Maryland Coordinated Community Support Partnerships Hub Partnership Packet

Behavioral Health System Baltimore, Inc.

We are pleased to have Behavioral Health System Baltimore, Inc. as one of the **ten Pilot Partnership Hubs** of the statewide **Coordinated Community Support Partnership** effort. Your work during this pilot period is crucial for ensuring the future success of this historic investment in youth mental health in Maryland!

Contents

Background and Overview of the Initiative

Consortium on Coordinated Community Supports

In 2021, the Maryland General Assembly passed a landmark piece of legislation, The Blueprint for Maryland's Future (the Blueprint), which includes comprehensive changes to the state's public schools across five key policy areas: (1) Early Childhood Education; (2) High Quality and Diverse Teachers and Leaders; (3) College and Career Readiness; (4) More Resources to Ensure that All Students are Successful; and (5) Governance and Accountability.

The Blueprint (Chapter 36) required the formation of the **Maryland Consortium on Coordinated Community Supports**, a 25-person entity including, for example, representatives from various child-serving state and local departments, the legislature, and interest groups. Former Delegate David D. Rudolph serves as the Consortium's chair.

The primary purposes of the Consortium are to:
- Support the development of coordinated community support partnerships to meet student behavioral health needs and other related challenges in a holistic, non-stigmatized, and coordinated means
- Provide technical assistance to local school systems to support positive classroom environments to support positive classroom environments and close achievements gaps
- Provide expertise in developing best practices in the delivery of behavioral health and wraparound services

The Consortium has been meeting regularly since summer of 2022. In addition to meeting as a whole group, the Consortium's subcommittees (Framework, Design & RFP, Data Collection/Analysis & Program Evaluation; Outreach & Community Engagement, and Best Practices) also meet regularly. Previous and upcoming meeting materials are available on the [Consortium's webpage.](#)

[The Community Health Resources Commission (CHRC)](#), within the Maryland Department of Health, serves as the Consortium's fiscal agent and provides staff support for the Consortium. The Maryland General Assembly created the CHRC in 2005 to expand access to health care services in underserved communities across Maryland. The CHRC is an independent commission, whose 11 members are appointed by the Governor. Since its inception, the CHRC has awarded 695 grants totaling $126 million across every jurisdiction of the state.

[The National Center for School Mental Health](#) **(NCSMH)** at the University of Maryland School of Medicine is providing technical assistance across multiple components of this statewide effort. For over 25 years, the NCSMH has led training, research, practice, and policy efforts to advance school mental health across the country. The NCSMH has long partnered with the Maryland State Department of Education, the Maryland Behavioral Health Administration, and local communities to promote mental health and well-being for youth and families throughout Maryland.

Coordinated Community Support Partnerships

Coordinated Community Support Partnerships are comprised of Hubs and service providers. At full implementation, geographically-based Community Supports Partnerships will be established throughout the state. Each Partnership will consist of one Hub and several service providers.

- **Service providers** will provide behavioral health and related services and supports to students and their families.
- **Hubs** will have three primary responsibilities: (1) coordinate service providers, (2) act as a fiduciary by managing grants from the CHRC and awarding grants to service providers as subgrantees, and (3) collect and report data

The Consortium has identified four measurable goals of the program:
1. Expand access to high-quality behavioral health and related services for students and families
2. Improve student wellbeing and readiness to learn
3. Foster positive classroom environments
4. Promote sustainability through revenues from Medicaid, commercial insurance, hospital community benefits, and other sources

Hubs

The pilot period includes **10 Hubs** representing two types of organizations—local behavioral health authorities (LBHAs) and local management boards (LMBs):

Anne Arundel County LBHA	Howard LMB
Baltimore City LBHA	Mid-Shore LBHA (Dorchester, Kent, Queen Anne's, Talbot)
Baltimore County LBHA	Montgomery County LBHA
Garrett County LBHA (Garrett and Allegany)	St Mary's County LBHA
Harford County LBHA	Worcester County LMB (Worcester and Somerset)

The Hubs cover **15 jurisdictions** across the state, as displayed in the map below.
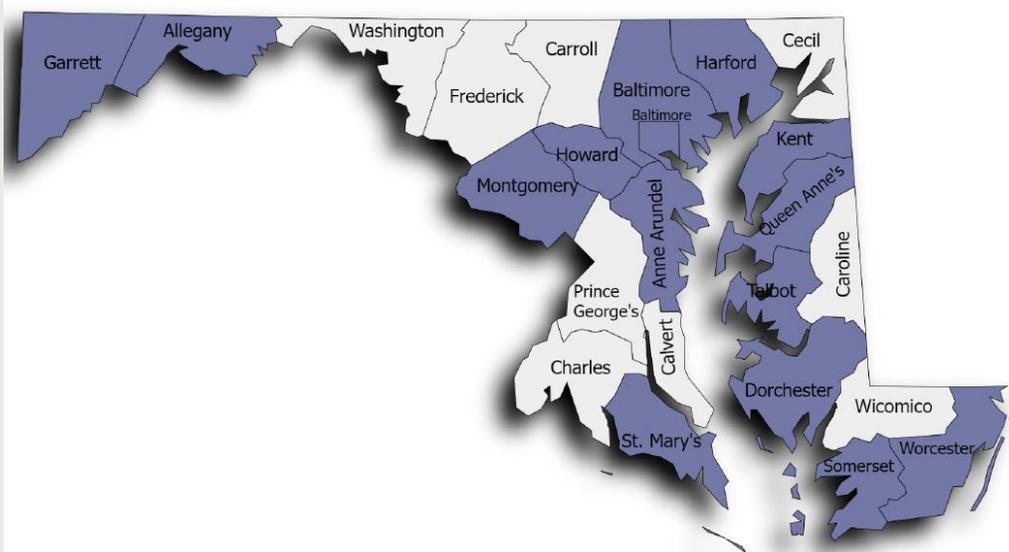
To help Hubs prepare for full implementation of Coordinated Community Support Partnerships, pilot Hubs are expected to participate in technical assistance meetings hosted by the CHRC and the NCSMH. This document outlines the topics for each meeting. These meetings will also support the completion of the following required **progress reports** and **deliverables**:

	August 1	November 1	March 1	August 1
Progress Report	Progress Report #1 (April 1-June 30, 2024)	Progress Report #2 (July 1-September 30, 2024)	Progress Report #3 (October 1 2024-January 31, 2025)	Progress report #4 (March 1-June 30, 2025)
Deliverables	• Hub governance roles and responsibilities	• Needs Assessment and Asset Map* • Service referral process • Potential staffing model and budget for future Partnership Hub	• Data sharing plan • Signed MOUs with schools and service providers	

*Completion of the School Mental Health Profile and School Mental Health Quality Assessment on the School Health Assessment and Performance Evaluation (SHAPE) System in collaboration with local education agencies is one of the components of the needs assessment and asset map deliverable. Please see the last page of this packet for more details on the SHAPE system.

Service Providers

As part of this initiative, 129 service providers across the state were awarded grants to provide behavioral health and related services and supports to students and their families. Service providers include both those who already offer school-based services, as well as those not currently operating in schools. Grantees must actively coordinate and partner with school districts and schools to support students and families.

Evidence-Based Practices (EBPs)

The implementation and delivery of **evidence-based practices (EBPs)** is a major component of the role of service providers within the coordinated community support partnerships. As part of the application process, service providers indicated which EBPs they will implement based on the needs of their program and population they will serve. Service providers that deliver one or more of the 15 "priority" EBPs will participate in statewide training and technical assistance coordinated by the National Center for School Mental Health.

The 15 priority EBPs fall across the three tiers of the Multi-Tiered System of Support (MTSS): Tier 1 (universal promotion/prevention), Tier 2 (early intervention), and Tier 3 (treatment). The tiers and associated priority EBPs are described in the subsequent pages.

Multi-Tiered System of Support

Based on a public health framework, prevention is an underlying principle at all three tiers, with Tier 1 focusing on promoting mental health and preventing occurrences of problems, Tier 2 focusing on preventing risk factors or early-onset problems from progressing, and Tier 3 focusing on individual student interventions that address more serious concerns and prevent the worsening of symptoms that can impact daily functioning. Professional development and support for a healthy school workforce as well as family-school-community partnerships are foundational elements that support the three tiers.
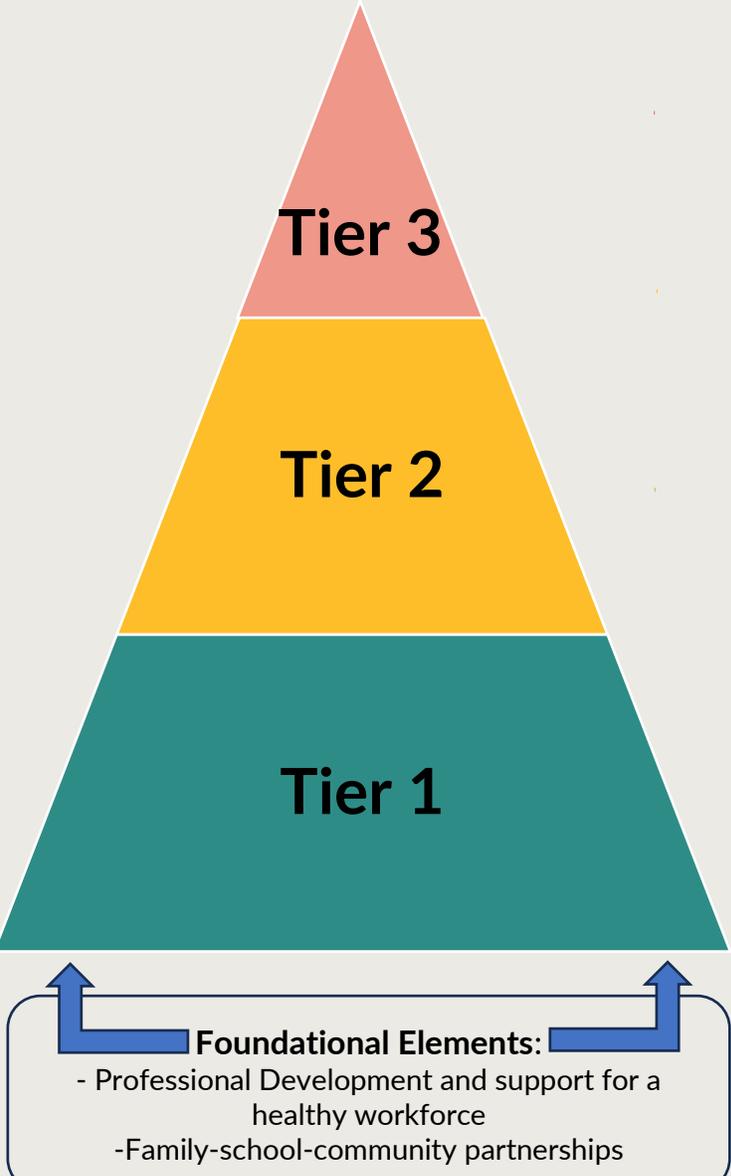
Tier 3: Mental health treatment, or Tier 3 services, address mental health concerns for students who are already experiencing significant distress and impaired functioning. These supports are individualized to specific student needs. School-employed mental health professionals and community organizations provide Tier 3 supports.

Examples: Individual, group, or family therapy for students who have been identified, and often diagnosed, with social, emotional and/or behavioral health needs.

Tier 2: Mental health early intervention, or Tier 2 services, support students who have been identified through a systematic, equitable process as experiencing mild distress, mildly impaired functioning or as at-risk for a given problem or concern.

Examples: small group-level interventions; mentoring; brief individualized interventions; low-intensity classroom-based supports

Tier 1: School mental health promotion for all, or Tier 1 supports, refers to all activities to foster positive social, emotional, and behavioral skills and well-being of all students, regardless of whether they are at-risk for mental health problems.

Examples: Schoolwide curricular lessons and grade-level or classroom presentations for all students; mental health literacy resources for educators and school staff.
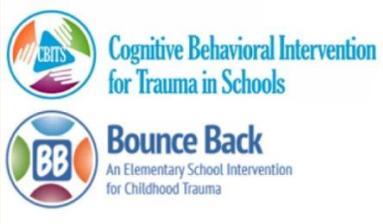
Foundational Elements:
- Professional Development and support for a healthy workforce
-Family-school-community partnerships

Tier 3 Interventions

Program/Training	Focus	Target Audience	Description
Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents (UP-C/UP-A)	Emotional disorders, including anxiety, depression, and traumatic stress	Ages 6-13, grades 1-8 (CP-C) Ages 13-17, grades 7-12 (UP-A)	Cognitive/behavioral therapy (CBT) focused on managing strong emotions
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	Anxiety, depression, disruptive behaviors, and traumatic stress	Ages 5-15, grades K-10	Cognitive/behavioral therapy (CBT) for students with anxiety, depression, trauma, or disruptive conduct disorders
Safety Planning Intervention (Stanley and Brown)	Suicide prevention	Ages 6-12, grades 1-6	Brief intervention to help to help those at-risk for suicide develop a list of coping strategies and sources of support
Counseling on Access to Lethal Means (CALM)	Suicide prevention	All ages	Counseling on reducing access to means of self-harm
Adolescent Community Reinforcement Approach (A-CRA)	Substance use disorder	Ages 12-24, grades 6-12	Cognitive/behavioral treatment to reinforce substance-free lifestyles

Tier 2 Interventions

Program/Training	Focus	Target Audience	Description
The Student Check-Up (Motivational Interviewing)	Behavior change	Ages 12 and up, grades 7-12	A semi-structured school-based motivational interview designed to help adolescents adopt academic enabling behaviors (e.g., participation in class), decrease risky behaviors, and engage in health-promoting behaviors.
Therapeutic Mentoring	Mentoring/ Modeling; Coping Strategies	Mentors who work directly with youth ages 21 and younger	Coaching for mentors to develop competencies of in mental health theory, research, and practice to ensure youth have access to high quality, strengths-based, culturally responsive, and effective mentors
SBIRT – **Screening, Brief Intervention, and Referral to Treatment**	Substance use disorder early intervention	Ages 9-18, grades 4-12	Screening, brief intervention, and referral to treatment for substance use disorders
Cognitive Behavioral Intervention for Trauma in Schools (CBITS) / **Bounce Back**	Post-traumatic stress reactions	Ages 11-18, grades 6-12 (CBITS) Ages 5-11, grades K-5 (Bounce Back)	Group and individual intervention to address symptoms of traumatic stress

Tier 1 Interventions

Program/Training	Focus	Target Audience	Description
Botvin LifeSkills	Substance use, coping skills, social skills, etc.	Ages 8-18, grades 3-12	Prevention program to help adolescents develop confidence and skills to successfully handle challenging situations
Youth Aware of Mental Health (YAM)	Suicide prevention, mental health literacy	Ages 13-17, grades 7-12,	Education and discussion about mental health to enhance peer support and reduce depression and suicidal behavior
Circle of Security	Strengthening attachment between caregivers/educators and children	Parents/caregivers and educators of children ages 0-5, grade preK	Promote secure attachment among caregivers
Strengthening Families Program	Family bonding; parenting	Families with children ages 7-17, grades 2-12	Family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems
Family Check Up	Parenting and family management	Families with children ages 2-17, grades PreK-12	A brief, strengths-based intervention for families to improve a range of emotional, behavioral, and academic outcomes
Chicago Parenting Program	Positive parenting, behavior problem reduction	Families with children ages 2-8, grades PreK-2	A parenting program created for parents of young children to strengthen parenting and reduce behavior problems in young children

Overview of Service Providers in Baltimore City

University of Maryland School of Medicine

Focus: Family- and educator-focused training, in-school universal interventions, after school mental health programming, School Mental Health Program (SMHP) connection, and partnerships with community-based organizations

Grade Level of Students to be Served: Pre-K, Elementary, Middle, High

Tier(s): 1, 2, 3

Evidence-Based Practices (# of Trainees):
- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC) (25)
- Chicago Parenting Program (CPP) (18)
- Strengthening Families Program (SFP) (8)
- Classroom Check-Up (not reported)
- Brief Intervention for School Clinicians (BRISC)

Award Amount: $970,000

Contact: Dr. Brittany Patterson
bpatterson@som.umaryland.edu (410) 706-8054

Hope Health Systems

Focus: Mental health consultations for school staff, prevention group sessions, awareness presentations, family outreach activities, and direct interventional services to students both at the school and at Hope Health System's offsite outpatient clinic locations

Grade Level of Students to be Served: Elementary, Middle, High

Tier(s): 1, 2, 3

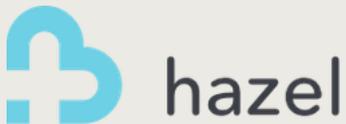**Evidence-Based Practices (# of Trainees):**
- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC) (23)
- Botvin LifeSkills (23)
- Cognitive Behavioral Therapy (CBT) + (not reported)

Award Amount: $2,700,000

Contact: Wunmi Fadiora-Adediji
wunmif@hopehealthsystems.com (410) 944-4673

Hazel Health

Focus: Telehealth services for students and families both in school and at home

Grade Level of Students to be Served: Pre-K, Elementary, Middle, High

Tier(s): 2, 3

Evidence-Based Practices (# of Trainees):
- Stanley-Brown Safety Planning Intervention (40)

Award Amount: $1,500,000

Contact: Maria Jose Norero
mariajose@hazel.co (415) 308-7341

Baltimore Medical System Inc.

Focus: Assessment and treatment for anxiety and depression, substance use, suicide prevention, small groups support, student and family linkage to wraparound services, and mental and behavioral health care referrals, delivered through school-based health centers (SBHCs)

Grade Level of Students to be Served: Elementary, Middle, High

Tier(s): 1, 2, 3

Evidence-Based Practices (# of Trainees):
- Stanley-Brown Safety Planning Intervention (12)
- Therapeutic Mentoring (TM) (30)
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) (12)
- Bounce Back (4)
- Teen Mental Health First Aid (not reported)

Award Amount: $1,300,000

Contact: Dr. Arlene Tyler
arlene.tyler@bmsi.org (410) 732-8800

The United Way of Central Maryland, Inc.

Focus: Parenting coaching; family supports; individual, group, and family therapy; and wraparound supports, with a focus on teen grades parents

Grade Level of Students to be Served: High

Tier(s): 2

Evidence-Based Practices (# of Trainees):
- Circle of Security (2)

Award Amount: $240,000

Contact: Shelley Hallman
Shelley.Hallman@uwcm.org (410) 895-1513

Johns Hopkins University School of Medicine Rales Center

Focus: Suicide prevention efforts, address mood disorders, and provide family supports, coordinated through the applicant's school-based health center (SBHC)

Grade Level of Students to be Served: Elementary, Middle, High

Tier(s): 1, 2, 3

Evidence-Based Practices (# of Trainees):
None reported

Award Amount: $635,000

Contact: Kate Connor
Kconno14@jhmi.edu (667) 306-8310

Johns Hopkins School of Medicine Department of Pediatrics and Psychiatry & Behavioral Sciences, and the Johns Hopkins Hospital

Focus: Suicide prevention

Grade Level of Students to be Served: Elementary, Middle, High

Tier(s): 1,2,3

Evidence-Based Practices (# of Trainees):
- Stanley-Brown Safety Planning Intervention (20)
- Counseling on Access to Lethal Means (CALM) (20)
- Signs of Suicide (not reported)

Award Amount: $300,000

Contact: Leticia Manning Ryan, MD, MPH
Lryan17@jhmi.edu (667) 306-8310

Boys and Girls Club of Metropolitan Baltimore

Focus: Social-emotional skill building and character development through after-school activities

Grade Level of Students to be Served: Elementary, Middle

Tier(s): 1

Evidence-Based Practices (# of Trainees):
None reported

Award Amount: $290,000

Contact: Nakita Clark
Nclark@bgcmetrobaltimore.org (410) 637-3838

The Y in Central Maryland

Focus: Peer support groups, family supports, and social support for children and families

Grade Level of Students to be Served: Middle, High

Tier(s): 1, 2

Evidence-Based Practices (# of Trainees):
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) (4)
- Youth Aware of Mental Health (YAM) (10)
- Student Check-Up (1)

Award Amount: $1,900,000

Contact: Diara Jackson // Jasmine Crovador
Diarajackson@ymaryland.org // jasminecrovador@maryland.org
(410) 804-2200

T.I.M.E Organization

Focus: Expanded in-school therapy and psychiatric services, care coordination and navigation, workshops and support groups for families, therapeutic summer camp programs, and teacher training and support groups, focusing on English Language Learners (ELL)

Grade Level of Students to be Served: Pre-K, Elementary, Middle, High

Tier(s): 1, 2, 3

Evidence-Based Practices (# of Trainees):
- Therapeutic Mentoring (TM) (5)
- Strengthening Families Program (SFP) (6)

Award Amount: $1,650,000

Contact: Ditte Moeller
dmoeller@timeorganization.org (240) 687-0157

Sarah's House Mental Services, LLC

Focus: Peer support training for parents, wraparound services for families, and family and individual therapy

Grade Level of Students to be Served: Elementary, Middle, High

Tier(s): 1, 2, 3

Evidence-Based Practices (# of Trainees):
- Family Check-Up (6)
- Families in the Driver Seat Intensive Parent-Trainer Training Program (not reported)
- Families in the Driver Seat (not reported)

Award Amount: $525,000

Contact: Dr. Paul Archibald
Parchibald@sarahshousemhs.com (410) 977-0211

The SHAPE System

[The School Health Assessment and Performance Evaluation (SHAPE) System](#) is a public-access, web-based platform that offers schools, districts, and states/territories a workspace and targeted resources to support school mental health quality improvement. The National Center for School Mental Health (NCSMH), in partnership with the field, developed the SHAPE System to increase the quality and sustainability of comprehensive school mental health systems. SHAPE houses the School Mental Health Profile and the School Mental Health Quality Assessment (SMH-QA).

The School Mental Health Profile collects information related to multi-tiered services and supports, staffing, financing, and data systems. **The SMH-QA** assesses seven key components of a school mental health system, including teaming, needs assessment/resource mapping, screening, tier 1 services and supports, tier 2/3 services and supports, funding and sustainability, and impact.

As part of the **needs assessment and asset map deliverable**, Hubs will work collaboratively with their local education agencies to complete the School Mental Health Profile and the SMH-QA.

Using SHAPE to Inform Your Role as a Hub

Identify
- School Mental Health Strengths
- School Mental Health Challenges/Gaps
- Existing Hub resources that could augment/complement LEA resources
- Areas for opportunities to work together

SHAPE Status in *Baltimore City*

As of July 2024, Baltimore City has not completed the School Mental Health Profile and completed the School Mental Health Quality Assessment in 2023. The NCSMH recommends full completion on an annual basis.

SHAPE Account Admin Contact: Ashley Collins (alcollins01@bcps.k12.md.us)

Key SHAPE Resources

- **SHAPE Walkthrough Videos** show how to register for the SHAPE System and navigate major features for each account type, including [Individual](#), [District](#)
- Printable versions of the [School Mental Health Profile](#) and [School Mental Health Quality Assessment](#)
- The [School Mental Health Quality Assessment Domain and Indicator One-Pager](#)
- **The School Mental Health Quality Guide Series** provides background information, best practices, action steps, examples from the field, and resources guidance on each domain: [Teaming](#), [Needs Assessment and Resource Mapping](#), [Screening](#), [Mental Health Promotion Services and Supports (Tier I)](#), [Early Intervention and Treatment Services and Supports (Tier II & III)](#),[Funding and Sustainability](#), and [Impact](#).
- [**Who Should Be on Your SHAPE Team?**](#) provides examples of people who could be on a SHAPE team and contribute to completion of the School Mental Health Profile and SMH-QA

The NCSMH is available to support your Hub with using the SHAPE System.
Please contact Taneisha Carter (tacarter@som.umaryland.edu)