

Consortium on Coordinated Community Supports
2025-2026 Service Provider Grantees

Milestones & Deliverables (M&D) Guide

Grantee Name:

Grantee #:

Jurisdiction(s):

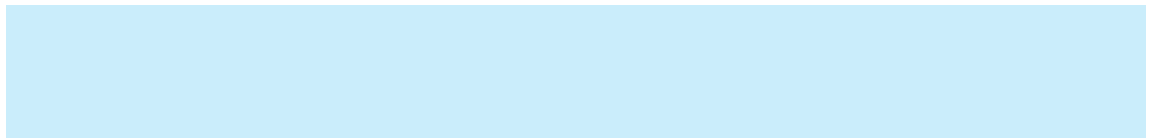
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M&D Guide Purpose

The purpose of this guide is to **help grantees prepare to collect and report metrics** required by the Consortium on Coordinated Community Supports. It is a planning tool and reference document to ensure data you enter into the Milestones & Deliverables (M&D) report are collected and submitted accurately and consistently across all grantees. If your organization includes multiple service provider grantees, create one guide and note any differences between grantees in your answers.

The guide includes: (1) metric definitions and (2) guiding questions—in the blue Q&A boxes—to help grantees think through and document their planned data collection methods, sources, and responsible parties for each metric. Sections that correspond to sheets in the M&D report are highlighted in yellow. Once guiding questions are completed, this document should serve as a reference throughout the year to help grantees stay aligned with their original plans and troubleshoot any reporting challenges that arise.

At data submission time for each reporting period, grantees should consult this guide to ensure they complete the M&D report accurately and in accordance with their stated data collection approach.

If you have questions about M&D reporting, please contact the NCSMH evaluation team at BlueprintEval@som.umaryland.edu.

Definitions

This section provides key definitions for terms that appear across the M&D report to ensure clarity and consistency in how metrics are interpreted and reported across grantees.

People

- **Students:** Residents of the state of Maryland who are in the 12th grade and younger and have received any grant-funded or grant-enhanced service(s) from your organization. While this funding is intended to enhance services available to public school students, private school and homeschool students who receive services should also be counted. When direct services are provided to caregivers, report the students of those caregivers.
- **Caregivers:** Parents, guardian, or direct caretaker of a student who receive grant-funded or grant-enhanced service(s) from your organization.
Family members: Caregivers plus any other family members who live with a student but are not students themselves and receive grant-funded or grant-enhanced service(s) from your organization.
School Staff: Individuals employed by or working in your jurisdiction's school system. When training school staff, do not count the students they work with.

Duplication

- **Metrics that say “duplicated”** allow for a person or event to be counted once.per.report.period.
- **Metrics that say “unduplicated”** require that each person or event is only counted once.per.grant.year, the first time they are eligible to be counted.

Multi-Tiered System of Supports (MTSS): A framework for organizing services in schools. The goal of MTSS is to provide the right level of support for each student's level of need. Services should be reported based on the tier of the service, not the student's level of need. Services partially or fully funded through this grant should align with the MTSS framework. The three tiers include:

- **Tier 1:** Services that promote positive social, emotional, and behavioral skills and well-being for all students and families, regardless of risk or need. Tier 1 services are can be schoolwide, gradewide, or targeted. Programs designed for caregivers or families are Tier 1.
- **Tier 2:** Services for students with emerging concerns or mild functional impairment. Tier 2 services are often brief and delivered in small groups or through targeted interventions. Tier 2 services are targeted.
 - **Examples:** Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Therapeutic Mentoring, transition support groups for newcomers and other small group or brief, individualized interventions for students identified with mild needs.
- **Tier 3:** Services to address mental health concerns for students with the highest needs who are already experiencing significant distress and functional impairment. Tier 3 services are targeted.
 - **Examples:** Safety Planning Intervention and other intensive individual or group therapy for students who have identified and/or diagnosed behavioral health needs.

Services include any grant-funded or grant-enhanced behavioral healthcare services delivered by your organization.

- **Close-looped referrals** are counted. If you refer a student to a service provided by another organization not funded by this grant and you receive confirmation that the student received the service, count that student as served.
- **Schoolwide / gradewide** services are Tier 1 services that are provided to an entire school or grade. These are generally educational in nature and do not require demographic reporting, since that data can be pulled from the School Report Cards.
- **Targeted** services can be from any tier, and are generally “opt-in,” meaning an individual would be referred or self-select to participate.

Outcomes/Assessments: Custom metrics refer to assessments that are used to determine outcomes. Sub-metrics outline exactly how to report these, including the number of individuals who received a pre-assessment, completed the intervention, and received a post-assessment. Satisfaction surveys are not outcome assessments, as they do not assess changes in the health or functioning of the student. Tier 2 and 3 outcomes are:

- **Improved:** Individuals whose scores improved between the pre- and post-assessments.
- **Maintained:** Individuals whose scores did not change between the pre- and post-assessments.
- **Deteriorated:** Individuals whose scores worsened between the pre- and post-assessments.

Tier 1 interventions assess the “intended outcome” via a pre-post assessment structure as well. For some tier 1 services (particularly schoolwide or gradewide services), it may not be feasible for individuals to complete both pre- and post-assessments. In these instances, it is acceptable to use a single post-assessment that assesses knowledge/skills gained with a cutoff score for the intended outcome.

Report Period: The grant year is divided into four quarterly report periods. Each report period represents a three-month window during which services were delivered (or post-assessments were collected) and data should be reported. Report period and M&D due dates are below (subject to change).

- **Report Period 1:** July 1, 2026 – September 30, 2026 (M&D due date: November 1, 2026)
- **Report Period 2:** October 1, 2026 – December 31, 2026 (M&D due date: February 1, 2027)
- **Report Period 3:** January 1, 2027 – March 31, 2027 (M&D due date: May 1, 2027)
- **Report Period 4:** April 1, 2027 – June 30, 2027 (M&D due date: August 1, 2027)

Data Collection Overview

Before completing the metric definitions and planning questions in this guide, it's important to establish which data systems your organization will use to collect and manage information for the M&D reports. Identifying these systems up front will help ensure consistency in data entry, support accurate reporting, and clarify roles and responsibilities across your team. This includes any electronic health records, case management systems, school-based data platforms, or spreadsheets used to track services and outcomes.

Q: What data system(s) and/or electronic health/medical record system(s) will your organization use to collect the data required for the M&D reports?

A:

Attestation

Each time your organization submits an M&D report via the CHRC portal, the attestation must be updated. This can be found on the attestation tab of the M&D (see figure below). Type the name of the individual most responsible for creating or submitting the report next to the “Signature” cell and the date of the submission next to the “Date” cell. While an inserted image for the signature cell is acceptable, grantees **should not** change M&D reports to PDF to include a signature. The M&D should always remain an excel file.

Coordinated Community Supports Grantee Monitoring Milestones & Deliverables Report

Grantee Name:	
Grantee #:	C-25-XXX
Jurisdiction:	
Attestation:	<p>I attest that, to the best of my knowledge and belief, all information contained in this report is accurate and complete. I attest that, to the best of my knowledge and belief, that the information reported by any subcontractors is accurate and complete, and that my organization has in place policies and procedures to monitor and ensure the accuracy of this information. Documentation to support the data will be kept for 5 years and provided to CHRC upon request.</p>
Signature:	Type name here
Date:	Type submission date here

Note 1: The program data with its associated data source reported by the grantee on this M&D report is subject to audit by the CHRC and/or the NCSMH.

Note 2: CHRC will utilize output 1 for its "Total unduplicated individuals served" measure.

Standard Metrics

Standard metrics are required data points that are designed to capture consistent, cross-cutting information across all grantees. These metrics include counts of individuals served, demographic characteristics, satisfaction and outcome data, school staff training, and workforce expansion. Unlike custom metrics—which are specific to the evidence-based practices (EBPs) your organization has chosen to implement—standard metrics reflect broader areas of service delivery and grant impacts that are relevant across the statewide initiative.

Not all standard metrics will apply to every grantee. For example, some grantees may not be training school staff or hiring new grant-funded positions. In these cases, organizations will see those metrics grayed in their M&D report template. If a metric is not applicable to your organization’s scope of work, you are not required to answer the questions for that metric.

1. Unduplicated students served

1a. # Unduplicated students served – total. Report the total, unduplicated count of students served by your organization. Include students served via all tiers, including school- or grade-wide tier 1 services. School- and grade-level enrollment data should be pulled from the [Maryland Public Schools Report Card](#).

1b. # Unduplicated students served except schoolwide / gradewide services. Report the total, unduplicated count of students served by your organization via tier 3, tier 2, and opt-in tier 1 services. Do not include schoolwide/gradewide tier 1 services.

1c. # Unduplicated students served that were not served during the 2024-2025 grant year (2024-2025 grantees only). Report the total, unduplicated count of students served by your organization this grant year that had not been served by your organization under the previous year of the grant. This only applies to service provider grantees who were also awarded for the 2024-2025 year. Do not include schoolwide/gradewide services here.

Q: How is your organization tracking students across all grant-funded or grant-enhanced services without duplication? If you were a grantee last year, how will you track which students were served last year?

A:

2. Unduplicated students served by race/ethnicity

3. Unduplicated students served by gender

4. Unduplicated students served by grade level

2a-j. # Unduplicated students served by race/ethnicity. Report the total, unduplicated count of students served by your organization during the specified report period by race/ethnicity. Identities should not be based on assumptions. Students who report 2+ racial/ethnic groups are counted under 2h (two or more). If a student's race/ethnicity is unknown use 2j (Unknown / no response). If your organization provides schoolwide/gradewide services, 2a-2j should sum to 1b. If your organization does not provide schoolwide/gradewide services, 2a-2j should sum to 1a.

3a-d. # Unduplicated students served by gender. Report the total, unduplicated count of students served by your organization during the specified report period by gender. Identities should not be based on assumptions. If a student's gender is not provided, unknown, or unclear, use 3d (Unknown / no Response). If your organization provides schoolwide/gradewide services, 3a-3d should sum to 1b. If your organization does not provide schoolwide/gradewide services, 3a-3d should sum to 1a.

4a-e. # Unduplicated students served by grade. Report the total, unduplicated count of students served by your organization during the specified report period by grade level. If a student's grade level is not known or cannot be verified, use 4e (Unknown / no response). If your organization provides schoolwide/gradewide services, 4a-4e should sum to 1b. If your organization does not provide schoolwide/gradewide services, 4a-4e should sum to 1a.

5. Satisfaction Surveys

This metric is **not unduplicated**, so individuals may be counted once per report period. If an individual completes multiple satisfaction surveys within a single report period, report only their **most recent** response. Grantees may use an existing satisfaction survey, the [Sample Satisfaction Survey in Appendix A](#), or create/find one that meets their needs. Any satisfaction survey used must have scoring information such that responses can be classified as satisfied or not satisfied.

5a. # [Students](#) who completed a satisfaction survey. Report the total number of students who completed at least one satisfaction survey during the report period.

5b. # [Students](#) who reported satisfaction with services. Of the students who completed a satisfaction survey during this report period, report the number who indicated they were satisfied with the services they received on their most recent survey.

5c. # [Family members](#) who completed a satisfaction survey. Report the total number of family members who completed at least one satisfaction survey during the report period.

5d. # [Family members](#) who reported satisfaction with services. Of the family members who completed a satisfaction survey, report the number who indicated they were satisfied with the services they received on their most recent survey.

Q: What satisfaction survey(s) is/are your organization using for these services? Please provide a copy of your satisfaction survey via email or provide the items in answer box.

A:

6. School staff trained

6a. # School staff who completed training. Report the total number of school staff who attended and completed a full training session funded or supported by the grant during the reporting period.

6b. # School staff who completed training assessment. Of the school staff who completed the training, report the number of staff who also completed the associated assessment (pre-post or post-only) used to evaluate competency in the training content.

6c. # School staff demonstrating competency in training content via assessment. Of those who completed the assessment, report the number who met or exceeded the predefined threshold for demonstrating competency. Your organization should define in advance what counts as “competency” (e.g., a score of 80% or higher, successful completion of a case study, or qualitative demonstration of skill).

Metric 2 is duplicated? so individual staff members can be reported on once per report period? should they receive training from you across multiple report periods;

Q: What training(s) are you providing to school staff?

A:

Q: What assessment tool(s) will you use to determine competency?

A:

7. Unduplicated behavioral health workforce expansion

Each new position counts as 1, regardless of effort. This means full-time, part-time, and contractual employees are all counted as one each. If a position is filled, then the employee leaves and the position is filled again, only count the first time the position was filled, since it is no longer a new position. Since this metric only counts new positions filled that provide direct services, do not count grant-funded positions that do not provide direct services to students or family members here.

7a. # New positions created and filled that provide direct services and require licensure and/or supervision. Count new grant-funded positions (at least part of their salary comes from grant funding) filled that provide direct services to students and/or family members **and** require licensure (or supervision from a licensed professional) in 7a. This is based on the position requirements, not the credentials of the person hired. Examples include psychiatrists, psychologists, social workers, licensed professional counselors, nurse practitioners, physicians, occupational therapists, licensed substance abuse specialists, and pre-service behavioral health trainees.

7b. # New positions created and filled that provide direct services and do not require licensure and/or supervision. Count new grant-funded positions (at least part of their salary comes from grant funding) created that do not provide direct services and do not require licensure (or supervision from a licensed professional) in 7b. This is based on the position requirements, not the credentials of the person hired. Examples include peer navigators or specialists, mentors, non-licensed case managers, cultural liaisons/promotores/interpreters, community health workers, facilitators, and family advocates.

Q: Which positions require licensure and which do not?

A:

Q: If your organization has grants in multiple jurisdictions that are sharing new positions, in which grantee's M&D report will the positions be reported?

A:

8. Unduplicated optional metrics

Since these metrics are optional, grantees are encouraged, but not required, to report them.

8a. # LGBTQIA+ students served. Report the total, unduplicated count of students served by your organization who identify with a marginalized gender or sexual identity, including but not limited to: lesbian, gay, bisexual, transgender, queer, intersex, asexual, pansexual, two spirit, demisexual, and non-binary identities.

8b. # Students with disabilities served. Report the total, unduplicated count of students served by your organization with a self- or parent-reported disability or a documented physical, developmental, behavioral, or mental health condition that significantly impacts daily functioning. This can include students with Individualized Education Programs (IEPs), Section 504 plans, or other diagnoses that meet this definition.

8c. # English Language Learner students served. Report the total, unduplicated count of students served by your organization who are identified as English Language Learners, based on school records, self-report, or family disclosure. These are students whose primary language is not English and who may receive or be eligible for language acquisition supports.

Schools

Metric 9 (# Unduplicated schools served) is its own sheet in the M&D report (see figure below). In this metric, use the drop-down to select “Yes” if you served a school during a given report period. Serving a school means providing [grant-funded and/or grant-enhanced services](#) to [students](#), [family members](#) or [caregivers](#) of students, or [school staff](#). Within each report period, use the appropriate column(s) that specify whether that school receives a [schoolwide/gradewide service](#), or another type ([tier 3](#), [tier 2](#), or [opt-in tier 1](#)) of service. If you provided both a schoolwide/gradewide and another type of service to a school, select “yes” in both columns. Excel formulas sum the schools automatically.

For example, if Grantee 29 provided tier 1 school-wide mental health fair to students from Beall Elementary School during Report Period 1, the organization should select yes next to Beall Elementary School under ‘Tier 1 Schoolwide/Gradewide’ within Report Period 1. If they also provided other activities to Beall, such as a school staff training on trauma-informed care and tier 2 or 3 services to students from Beall, they should also select yes under the ‘All other services’ column for Report Period 1 next to Beall.

Coordinated Community Supports Grantee Monitoring Milestones & Deliverables Report: Tier 1 Custom Metrics										
Grantee Name:		0								
Grantee #:		C-26-XXX or CSP-26-XXX.XX								
Jurisdiction:		0								
(Do NOT alter or enter data in shaded cells)										
School	Report Period #1 July 1 - September 30, 2025	Report Period #2 October 1 - December 31, 2025		Report Period #3 January 1 - March 30, 2025		Report Period #4 April 1 - June 30, 2026		Total schools served	# School Served Goal	
9. # Unduplicated schools served	1	1	0	0	0	0	0	1		
Service(s) Provided	Tier 1 Schoolwide / Gradewide	All other services	Tier 1 Schoolwide / Gradewide	All other services	Tier 1 Schoolwide / Gradewide	All other services	Tier 1 Schoolwide / Gradewide	All other services		
Allegany High School										
Beall Elementary School	Yes	Yes								
Bel Air Elementary School										
Braddock Middle School										
Cash Valley Elementary School										
Center for Career & Technical Education										
Cresaptown Elementary School										
Flintstone Elementary School										
Fort Hill High School										
Frost Elementary School										
George's Creek Elementary School										

Tier 1 Custom Metrics

10-19. Tier 1 Custom Metrics

Tier 1 Priority EBPs. Select all priority Evidence-Based Practices (EBPs) that your organization is implementing, along with your outcome measure(s) for that EBP. Measures not listed require approval from the NCSMH. **You will report on each priority EBP and outcome measure you select in your M&D report.**

☐ **11. Botvin Life Skills**

☐ [Botvin Life Skills Pre-Post Assessment](#)

☐ Another measure (write-in):

☐ **12. Chicago Parent Program (CPP)**

☐ Chicago Parent Program Toolkit: Parenting Questionnaire for caregivers

☐ Chicago Parent Program Toolkit: [Strengths & Difficulties Questionnaire](#) for students

☐ Another measure (write-in):

☐ **13. Circle of Security**

☐ [Parental Stress Scale \(PSS\)](#)

☐ Another measure (write-in):

☐ **14. Family Check-Up**

☐ Family Check-Up Parent/Caregiver Questionnaire on Family and Self

☐ Family Check-Up Parent/Caregiver Questionnaire on Child (11-17 years)

☐ Family Check-Up Parent/Caregiver Questionnaire on Child (6-10 years)

☐ Family Check-Up Parent/Caregiver Questionnaire on Child (2-5 years)

☐ Family Check-Up Adolescent Self Questionnaire (11-17 years)

☐ [Parental Stress Scale \(PSS\)](#)

☐ Another measure (write-in):

☐ **15. Youth Aware of Mental Health (YAM)**

☐ [Youth Mental Health Literacy Scale \(YMHLS\)](#)

☐ Literacy of Suicide Scale – Short Form

☐ Another measure (write-in):

☐ **16. Strengthening Families Program** Returning grantees only

☐ [Parental Stress Scale \(PSS\)](#)

☐ Strengthening Families Program Youth Survey

☐ Strengthening Families Program Adult Survey

☐ [Student Subjective Well-being Questionnaire \(SSWQ\)](#)

☐ Another measure (write-in):

10. Tier 1 **unduplicated** – total

- 10a. # **Students served**.** Per the students definition, students served in tier 1 metrics includes both students who directly received services and students who live with a caregiver or family members who received services. Students who receive any tier 1 services and supports from your organization, regardless of whether the service or program is completed, are counted here.
- 10b. # **Students served who completed service/program**.** All students who completed a tier 1 service or program.
- 10c. # **Students served who completed a post- (or pre-post) assessment**.** For tier 1 services that lend themselves to a pre-post assessment, count all students who completed both the pre and post assessment. For tier 1 services that lend themselves to only a post assessment, count all students who completed the post assessment.
- 10d. # **Students served who demonstrated intended outcome**.** Determine the intended outcome for each tier 1 service or program and how it will be determined if a student has met that criteria. This is typically accomplished by observing an increase in scores between pre and post assessments but could also include maintenance of scores between pre and post, a score above a certain cutoff on a post assessment only, or another method. Count the students (of those reported as assessed) who meet the criteria for the desired outcome.
- 10e. # **Family members served**.** Visit the family members definition. Count any family members who received direct services here. For interventions that count caregivers, report them here.
- 10f. # **Family members served who completed service/program**.** All family members who completed a tier 1 service or program. For interventions that count caregivers, report them here.
- 10g. # **Family members served who completed a post- (or pre-post) assessment**.** For tier 1 services that lend themselves to a pre-post assessment, count all family members who completed both the pre and post assessment. For tier 1 services that lend themselves to only a post assessment, count all family members who completed the post assessment. For interventions that count caregivers, use that definition instead.
- 10h. # **Family members served who demonstrated intended outcome via post- (or pre-post) assessment**.** Determine the intended outcome for each tier 1 service or program and how it will be determined if a family member has met those criteria. This is typically accomplished by observing an increase in scores between pre and post assessments but could also include maintenance of scores between pre and post, a score above a certain cutoff on a post assessment only, or another method. Count the family members (of those assessed) who meet the criteria for the desired outcome.

Students receiving multiple EBPs in a tier: If a student is served by more than one evidence-based practice (EBP) within the same tier during a single reporting period and has outcome data for multiple interventions, the grantee should select **one “primary” EBP** for that student when reporting aggregate outcomes by tier. This helps ensure that students are not double-counted or inconsistently represented in aggregate outcome totals. The primary EBP should be the one expected to have the **greatest likelihood of impact** or the **highest dosage** (e.g., more intensive, longer-term intervention). For example, if a student participates in both Bounce Back and SBIRT during the same period, and Bounce Back involves more sessions and structured support, it may be considered the primary EBP for reporting purposes. If no single EBP clearly meets this criterion, grantees may use their professional judgment and document their approach for internal consistency.

This table should be repeated for each tier 7 intervention reported in the M™ D;

17-19 Tier 1 Custom Metrics for Non-Priority EBPs / Services	
Q: What, if any, tier 1 services are you providing besides the priority EBPs you selected above?	A:
Q: What assessment tool(s) are you using for these services? See Appendix B	A:

Tier 2 Custom Metrics

20-29. Tier 2 Custom Metrics

Tier 2 Priority EBPs. Select all priority EBPs that your organization is implementing, along with your outcome measure(s) for that EBP. Measures not listed require approval from the NCSMH. **You will report on each priority EBP and outcome measure you select in your M&D report.**

☐ **21. Bounce Back**

- ☐ Child Trauma Screen
- ☐ [Pediatric Symptoms Checklist-17 items \(PSC-17\)](#)
- ☐ Trauma Events Screening Inventory for Children (TESI-C)
- ☐ Trauma Exposure Checklist + Child PTSD Symptoms Scale
- ☐ UCLA PTSD Index
- ☐ Another measure (write-in):

☐ **22. Cognitive Behavioral Intervention for Trauma in Schools (CBITS)**

- ☐ Child Trauma Screen
- ☐ [Pediatric Symptoms Checklist-17 items \(PSC-17\)](#)
- ☐ Trauma Events Screening Inventory for Children (TESI-C)
- ☐ Trauma Exposure Checklist + Child PTSD Symptoms Scale
- ☐ UCLA PTSD Index
- ☐ Another measure (write-in):

☐ **23. Screening, Brief Intervention, and Referral to Treatment (SBIRT)**

- ☐ CAGE Adapted to Include Drug Use (CAGE-AID) with.adapted.timeframe
- ☐ CRAFFT Screening Test with.adapted.timeframe
- ☐ Global Appraisal of Individual Needs – Short Screener (GAIN-SS) Substance Disorders Domain
- ☐ Patient-Reported Outcomes Measurement Information System (PROMIS)
- ☐ [Pediatric Symptoms Checklist-17 items \(PSC-17\)](#)
- ☐ Another measure (write-in):

☐ **24. The Student Check-Up**

- ☐ [Student Subjective Well-being Questionnaire \(SSWQ\)](#)
- ☐ [Pediatric Symptoms Checklist-17 items \(PSC-17\)](#)
- ☐ EPOCH Measure of Adolescent Well-Being
- ☐ School Engagement Scale
- ☐ Morgan Jinks Student Efficacy Scale (MJSES)
- ☐ Another measure (write-in):

☐ **25. Therapeutic Mentoring**

- ☐ Youth Strength of Relationship Scale
 - ☐ [Pediatric Symptoms Checklist-17 items \(PSC-17\)](#)
 - ☐ Student Subjective Well-Being Scale (SWSS)
 - ☐ Another measure (write-in):
-

20. Tier 2 unduplicated – total

20a. # Students served. Students who receive any tier 2 services and supports from your organization, regardless of whether the service or program is completed, are counted here.

20b. # Students served who completed a pre-assessment. Students completed a baseline / pre-assessment at the beginning of a tier 2 service.

20c. # Students served who completed intervention. All students who completed a tier 2 intervention.

20d. # Students served who completed pre-assessment, intervention, and post-assessment.

Count all students who completed a pre-assessment, the intervention, and a post-assessment, such that an outcome can be determined. This value must equal the sum of the e-g values below.

20e. # Students served who demonstrated improvement between pre- and post-assessments.

Count all students who showed a change in scores that reflects improvement in well-being between their pre- and post-assessments. If assessment is ongoing, use each student's most recent assessment. You may count any positive change as improvement or use a more sophisticated method, should one exist. For example, if you are using a measure that has a reliable change index, you may choose to use that as your definition of demonstrating improvement for those students.

20f. # Students served who demonstrated maintenance between pre- and post-assessments.

Count all students who show no change in scores between their pre- and post-assessments. If assessment is ongoing, use each student's most recent assessment. You may 1) count the exact same scores as a maintenance or 2) use a range of score changes (if you are using a more sophisticated method to determine improvement and deterioration).

20g. # Students served who demonstrated deterioration between pre- and post-assessments.

Count all students who showed a change in scores that reflects deterioration in well-being between their pre- and post-assessments. If assessment is ongoing, use each student's most recent assessment. You may count any negative change as deterioration or use a more sophisticated method, should one exist.

Grantees should **not** count a student in metrics 20c-g if that student has not completed the intervention. For example, if a student starts CBITS during report period 2, but has not completed the intervention, the student should only be counted in 20a-b. Once they complete the intervention (perhaps during report period 3), that student can be captured in 20c-g for the report period in which they completed the intervention and their post-assessment.

Q: How are assessments scored, such that for each student with a post-assessment, their responses can classify them as improved, maintained, or deteriorated?

A:

This table should be repeated for each tier 8 intervention reported in the M™ D;

26-29 Tier 2 Custom Metrics for Non-Priority EBPs / Services

Q: What, if any, tier 2 services are you providing besides the priority EBPs you selected above?

A: Parent Education Program

Q: What assessment tool(s) are you using for these services? [See Appendix B](#)

A:

Tier 3 Custom Metrics

30-39. Tier 3 Custom Metrics

Tier 3 Priority EBPs. Select all priority EBPs that your organization is implementing, along with your outcome measure(s) for that EBP. Measures not listed require approval from the NCSMH. **You will report on each priority EBP and outcome measure you select in your M&D report.**

☐ **31. Adolescent Community Reinforcement Approach (ACRA)**

- ☐ CAGE Adapted to Include Drug Use (CAGE-AID) with adapted timeframe
- ☐ CRAFFT Screening Test with adapted timeframe
- ☐ Global Appraisal of Individual Needs – Short Screener (GAIN-SS) Substance Disorders Domain
- ☐ Patient-Reported Outcomes Measurement Information System (PROMIS)
- ☐ [Pediatric Symptoms Checklist-17 items \(PSC-17\)](#)
- ☐ Another measure (write-in):

☐ **32. Counseling on Access to Lethal Means (CALM)**

- ☐ [Ask Suicide-Screening Questions \(ASQ\)](#)
- ☐ [Columbia Suicide Severity Rating Scale \(C-SSRS\)](#)
- ☐ Another measure (write-in):

☐ **33. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH-ADTC)**

- ☐ [Pediatric Symptoms Checklist-17 items \(PSC-17\)](#)
- ☐ Any problem specific measure found on page 19 (write-in):
- ☐ Another measure (write-in):

☐ **34. Stanley-Brown Safety Planning Intervention**

- ☐ [Ask Suicide-Screening Questions \(ASQ\)](#)
- ☐ [Columbia Suicide Severity Rating Scale \(C-SSRS\)](#)
- ☐ Another measure (write-in):

☐ **35. Unified Protocols for the Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents (UP-C/UP-A)**

- ☐ [Patient Health Questionnaire-9 Items \(PHQ-9\)](#)
 - ☐ [Pediatric Symptoms Checklist-17 items \(PSC-17\)](#)
 - ☐ [Revised Children's Anxiety and Depression Scale \(RCADS\)](#)
 - ☐ [Generalized Anxiety Disorder 7-item Scale \(GAD-7\)](#)
 - ☐ Another measure (write-in):
-

30. Tier 3 **unduplicated** – total

- 30a. # Students served.** Students who receive any tier 3 services and supports from your organization, regardless of whether the service or program is completed, are counted here.
- 30b. # Students served who completed pre-assessment.** Students completed a baseline / pre-assessment at the beginning of a tier 3 service.
- 30c. # Students served who completed intervention.** All students who completed a tier 3 intervention.
- 30d. # Students served who completed pre-assessment, intervention, and post-assessment.**
Count all students who completed a pre-assessment, the intervention, and a post-assessment, such that an outcome can be determined. This value must equal the sum of the e-g values below.
- 30e. # Students served who demonstrated improvement between pre- and post-assessments.**
Count all students who showed a change in scores that reflects improvement in well-being between their pre- and post-assessments. If assessment is ongoing, use each students' most recent assessment. You may count any positive change as improvement or use a more sophisticated method, should one exist.
- 30f. # Students served who demonstrated maintenance between pre- and post-assessments.**
Count all students who show no change in scores between their pre- and post-assessments. If assessment is ongoing, use each student's most recent assessment. You may 1) count the exact same scores as a maintenance or 3) use a range of score changes (if you are using a more sophisticated method to determine improvement and deterioration).
- 30g. # Students served who demonstrated deterioration between pre- and post-assessments.**
Count all students who showed a change in scores that reflects deterioration in well-being between their pre- and post-assessments. If assessment is ongoing, use each student's most recent assessment. You may count any negative change as improvement or use a more sophisticated method, should one exist.

Grantees should **not** count a student in metrics 30c-g if that student has not completed the intervention. For example, if a student starts MATCH-ADTC during report period 2, but has not completed the intervention, the student should only be counted in 30a-b. Once they complete the intervention (perhaps during report period 3), that student can be captured in 30c-g for the report period in which they completed the intervention and their post-assessment.

This table should be repeated for each tier 9 intervention being reported in the M™ D;

36-39 Tier 3 Custom Metrics for Non-Priority EBPs / Services	
Q: What, if any, tier 3 services are you providing besides the priority EBPs you selected above?	A:
Q: What assessment tool(s) are you using for these services? See Appendix B	A:

Frequently Asked Questions

Understanding Unduplicated Metrics

Q: I still don't get what "unduplicated" means. Can you explain it again with an example?

A: Sure! Unduplicated refers to unique individuals within a specific metric row. Let's say you provided three different Tier 2 services this year, and the same student participated in all of them. For Metric 20a (Total Tier 2 students served), you should count that student only once—even though they received multiple Tier 2 services. That's unduplicated reporting: one person, one count per unduplicated metric over the grant. However, for different metrics, that same student may still appear. For example, they could also be counted in Tier 1 or Tier 3 metrics—just not twice in the same unduplicated metric.

Q: A student completed one Tier 3 group and then started a different Tier 3 group in the same reporting period. Should we count them twice for the Tier 3 served metric?

A: No. For Tier 3 total served (30a), that student should be counted once. If they completed pre/post assessments for both groups, choose one EBP to report their outcome under for the tier-level outcome metrics (30e–g). You may still include them under both EBPs in the custom EBP-specific tables—just don't duplicate them at the aggregate level.

Q: We had a student repeat the same Tier 3 intervention in two separate reporting periods. Do we report them twice?

A: No. For unduplicated metrics like Metric 30a (total students served by Tier 3), you should only report each student once over the life of the grant, during the first report period in which they received that service. For outcome metrics (e.g., 30e–g), the new guidance is to report only one set of outcomes per student, after they have completed the intervention and a full round of assessment. Even if a student participates in the same intervention again in a later period, you should not report a second outcome. Note: This is a change from last grant year. Previously, ongoing assessment data could be reported across periods. Now we ask grantees to report a student's outcome once when the intervention is fully completed and post-assessment is available.

Q: A student attended a universal SEL classroom lesson (Tier 1) and also received Tier 2 group counseling. Are they counted twice?

A: They can be counted **once per tier**:

- Count them in Tier 1 under metrics 10a and 10c if they completed an SEL lesson with a post-assessment.
- Count them in Tier 2 under 20a and outcome metrics if they also completed the group counseling.

Just make sure not to double-count them within the same metric. Additionally, do not count them more than once in metric 1a and 1b.

Data Tracking & Incomplete Records

Q: What if we forget to track who got what service and when? Can we still complete the M&D report?

A: Unfortunately, accurate M&D reporting depends on having detailed records. If data were not tracked correctly during the service period, avoid guessing. Instead:

- Only report what you can verify.
- Use "Unknown/No Response" categories if applicable.

- Make a note in your internal documentation and strengthen data collection systems moving forward.

Q: We ran SBIRT for 30 students, but only 12 completed the full post-assessment. What can we report?

A: Report all 30 students under 20a (served). Report how many completed pre-assessment (20b), the full intervention (20c), and both assessments (20d). Only report outcomes (20e–g) for the 12 students with complete data. The same holds true for the SBIRT-specific metrics.

Q: We have a student who started an EBP but didn’t complete it. Should we count them?

A: Yes! For total students served (e.g., 20a or 30a), you count everyone who **started** a service, even if they didn’t finish. For completion and outcomes metrics (e.g., 20c, 20e), only include students who fully completed the intervention and assessments.

Q: What if we don’t have outcome data yet? Some students are taking a long time to complete the intervention or the assessments.

A: That’s totally okay! M&D outcome metrics (e.g., 20e–g or 30e–g) should only be completed once a student finishes the intervention and their post-assessment is available. If students haven’t completed both yet—or if you’re still waiting on post-assessment results—leave the outcome fields blank for those students for that report period. You can always include them in a future report period once their data is ready.

Behavioral Health Workforce Positions

Q: What if multiple grantees from the same organization are sharing a staff position? Who reports the new position created?

A: Only one grantee should report each shared position in their M&D. Coordinate across jurisdictions and decide where the FTE should be reported. Document that decision internally in case of audit or review.

Q: We only had funding to support part of a staff member’s role. Do we still count that as a new position?

A: Yes! If any portion of a staff member’s salary is supported by the grant, you should count that as one unduplicated position (Metric 7a or 7b), regardless of part-time/full-time or contractual status.

Indirect Counting of Students

Q: If we trained school staff (e.g., provided a PD), do we count all of their students under Metric 1?

A: No. Professional development (PD) for school staff does not count as direct services to students and should not be included in student metrics (e.g., Metric 1 or Tier 1–3 served counts). However, you can count the teachers under Metric 6 (School Staff Trained).

Q: A caregiver participated in a Tier 1 parenting intervention. Do I count them or their child in the metrics?

A: For ‘family members served’ metrics (e.g., 10e): Count the caregiver. For ‘students served’ metrics (e.g., 10a): Count the student(s) who live with that caregiver. Use the “Students” and “Family Members” definitions in the Common Definitions section for guidance.

Q: We hosted a schoolwide wellness fair. Do we count every student in the school?

A: If the service was provided **to the entire school or grade**, yes—report the **full enrollment** using data from the School Report Card (Metric 10a). If it was opt-in (e.g., students chose to stop by), only count those who participated.

Other

Q: What's the difference between reporting outcomes by tier vs. by EBP?

A: Tier-level reporting (e.g., Metrics 20e, 30e) reflects the overall impact of Tier 2 or Tier 3 services. EBP-specific reporting shows which programs were responsible for those outcomes. Be careful not to count the same student's outcome multiple times within a tier, even if they completed multiple EBPs.

Q: We labeled a student as a "Tier 2 kid," so we counted them in Tier 2—even though the service was actually Tier 1. Is that okay?

A: No. In M&D reporting, the tier is based on the service provided—not the student's level of need. Even if a student has Tier 2-level concerns, if the service they received was a universal classroom lesson or a schoolwide SEL assembly, that service should be reported as Tier 1. Only services that are targeted, brief, and designed for students with mild or emerging concerns—such as small group counseling or therapeutic mentoring—should be counted as Tier 2. Tip: Always start by asking, «What kind of service is this?» .not. «What kind of student is this?» This helps maintain consistency across grantees and ensures the data accurately reflects the types of supports being provided. See the Common Definitions section for more on how tiers are determined.

Need more support?

BlueprintEval@som.umaryland.edu

Appendix A: Sample Satisfaction Survey

Self.version.(for.use.with.a.student.or.family.member.receiving.direct.services)

1. How would you rate this program?

- a. Excellent (5)
- b. Good (4)
- c. Acceptable (3)
- d. Poor (2)
- e. Very Poor (1)

2. This program has helped me.

- a. Strongly Agree (5)
- b. Agree (4)
- c. Neither Agree nor Disagree (3)
- d. Disagree (2)
- e. Strongly Disagree (1)

3. I am treated well in this program.

- a. Strongly Agree (5)
- b. Agree (4)
- c. Neither Agree nor Disagree (3)
- d. Disagree (2)
- e. Strongly Disagree (1)

4. I am satisfied with this program.

- a. Strongly Agree (5)
- b. Agree (4)
- c. Neither Agree nor Disagree (3)
- d. Disagree (2)
- e. Strongly Disagree (1)

5. I would recommend this program to a friend.

- a. Strongly Agree (5)
- b. Agree (4)
- c. Neither Agree nor Disagree (3)
- d. Disagree (2)
- e. Strongly Disagree (1)

Scoring instructions (do not include these instructions in the version given to the respondent):

Average the points for each answer selected. If the respondent did not select a response for each question, it is acceptable to average only the questions with responses. Average responses of 4 and above are considered satisfied. Average responses below 4 are considered dissatisfied.

1. How would you rate this program?

- a. Excellent (5)
- b. Good (4)
- c. Acceptable (3)
- d. Poor (2)
- e. Very Poor (1)

2. This program has helped my child.

- a. Strongly Agree (5)
- b. Agree (4)
- c. Neither Agree nor Disagree (3)
- d. Disagree (2)
- e. Strongly Disagree (1)

3. My child is treated well in this program.

- a. Strongly Agree (5)
- b. Agree (4)
- c. Neither Agree nor Disagree (3)
- d. Disagree (2)
- e. Strongly Disagree (1)

4. I am satisfied with this program.

- a. Strongly Agree (5)
- b. Agree (4)
- c. Neither Agree nor Disagree (3)
- d. Disagree (2)
- e. Strongly Disagree (1)

5. I would recommend this program to a friend.

- a. Strongly Agree (5)
- b. Agree (4)
- c. Neither Agree nor Disagree (3)
- d. Disagree (2)
- e. Strongly Disagree (1)

Scoring instructions (do not include this in the version given to the respondent): Average the points for each answer selected. If the respondent did not select a response for each question, it is acceptable to average only the questions with responses. Average responses of 4 and above are considered satisfied. Average responses below 4 are considered dissatisfied.

Appendix B: Outcome Measures Options

For non-priority EBPs, the following outcome measures are provided to help grantees. Grantees are encouraged, but not required, to report on non-priority EBPs. It is acceptable to use outcome measures outside of this list, although they must be provided to the NCSMH along with their scoring instructions to determine the outcome.

Global Symptom / Functioning Outcome Measures

- [Pediatric Symptom Checklist \(PSC-17\)](#) (preferred)
- [Mood and Feelings Questionnaire \(MFQ\)](#)
- [Global Appraisal of Individual Needs-Short Screener \(GAIN-SS\)](#)
- [Strengths and Difficulties \(SDQ\)](#)
- [Brief Problems Checklist \(BPC\)](#)
- [Student Subjective Wellbeing Questionnaire \(SSWQ\)](#)

Problem-Specific Outcome Measures

- [Patient Health Questionnaire \(PHQ-9\)](#): Mood / depression including Suicide Risk
- [Generalized Anxiety Disorder \(GAD-7\)](#): Anxiety
- [Screen for Child Anxiety Related Disorders \(SCARED\)](#): Anxiety
- [Revised Child Anxiety and Depression Scale \(RCADS\)](#): Anxiety and Mood
- [Swanson, Nolan and Pelham Teacher and Parent Rating Scale \(SNAP-IV\)](#): Attention / Concentration and Behavior
- [Vanderbilt ADHD Diagnostic Rating Scale](#): Attention / Concentration, Behavior, Anxiety, Mood, Social Skills