



**MDH ATTENDEES:** John Kromm, Executive Director, Health Services Cost Review Commission  
Mark Luckner, Executive Director, Community Health Resources Commission  
Ben Steffen, Executive Director, Maryland Health Care Commission

Available For Questions: TBD

**Maryland Department of Health (MDH) Health Regulatory Commissions**  
**Fiscal Year 2026 Operating Budget**  
**Response to Department of Legislative Services Analysis**

**Senate Budget and Taxation Committee**  
**Health and Human Services Subcommittee**  
**Senator Cory McCray**  
**February 27, 2025**

**House Appropriations Committee**  
**Health and Social Services Subcommittee**  
**Delegate Emily Shetty**  
**March 3, 2025**

The Department thanks the Governor, the Department of Budget and Management (DBM), and the Budget Committees for their support. We thank the Department of Legislative Services for its insightful budget analysis.

**MDH and the Health Regulatory Commissions should provide an update on how much of this funding has been spent and whether the full amount of general funds will be expended in fiscal 2025 (p. 2).**

The \$750,000 within MHCC to distribute to the Maryland Patient Safety Center for a public awareness campaign related to health care workplace violence has been fully expended. This funding supports a contract to develop the campaign, including a website, digital advertisements across various social media and news platforms, and other advertisements across the State.

HSCRC is a pass-through entity for the \$375,000 general funds earmarked by the General Assembly for a contract between CRISP and DrFirst. The Department’s understanding is that there is no planned contract this year between CRISP and DrFirst, meaning the budget for this item will revert to the General Fund at year end.

**The fiscal 2026 allowance includes this \$1.6 million in additional user fees; therefore, it should be noted that failure to pass SB 229/HB 54 would result in a shortfall within the HSCRC budget (p. 4).**

HSCRC would reduce expenditures to live within the Commission’s available special funds revenue. A reduction in HSCRC’s budget would limit our ability to support additional legislative analyses, develop new policies to ensure access to high quality acute care services across the state, and transition to the Advancing All-Payer Health Equity Approaches and Development model. The budget as proposed will allow the Commission to continue our core functions, develop and refine policies to improve access to care, and meet its increasing responsibilities under the AHEAD Model. The Maryland Model benefits the State and its residents through investments in population health, transparency for consumers, and support for state healthcare infrastructure.

**MCHRC should provide an update on the amount of [Consortium] grant funding distributed, including an estimate for any remaining funds that would be carried over at fiscal 2025 closeout for future use. MCHRC should also comment on whether the estimated students served are children who would not otherwise have received services or would have simply been served through a different funding mechanism (p. 10).**

See chart below that outlines Consortium grant spending. Note that operations costs are minimal and are rolled into the amounts listed below.

Fiscal Year	Appropriated	Obligated	Spent
2023	\$50M	\$50M	\$50M
2024	\$85M	\$70M	\$22M
2025	\$40M	\$40M	\$0
2026	\$40M	\$40M	\$0
<i>Total</i>	<i>\$215M</i>	<i>\$200M</i>	<i>\$72M</i>

There are 137 grant awards under current implementation, involving \$120M in funding obligations using the \$120M budgeted in FY 2023 and FY 2024. Of this amount, \$72M has been distributed to grantees as of February 2025. The grant period for these awards runs through June 30, 2025.

The full \$40 million budget for FY 2025 will be used to support School-Based Behavioral Health Centers, and to sustain and expand programs for current grantees. An estimated \$6.1M will be

allocated in FY2025 per legislative action last year to support the expansion of Medicaid school-based mental health services. Regarding the latter, the CHRC issued another Consortium Request for Applications (RFA) in December 2024, which generated 150 proposals requesting \$151M. These proposals were received in February and currently are under review (see attached list). Grant awards are anticipated to be made in May and the contractual/grant period will be July 1, 2025 to June 30, 2026. The funding to support these awards will fully expend the FY 2025 and FY 2026 budgets.

The language in HB 1300 (2020) that established the Consortium on Coordinated Community Supports required the Consortium to support projects that do not duplicate current efforts or supplant existing funding. Based on this statutory requirement, the Consortium made concerted efforts to prioritize supporting programs that would not otherwise have been possible if it were not for Consortium funding. As such, most of the students who received services under Consortium grants would not have received these services and they would not have been served under a different mechanism. The attached impact statement describes the outcomes achieved by the Consortium grants. About halfway through the program (March-December 2024), the following key outcomes have been achieved: over 77,000 children served; 80% of Maryland's schools now receiving services; 475 new behavioral health providers hired; 83% satisfaction rate among children and families.

**The Department of Legislative Services (DLS) questions the efficiency of the Consortium grant process, as there are vast differences in the cost per student served across jurisdictions (excluding the hub pilot funding), with providers in Allegany County spending \$144 per student served compared to \$428 in Baltimore City, \$1,271 in Anne Arundel County and \$2,637 in Worcester County (p. 10).**

The Consortium concurs that the cost of providing services varies by jurisdiction. These cost differences reflect the wide array of the services and interventions that are being implemented, local needs and priorities, not the efficiency of the grant process.

The Consortium is responsible for developing a statewide framework to provide comprehensive, holistic, nonstigmatized, and coordinated services for all students statewide. To accomplish this, the legislature asked the Consortium to establish "Community Supports Partnerships" to meet students' behavioral health needs, address related challenges, and ensure every student has access to services within a one-hour drive of their residence.

Following significant outreach across the state and engagement with key stakeholders, the Consortium determined that needs vary considerably across the state. Accordingly, the Consortium's first grant making cycle offered a menu of diverse programs and interventions recommended by clinical experts that local communities and providers could tailor to meet the needs of their students. Some jurisdictions utilized many of the evidence-based programs recommended by the Consortium, while others sought funding to implement other evidence-based approaches based on local needs.

All grant applicants were required to have a letter of support from their local school district which affirmed the need for the interventions proposed as determined by the local school district. Applicants requested services along the full range of the Multi-Tiered System of Supports, a

model used in both public health and education contexts. This model involves services at different degrees of intensity: Tier 1 (prevention, family supports, social-emotional skills development); Tier 2 (targeted services for youth needing additional support such as small groups and short-term interventions); and Tier 3 (intensive clinical services). The menu of programs provided by the Consortium spans all three tiers and all ages of students. Tier 1 interventions typically reach greater numbers of students at a lower cost per student. Tier 3 interventions reach smaller numbers of students but offer more intensive services that are more expensive. This diversity of programming is the main reason for the difference in cost per student served.

**MDH should comment on whether managed care organizations will retain all savings resulting from advanced primary care or if savings will be shared with the State (p. 15).**

The HealthChoice managed care organizations (MCO) will not retain all savings resulting from advanced primary care program. The MCOs are required to spend at least 85% of the capitation rate payments on medical care and quality improvement activities. If MCOs spend less than 85% of the capitation rates payments, they are required to refund the difference, and the returned funds provide a budget offset for Medicaid somatic services. Additionally, the Department uses the MCOs' audited financial statements in order to determine the capitation rates each year. For example, CY 2026 capitation rates will be based on audited 2023 MCO financials. Both of these requirements prevent the MCOs from retaining the savings from the advanced primary care program.

**DLS recommends requesting that MDH and HSCRC submit an evaluation of the MDPCP and a status update related to the new Medicaid Advanced Primary Care Program and other primary care initiatives. Considering the realignment of the MDPCP Program Management Office to MCPA, this recommendation appears in the analysis for M00Q01 – MCPA (p. 15).**

Medicaid and HSCRC concur with the request for an evaluation of MDPCP in FY 2026, which was noted in the analysis for M00Q01. Under the AHEAD model, all advanced primary care programs run by the Department will fall under the umbrella of the Maryland Primary Care Program or MDPCP.

**DBM and MHCC should clarify the correct amount of vehicle registration surcharge revenues that should be distributed to the Shock Trauma Center in fiscal 2025 and 2026 and explain how the funding will be added to the budget (p. 17).**

The numbers in the MEMSOF Appendix P are estimates of the approximate amount of revenue to be distributed to the Shock Trauma Center in FY 2025 and FY 2026. Therefore, the Shock Trauma Center can only spend the amount of monies actually received not up to the estimated amount in the Appendix. This is very important because drivers can register their motor vehicle registration (MVR) over different periods of time compared to prior years. Drivers can pay their MVR either annually, biannually, and even through a payment plan. Consequently, determining the exact amount of revenue to be received through motor vehicle registration is difficult to quantify at this time.

The Department of Budget and Management has confirmed that the supplemental budget process will be used to align the budget with the Appendix P amount.

**MHCC and HSCRC should provide a timeline for conducting the two audits of trauma center costs and linking the MIEMSS trauma registry, the HSCRC hospital data set, and the MHCC All-payer Claims Database (p. 18).**

Based on HSCRC's current hiring and procurement timelines, we expect the audits of trauma center costs will be completed in the second half of fiscal year 2026.

MIEMSS has been working with CRISP to evaluate the feasibility of assigning the same encrypted identifier (MPI) to Maryland Trauma Registry entries as it does to MHCC All Payer Claims Data and HSCRC's hospital data set. Two issues are relevant. The first is supplying sufficient patient demographic information to ensure a valid match. After some iterative refinements, CRISP believes it can assign the appropriate MPI for more than 90% of Trauma Registry cases. During this calendar year, MIEMSS plans to submit Trauma Registry cases to CRISP on a quarterly basis for MPI assignment. The second issue is linking the newly assigned MPI to the clinical data within each Trauma Registry entry, requiring a new field to be added to a proprietary software product. MIEMSS will be working with the Trauma Registry software vendor in the coming months, after ensuring quarterly updates to acquire MPIs work, to determine the most reliable and cost-efficient path forward.

**DLS determined the report to be in compliance with the budget bill language and recommends the release of \$125,000 in special funds for HSCRC and will process a letter to this effect if no objections are raised during the budget hearings (p. 18).**

The Department thanks DLS for its review and for the recommendation to release funds.

# Consortium on Coordinated Community Supports Statewide Impact Report: March - December 2024

More than  
**77,000**

students received  
behavioral health services



**80%**

of Maryland schools  
(1,124) received  
behavioral health services

**475**

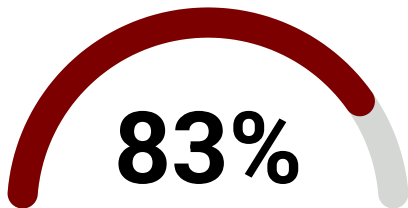
new behavioral health workforce  
members hired

**754**

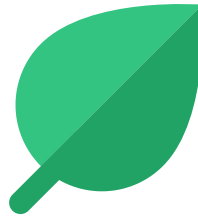
behavioral health providers trained in  
proven practices to improve student  
outcomes

**2,252**

school staff trained in behavioral  
health practices to improve student  
outcomes



**83%**  
students and families satisfied  
with behavioral health services



## Prevention Services

80% of individuals  
demonstrated a desired  
behavioral health skill.



## Targeted Services

77% of individuals  
demonstrated improvement in  
behavioral health outcomes.



## Intensive Services

70% of individuals  
demonstrated improvement in  
behavioral health outcomes.

*Note: The figures in this report are preliminary and subject to revision as additional data is processed for report period 2.*

Community Health Resource Commission, Maryland Department of Health  
National Center for School Mental Health, University of Maryland School of Medicine

*Funding for the Consortium was provided by the Maryland General Assembly as part of the Blueprint for Maryland's Future.*

Maryland Consortium on Coordinated Community Supports Summary of Proposals Received, RFA #3		
Track	Proposals received	Total funding request
Track 1 - Community Supports Partnerships	7	\$42,419,110
Track 2 - Hubs only	9	\$3,303,507
Track 3 - Service Providers in areas without Community Supports Partnerships	134	\$105,721,504
<b>TOTAL</b>	<b>150</b>	<b>\$151,444,121</b>

Organization Name	Jurisdiction	Total Budget request
<b>Track 1: Community Supports Partnerships</b>		
Anne Arundel Mental Health Agency	Anne Arundel County	\$12,589,920
Garrett County Health Department	Garrett County and Allegany County	\$2,505,462
Office on Mental Health	Harford County	\$3,994,476
Howard County Office of the Local Children's Board	Howard County	\$9,957,150
Mid Shore Behavioral Health	Dorchester, Kent, Queen Anne's, Talbot	\$7,065,458
St. Mary's County Health Department, Local Behavioral Health Authority	St. Mary's County	\$2,325,530
Worcester County's Initiative to Preserve Families	Worcester County and Somerset County	\$3,981,114
<b>TOTAL Community Supports Partnerships</b>	<b>12 jurisdictions</b>	<b>\$42,419,110</b>

Organization Name	Jurisdiction	Total Budget request
<b>Track 2: Hub capacity-building</b>		
Baltimore County Department of Health, Bureau of Behavioral Health	Baltimore County - continuation	\$392,066
Behavioral Health System Baltimore	Baltimore City - continuation	\$383,927
Calvert County Health Department, Local Behavioral Health Authority	Calvert County	\$195,643
Carroll County Local Management Board	Carroll County	\$196,696
Cecil County Health Department	Cecil County	\$381,907
Frederick County LBHA	Frederick County	\$428,315
Montgomery County LBHA / Montgomery County Government	Montgomery County - continuation	\$615,654
Prince George's County LBHA	Prince George's County	\$460,692
Washington County Mental Health Authority	Washington County	\$248,607
Caroline County (joining Mid Shore Partnership for capacity-building only)	Caroline County	\$0
<b>TOTAL Hub capacity building</b>	<b>10 jurisdictions</b>	<b>\$3,303,507</b>

February 21, 2025

Maryland Consortium on Coordinated Community Supports Summary of Proposals Received, RFA #3	
Organization Name	Total Budget request
<b>Track 3: Service providers</b>	
<b>Baltimore City - 23 proposals</b>	<b>\$16,194,810</b>
1 AZIZA PE&CE Inc	\$334,161
2 Baltimore Medical System, Inc.	\$1,288,000
3 Boys & Girls Clubs of Metropolitan Baltimore	\$315,000
4 BTST Services LLC	\$281,205
5 Change the Conversation	\$119,145
6 Each 1 Teach 1 Community Health	\$750,000
7 FRANKLIN COVEY CLIENT SALES INC	\$772,000
8 Hazel Health, Inc	\$1,129,425
9 Johns Hopkins University	\$330,315
10 Johns Hopkins University Rales Health Center	\$537,944
11 Leading By Example LLC	\$1,338,900
12 Mental Health Association of Maryland (MHAMD)	\$520,474
13 Oriented Healthcare, LLC	\$450,635
14 Sarah's House Mental Health services, LLC	\$643,977
15 Sheppard Pratt Health System, Inc.	\$1,325,850
16 Southeast Community Development Corporation	\$100,000
17 THE DORAL SCHOLARS PROGRAM powered by KEYS Empowers, Inc.	\$719,151
18 The John W. Brick Mental Health Foundation	\$434,022
19 The United Way of Central Maryland, Inc.	\$341,551
20 The Y in Central Maryland	\$1,344,691
21 TIME Organization	\$1,818,543
22 TurnAround, Inc	\$403,868
23 University of Maryland School of Medicine, School Mental Health Program	\$895,953
<b>Baltimore County - 21 proposals</b>	<b>\$20,918,737</b>
24 Associated Catholic Charities Inc.	\$670,800
25 Backpack Healthcare	\$1,729,979
26 Balance Point Wellness	\$1,096,409



27	BrainFutures	\$1,090,108
28	BTST Services LLC	\$243,843
29	Change the Conversation	\$119,145
30	Eva Life Giver, Inc.	\$492,000
31	Hazel Health, Inc	\$1,665,000
32	Hope Health Systems, Inc.	\$1,924,375
33	Innovative Therapeutic Services	\$259,310
34	Jewish Community Services, Baltimore	\$1,050,000
35	Leading By Example LLC	\$1,062,928
36	Life Renewal Services	\$416,251
37	Lighthouse, Inc.	\$128,855
38	Mental Health Association of Maryland (MHAMD)	\$409,749
39	Nexus Wellness Group	\$405,000
40	Oriented Healthcare, LLC	\$834,244
41	Thrive Behavioral Health	\$4,204,602
42	Tidemark Intervention Services	\$2,459,223
43	TurnAround, Inc	\$656,916
	<b>Calvert County - 7 proposals</b>	<b>\$2,496,366</b>
44	Barstow Acres Children's Center	\$99,462
45	Boys & Girls Clubs of Southern Maryland	\$178,500
46	Calvert County Health Department	\$618,142
47	Community Mediation Center of Calvert County	\$74,080
48	Cornerstone Montgomery	\$236,539
49	Hazel Health, Inc	\$241,080
50	Pathways, Inc.	\$600,000
51	Uneo Health	\$448,563
	<b>Caroline County - 3 proposals</b>	<b>\$865,269</b>
52	Caroline County Behavioral Health	\$216,460
53	Choptank Community Health	\$234,215
54	The Cook Center for Human Connection	\$414,594
	<b>Carroll County - 5 proposals</b>	<b>\$3,944,465</b>
55	Advanced Behavioral Health, Inc.	\$409,977
56	Boys & Girls Clubs of Carroll County, Inc.	\$409,000
57	Hope Health Systems, Inc.	\$1,356,250

58	Life Renewal Services	\$443,388
59	Sheppard Pratt Health System, Inc.	\$1,325,850
	<b>Cecil County - 9 proposals</b>	<b>\$3,517,623</b>
60	Advantage Psychiatric Services LLC	\$692,602
61	Boys & Girls Clubs of Harford and Cecil Counties	\$232,101
62	Cecil County, Maryland	\$116,642
63	Changing Tides Therapeutic & Consultative Services, LLC	\$162,033
64	Hazel Health, Inc	\$229,155
65	LIVEFORTHOMAS Foundation, Inc.	\$688,740
66	Thrive Behavioral Health	\$569,211
67	Upper Bay Counseling and Support Services	\$462,399
68	Youth Empowerment Source	\$364,740
	<b>Charles County - 5 proposals</b>	<b>\$4,556,910</b>
69	Boys & Girls Clubs of Southern Maryland	\$153,005
70	Center for Children Inc	\$2,833,769
71	Expanding Horizons Counseling and Wellness	\$752,661
72	Hazel Health, Inc	\$423,930
73	Mental Health Association of Maryland (MHAMD)	\$393,545
	<b>Frederick County - 14 proposals</b>	<b>\$6,387,708</b>
74	Advanced Behavioral Health, Inc.	\$409,977
75	Associated Catholic Charities Inc.	\$228,970
76	Boys & Girls Clubs of Frederick County	\$218,465
77	Center for Anxiety and Behavioral Change	\$151,700
78	Centro Hispano de Frederick	\$350,000
79	Change the Conversation	\$119,145
80	Heartly House	\$655,449
81	Life and Discovery, Inc. dba The Asian American Center of Frederick	\$448,478
82	Mental Health Association of Frederick County, Inc.	\$299,079
83	Parent Encouragement Program (PEP)	\$148,433
84	Sheppard Pratt Health System, Inc.	\$2,115,164
85	Student Homelessness Initiative Partnership (SHIP) of Frederick County	\$208,665
86	The Frederick Center	\$71,875
87	The Lourie Center for Children's Social & Emotional Wellness	\$702,604
88	Trauma Specialists of Maryland, LLC	\$259,704

	<b>Montgomery County - 8 proposals</b>	<b>\$9,817,608</b>
89	CaringMatters, Inc.	\$50,000
90	Identity, Inc.	\$705,185
91	Jewish Social Service Agency (JSSA)	\$3,870,037
92	Parent Encouragement Program (PEP)	\$848,753
93	Sheppard Pratt Health System, Inc.	\$1,461,734
94	The Lourie Center for Children's Social & Emotional Wellness	\$702,604
95	Thrive Behavioral Health	\$2,179,295
	<b>Prince George's County - 29 proposals</b>	<b>\$34,495,190</b>
96	A & R Clinical Services Crisis Management, LLC (ARCSCM)	\$656,000
97	Advanced Behavioral Health, Inc.	\$409,977
98	AprilMay Company Inc.	\$1,449,978
99	Backpack Healthcare	\$2,012,372
100	Boys & Girls Clubs of Greater Washington	\$284,585
101	BTST Services LLC	\$132,280
102	Community Advocates for Family & Youth	\$923,385
103	Easter Seals Serving DC-MD-VA	\$289,366
104	EveryMind	\$2,775,000
105	Hazel Health, Inc	\$1,916,550
106	Healthlincs	\$2,858,763
107	Hyacinth Wellness, LLC	\$1,770,425
108	iMind Health, LLC	\$4,332,008
109	Innovative Therapeutic Services	\$247,515
110	Interdynamics, Inc.	\$1,444,500
111	Kirstin Care, LLC	\$300,000
112	La Clinica del Pueblo, Inc.	\$750,000
113	Luminis Health, Inc.	\$1,229,331
114	Mary's Center for Maternal & Child Care, Inc.	\$91,577
115	Maryland Family Resource, Inc.	\$415,489
116	Medical Decision Logic, Inc.	\$945,847
117	NobleTrust Consulting, LLC	\$1,475,000
118	Sheppard Pratt Health System, Inc.	\$2,239,383
119	SMYAL Inc	\$276,133
120	The Lourie Center for Children's Social & Emotional Wellness	\$702,604

121	Thrive Behavioral Health	\$1,077,121
122	Transitions Counseling and Mentoring Service Inc.	\$800,000
123	Uneo Health	\$895,172
124	VineCorps	\$1,794,829
	<b>Washington County - 8 proposals</b>	<b>\$1,710,657</b>
125	Backpack Healthcare	\$140,238
126	Boys & Girls Club of Washington County	\$165,356
127	Cook Center for Human Connection	\$511,750
128	Family Healthcare of Hagerstown	\$112,728
129	Hospice of Washington County	\$355,000
130	KTS Mental Health Group	\$140,840
131	Maryland Coalition of Families	\$119,432
132	San Mar Family & Community Services: Bester Community of Hope	\$165,313
	<b>Wicomico County - 2 proposals</b>	<b>\$816,161</b>
133	Maple Shade Youth & Family Services	\$369,200
134	The Child & Family Foundation, Inc.	\$446,961
	<b>TOTAL Service Providers</b>	<b>\$105,721,504</b>