

The Consortium for Coordinated Community Supports is soliciting feedback as it prepares the Request for Applications (RFA) for the next round of grants, to be issued in December 2024. CBH is sharing a copy of its draft response with members below to solicit input and feedback. [Survey responses are due by 5:00 PM on October 18](#), so members should share feedback with Shannon Hall no later than October 17 COB.

1. Funding range

Should the next RFA include a funding range and/or maximum award level for service providers? If so, what should that be?

CBH Response: No position.

2. Guidance to LEAs

What guidance should the Consortium/CHRC give to Local Education Agencies who will be asked to issue letters of support for service provider applicants?

A consistent process is implemented across all 24 jurisdictions. CBH recommends the following steps be included in a consistent, statewide process for letters of support:

- Use a standardized template for each service provider/applicant to submit to an LEA. This template will be uniformly used across all 24 jurisdictions to request a letter of support.
- Any applicant who have previously had funding from either the LEA or the local behavioral health authority (LBHA) within the last three years to support school mental health services in the jurisdiction
- There should be a deadline for LEAs to confirm they will/will not provide a LOS to a service provider
- By signing a letter of support, the LEA acknowledges and understands that if the service provider is awarded funds, and MOU will be required by a date certain, and the project/program will be implemented in their jurisdiction.
- Once a letter of support has been issued, LEAs should not be allowed to subsequently rewrite the scope of the grantee's work once Consortium grants have been awarded.
- A clear understanding of the steps to guide the Hubs on how to engage with service providers.

3. Service quality

Under a full Community Supports Partnership model, local Hubs will coordinate the services and select the providers in their jurisdiction(s), rather than the CHRC. How should the Consortium/CHRC continue to ensure the quality of services offered under this model?

CBH recommends that quality measures be determined at the Consortium level, not by individual Hubs or schools in order to promote transparency, reduced administrative burden, and consistency in the Consortium's ability to measure the result of funds invested. To that end, providers funded by the Consortium should be required to measure transdiagnostic symptom change among children using the Pediatric Symptom Inventory (PSC-17), which will allow consistent measurement across Consortium-funded and Medicaid-funded programs for the largest school mental health grantees. If appropriate based on the child's diagnosis, use of PHQ-9 and GAD-7 should be incentivized through each hub reimbursing

each provider \$5.00 for each PSC-17, PHQ-9 or GAD-7 assessment reported during the preceding period.

4. EBPs

The previous RFP included a list of 15 Priority Evidence-Based Programs (EBPs) for grantees to implement. What EBPs should be included in the next Consortium RFA and why? New and existing EBPs may be considered. The Consortium will consider EBPs across all Tiers of the Multi-Tiered System of Supports. Please include your reasoning for suggesting an EBP. More information about Priority EBPs can be found [HERE](#).

CBH recommends that the list of EBPs include measurement-based care (MBC), a recognized evidence-based practice. An underlying framework of MBC will allow the Consortium to measure outcomes achieved regardless of the specific intervention-oriented EBP deployed in each school.

5. Required EBPs?

If the Consortium/CHRC were to require that ALL grantees implement at least one EBP from a short menu, which EBP(s) would you recommend? Why?

The use of measurement-based care as a required EBP provides a framework for reporting outcomes across client severity and the modality or specific type of intervention. For this reason, CBH recommends that the Consortium require grants to implement measurement-based care, if requirements allow grantees to build out MBC in alignment with their accreditation and other payer requirements.

6. EBPs for school staff

In addition to community providers, the Consortium provides training and implementation support to school-employed staff in selected EBPs. Which EBPs do you recommend the Consortium make available for school-employed staff? More information about EBPs for school-employed staff can be found [HERE](#).

Maryland state law requires schools to have training on youth suicide risk (MD Code, Education, § 6-122) and Mental Health First Aid and crisis response (MD Code, Education, § 6-704.1). CBH recommends that the Consortium make available trainings on both topics, including specific EBPs on these topics such as:

- **Assessing Suicide in Kids (ASK):** Training teaches parents and caregivers how to assess suicide risk in children by recognizing warning signs and starting open conversations. It provides crucial tools to protect young lives and connect kids to the help they need.
- **Youth Mental Health First Aid (YMHFA):** Taking a suicide prevention course like Youth Mental Health First Aid equips families with the tools to recognize warning signs and offer support during a crisis. It empowers them to respond effectively, helping save lives and fostering a safer, more understanding community.
- **Teen Mental Health First Aid (TMHFA):** This is essential for youth because it equips them with the knowledge and skills to recognize signs of mental health challenges in themselves and their peers. By fostering early identification and encouraging supportive conversations, it helps prevent crises, reduces stigma, and promotes a culture of care and understanding. Empowering teens with these tools can lead to earlier interventions,

Consortium Response

healthier coping strategies, and stronger community bonds, contributing to their overall well-being and resilience during a critical stage of development.

7. Other/Open ended

What other changes do you recommend for the Consortium's next RFA?

CBH Response: