



Maryland Consortium on Coordinated Community Supports
45 Calvert Street, Room 336, Annapolis, MD 21401

Wes Moore, Governor; Aruna Miller, Lt. Governor
David D. Rudolph, Chair; Mark Luckner, Executive Director, CHRC

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Zoom Meeting Link: <https://us06web.zoom.us/j/86870007583?pwd=cWN5QkhzVFRKbGhVZHVDRWbTd2dz09>
Meeting ID: 868 7000 7583 / **Passcode:** 639698 / **Dial in #:** (301) 715-8592

May 22, 2023
9:00 AM – 10:00 AM

AGENDA

- | | |
|---------------------------------------|-----------------------------------|
| 1. Call to Order | Chair Rudolph |
| 2. Approval of May 9 meeting minutes | Chair Rudolph |
| 3. Best Practices Subcommittee update | Dr. John Campo, Dr. Derek Simmons |
| 4. Discussion of first RFP | Chair Rudolph, Mark Luckner |
| 5. Outreach update | Tammy Fraley |
| 6. Next steps | Chair Rudolph, Mark Luckner |
| 7. Adjournment | Chair Rudolph |

**Meeting of the
Maryland Consortium on Coordinated Community Supports**

**Tuesday, May 9, 2023
In-Person & Virtual Meeting
45 Calvert Street, Annapolis MD 21401**

9:30 AM – 12:10 PM

CONSORTIUM MEMBERS IN ATTENDANCE:

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Dr. Maria Rodowski-Stanco, Maryland Department of Health | Director, Child and Young Adult Services, Maryland Behavioral Health Administration
3. Emily Bauer, Maryland Department of Human Services | Two-Generation Program Officer
4. Mohammed Choudhury, Maryland Department of Education | State Superintendent
5. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
6. Mary Gable, Director of Community Schools | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy, Maryland State Department of Education
7. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
8. Dr. Donna Christy, Maryland State Education Association | School Psychologist, Prince George's County Public Schools
9. Gail Martin, Maryland Chapter of the National Association of Social Workers | former Baltimore County Public Schools Team Leader, School Social Work
10. Dr. John Campo, MD, Maryland Hospital Association | Director of Mental Health, Johns Hopkins Children's Center, Johns Hopkins University Hospital
11. Linda Rittelmann, representative of the Maryland Medical Assistance Program | Senior Manager, Medicaid Behavioral Health ASO, Maryland Department of Health
12. Larry Epp, Ed.D., representative of the community behavioral health community with telehealth expertise | Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System
13. Gloria Brown Burnett, local Department of Social Services | Director, Prince George's County Department of Social Services
14. Michael A. Trader, II, representative of local departments of health | Director of Planning, Quality, and Core Services, Worcester County Health Department
15. The Honorable Katie Fry Hester, Maryland Senate
16. The Honorable Eric Ebersole, Maryland House of Delegates

Also in attendance were: Nancy Lever and Sharon Hoover, co-Directors, National Center for School Mental Health, University of Maryland School of Medicine; AAG Michael Conti; CHRC Executive Director Mark Luckner; other staff; and members of the public.

WELCOME

Chair Rudolph welcomed the group and introduced Delegate Ebersole.

MEETING MINUTES

A review of the April 4, 2023, minutes was held. Ed Kasemeyer made a motion to accept the April 4, 2023, minutes as presented at the meeting, and the motion was seconded by Derek Simmons. The minutes were approved unanimously.

SUBCOMMITTEE UPDATES

Chair Rudolph invited the Subcommittee Chairs to provide an [update](#).

Framework Subcommittee Co-Chair Mohammed Choudhury briefed Consortium members on the definition of wraparound services developed by the Subcommittee. For first RFP, the Consortium will define “wraparound” as: holistic supports that address a student’s behavioral health needs but are not considered traditional behavioral health services. To be eligible for Consortium grant funding, wraparound programs would be required to meet the following four conditions:

1. Supports must be limited to students with identified behavioral health challenges, or at significant risk of behavioral health challenges, and their families;
2. When appropriate, supports should be connected to other, traditional behavioral health services that the students are receiving;
3. Supports may not be eligible for reimbursement through Medicaid, the Developmental Disabilities Administration, or other State support (e.g., the Consortium should not fund Targeted Case Management or High-Fidelity Wraparound models that could be reimbursed through the 1915(i) program, etc.); and
4. Supports must involve schools in the planning and/or implementation.

Data Collection/Analysis and Program Evaluation Subcommittee Chair Larry Epp said the Data Subcommittee is continuing to refine the Consortium’s accountability metrics, to work with other Subcommittees to ensure the alignment of efforts, and to consider data platforms for grantees.

Mark Luckner provided an [update](#) on recent outreach activities directed by the Outreach and Engagement Subcommittee.

Best Practices Subcommittee Co-Chair Derek Simmons provided an updated [list](#) of proposed priority Evidence Based Programs (EBPs) for the delivery of behavioral health services and supports. While schools and school staff will not be eligible to receive grants under the RFP, they will be able to participate in staff training programs coordinated by the National Center. Consortium members recommended adding EBPs related to family supports and restorative practices to the priority list, and Chair Rudolph asked the Subcommittee to report back on these.

LEGISLATIVE UPDATE

Chair Rudolph and Mark Luckner updated Consortium members on the [status of implementation](#) of the Consortium’s 12 statutory responsibilities.

Consortium members discussed bills of interest from the previous legislative session. Derek Simmons said SB 201 did not pass. The bill would have required a State Plan Amendment to permit Medicaid billing for behavioral health services by school-employed staff.

Delegate Ebersole said HB 770 was signed into law by the Governor. The bill will add one additional member to the Consortium, representing school counselors.

CONSORTIUM MEMBER RESPONSES TO QUESTIONS

Chair Rudolph discussed responses submitted by Consortium members to questions posed at the previous meeting. The questions were: to what degree should Consortium grant funds support services for pre-kindergarten programs; and, to what degree should Consortium grant funds support services for children not attending public schools.

Consensus was reached to permit Consortium funding of services for pre-kindergarten programs in public schools. Consortium grant funds also could support services for students in pre-kindergarten programs that are partners in the Blueprint's pre-kindergarten expansion and receive grants from the State.

Consensus was reached to permit Consortium-funded services for children in special education schools (MANSEF) and for incarcerated students, because the State pays for tuition for these students. The first RFP will not support services for students in private/parochial schools or homeschooled students, because they are not subject to the Blueprint's other requirements, and the language of the Consortium's authorizing statute supports an interpretation that limits funding to students enrolled in the public school system.

DISCUSSION OF CALL FOR PROPOSALS (RFP)

Chair Rudolph reviewed decisions made today regarding wraparound supports, Evidence-Based Practices, funding for services at the pre-kindergarten level, and funding for students enrolled in private/parochial schools.

The final issue to decide for the first Call for Proposals is how to fund Hubs. Consortium members discussed the potential role of Hubs in making referrals to services. They discussed whether the first RFP should offer grants for Hubs statewide, or whether a smaller group of Hubs should be selected for a pilot to test the Partnership model. They also discussed whether to offer grants to service providers in areas that are not awarded Hubs.

NEXT STEPS

Chair Rudolph said he will convene a special Subcommittee to develop recommendations about the number and distribution of Hubs and Spokes for the first RFP. These recommendations will be brought to the full Consortium at a brief, online meeting later in May.

Then, in early June, Consortium leadership will brief the Maryland Community Health Resources Commission (CHRC) on its recommendations for the first RFP. After that briefing, the CHRC will issue the first Community Support Partnership RFP.

Chair Rudolph asked Consortium members to hold June 13 for a possible meeting of the full Consortium, but indicated the meeting may not be needed.

ADJOURNMENT

Gail Martin made a motion to adjourn the meeting. Donna Christy seconded the motion. The motion was approved unanimously, and the meeting adjourned at 12:10 p.m.



Maryland Consortium on Coordinated Community Supports
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Wes Moore, Governor; Aruna Miller, Lt. Governor
David D. Rudolph, Chair; Mark Luckner, Executive Director, CHRC

TO: Consortium members
FROM: Mark Luckner and Lorianne Moss
DATE: May 16, 2023
RE: Potential Hub Pilot model

The Consortium is working to fulfill its legislative mandate to develop a statewide framework to expand access to holistic behavioral health and wraparound services for students and families through Coordinated Community Support Partnerships. The Framework Subcommittee has recommended using the Collective Impact model, through a statewide network of Hubs and Spokes, and the full Consortium voted to adopt this model at its meeting on February 21, 2023. The Consortium is currently preparing to release its first Call for Proposals in June 2023, with awards made in September or October 2023. CHRC staff is also recommending that a second RFP be issued in November 2023 for additional service-related grants for programs that would begin in the second semester (January/February 2024). Finally, CHRC staff is recommending that a third RFP be issued in February 2025, to award Community Support Partnership grants (both Hub + Spokes), and would also allow additional Hub capacity-building grants. See proposed timeline for these three RFPs on page two of this document.

CHRC staff is proposing that the first Coordinated Community Supports Call for Proposals issued over the next few weeks will have two objectives:

1. Expand statewide access to behavioral health and wraparound services for students and families.

Because of the urgent need to address the student behavioral health crisis, grants to service providers will be available throughout the state regardless of the presence of a Hub in the service provider's jurisdiction. In this first RFP issued in June 2023, service providers will be coordinated by and accountable to the CHRC, Consortium, and the National Center, and they must commit to work with their local Hub in the future. The activities of service providers must be aligned with their local school districts, and applicants will be required to submit a letter of support and other evidence of collaboration with the local school district. Service providers will be encouraged to implement and receive training in Evidence-Based Practices identified by the Best Practices Subcommittee. Applicants who miss the first RFP could apply through a similar second RFP issued in fall 2023 (see timeline below).

2. Begin to build a statewide framework for the delivery of coordinated, holistic services through development of a Hub and Spoke model for Partnerships. This will be achieved by awarding capacity-building grants and technical assistance to a limited number of organizations that will serve as future Partnership Hubs.

Hub pilot concept: A pilot program would allow the opportunity to test the Hub and Spoke model with a limited number of Hubs before it is implemented statewide. In the first RFP, organizations interested in becoming a future Hub would apply to participate in the Hub pilot, and applications would be evaluated using the following criteria:

Proposed selection criteria for Hub pilot grants	
Service Coordination	Experience coordinating behavioral health service providers in the community <i>Review committee would also consider the number of area service providers that will receive Consortium funding in first RFP</i>
Data	Existing capacity to collect data, Experience collecting and reporting data Has LEA completed a SHAPE system assessment?
Fiduciary	Experience as a recipient of grants, Experience as a grant funder
Other Collective Impact Backbone traits	Do they currently have an Advisory Board and community partners? <i>Review committee would also consider whether the applicant is the consensus choice for their region</i>
Experience with schools	Experience coordinating behavioral health services in schools Does the applicant have an existing MOU with the LEA?

Hub pilot program participants would receive technical assistance from the National Center and CHRC staff in key competencies for future Hubs. Key deliverables of capacity-building grants during the grant would include: asset map, needs assessment, plan for services for their geographic area, and a plan for referrals for their geographic area. Upon successful completion of the grant, these Hubs would serve as the backbones of new Community Support Partnerships.

2025 - Award full Community Support Partnership grants. A third RFP would be issued in early CY 2025 to allow the CHRC to select full Community Support Partnership grants. It is anticipated that communities who receive the initial Hub pilot grants would submit Partnership grants which would fund both the activities of the Hub as well grants to service providers as Spokes/subgrantees. This third RFP would also provide grants to expand the Hub capacity-building program to additional applicants serving communities who did not receive the initial Hub capacity-building grant, using lessons learned from the pilots, and would continue to offer direct support to service providers in communities without a Hub or full Community Support Partnership.

Proposed Tentative Timeline for Coordinated Community Support Partnerships Grant Program				
	RFP issued	Awards made	Types of grants	Grant period
RFP #1	June 15, 2023	October 3, 2023	- service providers - Hubs	Approx. 2 year grant period
RFP #2	November 7, 2023	February 6, 2024	- service providers	Approx. 1.5 year grant period
RFP #3	February 12, 2025	June 18, 2025	- full CSPs - service providers - Hubs	2 year grant period



Maryland Consortium on Coordinated Community Supports

Hub Pilot concept

May 22, 2023

Objectives of first RFP

1. Expand statewide access to behavioral health and wraparound services for students and families
 - Grants to service providers (statewide, regardless of Hub)
2. Begin to build a statewide framework for the delivery of coordinated, holistic services through development of a Hub and Spoke model for Partnerships
 - Grants to pilot Hubs (5-8)

Proposed Timeline - revisions

	RFP issued	Awards made	Types of grants	Grant period
RFP #1	June 2023	October 2023	- service providers - Hub pilots	Approx. 2 years 14 months (3 semesters)
RFP #2	November 2023	February 2024	- service providers	Approx. 1.5 years 10 months (2 semesters)
RFP #3	February 2025 August 2024	June 2025 December 2024	- full CSPs pilots - service providers - Hubs	2 years 18 months (3 semesters)

Future RFPs could be issued in February, with awards made in June, to align better with school calendar

Proposed adjustments to the timeline will be discussed further

Proposed review criteria for Hub pilots

1. Experience coordinating behavioral health service providers in the community

4. Current experience with Advisory Board and community partners

2. Existing capacity to collect data, Experience collecting and reporting data, SHAPE system assessment by LEA

5. Experience coordinating behavioral health services in schools, Existing MOU with LEA

3. Experience as a recipient of grants, Experience as a grant funder

Final selections also will consider:

1. Service provider grantees in area
2. Consensus choice for area
3. Geographic diversity

Areas without Hubs

- During the initial grant periods, grants will be awarded to service providers regardless of whether they have Hubs. CHRC, Consortium, and National Center will coordinate, and will consult with LEAs, LBHAs, etc.
- Outreach efforts and applications for the first RFP will provide a good idea about potential future Hubs in areas not selected for the pilot.

Areas without Hubs

In areas where no entity is willing to serve as a Hub, the following options will exist:

- Encouraging a neighboring Hub to expand to the area without a Hub
- Working with entities like Maryland Nonprofits
- Engaging colleges/universities
- Continuing support by National Center

Hub capacity-building grant deliverables

1. MOU with the LEA
2. Asset Map
3. Needs Assessment
4. Plan to coordinate service providers in a future Partnership
5. Plan to coordinate referrals in a future Partnership
6. Hiring of Hub staff

National Center to provide Technical Assistance

Best Practices Subcommittee

Chairs: John Campo, Derek Simmons

Members: Chrissy Bartz, Gloria Brown Burnett, Delegate Eric Ebersole, Mary Gable, Senator Katie Fry Hester, D'Andrea Jacobs, Linda Rittlemann, Gail Martin, Kandice Taylor, Michael Trader

Best Practices

How the menus of Evidence-Based Programs were developed:

- Best Practices Subcommittee held several meetings
- Reviewed public comments suggesting various EBPs
- Reviewed MSDE list of EBPs currently being implemented
- Consultations with National Center
- Alignment with Framework and Data Subcommittees' work
- Circulated draft ideas over email
- Recommendations from full Consortium

Evidence-Based Programs

Two “menus” of Evidence-Based Best Practices (EBPs) for service providers for the first RFP

1. “Priority” EBPs

- Best Practices Subcommittee recommend 15 Priority EBPs for Spokes for the RFP
- Grantees will receive training and implementation support coordinated by National Center
- Applicants who commit to one or more of these will be given added “weight” during application review process
- Will also include a learning collaborative on Measurement-Based Care

2. Other EBPs and practice-based strategies

- RFP will include examples of other recommended EBPs (around 30)
- Grant funds may support implementation, but no implementation support from National Center
- Will not be given extra weight during review process
- Applicants may identify EBPs and strategies not listed on either menu, but must provide justification

Evidence-Based Programs

Proposed programs on **Priority** EBP menu for RFP:

1. Unified Protocols for Transdiagnostic Treatment of Emotional Disorders (UP-C/UP-A)
2. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)
3. Safety Planning Intervention (Stanley and Brown)
4. Counseling on Access to Lethal Means (CALM)
5. Adolescent Community Reinforcement Approach (ACRA)
6. The Student Check-Up (Motivational Interviewing)
7. Therapeutic Mentoring
8. SBIRT – Screening, Brief Intervention, and Referral to Treatment
9. Cognitive Behavioral Intervention for Trauma in Schools (CBITS) / Bounce Back
10. Botvin Life Skills
11. Youth Aware of Mental Health (YAM)
12. Circle of Security
13. Strengthening Families Program
14. Family Check Up
15. Chicago Parenting Program

Evidence-Based Programs

In addition, will offer a learning collaborative on Measurement-Based Care.

Also, developing mechanism for school staff to receive training in Priority EBPs and/or the following:

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

Discussing restorative practices (school staff)

Outreach and Community Engagement Subcommittee

Chairs: Tammy Fraley

Members: Chrissy Bartz, Emily Bauer, Donna Christy, Ed Kasemeyer

Outreach and Community Engagement Subcommittee

Strategy so far:

1. Meetings with groups recommended by Consortium members
2. Meetings with statewide associations (e.g., MABHA, PSSAM)
3. Follow-up meetings resulting from the meetings above (e.g., meeting on Friday with Southern Maryland LMBs)
4. Ad-hoc meetings requested by individual organizations

Outreach and Community Engagement Subcommittee

Going forward, need to prioritize interdisciplinary meetings with individual jurisdictions that include:

- Superintendents
- Student Services Directors
- Behavioral Health Coordinators
- Community Schools Directors
- other administrators
- LBHA
- LMB
- Local Departments of Social Services
- behavioral health providers
- local government
- other youth- and family-serving entities
- etc.

After RFP is released, there will be a recorded FAQ call and a written FAQ document for all potential applicants