



# Maryland School Mental Health Response Program

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Evaluation Report for Program Implementation from  
June 2022 to September 2023

Office of Research, Planning, and Program Evaluation

January 2024

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## Executive Summary

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Whether it is from online bullying, unregulated social media, school shootings, anxiety over societal issues, lack of access to quality mental health services, or school workload, the mental health of Maryland's youth has grown steadily worse for more than a decade, with COVID-19 exacerbating the trend. In an attempt to respond to this rise in student social, emotional, and academic needs, Maryland committed the use of American Rescue Plan Elementary and Secondary School Emergency Relief (ARP ESSER) funds to support school mental health through the implementation of the School Mental Health Response Program (MD-SMHRP) in collaboration with the National Center of School Mental Health (NCSMH).

After introductory orientation webinars, all 24 local education agencies (LEAs) in Maryland participated in initial individual interviews to assess the available mental health resources and determine how MD-SMHRP could provide support. Based on the responses from the initial interviews, 28 action items were identified across the LEAs. These items included supplementing the work of site-based student support services personnel through trainings, resources, professional development, student engagement, implementation of evidence-based interventions, community partnerships, cultural inclusivity, and interventions for high-risk students. In an effort to determine how the program should be sustained beyond the federal funding grant period, this initial evaluation serves to examine the effectiveness of the program model in enhancing the capacity of on-site school personnel and addressing existing gaps in school mental health services. To determine the initial impact of MD-SMHRP, a semi-annual LEA Impact Survey was developed and distributed by NCSMH in partnership with MSDE's MD-SMHRP and Office of Research, Planning, and Program Evaluation. In order to answer evaluation questions pertaining to relevance, coherence, and sustainability, process reviews were conducted through focus groups and interviews with the MD-SMHRP staff.

Based on reported deliverables and responses from the semi-annual LEA Impact Survey distributed to LEAs in January 2023, this report includes the following findings:

- **MD-SMHRP was effective in achieving all five of its Year 2 objectives.**
- **While engaged LEAs gave more positive ratings of program support quality and helpfulness than LEAs identified as somewhat or minimally engaged, all LEAs gave positive ratings overall.**
- **LEAs reported improved overall school mental health quality with the support of MD-SMHRP, but wait times for access to community mental health providers and preventing crises are still significant concerns.**
- **Without having a long-term plan for staffing and continuous improvement, it is not certain that the program can sustain its current momentum.**

Since the continuation of MD-SMHRP after the expiration of ESSER funding has been supported by the Maryland State Board of Education through the program's addition as a strategy in MSDE's Strategic Plan, this report concludes with the following two recommendations:

- MD-SMHRP should use relevant data such as Youth Risk Behavior Survey results, school mental health personnel retention rates, and the rate of crises occurring within and across districts to encourage engagement, determine level of support, and guide continuous improvement of the program.
- In order to help support districts who do not have the current capacity to create and/or maintain a website of their own, MD-SMHRP should update its current website to provide links to resources, directories, and relevant data.

## Introduction

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After more than three years since the start of the COVID-19 pandemic, a mental health crisis among students, families, and educators continues to unfold across the nation.<sup>1</sup> While students attempt to recover from a year of isolation and uncertainty, the number of school shootings reaches record highs and unregulated social media risks the safety, privacy, and well-being of youth.<sup>2</sup> According to the 2021 High School Youth Risk Behavior Survey (YRBS), youth in the U.S. reported increases in feelings of sadness, hopelessness, and suicidal ideation during the 2020-2021 school year.<sup>3</sup> In the same survey, Maryland students were significantly more likely to report actually attempting suicide one or more times in the past year (17.3%) than all students in the United States (10.2%).<sup>4</sup>

In an attempt to respond to rising student social, emotional, and academic needs, states including Maryland received a substantial increase in revenue through the allocation of American Rescue Plan Elementary and Secondary School Emergency Relief (ARP ESSER) funds. Maryland committed the use of these funds to support school mental health through the implementation of the School Mental Health Response Program (MD-SMHRP) in collaboration with the National Center of School Mental Health (NCSMH). As the ARP ESSER grant period ends on September 30, 2024, this initial evaluation serves to examine the effectiveness of the program model in enhancing the capacity of on-site school personnel and addressing existing gaps in school mental health services.<sup>5</sup>

Following this introduction, this report applies the following five evaluation criteria: relevance, coherence, effectiveness, impact, and sustainability.<sup>6</sup> Through the application of these criteria, this report discusses the alignment of Maryland's program plans with federal funding requirements, coordinated community supports, program effectiveness, program impact based on perspectives from local education agencies (LEAs), and the potential sustainability of the current program model.

### EVALUATION QUESTIONS

The following questions were used to guide this evaluation and align with the five evaluation criteria discussed:

1. **Relevance:** How does the plan of work of the program align with federal ARP ESSER funding requirements?

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<sup>1</sup> U.S. Department of Health and Human Services. (2021). Protecting Youth Mental Health: The U.S. Surgeon General's Advisory. Retrieved from <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

<sup>2</sup> Irwin, V., Wang, K., Cui, J., Zhang, J., & Thompson, A. (2023). Report on Indicators of School Crime and Safety: 2022. *National Center for Education Statistics*. <https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2023092>

<sup>3</sup>Centers for Disease Control and Prevention. (2021). High School YRBS: United States 2021 Results. Retrieved from: <https://nccd.cdc.gov/Youthonline/App/Results.aspx?LID=XX>

<sup>4</sup> Centers for Disease Control and Prevention. (2021). High School YRBS: Maryland 2021 and United States 2021 Results. Retrieved from: <https://shorturl.at/beJL5>

<sup>5</sup> When this evaluation was conducted, MD-SMHRP was in its first year of implementation and second year of funding.

<sup>6</sup> Organisation for Economic Cooperation and Development (OECD) (2021), *Applying Evaluation Criteria Thoughtfully*, OECD Publishing, Paris, <https://doi.org/10.1787/543e84ed-en>.

2. **Coherence:** To what extent does the program support broader policy frameworks?
3. **Effectiveness:** Did the program achieve its objectives?
4. **Impact:** How did the program activities enhance capacity for on-site school personnel to support student mental health?
5. **Sustainability:** How is the program functioning from administrative, organizational, and personnel perspectives?

## EVALUATION SCOPE AND SIZE

Local education agencies in Maryland were introduced to MD-SMHRP through orientation webinars in August 2022. After the webinars, all 24 LEAs participated in initial individual interviews to assess the available mental health resources and determine how MD-SMHRP could provide support. (For the script with interview questions, see Appendix A.) Based on the results of the initial interviews, 28 action items were identified across the LEAs. These items included trainings, resources, professional development, student engagement, implementation of evidence-based interventions, community partnerships, cultural inclusivity, and interventions for high-risk students. This evaluation examines the deliverables to fulfill these action items and the perspectives of all participating LEAs.

## METHODOLOGY

To determine the initial impact of MD-SMHRP, a semi-annual LEA Impact Survey was developed and distributed by NCSMH in partnership with MSDE's MD-SMHRP and Office of Research, Planning, and Program Evaluation. This informal exploratory questionnaire was distributed on January 12, 2023, and was completed by all 24 LEAs, with a total of 53 people responding. The survey requested participants share responses using a Likert scale for the following topics:

- Perceptions of MD-SMHRP;
- Changes in LEA SMH outcomes since June 2022;
- MD-SMHRP's contribution to changes in LEA SMH outcomes;
- Most helpful MD-SMHRP components;
- MD-SMHRP's assistance in helping LEAs address their priorities;
- MD-SMHRP areas of strong support;
- MD-SMHRP areas for improvement; and
- LEA needs for spring 2023.

The responses from the survey were analyzed, aggregated, and summarized into an impact summary created by the MD-SMHRP.

In order to answer the relevance, coherence, and sustainability evaluation questions, process reviews were conducted as focus groups and interviews with the MD-SMHRP staff. The process reviews were a confidential method to better understand the structure, successes, and challenges of the program. To ensure everyone participating in the focus groups and interviews were able to contribute, process reviews were conducted for at least 30 minutes. Three program staff participated in a focus group and

four staff participated in interviews. (For the list of questions used to guide the focus group and interviews, see **Appendix B**.)

## Relevance: Plan of Work

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On October 4, 2021, MSDE authorized and submitted a revised and final approved version of its American Rescue Plan Elementary and Secondary School Emergency Relief (ARP ESSER) plan as required by the U.S. Department of Education. Within the plan, the implementation of a statewide mental health program was provided as one of its top priorities in response to the COVID-19 pandemic.<sup>7</sup> MSDE had originally planned to implement Regional Crisis Response and Clinical Support Teams, which would have consisted of professionals and paraprofessionals trained in clinical support and crisis intervention skills to ensure timely access to supports and services for students. In addition to helping to resolve crises, the program sought to build local capacity to provide mental health services and supports, particularly in critical shortage areas of the State. Moreover, it intended to support the work of undergraduate and graduate student school counselors, school social workers, and school psychologists by creating collaborative agreements to help fund practicum or other costs.

Due to concerns about the ethics of providing direct student services for a limited amount of time, the plan for the program shifted soon after the ARP ESSER plan was submitted. A new vision to ensure all Maryland students, families, and communities have equitable access to mental, behavioral, and physical health supports necessary to thrive was established for the modified statewide mental health program, MD-SMHRP, which currently plans to enrich and enhance the work of site-based services personnel.<sup>8</sup> This includes supplementing the work of site-based student support services personnel by providing resources, consultations, trainings, crisis intervention support, and learning communities hosted and developed in collaboration with the National Center on School Mental Health.

## Coherence with Broader Policy Frameworks

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In order to understand the extent to which wider policy frameworks support or replicate the activities of the MD-SMHRP, this section of the report discusses the internal coherence of the MD-SMHRP with the Consortium on Coordinated Community Supports (Consortium).<sup>9</sup>

As part of a broader initiative to meet student behavioral health needs, a new entity, the Consortium, was created and began its planning during the summer of 2022.<sup>10</sup> The Consortium is responsible for developing a statewide framework to expand access to comprehensive behavioral health services to all

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<sup>7</sup> Both the original and revised ARP ESSER plan can be accessed [here](#). Pages 9-11 and 57-58 of the revised version of the plan includes initial details about the mental health program.

<sup>8</sup> Maryland State Department of Education. (2023). *Maryland School Mental Health Response Program (MD-SMHRP)* Retrieved from <https://marylandpublicschools.org/about/Pages/DSFSS/MentalHealth/index.aspx>

<sup>9</sup> Organisation for Economic Cooperation and Development (OECD) (2021), *Applying Evaluation Criteria Thoughtfully*, OECD Publishing, Paris, <https://doi.org/10.1787/543e84ed-en>.

<sup>10</sup> [Md. Educ. § 7-447.1](#).

students.<sup>11</sup> Through a hub and spokes model, new and expanded programming in Maryland schools would be funded beginning during the 2023-2024 school year.

In one of the four subcommittees created to organize the Consortium's work, the Best Practices Subcommittee is working with the NCSMH and MSDE to develop a list of recommended best practices for grantees and LEAs. These best practices include the creation and implementation of a positive classroom environment for all students that recognizes the disproportionality of classroom management referrals. Under the Data Collection/Analysis & Program Evaluation Subcommittee, MSDE, along with the Maryland Department of Health, is expected to develop a system to track student referrals to private health providers and identify health and behavioral services that are already being provided at the LEA and school levels.

With plans to provide technical assistance to support grantees and LEAs in the implementation of best practices and data sharing, the current trainings offered through the MD-SMHRP may overlap with the proposed work of the Consortium. However, the technical assistance provided through MD-SMHRP will continue to be responsive to the needs of LEAs, while the technical assistance provided to spokes or community providers organized by the Consortium will be limited to a list of 15 evidence-based practices.

## Program Effectiveness

Within a Year 1 Activity Summary, the MD-SMHRP reported five objectives. In order to determine the extent to which these objectives were achieved, this section will use the deliverables and outcomes included in the summary to determine program effectiveness. A summary of the objectives is provided in **Table 1** and each objective is discussed briefly below. Overall, MD-SMHRP achieved all Year 2 objectives.

**Table 1. Achievement of Year 2 Objectives**

#	Objective	Achieved
1	Develop Implementation and Evaluation Infrastructure	Yes
2	Understand Strengths, Needs, And Priorities of LEAs	Yes
3	Provide Consultation and Support to LEAs Regarding Continuous Quality Improvement, Promising Practices, and Student Mental Health Needs	Yes
4	Train LEA Staff in Best Practices to Advance Comprehensive School Mental Health Systems and Address Student Mental Health Needs	Yes
5	Facilitate Monthly Virtual Webinars to LEA Leaders as Part of a Statewide Learning Community	Yes

<sup>11</sup> [Consortium Implementation Plan](#)



**OBJECTIVE #1: DEVELOP IMPLEMENTATION AND EVALUATION INFRASTRUCTURE**

In order to build the capacity of LEAs, the MD-SMHRP hired and trained program staff in school mental health topics. They also developed a resource library on frequently requested topics for use by the staff and trained them in measures and a workflow system with task management via ticketing on Qualtrics. An evaluation plan and associated measures were also developed. The evaluation plan included development of the program model, refining the logic model, and semi-annual progress check-ins with LEAs. Tools used to track and measure effectiveness included encounter forms that were completed during each interaction with an LEA, post-training survey responses, and learning community impact survey responses. (For the logic model, evaluation work plan, and a detailed list of data collection metrics, see **Appendix C** and **Appendix D**.)

**OBJECTIVE #2: UNDERSTAND STRENGTHS, NEEDS, AND PRIORITIES OF LEAS**

The program created Jurisdictional “At-a-Glance” reports for all LEAs. These reports included student demographics, graduation rates, dropout rates, discipline rates, attendance rates, student mobility rates, and staff data. Interviews were held with each LEA to learn about school mental health supports and services provided across schools and existing community-based mental health supports for students and their families in their local community. Data collected during the interviews was analyzed to develop action plans. Action plans included LEA level mental health challenges, strengths, training and resource needs, and action steps for MD-SMHRP.

**OBJECTIVE #3: PROVIDE CONSULTATION AND SUPPORT TO LEAS REGARDING CONTINUOUS QUALITY IMPROVEMENT, PROMISING PRACTICES, AND STUDENT MENTAL HEALTH NEEDS**

Under this objective, the program intended to establish a multidisciplinary expert group across NCSMH and MSDE. This eventually included four core coordination staff, seven response staff, a child and adolescent psychiatrist, core faculty from the University of Maryland School of Medicine, and a research and evaluation team. These staff fulfilled 346 support requests from LEAs with resource requests (35%), training requests (31%), and system consultation (18%) being the most frequently requested. Requests were tracked using an encounter form and ticketing system developed through Qualtrics.

**OBJECTIVE #4: TRAIN LEA STAFF IN BEST PRACTICES TO ADVANCE COMPREHENSIVE SCHOOL MENTAL HEALTH SYSTEMS AND ADDRESS STUDENT MENTAL HEALTH NEEDS**

From July 2022 to March 2023, 37 trainings were delivered to a total of 1,414 participants across 20 LEAs (**Table 2**). Training topics were based on action plan priorities. Topics included medication management, School Health Assessment and Performance Evaluation (SHAPE) System, and classroom behavior management. As shown in **Table 2**, SHAPE System training was the most widely requested with the highest number of participating LEAs while diagnostic criteria and substance use awareness trainings were the least requested. The type of staff receiving these trainings included administrators, educators, healthcare providers, mental health providers, and student support professionals.

Table 2. MD-SMHRP Training Count and Participants by Topic Category

Topic Category	Category Description	Training Count	LEA Count	Total Training Participants
<b>Behavior Management</b>	Provides strategies for addressing behavior in the classroom.	4	3	391
<b>Community Stakeholders</b>	Directed toward or about family and community members.	4	6	42
<b>Culturally Appropriate Teaching</b>	Professional development on culturally responsive classroom and teaching strategies.	3	2	184
<b>Diagnostic Criteria</b>	Training on current diagnostic criteria for Attention-Deficit/Hyperactivity Disorder (ADHD).	1	1	5
<b>Medication Management</b>	Provides examples of common medications and effects on behavior.	4	3	223
<b>Multi-Tiered System of Supports (MTSS)</b>	Interventions to address anxiety within a MTSS.	2	1	68
<b>School Health Assessment and Performance Evaluation (SHAPE) System</b>	Overview, review, and best use discussions of SHAPE.	7	14	51
<b>Substance Use Awareness</b>	Presentation and discussion of substance use concerns among students.	1	1	20
<b>Trauma Informed Strategies</b>	Provides best practices for counselors to support students who are having trouble engaging in school.	6	1	284
<b>Well-Being in School Environments (WISE)</b>	Provides strategies to support educator well-being, including TeacherWISE.	5	15	146

**OBJECTIVE #5: FACILITATE MONTHLY VIRTUAL WEBINARS TO LEA LEADERS AS PART OF A STATEWIDE LEARNING COMMUNITY**

The MD-SMHRP provided nine opportunities for LEAs to learn from one another and the program partners through learning community sessions. Learning community sessions are held virtually once a month, typically an hour long, and focused on one topic. Common themes from initial LEA interviews were used to determine topics. With 22 LEAs participating in the learning communities, the program exceeded its Year 2 goal of 6 LEAs. Feedback from LEAs has been positive, with at least 90% reporting that the learning communities were relevant and useful.

**District Engagement & Perspectives of Impact**

Based on a semi-annual survey distributed to LEAs in January 2023, LEAs gave the MD-SMHRP positive ratings overall. The majority (83%) of LEAs agreed or strongly agreed that MD-SMHRP support was timely and relevant, while only 63% agreed or strongly agreed that support was adequate to address needs. Overall, engaged LEAs gave more positive ratings of support quality and helpfulness than LEAs identified as somewhat or minimally engaged (Figure 1).<sup>12</sup> As shown in Figure 1, LEAs gave least positive ratings for support to connect students and families to local mental health resources, while positive ratings for adequate support appeared to depend on the level of LEA engagement.

<sup>12</sup> Engaged is defined as an LEA who attends learning communities and has consistent communication with the MD-SMHRP. Somewhat engaged includes LEAs who attend the learning communities but have inconsistent communication. Minimally engaged includes LEAs with inconsistent or no attendance in the learning communities or communication.

**Figure 1. Percentage of Positive Ratings by Support & LEA Level of Engagement**



Since June 2022, LEAs reported improved overall school mental health quality, but wait times for access to community mental health providers and preventing crises are still significant concerns. Despite these concerns at least five LEAs reported that MD-SMHRP contributed to the majority of the improvements. For LEAs indicating improvements, more than half or 13 LEAs reported that the program increased on-site staff capacity, while only five or 13% reported that the program supported a decrease of fewer crises and disciplinary incidents. These percentages varied across LEA engagement levels (**Figure 2**).

**Figure 2. Percentage of MD-SMHRP Contributions to Improvements by LEA Engagement Level**



In the semi-annual impact survey, MD-SMHRP asked LEAs open-ended questions requesting which service was most helpful and how the program can better support the district's mental health needs. Requested topic areas included the following:

- Addressing Staffing Shortages
- Human Trafficking
- Neuropsychology
- Psycho-social Impact on English Language Learner
- Psychotropic Medication
- Responding to Threat Assessments
- Selected Mutism and Treatment
- Social Emotional Learning Practices
- Substance Abuse

## Sustainability of Program Model

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Due to growing concerns about mental health among students and access to care, continuation of MD-SMHRP after the expiration of ESSER funding has been supported by the Maryland State Board of Education through the program's addition as a strategy in the State Board's and MSDE's Strategic Plan.<sup>13</sup> While the Strategic Plan provides a summary related to the program, no specifics are provided regarding program services. Therefore, this section evaluates the sustainability of the current services provided through the existing program structure.

Within the first year of implementation, many LEAs found value in the services provided by MD-SMHRP based on the post-training and semi-annual impact survey responses. This included case consultations, learning communities, and the resource library. Unfortunately, the shift in the program model resulted in a need for different personnel. As a result, staff numbers have dwindled due a mismatch of skills necessary for the program and job dissatisfaction based on responses during process reviews.

Across the process reviews conducted, there was a consensus that case consultations were the most utilized and effective service provided to LEAs. While some staff felt that providing crisis response was also effective, there was a general concern about roles and responsibilities once the team arrived at the school experiencing the crisis. Staff also shared that they successfully increased engagement of LEAs by being more of an ally rather than an enforcer by focusing on providing support. However, there appeared to be confusion around decision-making in regard to continuous improvement of the program, delegation of tasks, service deliverables, and collaboration with partners. This included the inability to be "utilized to our fullest potential" due to concerns that LEAs would rely too heavily on the temporary support provided through the program.

Without having a long-term plan for staffing and continuous improvement, the program may have difficulty maintaining its current momentum.

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<sup>13</sup> Maryland State Department of Education. (2023). *Maryland Transforms: A Strategic Plan Guidebook*. Retrieved from <https://strategicplan.marylandpublicschools.org/maryland-transforms/>

## Discussion

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### CONCLUSION

Due to shortages of school-based mental health professionals, there was an overwhelming need to build the capacity of current student support services personnel. Moreover, mental health literacy was nonexistent on a large scale for LEAs across the state of Maryland. Through the MD-SMHRP, MSDE provided services to address these gaps with the support of ARP ESSER funds. After conducting interviews to determine the specific needs of LEAs, MD-SMHRP supplemented the work of site-based student support services staff by providing resources, consultations, trainings, crisis intervention support, and learning communities.

Overall, LEAs reported improvement in school mental health quality and positive ratings of MD-SMHRP through the semi-annual survey. However, wait times for access to community mental health providers and preventing crises are still significant concerns. While the work organized by the Consortium may address the wait times, it will be the program's responsibility to support the decrease of crises across the state of Maryland. Based on process reviews with program staff, this could require a clearer crisis prevention and management plan.

Through training more than 1,000 participants and the successful facilitation of collaboration across LEAs through learning communities, MD-SMHRP is making a statewide impact. However, without a strategy to increase and retain program staff, the current program model may not be sustainable in the long term. Moreover, regardless of the much-needed services offered through the MD-SMHRP, without legislation that includes less emphasis on individual resources and more on contextually responsive, systemic changes, no amount of services and capacity-building may reduce the growing student mental health crisis.<sup>14</sup>

### RECOMMENDATIONS

***Recommendation #1: MD-SMHRP should use relevant data to encourage engagement, determine level of support, and guide continuous improvement of the program.***

Prior to implementation, Jurisdictional "At a Glance" Reports were created by MD-SMHRP for internal planning purposes. Although these reports appear to provide a comprehensive overview of each LEA, much of the information included did not allow for a necessary comparison of the current state of school mental health across districts. This may have been due to a lack of data and/or the lag of reporting of data directly related to student mental health. However, as noted by the process review responses, there appeared to be no clear system to use this or any data for continuous improvement of MD-SMHRP.<sup>15</sup> (For the list of data included in the current reports, see **Appendix E**.)

The Youth Risk Behavior Surveillance System (YRBS) which is a set of surveys that tracks behaviors that can lead to poor health in students, collects student self-reported mental health data. This data could be used to inform the level of support districts may need and measure the long-term impact of MD-

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<sup>14</sup> Theron, L., Murphy, K., & Ungar, M. (2022). Multisystemic Resilience: Learning from Youth in Stressed Environments. *Youth & Society*, 54(6), 1000-1022. <https://doi.org/10.1177/0044118X211017335>

<sup>15</sup> Kelly, M. S. (2011). Data-driven decision making in school-based mental health:(how) is it possible?. *Advances in School Mental Health Promotion*, 4(4), 2-4. <https://doi.org/10.1080/1754730X.2011.9715637>



SMHRP. During the last administration of the surveys, the surveys were administered to a sample of more than 50,000 middle and high school students from 23 of 24 districts across Maryland.<sup>16</sup> The 2023 surveys will include the following questions to measure sadness, suicidal ideation and planning, attempted suicide, the severity of suicide attempts, and mental health quality of life <sup>17</sup>:

1. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
2. During the past 12 months, did you ever seriously consider attempting suicide?
3. During the past 12 months, did you make a plan about how you would attempt suicide?
4. During the past 12 months, how many times did you actually attempt suicide?
5. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
6. During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)

The aggregated responses to these questions along with other relevant data collected through this survey, could be used to rank LEAs and encourage varying levels of participation in MD-SMHRP based on this ranking.

In addition to self-reported student mental health data, retention rates and reasons for turnover of school-based mental health professionals could help determine the level of support and impact of the program. Although the ratio of school-based mental health professionals to students has steadily decreased since 2019, the ratios in many districts remain much higher than recommended. Through the support of the MD-SMHRP, the retention of current staff should increase. For staff that choose to leave, collection of exit interview data could help the program improve targeted and long-term support.

With crisis intervention support as one of the program's services, the number of crises occurring within and across districts could be used to determine the long-term impact of the program. Crises would need to be clearly defined by the program and there would need to be an effective mechanism to track each one, even if support is not directly provided by the program.

***Recommendation #2: MD-SMHRP should update the website to provide links to resources and relevant data.***

As the program continues to develop resources for presentations and collect a multitude of data from LEAs, making these resources and data available to the public by updating the program's website

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<sup>16</sup> Maryland Department of Health. (2023). *Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) 2021-2022*. Maryland Department of Health Surveys & Reports. <https://health.maryland.gov/phpa/ccdpc/Reports/Pages/State-Level-Data.-2021-2022.aspx>

<sup>17</sup> Center of Disease Control. (2023). *Youth Risk Behavior Survey (YRBS) 2023 Standard Questionnaire Item Rationale*. [https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2023/2023\\_standard\\_yrbs\\_item\\_rationale.pdf](https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2023/2023_standard_yrbs_item_rationale.pdf)

could offer both the program and stakeholders an array of benefits.<sup>18</sup> States such as Texas have developed websites with the Comprehensive Center Network to provide their stakeholders access to a learning portal, toolkit, mental health related statistics, and a wealth of resources.<sup>19</sup> Similar to Texas, MD-SMHRP should update its current website to not only increase its own capacity in keeping LEAs up to date on the latest program events, but also provide recordings and copies of presentations that some LEA staff are unable to attend.

With only 38% of LEAs giving the program a positive rating, the program received the lowest ratings for helping connect students and families to mental health resources. While these stakeholders are not the intended audience of the current program, a hub for them to access school-based mental health information could support the current efforts to enhance capacity for on-site school personnel. One example is available through the District of Columbia Public Schools, which provides a directory of school mental health providers and easy to read mental health resources and tips for students and families.<sup>20</sup> Providing a website with this information could help support districts who do not have the current capacity to create and/or maintain a website of their own.

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<sup>18</sup> Maryland State Department of Education. (2023). Maryland School Mental Health Response Program (MD-SMHRP). <https://marylandpublicschools.org/about/Pages/DSFSS/MentalHealth/index.aspx>

<sup>19</sup> *Texas School Mental Health*. Comprehensive Center Network Region 14. (2023). <https://region14compcenter.org/project/texas-school-mental-health/30>; [Texas School Mental Health Website](#)

<sup>20</sup> School Mental Health DC Public Schools. (2023). <https://dcpsmentalhealth.org/>

## Appendix

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### APPENDIX A: INTERVIEW SCRIPT

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#### General Guidelines for Local Education Agency (LEA) Point of Contact Interview

The purpose of this interview is to assess the available mental health resources of each LEA to determine how The Maryland School Mental Health Response Team can provide support and how the LEA might want to use our available resources.

#### Introduction

Thank you for joining the call today. As you know, the Maryland State Department of Education (MSDE) has developed the Maryland School Mental Health Response Program to provide timely consultation and support to school systems to address student and family mental health concerns. The National Center for School Mental Health at the University of Maryland School of Medicine is supporting the design, development, and implementation of the program. This program will enrich and enhance, not replace, the work of site-based student support services personnel.

A main feature of the SMH Response Program will be the **School Mental Health Response Team** in which school systems can:

- **Receive consultation/technical assistance** from mental health specialists (School Counselor, Substance Use Counselor, School Social Worker, Behavior Analyst, System Navigator, and School Nurse) about student emotional and behavioral health and school mental health systems
- **Receive training/professional development** for school system and school-based staff to assist in developing strategies and programs that will support students' emotional and behavioral health
- **Connect** to local behavioral health providers, crisis services, and other resources

The purpose of the call today is to learn about school mental health supports and services provided across schools in your school system and existing community-based mental health supports for students and their families in your local community. This discussion will be an opportunity for us to understand how the Maryland School Mental Health Response Program could best support your schools.

We will be taking notes during the call.

We would like to walk through each of these components to consider how these might fit with your school system's current mental health framework.

**The School Mental Health Response Team will be staffed with** school mental health specialists who can consult to the school system and school staff about student emotional and behavioral health and school mental health system capacity building.

Examples of consultation topics could include: building an effective multi-tiered system of support for school mental health, school mental health teaming, mental health screening, school mental health promotion, school mental health prevention and intervention, school mental health funding, sustainability and impact, individual student behavioral health concerns (non-emergency crisis); peer-to-peer violence; student non-compliance; complex behavioral health presentations.

- What topics would be most useful for your team to receive consultation about?
- How do you currently receive support for your schools for these issues?

From your perspective, what are the **biggest challenges** your schools face in supporting student behavioral health concerns?

What **recommendations** do you have for how MSDE and the School Mental Health Response Program can help to address those challenges?

As we mentioned, the School Mental Health Response Program will also be available to provide consultation to build the capacity of your multi-tiered system of support for school mental health.

This includes

- a comprehensive strengths and gaps assessment of your system using national performance standards (including school mental health teaming, universal mental health screening, school mental health promotion, school mental health prevention and intervention, school mental health funding, sustainability and impact),
- an action planning process,
- targeted resources,
- support from our team to make meaningful improvements to your system.

Have you engaged in this type of quality improvement before?

This consultation will use resources from the School Health Assessment and Performance Evaluation System (the SHAPE System). SHAPE is a public-access, web-based platform that offers schools, districts, and states/territories a workspace and targeted resources to support school mental health quality improvement. SHAPE houses the National School Mental Health Census and the School Mental Health Quality Assessment (SMH-QA). These measures are designed for team completion at the school or district level to document the school mental health system components, assess the comprehensiveness of a SMH system, prioritize quality improvement efforts and track improvement over time. Are you familiar with SHAPE?

Would you be interested in learning more about this type of system consultation?

As we mentioned, the School Mental Health Response Program will also be available to provide training and technical assistance to school and school system teams to support their students' emotional and behavioral health.

Are there specific training and technical assistance topics that your schools would most benefit from?

Some topics include:

- Fostering positive teacher-student relationships
  - The training focuses on making teacher-student connections through Trauma-Informed Practices, Multi-tiered System of Supports (MTSS), Classroom Systems, and Classroom Wise modules
- Positive school climate
  - Trainings on MTSS, Positive Behavior Interventions and Supports (PBIS), Restorative Practices, Classroom Wise modules
- Cultural inclusiveness and equity
  - Trainings focusing on restorative and equitable discipline policies and practices via MTSS with equity, Restorative Practices, and Implicit Bias trainings
- Re-engaging and increasing student motivation
  - Trainings specifically on student motivation via Classroom Wise modules and MTSS Classroom Systems
- Educator well-being, including self-care
  - Trainings using the Physical, Occupational, Intellectual, Social, and Emotional (POISE) modules and Teacher Wise modules
- Collaborative Problem Solving (CPS)
  - Training on implementing the CPS Process
- Crisis de-escalation
  - Training on Trauma-Informed Practices and Response Team Training protocols
- Adverse Childhood Experiences and Trauma
  - ACE Interface Curriculum and training on Trauma Informed Approaches
- Youth Mental Health First Aid (YMHFA)
  - YMHFA Curriculum training
  - Behavior management
  - Adult mental health
- Exclusive Professional Development provided by Maryland School Mental Health Response Team's Child and Adolescent Psychiatrist:
  - Child and adolescent brain development

- Early childhood mental health
- Function of behavior
- Brain based teaching and learning
- Medicine/effects

**The School Mental Health Response Team will also facilitate connection** to local behavioral health providers, crisis services, and other resources.

Facilitated connection may include offering a list of resources, services, and programs; providing education about the available service array; and assisting school system and school leaders with the referral process by initiating calls, matching needs to available services, and supporting logistics of referrals.

- Describe your current process for making referrals to community partners and identifying resources (e.g., services, programs, aid) in the community?
  - What is your current process?
  - How do you identify resources (e.g., updated list of resources)?
  - How do you keep resource list updated, relevant to student needs, etc.?
  - How do you differentiate referrals/resources based on individual student needs?
  - What are the gaps in providers/resources in your community and how do you address these?
  - How do you monitor follow-through with referrals?
  - How can your referral and resource process be improved?
  - If you have a list of providers and resources to provide behavioral health support for students and families, can you share that with us?
  - Where can they be found? On website? School based?
  - What additional processes for making referrals and identifying resources would be most useful for your schools?

**Finally, The School Mental Health Response Team will provide access to** a System Navigator.

By *system navigators*, we mean professionals who are trained to support families as they navigate the behavioral health system and other youth-serving systems by informing them about available resources and services and facilitating connections to these resources and services.

## APPENDIX B: PROCESS REVIEW FOCUS GROUP AND INTERVIEW QUESTIONS

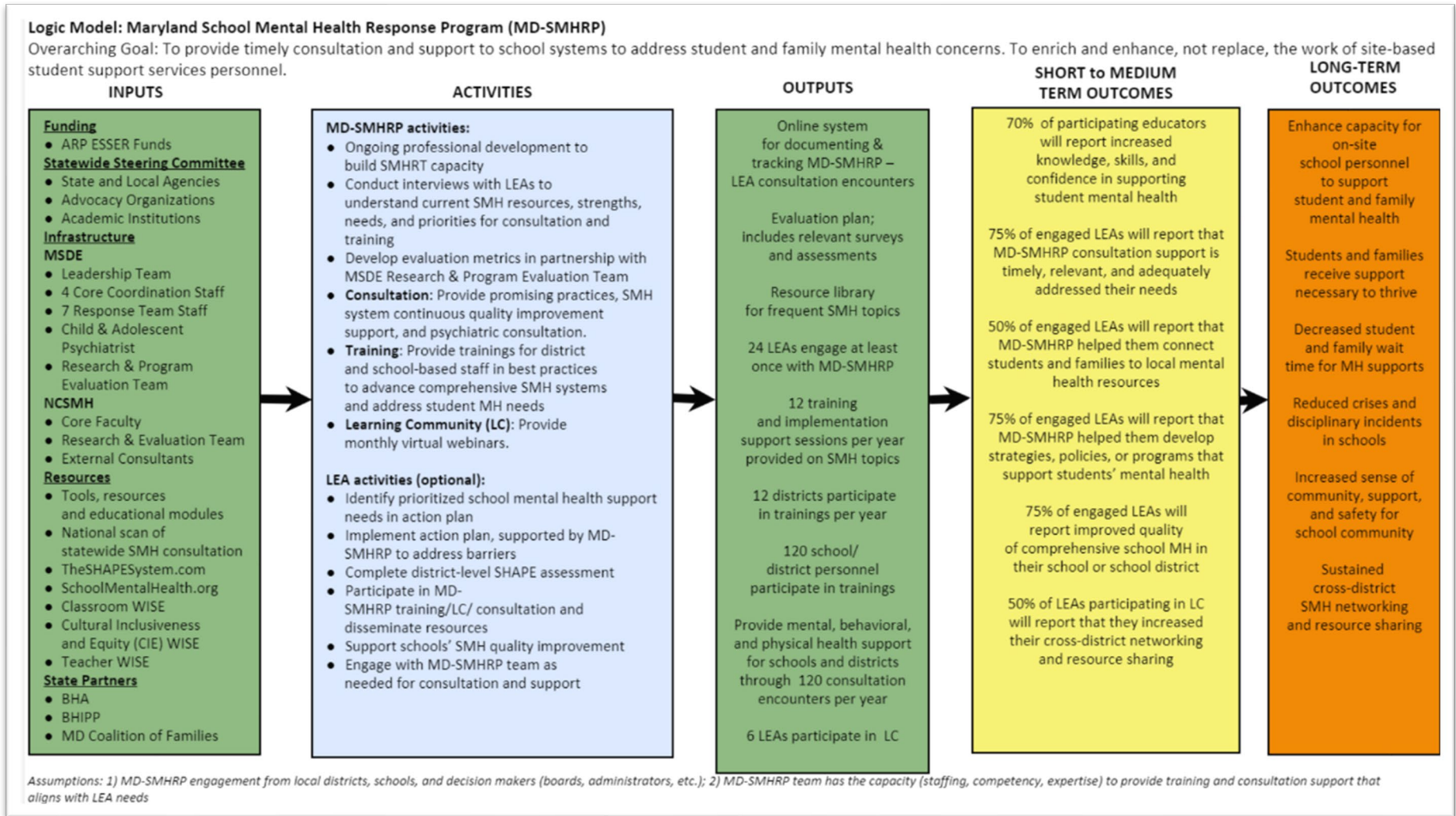
### Maryland School Mental Health Program Process Review Focus Group and Interview Questions

**Purpose:** This process review is intended to be a confidential method to better understand the successes, challenges, and design of the program. The responses from these questions will be used to supplement the evaluation report. To ensure everyone participating in this interview is able to contribute, this interview will last one hour.

#### Questions

1. How will you know if this program is effective?
2. How can you increase the impact of this program through your current approach?
3. In an ideal world, if you could, how would you redesign this program to better serve stakeholders? Would this lower or increase costs?
4. Who should be involved in improving this program? How?
5. How do you ensure that there is buy-in with old and new approaches implemented to better serve stakeholders?
6. Do you feel comfortable sharing suggestions for program issues and improvement with your manager or leadership?
7. Tell me about an approach you have helped implement or improve.
8. What suggestions have you made that were not implemented in the program?
9. What is the most and least effective service provided through this program? Why?
10. How has feedback from stakeholders been requested and received? How has it been incorporated in the past? How will it be incorporated in the future?

**APPENDIX C: LOGIC MODEL**





**APPENDIX D: EVALUATION WORK PLAN & DATA COLLECTION METRICS**

Evaluation Work Plan	Year 1				Year 2				Year 3				
	Quarter:	1	2	3	4	1	2	3	4	1	2	3	4
Develop Program Model	X	X	X	X									
Hire MD-SMHRP Team and Conduct Training	X	X	X	X									
Conduct Initial LEA Interviews & Develop Action Plans				X	X								
Develop and Refine Logic Model					X								
Develop Evaluation Plan & Surveys					X	X							
Create Qualtrics Data Collection & Task Tracking System					X	X							
Train MD-SMHRP Team on Qualtrics System						X							
MD-SMHRP Team Completes Encounter Form					X	X	X	X	X	X	X	X	X
Participants Complete Training & LC Surveys						X	X	X	X	X	X	X	X
Quarterly Deliverable Reports on Program Progress and Outputs					X	X	X	X	X	X	X	X	X
Semi-Annual Progress/Needs Check-In with LEAs							X		X		X		
Semi-Annual Formative Report								X		X		X	

**Data Collection Plan**

Measure	Data Source	Collection Frequency	Data Collection Method
Encounter Form	MD-SMHRP Team	Ongoing	Survey
Encounter Feedback Survey	Primary LEA Contact	Ongoing	Survey
Training Registration Form	LEA Participants (via Zoom)	Ongoing	Survey
Post-Training Survey	LEA Participants	Ongoing	Survey
LC Impact Survey	LEA Participants	Ongoing	Survey
LEA Impact/Needs Assessment	LEA Participants	Semi-Annual	Survey + Interview
SMHQA (SHAPE Assessment)	LEA Participants	Annual	The SHAPE System Website
School Quality and Student Success Score	MD School Report Card Data	Annual	MSDE Website

**APPENDIX E: JURISDICTIONAL “AT A GLANCE” REPORTS**

These reports included the following data by LEA, if available:

- Number of Schools by School Level
- Type of Schools
- Awards, Designations, Ranking
- Student Enrollment by Characteristics
- Graduation Rate
- Dropout Rate
- Discipline/Behavior by Race
- Attendance Rate
- College Enrollment Rate
- School Staff Demographics
- Organizational Chart
- School Mental Health Initiatives and Frameworks
- Student Curricula
- Related Departments
- Staff Training and Wellness Support
- Student Policies
- Partnerships
- Community Resources
- Mobility by Race
- Family and Student Survey Results