Maryland Consortium on Coordinated Community Supports
45 Calvert Street, Room 336, Annapolis, MD 21401

Wes Moore, Governor; Aruna Miller, Lt. Governor
David D. Rudolph, Chair; Mark Luckner, Executive Director, CHRC

MARYLAND CONSORTIUM ON COORDINATED COMMUNITY SUPPORTS

ANNUAL REPORT

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OCTOBER 2023

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MARYLAND CONSORTIUM ON COORDINATED COMMUNITY SUPPORTS ANNUAL REPORT September 1, 2023

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I. Executive Summary

This report covers the six-month period of January - June 2023. As provided by SB 802 of 2022, the Maryland Consortium on Coordinated Community Supports submitted its first report in December 2022, which covered the Consortium's activities from the Consortium's inception in August 2022 through December 2022. The December 2022 report can be accessed at the following URL: https://health.maryland.gov/mchrc/Documents/Consortium/Consortium%20annual%20report%20and%20JCR%2c%20Dec%202022.pdf. As required by statute, future reports will be submitted annually in July and will cover the previous fiscal year.

The Maryland Consortium on Coordinated Community Supports is a new entity responsible for developing a statewide framework to expand access to comprehensive behavioral health and wraparound services for Maryland students. The Maryland Community Health Resources Commission (CHRC) serves as the Consortium's fiscal agent and is responsible for providing staff support for the Consortium.

Between January - June 2023, the full Consortium met on January 10, February 21, April 4, May 9, and May 22. Meeting recordings and other meeting materials are posted on the Consortium's webpage at the following URL: https://health.maryland.gov/mchrc/Pages/Prior-Consortium-Meetings.aspx.

The Consortium's four subcommittees have been holding meetings regularly. All subcommittee meetings are open to the public. During January - June 2023:

- The Framework, Design & RFP Subcommittee studied and made recommendations on key elements of the first RFP, and refined the Partnership/funding model.
- The Data Collection/Analysis & Program Evaluation Subcommittee made recommendations on Consortium accountability metrics, data to make available to grant applicants to demonstrate unmet needs and alignment with local priorities, and standardized measures grantees will be required to report to the CHRC.
- The Outreach and Community Engagement Subcommittee identified stakeholder groups to engage; reviewed materials to be distributed to potential stakeholders; and held outreach meetings with potential grant applicants, local school districts, public behavioral health organizations, and other stakeholders.
- The Best Practices Subcommittee identified 15 priority best practices that could be implemented by applicants and grantees, and continued to study expanded Medicaid reimbursement for school-based behavioral health services.

The Consortium has held several public comment periods. In addition to the public comments received in fall 2022, which are included in the Consortium's 2022 Annual Report, the Consortium held an extensive outreach period in 2023. A list of outreach meetings can be found in Appendix A.

As of June 30, 2023, the Consortium was continuing to consider overall program design and the development of the first Coordinated Community Supports Partnership's Call for Proposals (RFP). An RFP for service providers is expected to be issued in August 2023. The RFP will make available funding from both FY 2023 ($50 million) and FY 2024 ($85 million). As provided by statute, the CHRC will develop and release the RFP and administer the Coordinated Community Supports Partnerships grant program. Grants are expected to be awarded in December 2023.

The Consortium has been working closely with the National Center for School Mental Health, which was named in the implementing legislation as a technical assistance provider. National Center staff have consulted with the Consortium on developing the overall program structure and metrics, evaluating evidence-based programs, and supporting the work of all four subcommittees. The National Center will continue to advise on the program, support the development of the RFP, review grant proposals, and provide technical assistance to grantees.

II. Background and Mission

Under its authorizing statute, the Maryland Consortium on Coordinated Community Supports is a new state agency responsible for developing a statewide framework to expand access to comprehensive behavioral health services for all Maryland students.

The Consortium was created by the Maryland General Assembly as part of the Blueprint for Maryland's Future, Chapter 36 of 2021 (Kirwan education reform bill). SB 802 of 2022 (Ch. 713 of 2022) modified the Consortium's membership, increased funds available for Consortium grants, and clarified the role of the Maryland Community Health Resources Commission (CHRC).

The Consortium has three statutory purposes:

1. Support the development of coordinated community supports partnerships to meet student behavioral health needs and other related challenges in a holistic, nonstigmatized, and coordinated manner;
2. Provide expertise for the development of best practices in the delivery of behavioral health services, supports, and wraparound services; and
3. Provide technical assistance to local school systems to support positive classroom environments and close achievement gaps.

The Consortium also has nine statutory duties:

1. Develop a statewide framework for the creation of community supports partnerships;
2. Ensure community supports and services are provided in a holistic and nonstigmatized manner and are coordinated with other youth-serving government agencies;
3. Develop a model for expanding available support services to all students in each local school system;
4. Provide guidance and support to the CHRC for the purpose of developing and implementing a grant program to award grants to coordinated community supports partnerships with funding necessary to deliver supports and services to meet the holistic behavioral health needs and challenges of students;
5. Evaluate how a reimbursement system could be developed through the Maryland Department of Health or a private contractor to reimburse providers participating in a coordinated community supports partnership;
6. Develop, in consultation with the Maryland State Department of Education, best practices for the creation and implementation of a positive classroom environment for all students that recognizes the disproportionality of classroom management referrals;
7. Develop a geographically diverse plan to ensure each student can access services and supports that meet the student's behavioral health needs and related challenges within a 1-hour drive of their residence;

8. In consultation with the National Center on School Mental Health and in coordination with the Maryland Longitudinal Data System and the Blueprint Accountability and Implementation Board, shall develop metrics to determine whether grant-funded community supports partnership services are positively impacting students, their families, and their communities; and
9. Use accountability metrics to develop best practices to be used by a coordinated community supports partnership to deliver supports and services and maximize federal, local, and private funding.

The Consortium is developing a statewide program to expand access to behavioral health and related services for Maryland students. The CHRC is responsible for providing staff support to the Consortium.

In consultation with the Consortium, the CHRC will administer the new Coordinated Community Supports Partnerships grant program. Grants will support local partnerships throughout the state that will coordinate the activities of a variety of community organizations to address student behavioral health and other needs. Funding levels are: $50 million for FY 2023; $85 million for FY 2024; $110 million for FY 2025; and $130 million for FY 2026 and each fiscal year thereafter. Partnership grantees also will be required to maximize Medicaid billing and other funding sources.

III. Consortium Membership

The Consortium consists of 24 members and includes representatives from state and local departments of education, health, human services, and juvenile services; members of the legislature; and other individuals representing the education and behavioral health communities. David D. Rudolph was appointed by General Assembly leadership to serve as the Consortium's chair.

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports | former Delegate, Maryland General Assembly
2. Erin McMullen, Maryland Department of Health | Chief of Staff
3. Emily Bauer, Maryland Department of Human Services | Two-Generation Program Officer
4. Mohammed Choudhury, Maryland State Department of Education | Superintendent
5. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
6. Mary Gable, Director of Community Schools | Assistant Superintendent, MSDE Division of Student Support, Academic Enrichment, & Educational Policy
7. Christina Bartz, Council on Advancement of School-Based Health Centers | Director of Community-Based Programs, Choptank Community Health Systems
8. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
9. Tammy Fraley, Maryland Association of Boards of Education | Allegany County Board of Education
10. Donna Christy, School psychologist | President, Prince George's County Educators Association
11. Gail Martin, Maryland Chapter of the National Association of Social Workers | former Baltimore County Public Schools Team Leader, School of Social Work
12. D'Andrea Jacobs, PhD., Maryland School Psychologists Association | School Psychologist, Baltimore County Public Schools
13. Dr. John Campo, Maryland Hospital Association | Director of Mental Health, Johns Hopkins Children's Center, Johns Hopkins University Hospital

14. Sadiya Muqueeth, DrPH, member, Maryland Community Health Resources Commission | Chief Health Policy Officer, Baltimore City Health Department | Faculty of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health
15. Ryan Moran, Maryland Department of Health | Deputy Secretary for Health Care Financing
16. Larry Epp, Ed.D., representative of the community behavioral health community with telehealth expertise | Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System
17. Gloria Brown Burnett, representative of local departments of social services | Director, Prince George's County Department of Social Services
18. Michael A. Trader, II, representative of local departments of health | Assistant Director of Behavioral Health, Worcester County Health Department
19. Dr. Kandice Taylor, Ed.D., individual with expertise in equity in education | School Safety Manager, Baltimore County Public Schools
20. The Honorable Katie Fry Hester, Maryland Senate
21. The Honorable Eric Ebersole, Maryland House of Delegates

The Consortium currently has three vacancies. The vacant seats are: a general member of the public, a member of the public with expertise in positive classroom environments, and the Secretary of Juvenile Services or their designee. As provided by HB 770 of 2023, one additional Consortium member, a school counselor, will be added in FY 2024.

IV. Activities of the Consortium During January - June 2023

During the period covered by this report, the Consortium met five times: January 10, February 21, April 4, May 9, and May 22. All meetings were open to the public, recorded, and posted on the Consortium's website.

During January - June 2023, the four subcommittees continued their work as follows:

- The Framework, Design & RFP Subcommittee, co-chaired by Superintendent Mohammed Choudhury and Dr. Sadiya Muqueeth, met several times during FY 2023 to plan the overall framework of the Community Supports Partnerships model and the Consortium's first RFP. The Subcommittee also defined wraparound services, clarified permissible uses of grant funds, and discussed application selection criteria.

- The Data Collection/Analysis & Program Evaluation Subcommittee, chaired by Dr. Larry Epp, met several times during FY 2023 to make recommendations on Consortium accountability metrics, data to make available to grant applicants to demonstrate unmet needs and alignment with local priorities, and standardized measures grantees will be required to report to the CHRC. The Consortium's accountability metrics can be found in Appendix C.

- The Outreach and Community Engagement Subcommittee, chaired by Tammy Fraley, oversaw an outreach and public engagement period during 2023. During this period, 58 meetings were held to inform communities about the upcoming RFP and solicit feedback about the hub and spoke model and other key topics. A list of outreach meetings can be found in Appendix A.

- The Best Practices Subcommittee, co-chaired by Dr. John Campo and Dr. Derek Simmons, met several times and identified 15 priority evidence-based programs (EBPs) for applicants and grantees. These 15 EBPs were selected in consultation with the Best Practices Subcommittee, National Center, Maryland State Department of Education, Local Education Authorities, and public comment. The Subcommittee also identified other evidence-based practices that could be eligible for funding through the RFP; and recommended that school-employed staff be eligible to receive training in selected EBPs apart from the RFP process. A list of EBPs is included in Appendix D. In addition, the Subcommittee studied a model for expanded Medicaid reimbursement for behavioral health services delivered by school-employed staff that would require a State Plan Amendment.

The Consortium has also undertaken other activities to carry out its statutory duties. At the meeting held on February 21, 2023, the Consortium voted to adopt a Hub and Spoke partnership model for its RFP—a significant step toward establishing a statewide behavioral health services framework for Maryland students.

At the Consortium meeting held on May 22, 2023, the Consortium approved its recommendations for the first RFP. The Consortium recommended that the majority of funding be made available for services to students and families. The Consortium approved a list of 15 Priority Evidence-Based Programs that was developed by the Best Practices Subcommittee. The Consortium also recommended funding a pilot program to build the capacity for five to seven organizations to become Partnership Hubs. These recommendations were presented to the CHRC at its June 5 meeting.

The Consortium has continued to collaborate with the National Center for School Mental Health as required by statute. A three-party Memorandum of Understanding has been developed and a contract has been executed. The National Center is providing expertise on all aspects of the Consortium's work and will provide technical assistance to future grantees. The National Center is consulting on the design of the overall program framework and accountability measures, analyzing public comments, and supporting the work of all four subcommittees. The National Center will continue to advise the program, support the development of the RFP, identify opportunities to maximize financial support through Medicaid, and recommend best practices for the delivery of services and supports.

V. Creation of Coordinated Community Support Partnerships and Areas Served by Each

HB 1300 of 2020 (Md. Code, Educ. § 7-447.1) requires the Consortium to "develop a statewide framework for the creation of Coordinated Community Supports Partnerships" to "meet student behavioral health and other needs." Legislation requires partnerships to be "community-based, family driven, and youth-guided," serve an "area," and provide "holistic and coordinated services and supports" including both "behavioral health and other wraparound needs." Partnerships should be "formed," should involve many different kinds of organizations and people, and may include "partnership coordinators." Partnership grants may include "reasonable administrative costs."

In FY 2023, the Consortium's Framework Subcommittee recommended that the Consortium adopt the collective impact model for Partnerships. On February 21, 2023, the Consortium voted to adopt this model.

Under this model, the Hub (or "Backbone") will coordinate the activities of a number of service providers ("Spokes") for all the schools within its service area. Together, a Hub and its Spokes form a Partnership. At full implementation, every jurisdiction will be covered by a Partnership. Partnerships may exist at the jurisdiction level or could be sub-jurisdictional or regional/multi-jurisdictional. Partnerships should build on existing services and relationships. Partnerships should not be duplicative and may not overlap.

Each Partnership will have one Hub. Hubs must be able to perform the following three core functions:

- **Service Delivery:** ensure delivery of holistic services at all MTSS tiers**;** hold subgrantees accountable; ensure fidelity to best practices; and coordinate all partners in the service area.
- **Fiduciary:** receive grant dollars; be accountable to the CHRC for grant funds; ensure maximization of third-party billing, including Medicaid; distribute funds to Spokes; and leverage funds from other sources.
- **Data**: collect accountability data from Spokes; report data to Consortium and CHRC; and analyze and act on data.

Service providers that will be funded through the first RFP will include both organizations that currently provide school-based behavioral health services, as well as organizations not currently providing school-based services. Service providers will be required to maximize billing of Medicaid and use grant dollars for activities and populations that are not covered by Medicaid. Providers do not need to bill Medicaid in order to apply, and may apply for grant dollars for services not reimbursable under Medicaid.

Grant funds should be used to expand access to services including the following:

- Individual, group, and family therapy
- Wraparound/navigation services
- Substance Use Disorder services
- Behavioral health education, support, and navigation for families
- Telehealth services
- Support groups
- School-wide preventative and mental health literacy programming
- Crisis planning and services

Grant funding should be used for activities not reimbursable by Medicaid. These may include:

- Start-up/expansion costs
- Screenings for behavioral health and related issues
- Implementation of evidence-based best practices
- Services and supports for uninsured students and families
- Co-pay support to expand access to services for children and families with commercial insurance and/or implement an income based sliding scale fee schedule
- School-wide programming (Tier 1)
- Administrative costs such as attending school meetings and staff training, including community provider staff and school-employed staff
- Case management, navigation, and other services provided by community health workers and peers
- Family education and support
- Peer support
- Transportation to services
- Translation/interpretation costs
- Support groups

Applicants will be required to describe unmet need and demonstrate alignment with on-going behavioral health initiatives in their community. Grant dollars must be supplemental to, and may not supplant, existing funding for school behavioral health. Applicants must demonstrate that grant funds will support an expansion

over current services. Applicants must have a letter of support from their local Superintendent or the Superintendent's designee and may have a letter of support from the Local Behavioral Health Authority (LBHA), Local Management Board (LMB), and/or other community organizations. During the first grant period, service providers will be accountable directly to the CHRC; in future years, they may be accountable to their Hubs as well.

VI. Grants Awarded to Coordinated Community Support Partnerships

With recommendations issued by the Consortium, the Maryland Community Health Resources Commission will issue the first Coordinated Community Supports Partnerships RFP in August 2023, and grants are expected to be awarded in December 2023. According to statute, the CHRC will serve as the fiscal agent for the Consortium's grant program. Funding under the first RFP is expected to focus on service delivery grants. Hubs will be selected and funded through a future RFP.

The Consortium will include a list of Coordinated Community Supports Partnerships and the areas served by each in its next annual report. Grant funding will be supplemental to, and not supplant, existing funding for school behavioral health programs or services.

The goal of the Consortium's first RFP is to have new or expanded programming in place during the 2023-2024 school year. To accomplish this, service providers will be eligible for direct grant funding from the CHRC that will deliver behavioral health and related services to students and families. While this will be a competitive process, the CHRC and Consortium will consider equity and geographic distribution as grants are awarded statewide.

Appendix A

List of Outreach Meetings

Groups engaged through Consortium outreach meetings, January - June 2023

From January 20203 to June 2023, the Consortium held a number of outreach meetings. These included meetings with statewide associations, interdisciplinary meetings bringing together diverse stakeholders in local jurisdictions, follow-up meetings resulting from larger group meetings, meetings recommended by Consortium members, and meetings requested by individuals and groups. The purpose of these meetings was to receive feedback on the Hub and Spoke model, discuss the upcoming funding opportunity, and encourage local collaboration.

Additional outreach meetings were held during July 2023 and beyond. An updated list will be included in a future report.

1. Allegany County - interdisciplinary
2. Alston for Athletes
3. Anne Arundel County - interdisciplinary
4. Baltimore City - interdisciplinary
5. Baltimore Medical Systems
6. Baltimore School Climate Collaborative
7. Behavioral Health Systems Baltimore
8. Boys and Girls Clubs
9. Calvert County - interdisciplinary
10. Caroline County - interdisciplinary
11. Catholic Charities
12. Cecil County - interdisciplinary
13. Chase Brexton
14. Children's Behavioral Health Coalition
15. Community Behavioral Health (CBH)
16. Community Counseling and Mentoring Services
17. Council on Advancement of School-Based Health Centers (CASBHC)
18. CTO Health Services
19. Education Behavioral Health Community of Practice
20. Frederick County - interdisciplinary
21. Horizon Foundation
22. Howard County - interdisciplinary
23. Local Behavioral Health Authorities (LBHAs)
24. Local Behavioral Health Coordinators
25. Local Directors of Student Services
26. Local Management Boards (LMBs)
27. Luminis Health
28. MANUAL
29. Maryland Association of Boards of Education (MABE)
30. Maryland Association of Local Health Officers (MACHO)
31. Maryland Association of Social Service Directors (MASSD)
32. Maryland Coalition for Community Schools (MCCS)
33. Maryland Coalition of Families
34. Maryland Family Network
35. Maryland Leadership Works
36. Mental Health Association of Maryland
37. Meritus Health

38. Mid Atlantic Community Health Centers (MACHC)
39. Mid-Shore Behavioral Health Inc.
40. Montgomery County Federation of Families for Children's Mental Health
41. Parent Encouragement Program
42. Prince George's County - interdisciplinary
43. Public School Superintendents' Association of Maryland (PSSAM)
44. Sheppard Pratt
45. Somerset County - interdisciplinary
46. Southern Maryland Local Management Boards
47. Spectrum of Hope
48. St. Mary's County - interdisciplinary
49. Thrive Behavioral Health
50. United Way National Capitol Area
51. University of Maryland School of Social Work
52. Urban Trauma Center
53. Washington County - interdisciplinary
54. Wicomico County - interdisciplinary
55. Worcester County - interdisciplinary
56. Wrap Maryland, Inc.
57. YMCAs of Maryland
58. Youth Care Coordination supervisors

Appendix B

Consortium Meeting Minutes January 2023-June 2023

Meeting of the
Maryland Consortium on Coordinated Community Supports

Tuesday, January 10, 2023
In-Person & Virtual Meeting
613 Global Way, Linthicum Heights, MD 21090

9:30 AM – 11:40 AM

CONSORTIUM MEMBERS IN ATTENDANCE:

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Robin Rickard, Maryland Department of Health | Executive Director, Opioid Operational Command Center
3. Emily Bauer, Maryland Department of Human Services | Two-Generation Program Officer
4. Mohammed Choudhury, Maryland Department of Education | State Superintendent
5. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
6. Cory Fink, Department of Juvenile Services | Deputy Secretary for Community Operations
7. Mary Gable, Director of Community Schools | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy, Maryland State Department of Education
8. Christina Bartz, Council on Advancement of School-Based Health Centers | Director of Community Based Programs, Choptank Community Health Systems
9. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
10. Tammy Fraley, Maryland Association of Boards of Education | Allegany County Board of Education
11. Gail Martin, Maryland Chapter of the National Association of Social Workers | former Baltimore County Public Schools Team Leader, School Social Work
12. D'Andrea Jacobs, PhD., Maryland School Psychologists Association | School Psychologist, Baltimore County Public Schools
13. Dr. John Campo, MD, Maryland Hospital Association | Director of Mental Health, Johns Hopkins Children's Center, Johns Hopkins University Hospital
14. Sadiya Muqueeth, Dr.PH, Maryland Community Health Resources Commission | Director of Community Health, National Programs, Trust for Public Lands
15. Linda Rittelmann, representative of the Maryland Medical Assistance Program | Senior Manager, Medicaid Behavioral Health ASO, Maryland Department of Health
16. Larry Epp, Ed.D., representative of the community behavioral health community with telehealth expertise | Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System
17. Gloria Brown Burnett, local Department of Social Services | Director, Prince George's County Department of Social Services
18. Michael A. Trader, II, representative of local departments of health | Assistant Director of Behavioral Health, Worcester County Health Department
19. Dr. Kandice Taylor, member of the public with expertise in equity in education | School Safety Manager, Baltimore County Public Schools
20. The Honorable Katie Fry Hester, Maryland Senate

Also in attendance were: Nancy Lever, PhD, Associate Professor, Division of Child and Adolescent Psychiatry and co-Director, National Center for School Mental Health, University of Maryland School of Medicine; AAG Michael Conti; CHRC Executive Director Mark Luckner; other staff; and members of the public.

WELCOME

Chair Rudolph welcomed the group. Robin Rickard, Executive Director of the Opioid Operational Command Center, announced her upcoming resignation from the OOCC and the Consortium.

MEETING MINUTES

A review of the December 13, 2022, minutes was held. Ed Kasemeyer made a motion to accept the December 13, 2022, minutes as presented at the meeting, and the motion was seconded by Sadiya Muqueeth. The minutes were approved unanimously.

LEGISLATIVE REQUIREMENTS FOR PARTNERSHIPS

Chair Rudolph, CHRC Executive Director Mark Luckner, and AAG Conti reviewed the legislation that created the Consortium and discussed the legislative requirements for Partnerships. According to statue, Coordinated Community Support Partnerships are intended to be the means to "deliver coordinated community supports." Partnerships should be "community-based, family driven, and youth-guided," "culturally competent," serve an "area," and provide "holistic and coordinated services and supports" including both "behavioral health and other wraparound needs." Partnerships should be "formed," should involve many different kinds of organizations and people, and may include "partnership coordinators." Partnership grants may include "reasonable administrative costs." The program as a whole must be "statewide," which Consortium members agreed will require additional outreach efforts.

COLLECTIVE IMPACT MODEL AND PARTNERSHIPS

Chair Rudolph and Superintendent Choudhury introduced Jeff Cohen from FSG Collective Impact to discuss the collective impact model as a potential structure for Partnerships. Dr. Sadiya Muqueeth introduced Rebecca Dineen and Cathy Costa from the Baltimore City Health Department, who gave a presentation on their use of Collective Impact model principles in the B'More for Healthy Babies initiative.

SUBCOMMITTEE UPDATES

Chair Rudolph invited each of the Consortium's Subcommittee Chairs to provide an update.

Framework, Design & RFP Subcommittee Co-Chair Sadiya Muqueeth said the Subcommittee has continued to review public comments on permissible uses of grant funds. The Subcommittee recommends that transportation of students and families to and from services should be supported, along with case management services to help students and families access wraparound services and address Social Determinants of Health needs. The Subcommittee does not recommend that grant funds be used for school renovations, but funding may be used for equipment and supplies to create therapeutic spaces in schools. She also discussed the Subcommittee's recommendations for evaluating grant proposals.

Data Collection/Analysis and Program Evaluation Subcommittee Chair Larry Epp said the Subcommittee is continuing to discuss ways to ensure limited resources reach children with the

greatest needs. The Subcommittee recommends grant applicants be required to coordinate closely with local school districts to understand their priorities and be given key data sets to demonstrate need.

Outreach and Engagement Subcommittee Co-Chair Tammy Fraley said the Subcommittee will meet soon to plan outreach efforts that will precede the release of the RFP. Chair Rudolph encouraged additional Consortium members to join the Subcommittee.

Best Practices Subcommittee Co-Chair Derek Simmons said the Subcommittee will meet soon to discuss expanded school Medicaid and identify best practices for grantees.

ADJOURNMENT

Robin Rickard made a motion to adjourn the meeting. Gail Martin seconded the motion. The motion was approved unanimously, and the meeting adjourned at 11:40 a.m.

Meeting of the
Maryland Consortium on Coordinated Community Supports

Tuesday, February 21, 2023
In-Person & Virtual Meeting
45 Calvert Street, Annapolis, MD 21401

9:30 AM – 11:30 AM

CONSORTIUM MEMBERS IN ATTENDANCE:

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Emily Bauer, Maryland Department of Human Services | Two-Generation Program Officer
3. Mohammed Choudhury, Maryland Department of Education | State Superintendent
4. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
5. Mary Gable, Director of Community Schools | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy, Maryland State Department of Education
6. Christina Bartz, Council on Advancement of School-Based Health Centers | Director of Community Based Programs, Choptank Community Health Systems
7. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
8. Tammy Fraley, Maryland Association of Boards of Education | Allegany County Board of Education
9. Dr. Donna Christy, Maryland State Education Association | School Psychologist, Prince George's County Public Schools
10. Gail Martin, Maryland Chapter of the National Association of Social Workers | former Baltimore County Public Schools Team Leader, School Social Work
11. D'Andrea Jacobs, PhD., Maryland School Psychologists Association | School Psychologist, Baltimore County Public Schools
12. Dr. John Campo, MD, Maryland Hospital Association | Director of Mental Health, Johns Hopkins Children's Center, Johns Hopkins University Hospital
13. Sadiya Muqueeth, Dr.PH, Maryland Community Health Resources Commission | Director of Community Health, National Programs, Trust for Public Lands
14. Linda Rittelmann, representative of the Maryland Medical Assistance Program | Senior Manager, Medicaid Behavioral Health ASO, Maryland Department of Health
15. Larry Epp, Ed.D., representative of the community behavioral health community with telehealth expertise | Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System
16. Gloria Brown Burnett, local Department of Social Services | Director, Prince George's County Department of Social Services
17. Michael A. Trader, II, representative of local departments of health | Assistant Director of Behavioral Health, Worcester County Health Department
18. Dr. Kandice Taylor, member of the public with expertise in equity in education | School Safety Manager, Baltimore County Public Schools

Also in attendance were: Nancy Lever, PhD, Associate Professor, Division of Child and Adolescent Psychiatry and co-Director, National Center for School Mental Health, University of Maryland School

of Medicine; AAG Michael Conti; CHRC Executive Director Mark Luckner; other staff; and members of the public.

WELCOME

Chair Rudolph welcomed the group and introduced new Consortium member, Dr. Donna Christy. Dr. Christy is a School Psychologist with the Prince George's County Public Schools and will replace Russell Leone as the Consortium's representative from the Maryland State Education Association.

MEETING MINUTES

A review of the January 10, 2023, minutes was held. Gloria Brown Burnett made a motion to accept the January 10, 2023, minutes as presented at the meeting, and the motion was seconded by Gail Martin. The minutes were approved unanimously.

OPERATIONALIZING COMMUNITY SUPPORTS PARTNERSHIPS

Framework Subcommittee Chair Mohammed Choudhury shared the Subcommittee's proposal to organize Community Supports Partnerships using the collective impact model through Hubs and Spokes. This is consistent with the legislative requirements for the program. In the model, Hubs would coordinate services and providers within their geographic area; collect, analyze, and report data; and perform fiduciary tasks. Hubs may be existing or new organizations. Spokes would be the providers of behavioral health and wraparound services to children and families. Local partnerships would be organized across the state and would receive support and technical assistance from the Consortium and National Center. Both Hubs and Spokes must coordinate closely with schools.

The first Call for Proposals will have two tracks: (1) funding directly for service providers ("Spokes") to provide services to students and families; and (2) funding to build the capacity of future Hubs. Future Partnership grants will be awarded to Hubs, who will then distribute funding to their Spokes as subgrantees.

Framework Subcommittee co-chair Sadiya Muqueeth thanked Superintendent Choudhury for his presentation. She said the proposed model is evidence-based and will support both statewide consistency and local innovation. Consortium members discussed the model further, and a recording of this discussion can be found on the Consortium's website at: https://health.maryland.gov/mchrc/Pages/Maryland-Consortium-on-Consolidated-Community-Supports.aspx.

After the discussion, Chair Rudolph encouraged the Consortium to consider formally adopting the proposed Hub and Spoke framework, so that the Outreach Subcommittee can engage with stakeholders and potential applicants. Ed Kasemeyer made a motion for the Consortium to adopt the overall Hub and Spoke framework, with the understanding that additional details will need to be refined further. Derek Simmons seconded the motion, and it was adopted unanimously.

SUBCOMMITTEE UPDATES

Chair Rudolph invited the other Subcommittee Chairs to provide an update.

Data Collection/Analysis and Program Evaluation Subcommittee Chair Larry Epp said the Subcommittee has developed recommendations regarding data or provide to grant applicants, as well as accountability metrics that grantees will be required to collect and report the CHRC and Consortium.

Outreach and Engagement Subcommittee Co-Chair Tammy Fraley said the Subcommittee will meet soon to plan outreach efforts.

Best Practices Subcommittee Co-Chair John Campo said the Subcommittee has been studying the "Michigan model" for expanded school Medicaid for behavioral health services. The proposal, which has been introduced as legislation by Sen Hester and Del. Charkoudian, would permit Medicaid reimbursement for behavioral health services provided to children in schools by school staff regardless of whether the child has an IEP or IFSP. The Subcommittee will next work to develop a list of best practices for the delivery of behavioral health services and supports, and the potential role of the National Center for School Mental Health as a purveyor of these best practices.

CONSORTIUM IMPLEMENTATION REPORT TO AIB

CHRC Executive Director Mark Luckner briefed Consortium members on the upcoming implementation report the Consortium is required to submit to the Blueprint Accountability and Implementation Board.

ADJOURNMENT

Gail Martin made a motion to adjourn the meeting. Mohammed Choudhury seconded the motion. The motion was approved unanimously, and the meeting adjourned at 11:30 a.m.

Meeting of the
Maryland Consortium on Coordinated Community Supports

Tuesday, April 4, 2023
In-Person & Virtual Meeting
45 Calvert Street, Annapolis, MD 21401

9:30 AM – 11:40 AM

CONSORTIUM MEMBERS IN ATTENDANCE:

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Dr. Maria Rodowski-Stanco, Maryland Department of Health | Director, Child and Young Adult Services, Maryland Behavioral Health Administration
3. Emily Bauer, Maryland Department of Human Services | Two-Generation Program Officer
4. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
5. Mary Gable, Director of Community Schools | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy, Maryland State Department of Education
6. Christina Bartz, Council on Advancement of School-Based Health Centers | Director of Community Based Programs, Choptank Community Health Systems
7. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
8. Tammy Fraley, Maryland Association of Boards of Education | Allegany County Board of Education
9. Dr. Donna Christy, Maryland State Education Association | School Psychologist, Prince George's County Public Schools
10. Gail Martin, Maryland Chapter of the National Association of Social Workers | former Baltimore County Public Schools Team Leader, School Social Work
11. Sadiya Muqueeth, Dr.PH, Maryland Community Health Resources Commission | Director of Community Health, National Programs, Trust for Public Lands
12. Linda Rittelmann, representative of the Maryland Medical Assistance Program | Senior Manager, Medicaid Behavioral Health ASO, Maryland Department of Health
13. Larry Epp, Ed.D., representative of the community behavioral health community with telehealth expertise | Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System

Also in attendance were: Nancy Lever and Sharon Hoover, co-Directors, National Center for School Mental Health, University of Maryland School of Medicine; AAG Michael Conti; CHRC Executive Director Mark Luckner; other staff; and members of the public.

WELCOME

Chair Rudolph welcomed the group and introduced new Consortium member, Dr. Maria Rodowski-Stanco. Dr. Rodowski-Stanco is the Director of Child and Young Adult Services, Maryland Behavioral Health Administration and replaces Robin Rickard as the appointee of the Maryland Secretary of Health to the Consortium.

MEETING MINUTES

A review of the February 21, 2023, minutes was held. Ed Kasemeyer made a motion to accept the February 21, 2023, minutes as presented at the meeting, and the motion was seconded by Mary Gable. The minutes were approved unanimously.

SUBCOMMITTEE UPDATES

Chair Rudolph invited the Subcommittee Chairs to provide an update. Framework Subcommittee co-Chair Sadiya Muqueeth said the Subcommittee met to consider parameters for grant funding for wraparound services. The Subcommittee will continue to discuss wraparound at a future meeting.

Data Collection/Analysis and Program Evaluation Subcommittee Chair Larry Epp said the Subcommittee is continuing to refine the Consortium's accountability metrics, to work with other Subcommittees to ensure the alignment of efforts, and to engage with the staff of the Maryland Longitudinal Data Systems Center (MLDS).

Outreach and Engagement Subcommittee Co-Chair Tammy Fraley updated Consortium members on recent outreach briefings conducted by Consortium staff. She encouraged members to help identity additional groups who should be informed about the upcoming funding opportunity. AAG Conti clarified that this kind of outreach should focus on publicly available information rather than *ex parte* consultations. A flyer will be provided to Consortium members to help spread the word.

Best Practices Subcommittee Co-Chair Derek Simmons said the Subcommittee is developing menus of Evidence Based Programs (EBPs) for the delivery of behavioral health services and supports. First, the Subcommittee will recommend a menu of "Priority" EBPs, for which training and implementation support will be coordinated by the National Center for School Mental Health. A second menu of "Recommended" EBPs will also be available for applicants.

Grant applicants indicating they will implement and receive training in "Priority" EBPs will be given added consideration during the application review process. Applicants who will implement "Recommended" EBPs will receive some added consideration, but less than those selecting "Priority" EBPs. Applicants may opt not to implement EBPs from either menu, but they would be required to provide their justification for these strategies, and would not receive additional consideration during the application review process. The Subcommittee will present the proposed EBP menus for consideration at the next full Consortium meeting.

DISCUSSION OF CALL FOR PROPOSALS (RFP)

Chair Rudolph invited Mark Luckner to brief the Consortium on the upcoming Coordinated Community Supports Call for Proposals (RFP). Mr. Luckner shared the projected timeline. Consortium members held a discussion about the proposed Hub and Spoke model. Members refined the proposed review criteria for service provider/Spoke applicants. Two key questions were raised -- whether grant funds should support services for pre-kindergarten, and whether grant funds should support services for children in private/parochial schools. Chair Rudolph asked Consortium members to consider these two questions and provide written feedback to Consortium staff.

CONSORTIUM IMPLEMENTATION REPORT TO AIB

CHRC staff Lorianne Moss briefed Consortium members on the submission of the Consortium's FY 2022-2024 implementation report to the Blueprint Accountability and Implementation Board.

HOUSEKEEPING AND ADVICE FROM STATE ETHICS COMMISSION

Mark Luckner reminded Consortium members that ethics rules prohibit Board members from participating in matters involving entities in which they have employment, contractual, or creditor relationships. When potential conflicts arise, members should disclose the conflict and abstain from discussing and voting on the matter. Board members must receive an appointment exemption if they have a financial interest in or are employed by an entity subject to the Board's authority.

ADJOURNMENT

Ed Kasemeyer made a motion to adjourn the meeting. Derek Simmons seconded the motion. The motion was approved unanimously, and the meeting adjourned at 11:40 a.m.

Meeting of the
Maryland Consortium on Coordinated Community Supports

Tuesday, May 9, 2023
In-Person & Virtual Meeting
45 Calvert Street, Annapolis, MD 21401

9:30 AM – 12:10 PM

CONSORTIUM MEMBERS IN ATTENDANCE:

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Dr. Maria Rodowski-Stanco, Maryland Department of Health | Director, Child and Young Adult Services, Maryland Behavioral Health Administration
3. Emily Bauer, Maryland Department of Human Services | Two-Generation Program Officer
4. Mohammed Choudhury, Maryland Department of Education | State Superintendent
5. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
6. Mary Gable, Director of Community Schools | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy, Maryland State Department of Education
7. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
8. Dr. Donna Christy, Maryland State Education Association | School Psychologist, Prince George's County Public Schools
9. Gail Martin, Maryland Chapter of the National Association of Social Workers | former Baltimore County Public Schools Team Leader, School Social Work
10. Dr. John Campo, MD, Maryland Hospital Association | Director of Mental Health, Johns Hopkins Children's Center, Johns Hopkins University Hospital
11. Linda Rittelmann, representative of the Maryland Medical Assistance Program | Senior Manager, Medicaid Behavioral Health ASO, Maryland Department of Health
12. Larry Epp, Ed.D., representative of the community behavioral health community with telehealth expertise | Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System
13. Gloria Brown Burnett, local Department of Social Services | Director, Prince George's County Department of Social Services
14. Michael A. Trader, II, representative of local departments of health | Director of Planning, Quality, and Core Services, Worcester County Health Department
15. The Honorable Katie Fry Hester, Maryland Senate
16. The Honorable Eric Ebersole, Maryland House of Delegates

Also in attendance were: Nancy Lever and Sharon Hoover, co-Directors, National Center for School Mental Health, University of Maryland School of Medicine; AAG Michael Conti; CHRC Executive Director Mark Luckner; other staff; and members of the public.

WELCOME

Chair Rudolph welcomed the group and introduced Delegate Ebersole.

MEETING MINUTES

A review of the April 4, 2023, minutes was held. Ed Kasemeyer made a motion to accept the April 4, 2023, minutes as presented at the meeting, and the motion was seconded by Derek Simmons. The minutes were approved unanimously.

SUBCOMMITTEE UPDATES

Chair Rudolph invited the Subcommittee Chairs to provide an update.

Framework Subcommittee co-Chair Mohammed Choudhury updated the Consortium on the definition for wraparound services developed by the Subcommittee. For first RFP, the Consortium will define "wraparound" as: holistic supports that address a student's behavioral health needs but are not considered traditional behavioral health services. The following four criteria must be met:

1. Only for students with identified behavioral health challenges, or at significant risk, and their families;
2. When appropriate, should be connected to traditional behavioral health services;
3. Cannot be eligible for reimbursement through Medicaid, DDA, or other State support (e.g., not Targeted Case Management or High-Fidelity Wraparound models); and
4. Must involve schools in planning and/or implementation.

Data Collection/Analysis and Program Evaluation Subcommittee Chair Larry Epp said the Subcommittee is continuing to refine the Consortium's accountability metrics, to work with other Subcommittees to ensure the alignment of efforts, and consider data platform requirements for grantees.

Mark Luckner provided an update on recent outreach activities directed by the Outreach and Engagement Subcommittee.

Best Practices Subcommittee Co-Chair Derek Simmons provided an updated list of proposed priority Evidence Based Programs (EBPs) for the delivery of behavioral health services and supports. While schools and school staff will not be eligible to receive grants under the RFP, they will be able to participate in staff training programs coordinated by the National Center. Consortium members recommended adding EBPs related to family supports and restorative practices to the priority list, and Chair Rudolph asked the Subcommittee to consider these further.

LEGISLATIVE UPDATE

Chair Rudolph and Mark Luckner updated Consortium members on the status of implementation of the Consortium's 12 statutory responsibilities.

During the previous legislative session, SB 201 did not pass. The bill would have required a State Plan Amendment to permit Medicaid billing for behavioral health services by school-employed staff. Derek Simmons said the Best Practices Subcommittee had worked on the issue.

Delegate Ebersole said HB 770 was signed into law by the Governor. The bill will add one additional member to the Consortium, representing school counselors.

DISCUSSION OF CALL FOR PROPOSALS (RFP)

Chair Rudolph invited Mark Luckner to brief the Consortium on the upcoming Coordinated Community Supports Call for Proposals (RFP). Mr. Luckner shared the projected timeline.

Consortium members held a discussion about the proposed Hub and Spoke model. Members refined the proposed review criteria for service provider/Spoke applicants. Two key questions were raised -- whether grant funds should support services for pre-kindergarten, and whether grant funds should support services for children in private/parochial schools. Chair Rudolph asked Consortium members to consider these two questions and provide written feedback to Consortium staff.

CONSORTIUM IMPLEMENTATION REPORT TO AIB

CHRC staff Lorianne Moss briefed Consortium members on the submission of the Consortium's FY 2022-2024 implementation report to the Blueprint Accountability and Implementation Board.

HOUSEKEEPING AND ADVICE FROM STATE ETHICS COMMISSION

Mark Luckner reminded Consortium members that ethics rules prohibit Board members from participating in matters involving entities in which they have employment, contractual, or creditor relationships. When potential conflicts arise, members should disclose the conflict and abstain from discussing and voting on the matter. Board members must receive an appointment exemption if they have a financial interest in or are employed by an entity subject to the Board's authority.

ADJOURNMENT

Ed Kasemeyer made a motion to adjourn the meeting. Derek Simmons seconded the motion. The motion was approved unanimously, and the meeting adjourned at 11:40 a.m.

Meeting of the
Maryland Consortium on Coordinated Community Supports

Tuesday, May 22, 2023
Virtual Meeting

9:00 AM – 10:00 AM

CONSORTIUM MEMBERS IN ATTENDANCE:

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Dr. Maria Rodowski-Stanco, Maryland Department of Health | Director, Child and Young Adult Services, Maryland Behavioral Health Administration
3. Emily Bauer, Maryland Department of Human Services | Two-Generation Program Officer
4. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
5. Mary Gable, Director of Community Schools | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy, Maryland State Department of Education
6. Christina Bartz, Council on Advancement of School-Based Health Centers | Director of Community Based Programs, Choptank Community Health Systems
7. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
8. Tammy Fraley, Maryland Association of Boards of Education | Allegany County Board of Education
9. Dr. Donna Christy, Maryland State Education Association | School Psychologist, Prince George's County Public Schools
10. Gail Martin, Maryland Chapter of the National Association of Social Workers | former Baltimore County Public Schools Team Leader, School Social Work
11. Linda Rittelmann, representative of the Maryland Medical Assistance Program | Senior Manager, Medicaid Behavioral Health ASO, Maryland Department of Health
12. Larry Epp, Ed.D., representative of the community behavioral health community with telehealth expertise | Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System
13. Gloria Brown Burnett, local Department of Social Services | Director, Prince George's County Department of Social Services
14. Michael A. Trader, II, representative of local departments of health | Director of Planning, Quality, and Core Services, Worcester County Health Department

Also in attendance were: Sharon Hoover, co-Director, National Center for School Mental Health, University of Maryland School of Medicine; AAG Michael Conti; CHRC Executive Director Mark Luckner; other staff; and members of the public.

WELCOME

Chair Rudolph welcomed the group.

MEETING MINUTES

A review of the May 9, 2023, minutes was held. Ed Kasemeyer made a motion to accept the May 9, 2023, minutes as presented at the meeting, and the motion was seconded by Gail Martin. The minutes were approved unanimously.

BEST PRACTICES SUBCOMMITTEE UPDATE

Best Practices Subcommittee Co-Chair Derek Simmons reminded Consortium members that the Best Practices Subcommittee has been meeting to develop recommendations for two menus of Evidence-Based Programs (EBPs) for grantees that will be funded under the first Call for Proposals (RFP). 15 Priority EBPs will receive centralized implementation support and be given added weight during the application review process. Applicants will not be limited to these 15 EBPs, however, and may implement other EBPs and strategies if justification is provided. Dr. Simmons reviewed the process by which the menus of Priority and Recommended EBPs were developed. In response to feedback received at the last full Consortium meeting on May 9, the Subcommittee, with support from the National Center, added several EBPs that focus on family supports.

DISCUSSION OF FIRST RFP

Chair Rudolph and CHRC Executive Director Mark Luckner said the goal of today's meeting was to reach consensus on the Consortium's recommendations for the first Community Supports Partnerships RFP. Mr. Luckner discussed the two proposed objectives of the first RFP: (1) expand statewide access to behavioral health and wraparound services for students and families; and (2) begin to build a statewide framework for the delivery of coordinated, holistic services through development of a Hub and Spoke model for Partnerships. These objectives will be furthered through two types of grants: (1) grants to service providers statewide, regardless of the status of a Hub in their area; and (2) Capacity-Building grants to approximately 5-7 Pilot Hubs. A second Call for Proposals could be issued in fall 2023 for additional services. Mr. Luckner reviewed the proposed timeline for the issuance of the third RFP, which would support service providers and pilot full-fledged Community Support Partnerships. The third RFP could be issued in August 2024.

Consortium members discussed Hub Pilot Capacity-Building grants under the first RFP. Grants will be available for approximately 5-7 Hub Pilot applicants to begin to test the model before it is implemented statewide. Consortium members discussed the selection criteria for Hub Pilots and the coordination of services in areas without Hubs. Consortium members also discussed requirements that Medicaid be billed for eligible services, and Chair Rudolph asked CHRC staff to look into Medicaid billing.

OUTREACH UPDATE

Outreach Subcommittee Chair Tammy Fraley provided an update on continuing efforts to meet with stakeholders and communities. This outreach is intended to inform communities about the upcoming grant opportunity and facilitate coordination between applicants, their school districts, and others.

NEXT STEPS

Upon conclusion of the discussion, a roll call was held to confirm that a quorum was present. Chair Rudolph asked Consortium members to raise any concerns about the recommendations discussed today. Hearing none, he observed that Consortium members had reached consensus on the recommendations for the first Call for Proposals, and that those recommendations will be presented to the Maryland Community Health Resources Commission (CHRC) at its next meeting. The CHRC is

the Consortium’s fiscal agent, and will be responsible for issuing the Community Supports Partnerships RFPs.

Chair Rudolph said today’s meeting takes the place of a potential June 13 meeting. Future Consortium meetings will be announced as dates are set.

ADJOURNMENT

Gail Martin made a motion to adjourn the meeting. Chrissy Bartz seconded the motion. The motion was approved unanimously, and the meeting adjourned at 10:00 a.m.

Appendix C

Accountability Metrics

Maryland Consortium on Coordinated Community Supports

Consortium Accountability Metrics		
Goal	**Indicators to be reported by grantees**	**Population-level data to be provided to Hubs**
1. Expand access to high-quality behavioral health and related services for students and families	# of students and families served, # of schools, # of services, wait time for services, etc; improvements in quality and array of services (SHAPE system)	None; all data will be provided by grantees
2. Improve student wellbeing and readiness to learn	% or # of students demonstrating improvement in social, emotional, behavioral, or academic functioning using a validated assessment tool; % or # of students demonstrating reduction in substance use **	Youth Risk Behavior Survey (YRBS) measures of wellbeing and substance use, MSDE measures of absenteeism, CRISP data on ER visits and hospitalizations for behavioral health issues and self-harm, suicide rates
3. Foster positive classroom environments	Increased use of positive classroom strategies; SHAPE system measures of improvements in school climate	MSDE data on disciplinary incidents and academic outcomes, school survey data on perceptions of school safety and staff satisfaction, DJS data on justice-involved students, etc
4. Enhance sustainability through revenues from Medicaid, commercial insurance, hospital community benefit, and other funding sources	Medicaid revenues, other revenues	Claims data

** Grantees will choose validated assessment tools that align with the conditions of individual students. Some recommended assessment tools include:

- Pediatric Symptoms Checklist (PSC-17): depression, anxiety, ADHD, and acting out behavior for children under 16
- Patient Health Questionnaire (PHQ-9) or General Anxiety Disorder (GAD-7)*:* depression and anxiety for older adolescents
- CAGE-AID: Substance Use Disorder
- SNAP-IV: ADHD
- Child and Adolescent Trauma Screen (CATS): trauma/PTSD

Appendix D

List of Evidence-Based Practices

Menus of Evidence-Based Programs

(Category I)

The Consortium will <u>prioritize</u> funding for the following school mental health practices for which free statewide training and implementation support will be offered by the National Center for School Mental Health, in partnership with intervention developers/trainers:

** Grant applicants that commit to receive training in and implement Category I practices will receive priority consideration.*

Interventions 1-15 are intended for delivery by school mental health clinicians (may be employed by district/school or school-based community partner).

A Note on Cultural Responsiveness:
The far-right column includes publicly available information on national EBP repositories and/or the intervention website about characteristics of youth and caregivers involved in intervention studies (e.g., race/ethnicity, geography, gender) and/or resources to support cultural relevance. There is significant variability in the number of studies conducted across interventions and the extent to which data were disaggregated for specific population groups.

It is important when selecting interventions for your community to consider fit with the unique strengths, needs, and cultural/linguistic considerations of students and families in your school community.

	EBP – Programs/Trainings	Focus/Short Description	Target Audience	Tier/ Modality	Description/Services	Training Time Commitment and Modality	Cultural Responsiveness
1	Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents (UP-C/UP-A)	Addresses emotional disorders, including anxiety, depression, and traumatic stress	7 and up	3 - individual	A type of cognitive/behavioral therapy (CBT)	Level I: One-day remote workshop Level II: Remote consultation on a course of treatment over a 12–16-week period	**UP-C/UP-A** is included in the CA Clearinghouse for Child Welfare with evidence to support use with following demographic groups: Hispanic/Latino, Non-Hispanic White, African American, Asian American, and Pacific Islander populations

	EBP – Programs/Trainings	Focus/Short Description	Target Audience	Tier/ Modality	Description/Services	Training Time Commitment and Modality	Cultural Responsiveness
						ToT: One-on-one feedback based on audio recordings of UP sessions	
2	Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	Modules address anxiety, depression, disruptive behaviors, and traumatic stress	6 and up	3 - individual	Cognitive/behavioral therapy (CBT) for anxiety including post-traumatic stress, depression, and behavioral parent training for disruptive behaviors.	5-Day MATCH Direct Services Workshop 2-Day MATCH Supervision and Consultation Workshop	**MATCH-ADTC** is included in the CA Clearinghouse for Child Welfare and NIJ Crime Solutions with evidence to support use in multiple diverse populations. **Note from Developer:** MATCH-ADTC has been primarily tested and found to be effective in youths aged 5-15 in urban and suburban settings. Caregiver handouts are available in Spanish and the entire MATCH protocol has been translated into German and French. MATCH-ADTC is based on the MAP system (Managing and Adapting Practice) which is inherently responsive to diverse clinical and cultural factors.
3	Safety Planning Intervention (Stanley and Brown)	Suicide prevention	6 and up	3 - individual	Helping at-risk adolescents develop a list of coping strategies and sources of support		Information not available in national repositories searched.
4	Counseling on Access to Lethal Means (CALM)	Suicide prevention	All ages	3 - individual	Counseling on reducing access to means of self-harm	Group Workshop: ~3 hours, virtual T4T: ~10 hours over 2 days, virtual	Information not available in national repositories searched. **Note from Developer:** The trainings are focused on culturally adapting to different types of gun owners (those who are more run-of-the-mill, those who are more political and have a stronger identity as a gun owners, those who own primarily for self-defense, youth).

	EBP – Programs/Trainings	Focus/Short Description	Target Audience	Tier/ Modality	Description/Services	Training Time Commitment and Modality	Cultural Responsiveness
							The most recent version CALM-AAP is on the American Academy of Pediatrics website and includes a section geared to working with young people (young Black boys and young men in particular) who live in neighborhoods with high homicide rates and whose access to firearms might be their own or one shared among their friends. For more information on resources to support safe suicide care for specific populations, please review: Populations | Zero Suicide (edc.org)
5	Adolescent Community Reinforcement Approach (A-CRA)	Substance Use Disorder	12 and up	3 - individual	Cognitive/behavioral treatment to reinforce substance-free lifestyles	Virtual or in-person, one-day training OR shortened one-day training (Intro to A-CRA)	**A-CRA** is included in the CA Clearinghouse for Child Welfare and NIJ Crime Solutions with evidence to support use with Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White populations and in rural, suburban, and urban areas. For more information on A-CRA's research with diverse populations, please review: Cultural and Gender Relevance | Lighthouse Institute | EBTx | A-CRA | Chestnut Health Systems Cultural Responsiveness Committee Bibliography (chestnut.org)
6	The Student Check-Up (Motivational Interviewing)	Therapy/counseling to elicit behavior change	12 and up	2/3 – individual	Semi-structured school-based motivational interview designed to help adolescents	Choice of half-day, full-day, or two-day group workshops	Information not available in national repositories searched. **Note from Developer:**

EBP – Programs/Trainings		Focus/Short Description	Target Audience	Tier/ Modality	Description/Services	Training Time Commitment and Modality	Cultural Responsiveness
					adopt academic enabling behaviors (e.g., participation in class) School-Based Motivational Interviewing (S-BMI) is a specific type of MI used in the school setting to adopt academic enabling behaviors (e.g., participation in class), decrease risky behaviors, and engage in health-promoting behaviors.		The majority of Student Check-Up RCTs were conducted in a small urban setting with graduate students implementing the intervention with over 50% of the middle school student population identifying as Black.
7	Therapeutic Mentoring	Mentoring/ Modeling; Coping Strategies	Mentors who work directly with youth	2 - individual	Develops competencies of mentors in the areas of mental health theory, research, and practice to ensure youth have access to high quality, strengths-based, culturally responsive, and effective mentors	12, weekly 90-minute virtual sessions	Information not available in national repositories searched. For more information on Therapeutic Mentoring research, please review: Publications – The Center for Evidence-based Mentoring (cebmentoring.org)
8	SBIRT – Screening, Brief Intervention, and Referral to Treatment	Substance Use Disorder early intervention	9 and up	2 – individual	Screening, brief intervention, and referral to treatment for substance use disorders	-SBIRT in Schools is a self-paced online 4.5 hr. training -SBIRT with Adolescents is a 5.5 hr., in person or virtual training	**School-Based Brief Interventions for Substance Use Among Youth** is included in NIJ Crime Solutions with evidence to support use with Black and White students

	EBP – Programs/Trainings	Focus/Short Description	Target Audience	Tier/ Modality	Description/Services	Training Time Commitment and Modality	Cultural Responsiveness
						-Kognito SBI is a self-paced, simulated 1.5 hr. training	
9	Cognitive Behavioral Intervention for Trauma in Schools (CBITS) / Bounce Back	Early intervention for students experiencing post-traumatic stress reactions	6th-12th grade (CBITS) K-5th grade (Bounce Back)	2 – small group plus individual trauma narrative	Games and activities that teach skills for healing from traumatic events, as well as cognitive/behavioral therapy to address trauma symptoms	CBITS: ~Four, 3-hour virtual trainings Bounce Back: ~Three, 3-hour virtual trainings	**CBITS** is included in the CA Clearinghouse for Child Welfare, Blueprints for Healthy Youth Development, and NIJ Crime Solutions with evidence to support use with the following demographic groups: African American, Hispanic/Latino, and White youth in urban environments **Bounce Back** is included in the CA Clearinghouse for Child Welfare , Blueprints for Healthy Youth Development, and NIJ Crime Solutions with evidence to support use with the following demographic groups: African American, Hispanic/Latino, and White youth in urban environments
10	Botvin LifeSkills	Prevention program focused on substance use, coping skills, social skills, etc. (Social-Emotional Learning)	3rd grade and up	1 - universal	Prevention programs to help adolescents develop confidence and skills to successfully handle challenging situations	Virtual, one-day workshop	**Botvin LifeSkills** is included in the CA Clearinghouse for Child Welfare, Blueprints for Healthy Youth Development, and NIJ Crime Solutions with evidence to support use with the following demographic groups: African American, White, Hispanic/Latino, Asian, and Native American youth Blueprints for Healthy Youth Development indicates that LST is generalizable to a variety of ethnic groups, and has been proven effective with White, middle-class, suburban and rural youth, as well as economically-disadvantaged urban

	EBP – Programs/Trainings	Focus/Short Description	Target Audience	Tier/ Modality	Description/Services	Training Time Commitment and Modality	Cultural Responsiveness
							minority (African American and Hispanic/Latino) youth. For more information on Botvin's research base, please review: Evaluation Studies - Botvin LifeSkills TrainingBotvin LifeSkills Training
11	Youth Aware of Mental Health (YAM)	Suicide Prevention, Mental Health Literacy	9th-12th grade	1 - universal	A 5-session interactive school-based program for students to learn about and discuss mental health to enhance peer support and reduce depression and suicidal behavior.	5-day instructor course, in-person	Information not available in national repositories searched. For more information on YAM's youth driven program in diverse communities, please review: Youth Aware of Mental health (y-a-m.org)
12	Circle of Security	Strengthening attachment between caregivers/educators and children, behavior problem reduction	Parents/ caregivers and educators of children ages 0-5	1/2 - group	A manualized, video-based program divided into eight chapters during which trained facilitators reflect with caregivers about how to promote secure attachment	~25-35 hours, including self-directed learning and 5 required online live sessions; suggested to use half of work schedule over 2-week period	**Circle of Security** is included in The California Evidence-based Clearinghouse for Child Welfare with evidence to support use in the following demographic groups: predominately female caregivers, African American female caregivers, children ages ~1-7, caregivers and their preschool children affected by prenatal alcohol exposure (PAE) and fetal alcohol spectrum disorder (FASD). For more information on Circle of Security's approach to cultural responsiveness, please review: Is COSP Culturally Responsive – Circle of Security International
13	Strengthening Families Program	Family bonding; parenting	High-risk and general populatio	Family Support and	The Strengthening Families Program (SFP) is an evidence-based family skills	16 hours of virtual live training + 7 hours of pre-training prep	**Strengthening Families Program** is included in The California Evidence-based Clearinghouse for Child Welfare, Blueprints for Healthy Youth

	EBP – Programs/Trainings	Focus/Short Description	Target Audience	Tier/ Modality	Description/Services	Training Time Commitment and Modality	Cultural Responsiveness
			n families	Education	training program for high-risk and general population families. Parents and youth attend weekly SFP skills classes together, learning parenting skills and youth life and refusal skills. They have separate class training for parents and youth in the first hour, followed by a joint family practice session in the second hour.		Development, and NIJ Crime Solutions with evidence to support use for male and female children with African American caregivers For more information on Strengthening Families Program's research with diverse populations, please review: Research - Strengthening Families Program
14	Family Check Up	Parenting and family management	Families with children ages 2 through 17	Family Support and Education	The Family Check-Up is a brief, strengths-based intervention effective for reducing children's problem behaviors by improving parenting and family management practices. An initial interview and a comprehensive assessment are used to gather information about the unique needs and strengths of the family. Providers use motivational	E-Learning course: 11-13 hours of self-paced learning and evaluation Provider training: 15-18 hours Certification of Supervisor-Trainers: ~50-60 hours Provider Training modality: self-paced e-learning, interactive webinar training and follow-up consultation	**Family Check Up** is included in The California Evidence-based Clearinghouse for Child Welfare, Blueprints for Healthy Youth Development, and NIJ Crime Solutions with evidence to support use with the following demographic groups: African American, Caucasian, Hispanic/Latino, Asian, & Biracial families; male and female children, and female caregivers.

	EBP – Programs/Trainings	Focus/Short Description	Target Audience	Tier/ Modality	Description/Services	Training Time Commitment and Modality	Cultural Responsiveness
					interviewing to help parents identify areas of strength and areas of improvement.	Supervisor-Trainer: individualized consultation, observation, and evaluation; review and provide feedback on video sessions	
15	Chicago Parenting Program	Positive parenting, behavior problem reduction	Ages 2-8	Family Support and Education	12-session evidence-based parenting program created for parents of young children (2-8 years old) to strengthen parenting and reduce behavior problems in young children	~3 hour, 4-day virtual training	**Chicago Parenting Program** is included in CA Evidence-Based Clearinghouse and NIJ Crime Solutions with evidence to support use with the following demographic groups: African American, Hispanic, and White families; some studies included male caregivers For more information on research with diverse populations, please review: Our Research (chicagoparentprogram.org)

In addition to the school mental health practices above, hubs in partnership with school districts will be offered the opportunity to apply for training and supported implementation in:

	EBP – Programs/Trainings	Focus/Short Description	Target Audience	Tier/ Modality	Description/Services	Training Time Commitment and Modality	Cultural Responsiveness
16	Mental Health Essentials for Teachers and Students	Mental Health Literacy for educators and students	K-12	1 - universal	Educator training to enhance mental health literacy of educators and students	Part I (mental health literacy for teachers): ~4-6 hours, virtual training Part II (student curriculum delivery	**Mental Health Essentials** is a U.S. adaptation of the Canadian-developed intervention, The Guide. The Guide has been implemented throughout Canada, the U.S., and several other countries with diverse student populations. Evaluation information is available on The Guide website.

	EBP – Programs/Trainings	Focus/Short Description	Target Audience	Tier/ Modality	Description/Services	Training Time Commitment and Modality	Cultural Responsiveness
						training): 4-hour, virtual training (in addition to Part I)	
17	Good Behavior Game	Positive Behaviors/ Classroom Environments	K-5	1 - universal	A behavioral classroom management strategy to help students develop teamwork and self-regulation skills.	Teacher implementation training: 2-day training for teachers Coach training: 2-day training for coaches ToT Model: 3-day training option (AIR-led model) OR 5-day training option (Coach-led model)	**Good Behavior Game** is included in CA Evidence-Based Clearinghouse, IES's What Works Clearinghouse, Blueprints for Healthy Youth Development, and NIJ Crime Solutions with evidence to support use with the following demographic groups: Black and White families, males, females, those with free/reduced lunch, & English Language Learners
18	Pyramid Model/Positive Solutions for Families (PSF)	Positive Behaviors/ Classroom Environments	PreK-K	Tiers 1-3	Schoolwide model to promote the social, emotional, and behavioral outcomes of young children birth to five, reducing the use of inappropriate discipline practices, promoting family engagement, using data for decision-making, integrating early childhood and infant mental health consultation and fostering inclusion.		Information not available in national repositories searched. For more information on resources to support cultural responsiveness, please review: Early Childhood Program-Wide PBS Benchmarks of Quality (EC-BOQ) CULTURAL RESPONSIVENESS COMPANION 2021 (challengingbehavior.org) and visit the resource library.

Interventions 16-18 are intended for delivery by classroom educators. School districts may be supported by CCSP hubs to implement these programs.

In addition to school mental health practices, applicants may request to participate in a learning collaborative on measurement-based care:

EBP – Learning Collaboratives	Short description	Targeted Audience for Delivery	Tier	Description/Services
Measurement-Based Care	Addresses a range of problems including anxiety, depression, and trauma	all	3 - individual	Use of frequent assessments to evaluate effectiveness of therapy and adjust as needed

(Category II)

The Consortium will also consider funding school mental health practices not on the above list, but that are:

- supported by evidence of impact on target social, emotional, behavioral, and/or academic outcomes (based on research evidence, as recognized in national registries and the scientific literature, and/or supported by practice-based evidence of success in local or similar schools or communities)
- equitable and fit the unique strengths, needs, and cultural/linguistic considerations of students and families in your community
- have adequate resource capacity for implementation (e.g., staffing capacity; training requirements, qualifications, and staff time; ongoing coaching)
- monitored for fidelity

** Applicants could receive funding to implement Category II interventions but would need to arrange their own training and implementation support.*

Examples of practices that may be funded within Category II include, but are not limited to:

	EBP – programs/trainings	Focus/Short description	Target Audience for Delivery	Tier/Modality	Description/Services
1	Attachment Based Family Therapy (ABFT)	Helps a parent and child build an emotionally secure relationship	Youth between 12-18 and parents	2/3	Attachment-Based Family Therapy (ABFT) is the only manualized, empirically supported family therapy model specifically designed to target family and individual processes associated with adolescent suicide and depression. ABFT emerges from interpersonal theories that suggest adolescent depression and suicide can be precipitated, exacerbated or buffered against by the quality of interpersonal relationships in families. It is a trust-based, emotion-focused psychotherapy model that aims to repair interpersonal ruptures and rebuild an emotionally protective, secure-based parent–child relationship. ABFT consists of five therapeutic tasks that are addressed and completed as the course of therapy progresses.

	EBP – programs/trainings	Focus/Short description	Target Audience for Delivery	Tier/Modality	Description/Services
2	Acceptance and Commitment Therapy (ACT)	Psychological flexibility	Ages 6-18	2/3	Uses acceptance and mindfulness strategies, together with commitment and behavior change strategies, to increase psychological flexibility
3	Brief Intervention for School Clinicians (BRISC)	Addresses emotional and behavioral stressors	HS students	2/3	Responsive to the typical presenting problems of high-school students, as well as their approach to help-seeking and their patterns of service participation
4	Check and Connect	Student engagement and persistence in school	k-12	2/3	The "**Check**" component refers to the process where mentors systematically monitor student performance variables (e.g., absences, tardies, behavioral referrals, grades), while the "**Connect**" component refers to mentors providing personalized, timely interventions to help students solve problems, build skills, and enhance competence
5	Check In Check Out	Addresses common classroom behavior challenges	K-12	2/3	A student receiving CICO meets with adults throughout the school day to reinforce and track behavioral goals.
6	Dialectical Behavior Therapy (DBT) for Schools	Emotional Problem Solving	Grades 6-12	2/3	Helps adolescents manage difficult emotional situations, cope with stress, and make better decisions
7	Interpersonal Psychotherapy for Adolescents (IPT-A)	Depression / Suicidal ideation and behavior	Ages 12-18	2/3	outpatient treatment for teens who are suffering from mild to moderate symptoms of a depressive disorder, including major depressive disorder, dysthymia, adjustment disorder with depressed mood, and depressive disorder not otherwise specified
8	IPT-A - Ultra-Short Crisis Intervention (IPT-A- SCI)	Suicidal ideation and behavior	Adolescents	2/3	To address the critical need in crisis intervention for children and adolescents at suicidal risk, based on Interpersonal Psychotherapy (IPT), the ultra-brief acute crisis intervention is comprised of five weekly sessions, followed by monthly follow-up caring email contacts to the patients and their parents, over a period of three months.

	EBP – programs/trainings	Focus/Short description	Target Audience for Delivery	Tier/Modality	Description/Services
9	Support for Students Exposed to Trauma (SSET)	Trauma	Children in late elementary school through early high school (ages 10-16)	2/3	A series of ten lessons whose structured approach aims to reduce distress resulting from exposure to trauma. SSET is designed to help schools and school systems that do not have access to school-based clinicians. Designed with and for teachers and nonclinical school counselors, this program targets students in fifth grade and above. SSET uses a lesson-plan format instead of a clinical manual.
10	Trauma-Focused CBT (TF-CBT)	Trauma	Children and adolescents	2/3	structured, short-term treatment model that effectively improves a range of trauma-related outcomes in 8-25 sessions with the child/adolescent and caregiver
11	Executive Functioning interventions (see Brain Futures report)	Executive functioning	Various age groups, interventions available for Pre-K-12	1, 2/3	See pgs. 44-66 here Universal, group, and individual interventions that target executive functioning (I.e., planning, meeting goals, following directions, etc.)
12	Incredible Years	SEL	Infant, toddler, school-age children	1	Incredible Years is a series of interlocking, evidence-based programs for parents, children, and teachers. The goal is to prevent and treat young children's behavior problems and promote their social, emotional, and academic competence.
13	MindUP	Mindfulness; SEL; Brain Literacy	Offered in three age-related levels, Pre-K–2, Grades 3-5, and Grades 6-8	1	MindUP is a classroom program that provides a curriculum at the intersection of neuroscience, positive psychology, mindful awareness, and SEL. The aim of MindUP is to help students focus their attention, improve self-regulation skills, build resilience to stress, and develop a positive mindset in school and in life
14	Positive Action	Positive youth development; Behavior supports	PreK-12	1	Positive Action is a 7-unit curriculum that works through the Thoughts-Actions-Feelings

	EBP – programs/trainings	Focus/Short description	Target Audience for Delivery	Tier/Modality	Description/Services
					(TAF) Circle to emphasize actions that promote a healthy and positive TAF cycle.
15	Second Step	SEL	PreK –12 Staff	1	Second Step programs help students build social-emotional skills—like nurturing positive relationships, managing emotions, and setting goals
16	Signs of Suicide	Suicide prevention	Students in grades 6-12	1	SOS teaches students how to identify signs of depression and suicide in themselves and their peers, while providing materials that support school professionals, parents, and communities in recognizing at-risk students and taking appropriate action.
17	Source of Strength	Suicide prevention	K-12 (separate programs for elementary and secondary)	1	Sources of Strength is a radically strength-based, upstream suicide prevention program with shown effectiveness in both preventative upstream and intervention outcomes. Sources of Strength has both an elementary and secondary model. Sources Secondary trains groups of Peer Leaders supported by Adult Advisors to run ongoing public health messaging campaigns to increase wellness and decrease risk in their schools. Sources Elementary is implemented as a universal classroom based Social Emotional Learning curriculum. The model incorporates the Sources of Strength protective factor framework, more robust language on mental health, and a prevention lens that many elementary SEL models lack.
18	Teen Mental Health First Aid (T-MHFA)	Mental health literacy	Teens in grades 10-12, or ages 15-18,	1	Teaches students how to identify, understand and respond to signs of mental health and substance use challenges among their friends and peers.
19	Tools of the Mind	Social-emotional; Self-regulatory skills	PreK and K staff	1	Tools of the Mind is a research-based early childhood model combining teacher professional development with a

	EBP – programs/trainings	Focus/Short description	Target Audience for Delivery	Tier/Modality	Description/Services
		Teacher professional development			comprehensive innovative curriculum that helps young children to develop the cognitive, social-emotional, self-regulatory, and foundational academic skills they need to succeed in school and beyond.
20	Conscious Discipline	Trauma-informed SEL	Teachers; Admin; MH Professionals; Parents	1	Conscious Discipline creates a compassionate culture and facilitates an intentional shift in adult understanding of behavior via the Conscious Discipline Brain State Model. It provides specific brain-friendly, research-backed strategies for responding to each child's individual needs with wisdom.
21	Classroom Check Up	Classroom management	Teachers	1	Contains web-based tools and training in the form of intervention modules to support both teachers and coaches. Each module incorporates elements such as videos, assessment instruments, strategy tools, and action planning tools to facilitate effective and efficient implementation of evidence-based classroom management practices
22	Adolescent Depression Awareness Program (ADAP)	Depression	Adolescents	1	Includes 3 classes focused on interactive activities, video sessions, and discussions
23	Restorative Practices	Problem solving and conflict resolution	K-12	1	A classroom and school-based strategies to proactively build healthy relationships and a sense of community to prevent and address conflict and wrongdoing
24	Classroom WISE	Mental health literacy	K-12	School Staff Training	Classroom WISE is a free self-guided online course focused on educator mental health literacy, informed by and co-developed with educators and school mental health professional across the United States
25	Youth Mental Health First Aid (Y-MHFA)	Mental health literacy	Adults who regularly interact with young people	School Staff Training	Youth Mental Health First Aid, an 8-hour course, is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing

	EBP – programs/trainings	Focus/Short description	Target Audience for Delivery	Tier/Modality	Description/Services
					a mental health or addictions challenge or is in crisis. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders.
26	Facilitating Attuned Interactions (FAN)	Provider-parent relationship	Mental health, School Nurse/Health Suite, Educators and Teacher Assistants and Administration, Special Education teams	Family Support and Engagement	FAN's aims to strengthen the provider-parent relationship, resulting in parents who are attuned to their children and ready to try new ways of relating to them.
27	Teacher WISE	Educator well-being	Teachers and school staff at all levels	School Staff Training	Helps educators assess their own well-being and personalize their learning with specific strategies that enhance their well-being
28	Be Strong Families Parent Cafes	Family relationships	Families and caregivers	Family Support and Education	Cafés are structured, small group conversations to facilitate transformation and healing within families, build community, develop peer-to-peer relationships, and engage parents as partners in the programs that serve them.
29	Family Bereavement Program	Family Bereavement	Youth who are 8 to 18 years old who have lost a parent/caregiver and the surviving parent/caregiver	Family Support and Education	A community-based or clinical program, is designed to enhance parenting skills, teach helpful coping methods, foster constructive communication, and create and sustain healthy parent-child relationships following the recent death of a parent or caregiver through group sessions.

	EBP – programs/trainings	Focus/Short description	Target Audience for Delivery	Tier/Modality	Description/Services
30	Parent CRAFT- Community Reinforcement and Family Training	Substance Use	Families of teens or young adults	Family Support and Education	Community Reinforcement and Family Training, or CRAFT, is an approach to help parents and other caregivers change their child's substance use by staying involved in a positive, ongoing way.
31	Strengthening Family Coping Resources (SFCR)	Trauma; PTSD	Families living in traumatic contexts	Family Support and Education	SFCR is a manualized, trauma-focused, skill-building intervention. It is designed for families living in traumatic contexts with the goal of reducing the symptoms of posttraumatic stress disorder and other trauma-related disorders in children and adult caregivers. SFCR provides accepted, empirically supported trauma treatment within a family format.
32	PEP - Educating Parents, Enriching Families	Family Relationships	Families with children from 5-18	Family Support and Education	Gives families the knowledge to understand the underlying causes of their children's behavior, and the practical skills and tools they need to address problems right away