Maryland Consortium on Coordinated Community Supports
45 Calvert Street, Annapolis, MD 22401

Zoom Meeting Link:
https://us06web.zoom.us/j/83118471804?pwd=QmVyZnV2MUVucURqODNoK0pLUE1VZz09
Meeting ID: 831 1847 1804 **Passcode:** 740347 **Dial in #:** (301) 715-8592

May 9, 2023
9:30 AM – 11:30 AM

AGENDA

1.	Call to Order	Chair Rudolph
2.	Approval of April 4 meeting minutes	Chair Rudolph
3.	Subcommittee Updates	• Framework • Data • Outreach • Best Practices
4.	Discussion of status of Consortium legislation	Chair Rudolph, Mark Luckner
5.	Discussion of Consortium member responses to questions on pre-K and private schools	Mark Luckner, Lorianne Moss
6.	Discussion of RFP	Chair Rudolph, Mark Luckner
7.	Next Steps	Chair Rudolph, Mark Luckner
8.	Adjournment	Chair Rudolph

The next meeting of the Consortium will be held on June 13th at 9:30.

Meeting of the
Maryland Consortium on Coordinated Community Supports

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

9:30 AM – 11:40 AM

CONSORTIUM MEMBERS IN ATTENDANCE:

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

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

WELCOME

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

MEETING MINUTES

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

SUBCOMMITTEE UPDATES

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

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

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

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

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

DISCUSSION OF CALL FOR PROPOSALS (RFP)

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

CONSORTIUM IMPLEMENTATION REPORT TO AIB

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

HOUSEKEEPING AND ADVICE FROM STATE ETHICS COMMISSION

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

ADJOURNMENT

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

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Maryland Consortium on Coordinated Community Supports

Subcommittee Updates

May 9, 2023

Framework, Design, & RFP Subcommittee

Chairs: Superintendent Mohammed Choudhury, Sadiya Muqueeth, DrPH

Members: Emily Bauer, John Campo, Cory Fink, Senator Katie Fry Hester, Linda Rittlemann, Maria Rodowski-Stanco (MDH), Kandice Taylor

Framework: wraparound

How the definition was developed:

- Framework Subcommittee held two meetings focused on wraparound
- Reviewed Community Schools definition of wraparound, as well as High Fidelity Wraparound model (Consortium approach will be different)
- Reviewed public comment on what “other” services should be provided through grant funds
- Presentation by Emily Bauer on TwoGen model
- Consultations with National Center
- Meetings with stakeholders
- Circulated draft ideas over email

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Definition of wraparound

For first RFP, “wraparound” means: holistic supports that address a student’s behavioral health needs but are not considered traditional behavioral health services. Four criteria:

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

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Examples of wraparound supports (slide 1 of 2)

1. Transportation to behavioral health services
2. Peer support
3. Parenting classes
4. Afterschool activities that implement evidence-based behavioral health programming
5. Evidence-based mentoring programs
6. Developing and monitoring care plans for students with identified behavioral health needs

(see next slide)

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Examples of wraparound supports (slide 2 of 2)

7. Navigation to ***link*** students and families to essential supports such as:
   - Somatic health services and health insurance
   - Academic and vocational supports
   - Extra-curricular activities without a behavioral health curriculum
   - Services that address non-medical Social Determinants of Health (SDOH) needs such as:

- food security/food pantries
- hygiene pantries
- housing assistance
- legal services
- domestic violence supports
- respite services
- financial education
- independent living skills
- daycare
- job training
- etc.

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Who could provide wraparound services?

Examples of Spokes/service providers that could apply to provide wraparound services under the first RFP include:

- Behavioral health providers
- Family support agencies
- Community-based organizations
- Care Coordination organizations
- Local Health Departments, Local Departments of Social Services

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Consortium definition versus others

Community Schools: The definition of wraparound for Community Schools is broad in scope and accessible to all students and families at the school. Includes: extended learning, field trips, tutoring, somatic health services, vision, dental, etc.

The Consortium's approach is more focused on behavioral health, and available to targeted students and families only.

High Fidelity Wraparound/Targeted Case Management: In the mental health arena, Wraparound is an individualized process for children with the most serious mental health challenges and their families. This model is expensive, and reimbursable through Medicaid and 1915(i) program.

The Consortium's approach is less intensive, and available to more students and families.

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EBPs for wraparound

The menus of Evidence-Based Programs (EBPs) in the upcoming RFP will include several interventions suitable for wraparound programs. For example:

Priority Menu

- Therapeutic Mentoring
- Botvin Life Skills
- Circle of Security
- Chicago Parenting Program
- Mental Heath Essentials

Recommended Menu

- Incredible Years
- Second Step
- Youth/Teen Mental Health First Aid
- Be Strong Families Parent Cafes

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Data Collection/Analysis & Program Evaluation Subcommittee

Chair: Larry Epp

Consortium Members: Emily Bauer, Cory Fink, Tammy Fraley, Linda Rittlemann, Maria Rodowski-Stanco (MDH)

Agency Representatives: Matt Duque (MSDE), James Yoe (MDH)

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Data Collection/Analysis & Program Evaluation Subcommittee

- Subcommittee meetings temporarily paused to allow for increased outreach activities
- Continuing to refine data for applicants to demonstrate need
- Ensuring alignment with recommendations from other subcommittees, including Best Practices and Framework
- Starting to consider grantee data collection systems

Outreach and Community Engagement Subcommittee

Chairs: Tammy Fraley

Members: Chrissy Bartz, Emily Bauer, Donna Christy, Ed Kasemeyer

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Outreach and Community Engagement Subcommittee

Since our last Consortium meeting, Tammy Fraley and CHRC staff have given presentations to groups including:

Associations and Advocacy Groups

- Local Behavioral Health Authorities (MABHA)
- Public School Superintendents' Association of Maryland (PSSAM)
- Council on Advancement of School-Based Health Centers
- Children's Behavioral Health Coalition
- Local Management Boards (LMBs)
- Maryland Coalition for Community Schools
- Education Behavioral Health Community of Practice

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Outreach and Community Engagement Subcommittee

Since our last Consortium meeting, Tammy Fraley and CHRC staff have given presentations to groups including:

Jurisdiction meetings

- Anne Arundel County
- Baltimore City (additional meeting will be held)
- Cecil County HD (additional meeting will be held)
- Wicomico County
- Caroline County
- Prince George's County Children's Cabinet (additional meeting will be held)
- Howard County LMB (additional meeting will be held)
- Lower Shore tri-county regional

Providers

- Parent Engagement Program
- Catholic Charities
- Thrive Behavioral Health
- Spectrum of Hope
- Sheppard Pratt

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Outreach and Community Engagement Subcommittee

Planning to work with Superintendents to convene jurisdiction-wide meetings that bring together all stakeholders and potential applicants

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Outreach and Community Engagement Subcommittee

New flyer linking to new website content

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

Student Mental Health and Wellness Initiative

The Maryland General Assembly has approved new funding to support mental health and substance use services for students across the state. Funding will provide new and expanded programming starting during the 2023-2024 school year. Families and students will be able to receive support to help address:

- Trauma
- Depression
- Anxiety
- Suicide
- School engagement
- Positive Parenting
- Mental health promotion
- Coping skills
- Substance use
- Anger management
- Disruptive behavior
- and more

New and expanded services will include:

- Prevention programs
- Behavioral Health screenings
- Individual, group, and family counseling
- Wraparound/case management/care coordination
- Addiction treatment
- Support for families
- Crisis planning and services
- Telehealth services
- Support groups

Grants will be awarded by the **Maryland Community Health Resources Commission**. Applications will be due during the summer of 2023. Funds are made available through the Coordinated Community Supports Partnership Fund created by the **Blueprint for Maryland's Future**.

For more information on how to apply for grants, please contact Lorianne Moss at Lorianne.Moss@maryland.gov or 410-456-6525.

To find out what services are available in your school, contact your principal or school administration.

Scan QR code to be directed to our website

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Best Practices Subcommittee

Chairs: John Campo, Derek Simmons

Members: Chrissy Bartz, Gloria Brown Burnett, Mary Gable, Senator Katie Fry Hester, D'Andrea Jacobs, Linda Rittlemann, Gail Martin, Kandice Taylor, Michael Trader

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Best Practices

How the menus of Evidence-Based Programs were developed:

- Best Practices Subcommittee held several meetings
- Reviewed public comments suggesting various EBPs
- Reviewed MSDE list of EBPs currently being implemented
- Consultations with National Center
- Alignment with Framework and Data Subcommittees' work
- Circulated draft ideas over email

Best Practices Subcommittee

- Two EBP menus rather than three (see next slide)
- EBPs cover all three Tiers of MTSS

    1. Universal promotion/prevention, 2. Early intervention, 3. Treatment

- EBPs address a number of issues, including: trauma, suicide, substance use, prevention, positive classroom environments, etc.
- Added EBPs for pre-kindergarten and younger elementary
- Added EBPs for wraparound
- School-employed staff could receive training in selected EBPs (coordinated by National Center, outside of RFP process)

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Evidence-Based Programs

Two “menus” of Evidence-Based Best Practices (EBPs) for Spokes for the RFP

1. “Priority” EBPs	2. Other EBPs and practice-based strategies
• Best Practices Subcommittee recommend 13 Priority EBPs for Spokes for the RFP • Grantees will receive training and implementation support coordinated by National Center • Applicants who commit to one or more of these will be given added “weight” during application review process • Will also include a learning collaborative on Measurement-Based Care	• RFP will include examples of other recommended EBPs (around 35) • Grant funds may support implementation, but no implementation support from National Center • Will not be given extra weight during review process • Applicants may identify EBPs and strategies not listed on either menu, but must provide justification

Evidence-Based Programs

Proposed programs on **Priority** EBP menu for RFP:

1. Unified Protocols for Transdiagnostic Treatment of Emotional Disorders (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 W
8. SBIRT – Screening, Brief Intervention, and Referral to Treatment
9. Cognitive Behavioral Intervention for Trauma in Schools (CBITS) / Bounce Back
10. Botvin Life Skills W
11. Youth Aware of Mental Health (YAM)
12. Circle of Security W P
13. Chicago Parenting Program W P

W = suitable for wraparound

P = suitable for pre-K

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Evidence-Based Programs

In addition, will offer a learning collaborative on Measurement-Based Care.

Also, developing mechanism for school staff to receive training in Priority EBPs and/or the following:

- Mental Health Essentials for Teachers and Students
- Good Behavior Game
- Pyramid Model/Positive Solutions for Families (PSF)

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Maryland Consortium on Coordinated Community Supports Status of Legislative Responsibilities

Mark Luckner and Lorianne Moss

May 9, 2023

12 statutory responsibilities

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 means.	Framework Subcommittee	In progress. Colective Impact model developed. First RFP will include funding to build the capacity of Hubs, which will be at the center of Partnerships.
2.	Provide technical assistance to local school systems to support positive classroom environments and close achievement gaps.	Best Practices Subcommittee	In progress. EBPs selected. National Center will provide training to local school systems to this end.

12 statutory responsibilities

3.	Provide expertise in developing best practices in the delivery of behavioral health and wraparound services.	Best Practices Subcommittee	In progress. EBPs selected including both traditional behavioral health and wraparound. National Center will provide training to local school systems to this end.
4.	Develop a statewide framework for the creation of community supports partnerships	Framework Subcommittee	Complete. Collective Impact model developed. First RFP will include funding to build the capacity of Hubs, which will be at the center of Partnerships.

12 statutory responsibilities

5.	Ensure supports and services are provided in a holistic and nonstigmatized manner and is coordinated with other youth-serving government agencies.	Framework Subcommittee	In progress. Collective Impact model developed. First RFP will include funding to build the capacity of Hubs, which will be at the center of Partnerships.
6.	Develop a model for expanding available support services to all students in each local school system.	Framework Subcommittee	In progress. Partnerships will exist in every jurisdiction and will cover all schools.

12 statutory responsibilities

7.	Develop and implement a grant program to award grants to coordinated community supports partnerships with funding necessary to deliver supports and services to meet holistic behavioral health needs.	Framework Subcommittee	In progress. First RFP will be issued in June 2023. Wraparound services will address holistic needs.
8.	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.	Framework Subcommittee	In progress. Grants will permit reimbursement of providers.

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12 statutory responsibilities

9.	In consultation with MSDE, shall develop best practices for the creation and implementation of a positive classroom environment for all students that recognizes the disproportionality of classroom management referrals.	Best Practices Subcommittee	In progress. EBPs selected. National Center will provide training to local school systems to this end.
10.	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.	Outreach Subcommittee	In progress. Outreach meetings are being held across the state. Partnerships will cover all schools.

12 statutory responsibilities

11.	In consultation with the National Center on School Mental Health and in coordination with MLDS and the AIB, shall develop metrics to determine whether community partnership services are positively impacting students, their families, and their communities.	Data Subcommittee	In progress. Metrics developed by Data Subcommittee.
12.	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.	Best Practices Subcommittee	In progress. EBPs selected. Metrics developed. RFP applicants must demonstrate maximization of Medicaid.

May 1, 2023

Maryland Consortium on Coordinated Community Supports
Statutory Responsibilities, Primary Subcommittee Assignments, and Status

	Statutory Responsbilities of the Consortium	Subcommittee	Status
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 means.	Framework, Design & RFP Subcommittee	In progress. Colective Impact model developed. First RFP will include funding to build the capacity of Hubs, which will be at the center of Partnerships.
2	Provide technical assistance to local school systems to support positive classroom environments and close achievement gaps.	Best Practices Subcommittee	In progress. EBPs selected. National Center will provide training to local school systems to this end.
3	Provide expertise in developing best practices in the delivery of behavioral health and wraparound services.	Best Practices Subcommittee	In progress. EBPs selected including both traditional behvaioral health and wraparound. National Center will provide training to local school systems to this end.
4	Develop a statewide framework for the creation of community supports partnerships	Framework, Design & RFP Subcommittee	Complete. Colective Impact model developed. First RFP will include funding to build the capacity of Hubs, which will be at the center of Partnerships.
5	Ensure supports and services are provided in a holistic and nonstigmatized manner and is coordinated with other youth-serving government agencies.	Framework, Design & RFP Subcommittee	In progress. Colective Impact model developed. First RFP will include funding to build the capacity of Hubs, which will be at the center of Partnerships.
6	Develop a model for expanding available support services to all students in each local school system.	Framework, Design & RFP Subcommittee	In progress. Partnerships will exist in every jurisdiction and will cover all schools.
7	Develop and implement a grant program to award grants to coordinated community supports partnerships with funding necessary to deliver supports and services to meet holistic behavioral health needs.	Framework, Design & RFP Subcommittee	In progress. First RFP will be issued in June 2023. Wraparound services will address holistic needs.
8	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.	Framework, Design & RFP Subcommittee	In progress. Grants will permit reimbursement of providers.
9	In consultation with MSDE, shall develop best practices for the creation and implementation of a positive classroom environment for all students that recognizes the disproportionality of classroom management referrals.	Best Practices Subcommittee	In progress. EBPs selected. National Center will provide training to local school systems to this end.
10	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.	Outreach and Community Engagement Subcommittee	In progress. Outreach meetings are being held across the state. Partnerships will cover all schools.
11	In consultation with the National Center on School Mental Health and in coordination with MLDS and the AIB, shall develop metrics to determine whether community partnership services are positively impacting students, their families, and their communities.	Data Collection/Analysis & Program Evaluation Subcommittee	In progress. Metrics developed by Data Subcommittee.
12	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.	Best Practices Subcommittee	In progress. EBPs selected. Metrics developed. RFP applicants must demonstrate maximization of Medicaid.

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Maryland Consortium on Coordinated Community Supports
Results of member survey

Mark Luckner and Lorianne Moss

April 12, 2023

Member survey via SmartSheet

1. Should grant funds support service for pre-kindergarten students?

2. Should grant funds be available for services in private/parochial schools?

- 13 Consortium members submitted responses
- Open-ended questions, including space to recommend compromises
- Some strong yes/no, others nuanced

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Pre-Kindergarten - Background

- Law does not specify age range for children to receive Consortium-funded services
- Some public schools already offer universal pre-K to all four-year-olds
- Pre-K Expansion under the Blueprint:
  - Mixed delivery system involving both public schools and private providers
  - Income-based financial support for families choosing private pre-K
  - Program will increase over 10 years

Pre-Kindergarten - Responses

YES (12) – to varying degrees
"Early intervention is critical"

NO (1)
"Could dilute the work of Consortium"

Potential compromises to consider:

- Could limit to just pre-K programs in public schools
- Could also include just those private pre-K providers who are partners in the Blueprint pre-K expansion (income-based grants)

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Private/Parochial schools - Background

- Law does not specify whether Consortium-funded services could be delivered at nonpublic schools, but does reference "local school systems," which implies public
- Blueprint generally focuses on public schools
- Consensus exists that students attending nonpublic special education facilities (MANSEF) ***will*** be eligible for Consortium services (their tuition is supported by the State)
- The question was whether Consortium could support students at private/parochial schools

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Recap: Private/parochial schools – survey responses

NO (9) – to varying degrees
"Blueprint focuses on public schools"

YES (4) – to varying degrees
"Wouldn't we want to include all?"

Potential compromises to consider:

- If schools make the case that funds support vulnerable/at-risk students
- Funds should be contingent on family income
- Could make training opportunities available to nonpublic school staff
- Not now, maybe in future RFPs

Can a single spoke receive grant funding to serve students in both public and private/parochial schools and/or home-schooled children?

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Maryland Consortium on Coordinated Community Supports Issues for discussion for RFP

David Rudolph and Mark Luckner

April 12, 2023

Goal for today's meeting

Five remaining issues:

1. Pre-K
2. Private/parochial schools
3. Wraparound
4. Best Practices
5. Hub grants in first RFP

Reach consensus on these issues

Finalize set of recommendations to forward to CHRC

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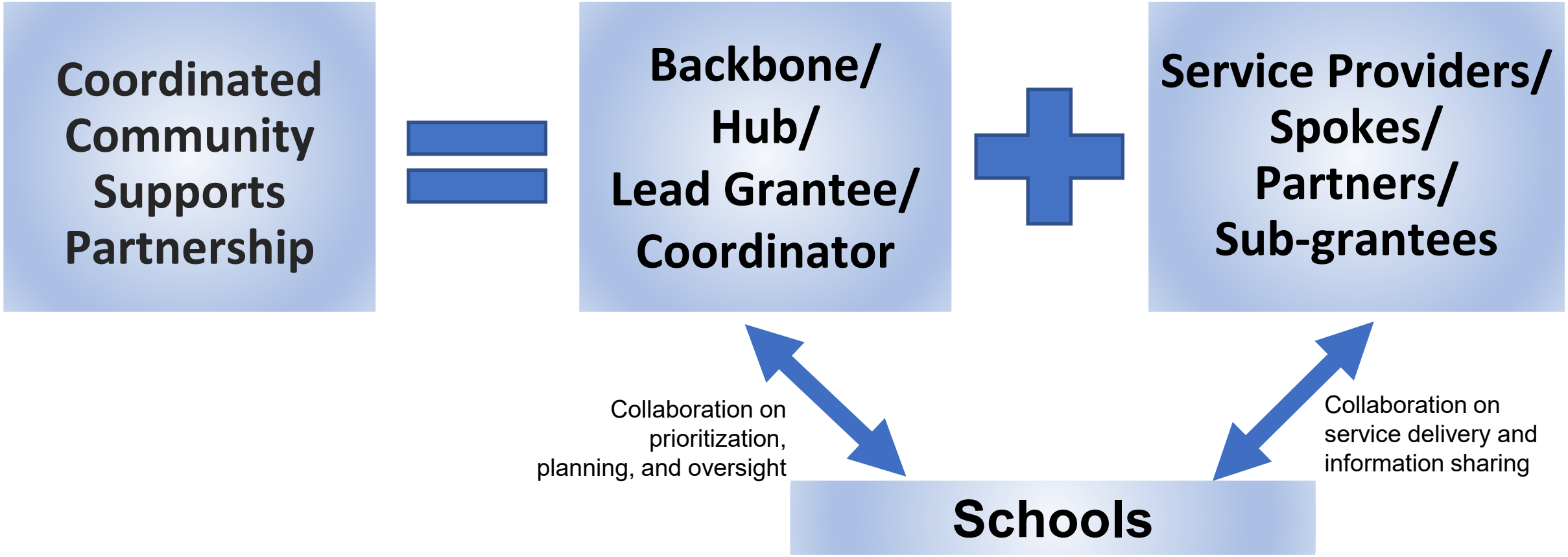
Partnerships and the Collective Impact model



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Recap: 2023 RFP

- Students need services now. Funds must expand access to services immediately.
- Need to build capacity for future Partnerships – Hubs + Spokes.

1. Service Delivery (Spokes) – majority of funding
2. Capacity Building (Hubs)

- Utilizes funding from both FY 2023 ($50 million) and FY 2024 ($85 million).
- *Future* grants will go to Hubs only, who will distribute funding to Spokes as subgrantees.

Funds must be supplemental to and may not supplant existing funds for school mental health.

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Tentative timeline for RFP

March-July 2023	Outreach to engage with local communities and stakeholders
May/June 2023	First RFP is released by CHRC
July/August 2023	Applications are due
Fall 2023	Award decisions are made
Fall 2023 – Fall 2025	First grant period; services begin for 2023-2024 school year

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Recap: Pre-Kindergarten – Survey Responses

YES (12) – to varying degrees
"Early intervention is critical"

NO (1)
"Could dilute the work of Consortium"

Potential compromises to consider:

- Could limit to just pre-K programs in public schools
- Could also include just those private pre-K providers who are partners in the Blueprint pre-K expansion

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Recap: Private/parochial schools – survey responses

NO (9) – to varying degrees
"Blueprint focuses on public schools"

YES (4) – to varying degrees
"Wouldn't we want to include all?"

Potential compromises to consider:

- If schools make the case that funds support vulnerable/at-risk students
- Funds should be contingent on family income
- Could make training opportunities available to nonpublic school staff
- Not now, maybe in future RFPs

Can a single spoke receive grant funding to serve students in both public and private/parochial schools and/or home-schooled children?

Recap: Wraparound (Framework Subcommittee)

For first RFP, “wraparound” means: holistic supports that address a student’s behavioral health needs but are not considered traditional behavioral health services. Four criteria:

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

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Evidence-Based Programs

Two “menus” of Evidence-Based Best Practices (EBPs) for Spokes for the RFP

1. “Priority” EBPs	2. Other EBPs and practice-based strategies
• Best Practices Subcommittee recommend 13 Priority EBPs for Spokes for the RFP • Grantees will receive training and implementation support coordinated by National Center • Applicants who commit to one or more of these will be given added “weight” during application review process • Will also include a learning collaborative on Measurement-Based Care	• RFP will include examples of other recommended EBPs (around 35) • Grant funds may support implementation, but no implementation support from National Center • Will not be given extra weight during review process • Applicants may identify EBPs and strategies not listed on either menu, but must provide justification

Recap: Evidence-Based Programs

13 programs on **Priority** EBP menu:

1. Unified Protocols for Transdiagnostic Treatment of Emotional Disorders (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. Chicago Parenting Program

Proposed multi-year timeline

June 2023	First RFP released
September/October 2023	First round of grants; grants will be for 1 ½ to 2 years
November/December 2023	Second RFP released (if needed)
Fall 2023 – Summer 2025	First grant period
February 2025	Third RFP issued, including some for full-fledged Partnerships (Hub + Spoke)
Summer 2025	Grant awards made

Questions for first RFP/Hubs

- Should make Hub grants available to all jurisdictions in first RFP?
- Or should we award a certain number of pilot Hub grants and test the model for a year and issue a second RFP in 2025?
- If we like the Hub model, how many?
- How would Hubs be selected?

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

TO: Consortium members

FROM: Mark Luckner and Lorianne Moss

DATE: May 3, 2023

RE: Issues to resolve for first Coordinated Community Supports Partnerships Call for Proposals

At today's meeting, we hope to discuss the final remaining issues to be resolved before the Consortium makes recommendations to the CHRC and the RFP is released. As a reminder, the Consortium has publicly articulated the goal that grants will be awarded such that new programming will be in place during the fall 2023 school semester. The key issues to resolve today are:

1. Determining whether Consortium-funded services should be available for pre-kindergarten students, and if so, which pre-k schools
2. Determining whether Consortium-funded services should be available for private/parochial students, and if so, which private/parochial schools
3. Adopting the definition of wraparound proposed by the Framework Subcommittee
4. Endorsing the menus of Evidence-Based Programs developed by the Best Practices Subcommittee
5. Hubs grants in the first RFP

Since September 2022, the Consortium and its four Subcommittees have been meeting regularly to discuss key issues related to the first Coordinated Community Supports Partnerships Call for Proposals (RFP). The Consortium held a public comment period in October and November 2022 to receive input from the public. On February 21, 2023, Consortium members voted unanimously to proceed with the Collective Impact model operationalized through Hubs and Spokes. At last month's Consortium meeting, there was discussion about how Hubs should be selected in the first RFP, as well as discussion about pre-K and private/parochial schools. Consortium members were invited to express their opinions about pre-k and private/parochial schools via an electronic survey, and results are discussed below.

Below is a tentative schedule for immediate next steps:

March-July 2023	Outreach to engage with local communities and potential applicants
May/June 2023	RFP is released by CHRC
July/August 2023	Applications are due
August/September 2023	Award decisions are made
Fall 2023 – Fall 2025	First grant period; services begin for 2023-2024 school year

1. Pre-K. By a vote of 12-1, Consortium members were generally in favor of funding services by Spokes for pre-K students in the first RFP. If the Consortium decides to fund these services, members may wish to consider whether to limit eligibility to just pre-K programs in public schools, and/or private pre-K providers who are partners in the Blueprint pre-K expansion (i.e. receiving Blueprint grants). Interventions for this age group have been added to the list of Evidence-Based Programs (see below).

2. Private/Parochial. By a vote of 9-4, Consortium members were generally opposed to funding services by Spokes for students in private/parochial schools in the first RFP. Consensus exists that the Consortium should fund services in nonpublic special education facilities (MANSEF) where tuition is supported by the State. If the Consortium decided to fund some private/parochial schools, suggested compromises include: schools must demonstrate that funds would support vulnerable/at-risk students, funds would be contingent on family income, staff training opportunities could be available to nonpublic school staff, or deferring consideration until a future RFP.

3. Wraparound. For the purposes of the first RFP, the Framework Subcommittee proposes that "wraparound" be defined as holistic supports that address a student's behavioral health needs but are not considered traditional behavioral health services. For the first RFP, Spokes would be eligible for grants to provide wraparound services. To be eligible for Consortium grant funding, wraparound programs must meet the following four conditions:

1. Supports must be limited to students with identified behavioral health challenges, or at significant risk of behavioral health challenges, and their families;
2. When appropriate, supports should be connected to other, traditional behavioral health services that the students are receiving;
3. Supports may not be eligible for reimbursement through Medicaid, the Developmental Disabilities Administration, or other State support (e.g., the Consortium should not fund Targeted Case Management or High-Fidelity Wraparound models that could be reimbursed through the 1915(i) program, etc.); and
4. Supports must involve schools in the planning and/or implementation.

Examples of wraparound supports include: transportation to services, peer, support, parenting classes, evidence-based mentoring programs, developing and monitoring care plans for students, and navigation to link identified students and families to essential supports. Examples of wraparound interventions are included in the list of Evidence-Based Programs (see below). More information on wraparound can be found in Appendix A to this memo and will be presented by the Framework Subcommittee.

4. Evidence-Based Programs. The Best Practices Subcommittee proposes the following 13 Priority Evidence-Based Programs (EBPs) for Spoke applicants for the first RFP. Together, these programs address a wide range of behavioral health challenges, include interventions for each of the three MTSS Tiers (universal, brief/small group, individual), and include programming options for ages pre-K through 18. Applicants that commit to implement one or more of these Priority EBPs, and receive training provided or coordinated by the National Center, will receive added consideration during the application review process:

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. Chicago Parenting Program

Applicants may select other EBPs not on this list, but will not receive priority consideration during the review process. More information can be found in Attachment B to this memo and will be presented by the Best Practices Subcommittee.

5. Hub grants in the first RFP. As a reminder, the Consortium has been discussing two tracks for the first RFP: Track 1 for service providers/Spokes; and Track 2 capacity-building grants for future Hubs. This approach seeks to achieve two objectives simultaneously: (1) to implement new and expanded programming that will be in place in as many schools as possible for the 2023-2024 school year (i.e. Spoke grants); and (2) to build the infrastructure for the statewide Partnership model (i.e Hub capacity-building grants). At our last Consortium meeting, there was discussion about whether to "test" the Hub concept by awarding a number of pilots before rolling out the Hub model statewide. We will discuss this pilot concept further at the meeting on May 9.

Appendix A.

Framework Subcommittee – Recommended approach to wraparound for the first RFP

For the purposes of the first RFP, the Consortium defines "wraparound" as holistic supports that address a student's behavioral health needs but are not considered traditional behavioral health services. To be eligible for Consortium grant funding, wraparound programs must meet the following four conditions:

1. Supports must be limited to students with identified behavioral health challenges, or at significant risk of behavioral health challenges, and their families;
2. When appropriate, supports should be connected to other, traditional behavioral health services that the students are receiving;
3. Supports may not be eligible for reimbursement through Medicaid, the Developmental Disabilities Administration, or other State support (e.g., the Consortium should not fund Targeted Case Management or High-Fidelity Wraparound models that could be reimbursed through the 1915(i) program, etc.); and
4. Supports must involve schools in the planning and/or implementation.

Consortium-funded wraparound supports should promote cross agency coordination. Aspects of the 2Gen approach, a model being implemented by the Maryland Department of Human Services that seeks to address the entire family through aligned and coordinated supports, could be incorporated in the provision of these services.

Examples of wraparound supports that could be funded by the RFP include:

- Transportation to behavioral health services for identified students and/or family members
- Peer support for students with identified behavioral health needs and their families
- Parenting classes for families of students with identified behavioral health needs
- Afterschool activities with a behavioral health curriculum (must implement evidence-based behavioral health programming)
- Evidence-based mentoring programs in which a formal and consistent relationship is established between adults and students
- Developing and monitoring care plans for students with identified behavioral health needs (see restrictions in 3. above, related to services reimbursable through other funding sources)
- Navigation to link students and families to essential supports that contribute to the wellbeing of students with identified behavioral health needs. Examples of supports to which students and families should be *linked* (but for which *direct* grant funding would not be available) include:
    - Somatic health services and health insurance
    - Academic and vocational supports
    - Extra-curricular activities without a behavioral health curriculum
    - Services that address non-medical Social Determinants of Health (SDOH) needs such as: food security/food pantries, hygiene pantries, housing assistance, legal services, domestic violence supports, respite services, financial education, independent living skills, daycare, job training, etc.

Examples of Spokes/service providers that could apply to provide wraparound services under the first RFP could include:

- Behavioral health providers
- Family support agencies
- Community-based organizations

- Care Coordination organizations
- Local Health Departments, Local Departments of Social Services

NOTE: The Consortium's approach to wraparound services is narrower than the Community Schools' definition for "wraparound," which includes a wide range of services not directly related to behavioral health, and makes these services available to all students.

Appendix B.

DRAFT - Evidence-Based Programs, Summary
(Category I)

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

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

	EBP – programs/trainings	Focus/Short description	Recommended ages	Tier/Modality	Description/Services
1	Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents (UP-C/UP-A)	Addresses emotional disorders, including anxiety, depression, and traumatic stress	7 and up	3 - individual	A type of cognitive/behavioral therapy (CBT)
2	Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	Modules address anxiety, depression, disruptive behaviors, and traumatic stress	6 and up	3 - individual	Cognitive/behavioral therapy (CBT) for anxiety including post-traumatic stress, depression, and behavioral parent training for disruptive behaviors.
3	Safety Planning Intervention (Stanley and Brown)	Suicide prevention	6 and up	3 - individual	Helping at-risk adolescents develop a list of coping strategies and sources of support
4	Counseling on Access to Lethal Means (CALM)	Suicide prevention	All ages	3 - individual	Counseling on reducing access to means of self-harm
5	Adolescent Community Reinforcement Approach (ACRA)	Substance Use Disorder	12 and up	3 - individual	Cognitive/behavioral treatment to reinforce substance-free lifestyles
6	The Student Check-Up (Motivational Interviewing)	Therapy/counseling to elicit behavior change	12 and up	2/3 – individual	The Student Checkup is a semi-structured school-based motivational interview designed to help adolescents adopt academic enabling behaviors (e.g., participation in class) School-Based Motivational Interviewing (S-BMI) is specific type of MI used in the school setting adopt academic enabling behaviors (e.g., participation in class), decrease risky behaviors, and engage in health-promoting behaviors.

	EBP – programs/trainings	Focus/Short description	Recommended ages	Tier/Modality	Description/Services
7	Therapeutic Mentoring	Mentoring/Modeling; Coping Strategies	Mentors who work directly with youth	2 - individual	Develops competencies of mentors in the areas of mental health theory, research, and practice to ensure youth have access to high quality, strengths-based, culturally responsive, and effective mentors
8	SBIRT – Screening, Brief Intervention, and Referral to Treatment	Substance Use Disorder early intervention	9 and up	2 – individual	Screening, brief intervention, and referral to treatment for substance use disorders
9	Cognitive Behavioral Intervention for Trauma in Schools (CBITS) / Bounce Back	Early intervention for students experiencing post-traumatic stress reactions	6th-12th grade (CBITS) K-5th grade (Bounce Back)	2 – small group plus individual trauma narrative	Games and activities that teach skills for healing from traumatic events, as well as cognitive/behavioral therapy to address trauma symptoms
10	Botvin Life Skills	Prevention program focused on substance use, coping skills, social skills, etc. (Social-Emotional Learning)	3rd grade and up	1 - universal	Prevention programs to help adolescents develop confidence and skills to successfully handle challenging situations
11	Youth Aware of Mental Health (YAM)	Suicide Prevention, Mental Health Literacy	9th-12th grade	1 - universal	A 5-session interactive school-based program for students to learn about and discuss mental health to enhance peer support and reduce depression and suicidal behavior.
12	Circle of Security	Strengthening attachment between caregivers/educators and children, behavior problem reduction	Parents/caregivers and educators of children ages 0-5	1/2 - group	A manualized, video-based program divided into eight chapters during which trained facilitators reflect with caregivers about how to promote secure attachment
13	Chicago Parenting Program	Positive parenting, behavior problem reduction	Ages 2-8	1 - universal	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

Interventions 1-13 are intended for delivery by school mental health clinicians (may be employed by district/school or school-based community partner) .

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

	EBP – programs/trainings	Focus/Short description	Recommended ages	Tier/Modality	Description/Services
14	Mental Health Essentials for Teachers and Students	Mental Health Literacy for educators and students	K-12	1 - universal	Educator training to enhance mental health literacy of educators and students
15	Good Behavior Game	Positive Behaviors/ Classroom Environments	K-5	1 - universal	A behavioral classroom management strategy to help students develop teamwork and self-regulation skills.
16	Pyramid Model/Positive Solutions for Families (PSF)	Positive Behaviors/ Classroom Environments	PreK-K	Tiers 1-3	Schoolwide model to promote the social, emotional, and behavioral outcomes of young children birth to five, reducing the use of inappropriate discipline practices, promoting family engagement, using data for decision-making, integrating early childhood and infant mental health consultation and fostering inclusion.

Interventions 14-16 are intended for delivery by classroom educators. School districts may be supported by CCSP hubs to implement these programs.

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

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

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

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

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

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

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

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

	EBP – programs/trainings	Focus/Short description	Target Audience for Delivery	Tier/Modality	Description/Services
12	Support for Students Exposed to Trauma (SSET)	Trauma	Children in late elementary school through early high school (ages 10-16)	2/3	A series of ten lessons whose structured approach aims to reduce distress resulting from exposure to trauma. SSET is designed to help schools and school systems that do not have access to school-based clinicians. Designed with and for teachers and nonclinical school counselors, this program targets students in fifth grade and above. SSET uses a lesson-plan format instead of a clinical manual.
13	Trauma-Focused CBT (TF-CBT)	Trauma		2/3	structured, short-term treatment model that effectively improves a range of trauma-related outcomes in 8-25 sessions with the child/adolescent and caregiver
14	Adolescent Depression Awareness Program (ADAP)	Depression		1	Includes 3 classes focused on interactive activities, video sessions, and discussions
16	Check In/Check Out (CICO)	School climate; Behavior supports		2	Group-oriented, and behavioral intervention that delivers additional support to groups of students with similar behavioral needs
17	Classroom Check Up	Classroom management	Teachers	1	Contains web-based tools and training in the form of intervention modules to support both teachers and coaches. Each module incorporates elements such as videos, assessment instruments, strategy tools, and action planning tools to facilitate effective and efficient implementation of evidence-based classroom management practices
18	Conscious Discipline	Trauma-informed SEL	Teachers; Admin; MH Professionals; Parents	1	Conscious Discipline creates a compassionate culture and facilitates an intentional shift in adult understanding of behavior via the Conscious Discipline Brain State Model. It provides specific brain-friendly, research-backed strategies for responding to each child's individual needs with wisdom.

	EBP – programs/trainings	Focus/Short description	Target Audience for Delivery	Tier/Modality	Description/Services
19	Executive Functioning interventions (see Brain Futures report)	Executive functioning		1, 2/3	See pgs. 44-66 here Universal, group, and individual interventions that target executive functioning (I.e., planning, meeting goals, following directions, etc.)
20	Incredible Years	SEL		1	The Incredible Years is a series of interlocking, evidence-based programs for parents, children, and teachers. The goal is to prevent and treat young children's behavior problems and promote their social, emotional, and academic competence.
21	MindUP	Mindfulness; SEL; Brain Literacy	Offered in three age-related levels, Pre-K–2, Grades 3-5, and Grades 6-8	1	MindUP is a classroom program that provides a curriculum at the intersection of neuroscience, positive psychology, mindful awareness, and SEL. The aim of MindUP is to help students focus their attention, improve self-regulation skills, build resilience to stress, and develop a positive mindset in school and in life
22	Positive Action	Positive youth development; Behavior supports		1	Positive Action is a 7-unit curriculum that works through the Thoughts-Actions-Feelings (TAF) Circle to emphasize actions that promote a healthy and positive TAF cycle.
23	Second Step	SEL	PreK –12 Staff	1	Second Step programs help students build social-emotional skills—like nurturing positive relationships, managing emotions, and setting goals
24	Signs of Suicide	Suicide prevention	Students in grades 6-12	1	SOS teaches students how to identify signs of depression and suicide in themselves and their peers, while providing materials that support school professionals, parents, and communities in recognizing at-risk students and taking appropriate action.

	EBP – programs/trainings	Focus/Short description	Target Audience for Delivery	Tier/Modality	Description/Services
25	Source of Strength	Suicide prevention	K-12 (separate programs for elementary and secondary)	1	Sources of Strength is a radically strength-based, upstream suicide prevention program with shown effectiveness in both preventative upstream and intervention outcomes. Sources of Strength has both an elementary and secondary model. Sources Secondary trains groups of Peer Leaders supported by Adult Advisors to run ongoing public health messaging campaigns to increase wellness and decrease risk in their schools. Sources Elementary is implemented as a universal classroom based Social Emotional Learning curriculum. The model incorporates the Sources of Strength protective factor framework, more robust language on mental health, and a prevention lens that many elementary SEL models lack.
26	Teen Mental Health First Aid (T-MHFA)	Mental health literacy	Teens in grades 10-12, or ages 15-18,	1	Teaches students how to identify, understand and respond to signs of mental health and substance use challenges among their friends and peers.
27	Tools of the Mind		PreK and K staff	1	Tools of the Mind is a research-based early childhood model combining teacher professional development with a comprehensive innovative curriculum that helps young children to develop the cognitive, social-emotional, self-regulatory, and foundational academic skills they need to succeed in school and beyond.
28	Classroom WISE	Mental health literacy		School Staff Training	Classroom WISE is a free self-guided online course focused on educator mental health literacy, informed by and co-developed with educators and school mental health professional across the United States

	EBP – programs/trainings	Focus/Short description	Target Audience for Delivery	Tier/Modality	Description/Services
29	Youth Mental Health First Aid (Y-MHFA)	Mental health literacy	Adults who regularly interact with young people	School Staff Training	Youth Mental Health First Aid, an 8-hour course, is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders.
30	Teacher WISE	Educator well-being	Teachers and school staff at all levels	School Staff Training	Helps educators assess their own well-being and personalize their learning with specific strategies that enhance their well-being
31	Be Strong Families Parent Cafes	Family relationships		Family Support and Education	Cafés are structured, small group conversations to facilitate transformation and healing within families, build community, develop peer-to-peer relationships, and engage parents as partners in the programs that serve them.
32	Chicago Parent Program	Parenting and family management	For parents of young children (2-8 years old)	Family Support and Education	12-session, video and group-based parenting skills training program that has been shown to improve parenting skills and confidence and reduce behavior problems in young children 2-5 years old

	EBP – programs/trainings	Focus/Short description	Target Audience for Delivery	Tier/Modality	Description/Services
33	Family Bereavement Program	Family Bereavement	Youth who are 8 to 18 years old who have lost a parent/caregiver and the surviving parent/caregiver	Family Support and Education	A community-based or clinical program, is designed to enhance parenting skills, teach helpful coping methods, foster constructive communication, and create and sustain healthy parent-child relationships following the recent death of a parent or caregiver through group sessions.
34	Family Check Up	Parenting and family management	Families with children ages 2 through 17	Family Support and Education	The Family Check-Up is a brief, strengths-based intervention effective for reducing children's problem behaviors by improving parenting and family management practices. An initial interview and a comprehensive assessment are used to gather information about the unique needs and strengths of the family. Providers use motivational interviewing to help parents identify areas of strength and areas of improvement.
36	Parent CRAFT- Community Reinforcement and Family Training	Substance Use	Families of teens or young adults	Family Support and Education	Community Reinforcement and Family Training, or CRAFT, is an approach to help parents and other caregivers change their child's substance use by staying involved in a positive, ongoing way.
37	Strengthening Families Program	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 training for parents and youth the first hour, followed by a joint family practice session the second hour.

	EBP – programs/trainings	Focus/Short description	Target Audience for Delivery	Tier/Modality	Description/Services
38	Strengthening Family Coping Resources (SFCR)	Trauma; PTSD	Families living in traumatic contexts	Family Support and Education	SFCR is a manualized, trauma-focused, skill-building intervention. It is designed for families living in traumatic contexts with the goal of reducing the symptoms of posttraumatic stress disorder and other trauma-related disorders in children and adult caregivers. SFCR provides accepted, empirically supported trauma treatment within a family format.