

**House Bill 1305 – Maryland Consortium on Coordinated Community Supports –  
Workgroup and Study**

House Ways and Means Committee

March 5, 2025

**Position: UNFAVORABLE**

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in opposition to HB 1305.

HB 1305 would require the Consortium on Coordinated Community Supports to study the effectiveness of their framework for awarding grants (for behavioral health services) in meeting the needs of local school systems, and the distribution of grants across the state. It also would prohibit the Consortium from awarding grants in FY26 until a report is submitted.

In 2020, the Blueprint legislation (HB 1300/SB 1000) established the Coordinated Community Supports Partnership Fund, to be administered by the Consortium on Coordinated Community Supports (Consortium). The purpose of the Partnership Fund is to provide services and supports in schools to meet the behavioral health needs of students. **The Consortium closely followed the requirements set down in HB 1300/SB 1000**, and over the last three years, they oversaw the development of RFPs, grantee selection, and program evaluation. Last year the Consortium awarded \$111 million to 129 grantees in all of Maryland’s jurisdictions. Grantees provided a range of behavioral health services, from prevention and early intervention to treatment for youth with more serious concerns.

**To ensure that the funded programs met the needs of local school systems, the Consortium required every grant applicant to secure a letter of support from a jurisdiction’s Local Education Agency.**

The Partnership Fund has been a resounding success. Consortium grantees served more than 58,000 students in just six months in 2024. They added 475 new behavioral health workforce members, and they trained 1,185 school staff in behavioral health practices. The services provided through the Consortium grants had a profound positive impact. Of students receiving early intervention services, 77% demonstrated improvement in behavioral health outcomes, and of those receiving intensive services, 70% demonstrated improvement in behavioral health

outcomes. Ninety percent of students and families reported satisfaction with the behavioral health services they received.<sup>1</sup>

It must be acknowledged that **the Consortium cannot compel an organization to apply to work in a particular jurisdiction.** For example, there was only one organization that applied for a grant to work in Allegany County. They were awarded the grant.

Requiring an equitable distribution of grants across the state per population would be short-sighted, for **some jurisdictions need services more than others.** The Consortium looked at existing data and took this into account when awarding grants. For example, Prince Georges County has a greater need for behavioral health services than any other jurisdiction in the state. MDH's Annual Report on Behavioral Health Services for Children shows that children's usage rates for services in the Public Behavioral Health System varied from a high of 223 per 1,000 youth in Dorchester County, to a low of 76 per 1,000 youth in Prince Georges County (the statewide average is 131.6 per 1,000 youth).<sup>2</sup> Accordingly, the Consortium awarded more grants to Prince Georges County than to other jurisdictions.

Finally, placing a moratorium on grant awards in FY26 would have a devastating impact on school behavioral health services. Over the last two years, grantees have hired staff, developed programs, and formed close working relationships with school staff. Every program would have to shut down and lose all momentum gained thus far.

HB 1305 is not needed and would harm Maryland's students who have been struggling with behavioral health challenges like never before.<sup>3</sup> For these reasons, MHAMD opposes HB 1305 and urges an unfavorable report.

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<sup>1</sup> Consortium on Coordinated Community Supports Statewide Impact Report. March-October 2024.

[https://health.maryland.gov/mchrc/Documents/002%20-%20MD%20Consortium%20Documents%20%26%20Info/03%20-%20January%202025/Impact%20Report\\_010925%20%284%29.jpg](https://health.maryland.gov/mchrc/Documents/002%20-%20MD%20Consortium%20Documents%20%26%20Info/03%20-%20January%202025/Impact%20Report_010925%20%284%29.jpg)

<sup>2</sup> Maryland Department of Health. FY23 Report on Behavioral Health Services for Children (February 2025).

[https://dlslibrary.state.md.us/publications/Exec/MDH/BHA/HG7.5-209\(e\).FY\\_2023.pdf](https://dlslibrary.state.md.us/publications/Exec/MDH/BHA/HG7.5-209(e).FY_2023.pdf)

<sup>3</sup> Data from the Youth Risk Behavior Survey of 2022-23 shows that 28% of Maryland high school students reported that their mental health was not good most of the time or always, and 24% of middle school students reported that they had seriously considered suicide. Maryland Department of Health releases 2022-2023 Youth Risk Behavioral Survey and Youth Tobacco Survey data. Maryland Department of Health (June 2024).

<https://health.maryland.gov/phpa/ccdpc/Reports/Pages/YRBS-2022-2023.aspx>