

**State Department of Education—Community-Partnered School
Behavioral Health Services Programs—Reporting System and
Report
(School Behavioral Health Accountability Act)**

**Presented by the
Maryland State Department of Education**

December 1, 2019

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The *State Department of Education—Community-Partnered School Behavioral Health Services Programs—Reporting System and Report* is the result of valuable input, commitment, and collaboration between the Maryland State Department of Education (MSDE), the University of Maryland Center for School Mental Health, and the Behavioral Health Administration (BHA) of the Maryland Department of Health (MDH). Their active participation and commitment made this report possible.

Introduction

On April 26, 2016, Governor Hogan signed Senate Bill 494, which requires the MSDE, in consultation with local and state stakeholders, to develop and implement a reporting system designed to:

- (1) determine the effectiveness of community-partnered school behavioral health services programs; and
- (2) collect data on the outcomes of students who receive behavioral health services from community-partnered school behavioral health services programs, including academic, behavioral, social, and emotional functions and progress.

The legislation also requires the MSDE to submit a report to the Governor and the General Assembly on or before December 1, 2017, and every two years thereafter. To meet requirements of the legislation, this report will describe the data collection process for the 2018-2019 school year and provide an analysis of the effectiveness of community-partnered school behavioral health services programs (CPSBHSPs).

Background

With an increasing number of students being identified with mental health and substance use concerns, many schools have formed partnerships with community agencies and providers to deliver services and supports to students and families. The State Department of Education – Community-Partnered School Behavioral Health Services – Program Reporting System and Report (School Behavioral Health Accountability Act) was passed during the 2016 legislative session and became effective on July 1, 2016.

The legislation defined a CPSBHSP as one *that provides behavioral health services to students by community behavioral health providers in partnership with public schools and families that augment the behavioral health services and supports provided by public schools*. It is important to note that the legislation specifically excludes school-based health centers from this definition.

Behavioral health services, as defined by the legislation, provide *prevention, intervention, and treatment services for the social-emotional, psychological, behavioral, and physical health of students, including mental health and substance use disorders.*

Local school system (LSS) partnerships with behavioral health services programs are currently driven by local needs and resources (i.e. student concerns, availability of community behavioral health services, etc.). Decisions about which behavioral health services programs are delivered in a particular school(s) are made at the school or the school system level. Usually, a memorandum of understanding (MOU) is developed between the school or school system and the community partner. The MOU addresses details such as parental consent for the delivery of services, waivers determining which information can be shared with school staff, payment for services provided, and confidentiality agreements. These programs may, or may not, collect data on students. In instances where student data are collected, information is not currently shared with the MSDE.

In response to SB494, in 2017, the MSDE's Division of Student Support, Academic Enrichment, and Educational Policy met with representatives from the University of Maryland Center for School Mental Health, BHA, and other stakeholders to collaborate on a reporting system that would meet the requirements of the legislation. The reporting system used data from an online survey that was sent to an identified contact in each LSS.

Survey Data Collection

An online survey, titled *Community-Partnered School Behavioral Health Services Program Survey*, was developed (see Appendix B) to request information from LSSs on CPSBHSPs for the 2018-2019 school year. Surveys were distributed to the point of contact designated by the local superintendent during the last week of August 2019.

The survey requested the following information and 2018-2019 school year data:

- Name, title, email address, and telephone number of the person completing the survey;
- The name of the school system;
- The name of the community-partnered school behavioral program;
- The total number of schools in the school system served by the program;
- Whether the program served 10 or more students in the school system or fewer than 10 students;
- The total number of students in the school system served by the program;
- The types of services provided by the program;
- The primary concerns that prompted student referrals to the program;
- The names of all the standardized assessments/metrics used by the program to monitor student academic progress;
- The names of all the standardized assessments/metrics used by the program to monitor student behavioral progress;

- The names of all the standardized assessments/metrics used by the program to monitor student social/emotional progress;
- The total number of students who participated in the program reported as making academic progress;
- The total number of students who participated in the program reported as making behavioral progress;
- The total number of students who participated in the program reported as making social/emotional progress; and
- Other information about the program that should be considered.

The survey defined standardized assessments and metrics as *student, parent, or teacher-reported measures with standard items and scoring procedures*. Examples provided to respondents included the Outcome Measurement System (OMS) and ratings scales such as the Pediatric Symptom Checklist – 17 (PSC-17) and the Strengths and Difficulties Questionnaire. Other possible assessments/metrics identified in the survey included academic engagement, office discipline referrals, student attendance, and grades. A key determinant in identifying a standardized assessment or metric was whether the intended outcome was to assess the progress or outcomes of students participating in CPSBHSPs. Progress monitoring was defined as the routine collection of *standardized assessments at multiple times to monitor a student’s progress by a community-partnered behavioral health provider*. It is important to note that data collected only at intake for a student were not considered as progress monitoring measures.

Each LSS contact was instructed to complete a separate survey for each CPSBHSP offered by the LSS during the 2018-2019 school year. If a respondent indicated that a program served fewer than 10 students, the survey automatically ended for that particular program following completion of this question. Respondents were instructed to send the online survey link directly to program personnel, if necessary, in order to verify responses.

All 24 LSSs in Maryland completed the survey, and some LSS’s community partners completed the survey in conjunction with the LSS submission. Seventy-six survey responses were submitted in total. The survey identified that 59 unique program providers (up from 28 providers listed in the previous 2017 report; see Appendix A for a complete listing of program providers identified in the 2019 survey) delivered 89 programs to students across Maryland during the 2018-2019 school year. (Please note that some program providers delivered services to multiple LSSs within Maryland, hence the variation between the unique program provider count and the total number of programs count.)

Analysis of Services Provided to and Primary Referral Concerns for Students Served by Community-Partnered School Behavioral Health Services Programs

Of the 76 survey responses received, 88 percent of respondents (67 in total) indicated that the program they were reporting on served 10 or more students during the 2018-2019 school year. Of the 67 respondents who reported offering a CPSBHSP that served 10 or more students, 58 also submitted a total count of the students served. These 58 respondents reported offering services to 22,475 students in total across the State. Table 1 outlines the types of services provided by CPSBHSPs and the percentage of respondents offering each service type. Individual counseling for mental health (84 percent), social/emotional concerns (79 percent), and family counseling (67 percent) were the most common service types reported by respondents; whereas, treatment programs in general (12 percent), substance use treatment programs specifically (16 percent), group counseling for substance use concerns (18 percent), and prevention programs (23 percent) were the least common.

Table 2 illustrates the primary referral concerns for students serviced by CPSBHSPs. The most frequent primary concerns prompting student referrals to such programs included: anxiety (84 percent), traumatic experiences (82 percent), depression (79 percent), aggressive physical behavior (74 percent), suicidal risk (67 percent), difficulties with social skills (79 percent), and low self-esteem (72 percent).

Table 1. Types of Services Provided to Students by Community-Partnered School Based Behavioral Health Service Programs in 2018-2019

Type of Service	Percent of Respondents Providing Service Type to Students During the 2018-2019 School Year
Individual Counseling for Mental Health Concerns	84%
Individual Counseling for Substance Use Concerns	28%
Individual Counseling for Social/Emotional Concerns	79%
Group Counseling for Mental Health Concerns	37%
Group Counseling for Social/Emotional Concerns	39%
Group Counseling for Substance Use Concerns	18%
Family Counseling	67%
Prevention Programs	23%
Substance Use Treatment Programs	16%
Treatment Programs	12%
Other	30%

Note: Percentages rounded up to the nearest whole number. Multiple services are typically provided by a program. Therefore, the sum of the percentages exceeds 100 percent.

Types of services listed as “other” by respondents included:

- Psychiatric rehabilitative programs;

- Medication management;
- Psychiatric services;
- Suicide threat assessment;
- Psychological evaluations;
- Case management; and
- Wrap around service.

Table 2. Primary Referral Concerns for Students Serviced by Programs in 2018-2019

Primary Referral Concern	Percent of Students Serviced with Primary Referral Concern During the 2018-2019 School Year
Anxiety	85%
Traumatic Experience(s)	81%
Depression	79%
Difficulties with Social Skills	71%
Aggressive Physical Behavior	74%
Suicidal Risk (Ideation or Attempt)	67%
Low Self-Esteem	71%
Physical or Sexual Abuse	55%
Substance Use	31%
Eating Disorder(s)	28%
Gender Identity	28%
Sexual Orientation	21%

Analysis of Community-Partnered School Behavioral Health Services Programs' Usage of Standardized Assessments/Metrics and Monitoring of Student Academic Progress

Respondents indicated that a variety of standardized assessments and metrics were used to monitor student academic progress during the 2018-2019 school year. Table 3 displays the usage of different standardized assessments/metrics by CPSBHSPs. The most prevalent measure used to monitor academic progress was grades (37 percent). No other single standardized assessment or metric was used by a majority of respondents. Eighteen percent of respondents reported using an assessment or metric other than the ones listed in the survey. Fifty-six percent of respondents indicated that they did not use any academic measure to monitor student academic progress.

Table 4 indicates the percentage of respondents monitoring academic progress during the 2018-2019 school year. Forty-four percent of respondents did not monitor academic progress, whereas 33 percent of respondents reported monitoring academic progress and could articulate the total number of students who were making progress.

Table 3. Reported Usage of Standardized Assessments and Metrics by Respondents to Monitor Student Academic Progress during the 2018-2019 School Year

Student Academic Progress Standardized Assessments/Metrics	Percent Using Assessment/Metric
Standardized Test Scores	7%
Grades	37%
Class Assignment Completion	21%
Classroom Tests and Quiz Scores	16%
Homework Completion	14%
No Academic Measure Used at This Time	56%
Other	18%

Note: Percentages rounded up to the nearest whole number. Multiple standardized assessments/metrics are typically used by a program. Therefore, the sum of the percentages exceeds 100 percent.

Assessments/metrics reported under “other” included:

- Social/emotional metrics;
- Attendance records; and
- Behavioral assessments and metrics.

Table 4. Percentage of Respondents Monitoring Student Academic Progress during the 2018-2019 School Year

Monitoring of Academic Progress	Responses
Respondent’s program(s) did not monitor academic progress	44%
Respondent’s program(s) monitored academic progress, but the number of students making academic progress is unknown	23%
Respondent’s program(s) monitored academic progress and able to report the total number of students making academic progress	33%

Note: Percentages rounded up to the nearest whole number.

Analysis of Community-Partnered School Behavioral Health Services Programs’ Usage of Standardized Assessments/Metrics and Monitoring of Student Behavioral Progress

Respondents indicated that a variety of standardized assessments and metrics were used to monitor student behavioral progress during the 2018-2019 school year. Table 5 displays the usage of different standardized assessments/metrics by CPSBHSPs. The most prevalent measure used to monitor behavioral progress was school attendance (53 percent). No other single standardized assessment/metric was used by a majority of respondents. The Goal Attainment Scale, Behavior Assessment Scale for Children, and Achenbach Child Behavior Checklist were used by fewer than 10 percent of respondents. Forty-two percent of respondents reported using an assessment or metric other than the ones listed in the survey. Fourteen percent of respondents indicated that they did not use any behavioral measure to monitor student behavioral progress. Table 6 indicates the percentage of respondents monitoring behavioral progress during the 2018-2019 school year. Eleven percent of respondents did not monitor behavioral progress, whereas

42 percent of programs reported monitoring behavioral progress and could articulate the total number of students who were making progress.

Table 5. Reported Usage of Standardized Assessments/Metrics Used by Respondents to Monitor Student Behavioral Progress during the 2018-2019 School Year

Student Behavioral Progress Standardized Assessments/Metrics	Percent Using Assessment/Metric
Functional Behavioral Assessment/Behavior Intervention Plan	26%
Goal Attainment Scale	4%
Connors Parent and Teacher Rating Scales	14%
Achenbach Child Behavior Checklist	5%
Behavior Assessment Scale for Children	9%
Outcome Measurement System	32%
School Attendance	53%
Number of Office Referrals	39%
No Behavioral Measure Used at This Time	14%
Other	42%

Note: Percentages rounded up to the nearest whole number. Multiple standardized assessments/metrics are typically used by a program. Therefore, the sum of the percentages exceeds 100 percent.

Assessments/metrics reported under “other” included:

- Classroom teacher checklists and meetings;
- Meetings with school psychologist and school social worker;
- National Institute for Children’s Health Quality Vanderbilt Assessment Scale; and
- Child and Adolescent Functional Assessment Scale.

Table 6. Percentage of Respondents Monitoring Student Behavioral Progress during the 2018-2019 School Year

Monitoring of Behavioral Progress	Responses
Respondent’s program(s) did not monitor behavioral progress	11%
Respondent’s program(s) monitored behavioral progress, but the number of students making behavioral progress is unknown	47%
Respondent’s program(s) monitored behavioral progress and able to report the total number of students making behavioral progress	42%

Note: Percentages rounded up to the nearest whole number.

Analysis of Community-Partnered School Behavioral Health Services Programs’ Usage of Standardized Assessments/Metrics and Monitoring of Student Social/Emotional Progress

Respondents indicated that a variety of standardized assessments and metrics were used to monitor student social/emotional progress during the 2018-2019 school year. Table 7 displays the usage of different standardized assessments/metrics by CPSBHSPs. Excluding the category of “other,” no single standardized assessment/metric listed in the survey for this question was used by a majority of respondents. The most prevalent measure used to monitor social/emotional progress was Outcome Measurement System (26 percent). The Strengths and Difficulties

Questionnaire was used by fewer than 10 percent of respondents. Fifty-four percent of respondents reported using an assessment or metric other than the ones listed in the survey. Twenty-six percent of respondents indicated that they did not use any social/emotional measure to monitor student behavioral progress. Table 8 indicates the percentage of respondents monitoring behavioral progress during the 2018-2019 school year. Fourteen percent of respondents did not monitor behavioral progress, whereas 42 percent of respondents reported monitoring behavioral progress and could articulate the total number of students who were making progress.

Table 7. Reported Usage of Standardized Assessments/Metrics Used by Respondents to Monitor Student Social/Emotional Progress during the 2018-2019 School Year

Social/Emotional Progress Standardized Assessments/Metrics	Percent Using Assessment/Metric
Pediatric Symptom Checklist	19%
Strengths and Difficulties Questionnaire	4%
Beck Depression Inventory	19%
Beck Anxiety Inventory	18%
Outcome Measurement System	26%
No Social/Emotional Measure Used at This Time	26%
Other	54%

Note: Percentages rounded up to the nearest whole number. Multiple standardized assessments/metrics are typically used by a program. Therefore, the sum of the percentages exceeds 100 percent.

Assessments/metrics reported under “other” included:

- Child and adolescent trauma screening;
- Suicide inventory;
- Child and Adolescent Functional Assessment Scale;
- Global Appraisal of Individual Needs;
- Patient Depression Questionnaire;
- Anxiety Disorder Scale; and
- Generalized Anxiety Disorder Scale.

Table 8. Percentage of Respondents Monitoring Social/Emotional Progress during the 2018-2019 School Year

Monitoring of Social/Emotional Progress	Responses
Respondent’s program(s) did not monitor social/emotional progress	14%
Respondent’s program(s) monitored social/emotional progress, but the number of students making social/emotional progress is unknown	44%
Respondent’s program(s) monitored social/emotional progress and able to report the total number of students making social/emotional progress	42%

Note: Percentages were rounded up to the nearest whole number.

Summary of Findings

Survey results indicate that LSSs are increasing the use of community-partnered school behavioral health services programs to provide direct services to students within the school setting.

- All but one LSS reported partnering with CPSBHSPs.
- The number of unique program providers reported as partnering with LSSs grew from 28 (as reported in the 2017 report) to 59.
- The total number of students reported as receiving academic, behavioral, and social/emotional services statewide through a CPSBHSP that served 10 or more students grew from 15,803 (as reported in the 2017 report) to 22,475.

It is evident from the survey data that community-partnered school behavioral health services program providers are employing a broad range of standardized assessments, metrics, and monitoring approaches with students. In terms of standardized assessments and metrics used by respondents to monitor student progress (whether academic, behavioral, or social/emotional), there was only one measure (using school attendance in relation to student behavioral progress) that a majority of respondents in the survey reported using. In all three student progress categories, a majority of respondents reported either not using any measures to monitor student progress or using a different standardized assessment or metric from the options provided in the survey. While a majority of respondents reported monitoring student progress in all three categories, fewer than 50 percent of respondents were able to disclose the total number of students who were making progress in each of these categories.

Appendices

Appendix A

Community-Partnered Programs Providing Services to Students

Below is a list of community-partnered school behavioral health services programs that were identified in the survey as providing services to students during the 2018-2019 school year.

Advanced Behavioral Health, Inc.
Advantage Psychiatric Services
Allegany County Behavioral Health
Arundel Lodge
Associated Catholic Charities, Inc.
Balance Point Wellness
Bay Life Services
Behavioral Health – Adolescent Addictions
Botvin LifeSkills
Bridges Behavioral Health and Wellness
Bright Futures Ahead
Brook Lane
Calvert County Behavioral Health
Caroline County Behavioral Health
Catholic Charities Behavioral Health Services
Cecil County Health Department
Center for Children
Change Health Systems
Chesapeake Psychological Services
Community Agency School Services (CASS)
Community Behavioral Health
Corsica River Mental Health
Corsica River Mental Health
Eastern Shore Psychological Services, LLC
Empowering Minds
Families First
Family Services, Inc.
First Step
For All Season's, LLC
GIFTS, LLC
Harbel
Hope Health Systems
Innovative Therapeutic Services
Jack E. Barr Center for Well-Being
Johns Hopkins Bayview Medical Center

Kent County Behavioral Health
Key Point Health Services
Lighthouse, Inc.
Linkages to Learning
Main Street Community Mental Health
Maryland Family Resources, Inc.
Mind Over Matter Health Services
Mosaic Community Services
Pathways
Project Chesapeake
Safe Harbor
Teen Tobacco Program
The Mental Health Center
Thrive
Thrive Behavioral Health
TIME Organization
Treatment Resources for Youth
Tri-County Youth Services Bureau
University of Maryland, Baltimore
Upper Bay Counseling & Support Services
Villa Maria
Villa Maria of Mountain Maryland
Worcester County Health Department

Appendix B

Community-Partnered School Behavioral Health Services Program Survey



**Division of Student Support, Academic Enrichment, and Educational Policy
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Baltimore, MD 21201**

Survey Overview and Frequently Asked Questions

Chapter 213 (Community Partnered School Behavioral Health Services Programs Reporting System and Report) requires the Maryland State Department of Education (MSDE) to implement a reporting system to determine the effectiveness of community-partnered school behavioral health services programs. The data collected includes the name of the community-partnered school behavioral program; number of schools served; types of services provided; primary referral concerns of students; types of assessments/metrics used to monitor students academics, social emotional, and behavioral progress; and number of students making progress according to the metrics.

Frequently Asked Questions:

What is a “community-partnered school behavioral health program”?

A community-partnered school behavioral health program (“Program”) is a program or service provided by a community mental health agency/organization, licensed mental health clinician, or outpatient mental health center (“Provider”) that partners with public schools and families to provide prevention, intervention and treatment services for social-emotional, psychological, behavioral, and physical health of students, including mental health and substance use disorders. *School-Based Health Centers are not included in this data request.*

How should this form be completed if a single Provider has multiple Programs?

This form should be completed for each Program. If a Provider offers multiple Programs, a separate form must be filled completed for each Program.

What are “behavioral health services”?

A behavioral health service is a therapeutic service provided to an individual, a family, and/or a group of children with identified mental health and/or substance use concerns.

What are “standardized assessments and metrics”?

Standardized assessments and metrics include student, parent, or teacher-reported measures with standard items and scoring procedures, such as rating scales like the Pediatric Symptom Checklist - 17 (PSC-17) or the Strengths and Difficulties Questionnaire. Any assessments or metrics of academic engagement, office discipline referrals, attendance, or grades that are collected to assess the progress or outcomes of students participating in Programs may also be included. Standardized assessments and metrics do include the Outcome Measurement System (OMS).

What is “progress monitoring”?

Progress monitoring refers to routinely collecting standardized assessments at multiple times to monitor a student’s progress by a community-partnered behavioral health provider.

NOTE: This form asks about standardized assessments and metrics used for progress monitoring. Data collected only at intake should not be included.

TIMEFRAME: Please complete the following survey questions for the 2018-2019 school year (between July 1, 2018 through June 30, 2019).

Contact: For questions about the data collection or survey, please contact Walter Sallee by email at walter.sallee@maryland.gov or by phone at 410-767-1407.

DUE DATE: September 30, 2019

* 1. Name and Email of Person Completing Form

Full Name:

Title:

Email:

Phone:

* 2. Please identify your school system

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

* 3. Enter the name of the Community-Partnered School Behavioral Health Program ("Program") for which you are responding. For definition of Program, see the above FAQ Note: *Each Provider may have multiple Programs. This form should be completed for each Program.*

Full Name of Behavioral Health Program:

Full Name of Provider:

* 4. Provide the total number of schools in the school system that the Program served in 2018-2019

* 5. Was the total number of students in the school system that were served by the Program in 2018-2019...

- less than 10 total students in the school system
- 10 or more total students in the school system



Community-Partnered School Behavioral Health Services Programs Survey 2018-2019

* 6. Provide the total number of students in the school system that the Program served in 2018-2019

* 7. Select the types of services provided by the Program during the 2018-2019 school year (select all that apply)

- Individual Counseling for Mental Health Concerns
- Individual Counseling for Substance Use Concerns
- Individual Counseling for Social/Emotional Concerns
- Group Counseling for Mental Health Concerns
- Group Counseling for Substance Use Concerns
- Group Counseling for Social/Emotional Concerns
- Family Counseling
- Prevention Programs
- Substance Use Treatment Programs
- Treatment Programs
- Other (please specify)

* 8. Identify the primary concerns that prompted student referrals to the Program during the 2018-2019 school year (check all that apply)

- Depression
- Anxiety
- Substance Use
- Traumatic Experience(s)
- Low Self-Esteem
- Difficulties with Social Skills
- Suicidal Risk (Ideation or Attempts)
- Aggressive Physical Behavior
- Physical or Sexual Abuse
- Eating Disorder(s)
- Gender Identity
- Sexual Orientation

Other (please specify)

* 9. Name all the standardized assessment/metrics used by the Program to monitor student academic progress during the 2018-2019 school year (check all that apply)

- Standardized Test Scores (e.g., PARCC)
- Grades
- Class Assignment Completion
- Classroom Tests and Quiz Scores
- Homework Completion
- No Academic Measure used to Monitor Student Progress at this Time
- Other (please specify)

* 10. Name all the standardized assessments/metrics used by the Program to monitor student behavioral progress during the 2018-2019 school year (check all that apply)

- Functional Behavioral Assessment/Behavior Intervention Plan
- Goal Attainment Scale
- Connors Parent and Teacher Rating Scales
- Achenbach Child Behavior Checklist
- Behavior Assessment Scale for Children
- Outcome Measurement System
- Attendance
- Office Referrals
- No Behavioral Measure used to Monitor Student Progress at this Time
- Other (please specify)

* 11. Name all the standardized assessments/metrics used by the Program to monitor student social/emotional progress during the 2018-2019 school year (check all that apply)

- Pediatric Symptom Checklist
- Strengths and Difficulties Questionnaire
- Beck Depression Inventory
- Beck Anxiety Inventory
- Outcome Measurement System
- No Social/Emotional Measure used to Monitor Student Progress at this Time
- Other (please specify)

* 12. Enter the total number of students who participated in this Program who were reported as making academic progress during the 2018-2019 school year

- N/A (Program did not monitor academic progress)
- Don't Know (Program did monitor academic progress, but number of students making progress is unknown.)
- Total Number of Students in the Program Making Academic Progress (place the number in the box below)

* 13. Enter the total number of students who participated in this Program who were reported as making behavioral progress during the 2018-2019 school year

- N/A (Program did not monitor behavioral progress)
- Don't Know (Program did monitor behavioral progress, but number of students making progress is unknown.)
- Total Number of Students in the Program Making Behavioral Progress (place the number in the box below)

* 14. Enter the total number of students who participated in this Program who were reported as making social/emotional progress during the 2018-2019 school year

- N/A (Program did not monitor social/emotional progress)
- Don't Know (Program did monitor social/emotional progress, but number of students making progress is unknown.)
- Total Number of Students in the Program Making social/emotional Progress (place the number in the box below)

15. Please provide any other information about the Program that you think should be considered