Report of the Workgroup on Behavioral and Substance Abuse Programs with Services in the Public Schools in Maryland

Presented by the
Maryland State Department of Education

December 1, 2017

Larry Hogan
Governor

Karen B. Salmon, Ph.D.
State Superintendent of Schools

Karen B. Salmon, Ph.D.
State Superintendent of Schools

Andrew R. Smarick
President, Maryland State Board of Education

Larry Hogan
Governor

Sylvia A. Lawson, Ph.D.
Chief Performance Officer

Mary L. Gable
Assistant Superintendent of Schools
Division of Student, Family, and School Support and Academic Policy

Walter Sallee, MPA
Director, Student Services and Strategic Planning
Division of Student, Family, and School Support

Lynne Muller, Ph.D.
Section Chief, Student Services
Specialist, School Counseling Services
Division of Student, Family, and School Support

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Acknowledgements

Executive Summary

In May 2017, Governor Hogan approved Senate Bill 1060, Heroin and Opioid Education and Community Action Act of 2017, the Start Talking Maryland Act. Senate Bill 1060 required the establishment of a Workgroup for behavioral and substance abuse disorder programs in public schools in Maryland. The Workgroup was directed to:

(1) Evaluate programs and services that provide behavioral and substance abuse services in the public schools in Maryland;
(2) Develop proposals to expand the evaluated programs to other jurisdictions, if appropriate, including recovery schools; and
(3) Report its findings and recommendations determined under this section to the General Assembly on or before December 1, 2017 in accordance with §2-1246 of the State Government Article.

The Workgroup reached consensus on several findings and recommendations. The most significant recommendation was that proposals regarding the expansion of behavioral and substance abuse services programs should be made by each LEA based on identified needs and resources. The Workgroup's recommendations for consideration for expansion of programs include the need for consistent fidelity of implementation measures for all behavioral and substance abuse programs and services across all three tiers of services (prevention, treatment, and recovery); selection of programs and services based on assessed community needs; use of evidence–based or promising practices with proven records of success; and the organization of a continuum of services for behavioral and substance abuse prevention, treatment, and recovery.

In response to Senate Bill 1060, the Workgroup met three times over two months to discuss and develop recommendations. Meetings were held in August and September, 2017 at the MSDE.

Introduction

Heroin and opioid-related addiction and deaths are an epidemic of immense proportion across the nation and in the State of Maryland. Due to the rising number of deaths associated with heroin and opioid related addiction, the Governor of Maryland, Larry Hogan, declared a State of Emergency in March 2017. In addition, the Governor announced a supplemental budget of $50 million of new funding over a five-year period to address the problem, and created the Opioid Operational Command Center (OOCC). The OOCC developed a work plan and the establishment of goals to determine how funds would be allocated and assurance of coordination of State efforts for prevention, enforcement, and treatment.

To empower communities to support extensive prevention and recovery efforts, the General Assembly of Maryland enacted Senate Bill 1060-Heroin and Opioid Education and Community Action Act of 2017, the Start Talking Maryland Act. The Act is comprehensive in nature and included requirements for local education policy, the creation of a reporting system for the administration of naloxone and other overdose reversing medications, curricular enhancements, and future appropriations for the purpose of awarding grants to county boards of education to implement programs centered on community relations and educational outreach in each LEA.

In addition, the Act required the State Superintendent to convene a Workgroup of local health officers, behavioral and substance abuse disorder counselors and therapists, representatives of the Maryland Association of Boards of Education, the Public School Superintendents Association of Maryland, the Maryland State Education Association, AFT-Maryland, and other interested stakeholders to:

- Evaluate programs that provide behavioral and substance abuse disorder services in the public schools in the State; and
- Develop proposals to expand the programs evaluated to other jurisdictions (LEAs), if appropriate, including recovery schools; and
- Report its findings and recommendations determined under this section to the General Assembly on or before December 1, 2017, in accordance with §2-1246 of the State Government Article.

In response to Senate Bill 1060, the Workgroup, staffed by the MSDE, met on August 10, 2017, August 25, 2017, and September 7, 2017 to complete its charge. All meetings were held in accordance with the Open Meetings Act. Public observers were welcomed to attend each meeting and a time period was provided for public comment on each agenda. Agendas, minutes, background memos, and additional resources are posted on a dedicated publically accessible

webpage located at the following link:
http://marylandpublicschools.org/programs/Pages/BSASW/index.aspx

The Workgroup completed the following activities:

      a. Identified criteria for a tool to collect data on programs that provide behavioral and substance abuse disorder services in public schools in the State (Appendix 1);
      b. Identified means for the distribution of the survey tool;
      c. Evaluated (reviewed) data collected;
      d. Created a resource guide listing the evaluated programs that provide behavioral and substance abuse disorder services in the public schools;
      e. Made recommendations/proposals of criteria for expansion of programs that provide behavioral and substance abuse disorder services in the public schools in the State to other LEAs; and
      f. Reviewed information on recovery schools and made recommendation/proposals of criteria for the expansion of recovery schools in Maryland.

Findings and Analysis

This report provides a response to the Workgroup's charge as identified in Senate Bill 1060. Each required task is presented, along with a summary of the findings and/or recommendations.

Task 1: Evaluate programs that provide behavioral and substance abuse disorder services in the public schools in the State.

Fifty-two programs or services were identified by the providers and contacts that completed the survey. There may be additional programs and services in schools; however, the data evaluated by the Workgroup is reflective of the 52 identified programs that provide behavioral and substance abuse disorder services in Maryland public schools.

After analyzing survey results, the Workgroup found the following:

1. Forty-six percent of the identified programs provide both behavioral and mental health and substance abuse services; 27 percent of the programs provide services in substance abuse only; and 19 percent of the programs provide services in behavioral and mental health only.

      The terms "behavioral health" and "mental health" are often used interchangeably. Behavioral health includes ways of promoting well-being by preventing or intervening in mental illness such as depression or anxiety, and aims to prevent or intervene in substance abuse or other addictions.

Substance use disorders encompass both substance dependence and substance abuse, each is considered a substance use disorder.

2. Programs identified as prevention/educational programs comprised 86 percent of the reported services provided, followed by treatment services at 60 percent, and recovery at 30 percent. There is overlap in the percentages since several programs provide services in two or more of the areas listed above.

3. All LEAs in Maryland are served in varying degrees by either behavioral and mental health services and programs or substance abuse services and programs, or both.

4. Evidence-based practices (EBP) were identified by the respondents in 60 percent of the programs, while 40 percent were not EBP or did not provide any information on this item.

    The EBP process is a method that allows the practitioner to assess research, clinical guidelines, and other information resources based on high quality findings and apply the results to practice.

5. The major barriers to expansion reported across all programs were finances (80 percent), time (49 percent), human capital (43 percent), and space (39 percent). Respondents were able to select multiple barriers.

6. Gaps for services appear in grade levels and in the type of interventions available (prevention, treatment, and recovery) across LEAs. For example, some LEAs report few elementary treatment programs, but have prevention programs at all grade levels. Other LEAs may have prevention programs in middle and high schools, but few treatment services in the middle schools.

7. Services and programs to elementary aged children were primarily prevention based.

8. There are currently no recovery schools in the State. Programs and services for students in recovery were only 30 percent of programs identified in the survey.

    The Substance Abuse and Mental Health Services Administration (SAMHSA) describes recovery as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

9. Cooperative agreements between first responders, agencies, and school systems are needed.

10. More EBPs, research based practice and promising practices need to be identified at all intervention levels.

Research based practices are practices founded on an accumulation of facts that have been obtained by research.

Promising practices have strong quantitative and qualitative data showing positive outcomes, but do not yet have enough research or replication to support generalizable positive outcomes.

The task to evaluate and analyze the 52 programs led to findings that were essential for the final recommendations of the Workgroup. Final recommendations, based on the findings listed above, can be found beginning on page 7.

Task 2: **Develop proposals to expand the programs evaluated to other jurisdictions, if appropriate, including recovery schools**.

Due to varying community needs, financial, staffing, time, space, access to students, and transportation issues, the Workgroup proposes that each LEA make decisions about expanding programs based on, but not limited to, the criteria below. The MSDE has created a resource guide reflective of the programs reviewed by the Workgroup. The resource guide lists characteristics of each of the programs reviewed for use by LEAs considering expansion of programs into their LEA (See Appendix 2).

The following criteria are recommended by the Workgroup for consideration prior to program expansion:

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

   Local Education Agencies have differing needs and policies. Decisions for expansion of programs should be a local one. Not every program meets the needs of each community. For example, a specific educational and prevention program may meet the needs of children in rural communities, but not meet the needs of children in urban settings.

2. Programs and services should be evidence based, research-based or an identified promising practice with a proven track record of success.

   Before choosing to expand a program, it is recommended that the LEA consider the success of the program in communities which are similar to their own and the needs of their communities. Treatment programs with proven success for substance abuse may not be equally successful for behavioral health issues and may not work in all communities.

3. Programs and service implementation should have the full commitment of the LEA leadership and be delivered with fidelity based on the model proven to be effective.

> Programs and services require time, training, and commitment in order to be effective. Implementation of the full program with all aspects of the evidence or research-based model is essential to the success of the program. Selecting only some parts of programs often results in poor outcomes. Leadership must commit time, access to students, resources, and personnel required by the program in order to ensure success and fidelity of implementation.

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

> In order to be effective, programs and services require clearly identified outcomes, which can be measured throughout the duration of the service. Feedback at all junctures assures successful implementation and outcomes.

5. LEAs should provide a 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 may be required.

> Services to students and referrals for services are most effective when a school based team works together to problem solve and selects appropriate interventions. Involving community partners in the referral process creates seamless and effective services for students. Sharing student data must be based on all legal requirements and regulations for partners and schools.

6. Educational programs and services should cover all substances and mental health disorder signs and symptoms, as well as, stigma reduction.

> The more knowledge students have about substance and mental health disorders, the more like they are to seek help if they need it. Information helps normalize these topics and helps to remove stigma associated with behavioral and substance abuse disorders.

7. Programs and services should be sustainable.

> The challenge for many programs is the maintenance and sustainability of services. It is recommended that LEAs consider the needed time, staff, funds, space, and access to students required to sustain a program or services beyond the first year.

Recommendations

As a result of the evaluation and analysis of the 52 programs completed by the Workgroup in Task 1, and the criteria identified for the expansion of programs in Task 2, the following recommendations were identified:

Recommendation #1 A full continuum of services (prevention, education, treatment, and recovery) should exist in all LEAs, for all grade levels.

> Evaluation of programs demonstrated that there are gaps in services across grade levels and across intervention levels. Gaps in intervention may cause students to regress in their treatment and recovery and may not allow for the provision of preventative information and education in all schools in the LEA.

Recommendation #2 Local Education Agencies, in consultation with local health departments, should develop early warning strategies for identifying high-risk students.

> Working with experts in the field of substance abuse and behavioral disorders, LEAs should develop strategies to identify the early warning signs for substance abuse and behavioral disorders. These strategies may be incorporated into other prevention strategies and early warning systems already in place.

Recommendation #3 Trauma-informed care practices should be infused in behavioral and mental health services by mental and behavioral health providers.

> The understanding of trauma and its effect on behavioral health, substance abuse, and learning has increased in the past few years. Clinical interventions should include strategies that address childhood trauma and provide evidence-based trauma-informed care practices.

Recommendation #4 State and private agencies should create more recovery programs and services.

> The need for recovery programs and services is evident in data on opioid and heroin abuse (2016 Drug and Alcohol-Related Intoxication Deaths in Maryland, Maryland Department of Health). As students battle to overcome abuse, they are in need of programs and services to support their recovery. Many communities do not have access to recovery programs and services.

Recommendation #5 Cooperative agreements between first responders, agencies, and school systems need to be developed in order to reach students with parental substance abuse and/or behavioral health issues.

> Students whose family members have drug issues may come to school with family trauma related to parental substance use and abuse. Community agencies, first responders

such as Emergency Medical Technicians, police, and sheriff's officers often know that a parent was rushed to the hospital, arrested, or revived due to drug use. Sharing information after a parental emergency can help school staff support and assist the students as they deal with family emergencies. Without shared information school staff may be uninformed and miss an opportunity to assist a student in need.

Recommendation #6 The Maryland Behavioral Health Administration (MBHA) of the Maryland Department of Health and the MSDE should identify additional evidence based, research based, and promising practice programs at all levels.

> Both the MBHA and the MSDE compile data on evidence and research-based programs, as well as, promising practices that provide behavioral and/or substance abuse disorder services. Combining these data into a list of best practices that could be shared with LEAs interested in expanding their programs would provide LEAs with a reference guide for the selection of programs.

Recommendation #7 Local Education Agencies should consider the recovery school concept which takes into account many factors including, but not limited to, infrastructure in the LEA, knowledge about the recovery concept, budget, transportation, communications, and enrollment criteria.

> Several models for recovery school concepts exist and should be investigated based on LEA needs. Models range from high school recovery programs on college campuses or in high school buildings, to stand-alone schools. In all cases, staff awareness and training are essential. Understanding the role of recovery and how it blends with academic achievement raises important questions about staffing, scheduling, clinical support, budget, space, academic advising, and student selection. Like all specialized programs, the role of the home school in referral, transition, and re-integration are factors to be considered. Family involvement strategies, extended day activities, and partnership agreements are important to assure student success. Equity and access must be considered as well as communication strategies and community support.

Summary

In May 2017, Governor Hogan signed Senate Bill 1060 (Chapter 573) into law which established a Workgroup for behavioral and substance abuse disorder programs in public schools in Maryland. Under the provisions of Chapter 573, the Workgroup was directed to evaluate programs that provide behavioral and substance abuse disorder services in public schools in the State and to develop proposals to expand the programs evaluated to other LEAs, if appropriate, including recovery schools. Findings and recommendations of the Workgroup are to be reported to the General Assembly by December 1, 2017.

The Workgroup reached consensus on recommendations contained in this report. The most significant recommendation included the role of the LEA in the expansion of programs and the criteria to be considered by LEAs regarding programs for expansion. The Workgroup also recommended that programs be identified to close the gap in services to elementary aged children and to identify a continuum of services across all levels of intervention for all grade levels; the development of early warning strategies for identifying high-risk students; the need for trauma-informed care practices infused in behavioral and mental health, the development of recovery programs and services; the use of cooperative agreements between first responders and school systems; and the identification of more evidence based programs at all levels.

Appendices

MARYLAND STATE DEPARTMENT OF EDUCATION
PREPARING WORLD CLASS STUDENTS

1. Data Sheet

*Submit a separate survey for each program / service.

Purpose:

Chapter 573 requires the Maryland State Department of Education to convene a work group of local health officers, behavioral and substance (ab)use disorder counselors and therapists, representatives of the Maryland Association of Boards of Education, the Public School Superintendents Association of Maryland, the Maryland State Education Association, AFT-Maryland and other interested stakeholders to:

~ **Evaluate (Review) programs that provide behavioral and substance (ab)use disorder services in the public schools in the State**

~ **Develop proposals to expand the programs evaluated (Reviewed) to other jurisdictions, (jurisdictions means local school systems) if appropriate, including recovery schools**

 ~ **On or before December 2017 report its findings and recommendation to the General Assembly**

* 1. Work group Member Contact Information

**Work group Member
Name:**

**Name of Person
Completing this form:**

**Title of Person
Completing this form:**

**Agency or School
System:**

Email Address

Phone Number

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

* 3. 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.

4. **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:

Name of Provider:

Title of Provider:

Phone # of Provider:

* 5. 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)

1. Please note that Prevention / Educational includes primary interventions and Tier I interventions.
2. Treatment / Intervention / Clinical includes secondary interventions and Tier II interventions.
3. Recovery / Postvention includes tertiary and Tier III interventions.

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

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

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

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

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

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

[ ]

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

a. [ ]

b. [ ]

c. [ ]

d. [ ]

e. [ ]

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

a. [ ]

b. [ ]

c. [ ]

d. [ ]

e. [ ]

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

[ ]

3

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

[▼]

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

[   ]

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

[▼]

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

[ ] Financial   [ ] Travel

[ ] Human Capital   [ ] Time

[ ] Space   [ ] Access to Students

[ ] Other (please specify)

[   ]

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

[   ]

Please be sure to save this entry and submit a new survey for each additional program / service.

Heroin and Opioid Education and Community Act of 2017 (Chapter 573)
Start Talking Maryland
Behavioral and Substance Abuse Programs and Services Workgroup

PREVENTION/EDUCATIONAL								
Type of Program	**Name of Program**	**Behavioral, Substance Abuse, or Both**	**Grade level(s)**	**Local Education Agencies(s)**	**Key Outcomes**	**Heroin and Opioid**	**Evidence-Based (Y/N) - Comments**	**Contact Information**
Prevention/ Educational	Alternatives to Drugs	Substance Abuse Program	K-5 6-8 9-12 (N=116)	Anne Arundel County	Provides resources and education to families.	Incorporates the documentary Chasing the Dragon into the program; active members of the county programs involved with opiates; and provide updated information about available resources in the county to families.	N	Ryan D. Voegtlin Dir. Student Services rvoegtlin@aacps.org 410-222-5322
Prevention/ Educational	Red Flags	Behavioral and Substance Abuse Program	K-5 6-8 9-12 N=123, 595	Montgomery County	Awareness and education.	Each grade level has information on substance (age appropriate) and making healthy choices. Opioids are specifically mentioned in the middle and high school grades.	N	Steve Neff Director steve_neff@mcpsmd.org 301-315-7335
Prevention/ Educational	Student Assistance	Behavioral and Mental Health Program	68- 9-12 (N=55)	Queen Ann's County Public Schools	Interventions for possible substance use issues.	Identifies student who might be at risk for opioid and heroin use	N	Brad Engel Supervisor of Student Services brad.engel@qacps.org 410-758-8216

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Prevention/ Educational	North Bay Leadership Summit	Behavioral and Substance Abuse Program	6-8 (N=150)	Cecil County Public Schools	Provides mentors and designed programming for at-risk students.	Open discussions about drug and alcohol use, including opiates and heroin are held during organized activities.	N	Joanna K. Seiberling Coordinator of Guidance Services jkseiberling@ccps.org 410-996-5455
Prevention/ Educational	Botvin's Life Skills	Behavioral and Substance Abuse program	K-5 6-8 9-12 (N=8000) 9 – 12 (N=100)	Cecil County Public Schools St. Mary's County Public Schools	At the completion of the program, it is expected that students will change their attitude toward substance use, increase their assertiveness skills, develop healthy behaviors, and have an increase in their knowledge about the consequences of drug use. Provides students with the skills needed to avoid drug and alcohol use and to promote positive life choices.	Addresses heroin and opiate use directly and indirectly. Information shared is age appropriate.	Y - 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: 1) The Journal of the	Sean Cannon Director of Student Services scannon@ccps.org 443-850-5137 Maryellen Kraese Outreach & Prevention Administrator maryellen.kraese1@maryland.gov 301 475-4951

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	Botvin's Life Skills (Continued)		K – 5 6 – 8 9 – 12 (N = 6,700)	Queen Anne's County			American Medical Association (1995), 2) Addictive Behaviors (2000), 3) The Archives of Pediatrics and Adolescent Medicine (2006) and 4) The American Journal of Public Health (2013).	Brad Engel Supervisor of Student Services brad.engel@qacps.org 410-758-8216
			K – 5 6 - 8 (N = 181)	Baltimore City Schools				Latisha Jackson Lead Group Facilitator ljackson@msbcministries.org 410-265-7291
			6 – 8 (N=4,825)	Prince George's County Public Schools			Included in SAMHSA's National Registry of Evidence-based Programs and Practices.	Nana Donkor Health Education Supervisor nana.donkor@pgcps.org 301-808-4080

Heroin and Opioid Education and Community Act of 2017 (Chapter 573)
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Type of Program	Name of Program	Behavioral, Substance Abuse, or Both	Grade level(s)	Local Education Agencies(s)	Key Outcomes	Heroin and Opioid	Evidence-Based (Y/N) - Comments	Contact Information
Prevention/ Educational	Youth Mental Health First Aid	Behavioral and Substance Abuse	Staff training	Montgomery County	Awareness of signs, symptoms, and prevalence of substance abuse and mental health issues in youth. Explains referral processes.	Covered under awareness/education of signs, symptoms, and prevalence of substance use.	Y - Youth Mental Health First Aid research	Elizabeth Rathbone Coordinator elizabeth_a_rathbone@mcpsmd.org 240-314-4824
Prevention/ Educational	State Council on Child Abuse and Neglect (SCAN)	Behavioral/ Mental Health	Adult training	State wide	Provides information and training though agencies and service providers.	Addressed by individual agencies and service providers.	N	Claudia Remington Executive Director, Maryland State Council on Child Abuse and Neglect 410-767-7868
Prevention/ Educational	Allegany County Health Department – Prevention	Substance Abuse	K – 5 6 – 8 9 -12 (N=5,700)	Allegany County	Students will have knowledge of the risks associated with alcohol, tobacco and other drug use, as well as local resources.	Opiate education and resources are provided to all high school and 8th grade students in health classes. The County Sheriff participates in these presentations. Media campaigns are implemented throughout the year and focused on education and informing youth and parents. Education is also provided to every school's	Y - Environmental strategies are implemented throughout the year to address perception of risk, proper storage and disposal of medications, as well as general information about opiates.	Chris Delaney Program Director of Behavioral Health Prevention christine.delaney@maryland.gov 301-759-5265

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	Allegany County Health Department – Prevention (Continued)					faculty including, custodians and cafeteria works.		
Prevention/ Educational	Comprehensive health education curriculum	Both	K – 5 6 – 8 9 – 12 In Progress	Baltimore City Schools	The desired outcome of the substance abuse and 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 overall wellness.	The comprehensive health education curriculum provides lessons that describe the effects of heroin/opiate use on the human body; understanding of how families and peers influence decision making; and examine the cycle of addiction to heroin/opiates, as well as what can be done to prevent use.	N	Alexia Lotts-McCain Coordinator of Health and Physical Education amccain@bcps.k12.md.us 443-642-4072

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Prevention/ Educational	Maryland Comprehensive Health Education Program	COMAR 13A.04.18	All public school students in the State.	State-wide	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.	Comprehensive Health Education Programs in each local school system are required to include instruction related to heroin and opioid addiction and prevention, including information relating to the lethal effect of fentanyl. Instruction must be delivered in elementary, middle, and high school grades and must be a stand-alone unit in the program.	N	Kirsten Roller Health Education Specialist kirsten.roller@maryland.gov 410-767-0330
Prevention/ Educational	Alcohol Education	Substance Abuse	9 – 12 (N=150)	Kent County Public Schools	Educate about risks involved in drinking, binge drinking, and steps to get assistance for yourself or someone else if needed.	The program does not address heroin/opiate. The Alcohol Education program is researching resources from Discovery Education for all students enrolled in Health.	Y – Alcohol Edu	Tracey Williams Supervisor of Student Services twilliams@kent.k12.md.us 410-810-3170

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Prevention/ Educational	Washington County middle and high schools have active Student Assistance Program Teams. MSDE also offers school-based mental health services through a grant provided by the Local Management Board and individual providers who provide services privately in the schools. Alternative Drug & Alcohol Counseling (ADAC) conducts groups at Antietam Academy, our alternative school. The Screening Behavioral Intervention Referral and Treatment (SBIRT) screening and referral to treatment services program through	Both	6 – 8 9 – 12 (N=11,450)	Washington County Public Schools	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 Alcoholic, Violence Prevention, Ala-teen groups in all schools. SAP team training and refresher training will be offered to all teams to strengthen SAP programs.	Students will be taught tools to manage stress, protective factors, refusal skills, decision making, and aspects of positive and healthy relationships.	N	Robin Handler Supervisor of Counseling Services handlrob@wcps.k12.md.us 301 766 2966

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Type of Program	Name of Program	Behavioral, Substance Abuse, or Both	Grade level(s)	Local Education Agencies(s)	Key Outcomes	Heroin and Opioid	Evidence-Based (Y/N) - Comments	Contact Information
	Meritus was available at Western Heights and South High. There is substance abuse awareness lessons embedded in the 10th grade health/life curriculum.							
Prevention/ Educational	Skill-based education and current drug trends curriculum, including refusal skills, anger management, and Don't Believe the Lie prevention program from the State's Attorney's Office.	Substance Abuse	K – 5 6 – 8 9 – 12 (N=8,115)	Carroll County Public Schools	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 brain development and addiction.	Students are taught the relationship between heroin and other opioids, including how abusing prescription opioids can result in heroin addiction.	Y - Guiding Good Choices	Linda Auerback Substance Abuse Prevention Supervisor linda.auerback @maryland.gov 410-876-4803
Prevention/ Educational	Prince George's County Behavioral Health Services	Behavioral / Mental Health	K – 5 6 – 8 9 – 12 (N=700)	Prince George's County Public Schools	Students receive information about substance abuse, prevention, and learn the consequences of using alcohol,	Educational presentation or evidence based program addressing opiate and heroin use.	Y - Evidence Based Programs used are approved by the Substance Abuse and Mental Health Services Administration.	Patricia Ramseur Alcohol and Other Drugs Prevention Coordinator pbramseur@co.pg.md .us 301-324-2991

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PREVENTION/EDUCATIONAL								
Type of Program	Name of Program	Behavioral, Substance Abuse, or Both	Grade level(s)	Local Education Agencies(s)	Key Outcomes	Heroin and Opioid	Evidence-Based (Y/N) - Comments	Contact Information
					tobacco, and other drugs.		Resources for treatment and mental health services and recovery club houses for adolescence.	
Prevention/ Educational	Integrated Health Literacy Program (IHLP)	Both	K – 5 6 – 8 (N=4,000)	Worcester County Public Schools	It is our hope that we can create system health changes in our community by starting with educating children at a very young age. This 1st-8th grade program integrates health units of instruction in reading, math, science, and social studies. There is a partnership with our local hospital, Atlantic General Hospital.	There is a countywide 8th grade unit on Opioids and Heroin. A portion of the unit teaches how drugs alter and affect the brain, which is taught in science class. The social studies portion of the unit address community impact, financial impact, and require students to write letters to local lawmakers regarding the need for resources.	N - There is little to no evidence based research on health literacy in children. The University of MD Herschel Horowitz Center for Health Literacy (IHLP) is the data provider and research partner. IHLP provides a great deal of research from the Center for Disease Controll, the National Health Education Standards, and HECAT - Health Education Curriculum Analysis Tool, and the School of Public Health.	Tamara Mills Coordinator of Instruction tjmills@mail.worcester.k12.md.us 410-632-5000

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PREVENTION/EDUCATIONAL								
Type of Program	**Name of Program**	**Behavioral, Substance Abuse, or Both**	**Grade level(s)**	**Local Education Agencies(s)**	**Key Outcomes**	**Heroin and Opioid**	**Evidence-Based (Y/N) - Comments**	**Contact Information**
Prevention/ Educational	Special OPTS (Opioid Prevention and Teen Support) - Don't Believe the Lie	Substance Abuse	6 – 8 9 – 12 (N=6,000)	Carroll County Public Schools	The Special OPTS - Opioid Prevention and Teen Support program shows the dangers of opioid use. Using resources such as Don't Believe the Lie - in 8th grade programs, students are shown how to use refusal skills to get out of dangerous situations.	Special OPTS- shows a video of a family who lost someone to an overdose and then another one on young people in recovery who share their experience with heroin and recovery. Don't Believe the Lie is a refusal skills program that shows the consequences of using opiates and the benefits of non-use.	N	Tim Weber Drug Treatment & Education Coordinator tweber@ccg.carr.org 410-386-2671

PREVENTION/EDUCATIONAL PROGRAMS AND TREATMENT/INTERVENTION/CLINICAL PROGRAMS								
Type of Program	**Name of Program**	**Behavioral, Substance Abuse, or Both**	**Grade level(s)**	**Local Education Agencies(s)**	**Key Outcomes**	**Heroin and Opioid**	**Evidence-Based (Y/N) - Comments**	**Contact Information**
Prevention/ Educational and Treatment/ Intervention/ Clinical	School Psychologists, social workers, behavioral interventions and supports	Behavioral/ Mental Health	All as appropriate in all schools	Baltimore City Public Schools	Behavioral, social, and emotional supports that promote student success in the classroom	Not addressed specifically	Y – Clinical services provided by social workers and school psychologists are evidence-based; and Provided by multiple departments of the district and community.	James Padden Director of Related Services jpadden@bcps.k12.md.us 443-642-4217

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Type of Program	Name of Program	Behavioral, Substance Abuse, or Both	Grade level(s)	Local Education Agencies(s)	Key Outcomes	Heroin and Opioid	Evidence-Based (Y/N) - Comments	Contact Information
PREVENTION/EDUCATIONAL PROGRAMS AND TREATMENT/INTERVENTION/CLINICAL PROGRAMS								
Prevention/ Educational and Treatment/ Intervention/ Clinical	Wicomico Behavioral Health - Wicomico Health Department	Behavioral and Substance Abuse program	K-5 6-8 9-12 (N=210)	Wicomico County Public Schools	Decreased suspension rates, improved grades, and decreased police interactions.	Mental health therapists screen for substance abuse for all children ages twelve and older. All children of all ages are assessed for substance abuse.	Y - Cognitive Behavioral Therapy Motivational Interviewing – a counseling approach that focuses on facilitating and engaging the intrinsic motivation within the client in order to change behavior.	Michelle Hardy Behavioral Health Program Director michelle.hardy@maryland.gov 410-334-3497
Prevention/Educational and Treatment/ Intervention/ Clinical	Coordinated Student Services/School Psychologists	Behavioral/ Mental Health	K-5 6-8 9-12 As appropriate	All	Improve conditions for learning for students with mental health and behavioral health concerns through attendance, engagement in learning, and more productive student/staff relationships.	N/A	Y - Howard Adelman and Linda Taylor	Deborah Nelson Section Chief, School Safety and Climate deborah.nelson@maryland.gov 4107670294
Prevention/ Educational and Treatment/ Intervention/ Clinical	DARE and Mental Health First Aid	Behavioral and Substance Abuse program	K-5 6-8 9-12 (N=1800)	Allegany County Public Schools	DARE- to provide education, awareness and strategies to	DARE officers have integrated specific information related to the	Y	Ben Brauer Supervisor of Student Service benjamin.brauer@acpsmd.org

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PREVENTION/EDUCATIONAL PROGRAMS AND TREATMENT/INTERVENTION/CLINICAL PROGRAMS								
Type of Program	**Name of Program**	**Behavioral, Substance Abuse, or Both**	**Grade level(s)**	**Local Education Agencies(s)**	**Key Outcomes**	**Heroin and Opioid**	**Evidence-Based (Y/N) - Comments**	**Contact Information**
	DARE and Mental Health First Aid (Continued)				address substance abuse, and to provide a solid decision making model which can be applied to other situations regarding a student's well-being.	crisis and its effects on the community in their lessons.		301-759-2410
Prevention/Educational and Treatment/Intervention/Clinical	MET/CBT5 Counseling Program	Substance Abuse	6-8 9-12 (n=100)	Cecil County Public Schools	Provide students who have violated the Cecil County Public Schools drug and alcohol policy with the necessary skills and support needed to change behavior.	As an early intervention program the MST/CBT 5 provides the necessary skills and supports needed to prevent future drug use, especially heroin and opioids.	Y	Kyle Longeway Coordinator of Student Services klongeway@ccps.org 410-996-5490
Prevention/ Educational and Treatment/ Intervention/ Clinical	Administrative Referrals to Community agencies	Behavioral and Substance Abuse	6-8 9-12 (N=585)	Prince George's County Public Schools	Decrease the number of students who have a second incident of substance abuse/use.	Not specific to heroin or opiates.	N	Richard Moody Supervisor rmoody@pgcps.org 301-749-4379

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PREVENTION/EDUCATIONAL PROGRAMS AND TREATMENT/INTERVENTION/CLINICAL PROGRAMS								
Type of Program	**Name of Program**	**Behavioral, Substance Abuse, or Both**	**Grade level(s)**	**Local Education Agencies(s)**	**Key Outcomes**	**Heroin and Opioid**	**Evidence-Based (Y/N) - Comments**	**Contact Information**
Prevention/ Educational and Treatment/ Intervention/ Clinical	Teen Diversion Program	Behavioral and Substance Abuse	6-8 9-12 (N=24)	Harford County Public Schools	Clients will be able to re-integrate into their home school or least restrictive educational setting. Clients will be maintained in their community requiring intensive behavioral interventions, such as inpatient hospitalization, intensive outpatient services, or out-of-home placements.	Program is primarily a mental health program. It does provide drug prevention education, where indicated, random urine drug screens, individual counseling, and, when indicated, a referral to a more intensive drug treatment group.	N	Mary Thompson Program Administrator posie.thompson@maryland.gov 410-273-5681
Prevention/ Educational and Treatment/ Intervention/ Clinical	School Based Behavioral Health, Corsica River Mental Health Services, Inc.	Behavioral and Substance Abuse program	K-5 6-8 9-12 (N=80)	Caroline County Public Schools Dorchester Queen Anne's	Clients will have increased awareness of actions/behaviors both positive and negative. Increase coping skills to	Clients are identified with an opioid use diagnosis and services are in place to reduce usage.	Y - Recording outcomes, use of scales to monitor progress along with client report, and case documentation.	Paula Turner Program Coordinator turnerp@crmhsinc.com 410-758-2211

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Type of Program	**Name of Program**	**Behavioral, Substance Abuse, or Both**	**Grade level(s)**	**Local Education Agencies(s)**	**Key Outcomes**	**Heroin and Opioid**	**Evidence-Based (Y/N) - Comments**	**Contact Information**
	School Based Behavioral Health, Corsica River Mental Health Services, Inc.(Continued)				improve choices and behavioral outcomes for the individual and their families.			
Prevention/ Educational and Treatment/ Intervention/ Clinical	Treatment Resources for Youth, Inc.	Substance Abuse Program	K-5 6-8 9-12 (N=479	Baltimore City Public Schools	Educate students about substance use disorders; reduce substance use disorders among youth and adults.	Provides overdose prevention education, complete overdose plan, assessment, and referral.	Y - Motivational Interviewing Contingency Management	Latavia Little Executive Director Treatment Resources treatmentresources@yahoo.com 410-366-2123
Prevention/ Educational and Treatment/ Intervention/ Clinical	School based mental health services.	Behavioral and Mental Health	K – 5 6 – 8 (N=241)	Caroline County Public Schools	Provide mental health treatment to children in the school setting. Work as a team with teachers, parents, and administration to wrap services around the child in the school and in the home.	Face-to-face conversations provide an ongoing opportunity to address heroin, opiate and other drugs.	N	Beth Anne Langrell Executive Director blangrell@forallseasonsinc.org 410-822-1018

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					PREVENTION/EDUCATIONAL PROGRAMS AND TREATMENT/INTERVENTION/CLINICAL PROGRAMS			
Type of Program	**Name of Program**	**Behavioral, Substance Abuse, or Both**	**Grade level(s)**	**Local Education Agencies(s)**	**Key Outcomes**	**Heroin and Opioid**	**Evidence-Based (Y/N) - Comments**	**Contact Information**
	School based mental health services. (Continued)				Desired outcomes include strengthening skills to manage symptoms stemming from anxiety, stress, depression, trauma, and behavior management.			
Prevention/ Educational and Treatment/ Intervention/ Clinical	Level 1 and 0.5 Substance Related Disorder (SRD) Treatment	Substance Abuse	9 -12 (N=30)	Garrett County Public Schools	Provide SRD early intervention services and treatment for high school students.	Provides addiction treatment for students with a SRD diagnosis and early intervention for students at risk of addiction.	N - SRD treatment is the standard of care and meets all State licensing requirements.	Robert T Stephens Health Officer robert.stephens@maryland.gov 301-334-7670
Prevention/ Educational and Treatment/ Intervention/ Clinical	Youth Mental Health First Aid	Both	K – 5 6 – 8 9 – 12 (N=1,400)	Baltimore County, Dorchester, and Somerset County Public Schools	Trains adults to recognize the symptoms of mental health problems, provides initial support, and refers individuals to professional help.	The program teaches adults the warning signs and risk factors to look for in youth that may be experiencing substance abuse issues.	Y - The Youth Mental Health First Aid program is included in SAMHSA's National Registry of Evidenced-based Programs and Practices (NREPP).	Reginald Burke - Specialist, School Completion and Alternative Programs reginald.burke@maryland.gov 410-767-0313

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PREVENTION/EDUCATIONAL PROGRAMS AND TREATMENT/INTERVENTION/CLINICAL PROGRAMS								
Type of Program	Name of Program	Behavioral, Substance Abuse, or Both	Grade level(s)	Local Education Agencies(s)	Key Outcomes	Heroin and Opioid	Evidence-Based (Y/N) - Comments	Contact Information
Prevention/ Educational and Treatment/ Intervention/ Clinical	School-Based Health Centers	Both	9 – 12 (N=1,631)	Prince George's County Public Schools	Identifies and responds to mental health issues; prevents and responds to mental health crises; reduces barriers to learning; facilitates academic success; and supports the social emotional needs of students.	Inquiries are made about any type drug abuse/use and appropriate referrals are made for treatment.	N	Michelle Hinton Program Manager mvhinton@co.pg.md.us 301-583-3389

TREATMENT/INTERVENTION/CLINICAL PROGRAMS								
Type of Program	Name of Program	Behavioral, Substance Abuse, or Both	Grade level(s)	Local Education Agencies(s)	Key Outcomes	Heroin and Opioid	Evidence-Based (Y/N) - Comments	Contact Information
Treatment/Intervention/ Clinical	Calvert County Public Schools and Health Department	Behavioral and Substance Abuse	No data kept	Calvert County Public Schools	To provide services to families that may not have the ability to get the assistance needed outside of the CCPS.	Health Department has this information.	Y	Dr. Larry Polsky Calvert County Health Department Health Officer 410-535-5400 Kim Roof Director of Student

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Type of Program	Name of Program	Behavioral, Substance Abuse, or Both	Grade level(s)	Local Education Agencies(s)	Key Outcomes	Heroin and Opioid	Evidence-Based (Y/N) - Comments	Contact Information
								Services roofk@calvertnet.k12.md.us 443-550-8482
Treatment/Intervention/ Clinical	Allegany County Health Department	Behavioral/Mental health	K-5 6-8 9-12 (N=276)	Allegany County Public Schools	Address mental health issues, learn coping skills, address family systems and dynamics and improve overall functioning of individuals and their families.	Assess and make appropriate referrals; Behavioral Health includes outpatient, intensive outpatient, and residential services.	Y - Cognitive Behavioral Therapy is primary.	Kristi Cuthbertson Director of Behavioral Health kristi.cuthbertson@maryland.gov 3017595255
Treatment/Intervention/ Clinical	School-based Community Mental Health Partners	Behavioral/Mental health	Not provided	Baltimore County Public Schools	Students' emotional health status will improve.	These services address mental/behavioral health problems that may increase the risk for substance abuse.	N	Debbie Somerville Coordinator dsomerville@bcps.org 443-809-6368

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TREATMENT/INTERVENTION/CLINICAL PROGRAMS								
Type of Program	**Name of Program**	**Behavioral, Substance Abuse, or Both**	**Grade level(s)**	**Local Education Agencies(s)**	**Key Outcomes**	**Heroin and Opioid**	**Evidence-Based (Y/N) - Comments**	**Contact Information**
Treatment/Intervention/ Clinical	Center for Children, Inc.	Behavioral/Mental health	K – 5 6 – 8 (N=260)	Charles and St. Mary's Counties Public Schools	Children and families receive services needed to maintain school functioning and to improve mental health symptoms.	The program only has a preventative component for children having mental health issues.	N	Catherine Meyers Executive Director meyers@center-for-children.org 301-609-9887

PREVENTION/EDUCATIONAL PROGRAMS; TREATMENT/INTERVENTION/CLINICAL PROGRAMS; RECOVERY/ POST-VENTION PROGRAMS								
Type of Program	**Name of Program**	**Behavioral, Substance Abuse, or Both**	**Grade level(s)**	**Local Education Agencies(s)**	**Key Outcomes**	**Heroin and Opioid**	**Evidence-Based (Y/N) - Comments**	**Contact Information**
Prevention/Educational Treatment/Intervention/Clinical Recovery/Postvention	Expanded School Mental Health	Behavioral and Substance Abuse	K-5 6-8 9-12 (N=950)	Baltimore City Public Schools	Harm reduction, education improvement, improved attendance, and increased graduation rates.	Referrals to inpatient training on using naloxone.	Y -	Annastasia Kezar Programs Manager akezar@jhmi.edu 410-550-1035
Prevention/Educational Treatment/Intervention/Clinical Recovery/Postvention	Department of Health and Human Services (DHHS), Services for Children and Adolescents	Substance Abuse	6 – 8 9 – 12 (N=1,100)	Montgomery County Public Schools	Assessments, education, and connection to services for students and families.	Information on opioids and their effects and referrals to service providers.	Y – Substance Abuse and Mental Health Services Administration (SAMHSA)	Elizabeth Rathbone Coordinator elizabeth_a_rathbone@mcpsmd.org 240-314-4824

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PREVENTION/EDUCATIONAL PROGRAMS; TREATMENT/INTERVENTION/CLINICAL PROGRAMS; RECOVERY/ POST-VENTION PROGRAMS								
Type of Program	**Name of Program**	**Behavioral, Substance Abuse, or Both**	**Grade level(s)**	**Local Education Agencies(s)**	**Key Outcomes**	**Heroin and Opioid**	**Evidence-Based (Y/N) - Comments**	**Contact Information**
Prevention/Educational Treatment/Intervention/Clinical Recovery/Postvention	Guidance document for use of Naloxone in the school setting (frequently asked questions document).	Substance Abuse	Unknown	State-wide	Save lives and prevent deaths due to opioid abuse.	Provides information about naloxone administration in public schools.	N	Alicia Mezu Health Services Specialist alicia.mezu@maryland.gov 410-767-0353
Prevention/Educational Treatment/Intervention/Clinical Recovery/Postvention	Garrett County Drug Free Communities Coalition	Substance Abuse	K – 5 6 – 8 9 – 12 (N=3,684)	Garrett County Public Schools	Assist in promoting treatment, intervention, and prevention services to those people affected by alcohol and other drug abuse in Garrett County.	Services include: prevention (drug take back, Prescription Drug Monitoring Program (PDMP) promotion, school workshops, permanent drop boxes, safe medication storage and disposal, intervention (Naloxone training), treatment (medication	Y – National Institute on Drug Abuse (NIDA). (2012, December 1). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Retrieved from https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition. Use of Naloxone for the Prevention of Opioid Overdose Deaths; American Society of	Kendra McLaughlin Director of Health Education kendra.mclaughlin@maryland.gov 301-334-7732

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PREVENTION/EDUCATIONAL PROGRAMS; TREATMENT/INTERVENTION/CLINICAL PROGRAMS; RECOVERY/ POST-VENTION PROGRAMS								
Type of Program	Name of Program	Behavioral, Substance Abuse, or Both	Grade level(s)	Local Education Agencies(s)	Key Outcomes	Heroin and Opioid	Evidence-Based (Y/N) - Comments	Contact Information
						assisted treatment options), and recovery (support groups).	Addiction Medicine; Prevention and Intervention Strategies to Decrease Misuse of Prescription Pain Medications; American Public Health Association Policy Statement.	
Prevention/Educational Treatment/Intervention/Clinical Recovery/Postvention	Comprehensive School Counseling Program Plan	Both	All students	State wide	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 results for all students.	Classroom guidance and small group lessons cover substance use awareness, risks, and strategies for assistance and support.	Y	Jonathan Turner Lead Specialist - School Counseling jonathan.turner@maryland.gov 410-767-0288

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Type of Program	Name of Program	Behavioral, Substance Abuse, or Both	Grade level(s)	Local Education Agencies(s)	Key Outcomes	Heroin and Opioid	Evidence-Based (Y/N) - Comments	Contact Information
Prevention/Educational Treatment/Intervention/Clinical Recovery/Postvention	Caroline County Behavioral Health	Behavioral and Substance Abuse	K-5 6-8 9-12 (N=180)	Caroline County public Schools	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 residents impacted by substance use and mental health disorders. Dedicated to the community's wellness and recovery from behavioral health, somatic health and best possible quality of life.	Train and provide narcan, have vivitorl program, buprenorphine tele-med program and accept crisis walk-ins.	Y - Substance Abuse and Mental Health Services Administration (SAMHSA)	Joe Jones Director of Behavioral Health joe.jones@maryland.gov 410-479-1882

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Type of Program	Name of Program	Behavioral, Substance Abuse, or Both	Grade level(s)	Local Education Agencies(s)	Key Outcomes	Heroin and Opioid	Evidence-Based (Y/N) - Comments	Contact Information
Prevention/Educational Treatment/Intervention/Clinical Recovery/Postvention	Kresge Foundation	Behavioral/Mental Health		Calvert County Public Schools	Treatment/ Stabilization of mental health/ substance abuse	unknown	N - Unknown whether the program is evidence based or not.	Christine Knode Supervisor of Student Services knodec@calvertnet.k12.md.us 443 550-8461
Prevention/Educational Treatment/Intervention/Clinical Recovery/Postvention	Eastern Shore Psychological Services	Behavioral and Substance Abuse	k-5 6-8 9-12 (N=355)	Talbot County Public Schools	Decrease or minimize initial presenting symptoms and increase school performance.	Education, prevention and intervention	Y – Substance Use Disorder Diagnostic Schedule (SUDDS) is used by the provider to identify the level of care for substance course of treatment.	Dr. Ben Kohl Eastern Shore Psychological Services Director of Programs 410-822-5007
Prevention/Educational Treatment/Intervention/Clinical Recovery/Postvention	Student Prevention Program	Behavioral and Substance Abuse	9-12 (N=72)	St. Mary's County	Prevention and support services for students experiencing problems with anger management, mood regulation, marked changes in school performance or behavior (including	Through intake assessments regarding substance use directly and within students peer groups, community, or the family. Once evaluated, based on severity/exposure	Y - http://lifeskillstraining.com/	Glori VanBrunt Student Prevention Program Counselor gvanbruntlcpc@hotmail.com 240 223-2451

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Type of Program	Name of Program	Behavioral, Substance Abuse, or Both	Grade level(s)	Local Education Agencies(s)	Key Outcomes	Heroin and Opioid	Evidence-Based (Y/N) - Comments	Contact Information
					truancy and excessive absences), interpersonal struggles and behavioral issues that increase their risk for substance abuse.	students are referred to community resources or work directly within the program. Information, support, and prevention strategies are used.		
Prevention/Educational; Treatment/Intervention/Clinical Recovery/Postvention	Tri-County Counseling	Behavioral / Mental Health	K – 5 6 – 8 (N=300)	Charles County Public Schools	Students receive mental health counseling in the schools	No	Y - Various therapy modalities	Jennifer Conte Coordinator of Student Intervention Programs jconte@ccboe.com 301-934-7335
Prevention/Educational; Treatment/Intervention/Clinical Recovery/Postvention	Expanded School Behavioral Health	Both	K – 5 6 – 8 9 – 12 (N=9,000)	Baltimore City Public Schools	Students remain in school, receive services, and are able to benefit from the educational program while receiving mental health support.	Activities around prevention using a life skills program and therapeutic interven-tions.	Y - Botvins Life Skills is on the SAMSA list	Dr. Louise Fink Director of Home and Hospital Services llfink@bcps.k2.md.us 443-226-1139

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TREATMENT/INTERVENTION/CLINICAL PROGRAMS and RECOVERY / POSTVENTION								
Type of Program	Name of Program	Behavioral, Substance Abuse, or Both	Grade level(s)	Local Education Agencies(s)	Key Outcomes	Heroin and Opioid	Evidence-Based (Y/N) - Comments	Contact Information
Treatment/Intervention/Clinical Recovery/Postvention	HARBEL Prevention and Recovery Center	Substance Abuse	9-12 (N=60)	Baltimore City Public Schools	Engagement in substance use disorder treatment.	Education and overdose prevention as part of the treatment plan.	Y – Substance Use Disorders (SUD) treatment is evidence based and may use a variety of evidence based interventions starting with developing a therapeutic relationship with the counselor, using motivational interviewing, using cognitive behavioral therapy, and using Adolescent Community Reinforcement Approach (ACRA).	Patricia Quinn Stabile Program Director pstabile@harbelprc.com 410-44-2100
Treatment/Intervention/Clinical Recovery/Postvention	Maryland Behavioral Health for Adolescents and Young adults (MD-BHAY)	Both	9 – 12 (N=20)	Baltimore City and Baltimore County Public Schools	Reduction/ Elimination of substance use behavior and maintenance of recovery.	The project uses ACRA which is on SAMHSA's National Registry of Evidence Based Programs and	Y - SAMHSA's National Registry of Evidence-based Programs and Practices: Adolescent Community Reinforcement Approach (A-CRA)	Rebecca LaCosta Clinical Research Assistant rlacosta@som.umaryland.edu (410)706-6544 Shanna Wideman BHA

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Type of Program	Name of Program	Behavioral, Substance Abuse, or Both	Grade level(s)	Local Education Agencies(s)	Key Outcomes	Heroin and Opioid	Evidence-Based (Y/N) - Comments	Contact Information
						Practices for substance use treatment.	http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=41	Director of Child and Adolescent Substance Use Services (410)402-8494

PREVENTION / EDUCATIONAL and RECOVERY / POSTVENTION								
Type of Program	Name of Program	Behavioral, Substance Abuse, or Both	Grade level(s)	Local Education Agencies(s)	Key Outcomes	Heroin and Opioid	Evidence-Based (Y/N) - Comments	Contact Information
Prevention / Educational Recovery/Postvention	The Landing Program	Recovery from Substance Abuse	6 – 8 9 – 12 (N≈55)	Montgomery County Public Schools	Provide satisfactory services per client report. Provide service that clients would recommend to others with similar needs. Provide services that make a positive impact on the clients' lives per client report. Minimize the	The program is a recovery support center. Members are recovering from a variety of drugs including heroin and/or opiates. Recovery plans are developed with each member and their family. Group	N	Evelyn Saim-Lobos The Landing Program at Family Services, Inc. Program Director 301-840-4066

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PREVENTION / EDUCATIONAL and RECOVERY / POSTVENTION								
Type of Program	Name of Program	Behavioral, Substance Abuse, or Both	Grade level(s)	Local Education Agencies(s)	Key Outcomes	Heroin and Opioid	Evidence-Based (Y/N) - Comments	Contact Information
	The Landing Program (Continued)				length of time the program has vacancies to ensure prompt services are available to individuals in the community. Provide prompt response and services to individuals referred to the program.	counseling is provided concerning risk factors for opioid use/abuse and relapse.		
Prevention / Educational Recovery/Postvention	Recovery/Support Adolescent Clubhouses	Substance Abuse	6 – 8 9 – 12 (N=200)	Anne Arundel, Baltimore City, Baltimore County, Frederick, Montgomery, Prince George's, and St. Mary's County Public Schools	Each unique clubhouse uses evidence-based programming and promising practices to provide screening, intervention, and recovery support to	Behavioral health education, screening, and recovery-oriented supports deployed as interventions to prevent future opioid-related overdose deaths in the	Y – Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) https://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/screening-assessment-drug-testing-resources/chart-	Shanna Wideman Chief, Child and Adolescent Substance Abuse Use services shanna.wideman@maryland.gov 410-402-8494

Heroin and Opioid Education and Community Act of 2017 (Chapter 573)
Start Talking Maryland
Behavioral and Substance Abuse Programs and Services Workgroup

PREVENTION / EDUCATIONAL and RECOVERY / POSTVENTION								
Type of Program	**Name of Program**	**Behavioral, Substance Abuse, or Both**	**Grade level(s)**	**Local Education Agencies(s)**	**Key Outcomes**	**Heroin and Opioid**	**Evidence-Based (Y/N) - Comments**	**Contact Information**
					adolescents. The clubhouse's recovery-oriented model supports diminishing triggers that led to past substance abuse. Youth- driven activities are designed to engage adolescents in enriching and healthy ways.	state.	evidence-based-screening-tools-adults	

Members of the Behavioral Substance Abuse Programs and Services Workgroup

The Behavioral and Substance Abuse Programs and Services Workgroup was comprised of members from LEAs, local health officers, behavioral and substance abuse disorder counselors and therapists, representatives of the Maryland Association of Boards of Education, the Public School Superintendents Association of Maryland, the Maryland State Education Association, AFT-Maryland, other interested stakeholders, and the Maryland State Department of Education.

The Task Force was co-chaired by Walter Sallee, Director, Student Services and Strategic Planning, Division of Student, Family, and School Support and Lynne Muller, Section Chief for Student Services and Specialist for School Counseling Services.

The list of members of the Task Force is below:

Name	Organization
Jeannette Dixon/John Woolums	Maryland Association of Boards of Education
Maura Taylor	Maryland State Education Association
Meenakshi Brewster	Maryland Association of Chief Health Officers (MACHO) President and Health Officer St. Mary's County
Shanna Wideman	Chief Child and Adolescent Substance Use Services Behavioral Health Administration Maryland Department of Health
Albert Zachik	Director Child, Adolescent and Young Adult Services Behavioral Health Administration Maryland Department of Health
Denise Gomez	Community Services Director and Clinician Family Services, Inc.
Deborah Somerville	School Health Coordinator Baltimore County Public Schools
Barbara Brookmyer	Health Officer Frederick County
Rebecca Bonner	Head of The Bridge Way Recovery School in Pennsylvania
Earl Stoner	Health Officer, Washington County
Jenelle Mayer	Health Officer, Allegany County
Ed Singer	Health Officer, Carroll County
Kara Aanenson	Director of Family Engagement Department of Juvenile Services

Kirsten Roller	Health Education Specialist Maryland State Department of Education
Lynne Muller	Section Chief Student Services and School Counseling Maryland State Department of Education
Jonathan Turner	School Counseling Specialist Maryland State Department of Education
Reginald Burke	Specialist School Completion and Alternative Programs Project Director, Maryland AWARE, Opioid Operation Command Center Education Representative Maryland State Department of Education
Walter Sallee	Director Student Services and Strategic Planning Maryland State Department of Education