Frequently Asked Questions Call

December 2025 Coordinated Community Supports Request for Applications

Maryland Community Health Resources Commission

December 18, 2025

Objectives

1. Update on implementation of RFA #3 (2025-2026 school year)

2. Information about how to apply for RFA #4 (2026-2027 school year)

2025-2026 Implementation

108 awards totaling $97M
    Additional 62 subgrantee awards in Track 1

Seven Community Supports Partnerships funded

Projecting to serve 167,000 students

95% of grantees have started services

FY 2027 Request for Applications

Timeline	Action
December 10, 2025	RFA issued
December 18, 2025	Q&A call
February 11, 2026 3:00pm EST	Proposals due
April/May 2026	Awards made
July 1, 2026 - June 30, 2027	Grant period

Funding availability is contingent on the fiscal year 2027 budget allowance and final enactment of the budget in the spring.

MCHRC
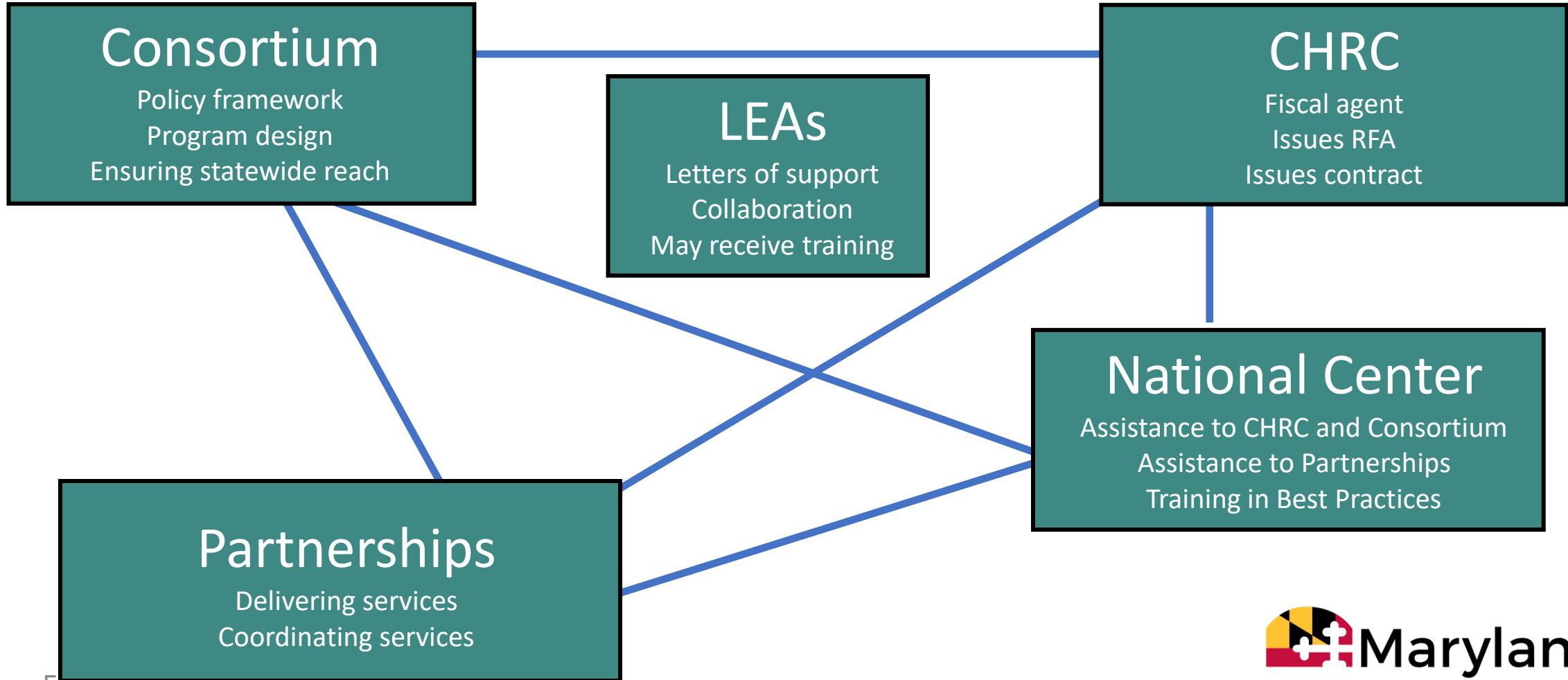MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

STATE OF MARYLAND
Community Health Resources Commission
45 Calvert Street, Room 336 • Annapolis, Maryland 21401
Wes Moore, Governor; Aruna Miller, Lt. Governor
Destiny-Simone Ramjohn, Ph.D., Chair; Mark Luckner, Executive Director

Coordinated Community Supports Partnerships

FY 2027 Request for Applications

Implementing agencies

Consortium
Policy framework
Program design
Ensuring statewide reach

LEAs
Letters of support
Collaboration
May receive training

CHRC
Fiscal agent
Issues RFA
Issues contract

National Center
Assistance to CHRC and Consortium
Assistance to Partnerships
Training in Best Practices

Partnerships
Delivering services
Coordinating services

Maryland
DEPARTMENT OF HEALTH

Consortium Membership – 25 total

David D. Rudolph, Chair

Laura Torres, Dir. Primary & Early Intervention, BHA, MD Dept of Health

Stephen Liggett-Creel, Sr. Advisor to the Sec., Dept of Human Services

Destiny-Simone Ramjohn, PhD., Chair, CHRC

Mary Gable, Asst. Supt Div of Student; State Superintendent, MD State Dept of Ed

Derek Anderson, Director of Community Schools, MD State Dept of Ed

Christina Bartz, Dir of Community Based Programs, Choptank Community Health System

Dr. Derek Simmons, Superintendent, Caroline County Public Schools

Laura McKenzie, Therapist, Kent County School Board Member

Dr. Donna Christy, School Psychologist, Prince George's Co. Public Schools (MSEA rep)

Gail Martin, former Baltimore Co. Public Schools Team Leader, School Social Work

Dr. Katie Burkhouse, Howard County, Maryland School Psychologists Association

Dr. John Campo, MD, Dir of Mental Health, Johns Hopkins Children's Center, JHU Hospital

Sadiya Muqueeth, CHRC Vice Chair

Perrie Briskin, Dep Sec, Health Care Financing & Medicaid Dir, Maryland Dept of Health

Larry Epp, Ed.D., Dir of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt

Debbie Marini, Dir, Frederick Co. Dept. of Social Services

Michael A. Trader, II, Dir of Planning, Quality, and Core Svcs, Worcester Cty Health Dept

Cheryl R. Brooks, Principal, Baltimore County Schools

Dr. Maureen Ponce, President, Maryland School Counselors Association

Senator Katie Fry Hester

Delegate Eric Ebersole

The Consortium currently has three vacancies.

Maryland
DEPARTMENT OF HEALTH

CHRC Membership

Destiny-Simone Ramjohn, PhD,
CHRC Chair

Dr. Sadiya Muqueeth, CHRC Vice Chair

U. Michael Currie, Healthcare Consultant

Flor D. Giusti

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

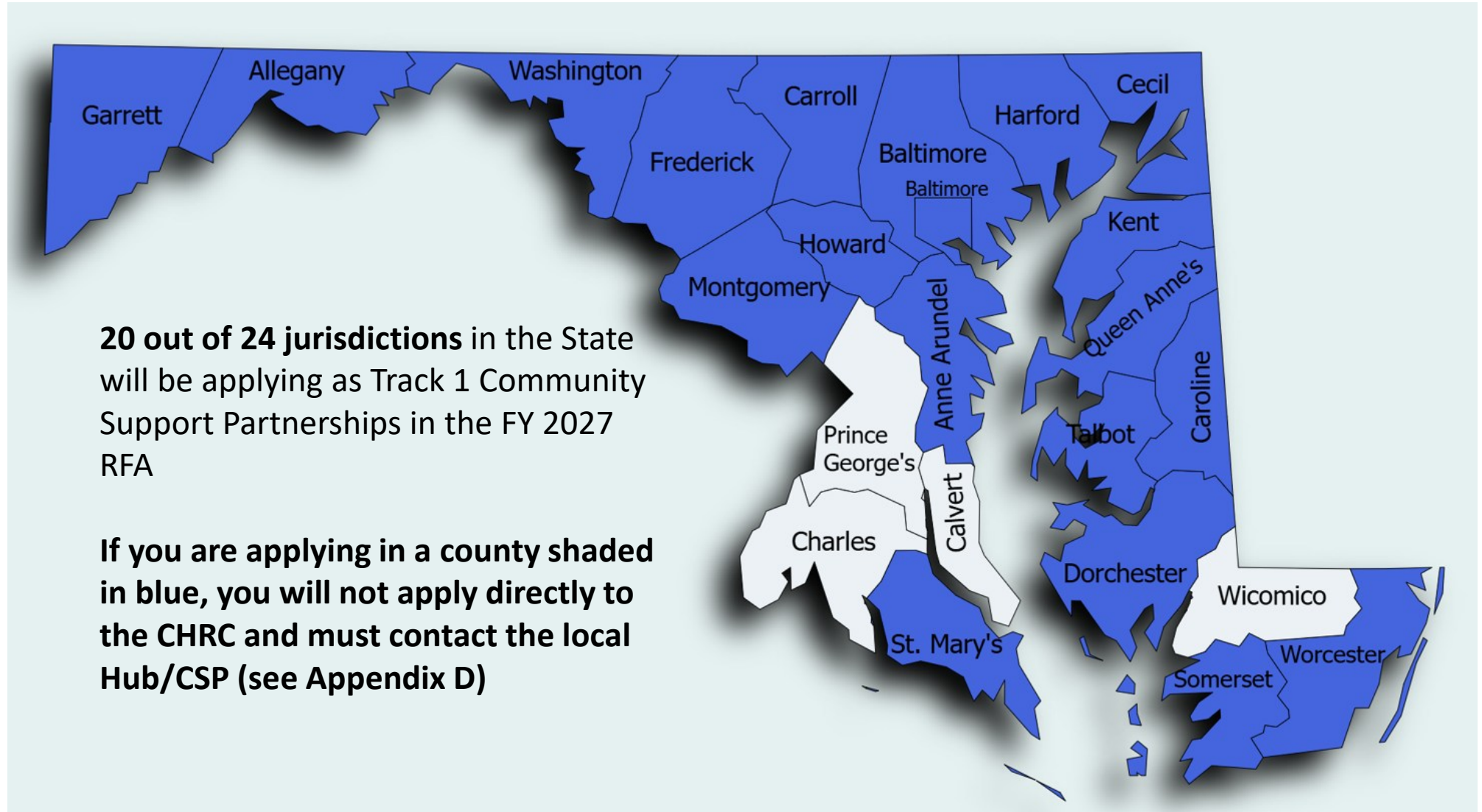**Jonisha Toomer,** LCPC, Executive
Director, Right Step, LLC

Crystal Townsend, MPA, CEO, The
Washington Home

Maryland
DEPARTMENT OF HEALTH

Three Tracks

This RFA has three tracks:

1. **Community Supports Partnerships** – for returning CSPs and Hub pilots that were evaluated as "ready" *(by invitation only)*

2. **Hub Pilots** – new Hub pilots and continuation of Hub pilots that are not able to apply as Community Supports Partnerships (LBHAs and LMBs only)

3. **Services** –services in areas without a Community Supports Partnership, existing grantees and new ones

Maryland
DEPARTMENT OF HEALTH

Community Supports Partnerships Across the State

20 out of 24 jurisdictions in the State will be applying as Track 1 Community Support Partnerships in the FY 2027 RFA

If you are applying in a county shaded in blue, you will not apply directly to the CHRC and must contact the local Hub/CSP (see Appendix D)

RFA Track 1: Community Supports Partnerships

Who can apply as a full Community Supports Partnership (CSP)?

- ONLY current CSPs and Hub pilots assessed and deemed "ready."

➡ **7 CSPs and 7 Hub pilots, representing 20 jurisdictions, will apply as full Community Supports Partnerships**.

What will the grant fund?

1. Hub's coordinating work (mostly staffing); AND
2. Service providers in the jurisdiction.

NEW: Appendix M, information about service providers

RFA Track 1: Community Supports Partnerships – Review Criteria	Points
1. Responds to local needs and health equity, based on Needs Assessment	15
2. Selection of service providers to address identified needs, good process for selecting and vetting service providers, based on Asset Map	15
3. Program feasibility, start date for services, staffing plan, referral processes	10
4. Service quality: service providers will utilize Priority EBPs and/or other effective strategies, address all tiers of MTSS, all ages pre-k-grade 12, range of holistic services, commitment to ongoing training and TA	20
5. Coordination/Integration: collaboration with LEA; plans for ongoing cooperation between Hub, service providers, LEA(s), LBHA/LMB, and other child-serving agencies; utilizes Referral Plan	15
6. Data: plans for data-sharing between Hub, service providers, LEA(s), CHRC, and others	15
7. Hub staffing model is reasonable	10
8. Budget: Overall budget is reasonable and commensurate with project impact, overall strong return on investment	5
TOTAL	**100**

RFA Track 2: Hubs

Who can apply?

1. LBHA/LMB from areas of state *without* existing Hub pilots (consensus)

2. Current Hub pilots not applying as full Community Supports Partnerships (2 continuing Hub pilots)

What will the grant fund?

- Capacity building – prepare Hub to lead a full Community Supports Partnership in the future (staffing, development of deliverables, participation in TA program)

Maryland
DEPARTMENT OF HEALTH

RFA Track 2: Hubs - Review Criteria	Score
1. Experience coordinating a broad array of behavioral health services in schools	20
2. Experience as a fiduciary	20
3. Experience collecting and reporting data	20
4. Collaboration and community consensus	20
5. Budget and staffing plan are reasonable	20
TOTAL	100

RFA Track 3: Service Providers

Who can apply?

- Service providers in areas of the state *without* Community Supports Partnerships (Calvert, Charles, Prince George's and Wicomico Counties). Must have letter of support from LEA.

    1. Existing grantees
    2. Other applicants

What will the grant fund?

- Behavioral health services

Maryland
DEPARTMENT OF HEALTH

RFA Track 3: Service Providers - Review Criteria	
1. Responds to documented local priority, promotes health equity, prioritized by LEA	15
2. Organizational capacity: history of working with students and schools, cultural and linguistic competency, financial capacity	15
3. Program design and prospects for success: use of EBPs and/or other strategies, starting date for services, holistic approach, staffing plan, referral process	10
4. Program feasibility: starting date for services, staffing plan, coordination with school system on service implementation	10
5. Priority EBP is selected and integrates well into planning and programming	5
6. Coordination/Integration: integration and alignment with existing programs	10
7. Evidence of engagement with schools, families, and communities in the planning and execution of programming	10
8. Ability to demonstrate measurable outcomes	15
9. Budget is reasonable and commensurate with project impact, maximizes Medicaid revenue attainment, reflects Medicaid and other revenues as applicable, good return on investment	10
TOTAL	100

Current Service Provider Grantees applying for Track 3

- Complete full application. We recommend using your previous application with updates as needed.

- Additional brief section on prior grant performance:
  - ➢Accomplishments, any changes, lessons learned, Medicaid

- Additional mandatory appendices:
  - ➢Q2 Milestones and Deliverables Report (due Feb 1)
  - ➢Q2 Progress Report (due Feb 1)
  - ➢Metrics plan

Maryland
DEPARTMENT OF HEALTH

Additional Submission Requirements – All Tracks

✓LEA Letter of Support

- Required for all Track 3 applicants
- Track 1 CSPs may submit individual LEA letters of support for the subgrantees, or one omnibus letter of support for the proposal. Please note that it is expected that the LEA is involved in the selection of the services providers proposed in the application.

✓Certificate of Good Standing from the Maryland Dept. of Assessments and Taxation
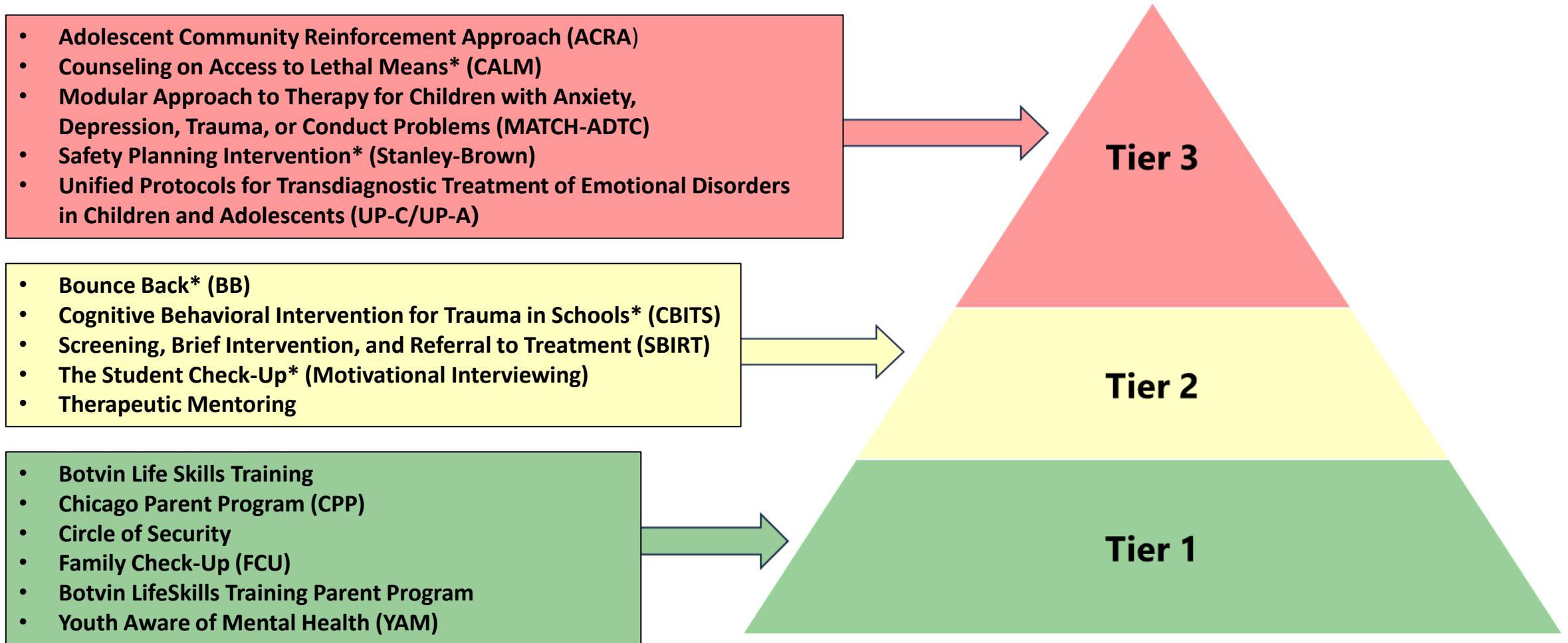
Maryland
DEPARTMENT OF HEALTH

Types of services

Examples of types of services supported:

- School-wide preventative and mental health literacy programming
- Individual, group, and family therapy
- Navigation and case management services
- Substance Use Disorder services
- Trauma informed care
- Telehealth services
- Suicide prevention
- Early childhood interventions
- Therapeutic mentoring
- Therapeutic summer camps
- Crisis stabilization and response
- Peer supports

- Behavioral health education, support, and navigation for families
- Support groups
- Psychiatric care and medication
- Addressing dating/sexual violence
- Grief support
- Positive classroom environments
- Educator training programs
- Nature-based wellness programs
- Depression and anxiety services
- Provider participation in school meetings (e.x., IEP, disciplinary, etc.)
- Executive functioning

If applicable, service providers must bill Medicaid and/or commercial insurance and use grant funds to fill in the "gaps."

Maryland
DEPARTMENT OF HEALTH

Priority Evidence Based Practices

- Adolescent Community Reinforcement Approach (ACRA)
- Counseling on Access to Lethal Means* (CALM)
- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)
- Safety Planning Intervention* (Stanley-Brown)
- Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents (UP-C/UP-A)

Tier 3

- Bounce Back* (BB)
- Cognitive Behavioral Intervention for Trauma in Schools* (CBITS)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- The Student Check-Up* (Motivational Interviewing)
- Therapeutic Mentoring

Tier 2

- Botvin Life Skills Training
- Chicago Parent Program (CPP)
- Circle of Security
- Family Check-Up (FCU)
- Botvin LifeSkills Training Parent Program
- Youth Aware of Mental Health (YAM)

Tier 1

Areas Addressed When Implementing Priority EBPs

Areas Addressed	Priority Evidence Based Practice
Depression, Anxiety, Conduct Disorders, & Trauma Treatment	• **Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children & Adolescents (UP-C, UP-A)** • **Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)** • **Cognitive Behavioral Intervention for Trauma in Schools (CBITS) & Bounce Back**
Suicide Prevention	• **Safety Planning (Stanley-Brown)** • **Counseling on Access to Lethal Means (CALM)**
Substance Use Prevention and Treatment	• **Adolescent Community Reinforcement Approach (A-CRA)** • **Botvin LifeSkills Training** • **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**
Prevention/Mental Health Awareness/Promotion	• **Therapeutic Mentoring** • **Youth Aware of Mental Health (YAM)**
Academic Functioning	• **Student Check-Up**
Parenting/Family Support	• **Circle of Security** • **Chicago Parenting Program** • **Family Check-Up (FCU)** • **Botvin LifeSkills Parent Program**

EBP Expectations and Requirements

POC/Supervisor Expectations:

Please review Appendix F and EBP one-pagers for details about each intervention before selection!

1. Participate in initial kick-off meetings to review training and implementation plans,
2. Monitor ongoing progress to ensure staff meet training and implementation milestones
3. Coordinate with training teams to provide status updates
4. Support providers in their implementation efforts
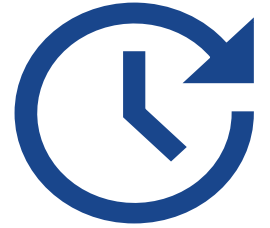
Trainee Expectations:

Trainees who participate in priority EBPs are expected to have a plan to fully implement the EBP in their practice:

1. Attend all designated training sessions for which they are registered
2. Participate in post-training implementation support meetings for each EBP they are delivering
3. Complete training evaluation survey for each EBP
4. Submit implementation and fidelity monitoring survey each round (3 rounds)

Implementation Support Requirements:

Attendance is _required_ at 1 implementation support call each round (3 rounds) once a provider has been trained. Trained providers, from previous grant cycles, are also invited to attend implementation calls.

Maryland
DEPARTMENT OF HEALTH

Permissible Uses of Grant Funds, pages 17-18

- Staff salaries and fringe benefits
- IT hardware and software
- Supplies
- Marketing materials
- Travel/mileage/parking
- Training and professional development

- Subcontractors
- Other expenses such as incentives for program participants, translation/interpretation services, etc.
- Indirect costs

Training and materials for Priority EBPs will be supported by the NCSMH and should not be included in applicant budgets. Staff time for training, including training in Priority or other EBPs, should be included in the staff salaries section of the budget.

Maryland
DEPARTMENT OF HEALTH

NOT Permissible Uses of Grant Funds

Grant funds may NOT be used for:

- Direct support to families to address social determinants of health (e.x., emergency funds, rent assistance, food assistance, etc.)
- Fees for student participation in extracurricular activities without a behavioral health focus, including sports
- Field trips without a behavioral health focus

- Somatic (physical) health services
- Academic and vocational supports
- Depreciation expenses
- Major equipment or new construction projects
- Clinical trials
- Lobbying or political activity
- Pre-award costs and expenses
- Purchase or improve land or a building, except for minor remodeling

Maryland
DEPARTMENT OF HEALTH

Other fiscal provisions

Duplicate Funding
- CHRC funds should supplement and not supplant other sources of funding
- Disclose existing or anticipated funding that is, or will be, used to support activities in the grant proposal

Indirect Rate
- Permit up to 15% (unless the applicant has higher federal negotiated rate)
- Applicants must describe activities funded by indirect rate
- Expenses budgeted in Direct Costs categories should not duplicate items included in indirect costs.

Fringe Benefits Rate
- Permit up to 25% of salaries, unless documentation of a higher federally negotiated rate is provided.

Maryland
DEPARTMENT OF HEALTH

Budget Submission: Narrative & Templates

- Review Budget Narrative prior to completing budget templates.
- Complete cells highlighted in blue. Ensure formulas are updated if you add additional rows (salary and contractual).
- Only W-2 employees should be in the salary section of the budget. All salary costs included in salary section, including training time.
- Extended employee leave should not be included in salary costs.
- Only include expenses incurred during the grant period: July 1, 2026-June 30, 2027.
- Include position type for salaries on Budget Template, not specific employee names.
- CHRC budgeted expenses must be net of non-CHRC revenue sources, if applicable.
- Equipment, furniture, vehicles, minor improvements: only budget the portion related to the one-year grant.

Maryland
DEPARTMENT OF HEALTH

Track 1 CSP Budget Templates

Track 1 CSP applicants should submit the following to the CHRC:

- One combined budget document that includes the Hub/infrastructure costs, as well as the subgrantee budgets (each as a separate tab/sheet)
- One combined budget narrative document that includes a narrative for the Hub/infrastructure costs and each individual subgrantee budget narrative

Maryland
DEPARTMENT OF HEALTH

CHRC Staff Contact Information

Mark Luckner
CHRC Executive Director
mark.luckner@maryland.gov
410.260.7046

Bob Lally
CHRC Chief Financial Officer
bob.lally@maryland.gov
410.260.6290

Amy Yakovlev
Deputy Chief Financial Officer
amy.yakovlev@maryland.gov
443.871.6934

Megan Brown
Consortium Director
megan.brown@maryland.gov
443.221.9877

Nicole Cronin
Consortium Deputy Director
nicole.cronin@maryland.gov
410.908.2874

Marie Scott
Consortium Deputy Director
marie.scott@maryland.gov
410.982.1951

Lorianne Moss
CHRC Program Manager
lorianne.moss@maryland.gov
410.456.6525

Angelina Oputa
Program Manager
angelina.oupta@maryland.gov
410.260.6319

Jen Clatterbuck
CHRC Administrator
jen.clatterbuck@maryland.gov
410.260.6086

Maryland
DEPARTMENT OF HEALTH