

Maryland State Department of Education

**Behavioral Health and Substance Abuse Disorder Services
Workgroup**

Meeting #3

SB 1060 (2017)/Chapter 574

September 7, 2017

Behavioral Health and Substance Abuse Disorder Services Workgroup charge:

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

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

Tasks

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

Review and discuss data

Small group work:

- Behavioral Health and Both
- Substance Abuse and Both

Looking for Gaps

Review and Discuss Data: Deep Dive

- **WHO** is the recipient of the service/program provided? (Grade bands)
 - Who is not served? **(Questions 6,7, and 8)**
- **WHERE** are the programs/services provided? **(Question 9)**
 - Where are they not located?
 - **WHICH Tiers** are addressed? **(Question 5)**
 - Which are missing?
- Are the programs/services **evidence based?** **(Questions 14 and 15)**
 - What might we need to recommend?
- Other observations/findings? Where are the **GAPS?**

Findings-Data Dive

Criteria for Expansion

- Review and discuss the criteria for expansion recommended at our last meeting.
- In small groups, select your top 5 criteria
Which ones are a must and why?

Recovery Schools

Small groups

- Discuss the materials read and information shared at the previous meetings.
- Consider the models (private, alternative program, charter school, school-within-a-school, and University high school).
- **Identify criteria for consideration for Recovery Schools in Maryland**



Criteria for Consideration-Recovery Schools

- Public Comment(s)
- Next Steps

Thank You!!!!

Behavioral and Substance Abuse Disorder Services Workgroup

September 7, 2017

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

Findings/Recommendations

1. Programs/services should be based on assessed needs and match the community needs in which it will reside.
2. Programs/services should be evidence or research based and have a proven track record of success.
3. Program/service implementation should have full commitment from the jurisdiction to be delivered with fidelity of the model proven to be effective. Guidance and/or technical assistance should be provided.
4. Programs/services should have clear outcomes with planned measures of success including process, outcome and impact data.
5. Programs/services should include an intergrated continuum of services that is team based in the schools and includes community partners licensed in the area of substance abuse. Data sharing agreements and restrictions should identified and agreed upon.
6. Programs/services should cover all substances and mental health disorder signs and symptoms as well as stigma reduction.
7. Programs/services should be sustainable.
8. Programs should reach the largest number of students possible.

Good Morning, Dr. Muller and Behavioral and Substance Abuse Programs and Services Workgroup Members,

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

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

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

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

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

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

Patty Winters

Team Leader, Phoenix Rising: Maryland Recovery School Advocates

September 6, 2017

Footnotes

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

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

³Each school's service area would be determined by recovery student population density, and capital and operations resources.

#1

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 17, 2017 8:34:04 AM
Last Modified: Thursday, August 17, 2017 9:07:18 AM
Time Spent: 00:33:13
IP Address: 167.102.25.197

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

Botvin Life Skills

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

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

0

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

0

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

100

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

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

Personal Self-Management Skills Students develop strategies for making healthy decisions, reducing stress, and managing anger.
General Social Skills Students strengthen their communication skills and learn how to build healthy relationships. Drug Resistance Skills Students understand the consequences of substance use, risk-taking, and the influences of the media.

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

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

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

- a. **Microsoft Excel spreadsheet**
-

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

To counter myths and misconceptions about drugs, their rate of usage, and effects; to increase awareness of effects of drug use on physical, mental, and emotional health.

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

<https://botvinlifefskillstraining.wordpress.com/>

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

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

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

#2

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 17, 2017 9:20:04 AM
Last Modified: Thursday, August 17, 2017 9:29:05 AM
Time Spent: 00:09:00
IP Address: 66.250.190.41

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

administrative referrals to community agencies

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

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

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

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

N/A

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

125

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

460

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

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

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

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

- a. **# of students referred**
 - b. **# of repeat violations**
-

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

- a. **spreadsheet**
-

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

not specific to heroin/opioid

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Financial,
Travel

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

Respondent skipped this question

#3

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 17, 2017 10:30:53 AM
Last Modified: Thursday, August 17, 2017 10:41:16 AM
Time Spent: 00:10:23
IP Address: 167.102.56.18

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

Botvin's LifeSkills Program

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

Both

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

Respondent skipped this question

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

Prevention / Educational

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

3000

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

3000

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

2000

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

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

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

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

- a. **suspension data**
 - b. **pre and post survey data**
-

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

- a. **survey**
 - b. **school system data management system**
-

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

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

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Financial,
Human ,
Capital
Space

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

Respondent skipped this question

#4

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 17, 2017 10:36:07 AM
Last Modified: Thursday, August 17, 2017 10:44:32 AM
Time Spent: 00:08:24
IP Address: 165.117.239.104

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

Allegany County Health Department

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

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

85

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

93

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

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

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

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

a. **Number of children and adolescents served**

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

a. **N/A**

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

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

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

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Financial,
Human
Capital

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

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

#5

COMPLETE

Collector: Web Link 1 (Web Link)
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Last Modified: Thursday, August 17, 2017 10:55:32 AM
Time Spent: 00:06:47
IP Address: 167.102.56.18

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

North Bay Leadership Summit

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

Both

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

Respondent skipped this question

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

Prevention / Educational

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

0

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

150

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

100

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

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

Provide mentor designed programming for at-risk students.

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

a. **Number of participants**

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

a. **Scheduled/Designated meeting times**

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

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

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Financial,

Travel,

Other (please specify):

Lack of outdoor education center

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

Respondent skipped this question

#6

COMPLETE

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

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

Expanded School Mental Health

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

400

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

300

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

250

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

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

harm reduction, education, improved attendance, graduation

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

- a. **lifeskills mds**
 - b. **esmh data**
 - c. **oms data**
-

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

- a. **lifeskills mds data**
 - b. **esmh data base**
 - c. **beacon health data base**
 - d. **epic EMR reports**
-

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

referrals to INpt, Training on using naloxone

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

PSC 17, PHQ9 , CRAFFT

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

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

Human Capital ,
Space,
Travel,
Time

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

therapists work in schools primarily as MH but in High schools also have more extensive training in SUD

#7

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 17, 2017 12:53:25 PM
Last Modified: Thursday, August 17, 2017 1:09:29 PM
Time Spent: 00:16:03
IP Address: 66.250.190.41

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

Life Skills Training

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

Both

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

Respondent skipped this question

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

Prevention / Educational

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

4,825

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

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

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

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

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

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

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

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

- a. **Feedback forms**
 - b. **Surveys**
 - c. **Observation checklists**
-

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

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

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

Financial,
Human Capital,
Time

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

Respondent skipped this question

#8

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 17, 2017 1:04:52 PM
Last Modified: Thursday, August 17, 2017 1:14:28 PM
Time Spent: 00:09:35
IP Address: 167.102.56.18

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

MET/CBT 5 Counseling Program

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

Substance (Ab)use

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

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

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

Prevention / Educational ,

Treatment / Intervention / Clinical

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

0

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

50

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

50

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

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

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

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

- a. **# of participants**
 - b. **recidivism rates**
-

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

- a. **Student data management system**
-

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

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

Financial,
Human
Capital

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

Respondent skipped this question

#9

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 17, 2017 12:57:21 PM
Last Modified: Thursday, August 17, 2017 1:22:52 PM
Time Spent: 00:25:30
IP Address: 216.36.5.247

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

Student Prevention Program

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

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

| | |
|----------------------|--------------------------------|
| Name of Agency: | Glori L. VanBrunt, LCPC |
| Name of Provider: | Glori VanBrunt |
| Title of Provider: | Therapist |
| Phone # of Provider: | 2402232451 |

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

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

0

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

0

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

72

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

St. Mary's

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

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

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

- a. **Absences and disciplinary interventions pre and post**
- b. **Focus of prevention services**
- c. **Pre and post assessment measures of severity of problem (social, emotional, educational, relational, and substance use)**
- d. **Successful completion of the program**

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

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

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

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

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

<http://lifeskillstraining.com/>

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

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

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

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

#10

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 17, 2017 2:58:05 PM
Last Modified: Thursday, August 17, 2017 3:20:03 PM
Time Spent: 00:21:57
IP Address: 64.26.100.114

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

Eastern Shore Psychological Services

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

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

| | |
|----------------------|---|
| Name of Agency: | Eastern Shore Psychological Services |
| Name of Provider: | Dr. Ben Kohl |
| Title of Provider: | Director of Programs |
| Phone # of Provider: | 410-822-5007 |

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Prevention / Educational ,

Treatment / Intervention / Clinical ,

Recovery / Postvention ,

Other (please specify):

Psychiatric Rehabilitation Psychiatric Med Management
Psychological Evaluations

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

150

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

80

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

125

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

Talbot

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

Decrease or minimize initial presenting symptoms and increase school performance

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

- a. **# of suspensions**
- b. **attendance**
- c. **frequency of mental health interventions**
- d. **disciplinary referrals**
- e. **mental health referral data collection**

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

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

education prevention and intervention

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

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

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

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

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

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

#11

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 17, 2017 3:05:38 PM
Last Modified: Thursday, August 17, 2017 3:57:37 PM
Time Spent: 00:51:59
IP Address: 167.102.25.241

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|--|
| Work group Member Name: | Jonathan Turner |
| Name of Person Completing this form: | Jonathan Turner |
| Title of Person Completing this form: | Lead Specialist - School Counseling |
| Agency or School System: | MSDE |
| Email Address | jonathan.turner@maryland.gov |
| Phone Number | 41-767-0288 |

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

A comprehensive school counseling program plan.

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

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

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

Respondent skipped this question

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Prevention / Educational ,

Treatment / Intervention / Clinical ,

Recovery / Postvention ,

Other (please specify):

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

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

337,858

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

192,683

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

253,096

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

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

School counselors use data to show the impact of the school counseling program on student achievement, attendance and behavior and analyze school counseling program assessments to guide future action and improve future results for all students.

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

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

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

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

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

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

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Human Capital ,

Time,

Access to Students ,

Other (please specify):

The position of the school counselor is often plagued with being tasked with work that falls outside the scope of school counseling preventing the full implementation of a school counseling program plan.

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

Respondent skipped this question

#12

COMPLETE

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

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|---------------------------------------|
| Work group Member Name: | Christine Knode |
| Name of Person Completing this form: | Christine Knode |
| Title of Person Completing this form: | Supervisor of Student Services |
| Agency or School System: | Calvert County Public Schools |
| Email Address | knodec@calvertnet.k12.md.us |
| Phone Number | 443 550-8461 |

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

Kresge Foundation

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

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

| | |
|----------------------|---|
| Name of Agency: | Calvert County Health Department |
| Name of Provider: | Dr. Lawrence Polsky |
| Title of Provider: | County Health Officer |
| Phone # of Provider: | 410 535-5400 |

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

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

0

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

Unknown

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

Unknown

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

Calvert

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

Treatment/Stablization of Mental Health/Substance Abuse

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

a. **Unknown**

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

a. **Unknown**

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

Unknown

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

Unknown whether the program is evidence based or not.

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

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

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

The Kresge Foundation was started through seed funding but has been stand alone for the last two years. CCPS provides the venue for mental health services to be provided to students in need through the local health department staff. Due to confidentiality laws the local health department maintains records on the students they service.

#13

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, August 18, 2017 10:17:55 AM
Last Modified: Friday, August 18, 2017 10:25:40 AM
Time Spent: 00:07:45
IP Address: 107.77.204.214

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

DARE and Mental Health First Aid

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

Both

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

Respondent skipped this question

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

Prevention / Educational Treatment / Intervention / Clinical

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

600

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

600

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

600

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

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

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

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

a. **DARE - end of program sumative assessment**

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

a. **DARE - student assessment**

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

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

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Respondent skipped this question

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

Respondent skipped this question

#14

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Sunday, August 20, 2017 11:00:39 AM
Last Modified: Sunday, August 20, 2017 11:12:15 AM
Time Spent: 00:11:35
IP Address: 96.5.124.155

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

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

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

Both

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

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

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

Treatment / Intervention / Clinical

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

CCPS does not keep that data

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

CCPS does not keep that data

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

CCPS does not keep that data

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

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

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

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

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

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

a. **That is determined by CCHD**

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

CCHD would have that information as it relates to direct services

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

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

yes

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

Financial,
Space,
Travel,
Access to
Students

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

So far it has been an asset to our communities and families that we serve.

#15

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, August 18, 2017 3:00:29 PM
Last Modified: Sunday, August 20, 2017 4:13:43 PM
Time Spent: Over a day
IP Address: 71.179.52.138

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|---|
| Work group Member Name: | Brad Engel |
| Name of Person Completing this form: | Brad Engel |
| Title of Person Completing this form: | Supervisor of Student Support Services |
| Agency or School System: | Queen Anne's County Schools |
| Email Address | brad.engel@qacps.org |
| Phone Number | 410-758-8216 |

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

Lifeskills

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

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

| | |
|-------------------|-------------------|
| Name of Agency: | QACPS |
| Name of Provider: | Lifeskills |

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

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

4000

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

1500

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

1200

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

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

Reduce the number of students who violate the substance use policy

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

- a. **Referrals**
 - b. **Discipline Referrals**
-

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

- a. **Referrals**
 - b. **Surveys**
-

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

Interventions for Addicts and support for families

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Respondent skipped this question

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

Respondent skipped this question

#16

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, August 21, 2017 8:12:18 AM
Last Modified: Monday, August 21, 2017 8:31:01 AM
Time Spent: 00:18:42
IP Address: 167.102.25.241

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

Coordinated Student Services--School Psychologists

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

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

| | |
|-----------------|-----------------|
| Name of Agency: | All LEAs |
|-----------------|-----------------|

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Prevention / Educational ,

Treatment / Intervention / Clinical ,

Other (please specify):

Teacher Consultation, Referral to Outside Agencies, Coordination with School-Based Providers, Individual Counseling, Group Counseling, Assessment of Students for Special Education Services, 504s, and other services.

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

Total Number Statewide Not Known at this Time

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

Total Number Statewide Not Known at this Time

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

Total Number Statewide Not Known at this Time

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

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

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

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

a. **varies by LEA**

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

a. **Varies by LEA**

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

N/A

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

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

Howard Adelman
Linda Taylor

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

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

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

#17

COMPLETE

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

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

Prevention

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

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

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

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

200

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

600

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

4,900

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

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

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

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

- a. **Number of attendees**
 - b. **Youth Risk Behavioral Survey**
-

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

- a. **Number of attendees**
-

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

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

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

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

Environmental strategies are implemented throughout the year to address preception of risk, proper storage & disposal of medications as well as general information about opiates.

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

Financial,
Human ,
Capital
Travel,
Time

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

It is difficult to measure the number of students that were reached through our marketing campaign efforts.

#18

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, August 21, 2017 8:40:25 AM
Last Modified: Monday, August 21, 2017 9:19:22 AM
Time Spent: 00:38:57
IP Address: 167.102.25.197

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

Wicomico Behavioral Health- Wicomico Co. Health Department

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

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

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

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

60

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

80

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

80

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

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

Decreased suspension rate. Improved grades, Decreased police interaction

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

a. **The Beacon Health - OMS questionnaire**

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

a. **Beacon Health OMS questionnaire**

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

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

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

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

Cognitive Behavioral Therapy
Motivational Interviewing

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **NO**

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Space,

Travel,

Time,

**Access to
Students** ,

Other (please
specify):

We only provide school based services to Wicomico County

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

Respondent skipped this question

#19

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, August 21, 2017 8:55:11 AM
Last Modified: Monday, August 21, 2017 10:05:09 AM
Time Spent: 01:09:58
IP Address: 167.102.76.130

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|---------------------------------------|
| Work group Member Name: | Brad Engel |
| Name of Person Completing this form: | Brad Engel |
| Title of Person Completing this form: | Supervisor of Student Services |
| Agency or School System: | Queen Anne's County |
| Email Address | brad.engel@qacps.org |
| Phone Number | 410-758-8216 |

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

Student Assistance

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

Both

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

| | |
|-----------------|-----------------------------------|
| Name of Agency: | Student Assistance Program |
|-----------------|-----------------------------------|

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

Prevention / Educational

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

0

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

15

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

40

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

Queen Anne's

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

Intervention for possible substance use issue

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

a. **Number of referrals**

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

a. **Number of referrals**

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

Identifies students who might be at risk

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

NO

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

Respondent skipped this question

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

Respondent skipped this question

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

**Human
Capital**

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

Respondent skipped this question

#20

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, August 21, 2017 2:15:07 PM
Last Modified: Monday, August 21, 2017 2:35:37 PM
Time Spent: 00:20:29
IP Address: 167.102.25.197

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

Caroline County Behavioral Health

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

Both

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

| | |
|----------------------|--|
| Name of Agency: | Caroline County Behavioral Health |
| Name of Provider: | Caroline County Behavioral Health |
| Title of Provider: | Caroline County Behavioral Health |
| Phone # of Provider: | 410-479-3800 |

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Prevention / Educational ,
Treatment / Intervention / Clinical ,
Recovery / Postvention ,
Other (please specify):
MAT

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

79

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

40

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

61

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

Caroline

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

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

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

- a. **length of stay**
- b. **reduction in use, ED visits, appointments**
- c. **new charges**
- d. **successful completions**
- e. **recidivism**

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

a. **Beacon**

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

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

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

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

SAMHSA

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

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

Financial,
Human Capital,
Space,
Travel,
Time

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

stigma is worse as the grades increase. older adolescents appear less likely to seek counseling.

#21

COMPLETE

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

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

Life Skills Program

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

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

110-116

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

0

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

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

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

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

- a. **For one 4th grade class, the results show 42% increase compared to pre survey.**
 - b. **The results For the second 4th grade class, there was a 52% increase in results compared to pre survey.**
 - c. **The data for 5th grade indicate 41% increase compared to pre survey.**
 - d. **Results indicate 56% increase for 6th grade.**
-

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

- a. **Pre and post surveys**
-

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

We currently do not address heroin/opiate use.

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

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

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

Financial,
Human
Capital

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

Respondent skipped this question

#22

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, August 21, 2017 5:01:26 PM
Last Modified: Monday, August 21, 2017 5:22:21 PM
Time Spent: 00:20:55
IP Address: 50.193.128.70

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

TREATMENT RESOURCES FOR YOUTH, INC.

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

Substance (Ab)use

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

Respondent skipped this question

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

Prevention / Educational ,
Treatment / Intervention / Clinical

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

92

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

306

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

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

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

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

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

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

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

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

MOTIVATIONAL INTERVIEWING
CONTINGENCY MANAGEMENT

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **NO**

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

Financial,
Human ,
Capital
Space

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

Respondent skipped this question

#23

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, August 21, 2017 5:51:36 PM
Last Modified: Monday, August 21, 2017 6:03:40 PM
Time Spent: 00:12:04
IP Address: 207.255.179.225

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

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

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

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

20

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

30

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

30

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

**Caroline,
Dorchester,
Queen Anne's**

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

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

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

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

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

- a. **depression & anxiety scales**
 - b. **self esteem scales**
 - c. **feedback from school staff**
 - d. **spreadsheet with the above information including date services began**
-

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Client identified with a opioid use diagnosis, services are in place to reduction of usage

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

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

Recording outcomes, use of scales to monitor progress along with client report and case documentation

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

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

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

#24

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 22, 2017 8:24:38 AM
Last Modified: Tuesday, August 22, 2017 8:50:21 AM
Time Spent: 00:25:43
IP Address: 38.124.151.71

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

Teen Diversion Program

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

Both

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

Respondent skipped this question

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

Prevention / _____ ,
Educational
Treatment / Intervention /
Clinical

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

0

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

12

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

12

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

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

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

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

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

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

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

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Respondent skipped this question

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

YES

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

**Financial,
Space**

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

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

#25

COMPLETE

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

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

STATE COUNCIL ON CHILD ABUSE AND NEGLECT (SCCAN)

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

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

N/A-PROVIDE INFORMATION TO AGENCIES AND SERVICE PROVIDERS

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

N/A

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

N/A

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

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

PROVIDING INFORMATION AND TRAINING THROUGH AGENCIES AND SERVICE PROVIDERS.

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

a.

N/A

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

a. **N/A**

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

THE INDIVIDUAL AGENCIES AND SERVICE PROVIDERS WOULD ADDRESS THESE ISSUES

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

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

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

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

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

SCCAN OPERATES WITH THE COOPERATION OF THE MARYLAND DEPARTMENT OF HUMAN SERVICES IN PROVIDING INFORMATION ON PROGRAMS AT THE NATIONAL AND STATE LEVEL TO ADDRESS ADULT AND FAMILY ISSUES.

#26

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 22, 2017 10:53:22 AM
Last Modified: Tuesday, August 22, 2017 11:09:00 AM
Time Spent: 00:15:37
IP Address: 96.5.120.250

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

School psychologists and social workers provide behavioral interventions and supports.

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

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

| | |
|----------------------|--------------------------------------|
| Name of Agency: | Baltimore City Public Schools |
| Name of Provider: | James Padden |
| Title of Provider: | Director of Related Services |
| Phone # of Provider: | 443-642-4217 |

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Prevention / Educational ,

Treatment / Intervention / Clinical ,

Other (please specify):

Services and supports to students are shared by multiple departments of the district + community partners

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

undetermined at this time

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

undetermined at this time

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

undetermined at this time

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

Baltimore City

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

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

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

- a. **Attendance**
 - b. **Suspension**
 - c. **Academic performance**
-

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

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

Not addressed by this department

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

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

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

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

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply. **Financial,**
Other (please specify):
School psychologists are difficult to find

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

The behavioral and mental health supports provided by school psychology and social workers are one component of the comprehensive supports needed by students in the district.

#27

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 22, 2017 11:06:29 AM
Last Modified: Tuesday, August 22, 2017 11:19:35 AM
Time Spent: 00:13:06
IP Address: 205.222.248.98

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|--|
| Work group Member Name: | Steve Neff and Elizabeth Rathbone |
| Name of Person Completing this form: | Steve Neff |
| Title of Person Completing this form: | Director |
| Agency or School System: | MCPS |
| Email Address | Steve_Neff@mcpsmd.org |
| Phone Number | 301315-7335 |

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

Red Flags

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

Both

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

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

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

Prevention / Educational

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

76,250

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

35,000

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

12,345

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

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

Awareness, education

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

a. **Pre- and post-classroom survey**

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

a. **Survey**

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

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

Financial,
Human ,
Capital
Time

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

Respondent skipped this question

#28

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 22, 2017 11:20:28 AM
Last Modified: Tuesday, August 22, 2017 11:23:12 AM
Time Spent: 00:02:44
IP Address: 205.222.248.98

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

Youth Mental Health First Aid

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

Both

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

Respondent skipped this question

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

Prevention / Educational

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

na (staff training)

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

na (staff training)

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

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

Staff member awareness

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

a. **Pre- and post-survey**

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

a. **Survey**

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

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

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

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

YMHFA research

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Financial,
Human ,
Capital
Space,
Time

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

Respondent skipped this question

#29

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 22, 2017 10:48:28 AM
Last Modified: Tuesday, August 22, 2017 11:26:45 AM
Time Spent: 00:38:16
IP Address: 192.234.38.201

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|----------------------------------|
| Work group Member Name: | Ryan D. Voegtlin |
| Name of Person Completing this form: | Ryan D. Voegtlin |
| Title of Person Completing this form: | Director Student Services |
| Agency or School System: | AACPS |
| Email Address | RVOEGTLIN@aacps.org |
| Phone Number | 410-222-5322 |

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

Alternatives to Drugs

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

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

| | |
|----------------------|---|
| Name of Agency: | Anne Arundel County Public Schools |
| Name of Provider: | Ryan Voegtlin |
| Title of Provider: | Director Student Services |
| Phone # of Provider: | 410-222-5322 |

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

2

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

61

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

53

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

**Anne
Arundel**

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

to provide resources and education to families of AACPS students

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

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

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

- a. **referrals**

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

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

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

NO

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Respondent skipped this question

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

YES

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

**Travel,
Time**

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

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

#30

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 22, 2017 11:23:26 AM
Last Modified: Tuesday, August 22, 2017 11:33:20 AM
Time Spent: 00:09:53
IP Address: 205.222.248.98

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

DHHS, Screening and Assessment Services for Children and Adolescents

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

| | |
|--|--------------------------|
| | Substance (Ab)use |
|--|--------------------------|

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

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

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

| | |
|--------------------------|--|
| <input type="checkbox"/> | Prevention / Educational |
| <input type="checkbox"/> | Treatment / Intervention / Clinical |
| <input type="checkbox"/> | Recovery / Postvention |

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

0

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

250

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

850

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

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

Assessments, education, connection to services for students and families

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

a. **Number of referrals**

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

a. **SASCA report**

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

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

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

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

SAMHSA

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

Financial,
Human ,
Capital
Time

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

Respondent skipped this question

#31

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 22, 2017 1:25:46 PM
Last Modified: Tuesday, August 22, 2017 1:44:20 PM
Time Spent: 00:18:33
IP Address: 69.67.92.105

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

School-based Community Mental Health Partners

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

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

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

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

not sure

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

not sure

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

not sure

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

**Baltimore
County**

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

Students' emotional health status will improve

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

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

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

- a. **annual report by providers**
-

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

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

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

NO

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

Respondent skipped this question

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

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

#32

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 22, 2017 4:40:27 PM
Last Modified: Tuesday, August 22, 2017 5:08:27 PM
Time Spent: 00:28:00
IP Address: 96.5.120.250

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

Comprehensive health education curriculum

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

Both

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

Respondent skipped this question

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

Prevention / Educational

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

In progress

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

In progress

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

In progress

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

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

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

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

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

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

- a. **The YRBS**
-

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Respondent skipped this question

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

YES

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

Time

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

Respondent skipped this question

#33

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 23, 2017 10:11:22 AM
Last Modified: Wednesday, August 23, 2017 10:25:52 AM
Time Spent: 00:14:29
IP Address: 69.2.165.229

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

School based mental health services

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

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

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

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

181

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

60

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

0

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

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

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

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

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

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

- a. **excel**
 - b. **face to face contact**
-

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

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

Financial,
Space,

Other (please specify):

Work force availability and roadblocks created with credentialing with licensing board as well as private insurance companies

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

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

#34

COMPLETE

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

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

Center for Children Inc

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

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

200

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

60

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

0

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

**Charles,
St. Mary's**

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

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

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

a. **OMS**

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

a. **OMS**

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

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

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

NO

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

Respondent skipped this question

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

Financial,
Space,
Time,
Access to
Students

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

cooperative relationship between schools and provider essential

#35

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 23, 2017 3:49:15 PM
Last Modified: Wednesday, August 23, 2017 3:59:41 PM
Time Spent: 00:10:25
IP Address: 23.24.117.142

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|---|
| Work group Member Name: | HARBEL Prevention and Recovery Center |
| Name of Person Completing this form: | Patricia Quinn Stabile |
| Title of Person Completing this form: | Program Director |
| Agency or School System: | HARBEL Prevention and Recovery Center (Baltimore0 |
| Email Address | pstable@harbelprc.com |
| Phone Number | 410-44-2100 |

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

HARBEL Prevention and Recovery Center

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

Substance (Ab)use

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

Respondent skipped this question

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

Treatment / Intervention / _____ ,
Clinical
Recovery /
Postvention

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

0

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

0

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

60

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

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

Engagement in SUD tx

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

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

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

- a. **program records**
-

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

education and overdose prevention as part of tx plans

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

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

SUD tx is evidence based - may used a variety of evidence based interventions- starting with developing a therapeutic relationship with counselor, using motivational interviewing, using cognitive behavioral therapy , using ACRA .

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

Financial,
Human Capital,
Space,
Travel,
Time,
Access to Students,

Other (please specify):
Supervision Time/ Admin time

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

Respondent skipped this question

#36

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 24, 2017 7:15:56 AM
Last Modified: Thursday, August 24, 2017 7:32:54 AM
Time Spent: 00:16:57
IP Address: 167.102.25.241

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|--|
| Work group Member Name: | Kirsten Roller |
| Name of Person Completing this form: | Kirsten Roller |
| Title of Person Completing this form: | Health Education Specialist |
| Agency or School System: | Maryland State Department of Education (MSDE) |
| Email Address | kirsten.roller@maryland.gov |
| Phone Number | 410-767-0330 |

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

Maryland Comprehensive Health Education Program

| | |
|---|--|
| Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate. | Other (please specify): COMAR 13A.04.18 |
|---|--|

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

| | |
|-------------------|--|
| Name of Agency: | Maryland State Department of Education (MSDE) |
| Name of Provider: | 24 local school systems |

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

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

All public school students in the state

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

All public school students in the state

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

All public school students in the state

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

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

- a. **By September 2016 and each 5 years after that, each local superintendent of schools shall certify to the State Superintendent of Schools that the instructional programming within grades prekindergarten—12 meets, at a minimum, the requirements set forth in Regulation .01 of this chapter.**
-

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

- a. **By September 2016 and each 5 years after that, each local superintendent of schools shall certify to the State Superintendent of Schools that the instructional programming within grades prekindergarten—12 meets, at a minimum, the requirements set forth in Regulation .01 of this chapter.**
-

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

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

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

Financial,
Human ,
Capital
Time,
Access to
Students

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

Respondent skipped this question

#37

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 24, 2017 12:58:53 PM
Last Modified: Thursday, August 24, 2017 1:29:52 PM
Time Spent: 00:30:58
IP Address: 167.102.25.197

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

Level 1 and 0.5 SRD Treatment

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

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

0

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

0

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

30

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

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

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

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

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

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

- a. **PatTrac (Electronic Medical Record)**
-

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

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

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

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

SRD treatment is the standard of care and meets all State licensing requirements. The answer to #14 should be "n/a".

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

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

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

#38

COMPLETE

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

Page 1: Data Sheet

Q1 Work group Member Contact Information

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

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

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

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

Substance (Ab)use

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

Respondent skipped this question

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

Prevention / Educational ,

Treatment / Intervention / Clinical ,

Recovery / Postvention

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

unknown

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

unknown

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

unknown

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

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

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

to save lives and prevent deaths due to opioid abuse

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

Respondent skipped this question

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

a. **reporting form for naloxone administration**

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

Provides information about naloxone adminsitration in the public schools and who it is administered to

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

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

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

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply. Other (please specify):
This is mandated by law and all local education agencies in the state must report naloxone administration

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

#39

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, August 25, 2017 8:03:54 AM
Last Modified: Friday, August 25, 2017 8:48:20 AM
Time Spent: 00:44:25
IP Address: 167.102.25.241

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|---|
| Work group Member Name: | Reginald Burke |
| Name of Person Completing this form: | Reginald Burke |
| Title of Person Completing this form: | Specialist, School Completion and Alternative Programs |
| Agency or School System: | Maryland State Department of Education |
| Email Address | reginald.burke@maryland.gov |
| Phone Number | 4107670313 |

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

Youth Mental Health First Aid

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

Both

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

Respondent skipped this question

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

Prevention / ,
Educational
Treatment / Intervention /
Clinical

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

400

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

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

600

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

400

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

Baltimore ,
County
Dorchester,
Somerset

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

train adults to recognize the symptoms of mental health problems, provide initial support, and refer individual to professional help

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

- a. **Unable to carry out daily activities**
 - b. **Unable to work or attend school**
 - c. **substance abuse disorder**
-

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

- a. **office referrals**
 - b. **attendance data**
 - c. **academic data**
 - d. **referrals to SST**
-

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

The program teaches adults the warning signs and risk factors to look for in youth that may be experiencing substance abuse issues.

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

YES

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q15 If YES to question # 14, please note your citation here.

The Youth Mental Health First Aid program is included in SAMHSA's National Registry of Evidenced-based Programs and Practices (NREPP)

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **YES**

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply. **Financial, Time**

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group! **Respondent skipped this question**

#40

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, August 25, 2017 10:03:44 AM
Last Modified: Friday, August 25, 2017 10:55:32 AM
Time Spent: 00:51:48
IP Address: 98.231.153.32

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|-------------------------------------|
| Work group Member Name: | Denise Gomez |
| Name of Person Completing this form: | Evelyn Saim-Lobos |
| Title of Person Completing this form: | Program Director |
| Agency or School System: | Family Services, Inc. |
| Email Address | evelyn.saim-lobos@fs-inc.org |
| Phone Number | 240-755-3575 |

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

The Landing Program

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Other (please specify):
 Recovery from Substance (Ab)use

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

| | |
|----------------------|---|
| Name of Agency: | The Landing Program at Family Services, Inc. |
| Name of Provider: | Evelyn Saim-Lobos |
| Title of Provider: | Program Director |
| Phone # of Provider: | 3018404066 |

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational ,
Recovery / Postvention

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

0

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

15-20 (about)

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

20-35 (about)

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service. **Montgomery**

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

To provide satisfactory services per client report. To provide service that clients would recommend to others with similar needs. To provide services that make a positive impact on the clients' lives per client report. To minimize the length of time the program has vacancies in to ensure prompt services are available to person in the community. To provide prompt response and service to persons referred to the program.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

- a. **The number of persons reporting overall satisfactory services divided by the number of surveys completed.**
 - b. **The number of persons reporting they would recommend the service to others with similar needs divided by the number of surveys completed.**
 - c. **Number of clients reporting positive impact on my life. (Strongly agree/ agree) divided by total number of clients surveyed.**
 - d. **The number vacancies filled within 30 days of becoming vacant divided by the total number of vacancies over the course of 3 months. (Max enrollment is 40)**
 - e. **Number of clients referred to the program receiving initial contact by The Landing staff within 2 business days of referral divided by total number of referrals.**
-

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. **Surveys**

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

We are a recovery support center and have members recovering from a variety of drugs including heroin and/or opiates. We develop a recovery plan with each member and their family. We have groups concerning risk factors for opioid use/abuse & relapse.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not. **NO**

Q15 If YES to question # 14, please note your citation here. **Respondent skipped this question**

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **YES**

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply. **Financial, Travel, Access to Students**

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group! **Respondent skipped this question**

#41

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, August 25, 2017 12:15:47 PM
Last Modified: Friday, August 25, 2017 12:47:50 PM
Time Spent: 00:32:02
IP Address: 167.102.25.197

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|---------------------------------------|
| Work group Member Name: | Bob Stephens |
| Name of Person Completing this form: | Kendra McLaughlin |
| Title of Person Completing this form: | Director of Health Education |
| Agency or School System: | Garrett County Health Dept |
| Email Address | kendra.mclaughlin@maryland.gov |
| Phone Number | 3013347732 |

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Garrett County Drug Free Communities Coalition

| | |
|---|--------------------------|
| Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate. | Substance (Ab)use |
|---|--------------------------|

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

| | |
|----------------------|--|
| Name of Agency: | Garrett County Health Department |
| Name of Provider: | Kendra McLaughlin |
| Title of Provider: | Director of Health Education and Outreach |
| Phone # of Provider: | 3013347732 |

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

- Prevention / Educational** ,
- Treatment / Intervention / Clinical** ,
- Recovery / Postvention**

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

indirectly, all Garrett County k-5 students; 1,686

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

indirectly, all Garrett County 6-8 students; 876

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

indirectly, all Garrett County 9-12 students; 1,122

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Garrett

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

assist in promoting treatment, intervention and prevention services to those people affected by alcohol and other drug abuse in Garrett County

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

- a. **Past 30 day use of tobacco, alcohol, marijuana, prescription drugs**
- b. **Outpatient treatment admissions**
- c. **Overdose deaths**

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

- a. **Maryland Youth Risk Behavior Survey**
- b. **PatTrac: Outpatient Addiction Stats**
- c. **Maryland Vital Records**

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Services include prevention (drug take back, PDMP promotion, school presentations, permanent drop boxes, safe medication storage and disposal), intervention (Naloxone training), treatment (medication assisted treatment options), and recovery (support groups).

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not. **YES**

Q15 If YES to question # 14, please note your citation here.

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> on 2017, August 25
Use of Naloxone for the Prevention of Opioid Overdose Deaths; American Society of Addiction Medicine; adoption date: April 15, 2010; rev. August 16, 2014; rev. October 8, 2016
Prevention and Intervention Strategies to Decrease Misuse of Prescription Pain Medications; American Public Health Association Policy Statement; Nov 3, 2015; Policy #20154

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **YES**

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Financial,
Human Capital,
Time,
Access to Students

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group! **Respondent skipped this question**

#42

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, August 25, 2017 1:26:56 PM
Last Modified: Friday, August 25, 2017 1:32:33 PM
Time Spent: 00:05:37
IP Address: 64.26.118.166

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|---------------------------------------|
| Work group Member Name: | Tracey Williams |
| Name of Person Completing this form: | Tracey Williams |
| Title of Person Completing this form: | Supervisor of Student Services |
| Agency or School System: | Kent |
| Email Address | twilliams@kent.k12.md.us |
| Phone Number | 410-810-3170 |

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Alcohol Edu

| | |
|---|--------------------------|
| Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate. | Substance (Ab)use |
|---|--------------------------|

| | |
|--|---|
| Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364. | Respondent skipped this question |
|--|---|

| | |
|---|---------------------------------|
| Q5 For the program / service listed above, please check ALL the services provided in the school setting. | Prevention / Educational |
|---|---------------------------------|

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

0

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

0

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

150

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service. **Kent**

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Educate about the risks involved in drinking, binge drinking. Educate about the steps to get help for you or someone else if needed.

Q11 For the program / service listed above, please list the data points collected for the desired outcome. **Respondent skipped this question**

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

- a. **Classroom assignments, quizzes**
 - b. **Online survey**
-

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

This program does not address heroin/opiate. We are looking into resources from Discovery Education for all students enrolled in Health.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not. **YES**

Q15 If YES to question # 14, please note your citation here.

Alcohol.edu

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **YES**

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Financial

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Respondent skipped this question

#43

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, August 28, 2017 5:25:02 PM
Last Modified: Monday, August 28, 2017 5:54:40 PM
Time Spent: 00:29:38
IP Address: 198.232.183.97

Page 1: Data Sheet

Q1 Work group Member Contact Information

Work group Member Name: **none**
 Name of Person Completing this form: **Robin Handler**
 Title of Person Completing this form: **Robin Handler**
 Agency or School System: **Washington County**
 Email Address: **Handlrob@wcps.k12.md.us**
 Phone Number: **301 766 2966**

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Washington County middle and high schools have active SAP Teams. We also offer school-Based mental health services through a grant provided by the Local Management Board and individual providers who provide services privately in the schools. ADAC conducts groups at Antietam Academy, our alternative school. The SBIRT Screening and Refererel to treatment services program through Meritus was avaiable at Western Heights and South High. There are substance abuse awareness lessons embedded in the 10th grade health/life curriculum.

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate. **Both**

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364. **Respondent skipped this question**

Q5 For the program / service listed above, please check ALL the services provided in the school setting. **Prevention / Educational**

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

none

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

SAP teams meet at middle schools- 5150 students

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

SAP teams meet at all high schools-6300 students

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service. **Washington**

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Ideally, Washington County will deliver a PreK-12 evidence based, substance abuse prevention program with fidelity to all students. In addition, we will conduct Children of Alcoholic, Violence Prevention, Alateen groups in all schools. SAP team training and refresher training will be offered to all teams to strengthen our SAP programs.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

- a. **student attendance**
 - b. **discipline referrals**
 - c. **graduation rates and postsecondary engagement**
 - d. **teacher and staff engagement as it relates to effective teaching**
 - e. **increased academic achievement in literacy and math**
-

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

- a. **Increased referrals to the Health Department for identified students who are at risk,**
 - b. **attendance, discipline, graduation rates, postsecondary plans**
 - c. **alumni data in Naviance**
 - d. **student participation in extracurricular activities**
-

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Students will be taught tools to manage stress, protective factors, refusal skills, decision making, positive and healthy relationships.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not. **NO**

Q15 If YES to question # 14, please note your citation here. **Respondent skipped this question**

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **Respondent skipped this question**

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply. **Respondent skipped this question**

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Washington County Public School students would benefit greatly from an evidence based PreK-12 substance abuse prevention program. Our SAP teams are committed to identifying students at risk. Communication and a shared vision exists with Behavioral Health/ Health Department. Parent education and access is key as well.

#44

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 29, 2017 12:51:37 AM
Last Modified: Tuesday, August 29, 2017 1:28:39 AM
Time Spent: 00:37:01
IP Address: 38.109.203.15

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|---|
| Work group Member Name: | SHANNA WIDEMAN |
| Name of Person Completing this form: | SHANNA WIDEMAN |
| Title of Person Completing this form: | CHIEF, CHILD ADOLESCENT SUBSTANCE USE SERVICES |
| Agency or School System: | BEHAVIORAL HEALTH ADMINISTRATION |
| Email Address | SHANNA.WIDEMAN@MARYLAND.GOV |
| Phone Number | 410-402-8494 |

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

RECOVERY SUPPORT/ADOLESCENT CLUBHOUSE

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Substance (Ab)use

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Recovery / Postvention ,

Prevention / Educational

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

0

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

60

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

240

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Baltimore City,
Baltimore ,
County
Frederick,
Montgomery,
Prince George's,
St. Mary's ,
Anne
Arundel

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Each unique clubhouse uses evidence-based and promising practices to provide screening, intervention, and recovery support to adolescents. Through various approaches to substance use intervention and recovery, the clubhouse's recovery-oriented model supports diminishing triggers and cues that led to past substance abuse and uses youth driven activities to engage adolescents in more enriching and healthy ways.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

- a. **SUBSTANCE USE**
 - b. **FAMILY RELATIONSHIPS**
 - c. **PARENTING SKILLS**
 - d. **SOCIAL AND LIFE SKILLS**
-

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

- a. **CRAFFT Screening Tool**
 - b. **Strengthening Families Program**
 - c. **Youth Mental Health First Aid**
-

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

behavioral health education, screening, and recovery-oriented supports deployed as interventions to prevent future opioid-related overdose deaths in the state

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not. **YES**

Q15 If YES to question # 14, please note your citation here.

CRAFFT

<https://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/screening-assessment-drug-testing-resources/chart-evidence-based-screening-tools-adults>

Strengthening Families

<http://legacy.nreppadmin.net/ViewIntervention.aspx?id=44>

Youth Mental Health First Aid

<https://www.mentalhealthfirstaid.org/about/research/>

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **YES**

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply. **Financial**

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

N/A

#45

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 29, 2017 12:45:36 PM
Last Modified: Tuesday, August 29, 2017 1:24:01 PM
Time Spent: 00:38:24
IP Address: 134.192.135.28

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|--|
| Work group Member Name: | Shanna Wideman |
| Name of Person Completing this form: | Rebecca LaCosta |
| Title of Person Completing this form: | Clinical Research Assistant |
| Agency or School System: | University of Maryland School of Medicine |
| Email Address | rlacosta@som.umaryland.edu |
| Phone Number | (410)706-6544 |

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Maryland Behavioral Health for Adolescents and Young adults (MD-BHAY)

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate. **Both**

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

| | |
|----------------------|--|
| Name of Agency: | BHA |
| Name of Provider: | Shanna Wideman |
| Title of Provider: | Director of Child and Adolescent Substance Use Services |
| Phone # of Provider: | (410)402-8494 |

Q5 For the program / service listed above, please check ALL the services provided in the school setting. **Treatment / Intervention / Clinical**, **Recovery / Postvention**

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

0

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

0

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

Over 20

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

**Baltimore City,
Baltimore
County**

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Reduction/Elimination of substance use behavior and maintenance of recovery.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

- a. **Baseline/Intake**
 - b. **3 Month Follow-up**
 - c. **6 Month follow-up**
 - d. **Discharge**
-

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

- a. **Center for Substance Abuse Treatment (SAMHSA)
Government Performance Act Measure (GPRA)**
 - b. **Global Appraisal of Individual Needs (Chestnut Health
Systems - GAIN)**
-

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

The project uses A-CRA which is on SAMHSA's National Registry of Evidence Based Programs and Practices for substance use treatment

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not. **YES**

Q15 If YES to question # 14, please note your citation here.

SAMHSA's National Registry of Evidence-based Programs and Practices: Adolescent Community Reinforcement Approach (A-CRA)
<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=41>

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **YES**

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Financial,
Space,

Other (please specify):

Student attendance - Students abusing substances often have poor attendance at school which can make school based treatment challenging.

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Since University of Maryland School of Medicine is an approved state trainer of Adolescent Community Reinforcement Approach (A-CRA) some certification costs of training with the developer Chestnut Health Systems can be reduced.

#46

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 30, 2017 1:47:08 PM
Last Modified: Wednesday, August 30, 2017 2:16:19 PM
Time Spent: 00:29:10
IP Address: 167.102.25.197

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|--|
| Work group Member Name: | Linda Auerback |
| Name of Person Completing this form: | Linda Auerback |
| Title of Person Completing this form: | Substance Abuse Prevention Supervisor |
| Agency or School System: | Carroll County Health Department |
| Email Address | Linda.Auerback@maryland.gov |
| Phone Number | 4108764803 |

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Skill-based education and current drug trends curriculum, including Refusal Skills and Anger Management, "Don't Believe the Lie" Prevention Program from the State's Attorney's Office

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Substance (Ab)use

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

924 students

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

3,944 students

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

3,247 students

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service. **Carroll**

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Increased awareness of the risks/harmfulness of drugs and alcohol; increased ability to refuse drugs and alcohol; increased ability to manage anger/stress; increased understanding of the developing brain and addiction.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. **Decrease the Percentage of students drug and alcohol use.**

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. **Maryland Youth Risk Behavior Survey**

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Students are taught the relationship between heroin and other opioids, including how abusing prescription opioids can result in a heroin addiction.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not. **YES**

Q15 If YES to question # 14, please note your citation here.

Guiding Good Choices

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **YES**

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

- Financial,**
- Human Capital** ,
- Time,**
- Access to Students** ,
- Other (please specify):
Partnership with schools

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Respondent skipped this question

#47

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 30, 2017 2:40:01 PM
Last Modified: Wednesday, August 30, 2017 3:00:34 PM
Time Spent: 00:20:33
IP Address: 162.247.192.3

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|---|
| Work group Member Name: | Richard Moody |
| Name of Person Completing this form: | Patricia Ramseur |
| Title of Person Completing this form: | Alcohol & Other Drugs Prevention Coordinator |
| Agency or School System: | Prince George's County Health Department |
| Email Address | pbramseur@co.pg.md.us |
| Phone Number | 301-324-2991 |

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Prince George's County Behavioral Health Services

| | |
|---|-----------------------------------|
| Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate. | Behavioral / Mental Health |
|---|-----------------------------------|

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

| | |
|----------------------|---|
| Name of Agency: | Prince George's County Health Department |
| Name of Provider: | Behavioral Health Services |
| Title of Provider: | Deputy Health Officer, Dr. Duvall-Harvey |
| Phone # of Provider: | 301-883-7871 |

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational ,

Other (please specify):

Resource for treatment and mental health services; recovery club house for adolescence

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

300 or more

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

300 or more

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

100 or more

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Prince George's

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

students receive information about substance abuse prevention and know the consequences when using alcohol, tobacco and other drugs

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

- a. **to see what participants know before participating in a prevention program or presentation**
 - b. **To know what was learned after participation in the prevention program or presentation**
 - c. **To know if the presenter was effective**
-

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

- a. **Pre & Post Test**
 - b. **Evaluation**
 - c. **Survey**
-

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Educational Presentation or Evidence Based Program addressing opiate and heroin use

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not. **YES**

Q15 If YES to question # 14, please note your citation here.

Evidence Based Programs used are approved by the Substance Abuse and Mental Health Services Administration

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **YES**

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Space,
Time,
Access to Students ,
Other (please specify):
Approval from the prinicipal

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

This was a great survey, I hope that the information will be taken seriously and that there will be more opportunities to implement Evidence Based Programs that promote prevention issues such as HIV, Substance Abuse, Bullying, etc. in to the school for all ages.

#48

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 30, 2017 3:44:52 PM
Last Modified: Wednesday, August 30, 2017 3:58:17 PM
Time Spent: 00:13:24
IP Address: 167.102.70.26

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|---|
| Work group Member Name: | Eloise Henry-Gordy |
| Name of Person Completing this form: | Tamara Mills |
| Title of Person Completing this form: | Coordinator of Instruction |
| Agency or School System: | Worcester County Public Schools |
| Email Address | tjmills@mail.worcester.k12.md.us |
| Phone Number | 410-632-5000 |

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Integrated Health Literacy Program

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Both

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

| | |
|----------------------|--|
| Name of Agency: | Worcester County Public Schools |
| Name of Provider: | Worcester County Public Schools |
| Phone # of Provider: | 410-632-5000 |

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

approximately 2500

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

approximately 1500

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

0

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service. **Worcester**

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

It is our hope that we can create system health changes in our community by starting with educating our children at a very young age. This 1st-8th grade program integrates health units of instruction in reading, math, science and social studies. It is a partnership with our local hospital, Atlantic General Hospital.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

- a. **we measure health literacy scores/ratings**
 - b. **we pre- and post- test all students during the pilot year of the implementation**
-

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

- a. **The University of MD, Herschel Horowitz Center for Health Literacy is our data partner. They write, administer and analyze the results of pre- and post-tests**
-

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

There is a countywide 8th grade unit on Opioids and Heroin. A portion of the unit teaches how the drugs alter and effect the brain, which is taught in science class. The social studies portion of the unit address community impact, financial impact and has the students write letters to local lawmakers regarding the need for resources.

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not. **NO**

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q15 If YES to question # 14, please note your citation here.

There is little to no evidence on health literacy in children. The University of MD Herschel Horowitz Center for Health Literacy is our data and research partner. They have a great deal of RESEARCH from the CDC and the National Health Education Standards, HECAT - Health Education Curriculum Analysis Tool, and their School of Public Health.

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **YES**

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Financial,

Human ,

Capital

Time,

Other (please specify):

My AGH colleagues and I have presented this program to many other counties, through MSDE, as well as other conferences. It takes a very specific set of parameters to be able to duplicate.

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Respondent skipped this question

#49

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 30, 2017 12:03:13 PM
Last Modified: Wednesday, August 30, 2017 4:01:10 PM
Time Spent: 03:57:57
IP Address: 167.102.156.193

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|---|
| Work group Member Name: | Ed Singer |
| Name of Person Completing this form: | Tim Weber |
| Title of Person Completing this form: | Drug Treatment & Education Coordinator |
| Agency or School System: | Carroll County States Attorney's Office |
| Email Address | tweber@ccg.carr.org |
| Phone Number | 410-386-2671 |

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Special OPTS-Don't Believe the Lie

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Substance (Ab)use

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

Respondent skipped this question

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

0

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

1500

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

4500

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service. **Carroll**

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

Special OPTS - Opiode prevention and Teen Support in this program we show the dandgers of opiode use. Don't Belive the Lie - In this 8th grade program we show how to do use refusal skills to get out of dangerous situation.

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. **N/A**

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. **N/A**

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Special OPTS- We show a video of a family who lost someone to an overdose and then young people in recovery share their experience with heroin and recovery. Don't belive the lie is a refusal skills program that shows the consequences of usung opiates and the benefits of not using them

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not. **NO**

Q15 If YES to question # 14, please note your citation here. **Respondent skipped this question**

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **YES**

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply. **Time**

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

Both these programs have been well received by the whole county!

#50

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 30, 2017 4:15:09 PM
Last Modified: Wednesday, August 30, 2017 4:41:31 PM
Time Spent: 00:26:21
IP Address: 162.247.192.3

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|---|
| Work group Member Name: | Pamela B. Creekmur |
| Name of Person Completing this form: | Michelle Hinton |
| Title of Person Completing this form: | Program Manager |
| Agency or School System: | Prince George's County Health Department |
| Email Address | mvhinton@co.pg.md.us |
| Phone Number | 301-583-3389 |

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

School-Based Health Centers

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Both

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

| | |
|----------------------|--|
| Name of Agency: | Prince George's County Health Department |
| Name of Provider: | (Formerly) Children's National Health System |
| Title of Provider: | N/A |
| Phone # of Provider: | N/A |

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational ,
Treatment / Intervention / Clinical

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

N/A

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

N/A

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

1631

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Prince George's

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

identify and respond to mental health issues, preventing and responding to mental health crisis; reduce barriers to learning and facilitate students' academic success; support the social emotional needs of students

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

- a. **Type and number of visits kept**
 - b. **Initial mental health assessment tool**
 - c. **Referrals made and kept**
 - d. **Student feedback**
 - e. **Medical Insurer**
-

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

- a. **Electronic Medical Records**
 - b. **Medical Record Charts**
-

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

Inquires are made about any type drug abuse/use and appropriate referrals are made for treatment

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not. **NO**

Q15 If YES to question # 14, please note your citation here. **Respondent skipped this question**

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **YES**

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply. **Financial, Time**

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

More services are needed. Students are experiencing a great deal of trauma.

#51

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 31, 2017 2:58:39 PM
Last Modified: Thursday, August 31, 2017 3:45:52 PM
Time Spent: 00:47:12
IP Address: 167.102.161.194

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|---|
| Work group Member Name: | Behavioral health |
| Name of Person Completing this form: | Jennifer Conte |
| Title of Person Completing this form: | Coordinator of Student Intervention Programs |
| Agency or School System: | Charles County Public Schools |
| Email Address | jconte@ccboe.com |
| Phone Number | 301-934-7335 |

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Tri-County Counseling

| | |
|---|-----------------------------------|
| Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate. | Behavioral / Mental Health |
|---|-----------------------------------|

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

| | |
|----------------------|---|
| Name of Agency: | Tri-County Youth Services Bureau |
| Name of Provider: | Laurel James |
| Title of Provider: | Executive director |
| Phone # of Provider: | 301-645-1837 |

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

Prevention / Educational ,
Treatment / Intervention / Clinical ,
Recovery / Postvention

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

220

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

80

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

0

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Charles

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

For students to receive mental health counseling in the schools

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

a. **client logs**

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

a. **client logs**

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

No

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not. **YES**

Q15 If YES to question # 14, please note your citation here.

Various therapy modalities

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **YES**

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply.

Financial,
Human Capital,
Space,
Travel,
Time

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group! **Respondent skipped this question**

#52

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, September 01, 2017 11:17:08 AM
Last Modified: Friday, September 01, 2017 11:28:39 AM
Time Spent: 00:11:31
IP Address: 96.5.120.250

Page 1: Data Sheet

Q1 Work group Member Contact Information

| | |
|---------------------------------------|--|
| Work group Member Name: | louise I fnk |
| Name of Person Completing this form: | IOUISE I FINK |
| Title of Person Completing this form: | Director/home and hospita/health services |
| Agency or School System: | Baltimore City schools |
| Email Address | lfink@bcps.k12.md.us |
| Phone Number | 4432261139 |

Q2 List the name of the behavioral or substance (ab)use disorder service / program.

Expanded School Behavioral Health

Q3 For the program / service you listed above, please select the program or service provided from the drop-down list (Behavioral, Substance (Ab)use, Both, or Other). If Other, please indicate.

Both

Q4 If not previously provided in question 1, for the program/ service listed above, use the fields below to list the name, title, and phone # of the provider. For example, a. MSDE, Lynne Muller, Section Chief of Student Services, 410-767-3364.

| | |
|----------------------|-------------------------------|
| Name of Agency: | Baltimore City Schools |
| Name of Provider: | louise fink |
| Title of Provider: | Director |
| Phone # of Provider: | 443 226 1139 |

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q5 For the program / service listed above, please check ALL the services provided in the school setting.

- Prevention / Educational** ,
- Treatment / Intervention / Clinical** ,
- Recovery / Postvention**

Q6 For the program / service listed above, please indicate the number of Elementary (K-5) students served annually.

6,000

Q7 For the program / service listed above, please indicate the number of Middle School (6-8) students served annually.

1,000

Q8 For the program / service listed above, please indicate the number of High School (9-12) students served annually.

2,000

Q9 For the program / service listed above, please check each Local Education Agency (LEA) or LEAs served by the program or service.

Baltimore City

Q10 For the program / service listed above, please write a brief description for the desired outcome of the service.

students remain in school, receive service in school and are able to benefit from the educational program while receiving mental health support and remaining drug free

Q11 For the program / service listed above, please list the data points collected for the desired outcome.

- a. **suspension data**
- b. **attendance data**
- c. **school achievement data**

Q12 For the program / service listed above, please list the primary data collection tools utilized to capture the desired data points.

- a. **electronic reporting and school system data system**

Data Sheet for Behavioral / Substance (Ab)use Programs and Services

Q13 For the program / service listed above, please provide a short answer regarding how the program or service addresses heroin and / or opiate use.

activities around prevention using a life skills program and therapeutic interventions

Q14 For the programs/ service listed above, please indicate if the program / service is evidence-based or not. **YES**

Q15 If YES to question # 14, please note your citation here.

Bodkins life skills is on the SAMSA list

Q16 If an opportunity exists would the program or service be appropriate for expansion to other school systems? **YES**

Q17 If appropriate for expansion, which barriers might hinder replication to other school systems? Check all that apply. **Financial, Space, Time**

Q18 Please share any relevant comment or feedback related to your program above. Thank you for your participation in the work group!

This is a collaborative service with BHSB and our lead agencies
