REQUEST FOR EXPRESSIONS OF INTEREST

Baltimore City Community Supports Partnership

Release Date: December 19, 2025

Pre-Proposal Conference: December 23, 2025, at 11:00 a.m.

Proposals Due: January 16, 2026 at 5:00 p.m.

Anticipated Contract Start: July 1, 2026

Issued by:

Behavioral Health System Baltimore, Inc.
100 South Charles Street, Tower II, 8th Floor
Baltimore, Maryland 21201

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Baltimore City Community Supports Partnership

OVERVIEW OF THE PROJECT

Overview of BHSB

Behavioral Health System Baltimore, Inc. (BHSB) is a non-profit organization that serves as the Local Behavioral Health Authority (LBHA) on behalf of Baltimore City and operates in this role under the authority of the Maryland Department of Health (MDH). BHSB is responsible for planning, managing, and monitoring resources, programs, and policies within the larger Medicaid fee-for-service system, as well as services directly funded by BHSB through private and public grants. We use our knowledge of what services are available and how to structure system resources to meet the unique needs of the communities we serve.

BHSB envisions a city where people live and thrive in communities that promote and support behavioral health and wellness. We are committed to building a system of care that serves all community members in need of services. We work to ensure that the most appropriate care is provided, taking into consideration family and community differences.

Description of Project

The Community Supports Partnership ("CSP") is a statewide project for students from kindergarten through high school that aims to establish partnerships in all jurisdictions across Maryland to advance the following goals:

- Expand school-based behavioral health services
- Improve student readiness
- Create positive learning environments
- Support sustainability through data-driven practices

The Maryland Community Health Resources Commission (CHRC) serves as the state's fiscal agent for the statewide CSP project, and the National Center for School Mental Health (NCSMH) provides ongoing technical assistance.

The Baltimore City Community Supports Partnership ("BC CSP") is part of the statewide CSP project. BC CSP is tasked with building a network of comprehensive behavioral health services and supports in community and school settings that is available to all students enrolled in Baltimore City Public Schools and their families.

On December 10, 2025, the CHRC released a [Request for Applications (RFA)](#) for fiscal year 2027. The CHRC has invited BHSB to apply under Track 1, which means that BHSB will apply through the RFA for grant funding to support:

1. Activities BHSB will perform as the Hub for the BC CSP, which includes managing funding, partners, and data; overseeing service delivery; and fostering cross-sector collaboration to improve youth well-being and educational outcomes

2. Behavioral health services as described in the Scope of Service of this document

BHSB is issuing this Request for Expressions of Interest (REOI) to seek expressions of interest from qualified providers to provide behavioral health and related services for students and families in Baltimore City as described in the Scope of Service. Through the REOI process, BHSB will select proposals to include in the application it submits to the CHRC in response to the RFA. The CHRC will make final selection and funding decisions. Organizations that are considering responding to this REOI are encouraged to read the CHRC's [RFA](#).

The timeline for this REOI is very tight. It is very important that respondents ensure they submit all required information. Proposals submitted after the due date/time will not be considered.

Scope of Service

Focus Population

All services will be delivered to students and families in Baltimore City. Providers must be able to demonstrate their experience working with the focus population, which includes:

- School-age youth
- Families and caregivers of school-age youth
- Baltimore City schools

Service Delivery Requirements

All services must be delivered in one of the following locations in Baltimore City:

- public schools (including charters)
- some nonpublic special education schools
- early childhood programs (Judy Centers, Head Start)
- after-school program locations

It is preferred that services for youth be delivered during school hours, although wraparound services may be delivered after school hours. Services for families and caregivers may be delivered during or after school hours.

Selected respondents will be required to execute a Memorandum of Understanding (MOU) with Baltimore City Public Schools ("City Schools") before services can be initiated. They will also be expected to collaborate closely with City Schools on an ongoing basis.

Multi-Tiered System of Supports

The BC CSP will include services from each of the three tiers described below. Respondents must specify on their application which tier(s) their proposed service(s) will address. Respondents may—but are not required—to offer services in more than one tier.

- o **Tier 1:** Behavioral health-related activities that are designed to meet the needs of all students, regardless of whether they are at risk for mental health challenges. For example, this may include universal promotion/prevention activities that address schoolwide climate or support social-emotional skills.

- o **Tier 2:** Behavioral health activities that address the behavioral health concerns of students who are experiencing mild distress, functional impairment, or are at risk for a given problem or concern. For example, this may include early intervention activities for students at-risk of negative behavioral health outcomes using approaches that support students' specific needs and take into account individual differences, family dynamics, and community context.

- o **Tier 3:** Behavioral health activities that address behavioral health concerns of students who are already experiencing significant distress and functional impairment. This includes individualized treatment for students with significant needs. Services should be responsive to each student's specific needs, taking into account individual differences, family dynamics, and community context.

Respondents that are selected to provide Tier 2 and/or Tier 3 services must be able to bill and receive reimbursement for behavioral health services from Medicaid. They will be required to complete the Maryland Department of Health enrollment application by May 1, 2025 if they are not already a Medicaid provider.

Identified Needs

Respondents must address one or more of the following needs in their program design:

1. Wraparound services for students and families
2. Behavioral health education
3. Family support
4. Professional development and support for teachers and schools
5. Individualized prevention, intervention and treatment services and supports

Please refer to the *FY27 Baltimore City CSP Gap Analysis* (Attachment A of this document) for detailed information on unmet needs that will be prioritized for this REOI.

Types of Services

This REOI seeks proposals for a range of different types of services for students and families. Examples of programming that may be supported include:

- School-wide preventative and mental health literacy programming
- Individual, group, and family therapy
- Wraparound, navigation and case management services
- Substance Use Disorder services
- Trauma-informed care
- Telehealth services
- Suicide prevention
- Early childhood interventions
- Therapeutic mentoring
- Therapeutic summer camps
- Crisis stabilization and response
- Peer supports
- Behavioral health education, support, and navigation for families
- Support groups
- Psychiatric care and medication
- Addressing dating/sexual violence
- Grief support
- Positive classroom environments
- Educator training programs
- Nature-based wellness programs
- Depression and anxiety services
- Provider participation in school meetings (e.g., IEP, disciplinary, etc.)
- Executive functioning

Please refer to [Wraparound Supports](#) (Appendix K of the CHRC's [RFA](#)) for more information on how CSP funding may be used for wraparound supports.

Evidence-Based Practices and Other Strategies

The CHRC and/or the National Center for School Mental Health Selected respondents will facilitate evidence-based practice (EBP) implementation support calls on a quarterly basis. Selected respondents be expected to participate in these 60-minute calls.

Priority EBPs

All EOIs should include one or more of the following priority EBPs in their program design. Please refer to [Evidence-Based Practices Menu for Coordinated Community](#)

[Supports Partnerships 2026-2027](#) (Appendix F of the CHRC's [RFA](#)). This appendix outlines CHRC's priority EBPs and specifies the tier(s) to which each EBP corresponds.

- Adolescent Community Reinforcement Approach (ACRA)
- Botvin Life Skills
- Botvin Life Skills Parent Program
- Chicago Parenting Program
- Circle of Security
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) / Bounce Back
- Counseling on Access to Lethal Means (CALM)
- Family Check Up
- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCHADTC)
- Safety Planning Intervention (Stanley and Brown)
- SBIRT – Screening, Brief Intervention, and Referral to Treatment
- Therapeutic Mentoring
- The Student Check-Up (Motivational Interviewing)
- Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents (UP-C/UP-A)
- Youth Aware of Mental Health (YAM)

Other Recommended EBPs:

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

Other EBPs and Strategies

Respondents may also incorporate EBPs not included on either of the above the lists and/or other strategies in their proposed program design. Respondents proposing to use another EBP or other strategy must demonstrate that:

- It is supported by evidence to impact targeted 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).

- It addresses and fits the unique strengths, needs, and dynamic context of students and families to be served.

- It is responsive to the identified needs noted in the above section of this document.

- The respondent has adequate resources and staffing capacity to meet training and qualification requirements, implementation standards, and ongoing coaching.

- Implementation will be monitored for fidelity.

Measurement-Based Care Learning Community

Measurement-based care is an approach where providers systematically collect and use patient-reported data throughout treatment to guide clinical decisions. Selected respondents that offer Tier 2 and/or Tier 3 services will be required to participate in a Measurement Based Care Learning Community, which will include training, free resources, ongoing consultation, and peer learning.

Data and Evaluation

Selected respondents will be required to attend a metrics orientation and 1:1 meetings with BHSB, CHRC and NCSMH staff to discuss data collection. Respondents must demonstrate the capacity to collect and report data required by the CSP and Consortium. Service provider grantees will be required to report standardized data to BHSB and the CHRC.

Reporting Requirements

Selected respondents will be required to track individual students for reporting metrics and submit quarterly reports documenting activities, process measures, outcomes, deliverables and standardized data measures by the 15th day after the close of each quarter. For information on FY26 reporting requirements, refer to the Milestones & Deliverables Guide (Appendix G of the CHRC's RFA).

Selected respondents may be required to meet with BHSB, the CHRC and/or the NCSMH to develop templates for data reporting and/or ongoing data support.

Selected respondents will be required to report the following standardized data measures:

Unduplicated students

unduplicated students served – total

unduplicated students served by Tier 1, 2, 3

unduplicated students served by race/ethnicity

unduplicated students served by gender

unduplicated students served by grade level (pre-k, elementary, middle, high)

unduplicated schools attended by students served

Satisfaction surveys

# of students completing surveys

# of students satisfied

# of family members completing surveys

# of family members satisfied

unduplicated new staff positions

unduplicated school staff trained and assessed for competency

Custom measures specific to the selected EBP(s) and/or assessment tool

unduplicated who received services

unduplicated who completed pre-assessment

unduplicated who completed intervention

unduplicated who completed post-assessment

unduplicated who demonstrated improvement

unduplicated who demonstrated no change

unduplicated who demonstrated desired outcome

Staffing Requirements

- Staff/individuals working on this project must have relevant experience and knowledge to meet the needs of the people who will be served within the scope of the project.

- If providing a clinical Tier 2 or Tier 3 service, providers must possess the appropriate license. It is preferred that the mental health professional staff hold either a Licensed Certified Social Worker-Clinical (LCSW-C) or Licensed Clinical Professional Counselor (LCPC) license in Maryland, allowing them to practice independently.

- Mental health professional staff may also hold a Licensed Master Social Worker or Licensed Graduate Professional Counselor license and practice within their scope if receiving supervision by an LCSW-C or LCPC.

Funding Availability

Through this REOI process, BHSB will select proposals to include in the application it submits in response to the RFA released by the CHRC. The CHRC will make final selection and funding decisions.

The CHRC has not set parameters for award amounts but has shared that the average award amount to service providers during the last round of CSP grants was approximately $750,000.

Selected respondents may be eligible for renewal, contingent on funding availability and performance.

Grant funds may not be used to supplant current funding for school behavioral health services and supports.

Selected respondents providing Medicaid-billable services will be required to bill Medicaid and use grant dollars for activities that are not billable.

Permissible Use of Funds

Examples of permissible uses of grant funding under this REOI include, but are not limited to:

- Staff salaries and fringe benefits
- IT hardware and software, including software/platform for outcomes measurement and measurement-based care
- Supplies
- Marketing materials
- Travel/mileage/parking related to grant activities
- Training and professional development (Note: Training and materials for Priority EBPs will be supported by the NCSMH and should not be included in respondents' budgets. Staff time for training, including training in Priority or other EBPs, should be included in the staff salaries section of the budget.)
- Subcontractors
- Other expenses such as Incentives for program participants, translation/interpretation services, etc.
- Indirect costs

Unallowable Costs

The following are not permissible uses of grant funds:

- Direct support to families to address social determinants of health (e.g., emergency funds, rent assistance, food assistance, etc.)
- Fees for student participation in extracurricular activities without a behavioral health focus, including sports
- Field trips without a behavioral health focus
- Somatic (physical) health services
- Academic and vocational supports
- Depreciation expenses
- Major equipment or new construction projects
- Clinical trials
- Lobbying or political activity

- Pre-award costs and expenses

Risk Assessment

BHSB completes a risk assessment as part of the procurement process. Respondents should be sure to provide the most recent available versions of all requested documentation in their response to this REOI.

Contracting with BHSB

Through the REOI process, BHSB will select proposals to include in the application it submits to the CHRC in response to the [RFA](). The CHRC will make final selection and funding decisions. Respondents that are selected for funding will enter into a contractual agreement with BHSB. Following a notification of selection, BHSB will issue a Letter of Award that provides details about the contract and the process for executing it. The selected respondents will be required to submit a new budget on BHSB's budget forms, which will be reviewed for allowable costs under the grant.

Please note that respondents may be asked to change their budgets and/or details of their proposals even if the proposal was selected for funding. Respondents new to BHSB's contract process are encouraged to review relevant forms available on our website here: https://www.bhsbaltimore.org/for-providers/forms-for-providers.

Contract Type and Payment

The contract and payment type that will result from this procurement are described below. Respondents are encouraged to consider whether their organization will be able to operate with this payment mechanism before applying for these funds.

Cost Reimbursement – Actual Expenditures contract

- Vendor receives payment after costs are incurred and reported. Payment is based on the costs reported for a specific period.

BHSB issues payments once per month. Respondents should note that submitting required documents and reports late can result in delayed payment.

Contract Monitoring and Technical Assistance

Selected respondents will be required to submit regular program and financial reports to BHSB using an electronic contract management system. BHSB will review these reports to monitor progress and contract compliance throughout the contract term.

Program reports include an update on progress toward deliverables (e.g., number of people served, number of services delivered, etc.). Some program reports may also require organizations to attach a data report with additional information (e.g., consumer demographic information, process and/or outcomes data, etc.). BHSB

monitors progress on these reports throughout the contract term and may offer technical assistance and support if deliverables are not on track to be met.

Financial reports are required to generate payment and involve submitting actual expenditures or invoices (depending on the contract type) and to monitor spending compared to the budget or award amount. If organizations are spending more or less than expected awarded throughout the contract term, BHSB may offer technical assistance and support to ensure the funding covers the contract term fully, and BHSB may reduce funding if all funds are not likely to be expended by the end of the contract term.

Please note that submitting program or financial reports late can result in delayed payment.

Verification of Services

BHSB audits all contracts to review whether the requirements set forth in the contract were completed as reported and that relevant federal, state, and local regulations were followed. This generally occurs after the conclusion of the contract period. Audits may be conducted remotely through a review of documents submitted to BHSB or on-site at the organization's location. Failure by vendors to comply with the terms of any contract with BHSB may result in the denial of future contracts with BHSB.

Respondents should be aware of best practices in documenting both programmatic and financial activities to aid in an efficient audit.

OVERVIEW OF REOI

Purpose of REOI

BHSB is seeking expressions of interest from qualified providers to provide behavioral health and related services for students and families as described in the Scope of Service. Through the REOI process, BHSB will select proposals to include in the application it submits in response to the RFA. The CHRC will make final selection and funding decisions.

Eligibility

Through the REOI process, BHSB will select proposals to include in the application it submits in response to the RFA. The CHRC will make final selection and funding decisions.

To be eligible for consideration in this REOI, respondents must meet all of the relevant eligibility criteria outlined below.

1. **All respondents must submit:**

   - **Letter of support** from Baltimore City Public School ("City Schools")
     Steps to request a letter of support:
     - o Write an abstract describing your proposed program, including:
       - ▪ Services the funds would support or continue to support during FY27
       - ▪ How the services will address one or more of the identified needs in the Scope of Service
       - ▪ How the program will determine/measure participation
       - ▪ What will be asked of City Schools staff for the proposed program
     - o Submit the abstract to the Office of Health and Specialized Student Services, c/o Ashley Collins, alcollins01@bcps.k12.md.us
     - o City Schools will provide letters of support to selected organizations after review.
   - **Certificate of Good Standing** from the Maryland Department of Assessments and Taxation.
     - o The certificate **must be dated within one year** of the REOI submission due date.
     - o **Screenshots from the MDAT website will not be accepted**.

2. **Respondents that currently receive grant funds from BHSB or did receive grant funds in prior years must have:**

- No outstanding financial audits

- No money owed to BHSB

- No current Corrective Action Plans (CAP) for which the respondent has not met identified targets more than two years beyond the date the CAP was issued.

- No more than one (1) Accountability Compliance Audit in the two fiscal years preceding the current fiscal year that reflects unresolved deficiencies.

Proposal Timeline and Specifications

1. Timeline

Release Date:	December 19, 2025
Pre-Proposal Conference:	December 23, 2025, at 11 a.m.
Proposal Due:	January 16, 2026, at 5:00 p.m.
Anticipated Contract Start:	July 1, 2026

2. Pre-Proposal Conference

Date: December 23, 2025 **Time**: 11:00 a.m.

Location: Microsoft Teams meeting - Join on your computer or mobile app

Click here to join the meeting [Baltimore City Community Supports Partnership Request for Expressions of Interest Pre-Proposal Conference](#)

Or call in (audio only): **Dial in by phone**

[+1 443-819-0973,,27724612#](#) United States, Bel Air

[Find a local number](#)

Phone conference ID: 277 246 12#

Please join five minutes early to leave time to troubleshoot. If you have any problems accessing the meeting, please contact [Procurements@BHSBaltimore.org](#).

Questions related to this REOI will be answered at the Pre-Proposal Conference. Questions posed during the conference and BHSB's responses will be posted on BHSB's website at https://www.bhsbaltimore.org/for-providers/funding-opportunities/ by January 5, 2026.

Individuals who attended the Pre-Proposal Conference will be notified by email when questions and answers are posted on BHSB's website.

Questions received after this conference cannot be answered.

3. Proposal Due Date, Time, and Location

BHSB uses Survey Monkey Apply (SM Apply) to manage applications. All proposals must be submitted through this system. Respondents must register with the system ahead of time and submit narrative and supporting documents directly through the system. You are able to save your application and continue working on it before submitting it. BHSB encourages all respondents to test this system well in advance of submitting proposals.

Respondents can access SM Apply here: https://bhsb.smapply.org/

All proposals must be received no later than **5:00 pm EST on January 16, 2026**. All submitted proposals become the property of BHSB. If you are having technical troubles related to submitting your proposal, contact BHSB before the due date/time at Procurements@BHSBaltimore.org.

Proposals submitted after the due date/time cannot be considered.

4. Authorized Contact

Respondents are advised that the authorized contact person for all matters concerning this REOI is Ashley Coston, whose contact information is listed below.

Ashley Coston, Procurement Lead
Email: Procurements@BHSBaltimore.org

5. Anticipated Service Term: July 1, 2026 – June 30, 2027, with possible options to renew annually pending availability of funding and performance.

Award of Contract

The submission of a proposal does not, in any way, guarantee an award. Through this REOI process, BHSB will select proposals to include in the application it submits in response to the RFA. The CHRC will make final selection and funding decisions.

BHSB will enter into a contract with selected respondents following the notification of award. All selected respondents must comply with all terms and conditions applicable to contracts executed by BHSB.

BHSB is not responsible for any costs incurred related to the preparation of a proposal in response to this REOI. BHSB reserves the right to withdraw an award prior to execution of a contract with a selected respondent in BHSB's sole and absolute discretion.

REOI Postponement/Cancellation

BHSB reserves the right to postpone or cancel this REOI, in whole or in part.

FORMAT AND CONTENT OF PROPOSAL

Proposal Instructions

- Respondents must submit all required information using Survey Monkey Apply (SM Apply) accessible here: https://bhsb.smapply.org/. We recommend you start your application early so you know what to expect with the system.

  Respondents must include all required appendices and respond to all questions.

  Late proposals will not be considered.

- Generative artificial intelligence (AI) tools are becoming increasingly prevalent. While AI is a helpful tool, it is important to ensure that proposals reflect authentic responses and realistic service delivery plans.

- It is the policy of BHSB to adhere to the rules and regulations in the Health Insurance Portability and Accountability Act (HIPAA), which require appropriate safeguards to protect the confidentiality, integrity, and security of all protected health information. No proposals submitted in response to this REOI should include individually identifiable health information.

  For more information, please refer to the Guide to IT Privacy and Security of Electronic Health Information: https://www.healthit.gov/topic/privacy-security-and-hipaa/health-it-privacy-and-security-resources-providers.

Proposal Narrative Outline and Rating Criteria

The outline below shows the information being requested for applications and how points will be awarded during the review. Use SM Apply to submit your proposal. See the instructions for more information about how to submit proposals.

Organizational Capacity (15 points)

- Provide an overview of your organization, including its history, mission, structure, and governance, and describe your experience delivering behavioral health services 1) to children and adolescents and 2) in schools, including the length of time.

- How does your organization ensure that services are delivered in a way that values all people and their experiences and meets the needs of each person

served, taking into account individual differences, community context, and regional characteristics?

- Provide the name, email address, and phone number of the Project Director, and describe the qualifications and licensure of key staff. How does your organization ensure that staff deliver services in a way that values all people and their experiences and meets the needs of each person served, taking into account individual differences, community context, and regional characteristics?

- Describe your organization's experience managing programs similar to this project, meeting contractual deliverables and obligations (including any contracts with BHSB), and your capacity to manage the programmatic and financial requirements of this grant.

- Describe your existing capacity to bill Medicaid and any barriers to Medicaid billing, and please provide your Medicaid provider number if applicable. (Note: Medicaid billing is not a prerequisite, but organizations selected to provide Tier 2 and/or Tier 3 services will be required to submit documentation that they have applied to be a Medicaid provider by May 1, 2026.)

- How does your organization address challenges related to hiring and retaining staff?

Program Design (25 points)

- Describe the services your organization will provide. Which evidence-based practice(s) (EBP) listed in the Scope of Service will you use? How will you integrate them into programming? What other strategies will your organization use? Describe how these strategies meet the requirements listed in *Other EBPs and Strategies* of the Scope of Service.

- Describe the population to be served and how your program will address one or more of the *Identified Needs* in the Scope of Service.

- Describe how the services will address the holistic needs of children and families, including medical needs and social determinants of health (i.e., non-medical factors that strongly influence health outcomes).

- How will your organization meet EBP training and implementation requirements?

Program Plan (15 points)

- To what extent is your organization ready to start service delivery in the first quarter of the school year? What date will services begin?

- Complete the Unduplicated Students, Families and Schools by Tier form and submit it. Briefly describe your methodology for developing the estimates

you entered on the form and how you will ensure students are not counted more than once.

- Where will services be provided? If applicable, list the schools that will receive services, explain the reasoning for selecting these schools, and describe any commitment(s) from schools to make confidential spaces available. Will certain sub-groups of students/families within those schools be prioritized? If so, why, and how will you prioritize those sub-groups? If services will not be provided in a school building, describe how your organization will facilitate access to services (e.g., transportation, etc.).

- What times and to whom during the day will services be provided (e.g., students, families, and/or teachers respectively)? If applicable, describe any commitment(s) from schools to permit students to receive services during these times. Will services be provided over the summer?

- How will referrals be made to the program?

- How will your organization promote services to families and school staff?

Coordination and Integration (10 points)

- How will the proposed program integrate with existing behavioral health services and supports for the focus population and the identified schools? How will the proposed program avoid duplication?

- How will school staff be involved in the implementation of the program? How will student information be shared with school staff?

- Describe all of the other partners (besides school staff) that will be involved in your organization's program, including referral partners. Describe the processes and organizational structures that will be put into place to ensure that the partnership(s) are effective.

- How will your proposed program integrate with services provided by the respective Community School(s), and how does the program respond to the Community School Needs Assessment(s)? (Note: All schools in Baltimore City are Community Schools. Please refer to Attachment B of this document for a complete list of all Baltimore City schools and programs.)

Engagement with Families and Communities (10 points)

- Describe how input from youth, families and community members helped shape your organization's program design.

- How will your organization collect feedback from youth, families, and community members and incorporate it into future programming?

- How will your organization involve parents and families in service delivery?

Ability to Demonstrate Measurable Outcomes (15 points)

- Describe your organization's capacity to manage data and outcomes reporting. What data systems will you use?

- How will your organization meet the expectations described in the *Reporting Requirements* section of the Scope of Service? How will you ensure that the counts of individuals and/or families served are unduplicated?

- Which validated assessment tools will your organization use to demonstrate impact?

- Describe how your organization currently conducts self-assessments as part of continuous quality improvement efforts.

- How will your organization measure student and family satisfaction?

Project Budget and Budget Justification (10 points)

- Submit a budget and budget narrative using the templates created by the CHRC. You may add or remove rows as applicable.

- Which services will be eligible for Medicaid reimbursement? Which services are not billable? How will any awarded grant funds complement anticipated Medicaid revenues? How are any anticipated Medicaid revenues accounted for in the proposed budget (i.e., budget does not request grant funding for portions of FTEs that will be funded through anticipated Medicaid revenues)?

- If applicable, what other sources of funding will support your organization's existing and proposed services, and how will the funding be braided with funds awarded through the REOI? Will you offer a sliding scale fee schedule? Will you bill private commercial insurance? If so, will grant funds be used to pay co-pays to private insurers according to an income-based sliding scale fee schedule?

Appendices

Current CSP grantees must attach:

- Copy of Milestones & Deliverables Quarter 2 Report (October – December 2025)

All respondents must attach:

- Estimated Unduplicated Students, Families and Schools by Tier

- Letter of support from Baltimore City Public Schools

- Abstract that was submitted to Baltimore City Public Schools

- Budget Form Template for Track 1 & 3 Service Provider

- Budget Narrative Template for Track 1 & 3 Service Provider

- Organizational chart
- Certificate of Good Standing from the Maryland Department of Assessments and Taxation. Please note that:
    - The certificate **must be dated within one year** of the REOI submission due date.
    - **Screenshots from the MDAT website <u>will not</u> be accepted**.
- [Grant Obligations and Assurances](#)
- [Legal and Financial Disclosures Form](#)
- [IRS Federal Form W9](#)
- Any relevant behavioral health program license(s)
- Most recent final Financial Audit package, including Findings and Management Letter from an independent auditor (preferred) OR a recent unaudited Income Statement **AND** Balance Sheet. If an audit is not available, please upload a statement detailing why.
- Most recent IRS 990 – Return of Organization Exempt from Income Taxes, **OR** if an IRS 990 form is not required to be filed, the most recent Business Tax Return

ATTACHMENTS

Attachment A: FY27 Baltimore City CSP Gap Analysis

<u>Baltimore City Gap Analysis</u>

Following the completion of the needs assessment and asset mapping processes in FY 25, five areas of unmet needs were identified, including:

- Wraparound services
- Behavioral health education
- Family support
- Professional development & support
- Individualized prevention, intervention, & treatment services and supports

Wraparound Services

An analysis of quantitative data collected from Maryland Public School's Report Card revealed that in 2024, Baltimore City Public Schools served a total of 76,807 students in Pre-K to grade 12, of which 6% experienced homelessness, 14% were English learners, 15% were disabled, 72% were economically disadvantaged and received Free and Reduced Meals (FARMS), and 74% were served by the Title I program[1].

This grant will not support direct funding for activities such as extended learning, field trips, tutoring, somatic health services, vision, dental services, etc., that fall within the Community Schools' definition of wraparound. It will also not support direct funding for models that are reimbursable through Medicaid and the 1915(i) program. Instead, programs funded by this Grant and the Partnership model should help to educate and connect families to resources for high intensity wraparound support. Wraparound Services and Supports funded under this grant must meet the following criteria:

- Limited to students with identified behavioral health challenges, or at significant risk, and their families

- When appropriate, it should be connected to traditional behavioral health services

- Ineligible for reimbursement through Medicaid, the Developmental Disabilities Administration (DDA), or other State support (e.g., not Targeted Case Management (TCM), TCM+, or High-Fidelity Wraparound models)

- Must involve schools in planning and/or implementation

Behavioral Health Education

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[1] Maryland School Report Card, Maryland State Department of Education

The data collected during FY 25 highlight an urgent need to expand access to Tier I and Tier II educational initiatives and services intended to prevent further escalation in rates of mental health challenges, substance use, bullying, and reduce the use of exclusionary disciplinary practices among youth. Youth Risk Behavior Survey (YRBS) data collected during 2022-2023 revealed that 48.4% of middle and high school students in Baltimore City have been bullied on school property, 79.2% have felt sad or hopeless almost every day for more than 2 weeks, 46.8% have experienced thoughts of suicidal ideation, 20.4% currently drank alcohol, and 25.5% were currently using marijuana[2]. Additionally, there is a clear need to increase parents' and caregivers' mental health literacy and awareness of behavioral health services available to both students and their families.

Family Support

Youth Risk Behavior Survey (YRBS) data collected during 2022-2023 revealed that 22% of high school students reported they lived with a parent/guardian who has a mental illness such as, anxiety, severe depression, or suicidal ideation, and 20% reported they lived with a parent/guardian who has a problem with alcohol or drug use. When compared to middle school students in Baltimore City, the same rates were 20% and 14%, respectively. Additionally, 17.5% of high school students and 21% of middle school students in Baltimore City reported they've been separated from a parent/guardian because they went to jail, prison, or a detention center. Notably, 42.2% of middle school students in Baltimore City reported they've seen someone physically attacked, beaten, stabbed, or shot in their neighborhood. This rate is highest for males (46.3%) and Black students (45.8%)[3]. The data outlined above further underscores issues related to household instability, exposure to community violence, and untreated behavioral health issues in parents/caregivers, as well as the need for targeted initiatives that integrate trauma-informed practices, social-emotional support, and family and community engagement strategies. In alignment with the Baltimore City Public School District's priorities for the CSP, additional family support services, including navigation assistance, peer support groups, outreach, and education, will be sought out through this funding.

Professional Development & Support

Further analysis of the data collected in FY 25 highlighted a need for increased professional development and support for school staff, across key areas such as trauma-informed principles; effective classroom management; identifying, understanding, and responding to a wide range of students' behavioral health needs, and implementation of effective de-escalation techniques.

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[2] Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS), Maryland State Department of Education

[3] Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS), Maryland State Department of Education

Individualized Prevention, Intervention & Treatment Services and Supports

The rate of suicide in Baltimore City has increased by about 33% from 2020 to 2022. A Community Resident Survey recently conducted by the Baltimore City Health Department revealed that the cost of care was the greatest barrier to achieving and maintaining good health. Roughly one in five residents in Baltimore City live below poverty level. The rate of poverty across the lifespan is highest for Baltimore City youth at age five (30%), followed by ages 12 to 14 (28.4%), and ages 6 to 11 (27.9%). Notably, 23.6% of households in Baltimore City are receiving SNAP benefits, while 24% of households that are eligible are not receiving the benefits[4]. Additional data from the 2020 Maryland BRFSS reveal 31% of noninstitutionalized adults in Baltimore City who are over the age of 18 have experienced a minimum of three adverse childhood experiences (ACEs)[5]. Experiencing traumatic events early in life is positively correlated with a two-to five-fold greater likelihood of attempting suicide and a two-to four-fold increased risk for early initiation into illicit drug use[6]. When compared to students who have not experienced any ACEs, those who have are more likely to experience poor academic achievement, grade repetition, and increased special education support, further underscoring the need for implementing culturally responsive and trauma-informed interventions to prevent this trajectory[7].

Youth Risk Behavior Survey (YRBS) data from 2022-2023 highlight concerning trends, including elevated rates of hopelessness and suicidal ideation among female students (middle school:46.5% and 35.6%; high school:53.7% and 28.2%) and students of multiple races (middle school:59.1% and 35.6%; high school:52.5% and 32.4%). The data also reveal increasing rates of substance use, and low levels of perceived support, given that 39.7% middle school students reported they felt they could talk to a friend, most of the time or always, and 36.9% of high school students reported they felt they could speak to an adult in their family or another caring adult about their feelings[8]. Additional data reported in 2023, related to Public Behavioral Health Services (PBHS) for children in Baltimore City, suggest potential gaps in identifying individuals eligible for receiving needed support following early childhood (birth to age 6). The data also show variations in the rates of utilization by age group and service type. Notably, individuals aged 13 to 17 had the highest

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[4] 2024-2025 Community Health Assessment, Baltimore City Health Department

[5] 2020 Maryland Behavioral Risk Factor Surveillance System, Maryland Department of Health

[6] The Role of Adverse Childhood Experiences in Substance Misuse and Related Behavioral Health Problems, Substance Abuse and Mental Health Services Administration (SAMHSA)

[7] Association Between Adverse Childhood Experiences and Academic Performance Among Children and Adolescents: A Global Meta-Analysis, Qu G, Shu L, Liu H, Ma S, Han T, Zhang H, Huang C, Wang J, Yang L, Sun Y

[8] Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS), Maryland State Department of Education

utilization of psychiatric emergency room services (n=696) as well as inpatient psychiatric hospitalizations (n=372)[9].

According to Maryland State Department of Education (MSDE) data collected from 2023-2024, African American students accounted for 83.6% of all in-school suspensions, 89% of all out-of-school suspensions and expulsions, and 100% of student arrests, further highlighting disparities linked to race. When compared to female students, male students have a suspension rate that is 24.3% higher, an out-of-school suspension and expulsion rate that is 10.3% higher, and an arrest rate that is 25% higher, suggesting disparities related to gender. Furthermore, students with disabilities account for 19.5% of in-school suspensions, 27% of out-of-school suspensions and expulsions, and 18.8% of student arrests, highlighting disparities related to disability status[10][11].The data outlined above highlight a pressing need for additional support that meets each individual student's comprehensive needs. Additional support should also focus on building rapport/trust with students, and address both individual and systemic-level disparities linked to race, disability status, gender, grade level, and socioeconomic factors.

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[9] Annual Report on Behavioral Health Services for Children, Maryland Department of Health

[10] Suspensions By School and Major Offense Category In-School and Out-of-School Suspensions and Expulsions Maryland Public Schools 2023-2024, Maryland State Department of Education

[11] Maryland Public Schools Student Arrest Data School Year 2023 – 2024, Maryland State Department of Education

Attachment B: Community Schools and Programs in Baltimore City

(listed in Appendix L of the CHRC's FY27 [RFA](RFA))

ABBOTTSTON ELEMENTARY

ACADEMY FOR COLLEGE & CAREER EXPLORATION

ACHIEVEMENT ACADEMY AT HARBOR CITY

ARLINGTON ELEMENTARY/MIDDLE

ARMISTEAD GARDENS ELEMENTARY/MID

ARUNDEL ELEMENTARY/MIDDLE

AUGUSTA FELLS SAVAGE INSTITUTE OF VISUAL ARTS

BALTIMORE CITY COLLEGE HIGH

BALTIMORE COLLEGIATE SCHOOL FOR BOYS

BALTIMORE DESIGN SCHOOL

BALTIMORE INTERNATIONAL ACADEMY

BALTIMORE INTERNATIONAL ACADEMY WEST

BALTIMORE LEADERSHIP SCHOOL FOR YOUNG WOMEN

BALTIMORE MONTESSORI PUBLIC CHARTER SCHOOL

BALTIMORE POLYTECHNIC INSTITUTE

BALTIMORE SCHOOL FOR THE ARTS

BARCLAY ELEMENTARY/MIDDLE

BARD HIGH SCHOOL EARLY COLLEGE BA

BAY-BROOK ELEMENTARY/MIDDLE

BEECHFIELD ELEMENTARY/MIDDLE

BELAIR-EDISON SCHOOL, THE

BELMONT ELEMENTARY

BENJAMIN FRANKLIN HIGH AT MASONVILLE

BILLIE HOLIDAY ELEMENTARY SCHOOL

BOOKER T WASHINGTON MIDDLE

CALLAWAY ELEMENTARY

CALVIN M RODWELL ELEMENTARY

CARVER VOCATIONAL-TECHNICAL HIGH

CECIL ELEMENTARY

CHARLES CARROLL BARRISTER ELEMENTARY

CHERRY HILL ELEMENTARY/MIDDLE

CITY NEIGHBORS CHARTER ELEMENTARY

CITY NEIGHBORS HAMILTON

CITY NEIGHBORS HIGH

CITY SPRINGS ELEMENTARY/MIDDLE

CLAREMONT SCHOOL

CLAY HILL PUBLIC CHARTER SCHOOL

COLLINGTON SQUARE ELEMENTARY/MIDDLE

COMMODORE JOHN ROGERS ELEMENTARY

CONNEXIONS: A COMMUNITY BASED ART SCHOOL

COPPIN ACADEMY

CREATIVE CITY P UBLIC CHARTER SCHOOL

CROSS COUNTRY ELEMENTARY

CURTIS BAY ELEMENTARY/MIDDLE

DALLAS F NICHOLS SR ELEMENTARY

DICKEY HILL ELEMENTARY/MIDDLE

DIGITAL HARBOR HIGH

DOROTHY I. HEIGHT ELEMENTARY SCHOOL

DR BERNARD HARRIS ELEMENTARY

DR NATHAN A PITTS-ASHBURTON ELEMENTARY

EAGER STREET ACADEMY

EDMONDSON-W ESTSIDE HIGH

ELMER A. HENDERSON: A JOHNS HOPKINS SCHOOL

EMPOWERMENT ACADEMY

EXCEL ACADEMY @ FRANCIS M WOOD HIGH

FALLSTAFF ELEMENTARY/MIDDLE

FEDERAL HILL PREPARATORY ACADEMY

FOREST PARK HIGH

FORT WORTHINGTON ELEMENTARY/MIDDLE

FRANCIS SCOTT KEY ELEMENTARY/MIDDLE

FRANKLIN SQUARE ELEMENTARY/MIDDLE

FREDERICK DOUGLASS HIGH

FREDERICK ELEMENTARY

FURLEY ELEMENTARY

FURMAN L TEMPLETON ELEMENTARY

GARDENVILLE ELEMENTARY

GARRETT HEIGHTS ELEMENTARY/MIDDLE

GEORGE WASHINGTON ELEMENTARY

GLENMOUNT ELEMENTARY/MIDDLE

GOVANS ELEMENTARY

GRACELAND PARK/ODONNELL HEIGHTS

GREEN STREET ACADEMY

GWYNNS FALLS ELEMENTARY

HAMILTON ELEMENTARY/MIDDLE

HAMPDEN ELEMENTARY/MIDDLE

HAMPSTEAD HILL ACADEMY

HARFORD HEIGHTS ELEMENTARY

HARLEM PARK ELEMENTARY/MIDDLE

HAZELWOOD ELEMENTARY/MIDDLE

HIGHLANDTOWN ELEMENTARY/MIDDLE 237

HIGHLANDTOWN ELEMENTARY/MIDDLE 215

HILTON ELEMENTARY

HOLABIRD ELEMENTARY/MIDDLE

JAMES MCHENRY ELEMENTARY/MIDDLE

JOHN RUHRAH ELEMENTARY/MIDDLE

JOHNSTON SQUARE ELEMENTARY

JOSEP H C. BRISCOE ACADEMY

KATHERINE JOHNSON GLOBAL ACADEMY

KIPP ACADEMY

LAKELAND ELEMENTARY/MIDDLE

LAKEWOOD ELEMENTARY

LEITH WALK ELEMENTARY/MIDDLE

LIBERTY ELEMENTARY

LILLIE MAY CARROLL JACKSON SCHOOL

LOIS T MURRAY ELEMENTARY/MIDDLE

MAREE G. FARRING ELEMENTARY/MIDDLE

MARGARET BRENT ELEMENTARY/MIDDLE

MARY ANN WINTERLING ELEMENTARY

MARY E RODMAN ELEMENTARY

MATTHEW A HENSON ELEMENTARY

MEDFIELD HEIGHTS ELEMENTARY

MERGENTHALER VOC TECH HIGH

MIDTOWN ACADEMY

MONTEBELLO ELEMENTARY/MIDDLE

MORAVIA PARK PRIMARY

MORRELL PARK ELEMENTARY/MIDDLE

MOUNT ROYAL ELEMENTARY/MIDDLE

NATIONAL ACADEMY FOUNDATION

NEW SONG ACADEMY

NORTH BEND ELEMENTARY/MIDDLE

NORTHWOOD ELEMENTARY

PARK HEIGHTS ACADEMY

PATTERSON HIGH

PATTERSON PARK PUBLIC CHARTER

PAUL LAURENCE DUNBAR HIGH

PIMLICO ELEMENTARY/MIDDLE

REGINALD F LEWIS HIGH SCHOOL

RENAISSANCE ACADEMY

ROBERT W COLEMAN ELEMENTARY

ROLAND PARK ELEMENTARY/MIDDLE

ROSEMONT ELEMENTARY/MIDDLE

SANDTOWN-WINCHESTER ACHIEVEMENT

SHARP -LEADENHALL ELEMENTARY

SINCLAIR LANE ELEMENTARY

SOUTHWEST BALTIMORE CHARTER

STADIUM SCHOOL

TENCH TILGHMAN ELEMENTARY/MIDDLE

THE CROSSROADS SCHOOL

THE GREEN SCHOOL OF BALTIMORE

THE HISTORIC SAMUEL COLERIDGE-TAYLOR ELEMENTARY

THE MOUNT WASHINGTON SCHOOL

THE REACH! PARTNERSHIP SCHOOL

THOMAS JEFFERSON ELEMENTARY/MIDDLE

THOMAS JOHNSON ELEMENTARY/MIDDLE

TUNBRIDGE PUBLIC CHARTER ELEMENTARY

VANGUARD COLLEGIATE MIDDLE

VIOLETVILLE ELEMENTARY/MIDDLE

VIVIEN T THOMAS MEDICAL ARTS ACADEMY

WALTER P CARTER ELEMENTARY/MIDDLE

WAVERLY ELEMENTARY/MIDDLE

WESTERN HIGH

WESTPORT ACADEMY

WILDWOOD ELEMENTARY/MIDDLE

WILLIAM PACA ELEMENTARY

WILLIAM S BAER SCHOOL

WINDSOR HILLS ELEMENTARY/MIDDLE

WOLFE STREET ACADEMY

WOODHOME ELEMENTARY/MIDDLE

YORKWOOD ELEMENTARY