



**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**  
**45 Calvert Street, Annapolis, MD 21401**

**Zoom Meeting Link:**

<https://us06web.zoom.us/j/81232206952?pwd=L3vPyfQWmu5c8VPCXk7oB4zU4imzyN.1>

**Meeting ID:** 812 3220 6952 / **Passcode:** 540269 / **Dial in #:** (301) 715-8592

**August 12, 2024**

**10:00 AM – 11:45 AM**

**AGENDA**

- |  |   |
|--|---|
| 1. Call to Order   | Chair Rudolph   |
| 2. Approval of June 24 meeting minutes                   | Chair Rudolph   |
| 3. Consortium services grants update                     | Mark Luckner, Lorianne Moss, Thrive Behavioral Health (grantee) |
| 4. Consortium Hub pilots grants update                   | Mark Luckner, Lorianne Moss                                     |
| 5. Subcommittee updates                                  |   |
| • Framework Subcommittee – next Request for Applications | Sadiya Muqueeth   |
| • Data Subcommittee – current grant metrics              | Larry Epp, Perrin Robinson (National Center)                    |
| • Outreach Subcommittee – events, visitations, media     | Tammy Fraley  |
| • Best Practices Subcommittee – EBPs                     | Derek Simmons, Sam Reaves (National Center)                     |
| 6. AIB and legislative reports                           | Lorianne Moss   |
| 7. Announcements   | Chair Rudolph   |
| 8. Adjournment   | Chair Rudolph   |

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

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

**10:00 AM – 11:35 AM**

**CONSORTIUM MEMBERS IN ATTENDANCE**

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Erin McMullen, Maryland Department of Health | Chief of Staff
3. Mary Gable, Maryland State Department of Education | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy
4. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
5. Derek Anderson, Director of Community Schools, Maryland State Department of Education
6. Christina Bartz, Council on Advancement of School-Based Health Centers | Director of Community Based Programs, Choptank Community Health Systems
7. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
8. Tammy Fraley, Maryland Association of Boards of Education | Allegany County Board of Education
9. Dr. Donna Christy, Maryland State Education Association | School Psychologist, Prince George's County Public Schools
10. Gail Martin, Maryland Chapter of the National Association of Social Workers | Former Baltimore County Public Schools Team Leader, School of Social Work
11. Dr. Bradley Petry, Maryland School Psychologists Association | President
12. Ryan Moran, representative of the Maryland Medical Assistance Program | Deputy Secretary for Health Care Financing, Maryland Department of Health
13. Dr. Maureen Ponce, school counselor | President, Maryland School Counselor Association
14. Larry Epp, Ed.D, representative of the community behavioral health community with telehealth expertise | Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System
15. Gloria Brown Burnett, local Department of Social Services | Director, Prince George's County Department of Social Services
16. Michael A. Trader II, representative of local departments of health | Director of Planning, Quality, and Core Services, Worcester County Health Department

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

**WELCOME**

Chair Rudolph welcomed the group.

## **MEETING MINUTES**

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

## **UPDATE ON GRANT AWARDS**

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

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

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

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

## **NATIONAL CENTER FOR SCHOOL MENTAL HEALTH UPDATE**

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

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

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

### **BALTIMORE COUNTY VISITATION**

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

### **SUBCOMMITTEE UPDATES**

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

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

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

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

### **ADJOURNMENT**

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



# Maryland Consortium on Coordinated Community Supports

**General Meeting**

August 12, 2024

# Update on Consortium Services Grants

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# Status of current service provider grants

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- 129 proposals awarded on February 8, 2024
- \$111 million total
- Grant period March 1, 2024 – June 30, 2025
- 127 signed grant agreements returned to date
- 125 initial invoices processed for payment
- More than \$42 million processed for payment

# Service Providers Reporting Schedule

Date	Items Due
<b>March 29, 2024</b>	<ol style="list-style-type: none"> <li>1. Signed Grant Agreement returned to CHRC</li> <li>2. Initial Invoice (up to 40% of total award)</li> </ol>
<b>June 1, 2024</b>	<ol style="list-style-type: none"> <li>1. Progress report #1 (March 1 – April 30, 2024)</li> <li>2. MOU with LEA</li> </ol>
<b>August 1, 2024</b>	<ol style="list-style-type: none"> <li>1. <b>Progress Report #2</b> (May 1 – June 30, 2024)</li> <li>2. <b>Milestones &amp; Deliverables Report #1</b> (March 1 – June 30, 2024)</li> </ol>
<b>December 1, 2024</b>	<ol style="list-style-type: none"> <li>1. Progress report #3 (July 1 – October 31, 2024)</li> <li>2. Fiscal Reporting and Invoice #2 (for up to 40% of total award)</li> </ol>
<b>February 1, 2025</b>	<ol style="list-style-type: none"> <li>1. Progress Report #4 (November – December 31, 2024)</li> <li>2. Milestones &amp; Deliverables Report #2 (July 1 – December 31, 2024)</li> </ol>
<b>August 1, 2025</b>	<ol style="list-style-type: none"> <li>1. Final Progress Report #5 (January 1 – June 30, 2025)</li> <li>2. Final Milestones &amp; Deliverables Report #3</li> <li>3. Fiscal Reporting and Invoice #3</li> </ol>



# Service Providers August 1 reports

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- Grantees have submitted their second progress report narrative and first Milestones & Deliverables report covering March – June 2024.
- Status of services:
  - GREEN** – ALL services have begun – 38 grantees
  - YELLOW** – SOME services have begun – 54 grantees
  - RED** – NO services have begun – 37 grantees
- Barriers for grantees in red: MOU, staffing, training, school calendar, etc.

# Featured Grantee – Thrive Behavioral Health

THRIVE BEHAVIORAL HEALTH  
MEETING PEOPLE WHERE THEY ARE



1114 Benfield Blvd, Ste G  
Millersville, MD 21108  
(410) 780 – 5203 ext. 473



# Featured Grantee – Thrive Behavioral Health

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**5 grants** – Anne Arundel, Baltimore County, Frederick, Harford, Montgomery

## **Anne Arundel program:**

- Early Childhood
- Substance Use
- Family education and support groups
- School staff professional development
- Expansion of clinical services (fill gaps not reimbursable by Medicaid)

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

# Update on Consortium Hub Pilot Grants

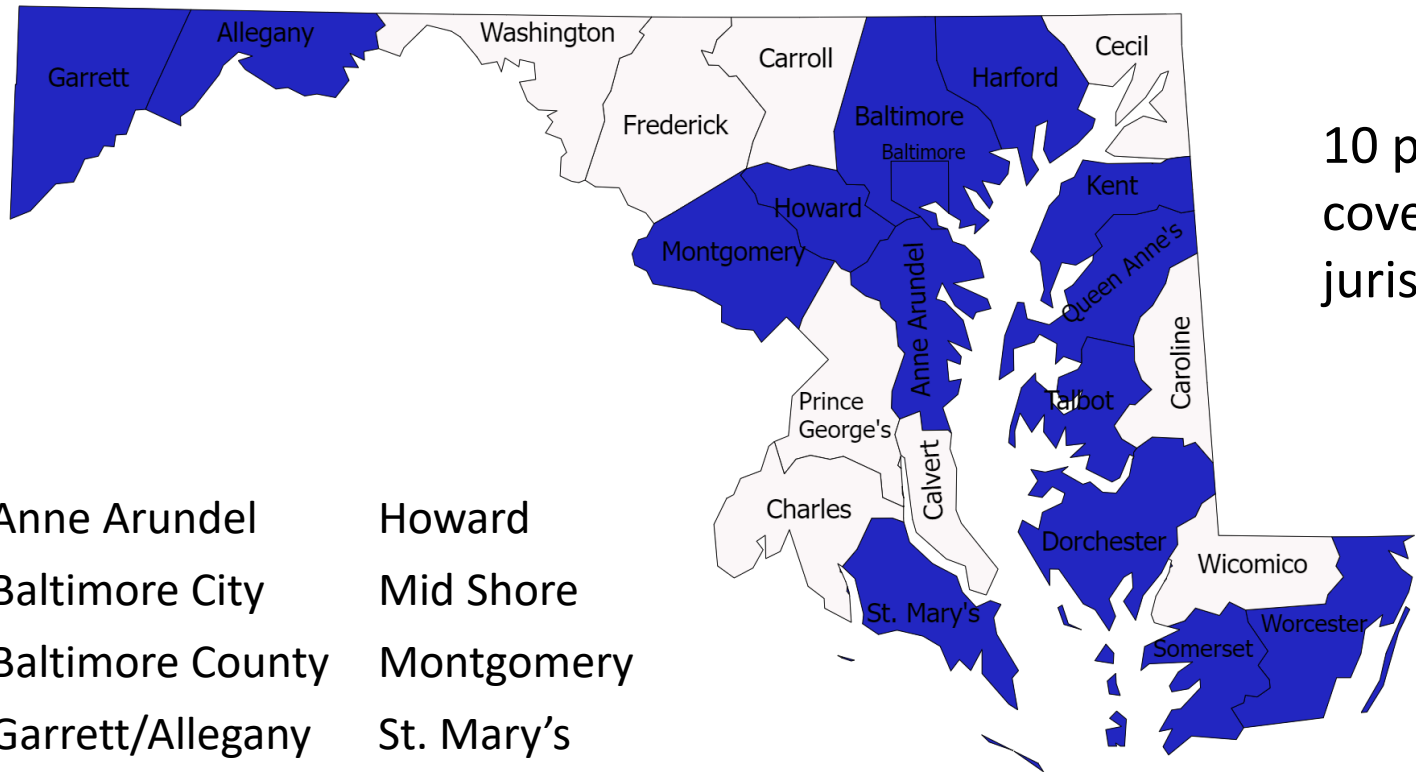
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# Status of current Hub pilot grants

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- 10 proposals awarded on March 19, 2024
- \$4,745,000 total
- Grant period April 1, 2024 – June 30, 2025
- All 10 signed grant agreements returned to date
- 7 initial invoices processed for payment
- Approximately \$1 million processed for payment

# Pilot Partnership Hubs: Geographic Distribution



10 pilot Hubs  
covering 15  
jurisdictions

- |                  |                    |
|------------------|--------------------|
| Anne Arundel     | Howard             |
| Baltimore City   | Mid Shore          |
| Baltimore County | Montgomery         |
| Garrett/Allegany | St. Mary's         |
| Harford          | Worcester/Somerset |

# Future duties of a Partnership Hub

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<b>Service Delivery</b>	<ul style="list-style-type: none"><li>• coordinate many partners</li><li>• all MTSS tiers</li><li>• ensure fidelity to best practices</li></ul>
<b>Fiduciary</b>	<ul style="list-style-type: none"><li>• receipt of grant dollars</li><li>• accountability for grant funds</li><li>• maximize third party billing</li><li>• leverage funds from other sources</li><li>• distribute funds to service providers</li></ul>
<b>Data</b>	<ul style="list-style-type: none"><li>• collect data from service providers</li><li>• report data to Consortium and CHRC</li></ul>

# Partnership Hub pilots - Deliverables

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



# Hub Pilots - update

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- Deliverables are designed to help Hub pilots apply to become full Community Supports Partnerships.
- Technical Assistance calls twice per month.  
Individual support.

# Subcommittee Updates

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# Framework Subcommittee

## Consortium Statutory Objectives

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- Support development of Coordinated Community Supports Partnerships to meet student behavioral health and other needs.
- Develop statewide framework for partnerships.
- Ensure supports are holistic and coordinated with other youth-serving agencies.
- Expand available supports by maximizing Medicaid, commercial insurance, etc. **Framework and Best Practices**
- Implement grant program to deliver services and supports.
- Evaluate provider reimbursement system. **Framework and Best Practices**

# Framework Subcommittee – Next Steps

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- Discuss requirements and timeline for next RFA
- Potential public comments to inform next RFA
- Promote sustainability, i.e., leveraging additional sources of funding

# Data Subcommittee Consortium Statutory Objectives

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- Develop accountability metrics.
- Use accountability metrics to develop best practices to deliver supports and services and maximize federal, local, and private funding.

# Data Subcommittee – Milestones & Deliverables Reports

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- Data metrics were selected with significant public input
- All grantees report standardized measures (unduplicated individuals served, Tiers, demographic data, staffing, staff training, outcomes, satisfaction)
- Grantees also report on customized measures related to their specific programs and EBPs
- National Center and CHRC staff met with each grantee individually to develop M&D templates and goals



# National Center for School Mental Health (NCSMH)

## Evaluation Update

Perrin Robinson  
Evaluation Manager, NCSMH

**Consortium Meeting**

**August 12, 2024**



# Evaluation Process

1. Mar 1–Jun 30, 2024
2. Jul 1–Dec 31, 2024
3. Jan 1–Jun 30, 2025

Coordinated Community Supports Grantee Monitoring Report - Standard Metrics						
Grantee Name:	Thrive Behavioral Health					
Grantee #:	C-24-006					
Jurisdiction:	Anne Arundel					
NOTE #1: Metrics that count "UNDUPLICATED" participants CANNOT count these same participants over different reporting periods. The "TOTALS" column for these metrics should sum only unduplicated participants (e.g., a participant counted in reporting period 1, CANNOT be counted again in reporting period 2 or 3.						
NOTE #2: The program data with its associated data source reported by the grantee on this M&D report is subject to audit by the CHRC.						
NOTE #3: CHRC will utilize output 1 for its "Total unduplicated individuals served" measure.						
(Do NOT alter or enter data into shaded cells)						
Domain	Output	Report Period #1 (MAR 1, 2024 - JUN 30, 2024)	Report Period #2 (JUL 1, 2024 - DEC 31, 2024)	Report Period #3 (JAN 1, 2025 - JUN 30, 2025)	TOTALS	Goal
1. TOTAL # of unduplicated students served	1. TOTAL # of unduplicated students served				0	5,565
2. # of unduplicated students served by tier	2a. # of unduplicated students served - Tier 1				0	1,980
	2b. # of unduplicated students served - Tier 2				0	1980
	2c. # of unduplicated students served - Tier 3				0	2,800
3. # of unduplicated	3a. # of unduplicated students who receive grant services - African American/Black				0	
	3b. # of unduplicated students who receive grant services - Asian or Pacific Islander				0	
	3c. # of unduplicated students who receive grant services - Hispanic/Latino/a/x/e				0	
	3d. # of unduplicated students who receive grant services - Middle Eastern/North African				0	

Page 1

Metrics

Report Period Values

Goals

Grantees submit **Metrics & Deliverables (M&D) Reports** after each report period.

- **M&D Definitions** informs grantee goals & reporting.
- Grantees submit reports via **SmartSheets portal** by due date.





# Evaluation Support



- **1:1 grantee meetings** to review M&D Template, M&D Definitions, Metrics Plan, and assessment.
- **Individual review** of all grantee M&D templates including goals, Metrics Plans, and assessment tools.
- Updating **M&D Definitions document** to anticipate and meet grantee needs.
- Ongoing **technical assistance** to grantees on data, reporting, and measurement.
- Developing **evaluation report** with March-June data examining cumulative, state-wide, and jurisdiction-level impact.



# Milestones & Deliverables – example grantee, sample metrics

**THRIVE BEHAVIORAL HEALTH**  
MEETING PEOPLE WHERE THEY ARE



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**Reporting period 1, March – June 2024**

<b>1. TOTAL # of unduplicated students served</b>	<b>1. TOTAL # of unduplicated students served</b>	<b>476</b>
<b>2. # of unduplicated students served by tier</b>	2a. # of unduplicated students served - Tier 1	<b>70</b>
	2b. # of unduplicated students served - Tier 2	<b>68</b>
	2c. # of unduplicated students served - Tier 3	<b>338</b>

# Milestones & Deliverables – example grantee, sample metrics

## Thrive Behavioral Health – reporting period 1, March – June 2024

<b>7. Satisfaction surveys</b>	7a. # of students completing satisfaction surveys	<b>74</b>
	7b. # of students reporting satisfaction with services	<b>67</b>
	7c. # of family members completing satisfaction surveys	<b>0</b>
	7d. # of family members reporting satisfaction with services	<b>0</b>
<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	<b>9</b>
	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	<b>3</b>

# Milestones & Deliverables – example grantee, sample metrics

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## Thrive Behavioral Health – reporting period 1, March – June 2024

<b>10. Tier 1 outcomes</b>	10a. # of individuals receiving Tier 1 supports who were then assessed using assessment tool or survey	<b>70</b>
	10b. # of individuals demonstrating desired outcome, using assessment tool or survey	<b>64</b>
<b>11. Tier 2 outcomes</b>	11a. # of individuals receiving Tier 2 supports who were then assessed using assessment tool or survey	<b>4</b>
	11b. # of individuals receiving Tier 2 supports demonstrating improvement in social, emotional, behavioral, or academic functioning, using the outcome assessment tool(s)	<b>3</b>
	11c. # of individuals receiving Tier 2 supports demonstrating no change	<b>1</b>
	11d. # of individuals receiving Tier 2 supports demonstrating deterioration	<b>0</b>

# Metrics plan, example grantee

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## 12. Tier 3 Outcomes

Please include: (1) a list of assessment tool(s) used; (2) minimum time interval between baseline and follow-up outcome assessment to report demonstrated improvement, no change, or deterioration; (3) whether assessments will be given to students, families, both, or other; and, (4) a definition of “improvement,” “no change,” and “deterioration” using the tool(s). Submit a copy of the tool(s) or survey(s) used to assess the effectiveness of the intervention if it is not on the pre-approved list.

- 1) PSC-17
- 2) At least one month apart from baseline to follow up
- 3) Assessments would be given to students, guardian or caregivers, or teacher or staff member
- 4) Improvement would be a decrease of 1 or greater on overall score, No Change is a change of 0 or less than a decrease or increase of 1. Deterioration would be an increase of 1 or greater.

# Data Subcommittee – Next Steps

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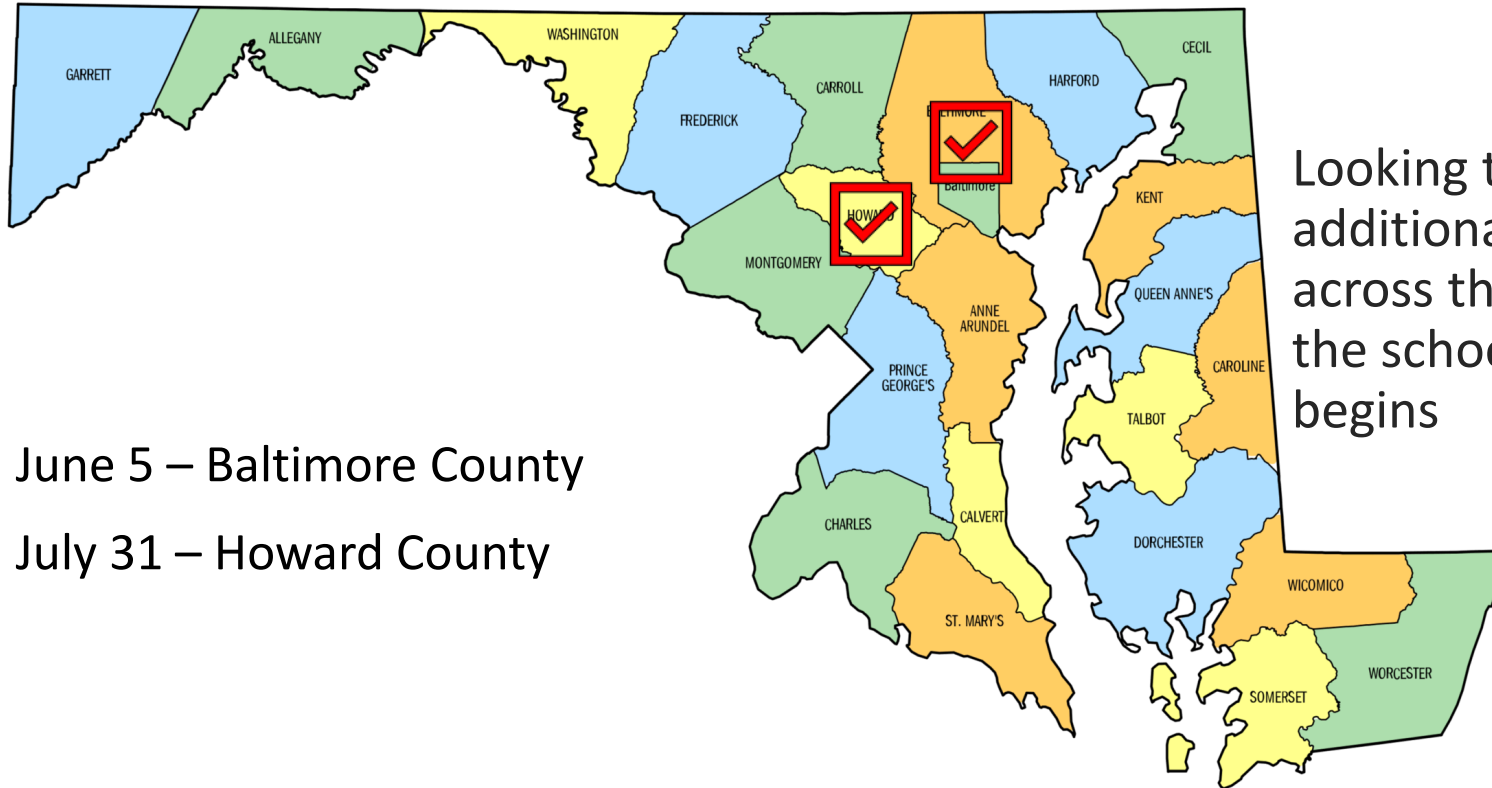
- Looking ahead, the Subcommittee will also focus on data system for Hubs and service providers.

# Outreach Subcommittee Consortium Statutory Objectives

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- Ensure geographically diverse plan to ensure access to services within 1-hour drive.

# Visitations to date



June 5 – Baltimore County

July 31 – Howard County

Looking to schedule additional events across the state as the school year begins



# Howard County visitation, July 31, 2024

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- County Executive Calvin Ball
- 7 members of Howard County legislative delegation
- Consortium members
- Local Management Board (Hub pilot)
- Howard County Public Schools
- 5 grantees (see next slide)

# Howard County visitation



**Backpack Healthcare**  
**\$1,100,000**

Substance Use Groups, monthly Wellness Workshops, self-care app for participants, and group and individual therapy



**Congruent Counseling**  
**\$225,000**

substance use disorder services, mental health interventions and education, parent support, and navigation to services and supports



**Parent Encouragement Program**  
**\$385,000**

parenting education through the PEP Family Resiliency Program



**BrainFutures**  
**\$1,000,000**

executive cognitive functioning enhancement to improve learning ability, increase school connectedness, and reduce negative mental health experiences through computer-based training and physical activities



Sheppard Pratt

**Sheppard Pratt**  
**\$2,250,000.**

individual and family therapy, early intervention groups, case management, psychiatric services, consultation with school staff and parents, client transportation



# Howard County Visitation



 Maryland Consortium on Coordinated Care  
45 Calvert Street, Room 336, Annapolis, MD 21401  
Wes Moore, Governor; Aruna Miller, Lt. Governor;  
David D. Rudolph, Chair; Mark Luckner, Executive Director

## Consortium Grants in Howard County

July 3, 2018



- County Executive Calvin Ball
- Senator Katie Fry Hester

# Howard County visitation



Chair Kasemeyer  
Chair Guzzone  
Sen. Hester  
Del. Ziegler  
Del. Ebersole  
County Executive Ball  
Del. Guzzone  
Del. Feldmark  
Sen. Lam



# Howard County visitation

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# Harford Boys & Girls Club visitation



July 15, 2024

Positive Action program to provide social-emotional skill building and character development

# Best Practices Subcommittee Consortium Statutory Objectives

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- Provide technical assistance to local school systems to support positive classroom environments and close achievement gaps.
- Provide expertise in best practices in delivery of behavioral health and wraparound services.
- Expand available supports by maximizing Medicaid, commercial insurance, etc. **Framework and Best Practices**
- Evaluate provider reimbursement system. **Framework and Best Practices**
- Develop best practices for positive classroom environment.

# Best Practices Subcommittee – Next Steps

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- Review Evidence Based Programs (EBPs)
- Potential public comments to inform EBPs for next RFA





# National Center for School Mental Health (NCSMH)

## Evidence Based Practices (EBP) Update

Dr. Samantha Reaves  
Evidence Based Practices Director, NCSMH

**Consortium Meeting**

**August 12, 2024**



## EBPs supported by the Consortium

Areas Addressed	Priority Evidence Based Practice
<p><b>Depression, Anxiety, Conduct Disorders, and Trauma Treatment</b></p>	<ul style="list-style-type: none"> <li>• <b>Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children &amp; Adolescents (UP-C, UP-A)</b></li> <li>• <b>Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)</b></li> <li>• <b>Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back</b></li> </ul>
<p><b>Suicide Prevention</b></p>	<ul style="list-style-type: none"> <li>• <b>Safety Planning (Stanley and Brown)</b></li> <li>• <b>Counseling on Access to Lethal Means (CALM)</b></li> </ul>
<p><b>Substance Use Prevention and Treatment</b></p>	<ul style="list-style-type: none"> <li>• <b>Adolescent Community Reinforcement Approach (A-CRA)</b></li> <li>• <b>Screening, Brief Intervention, and Referral to Treatment (SBIRT)</b></li> </ul>
<p><b>Prevention/Mental Health Awareness/Promotion</b></p>	<ul style="list-style-type: none"> <li>• <b>Botvin Life Skills</b></li> <li>• <b>Therapeutic Mentoring</b></li> <li>• <b>Youth Aware of Mental Health (YAM)</b></li> </ul>
<p><b>Academics</b></p>	<ul style="list-style-type: none"> <li>• <b>Student Check-Up</b></li> </ul>
<p><b>Parenting/Family Support</b></p>	<ul style="list-style-type: none"> <li>• <b>Circle of Security</b></li> <li>• <b>Chicago Parenting Program</b></li> <li>• <b>Family Check-Up</b></li> <li>• <b>Strengthening Families</b></li> </ul>

\*EBPs were identified through public comment & collaboration between the Best Practices Subcommittee, NCSMH, MSDE, & LEAs



## Training Updates and Process

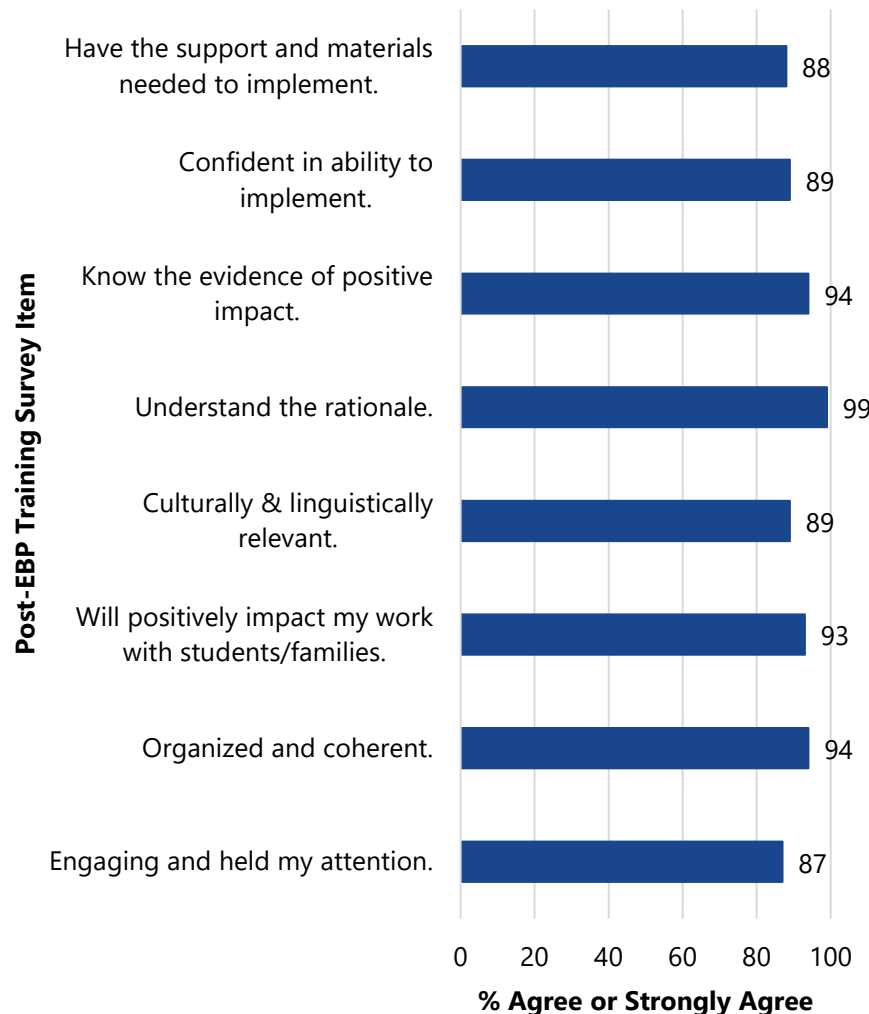
- **78 provider agencies requested training** in at least one of the 15 Priority EBPs.
- **69 agencies have signed up**; 63 have started their trainings.
- **371 community provider agency staff** have been trained in priority EBPs
- Training slots also available for school providers in 5 priority EBPs:
  - Safety Planning, CALM, Student Check-Up, CBITS/Bounce Back
  - 19 Jurisdictions indicated interest; registration underway
  - **109 school staff** have been trained in priority EBPs





# What EBP data is being collected?

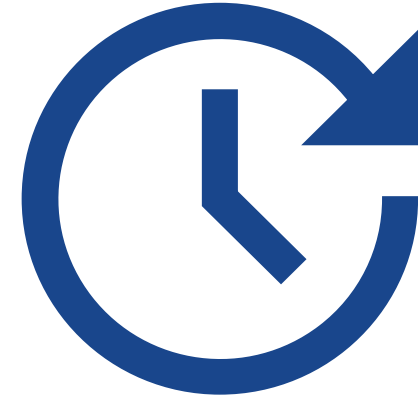
- **Post Training Feedback Survey**
  - Personal Information/Demographics Collected
  - Anonymous and Confidential Information Collected:
    - Satisfaction with Training
    - Cultural Responsiveness
- **Custom Metrics on M+D reports**
  - # of Youth/Families Served by EBP
  - Behavioral Health Outcomes by EBP
- **Implementation Support Calls**
  - Implementation Status
  - Fidelity Monitoring
  - Facilitators and Barriers
  - Cultural Responsiveness





## What's Next?

- Continue training
- Expand implementation support
- Rollout 3 EBPs for Schools
  - Pyramid Model - 2025
  - PAX Good Behavior Game – 3 trainings offered this fall
  - Mental Health Essentials – 6 trainings offered this fall (3 for school providers and 3 for coaches)
- Monitor feedback to provide recommendations to CHRC and inform next RFP



# Update on Consortium Reports

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# Legislative Report – July 1

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Due annually on July 1 to General Assembly, Governor, and AIB

Four requirements:

1. Activities of the Consortium;
2. Creation of Coordinated Community Support Partnerships & area served by each Partnership;
3. Grants awarded to Coordinated Community Support Partnerships; and
4. All other activities of the Consortium to carry out the requirements of authorizing statute.

Posted on our website:

[health.maryland.gov/mchrc/Pages/reports.aspx](http://health.maryland.gov/mchrc/Pages/reports.aspx)

# AIB Reports

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- All programs under the Blueprint are required to submit periodic implementation reports to the Blueprint Accountability and Implementation Board (AIB)
- Next Consortium implementation report due **August 15, 2024**
- Report template includes detailed questions on topic such as:
  1. Overall framework for community supports partnerships
  2. Focus of grants awarded to date
  3. Key successes and challenges
  4. Working with LEAs
  5. Timeline for future activities and grants
  6. Positive classroom environments
  7. Evaluation and data
  8. Maximizing other sources of funding