

# NAVIGATING THE CRISIS: SCHOOL DISTRICT APPROACHES TO ALLEVIATING BEHAVIORAL HEALTH STAFF SHORTAGES

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## CENTRAL QUESTION

**How can school districts alleviate behavioral health staff shortages?**

School-based behavioral health staff (e.g., counselors, psychologists, social workers) are crucial for students' overall well-being and academic success—especially students from marginalized or historically underserved communities.<sup>1</sup> These personnel play a critical role in students' lives because they often broker resources in and outside of school and can act as bridges between families and schools.<sup>2</sup> The supports behavioral health staff can provide have only become more important since the COVID-19 pandemic, which exacerbated many student mental health concerns.<sup>3</sup>

Aligned to this evidence, [The Blueprint for Maryland's Future](#) is requiring Maryland school districts to expand students' access to behavioral health services. But persistent nationwide shortages of behavioral health staff are making it difficult for districts to do so.<sup>4</sup> In their [2023 Blueprint implementation plans](#), 23 of 24 Maryland districts cited behavioral health staff shortages as a barrier to expanding student behavioral health services. This brief draws on our analysis of districts' 2023 and 2024 plans (described later in the brief) and other publicly available data to explore the scope of districts' behavioral health staff shortages and their current and anticipated strategies for overcoming them.

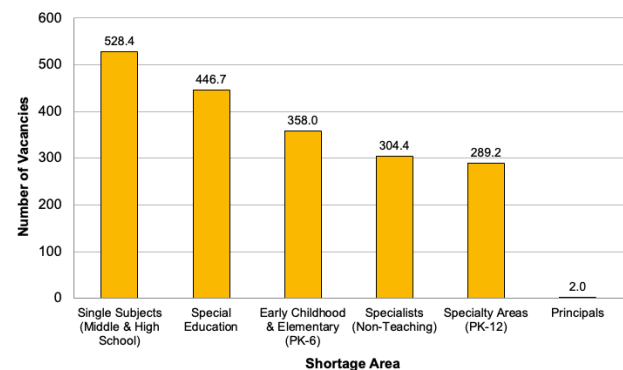
## KEY FINDINGS

**Current behavioral health staffing falls far short of recommended staff-student ratios.**

As of 2022, more than 300 of Maryland's nearly 2,000 education staff vacancies were in specialist (non-teaching) positions, including school counselors and psychologists

(Figure 1).<sup>5</sup> While the total number of shortages for these positions is small relative to primary teacher vacancies, current staffing falls far short of recommended staff-student ratios. The state currently has only one school social worker for every 2,324 students compared to the recommended ratio of 250:1, one school counselor for every 362 students compared to the recommended ratio of 250:1, and one school psychologist for every 1,198 students compared to the recommended ratio of 500:1 (Figure 2).<sup>6</sup> These low ratios can restrict behavioral health staff from providing essential support services to all students who need them (e.g., individual student meetings).

Figure 1. Maryland Education Staff Shortage Areas, 2022



Source: Maryland State Department of Education (2022).

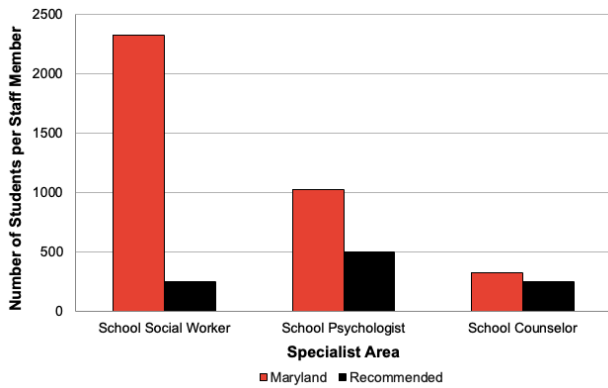
**Districts are using several strategies to address behavioral health staff shortages.**

Districts described three primary strategies for overcoming behavioral health staff shortages in their implementation plans: (i) building partnerships with community organizations, (ii) training current teachers (and other staff) to take on additional behavioral health support roles, and (iii) hiring new staff (Figure 3).

**About this Brief.** The University of Maryland College of Education's **Maryland Equity Project (MEP)** seeks to improve public education through research that supports an informed public policy debate about the quality and distribution of educational opportunities in Maryland and nationally. This brief is one in a series on **The Blueprint for Maryland's Future**—a significant statewide investment to transform Maryland's public schools in service of educational equity. The purpose of this brief series is to support districts in their efforts to plan and implement Blueprint initiatives through information-sharing and research-based recommendations.

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**Figure 2. Maryland Staff-Student Ratios Relative to Recommended Staff-Student Ratios**



Source: Hopeful Futures Campaign (2022).

### Building Partnerships with Community Organizations

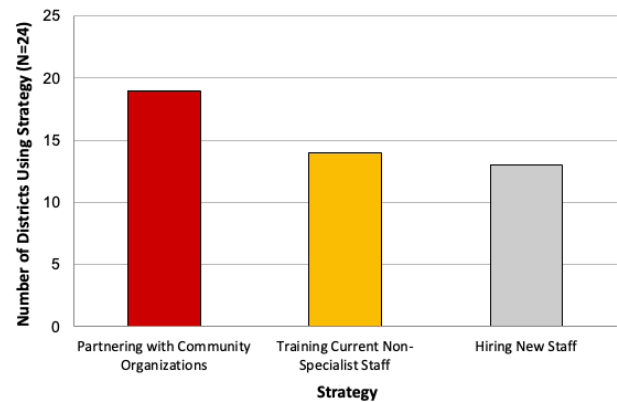
The Blueprint created a new [Maryland Consortium on Coordinated Community Supports](#), a 25-member group that includes state and local health department representatives; state delegates; district superintendents, school board members, and behavioral health staff; and others whose work supports the provision of behavioral health services in Maryland schools.<sup>7</sup> One of the Consortium’s primary goals is to “support the development of coordinated community support partnerships to meet student behavioral health needs and other related challenges in a holistic, nonstigmatized, and coordinated manner.”<sup>8</sup> In line with this broader effort, 19 Maryland school districts have developed partnerships with community organizations to supplement unmet service needs that stem from behavioral health staff shortages.<sup>9</sup> These community organizations (listed in the Appendix) provide a range of services to schools, from conducting needs assessments to offering therapy sessions. For example, Garrett County Public Schools, a rural district, partners with providers to provide virtual services like teletherapy. As of February 2024, the Consortium had awarded 129 grants totaling \$111 million to organizations across all Maryland districts—including but not limited to the organizations districts cited in their 2023 implementation plans.<sup>10</sup>

### Behavioral Health Training for Current Staff

Fourteen districts described training employees beyond those specializing in behavioral health to help meet students’ needs. Districts’ efforts to train employees in behavioral health support align with several bills from the Maryland General Assembly (e.g., Senate Bill 0165, House

Bill 0074) that mandated mental health training for some school personnel, including educators and sports coaches. Some approaches appear to be systematic, requiring certain staff to participate, while others are optional. In Wicomico County, for example, a number of elementary schools have trained teachers and instructional assistants in conscious discipline to enhance the social and emotional well-being of their students. Similarly, Garrett County Public Schools offers a professional development program that provides teachers with a behavioral support model, followed by coaching to ensure effective implementation of that approach. Charles County Public Schools holds monthly Mental Health First Aid training sessions that are open to—but not required for—all district employees.

**Figure 3. Districts’ Strategies to Overcome Behavioral Health Staff Shortages**



Source: Districts’ 2023 and 2024 Blueprint implementation plans.

*Partnering with community organizations:* Allegany, Baltimore, Baltimore City, Carroll, Cecil, Charles, Dorchester, Garrett, Harford, Howard, Montgomery, Prince George’s, Queen Anne’s, Somerset, St. Mary’s, Talbot, Washington, Wicomico, Worcester

*Hiring new staff:* Allegany, Calvert, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Kent, Montgomery, Somerset, Washington, Worcester

*Training current non-specialist staff:* Baltimore, Calvert, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Kent, St. Mary’s, Somerset, Washington, Wicomico, Worcester

### Hiring and Supporting Staff with More Funding

The Blueprint will fund the hiring of 15,000 additional educators, including behavioral health staff, through sources like Concentration of Poverty School Grants.<sup>11</sup> In their Blueprint implementation plans, 13 districts described using Blueprint funds—as well as requesting additional funds from local governments, reallocating existing funds, and seek external funding—to hire new behavioral health

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staff or to support current behavioral health staff by raising salaries and expanding professional development opportunities. For instance, Frederick County Public Schools has requested additional funding in its 2024 budget to support two new trauma therapist positions, while Dorchester and St. Mary's County Public Schools described using grant funds to support on-site social workers.

## RESEARCH METHODS

This brief draws on a qualitative analysis of several publicly available documents describing districts' plans for implementing Blueprint initiatives and the challenges they were facing in doing so, including the implementation plans districts submitted to the Accountability and Implementation Board (AIB) in 2023 and 2024, districts' responses to feedback on these plans from the AIB and the Maryland State Department of Education, and reports districts submitted to the AIB regarding implementation progress. Our team continues to update this research process as districts submit additional information. This brief draws on data that address behavioral health staff shortages and the strategies districts are using (or plan to use) to overcome them. We conducted a qualitative analysis of these data using both deductive codes that were derived from questions the implementation plans asked of districts (e.g., challenges with expanding behavioral health services) and inductive codes derived from a preliminary review of the data (e.g., staffing challenges).

## POLICY RECOMMENDATIONS

### Strengthening the Behavioral Health Staff Pipeline

Beyond using increased funding to hire new (and better support current) behavioral health support staff, targeted strategies to build a stronger staff pipeline may help to alleviate shortages. Some of these efforts have already begun in Maryland. For example, Bowie State University is working with Anne Arundel, Montgomery, and Prince George's County Public Schools to place graduate students in high-need schools with the goal of creating a more diverse and culturally responsive pipeline of behavioral health staff.<sup>12</sup> Similarly, the University of Virginia and the Virginia Department of Education launched the [Virginia Partnership for School Mental Health](#), which has provided

financial incentives for graduate students in counseling, social work, psychology, and nursing to work in schools.<sup>13</sup> Other states have tried to develop even earlier pipelines, like Oregon, where a new bachelor's program trains students in children's behavioral health.<sup>14</sup>

### Fostering Stronger Partnerships with Community Organizations

Amid severe shortages of behavioral health staff, collaboration with community organizations is critical to providing students with the services they need. But developing meaningful collaborations is no walk in the park. Tensions often arise from differences in language, agendas, priorities, and professional incentives between stakeholders.<sup>15</sup> Research also notes that differences in the racial/ethnic makeup of community organization and school staff may lead to power differentials and unequal partnerships.<sup>16</sup> Strategies to navigate these challenges include building trust, clarifying partner roles, selecting partners with complementary strengths, and establishing clear governance structures to facilitate effective decision-making within coalitions.<sup>17</sup> These approaches enhance accountability and promote stronger partnerships, ultimately supporting the shared goal of improving educational outcomes and community well-being.

### Unintended Consequences of Behavioral Health Training for Current Staff

Districts' efforts to train classroom teachers in behavioral health support—a strategy consistent with broader trends<sup>18</sup>—may be a way to work around behavioral health staff shortages and successfully provide students with additional behavioral support.<sup>19</sup> However, districts must be careful not to overburden teachers with additional responsibilities that contribute to burnout, which is often attributed to inappropriate work demands and a lack of administrative support.<sup>20</sup> Burnout can not only affect teacher well-being, but also negatively impact academic achievement and student motivation.<sup>21</sup> To mitigate burnout for teachers providing behavioral health support to students, districts and schools should ensure that teachers have the appropriate training and support to implement high-quality behavioral health services, as well as support for their own mental health.<sup>23</sup> These supports, alongside efforts increase behavioral health staff and expand

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partnerships with community organizations, will help to ensure that students have access to the behavioral health services they need.

### Endnotes

<sup>1</sup> Kase, C., Hoover, S., Boyd, G., West, K. D., Dubenitz, J., Trivedi, P. A., Peterson, H. J., & Stein, B. D. (2017). Educational outcomes associated with school behavioral health interventions: A review of the literature. *Journal of School Health, 87*, 554-562. Hoover, S. & Bostic, J. (2020). Schools as a vital component of the child and adolescent mental health system. *Psychiatric Services, 72*(1), 37-48. Ormiston, H. E., Nygaard, M. A., & Heck, O. C. (2021). The role of school psychologists in the implementation of trauma-informed multi-tiered systems of support in schools. *Journal of Applied School Psychology, 37*(4), 319-351. Rodriguez, S. & Crawford, E. R. (2023). School-based personnel advocacy for undocumented students through collective leadership in urban schools: A comparative case study. *Journal of Research on Leadership Education, 18*(3), 347-377.

<sup>2</sup> Rodriguez, S., Monreal, T., & Howard, J. (2020). "It's about hearing and understanding their stories": Teacher empathy and socio-political awareness toward newcomer undocumented students in the New Latino South. *Journal of Latinos and Education, 19*(2), 181-198. Sosa, L. V., Roth, B., & Rodriguez, S. (2021). Crossing borders: Exploring the role of school social workers in immigrant-serving schools. *Social Work Research, 45*(3), 198-206.

<sup>3</sup> Singh, S., Roy, D., Sinha, K., Parveen, S., Sharma, G., & Joshi, G. (2020). Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review of recommendations. *Psychiatry Research, 293*, 1-10. Weist, M. D., Hoover, S. A., Daly, B. P., Short, K. H., & Bruns, E. J. (2023). Propelling the global advancement of school mental health. *Clinical Child and Family Psychology Review, 26*, 851-864.

<sup>4</sup> Weist, M. D., Mellin, E. A., Chambers, K. L., Lever, N. A., Haber, D., & Blaber, C. (2012). Challenges to collaboration in school mental health and strategies for overcoming them. *Journal of School Health, 82*, 97-105. National Association of School Psychologists (2024). [Student to school psychologist ratio 2022-2023](#). St. George, D. (2023, August 31). [In a crisis, schools are 100,000 mental health staff short](#). *The Washington Post*. American School Counselor Association (2023). [School counselor shortages](#).

<sup>5</sup> Maryland State Department of Education (2022). [Maryland's teacher workforce: Supply, demand, and diversity](#).

<sup>6</sup> Hopeful Futures Campaign (2022). [By the numbers](#).

<sup>7</sup> Maryland Department of Health (n.d.). [Maryland Consortium on Coordinated Community Supports](#). Maryland Department of Health (2024). [Maryland Consortium on Coordinated Community Supports – roster](#).

<sup>8</sup> Maryland State Department of Education (2022). [Coordinated community supports in Maryland](#).

<sup>9</sup> In their implementation plans, districts were asked to list out the organizations that they are partnered with. They do not provide details about the nature of partnerships or how they were developed.

<sup>10</sup> Maryland Department of Health (2024). [Maryland Community Health Resources Commission first coordinated community supports call for proposals: 129 awards, total: \\$111 million](#).

<sup>11</sup> Maryland State Education Association (n.d.). [The Blueprint funds expanded staffing and coordinated community-level supports](#).

<sup>12</sup> Thompson, D. (2023, 5 April). [U.S. Department of Education awards Bowie State \\$5 million grant to diversify pipeline of school counselors](#). *Bowie State University*.

<sup>13</sup> Pierrottet, C. (2023). [States face challenges building a school mental health workforce](#). [Policy Brief]. *National Association of State Boards of Education*.

<sup>14</sup> University of Oregon (n.d.). [The Ballmer Institute for Children's Behavioral Health](#).

<sup>15</sup> Gopalan, G., Bunger, A.C. & Powell, B.J. (2020). Skills for developing and maintaining community-partnerships for dissemination and implementation research in children's behavioral health: Implications for research infrastructure and training of early career investigators. *Administration and Policy in Mental Health Services Research, 47*, 227-243.

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<sup>19</sup> Horner, R. H., Sugai, G., Smolkowski, K., Eber, L., Nakasato, J., Todd, A. W., & Esperanza, J. (2009). A randomized, wait-list controlled effectiveness trial assessing school-wide positive behavior support in elementary schools. *Journal of Positive Behavior Interventions, 11*(3), 133-144.

<sup>20</sup> Chang, M. L. (2009). An appraisal perspective of teacher burnout: Examining the emotional work of teachers. *Educational Psychology Review, 21*, 193-218.

<sup>21</sup> Madigan, D. J. & Kim, L. E. (2021). Does teacher burnout affect students? A systematic review of its association with academic achievement and student-reported outcomes. *International Journal of Educational Research, 105*, 1-12.

<sup>22</sup> Granger, K. L., Sutherland, K. S., Conroy, M. A., Dear, E., & Morse, A. (2023). Teacher burnout and supporting teachers of students with emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders, 31*(2), 144-153.

**Appendix A**

**Community Organizations Partnering with Maryland School Districts**

*The following are select community organizations that Maryland districts listed as partners in their implementation plans. Our hope is that this list is useful to district and school leaders as they work to expand behavioral health services for students.*

[Advanced Behavioral Health \(ABH\)](#)

- Provide mental health services to help minimize obstacles and maximize recovery for the promotion of overall well-being of diverse individuals and communities.

[Chesapeake Health Care](#)

- Chesapeake Health Care’s mission is to provide affordable, culturally competent patient and family-centered health care, leading to individual and community wellness to residents of the three lower counties in Maryland, regardless of their ability to pay.

[Community Mediation Upper Shore \(CMUS\)](#)

- Provide community-based conflict resolution and peacebuilding services at no cost.

[Maryland Area Health Education Center in Western Maryland \(AHEC\)](#)

- The Maryland Area Health Education Center (MAHEC) Program is a community engagement and impact initiative supported by the University of Maryland School of Medicine with funding from the Health Resources & Services Administration and the Maryland Department of Health. The mission of the MAHEC Program is to improve the health of all Marylanders, by recruiting, training, and retaining a qualified and diverse health workforce in underserved areas.

[Talbot Goes Purple](#)

- Talbot Goes Purple is a substance abuse awareness program that engages our community and youth to stand against substance abuse

[Trauma Specialists of Maryland](#)

- Professional practice specializing in psychotherapy and evidence based trauma treatment such as EMDR, Neurofeedback, DBT, IFS, and CBT.

[Washington County Mental Health Authority \(WCMHA\)](#)

- WCMHA is an administrative office that can provide information on local service providers and resources.

[WrapAround MD](#)

- Wraparound Maryland INC, provides Targeted Case Management, Psychiatric Rehabilitation and Vocational Rehabilitation.

[Yellow Ribbon Suicide Prevention Project](#)

- Helping school districts develop suicide prevention plans and train staff, parents, and students in basic suicide prevention.