle and high schools have active SAP Teams. We also offer school-Based mental health services through a grant provided by the Local Management Board and individual providers who provide services privately in the schools. ADAC conducts groups at Antietam Academy, our alternative school. The SBIRT Screening and Refereral to treatment services program through Meritus was available at Western Heights and South High. There are substance abuse awareness lessons embedded in the 10th grade health/life curriculum.

**Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.**

Both

**Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.**

Respondent skipped this question

**Q5 For the program / service listed above, please check ALL the services provided in the school setting.**

Prevention / Educational
Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

none

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

SAP teams meet at middle schools- 5150 students

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

SAP teams meet at all high schools-6300 students

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Washington

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Ideally, Washington County will deliver a PreK-12 evidence based, substance abuse prevention program with fidelity to all students. In addition, we will conduct Children of Alcholic, Violence Prevention, Alateen groups in all schools. SAP team training and refresher training will be offered to all teams to strengthen our SAP programs.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. student attendance
b. discipline referrals
c. graduation rates and postsecondary engagement
d. teacher and staff engagement as it relates to effective teaching
e. increased academic achievement in literacy and math

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Increased referrals to the Health Department for identified students who are at risk,
b. attendance, discipline, graduation rates, postsecondary plans
c. alumni data in Naviance
d. student participation in extracurricular activities
Q13 For the program/service listed above, please provide a short answer regarding how the program or service addresses heroin and/or opiate use.

Students will be taught tools to manage stress, protective factors, refusal skills, decision making, positive and healthy relationships.

Q14 For the programs/service listed above, please indicate if the program/service is evidence-based or not.

NO

Q15 If YES to question #14, please note your citation here.

Respondent skipped this question

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

Respondent skipped this question

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Respondent skipped this question

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Washington County Public School students would benefit greatly from an evidence based PreK-12 substance abuse prevention program. Our SAP teams are committed to identifying students at risk. Communication and a shared vision exists with Behavioral Health/Health Department. Parent education and access is key as well.
Q1 Work group Member Contact Information

Work group Member Name: SHANNA WIDEMAN
Name of Person Completing this form: SHANNA WIDEMAN
Title of Person Completing this form: CHIEF, CHILD ADOLESCENT SUBSTANCE USE SERVICES
Agency or School System: BEHAVIORAL HEALTH ADMINISTRATION
Email Address: SHANNA.WIDEMAN@MARYLAND.GOV
Phone Number: 410-402-8494

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

RECOVERY SUPPORT/ADOLESCENT CLUBHOUSE

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Substance (Ab)use

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Recovery / Postvention, Prevention / Educational

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

0
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

60

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

240

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

- Baltimore City,
- Baltimore County
- Frederick,
- Montgomery,
- Prince George's,
- St. Mary's,
- Anne Arundel

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Each unique clubhouse uses evidence-based and promising practices to provide screening, intervention, and recovery support to adolescents. Through various approaches to substance use intervention and recovery, the clubhouse’s recovery-oriented model supports diminishing triggers and cues that led to past substance abuse and uses youth driven activities to engage adolescents in more enriching and healthy ways.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. SUBSTANCE USE
b. FAMILY RELATIONSHIPS
c. PARENTING SKILLS
d. SOCIAL AND LIFE SKILLS

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. CRAFFT Screening Tool
b. Strengthening Families Program
c. Youth Mental Health First Aid
Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

behavioral health education, screening, and recovery-oriented supports deployed as interventions to prevent future opioid-related overdose deaths in the state

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

YES

Q15 If YES to question # 14, please note your citation here.

CRAFFT

Strengthening Families
http://legacy.nreppadmin.net/ViewIntervention.aspx?id=44

Youth Mental Health First Aid
https://www.mentalhealthfirstaid.org/about/research/

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

YES

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Financial

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

N/A
Data Sheet for Behavioral / Substance (Ab)use Programs and Services

#45

Complete

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 29, 2017 12:45:36 PM
Last Modified: Tuesday, August 29, 2017 1:24:01 PM
Time Spent: 00:38:24
IP Address: 134.192.135.28

Page 1: Data Sheet

Q1 Work group Member Contact Information

Work group Member Name: Shanna Wideman
Name of Person Completing this form: Rebecca LaCosta
Title of Person Completing this form: Clinical Research Assistant
Agency or School System: University of Maryland School of Medicine
Email Address: rlacosta@som.umaryland.edu
Phone Number: (410)706-6544

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Maryland Behavioral Health for Adolescents and Young adults (MD-BHAY)

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Both

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Name of Agency: BHA
Name of Provider: Shanna Wideman
Title of Provider: Director of Child and Adolescent Substance Use Services
Phone # of Provider: (410)402-8494

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Treatment / Intervention / Clinical
Recovery / Postvention
For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

0

For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

0

For the program / service listed above, please indicate the number of High School (9-12) students served annually.

Over 20

For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Baltimore City,
Baltimore County

For the program / service listed above, please write a brief description for the desired outcome of the service.

Reduction/Elimination of substance use behavior and maintenance of recovery.

For the program / service listed above, please list the data points collected for the desired outcome.

a. Baseline/Intake
b. 3 Month Follow-up
c. 6 Month follow-up
d. Discharge

For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Center for Substance Abuse Treatment (SAMHSA)
   Government Performance Act Measure (GPRA)
b. Global Appraisal of Individual Needs (Chestnut Health Systems - GAIN)

For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

The project uses A-CRA which is on SAMHSA's National Registry of Evidence Based Programs and Practices for substance use treatment.
Q14 For the programs/service listed above, please indicate if the program/service is evidence-based or not. **YES**

Q15 If YES to question # 14, please note your citation here.

SAMHSA’s National Registry of Evidence-based Programs and Practices: Adolescent Community Reinforcement Approach (A-CRA)

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **YES**

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply. **Financial, Space, Other (please specify):**

Student attendance - Students abusing substances often have poor attendance at school which can make school based treatment challenging.

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Since University of Maryland School of Medicine is an approved state trainer of Adolescent Community Reinforcement Approach (A-CRA) some certification costs of training with the developer Chestnut Health Systems can be reduced.
Data Sheet for Behavioral / Substance (Ab)use Programs and Services

#46

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 30, 2017 1:47:08 PM
Last Modified: Wednesday, August 30, 2017 2:16:19 PM
Time Spent: 00:29:10
IP Address: 167.102.25.197

Page 1: Data Sheet

Q1 Work group Member Contact Information

Work group Member Name: Linda Auerback
Name of Person Completing this form: Linda Auerback
Title of Person Completing this form: Substance Abuse Prevention Supervisor
Agency or School System: Carroll County Health Department
Email Address: Linda.Auerback@maryland.gov
Phone Number: 4108764803

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Skill-based education and current drug trends curriculum, including Refusal Skills and Anger Management, "Don't Believe the Lie"
Prevention Program from the State's Attorney's Office

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Substance (Ab)use

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

924 students
Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

3,944 students

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

3,247 students

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service. Carroll

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Increased awareness of the risks/harmfulness of drugs and alcohol; increased ability to refuse drugs and alcohol; increased ability to manage anger/stress; increased understanding of the developing brain and addiction.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. Decrease the Percentage of students drug and alcohol use.

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Maryland Youth Risk Behavior Survey

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Students are taught the relationship between heroin and other opioids, including how abusing prescription opioids can result in a heroin addiction.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

YES

Q15 If YES to question # 14, please note your citation here.

Guiding Good Choices

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

YES
Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

- Financial
- Human Capital
- Time
- Access to Students
- Other (please specify):
- Partnership with schools

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Respondent skipped this question
#47

Q1 Work group Member Contact Information

<table>
<thead>
<tr>
<th>Work group Member Name:</th>
<th>Richard Moody</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Person Completing this form:</td>
<td>Patricia Ramseur</td>
</tr>
<tr>
<td>Title of Person Completing this form:</td>
<td>Alcohol &amp; Other Drugs Prevention Coordinator</td>
</tr>
<tr>
<td>Agency or School System:</td>
<td>Prince George's County Health Department</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:pbramseur@co.pg.md.us">pbramseur@co.pg.md.us</a></td>
</tr>
<tr>
<td>Phone Number</td>
<td>301-324-2991</td>
</tr>
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</table>

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Prince George's County Behavioral Health Services

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

| Behavioral / Mental Health |

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

<table>
<thead>
<tr>
<th>Name of Agency:</th>
<th>Prince George's County Health Department</th>
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</thead>
<tbody>
<tr>
<td>Name of Provider:</td>
<td>Behavioral Health Services</td>
</tr>
<tr>
<td>Title of Provider:</td>
<td>Deputy Health Officer, Dr. Duvall-Harvey</td>
</tr>
<tr>
<td>Phone # of Provider:</td>
<td>301-883-7871</td>
</tr>
</tbody>
</table>
Q5 For the program / service listed above, please check ALL the services provided in the school setting.  
Prevention / Educational  
Other (please specify):  
Resource for treatment and mental health services; recovery club house for adolescence

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.  
300 or more

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.  
300 or more

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.  
100 or more

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.  
Prince George's

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.  
students receive information about substance abuse prevention and know the consequences when using alcohol, tobacco and other drugs

Q11 For the program / service listed above, please list the data points collected for the desired outcome.  
a. to see what participants know before participating in a prevention program or presentation  
b. To know what was learned after participation in the prevention program or presentation  
c. To know if the presenter was effective
Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Pre & Post Test  
b. Evaluation  
c. Survey  

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Educational Presentation or Evidence Based Program addressing opiate and heroin use

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.  

YES

Q15 If YES to question # 14, please note your citation here.

Evidence Based Programs used are approved by the Substance Abuse and Mental Health Services Administration

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?  

YES

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Space,  
Time,  
Access to Students  
Other (please specify):  
Approval from the principal

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

This was a great survey, I hope that the information will be taken seriously and that there will be more opportunities to implement Evidence Based Programs that promote prevention issues such as HIV, Substance Abuse, Bullying, etc. in to the school for all ages.
Q1 Work group Member Contact Information

Work group Member Name: Eloise Henry-Gordy
Name of Person Completing this form: Tamara Mills
Title of Person Completing this form: Coordinator of Instruction
Agency or School System: Worcester County Public Schools
Email Address: tjmills@mail.worcester.k12.md.us
Phone Number: 410-632-5000

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Integrated Health Literacy Program

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Both

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Name of Agency: Worcester County Public Schools
Name of Provider: Worcester County Public Schools
Phone # of Provider: 410-632-5000

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

approximately 2500
**Q7** For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

approximately 1500

**Q8** For the program / service listed above, please indicate the number of High School (9-12) students served annually.

0

**Q9** For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Worcester

**Q10** For the program / service listed above, please write a brief description for the desired outcome of the service.

It is our hope that we can create system health changes in our community by starting with educating our children at a very young age. This 1st-8th grade program integrates health units of instruction in reading, math, science and social studies. It is a partnership with our local hospital, Atlantic General Hospital.

**Q11** For the program / service listed above, please list the data points collected for the desired outcome.

a. we measure health literacy scores/ratings
b. we pre- and post-test all students during the pilot year of the implementation

**Q12** For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. The University of MD, Herschel Horowitz Center for Health Literacy is our data partner. They write, administer and analyze the results of pre- and post-tests

**Q13** For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

There is a countywide 8th grade unit on Opioids and Heroin. A portion of the unit teaches how the drugs alter and effect the brain, which is taught in science class. The social studies portion of the unit address community impact, financial impact and has the students write letters to local lawmakers regarding the need for resources.

**Q14** For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

NO
**Q15** If YES to question # 14, please note your citation here.

There is little to no evidence on health literacy in children. The University of MD Herschel Horowitz Center for Health Literacy is our data and research partner. They have a great deal of RESEARCH from the CDC and the National Health Education Standards, HECAT - Health Education Curriculum Analysis Tool, and their School of Public Health.

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**Q16** If an opportunity exists would the program or service be appropriate for expansion to other school systems?  **YES**

---

**Q17** If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

- Financial,
- Human Capital,
- Time,
- Other (please specify):

> My AGH colleagues and I have presented this program to many other counties, through MSDE, as well as other conferences. It takes a very specific set of parameters to be able to duplicate.

---

**Q18** Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!  **Respondent skipped this question**
**Q1** Work group Member Contact Information

<table>
<thead>
<tr>
<th>Work group Member Name:</th>
<th>Ed Singer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Person Completing this form:</td>
<td>Tim Weber</td>
</tr>
<tr>
<td>Title of Person Completing this form:</td>
<td>Drug Treatment &amp; Education Coordinator</td>
</tr>
<tr>
<td>Agency or School System:</td>
<td>Carroll County States Attorney's Office</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:tweber@ccg.carr.org">tweber@ccg.carr.org</a></td>
</tr>
<tr>
<td>Phone Number</td>
<td>410-386-2671</td>
</tr>
</tbody>
</table>

**Q2** List the name of the behavioral or substance (ab)use disorder service / program.

Special OPTS-Don't Believe the Lie

**Q3** For the program / service you listed above, please select the program or service provided from the dropdown list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Substance (Ab)use

**Q4** If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

**Q5** For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational

**Q6** For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

0
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q7</td>
<td>For the program / service listed above, please indicate the number of Middle School (6-8) students served annually. 1500</td>
</tr>
<tr>
<td>Q8</td>
<td>For the program / service listed above, please indicate the number of High School (9-12) students served annually. 4500</td>
</tr>
<tr>
<td>Q9</td>
<td>For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service. Carroll</td>
</tr>
<tr>
<td>Q10</td>
<td>For the program / service listed above, please write a brief description for the desired outcome of the service. Special OPTS - Opiode prevention and Teen Support in this program we show the dangers of opioide use. Don't Belive the Lie - In this 8th grade program we show how to do use refusal skills to get out of dangerous situation.</td>
</tr>
<tr>
<td>Q11</td>
<td>For the program / service listed above, please list the data points collected for the desired outcome. a. N/A</td>
</tr>
<tr>
<td>Q12</td>
<td>For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points. a. N/A</td>
</tr>
<tr>
<td>Q13</td>
<td>For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use. Special OPTS- We show a video of a family who lost someone to an overdose and then young people in recovery share their experience with heroin and recovery. Don't belive the lie is a refusal skills program that shows the consequences of usung opiates and the benefits of not using them</td>
</tr>
<tr>
<td>Q14</td>
<td>For the programs/ service listed above, please indicate if the program / service is evidence-based or not. NO</td>
</tr>
<tr>
<td>Q15</td>
<td>If YES to question # 14, please note your citation here. Respondent skipped this question</td>
</tr>
<tr>
<td>Q16</td>
<td>If an opportunity exists would the program or service be appropriate for expansion to other school systems? YES</td>
</tr>
</tbody>
</table>
Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Both these programs have been well received by the whole county!
Q1 Work group Member Contact Information

Work group Member Name: Pamela B. Creekmur
Name of Person Completing this form: Michelle Hinton
Title of Person Completing this form: Program Manager
Agency or School System: Prince George's County Health Department
Email Address: mvhinton@co.pg.md.us
Phone Number: 301-583-3389

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

School-Based Health Centers

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Both

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Name of Agency: Prince George's County Health Department
(Formerly) Children's National Health System
Name of Provider: N/A
Title of Provider: N/A
Phone # of Provider: N/A

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational
Treatment / Intervention / Clinical
Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

N/A

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

N/A

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

1631

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Prince George's

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

identify and respond to mental health issues, preventing and responding to mental health crisis; reduce barriers to learning and facilitate students' academic success; support the social emotional needs of students

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. Type and number of visits kept
b. Initial mental health assessment tool
c. Referrals made and kept
d. Student feedback
e. Medical Insurer

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. Electronic Medical Records
b. Medical Record Charts

tn13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Inquires are made about any type drug abuse/use and appropriate referrals are made for treatment
### Data Sheet for Behavioral / Substance (Ab)use Programs and Services

#### Q14
For the programs/service listed above, please indicate if the program/service is evidence-based or not.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q14</td>
<td>NO</td>
</tr>
</tbody>
</table>

#### Q15
If YES to question # 14, please note your citation here.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q15</td>
<td>Respondent skipped this question</td>
</tr>
</tbody>
</table>

#### Q16
If an opportunity exists would the program or service be appropriate for expansion to other school systems?

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q16</td>
<td>YES</td>
</tr>
</tbody>
</table>

#### Q17
If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

- Financial, 
- Time

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q17</td>
<td>Financial, Time</td>
</tr>
</tbody>
</table>

#### Q18
Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

More services are needed. Students are experiencing a great deal of trauma.
**Q1 Work group Member Contact Information**

<table>
<thead>
<tr>
<th>Work group Member Name:</th>
<th>Behavioral health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Person Completing this form:</td>
<td>Jennifer Conte</td>
</tr>
<tr>
<td>Title of Person Completing this form:</td>
<td>Coordinator of Student Intervention Programs</td>
</tr>
<tr>
<td>Agency or School System:</td>
<td>Charles County Public Schools</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:jconte@ccboe.com">jconte@ccboe.com</a></td>
</tr>
<tr>
<td>Phone Number</td>
<td>301-934-7335</td>
</tr>
</tbody>
</table>

**Q2 List the name of the behavioral or substance (ab)use disorder service / program.**

Tri-County Counseling

**Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.**

**Behavioral / Mental Health**

**Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.**

<table>
<thead>
<tr>
<th>Name of Agency:</th>
<th>Tri-County Youth Services Bureau</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Provider:</td>
<td>Laurel James</td>
</tr>
<tr>
<td>Title of Provider:</td>
<td>Executive director</td>
</tr>
<tr>
<td>Phone # of Provider:</td>
<td>301-645-1837</td>
</tr>
</tbody>
</table>
Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational, Treatment / Intervention / Clinical, Recovery / Postvention

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

220

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

80

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

0

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Charles

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

For students to receive mental health counseling in the schools

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. client logs

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. client logs

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

No
Q14 For the programs/service listed above, please indicate if the program/service is evidence-based or not. **YES**

Q15 If YES to question # 14, please note your citation here.

Various therapy modalities

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **YES**

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

- Financial,
- Human Capital,
- Space,
- Travel,
- Time

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group! Respondent skipped this question
Q1 Work group Member Contact Information

Work group Member Name: louise fnk
Name of Person Completing this form: IOUISE I fINK
Title of Person Completing this form: Director/home and hospita/health services
Agency or School System: Baltimore City schools
Email Address: llfink@bcps.k12.md.us
Phone Number: 4432261139

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Expanded School Behavioral Health

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Both

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Name of Agency: Baltimore City Schools
Name of Provider: louise fnk
Title of Provider: Director
Phone # of Provider: 443 226 1139
Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational, Treatment / Intervention / Clinical, Recovery / Postvention

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

6,000

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

1,000

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

2,000

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Baltimore City

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

students remain in school, receive service in school and are able to benefit from the educational program while receiving mental health support and remaining drug free

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. suspension data
b. attendance data
c. school achievement data

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. electronic reporting and school system data system
Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

activities around prevention using a life skills program and therapeutic interventions

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not.

YES

Q15 If YES to question # 14, please note your citation here.

Bodkins life skills is on the SAMSA list

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems?

YES

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Financial, Space, Time

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

This is a collaborative service with BHSB and our lead agencies