



**MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION**

**ANNUAL REPORT**

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# MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION ANNUAL REPORT

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## I. Executive Summary

This report highlights the main activities and deliverables of the Maryland Community Health Resources Commission for Calendar Year 2025. The Maryland Community Health Resources Commission (CHRC) was created by the Maryland General Assembly in 2005 to expand access to health care for low-income Marylanders and underserved communities across the state and to bolster the capacity of the health care safety net infrastructure to deliver affordable, high-quality health services to those populations. Since its inception, the CHRC has expanded access to health services in Maryland's underserved communities by awarding 985 grants totaling \$396 million to support projects that have delivered essential health and social support services to more than 811,000 Marylanders, resulting in over 1.9 million service encounters at health centers, community-based clinics, and neighborhood organizations across the state's 24 jurisdictions. The initial funding provided by the CHRC has enabled its grantees to leverage \$59.6 million in additional federal and private/non-profit resources to provide even more necessary health care in vulnerable, underserved communities.

The CHRC is an independent commission within the Maryland Department of Health, and its 11 commission members are appointed by the Governor. Legislation enacted by the Maryland General Assembly has expanded the CHRC's statutory responsibilities to include the following:

- 1. Expand access to health care in underserved communities; support projects that serve low-income Marylanders, regardless of insurance status; and build capacity of safety-net providers.**

The CHRC achieves these goals by issuing an Annual Request for Applications (RFA). Each RFA is tailored to the population health goals of the Maryland Department of Health. Applications are received by CHRC staff and reviewed by independent subject matter experts. Applications are also reviewed by a Review Committee composed of CHRC staff, Commissioners, and the subject matter experts. That Committee evaluates applications based on selection criteria outlined in the RFA, and issues recommendations on which applicants should be considered by the full Commission. Commissioners then receive presentations from the recommended applicants and vote to issue awards. Over the years, CHRC grants have provided approximately 770,000 Marylanders with access to quality health care services.

On April 3, 2025, the Commission awarded 11 grants totaling \$7 million through its annual program. These grants, which are expected to serve more than 11,700 Marylanders, will expand health care access in underserved communities, serve vulnerable residents, and promote overall health equity. The CHRC targeted four types of projects this year: (1) diabetes and chronic disease; (2) maternal and child health; (3) behavioral health, including mental health and the ongoing impact of the opioid crisis; and (4) oral health care, in support of the state's Medicaid Dental Benefit. The CHRC prioritized applications that serve areas identified under Governor Moore's Engaging Neighborhoods, Organizations, Unions, Governments and Households (ENOUGH) Initiative, as well as projects that support Maryland's implementation

of the state's Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model. A list of grantees awarded under the CHRC's annual program can be found in Appendix E.

## **2. Implement the Maryland Health Equity Resource Act.**

The Maryland Health Equity Resource Act, approved during the 2021 legislative session, established the Pathways to Health Equity Program and Health Equity Resource Communities to target State resources to reduce health disparities, improve health outcomes, increase access to primary care, promote primary and secondary prevention services, and reduce health care costs and hospital admissions and readmissions in specific areas of Maryland.

The pilot phase of the program, Pathways to Health Equity was implemented May 2022 – June 2024. The nine Pathways programs served over 11,619 unduplicated, reduced emergency department visits by 12%, and generated over \$2.8 million dollars in hospital savings.

Following the two-year Pathways pilot program, the CHRC issued awards to 12 agencies as Health Equity Resource Communities (HERCs). During their first year of implementation (July 2024 – June 2025), these grants served 7,293 additional individuals through 24,060 service encounters. 8,299 connections were made to Social Determinant of Health services, and 1,169 individuals were newly connected to primary care. A list of HERC grantees can be found in Appendix F.

## **3. Implement the Maryland Consortium on Coordinated Community Supports.**

The Blueprint for Maryland's Future established the Maryland Consortium on Coordinated Community Supports to expand access to school behavioral health services and supports. The Consortium is responsible for developing a statewide framework to expand access to comprehensive behavioral health services for Maryland students from prekindergarten through high school through the development of Community Supports Partnerships between community-based service providers and school systems. The CHRC serves as fiscal agent for the Consortium.

In June 2025, the CHRC awarded grants totaling approximately \$97 million to providers of behavioral health services throughout the state. Consistent with the Consortium's statutory responsibilities, these grants supported the development of Community Supports Partnerships in 12 jurisdictions of the state. Grants awarded to Community Supports Partnerships are supporting both service delivery and service coordination by local Partnership Hubs. In areas of the state without full Community Supports Partnerships, the CHRC made direct grants to service providers, as well as grants to build the capacity of local entities to serve as Community Supports Partnership Hubs in the future. A list of Consortium grantees can be found in Appendix G.

## **4. Staff the Council on Advancement of School-Based Health Centers.**

The CHRC continues to provide staff support to the Maryland Council on Advancement of School-Based Health Centers. The purpose of the Council is to improve the health and

educational outcomes of students who receive services from a School-Based Health Center (SBHC).

## II. Background and Mission

The Maryland General Assembly created the Community Health Resources Commission through the Community Health Care Access and Safety Net Act of 2005 to expand access to affordable, high-quality health care services in Maryland's underserved communities; support the adoption of health information technology in community health resources; increase access to specialty health care services for uninsured and low-income individuals; promote interconnected systems of care and partnerships among community health resources and hospitals; and help reduce preventable hospital emergency department visits and reduce hospital admissions and readmissions. The CHRC is an independent commission within the Maryland Department of Health, and its 11 members are appointed by the Governor. A list of the CHRC commissioners can be found in Appendix A. The Commission is led by Chair Destiny-Simone Ramjohn, PhD.

Since its inception, the CHRC has expanded access to health services in Maryland's underserved communities by awarding 985 grants totaling \$396 million to support projects that have delivered essential health and social support services to more than 779,000 Marylanders, resulting in over 1.9 million service encounters at health centers, community-based clinics, and neighborhood organizations across the state's 24 jurisdictions. The initial funding provided by the CHRC has enabled its grantees to leverage \$59.6 million in additional federal and private/non-profit resources to provide even more necessary health care in vulnerable, underserved communities.

Increasing access to primary and preventative medical, behavioral, dental, and women's health services using multi-sectoral approaches are the bedrock goals of the CHRC. CHRC grants have: (1) increased access to primary care services and supported new health care access points in underserved communities; (2) supported interventions that address childhood and adult obesity, food security, diabetes and other chronic diseases; (3) targeted "super-utilizers" of emergency care for ambulatory care sensitive conditions through hospital Emergency Department (ED) and emergency medical services (EMS) diversion and care coordination; (4) provided prenatal and perinatal services for women who would otherwise lack access; (5) expanded and created capacity for dental care to serve low-income, underinsured, and uninsured Maryland residents; (6) supported the integration of behavioral health and primary care services; and (7) expanded access to substance use treatment.

The CHRC programs have demonstrated measurable improvements in health outcomes and have led to significant cost savings by reducing avoidable hospitalizations, particularly in the non-acute management of ambulatory care-sensitive conditions. The CHRC seeks to support grant-funded programs that are innovative, sustainable, and replicable. Priority is given to projects that utilize evidence-based intervention strategies to address specific community needs and that provide measurable improvements in health outcomes.

## Examples: Improving Health Outcomes

- **Shepherd's Clinic.** This grant provided healthcare for uninsured and underinsured adults in Baltimore, including medical, behavioral health, and wellness services complemented by evidence-based interventions, healthy eating, increased movement, and SDOH resources for individuals who have prediabetes or diabetes. The program served 150 Baltimore residents. Data analysis showed a 99% reduction in ED visits for diabetes related issues; with 40% of clients over 65 achieving HbA1C levels of 7.0-9.0%; and 47% of clients under 65 with a starting HbA1C >7.5% reduced their HbA1C by at least one percentage point.
- **Health Care for the Homeless.** This grant delivered intensive care management to improve health and chronic disease management, reduce ED visits and prevent hospitalization for Medicare (and dually-eligible) clients experiencing homelessness in Baltimore. This project focused on “Addressing Chronic Disease Prevention and Disease Management” through the Maryland Primary Care Program (MDPCP) which coordinated care across the health system; supported the delivery of advanced primary care throughout the state with a focus on chronic diseases management. Of the 405 clients served, 66% of hypertensive patients achieved blood pressure control, with similar improvements for HbA1C.
- **Mary's Center for Maternal and Child Health.** This grant supported implementation of the evidence-based CenteringPregnancy and CenteringParenting programs for expectant and new Latina mothers in Montgomery and Prince George's Counties. These group care programs provide prenatal and pediatric services, help participants to increase their personal health care autonomy and build contacts and social bonds with other women. The program is replicable with the target populations in other areas of the state and offers the potential to help improve birth outcomes. The program served 3,000 women in Prince George's County. Prenatal care in the first trimester increased from 64.6% to 74% and the percentage of low-birth weight babies (2,500 grams or less) was reduced from 8% to 5%.
- **Hope Rising Resource Center.** This grant is expanding access to expand access to mental health services in Carroll County, focusing on low-income, uninsured/underinsured, and LGBTQIA+ residents. The program offers mental health counseling, workshops and events, art therapy groups, and peer recovery support. After one year of implementation, over 90% of clients reported improvement in their mental health after participating in workshops and peer support group meetings. For individuals engaged in group and individual therapy, the use of standardized tools such as the PHQ-9 and GAD-7, alongside client interviews, indicated that 90% of clients experienced reduced depression and anxiety.

The CHRC continues to prioritize funding for projects that offer innovative ways to address health disparities and promote health equity. In particular, the CHRC focuses on health disparities related to gaps in access to care, the limited availability of providers and services, and Social Determinants of Health (SDOH), such as lack of transportation, that persist in underserved communities and contribute to poor health outcomes. These health disparities are found across

rural, urban, and suburban communities. For example, racial and ethnic minorities, the elderly, homeless, immigrants, uninsured/underinsured, economically disadvantaged or those with behavioral health disorders are less likely to have a usual source of care or to have received essential health or dental care within the previous year. These groups also confront more barriers to care and are disproportionately impacted by SDOH, leading to poorer quality care than higher-income individuals.

### **Examples: Reducing Avoidable ED Utilization and Achieving Cost-Savings**

- **Greater Baltimore Medical Center.** This grant addressed disparities in diabetes and hypertension among the African American population in Baltimore. The program served 2,050 individuals, providing comprehensive primary and preventive care services including vaccinations, screenings, disease management and care coordination services, at-home care for elderly participants, and resources to address Social Determinants of Health (SDOH) needs. After the initial two years, 98% of enrollees were connected with a PCP; 86% achieved BP control at or below 140/90, and an even higher rate of 87% among those screened. Notably, there was a 39% decrease in inpatient admissions at 6 months and a 23% decrease at 12 months. Cost reductions for diabetes-related care over twelve-month periods have decreased by 67%, including a 24% reduction in IP charges; 11% reduction in ED charges; and a 19% reduction in potentially avoidable charges. CRISP utilization data reflected a savings of \$10,498,960 in total cost of care.
- **La Clinica del Pueblo.** This grant supports expanded access to primary care for low-income, uninsured, and underinsured individuals who are at risk for or living with chronic conditions such as hypertension, obesity, or diabetes. The program aims to reduce health disparities for underserved populations and address health-related social needs through screenings, enhanced case management, and the delivery of culturally tailored health education and wellness services for all clients. After the first year of implementation, individuals served had a 50% reduction in hospital visits over 3 months post-enrollment, and a 67% reduction over 6 months post-enrollment.
- **Moveable Feast.** The grant supported the expansion of a successful program that delivers free medically tailored meals to vulnerable homebound individuals who have prediabetes or diabetes and other chronic conditions, and experience food insecurity and malnutrition. Clients were offered medical nutrition therapy and benefited from increased social contacts with Moveable Feast staff and volunteers. The program provided 170 individuals with 36,746 medically tailored meals and nutrition counseling. Clients experienced reduced HbA1C levels (69%), and the program achieved over \$900,000 in reduced hospital costs.

Over the years, the CHRC has placed an emphasis on supporting programs that address unmet health needs in rural areas. Of the 985 grants awarded by the CHRC, 421 have supported programs in rural areas. These grants, totaling approximately \$150 million, have provided 208,000

rural residents access to primary and behavioral health care, dental care, women’s health services, childhood obesity prevention programs, and SDOH resources across all 18 rural jurisdictions.

### **Examples: Addressing the Unique Needs in Rural Communities**

- **Tidal Health REACH.** This grant addressed disparities in diabetes experienced by African American and Haitian populations on the lower Eastern Shore. The REACH (Rural Equity and Access to Community Health) program interventions include expansion of Mobile Integrated Health, connections with primary care, expansion of culturally linguistic and evidence-based diabetes programming, and deployment of Community Health Workers (CHWs). Tidal exceeded the target goal, serving 3,363 residents. By program end, 65% of patients with diabetes who were engaged in ongoing care with a primary care provider achieved a HbA1C of <7.0% and 26% achieved a HbA1C of ≥7.0% to <9.0%. Additionally, 47% of patients with hypertension achieved a controlled blood pressure (140/90 or below) and 77% of participants demonstrated reduced BMI.
- **Choptank Community Health.** This grant supported the expansion of substance use disorder (SUD) and mental health treatment services to Kent County. Services were delivered through the grantee’s mobile van, helping to support access to care for individuals with transportation barriers. Services included individual and group therapy, psychiatric evaluations, medication management, Medication Assisted Treatment (MAT), peer recovery, and case management. 165 individuals were served by the grant through 422 service encounters. 118 engaged in peer recovery services and 60 were linked to non-medical services to address Social Determinants of Health.
- **St. Mary’s County Health Department.** The grant supported the opening of two new school-based health center (SBHC) sites, the first SBHCs in St. Mary’s County. The clinics provide primary care and mental health services. Besides serving students and teachers of the school, the SBHCs are utilized for community testing, vaccinations, and telehealth services for the broader community. The grant supported services for 986 individuals, including 521 students and 474 other community members. 1,137 individuals were vaccinated. St. Mary’s County Health Department also received a grant from the Consortium to expand behavioral health services through the SBHCs.
- **Charles County Health Department.** This grant helped the Health Department’s “Mobile Integrated Health” (MIH) program serve vulnerable residents who call 911 frequently due to their complex health needs. The MIH team worked with clients to better manage chronic conditions and facilitate access to needed services and resources. The program has served more than 135 clients and achieved demonstrable reductions in avoidable hospital and EMS utilization. A three-month pre- versus post-intervention analysis demonstrated a 57% drop in EMS and ED utilization; a 67% reduction in hospitalizations; and a 90% drop in 30-day readmissions. A subset analysis of hospital and ED visit charges during a one-month pre-and post-intervention period showed a 78% reduction in cost from \$910,000 to \$198,000. Clients

with hypertension saw a 68% improvement in their hypertension metrics while clients with diabetes saw a 38% improvement in their diabetes metrics.

Delivery of health care services and adverse SDOH affect a disproportionate number of Maryland's vulnerable populations, therefore, it is more critical than ever that Maryland supports and protects the integrity of the state's safety net providers. These safety net providers have a history of serving low-income individuals and have a demonstrated track record of implementing programs that serve vulnerable populations by offering innovative approaches to tackling SDOH and reducing health disparities.

### **Examples: Social Determinants of Health Resources Support and Linkages**

- **Baltimore City Health Department.** This grant supported the expansion of the existing "Baltimarket Healthy Stores" project funded through a previous CHRC grant. The program works with retail stores to expand access to affordable, healthy food options in areas that serve low-income children and families. The Health Department provided technical assistance to participating stores, focusing on the implementation of federal SNAP/food stamp changes, and employed young neighborhood residents as community health educators. Forty stores and 82 volunteers participated in the program, selling approximately \$3,200 in healthy foods to Baltimore City residents.
- **Access Art (Baltimore City).** This project supported Access Arts' food distribution and comprehensive health events, which addressed multiple SDOH in the Morrell Park neighborhood of southwest Baltimore. Grant funding covered the salary of a full-time bilingual CHW who screened individuals and families attending the food distribution events for SDOH and helped families access health insurance benefits, behavioral health services, and family assistance projects. Grant funds were used to purchase household supplies and food which helped the program distribute 125,217 lbs. of food.
- **University of Maryland School of Nursing RICH.** This grant addressed disparities in hypertension, mental health, and social isolation in West Baltimore. The RICH (Reducing Isolation and Inequities in Cardiovascular Health) Collaborative met its target goal, serving 2,001 participants with interventions that included nurse-managed health centers, mobile health care, and care coordination to reduce hypertension. Critical program activities included, but were not limited to, distribution of 925 self-monitoring blood pressure cuffs, improved access to healthy foods, provision of clinical support, preliminary medication education or counseling, and navigation support to access and use these resources. There were substantial health-promoting behavior changes reported by the respondents, especially for use of the BP cuff at home (93%) and tracking of their readings (80%). Of the 2,001 enrolled participants, 28.5% were screened for social isolation. Of those screened, approximately 11.8% were referred to and attended support group events. Furthermore, 421 health prevention education events were conducted in collaboration with community-based organizations and faith-based groups, representing 73.9% of those screened for social isolation, and significantly surpassing the target of 96 events by 338.5%. RICH was able to

connect at least 50% of its participants to needed resources, largely due to the hard work and extensive efforts of CHWs.

- **PIVOT, Inc.** This grant expanded PIVOT’s services to support formerly incarcerated women. PIVOT arranges to pick women up upon their release and provide them with safe, supportive housing and enrollment in PIVOT’s nine-week reentry and workforce development program. The program provides case management and access to on-site mental health services; referral and transportation to psychiatry, addiction maintenance medication, family support, and women’s health services; and linkages to health insurance. Every woman receives a dedicated case manager, career coach, and therapist – all working alongside them to obtain employment, find long-term housing, regain custody of their children, and address other challenges. During the grant’s first year, 155 women were served through more than 2,450 service encounters. 58 individuals utilized transportation assistance, and 67 social services referrals were completed. 83% of enrolled individuals received 1:1 therapy and 41% secured employment.
- **LifeStyles Foundation of Maryland.** This grant provides health care, mental health, substance use, and other supports for homeless and low-income populations in Southern Maryland. Through regular outreach events, unsheltered homeless individuals are provided with food, clothing, laundry, and hygiene services, i.e. showers and hygiene kits. Case management services are connecting individuals to food, supplies, employment, and housing supports. During the first two years of the grant, LifeStyles served 915 individuals.

The CHRC implements a robust grant monitoring system designed to ensure that public resources are utilized efficiently and effectively, and that program objectives are measurable and achieved. The CHRC also provides its grantees with technical assistance to bolster their capacity, document program impact, support program evaluation, and promote program sustainability.

### III. Annual Request for Applications

The CHRC accomplishes its key statutory mission by issuing an annual Request for Applications (RFA). During calendar year 2025, the CHRC issued an RFA to expand access to health care and advance health equity. This RFA had two Strategic Priorities that all applicants were required to address:

- Advancing health equity by addressing health disparities and social determinants of health (SDOH) through efforts that address the totality of medical and non-medical needs, and integrate health and social services; and
- Supporting innovative and sustainable community partnerships and building the capacity of safety net providers and community-based organizations to participate in State initiatives such as the Achieving Healthcare Efficiency through Accountable Design (AHEAD) model and Maryland Engaging Neighborhoods, Organizations, Unions, Governments and Households (ENOUGH) initiative to foster genuine community engagement.

Applicants were required to select one of four areas of focus for their proposals:

- Addressing chronic disease prevention and disease management, including diabetes and its comorbidities, hypertension, heart disease and others;
- Promoting maternal and child health and childhood asthma;
- Addressing behavioral health, including mental health and substance use disorder (SUD) and the ongoing impact of the opioid crisis; or
- Providing dental care to support the Maryland Medicaid Dental Benefit.

The CHRC received a total of 70 applications requesting \$46.4 million. The table below details the grant applications received by Area of Focus:

<b>Maryland Community Health Resources Commission FY 2025 Request for Applications</b>				
<b>Area of Focus</b>	<b>Number of Applications</b>	<b>Total Amount Requested</b>	<b>Number of Awards</b>	<b>Total Amount Awarded</b>
Chronic Disease	28	\$17,204,391	4	\$2,310,000
Maternal / Child Health	14	\$10,324,849	2	\$1,148,000
Dental Care Services	7	\$4,597,405	3	\$2,250,000
Behavioral Health	21	\$14,310,314	2	\$1,300,000
<b>Totals</b>	<b>70</b>	<b>\$46,436,959</b>	<b>11</b>	<b>\$7,008,000</b>

Grants issued through the CHRC’s Annual Request for Applications are awarded through a competitive process. Priority areas and review criteria are determined by CHRC Commissioners.

Grant applications are evaluated on a 100-point scale by independent subject matter experts using a range of criteria outlined in each RFA. Evaluation criteria utilized include the use of evidenced-based practices in the proposed program; the ability of the program to collect and report outcomes data; demonstration of a community need; program sustainability; and the likelihood of overall program success. Under the fiscal year 2025 RFA, applicants serving census tracts identified through the ENOUGH Act were awarded 5 additional points during the applications review process. Following this evaluation, a Review Committee composed of CHRC Commissioners, CHRC staff, and subject matter experts is convened and issues recommendations. Commissioners vote on whether to adopt the recommendations. CHRC staff then contact the recommended applicants to collect additional information. Finally, Commissioners receive presentations from the recommended applicants and vote on whether to issue awards.

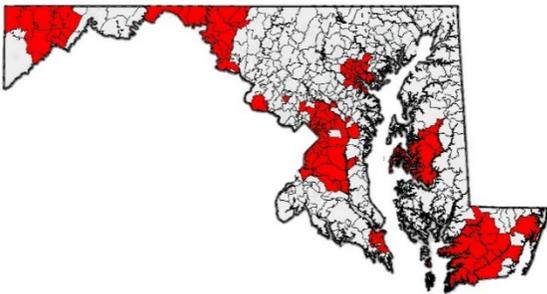
Under the fiscal year 2025 RFA, the CHRC voted to approve 11 grants totaling \$7 million to support innovative, replicable, and sustainable projects that serve vulnerable populations and promote health equity. The grantees include public health agencies, safety net healthcare providers, and community-based organizations who play a vital role in promoting equitable access to health care and social support services. These programs are expected to serve more than 11,700 Marylanders. A list and summary of the programs awarded in fiscal year 2025 may be found in Appendix E.

Through these awards, the CHRC continues to emphasize programs that address health disparities and promote the delivery of integrated health services in underserved communities.

## IV. Maryland Health Equity Resource Act

The Maryland Health Equity Resource Act, approved during the 2021 legislative session, established the Pathways to Health Equity (Pathways) and Health Equity Resource Community (HERC) programs to invest State resources in specific areas of Maryland to achieve five strategic goals: 1) reduce health disparities; 2) improve health outcomes; 3) increase access to primary care; 4) promote primary and secondary prevention services; and 5) reduce health costs and hospital admissions and readmissions. The bill also created a Health Equity Resource Community Advisory Committee to support the design and administration of this program.

In February 2022, the CHRC awarded nine, two-year pilot grants, “Pathways to Health Equity,” totaling \$13.5 million, supporting three programs in Prince George’s County, three in Baltimore City, and three in rural areas. The pilot programs ended in June 2024. These programs served over 11,000 unduplicated individuals, reduced emergency department visits by 12%, and generated over \$2.8 million dollars in hospital savings over the two-year period.



In October 2023, the CHRC issued the Health Equity Resource Community (HERC) Request for Applications. These programs were designed to build upon the work of the Pathways pilot program. Following a similar review process as noted on page 7, CHRC Commissioners voted in May 2024 to award a total of \$42 million in HERC grant funding to 12 organizations. Five of the nine Pathways programs became HERC grantees, and seven new programs began implementation on July 1, 2024. The map above illustrates ZIP Codes served by HERC grants.

Below are examples of health disparities addressed by HERC programs and examples of measures used to assess impact:

- **Diabetes:** number of individuals whose HbA1c levels are reduced to less than 7.0%.
- **Hypertension:** number of individuals with hypertension who have achieved controlled blood pressure ( $\leq 140/90$ ).
- **Maternal and Child Health:** rates of pre-term births, rates of Low Birth Weight births, and rates of pregnant women who entered prenatal care during their first trimester.
- **Behavioral Health:** number of individuals with behavioral health concerns connected to treatment and other supportive services.
- **Sickle Cell Disease:** number of patients treated in infusion clinics.

HERC grantees also collect data on the number of individuals who are newly linked with a Primary Care Provider. CRISP analyzes utilization data and resulting hospital savings achieved through HERC programs.

In addition, HERC programs focus on non-medical SDOH including, but not limited to transportation, food insecurity, housing, health literacy, employment assistance, workforce

development, medical language interpretation, safety and violence intervention and legal assistance. Grantees collect data on the number of SDOH screenings and the number of completed referrals to SDOH supports.

After the first year of implementation, the HERC programs supported more than 7,200 individuals through more than 24,000 service encounters. Over 1,100 people were screened for diabetes, more than 2,700 for cardiovascular conditions, and over 3,600 received behavioral health screenings. In addition, more than 4,900 individuals were screened for social needs, leading to over 8,200 connections to community resources. HERC grantees also linked more than 1,000 participants to primary care. Within just six months, the programs generated more than \$650,000 in hospital savings, with considerable cost reductions anticipated by the end of the five-year grant term, June 2029.

A summary of the 12 HERC programs may be found in Appendix F of this report.

## **V. Maryland Consortium on Coordinated Community Supports**

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

The Consortium has 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 education and behavioral health. The National Center for School Mental Health provides training and technical assistance.

Under the first Consortium Request for Applications (RFA), the CHRC awarded 129 grants totaling approximately \$111 million to providers of behavioral health services. These grants were under implementation from March 2024 – June 2025. Programs addressed a wide array of behavioral health services in every jurisdiction of the state. In total, these grants served more than 136,000 students. Services were available for 85% of Maryland schools. 87% of students and families reported satisfaction with services. 73% of individuals assessed demonstrated improved behavioral health outcomes. 1,620 grantees and 5,946 school staff received training in evidence-based programs to support student behavioral health. Grantees hired 705 new staff members to support student behavioral health needs.

The second Consortium RFA provided grants to build the capacity of local organizations to serve as Community Supports Partnership Hubs and pilot the collective impact model. Ten organizations were awarded in March 2024, all of which were Local Behavioral Health Authorities (LBHAs) and Local Management Boards (LMBs). These grants were under implementation from April 2024 – June 2025. Pilot Hubs participated in a technical assistance program led by the CHRC and National Center for School Mental Health. Deliverables produced during the pilot, including a Governance Plan, Needs Assessment, Asset Map, and Service

Referral Plan, were designed to help the pilot Hubs become full Community Supports Partnerships in the next round of funding.

On December 5, 2024, the CHRC released the third Consortium RFA. Funds were drawn from both FY 2025 and FY 2026 revenues. Three types of grants were available under this RFA:

- **Track 1: Grants to Community Supports Partnerships.** Grants fund both behavioral health services for a jurisdiction, as well as the activities of a local coordinating agency, or Hub. Lead applicants were Hubs that had participated in the previous year’s Consortium Hub pilot capacity-building curriculum and were assessed as “ready” to become full Community Supports Partnerships. Hubs performed their own local RFA processes to select service providers to include in their Community Supports Partnership proposals as subgrantees.
- **Track 2: Grants to build future Partnership Hub capacity.** These grants fund organizations to develop their capacity to serve as Hubs in future Community Supports Partnerships. Consistent with last year, eligibility was limited to Local Behavioral Health Authorities (LBHAs) and Local Management Boards (LMBs). Applicants were required to be the consensus choice of their geographic region, and to submit a letter of support from their local Superintendent or the Superintendent’s designee.
- **Track 3: Grants to service providers.** These grants directly fund service providers in areas of the state not applying as full Community Supports Partnerships (i.e., in Track 1). Grants sustain and expand access to high-quality behavioral health and wraparound services for students and families across the state of Maryland. Applicants were required to submit a letter of support from their local Superintendent or the Superintendent’s designee. Grants may not supplant existing school behavioral health funding.

Applications under the third Consortium RFA were due to the CHRC on February 4, 2025. The CHRC received a total of 150 proposals requesting \$151 million from applicants in all 24 jurisdictions. Following a thorough review process, on June 11, 2025, the CHRC made awards to: 7 Community Supports Partnerships covering 12 jurisdictions, 9 Hubs for capacity-building efforts, and 92 service providers in areas of the state with full Community Supports Partnerships. A summary of awards by track is listed in the following table:

Maryland Consortium on Coordinated Community Supports Request for Applications #3		
Track	Original Requested	Total Award
Track 1	\$42,419,110	\$30,400,000
Track 2	\$3,303,507	\$2,575,684
Track 3	\$105,721,504	\$64,327,748
<b>Total</b>	<b>\$151,444,121</b>	<b>\$97,303,432</b>

Track 1 - Community Supports Partnerships		
Jurisdiction	Amount Requested	Award
Anne Arundel	\$12,589,920	\$9,000,000
Garrett - Allegany	\$2,505,462	\$2,000,000

Harford	\$3,994,476	\$3,300,000
Howard	\$9,957,150	\$7,000,000
Mid Shore (Dorchester, Kent, Queen Anne's, Talbot)	\$7,065,458	\$5,000,000
St. Mary's	\$2,325,530	\$1,700,000
Worcester - Somerset	\$3,981,114	\$2,400,000
<b>TOTAL Track 1</b>	<b>\$42,419,110</b>	<b>\$30,400,000</b>

<b>Track 2 - Hubs</b>		
<b>Jurisdiction</b>	<b>Amount Requested</b>	<b>Award</b>
Baltimore County	\$392,066	\$360,684
Baltimore City	\$383,927	\$375,000
Calvert Co.	\$195,643	\$500,000
Carroll Co.	\$196,696	\$195,000
Cecil Co.	\$381,907	\$195,000
Frederick Co.	\$428,315	\$200,000
Montgomery Co.	\$615,654	\$200,000
Prince George's Co.	\$460,692	\$350,000
Washington Co.	\$248,607	\$200,000
Caroline Co. (joining Mid Shore)	\$0	\$0
<b>TOTAL Track 2</b>	<b>\$3,303,507</b>	<b>\$2,575,684</b>

<b>Track 3 – Total service provider awards by Jurisdiction</b>		
<b>Jurisdiction</b>	<b>Amount Requested</b>	<b>Total Award</b>
Baltimore City	\$16,194,810	\$9,999,613
Baltimore County	\$20,918,737	\$9,998,207
Calvert Co.	\$2,496,366	\$1,999,999
Caroline Co.	\$865,269	\$574,050
Carroll Co.	\$3,944,465	\$2,264,615
Cecil Co.	\$3,517,623	\$2,109,523
Charles Co.	\$4,556,910	\$2,990,000
Frederick Co.	\$6,387,708	\$5,521,032
Montgomery Co.	\$9,817,608	\$8,864,762
Prince George's Co.	\$34,495,190	\$18,197,188
Washington Co.	\$1,710,657	\$1,154,854
Wicomico Co.	\$816,161	\$653,905
<b>TOTAL Track 3</b>	<b>\$105,721,504</b>	<b>\$64,327,748</b>

Programs address a range of behavioral health challenges through prevention, behavioral health screenings, counseling, addiction treatment, family support, crisis planning and services, telehealth services, support groups, wraparound services, and more. More information on grants awarded can be found in Appendix G.

The Consortium works closely with the Local Education Agencies (LEA) to ensure supports are coordinated. Consortium staff collaborate with the Public Schools Superintendents' Association of (PSSAM) Maryland and with the Maryland State Department of Education

(MSDE) to communicate with the local Directors of Student Services and Behavioral Health Coordinators for all the LEAs. Consortium staff also maintain regular contact with key LEA staff on an ongoing, one-on-one basis. All Consortium grant applicants are required to describe meaningful collaboration with the LEA in developing and implementing their applications, and this is a factor when the CHRC evaluates proposals.

Prior to initiating services, each grantee is required to have a Memorandum of Understanding (MOU) with their LEA. Grantees are required to follow all standard LEA onboarding requirements such as fingerprinting, background checks, etc. Grantee reports are shared with LEAs.

Grantees regularly report on key performance measures including behavioral health outcomes. The grant period is July 1, 2025-June 30, 2026, after which grants may be renewed. The next Consortium RFA is expected to be released in December 2025 and will cover the period July 1, 2026-June 30, 2027.

Additional information on these awards are posted on the CHRC website here:

<https://health.maryland.gov/mchrc/Pages/Description-of-grantees-by-year.aspx>

## **VI. Council on Advancement of School-Based Health Centers**

The Maryland Council on Advancement of School-Based Health Centers (the Council) was established through legislation approved by the Maryland General Assembly in 2015. The primary purpose of the Council is to enhance the health and educational outcomes of students who receive services through school-based health centers (SBHCs). The Council is tasked with advancing the integration of SBHCs into both the healthcare system and the educational system at the state and local levels. In fulfilling this mission, the Council develops and advocates for policy recommendations aimed at improving the overall well-being and academic success of students utilizing SBHC services. A complete list of Council members can be found in Appendix D.

In 2017, the Maryland General Assembly approved legislation that transferred the Council from the Maryland State Department of Education to the Department of Health. Under the legislation, the CHRC provides staffing support for the Council and is permitted to seek the assistance of organizations with expertise in school-based health care to support the Council's work.

As of October 2025, there were currently 91 SBHCs across 16 jurisdictions in Maryland.

A copy of the Executive Summary of the Council on Advancement of School-Based Health Centers CY 2024 annual report may be found in Appendix H of this report. The Council's CY 2025 report will be submitted later in December 2025.

# APPENDIX A

## CHRC Commissioners, December 1, 2025

Destiny-Simone Ramjohn, PhD	CHRC Chair
Sadiya Muqueeth, Dr.PH	CHRC Vice Chair, Chief Health Policy Officer, Baltimore City Health Department, Johns Hopkins University
Flor de Maria Giusti, LCSW-C	
U. Michael Currie	
Dr. Terris King	CEO and Founder, King Enterprise Group
David Lehr	Chief Strategy Officer, Meritus Health
Roberta “Robbie” Loker	
TraShawn Thornton-Davis, MD	Assistant Service Chief, OB/GYN, DCSM, Mid-Atlantic Permanente Medical Group
Jonisha Toomer, LCPC	Executive Director, Right Step, LLC
Crystal Townsend, MPA	CEO, The Washington Home

The Commission currently has one vacancy.

# APPENDIX B

## Health Equity Resource Communities Advisory Committee, December 1, 2025

Destiny-Simone Ramjohn, PhD, Chair	CHRC Chair, Former Chair, Maryland Senate Budget & Taxation Committee
Camille Blake-Fall	Director, Office of Minority Health & Health Disparities
Rebecca Altman	Senior Vice President and Chief Administrative Officer, University of Maryland Midtown Medical Center
Alyssa L. Brown	Director, Innovation, Research, and Development, Office of Health Care Financing, Maryland Department of Health
Elizabeth Chung	Executive Director, Asian American Center of Frederick
Jonathan Dayton	Executive Director, Maryland Rural Health Association
Maura Dwyer	Former Health Enterprise Zone Program Manager
Michelle Spencer	Associate Chair, Inclusion, Diversity, Anti-Racism, and Equity, Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health
Mikalya A. Walker	Management Consultant with ReefPoint Group

*The HERC Advisory Committee has two vacancies.*

# APPENDIX C

## **Maryland Consortium on Coordinated Community Supports, December 1, 2025**

**David D. Rudolph**, Chair, Maryland Consortium on Coordinated Community Supports

**Laura Torres**, Director, Primary Behavioral Health/Early Intervention, Behavioral Health Administration, Maryland Department of Health

**Stephen Liggett-Creel**, Senior Advisor to the Secretary, Maryland Department of Human Services

**Mary Gable**, Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy, Maryland State Department of Education

**Destony-Simone Ramjohn, PhD**, Chair, Maryland Community Health Resources Commission

**Derek Anderson**, Director of Community Schools, Maryland State Department of Education

**Christina Bartz**, Director of Community Based Programs, Choptank Community Health Systems

**Dr. Derek Simmons**, Superintendent, Caroline County Public Schools

**Laura McKenzie**, Kent County Board of Education

**Dr. Donna Christy**, Maryland State Education Association

**Gail Martin**, former Baltimore County Public Schools Team Leader, School Social Work

**Dr. Katie Burkhouse**, school psychologist, Howard County Public Schools

**Dr. John Campo**, MD, Director of Mental Health, Johns Hopkins Children's Center, Johns Hopkins University Hospital

**Sadiya Muqueeth**, DrPH, Baltimore City Health Department and Vice Chair, Maryland Community Health Resources Commission

**Perrie Briskin**, Deputy Secretary, Health Care Financing and Medicaid Director, Maryland Department of Health

**Larry Epp**, Ed.D., Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System

**Debbie Marini**, Director, Frederick County Department of Social Services

**Michael A. Trader, II**, Assistant Director of Behavioral Health, Worcester County Health Department

**Dr. Maureen Ponce**, President, MD School Counselors Association

**Cheryl Brooks**, Principal, Baltimore County Schools

**The Honorable Katie Fry Hester**, Senator, Maryland State Senate

**The Honorable Eric Ebersole**, Delegate, Maryland House of Delegates

*The Consortium currently has three vacancies.*

# APPENDIX D

## Council on Advancement of School-Based Health Centers - Membership

### Members Appointed by the Governor

**Dr. Katherine Connor, Chair**, Maryland Assembly on School-Based Health Care | Medical Director, The Rales Health Center at KIPP Baltimore

**Dr. Patryce Toye, Vice Chair**, Maryland Assembly on School-Based Health Care | retired, MedStar Health Plans

**Jeanett Carmen Peralta**, Maryland Assembly on School-Based Health Care | Nurse Administrator, Montgomery County Public Schools

**Erin Dorrien**, Maryland Assembly on School-Based Health Care | Principal, Health Management Associates

**Amanda Wright**, Maryland Hospital Association (MHA) | Director, Quality & Clinical Care, MHA

**Dr. Arethusa Kirk**, Managed Care Organization | VP Clinical Strategy, UnitedHealthcare

**Nicole M. Kreamer**, Maryland Association of Boards of Education | Charles County Board of Education

**Dr. Jonathan Garrick**, Secondary School Principal of a School with an SBHC | Northwood High School, Montgomery County

**Dr. Derek Simmons**, Public Schools Superintendents Assn. of Md. | Caroline County Public Schools Superintendent

**Vacant**, Elementary School Principal of a School with an SBHC

**Alexandra DeRuggiero**, Commercial Health Insurance Carrier | Pediatric Population Health Strategy Consultant, CareFirst BlueCross BlueShield

**Dr. Casey Scott**, Md. Association of County Health Officers | Health Officer, Dorchester County

**Dr. Diana Fertsch**, Md. Chapter of American Academy of Pediatrics | retired, Dundalk Pediatric Associates

**Christina Bartz**, Federally Qualified Health Center | Director of Community-Based Programs, Choptank Community Health Systems

**Vacant**, Parent/guardian of a student who receives services from SBHC

**Katherine Hagner**, School nurse | Montgomery County

### Ex Officio Members

**Senator Clarence Lam**, Maryland State Senate

**Delegate Bonnie Cullison**, Maryland House of Delegates

**Dr. Benjamin Wormser**, Designee of the Secretary of Health | Medical Director, Maternal and Child Health Bureau

**Mary L. Gable**, Designee of the State Superintendent of Schools | Assistant State Superintendent, Student, Family, and School Support

**Maggie Church**, Maryland Health Benefit Exchange

**Mark Luckner**, Executive Director, Maryland Community Health Resources Commission

*The Council currently has two vacancies.*

# APPENDIX E



STATE OF MARYLAND

## Community Health Resources Commission

45 Calvert Street, Room 336, Annapolis, MD 21401

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Wes Moore, Governor; Aruna Miller, Lt. Governor;  
Destiny-Simone Ramjohn, PhD, Chair; Mark Luckner, Executive Director

### Maryland Community Health Resources Commission Grants Awarded – FY 2025 Call for Proposals

April 10, 2025

#### Chronic Disease

**Calvert County Health Department (Calvert County; \$680,000):** This program will expand the existing Highway to Health program to address health disparities among historically underserved minority communities with high rates of diabetes, hypertension, and asthma. In collaboration with county EMS and Calvert Health Medical Center, the program will identify individuals who frequently use emergency services or hospital care and connect them with a primary care provider, behavioral health services, and support for non-medical needs.

**TidalHealth (Lower Eastern Shore; \$645,000):** The Mobile Mammography and Wellness Program aims to improve access to care and promote health equity for medically underserved and uninsured or underinsured women. Through mobile outreach, the program will provide comprehensive breast cancer screenings to support earlier detection and treatment, ultimately reducing breast cancer mortality. Participants will also be connected to primary care services and social support resources.

**Garrett County Health Department (Garrett County; \$360,000):** The Telehealth and Transportation Program will expand access to care for home health patients aged 65 and older who are not covered by Medicaid. By introducing telemedicine and remote patient monitoring, the program aims to improve health equity and support individuals with congestive heart failure, hypertension, diabetes, or obesity. It will work to reduce hospital readmissions and unnecessary emergency room visits. Participants will also receive periodic home visits and transportation for out-of-area medical appointments.

**University of Maryland Capital Regional Medical Center (Prince George's County; \$625,000):** This program expands the Food is Medicine initiative, which connects access to healthy food with healthcare. It supports people facing food insecurity and chronic health conditions by providing nutritious, culturally appropriate meals. Participants will also receive nutrition counseling, cooking classes, and gardening workshops to promote healthy lifestyles. The program addresses barriers like transportation and limited access to healthy food, partnering with local farmers and the Capital Area Food Bank to ensure a reliable supply of fresh produce.

#### Dental Care Services

**Baltimore County Health Department (Baltimore County; \$750,000):** This program will expand dental services at the Eastern Family Resource Center to improve access to care for Baltimore County residents who are uninsured or on Medicaid. The goal is to reduce the number of children and adults with untreated tooth decay and to prevent unnecessary emergency room and urgent care visits for dental problems. The program

will also help patients apply for the Maryland Children’s Health Program and the Maryland Healthy Smiles Program to support long-term dental care.

**Healthcare for the Homeless (Baltimore City and Baltimore County; \$750,000):** This program will expand dental services for individuals who are currently homeless or have experienced homelessness, with care available at sites in West Baltimore and Baltimore County. Services will be provided whether or not patients have insurance, and eligible individuals will receive help applying for coverage. The program offers both preventive and restorative dental care (such as crowns), oral cancer screenings, follow-up care for any issues found, and education on maintaining good dental health.

**Greater Baden Medical Services (St. Mary’s County; \$750,000):** This program will expand dental services to address the significant gaps in care for low-income and historically underserved residents of St. Mary’s County. It will increase access to Medicaid-covered dental services by adding a new dental chair and suite, as well as hiring two dentists, a hygienist, and three dental assistants. This will allow the program to handle nearly 4,000 visits annually. Priority will be given to patients with diabetes, hypertension, and behavioral health conditions, and the expansion will also reduce waiting times, especially for new patients.

### **Behavioral Health**

**Roberta’s House (Baltimore City and Baltimore County; \$650,000):** This program will expand outpatient mental health services by introducing Intensive Case Management to improve access to healthcare, insurance coverage, and health education for Black, Indigenous, and People of Color (BIPOC) communities. It will provide clinical therapy, peer support groups, and case management to help address social and economic challenges, including barriers to accessing bereavement services due to cost, distance, and insurance issues.

**Damascus House Community Development Corporation (Prince George’s County; \$650,000):** The Restore Equity Project will expand access to behavioral health services and support for addressing social and economic challenges for Prince George’s County residents reentering the community after incarceration. The program will help individuals access and stay engaged in behavioral health, primary care, and other support services to help them become active, productive community members. It will also offer workforce development, employment services, and referrals to peer support, stable housing, and transportation.

### **Maternal & Child Health**

**Allegany County Health Department (Allegany County; \$515,000):** This program will address health disparities by launching a telehealth-enabled mobile wellness clinic to improve maternal and child health and overall care delivery. It will offer a variety of services, including telehealth consultations, maternal care, and reproductive and women’s health services. The program aims to reduce high-risk pregnancies, overdose deaths, low birth-weight newborns exposed to substances, and improve early detection of postpartum depression. Participants will also have access to behavioral health care, dental services, and referrals to job fairs, unemployment and insurance benefits, food pantries, and transportation programs.

**The Family Tree (Baltimore City; \$625,000):** The Family Connects Maryland program provides free post-natal home visits to new mothers using a proven model to reduce racial disparities and help families start strong or get back on track if there are concerns about a child's well-being. A Registered Nurse will visit three weeks

after hospital discharge to check on the health of the mother and baby and assess the family's needs. Families receive support, education, and a follow-up visit 30 days later for additional assistance or referrals.

# APPENDIX F



STATE OF MARYLAND

# Community Health Resources Commission

45 Calvert Street, Room 336, Annapolis, MD 21401

Wes Moore, Governor; Aruna Miller, Lt. Governor;  
Destiny-Simone Ramjohn, PhD, Chair; Mark Luckner, Executive Director

July 30, 2025

## Health Equity Resource Communities

To advance health equity and reduce health disparities across Maryland, statewide initiatives are focused on expanding access to quality healthcare for marginalized communities, addressing the social determinants of health, and improving health outcomes.

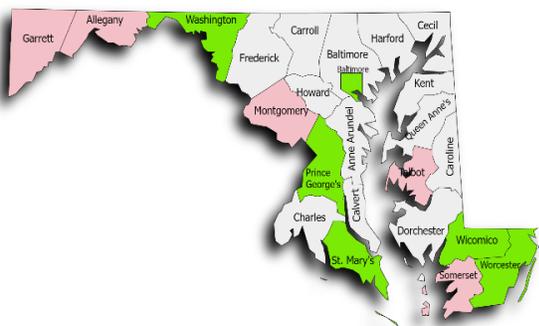
In response to this critical need, the Maryland General Assembly enacted the Maryland Health Equity Resource Act, landmark legislation aimed at reducing health disparities that disproportionately affect underserved populations, particularly racial and ethnic minorities, individuals with lower socioeconomic status, and residents of rural areas. The statute commits to a seven-year investment in targeted, collaborative, and integrated health strategies. The initiative is administered by the **Community Health Resources Commission (CHRC)** and divided into two phases:

**Phase 1 (2022–2024):** The *Pathways to Health Equity Program* awarded \$13.5 million to nine grantees. Over two years, the grant program served more than 11,600 individuals, reduced emergency department visits by 12%, and achieved over \$2.8 million in hospital cost savings.

**Phase 2 (2024–2029):** The *Health Equity Resource Communities (HERC)* initiative builds on the Pathways Program’s success with \$42 million in funding awarded to 12 grantees. This five-year phase is designed to expand services, promote sustainable community health improvements, and build on the impact of Pathways phase.

### HERC Program Update

The 12 HERC grantees have successfully completed the first year of their five-year implementation period, delivering services across 11 jurisdictions throughout Maryland. During this initial phase, grantees have made solid progress, including the hiring of key personnel, the launch of core program activities, and the establishment of critical agreements such as Memoranda of Understanding (MOUs) and Data Use Agreements (DUAs).



HERC interventions target key clinical outcomes, including diabetes, hypertension, sickle cell disease, mental health, substance use disorder, and maternal and child health. In addition to clinical care, the program addresses social determinants of health (SDOH) by providing essential supports such as transportation, food assistance, and housing.

### HERC Program Descriptions

**University of Maryland School of Nursing** (Baltimore City; total award \$5,000,000) The project addresses cardiovascular, mental health care and SDOH disparities for adults in the West Baltimore

and North Avenue corridors of Baltimore city. Program interventions include nurse-managed health centers, mobile health programs in community and senior facilities, community health outreach and education events, remote patient monitoring and care coordination. SDOH support linkages address housing, transportation, access to health and economic stability barriers.

**Greater Baltimore Medical Center** (Baltimore City; total award \$3,500,000) The project addresses diabetes, hypertension, weight disorders and elder in-home health care for low-income residents and frail, elderly residents in Baltimore City. Interventions include extending patient-centered medical home hours at the Jonestown practice; expanding staffing of the Gilchrist Elder Medical Care program; and providing in-home care, coordination, and medical management to homebound adults. Interventions provide linkages to SDOH supports that address transportation, food, housing and access to care.

**Medstar Harbor Hospital** (Baltimore City; total award \$3,500,000) The project addresses maternal and infant health disparities for residents in South Baltimore. Efforts include the establishment of a new B'more for Healthy Babies community hub that coordinates with hospital departments such as OB/GYN, Labor and Delivery, Fetal Assessment Center, MedStar Mobile Health Center, and the Breast and Cervical Cancer Screening Prevention Program. Interventions include links to pre- and post-natal care, mobile health care, breast and cervical cancer screening, in-home teen pregnancy support, and workforce development. SDOH support includes transportation, food security, primary care access, insurance coverage and workforce development.

**Health Care for the Homeless** (Baltimore City; total award \$1,750,000) The project addresses low birth weights and infant and maternal mortality by improving early access to prenatal care for Black/African American and Latina/Latinx women experiencing homelessness in Baltimore City. The program provides early prenatal care to expecting mothers, enrolls patients in mandated Medicaid coverage, and enlists WIC services. Interventions include direct primary care services, management of chronic diseases, vaccinations, cancer screening, and other primary care that affects health and birth outcomes. SDOH supports provide translation services, diapers, clothing, transportation, food, shelter and linkages to insurance coverage and primary care.

**St. Mary's County Health Department** (St. Mary's County; total award \$5,000,000) The project addresses chronic disease, comorbidities, and counseling for individuals facing socioeconomic hardship in St. Mary's County in Southern Maryland. This program provides on-site primary care for chronic disease management. Interventions include walk-in behavioral health crisis services, direct primary care services, and prevention services. SDOH support, resources and linkages include medical language interpretation, appointment transportation, financial education, job placement, housing, mediation, youth development and safety programs.

**TidalHealth** (Wicomico County; total award \$4,800,000) The REACH project addresses chronic health conditions and social support needs of African American and Haitian community residents in Wicomico County on the Lower Eastern Shore. The project addresses food access, health literacy

and access to care. Interventions include bilingual Community Health Worker (CHW) staff, expanded health and SDOH screenings, telehealth and integrated care teams, farmer participation program, healthy lifestyle training, interpretation services, and health literacy tools for patients. REACH coalition partners employ community-based health education, provide ongoing diabetes prevention and chronic disease self-management, expand mobile health screenings, and offer in-home visits to patients at risk for readmission. SDOH support resources provide linkages that address food insecurity, health literacy and healthcare access.

**Somerset County Health Department** (Somerset County; total award \$1,700,000) The project addresses diabetes and hypertension for at-risk residents and patients with chronic disease in Somerset County on the Lower Eastern Shore. The program expands the reach of Chesapeake Health Care's Community Health Workers (CHWs), by providing care coordination and connecting residents to social support. Interventions include stationing CHWs in agencies throughout the county where people are already receiving services; engaging and assessing residents; and connecting them to coalition partners to address social needs. SDOH support and resources provide linkages that address primary care access, insurance coverage, food insecurity, transportation, health literacy, and language barriers.

**Talbot County Health Department** (Talbot County; total award \$2,000,000) The project addresses health disparities in eldercare, childhood vaccinations, obesity and maternal health for rural Hispanic women, children, and older Black adults in Talbot County. Interventions reduce health disparities among Hispanic women and children by providing increased access to women's health needs in the form of cancer screenings, reproductive care, family planning, health education (cervical and breast cancer prevention), diabetes, obesity, and improved pre and postnatal care. For young Hispanic children, the program provides health and social screenings, education, and vaccinations, and for older adults in this rural area, services include care coordination and chronic disease education to improve access and reduce over utilization of 911 and Emergency Department services, allowing them to remain in their homes. SDOH support provides linkages that address primary care access, insurance coverage, transportation and health literacy barriers.

**AHEC West** (Allegany & Garrett Counties; total award \$4,500,000) The project addresses substance use disorder, obesity and heart disease for rural residents in Allegany and Garrett Counties. Efforts connect residents to local Federally Qualified Health Centers (FQHCs) for direct access to primary, specialty, and pharmacy care. Program partners bridge gaps to care by implementing substance use disorder services; providing remote medical monitoring by CHWs and home visits; and administering street health care for rural county residents. Key SDOH support include transportation, housing, education, Medicaid enrollment and food assistance.

**Community Free Clinic** (Washington County; total award \$1,500,00) This project addresses chronic disease, mental health, and access to healthcare for underserved residents of Washington County. The program provides chronic disease management and mental health services, and addresses workforce challenges through outreach, workforce diversity and training, and education opportunities. Interventions include case management, in-home care and visits when mobility/transportation are challenging, and referrals of individuals to mental health supports.

SDOH support includes primary care linkages, insurance coverage, transportation, linguistic services and health literacy.

**Johns Hopkins University** (Prince George's County; total award \$3,500,000) The project addresses the sickle cell disease treatment needs of Prince George's County residents. The program's established infusion center services at University of Maryland Capital Region Medical Center provides transition services to ensure continuity of care for children 16 and above as they age out of younger programs. Johns Hopkins provides virtual guidance and treatment management to support expanded services at the UMCR infusion center. SDOH support includes counseling, food, transportation and primary care access.

**Interfaith Works** (Montgomery and Prince George's Counties; total award \$4,800,000) The Better Health Coalition project addresses mental health and substance use disorders for people experiencing homelessness in Montgomery and Prince George's Counties. The Better Health Coalition assesses the needs of clients during shelter intake; provides them with direct primary care and clinical case management; and refers them for Medicaid enrollment. Interventions include links to mental and behavioral health services and substance use programs. SDOH support resources provide linkages that address housing, employment, food insecurity, insurance coverage and primary care access.

# APPENDIX G



September 19, 2025

**Maryland Consortium on Coordinated Community Supports**  
**Maryland Community Health Resources Commission**  
**Grant Awards, 2025-2026 School Year**

The Maryland General Assembly created the Maryland Consortium on Coordinated Community Supports as part of the Blueprint for Maryland’s Future in recognition of the critical role that mental health and wraparound services play in supporting student achievement.

The Consortium is responsible for expanding access to comprehensive behavioral health services for Maryland students, pre-K through grade 12. As part of this mandate, the Consortium is funding new and expanded programming in all 24 jurisdictions; fostering collaboration between providers, schools, and families; and providing training and technical assistance in evidence-based approaches for clinicians and educators.

In its first year, the Consortium achieved a statewide impact, supporting programs in all 24 jurisdictions:

- Initiated 129 new programs
- Served 86% of Maryland’s schools
- Served more than 136,000 children
- Hired more than 700 new behavioral health workforce members
- Trained an additional 5,946 school staff in behavioral health practices
- Achieved 87% satisfaction rate

Following is an overview of the programs that will be implemented in year two of the program, the 2025-2026 school year. The programs are projected to serve approximately 157,000 students.

**TRACK 1 – Community Supports Partnerships**

*The Blueprint requires the Consortium to form local “Community Supports Partnerships” across the state. Using the collective impact model, each Partnership consists of a local coordinating body called a “Hub,” as well as the local community behavioral health providers. Hubs coordinate service providers in collaboration with schools. The fiscal year 2026 awards are supporting seven Community Supports Partnerships covering 12 jurisdictions of the state.*

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

*Anne Arundel County Service Providers:*

**Anne Arundel County Community Action Agency.** This grantee offers year-round behavioral health support for students and families through on-site services, family engagement, school collaboration, transportation assistance, community involvement, and a therapeutic summer camp.

**Anne Arundel County Department of Health.** This grantee offers services to students and families to remain drug free and fulfill their potential in school and life. They offer the bilingual 10-week Strengthening Families Program (SFP), the Botvin Life Skills program, and peer-to-peer education through the Students Against Destructive Decisions clubs.

**Anne Arundel County Mental Health Agency.** This grantee offers an eight-week stabilization service to youth and families seen by the Crisis Response System who are experiencing an emotional or mental health crisis.

**Anne Arundel County Partnership for Children, Youth and Families.** This grantee offers navigation to services and resources for students and families using a three-generation lens.

**Arundel Lodge.** This grantee offers walk-in access to mental and behavioral health services, no appointment required. Services include but are not limited to behavioral health risk screenings, assessment, brief intervention, crisis stabilization, safety planning, transitional brief treatment, and community care navigation.

**EveryMind, Inc.** This grantee offers mental health literacy, education and prevention programming to caregivers, students and the community in English and Spanish.

**Innovative Therapeutic Services.** This grantee offers outpatient therapy for individuals, groups, and family, psychiatric rehabilitation program services, and after-school therapy services, as well as mental health education, consultation, family support, and therapeutic mentoring.

**Maryland Coalition of Families.** This grantee offers family peer support to parents and caregivers who have a child with a behavioral health challenge including emotional support, resource connection, systems navigation, support groups, and educational workshops from specialists who have lived experience.

**Playworks.** This grantee offers services to promote healthy play during recess.

**Restoration Community Development Corporation.** This grantee offers engagement, health and wellness services for adolescent youth and families impacted by substance abuse disorders, environmental challenges, mental health, and academic challenges.

**The Children's Guild.** This grantee offers diagnostic clinical assessments and ongoing counseling for individuals, family, and groups, as well as support for students who have truancy difficulties or a history of school suspensions.

**Thrive Behavioral Health.** This grantee provides psychotherapy, medication management, and access to non-reimbursable services (consultation, translation, IEP meetings, and funding for uninsured/underinsured). They also offer short-term early childhood behavioral interventions at school and home, counseling for middle and high school students using substances, and school-wide preventative strategies.

**Villa Maria Behavioral Health / Catholic Charities.** This grantee offers family care coordination to address student and family barriers related to disengagement and school attendance.

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

*Allegany County Service Providers:*

**Allegany College of MD.** This grantee offers Mind Body Medicine services, providing education about the fundamentals of the brain and nervous system, stress and stress reduction, emotion regulation, and overall emotional health and well-being. Skills are taught in classroom and small group settings.

**Hazel Health, Inc.** This grantee offers evidence-based virtual therapy for students, along with crisis response, care coordination, and parent/family education. Licensed therapists support kids K-12 with issues like anxiety, depression, and stress, helping improve wellbeing, behavior, and school attendance.

**Mountain Laurel Medical Center.** This grantee offers individual and group counseling for mild and moderate behavioral health challenges, interim crisis stabilization and de-escalation, intensive individual therapy for behavioral and mental health needs, behavioral health care coordination, and crisis response coordination with Baltimore Crisis Response, Inc.

*Garrett County Service Providers:*

**The Center for Behavioral Health.** This grantee offers individual, group, and family therapy, medication management, and wraparound services involving meetings and consultations with school staff, families and community agencies.

**Health Education and Outreach.** This grantee offers after school programs for all youth in grades 3 to 5, in addition to a bullying prevention initiative that uses the Second Step curriculum.

**Mountain Laurel Medical Center.** This grantee offers individual and group counseling for mild and moderate behavioral health challenges, interim crisis stabilization and de-escalation, intensive individual therapy for behavioral and mental health needs, behavioral health care coordination, and crisis response coordination with Baltimore Crisis Response, Inc.

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

*Harford County Service Providers:*

**Ashley Treatment Center.** This grantee offers comprehensive Substance Use Disorder prevention and education services, supporting individuals and families through the evidence-based practice of peer support.

**Balance Point Wellness.** This grantee offers individual, group, and family therapy; medication management services; therapeutic workshops and mentoring; and family support.

**Boys & Girls Clubs of Harford & Cecil Counties.** This grantee offers social-emotional skill building and character development through after-school activities.

**Care Solace.** This grantee offers free, confidential, 24/7 care coordination to help students, staff, and families quickly connect with mental health or substance use providers in any language.

**Change the Conversation.** This grantee offers Turn the Talk, an evidence-informed program that equips adolescents to understand, identify, and report child sexual abuse and minor sex trafficking, while promoting awareness of laws, effects, resources, and advocacy.

**Cook Center for Human Connection.** This grantee offers parent coaching, school staff training, and promotes positive classroom environments.

**Fresh Start Therapeutic Services.** This grantee offers individual, family and group therapy; as well as therapeutic mentoring and community group support on topics such as depression, anxiety, coping skills, social skills, independent living skills, suicide and substance use prevention.

**LASOS, Inc (Linking All So Others Succeed).** This grantee offers community-based programs supporting at-risk youth and families with prevention, intervention, and diversion services to address behavioral, mental health, substance use, and academic challenges.

**Nature Worx.** This grantee offers 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.

**Thrive Behavioral Health.** This grantee offers Early Childhood Behavioral Intervention, Student Support services, and expanded access to services/non-insurance reimbursable services (consultation/IEP meetings, translation, and uninsured/underinsured funding).

**Howard County Office of the Local Children's Board, \$7,000,000.** Partnership serves Howard County.

*Howard County Service Providers:*

**Backpack Healthcare.** This grantee offers in-person Substance Use Disorder and life skills groups, peer support services, virtual caregiver workshops, and virtual and in-person therapy and psychiatry services for students and their families.

**Congruent Counseling Services.** This grantee offers Substance Use Disorder services, mental health interventions and education, parent support, and navigation to services and supports.

**Families First Counseling & Psychiatry.** This grantee offers individual, family, and group therapy, along with psychiatric medication management.

**T.I.M.E. Organization.** This grantee offers in-school therapy and psychiatric services, care coordination and navigation, bilingual support for Latinx newcomers, professional development for teachers, parent/caregiver workshops and support, and a therapeutic summer camp.

**Thrive Behavioral Health.** This grantee offers psychotherapy, medication management, and access to non-reimbursable services (consultation, translation, IEP meetings, and funding for uninsured/underinsured). They also offer short-term early childhood behavioral interventions at school and home, counseling for middle and high school students using substances, and school-wide preventative strategies.

**Sheppard Pratt.** This grantee offers individual, group, and family therapy. Students receiving services also qualify for case management, trauma informed care, suicide prevention, crisis stabilization and response, behavioral health education, care navigation, support groups, psychiatric care, and medication management.

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

*Dorchester County Service Providers:*

**The Cook Center for Human Connection.** This grantee offers parent coaching, school staff training, and promotes positive classroom environments.

**Dorchester County Health Department.** This grantee offers mental health treatment, psychoeducational skill building groups and support for parents/caregivers.

**Maple Shade Youth and Family Services.** This grantee offers after-school programs that teach cognitive behavioral techniques, including education about reactions to trauma; relaxation training; cognitive therapy; stress or trauma exposure; and social problem solving.

**Mental Health Association of Maryland.** This grantee offers community mental health education and outreach, including Teen Mental Health First Aid for high school students and Youth Mental Health First Aid for community members.

**Parent Encouragement Program.** This parenting education program is for parents and primary caregivers of children ages 2 to 18.

*Kent County Service Providers:*

**Boys and Girls Clubs.** This grantee offers social-emotional skill building and character development through after-school activities.

**Choptank Community Health System.** This grantee offers co-occurring individual therapy, care coordination, substance use prevention, suicide prevention, family groups, and family support delivered through school-based health centers.

**The Cook Center for Human Connection.** This grantee offers parent coaching, school staff training, and promotes positive classroom environments.

**For All Seasons.** This grantee offers individual and family therapy, telehealth, support groups, psychiatric care, medication management, mindfulness, and mental health literacy programs. Bilingual services are also available.

*Queen Anne's County Service Providers:*

**Chesapeake Bay Psychological Services.** This grantee offers outpatient behavioral health services, psychotherapy, Substance Use Disorder assessment/treatment, and psychoeducational parent groups.

**Choptank Community Health System.** This grantee offers 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.

**Hazel Health, Inc.** This grantee offers individual teletherapy sessions, behavioral health assessments, crisis consultations for school staff, family engagement, and care coordination.

**Striving for Wellness Together.** This grantee offers school-wide preventative and mental health services; individual, group and family counseling; and behavioral health education, support, and navigation for families.

**Thrive Behavioral Health.** This grantee offers family education and support, school staff training, and expanded access to services/non-insurance reimbursable services (consultation/IEP meetings, translation, and uninsured/underinsured funding).

*Talbot County Service Providers:*

**The Cook Center for Human Connection.** This grantee offers parent, caregiver and staff support through the Mental Health Series Platform, Parent Cognitive Behavioral Coaching, & Staff Cognitive Behavioral Coaching.

**Peace of Mind Mental Health Services.** This grantee offers 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 to services.

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

*St. Mary's County Service Providers:*

**Cornerstone of Southern Maryland.** This grantee offers small group interventions, adventure-based activities, and intensive interventions. They also offer community awareness activities and prevention-focused education.

**Maryland Coalition of Families.** This grantee provides family peer support to parents and caregivers who have a child with a behavioral health challenge including emotional support, resource connection, systems navigation, support groups, and educational workshops from specialists who have lived experience. Family Check Up and Botvin LifeSkills Parent Program are also offered.

**Sante Group.** This grantee offers Mobile and Response and Stabilization services for youth facing behavioral health crises.

**St. Mary's County Health Department.** This grantee offers in-person and telehealth consultations for diagnosis, treatment, and ongoing care; care coordination and individual, family and group therapy.

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

*Somerset County Service Providers:*

**Garland Hayward Youth Center.** This grantee offers youth development programs and enrichment activities that support academic success, leadership skills, and positive community engagement for children and teens.

**Life Management of Maryland.** This grantee offers psychoeducation, mentoring, parenting skills training, behavioral health training for staff, and social-emotional development.

**Maple Shade Youth and Families Services.** This grantee offers an after-school program that teaches cognitive behavioral techniques, including education about reactions to trauma; relaxation training; cognitive therapy; stress or trauma exposure; and social problem solving.

*Worcester County Service Providers:*

**Maple Shade Youth and Families Services.** This grantee offers an after-school program that teaches cognitive behavioral techniques, including education about reactions to trauma; relaxation training; cognitive therapy; stress or trauma exposure; and social problem solving.

**Crossroads Early Intervention and Training.** This grantee offers developmental evaluations and early intervention services to underserved, high-risk children and their families.

**Worcester County Health Department.** This grantee offers therapy and family supports.

**Worcester Youth and Family.** This grantee offers mental health treatment, behavioral skills training, and therapeutic mentoring services.

## **TRACK 2 – Hub Capacity-Building**

*Nine new Hubs were awarded capacity-building grants to prepare them to lead full Community Supports Partnerships in the future.*

**Behavioral Health System Baltimore City, \$375,000.**

**Baltimore County Department of Health, Bureau of Behavioral Health, \$360,684.**

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

**Carroll County Local Management Board, \$195,000.**

**Cecil County Health Department, \$200,000.**

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

**Montgomery County Department of Health and Human Services, \$500,000.**

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

**Washington County Mental Health Authority, \$200,000.**

## **TRACK 3 – Service Providers**

*Grants to Service Providers support behavioral health services to students in parts of the state that do not yet have full Community Supports Partnerships.*

### **BALTIMORE CITY**

**Baltimore Medical System, Inc., \$1,128,000.** This grantee offers individual and group counseling, school-wide mental health education, crisis intervention, peer mentoring, therapeutic mentoring, and care coordination.

**Boys & Girls Club of Metropolitan Baltimore, \$300,000.** This grantee offers Positive Action social emotional learning curriculum to help youth identify and understand their emotions and make positive choices in responding to those emotions.

**BTST Services LLC**, \$261,205. This grantee offers individual and family therapy, teacher training and professional development, crisis intervention, and behavioral health screenings. Additionally, medication management, case management services and behavioral health coordination are available to support the family holistically.

**Change the Conversation**, \$119,145. This grantee offers classroom presentations, safety planning, crisis counseling, and training for educators and caregivers. Services are focused on child sexual abuse prevention and education.

**Hazel Health, Inc.**, \$739,425. This grantee offers evidence-based virtual therapy for students, along with crisis response, care coordination, and parent/family education. Licensed therapists support kids K-12 with issues like anxiety, depression, and stress, helping improve wellbeing, behavior, and school attendance.

**Johns Hopkins University**, \$320,315. This grantee offers suicide prevention training for students, staff and parents in English and Spanish; helps identify students at risk; provides consultation and triage services staffed by a pediatric psychiatrist during mental health crises; and helps connect students to mental health services in and outside of the school with the assistance of a community health worker.

**Johns Hopkins University Rales Health Center**, \$527,944. This grantee offers suicide prevention and depression screening. It also utilizes community health workers to provide system navigation, brief interventions, and family supports.

**Sarah's House Mental Health Services, LLC**, \$611,477. This grantee offers family supports including: B-PACT (Baltimore Parents Are Community Teachers), the adapted Families in the Driver's Seat curriculum, Family Check-Up, Mental Health First Aid Training for Parent-Leaders, and a Parent Drop-In Care Center.

**Sheppard Pratt**, \$1,225,850. This grantee offers individual, group, and family therapy. Students receiving services also qualify for case management, trauma informed care, suicide prevention, crisis stabilization and response, behavioral health education, care navigation, support groups, psychiatric care, and medication management.

**The Doral Scholars Program**, \$646,421. This grantee offers case management, substance use support, social-emotional health integration, community resource coordination, and parental support groups.

**The United Way of Central Maryland, Inc.**, \$281,551. This grantee offers 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 Y in Central Maryland**, \$1,304,691. This grantee offers a comprehensive approach to support student well-being and academic success through Youth Aware of Mental Health, Student Check-Up, Cognitive Behavioral Intervention for Trauma in Schools, Success Mentoring, and Wellness Sessions. These services target truancy, academic underperformance, lack of mentorship, and wellness related challenges.

**T.I.M.E. Organization**, \$1,618,543. This grantee offers in-school therapy and psychiatric services, care coordination and navigation, bilingual support for Latinx newcomers, professional development for teachers, parent/caregiver workshops and support, and a therapeutic summer camp.

**TurnAround, Inc.**, \$393,868. This grantee offers individual therapy, group therapy, and crisis intervention to youth who have experienced dating/sexual violence.

**University of Maryland School of Medicine**, \$850,953. This grantee offers expanded supports to families, early intervention services for students, educator training, school-wide preventative programming, and provider participation in school meetings, building upon their existing billable therapeutic services.

## **BALTIMORE COUNTY**

**Associated Catholic Charities Inc.**, \$665,800. This grantee offers outreach to chronically absent and disengaged students and their families using a motivational interviewing approach. Care coordination is provided to link students and their families to services that address barriers related to school attendance.

**Backpack Healthcare**, \$929,979. This grantee offers in-person and virtual therapy and psychiatry services, caregiver wellness workshops, educator workshops, educator evidence-based training in culturally intentional care, and a self-care app.

**Balance Point Wellness**, \$1,066,409. This grantee offers individual therapy for uninsured and underinsured students, mentoring, therapeutic workshops, and therapeutic spring break and summer camps.

**BrainFutures**, \$860,108. This grantee offers computer-based training and physical exercises to improve executive cognitive functioning.

**BTST Services LLC**, \$213,843. This grantee offers behavioral health screening, individual and group therapy, crisis response, care coordination, parent/family education, and medication management.

**Hope Health Systems, Inc.**, \$1,164,375. This grantee offers screening, assessment, and diagnosis; individual, group, and family therapy; crisis intervention and crisis stabilization through the Early Intensive Prevention Program; psychiatry and medication management; care coordination/navigation; and school staff training.

**Jewish Community Services**, \$955,000. This grantee offers an array of services to support students' mental well-being, reduce risk factors for behavioral health challenges, and address barriers to school attendance. The services include therapy for individuals, groups and families including specialized play therapy, therapeutic mentoring and classroom-based programs that enhance social-emotional learning, foster positive coping strategies, and promote healthy decision making.

**Lighthouse, Inc.**, \$128,855. This grantee offers individual, group and family counseling, as well as parenting education. Counselors collaborate with school personnel and other healthcare providers to develop comprehensive solutions for mental health needs, family relationships, and academic and behavioral concerns. Groups are offered periodically on specific topics such as anxiety, neurodivergence, and grief.

**Tidemark Intervention Services**, \$2,004,223. This grantee offers therapy, medication management, prevention programming and psychiatric rehabilitation services.

**Thrive Behavioral Health**, \$2,827,670. This grantee offers Early/Extended Childhood Behavioral Intervention, Substance Use Prevention and Intervention, and Student Support Specialists.

### **CALVERT COUNTY**

**Barstow Acres Children's Center**, \$99,062. This grantee offers a therapeutic summer day camp, parent education series, social skills group, mentoring, play therapy, and individual and family therapy for children with emotional and behavioral disorders in need of regulation.

**Boys & Girls Clubs of Southern Maryland**, \$163,500. This grantee offers Positive Action social emotional learning curriculum to help youth identify and understand their emotions and make positive choices in responding to those emotions.

**Calvert County Health Department**, \$608,142. This grantee offers suicide prevention education, vaping education, motivational interviewing, individual therapy/counseling, and care coordination.

**Community Mediation Center of Calvert County**, \$74,080. This grantee offers mediation, IEP mediation, community conferencing, restorative circles, youth conflict coaching, conflict resolution education, and peer mediation training.

**Cornerstone Montgomery**, \$200,279. This grantee offers case management, care coordination, crisis intervention, family therapeutic interventions, educational support, and adventure-based counseling.

**Hazel Health, Inc.**, \$157,080. This grantee offers evidence-based virtual therapy for students, along with crisis response, care coordination, and parent/family education. Licensed therapists support kids K-12 with issues like anxiety, depression, and stress, helping improve wellbeing, behavior, and school attendance.

**Pathways, Inc.**, \$525,000. This grantee offers school-wide mental health education for students and families; early intervention and treatment programs; substance use screening; individual, group and family therapy; and care coordination/resource navigation.

**Uneo Health**, \$368,563. This grantee offers a private, secure app (Prosper) to teens and their parents that provides social emotional learning and evidence-based Cognitive Behavioral Therapy tools.

### **CAROLINE COUNTY**

**Caroline County Behavioral Health**, \$216,460. This grantee offers behavioral health education, individual therapy, substance use services, transportation vouchers, peer services, case management, and family supports.

**Choptank Community Health**, \$204,215. This grantee offers co-occurring individual therapy, care coordination, substance use prevention, suicide prevention, family groups, and family support delivered through school-based health centers.

**Cook Center for Human Connection**, \$294,594. This grantee offers parent, caregiver and staff support through the Mental Health Series Platform, Parent Cognitive Behavioral Coaching, and Staff Cognitive Behavioral Coaching.

### CARROLL COUNTY

**Advanced Behavioral Health, Inc.**, \$399,977. This grantee offers evidence-based mental health care, therapy, and mentoring, including the Carroll County Stand Tall and Remain in School program to address school refusal and outpatient psychiatric services.

**Boys & Girls Clubs of Carroll County, Inc.**, \$400,000. This grantee offers social-emotional skill building and character development through after-school activities.

**Hope Health Systems, Inc.**, \$1,021,250. This grantee offers group sessions, individual and family therapy, medication evaluation and management, awareness presentations, family outreach activities, and direct intervention services for students as well as mental health consultations for school staff.

**Life Renewal Services**, \$443,388. This grantee offers individual and family therapy and medication evaluation and management; telehealth services; and access to a mobile team that provides individual and family therapy, case management, therapeutic mentoring, and medication services in the home.

### CECIL COUNTY

**Advantage Psychiatric Services LLC**, \$609,002. This grantee offers support groups, suicide prevention, workshops, mental health awareness programs, substance use prevention programs, and individual and family therapy. The program focuses on students experiencing trauma and LGBTQ+ students. Programming includes Therapeutic Mentoring; Screening, Brief Intervention, and Referral to Treatment; and Youth Aware of Mental Health.

**Cecil County Department of Community Services**, \$116,642. This grantee offers family peer support navigation and links to direct trauma care. Programming includes Circle of Security.

**LIVEFORTHOMAS Foundation, Inc.**, \$601,740. This grantee offers suicide awareness and prevention services, peer-to-peer support, and support groups. Programming includes Hope Squad and Hope Squad Jr., Power of Expression, and Den 22.

**Upper Bay Counseling and Support Services**, \$462,399. This grantee offers a 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. Programming includes Screening, Brief Intervention, and Referral to Treatment; Adolescent Community Reinforcement Approach; and Student Check Up.

**Youth Empowerment Source**, \$359,740. This grantee offers parenting workshops, case management and conflict resolution, Social Emotional Learning, and a summer camp focused on health and wellness. Programming includes Promoting Alternative Thinking Strategies and Nurturing Parenting.

### CHARLES COUNTY

**Boys & Girls Club of Charles County**, \$148,005. This grantee offers Positive Action social emotional learning curriculum to help youth identify and understand their emotions and make positive choices in responding to those emotions.

**Center for Children**, \$2,264,869. This grantee offers individual therapy, support groups, care coordination, life skills training, and teacher and parent training. The staff are specially trained in an evidenced based therapy model, as well as substance-use screening, and trauma.

**Hazel Health, Inc.**, \$275,930. This grantee offers evidence-based virtual therapy for students, along with crisis response, care coordination, and parent/family education. Licensed therapists support kids K-12 with issues like anxiety, depression, and stress, helping improve wellbeing, behavior, and school attendance.

**Mental Health Association of Maryland (MHAMD)**, \$333,545. This grantee offers community mental health education and outreach, as well as Teen Mental Health First Aid training for high school students.

### FREDERICK COUNTY

**Advanced Behavioral Health, Inc.**, \$399,977. This grantee offers evidence-based mental health care, therapy, and youth mentoring through the Frederick County Stand Tall and Remain in School program to address school refusal, along with outpatient mental health and psychiatric services, bilingual supports, and therapeutic mentoring for children and families.

**Associated Catholic Charities Inc.**, \$225,500. This grantee offers wraparound care coordination services to intervene with disengaged students by addressing student and family barriers related to school attendance.

**Boys & Girls Club of Frederick County**, \$203,465. This grantee offers social-emotional skill building and character development through after-school activities.

**Center for Anxiety and Behavioral Change**, \$121,700. This grantee offers evidence-based treatment for anxiety, OCD, trauma, and related disorders, including individual, group, and family therapy, with a focus on students with chronic absenteeism. The grantee also offers testing and evaluation services.

**Centro Hispano de Frederick**, \$350,000. This grantee offers the Éxito Wellness Program, which supports Hispanic students' social-emotional well-being during the school year and provides countywide spring and summer programs for students in grades 2–12.

**Heartly House**, \$615,449. This grantee offers abuse and violence prevention education, case management services, and counseling services for children and parents.

**Life and Discovery, Inc. dba Asian American Center of Frederick**, \$408,478. This grantee offers early childhood and parent education, family support, —helping immigrant and minority families build stability, confidence, and brighter futures in Maryland.

**Mental Health Association of Frederick County**, \$274,079. This grantee offers parent coaching and systems navigation services to address and prevent school avoidance, increase parental support, and provide connection to community resources.

**Parent Encouragement Program (PEP)**, \$138,433. This grantee offers a free 8-week program for parents and caregivers to support their child’s mental wellness, resiliency, and success in school.

**Sheppard Pratt**, \$1,965,164. This grantee offers individual, group, and family therapy. Students receiving services also qualify for case management, trauma informed care, suicide prevention, crisis stabilization and response, behavioral health education, care navigation, support groups, psychiatric care, and medication management.

**SHIP of Frederick County**, \$196,210. This grantee offers care management services for youth experiencing homelessness.

**The Frederick Center**, \$71,875. This grantee offers support for LGBTQ+ individuals and their families through peer support groups, advocacy, community events, resource directories, and a safe, affirming community space.

**The Lourie Center**, \$552,604. This grantee offers Circle of Security training to parents and early childhood educators to reduce the impact of adversity on pre-school aged children.

## **MONTGOMERY COUNTY**

**CaringMatters**, \$50,000. This grantee offers peer support groups for grieving students. Through guided discussions, students learn more about their grief, become aware that they have peers who are grieving; acquire tools to use during difficult feelings or times; and identify adults they can turn to for help. Caregivers are given linguistically appropriate information on how they can support their children.

**Identity, Inc.**, \$675,185. This grantee offers emotional support groups, life skills training, substance abuse prevention, and trauma awareness. It serves High School populations of Latino, low-income, and Emergent Multilingual Learner students.

**Jewish Social Service Agency (JSSA)**, \$3,550,037. This grantee offers individual, family, and group therapy; support groups; after school programming; family supports and navigation to services; and school staff training.

**Parent Encouragement Program (PEP)**, \$773,753. This grantee offers parenting education for parents and primary caregivers of children ages 5 to 18. Programming includes PEP – Educating Parents, and Enriching Families.

**Sheppard Pratt**, \$1,411,734. This grantee offers individual, group, and family therapy. Students receiving services also qualify for case management, trauma informed care, suicide prevention, crisis stabilization and response, behavioral health education, care navigation, support groups, psychiatric care, and medication management.

**The Lourie Center**, \$552,604. This grantee offers Circle of Security training to parents and early childhood educators to reduce the impact of adversity on pre-school aged children.

**Thrive Behavioral Health**, \$1,851,449. This grantee offers family education and support, school staff training, and expanded access to therapeutic services. Grant funds support therapeutic services for uninsured and underinsured students, as well as services that are not reimbursable by insurance such as school consultations activities and other school meetings.

### **PRINCE GEORGE'S COUNTY**

**AprilMay Company**, \$1,066,378. This grantee offers 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.

**Community Advocates for Family & Youth**, \$668,342. This grantee offers case management services; trauma informed care; individual, group, and family therapy; peer support; depression and anxiety services; and suicide prevention.

**EveryMind**, \$2,420,000. This grantee offers mental health education and prevention programming, care coordination, family supports, and individual therapy.

**Hazel Health**, \$1,246,550. This grantee offers individual teletherapy sessions, behavioral health assessments, crisis consultations for school staff, family engagement, and care coordination.

**Healthlincs**, \$2,203,763. This grantee offers therapy, social emotional learning, and care coordination.

**Higher Heightz**, \$1,305,425. This grantee offers screening, Substance Use Disorder prevention activities, psychoeducational groups, peer support programs, early intervention for at-risk students, and recovery-focused interventions.

**iMind Health, LLC**, \$2,892,008. This grantee offers staff education, behavioral health prevention and promotion for at-risk youth, and crisis care through Mobile Response and Stabilization Services.

**La Clinica del Pueblo**, \$692,800. This grantee offers psychosocial support groups, individual counseling, crisis intervention, suicide prevention, family engagement workshops, case management, and staff training.

**Luminis Health, Inc**, \$1,079,331. This grantee offers behavioral health education, training, and navigation services to students, teachers, and parents. It also features enhanced Behavioral Health Urgent Care hours and an Intensive Outpatient Program focused on mental health and substance use for teens.

**Sheppard Pratt**, \$1,959,383. This grantee offers 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.

**SMYAL Inc**, \$256,133. This grantee offers the Student Check-Up, Cognitive Behavioral Therapy, Safety Planning Intervention, and Interpersonal Psychotherapy for Adolescents, focusing on the LGBTQ+ community.

**The Lourie Center**, \$552,604. This grantee offers Circle of Security training to parents and early childhood educators to reduce the impact of adversity on pre-school aged children.

**Transitions Counseling and Mentoring Service**, \$620,000. This grantee offers 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.

**Uneo Health**, \$655,172. This grantee offers a secure app (Prosper) that provides social emotional learning and evidence-based Cognitive Behavioral Therapy tools.

**VineCorps**, \$1,174,829. This grantee offers youth and family engagement, support groups, peer mediation, mentoring, substance use disorder programming, after school programs, and wellness outings and retreats.

## WASHINGTON COUNTY

**Boys & Girls Club of Washington County**, \$165,356. This grantee offers social-emotional skill building and character development through after-school activities.

**Cook Center for Human Connection**, \$386,750. This grantee offers services and resources to support parents, caregivers, and families including Parent Cognitive Behavioral Coaching, Parentguidance.org courses, and Mental Health Series Platform events.

**Family Healthcare of Hagerstown**, \$112,728. This grantee offers therapy, medication management, family navigation, and school staff training.

**Hospice of Washington County**, \$355,000. This grantee offers 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.

**Maryland Coalition of Families**, \$119,432. This grantee offers family peer support to parents and caregivers who have a child with a behavioral health challenge including emotional support, resource connection, systems navigation, support groups, and educational workshops from specialists who have lived experience.

**San Mar Family & Community Services: Bester Community of Hope**, \$165,313. This grantee offers in-home wraparound family support services, collaboration with treatment teams and schools, referral and intake services, and parent engagement.

## **WICOMICO COUNTY**

**Maple Shade Youth and Families Services**, \$365,200. This grantee offers Bounce Back, an after-school program that helps kids bounce back from trauma related symptoms. Therapists work closely with each child to help build emotional resilience, improve social skills, strengthen peer relationships, and encourage positive behavior.

**Crossroads Early Intervention and Training**, \$288,721. This grantee offers developmental evaluations and early intervention services to underserved, high risk children and their families to identify strengths and weaknesses and promote growth and school readiness.

# APPENDIX H

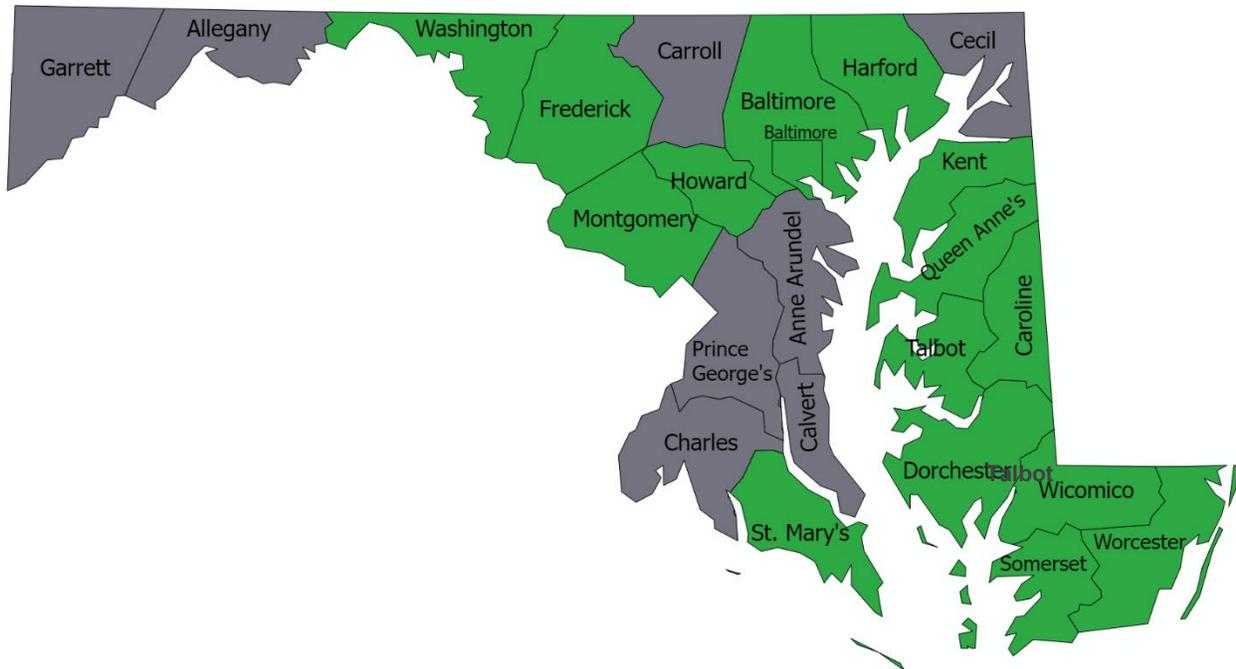
# Council on Advancement of School-Based Health Centers 2024 Annual Report

## Executive Summary

The Council on Advancement of School-Based Health Centers works to improve the health and educational outcomes of students who receive School-Based Health Center (SBHC) services by advancing the integration of SBHCs into the health care and education systems at the state and local levels. The Council is staffed by the Community Health Resources Commission, an independent commission operating within the Maryland Department of Health (MDH).

As of December 1, 2023, there are 89 SBHCs across 16 jurisdictions in Maryland. During Fiscal Year 2023, all SBHCs in Maryland received grant funding totaling over \$7 million from the MDH Bureau of Maternal and Child Health (“the Bureau”).

Diagram 1 illustrates the distribution of SBHCs across Maryland. Jurisdictions indicated in green are the counties where SBHCs are currently located.



*Diagram 1: SBHC distribution across Maryland*

The Council made important progress on its mission in 2023. Key accomplishments are outlined below.

**1. The Council issued recommendations for data to be collected and analyzed through the SBHC annual survey and other data sources.** These recommendations, requested by the Bureau, included a number of suggested measures and the rationale for collecting each. The recommendations also included a list of measures that could be collected from sources other than the survey such as annual SBHC applications, MSDE, CRISP, Immunet, and others. The Council recommended: 1) that training and technical assistance be provided to SBHCs in completing survey questions; 2) that clear definitions be provided for each question, including the timeframe for each; 3) that the reporting burden on SBHC administrators be reduced by pre-populating data, pulling data directly from other sources, and building in logic tests; 4) that patient satisfaction surveys be developed; and 5) that SBHC Administrators be given sufficient time to adjust to any additional changes to the survey. Finally, the Council recommended that the Department issue annual reports using SBHC data and use survey findings for data-driven decision-making.

**2. The Council developed recommendations for a future SBHC quality and/or process improvement program.** The recommendation proposed that such a program should not be implemented for 18 months or more, but planning should begin now. While SBHCs already are required to implement quality and/or process improvement programs, an opportunity exists to provide them with more support and feedback, including through a learning collaborative. The Council recommended a three-phase approach. During phase one, the Council recommended short interviews with SBHCs to understand their existing capacity and interests, as well as an assessment of the Department's capacity to manage such a program. During the second phase, the Council recommended interview results be used to identify potential areas of focus, that metrics be developed for these areas of focus, and that partners be engaged. Third would be a one- to two-year implementation phase, with a robust curriculum and significant technical assistance.

**3. The Council developed recommendations related to the proposed requirement for a minimum of eight hours over two days per week of in-person clinician services at SBHCs.** At the request of the Bureau, the Council considered whether minimum requirements should be set for weekly in-person clinician hours at SBHCs. The Bureau had included these requirements in its draft Revised Standards. The Council recommended that, while eight hours over two days per week would be ideal, SBHCs should have some flexibility and support.

**4. Council recommendations supported a policy change by Maryland Medicaid to begin covering sports physicals (Preparticipation Physical Exams – PPE) by SBHCs.** As part of its SBHC billing recommendations issued last year (2022), the Council recommended authorizing Medicaid reimbursement for sports physicals provided by SBHC clinicians. Maryland Medicaid, working with the Bureau, accepted that recommendation, and effective August 14, 2023, SBHCs may now bill Medicaid for sports physicals.

# APPENDIX I

## Abbreviations

CASBHC: Maryland Council on Advancement of School–Based Health Centers  
CHRC: Community Health Resources Commission  
CHW: Community Health Worker  
CMMI: Center for Medicare and Medicaid Innovation  
CRISP: Chesapeake Regional Information System for our Patients  
DAP: Maryland Diabetes Action Plan (MDH population health initiative)  
ENOUGH: Engaging Neighborhoods, Organizations, Unions, Governments, and Households Act  
ED: Emergency Department  
EHR: Electronic Health Record  
FQHC: Federally Qualified Health Center  
HEDIS: Health Effectiveness Data and Information Set  
HERC: Health Equity Resource Community  
HIPAA: Health Insurance Portability and Accountability Act  
LHD: Local Health Department  
LHIC: Local Health Improvement Coalition  
MAT: Medication Assisted Treatment  
MCO: Managed Care Organization  
MDH: Maryland Department of Health  
MHBE: Maryland Health Benefit Exchange  
MOU: Memorandum of Understanding  
MASBHC: Maryland Assembly on School-Based Health Care  
MRHA: Maryland Rural Health Association  
MSDE: Maryland State Department of Education  
PCP: Primary Care Provider  
QBP: CASBHC’s Quality and Best Practices Workgroup  
RFA: Request for Applications  
SBHC: School-Based Health Center  
SDOH: Social Determinants of Health  
SHIP: State Health Improvement Process