Maryland Consortium on Coordinated Community Supports
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Wes Moore, Governor; Aruna Miller, Lt. Governor
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Consortium on Coordinated Community Supports

Implementation Timeline for Blueprint Accountability and Implementation Board

Pillar 4: More Resources for Students to be Successful

FY 2022 – FY 2024 (July 2021-June 2024)

March 15, 2023

Implementation tasks assigned to the Consortium

4.5.4 Implement the Consortium on Coordinated Community Supports to meet student behavioral health needs	
4.5.4(a)	The Consortium shall be responsible for the development of coordinated community supports partnerships to meet student behavioral health needs and other related challenges in a holistic, non-stigmatized, and coordinated manner; providing expertise to develop best practices in the delivery of student behavioral health services, supports, and wraparound services; and providing technical assistance to local school systems to support positive classroom environments and close the achievement gap
4.5.4(b)	MSDE shall work with the Consortium, MLDS, and other youth-service agencies to establish shared goals, processes to collect and share data, and ways to leverage and blend funding to support behavioral health in schools
4.5.4(c)	The Consortium shall develop a statewide framework for community supports partnerships that ensures supports and services are provided in a holistic and non-stigmatized manner and is coordinated with other youth-serving government agencies
4.5.4(d)	The Consortium shall develop a model for expanding available support services through maximizing public funding through the Maryland Medical Assistance Program, commercial insurance participation, implementing a sliding scale for services based on family income, and the participation of nonprofit hospitals
4.5.4(e)	The Consortium shall develop and implement a grant program to award grants to coordinated community supports partnerships with funding necessary to deliver supports and services to meet holistic behavioral health needs while setting reasonable administrative costs for the partnership
4.5.4(f)	The Consortium shall evaluate how a reimbursement system could be developed through the Maryland Department of Health or a private contractor to reimburse providers participating in a coordinated community supports partnership and providing services and supports to uninsured students and for the difference in commercial insurance payments and Maryland Medical Assistance Program fee-for-service payments
4.5.4(g)	The Consortium, in consultation with MSDE, shall develop best practices for the creation and implementation of a positive classroom environment for all students that recognizes the disproportionality of classroom management referrals
4.5.4(h)	The Consortium shall develop a geographically diverse plan to ensure each student can access services and supports that meet the student's behavioral health needs and related challenges within a 1-hour drive of their residence
4.5.4(i)	A coordinated community supports partnership shall provide systemic services to students in a community-based, family-driven and youth-guided, and culturally competent manner
4.5.4(j)	The Consortium, in consultation with the National Center on School Mental Health and in coordination with MLDS and AIB, shall develop accountability metrics to determine whether community partnership services are positively impacting students, their families, and their communities
4.5.4(k)	The Consortium shall use accountability metrics to develop best practices to be used by a coordinated community supports partnership to deliver supports and services and maximize federal, local, and private funding
4.5.4(l)	The Governor shall include increasing amounts in the annual budget bill to the Coordinated Community Supports Partnership Fund between FY23-26 and remains at $130,000,000 in FY26 and thereafter
4.5.4(m)	The Consortium shall submit an annual report on 7/1 to AIB, the Governor, and the General Assembly on the Consortium's activities, the creation of community supports partnerships and the areas served by the partnerships, and grants awarded to the partnerships (initial report due 12/1/22)
4.5.6 Identify and implement best practices in collecting and sharing student health (including behavioral health) data to ensure the timely provision of services while protecting student privacy	
4.5.6(a)	MSDE, MDH, DHS, the Consortium, and LEAs shall coordinate to establish memorandums of understanding regarding data sharing to implement identified best practices

Introduction/Summary

The Maryland Consortium on Coordinated Community Supports is a new entity responsible for developing a statewide framework to expand access to comprehensive behavior health services for all Maryland students. The Consortium was created by the General Assembly as part of the Blueprint for Maryland's Future, Chapter 36 of 2021. The Maryland Community Health Resources Commission (CHRC) serves as the Consortium's fiscal agent and is responsible for providing staff support for the Consortium. The National Center for School Mental Health is providing Technical Assistance. The Consortium began its activities during the summer of 2022.

The Maryland General Assembly Presiding Officers appointed former Delegate David Rudolph to serve as the Consortium's chair in July 2022. Under Chair Rudolph's leadership, the full Consortium met on August 17, September 22, October 18, November 15, December 13, January 10, and February 21. The next meeting is scheduled for April 4, 2023. Meetings of the Consortium are open to the public; recordings of the meetings are accessible on the Consortium's website.

Four Subcommittees were created to organize the Consortium's work. These Subcommittees, which include nonmember experts, have been meeting regularly, and meetings are open to the public.

- The Framework, Design & RFP Subcommittee (Chairs Mohammed Choudhury and Sadiya Muqueeth) developed recommendations for the overall statewide framework for Partnerships and the first Call for Proposals (RFP).
- The Data Collection/Analysis & Program Evaluation Subcommittee (Chair Larry Epp) is developing standardized data measures and considering potential data platforms.
- The Outreach and Community Engagement Subcommittee (Tammy Fraley) is working to engage the public.
- The Best Practices Subcommittee (John Campo and Derek Simmons) is evaluating best practices in the delivery of behavioral health services and supports for inclusion in the first Call for Proposals.

The Consortium will issue recommendations to the Maryland Community Health Resources Commission (CHRC) that will guide the issuance of the first RFP during spring/summer 2023 in order to fund new and expanded programming in Maryland schools beginning during the 2023-2024 school year. As provided by statue, the CHRC will develop and release the RFP and will administer the Coordinated Community Supports Partnerships grant program. The Consortium is structuring its work to ensure interventions are supported for all three tiers of the Multi-Tiered System of Supports (MTSS, i.e., Tier 1: universal for all students, Tier 2: small group/short term for targeted students, and Tier 3: intensive individual supports for students with the greatest need).

On February 21, 2023, the Consortium voted to recommend a Hub and Spoke model for local Partnerships that draws on the Collective Impact model. The Hub (or "Backbone" as it is called in the Collective Impact model) will coordinate the activities of a number of service providers ("Spokes"), and manage financial and data responsibilities. Hubs may be new or existing organizations such as Local Behavioral Health Authorities (LBHAs), Local Management Boards (LMBs), etc. Spokes will provide services to students and families. Together, a Hub and its Spokes form a Partnership.

Hubs must be able to perform the following duties:

- **Service Delivery:** ensure delivery of holistic services at all tiers of Multi-Tiered System of Supports (MTSS)**;** hold subgrantees accountable; ensure fidelity to best practices; coordinate all partners in the service area
- **Fiduciary:** receive grant dollars; be accountable to CHRC for grant funds; ensure maximization of third-party billing including Medicaid; distribute funds to Spokes; leverage funds from other sources
- **Data**: collect accountability data from Spokes; report data to Consortium and CHRC; analyze and act on data

Each Partnership will have one Hub. At full implementation, every jurisdiction should be covered by a Partnership. Partnerships may exist at the jurisdiction level, or could be sub-jurisdictional or regional/multi-jurisdictional. Partnerships should build on existing services and relationships. Partnerships should not be duplicative and may not overlap.

Students need services now, and effort should be made to expand on existing service providers. Community Support Partnerships, i.e., formalized relationships between Hubs and Spokes do not yet exist. Therefore, the Consortium is recommending that the first Call for Proposals include two tracks: direct service delivery grants; and capacity-building grants for future Hubs. In the future (FY 2025 and beyond), grants will be distributed to Hubs, who will then distribute funding to Spokes as subgrantees.

- **First RFP only – Direct funding to Spokes/service providers:** During the first RFP only, Spokes/service providers will be eligible for direct grant funding to deliver behavioral health and related services and supports to students and families. Funding for Spokes/service providers must be aligned with on-going efforts. Applicants must have a letter of support from the Local Education Agency (LEA), and should also have a letter of support from the Local Behavioral Health Authority (LBHA) and/or Local Management Board (LMB). In addition, LEAs, LBHAs, and LMBs will be consulted during the application review process to ensure potential Spokes/service providers are alignment. Spokes/service providers will begin/continue to collaborate with their respective Hubs during the first grant period. During the first grant period, Spokes/service providers will be accountable directly to the CHRC; in future years they will be accountable to their Hubs. Grant dollars must be supplemental to and may not supplant existing funding for school behavioral health. Applicants must demonstrate that grant funds will represent an expansion over current services. Services should begin for the 2023-2024 school year.

- **First RFP – Capacity-building grants for Hubs**: The first RFP will include grants to build the capacity of existing or new organizations to serve as Partnership Hubs. Key deliverables will include an asset map, a needs assessment, and a Partnership grant proposal for the next RFP. Hub grants will fund salaries for up to three (3) dedicated Partnership program staff. Hub grantees will participate in a technical assistance program designed to help them expand services; implement best practices in the delivery of school mental health services; and implement elements of the Collective Impact model including governance and community engagement, strategic planning, communications, and data analysis. Hubs must have community advisory boards. Organizations currently serving as local school behavioral health service coordinators may apply to become Partnership Hubs.

Grants will be issued on a competitive basis for the first RFP. A letter of support from the LEA will be required for all applicants. The Consortium will host meetings to help connect potential applicants with points of contact at the LEAs. Service provider/Spoke applicants will be recommended to have a letter of support from the LBHA and/or LMB.

The following are potential review criteria for grant applicants:

1. Competencies of applicant agencies: history of working with children and schools; deep understanding of the target community; well-trained, culturally and linguistically competent staff; credible staffing plan that reflects the community served; history of sound financial management.
2. Program design and prospects for success: utilizes Consortium-recommended evidence-based programs (EBPs), other evidence-based programs, or other strategies; trauma-informed; holistic; addresses both immediate needs of students as well as improve behavioral health systems; addresses workforce challenges
3. Engagement with families and communities: consultation with families and communities to understand their needs and when designing interventions; involves youth and other residents in planning and continuous feedback; involves parents in treatment plans; offers family strengthening opportunities; has alternate treatment plans if parents are absent in the treatment/recovery process
4. Ability to collaborate with partners: number of partners involved/providing service; deep collaboration with the school district and school staff including through a memorandum of understanding (MOU); collaboration between public and private entities including LBHAs; overall ability to be a "team player"
5. Ability to demonstrate measurable outcomes required by Consortium: capacity for data management and outcomes reporting; clear, quantifiable, and impactful outcomes measures; compelling cost-benefit ratio
6. Understanding of community need: applicants will be provided data sets to demonstrate need

Final selections will also consider: geographic balance/statewide coverage, alignment with other successful initiatives in the geographic region; and prioritization by schools/LEAs (above and beyond the required letter of support).

The Best Practices Subcommittee is working with the National Center for School Mental Health and the Maryland State Department of Education (MSDE) to develop a list of recommended best practices for grantees and local school systems. Grant applicants that commit to adopting these best practices and participating in the Technical Assistance program will receive priority consideration during the grant evaluation process. The National Center will serve as a purveyor of these best practices.

The Consortium has been working with the National Center for School Mental Health, which was identified in the implementing legislation as the provider of Technical Assistance. National Center staff have consulted extensively with the Consortium on overall program structure and metrics, analyzing public comments, and supporting the work of all four Subcommittees. Going forward, the National Center will continue to advise on the program, support the development of the Call for Proposals, identify opportunities to maximize financial support through Medicaid, recommend best practices for the delivery of services and supports, and provide technical assistance to grantees.

Overall timeline FY 2022 – FY 2024:

- **August 2022:** The Consortium held its first meeting, Subcommittees were formed to examine key issues including the development of statewide framework for community supports partnerships that ensures supports and services are provided in a holistic and non-stigmatized manner and is coordinated with other youth-serving government agencies
- **October 2022 – November 2022:** Consortium Public comment period
- **October 2022 – February 2023:** The Framework Subcommittee met roughly twice a month to discuss key aspects of the overall program design

- **September 2022 – March 2023:** The full Consortium met monthly and discussed key elements of the overall program design, which included briefings on coordinating with existing mental health and substance use disorder programs, models in other states, Medicaid reimbursement issues, and the collective impact model
- **February 2023:** The full Consortium reached consensus on the overall program design, provides recommendations to CHRC for development of RFP
- **March 2023 – August 2023:** The Outreach Subcommittee will engage with stakeholders across the state to inform communities about the initiative and encourage the formation of local Partnerships
- **Spring/Summer 2023:** First RFP is released by CHRC
- **Summer/Fall 2023:** Grant awards are made by CHRC
- **Fall 2023 – end of FY 2024 and beyond:** First cycle of grants is implemented, Technical Assistance program to support grantees and LEAs

Stakeholder engagement and communications plans: The Consortium held a public comment period from October 26 – November 16, 2022. Twelve questions were posed to the public addressing key issues for the design of the RFP, permissible uses of grant funding, and measures of program effectiveness. The Consortium accepted responses in writing as well as orally at a public meeting on November 10. The Consortium's Outreach Subcommittee worked to solicit responses from a wide range of stakeholder groups across the state, and 81 individuals provided responses. A summary of public comments received can be found in the Consortium's FY 2022 annual report. Consortium Subcommittees reviewed the public comments as they prepared recommendations for the development of the first Coordinated Community Supports Partnerships Call for Proposals (RFP).

A second period of public engagement will take place during March – August 2023 to receive additional feedback on the proposed model, as well as a list of proposed evidence-based programs (EBPs). These meetings will help to inform communities and potential applicants of the initiative, and encourage the formation of local Partnerships. Meetings will be held on-line and in-person.

How racial equity and cultural competency guide the work: This Consortium's work will be guided by a commitment to racial equity and cultural responsiveness. Recent trends indicate worsening behavioral health conditions for racial and ethnic minorities, who are also more likely to face barriers in accessing behavioral health services. This lack of access to behavioral health care, coupled with dipartites in exposure to trauma and substance use, contribute to the long-standing overrepresentation of racial and ethnic minorities involved in the justice system.

The Consortium understands that racial equity and cultural responsiveness are essential to any programming seeking to affect student behavioral health. The CHRC has long required applicants to demonstrate a commitment to cultural competency and a diverse workforce that reflects the population to be served, and will maintain this requirement for the Coordinated Community Supports Partnership RFP. Behavioral health services are most effective when delivered in racially and culturally competent manners. Cultural competency will be among the review criteria used to evaluate grant proposals. Equity will be a key consideration in the distribution of grant funds.

Racial equity and cultural competency are also key considerations in determining the extent to which program requirements will be standardized at the state level versus customized at the local level. While statewide requirements can ensure cohesiveness and promote quality, racially and culturally responsive programming may vary depending on each local community. For this reason, the Consortium will balance both statewide standards and local flexibility. Moreover, the Consortium will consider racial equity and cultural responsiveness in developing a list of recommended EBPs, but will also give flexibility

to applicants who demonstrate that alternative approaches are preferable for purposes of racial equity and cultural responsiveness.

Implementation considerations: A key factor affecting the provision of student behavioral health services is the workforce. There simply are not enough providers to meet the needs of students. Workforce development/pipeline initiatives are valuable, but will take time to show results. Consortium grant applicants will need to demonstrate realistic staffing plans that account for current workforce shortages. Some examples of ways workforce challenges can be addressed include: increased use of Tier 1 and Tier 2 interventions, which are both preventative and allow multiple children/families to receive services at the same time; use of community health workers and peers to provide services that do not require licensure; and use of technology including telehealth.

Another important consideration is that, while the program is intended to be statewide, Partnership grants will be awarded competitively. Organizations will need to apply to become Partnerships. Significant outreach is planned to inform communities and providers about the program. Even so, there may be regions without a Hub capacity-building grant applicant for the first round of funding. The Consortium will continue to work with local communities to ensure programs are ultimately available all Maryland students.

The role of schools and LEAs in the Consortium model is another important consideration. Schools and LEAs will not serve as Spokes or Hubs. All grant applicants must have a letter of support from their LEA, and the CHRC will consult school districts when making grant awards to Hubs and Spokes. Hubs and Spokes will need to have an MOU with the LEA in order to provide services. School districts should be on the Steering Committee of any Partnership. Grant dollars may not be used to hire additional school-employed staff, but rather to bring community personnel into the school. Grant dollars may not be used for school construction or renovations, but can be used to furnish and equip therapeutic spaces. Grant dollars may be used for school staff training and program materials.

Technical assistance or support options needed/available: The Consortium, CHRC, and National Center for School Mental Health will implement a number of Technical Assistance programs. These will include: support for service provider/Spoke grantees in implementing selected EBPs and billing Medicaid, and support for future Hubs in developing an asset map and needs assessment, analyzing data, and other responsibilities.

Monitoring procedures and accountability plans: The CHRC, which will issue Coordinated Community Support Partnership grants, has developed and implements a robust system for grantee performance management that includes monitoring of programmatic performance and fiscal compliance as specified in each grant agreement. Grantees are required to periodically submit both programmatic and fiscal reports to the Commission. The grant monitoring system is designed to ensure that public resources are utilized efficiently and effectively and that program objectives are achieved. Grantees must meet CHRC reporting requirements as a condition of payment of Commission grant funds.

During the first grant period, Hub grantees will be responsible for several deliverables, including: asset map, needs assessment, and plan for a future Partnership organization. During the first grant period, service Provider/Spoke grantees will be required to provide regular reports to the CHRC including key data metrics (see indicators below).

Goals and accountability metrics. With support from the National Center for School Mental Health, the Consortium's Data Subcommittee developed the following goals and indicators for the Consortium's program:

Consortium Accountability Metrics		
Goal	**Indicators to be reported by grantees**	**Population-level data to be provided to Hubs**
1. Expand access to high-quality behavioral health and related services for students and families	# of students and families served, # of schools, # of services, wait time for services, etc; improvements in quality and array of services (SHAPE system developed by National Center)	None; all data will be provided by grantees
2. Improve student wellbeing and readiness to learn	% or # of students demonstrating improvement in social, emotional, behavioral, or academic functioning using a validated assessment tool; % or # of students demonstrating reduction in substance use	Youth Risk Behavior Surveillance System (YRBS) measures of wellbeing and substance use, MSDE measures of absenteeism, CRISP data on ER visits and hospitalizations
3. Foster positive classroom environments	Increased use of positive classroom strategies; SHAPE system measures of improvements in school climate	MSDE data on disciplinary incidents and academic outcomes, school survey data on perceptions of school safety and staff satisfaction, Department of Juvenile Services data on justice-involved students, etc
4. Expand revenues from Medicaid and other funding sources for school behavioral health	Medicaid revenues, other revenues	Claims data

Additional information on each of the Consortium's assigned tasks follows.

4.5.4(a) The Consortium shall be responsible for the development of coordinated community supports partnerships to meet student behavioral health needs and other related challenges in a holistic, non-stigmatized, and coordinated manner; providing expertise to develop best practices in the delivery of student behavioral health services, supports, and wraparound services; and providing technical assistance to local school systems to support positive classroom environments and close the achievement gap.
The Consortium may use subcommittees, including subcommittees that include nonmember experts, as necessary to meet its requirements.

A. Timeline. This task includes three components. A discussion of the timeline for each is below:

1. Developing coordinated community supports partnerships to meet student behavioral health needs and other related challenges in a holistic, non-stigmatized, and coordinated manner.

- **October 2022 – February 2023**: The Framework Subcommittee met roughly twice a month to discuss key aspects of the overall program design.
- **Spring/summer 2023**: As described in the introduction, the Consortium has developed a Hub and Spoke model for the implementation of local Partnerships, drawing on the Collective Impact model. The first RFP, to be issued in spring/summer 2023, will include two separate tracks: direct service delivery grants to future Spokes; and capacity-building grants for future Hubs. These grants will build the capacity for Partnerships to be formed.
- **Fall 2023 – end of FY 2024**: During the first 2-year grant period, Technical Assistance will be provided to build the capacity of both Hubs and Spokes to form Partnerships, and Hubs and Spokes that do not currently have a relationship will begin to work together.
- **2025 and beyond**: After the capacity of Hubs has been increased (over the 2-year grant period), future grants will not be issued to Hubs and Spokes separately, but instead will be distributed to Partnerships. Grant funding will be distributed to Hubs, and will support both the Hubs' ongoing oversight and administrative responsibilities, as well as the provision of services by Spokes, who will be subgrantees of their Hubs.

2. Providing expertise to develop best practices in the delivery of student behavioral health services, supports, and wraparound services.

- **November 2022 – April/May 2023**: The Best Practices Subcommittee has been meeting and consulting with experts to develop a list of best practices for the delivery of student behavioral health and other services.
- **Spring/summer 2023**: The first RFP will include a list of evidence-based Best Practices for grant applicants.
- **Fall 2023 – end of FY 2024**: During the first 2-year grant period, support and Technical Assistance will be provided to grantees in the implementation of the selected evidence-based best practices. The Best Practices and/or Outreach Subcommittee will monitor the Technical Assistance Program and provide recommendations for future RFPs.

3. Providing technical assistance to local school systems to support positive classroom environments and close the achievement gap.

- **November 2022 – April/May 2023**: The Best Practices Subcommittee has been meeting and consulting with experts to develop a list of best practices for the delivery of student behavioral health and other services.
- **Spring/summer 2023**: The first RFP will include a list of evidence-based Best Practices for grant applicants including interventions that support positive classroom environments and close the achievement gap.
- **Fall 2023 – end of FY 2024**: Support and Technical Assistance will be provided to both grantees and local school systems in the implementation of the selected evidence-based best practices. The Best Practices and/or Outreach Subcommittee will monitor the Technical Assistance Program and provide recommendations for the future.

B. Responsible parties

- Framework Subcommittee
- Best Practices Subcommittee
- Outreach Subcommittee
- CHRC
- National Center for School Mental Health

C. Deliverables

- First Coordinated Community Supports Call for Proposals (RFP)
- List of evidence-based programs (EBPs) that will be supported through Technical Assistance and training (included with the first RFP)
- Technical Assistance program developed and implemented by the National Center for School Mental Health and Maryland Community Health Resources Commission
- Needs Assessments by Hub grantees
- List of Hub and Spoke grantees from first RFP

D. Background, context, and rationale

The Framework Subcommittee studied the language of the Consortium's implementing statue, and recommended that the Collective Impact model, operationalized through local Hubs and Spokes, as the best way to "develop … coordinated community supports partnerships to meet student behavioral health needs and other related challenges in a holistic, non-stigmatized, and coordinated manner." The Consortium, CHRC, and National Center for School Mental Health will ensure that Partnerships are coordinated at the state level through required participation in a Technical Assistance program.

To meet legislative requirements related to best practices, positive classroom environments, and technical assistance to local school systems, the Best Practices Subcommittee is working with the National Center for School Mental Health and MSDE to develop a list of recommended best practices for grantees and local school systems. Grant applicants that commit to adopting these best practices and participating in the Technical Assistance program will receive priority consideration during the grant evaluation process. The National Center will serve as a purveyor of these best practices.

E. Stakeholder engagement and communications plans. See introduction.

F. How racial equity and cultural competency guide the work. See introduction.

Grant applicants will be required to demonstrate a commitment to racial equity and cultural competency.

Racial equity and cultural competency are key considerations in determining the extent to which program requirements will be standardized at the state level versus customized at the local level. While statewide requirements can ensure cohesiveness and promote quality, racially and culturally responsive programming may vary depending on each local community. For this reason, the Consortium seeks to balance both statewide standards and local flexibility.

G. Implementation considerations. See introduction.

While students need services immediately, Partnerships do not yet exist. Because the first round of grant funding will be provided directly to service providers/Spokes, coordination may be challenging.

Local education agencies will not be grantees and therefore not accountable to the CHRC and Consortium. The participation of school-employed staff in technical assistance programs to advance to best practices and positive classroom environments will be voluntary, which may present an implementation challenge.

H. Technical assistance or support options needed/available. See introduction.

I. Monitoring procedures and accountability plans. See introduction.

4.5.4(b) MSDE shall work with the Consortium, MLDS, and other youth-service agencies to establish shared goals, processes to collect and share data, and ways to leverage and blend funding to support behavioral health in schools.
The Consortium, MSDE, and the MDH shall develop a system to track student referrals to private health providers and identify health/behavioral services that are already being provided at the LEA and school levels.

A. Timeline. See introduction.

- **October 2022 – present**: Data Subcommittee is meeting regularly to establish goals and discuss process to collect and share data
- **Spring/summer 2023**: First Coordinated Community Supports Partnerships RFP will require referral tracking
- **Fall 2023 – end of FY 2024 and beyond**: technical Assistance will be provided to Hub grantees to develop asset maps and support referral tracking. The Data Subcommittee will continue to coordinate efforts with MSDE, Maryland Longitudinal Data System Center (MLDS), and other youth-serving agencies. The Consortium will continue to study funding models.

B. Responsible parties

- Data Subcommittee
- CHRC
- MSDE
- MLDS
- Grantees

C. Deliverables

- Consortium Accountability Metrics (see introduction)
- First Coordinated Community Supports Call for Proposals (RFP)
- Asset map by Hub grantees

D. Background, context, and rationale

The first round of grants will include a capacity-building track for Hubs to develop an asset map and needs assessment. This will help to better identify health/behavioral services that are already being provided in their communities. All grantees will be required to track referrals to community providers.

MSDE, MLDS, and other youth-serving agencies contribute to the Consortium's work. State Superintendent Choudhury, who co-chairs the Consortium's Framework Subcommittee, and Assistant Superintendent Mary Gable both are Consortium members. MSDE's Office of Research, Planning, and Program Evaluation Director Matt Duque participates regularly in meetings of the Data Subcommittee. The Consortium also includes representatives of a number of statewide youth-serving agencies. Consortium staff held an initial meeting with MLDS staff in February 2023, and MLDS will participate in the Consortium's data work moving forward.

With support from the National Center for School Mental Health, the Consortium's Data Subcommittee developed the following goals that will guide the Consortium's programming: 1.) Expand access to high-quality behavioral health and related services for students and families; 2.) Improve student wellbeing

and readiness to learn; 3.) Foster positive classroom environments; and 4.) Expand revenues from Medicaid and other funding sources for school behavioral health. Each goal has quantifiable indicators to measure progress.

The Data Subcommittee is investigating potential data sharing platforms. MSDE will provide key population-level data to support program evaluation.

The Consortium anticipates that grantees will use blended funding models. All grantees must demonstrate that they will maximize Medicaid billing. Consortium grants must be supplemental to and will not supplant existing funding for school behavioral health. The Consortium will continue to study funding models for Partnerships.

E. Stakeholder engagement and communications plans. See introduction.

F. How racial equity and cultural competency guide the work. See introduction.

G. Implementation considerations

Health-related data, particularly behavioral health data, at the individual student level tends to be protected. The CHRC as a matter of policy, does not collect Protected Health Information (PHI) for individuals receiving services. The MLDS also does not collect health-related data for individual students. Grant-funded service providers (Spokes) will collect and aggregate data which they will report to their Hubs and/or the CHRC.

H. Technical assistance or support options needed/available. See introduction.

Grantees will be provided Technical Assistance in data collection, analysis, and reporting. The Data Subcommittee is considering whether to recommend providing grantees with a common data platform.

I. Monitoring procedures and accountability plans. See introduction.

4.5.4(c) The Consortium shall develop a statewide framework for community supports partnerships that ensures supports and services are provided in a holistic and non-stigmatized manner and is coordinated with other youth-serving government agencies.
The Consortium shall share this framework with all LEAs in conjunction with a master list of resources for community partnerships.

A. Timeline

- **October 2022 – March 2023:** The Framework Subcommittee met roughly twice a month to discuss key aspects of the overall program design
- **September 2022 – March 2023:** The full Consortium met monthly and discussed key elements of the overall program design, which included briefings on coordinating with existing mental health and substance use disorder programs, models in other states, Medicaid reimbursement issues, and the collective impact model
- **February 2023:** The full Consortium reached consensus on the overall program design, voted to recommend the Hub and Spoke model
- **March 2023 – August 2023:** The Outreach Subcommittee will engage with stakeholders across the state to inform communities about the initiative and encourage the formation of local Partnerships
- **Spring/Summer 2023:** First RFP is released by CHRC
- **Fall 2023 – end of FY 2024 and beyond:** Grants are implemented, Technical Assistance program to support grantees and LEAs

B. Responsible parties

- Framework Subcommittee
- Outreach Subcommittee
- CHRC
- National Center for School Mental Health
- Grantees

C. Deliverables

- Consortium recommendations to CHRC
- First Coordinated Community Supports Partnerships Call for Proposals (RFP)
- Asset map by Hub grantees

D. Background, context, and rationale

The Consortium's Framework Subcommittee has been working since October 2022 to develop a statewide framework for the Coordinated Community Supports Partnerships program. This work has included a close examination of the legislative requirements for Partnerships. The Subcommittee has recommended the Collective Impact model implemented through local Hubs and Spokes as the best means to achieve statutory requirements.

The Consortium will work closely with LEAs during the process of selecting Hub grantees. LEAs will be on Partnership steering committees. Hubs will develop and share with LEAs a list of resources for student behavioral health and wraparound needs.

The Consortium understands the importance of ensuring that the holistic needs of students and their families are met. This was also reflected in public comments received by the Consortium. For example, therapy alone often cannot address the totality of student needs. Addressing other related needs can also help to prevent behavioral health problems from worsening.

Stigma around behavioral health is a significant concern, and can be a barrier to individuals receiving treatment. Stigma may have cultural roots. Universal mental health education can help to address behavioral health stigma among students. Stigma among parents is also a challenge that must be addressed. Programs addressing stigma will be eligible for grant funding.

Coordination of services is essential, as is evidenced by the name "Consortium on *Coordinated* Community Supports." Too often, student behavioral health efforts have been siloed. Providers, teachers, school support staff, state and local agencies, and others must work together for the benefit of students. Current behavioral health workforce shortages further require that services be carefully and strategically coordinated.

E. Stakeholder engagement and communications plans. See introduction.

F. How racial equity and cultural competency guide the work. See introduction.

G. Implementation considerations

This subtask requires: 1.) a statewide framework, 2.) ensuring supports and services are provided in a holistic and non-stigmatized manner, and 3.) ensuring coordination with other youth-serving government agencies.

1. At full implementation, the Consortium plans to have a Partnership in every jurisdiction, serving all of the schools in the local school system. While the Coordinated Community Supports Partnership program is intended to be statewide, grants will be competitive and local organizations will need to apply for funding. To encourage widespread participation, the Outreach Subcommittee will work to inform local communities about the initiative. As implementation is continued, Consortium staff will work with grantees to expand programs to fill any gaps.

2. The Consortium will work to ensure services are provided in a holistic and non-stigmatized manner. At full implementation, Hubs will be required to meet students' holistic needs as a condition of grant funding. It is anticipated that grant funds will be used to provide case management to facilitate access to wraparound services for students and families.

During the first grant period, the Consortium/CHRC will fund service providers directly, rather than through their future Partnerships. As a consequence, services provided during the first grant period may be somewhat less holistic than services provided through future, multi-faceted Partnerships.

Grant funding and technical assistance will also focus on reducing stigma associated with behavioral health conditions.

3. Coordination with other youth-serving agencies is essential for the implementation of the program. The Consortium includes representatives from a wide range of youth-serving organizations who are helping to inform the initiative. Local Hubs will be required to ensure coordination with all youth-serving agencies in their area, and will be provided training and technical assistance to do so.

H. **Technical assistance or support options needed/available**. See introduction.

I. **Monitoring procedures and accountability plans**. See introduction.

4.5.4(d) The Consortium shall develop a model for expanding available support services through maximizing public funding through the Maryland Medical Assistance Program, commercial insurance participation, implementing a sliding scale for services based on family income, and the participation of nonprofit hospitals.

A. Timeline

- **October 2022 – February 2023**: Framework Subcommittee studied potential Medicaid-reimbursable services when considering potential permissible uses of grant funding
- **October 2022 – November 2022**: Public comments received included recommendations related to Medicaid and commercial insurance, Subcommittees reviewed these recommendations
- **December 2022 – February 2023**: Consortium received briefing on model for expanded school Medicaid implemented in Michigan, Best Practices Subcommittee studied the issue further with support from Maryland Medicaid
- **Spring/Summer 2023:** First Coordinated Community Supports Partnership RFP will require applicants to demonstrate maximized Medicaid billing. Permissible uses of funding will be outlined for services that are not Medicaid-reimbursable, potentially including co-pays for private insurance via a sliding scale
- **Summer 2023 and beyond:** The Consortium will continue to investigate a financial model for Partnership services

B. Responsible parties

- Framework Subcommittee
- Best Practices Subcommittee
- Maryland Medicaid
- CHRC
- Grantees

C. Deliverables

- Consortium recommendations to CHRC
- First Coordinated Community Supports Partnerships Call for Proposals (RFP)

D. Background, context, and rationale

Many of community providers who will deliver Consortium-funded services are able to bill Medicaid for services provided in schools or in their clinics. Consortium grant dollars will focus on activities that are not Medicaid-reimbursable, and will require grantees to demonstrate they are maximizing Medicaid billing. Examples of non-Medicaid reimbursable uses of grant funding could include: services to uninsured children, case management/care coordination services including teacher meetings, small group interventions, preventative programming, family supports, etc.

The Consortium and its Best Practices Subcommittee has studied the "Michigan model" for expanded Medicaid reimbursement for services provided by school staff (school-employed counselors, psychologists, and social workers). Legislation has been introduced in the General Assembly to require a State Plan Amendment to implement this model, and the Consortium may be required to fund and provide technical assistance to this end.

E. Stakeholder engagement and communications plans. See introduction.

Outreach efforts will include discussion of maximizing Medicaid and other potential sources of revenue.

F. How racial equity and cultural competency guide the work. See introduction.

G. Implementation considerations

This topic will continue to be explored after issuance of the first RFP.

H. Technical assistance or support options needed/available. See introduction.

I. Monitoring procedures and accountability plans. See introduction.

4.5.4(e) The Consortium shall develop and implement a grant program to award grants to coordinated community supports partnerships with funding necessary to deliver supports and services to meet holistic behavioral health needs while setting reasonable administrative costs for the partnership *The Consortium shall provide guidance on whether Consortium funds may be provided to LEAs to improve school-based provider ratios.*

A. Timeline. See introduction.

B. Responsible parties

- Framework Subcommittee
- CHRC

C. Deliverables

- Consortium recommendations to CHRC
- First Coordinated Community Supports Partnerships Call for Proposals (RFP)

D. Background, context, and rationale

The model for the Partnership grant program is described in the introduction. As provided by statute, grant funds will support administrative costs by Hubs, including funding for up to three (3) dedicated staff per Hub.

The Consortium has advised that grant funds should not be provided to LEAs to hire school-employed staff. While grant funds will not result in the direct hiring of school-employed counselors, psychologists, or social workers, grant funds will expand students' access to community providers such as social workers, Licensed Clinical Professional Counselors, licensed psychologists, and others. This approach will expand access while minimizing disruptions in the behavioral health workforce

E. Stakeholder engagement and communications plans. See introduction.

F. How racial equity and cultural competency guide the work. See introduction.

G. Implementation considerations

While students need services immediately, Partnerships do not yet exist. Because the first round of grant funding will be provided directly to service providers/Spokes, services provided during the first grant period may not be as holistic as they will be in future years when they are supported by multi-faceted Partnerships.

The administrative costs of each Hub are estimated to be between $200,000 and $400,000 annually. Predictable funding for Hub administrative activities is essential; research has shown that the lack of a strong "backbone" organization is the number one reason that collective impact initiatives fail.

H. Technical assistance or support options needed/available. See introduction.

I. Monitoring procedures and accountability plans. See introduction.

4.5.4(f) The Consortium shall evaluate how a reimbursement system could be developed through the Maryland Department of Health or a private contractor to reimburse providers participating in a coordinated community supports partnership and providing services and supports to uninsured students and for the difference in commercial insurance payments and Maryland Medical Assistance Program fee-for-service payments.

A. Timeline

- **October 2022 – February 2023**: The Framework Subcommittee met roughly twice a month to discuss key aspects of the overall program design.
- **Spring/Summer 2023:** First Coordinated Community Supports Partnership RFP will require applicants to demonstrate maximized Medicaid billing. Permissible uses of funding will be outlined for services that are not Medicaid-reimbursable, potentially including co-pays for private insurance via a sliding scale
- **Fall 2023 – end of FY 2024 and beyond**: Grants are implemented, Technical Assistance program to support grantees and LEAs, including support for Medicaid billing

B. Responsible parties

- CHRC
- Framework Subcommittee
- Grantees
- National Center for School Mental Health

C. Deliverables

- First Coordinated Community Supports Partnerships Call for Proposals (RFP)

D. Background, context, and rationale

Grantees will be required to bill Medicaid to the maximum extent possible. Grant funds may be used for non-Medicaid reimbursable activities. For example, grant funds may be used to provide services and supports to uninsured students. The Consortium will continue to study the reimbursement system, including how grant funds could be used for the difference in commercial insurance payments and Maryland Medical Assistance Program fee-for-service payments.

E. Stakeholder engagement and communications plans. See introduction.

F. How racial equity and cultural competency guide the work. See introduction.

G. Implementation considerations

The Consortium will continue to study the reimbursement system after the issuance of the first RFP.

H. Technical assistance or support options needed/available. See introduction.

Grantees may be provided with Technical Assistance in billing Medicaid.

l. Monitoring procedures and accountability plans. See introduction.

4.5.4(g) The Consortium, in consultation with MSDE, shall develop best practices for the creation and implementation of a positive classroom environment for all students that recognizes the disproportionality of classroom management referrals.
The Consortium shall clearly define a "positive classroom environment" to assess the effectiveness of implementation.
Developing best practices may include: creating a list of programs and classroom management practices that are evidence-based best practices to address student behavioral health issues in a classroom environment; evaluating relevant regulations and making recommendations for any necessary clarifications, as well as developing a plan to provide technical assistance in the implementation of the regulations by LEAs to create a positive classroom environment; developing a mechanism to ensure that all LEAs implement relevant regulations in a consistent manner; identifying and incorporating best practices in cultural competency, restorative practices, trauma-informed care, and positive youth development; and including student voice in developing policies and practices to promote positive classroom environments.

A. Timeline. See introduction.

- **November 2022 – April/May 2023**: Best Practices Subcommittee is meeting roughly twice a month to develop a list of evidence-based best practices, some of which will focus on positive classroom environments. The National Center for School Mental Health is providing support in identifying these evidence-based programs (EBPs). MSDE and LEAs will be consulted. The Outreach Subcommittee is engaging with communities to receive feedback on evidence-based best practices.
- **Spring/Summer 2023:** The first Coordinated Community Supports Partnership RFP will include two lists of EBPs: (1) roughly half a dozen or so selected EBPs will be implemented statewide with training and Technical Assistance provided by the National Center for School Mental Health; and (2) other EBPs also will be recommended but will not be given centralized implementation support. Grant applicants that commit to adopting the selected best practices and participating in the Technical Assistance program will receive priority consideration during the grant evaluation process.
- **Fall 2023 – end of FY 2024 and beyond**: Support and Technical Assistance will be provided to both grantees and local school systems in the implementation of the selected EBPs, including those related to positive classroom environments. The Best Practices and/or Outreach Subcommittee will monitor the Technical Assistance program and provide recommendations for the future. During this time period, the Best Practices Subcommittee will also evaluate relevant regulations and define a "positive classroom environment" to assess the effectiveness of implementation.

B. Responsible parties

- Best Practices Subcommittee
- National Center for School Mental Health
- LEAs
- Outreach Subcommittee

C. Deliverables

- First Coordinated Community Supports Call for Proposals (RFP)
- List of evidence-based best practices that will be supported through Technical Assistance and training (included with the first RFP)
- Technical Assistance program developed and implemented by the National Center for School Mental Health and Maryland Community Health Resources Commission

D. Background, context, and rationale.

Dozens of EBPs exist that could support positive classroom environments. Maryland schools are currently implementing some of these, with varying degrees of fidelity. Promoting one or two selected EBPs statewide, with significant implementation support from the National Center, could support consistency and improve implementation.

E. Stakeholder engagement and communications plans. See introduction.

The Outreach Subcommittee is engaging with communities to receive feedback on evidence-based best practices.

F. How racial equity and cultural competency guide the work. See introduction.

As the Consortium continues work on this task, it will be guided by consideration of the disproportionality of classroom management referrals and the need for features that address cultural competency, trauma-informed care, and student voices.

G. Implementation considerations

Local education agencies will not be grantees and therefore not accountable to the CHRC and Consortium. The participation of school-employed staff in technical assistance programs to advance to best practices and positive classroom environments will be voluntary, which may present an implementation challenge.

After the first RFP has been issued and additional staff has been hired, the Consortium will have greater capacity to address this task.

H. Technical assistance or support options needed/available. See introduction.

I. Monitoring procedures and accountability plans. See introduction.

4.5.4(h) The Consortium shall develop a geographically diverse plan to ensure each student can access services and supports that meet the student's behavioral health needs and related challenges within a 1-hour drive of their residence.
The Consortium shall ensure that behavioral health supports are provided in a non-stigmatized manner, including by providing the appropriate training to school staff and health professionals.

A. Timeline. See introduction.

B. Responsible parties

- Framework Subcommittee
- Outreach Subcommittee
- CHRC
- MSDE

C. Deliverables

- First Coordinated Community Supports Call for Proposals (RFP)
- March 2023 Outreach plan

D. Background, context, and rationale

The Consortium program will be implemented through local Hubs and Spokes. At full implementation, Hubs will exist in every jurisdiction, and services will be available in every school.

E. Stakeholder engagement and communications plans. See introduction.

Outreach to local communities across the state will be essential in ensuring that a large number of providers and future Hub organizations apply for competitive grant funding.

F. How racial equity and cultural competency guide the work. See introduction.

G. Implementation considerations

Grants to Hubs will be competitive, but the goal is to have at least one future Partnership in every jurisdiction. The Consortium will work with local communities before grant applications are submitted to identify potential Hub and Spoke grantees. After the first round of awards have been made, the Consortium will work with grantees and communities to expand programs to fill any gaps.

H. Technical assistance or support options needed/available

Training and Technical Assistance will be provided to school staff and health professionals. See introduction.

I. Monitoring procedures and accountability plans. See introduction.

4.5.4(i) A coordinated community supports partnership shall provide systemic services to students in a community-based, family-driven and youth-guided, and culturally competent manner.

A. Timeline. See introduction.

B. Responsible parties

- Framework Subcommittee
- CHRC
- National Center for School Mental Health

C. Deliverables

- First Coordinated Community Supports Call for Proposals (RFP)
- Technical Assistance program developed and implemented by the National Center for School Mental Health and Maryland Community Health Resources Commission

D. Background, context, and rationale. This task includes four components. A discussion of each is below:

1. Community-based: The local Hub and Spoke model will ensure programs are developed by and accountable to local communities. Partnership will be required to have community advisory boards. Community providers will deliver services. Flexibility will exist at the local level to ensure programs address local priorities.

2. Family-driven: Programming will be guided by input from families who should be represented on Partnership advisory boards. Families will be supported by programming.

3. Youth-guided: Youth voices should be included in Partnership advisory boards.

4. Culturally competent: Grant applicants will be required to describe cultural competency in their approaches. Cultural competency will be a key review criterion in evaluating grant proposals.

E. Stakeholder engagement and communications plans. See introduction.

F. How racial equity and cultural competency guide the work. See introduction.

G. Implementation considerations

During the first grant period, the Consortium/CHRC will fund service providers directly, rather than through their future Partnerships. As a consequence, services provided during the first grant period may be somewhat less systemic than services provided through future Partnerships.

H. Technical assistance or support options needed/available. See introduction.

I. Monitoring procedures and accountability plans. See introduction.

4.5.4(j) The Consortium, in consultation with the National Center on School Mental Health and in coordination with MLDS and AIB, shall develop accountability metrics to determine whether community partnership services are positively impacting students, their families, and their communities
Metrics shall: measure whether there has been any increase in services provided, reductions in absenteeism, repeat referrals to the coordinated community supports partnership, reduction in interactions of students with youth-serving agencies, and increase in funding through federal, local, and private sources; and include any other identifiable data sets that would demonstrate whether a coordinated community supports partnership is successfully meeting students' behavioral health needs.

A. Timeline

- **October 2022 – February 2023**: The Data Subcommittee met 2-4 times per month to develop Accountability Metrics, including 4 goals and several quantifiable indicators.
- **Spring/summer 2023**: The first RFP, to be issued in spring/summer 2023, will include required standardized data for grantee reporting, which align with the Accountability Metrics. The Consortium will continue consultations with the AIB and MLDS on data metrics.
- **Fall 2023 - end of FY 2024 and beyond**: CHRC staff will work with grantees to develop templates for Milestone and Deliverables reports, which will include both standardized and customized data. Grantees will submit data regularly to the CHRC and Consortium. Technical Assistance will be provided to support data collection, analysis, and reporting by grantees. The Data Subcommittee will evaluate the possibility of procuring a common data platform for grantees, as well as developing a public-facing data dashboard for the initiative as a whole.
- **FY 2025 and beyond**: Future RFPs will be issued to Partnerships through Hubs. Spokes will be subgrantees and will submit data to Hubs. Hubs will consolidate data received from Spokes and report data to the CHRC and Consortium.

B. Responsible parties

- Data Subcommittee
- MLDS
- National Center for School Mental Health
- CHRC

C. Deliverables

- Consortium Accountability Metrics
- First Coordinated Community Supports Call for Proposals
- Technical Assistance program developed and implemented by the National Center for School Mental Health and Maryland Community Health Resources Commission

D. Background, context, and rationale

The Consortium places a high priority on demonstrating the effectiveness of its programs through quantifiable data. One of the first priorities of the Consortium was the development of four goals with quantifiable indicators. These are included in the introduction and also provided below for reference:

Consortium Accountability Metrics		
Goal	**Indicators to be reported by grantees**	**Population-level data to be provided to Hubs**
1. Expand access to high-quality behavioral health and related services for students and families	# of students and families served, # of schools, # of services, wait time for services, etc; improvements in quality and array of services (SHAPE system)	None; all data will be provided by grantees
2. Improve student wellbeing and readiness to learn	% or # of students demonstrating improvement in social, emotional, behavioral, or academic functioning using a validated assessment tool; % or # of students demonstrating reduction in substance use **	YRBS measures of wellbeing and substance use, MSDE measures of absenteeism, CRISP data on ER visits and hospitalizations
3. Foster positive classroom environments	Increased use of positive classroom strategies; SHAPE system measures of improvements in school climate	MSDE data on disciplinary incidents and academic outcomes, school survey data on perceptions of school safety and staff satisfaction, DJS data on justice-involved students, etc
4. Expand revenues from Medicaid and other funding sources for school behavioral health	Medicaid revenues, other revenues	Claims data

** Grantees will choose assessment tools that align with the conditions of individual students, such as:

- Psychiatric Symptoms Checklist (PSC-17): depression, anxiety, ADHD, and acting out behavior for children under 16
- Patient Health Questionnaire (PHQ-9) or *General Anxiety Disorder (GAD-7)*: depression and anxiety for older adolescents
- CAGE-AID: Substance Use Disorder
- SNAP-IV: ADHD
- Child and Adolescent Trauma Screen (CATS): trauma, PTSD

The CHRC, which will administer the Consortium's grant program, has a great deal of experience in developing quantifiable measures for evaluating grantee outcomes.

The ability of grantees to collect and report data will be a key criterion in the evaluation of grant proposals.

E. Stakeholder engagement and communications plans. See introduction.

Public comments included questions about quantifiable measures to demonstrate outcomes. Responses were used to help develop the Consortium's Accountability Metrics.

F. How racial equity and cultural competency guide the work. See introduction.

G. Implementation considerations

The Consortium Accountability Metrics table above has two columns for two kinds of data.

- The column above labeled "Indicators to be reported by grantees" refers to data that will be collected directly by grantees column and used for program evaluation. This includes process measures as well as data related to the cohort of students that receive targeted interventions (Tiers 2 and 3). This set of indicators will be the key measures for evaluating the overall success of the Coordinated Community Supports Partnership program.
- The column above labeled "Population-level data to be provided to Hubs" refers to data sets that will be provided to Hubs to further guide programming decisions. This data also may help illustrate the overall effectiveness of the Consortium. However, population-level data tends to be multi-factorial. Moreover, several years of implementation may be required before population-level data demonstrates impact.

Linking measurable, improved health outcomes to Tier 1 (universal) interventions is challenging because all students will not receive individualized assessments, and Tier 1 approaches are often preventative in nature. Still, the effectiveness of Tier 1 intervention strategies has been demonstrated in research, and they are an efficient way to reach a large number of students.

H. Technical assistance or support options needed/available. See introduction.

Technical Assistance will be provided to support data collection, analysis, and reporting by grantees.

I. Monitoring procedures and accountability plans. See introduction.

4.5.4(k) The Consortium shall use accountability metrics to develop best practices to be used by a coordinated community supports partnership to deliver supports and services and maximize federal, local, and private funding.

A. Timeline

This task is scheduled for implementation beginning in FY 2025.

B. Responsible parties

- Grantees
- Data Subcommittee
- Best Practices Subcommittee
- National Center for School Mental Health

C. Deliverables

- Additional Technical Assistance developed and implemented by the National Center for School Mental Health

D. Background, context, and rationale

The Consortium intends to use data to drive its planning and delivery of services. Hubs will have a central role in collecting and analyzing data, both from grantees as well as data provided by state agencies. As this data is analyzed, the Consortium will work to develop and implement additional best practices.

E. Stakeholder engagement and communications plans. See introduction.

F. How racial equity and cultural competency guide the work. See introduction.

G. Implementation considerations

This task is scheduled for implementation beginning in FY 2025.

H. Technical assistance or support options needed/available. See introduction.

I. Monitoring procedures and accountability plans. See introduction.

4.5.4(l) The Governor shall include increasing amounts in the annual budget bill to the Coordinated Community Supports Partnership Fund between FY23-26 and remains at $130,000,000 in FY26 and thereafter.
The Consortium may use funding to reimburse the National Center for School Mental Health and other technical assistance providers, provide grants to coordinated community supports partnerships, and pay any associated administrative costs.

A. Timeline. See introduction.

- **Spring 2023**: Execution of FY 2023 three-party memorandum of understanding between the Consortium, CHRC, and National Center for School Mental Health; initiation of payment schedule between the CHRC and National Center
- **Summer 2023**: Grant awards are made under the first Call for Proposals (RFP)
- **Summer/Fall 2023**: Execution of FY 2024-2025 three-party memorandum of understanding between the Consortium, CHRC, and National Center for School Mental Health
- **Annual**: Governor releases budget

B. Responsible parties

- Governor
- CHRC
- Maryland Department of Health Budget Management Office

C. Deliverables

- Governor's annual budget
- FY 2023 three-party memorandum of understanding between the Consortium, CHRC, and National Center for School Mental Health
- FY 2024-2025 three-party memorandum of understanding between the Consortium, CHRC, and National Center for School Mental Health

D. Background, context, and rationale

The first Coordinated Community Supports Partnership RFP will include funding for both fiscal year 2023 and 2024.

The CHRC will provide information about the Coordinated Community Supports Partnership Fund to the Maryland Department of Health's Budget Management Office in order to support preparation of the Governor's budget.

E. Stakeholder engagement and communications plans. See introduction.

F. How racial equity and cultural competency guide the work. See introduction.

G. Implementation considerations

The Governor will request funding for the Coordinated Community Supports Partnership Fund and the General Assembly will provide funds.

H. Technical assistance or support options needed/available. See introduction.

I. Monitoring procedures and accountability plans. See introduction.

4.5.4(m) The Consortium shall submit an annual report on 7/1 to AIB, the Governor, and the General Assembly on the Consortium's activities, the creation of community supports partnerships and the areas served by the partnerships, and grants awarded to the partnerships (initial report due 12/1/22).

A. Timeline

- **December 16, 2022**: first report submitted
- **July 1, 2023**: second report will be submitted

B. Responsible parties

- Consortium

C. Deliverables

- Annual report

D. Background, context, and rationale

The Consortium submitted its first annual report on December 16, 2022, after receiving a short extension from the General Assembly and AIB. The CHRC intends to make the first Coordinated Community Supports Partnership grant awards during the summer of 2023, and will report information on grants awarded to the Governor, General Assembly, and AIB.

E. Stakeholder engagement and communications plans. See introduction. Report includes a summary of stakeholder engagement.

F. How racial equity and cultural competency guide the work. See introduction.

G. Implementation considerations

The CHRC plans to make the first Coordinated Community Supports Partnership grant awards during the summer of 2023.

H. Technical assistance or support options needed/available. See introduction.

I. Monitoring procedures and accountability plans. See introduction.

4.5.6(a) MSDE, MDH, DHS, the Consortium, and LEAs shall coordinate to establish memorandums of understanding regarding data sharing to implement identified best practices

A. Timeline

This task is scheduled for implementation beginning in FY 2024.

B. Responsible parties

- MSDE
- MDH
- DHS
- Consortium
- LEAs

C. Deliverables

- memorandums of understanding regarding data sharing

D. Background, context, and rationale

This task is scheduled for implementation beginning in FY 2024.

E. Stakeholder engagement and communications plans. See introduction.

F. How racial equity and cultural competency guide the work. See introduction.

G. Implementation considerations

This task is scheduled for implementation beginning in FY 2024.

H. Technical assistance or support options needed/available. See introduction.

I. Monitoring procedures and accountability plans. See introduction.