



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

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

# **MARYLAND CONSORTIUM ON COORDINATED COMMUNITY SUPPORTS**

## **ANNUAL REPORT**

**Maryland Education Code, § 7-447.1(r)**  
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**July 1, 2024**

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## **MARYLAND CONSORTIUM ON COORDINATED COMMUNITY SUPPORTS ANNUAL REPORT July 1, 2024**

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## I. EXECUTIVE SUMMARY

This report covers the period of July 2023 – June 2024.

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

Between July 2023 - June 2024, the full Consortium met on July 12, July 28, September 19, November 30, January 4, February 20, April 11, and June 24. Meeting recordings and other meeting materials are posted on the Consortium's webpage at the following URL: <https://health.maryland.gov/mchrc/Pages/Prior-Consortium-Meetings.aspx>. Meeting minutes can be found in Appendix K.

The Consortium's four subcommittees have been holding meetings regularly. All subcommittee meetings are open to the public. During July 2023 - June 2024:

- The Framework, Design & RFP Subcommittee studied and made recommendations for key elements of the first Coordinated Community Supports Calls for Proposals (RFPs).
- The Data Collection/Analysis & Program Evaluation Subcommittee made recommendations on Consortium accountability metrics and standardized measures for grantees to report to the CHRC.
- The Outreach and Community Engagement Subcommittee identified stakeholder groups to engage; reviewed materials to be distributed to potential stakeholders; and held outreach meetings with potential grant applicants, local school districts, public behavioral health organizations, and other stakeholders.
- The Best Practices Subcommittee continued to study expanded Medicaid reimbursement for school-based behavioral health services.

The Consortium conducted an extensive outreach campaign and held two public comment periods during this reporting period. In July 2023, the Consortium sought feedback from the public on three issues raised by Maryland Department of Health (MDH) leadership related to the first Request for Proposals. A summary of comments received can be found in Appendix A. In February 2024, the Consortium's Data Subcommittee solicited feedback on data measures to be reported by grantees. A summary of comments received can be found in Appendix B.

On August 18, 2023, the CHRC released the Consortium's first Coordinated Community Supports Request for Proposals, which supported grants to providers of behavioral health services for students. 258 proposals were received, requesting more than \$380 million. After a rigorous review process, on February 8, 2024, 129 grants were awarded to 101 organizations, for a total of \$111 million. (Some organizations received grants in more than one jurisdiction.) Grants were awarded for expanded behavioral health services in all 24 jurisdictions of the state. The grant period is March 1, 2024, through June 30, 2025. A list of services grants awarded can be found in Appendix C.

On October 24, 2023, the CHRC released a Request for Proposals to pilot ten Coordinated Community Supports Partnership Hubs. Applications for the pilot were limited to Local Behavioral Health Authorities and Local Management Boards. 17 proposals were received, requesting a total of \$9.3 million. After a thorough review process, on March 19, 2024, \$4.7 million was awarded to ten pilot Hubs, that together will serve 15 jurisdictions of the state. The grant period is April 1, 2024, through June 30, 2025. A list of Hub pilots can be found in Appendix D.

The Consortium continues to work closely with the National Center for School Mental Health, which was named in the implementing legislation as a technical assistance provider. The National Center is overseeing a program to provide training and implementation support to grantees in 15 evidence-based programs identified by the Consortium and its Best Practices Subcommittee. A list of the 15 evidence-based programs can be found in Appendix E. National Center staff also have consulted with the Consortium on developing the overall program structure, evaluating grant proposals, developing performance measures for each grantee, and supporting the work of all four subcommittees.

## **II. BACKGROUND AND MISSION**

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

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

The Consortium has three statutory purposes:

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

The Consortium also has nine statutory duties:

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

metrics to determine whether grant-funded community supports partnership services are positively impacting students, their families, and their communities; and

9. Use accountability metrics to develop best practices to be used by a coordinated community supports partnership to deliver supports and services and maximize federal, local, and private funding.

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

### III. CONSORTIUM MEMBERSHIP

The Consortium consists of 25 members and includes representatives from state and local departments of education, health, human services, and juvenile services; members of the legislature; and other individuals representing the education and behavioral health communities. David D. Rudolph was appointed by General Assembly leadership to serve as the Consortium's chair.

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports | former Delegate, Maryland General Assembly
2. Erin McMullen, Maryland Department of Health | Chief of Staff
3. Emily Bauer, Maryland Department of Human Services | Two-Generation Program Officer
4. Mary Gable, Maryland State Department of Education | Assistant Superintendent, MSDE Division of Student Support, Academic Enrichment, & Educational Policy
5. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
6. Derek Anderson, Director of Community Schools | Maryland State Department of Education
7. Christina Bartz, Council on Advancement of School-Based Health Centers | Director of Community-Based Programs, Choptank Community Health Systems
8. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
9. Tammy Fraley, Maryland Association of Boards of Education | Allegany County Board of Education
10. Donna Christy, School psychologist | President, Prince George's County Educators Association
11. Gail Martin, Maryland Chapter of the National Association of Social Workers | former Baltimore County Public Schools Team Leader, School of Social Work
12. Dr. Bradley Petry, Maryland School Psychologists Association | School Psychologist, Baltimore City Public Schools
13. Dr. John Campo, Maryland Hospital Association | Director of Mental Health, Johns Hopkins Children's Center, Johns Hopkins University Hospital
14. Sadiya Muqueeth, DrPH, Vice Chair, Maryland Community Health Resources Commission | Chief Health Policy Officer, Baltimore City Health Department | Faculty of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health
15. Ryan Moran, Maryland Department of Health | Deputy Secretary for Health Care Financing
16. Dr. Maureen Ponce, Maryland School Counselor Association | school counselor, Montgomery County Public Schools
17. Larry Epp, Ed.D., representative of the community behavioral health community with telehealth expertise | Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System
18. Gloria Brown Burnett, representative of local departments of social services | Director, Prince George's County Department of Social Services

19. Michael A. Trader, II, representative of local departments of health | Assistant Director of Behavioral Health, Worcester County Health Department
20. The Honorable Katie Fry Hester, Maryland Senate
21. The Honorable Eric Ebersole, Maryland House of Delegates

The Consortium currently has four vacancies. The vacant seats are: a member of the public appointed by the General Assembly Presiding Officers, a member of the public with expertise in positive classroom environments appointed by the General Assembly Presiding Officers, a member of the public with expertise in equity in education appointed by the General Assembly Presiding Officers, and the Secretary of Juvenile Services or their designee.

#### **IV. ACTIVITIES OF THE CONSORTIUM DURING JULY 2023 - JUNE 2024**

During the period covered by this report, the Consortium met eight times: July 12, July 28, September 19, November 30, January 4, February 20, April 11, and June 24. All meetings were open to the public, recorded, and posted on the Consortium's website.

During July 2023 – June 2024, the four subcommittees continued their work as follows:

- The Framework, Design & RFP Subcommittee, chaired by Dr. Sadiya Muqueeth, met several times to plan the overall framework of the Community Supports Partnerships model and make recommendations on key issues related to the two Requests for Proposals issued during this reporting period. In response to feedback from the MDH leadership, the Subcommittee considered which types of entities should be eligible to become Hub pilots. The Subcommittee received and analyzed public comment, studied different kinds of organizations, and recommended that Hub pilots be limited to Local Behavioral Health Authorities and Local Management Boards only. The Subcommittee also made recommendations to clarify engagement between Local Education Agencies and Consortium grantees. A summary of public comments on key issues related to the first RFP can be found in Appendix A.
- The Data Collection/Analysis & Program Evaluation Subcommittee, chaired by Dr. Larry Epp, met several times to make recommendations on Consortium accountability metrics and standardized measures grantees will be required to report to the CHRC. The Subcommittee received and analyzed public comment related to grantee performance metrics. Input from the survey was incorporated into grantee Milestones & Deliverables (M&D) template and data definitions. A summary of public comments on data can be found in Appendix B. The Consortium's accountability metrics can be found in Appendix F.
- The Outreach and Community Engagement Subcommittee, chaired by Tammy Fraley, first oversaw outreach and public engagement to inform communities about grant opportunities. After grants were awarded, outreach focused on informing communities about new services for students. A list of outreach meetings can be found in Appendix G.
- The Best Practices Subcommittee, co-chaired by Dr. John Campo and Dr. Derek Simmons, met several times to consider evidence-based programs for Consortium grants as well as MDH's proposal for expanded Medicaid reimbursement for behavioral health services provided by school-employed staff. In response to feedback from the MDH leadership, the Subcommittee reviewed public comments on whether the first Call for Proposals should limit the evidence-based programs and/or MTSS Tiers of service that would be eligible for funding through grants. The Subcommittee and MDH leadership recommended that interventions at all three MTSS Tiers be permissible, provided that they respond to documented local

needs. The Subcommittee also recommended that 15 evidence-based programs be prioritized for funding, but that other interventions could be eligible if they respond to documented local needs. A list of the 15 evidence-based programs can be found in Appendix E.

The Consortium has undertaken other activities to carry out its statutory duties. Training and implementation support in 15 evidence-based programs is being provided to grantees as well as school employees. These trainings are coordinated by the National Center for School Mental Health. Of the 101 organizations awarded grants, 79 are receiving training and implementation support in one or more of the priority EBPs. Trainings in five EBPs are available for school-employed staff. A list of the 15 evidence-based programs can be found in Appendix E.

The Consortium and National Center for School Mental Health are providing significant technical assistance to grantees. Group meetings are hosted once or twice per month, and individualized support is being provided to grantees.

The Consortium is committed to aligning its activities with the priorities of the Maryland Department of Health. The first two RFPs reflected constructive feedback from Department leadership as well as from the public. At its meeting on September 19, 2023, the Consortium received a presentation by Secretary Laura Herrera Scott on the Department's Behavioral Health Continuum of Care for Youth and Adolescents. Consortium programs are helping to fill needs along this continuum. An illustration of the Consortium's programs on Continuum of Care for Youth and Adolescents can be found in Attachment J.

At the Consortium meeting in September, Secretary Herrera Scott also announced that the Department will move forward with expanded Medicaid for school-based services in light of new federal guidance from the Centers for Medicare and Medicaid Services (CMS). Deputy Secretary Ryan Moran presented additional information on expanded Medicaid at the Consortium's meeting on November 30, 2023. The Consortium continues to work with the Department on this issue.

Grantees are required to provide regular programmatic and fiscal reports as part of the CHRC's grant monitoring activities. Consortium and National Center for School Mental Health staff are providing technical assistance to grantees to ensure the successful collection and reporting of data metrics that demonstrate progress toward identified goals. This technical assistance includes working with grantees to develop customized evaluation plans which include both process and outcomes measures. These plans will be used to measure the effectiveness of each grant and to demonstrate the outcomes of the Consortium program as a whole. Some data measures are standardized across all grantees, while others measure the particular interventions implemented by the grantee. A sample grantee reporting template can be found in Appendix H. To support consistent measurement of behavioral health outcomes, the Consortium and National Center for School Mental Health encouraged grantees to consult a list of validated assessment tools, which can be found in Appendix I. Grantees also have been provided with consistent data definitions.

## **V. CREATION OF COORDINATED COMMUNITY SUPPORT PARTNERSHIPS AND AREAS SERVED BY EACH**

HB 1300 of 2020 (Md. Code, Educ. § 7-447.1) requires the Consortium to "develop a statewide framework for the creation of Coordinated Community Supports Partnerships" to "meet student behavioral health and other needs." Legislation requires partnerships to be "community-based, family driven, and youth-guided," serve an "area," and provide "holistic and coordinated services and supports" including both "behavioral health and



other wraparound needs.” Partnerships should be “formed,” should involve many different kinds of organizations and people, and may include “partnership coordinators.” Partnership grants may include “reasonable administrative costs.”

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

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

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

In February 2024, the CHRC and Consortium awarded 129 grants to providers of student behavioral health services. These grants total \$111 million and will serve hundreds of thousands of students. Grants were awarded in every jurisdiction of the state. A list and summary of all the services grants awarded can be found in Appendix C.

In March 2024, the CHRC awarded ten Partnership Hub pilot grant awards. Together these ten Hub pilots will serve 15 jurisdictions.

	Organization Name	Jurisdiction
1.	Anne Arundel County Mental Health Agency, Inc.	Anne Arundel County
2.	Behavioral Health System Baltimore, Inc.	Baltimore City
3.	Baltimore County Bureau of Behavioral Health	Baltimore County
4.	Garrett County Health Department DBA the Local Behavioral Health Authority	Garrett and Allegany Counties
5.	Office on Mental Health/Core Service Agency of Harford County, Inc.	Harford County
6.	Howard County Office of the Local Children's Board	Howard County
7.	Mid Shore Behavioral Health, Inc.	Dorchester, Kent, Queen Anne’s, and Talbot Counties
8.	Montgomery County Maryland through its Department of Health and Human Services	Montgomery County

	Organization Name	Jurisdiction
9	St. Mary's County Health Department	St. Mary's County
10.	Worcester County's Initiative to Preserve Families	Worcester and Somerset Counties

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

## VI. GRANTS AWARDED TO COORDINATED COMMUNITY SUPPORT PARTNERSHIPS

As stated above, the CHRC has awarded grants under two RFPs that will begin to support the creation of Coordinated Community Supports Partnerships.

Grants to service providers are expanding access to behavioral health services and supports for students and families across all jurisdictions of Maryland. 129 grants were awarded totaling \$111 million. These grants support a range of student behavioral health needs including but not limited to the following:

### Prevention and Mental Health Awareness/Promotion

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

### Depression and Anxiety

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

### Suicide Prevention

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

	<ul style="list-style-type: none"> <li>• Behavioral health urgent care clinic that serves youth and adolescents</li> <li>• Grief support</li> </ul>
Substance Use Prevention and Treatment	<ul style="list-style-type: none"> <li>• Adolescent Community Reinforcement Approach (A-CRA), a cognitive/behavioral treatment to reinforce substance-free lifestyles</li> <li>• Screening, Brief Intervention, and Referral to Treatment (SBIRT), an early intervention program</li> <li>• Peer-to-peer education</li> <li>• Early intervention programs (e.g., Screening, Brief Intervention and Referral to Treatment)</li> <li>• Vaping cessation support</li> </ul>
Trauma	<ul style="list-style-type: none"> <li>• Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back, which include games, activities, and therapy to address trauma symptoms and promote healing</li> <li>• Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), a short-term treatment model to improve a range of trauma-related outcomes</li> <li>• Educator training in fostering trauma-informed classrooms</li> </ul>
Early Childhood/Pre-K	<ul style="list-style-type: none"> <li>• Circle of Security and Chicago Parenting, programs that for strengthen attachment between caregivers/educators and children, strengthen parenting, and reduce behavior problems</li> <li>• Play therapy</li> </ul>
Summer and Afterschool Programs	<ul style="list-style-type: none"> <li>• Evidence-based mentorship programs</li> <li>• School-based therapy and other supports during the summer</li> <li>• Therapeutic summer camps</li> </ul>
Family Support	<ul style="list-style-type: none"> <li>• Parent Encouragement Program, a parenting education and skills training program</li> <li>• Navigation and case management to connect families to behavioral health and social services</li> <li>• Transportation to overcome barriers to accessing behavioral health services</li> </ul>

Grants to Hub pilots support the hiring of dedicated staff to prepare the organization to become a future Partnership Hub. Deliverables under the Hub Pilot grants are designed to help the pilots become full Community Supports Partnership Hubs in the future. These deliverables include:

1. Hub governance roles and responsibilities
2. Needs Assessment
3. Asset Map
4. Service referral process
5. Potential staffing model and budget for future Partnership Hub
6. Data-sharing plan
7. Signed MOUs with schools and service providers

The Consortium and National Center for School Mental Health are providing significant technical assistance to Hub pilots to support the development of these deliverables.

## Appendices

### **Consortium on Coordinated Community Supports Summary of Public Comments Received – Recommendations for first RFP July 19, 2023**

As directed by Chair Rudolph, the Consortium accepted written comments on the three recommendations for the first Call for Proposals (RFP) made by MDH leadership during the Consortium's meeting on July 12. The recommendations were:

1. Remove funding for Hub pilots from first RFP to ensure any future Hubs are built on, and do not duplicate, existing structures for behavioral health care coordination;
2. Clarify role of Local Education Agencies (LEAs); and
3. Limit the list of Evidence-Based Programs (EBPs) to be funded, and consider focusing on Tier 1 interventions only.

**Summary of public comments received:** 41 comments were received. In general, respondents were split on whether funding for Hubs should be removed from the first RFP. Respondents offered some suggestions for clarifying the role of LEAs. Two-thirds of respondents said that the first RFP should support all three MTSS Tiers rather than focus on Tier 1 only. Two-thirds of respondents said that the list of EBPs should not be limited. Many recommended specific EBPs/programs that they felt should be supported, but would not be covered if the EBP list were limited.

#### **Full text of MDH recommendations presented for public comment:**

**Recommendation #1:** Hubs should not be funded in the first RFP. Instead, the Consortium and its Framework Subcommittee should continue to study the Hub and Spoke model to ensure any future Hubs are built on, and do not duplicate, existing structures for behavioral health care coordination.

**Recommendation #2:** The RFP should define and clarify engagement between Local Education Agencies and grant-funded community providers.

**Recommendation #3:** The list of evidence-based programs (EBPs) developed by the Best Practices Subcommittee should be more focused and targeted, in order to ensure grant funding for certain key services as the Consortium builds its monitoring and evaluation work. Applicants should be required to implement at least one of the EBPs listed in the RFP; applicants that do not select an EBP listed in the RFP would not be eligible for grant funding. In addition, the Consortium may consider prioritizing interventions that focus on Tier 1 of the Multi-Tiered System of Supports (MTSS); i.e., universal/preventative/mental health promotion for all students rather than services that target students with greater behavioral health needs.

**NOTE:** The Best Practices Subcommittee previously recommended 15 "Priority" EBPs including the following:

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

6. The Student Check-Up (Motivational Interviewing);
7. Therapeutic Mentoring;
8. SBIRT – Screening, Brief Intervention, and Referral to Treatment;
9. Cognitive Behavioral Intervention for Trauma in Schools (CBITS) / Bounce Back;
10. Botvin Life Skills;
11. Youth Aware of Mental Health (YAM);
12. Circle of Security;
13. Strengthening Families Program;
14. Family Check Up; and
15. Chicago Parenting Program.

The Consortium also has recommended a learning collaborative for measurement-based care to be supported through the first RFP.

Of the 15 EBPs listed above, the following could be delivered at Tier 1: Botvin Life Skills, YAM, Circle of Security, Strengthening Families Program, Family Check Up, and Chicago Parenting Program.

The Best Practices Subcommittee also developed a list of 32 "Recommended" EBPs. These would not be included in the RFP.

**Revised recommendation #3:** Subsequent to reviewing public comments, MDH revised recommendation #3 as follows:

- In light of comments by Consortium members and the public, MDH recommends that applicants may submit proposals for interventions at any of the three Tiers of MTSS.
- Tier 2 and 3 interventions may be supported if the applicant can demonstrate they respond to documented local priorities.
- Tier 1 interventions also should be supported, since the Consortium is one of few funding sources for them. (School-wide prevention and mental health promotion)

### **Consortium on Coordinated Community Supports, Data Subcommittee Summary of Public Comments Received – Data measures for grantees March 5, 2024**

To help refine data measures that Consortium grantees will report, the Consortium's Data Subcommittee posed 12 questions for public comment in February 2024. 80 responses were received, including 67 from Consortium grantees and 13 from outside experts. A summary of the responses is below.

#### **1. Should grantees be required to report process and outcomes measures for ALL students/families served through their school-based programs, or just ADDITIONAL students/families served as a result of grant funding?**

Responses were split. Many suggested the recommended the following: Don't focus on new versus expanded per se. Instead, grantees should report on all individuals that receive grant-funded services, which will include both: (1) new students/families not previously served; and (2) those existing students/families whose services are enhanced through grant funding for activities such as school meetings, transportation, and care coordination, as well as through support and training in EBPs and Measurement-Based Care. Grantees should be required to report on every student/family that is receiving services under the grant, regardless of whether the student/family had been receiving services prior to the grant.

#### **2. Should PSC-17 (Pediatric Symptom Checklist) be the recommended assessment tool to measure outcomes for all applicants with Tier 3 interventions? Should it be required?**

Two-thirds of responses favored having alternatives to PSC-17. They expressed concerns that PSC-17 is not an appropriate tool to measure outcomes for all students and all interventions.

#### **3. How should Tier 1 and Tier 2 outcomes be measured by grantees? Surveys? Other means?**

Responses were split on this question, with half supporting surveys and others raising concerns about surveys and/or suggesting other measures such as pre/post assessments, focus groups, and population-level data sets.

#### **4. Should satisfaction surveys be required for all interventions, as a process measure?**

60% of responses favored requiring satisfaction surveys for all Tiers. Grantees recommended flexibility in developing surveys that align with their programs, and advised that responses may vary depending upon whether they were completed by the student or the student's caregiver.

#### **5. In addition to the standardized outcomes data reported across all interventions, should grantees be required to collect and report customized outcomes data for each of their different types of interventions?**

One third of responses said customized measures should be required for all grantees. Many suggested that customized, intervention-specific data measures should be developed in future years of the project, with support from the CHRC and National Center.

**6. How should grantees measure and report average wait times for services? Is this practical?**

Grantees were split on this question and commented on the complexity of measuring wait times. Outside experts were more inclined to require that wait times be reported.

**7. Given that we are trying to develop a standardized data collection form, what process/outcomes measures should be collected for grants that focus on school staff training?**

Responses included a number of suggestions including: number of staff trained, topic(s) of trainings, number of training hours, and survey/quiz to measure new learning and satisfaction with training.

**8. What student demographic information should be collected and reported? What would be practical for grantees?**

The vast majority of grantees and outside experts recommended the collection of demographic data. Responses included a number of suggested demographic measures including: race/ethnicity, gender identification, and level of school: pre-k, elementary school (grades k-12), middle school (grades 6-8), or high school (grades 9-12). Grantees may collect additional customized measures. In future years, more nuanced data may be collected to measure correlation between outcomes and demographic characteristics.

**9. Should applicants be required to report on funding leveraged from Medicaid, commercial insurance, etc? If so, what should they report? Is this practical?**

60% of grantees had concerns about reporting on Medicaid revenues and other funds leveraged, while 60% of outside experts said this information should be collected and reported to the CHRC. A number of responses suggested an alternative approach: to collect information on the individual's insurance status as part of the demographic information (i.e., Medicaid, commercial, uninsured).

**10. How frequently should data be reported to the CHRC?**

75% of responses favor semi-annual reporting.

**11. What suggestions do you have for the Measurement-Based Care learning collaborative?**

Themes of responses: Preference for the learning collaborative to be virtual, not onerous, lots of support and training for grantees, clear instruction, broken into two cohorts (new adopters and current users of MBC), regular meeting schedule (monthly was suggested), and support in the selection of measures.

**12. Other comments?**

Grantees said data requirements should be finalized as soon as possible, and grantees should be given time to build their data collection and reporting capacity.





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

February 9, 2024

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

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

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

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

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

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

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

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

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





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

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

March 19, 2024

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

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

**Maryland Consortium on Coordinated Community Supports  
List of Priority Evidence-Based Programs for Grantees**

The Consortium prioritized funding for the following 15 Evidence-Based Programs (EBPs) as part of the first Call for Proposals (RFP). The Consortium and National Center for School Mental Health, in partnership with intervention developers/trainers, are currently providing training and implementation support for grantees in these 15 EBPs. The Consortium is also providing school-employed staff with training and implementation support in some of the EBPs: The Student Check-Up, Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back (BB), Counseling on Access to Lethal Means (CALM), and Stanley and Brown Safety Planning Intervention.

**A Note on Cultural Responsiveness:**

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

EBP – Programs/Trainings		Focus/Short Description	Target Audience	Tier/Modality	Description/Services	Training Time Commitment and Modality	Cultural Responsiveness
1	<a href="#">Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents</a> (UP-C/UP-A)	Addresses emotional disorders, including anxiety, depression, and traumatic stress	7 and up	3 - individual	A type of cognitive/behavioral therapy (CBT)	Level I: One-day remote workshop  Level II: Remote consultation on a course of treatment over a 12–16-week period  ToT: One-on-one feedback based on audio recordings of UP sessions	<b>UP-C/UP-A</b> is included in the <a href="#">CA Clearinghouse for Child Welfare</a> with evidence to support use with following demographic groups: Hispanic/Latino, Non-Hispanic White, African American, Asian American, and Pacific Islander populations
2	<a href="#">Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems</a> (MATCH-ADTC)	Modules address anxiety, depression, disruptive behaviors, and traumatic stress	6 and up	3 - individual	Cognitive/behavioral therapy (CBT) for anxiety including post-traumatic stress, depression, and behavioral parent training for disruptive behaviors.	5-Day MATCH Direct Services Workshop  2-Day MATCH Supervision and Consultation Workshop	<b>MATCH-ADTC</b> is included in the <a href="#">CA Clearinghouse for Child Welfare</a> and <a href="#">NIJ Crime Solutions</a> with evidence to support use in multiple diverse populations.  <b>Note from Developer:</b> MATCH-ADTC has been primarily tested and found to be effective in youths aged 5-15 in urban and suburban settings.  Caregiver handouts are available in Spanish and the entire MATCH

							protocol has been translated into German and French. MATCH-ADTC is based on the MAP system (Managing and Adapting Practice) which is inherently responsive to diverse clinical and cultural factors.
3	<a href="#">Safety Planning Intervention</a> (Stanley and Brown)	Suicide prevention	6 and up	3 - individual	Helping at-risk adolescents develop a list of coping strategies and sources of support		Information not available in national repositories searched.
4	<a href="#">Counseling on Access to Lethal Means</a> (CALM)	Suicide prevention	All ages	3 - individual	Counseling on reducing access to means of self-harm	Group Workshop: ~3 hours, virtual T4T: ~10 hours over 2 days, virtual	Information not available in national repositories searched.  <b>Note from Developer:</b> The trainings are focused on culturally adapting to different types of gun owners (those who are more run-of-the-mill, those who are more political and have a stronger identity as a gun owners, those who own primarily for self-defense, youth).  The most recent version CALM-AAP is on the American Academy of Pediatrics website and includes a section geared to working with young people (young Black boys and young men in particular) who live in neighborhoods with high homicide rates and whose access to firearms might be their own or one shared among their friends.  For more information on resources to support safe suicide care for specific populations, please review: <a href="#">Populations   Zero Suicide (edc.org)</a>
5	<a href="#">Adolescent Community Reinforcement Approach</a> (A-CRA)	Substance Use Disorder	12 and up	3 - individual	Cognitive/behavioral treatment to reinforce substance-free lifestyles	Virtual or in-person, one-day training OR shortened one-day training (Intro to A-CRA)	<b>A-CRA</b> is included in the <a href="#">CA Clearinghouse for Child Welfare</a> and <a href="#">NIJ Crime Solutions</a> with evidence to support use with Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White

							<p>populations and in rural, suburban, and urban areas.</p> <p>For more information on A-CRA's research with diverse populations, please review: <a href="#">Cultural and Gender Relevance   Lighthouse Institute   EBTx   A-CRA   Chestnut Health Systems</a></p> <p><a href="#">Cultural Responsiveness Committee Bibliography (chestnut.org)</a></p>
6	<a href="#">The Student Check-Up</a> (Motivational Interviewing)	Therapy/ counseling to elicit behavior change	12 and up	2/3 – individual	<p>The Student Checkup is a semi-structured school-based motivational interview designed to help adolescents adopt academic enabling behaviors (e.g., participation in class)</p> <p>School-Based Motivational Interviewing (S-BMI) is a specific type of MI used in the school setting to adopt academic enabling behaviors (e.g., participation in class), decrease risky behaviors, and engage in health-promoting behaviors.</p>	Choice of half-day, full-day, or two-day group workshops	<p>Information not available in national repositories searched.</p> <p><b>Note from Developer:</b> The majority of Student Check-Up RCTs were conducted in a small urban setting with graduate students implementing the intervention with over 50% of the middle school student population identifying as Black.</p>
7	<a href="#">Therapeutic Mentoring</a>	Mentoring/ Modeling; Coping Strategies	Mentors who work directly with youth	2 - individual	Develops competencies of mentors in the areas of mental health theory, research, and practice to ensure youth have access to high quality, strengths-based, culturally responsive, and effective mentors	12, weekly 90-minute virtual sessions	<p>Information not available in national repositories searched.</p> <p>For more information on Therapeutic Mentoring research, please review: <a href="#">Publications – The Center for Evidence-based Mentoring (cebmentoring.org)</a></p>
8	<a href="#">SBIRT</a> – Screening, Brief Intervention, and Referral to Treatment	Substance Use Disorder early intervention	9 and up	2 – individual	Screening, brief intervention, and referral to treatment for substance use disorders	-SBIRT in Schools is a self-paced online 4.5 hr. training	<b>School-Based Brief Interventions for Substance Use Among Youth</b> is included in <a href="#">NIJ Crime Solutions</a> with evidence to support use with Black and White students

						-SBIRT with Adolescents is a 5.5 hr., in person or virtual training -Kognito SBI is a self-paced, simulated 1.5 hr. training	
9	<a href="#">Cognitive Behavioral Intervention for Trauma in Schools</a> (CBITS) / <a href="#">Bounce Back</a>	Early intervention for students experiencing post-traumatic stress reactions	6th-12th grade (CBITS) K-5 <sup>th</sup> grade (Bounce Back)	2 – small group plus individual trauma narrative	Games and activities that teach skills for healing from traumatic events, as well as cognitive/behavioral therapy to address trauma symptoms	CBITS: ~Four, 3-hour virtual trainings  Bounce Back: ~Three, 3-hour virtual trainings	<p><b>CBITS</b> is included in the <a href="#">CA Clearinghouse for Child Welfare</a>, <a href="#">Blueprints for Healthy Youth Development</a>, and <a href="#">NIJ Crime Solutions</a> with evidence to support use with the following demographic groups: African American, Hispanic/Latino, and White youth in urban environments</p> <p><b>Bounce Back</b> is included in the <a href="#">CA Clearinghouse for Child Welfare</a>, <a href="#">Blueprints for Healthy Youth Development</a>, and <a href="#">NIJ Crime Solutions</a> with evidence to support use with the following demographic groups: African American, Hispanic/Latino, and White youth in urban environments</p>
10	<a href="#">Botvin LifeSkills</a>	Prevention program focused on substance use, coping skills, social skills, etc. (Social-Emotional Learning)	3 <sup>rd</sup> grade and up	1 - universal	Prevention programs to help adolescents develop confidence and skills to successfully handle challenging situations	Virtual, one-day workshop	<p><b>Botvin LifeSkills</b> is included in the <a href="#">CA Clearinghouse for Child Welfare</a>, <a href="#">Blueprints for Healthy Youth Development</a>, and <a href="#">NIJ Crime Solutions</a> with evidence to support use with the following demographic groups: African American, White, Hispanic/Latino, Asian, and Native American youth</p> <p><a href="#">Blueprints for Healthy Youth Development</a> indicates that LST is generalizable to a variety of ethnic groups, and has been proven effective with White, middle-class, suburban and rural youth, as well as</p>

							<p>economically-disadvantaged urban minority (African American and Hispanic/Latino) youth.</p> <p>For more information on Botvin's research base, please review: <a href="#">Evaluation Studies - Botvin LifeSkills Training</a></p>
11	<a href="#">Youth Aware of Mental Health (YAM)</a>	Suicide Prevention, Mental Health Literacy	9 <sup>th</sup> -12 <sup>th</sup> grade	1 - universal	A 5-session interactive school-based program for students to learn about and discuss mental health to enhance peer support and reduce depression and suicidal behavior.	5-day instructor course, in-person	<p>Information not available in national repositories searched.</p> <p>For more information on YAM's youth driven program in diverse communities, please review: <a href="#">Youth Aware of Mental health (y-a-m.org)</a></p>
12	<a href="#">Circle of Security</a>	Strengthening attachment between caregivers/educators and children, behavior problem reduction	Parents/ caregivers and educators of children ages 0-5	1/2 - group	A manualized, video-based program divided into eight chapters during which trained facilitators reflect with caregivers about how to promote secure attachment	~25-35 hours, including self-directed learning and 5 required online live sessions; suggested to use half of work schedule over 2-week period	<p><b>Circle of Security</b> is included in <a href="#">The California Evidence-based Clearinghouse for Child Welfare</a> with evidence to support use in the following demographic groups: predominately female caregivers, African American female caregivers, children ages ~1-7, caregivers and their preschool children affected by prenatal alcohol exposure (PAE) and fetal alcohol spectrum disorder (FASD).</p> <p>For more information on Circle of Security's approach to cultural responsiveness, please review: <a href="#">Is COSP Culturally Responsive – Circle of Security International</a></p>
13	<a href="#">Strengthening Families Program</a>	Family bonding; parenting	High-risk and general population families	Family Support and Education	The Strengthening Families Program (SFP) is an evidence-based family skills training program for high-risk and general population families. Parents and youth attend weekly SFP skills classes together, learning parenting skills and youth life and refusal skills. They have separate class	16 hours of virtual live training + 7 hours of pre-training prep	<p><b>Strengthening Families Program</b> is included in <a href="#">The California Evidence-based Clearinghouse for Child Welfare, Blueprints for Healthy Youth Development</a>, and <a href="#">NIJ Crime Solutions</a> with evidence to support use for male and female children with African American caregivers</p>

					training for parents and youth in the first hour, followed by a joint family practice session in the second hour.		For more information on Strengthening Families Program's research with diverse populations, please review: <a href="#">Research - Strengthening Families Program</a>
14	<a href="#">Family Check Up</a>	Parenting and family management	Families with children ages 2 through 17	Family Support and Education	The Family Check-Up is a brief, strengths-based intervention effective for reducing children's problem behaviors by improving parenting and family management practices. An initial interview and a comprehensive assessment are used to gather information about the unique needs and strengths of the family. Providers use motivational interviewing to help parents identify areas of strength and areas of improvement.	<p>E-Learning course: 11-13 hours of self-paced learning and evaluation</p> <p>Provider training: 15-18 hours</p> <p>Certification of Supervisor-Trainers: ~50-60 hours</p> <p>Provider Training modality: self-paced e-learning, interactive webinar training and follow-up consultation</p> <p>Supervisor-Trainer: individualized consultation, observation, and evaluation; review and provide feedback on video sessions</p>	<b>Family Check Up</b> is included in <a href="#">The California Evidence-based Clearinghouse for Child Welfare, Blueprints for Healthy Youth Development</a> , and <a href="#">NIJ Crime Solutions</a> with evidence to support use with the following demographic groups: African American, Caucasian, Hispanic/Latino, Asian, & Biracial families; male and female children, and female caregivers.
15	<a href="#">Chicago Parenting Program</a>	Positive parenting, behavior problem reduction	Ages 2-8	Family Support and Education	12-session evidence-based parenting program created for parents of young children (2-8 years old) to strengthen parenting and reduce behavior problems in young children	~3 hour, 4-day virtual training	<p><b>Chicago Parenting Program</b> is included in <a href="#">CA Evidence-Based Clearinghouse</a> and <a href="#">NIJ Crime Solutions</a> with evidence to support use with the following demographic groups: African American, Hispanic, and White families; some studies included male caregivers</p> <p>For more information on research with diverse populations, please review: <a href="#">Our Research (chicagoparentprogram.org)</a></p>



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

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

## Maryland Consortium on Coordinated Community Supports – Accountability Metrics

Goal	Indicators – measures reported by service provider grantees	Population-level indicators – measures to be collected and analyzed from other sources (future)
<b>1. Expand access to high-quality behavioral health and related services for students and families</b>	Process measures: <ul style="list-style-type: none"> <li>• # of students and families served; total and by Tier</li> <li>• # of schools</li> <li>• # of students served, demographic info (race/ethnicity, gender, level of school)</li> <li>• # of new staff hired</li> <li>• # indicating satisfaction with services</li> </ul>	
<b>2. Improve student wellbeing and readiness to learn</b>	Tier 1 outcomes: <ul style="list-style-type: none"> <li>• # of students demonstrating desired outcome of Tier 1 intervention (grantees will use an assessment tool, survey, or exit ticket to measure the effectiveness of the intervention)</li> </ul> Tier 2 and 3 outcomes: <ul style="list-style-type: none"> <li>• # of students demonstrating improvement in social, emotional, behavioral, or academic functioning using a validated assessment tool (see next page for list of recommended tools)</li> </ul>	Outcomes: <ul style="list-style-type: none"> <li>• Student wellbeing via Youth Risk Behavior Survey (YRBS)</li> <li>• Student substance use via YRBS</li> <li>• Student absenteeism via MSDE</li> <li>• Student academic achievement via MSDE</li> <li>• ER visits and hospitalizations related to behavioral health via CRISP</li> <li>• # of justice involved students via DJS</li> </ul>
<b>3. Foster positive classroom environments</b>	<ul style="list-style-type: none"> <li>• # of school staff trained (reported by grantees and National Center)</li> <li>• # of school staff demonstrating mastery of learning (reported by grantees and National Center)</li> </ul>	<ul style="list-style-type: none"> <li>• Student disciplinary issues via MSDE</li> <li>• Student perceptions of school safety via MSDE</li> <li>• Educator staff satisfaction via MSDE</li> </ul>
<b>4. Enhance sustainability through Medicaid and other funding sources</b>	<ul style="list-style-type: none"> <li>• Medicaid revenues, other revenues (future reporting)</li> </ul>	<ul style="list-style-type: none"> <li>• Claims data</li> </ul>



Grantees must use validated assessment tools that align with the conditions of individual students. Recommended assessment tools include:

**Global Symptom/Functioning Measures:**

- Pediatric Symptom Checklist (PSC-17) (preferred)
- Mood and Feelings Questionnaire (MFQ)
- Global Appraisal of Individual Needs-Short Screener (GAIN-SS)
- Strengths and Difficulties (SDQ)
- Brief Problems Checklist (BPC)
- Student Subjective Wellbeing Questionnaire (SSWQ)

**Problem-Specific Measures:**

- Patient Health Questionnaire (PHQ-9): Mood/Depression including Suicide Risk
- Generalized Anxiety Disorder (GAD-7): Anxiety
- Screen for Child Anxiety Related Disorders (SCARED): Anxiety
- Revised Child Anxiety and Depression Scale (RCADS): Anxiety and Mood
- CAGE-AID: Substance Use
- Swanson, Nolan and Pelham Teacher and Parent Rating Scale (SNAP-IV): Attention/Concentration and Behavior

**EBP-Specific Measures recommended by EBP developers:**

- Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents (UP-C/UP-A): PSC-17 (Internalizing scale only)
- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC): PSC-17
- Safety Planning Intervention (Stanley and Brown): Columbia – Suicide Severity Rating Scale (C-SSRS)
- Counseling on Access to Lethal Means (CALM): Must discuss with CHRC and National Center
- Adolescent Community Reinforcement Approach (A-CRA): GAIN – Short Screener
- The Student Check-Up (Motivational Interviewing): PSC-17 and/or Student Subjective Wellbeing Questionnaire
- Therapeutic Mentoring: PSC-17 and/or Student Subjective Wellbeing Questionnaire
- SBIRT – Screening, Brief Intervention, and Referral to Treatment: GAIN – Short Screener
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) / Bounce Back: Child Trauma Screen, Trauma Exposure Checklist & Child PTSD Symptoms Scale, UCLA PTSD Index, and/or Traumatic Events Screening Inventory for Children (TESI-C)
- Botvin LifeSkills: Botvin LifeSkills Pre/Post Evaluation
- Youth Aware of Mental Health (YAM): Youth Mental Health Literacy Scale (YMHL) and/or Columbia – Suicide Severity Rating Scale (C-SSRS)
- Circle of Security: Strange Situation Procedure (SSP)
- Strengthening Families Program (SFP): Youth Mental Health Literacy Scale (YMHL)
- Family Check Up: Children’s Hope Scale
- Chicago Parenting Program: PSC-17

## Appendix G

### Groups engaged through Consortium outreach meetings, July 2023 – June 2024

From July 2023 – June 2024, the Consortium held a number of outreach meetings. These included meetings with statewide associations, interdisciplinary meetings bringing together diverse stakeholders in local jurisdictions, follow-up meetings resulting from larger group meetings, meetings recommended by Consortium members, and meetings requested by individuals and groups. The purpose of these meetings was to receive feedback on the Hub and Spoke model, discuss the funding opportunity, encourage local collaboration, and raise awareness about new supports available for students.

Below is a list of outreach meetings held between July 2023 – June 2024:

1. Achieving True Self, Inc.
2. Allegany County – interdisciplinary
3. Aziza Pe&ce
4. Baltimore City – interdisciplinary
5. Baltimore City Council - panelist
6. Baltimore County - interdisciplinary
7. Baltimore Medical Systems
8. Bhworks/MDlogic
9. Boys and Girls Clubs
10. Brook Lane
11. Calvert County – interdisciplinary
12. Carroll County – interdisciplinary
13. Center for Children
14. Chaddis
15. Charles County – interdisciplinary
16. Charles County – interdisciplinary
17. Chase Brexton
18. Chesapeake Bay Psychological Services LLC
19. Education Behavioral Health Community of Practice
20. Garrett County – interdisciplinary
21. Greenspace
22. Harford County – interdisciplinary
23. Howard County – interdisciplinary
24. Integrated Psychiatric Consultants
25. kindsBY, Salisbury
26. Kooth
27. Life's Energy Wellness Center
28. Local Behavioral Health Authorities
29. Local Directors of Student Services
30. Local Management Boards
31. Maryland Leadership Works
32. Maryland Philanthropy Network
33. Maryland Rural Health Association (MRHA) – conference panel
34. Maryland State School Health Council
35. Maryland Youth Advisory Council
36. Montgomery County – interdisciplinary
37. Nexus-Woodbourne Family Healing

38. Prince George's County Behavioral Health Advisory Group
39. Public School Superintendents' Association of Maryland (PSSAM)
40. RAW Trust
41. San Mar
42. State Student Member of the Board of Education
43. Talbot County – interdisciplinary
44. The Foundation Schools
45. Thrive Behavioral Health
46. Upper Bay Counseling
47. Washington County – interdisciplinary

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

Coordinated Community Supports Grantee Monitoring Report - Standard Metrics						
Grantee Name:						
Grantee #:						
Jurisdiction:						
<b>NOTE #1:</b> Metrics that count "UNDUPLICATED" participants <b>CANNOT</b> count these same participants over different reporting periods. The "TOTALS" column for these metrics should sum only unduplicated participants (e.g., a participant counted in reporting period 1, <b>CANNOT</b> be counted again in reporting period 2 or 3.						
<b>NOTE #2:</b> The program data with its associated data source reported by the grantee on this M&D report is subject to audit by the CHRC.						
<b>NOTE #3:</b> CHRC will utilize output <b>1</b> for its " <b>Total unduplicated individuals served</b> " measure.						
(Do NOT alter or enter data into shaded cells)						
Domain	Output	Report Period #1 (MAR 1, 2024 - JUN 30, 2024)	Report Period #2 (JUL 1, 2024 - DEC 31, 2024)	Report Period #3 (JAN 1, 2025 - JUN 30, 2025)	TOTALS	Goal
1. TOTAL # of unduplicated individuals served	1. TOTAL # of unduplicated individuals served				0	
2. # of unduplicated individuals served by tier	2a. # of unduplicated individuals served - Tier 1				0	
	2b. # of unduplicated individuals served - Tier 2				0	
	2c. # of unduplicated individuals served - Tier 3				0	
3. # of unduplicated individuals served by race and ethnicity	3a. # of unduplicated individuals who receive grant services - African American/Black				0	
	3b. # of unduplicated individuals who receive grant services - Asian or Pacific Islander				0	
	3c. # of unduplicated individuals who receive grant services - Hispanic/Latino/a/x/e				0	
	3d. # of unduplicated individuals who receive grant services - Middle Eastern/North African				0	
	3e. # of unduplicated individuals who receive grant services - multi-racial				0	
	3f. # of unduplicated individuals who receive grant services - White				0	
	3g. # of unduplicated individuals who receive grant services - race/ethnicity not listed				0	
	3h. # of unduplicated individuals who receive grant services - unknown/prefer not to respond				0	

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

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

**Coordinated Community Supports Grantee Monitoring Report - Custom Metrics**

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

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

(Do NOT alter or enter data into shaded cells)						
Intervention	Output	Report Period #1 (MAR 1, 2024 - JUN 30, 2024)	Report Period #2 (JUL 1, 2024 - DEC 31, 2024)	Report Period #3 (JAN 1, 2025 - JUN 30, 2025)	TOTALS	Goal
The Student Checkup	14a. # of unduplicated students/families served through The Student Checkup				0	
	14b. # of students/families assessed via measure #1					
	14c. # of students/families assessed via measure #1 who demonstrated improvement					
Botvin Life Skills	15a. # of unduplicated students/families served through Botvin Life Skills				0	
	15b. # of students/families assessed via measure #2					
	15c. # of students/families assessed via measure #2 who demonstrated improvement					



## Appendix I

### Outcome Measures Menu for CHRC Grantees

Last updated May 29, 2024

#### About This Document

Outcome measures should be selected by grantees to match the purpose of each intervention or EBP, with consideration of measure length, ease of use by students and/or caregivers, and availability in languages preferred by those respondents.

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

#### What outcome measures are preapproved?

\*Global Symptom/Functioning Measures:

- [Pediatric Symptom Checklist \(PSC-17\)](#) (preferred)
- [Mood and Feelings Questionnaire \(MFQ\)](#)
- [Global Appraisal of Individual Needs-Short Screener \(GAIN-SS\)](#)
- [Strengths and Difficulties \(SDQ\)](#)
- [Brief Problems Checklist \(BPC\)](#)
- [Student Subjective Wellbeing Questionnaire \(SSWQ\)](#)

\*\* Problem-Specific Measures:

- [Patient Health Questionnaire \(PHQ-9\)](#): Mood/Depression including Suicide Risk
- [Generalized Anxiety Disorder \(GAD-7\)](#): Anxiety
- [Screen for Child Anxiety Related Disorders \(SCARED\)](#): Anxiety
- [Revised Child Anxiety and Depression Scale \(RCADS\)](#): Anxiety and Mood
- [CAGE-AID](#): Substance Use
- Swanson, Nolan and Pelham Teacher and Parent Rating Scale (SNAP-IV): Attention/Concentration and Behavior

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

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

## Outcome Measures Menu for CHRC Grantees

Last updated May 29, 2024

### Where can I find other outcome measures?

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

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

Grantees will document their outcome measures in their Metrics Plan, submitted with the M&D to the Consortium.

### What support is available?

For technical assistance selecting, accessing, using and/or reporting outcome measures, please contact Perrin Robinson at [Probinso@som.umaryland.edu](mailto:Probinso@som.umaryland.edu)


Priority EBP – Programs/ Trainings		Recommended Student/Family Outcome Measures	Optional Student/Family Outcome Measures
1	<a href="#">Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents</a> (UP-C/UP-A)	<b>Global Symptom/Functioning Measure:</b> PSC-17 (Internalizing scale only)	<b>Problem-Specific Measure(s):</b> RCADS
2	<a href="#">Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems</a> (MATCH-ADTC)	<b>Global Symptom/Functioning Measure:</b> PSC-17	<b>Problem-Specific Measure(s)</b>
3	<a href="#">Safety Planning Intervention</a> (Stanley and Brown)	<b>Suicidal Ideation and Behavior Measure:</b> <a href="#">Columbia – Suicide Severity Rating Scale (C-SSRS)</a> Note: may require training	<a href="#">Ask Suicide-Screening Scale (ASQ)</a> <a href="#">Open source Suicidality Scale (SS)</a>
4	<a href="#">Counseling on Access to Lethal Means</a> (CALM)	<i>Outreach to NCSMH Team to discuss options as needed</i>	
5	<a href="#">Adolescent Community Reinforcement Approach</a> (A-CRA)	<b>Mental Health and Substance Use Measure:</b> GAIN – Short Screener	<b>Global Symptom/Functioning Measure</b> Note: PSC-17 may complement, not replace, GAIN-SS or other substance use
6	<a href="#">The Student Check-Up</a> (Motivational Interviewing)	<b>Global Symptom/Functioning Measure:</b> PSC-17 and/or Student Subjective Wellbeing Questionnaire	EPOCH Measure of Adolescent Well-Being School Engagement Scaling Morgan Jinks Academic Self-Efficacy School Records (Grades, Discipline Referrals, Attendance)

## Outcome Measures Menu for CHRC Grantees

Last updated May 29, 2024

7	<a href="#">Therapeutic Mentoring</a>	<b>Global Symptom/Functioning Measure:</b> PSC-17 and/or Student Subjective Wellbeing Questionnaire	<b>Problem-Specific Measure:</b> Youth Strength of Relationship Measure
8	<a href="#">SBIRT</a> – Screening, Brief Intervention, and Referral to Treatment	<b>Mental Health and Substance Use Measure:</b> GAIN – Short Screener	<b>Global Symptom/Functioning Measure</b> Note: PSC-17 may complement but not replace GAIN-SS or other substance use measure
9	<a href="#">Cognitive Behavioral Intervention for Trauma in Schools</a> (CBITS) / <a href="#">Bounce Back</a>	<b>Trauma Exposure and PTSD Symptoms (select one):</b> Child Trauma Screen Trauma Exposure Checklist & Child PTSD Symptoms Scale UCLA PTSD Index Traumatic Events Screening Inventory for Children (TESI-C)	<b>Global Symptom/Functioning Measure</b> Note: PSC-17 may complement but not replace trauma exposure and PTSD symptoms measure
10	<a href="#">Botvin LifeSkills</a>	<a href="#">Botvin LifeSkills Pre/Post Evaluation</a>	Global Resilience or Wellbeing Measure: Children’s Hope Scale
11	<a href="#">Youth Aware of Mental Health</a> (YAM)	<b>Mental health literacy measure:</b> <a href="#">Youth Mental Health Literacy Scale (YMHL)</a>  <b>Suicidal ideation and behavior measure:</b> <a href="#">Columbia – Suicide Severity Rating Scale (C-SSRS)</a> Note: may require training	<a href="#">Ask Suicide-Screening Scale (ASQ)</a> <a href="#">Open source Suicidality Scale (SS)</a> <i>Outreach to NCSMH Team to discuss options as needed</i>
12	<a href="#">Circle of Security</a>	Strange Situation Procedure (SSP)	<i>Outreach to NCSMH Team to discuss options as needed</i>
13	<a href="#">Strengthening Families Program</a> (SFP)	<b>Mental Health Literacy:</b> <a href="#">Youth Mental Health Literacy Scale (YMHL)</a>	SFP youth and adult surveys (long and short versions)
14	<a href="#">Family Check Up</a>	<b>Global Resilience or Wellbeing Measure:</b> Children’s Hope Scale	Parent Caregiver Questionnaire on Family and Self Parent Caregiver Questionnaire on Child (11-17 Years) Parent Caregiver Questionnaire on Child (6-10 Years) Parent Caregiver Questionnaire on Child (2-5 Years) Adolescent Self Questionnaire (11-17 Years)
15	<a href="#">Chicago Parenting Program</a>	<b>Global Symptom/Functioning Measure:</b> PSC-17	CPP Evaluation Toolkit (Includes freely-available measures of child behavior, parenting behavior, engagement, motivation and satisfaction)

## Behavioral Health Continuum of Care for Children and Adolescents (MDH)



Prevention/Promotion				Primary Behavioral Health			Urgent/Acute Care		Treatment / Recovery	
Promotion	Universal Prevention	Selective Prevention	Indicated Prevention	Outpatient Care	Intermediate Community Care	Intensive Community Based Care	Urgent/ Crisis Care	Acute Treatment	Sub-Acute Intervention	Recovery Supports
<ul style="list-style-type: none"> <li>General Outreach</li> <li>Pop Specific Outreach</li> <li>Comms Campaigns</li> </ul>	<ul style="list-style-type: none"> <li>ACE Awareness</li> <li>Social and Emotional Learning modules</li> <li>School-Based Services (Tier 1)</li> </ul>	<ul style="list-style-type: none"> <li>Good behavior game</li> <li>SBIRT</li> <li>Harm Reduction</li> <li>Early childhood MH consultations w/ brief treatment</li> </ul>	<ul style="list-style-type: none"> <li>SBIRT</li> <li>Home Visiting</li> <li>Mental Health First Aid</li> <li>TAY</li> <li>Early childhood MH consultations w/ brief treatment</li> <li>DHS Prevention</li> </ul>	<ul style="list-style-type: none"> <li>Community-Based Services</li> <li>Case Mgmt</li> <li>MH Client Support Services</li> <li>Drug Court</li> <li>Outpatient Detox</li> <li>MAT</li> <li>Brief intervention - PCP</li> <li>School-based care</li> </ul>	<ul style="list-style-type: none"> <li>Youth PRP</li> <li>Youth TBS</li> <li>DDA Youth Community Supports Services</li> </ul>	<ul style="list-style-type: none"> <li>Partial Hospitalization</li> <li>Intensive outpatient (IOP)</li> <li>Intensive in home supports (EBPs) under 1915i</li> </ul>	<ul style="list-style-type: none"> <li>988 Hotline</li> <li>Urgent Care Services</li> <li>Crisis Stabilization Centers</li> <li>Mobile Crisis Teams</li> <li>Res Crisis</li> <li>STOP</li> <li>Respite</li> </ul>	<ul style="list-style-type: none"> <li>ED</li> <li>Inpatient</li> <li>Inpatient Detox (ASAM 4.0, 3.7-D)</li> </ul>	<ul style="list-style-type: none"> <li>ASAM 3.5/3.7</li> <li>Intensive in-home supports (EBPs) under 1915i</li> <li>MAT</li> </ul>	<ul style="list-style-type: none"> <li>State Care Coord.</li> <li>MDRN</li> <li>START</li> <li>Family Peers</li> <li>Adolescent Clubhouse</li> <li>Recovery schools</li> </ul>
<p><b>Most Consortium work supports prevention/promotion and primary/outpatient behavioral health.</b></p>						<ul style="list-style-type: none"> <li>AC</li> <li>MI</li> <li>Sa</li> </ul>	<p><b>A few Consortium grants support urgent care, crisis services, and Adolescent Clubhouses (recovery).</b></p>			
			<ul style="list-style-type: none"> <li>EPSDT</li> <li>EMR embedded screening</li> <li>FEP</li> </ul>							

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

**Tuesday, May 22, 2023  
Virtual Meeting**

**9:00 AM – 10:00 AM**

**CONSORTIUM MEMBERS IN ATTENDANCE:**

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

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

**WELCOME**

Chair Rudolph welcomed the group.

## **MEETING MINUTES**

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

## **BEST PRACTICES SUBCOMMITTEE UPDATE**

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

## **DISCUSSION OF FIRST RFP**

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

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

## **OUTREACH UPDATE**

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

## **NEXT STEPS**

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

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

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

### **ADJOURNMENT**

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

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

**Wednesday, July 12, 2023**

**In-Person Meeting**

**10:00 AM – 11:00 AM**

**CONSORTIUM MEMBERS IN ATTENDANCE**

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Erin McMullen, Maryland Department of Health | Chief of Staff
3. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
4. Mary Gable, Director of Community Schools | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy, Maryland State Department of Education
5. Christina Bartz, Council on Advancement of School-Based Health Centers | Director of Community Based Programs, Choptank Community Health Systems.
6. Dr. Derek Simmons, Public School Superintendents Association of Maryland |Superintendent, Caroline County Public Schools
7. Gail Martin, Maryland Chapter of the National Association of Social Workers | Former Baltimore County Public Schools Team Leader, School of Social Work
8. Dr. John Campo, MD, Maryland Hospital Association | Director of Mental Health, JHU Children's Center, JHU Hospital
9. Sadiya Muqueeth, DrPH, Member, Maryland Community Health Resources Commission | Baltimore City Health Department
10. Ryan Moran, representative of the Maryland Medical Assistance Program | Deputy Secretary for Health Care Financing, Maryland Department of Health
11. Larry Epp, Ed.D, representative of the community behavioral health community with telehealth expertise | Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System
12. Gloria Brown Burnett, local Department of Social Services | Director, Prince George's County Department of Social Services
13. Michael A. Trader II, representative of local departments of health | Director of Planning, Quality, and Core Services, Worcester County Health Department
14. The Honorable Katie Fry Hester, Maryland Senate
15. The Honorable Eric Ebersole, Maryland House of Delegates

Also in attendance were: National Center for School Mental Health Core Faculty & Assistant Professor of Psychiatry Sam Reaves; CHRC Executive Director Mark Luckner; other staff; and members of the public.

**WELCOME**

Chair Rudolph welcomed the group. New Consortium members Erin McMullen and Ryan Moran introduced themselves.



## **MEETING MINUTES**

A review of the May 22, 2023, minutes was held. Michael Trader made a motion to accept the May 22, 2023, minutes as presented at the meeting. The motion was seconded by Ed Kasemeyer. The minutes were approved unanimously.

## **UPDATE ON CONSORTIUM ACTIVITIES**

Community Health Resources Commission (CHRC) Executive Director Mark Luckner reminded Consortium members that the Consortium approved recommendations for the first Call for Proposals (RFP) at its May 22, 2023, meeting. Since that time, the recommendations were approved by the CHRC Commissioners at the CHRC meeting on June 5. CHRC Commissioners directed staff to draft the RFP. Then, the draft was circulated to the Maryland Department of Health (MDH) and the Maryland State Department of Education (MSDE) for review.

At the same time, the Outreach Subcommittee and Consortium/CHRC staff continued to hold outreach meetings with school districts, superintendents, statewide organizations, and potential RFP applicants. Such meetings have already been held with potential applicants and other stakeholders in Allegany, Cecil, Prince George's, Somerset, Worcester, and St. Mary's Counties. In light of new recommendations from the Maryland Department of Health (MDH) leadership, these meetings have been paused until final details for the RFP can be worked out.

## **DISCUSSION OF INTERDEPARTMENTAL COMMENTS ON DRAFT RFP**

Chair Rudolph opened the discussion by emphasizing that the feedback received from MDH leadership was appreciated and viewed as supportive of the process. The Consortium will thoughtfully consider the recommendations.

MDH Chief of Staff and Consortium Member Erin McMullen said MDH's comments on the draft RFP were geared toward expanding and increasing access to a behavioral health framework in Maryland through preventative and acute school-based services. The Department recommends: (1) removing Hub pilot grants from the first RFP, (2) clarifying the role of LEAs in the model, and (3) potentially limiting grants to Tier 1 interventions only.

MDH Deputy Secretary of Healthcare Financing Ryan Moran echoed Ms. McMullen's comments. He said Maryland Medicaid has been busy with a number of issues, including new guidance on school-based services recently released by the Centers of Medicare and Medicaid Services (CMS). The Department intends to brief the Consortium's Best Practices Subcommittee on its plans related to this guidance in the near future.

Consortium members then discussed the three recommendations Ms. McMullen and Mr. Moran put forward.

## **NEXT STEPS**

Upon conclusion of the discussion, Chair Rudolph stated that the Consortium's current goal is to finish the RFP quickly and correctly. He directed the Consortium's subcommittees to meet soon, so that the RFP can be released as soon as possible. He said members of the public may provide feedback to the Consortium in writing within five days.

### **ADJOURNMENT**

Gail Martin made a motion to adjourn the meeting. Derek Simmons seconded the motion. The motion was approved unanimously, and the meeting adjourned at 11:00 am.

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

**Wednesday, July 28, 2023  
In-Person and Virtual Meeting  
45 Calvert Street, Annapolis MD 21401**

**10:00 AM – 11:00 AM**

**CONSORTIUM MEMBERS IN ATTENDANCE**

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Erin McMullen, Maryland Department of Health | Chief of Staff
3. Emily Bauer, Maryland Department of Human Services | Two-Generation Program Officer
4. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
5. Mary Gable, Director of Community Schools | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy, Maryland State Department of Education
6. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
7. Dr. Donna Christy, Maryland State Education Association | School Psychologist, Prince George's County Public Schools
8. Gail Martin, Former Baltimore County Public Schools Team Leader, School of Social Work
9. Sadiya Muqueeth, DrPH, Baltimore City Health Department | Member, Maryland Community Health Resources Commission
10. Larry Epp, Ed.D, representative of the community behavioral health community with telehealth expertise | Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System
11. Gloria Brown Burnett, local Department of Social Services | Director, Prince George's County Department of Social Services
12. Michael A. Trader II, representative of local departments of health | Director of Planning, Quality, and Core Services, Worcester County Health Department
13. The Honorable Katie Fry Hester, Maryland Senate
14. The Honorable Eric Ebersole, Maryland House of Delegates

Also in attendance were: Sharon Hoover and Nancy Lever co-Directors, National Center for School Mental Health, University of Maryland School of Medicine; CHRC Executive Director Mark Luckner; other staff; and members of the public. Consortium members Tammy Fraley and Christina Bartz attempted to join the meeting virtually, but were unable due to technical issues related to Zoom.

**WELCOME**

Chair Rudolph welcomed the group.

## **MEETING MINUTES**

A review of the July 12, 2023, minutes was held. Del. Ebersole asked that the July 12, 2023, minutes be revised to reflect his attendance at the July 12 meeting. The change was made. Del. Ebersole then made a motion to accept the July 12, 2023, minutes as revised. The motion was seconded by Mary Gable. The revised minutes were approved unanimously.

## **DISCUSSION OF INTERDEPARTMENTAL COMMENTS ON DRAFT RFP**

Chair Rudolph asked CHRC Executive Director Mark Luckner to describe activities that had taken place since the Consortium's last meeting. Mr. Luckner reminded Consortium members about the three recommendations the Maryland Department of Health (MDH) leadership had provided regarding the Consortium's first Call for Proposals (RFP). At Chair Rudolph's direction, members of the public had been given the opportunity to respond to the recommendations in writing. CHRC Policy Analyst Lorianne Moss reported that the Consortium received comments from 42 individuals, and summarized the responses.

Next, Dr. Sadiya Muqueeth, Co-Chair of the Consortium's Framework and Design Subcommittee, reported that her Subcommittee met on July 19 to consider two of the three recommendations from MDH leadership. The first recommendation was to remove Hub capacity-building grants from the first RFP. Dr. Muqueeth stated that the Subcommittee is still committed to the Hub and Spoke model, but that additional work is needed to ensure future Hubs are building on, not duplicating, existing behavioral health care coordination structures. The Subcommittee plans to meet again to develop consensus on parameters for a Hubs-only RFP that would be issued in September 2023. With this understanding, the Subcommittee voted to adopt the first recommendation from MDH leadership.

The Subcommittee also considered the second MDH recommendation, which requested clarification regarding engagement between Local Education Agencies (LEAs) and grant-funded community behavioral health providers. The Subcommittee considered several suggestions from the public that could be added to the RFP, and voted to adopt this recommendation as well. MDH Chief of Staff Erin McMullen thanked the Subcommittee for its consideration and expressed appreciation for the public comments.

Next, Dr. Derek Simmons and Dr. John Campo, Co-Chairs of the Best Practices Subcommittee, discussed their Subcommittee's consideration of MDH leadership's third recommendation, that only Tier 1 interventions and certain evidence-based programs (EBPs) be permitted under the first RFP. Ms. McMullen said that, in light of discussions with Consortium members and comments received from the public, the Department had revised this recommendation. The revised recommendation would permit applicants to submit proposals for interventions at any of the three tiers of the Multi-Tiered System of Supports (MTSS), provided that interventions respond to documented local priorities. Co-Chairs Simmons and Campo reported that when the Best Practices Subcommittee met on July 20, members voted to adopt the revised recommendation, with no changes to the list of evidence-based programs.

Following the discussion, Chair Rudolph requested a motion on the three recommendations approved by the Subcommittees. CHRC Chair Kasemeyer made a motion to approve the three recommendations, and Mary Gable seconded the motion. The motion was approved unanimously, with Sen. Hester and Del. Ebersole abstaining upon the advice of legal counsel.

### **NEXT STEPS**

Mr. Luckner discussed a proposed timeline for the release of the Consortium's first RFP. The CHRC will meet to consider the revised RFP in early August. If approved by the CHRC, the RFP would be released in mid-August 2023, with proposals being due in mid-October, and awards made in December 2023.

As mentioned by Co-Chair Muqueeth, the Framework Subcommittee will meet in August to develop recommendations for a Hub-only RFP.

### **ADJOURNMENT**

Donna Christy made a motion to adjourn the meeting. Gail Martin seconded the motion. The motion was approved unanimously, and the meeting adjourned at 11:00 am.

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

**Tuesday, September 19, 2023  
In-Person and Virtual Meeting  
45 Calvert Street, Annapolis MD 21401**

**10:45 AM – 12:45 PM**

**CONSORTIUM MEMBERS IN ATTENDANCE**

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Erin McMullen, Maryland Department of Health | Chief of Staff
3. Emily Bauer, Maryland Department of Human Services | Two-Generation Program Officer
4. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
5. Mary Gable, Director of Community Schools | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy, Maryland State Department of Education
6. Christina Bartz, Council on Advancement of School-Based Health Centers | Director of Community Based Programs, Choptank Community Health Systems
7. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
8. Dr. Donna Christy, Maryland State Education Association | School Psychologist, Prince George's County Public Schools
9. Dr. John Campo, MD, Maryland Hospital Association | Director of Mental Health, JHU Children's Center, JHU Hospital
10. Sadiya Muqueeth, DrPH, Baltimore City Health Department | Member, Maryland Community Health Resources Commission
11. Ryan Moran, representative of the Maryland Medical Assistance Program | Deputy Secretary for Health Care Financing, Maryland Department of Health
12. Larry Epp, Ed.D, representative of the community behavioral health community with telehealth expertise | Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System
13. Gloria Brown Burnett, local Department of Social Services | Director, Prince George's County Department of Social Services
14. Michael A. Trader II, representative of local departments of health | Director of Planning, Quality, and Core Services, Worcester County Health Department
15. The Honorable Katie Fry Hester, Maryland Senate
16. The Honorable Eric Ebersole, Maryland House of Delegates

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

## **WELCOME**

Chair Rudolph welcomed the group.

## **MEETING MINUTES**

A review of the July 28, 2023, minutes was held. Donna Christy made a motion to accept the July 28, 2023, minutes as revised. The motion was seconded by Derek Simmons. The minutes were approved unanimously.

## **PRESENTATION ON THE FUTURE OF BEHAVIORAL HEALTH SERVICES IN MARYLAND**

Secretary Herrera Scott gave a presentation on the Maryland Department of Health's strategy for children's behavioral health. She presented data on utilization and described the behavioral health continuum of care for youth and adolescents. She highlighted the Department's vision for partnering with the Consortium particularly on prevention and primary behavioral health. She discussed the Department's review of new guidance from CMS on expanded Medicaid for school-based services, and she said the Department will continue to update the Consortium on this work.

## **UPDATE SINCE LAST CONSORTIUM MEETING**

Chair Rudolph asked Mark Luckner to update Consortium members on activities since the last Consortium meeting. The first Coordinated Community Supports Call for Proposals was released on August 18. A Frequently Asked Questions call was held on August 29 that included over 400 participants. Applications will be due October 11 at noon, and awards will be made in December 2023.

Outreach efforts have continued, with over 100 outreach meetings occurring in 2023. CHRC staff has attended jurisdiction meetings bringing together Local Education Agencies, Local Behavioral Health Authorities, Local Management Boards, service providers, and others for 20 jurisdictions to date, half of which were held in person.

## **FRAMEWORK SUBCOMMITTEE RECOMMENDATIONS FOR HUBS RFP**

Framework Subcommittee Co-Chair Sadiya Muqueeth reported that the Subcommittee met on August 17 and August 31 to learn more about existing entities for behavioral health coordination and discuss recommendations for the next Call for Proposals, which will support Partnership Hubs.

The Subcommittee recommends piloting a limited number of Hubs in order to test key features in the design of Community Support Partnerships before the model is implemented statewide. Hub pilots will be selected through a competitive Call for Proposals (RFP) to be issued in the coming weeks. Eligibility would be limited to Local Behavioral Health Authorities and Local Management Boards only. Awards would consider geographic diversity. A letter of support from the local Superintendent or the Superintendent's designee would be required.

Consortium members discussed the recommendations. Members suggested providing a sample budget to applicants, and limiting the budget for IT systems in light of a potential procurement of a statewide outcomes data platform. With these modifications, members approved the recommendations by voice vote.

Mr. Luckner explained that the Community Health Resources Commission will meet soon to consider the recommendations and vote to release the Pilot Hubs RFP.

### **QUESTIONS RECEIVED FROM SERVICE PROVIDER APPLICANTS**

Mr. Luckner shared with Consortium members several questions CHRC staff has received from applicants to the services RFP released in August that require feedback from the full Consortium. Consortium members discussed each question and reached consensus on answers. The questions are as follows:

**1. Can grant funds be used for assistance with hiring?** Consortium members recommended that grant funds not be used for hiring bonuses. A modest amount of grant funding could be used for advertisements for hiring, contracting with recruiters, etc., and budgets for these activities will be scrutinized closely. Grant funds also could be used for workforce pipeline initiatives, etc.

**2. Can a for-profit provider apply for grant funds at their usual rate, *i.e.*, including “profit?”** Consortium members recommended that proposals reflect actual costs and not include “profit.” To the extent that services have a Medicaid rate, that rate should be used.

**3. Can funds be used to supplement or add to existing Medicaid or commercial reimbursement rates?** The Consortium recommended not permitting funding to be used to supplement Medicaid or commercial reimbursement rates. Grant funds can be used for co-pays and for activities that are not reimbursable.

**4. Is an MOU with the school system required as a condition of grant funding for service providers?** Consortium members recommended that all grantees be required to submit an MOU or other legal document between the grantee and their school system prior to an initial disbursement of funds.

### **PROPOSAL REVIEW COMMITTEE**

Chair Rudolph encouraged Consortium members to volunteer to review proposals submitted under the services RFP. Review committee members would meet twice, and would be asked to review approximately 10 proposals each, depending on the number of proposals received.

### **ADJOURNMENT**

Donna Christy made a motion to adjourn the meeting. Chrissy Bartz seconded the motion. The motion was approved unanimously, and the meeting adjourned at 12:45 pm.



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

**Thursday, November 30, 2023  
In-Person and Virtual Meeting  
45 Calvert Street, Annapolis MD 21401**

**10:00 AM – 11:20 AM**

**CONSORTIUM MEMBERS IN ATTENDANCE**

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Erin McMullen, Maryland Department of Health | Chief of Staff
3. Emily Bauer, Maryland Department of Human Services | Two-Generation Program Officer
4. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
5. Mary Gable, Director of Community Schools | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy, Maryland State Department of Education
6. Christina Bartz, Council on Advancement of School-Based Health Centers | Director of Community Based Programs, Choptank Community Health Systems
7. Tammy Fraley, Maryland Association of Boards of Education | Allegany County Board of Education
8. Dr. Donna Christy, Maryland State Education Association | School Psychologist, Prince George's County Public Schools
9. Gail Martin, Maryland Chapter of the National Association of Social Workers | Former Baltimore County Public Schools Team Leader, School of Social Work
10. Dr. John Campo, MD, Maryland Hospital Association | Director of Mental Health, JHU Children's Center, JHU Hospital
11. Sadiya Muqueeth, DrPH, Baltimore City Health Department | Member, Maryland Community Health Resources Commission
12. Ryan Moran, representative of the Maryland Medical Assistance Program | Deputy Secretary for Health Care Financing, Maryland Department of Health
13. Larry Epp, Ed.D, representative of the community behavioral health community with telehealth expertise | Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System
14. Gloria Brown Burnett, local Department of Social Services | Director, Prince George's County Department of Social Services
15. Dr. Kandice Taylor, member of the public with expertise in equity in education | School Safety Manager, Baltimore County Public Schools
16. The Honorable Katie Fry Hester, Maryland Senate
17. The Honorable Eric Ebersole, Maryland House of Delegates

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

## **WELCOME**

Chair Rudolph welcomed the group.

## **MEETING MINUTES**

A review of the September 19, 2023, minutes was held. Gail Martin made a motion to accept the September 19, 2023, minutes. The motion was seconded by Erin McMullen. The minutes were approved unanimously.

## **UPDATE ON PROPOSALS RECEIVED UNDER CONSORTIUM SERVICES RFP**

Consortium Outreach Subcommittee Chair Tammy Fraley updated Consortium members on the applications received under the first Coordinated Community Supports Call for Proposals (RFP) for service providers only. The RFP generated 258 eligible proposals requesting over \$380 million. At least one proposal was received from every jurisdiction of the state. Budget requests varied from \$37,800 to \$17.9 million per proposal, with the median budget request being \$745,000. Proposals addressed a wide range of topics related to student behavioral health.

## **UPDATE ON CONSORTIUM SERVICES RFP APPLICATION REVIEW PROCESS**

Consortium RFP Review Committee Chair Gloria Brown Burnett updated Consortium members on the application review process. Proposals were reviewed on a 100-point scale according to the criteria listed in the RFP. Each proposal was reviewed by two different individuals: one from the National Center on School Mental Health and one from among the Review Committee members consisting of 8 Consortium members, 4 CHRC Commissioners, and staff from the CHRC, MDH, and MSDE. Potential conflicts of interest were addressed.

The Review Committee will meet on December 12 to discuss the proposals and develop recommendations for consideration by the Consortium and CHRC. The plan is to make awards in January. Consortium members discussed the allocation of funds across jurisdictions. Chair Brown Burnett reminded the group that the awards recommendations will take into account the size of the student population in each jurisdiction as well as equity.

## **PRESENTATION BY MDH LEADERSHIP ON EXPANDED MEDICAID**

Deputy Secretary for Health Care Financing Ryan Moran gave a presentation on the Health Department's planning around new guidelines released by the Centers for Medicare and Medicaid Services (CMS) related to Medicaid coverage of services provided to students by school-employed staff. Currently, school-employed staff in Maryland may only seek Medicaid reimbursement for services to students with Individualized Education Programs (IEPs). The proposed expansion would permit reimbursement for all Medicaid-enrolled students.

The Department intends to implement a phased approach. First, the Department intends to seek a State Plan Amendment that would permit Fee for Service billing by enrolled school psychologists and school social workers. Under the CMS guidance, school-based providers such

as school psychologists no longer need to meet the same standards as community-based providers. Rendering providers would bill under their Local Education Agency. New regulations and guidance will be developed to support this phase.

In phase two, the Department would seek a second State Plan Amendment to implement an alternative payment model to facilitate Medicaid payments for administrative costs and indirect costs incurred by school-employed providers. Technical assistance will be sought to conduct time studies necessary to develop the appropriate rates under an alternative payment model. Larry Epp raised concerns that the approach may benefit schools-employed providers only, putting community-based providers at a disadvantage.

Chair Rudolph asked the Best Practices Subcommittee to look into the issue further.

#### **UPDATE ON CONSORTIUM HUB PILOT RFP**

Framework Sadiya Muqueeth informed Consortium members that the Partnership Pilot Hubs Call for Proposals had been issued on October 24. Proposals will be due December 19 at 12:00 noon. Up to ten pilot awards will be made in February or March.

#### **ADJOURNMENT**

Sadiya Muqueeth made a motion to adjourn the meeting. Mary Gable seconded the motion. The motion was approved unanimously, and the meeting adjourned at 11:20 a.m.

**Meeting of the  
Maryland Consortium on Coordinated Community Supports  
Thursday, January 4, 2024  
In-person and Virtual Meeting  
10:00 AM – 12:00 PM**

**CONSORTIUM MEMBERS IN ATTENDANCE**

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Erin McMullen, Maryland Department of Health | Chief of Staff
3. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
4. Mary Gable, Director of Community Schools | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy, Maryland State Department of Education
5. Christina Bartz, Council on Advancement of School-Based Health Centers | Director of Community Based Programs, Choptank Community Health Systems
6. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
7. Tammy Fraley, Maryland Association of Boards of Education | Allegany County Board of Education
8. Dr. Donna Christy, Maryland State Education Association | School Psychologist, Prince George's County Public Schools
9. Gail Martin, Maryland Chapter of the National Association of Social Workers | Former Baltimore County Public Schools Team Leader, School of Social Work
10. Dr. Bradley Petry, Maryland School Psychologists Association | President, Maryland School Psychologists' Association
11. Dr. John Campo, MD, Maryland Hospital Association | Director of Mental Health, Johns Hopkins University Children's Center, Johns Hopkins University Hospital
12. Sadiya Muqueeth, DrPH, Member, Maryland Community Health Resources Commission | Baltimore City Health Department
13. Ryan Moran, representative of the Maryland Medical Assistance Program | Deputy Secretary for Health Care Financing, Maryland Department of Health
14. Larry Epp, Ed.D, representative of the community behavioral health community with telehealth expertise | Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System
15. Gloria Brown Burnett, local Department of Social Services | Director, Prince George's County Department of Social Services
16. Michael A. Trader II, representative of local departments of health | Director of Planning, Quality, and Core Services, Worcester County Health Department
17. Dr. Kandice Taylor, member of the public with expertise in equity in education | School Safety Manager, Baltimore County Public Schools
18. The Honorable Eric Ebersole, Maryland House of Delegates
19. The Honorable Katie Fry Hester, Maryland Senate

Also in attendance were: CHRC Executive Director Mark Luckner; Sam Reeves, Assistant Professor of Psychiatry, National Center for School Mental Health, University of Maryland School of Medicine; other staff; and members of the public.

## **WELCOME**

Chair Rudolph welcomed the group and asked the Consortium members, as well as others in attendance, to introduce themselves.

## **MEETING MINUTES**

A review of the November 30, 2023, minutes was held. Dr. Donna Christy made a motion to approve the minutes as written. Delegate Ebersole seconded the motion. The motion was passed unanimously, and the minutes were approved.

## **UPDATE ON CONSORTIUM ACTIVITIES**

Chair Rudolph reviewed the Consortium's key activities to date.

## **DISCUSSION OF THE SERVICES RFP PROPOSAL REVIEW PROCESS**

Gloria Brown Burnett, Chair of the Consortium Services RFP Review Committee, thanked Consortium members who served on the Review Committee and gave an overview of the application review process. All proposals were scored on a 100-point scale by a Review Committee member as well as by the National Center for School Mental Health.

The Review Committee met on December 12, 2023, and members reached consensus on 123 proposals to advance in the process, requesting a total of \$136,448,708. Equity and geographic distribution were considered in selecting applicants to advance. Recommended applicants were from all jurisdictions of the state. Reviewers gave instructions to staff to make modest, consistent budget adjustments to account for a shortened grant period, activities not permissible under the RFP, workforce constraints, and other considerations.

Ms. Brown Burnett reported that after budget adjustments had been made, the total recommended budget for the 123 proposals recommended to advance was \$108,335,000, which is below the \$120,000,000 available for grants. Chair Brown Burnett suggested a potential methodology for advancing an additional 15 proposals by adjusting the National Center's scores. She then offered a motion to: (1) recommend the 123 proposals recommended by the Review Committee advance to the CHRC, (2) instruct staff to finalize budget reductions and work with the Department of Health to address potential Medicaid billing concerns for a number of applicants, and (3) recommend that up to 15 additional proposals advance. Gail Martin seconded the motion and it was approved by voice vote with John Campo voting against. Senator Hester and Delegate Ebersole abstained from the vote.

Following the vote, Consortium members continued the discussion of potential additional proposals to advance. Chair Rudolph instructed the Review Committee to convene to examine additional proposals to recommend.

## **DISCUSSION OF THE HUB PILOTS RFP:**

Commissioner Muqueeth, Chair of the RFP Subcommittee, updated the Consortium and recapped the Hub Pilots RFP. In October, the CHRC released an RFP to fund up to ten pilots to test the Hub model before it is implemented statewide. The RFP generated 17 proposals from all areas of the state. Four proposals were submitted by Local Management Boards and 13 were

submitted by Local Behavioral Health Authorities. Three proposals covered multiple jurisdictions, but no proposals overlapped geographically. Budgets ranged from \$250,000 to \$1.3 million. Hub applications will be reviewed, with awards made in February or March.

#### **ADJOURNMENT**

Sadiya Muqueeth made a motion to adjourn the meeting and Derek Simmons seconded the motion. The motion was approved unanimously, and the meeting adjourned at 12:00 pm.

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

**Tuesday, February 20, 2024  
In-person and Virtual Meeting**

**10:00 AM – 11:30 AM**

**CONSORTIUM MEMBERS IN ATTENDANCE**

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Erin McMullen, Maryland Department of Health | Chief of Staff
3. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
4. Mary Gable, Maryland State Department of Education | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy
5. Emily Bauer, Maryland Department of Human Services | Two-Generation Program Officer
6. Derek Anderson, Director of Community Schools, Maryland State Department of Education
7. Christina Bartz, Council on Advancement of School-Based Health Centers | Director of Community Based Programs, Choptank Community Health Systems
8. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
9. Tammy Fraley, Maryland Association of Boards of Education | Allegany County Board of Education
10. Dr. Donna Christy, Maryland State Education Association | School Psychologist, Prince George's County Public Schools
11. Dr. Bradley Petry, Maryland School Psychologists Association | President
12. Dr. John Campo, MD, Maryland Hospital Association | Director of Mental Health, Johns Hopkins University Children's Center, Johns Hopkins University Hospital
13. Sadiya Muqueeth, DrPH, Member, Maryland Community Health Resources Commission | Baltimore City Health Department, Johns Hopkins University
14. Ryan Moran, representative of the Maryland Medical Assistance Program | Deputy Secretary for Health Care Financing, Maryland Department of Health
15. Larry Epp, Ed.D, representative of the community behavioral health community with telehealth expertise | Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System
16. Gloria Brown Burnett, local Department of Social Services | Director, Prince George's County Department of Social Services
17. Michael A. Trader II, representative of local departments of health | Director of Planning, Quality, and Core Services, Worcester County Health Department

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

## **WELCOME**

Chair Rudolph welcomed the group and introduced Derek Anderson, who serves as the Executive Director of Community Schools for the Maryland State Department of Education. Mr. Anderson will serve on the Consortium in the slot for Director of Community Schools. Assistant Superintendent Mary Gable, who had previously served in the slot for the Director of Community Schools, will continue to serve on the Consortium as the representative of the State Superintendent.

## **MEETING MINUTES**

A review of the January 4, 2024, minutes was held. Donna Christy made a motion to approve the minutes as written. Ryan Moran seconded the motion. The motion was passed unanimously, and the minutes were approved.

## **UPDATE ON SERVICE PROVIDER GRANT AWARDS**

Gloria Brown Burnett, Chair of the Consortium Services RFP Review Committee, updated members on the status of proposals received under the Coordinated Community Supports Call for Proposals for Service Providers. At the last Consortium meeting on January 4, 2024, Consortium members had voted for 123 proposals recommended by the Review Committee to advance to the Community Health Resources Commission, with budget adjustments by CHRC staff. With the availability of additional funds, Consortium members also had voted to advance up to 15 additional proposals. The Review Committee had been instructed to reconvene to examine additional proposals to recommend. The Review Committee met on January 11 and selected six additional proposals to recommend to the CHRC, rather than the 15 discussed at the Consortium meeting on January 4.

On February 8, the CHRC voted to award 129 total grant awards under the RFP, including both the 123 recommended by the full Consortium and the six additional proposals recommended by the Review Committee. The total funding for these awards is \$111,080,000. Every jurisdiction will have at least one award, and most grantees will implement one or more of the 15 Evidence-Based Programs recommended by the Consortium.

Now the 129 programs will move to the implementation phase. CHRC staff member Lorianne Moss described the CHRC's post-award grant monitoring processes.

## **PILOT HUBS RFP REVIEW COMMITTEE UPDATE**

Mark Luckner reminded Consortium members that the purpose of the Hub pilot program is to test key features of the model before it is implemented statewide, and to lay the groundwork for future Community Supports Partnerships. Eligibility for the pilot was limited to Local Behavioral Health Authorities (LBHAs) and Local Management Boards (LMBs). Applicants could serve a single jurisdiction or multiple jurisdictions. 17 proposals were received.

Donna Christy, Chair of the Pilot Hubs RFP Review Committee, discussed the review process for selecting ten pilot Hubs to recommend to the CHRC. A Review Committee had been formed, consisting of five Consortium members. Each proposal was scored on a 100-point scale according to criteria in the RFP by (1) a Review Committee member and (2) the National Center for School Mental Health. The Department of Health also reviewed all 17 proposals.



The Review Committee met on February 8 and selected ten proposals to recommend: Anne Arundel County LBHA, Baltimore City LBHA, Baltimore County LBHA, Garrett County LBHA (serving Garrett and Allegany counties), Harford County LBHA, Howard County LMB, Mid-shore LBHA (serving Dorchester, Kent, Queen Anne's, and Talbot counties), Montgomery County LBHA, St. Mary's County LBHA, and Worcester County LMB (Worcester and Somerset counties). Recommendations were based on review scores, geographic distribution, and variety in the types of applicant organizations and school district characteristics.

Mark Luckner clarified that the CHRC will directly monitor all service provider grants during this first grant period, regardless of whether they have Hub pilots in their jurisdictions. A future Request for Applications in early 2025 is anticipated to fund three kinds of grants: (1) full Community Supports Partnership grants submitted by current Hub pilots together with the service providers in their areas, (2) service provider grants in areas not selected for the Hub pilot, and (3) additional Hubs in areas not selected for the pilot.

Donna Christy made a motion for the Consortium to recommend the ten proposals to the CHRC for funding, with budget adjustments by CHRC staff. Derek Simmons seconded the motion. The motion was passed unanimously, with Mike Trader abstaining.

Chair Rudolph asked Consortium members to suggest a new name for Hubs going forward.

### **SUBCOMMITTEE UPDATES**

Derek Simmons, co-chair of the Best Practices Subcommittee, reported that on January 25, the Subcommittee received a briefing on the Health Department's plans for expanded school Medicaid under a new State Plan Amendment. In addition, the Department will apply for federal funding to support technical assistance for the expanded Medicaid program.

Larry Epp, chair of the Data Subcommittee, discussed some data measures being considered for service provider grants. The Subcommittee is seeking public comments on these measures.

### **ANNUAL FINANCIAL DISCLOSURES**

Mark Luckner reminded Consortium members that annual financial disclosure forms are due to the Maryland Ethics Commission by April 30.

### **ADJOURNMENT**

Donna Christy made a motion to adjourn the meeting and Ed Kasemeyer seconded the motion. The motion was approved unanimously, and the meeting adjourned at 11:30 am.

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

**Thursday, April 11, 2024  
In-person and Virtual Meeting**

**10:00 AM – 12:00 PM**

**CONSORTIUM MEMBERS IN ATTENDANCE**

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Erin McMullen, Maryland Department of Health | Chief of Staff
3. Mary Gable, Maryland State Department of Education | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy
4. Emily Bauer, Maryland Department of Human Services | Two-Generation Program Officer
5. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
6. Tammy Fraley, Maryland Association of Boards of Education | Allegany County Board of Education
7. Dr. Donna Christy, Maryland State Education Association | School Psychologist, Prince George's County Public Schools
8. Gail Martin, Maryland Chapter of the National Association of Social Workers | Former Baltimore County Public Schools Team Leader, School of Social Work
9. Dr. Bradley Petry, Maryland School Psychologists Association | President
10. Dr. John Campo, MD, Maryland Hospital Association | Director of Mental Health, Johns Hopkins University Children's Center, Johns Hopkins University Hospital
11. Sadiya Muqueeth, DrPH, Member, Maryland Community Health Resources Commission | Baltimore City Health Department, Johns Hopkins University
12. Ryan Moran, representative of the Maryland Medical Assistance Program | Deputy Secretary for Health Care Financing, Maryland Department of Health
13. Dr. Maureen Ponce, school counselor | President, Maryland School Counselor Association
14. Larry Epp, Ed.D, representative of the community behavioral health community with telehealth expertise | Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System
15. Gloria Brown Burnett, local Department of Social Services | Director, Prince George's County Department of Social Services
16. Michael A. Trader II, representative of local departments of health | Director of Planning, Quality, and Core Services, Worcester County Health Department
17. The Honorable Eric Ebersole, Maryland House of Delegates
18. The Honorable Katie Fry Hester, Maryland Senate

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

## **WELCOME**

Chair Rudolph welcomed the group and introduced Dr. Maureen Ponce, who represents the Maryland School Counselor Association.

## **MEETING MINUTES**

A review of the February 20, 2024, minutes was held. Gail Martin made a motion to approve the minutes as written. Donna Christy seconded the motion. The motion was passed unanimously, and the minutes were approved.

## **UPDATE ON GRANT AWARDS**

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

Mr. Luckner said the first Coordinated Community Supports Call for Proposals for service providers generated 258 proposals requesting \$380 million. After a thorough review process, on February 8, 2024, 129 grants were awarded, for a total of \$111 million. Service provider grants are currently under implementation. More than \$35 million has been processed for payment. CHRC staff are providing technical assistance to grantees, and the National Center for School Mental Health is scheduling trainings in Evidence-Based Programs. Mr. Luckner described the processes by which the CHRC will hold grantees accountable for performance. Some service provider grantees have requested grant modifications, and Chair Rudolph said the Consortium will have a role in advising the CHRC on these requests.

In addition, on March 19, 2024 the CHRC awarded grants to ten pilot Partnership Hubs. Grants for both service providers and pilot Hubs are funded through the Consortium's budget for fiscal years 2023 and 2024.

## **SUBCOMMITTEE UPDATES**

Sadiya Muqueeth, chair of the Framework Subcommittee, said the Subcommittee will be working on planning for the next Request for Applications and will support the upcoming procurement of the data and referrals platform. Chair Rudolph directed the Subcommittee also to support grantees with their sustainability plans.

Larry Epp, chair of the Data Subcommittee, reported on the Subcommittee's efforts to finalize grantee data metrics. The Subcommittee received public comment on data measures through a survey, which had 80 responses including 67 from Consortium grantees and 13 from other experts. Input from these responses has been incorporated into draft Milestones & Deliverables templates and data definitions. Dr. Epp also discussed the Consortium's work to promote Measurement-Based Care through a learning collaborative.

Tammy Fraley, chair of the Outreach Subcommittee, said the Subcommittee will look into local outreach events related to grant implementation.

Derek Simmons, co-chair of the Best Practices Subcommittee, said the Subcommittee will discuss strategies to promote positive classroom environments.

## **LEGISLATIVE UPDATE**

Chair Rudolph led a discussion of four topics of interest from the recent legislative session.

1. Chair Rudolph asked Erin McMullen and Ryan Moran to update the Consortium on the Health Department's plans for enhanced school Medicaid. Ms. McMullen said the budget bill will permit up to \$12 million of the Consortium's fiscal year 2025 funds to be used for Medicaid reimbursement for services provided by school-employed staff. This will be matched by \$14.7 million in federal dollars.

Ryan Moran reminded Consortium members that under the Department's proposed phased implementation plan, the Department will first seek a State Plan Amendment to permit Fee for Service billing by enrolled school psychologists and school social workers. In phase two, the Department will seek a second State Plan Amendment to implement an alternative payment model to also cover administrative costs and indirect costs incurred by school-employed providers. The Department applied for a federal grant in March to support technical assistance for these efforts. Mr. Moran stated the Department will submit a report to the Joint Chairmen responding to some questions about the implementation of this initiative.

2. Chair Rudolph next discussed a bill that had been introduced to establish "Restorative Practices Schools." As introduced, the bill would have required the Consortium to support training in restorative practices, but an amendment by the House Ways and Means Committee removed the Consortium's responsibilities from the bill. The bill passed the House but was not acted on in the Senate.

3. Mark Luckner updated Consortium members on a provision in the budget that will require the Commission/Consortium to procure a closed-loop referral and data reporting platform.

4. Chair Rudolph informed Consortium members that the Consortium's budget for fiscal year 2025 was reduced by \$70 million, from \$110 million to \$40 million. While regrettable, the reduction will not affect current grants to services providers and Hubs, which are funded using fiscal years 2023 and 2024 dollars. The Consortium's next Request for Applications will use funds from fiscal years 2025 and 2026. As long as the Consortium's fiscal year 2026 funding is not significantly reduced, the Consortium will have sufficient funds to continue to support current programs without disruption.

## **ANNUAL FINANCIAL DISCLOSURES**

Chair Rudolph reminded Consortium members that annual financial disclosure forms are due to the Maryland Ethics Commission by April 30.

## **ADJOURNMENT**

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