



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

Maryland Education Code, § 7-447.1

July 14, 2025

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I. EXECUTIVE SUMMARY

This report covers the period of July 2024 – June 2025.

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.

The implementation period for the first round of grants under the Consortium initiative was March 2024 – June 2025. Through April 2025, these grants served more than 104,000 students in 80% of Maryland public schools. 88% of students and families reported satisfaction with services. Grants resulted in the hiring of 542 behavioral health workforce members. The Consortium’s impact statement can be found in Appendix A. A list of grants under implementation during the period March 2024 – June 2025 can be found in Appendix B.

On December 5, 2024, following the Consortium’s recommendations, the CHRC released the third Coordinated Community Supports Request for Applications (RFA), which supports grants to Community Supports Partnerships, as well as future Partnership Hubs and providers of behavioral health services for students. 150 proposals were received, requesting more than \$151 million. After a rigorous review process, on June 11, 2025, 114 grants were awarded, totaling more than \$94 million. This included more than \$29 million for grants to seven full Community Supports Partnerships, more than \$2.5 million for grants to build the capacity of nine future Partnership Hubs, and more than \$62.7 million to 91 providers of behavioral health services in areas of the state without full Community Supports Partnerships. Grants were awarded for services in all 24 jurisdictions of the state. The CHRC deferred action on one applicant, and will meet on July 24 to resume consideration of that applicant and make additional awards. The grant period is July 1, 2025, through June 30, 2026. A list of grants awarded on June 11, 2024 can be found in Appendix C.

The Consortium continues to work closely with the National Center for School Mental Health, which was named in the implementing legislation as a technical assistance provider. The National Center is overseeing a program to provide training and implementation support in evidence-based programs (EBPs) identified by the Consortium and its Best Practices Subcommittee. To date, more than 1,300 community providers have been trained in the 15 EBPs. A list of priority EBPs for community providers can be found in Appendix D. In addition, more than 3,000 school staff were provided training in EBPs to support student behavioral health and positive classroom environments. A list of priority EBPs for school-employed staff identified by the Consortium can be found in Appendix E. National Center staff also have consulted with the Consortium on developing the overall program structure, evaluating grant proposals, developing performance measures for each grantee, and supporting the work of all four subcommittees.

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. 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.

In consultation with the Consortium, the CHRC is administering the Coordinated Community Supports Partnerships grant program. Grants support the development of local Partnerships throughout the state to coordinate the activities of a community organizations to address student behavioral health and other needs.

III. CONSORTIUM MEMBERSHIP

The Consortium consists of 25 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. Tanya Schwartz, Maryland Department of Health | Director of Urgent and Acute Care, Behavioral Health Administration
3. Gloria Brown Burnett, Maryland Department of Human Services | Deputy Secretary for Operations

4. Mary Gable, Maryland State Department of Education | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy
5. Destiny-Simone Ramjohn, Maryland Community Health Resources Commission | Chair
6. Derek Anderson, Director of Community Schools | Maryland State Department of Education
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. 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 of Social Work
11. Dr. Katie Burkhouse, Maryland School Psychologists Association | School Psychologist, Howard County Public Schools
12. Dr. John Campo, Maryland Hospital Association | Director of Mental Health, Johns Hopkins Children's Center, Johns Hopkins University Hospital
13. Sadiya Muqueeth, DrPH, Vice Chair, Maryland Community Health Resources Commission | Chief Health Policy Officer, Baltimore City Health Department and Faculty of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health
14. Ryan Moran, Maryland Department of Health | Deputy Secretary for Health Care Financing
15. Dr. Maureen Ponce, Maryland School Counselor Association | school counselor, Montgomery County Public Schools
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. Stephen Liggett-Creel, 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. The Honorable Katie Fry Hester, Maryland Senate
20. The Honorable Eric Ebersole, Maryland House of Delegates

The Consortium had five vacancies: a member of the public appointed by the General Assembly Presiding Officers, a member of the public with expertise in positive classroom environments appointed by the General Assembly Presiding Officers, a member of the public with expertise in equity in education appointed by the General Assembly Presiding Officers, a local school board member, and the Secretary of Juvenile Services or their designee.

IV. ACTIVITIES OF THE CONSORTIUM DURING JULY 2024 - JUNE 2025

Between July 2024 - June 2025, the full Consortium met on August 12, October 15, November 18, February 18, April 10, and May 14. 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>. Meeting minutes can be found in Appendix H.

The Consortium's four Subcommittees continued to study key issues and advise the Consortium and CHRC on the program. All subcommittee meetings are open to the public. During July 2024 - June 2025:

- The Framework, Design & RFA Subcommittee, led by Dr. Sadiya Muqueeth, made recommendations for the third Coordinated Community Supports Request for Applications (RFA).
- The Data Collection/Analysis & Program Evaluation Subcommittee, led by Larry Epp, EdD, initiated a discussion of a potential future data system for the Consortium.
- The Outreach and Community Engagement Subcommittee, led by Tammy Fraley, led stakeholder outreach efforts to inform communities about Consortium services, including a public comment period.
- The Best Practices Subcommittee, led by Dr. John Campo and Dr. Derek Simmons, reviewed the list of Priority Evidence-Based Programs to be implemented under the third RFA.

The Consortium supported the implementation of the first round of grants under this initiative. In February 2024, 129 grants totaling \$111 million were awarded to providers of student behavioral health services. In March 2024, ten pilot grants totaling approximately \$5 million were awarded to build the capacity of organizations to serve as local Community Supports Partnership Hubs. These grants were under implementation during the period covered by this report.

To support the implementation of grants and promote quality behavioral health services, the Consortium and National Center for School Mental Health provided significant technical assistance to grantees. The Consortium hosted monthly mandatory technical assistance sessions for all grantees. These sessions included trainings by the National Center on key topics for advancing school mental health, such as school safety training by the Maryland Center for School Safety (MCSS), cultural responsiveness, comprehensive school mental health, family-school-community teaming, and other topics. These sessions supported shared learning among all grantees.

The Consortium and National Center for School Mental Health also provided training and quarterly implementation support in a number of priority evidence-based programs (EBPs). To date, more than 1,300 community providers were trained in the 15 EBPs. A list of priority EBPs for community providers can be found in Appendix D. The Consortium also supported a learning collaborative to support the use of Measurement Based Care in which 192 providers participated.

In addition, the Consortium supported training for more than 3,000 school staff in EBPs to support student behavioral health and positive classroom environments. A list of priority EBPs for school-employed staff identified by the Consortium can be found in Appendix E.

The Consortium hosted monthly technical assistance sessions for Hub pilot grantees to support their preparation to serve as Hubs in full Community Supports Partnerships. Hub pilots were given templates, group support, and individualized technical assistance to develop required deliverables including a Governance Plan, Needs Assessment, Asset Map, and Service Referral Plan. Hub pilots also were required to work with their school systems to complete the School Health Assessment and Performance Evaluation (SHAPE) [Assessment](#).

Grantees provided regular programmatic and fiscal reports as part of the CHRC's grant monitoring activities. Consortium and National Center staff worked with grantees to develop customized evaluation plans which include both process and outcomes measures. Then, Consortium and National Center staff provided technical assistance to grantees to ensure the successful collection and reporting of data metrics that demonstrate progress toward identified goals. Data collected is used to measure the effectiveness of each grant and to demonstrate the outcomes of the Consortium program as a whole. Some data measures are standardized across all grantees, while others measure the particular interventions implemented by the grantee. A sample grantee reporting template can be found in Appendix F. To support consistent measurement of behavioral health outcomes, the Consortium and National Center for School Mental Health encouraged grantees to

consult a list of validated assessment tools, which can be found in Appendix G. Grantees also have been provided with consistent data definitions.

Partway through the first year of implementation, the Consortium began work to issue a third Consortium Request for Applications (RFA). The Framework and Best Practices Subcommittees studied key issues, solicited public comment, and made recommendations to the full Consortium for the next RFA. The Best Practices Subcommittee also solicited public comment and made recommendations for priority EBPs to be supported through the grant. This RFA will support three types of grants: (1) comprehensive service delivery grants for full Community Supports Partnerships, which include funding for both local Partnership Hubs and service providers selected by the Hubs to be subgrantees; (2) capacity-building grants for organizations to become Partnership Hubs in future full Community Supports Partnerships; and (3) service provider grants in areas of the state without full Community Supports Partnerships.

The third Consortium RFA was issued by the CHRC in December 2024. 150 proposals were received, requesting more than \$151 million. After a rigorous review process, on June 11, 2025, 114 grants were awarded, totaling more than \$94 million. This included more than \$29 million for grants to seven full Community Supports Partnerships, more than \$2.5 million for grants to build the capacity of nine future Partnership Hubs, and more than \$62.7 million to 91 providers of behavioral health services in areas of the state without full Community Supports Partnerships. Grants were awarded for services in all 24 jurisdictions of the state. The CHRC deferred action on one applicant, and will meet on July 24 to resume consideration of that applicant and make additional awards. The grant period is July 1, 2025, through June 30, 2026. A list of grants awarded on June 11, 2025, can be found in Appendix C.

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.”

The Consortium is implementing a collective impact model for Partnerships. Under this model, the Hub (or “Backbone”) will coordinate the activities of a number of service providers 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, 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; 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; distribute funds to service providers as subgrantees; ensure maximization of third-party billing, including Medicaid; and leverage funds from other sources.
- **Data:** collect accountability data from service providers; report data to Consortium and CHRC; and analyze and act on data.

In March 2024, the CHRC awarded ten Partnership Hub pilot grant awards. The pilot program is designed to build the capacity of organizations to serve as Partnership Hubs in the future, and to test key features of the model before it is implemented statewide. In the future, all parts of the state will be covered by a local Partnership, and each Partnership will have a Hub. At that point, Hubs will apply for grant funding on behalf of their geographic area, and service providers will be subgrantees of their Hubs. Hubs will coordinate the behavioral health services provided through the grant, and hold their service providers accountable for performance. Hubs in turn will be accountable to the CHRC.

Below is a list of the pilot Hubs awarded in 2024.

Coordinated Community Supports Partnership Hub Pilot Grants Awarded, March 2024		
	Organization Name	Jurisdiction
1.	Anne Arundel County Mental Health Agency, Inc.	Anne Arundel County
2.	Behavioral Health System Baltimore, Inc.	Baltimore City
3.	Baltimore County Bureau of Behavioral Health	Baltimore County
4.	Garrett County Health Department DBA the Local Behavioral Health Authority	Garrett and Allegany Counties
5.	Office on Mental Health/Core Service Agency of Harford County, Inc.	Harford County
6.	Howard County Office of the Local Children's Board	Howard County
7.	Mid Shore Behavioral Health, Inc.	Dorchester, Kent, Queen Anne's, and Talbot Counties
8.	Montgomery County, Maryland through its Department of Health and Human Services	Montgomery County
9.	St. Mary's County Health Department	St. Mary's County
10.	Worcester County's Initiative to Preserve Families	Worcester and Somerset Counties

During the pilot grant period (April 2024 – June 2025), Hub pilots were responsible to develop a number of deliverables to help them become full Community Supports Partnerships. These deliverables included: Governance Plan, Needs Assessment, Asset Map, and Service Referral Plan.

In fall 2024, the CHRC and National Center for School Mental Health assessed the readiness of the ten pilot Hubs to apply as full Community Supports Partnerships under RFA #3. Hubs were evaluated based on three criteria: (1) quality of deliverables submitted, (2) ability to select local service providers as subgrantees for RFA #3 within local procurement requirements, and (3) progress in hiring dedicated staff for the Hub. Seven of the ten Hub pilots were determined to be “ready,” and were invited to apply as full Community Supports Partnerships.

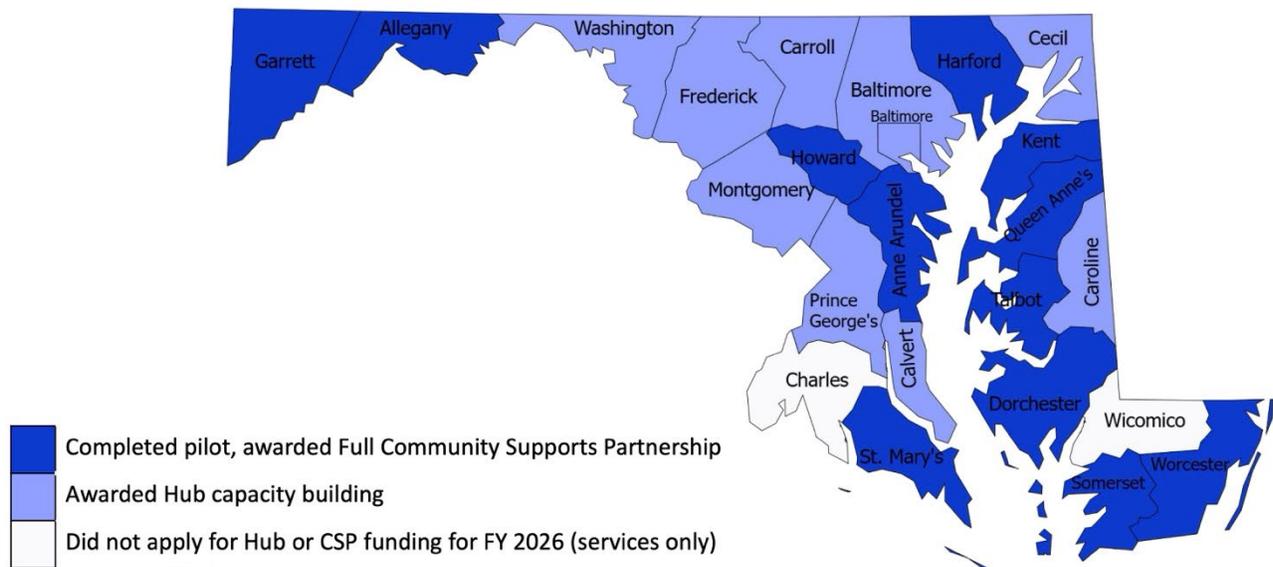
The seven Hubs that were invited to apply as full Community Supports Partnerships selected service providers through their own local RFA processes. Hubs used the deliverables they had developed to help them select service providers as part of their application under RFA #3.

- **Governance Plan:** Hubs consulted with their Steering Committees and Advisory Committees in developing their plans and selecting service providers. Local Education Agencies (LEAs) play integral roles in the Hub governance structures.
- **Needs Assessment:** Hubs used their Needs Assessments to identify the most urgent behavioral health needs of students in their jurisdictions. They communicated this information to local service provider applicants and used this information to decide which service providers to include in their Partnership plans.
- **Asset Map:** Hubs identified all service providers in their jurisdictions to determine potential partners. They also worked with the LEAs to understand services already provided in schools to avoid duplication or supplantation of services.
- **Service Referral Plan:** Hubs worked with LEAs and service providers to understand how students are currently referred to services and what role the Hub could play in a future Partnership to support referrals. This helped the Hubs make informed decisions about their Partnership plans.

Three Hub pilots awarded in March 2024 – Behavioral Health System Baltimore, Baltimore County Bureau of Behavioral Health, and Montgomery County Department of Health and Human Services – determined that they were not ready to apply as full Community Supports Partnerships under RFA #3. The primary reason related to local government procurement requirements. The three Hubs not applying as full Community Supports Partnerships applied for and were awarded grants to extend the pilot and develop solutions for the issues related to local contracting requirements such that they can apply as full Community Supports partnerships under the Consortium’s RFA #4, to be issued in fall 2025.

In addition, six other organizations applied for and were awarded Hub capacity-building grants under RFA #3. One other jurisdiction, Caroline County, will join the Mid Shore Community Supports Partnership. A list of the Hub grantees awarded in June 2025 is included in Attachment C.

Beginning on July 1, 2025, 22 of 24 jurisdictions of the state will be covered by a Hub, with 12 jurisdictions covered by a full Community Supports Partnership. The map below illustrates the Consortium’s progress in establishing Community Supports Partnerships statewide.



VI. GRANTS AWARDED TO COORDINATED COMMUNITY SUPPORT PARTNERSHIPS

The CHRC has awarded grants under three RFPs that are supporting the creation of Coordinated Community Supports Partnerships. A list of awards can be found in Appendices B and C.

Grants to service providers are expanding access to behavioral health services and supports for students and families across all jurisdictions of Maryland. These grants support a range of student behavioral health needs including but not limited to the following:

Prevention and Mental Health Awareness/Promotion

- Botvin Life Skills, a program to help adolescents develop confidence and skills to handle challenging situations
- Youth and Teen Mental Health First Aid to teach students to identify, understand, and respond to signs of mental health and substance use challenges among friends and peers
- Positive Action to promote social-emotional skill development
- Evidence-based mind-body stress-relief tools

Depression and Anxiety

- Screenings for depression, anxiety, substance use, and other behavioral health conditions
- Expansion of school-based therapy and small group supports
- Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents (UP-C, UP-A) and Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)
- Measurement-Based Care, the routine collection and use of client-reported progress measures throughout treatment to guide clinical decision-making
- Behavioral health services at School-Based Health Centers
- Consultations with school staff to improve coordination

Suicide Prevention

- Safety Planning (Stanley and Brown), an intervention to help at-risk adolescents develop a list of coping strategies and sources of support
- Counseling on Access to Lethal Means (CALM) to provide counseling on reducing access to means of self-harm
- Crisis stabilization and response, Mobile Response and Stabilization Services (MRSS) model
- Behavioral health urgent care clinic that serves youth and adolescents
- Grief support

Substance Use Prevention and Treatment

- Adolescent Community Reinforcement Approach (A-CRA), a cognitive/behavioral treatment to reinforce substance-free lifestyles
- Screening, Brief Intervention, and Referral to Treatment (SBIRT), an early intervention program
- Peer-to-peer education
- Early intervention programs (e.g., Screening, Brief Intervention and Referral to Treatment)
- Vaping cessation support

Trauma

- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back, which include games, activities, and therapy to address trauma symptoms and promote healing



- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), a short-term treatment model to improve a range of trauma-related outcomes
- Educator training in fostering trauma-informed classrooms



Early Childhood/
Pre-K

- Circle of Security and Chicago Parenting, programs that for strengthen attachment between caregivers/educators and children, strengthen parenting, and reduce behavior problems
- Play therapy



Summer and
Afterschool
Programs

- Evidence-based mentorship programs
- School-based therapy and other supports during the summer
- Therapeutic summer camps



Family Support

- Parent Encouragement Program, a parenting education and skills training program
- Navigation and case management to connect families to behavioral health and social services
- Transportation to overcome barriers to accessing behavioral health services

The implementation period for the first round of grants under the Consortium initiative was March 2024 – June 2025. Through April 2025, these grants served more than 104,000 students in 80% of Maryland public schools. 88% of students and families reported satisfaction with services. Grants resulted in the hiring of 542 behavioral health workforce members. The Consortium’s impact statement can be found in Appendix A.

Grants to Hubs are building the capacity of organizations to serve as Hubs in full Community Supports Partnerships. Hub in full Community Supports Partnerships will have the following responsibilities:

- **Service Delivery:** ensure delivery of holistic services at all tiers of the Multi-Tiered Systems of Supports (MTSS); 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; distribute funds to service providers as subgrantees; ensure maximization of third-party billing, including Medicaid; and leverage funds from other sources.
- **Data:** collect accountability data from service providers; report data to Consortium and CHRC; and analyze and act on data.

Grants to full Community Supports Partnerships will support both Hub activities and service providers as subgrantees. Service providers will report to and be accountable to their Partnership Hubs, and the Partnership Hubs will be accountable to the CHRC.

Appendices

Consortium on Coordinated Community Supports Statewide Impact Report: March 2024 - April 2025

More than
104,000

students received behavioral health services



80%

of Maryland schools (1,124) received behavioral health services

542

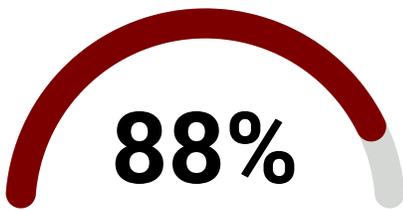
new behavioral health workforce members hired

1,380

behavioral health providers trained in proven practices to improve student outcomes

3,041

school staff trained in behavioral health practices to improve student outcomes



students and families satisfied with behavioral health services

Of all behavioral health assessments completed to date...



Prevention Services

74% demonstrated a desired behavioral health skill.



Targeted Services

78% improved and an additional 17% maintained behavioral health outcomes.



Intensive Services

54% improved and an additional 39% maintained behavioral health outcomes.

Note: Desired behavioral health skills and improvement/maintenance in behavioral health outcomes are based on assessments of clinical progress given by clinicians March-December 2024.

Community Health Resource Commission, Maryland Department of Health
National Center for School Mental Health, University of Maryland School of Medicine

Funding for the Consortium was provided by the Maryland General Assembly as part of the Blueprint for Maryland's Future.



February 9, 2024

Maryland Community Health Resources Commission
First Coordinated Community Supports Call for Proposals
129 Awards, Total: \$111 million

Count	Organization name	Award	Description
Allegany (1 award)		\$825,000	
1	Allegany College Of Maryland	\$825,000	school-wide presentations on evidence-based stress relief tools, as well as small group programming for students and parents/caregivers
Anne Arundel (8 awards)		\$11,115,000	
2	Arundel Lodge, Inc.	\$1,150,000	substance use services, suicide prevention, support groups, medication management, therapy, bridge services and preventative screening, psychiatric diagnoses, and crisis intervention
3	Anne Arundel County Department of Health	\$365,000	substance use prevention services for youth and families
4	Associated Catholic Charities, Inc.	\$525,000	address barriers to school attendance by connecting disengaged students with wraparound care coordination services that address student and family barriers to school attendance
5	Anne Arundel County, Maryland on behalf of the A.A. Co. Partnership for Children, Youth & Families	\$480,000	navigation to services and resources for families and students
6	Thrive Behavioral Health	\$6,700,000	substance abuse prevention, early childhood intervention, parent support groups, school professional development, translation, wraparound, and expansion of services
7	Anne Arundel County Community Action Agency	\$620,000	wraparound services and resources
8	The Children's Guild, Inc.	\$980,000	youth and family navigation services to students and families
9	Playworks Education Energized	\$295,000	social emotional learning, school climate
Baltimore City (11 awards)		\$12,010,000	
10	University of Maryland School of Medicine	\$970,000	family- and educator-focused training, in-school universal interventions, after school mental health programming, School Mental Health Program (SMHP) connection, and partnerships with community-based organizations
11	Hope Health Systems, Inc.	\$2,700,000	mental health consultations for school staff, prevention group sessions, awareness presentations, family outreach activities, and direct interventional services to students both at the school and at Hope Health System's offsite outpatient clinic locations
12	Hazel Health	\$1,500,000	telehealth services for students and families both in school and at home
13	Baltimore Medical System, Inc.	\$1,300,000	assessment and treatment for anxiety and depression, substance use, suicide prevention, small groups support, student and family linkage to wraparound services, and mental and behavioral health care referrals, delivered through school-based health centers (SBHCs)
14	The United Way of Central Maryland, Inc.	\$240,000	parenting coaching; family supports; individual, group, and family therapy; and wraparound supports, with a focus on teenage parents
15	Johns Hopkins University School of Medicine Rales Center	\$635,000	suicide prevention efforts, address mood disorders, and provide family supports, coordinated through the applicant's school-based health center (SBHC)
16	Johns Hopkins University	\$300,000	suicide prevention

Count	Organization name	Award	Description
17	Boys & Girls Club of Metropolitan Baltimore	\$290,000	social-emotional skill building and character development through after-school activities
18	The Y in Central Maryland	\$1,900,000	peer support groups, family supports, and social support for children and families
19	T.I.M.E. Organization	\$1,650,000	expanded in-school therapy and psychiatric services, care coordination and navigation, workshops and support groups for families, therapeutic summer camp programs, and teacher training and support groups, focusing on English Language Learners (ELL)
20	Sarah's House Mental Services, LLC	\$525,000	peer support training for parents, wraparound services for families, and family and individual therapy
Baltimore County (8 awards)		\$8,870,000	
21	Hope Health Systems, Inc.	\$1,000,000	group sessions, awareness presentations, family outreach activities, and direct intervention services for students as well as mental health consultations for school staff
22	Nexus Wellness Group	\$240,000	individual, group, and family counseling; psychoeducation classes; social-emotional learning groups; parenting classes; grief groups; transportation services; and a mentoring program to students and their families
23	Thrive Behavioral Health	\$3,300,000	family education and support and expanded access to services/non-insurance reimbursable services (consultation/IEP meetings, translation, and uninsured/underinsured funding)
24	Lighthouse, Inc.	\$135,000	counseling to address generalized and social anxiety, school refusal, depression, grief, trauma, neurodivergence (including ADHD and autism), and issues of concern to LGBTQ+ children and their families
25	Associated Catholic Charities, Inc.	\$790,000	interventions with disengaged students through wraparound care coordination that addresses student and family barriers related to school attendance
26	Life Renewal Services, Inc.	\$405,000	individual and family therapy and medication evaluation and management, telehealth services, and access to a mobile team that will provide individual and family therapy, case management, therapeutic mentoring, and medication services in the home
27	Tidemark Intervention Services	\$1,300,000	prevention programming, therapy, prescriber services, a psychiatric rehabilitation program, and therapeutic afterschool programming
28	Balance Point Wellness	\$1,700,000	individual, group, and family therapy; medication management services; therapeutic workshops and mentoring; family support; and training for school staff
Calvert (7 awards)		\$2,900,000	
29	Calvert County Health Department – Behavioral Health	\$900,000	crisis stabilization services, therapy, social-emotional learning, vaping education and cessation programming, and transportation support
30	Community Mediation Center of Calvert County, Inc.	\$90,000	preventative mental and behavioral health education and support, mediation, classroom circles, community conferencing, conflict resolution education, and peer mediation training
31	East-John Youth Center, Inc	\$500,000	transportation and access to the in-school and after-school Adolescent Clubhouse program, which offers substance use prevention, mental health awareness education, peer-supported programming, and family peer supports
32	Pathways, Inc	\$650,000	individual, group, and family mental health therapy; substance abuse screening; individual and parent support groups; psychopharmacology; telehealth services; school-wide mental health education; case management; and crisis response services
33	Barstow Acres Children's Center, Inc	\$120,000	therapeutic summer day camps that will teach social skills, diabetes management, and parent education through social skills groups and play therapy
34	Uneo Health - in partnership with NAMI Maryland, Bowie State University, and AMG	\$465,000	smartphone app that will provide self-care and support resources to at-risk and underserved high school teenagers through a secure, gamified platform

Count	Organization name	Award	Description
35	Boys & Girls Clubs of Southern Maryland	\$175,000	social-emotional skill building and character development through after-school activities
Caroline (2 awards)		\$655,000	
36	Caroline County Health Department-Behavioral Health	\$325,000	counseling, peer support services, case management services, community outreach, family supports, and transportation
37	Choptank Community Health System. Inc	\$330,000	co-occurring individual therapy, care coordination, substance use prevention, suicide prevention, family groups, and family support, delivered through the applicant's school-based health centers (SBHCs)
Carroll (2 awards)		\$1,630,000	
38	Life Renewal Services	\$1,040,000	collaborate with school staff to reduce absenteeism by providing individual and family therapy, medication evaluation and management, mobile services and home visits, mentoring, and case management services
39	Boys & Girls Clubs of Carroll County, Inc.	\$590,000	social-emotional skill building and character development through after-school activities
Cecil (5 awards)		\$2,470,000	
40	Cecil County - Dept. of Community Services	\$105,000	family peer support navigation and links to direct trauma care
41	Youth Empowerment Source	\$260,000	parenting workshops, case management and conflict resolution, Social Emotional Learning, and a summer camp focused on health and wellness
42	Upper Bay Counseling & Support Services, Inc.	\$880,000	digital platform to help connect students and families with appropriate levels of care and provide access to educational information, community resources, self-guided interventions, a parent portal, assessments, and virtual brief intervention groups
43	Advantage Psychiatric Services LLC	\$345,000	support groups, suicide prevention, mental health awareness programs, substance use prevention programs, and individual and family therapy
44	LIVEFORTHOMAS Foundation, Inc.	\$880,000	suicide awareness and prevention services, peer-to-peer support, and support groups
Charles (4 awards)		\$3,965,000	
45	Mental Health Association of Maryland (MHAMD)	\$580,000	mental health first aid training and a mental health promotion campaign
46	Hazel Health	\$550,000	telehealth services for students and families both in school and at home
47	Boys & Girls Clubs of Southern Maryland	\$130,000	social-emotional skill building and character development through after-school activities
48	Center for Children, Inc	\$2,705,000	dialectical behavioral therapy (DBT) for high-need youth; substance use services, trauma-focused cognitive behavioral therapy (TF-CBT) services for youth with trauma histories; and wraparound and case management services for students and families who are not on Medicaid or meet the criteria for targeted case management (TCM+)
Dorchester (5 awards)		\$1,465,000	
49	Parent Encouragement Program	\$200,000	parenting education program for parents and primary caregivers of children ages 5 to 18
50	Community Behavioral Health	\$185,000	substance use disorder services through an after-school program
51	Mental Health Association of Maryland (MHAMD)	\$520,000	mental health promotion and prevention activities
52	FranklinCovey Client Sales Inc.	\$390,000	family engagement workshops to improve family functioning and better support students
53	Maple Shade Youth & Family Services, Inc	\$170,000	after-school program that will teach cognitive behavioral techniques, including education about reactions to trauma; relaxation training; cognitive therapy; stress or trauma exposure; and social problem solving

Count	Organization name	Award	Description
Frederick (12 awards)		\$7,640,000	
54	Mental Health Association of Frederick County, Inc.	\$345,000	parent coaching and systems navigation services to address and prevent school avoidance
55	Parent Encouragement Program, Inc. (PEP)	\$100,000	parenting education for parents and caregivers of children ages five to 18
56	Centro Hispano de Frederick	\$265,000	social-emotional learning, health resource coordination, family supports, and a summer camp, focusing on the Hispanic community
57	Associated Catholic Charities, Inc.	\$290,000	intervene with disengaged students through wraparound care coordination services that address student and family barriers related to school attendance
58	SHIP of Frederick County	\$260,000	case management services for youth experiencing homelessness
59	Thrive Behavioral Health	\$480,000	family education and support, school staff training, and expanded access to services/non-insurance reimbursable services (consultation/IEP meetings, translation, and uninsured/underinsured funding)
60	I Believe in Me	\$235,000	wraparound supports, navigation and access to mental health services, mentoring, and family supports
61	Uneo Health - in partnership with NAMI Maryland, Bowie State University, and AMG	\$470,000	smartphone app that will provide self-care and support resources to at-risk and underserved high school teenagers through a secure, gamified platform
62	Heartly House, Inc.	\$590,000	abuse and violence prevention education, case management services, and counseling services for children and parents
63	Center for Anxiety and Behavioral Change	\$35,000	school staff training on interventions to address school refusal and avoidance as well as webinar-based training module for parents and guardians of school refusers
64	Sheppard Pratt Health System, Inc.	\$4,000,000	individual and family therapy, early intervention groups, case management services, psychiatric services, and a summer program
65	Greenspace Mental Health Ltd.	\$570,000	digital front door for students and family members to better access, navigate, and engage with an expanded ecosystem of mental health supports from psychoeducation to direct service delivery
Garrett (2 awards)		\$1,305,000	
66	Garrett County Health Department	\$775,000	school-based behavioral health counseling services, after-school group behavioral health services, telehealth services, and transportation to behavioral health services
67	Western Maryland Health Care Corporation d/b/a Mountain Laurel Medical Center	\$530,000	behavioral health screening and assessments, substance abuse screening and assessment, support groups, and family supports
Harford (7 awards)		\$4,535,000	
68	FreshStart Therapeutic Services	\$300,000	therapeutic mentoring and peer and family/community group support on topics such as depression, anxiety, coping skills, social skills, independent living skills, suicide and substance use prevention
69	Thrive Behavioral Health	\$380,000	family education and support, school staff training, and expanded access to services/non-insurance reimbursable services (consultation/IEP meetings, translation, and uninsured/underinsured funding)
70	Achieving True Self	\$1,485,000	social-emotional learning through social skills groups, parent training, behavior consultation and support
71	Nature Worx, Inc.	\$100,000	mindfulness-based nature immersion sessions for students and their families to help participants learn skills to support their mental/emotional health and increase their resiliency/coping abilities
72	Harford County Boys & Girls Club	\$800,000	social-emotional skill building and character development through after-school activities
73	Cook Center for Human Connection	\$950,000	parent coaching, school staff training, and promote positive classroom environments

Count	Organization name	Award	Description
74	Pivot Point Counseling, LLC	\$520,000	outpatient psychiatric services, care coordination, case management, family support groups, collaboration with other providers, and wraparound services
Howard (5 awards)		\$4,960,000	
75	Parent Encouragement Program, Inc. (PEP)	\$385,000	parenting education for parents and caregivers of children ages five to 18
76	Backpack Healthcare	\$1,100,000	expand access to substance use groups piloted in the spring of 2023, monthly Wellness Workshops, and counseling services
77	Sheppard Pratt Health System, Inc.	\$2,250,000	individual and family therapy, early intervention groups, case management, psychiatric services, and a summer program
78	Brain Futures	\$1,000,000	executive cognitive functioning enhancement to improve learning ability, enhance school connectedness, and reduce negative mental health experiences
79	Congruent Counseling Services	\$225,000	substance use disorder services, mental health interventions and education, parent support, and navigation to services and supports
Kent (2 awards)		\$975,000	
80	For All Seasons, Inc.	\$735,000	individual and family therapy, telehealth, support groups, psychiatric care, medication management, mindfulness, and mental health literacy programs. Bilingual services and workforce development will also be available
81	Choptank Community Health System, Inc	\$240,000	co-occurring individual therapy, care coordination, substance use prevention, suicide prevention, family groups, and family support, delivered through the applicant's school-based health centers (SBHCs)
Montgomery (8 awards)		\$8,395,000	
82	Parent Encouragement Program, Inc. (PEP)	\$905,000	parenting education for parents and primary caregivers of children ages 5 to 18
83	CaringMatters	\$50,000	peer support groups for grieving students
84	Tree of Hope Association	\$515,000	peer support groups and one-on-one peer mentorship, coordinated through school-based health centers (SHBCs)
85	Boys & Girls Clubs of Greater Washington	\$245,000	social-emotional skill building and character development through after-school activities
86	Jewish Social Service Agency (JSSA)	\$2,500,000	individual, family, and group therapy; support groups; after school programming; family supports and navigation to services; and school staff training
87	Thrive Behavioral Health	\$1,150,000	family education and support, school staff training, and expanded access to services/non-insurance reimbursable services (consultation/IEP meetings, translation, and uninsured/underinsured funding)
88	Sheppard Pratt Health System, Inc.	\$2,320,000	individual and family therapy, early intervention groups, case management, psychiatric services, and a summer program
89	Identity, Inc.	\$710,000	emotional support groups, life skills training, substance abuse prevention, and trauma awareness, focusing on Latino, low-income, and Emergent Multilingual Learner students
Prince George's (19 awards)		\$24,915,000	
90	Reginald S. Lourie Center for Infants and Young Children	\$730,000	Circle of Security groups for parents and teachers to help provide a secure base for children to reduce impact of adversity and mental health support and early learning
91	Hazel Health	\$2,750,000	telehealth services for students and families, in school or at home
92	Spectrum of Hope, Health, Wellness and Community Services, LLC.	\$1,250,000	family support, navigation and linkages to services that identify and support children and youth with behavioral health and co-occurring neurodiversity including autism through direct in-house providers or via accountable community integrated partners
93	Hyacinth Wellness	\$1,350,000	substance use disorder prevention, intervention and treatment through peer education, therapeutic art interventions, peer support groups, and individual and family therapy

Count	Organization name	Award	Description
94	Sheppard Pratt Health System, Inc.	\$2,050,000	individual and family therapy, early intervention groups, case management, psychiatric services, and a summer program
95	EveryMind	\$2,700,000	individual, group and family therapy; mental health education and literacy; suicide prevention; and wraparound services
96	GapBuster, Inc.	\$845,000	individual, group, and family therapy; social emotional learning; art therapy; motivational interviewing; mentoring; substance use services; and suicide prevention
97	Community Advocates for Family & Youth, Inc. (CAFY)	\$680,000	individual, family, and group therapy; support groups; peer support; wraparound support; suicide prevention; and bereavement support
98	SMYAL (Sexual Minority Youth Aid Society)	\$365,000	school-based groups, individual counseling in-person or via telehealth, focusing on focus on LGBTQ+ youth and those navigating gender expression issues
99	Healthlincs	\$1,900,000	behavioral health screening, care coordination, social determinant of health (SDOH) supports, social emotional learning (SEL), individual therapy, group therapy, family supports, substance use disorder (SUD) interventions, mental health screening, classroom observation, and teacher training
100	Uneo Health - in partnership with NAMI Maryland, Bowie State University, and AMG	\$470,000	smartphone app that will provide self-care and support resources to at-risk and underserved high school teenagers through a secure, gamified platform
101	Kirstin's Care, LLC	\$295,000	support groups, one-on-one interventions, and family support for youth who are experiencing mental health concerns or distress and substance use disorder
102	La Clínica del Pueblo, Inc.	\$735,000	individualized mental health counseling, care coordination, mental health workshops for parents, and training for teachers, focusing on the Latino population
103	iMind Health, LLC (DBA: iMind Behavioral Health)	\$3,500,000	behavioral health crisis prevention and response through the Mobile Response and Stabilization (MRSS) model
104	Luminis Health	\$1,610,000	school-wide preventative and mental health literacy programming; navigation and case management services; Substance Use Disorder services; behavioral health education; support and navigation for families; prevention and mental health promotion activities for parents, teachers and students; screenings for behavioral health and related issues; transportation to services; and other wraparound supports
105	VineCorps	\$1,300,000	substance use disorder services, behavioral health education and support for students and families, support groups, wraparound and navigation services, and schoolwide preventative mental health literacy programming
106	AprilMay Company Inc	\$1,230,000	early intervention for learners with Intellectual and Developmental Disabilities (IDD), professional learning opportunities for teachers to support students with IDD, parent and family supports, Autism Spectrum Disorder (ASD) testing, and diagnosis and counseling
107	Transitions Counseling and Mentoring Services Inc.	\$385,000	outpatient therapy; psychiatric rehabilitation programs; diagnostic, assessment, consultation and psychiatric services; substance abuse services; suicide prevention; family support; and mental health and wellness workshops
108	Paths for Families (Formerly Adoptions Together and Family Works Together)	\$770,000	counseling for students, support for families, training in trauma for school staff, with a focus on students in foster care, kinship care, or adoptive families
Queen Anne's (4 awards)		\$1,405,000	
109	Hazel Health	\$155,000	telehealth services for students and families, in school or at home
110	Striving For Wellness Together LLC	\$540,000	school-wide preventative and mental health services; individual, group and family counseling; and behavioral health education, support, and navigation for families

Count	Organization name	Award	Description
111	Chesapeake Bay Psychological Services LLC	\$350,000	outpatient behavioral health services, psychotherapy, substance use disorder assessment/treatment, and a psychoeducational parent group
112	Choptank Community Health System. Inc	\$360,000	co-occurring individual therapy, care coordination, substance use prevention, suicide prevention, family groups, and family support, delivered through the applicant's school-based health centers (SBHCs)
Somerset (2 awards)		\$945,000	
113	The Personal Wellness Center	\$440,000	family support, wraparound services, support groups, before- and after- school programs, teacher wellness, birth to five support, and parenting classes
114	Life Management of Maryland, LLC	\$505,000	psychoeducation, mentoring, parenting skills training, behavioral health training for staff, and opportunities for social-emotional development
St. Mary's (2 awards)		\$2,020,000	
115	St. Mary's County Health Department	\$1,435,000	behavioral health diagnosis, treatment, counseling, and youth mentoring services, delivered through school-based health centers (SBHCs)
116	Maryland Coalition of Families	\$585,000	family peer support, support groups, resource connection, and systems navigation
Talbot (1 award)		\$790,000	
117	Peace of Mind Mental Health Services, LLC	\$790,000	individual, group, and family counseling; parenting skill-building groups; small groups in the school setting; medication management; behavioral health education for families and caretakers; school staff training; and transportation
Washington (6 awards)		\$4,105,000	
118	Sheppard Pratt Health System, Inc.	\$2,000,000	individual and family therapy, early intervention groups, case management, psychiatric services, and a summer program
119	Family Healthcare of Hagerstown	\$545,000	therapy, medication management, family navigation, and school staff training
120	Achieving True Self	\$530,000	social skills groups, parent training, and behavior consultation and support
121	Boys & Girls Club of Washington County	\$520,000	social-emotional skill building and character development through after-school activities
122	Hospice of Washington County Inc.	\$290,000	bereavement and grief support services for students and families; individualized, comprehensive, and developmentally appropriate resource toolkits for students; peer grief support groups; and individual care services in school, home, office, and community settings
123	San Mar Family and Community Services: Bester Community of Hope	\$220,000	in-home wraparound family support services, collaboration with treatment teams and schools, referral and intake services, and parent engagement
Wicomico (2 awards)		\$965,000	
124	Maple Shade Youth & Family Services, Inc	\$290,000	after-school program that will teach cognitive behavioral techniques, including education about reactions to trauma; relaxation training; cognitive therapy; stress or trauma exposure; and social problem solving
125	Three Lower Counties Community Services, Inc. dba Chesapeake Health Care	\$675,000	counseling, suicide prevention, substance use services, support groups, family supports, peer supports, and wraparound services delivered through the applicant's school-based health centers (SBHCs)
Worcester (4 awards)		\$2,220,000	
126	Worcester County Health Department	\$465,000	therapy and family supports
127	Better Together	\$920,000	family education and support, case management and navigation, support groups, transportation, and a summer camp

Count	Organization name	Award	Description
128	Three Lower Counties Community Services, Inc. dba Chesapeake Health Care	\$620,000	counseling, suicide prevention, substance use services, support groups, family supports, peer supports, and wraparound services delivered through the applicant's school-based health centers (SBHCs)
129	Maple Shade Youth & Family Services, Inc	\$215,000	after-school program that will teach cognitive behavioral techniques, including education about reactions to trauma; relaxation training; cognitive therapy; stress or trauma exposure; and social problem solving
TOTAL		\$111,080,000	

Appendix B



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

March 19, 2024

Maryland Community Health Resources Commission
Coordinated Community Supports Partnerships – Pilot Hub Grants
10 Awards, Total: \$4,745,000

	Organization Name	Jurisdiction	Award
1.	Anne Arundel County Mental Health Agency, Inc.	Anne Arundel County	\$520,000
2.	Behavioral Health System Baltimore, Inc.	Baltimore City	\$480,000
3.	Baltimore County Bureau of Behavioral Health	Baltimore County	\$585,000
4.	Garrett County Health Department DBA the Local Behavioral Health Authority	Garrett and Allegany Counties	\$410,000
5.	Office on Mental Health/Core Service Agency of Harford County, Inc.	Harford County	\$410,000
6.	Howard County Office of the Local Children's Board	Howard County	\$550,000
7.	Mid Shore Behavioral Health, Inc.	Dorchester, Kent, Queen Anne's, and Talbot Counties	\$410,000
8.	Montgomery County Maryland through its Department of Health and Human Services	Montgomery County	\$505,000
9.	St. Mary's County Health Department	St. Mary's County	\$300,000
10.	Worcester County's Initiative to Preserve Families	Worcester and Somerset Counties	\$575,000
	TOTAL		\$4,745,000

Appendix C



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

June 11, 2025

Maryland Consortium on Coordinated Community Supports
Maryland Community Health Resources Commission
Preliminary Fiscal Year 2026 Grant Awards

Grants support student behavioral health services in all 24 jurisdictions of the state. Awards are preliminary and may be adjusted at the CHRC meeting on July 24, 2025.

TRACK 1 – Community Supports Partnerships

Grants to Community Supports Partnerships support a comprehensive range of service providers selected by local Partnership Hubs. Grants also support the administrative functions of the Partnership Hub.

Anne Arundel Anne Arundel Mental Health Agency, \$9,000,000. Partnership serves Anne Arundel County.

Garrett County Health Department, \$2,000,000. Partnership serves Garrett and Allegany Counties.

Harford County Office on Mental Health, \$3,300,000. Partnership serves Hartford County.

Howard County Office of the Local Children's Board, \$5,604,825. Partnership serves Howard County. (Additional funding anticipated pending CHRC meeting on July 24, 2025.)

Mid Shore Behavioral Health, \$5,000,000. Partnership serves Dorchester, Kent, Queen Anne's, and Talbot Counties

St. Mary's County Health Department, Local Behavioral Health Authority, \$1,700,000. Partnership serves St. Mary's County.

Worcester County's Initiative to Preserve Families, \$2,400,000. Partnership serves Worcester and Somerset Counties.

TRACK 2 – Hub Capacity-Building

Grants to Hubs build the capacity of organizations to serve as Hubs in future Community Supports Partnerships.

Behavioral Health System Baltimore, \$375,000. Continuation Hub covers Baltimore City.

Baltimore County Department of Health, Bureau of Behavioral Health, \$360,684. Continuation Hub covers Baltimore County.

Calvert County Local Behavioral Health Authority, \$195,000. Hub covers Calvert County.

Carroll County Local Management Board, \$195,000. Hub covers Carroll County.

Cecil County Health Department, \$200,000. Hub covers Cecil County.

Frederick County Local Behavioral Health Authority, \$200,000. Hub covers Frederick County.

Montgomery County Department of Health and Human Services, \$500,000. Continuation Hub covers Montgomery County.

Prince George's County Local Behavioral Health Authority, \$350,000. Hub covers Prince George's County.

Washington County Mental Health Authority, \$200,000. Hub covers Washington County.

TRACK 3 – Service Providers

Grants to Service Providers support behavioral health services to students in parts of the state without full Community Supports Partnerships.

BALTIMORE CITY

Baltimore Medical System, Inc., \$1,128,000. This program will provide individual and group counseling, school-wide mental health education, crisis intervention, peer mentoring, therapeutic mentoring, and care coordination. The grantee proposes to serve a total of 2,333 students from elementary, middle, and high schools.

Boys & Girls Club of Metropolitan Baltimore, \$300,000. This program will provide Positive Action social emotional learning curriculum to help youth identify and understand their emotions and make positive choices in responding to those emotions. The grantee proposes to serve a total of 500 students from elementary, middle, and high schools.

BTST Services LLC, \$261,205. This program will provide individual and group therapy, family support services, teacher professional development, crisis intervention, behavioral health screening, and care coordination. The grantee proposes to serve a total of 75 students from elementary and middle schools.

Change the Conversation, \$119,145. This program will provide classroom presentations, safety planning, crisis counseling, and training for educators and caregivers. Services are focused on child sexual abuse prevention and education. The grantee proposes to serve a total of 9,125 students from middle and high schools.

Hazel Health, Inc., \$739,425. This program will provide individual teletherapy sessions, behavioral health assessments, crisis consultations for school personnel, family engagement, and care coordination. The grantee proposes to serve a total of 944 students from pre-k, elementary, middle, and high schools.

Johns Hopkins University, \$320,315. This program will provide suicide prevention; crisis intervention; and school staff training on safety planning, lethal means reduction and crisis intervention; and crisis management. The grantee proposes to serve a total of 865 students from elementary, middle, and high schools.

Johns Hopkins University Rales Health Center, \$527,944. This program will provide suicide prevention and depression screening. It will also utilize community health workers to provide system navigation, brief interventions, and family supports. The grantee proposes to serve a total of 634 students from middle and high schools.

Sarah's House Mental Health Services, LLC, \$611,477. This program will provide family supports including: B-PACT (Parents and Children Coping Together); the adapted Families in the Driver's Seat curriculum, Family Check-Up, Mental Health First Aid Training for Parent-Leaders, and the development of a Parent Drop-In Care Center. The grantee proposes to serve a total of 131 students from elementary, middle, and high schools.

Sheppard Pratt, \$1,225,850. This program will provide individual, group, and family therapy; family navigation services; trauma informed care; telehealth services; suicide prevention; crisis stabilization and response; behavioral health education; support groups; psychiatric care and medication management; and teacher development opportunities. The grantee proposes to serve a total of 280 students from elementary, middle, and high schools.

The Doral Scholars Program, \$646,421. This program will provide case management, substance use support, social-emotional health integration, community resource coordination, and parental support groups. The grantee proposes to serve a total of 180 students from high schools.

The United Way of Central Maryland, Inc., \$281,551. This program will provide expanded behavioral health and wraparound services for teen parents. Services include needs assessment and screening, parenting coaching using Circle of Security program, small group and family counseling, home visits, and resource navigation. The grantee proposes to serve a total of 44 students from high schools.

The Y in Central Maryland, \$1,304,691. This program will provide success monitoring and wellness sessions which will be used to address truancy, academic underperformance, lack of mentorship, and mental health challenges. The grantee proposes to serve a total of 775 students from middle and high schools.

TurnAround, Inc., \$393,868. This program will provide individual therapy, group therapy, and crisis intervention to youth who have experienced dating/sexual violence. The grantee proposes to serve a total of 1,000 students from elementary, middle, and high schools.

University of Maryland School of Medicine, \$850,953. This program will build upon the grantee's billable therapeutic services through expanded supports to families, early intervention services for students, educator training, school-wide preventative programming, and provider participation in school meetings. The grantee proposes to serve a total of 9,802 students/families from pre-k, elementary, middle, and high schools.

BALTIMORE COUNTY

Associated Catholic Charities Inc., \$665,800. This program will provide interventions for disengaged students and care coordination to address barriers related to school attendance,

and utilizes Family Advocacy and Support Tool (FAST). The grantee proposes to serve a total of 133 students from elementary, middle, and high schools.

Backpack Healthcare, \$929,979. This program will provide a self-care app, wellness workshops, educator training, and teletherapy. The grantee proposes to serve a total of 445 students from pre-k, elementary, middle, and high schools.

Balance Point Wellness, \$1,066,409. This program will provide individual therapy for uninsured and underinsured students, mentoring, therapeutic workshops, and therapeutic spring break and summer camps. The grantee proposes to serve a total of 185 students from elementary, middle, and high schools.

BrainFutures, \$860,108. This program will provide computer-based training and physical exercises to improve executive/cognitive functioning. The grantee proposes to serve a total of 1,300 students from elementary schools.

BTST Services LLC, \$213,843. This program will provide behavioral health screening, individual and group therapy, crisis response, care coordination, parent/family education, and medication management. The grantee proposes to serve a total of 75 students from elementary, middle, and high schools.

Hope Health Systems, Inc., \$1,164,375. This program will provide screening, assessment, and diagnosis; individual, group, and family therapy; crisis intervention; psychiatry and medication management; care coordination/navigation; and school staff training. The grantee proposes to serve a total of 834 students from elementary, middle, and high schools.

Jewish Community Services, \$955,000. This program will provide preventive and mental health literacy programming; individual and group therapy; case management; trauma informed care; suicide prevention; therapeutic mentoring; psychiatric care and medication; positive classroom environments; educator trainings; and depression and anxiety services. The grantee proposes to serve a total of 2,732 students from elementary and middle schools.

Lighthouse, Inc., \$128,855. This program will provide Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Trauma-Focused Therapy, Internal Family Systems, and Solution-Focused Therapy. The grantee proposes to serve a total of 90 students from pre-k, elementary, middle, and high schools.

Tidemark Intervention Services, \$2,004,223. This program will provide therapy, medication management, prevention programming and psychiatric rehabilitation services. The grantee proposes to serve a total of 3,549 students from elementary, middle, and high schools.

Thrive Behavioral Health, \$2,827,670. This program will provide Early/Extended Childhood Behavioral Intervention (ECBI), Substance Use Prevention and Intervention (SUPI), and Student Support Specialists. The grantee proposes to serve a total of 3,021 students from elementary, middle, and high schools.

CALVERT COUNTY

Barstow Acres Children's Center, \$99,062. This program will provide a therapeutic summer camp, parent education series, social skills group, and play therapy. The grantee proposes to serve a total of 72 students from pre-k, elementary, middle schools.

Boys & Girls Clubs of Southern Maryland, \$163,500. This program will provide Positive Action social emotional learning curriculum to help youth identify and understand their emotions and make positive choices in responding to those emotions. The grantee proposes to serve a total of 173 students from elementary, middle, and high schools.

Calvert County Health Department, \$608,142. This program will provide suicide prevention education, vaping education, motivational interviewing, individual therapy/counseling, and care coordination. The grantee proposes to serve a total of 2,000 students from elementary, middle, and high schools.

Community Mediation Center of Calvert County, \$74,080. This program will provide mediation, community conferencing, restorative circles, conflict resolution education, and peer mediation training. The grantee proposes to serve a total of 330 students from elementary, middle, and high schools.

Cornerstone Montgomery, \$200,279. This program will provide case management, care coordination crisis intervention, family therapeutic interventions, educational support, and adventure-based counseling. The grantee proposes to serve a total of 20 students from elementary, middle, and high schools.

Hazel Health, Inc., \$157,080. This program will provide comprehensive mental health screening, individual and group therapy, 24/7 crisis response, care coordination, parent/family education, and medication management. The grantee proposes to serve a total of 143 students from pre-k, elementary, middle, and high schools.

Pathways, Inc., \$525,000. This program will provide school-wide mental health education for students and families; early intervention and treatment programs; substance use screening; individual, group or family therapy; and care coordination/resource navigation. The grantee proposes to serve a total of 672 students from middle and high schools.

Uno Health, \$368,563. This program will provide private, secure app (Prosper) to teens and their parents that provides social emotional learning (SEL) and evidence-based Cognitive Behavioral Therapy (CBT) tools. The grantee proposes to serve a total of 1,056 students from high schools.

CAROLINE COUNTY

Caroline County Behavioral Health, \$216,460. This program will provide behavioral health education, individual therapy, substance use services, transportation vouchers, peer services, case management, and family supports. The grantee proposes to serve a total of 803 students from pre-k, elementary, middle, and high schools.

Choptank Community Health, \$204,215. This program will provide individual therapy and therapeutic and psychoeducation groups, delivered through school-based health centers. The grantee proposes to serve a total of 253 students from elementary, middle, and high schools.

Cook Center for Human Connection, \$294,594. This program will provide mental health education and coaching for parents/caregivers and school staff. The grantee proposes to serve a total of 450 students from pre-k, elementary, middle, and high schools.

CARROLL COUNTY

Advanced Behavioral Health, Inc., \$399,977. This program will provide psychoeducation, behavioral therapy, cognitive-behavioral therapy, psychiatric consultation, and medication management services to address trauma and school refusal behavior. The grantee proposes to serve a total of 50 students from elementary, middle, and high schools.

Boys & Girls Clubs of Carroll County, Inc., \$400,000. This program will provide Positive Action social emotional learning curriculum to help youth identify and understand their emotions and make positive choices in responding to those emotions. The grantee proposes to serve a total of 641 students from elementary, middle, and high schools.

Hope Health Systems, Inc., \$1,021,250. This program will provide screening, assessment, and diagnosis; individual, group, and family therapy; crisis intervention; psychiatry and medication management; care coordination/navigation; and school staff training. The grantee proposes to serve a total of 660 students from elementary, middle, and high schools.

Life Renewal Services, \$443,388. This program will provide a home and community-based mobile student outreach program focusing on school refusal behavior. The grantee proposes to serve a total of 30 students from elementary, middle, and high schools.

CECIL COUNTY

Advantage Psychiatric Services LLC, \$609,002. This program will provide individual, group, and family therapy, navigation and case management, telehealth, suicide prevention, mentoring, therapeutic summer camp, behavioral health education, support groups, medication management, and provider participation in school meetings. The grantee proposes to serve a total of 1,132 students from elementary, middle, and high schools.

Cecil County Department of Community Services, \$116,642. This program will provide Family peer support navigation services, assistance at school meetings such as IEP meetings, family workshops, and support groups. The grantee proposes to serve a total of 250 students from elementary, middle, and high schools.

LIVEFORTHOMAS Foundation, Inc., \$601,740. This program will provide Den 22, mental health awareness talks, Family Check Up, Tom Coverly's Anti-Bullying/Suicide Prevention program, Jr. Hope Squad and Hope Squad. The grantee proposes to serve a total of 7,533 students from elementary, middle, and high schools.

Upper Bay Counseling and Support Services, \$462,399, This program will provide a digital platform to help connect students and families to appropriate levels of care and provide access to psychoeducational information, community resources, self-guided interventions, a parent portal, and group supports. The grantee proposes to serve a total of 536 students from elementary, middle, and high schools.

Youth Empowerment Source, \$359,740, This program will provide substance use prevention and education, family navigation, parent education, therapeutic summer camp, bereavement and trauma-informed interventions, social emotional learning, and suicide prevention. The grantee proposes to serve a total of 435 students from elementary schools.

CHARLES COUNTY

Boys & Girls Club of Charles County, \$148,005. This program will provide Positive Action social emotional learning curriculum to help youth identify and understand their emotions and make positive choices in responding to those emotions. The grantee proposes to serve a total of 100 students from elementary, middle, and high schools.

Center for Children, \$2,264,869. This program will provide individual therapy, support groups, case management, and teacher and parent training. The grantee proposes to serve a total of 562 students from pre-k, elementary, middle, and high schools.

Hazel Health, Inc., \$275,930. This program will provide comprehensive mental health screening, individual and group therapy, 24/7 crisis response, care coordination, parent/family education, and medication management. The grantee proposes to serve a total of 830 students from pre-k, elementary, middle, and high schools.

Mental Health Association of Maryland (MHAMD), \$333,545. This program will provide Teen Mental Health First Aid, Youth Mental Health First Aid, and a behavioral health prevention and education campaign. The grantee proposes to serve a total of 1,851 students from high schools.

FREDERICK COUNTY

Advanced Behavioral Health, Inc., \$399,977. This program will provide psychoeducation, behavioral therapy, cognitive-behavioral therapy, psychiatric consultation, and medication management to address trauma and school refusal behavior. The grantee proposes to serve a total of 50 students from elementary, middle, and high schools.

Associated Catholic Charities Inc., \$225,500. This program will provide care coordination to address student and family barriers related to school attendance. Utilizes Family Advocacy and Support Tool (FAST). The grantee proposes to serve a total of 62 students from elementary and middle schools.

Boys & Girls Club of Frederick County, \$203,465. This program will provide Positive Action social emotional learning curriculum to help youth identify and understand their emotions and make positive choices in responding to those emotions. The grantee proposes to serve a total of 290 students from elementary, middle, and high schools.

Center for Anxiety and Behavioral Change, \$121,700. This program will provide individual and group therapy, caregiver training, and school staff consultations with a focus on decreasing school refusal for cases where standard interventions have been ineffective. The grantee proposes to serve a total of 151 students from elementary, middle, and high schools.

Centro Hispano de Frederick, \$350,000. This program will provide an afterschool program and summer camp for Hispanic/Latino, immigrant, and at-risk youth and families; therapeutic groups for students with trauma; care navigation; and parent workshops. The grantee proposes to serve a total of 240 students from elementary, middle, and high schools.

Heartly House, \$615,449. This program will provide abuse/violence prevention education, individual and group counseling, case management, peer support, parenting education, teacher training, afterschool and summer programming focusing on child abuse, and dating and sexual violence prevention. The grantee proposes to serve a total of 5,610 students from pre-k, elementary, middle, and high schools.

Life and Discovery, Inc. dba The Asian American Center of Frederick, \$408,478. This program will provide the Cultural Advocacy Program to support immigrant and refugee families, Circle of Security training, and Parent-Child Connect training. The grantee proposes to serve a total of 120 students from pre-k, elementary, middle, and high schools.

Mental Health Association of Frederick County, \$274,079. This program will provide systems navigation and parent coaching. The grantee proposes to serve a total of 95 students from elementary, middle, and high schools.

Parent Encouragement Program (PEP), \$138,433. This program will provide the PEP Family Resiliency Program, a parenting education program for parents and caregivers. The grantee proposes to serve a total of 274 students from pre-k, elementary, middle, and high schools.

Sheppard Pratt, \$1,965,164. This program will provide individual and family therapy, early intervention groups, crisis services, case management, psychiatric and medication management services, attendance specialist, suicide prevention, and participation in school meetings. The grantee proposes to serve a total of 860 students from elementary, middle, and high schools.

SHIP of Frederick County, \$196,210. This program will provide case management, Motivational Interviewing, Therapeutic Mentoring, and The Student Checkup, Teen Mental Health First Aid and Restorative Practices focusing on youth experiencing homelessness. The grantee proposes to serve a total of 207 students from middle and high schools.

The Frederick Center, \$71,875. This program will provide a LGBTQ+ School Liaison, case management services and The Student Check-Up. The grantee proposes to serve a total of 150 students from middle and high schools.

The Lourie Center, \$552,604. This program will provide Circle of Security training to parents and early childhood educators to reduce impact of adversity on pre-school aged children. The grantee proposes to serve a total of 100 students from pre-k schools.

MONTGOMERY COUNTY

CaringMatters, \$50,000, This program will provide school-based peer support groups for students who are grieving the death of someone important to them. The grantee proposes to serve a total of 245 students from elementary, middle, and high schools.

Identity, Inc., \$675,185. This program will provide trauma-responsive nonclinical emotional support, life skills, substance abuse prevention and trauma awareness programming. The grantee proposes to serve a total of 550 students from high schools.

Jewish Social Service Agency (JSSA), \$3,550,037. This program will provide Youth Mental Health First Aid training; Our Minds Matter afterschool clubs; care coordination; individual and family group therapy; and medication management; and summer camp for students experiencing homelessness. The grantee proposes to serve a total of 1,560 students from elementary, middle, and high schools.

Parent Encouragement Program (PEP), \$773,753. This program will provide PEP Family Resiliency Program, a parenting education program for parents and caregivers. The grantee proposes to serve a total of 1,852 students from pre-k, elementary, middle, and high schools.

Sheppard Pratt, \$1,411,734. This program will provide individual, group and family therapy; trauma informed care; suicide prevention; crisis stabilization and response; behavioral health education; care navigation; support groups; psychiatric and medication management; and educator training opportunities. The grantee proposes to serve a total of 260 students from elementary, middle, and high schools.

The Lourie Center, \$552,604. This program will provide Circle of Security training to parents and early childhood educators to reduce impact of adversity on pre-school aged children. The grantee proposes to serve a total of 100 students from pre-k schools.

Thrive Behavioral Health, \$1,851,449. This program will provide Early/Extended Childhood Behavioral Intervention (ECBI), Substance Use Prevention and Intervention (SUPI), Family Education and Support, Staff Professional Development in Evidence Based Practice (EBP), and Expanded Access to Non-Reimbursable Services. The grantee proposes to serve a total of 1,314 students from pre-k, elementary, middle, and high schools.

PRINCE GEORGE'S COUNTY

AprilMay Company, \$1,066,378. This program will provide early childhood behavioral interventions for children exhibiting developmental and behavioral challenges, educator training in effective classroom management strategies, parent support, case management, and outpatient therapeutic services. The grantee proposes to serve a total of 552 students from pre-k schools.

Community Advocates for Family & Youth, \$668,342. This program will provide case management services; trauma informed care; individual, group, and family therapy; peer support; depression and anxiety services; and suicide prevention. The grantee proposes to serve a total of 220 students from elementary, middle, and high schools.

EveryMind, \$2,420,000. This program will provide mental health education and prevention programming, care coordination, family supports, and individual therapy. The grantee proposes to serve a total of 2,634 students from elementary, middle, and high schools.

Hazel Health, \$1,246,550. This program will provide individual teletherapy sessions, behavioral health assessments, crisis consultations for school staff, family engagement, and care coordination. The grantee proposes to serve a total of 1,340 students from pre-k, elementary, middle, and high schools.

HealthIncs, \$2,203,763. This program will provide therapy, social emotional learning, and care coordination. The grantee proposes to serve a total of 16,428 students from elementary, middle, and high schools.

Hyacinth Wellness, \$1,305,425. This program will provide screening, substance use disorder prevention activities, psychoeducational groups, peer support programs, early intervention for at-risk students, and recovery-focused interventions. The grantee proposes to serve a total of 3,500 students from middle and high schools.

iMind Health, LLC, \$2,892,008. This program will provide staff education, behavioral health prevention and promotion for at-risk youth, and crisis care through Mobile Response and Stabilization Services. The grantee proposes to serve a total of 723 students from pre-k, elementary, middle, and high schools.

La Clinica del Pueblo, \$692,800. This program will provide psychosocial support groups, individual counseling, crisis intervention, suicide prevention, family engagement workshops, case management, and staff training. The grantee proposes to serve a total of 300 students from elementary and high schools.

Luminis Health, Inc, \$1,079,331. This program will provide behavioral health education, training, and navigation services to students, teachers, and parents. It will also increase Behavioral Health Urgent Care hours and introduce an Intensive Outpatient Program (IOP) focused on mental health and substance use for teens. The grantee proposes to serve a total of 460 students from high schools.

Sheppard Pratt, \$1,959,383. This program will provide individual, group and family therapy, case management, trauma informed care, suicide prevention, crisis stabilization and response, behavioral health education, care navigation, support groups, psychiatric care and medication management, and educator training. The grantee proposes to serve a total of 280 students from elementary, middle, and high schools.

SMYAL Inc, \$256,133. This program will provide the Student Check-Up, Cognitive Behavioral Therapy, Safety Planning Intervention, and Interpersonal Psychotherapy for Adolescents, focusing on the LGBTQ+ community. The grantee proposes to serve a total of 150 students from middle and high schools.

The Lourie Center, \$552,604. This program will provide Circle of Security training to parents and early childhood educators to reduce the impact of adversity on pre-school aged children. The grantee proposes to serve a total of 150 students from pre-k schools.

Transitions Counseling and Mentoring Service, \$620,000. This program will provide mental health literacy programs, individualized therapy, group counseling, family therapy, case management, care navigation, medication management, SUD services, suicide prevention, therapeutic summer camps, peer support groups, and school staff training. The grantee proposes to serve a total of 650 students from elementary, middle, and high schools.

Uneo Health, \$655,172. This program will provide a secure app (Prosper) that provides social emotional learning (SEL) and evidence-based Cognitive Behavioral Therapy (CBT) tools. The grantee proposes to serve a total of 6,114 students from high schools.

VineCorps, \$1,174,829. This program will provide youth and family engagement, support groups, peer mediation, mentoring, substance use disorder programming, afterschool programs, and wellness outings & retreats. The grantee proposes to serve a total of 742 students from high schools.

WASHINGTON COUNTY

Boys & Girls Club of Washington County, \$165,356. This program will provide Positive Action social emotional learning curriculum to help youth identify and understand their emotions and make positive choices in responding to those emotions. The grantee proposes to serve a total of 875 students from elementary, middle, and high schools.

Cook Center for Human Connection, \$386,750. This program will provide mental health education and coaching for parents/caregivers and school staff. The grantee proposes to serve a total of 1,800 students from pre-k, elementary, middle, and high schools.

Family Healthcare of Hagerstown, \$112,728. This program will provide individual and family therapy, play therapy, art therapy, medication management, family navigation, and school staff training. The grantee proposes to serve a total of 501 students from elementary, middle, and high schools.

Hospice of Washington County, \$355,000. This program will provide bereavement care services to students and families who have experienced a death of a loved one. This includes year round, school-based grief groups, community and family programming, DoveTales camp, and individual bereavement counseling. The grantee proposes to serve a total of 500 students from elementary, middle, and high schools.

Maryland Coalition of Families, \$119,432. This program will provide family peer support, support groups, educational workshops, care coordination, and system navigation. The grantee proposes to serve a total of 75 students from elementary, middle, and high schools.

San Mar Family & Community Services: Bester Community of Hope, \$165,313. This program will provide in-home family support services, collaboration with treatment teams and schools, referral services, and parent engagement. The grantee proposes to serve a total of 70 students from elementary, middle, and high schools.

WICOMICO COUNTY

Maple Shade Youth and Families Services, \$365,200. This program will provide the Bounce Back program which offers resilience-building and well-being lessons to address trauma, as well as navigation services. The grantee proposes to serve a total of 178 students from pre-k and elementary schools.

The Child and Family Foundation, \$288,721. This program will provide comprehensive developmental assessments, psychoeducation, evidence-based therapeutic interventions, referrals, and care coordination as well as follow-up assessments to inform outcome data. The grantee proposes to serve a total of 30 students from pre-k and elementary schools.

Appendix D

Evidence-Based Practices (EBP) Training Package for MD Grantees

Evidence-Based Practices (EBP) Training Package for MD Grantees

The National Center for School Mental Health (NCSMH) is providing technical assistance to the Maryland Consortium on Coordinated Community Supports and the Community Health Resources Commission (CHRC) as they establish a statewide framework to expand access to comprehensive school behavioral health services for Maryland students.

The following trainings provided through the Coordinated Community Supports Partnerships are intended for community service providers to help expand access to high-quality behavioral health and related services for students and families.

This document includes training information and reminders about the 15 priority EBPs that are coordinated through the National Center for School Mental Health. Please review the training information for the EBPs your organization selected and is funded to participate in this year.

Please note that at the end of each training, trainees will receive a link to a post-training survey. It is important that trainees complete this survey for each training attended. Responses will help us provide effective and meaningful EBP trainings, better support people implementing EBPs, and understand the impacts of behavioral health funding. Upon completion of the post-training survey, a training certificate will be available.

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Training Reminders

- **How do I register for trainings?** The point of contact for your organization will receive a registration link to add individual names and email addresses. Those names will be forwarded to trainers for additional communication about training updates.
- **Are CEUs offered?** It depends! CEUs are offered for some trainings, depending on whether it is an established offering from the purveyor (please see more information on CEUs listed under each training). CEUs are not yet offered by the NCSMH/CHRC through the grant; however, a Certificate of Attendance is offered to those who attend the full training and complete the training evaluation. Certificates of Attendance confirm presence at a training and can be submitted to licensing boards; however, it is up to the board to approve.
- **What happens if I need to reschedule/cancel?** Please aim to show up for selected trainings. While we will do our best to accommodate rescheduling requests, there is no guarantee that your training will be rescheduled.
- **Are trainings virtual or in person?** Trainings are virtual, with the exception of YAM.
- **What should I do if my team is already partnering with another organization for training in the priority EBPs?** Priority EBP trainings funded by the CHRC should be coordinated through the NCSMH. This aids training tracking and reporting as required by the grant.
- **Can my organization request additional training slots?** Requests for additional training slots will be reviewed on a case-by-case basis by the CHRC and the NCSMH. Written justification for any change in training is required and should be submitted to the CHRC.

Please note: Training sessions and dates are subject to change based on trainer availability.

Training Expectations

A couple of notes to welcome you and keep training running as smoothly as possible:

- **Please arrive at each session on time.** Trainees from across the state will be joining training sessions, and your promptness ensures an on-time start and stop time and will reduce disruptions to the training process.
- **Please have your camera on and be present for the entirety of the training.** Your participation in the session, as well as in the group breakouts, is necessary to receive your certificate of completion and to be counted as trained in the intervention by the Consortium and your organization.
- **While implementation may occur at different levels, a wide range of providers including clinicians and supervisors may attend these training sessions.** All participants should remain fully engaged in their sessions in order to gain a comprehensive understanding of how the EBPs are being utilized with students and/or families and to enhance comfort with delivering the content.
- **Participants are requested to complete the post-training evaluation survey at the end of each session.** Completion of this survey is required to receive certificates of completion.
- **Trainees are encouraged to attend the post-training implementation support calls to help promote effective implementation.**

Adolescent Community Reinforcement Approach (A-CRA)

Description of intervention: *Cognitive-behavioral therapy (CBT) to reinforce substance-free lifestyles in adolescents*

Intervention target audience: 12 to 24 years old

Who should attend this training? Master-level clinicians

Training information:

This is a two-day virtual training (6.5 hours per day).

Click the registration link below to view upcoming training dates and times.

https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_3KwswKg9wYNRLYV

CEU(s) Offered: Yes, CEU(s) are offered for this training and a Certificate of Attendance is available.

Counseling on Access to Lethal Means (CALM)

Description of intervention: *Counseling on reducing access to means of self-harm as a key component of suicide prevention*

Intervention target audience: All ages

Who should attend this training? Clinically-oriented individuals; relevant to direct services providers

Training information:

This is a half-day virtual training (3.5 hours).

Click the registration link below to view upcoming training dates and times.

https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_3VPx0bzbrDjrl5A

CEU(s) Offered: No, CEU(s) are not offered for this training; however, a Certificate of Attendance is available.

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

Description of intervention: *Cognitive-behavioral therapy (CBT) for anxiety, post-traumatic stress, depression, and behavioral parent training for disruptive behaviors*

Intervention target audience: For children/adolescents: ages 5 – 15
For parents/caregivers of children ages 5 – 15

Who should attend this training? Clinicians

Training information:

This training is a two-day virtual training (8 hours per day)
unless otherwise noted.

Click the registration link below to view upcoming training dates and times.

https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_2o6MR8y3Xcrl8Sy

CEU(s) Offered: No, CEU(s) are not offered for this training; however, a Certificate of Attendance is available.

Safety Planning Intervention (Stanley and Brown)

Description of intervention: *Assists at-risk adolescents in creating a list of coping strategies and sources of support to reduce the risk of suicide*

Intervention target audience: Students ages 6 and up

Who should attend this training? All school-based staff (e.g., school counselors, peer supporters, prevention workers in the school)

Training information:

This is a one-day virtual training (7 hours) unless otherwise noted.

Click the registration link below to view upcoming training dates and times.
https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_bqOY4zeGk3FZXG6

CEU(s) Offered: No, CEU(s) are not offered for this training; however, a Certificate of Attendance is available.

Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents (UP-C/UP-A)

Description of intervention: *Cognitive-behavioral therapy (CBT) for anxiety disorders, depression, and related emotional disorders in children and adolescents*

Intervention target audience: Students ages 6 and up

Who should attend this training? Licensed mental health clinicians

Training information:

This is a two-day virtual training (7 hours per day).

Click the registration link below to view upcoming training dates and times.

https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_5mRCDcL1lrwTKJw

CEU(s) Offered: No, CEU(s) are not offered for this training; however, a Certificate of Attendance is available.

Bounce Back (BB)

Description of intervention: *A group intervention with games and activities that teach skills for healing from traumatic events, along with cognitive-behavioral therapy (CBT) to address trauma symptoms*

Intervention target audience: K-5th grade

Who should attend this training? Master-level clinicians

Training information:

This is a two-day virtual training (7 hours per day) for BB only.

This is a three-day virtual training (7 hours per day) for CBITS & BB combo.

**Click the registration links below to view upcoming training dates and times.
(BB only):**

https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_9ZHrw3B3KkOFyDk

(CBITS & BB combo):

https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_8xkybfVzAFhIjoW

CEU(s) Offered: No, CEU(s) are not offered for this training; however, a Certificate of Attendance is available.

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Description of intervention: *A group intervention with games and activities that teach skills for healing from traumatic events, along with cognitive-behavioral therapy (CBT) to address trauma symptoms*

Intervention target audience: 6th-12th grade

Who should attend this training? Master-level clinicians

Training information:

This is a two-day virtual training (7 hours per day) for CBITS only.

This is a three-day virtual training (7 hours per day) for CBITS & BB combo.

**Click the registration links below to view upcoming training dates and times.
(CBITS only):**

https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_0xiqmuXVHQvyb2u

(CBITS & BB combo):

https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_8xkybfVzAFhIjoW

CEU(s) Offered: No, CEU(s) are not offered for this training; however, a Certificate of Attendance is available.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Description of intervention: *Screening, brief intervention, and referral to treatment for substance use disorders*

Intervention target audience: Students 9 and up

Who should attend this training? Individuals working in a clinical setting

Training information:

This is a one-day virtual training (5.5 hours).

Click the registration link below to view upcoming training dates and times.

https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_em6WgYieytXavBP

CEU(s) Offered: Yes, CEU(s) are offered for this training and a Certificate of Attendance is available.

Student Check Up (Motivational Interviewing)

Description of intervention: *A semi-structured, school-based motivational interview designed to help adolescents adopt academic enabling behaviors*

Intervention target audience: Students 12 and up

Who should attend this training? Mental health clinicians or trainees

Training information:

This is a two-day virtual training (7 hours per day).

Click the registration link below to view upcoming training dates and times.

https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_0cDyE3dtfNkXers

CEU(s) Offered: No, CEU(s) are not offered for this training; however, a Certificate of Attendance is available.

Therapeutic Mentoring

Description of intervention: *Develops mentor competencies in mental health theory and practice to promote high-quality, strengths-based, and culturally responsive mentoring*

Intervention target audience: Mentors/paraprofessionals who work directly with youth up to the age of 21

Who should attend this training? Any adult who mentors youth

Training information:

You may choose from either of the formats as both will contain the same content:

1. One-day virtual training (7 hours) + six ~weekly 1-hour follow-up sessions
2. Twelve ~weekly 1-hour training sessions

Click the registration link below to view upcoming training dates and times.

https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_eYgvV0mTFNaDQeG

CEU(s) Offered: No, CEU(s) are not offered for this training; however, a Certificate of Attendance is available.

Botvin Life Skills

Description of intervention: *A classroom intervention to help adolescents develop confidence and skills to effectively handle challenging situations*

Intervention target audience: 3rd to 12th grade

Who should attend this training? Teachers, health educators, counselors, nurses, mental health professionals

Training information:

This is a one-day virtual training (6 hours).

Click the registration link below to view upcoming training dates and times.
https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_56008GduHG77mzr

CEU(s) Offered: Yes, CEU(s) are offered for this training and a Certificate of Attendance is available.

Chicago Parent Program

Description of intervention: *A 12-session parent group program to strengthen parenting and reduce behavior problems in young children*

Intervention target audience: Parents/caregivers of children ages 2-8

Who should attend this training? Individuals working with families

Training information:

This training is a four-day virtual training (3.5 hours each day).

To register for this training, please contact Karah Palmer:

Karah.Palmer@som.umaryland.edu

CEU(s) Offered: Yes, CEU(s) are offered for this training and a Certificate of Attendance is available.

Circle of Security

Description of intervention: *A structured, video-guided program with eight sessions that helps facilitators support parents and caregivers of children from birth to age 6, focusing on fostering secure attachment during these crucial early years*

Intervention target audience: Parents/caregivers and educators of children ages 0-5

Who should attend this training? Open to all - individuals must implement in a professional setting

Training information:

This training is a one- or two-week online format including five required online live sessions as well as self-directed learning. The time commitment is 25-35 hours and it is suggested to spread the training over half of your work schedule across two-weeks or complete it in a full workweek if choosing the one-week option.

To register for this training, please contact Karah Palmer:

Karah.Palmer@som.umaryland.edu

CEU(s) Offered: Yes, CEU(s) are offered for this training and a Certificate of Attendance is available.

Family Check Up

Description of intervention: *A brief, strengths-based intervention designed to reduce children's problem behaviors by improving parenting and family management practices*

Intervention target audience: Families with children ages 2 through 17

Who should attend this training? Anyone working with families

Training information:

This training includes 15-20 hours of self-paced, e-learning, a four-day virtual training (3 hours per day scheduled by the trainer), and 20-25 hours of implementation support sessions scheduled with the trainer post training.

Registration Link: Trainees will receive the link from the trainer.

CEU(s) Offered: No, CEU(s) are not offered for this training; however, a Certificate of Attendance is available.

Strengthening Families Program

Description of intervention: *Skills training program for families at high risk for behavioral problems; parents and youth attend weekly classes to learn parenting skills and youth life and refusal skills, followed by joint family practice sessions*

Intervention target audience: All families, including those with youth using substances

Who should attend this training? Anyone working with families

Training information:

This is a three-day virtual training (6 hours per day).

To register for this training, please contact Karah Palmer:

Karah.Palmer@som.umaryland.edu

CEU(s) Offered: No, CEU(s) are not offered for this training; however, a Certificate of Attendance is available.

Youth Aware of Mental Health (YAM)

Description of intervention: *A 5-session interactive classroom intervention for students that educates them about mental health, promotes peer support, and aims to reduce depression and suicidal behavior*

Intervention target audience: Students ages 13-17

Who should attend this training? Clinicians

Training information:

9:00 - 5:00pm on Monday - Thursday; Friday (9:00am - 1:00pm)

This is a five-day, in-person training.
(8 hours per day; 5th day will be 4 hours)

Click the registration link below to view upcoming training dates and times.

https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_0PU6m3GBiPfxoHA

CEU(s) Offered: No, CEU(s) are not offered for this training; however, a Certificate of Attendance is available.

Appendix E

Evidence-Based Practice Training Menu for Maryland School Staff

The National Center for School Mental Health is providing technical assistance to the Maryland Consortium on Coordinated Community Supports and Community Health Resources Commission as they establish a statewide framework to expand access to comprehensive school behavioral health services for Maryland students.



Trainings are offered virtually to district and school providers across the state to enhance the quality of Maryland's school behavioral health supports and services.

Available Now for School Clinicians / Providers

[The Student Check-Up \(Motivational Interviewing\)](#)

Helps adolescents adopt academic enabling behaviors

Target audience: Ages 12 and up

Training requirement(s): Two-day virtual training (7 hours per day)

[Cognitive Behavioral Intervention for Trauma in Schools \(CBITS\), Bounce Back \(BB\) and CBITS/BB Combo](#)

Provides games and activities that teach skills for healing from traumatic events, as well as cognitive-behavioral therapy (CBT) to address trauma symptoms

Target audience: 6th-12th grade (CBITS); K-5th grade (BB)

Training requirement(s):

- CBITS - Two-day virtual training (7 hours per day)
- BB - Two-day virtual training (7 hours per day)
- CBITS/BB combo - Three-day virtual training (7 hours per day)

[Counseling on Access to Lethal Means \(CALM\)](#)

Provides counseling on reducing access to means of self-harm

Target audience: Ages 6 and up

Training requirement(s): Half-day virtual training (3.5 hours)

[Safety Planning Intervention \(Stanley and Brown\)](#)

Helps at-risk adolescents develop a list of coping strategies and sources of support

Target audience: Ages 6 and up

Training requirement(s): One-day virtual training (7 hours)

Available Soon for Classroom Educators

[Mental Health Essentials for Coaches](#)

Equips coaches and school staff with strategies and tools to support the mental well-being of their athletes/students, fostering a positive and resilient sports environment

Target audience: K-12 team members/students

Training requirement(s): 75-minute virtual training

[Mental Health Essentials for Teachers & Students](#)

Enhances mental health literacy of educators and students

Target audience: Educators and students (grades 6-12)

Training requirement(s):

- Part I/Day 1 (mental health literacy for teachers): One-day virtual training (3 hours)
- Part II/Day 2 (student curriculum delivery training): One-day virtual training (4 hours)

[Pyramid Model / Positive Solutions for Families](#)

Promotes the social, emotional, and behavioral outcomes of children from birth to age 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

Target audience: Pre-K classrooms

Training requirement(s):

- Preschool: Three-day virtual training (7 hours per day)
- TPOT Classroom Fidelity Observations: 2.5 hours, 2x a school year

[Good Behavior Game](#)

Offers behavioral classroom management strategies to help students develop teamwork and self-regulation skills

Target audience: K-5 classrooms

Training requirement(s): One-day virtual training (7 hours)

Interested in attending a training or need more information?
Please contact Karah Palmer at Karah.Palmer@som.umaryland.edu.

Appendix F

Coordinated Community Supports Grantee Monitoring Report		
Grantee Name:		
Grantee #:		
Jurisdiction:		
Attestation:	<p>I attest that, to the best of my knowledge and belief, all information contained in this report is accurate and complete. I attest that, to the best of my knowledge and belief, that the information reported by any subcontractors is accurate and complete, and that my organization has in place policies and procedures to monitor and ensure the accuracy of this information. Documentation to support the data will be kept for 5 years and provided to CHRC upon request.</p>	<p>Signature: _____</p> <p>Date: _____</p>

Coordinated Community Supports Grantee Monitoring Report - Standard Metrics

Grantee Name:	
Grantee #:	
Jurisdiction:	

NOTE #1: Metrics that count "UNDUPLICATED" participants **CANNOT** count these same participants over different reporting periods. The "TOTALS" column for these metrics should sum only unduplicated participants (e.g., a participant counted in reporting period 1, **CANNOT** be counted again in reporting period 2 or 3.

NOTE #2: The program data with its associated data source reported by the grantee on this M&D report is subject to audit by the CHRC.

NOTE #3: CHRC will utilize output **1** for its "**Total unduplicated individuals served**" measure.

(Do NOT alter or enter data into shaded cells)

Domain	Output	Report Period #1 (MAR 1, 2024 - JUN 30, 2024)	Report Period #2 (JUL 1, 2024 - DEC 31, 2024)	Report Period #3 (JAN 1, 2025 - JUN 30, 2025)	TOTALS	Goal
1. TOTAL # of unduplicated individuals served	1. TOTAL # of unduplicated individuals served				0	
2. # of unduplicated individuals served by tier	2a. # of unduplicated individuals served - Tier 1				0	
	2b. # of unduplicated individuals served - Tier 2				0	
	2c. # of unduplicated individuals served - Tier 3				0	
3. # of unduplicated individuals served by race and ethnicity	3a. # of unduplicated individuals who receive grant services - African American/Black				0	
	3b. # of unduplicated individuals who receive grant services - Asian or Pacific Islander				0	
	3c. # of unduplicated individuals who receive grant services - Hispanic/Latino/a/x/e				0	
	3d. # of unduplicated individuals who receive grant services - Middle Eastern/North African				0	
	3e. # of unduplicated individuals who receive grant services - multi-racial				0	
	3f. # of unduplicated individuals who receive grant services - White				0	
	3g. # of unduplicated individuals who receive grant services - race/ethnicity not listed				0	
	3h. # of unduplicated individuals who receive grant services - unknown/prefer not to respond				0	

Domain	Output	Report Period #1 (MAR 1, 2024 - JUN 30, 2024)	Report Period #2 (JUL 1, 2024 - DEC 31, 2024)	Report Period #3 (JAN 1, 2025 - JUN 30, 2025)	TOTALS	Goal
4. # of unduplicated individuals served by gender	4a. # of unduplicated individuals who receive grant services - female/woman/girl				0	
	4b. # of unduplicated individuals who receive grant services - male/man/boy				0	
	4c. # of unduplicated individuals who receive grant services - non-binary				0	
	4d. # of unduplicated individuals who receive grant services - unknown/prefer not to respond				0	
5. # of unduplicated individuals served by grade	5a. # of unduplicated individuals who receive grant services - pre-kindergarten				0	
	5b. # of unduplicated individuals who receive grant services - elementary (kindergarten-grade 5)				0	
	5c. # of unduplicated individuals who receive grant services - middle (grades 6-8)				0	
	5d. # of unduplicated individuals who receive grant services - high (grades 9-12)				0	
6. # of unduplicated schools served	6. # of unduplicated schools served				0	
7. Satisfaction surveys	7a. # of students completing satisfaction surveys				0	
	7b. # of students reporting satisfaction with services				0	
	7c. # of family members completing satisfaction surveys				0	
	7d. # of family members reporting satisfaction with services				0	
8. School staff training	8a. # of school staff completing training by grantee				0	
	8b. # of school staff completing training assessment				0	
	8c. # of school staff demonstrating mastery of training				0	
9. # of unduplicated new positions that provide direct services	9a. # of unduplicated filled new positions that provide services to students or families and require licensure or supervision from a licensed professional				0	
	9b. # of unduplicated filled new positions that provide services to students or families and do <u>not</u> require licensure or supervision from a licensed professional				0	
10. Tier 1 outcomes	10a. # of individuals receiving Tier 1 supports who were then assessed using assessment tool or survey					
	10b. # of individuals demonstrating desired outcome, using assessment tool or survey					

Domain	Output	Report Period #1 (MAR 1, 2024 - JUN 30, 2024)	Report Period #2 (JUL 1, 2024 - DEC 31, 2024)	Report Period #3 (JAN 1, 2025 - JUN 30, 2025)	TOTALS	Goal
11. Tier 2 outcomes	11a. # of individuals receiving Tier 2 supports who were then assessed using assessment tool or survey					
	11b. # of individuals receiving Tier 2 supports demonstrating improvement in social, emotional, behavioral, or academic functioning, using the outcome assessment tool(s)					
	11c. # of individuals receiving Tier 2 supports demonstrating no change in social, emotional, behavioral, or academic functioning, using the outcome assessment tool(s)					
	11d. # of individuals receiving Tier 2 supports demonstrating deterioration in social, emotional, behavioral, or academic functioning, using the outcome assessment tool(s)					
12. Tier 3 outcomes	12a. # of individuals receiving Tier 3 supports who were then assessed using tool(s)					
	12b. # of students/families receiving Tier 3 supports demonstrating improvement in social, emotional, behavioral, or academic functioning, using outcome assessment tool(s)					
	12c. # of students/families receiving Tier 3 supports demonstrating no change in social, emotional, behavioral, or academic functioning, using outcome assessment tool(s)					
	12d. # of students/families receiving Tier 3 supports demonstrating deterioration in social, emotional, behavioral, or academic functioning, using assessment tool(s)					

Coordinated Community Supports Grantee Monitoring Report - Custom Metrics

NOTE #1: Metrics that count "UNDUPLICATED" participants **CANNOT** count these same participants over different reporting periods. The "TOTALS" column for these metrics should sum only unduplicated participants (e.g., a participant counted in reporting period 1, **CANNOT** be counted again in reporting period 2 or 3.

NOTE #2: The program data with its associated data source reported by the grantee on this M&D report is subject to audit by the CHRC.

(Do NOT alter or enter data into shaded cells)

Intervention	Output	Report Period #1 (MAR 1, 2024 - JUN 30, 2024)	Report Period #2 (JUL 1, 2024 - DEC 31, 2024)	Report Period #3 (JAN 1, 2025 - JUN 30, 2025)	TOTALS	Goal
The Student Checkup	14a. # of unduplicated students/families served through The Student Checkup				0	
	14b. # of students/families assessed via measure #1					
	14c. # of students/families assessed via measure #1 who demonstrated improvement					
Botvin Life Skills	15a. # of unduplicated students/families served through Botvin Life Skills				0	
	15b. # of students/families assessed via measure #2					
	15c. # of students/families assessed via measure #2 who demonstrated improvement					

Appendix G

Updated September 24, 2024

Outcome Measure Menu for CHRC Grantees

About This Document

The "recommended" measures are validated, standardized measures of child and caregiver symptoms and/or functioning that are suitable across numerous EBPs. This allows us to align measurement tools across the different programs. These measures have been vetted by our team and in consultation with EBP purveyors. The "optional" measures are those included in the intervention materials or other suggestions by the purveyors. You can use these measures, but they might need extra work for outcomes monitoring (e.g., pre-post administration and scoring). Outcome measures should be selected by grantees to match the purpose of each intervention or EBP, with consideration of measure length, ease of use by students and/or caregivers, and availability in languages preferred by those respondents.

- Evidence-based programs (EBPs) prioritized by the Consortium and offered by the National Center for School Mental Health, in partnership with intervention developers/trainers, may require specific outcome measures, as detailed in the Table below.
- Grantees implementing interventions not on the list of priority EBPs are encouraged to use the preapproved outcome measures listed below. Other measures not on this list may be used if approved by the CHRC and NCSMH.
- Additional student/family outcome measures can be added as desired by the grantee or provider based on students and families served.

What outcome measures are preapproved?

Global Symptom / Functioning Outcome Measures	Problem-Specific Outcome Measures
<ul style="list-style-type: none">• Pediatric Symptom Checklist (PSC-17) (preferred)• Mood and Feelings Questionnaire (MFQ)• Global Appraisal of Individual Needs-Short Screener (GAIN-SS)• Strengths and Difficulties (SDQ)• Brief Problems Checklist (BPC)• Student Subjective Wellbeing Questionnaire (SSWQ)	<ul style="list-style-type: none">• Patient Health Questionnaire (PHQ-9): Mood / depression including Suicide Risk• Generalized Anxiety Disorder (GAD-7): Anxiety• Screen for Child Anxiety Related Disorders (SCARED): Anxiety• Revised Child Anxiety and Depression Scale (RCADS): Anxiety and Mood• Swanson, Nolan and Pelham Teacher and Parent Rating Scale (SNAP-IV): Attention / Concentration and Behavior• Vanderbilt ADHD Diagnostic Rating Scale: Attention / Concentration, Behavior, Anxiety, Mood, Social Skills

What if our EBPs or preferred measure(s) are not on the preapproved list?

Use of any measure not on the preapproved list should be approved by the Consortium before use. If you wish to use a measure not on this list, please include information about your outcome measure in your Metrics Plan and attach a copy as an appendix. CHRC and NCSMH staff will meet with grantees individually to approve outcomes measures and other program evaluation details.

Where can I find other outcome measures?

The School Mental Health Assessment and Performance Evaluation (SHAPE) System Screening and Assessment Library is available for school and community partners to locate free and low-cost measures. More information about the SHAPE Screening and Assessment Library can be found at <https://theshapesystem.com/assessmentlibrary/>. To access the Screening and Assessment Library and any other resources in The SHAPE System, create a free account as an individual or with a school or district team at www.theshapesystem.com **Measures on the SHAPE Screening and Assessment library are NOT automatically approved for CHRC grantees.** If you find a measure on SHAPE or elsewhere you would like to use, please request approval.

How do I report which outcome measure(s) we use?

Grantees will document their outcome measures in their Metrics Plan and M&D template.

What support is available?

For technical assistance please contact the following: Elizabeth.Connors@yale.edu; Jerica.Knox@som.umaryland.edu; SReaves@som.umaryland.edu; PRobinso@som.umaryland.edu

Priority Evidence-Based Programs	Recommended Individual Outcome Measures	Optional/Supplementary Individual Outcome Measures
Adolescent Community Reinforcement Approach (A-CRA)	Mental Health and Substance Use Measure: GAIN – Short Screener 5-year paper/pencil license costs \$150, electronic version available at cost.	Mental Health and Substance Use Measure PROMIS In EPIC and possible other EHRs. Items can be modified beyond alcohol use only. CRAFFT/CAGE-AID Can be used if items are modified to a timeframe that can facilitate pre-post comparisons. Global Symptom/Functioning Measure PSC-17 may complement, not replace, GAIN-SS or other substance use measure
Botvin LifeSkills	Symptom-Specific Measure Botvin LifeSkills Pre/Post Evaluation	Global Resilience or Wellbeing Measure Children’s Hope Scale
Chicago Parent Program	Symptom-Specific Measure Parenting Questionnaire Caregiver Measure, from CPP Evaluation Toolkit Strength and Difficulties Questionnaire Child Measure, from CPP Evaluation Toolkit Parental Stress Scale (PSS) Caregiver Measure	
Circle of Security	Symptom-Specific Measure Parental Stress Scale (PSS)	

Priority Evidence-Based Programs	Recommended Individual Outcome Measures	Optional/Supplementary Individual Outcome Measures
Cognitive Behavioral Intervention for Trauma in Schools (CBITS) / Bounce Back	Trauma Exposure and PTSD Symptoms (select one): Child Trauma Screen UCLA PTSD Index: Trauma Exposure Checklist & Child PTSD Symptoms Scale Traumatic Events Screening Inventory for Children (TESI-C)	Global Symptom/Functioning Measure PSC-17 may complement but not replace trauma exposure and PTSD symptoms measure
Counseling on Access to Lethal Means (CALM)	Outreach to NCSMH team to discuss options as needed	
Family Check Up	FCU Parent Caregiver Questionnaire on Family and Self FCU Parent Caregiver Questionnaire on Child (11-17 Years) FCU Parent Caregiver Questionnaire on Child (6-10 Years) FCU Parent Caregiver Questionnaire on Child (2-5 Years) FCU Adolescent Self Questionnaire (11-17 Years)	Parental Stress Scale (PSS)
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	Global Symptom/Functioning Measure: PSC-17	Any Approved Problem-Specific Measure(s) listed above
Safety Planning Intervention (Stanley and Brown)	Suicidal Ideation and Behavior Measure: Columbia – Suicide Severity Rating Scale (C-SSRS) may require training	Ask Suicide-Screening Scale (ASQ) Open-Source Suicidality Scale (SS)
SBIRT – Screening, Brief Intervention, and Referral to Treatment	Mental Health and Substance Use Measure: GAIN – Short Screener 5-year paper/pencil license costs \$150, electronic version available at cost.	Mental Health and Substance Use Measure PROMIS In EPIC and possible other EHRs. Items can be modified beyond alcohol use only. CRAFFT/CAGE-AID Can be used if items are modified to a timeframe that can facilitate pre-post comparisons. Global Symptom/Functioning Measure PSC-17 may complement, not replace, GAIN-SS or other substance use measure
Strengthening Families Program (SFP)	Global Symptom/Functioning Measure Student Subjective Well-Being Questionnaire Parental Stress Scale (PSS)	SFP youth and adult surveys long and short versions available, cost associated with evaluation services is \$350 for 20 families (\$50 for each additional 20 families), available in English and Spanish
The Student Check-Up (Motivational Interviewing)	Global Symptom/Functioning Measure: Student Subjective Wellbeing Questionnaire Re-administer pre-assessment included in manual	PSC-17 EPOCH Measure of Adolescent Well-Being School Engagement Scale Morgan Jinks Academic Self-Efficacy School Records (Grades, Discipline Referrals, Attendance)
Therapeutic Mentoring	Global Symptom/Functioning Measure: PSC-17 and/or Student Subjective Wellbeing Questionnaire	Problem-Specific Measure: Youth Strength of Relationship Measure

Priority Evidence-Based Programs	Recommended Individual Outcome Measures	Optional/Supplementary Individual Outcome Measures
Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents (UP-C/UP-A)	Global Symptom/Functioning Measure: PSC-17 (Internalizing scale only)	Problem-Specific Measure(s): RCADS (anxiety and depression) PHQ-9 (depression only) GAD-7 (anxiety only)
Youth Aware of Mental Health (YAM)	Mental health literacy measure: Youth Mental Health Literacy Scale (YMHL) Suicidal ideation and behavior measure: Columbia – Suicide Severity Rating Scale (C-SSRS) may require training	Ask Suicide-Screening Scale (ASQ) Open source Suicidality Scale (SS) Outreach to NCSMH team to discuss options as needed

Appendix H

**Meeting of the
Maryland Consortium on Coordinated Community Supports**

**Monday, June 24, 2024
In-person and Virtual Meeting**

10:00 AM – 11:35 AM

CONSORTIUM MEMBERS IN ATTENDANCE

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Erin McMullen, Maryland Department of Health | Chief of Staff
3. Mary Gable, Maryland State Department of Education | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy
4. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
5. Derek Anderson, Director of Community Schools, 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 of Social Work
11. Dr. Bradley Petry, Maryland School Psychologists Association | President
12. Ryan Moran, representative of the Maryland Medical Assistance Program | Deputy Secretary for Health Care Financing, Maryland Department of Health
13. Dr. Maureen Ponce, school counselor | President, Maryland School Counselor Association
14. 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
15. Gloria Brown Burnett, local Department of Social Services | Director, Prince George's County Department of Social Services
16. 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: CHRC Executive Director Mark Luckner; Sharon Hoover, co-Director, National Center for School Mental Health, University of Maryland School of Medicine; AAG Michael Conti; other staff; and members of the public.

WELCOME

Chair Rudolph welcomed the group.

MEETING MINUTES

A review of the April 11, 2024, minutes was held. Gail Martin made a motion to approve the minutes as written. Derek Simmons seconded the motion. The motion was passed unanimously, and the minutes were approved.

UPDATE ON GRANT AWARDS

Chair Rudolph asked Mark Luckner and CHRC staff member Lorianne Moss to update Consortium members on the status of implementation of Consortium grants.

Mr. Luckner reminded Consortium members that the Maryland Community Health Resources Commission (CHRC) awarded 129 proposals under the first Coordinated Community Supports Call for Proposals for service providers, for a total of \$111 million. These grants are currently under implementation. More than \$42 million has been processed for payment. The CHRC also awarded \$4.75 million to pilot ten Community Supports Partnership Hubs. More than \$900,000 has been processed for payment for the Hub pilots.

Some service provider grantees have requested grant modifications. An informal group of Consortium members is providing advice to the CHRC on these proposed grant modifications. 12 grant modifications were approved at the CHRC meeting on June 12.

As part of CHRC grant monitoring, grantees have submitted their first progress reports. 72 grantees have begun providing services to students and families under their grants. More than 100 intend to provide services during the summer. 45 grantees are waiting for a new or revised Memorandum of Understanding (MOU) from their school district.

NATIONAL CENTER FOR SCHOOL MENTAL HEALTH UPDATE

Sharon Hoover, co-director of the National Center for School Mental Health, briefed Consortium members on the National Center's work in support the program, as well as evidence-based practices to promote positive classroom environments. The National Center is coordinating training and technical assistance to Consortium grantees in 15 priority Evidence-Based Programs (EBPs). These EBPs were identified by the Consortium's Best Practices Subcommittee, with input from the public, MSDE, and Local Education Agencies. These priority EBPs support services at all three tiers of the Multi-Tiered System of Supports (MTSS), and address issues including depression, anxiety, conduct disorders, and trauma; suicide prevention; substance use prevention and treatment; prevention and mental health awareness; motivational interviewing; mentoring; and parenting. Approximately 79 service provider organizations have requested training in at least one of the priority EBPs. Approximately 65 agencies have signed up for their trainings, and 37 have started their trainings.

Dr. Hoover discussed the National Center's support for evaluating the impact of the grants. She then discussed some EBPs that support positive classroom environments, which is one of the Consortium's statutory responsibilities. She said EBPs that support positive classroom environments: create safe and supporting classrooms, teach mental health literacy and reduce stigma, and/or foster social emotional competencies. The Consortium will be making available training to school staff, including teachers, in key EBPs that support positive classroom environments, including the Good Behavioral Game and Mental Health Essentials for Teachers

and Students. The Consortium is supporting social emotional competencies through trainings in Botvin Life Skills.

BALTIMORE COUNTY VISITATION

Chair Rudolph, Tammy Fraley, and Gail Martin discussed a recent outreach event hosted by Baltimore County Public Schools to highlight several Consortium grantees. Maryland General Assembly Speaker Adrienne Jones and Speaker Pro Tem Dana Stein were in attendance. The Consortium will look to schedule additional outreach events throughout the summer and fall.

SUBCOMMITTEE UPDATES

CHRC Executive Director Mark Luckner said the Framework Subcommittee will be discussing the requirements and timeline for the next Request for Applications (RFA). The Subcommittee also will work to promote the sustainability of grants including through leveraging additional sources of funding.

Larry Epp, chair of the Data Subcommittee, said CHRC and National Center staff are working with grantees to finalize their evaluation plans and goals. Chair Epp reviewed the standardized metrics that will be collected across grantees. Looking ahead, the Subcommittee will work on data systems procurement.

Tammy Fraley, chair of the Outreach Subcommittee, said the Subcommittee will support future outreach events. In addition, grantees are publicizing their efforts through press releases and social media postings. Consortium members recommended that Consortium programs be featured at upcoming conferences.

Derek Simmons, co-chair of the Best Practices Subcommittee, said the Subcommittee will discuss additional strategies to promote positive classroom environments, expanded school Medicaid, and the EBPs.

ADJOURNMENT

Donna Christy made a motion to adjourn the meeting and Ed Kasemeyer seconded the motion. The motion was approved unanimously, and the meeting adjourned at 11:35 am.

**Meeting of the
Maryland Consortium on Coordinated Community Supports**

**Monday, August 12, 2024
In-person and Virtual Meeting**

10:00 AM – 11:45 AM

CONSORTIUM MEMBERS IN ATTENDANCE

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Erin McMullen, Maryland Department of Health | Chief of Staff
3. Gloria Brown Burnett, Maryland Department of Human Services | Deputy Secretary for Operations
4. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
5. Derek Anderson, Director of Community Schools, Maryland State Department of Education
6. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
7. Dr. Donna Christy, Maryland State Education Association | School Psychologist, Prince George’s County Public Schools
8. Gail Martin, Maryland Chapter of the National Association of Social Workers | Former Baltimore County Public Schools Team Leader, School of Social Work
9. Sadiya Muqueeth, DrPH, Member, Maryland Community Health Resources Commission | Baltimore City Health Department, Johns Hopkins University
10. Ryan Moran, representative of the Maryland Medical Assistance Program | Deputy Secretary for Health Care Financing, Maryland Department of Health
11. 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
12. Michael A. Trader II, representative of local departments of health | Director of Planning, Quality, and Core Services, Worcester County Health Department
13. The Honorable Eric Ebersole, Maryland House of Delegates

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

WELCOME

Chair Rudolph welcomed the group.

MEETING MINUTES

A review of the June 24, 2024, minutes was held. Gail Martin and Mark Luckner suggested minor revisions. Donna Christy made a motion to approve the minutes as amended. Ed Kasemeyer seconded the motion. The motion was passed unanimously, and the minutes as revised were approved.

UPDATE ON SERVICE PROVIDER GRANT AWARDS

Chair Rudolph asked Mr. Luckner to update Consortium members on the status of implementation of Consortium grants. Mr. Luckner reminded Consortium members that the Maryland Community Health Resources Commission (CHRC) awarded 129 proposals under the first Coordinated Community Supports Call for Proposals for service providers, for a total of \$111 million. These grants are currently under implementation.

On August 1, service provider grantees submitted their second Progress Reports and first Milestones & Deliverables reports. Based on CHRC staff analysis of these reports, 38 grantees have begun all services under their grants. 54 grantees have begun some services under their grants. 37 grantees have not been able to begin services yet. The most frequent reasons for not initiating services include: delays in receiving a Memorandum of Understanding (MOU) from their school districts, delays in hiring and training staff, and the school calendar.

To provide an example of the types of programs funded by the Consortium, Chair Rudolph invited Brianne Hahn from Thrive Behavioral Health to present on Thrive's grant for Anne Arundel County. Ms. Hahn reported that the program is currently serving students from 50 schools in the county. Programming includes early childhood, substance use, family education and support groups, school staff professional development, expanded clinical services to reimbursable by Medicaid, and client transportation. 22 clinicians have been trained in Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents (UP-C/UP-A). Referrals are received through school nurses and school counselors.

UPDATE ON HUB PILOT GRANT AWARDS

Mr. Luckner reminded Consortium members that the CHRC also awarded \$4.75 million to pilot ten Community Supports Partnership Hubs. Together, the ten Hub pilots cover 15 jurisdictions of the state. Hub pilots will prepare a number of deliverables under the grant, including a governance plan, needs assessment, asset map, and service referral process. Hub pilots receive significant technical assistance from the CHRC and National Center.

SUBCOMMITTEE UPDATES

Sadiya Muqueeth, chair of the Framework Subcommittee, said the Subcommittee will meet soon to discuss the requirements and timeline for the next Request for Applications (RFA).

Larry Epp, chair of the Data Subcommittee, said CHRC and National Center staff are working with grantees on their evaluation plans. Perrin Robinson, from the National Center, discussed the grant evaluation process and support given to grantees. Data from the first reporting period (March 1 – 2024 – June 30, 2024) submitted by Thrive Behavioral Health was presented as an example. Looking ahead, the Subcommittee will work on data systems procurement.

CHRC program manager Lorianne Moss provided an update from the Outreach Subcommittee on recent visitations. On July 31, the Consortium held an outreach event in Howard County with County Executive Ball, members of the Howard County legislative delegation, Consortium members, the Local Management Board, Howard County Public Schools, and five Howard County grantees. On July 15, Chair Rudolph visited Harford County Boys & Girls Club to view their program.

Derek Simmons, co-chair of the Best Practices Subcommittee, said the Subcommittee will meet soon to review the Evidence-Based Programs (EBPs) funded under the first Request for Applications, and may solicit public comments to inform the EBPs to be funded under the next RFA. Sam Reaves from the National Center updated Consortium members on current EBP trainings and implementation support. To date, 371 community provider staff and 109 school-employed staff have received EBP trainings coordinated by the National Center.

UPDATE ON CONSORTIUM REPORTS

Lorianne Moss informed Consortium members that the Consortium's annual report to the Maryland General Assembly, Governor, and Blueprint Accountability and Implementation Board (AIB) was submitted on July 1. On August 15, the Consortium will submit its FY 2024-2027 implementation report to the AIB. Both reports will be posted publicly on the Consortium's website.

ADJOURNMENT

Chair Rudolph said the next Consortium meeting will be held in October.

Sadiya Muqueeth made a motion to adjourn the meeting and Gail Martin seconded the motion. The motion was approved unanimously, and the meeting adjourned at 11:45 am.

**Meeting of the
Maryland Consortium on Coordinated Community Supports**

**Tuesday, October 15, 2024
In-person and Virtual Meeting**

10:00 AM – 12:00 PM

CONSORTIUM MEMBERS IN ATTENDANCE

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Mary Gable, Maryland State Department of Education | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy
3. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
4. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
5. Tammy Fraley, Maryland Association of Boards of Education | Allegany County Board of Education
6. Dr. Donna Christy, Maryland State Education Association | School Psychologist, Prince George's County Public Schools
7. Gail Martin, Maryland Chapter of the National Association of Social Workers | Former Baltimore County Public Schools Team Leader, School of Social Work
8. Dr. Bradley Petry, Maryland School Psychologists Association | President
9. Sadiya Muqueeth, DrPH, Member, Maryland Community Health Resources Commission | Baltimore City Health Department, Johns Hopkins University
10. Ryan Moran, representative of the Maryland Medical Assistance Program | Deputy Secretary for Health Care Financing, Maryland Department of Health
11. Dr. Maureen Ponce, school counselor | President, Maryland School Counselor Association
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. Stephen Liggett-Creel, 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 Eric Ebersole, Maryland House of Delegates

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

WELCOME

Chair Rudolph welcomed the group and introduced new Consortium member Stephen Liggett-Creel. Mr. Liggett-Creel will represent local departments of social services on the Consortium, filling the position vacated by Gloria Brown Burnett. Ms. Brown Burnett now serves on the Consortium as the designee of the Maryland Secretary of Human Services.

MEETING MINUTES

A review of the August 12, 2024, minutes was held. Donna Christy made a motion to approve the minutes. Mike Trader seconded the motion. The motion was passed unanimously, and the minutes were approved.

UPDATE ON SERVICE PROVIDER GRANT AWARDS

Chair Rudolph asked Mr. Luckner to update Consortium members on the status of the Consortium grants. Mr. Luckner reminded Consortium members that the Maryland Community Health Resources Commission (CHRC) awarded 129 grants under the first Coordinated Community Supports Call for Proposals for service providers, for a total of \$111 million. 114 grants are currently under implementation. 13 grants have not yet initiated services. Two grants will not be moving forward.

On September 24, CHRC Commissioners voted to require all grantees that had not initiated services as of that date to submit a Corrective Action Plan by October 30. These plans will be reviewed for potential next steps.

During the first four months of the grant, more than 25,000 students were served. Services were provided for students from 60% of Maryland public schools. 413 new staff have been hired, out of 624 positions to be filled. To provide examples of the types of programs funded by the Consortium, Chair Rudolph invited Dr. Nkem Okeke from Healthlines and Kathy Hedge from Parent Encouragement Program to discuss their grants.

UPDATE ON HUB PILOT GRANT AWARDS

Mr. Luckner reminded Consortium members that the CHRC also awarded \$4.75 million to pilot ten Community Supports Partnership Hubs. Together, the ten Hub pilots cover 15 jurisdictions of the state. Hub pilots are preparing a number of deliverables under the grant, including a governance plan, needs assessment, asset map, and service referral process.

Chair Rudolph announced that the Consortium is currently hiring for three new staff positions.

SCHOOL SAFETY

Chair Rudolph said he had directed Consortium staff to ensure grantees understand expectations related to school safety and threats of violence. Mark Luckner and AAG Conti said Consortium staff have briefed grantees on existing laws and policies related to reporting threats of violence. In addition, training will be provided to grantees in collaboration with the Maryland Center for School Safety.

NEXT REQUEST FOR APPLICATIONS

The next Consortium Request for Applications is expected to be issued in December 2024. It will have three tracks: (1) Community Supports Partnerships, for Hub pilots that have “graduated” and are able to apply with service providers as proposed subgrantees; (2) Hubs, for additional Hubs and continuation of Hubs that are not able to apply as Community Supports Partnerships; and (3) service providers, to continue services in areas without a Community Supports Partnership.

The Consortium has released seven questions for public comment to help inform the next RFA. Comments are due Friday, October 18.

SUBCOMMITTEE UPDATES

Sadiya Muqueeth, chair of the Framework Subcommittee, said the Subcommittee met on September 23 and developed three questions for public comment. The Subcommittee also discussed several issues related to the next RFA. The Subcommittee will continue these discussions and review public comments at its next meeting.

Larry Epp, chair of the Data Subcommittee, said the Subcommittee will meet on November 25 to discuss the Consortium's data system needs and develop questions for a potential future Request for Information.

Tammy Fraley, chair of the Outreach Subcommittee, briefed members on the Consortium outreach event held in Baltimore City on September 25.

Derek Simmons, co-chair of the Best Practices Subcommittee, said the Subcommittee met on September 26 and developed three questions for public comment. The Subcommittee also received an update from the National Center for School Mental Health on the status of the current 15 Priority Evidence-Based Programs (EBPs). The Subcommittee will continue these discussions and review public comments at its next meeting.

Sam Reaves from the National Center updated Consortium members on current EBP trainings and implementation support. To date, 854 community provider staff and 201 school-employed staff have received EBP trainings coordinated by the National Center. Additional trainings for educators will be available soon.

ANNOUNCEMENTS

Chair Rudolph said the next Consortium meeting will take place in November. After that the Consortium will meet again in early January.

Bradley Petry announced that he will be resigning from the Consortium due to a job change.

ADJOURNMENT

Donna Christy made a motion to adjourn the meeting and Gail Martin seconded the motion. The motion was approved unanimously, and the meeting adjourned at 12:00 pm.

**Meeting of the
Maryland Consortium on Coordinated Community Supports**

**Monday, November 18, 2024
In-person and Virtual Meeting**

10:00 AM – 12:00 PM

CONSORTIUM MEMBERS IN ATTENDANCE

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Mary Gable, Maryland State Department of Education | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy
3. Erin McMullen, Maryland Department of Health | Chief of Staff
4. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
5. Gloria Brown Burnett, Maryland Department of Human Services | Deputy Secretary for Operations
6. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
7. Tammy Fraley, Maryland Association of Boards of Education | Allegany County Board of Education
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 of Social Work
10. Sadiya Muqueeth, DrPH, Member, Maryland Community Health Resources Commission | Baltimore City Health Department, Johns Hopkins University
11. Dr. John Campo, MD, Maryland Hospital Association | Director of Mental Health, Johns Hopkins University Children's Center, Johns Hopkins University Hospital
12. Ryan Moran, representative of the Maryland Medical Assistance Program | Deputy Secretary for Health Care Financing, Maryland Department of Health
13. Dr. Maureen Ponce, school counselor | President, Maryland School Counselor Association
14. 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
15. Stephen Liggett-Creel, local Department of Social Services | Director, Prince George's County Department of Social Services
16. Michael A. Trader II, representative of local departments of health | Director of Planning, Quality, and Core Services, Worcester County Health Department
17. The Honorable Eric Ebersole, Maryland House of Delegates

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

WELCOME

Chair Rudolph welcomed the group.

MEETING MINUTES

A review of the October 15, 2024, minutes was held. Donna Christy made a motion to approve the minutes. Gail Martin seconded the motion. The motion was passed unanimously, and the minutes were approved without edits.

UPDATE ON SERVICE PROVIDER GRANT AWARDS

Chair Rudolph asked Mr. Luckner to update Consortium members on the status of the Consortium grants. Mr. Luckner reminded Consortium members that the Maryland Community Health Resources Commission (CHRC) awarded 129 grants under the first Coordinated Community Supports Call for Proposals for service providers, for a total of \$111 million. 122 grants are currently under implementation. 5 grants have not yet initiated services. Two grants will not be moving forward.

During the first four months of the grant, more than 26,000 students were served. Services were provided for students from 60% of Maryland public schools. 413 new staff have been hired, out of 624 positions to be filled. To provide an example of the type of programs funded by the Consortium, Chair Rudolph invited Wunmi Fadiora-Adediji from Hope Health Systems to discuss her organization's grants.

UPDATE ON HUB PILOT GRANT AWARDS

Mr. Luckner reminded Consortium members that the CHRC also awarded ten Community Supports Partnership pilot Hubs. Together, the ten Hub pilots cover 15 jurisdictions of the state. Hub pilots were required to prepare a number of deliverables under the grant, including a governance plan, needs assessment, asset map, and service referral process plan.

To determine their readiness to apply as full Community Supports Partnerships under the next Request for Applications (RFA), Hub pilots were assessed in three ways: (1) completeness of their deliverables, which included a governance plan, needs assessment, asset map, and referral plan; (2) progress in hiring dedicated staff for the Hub; and (3) ability to select and contract with service providers as subgrantees under the next RFA. Each grantee was assessed and categorized as either: Green (fully ready), Yellow (could be ready with improvements), or Red (will not be ready). The assessment found 3 Hub pilots in Green, 5 in Yellow, and 2 in Red. CHRC staff will follow up with grantees in Yellow to make final determinations about their readiness.

Chair Rudolph announced that the Consortium is currently hiring for three new staff positions.

SCHOOL SAFETY

Chair Rudolph said he had directed Consortium staff to ensure grantees understand expectations related to school safety and threats of violence. Mark Luckner and AAG Conti said Consortium staff have briefed grantees on existing laws and policies related to reporting threats of violence. In addition, Consortium staff have requested the Maryland Center for School Safety (MCSS) to provide training to grantees and attend a future Consortium meeting.

NEXT REQUEST FOR APPLICATIONS

The next Consortium Request for Applications will have three tracks: (1) Community Supports Partnerships, for Hub pilots that are “ready” to apply with service providers as subgrantees; (2) Hubs, for additional Hubs and continuation of Hubs that are not able to apply as fully realized Community Supports Partnerships; and (3) service providers, to continue services in areas without a full Community Supports Partnership.

The Consortium released seven questions for public comment to help inform the next RFA. 57 responses were received and discussed by Consortium Subcommittees.

The RFA is expected to be released in December 2024, with proposals due in February 2025, and awards made in April/May 2025. The grant period will be July 1, 2025 - June 30, 2026. Mr. Luckner and Consortium staff member Lorianne Moss presented proposed scoring rubrics for evaluating proposals in each of the three tracks. The RFA will permit current grantees to reapply for continuing funds, as well as new applicants. School systems will not be eligible for direct grant funding. Mr. Luckner and Ms. Moss asked Consortium members to consider whether current grantees seeking to reapply for continued funding should have different requirements than new applicants. Chair Rudolph invited Consortium members to provide feedback to Consortium staff by the end of the week.

SUBCOMMITTEE UPDATES

Sadiya Muqueeth, chair of the Framework Subcommittee, said the Subcommittee met on October 31 to review responses received for three questions that had been issued for public comment. The Subcommittee also discussed several issues related to the next RFA, including a potential funding range and additional support for Local Education Agencies.

Larry Epp, chair of the Data Subcommittee, said the Subcommittee will meet soon to discuss the Consortium’s data system needs and develop a potential future Request for Information.

Tammy Fraley, chair of the Outreach Subcommittee, briefed members on Consortium outreach events. To date, visitations have been held in Baltimore County, Howard County, Baltimore City, and Prince George’s County. On October 25, 2024, the Consortium participated in an outreach event at Dr. Henry A Wise Jr. High School. Delegate Joseline Pena-Melnyk, Superintendent Millard House II, and Dr. Sanmi Areola were among those in attendance, and several news outlets covered the event.

Derek Simmons, co-chair of the Best Practices Subcommittee, said the Subcommittee met on November 1 and reviewed responses to the questions for public comment. The Subcommittee also received an update from the National Center for School Mental Health on the status of the current 15 Priority Evidence-Based Programs (EBPs). The Subcommittee recommends continuing with the current list of 15 EBPs for providers and 3 for educators, with one change to replace the Strengthening Families Program with the Botvin Parent Program.

Samantha Reaves from the National Center updated Consortium members on current EBP trainings and implementation support. To date, 1121 community provider staff and 223 school-employed staff have received EBP trainings coordinated by the National Center.

ANNOUNCEMENTS

Chair Rudolph said the next Consortium meeting will take place in the new year.

ADJOURNMENT

Larry Epp made a motion to adjourn the meeting and Gail Martin seconded the motion. The motion was approved unanimously, and the meeting adjourned at 12:00 pm.

**Meeting of the
Maryland Consortium on Coordinated Community Supports**

**Tuesday, February 18, 2025
In-person and Virtual Meeting**

10:00 AM – 11:25 M

CONSORTIUM MEMBERS IN ATTENDANCE

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Gloria Brown Burnett, Maryland Department of Human Services | Deputy Secretary for Operations
3. Mary Gable, Maryland State Department of Education | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy
4. Edward Kasemeyer, Maryland Community Health Resources Commission (CHRC) | Chair
5. Christina Bartz, Council on Advancement of School-Based Health Centers | Director of Community Based Programs, Choptank Community Health Systems
6. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
7. Tammy Fraley, Maryland Association of Boards of Education
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 of Social Work
10. Dr. Katie Burkhouse, Maryland School Psychologists' Association | school psychologist, Howard County Public Schools
11. Dr. John Campo, MD, Maryland Hospital Association | Director of Mental Health, Johns Hopkins University Children's Center, Johns Hopkins University Hospital
12. Sadiya Muqueeth, DrPH, Member, Maryland Community Health Resources Commission | Baltimore City Health Department, Johns Hopkins University
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
14. Stephen Liggett-Creel, local Department of Social Services | Director, Prince George's County Department of Social Services
15. Michael A. Trader II, representative of local departments of health | Director of Planning, Quality, and Core Services, Worcester County Health Department
16. The Honorable Eric Ebersole, Maryland House of Delegates

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

WELCOME

Chair Rudolph welcomed the group and introduced new member Katie Burkhouse, who replaces Bradley Petry as the representative from the Maryland School Psychologists' Association.

MEETING MINUTES

A review of the November 18, 2024, minutes was held. Stephen Liggett-Creel made a motion to approve the minutes. Donna Christy seconded the motion. The motion was passed unanimously, and the minutes were approved without edits.

LEGISLATIVE UPDATE

Chair Rudolph said that budgetary issues in the state of Maryland are affecting all agencies, and the Governor's budget includes a proposed reduction in the Consortium's funding for FY 2026 and beyond. He said no decisions have been made yet, but changes to the Consortium program may be necessary depending on funding.

In addition, Mark Luckner said H.B. 1305 would require a workgroup to study the Consortium's Hub model, examine grantee outcomes, review collaboration with local school systems, and consider the equitable distribution of funds across the state. H.B. 1305 would also prohibit grant awards from being made for FY 2026.

CONSORTIUM IMPACT STATEMENT

Chair Rudolph asked Lorianne Moss to present the Consortium's first impact statement. Ms. Moss told the group that from March-October, the grants served over 58,00 students, and the number of students served through December is likely to surpass 70,000. Consortium services have been provided for students in 80% of Maryland schools. 475 individuals have been hired. 754 community providers and 1185 school staff have been trained in evidence-based practices. 90% of students and families are reporting satisfaction with services, and over 70% are demonstrating improvement. Going forward, the Consortium will also report on educational outcomes.

RFA #3 UPDATE

Mark Luckner said the third Consortium Request for Applications, issued by the CHRC in December, generated 150 proposals requesting \$151 million. Among these were: 7 proposals for Community Supports Partnerships serving 12 jurisdictions, submitted by Hubs that had completed the pilot; 9 proposals for Hub-only funding, including 3 Hub pilot continuations and 6 proposals for new Hubs; and 134 proposals from service providers for areas without full Community Supports Partnerships. More than 100 current service provider grantees have reapplied. This year, the Consortium invited Local Education Agencies to communicate to the Consortium their prioritization for services to be funded in their jurisdictions. Chair Rudolph encouraged Consortium members to volunteer for the applications review committee.

SCHOOL SAFETY

Kate Bryan and Kimberley Buckheit from the Maryland Center for School Safety (MCSS) briefed the Consortium on a comprehensive/layered approach to school safety that includes: physical security features, emergency preparedness, healthy personal connections, and a positive school climate. They discussed elements of a Behavioral Threat Assessment and their work to train school staff. Going forward, the MCSS may partner with the Consortium to provide training to Consortium service provider and Hub grantees.

ANNOUNCEMENTS

Chair Rudolph invited members to attend an event at noon to discuss the impact of the Consortium grants in Anne Arundel County, hosted by County Executive Steuart Pittman. He said the next Consortium meeting will take place in early April.

ADJOURNMENT

Donna Christy made a motion to adjourn the meeting, and Mike Trader seconded the motion. The motion was approved unanimously, and the meeting adjourned at 11:25 a.m.

**Meeting of the
Maryland Consortium on Coordinated Community Supports**

**Thursday, April 10, 2025
In-person and Virtual Meeting**

10:00 AM – 11:30 AM

CONSORTIUM MEMBERS IN ATTENDANCE

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Erin McMullen, Maryland Department of Health | Chief of Staff
3. Gloria Brown Burnett, Maryland Department of Human Services | Deputy Secretary for Operations
4. Mary Gable, Maryland State Department of Education | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy
5. Edward Kasemeyer, Maryland Community Health Resources Commission (CHRC) | Chair
6. Derek Anderson, Director of Community Schools, Maryland State Department of Education
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
10. Dr. Donna Christy, Maryland State Education Association | School Psychologist, Prince George's County Public Schools
11. Dr. Katie Burkhouse, Maryland School Psychologists' Association | school psychologist, Howard County Public Schools
12. Sadiya Muqueeth, DrPH, Member, Maryland Community Health Resources Commission | Baltimore City Health Department, Johns Hopkins University
13. Ryan Moran, representative of the Maryland Medical Assistance Program | Deputy Secretary for Health Care Financing, Maryland Department of Health
14. 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
15. Stephen Liggett-Creel, local Department of Social Services | Director, Prince George's County Department of Social Services
16. Michael A. Trader II, representative of local departments of health | Director of Planning, Quality, and Core Services, Worcester County Health Department
17. The Honorable Eric Ebersole, Maryland House of Delegates

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

WELCOME

Chair Rudolph welcomed the group and introduced the new Consortium Director, Megan Brown.

MEETING MINUTES

A review of the February 18, 2025, minutes was held. Donna Christy made a motion to approve the minutes. Stephen Liggett-Creel seconded the motion. The motion was passed unanimously, and the minutes were approved without edits.

LEGISLATIVE UPDATE

Chair Rudolph said that the Maryland General Assembly had restored much of the Consortium's budget, in recognition of the importance of the Consortium's work. The Consortium's appropriation for fiscal year 2026, is \$70,000,000, and for fiscal year 2027 and thereafter, it is \$100,000,000 annually. House Bill 1305, which would have prohibited the Consortium from making awards during fiscal year 2026, was heard but not voted out of committee.

UPDATE ON CURRENT GRANTS

CHRC Executive Director Mark Luckner told Consortium members that grants awarded under the first Community Supports Partnerships Request for Applications (RFA) have served approximately 77,000 students through December 2024. Services were provided in 1,124 Maryland schools, about 80%. \$69,227,591 has been distributed to grantees to date.

HUB PRESENTATION

Kim Eisenreich and Mia Pierson gave a presentation on the work of the Howard County Office of the Local Children's Board in implementing their Hub pilot grant under the Consortium's program. The grant has been instrumental in breaking down silos between the many organizations that serve children in Howard County. Howard County Office of the Local Children's Board has applied to be a full Community Supports Partnership under RFA #3.

CONSORTIUM RFA #3 UPDATE

Chair Rudolph asked Mike Trader to provide an update on the work of the review committee for proposals received under the Community Supports Partnerships RFA #3. The RFA generated 150 total proposals requesting a total of \$151 million. Funds were requested for: Track 1: full Community Supports Partnerships (Hubs + Service Providers), Track 2: Partnership Hubs, and Track 3: coordinated community supports service providers in areas of the state not yet supported by a Hub.

The review committee will meet this afternoon and will focus on proposals submitted by coordinated community supports service providers (Track 3). Each proposal has been reviewed on a 100-point scale by two individuals: staff from the National Center for School Mental Health, and another member of the Review Committee. The review committee will prioritize applications that are: returning grantees who are performing well, priorities of the local school systems, and scores on the 100-point scale. The committee also will consider geographic distribution and health equity. Applicants must maximize Medicaid billing if applicable. Final awards will be made by the CHRC in late May or early June.

SCHOOL SAFETY TRAINING UPDATE

Megan Brown said that more than 250 Consortium grantees participated in a mandatory training by the Maryland Center for School Safety on Tuesday, April 8, 2025. This training is required for all Consortium grantees.

ANNOUNCEMENTS

Ed Kasemeyer announced that he will be resigning as Chair of the CHRC effective April 15, 2025. Chair Rudolph thanked him for his leadership and support.

Chair Rudolph reminded Consortium members to submit their annual ethics disclosures.

ADJOURNMENT

Donna Christy made a motion to adjourn the meeting, and Katie Burkhouse seconded the motion. The motion was approved unanimously, and the meeting adjourned at 11:30 a.m.