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

Lawrence J. Hogan, Governor; Boyd K. Rutherford, Lt. Governor
David. D. Rudolph, Chair; Mark Luckner, Executive Director, CHRC

Fifth Meeting, Consortium on Coordinated Community Supports
University of Maryland Baltimore County Technology Center
1450 S Rolling Road, Halethorpe, MD

Zoom Meeting Link:
https://us06web.zoom.us/j/82432333052?pwd=QUY2UGZYT2F1d3g4ZVQ5WkFRSE5aQT09
Meeting ID: 824 3233 3052 **Passcode:** 256556 **Dial in #:** (301) 715-8592

December 13, 2022
9:30 AM – 12:00 PM

AGENDA

1.	Call to Order	Chair Rudolph
2.	Approval of November 15 meeting minutes	Chair Rudolph
3.	Update from Consortium Subcommittees	• Framework – Superintendent Choudhury and Sadiya Muqueeth, DrPH • Data – Larry Epp • Outreach – Tammy Fraley and Robin Rickard • Best Practices – John Campo and Derek Simmons
4.	Discussion of questions from November 15 meeting	Chair Rudolph
5.	Consortium Legislative Report	Chair Rudolph, Mark Luckner
6.	Presentation on Medicaid	• National Center for School Mental Health • Example from Michigan
7.	Adjourn	Chair Rudolph

Meeting of the
Maryland Consortium on Coordinated Community Supports

Tuesday, November 15, 2022
In-Person & Virtual Meeting
1450 S. Rolling Road, Halethorpe, MD

9:30 AM – 11:30 AM

CONSORTIUM MEMBERS IN ATTENDANCE:

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Robin Rickard, Maryland Department of Health | Executive Director, Opioid Operational Command Center
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. Christina Bartz, Council on Advancement of School-Based Health Centers | Director of Community Based Programs, Choptank Community Health Systems
8. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
9. Tammy Fraley, Maryland Association of Boards of Education | Allegany County Board of Education
10. Gail Martin, Maryland Chapter of the National Association of Social Workers | former Baltimore County Public Schools Team Leader, School Social Work
11. D'Andrea Jacobs, PhD., Maryland School Psychologists Association | School Psychologist, Baltimore County Public Schools
12. Dr. John Campo, MD, Maryland Hospital Association | Director of Mental Health, Johns Hopkins Children's Center, Johns Hopkins University Hospital
13. Sadiya Muqueeth, Dr.PH, Maryland Community Health Resources Commission | Director of Community Health, National Programs, Trust for Public Lands
14. 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
15. Gloria Brown Burnett, local Department of Social Services | Director, Prince George's County Department of Social Services
16. Michael A. Trader, II, representative of local departments of health | Assistant Director of Behavioral Health, Worcester County Health Department
17. Dr. Kandice Taylor, member of the public with expertise in equity in education | School Safety Manager, Baltimore County Public Schools

Also in attendance were: Nancy Lever, PhD, Associate Professor, Division of Child and Adolescent Psychiatry and co-Director, 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 invited Dr. Kandice Taylor, newly appointed to the Consortium, to introduce herself.

MEETING MINUTES

A review of the October 18, 2022, minutes was held. Gail Martin made a motion to accept the October 18, 2022, minutes as presented at the meeting, and the motion was seconded by Ed Kasemeyer. The minutes were approved unanimously.

PRESENTATION ON SUBSTANCE USE DISORDER PROGRAMS

Robin Rickard, Executive Director of the Opioid Operational Command Center, briefed the Consortium on youth substance use supports.

SUBCOMMITTEE UPDATES

Chair Rudolph invited each of the Consortium's Subcommittee Chairs to provide an update.

Framework, Design & RFP Subcommittee Co-Chairs Superintendent Choudhury and Dr. Sadiya Muqueeth updated the Consortium on the Subcommittee's work. The Subcommittee is proposing a collective impact model for grants using Hubs and Spokes. Hubs will coordinate services, perform fiduciary responsibilities, and collect and report data. Spokes will be the service providers. In the first year, the Subcommittee recommends that grant funds should support both Hubs and Spokes directly, but that eventually all Spokes should be subgrantees of Hubs.

Data Collection/Analysis and Program Evaluation Subcommittee Chair Larry Epp shared some of the Subcommittee's thinking on potential data metrics for overall program evaluation as well as measurement-based care at the individual student level. He shared slides with proposed goals and indicators for further consideration by Consortium members.

Outreach and Engagement Subcommittee Co-Chairs Tammy Fraley and Robin Rickard discussed the Consortium's on-going public comment period. So far, over 55 individuals have provided written or oral comments, and the public comment period will end on November 16. These individuals include both behavioral health and/or education stakeholders from all regions of the state. A summary of some themes can be found in the slides.

Best Practices Subcommittee Co-Chairs John Campo and Derek Simmons said their Subcommittee will continue working to identify best practices for behavioral health services for all three tiers of the Multi-Tiered System of Supports (MTSS) that align with the overall program goals and indicators.

CONSORTIUM LEGISLATIVE REPORT

Chair Rudolph said the Consortium has requested an extension on the deadline to submit its first annual report so that more substantive information can be included. The draft report will be sent to Consortium members in advance of the next meeting on December 13, and will be voted on at that meeting.

NEXT STEPS

Chair Rudolph said the next meeting of the Consortium will be held on December 13, and the following meeting will be held on January 10.

ADJOURNMENT

Robin Rickard made a motion to adjourn the meeting. Gail Martin seconded the motion. The motion was approved unanimously, and the meeting adjourned at 11:30 a.m.

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Maryland Consortium on Coordinated Community Supports

General Update and Next Steps

December 13, 2022

Key implementation activities for 2022

- 22 of 24 appointments have been made.
- Subcommittees have formed and are working through key issues.
- Public comment period (see next slides).
- Legislative report submitted later this month.

Future activities in 2023

- Subcommittees continue to review and complete consideration of public comments (see next slides).
- Consortium prepares recommendations for overall program and first Call for Proposals.
  - Consortium will present recommendations to CHRC.
  - CHRC will issue Call for Proposals in 2023.
- Recruit for Consortium staff director and other staff positions.
- Second legislative report (July 2023).

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Next meetings

January 10, 2023, 9:30 am

- Collective Impact Model, Hub and Spoke, Community Supports Partnerships (Part 1)
- Pending public comments to discuss

February 21, 2023, 9:30 am

- Collective Impact Model, Hub and Spoke, Community Supports Partnerships (Part 2)
- Discuss first Call for Proposals
- Develop recommendations for CHRC (fiscal agent)

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Public Comment Period

- October 26 – November 16, 2022
- 12 questions to solicit feedback on program design, scope of potential grant activities, data metrics
- Comments accepted in writing or orally at meeting on November 10
- 81 responses (geographic balance, diversity, both behavioral health and education)
- Subcommittees are currently reviewing responses

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Public comments – Bucket 1 (not controversial)

- Staff summary of comments and list of the 81 respondents is included in Appendix A in the Annual Report.
- To continue analyzing these, staff has divided comments into two buckets:

Bucket 1: Most public comments align with Consortium discussions to date.

- Examples from Bucket 1 on next slide.

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Public comments – Bucket 1 themes

- All three tiers of Multi-Tiered System of Supports (MTSS - universal, targeted, individual)
- Group therapy highlighted
- Working with families, not just students
- Substance Use programs
- Transportation barriers
- Prevention
- Cultural and linguistic competency
- Focus on areas with provider shortages and socioeconomic needs
- Workforce – wages, work environment, trainings, sustainable positions
- Training for how to use and collect data
- Provide key data to applicants and grantees
- Use data to inform treatment plans

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Public comments – Bucket 2

Bucket 2: Some comments raise issues that need further discussion in Subcommittees. For example:

- Could grant funds be used to cover somatic care services such as glasses for children?
- Should teacher retention rates be used to evaluate the success of the program?

Framework, Data, and Best Practices Subcommittees have begun discussing these topics, and will continue to do so in early 2023.

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Subcommittee Updates

December 13, 2022

Framework, Design, & RFP Subcommittee

Chairs: Superintendent Mohammed Choudhury, Sadiya Muqueeth, DrPH

Members: Emily Bauer, John Campo, Cory Fink, Senator Katie Fry Hester, Linda Rittlemann, Kandice Taylor, Russell Leone

Agency Representative: Maria Rodowski-Stanco (MDH)

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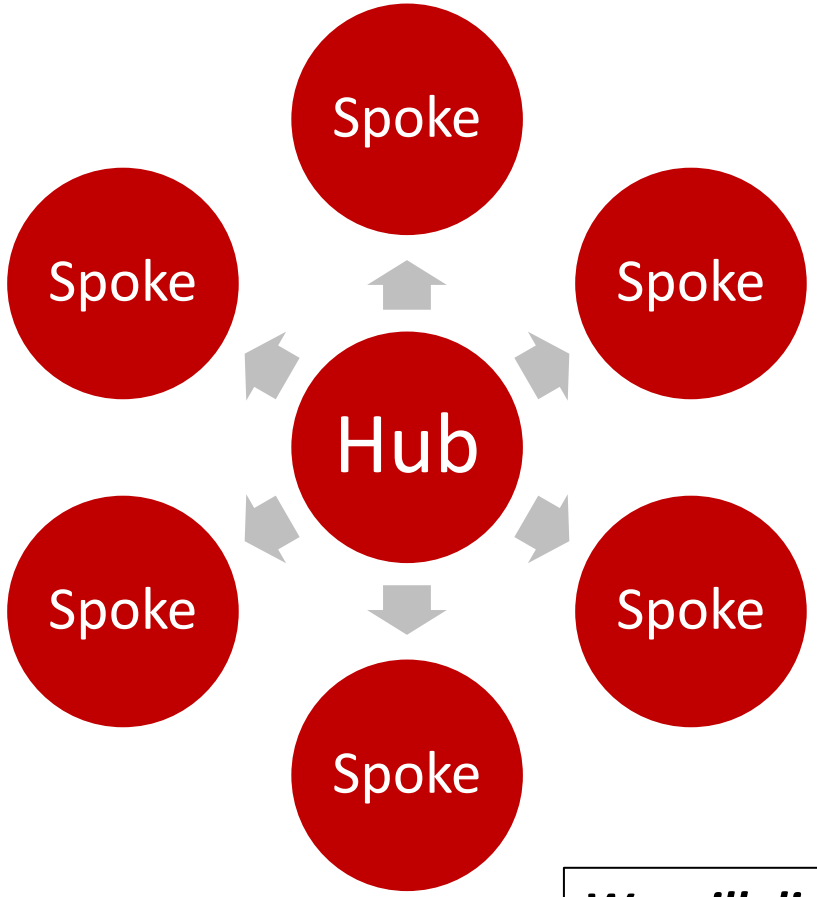
Framework Re-cap: Hub and Spoke model



- Collective Impact model.
- **Hub** is the Community Supports Partnership (CSP), "backbone" of Collective Impact model.
  - new or existing organization.
  - coordinate the activities of spokes, manage financial and data responsibilities.
  - geographic – likely at the School District level.
- **Spokes** are the service providers/sub-grantees; "partners" of Collective Impact model.
- Close coordination and MOU with the schools.

We will discuss this model more on January 10.

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Framework Re-cap: First RFP

The first RFP will support BOTH capacity building/planning AND service delivery/expansion/enhancement.

Year 1 applicants/grantees should include both:

A. **Hubs/backbones**: Organizations that *could become* CSPs. Grant dollars support planning grants and technical assistance

B. **Spokes:** Service providers. Grant dollars support access to services

Framework: What do a Hub and Spoke need to do?

	Hub/CSP	Spoke
Service Delivery	• all MTSS tiers • ensure fidelity to best practices • coordinate many partners	• one or more tiers • utilize best practices, as applicable • ability/commitment to partner with other organizations in the future
Fiduciary	• receipt of grant dollars • accountability for grant funds • maximize third party billing including Medicaid if possible • leverage funds from other sources • distribute funds to Spokes	• receipt of grant dollars • accountability for grant funds • maximize third party billing including Medicaid if possible • leverage funds from other sources, if possible
Data	• collect data from Spokes • report data to Consortium and CHRC	• collect and report data required by the Consortium and the CHRC

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Public Comments discussed by Framework Subcommittee – Crisis Services

- Overall, public comments tracked Subcommittee thinking on permissible uses of grant funding.
- Consortium funds "shall be supplemental to and may not supplant" other behavioral health funding.
- Continuing to discuss how/whether grant funds should be used for **crisis services**. BHA Mobile Response & Stabilization Services is existing model.
  - Need is great. Capacity is uneven across the state.
- Rather than direct funds for crisis services, are there other ways to address school-related behavioral health crises?
  - Safety planning?
  - Staff training?
  - Better integration?
  - More consistent protocols for school staff?

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Public Comment – Beyond the scope?

- Subcommittee considered and is inclined to say the following are generally **beyond the scope** of the grant program.
  - × Inpatient beds
  - × Partial hospitalization program
  - × Specialized schools for students with behavioral health challenges
  - × Somatic health services
  - × Academic and vocational supports
  - × Extra-curricular activities without behavioral health focus
  - × Flexible emergency funds to meet basic needs of families
- Community School funding addresses some of these.
- Consortium programs should help people to *access* these, but the Consortium should not be the primary funding source.
- Framework Subcommittee will clarify wraparound services that will be eligible for funding.

Data Collection/Analysis & Program Evaluation Subcommittee

Chair: Larry Epp

Consortium Members: Cory Fink, Tammy Fraley, Robin Rickard, Linda Rittlemann, Emily Bauer

Agency Representatives: Maria Rodowski-Stanco (MDH), Matt Duque (MSDE), James Yoe (MDH)

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Data Collection/Analysis & Program Evaluation Subcommittee

- Considering a number of potential goals and accountability metrics for grantees.
- Reviewed metrics recommended by public comments.
- Briefings by experts.
- Beginning to consider data systems requirements.

Revised: 4 Proposed overall goals

Goals
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
4. Expand revenues from Medicaid and other funding sources for school behavioral health

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Proposed Goal 1:
Expand access to services

Data Grantees would collect (proposed)

1. Number of unduplicated individuals/families:
    - receiving universal supports
    - receiving screenings and early identification
    - receiving Tier 2/3 services
2. Number of Tier 2/3 service encounters (both school and Partnerships)
3. Number of schools and students where new Partnership supports and services are offered – Universal and Tier 2/3
4. Average wait time for identified students to access Tier 2/3 services
5. Perceived effectiveness of services – Tier 2/3
6. Improvements in the quality and array of supports and services (SHAPE system) – Tier 2/3

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Proposed Goal 2:
Student wellbeing and readiness to learn

Data Grantees would collect (proposed)

1. Number/percentage of individuals demonstrating improvements in social, emotional, behavioral, or academic functioning – Tier 2/3
2. Number/percentage of individuals receiving substance use services who demonstrate reduction in substance use – Tier 2/3

Population data from other sources (proposed)

1. Overall student wellbeing (YRBS, Maryland School Survey)
2. YRBS substance use data, other OOCC data
3. Chronic absenteeism (MSDE)
4. Utilization of emergency services (CRISP/Medicaid claims)

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Proposed Goal 3:
Positive classroom environments

Data Grantees would collect (proposed)

1. Increased use of positive classroom strategies
2. Improvements in school climate (SHAPE self-assessment Tier 1 quality domain)

Population data from other sources (proposed)

1. Academic outcomes (MSDE or MLDS)
2. Disciplinary data (MSDE) – Universal
3. Number of justice-involved students overall (DJS) – Universal
4. Perception of school safety (MD School Survey) – Universal
5. Staff satisfaction (MD School Survey) – Universal

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Proposed Goal 4:
Revenue from Medicaid and other sources

Data Grantees would collect (proposed)

1. Fee for Service Medicaid dollars leveraged – Tier 2/3
   - Community providers (EMR)
   - School staff
2. Administrative Medicaid dollars leveraged
3. Private insurance dollars leveraged – Tier 2/3
   - Community providers (EMR)
   - School staff
4. Dollars from other funding sources

Data from other sources (proposed)

1. Medicaid data (claims, other)

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Outreach and Community Engagement Subcommittee

Chairs: Tammy Fraley, Robin Rickard

Members: Chrissy Bartz, Ed Kasemeyer

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Outreach and Community Engagement Subcommittee

Launched the public comment period and received oral testimony at meeting on November 10.

Will continue to inform the public and key stakeholders on Coordinated Community Supports program and the first RFP.

- Consider hosting on-line and in-person meetings
- Listen to communities and share their views back to the Consortium

Best Practices Subcommittee

Chairs: John Campo, Derek Simmons

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

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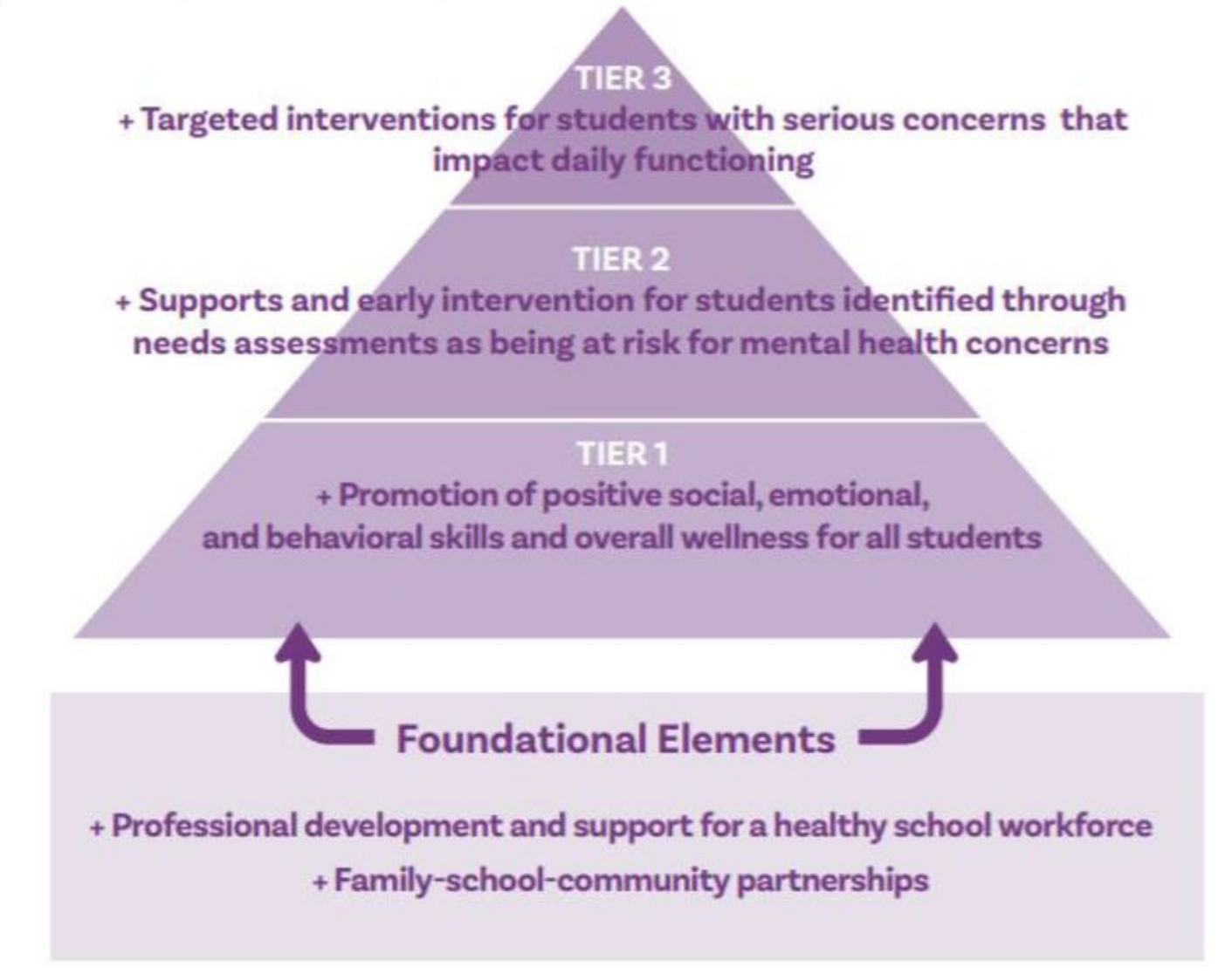
Best Practices Subcommittee



The Subcommittee plans to develop a list of best practices for the delivery of services at each level of the Multi Tiered System of Supports.

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Best Practices Subcommittee

- Continue to coordinate with Framework and Data Subcommittees as the model and overall goals are developed.
- What best practices should be required statewide?
- What best practices should be encouraged?
- How to build on what is already being implemented?

Consortium legislative report - Requirements

Joint Chairmen's Report

1. Membership of the Consortium
2. Appointment and selection process
3. Planned efforts of the Consortium to prioritize concentration of poverty students

Senate Bill 802

1. Activities of the Consortium
2. Creation of Coordinated Community Support Partnerships & area served by each partnership
3. Grants awarded to Coordinated Community Support Partnerships
4. All other activities of the Consortium to carry out the requirements of Section 7-447.1 of this title

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Consortium legislative report

I. Executive Summary
II. Background and mission
III. Consortium membership, appointment, and selection process
IV. Activities of Consortium during calendar year 2022
V. Planned efforts to prioritize concentration of poverty students (see next slide)
VI. Creation of Coordinated Community Support Partnerships and areas served by each
VII. Grants awarded to Coordinated Community Support Partnerships

Appendix: Summary of public comment period

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Consortium legislative report

Planned Efforts to Prioritize Concentration of Poverty Students

- Programs serving schools that receive Concentration of Poverty Grants will be prioritized for grant funding.
- RFP will include a list of schools that receive Concentration of Poverty Grants.
- Public comments stressed percentages of students eligible for free and reduced meals (FARMs) as well as Community Schools. Both are closely related to Concentration of Poverty Grants.
- Concentration of Poverty Grants will be one of several factors to be considered when developing and issuing the first RFP.

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Maryland Consortium on Coordinated Community Supports

General Update and Next Steps

December 13, 2022

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Framework, Data, and Best Practices Subcommittees have begun discussing these topics, and will continue to do so in early 2023.

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NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

Medicaid and School Mental Health

December 13, 2022

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NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

National Center for School Mental Health

MISSION:

Strengthen policies and programs in school mental health to improve learning and promote success for America's youth

Focus on advancing school mental health policy, research, practice, and training

Shared family-schools-community agenda

Funded in part by the Health Resources and Services Administration

www.schoolmentalhealth.org
www.theshapesystem.com

Facebook.com/CenterforSchoolMentalHealth

@NCSMHtweets

Lena O’Rourke

Principal and Founder, O’Rourke Health Policy Strategies

Scott Hutchins

School Mental Health and Medicaid Consultant
Michigan Department of Education

Kevin Baur

Medicaid Policy Specialist, Michigan School Services Program

Tanya Schwartz

Managing Principal of Medicaid Policy & Programs, Aurrera Health Group

Julia Smith

- Senior Director, Medicaid Policy & Financing, Aurrera Health Group

Meeting the Moment: Momentum for School Medicaid

Lena O’Rourke, on behalf of Healthy Schools Campaign

December 13, 2022

HEALTHY SCHOOLS
CAMPAIGN

About Healthy Schools Campaign

HEALTHY SCHOOLS
CAMPAIGN

What is Medicaid?

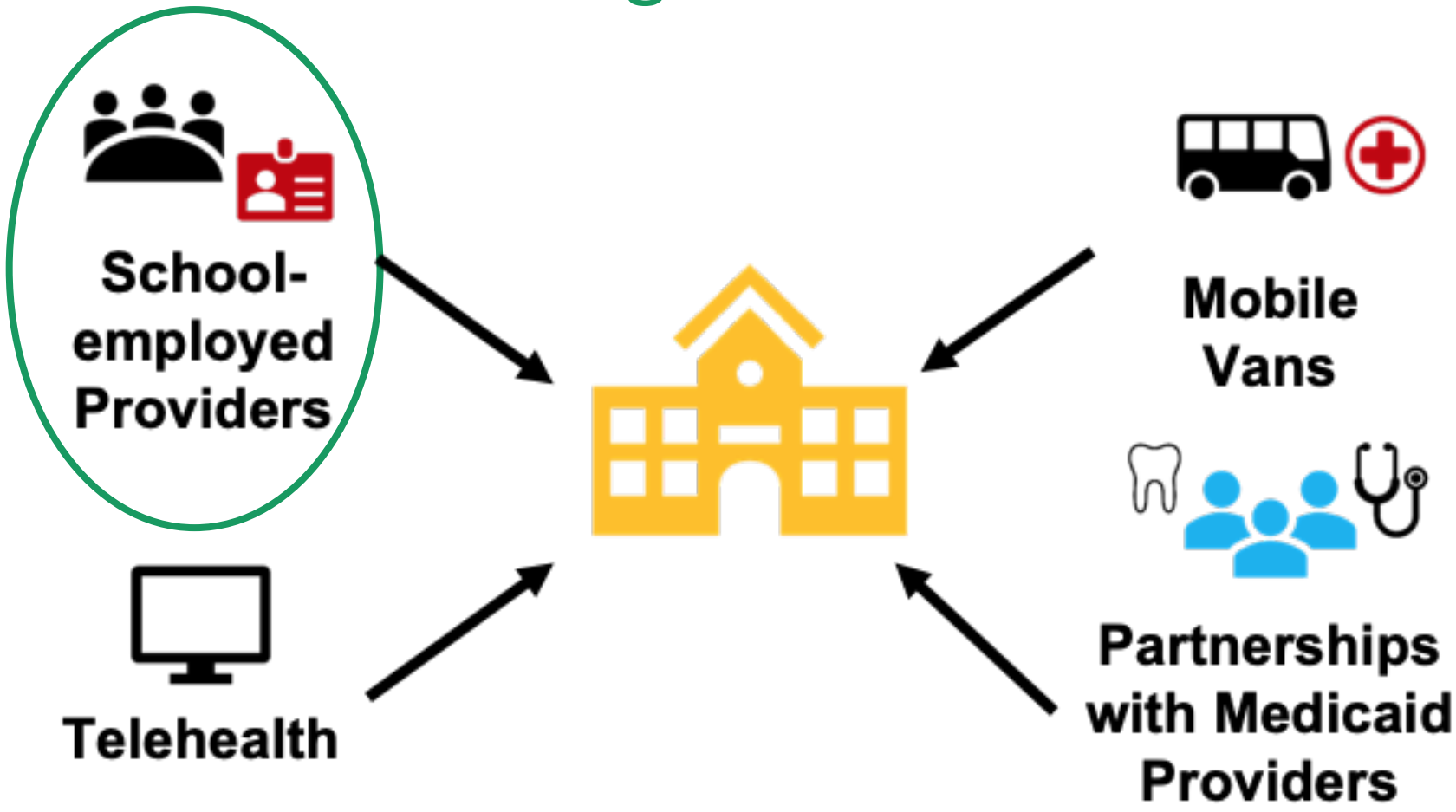
- Comprehensive health insurance
  - Medicaid covers all medically necessary physical and behavioral health services for children and adolescents
- Covers millions of people, including children and adolescents
- Costs shared by the state and federal government
- States make decisions about administration, eligibility, services, coverage, and beneficiary protections—and CMS approves the decisions

Background on School-Based Medicaid

- For 30 years, Medicaid has paid for eligible school physical and behavioral health services included in students' Individualized Education Programs (IEP)
- While Medicaid spending on school-based health services represents less than 1 percent of total Medicaid spending, it's significant for schools

Models for Delivering Medicaid Services in Schools

Models for Delivering Medicaid Services in Schools



Current Status of School-Based Medicaid

Medicaid can pay for school-based physical/mental health services if:

- The student is enrolled in Medicaid;
- The services provided are covered by the state;
- Services are delivered by a qualified provider that is recognized in the Medicaid state plan; and
- States have appropriate billing, documentation and oversight mechanisms in place.

Game-Changing Federal Momentum

- Schools and student mental health in State of the Union
- Joint statements from HHS Secretary Becerra & ED Secretary Cardona
- Historic one-time investments in K-12 schools, COVID-relief and ESSER funding

Seizing the Opportunity

- Many states are considering expanding school-based Medicaid–including Maryland
- Several models being considered in how to design school-based Medicaid programs
- Biden Administration is actively working with states considering expanding school-based Medicaid

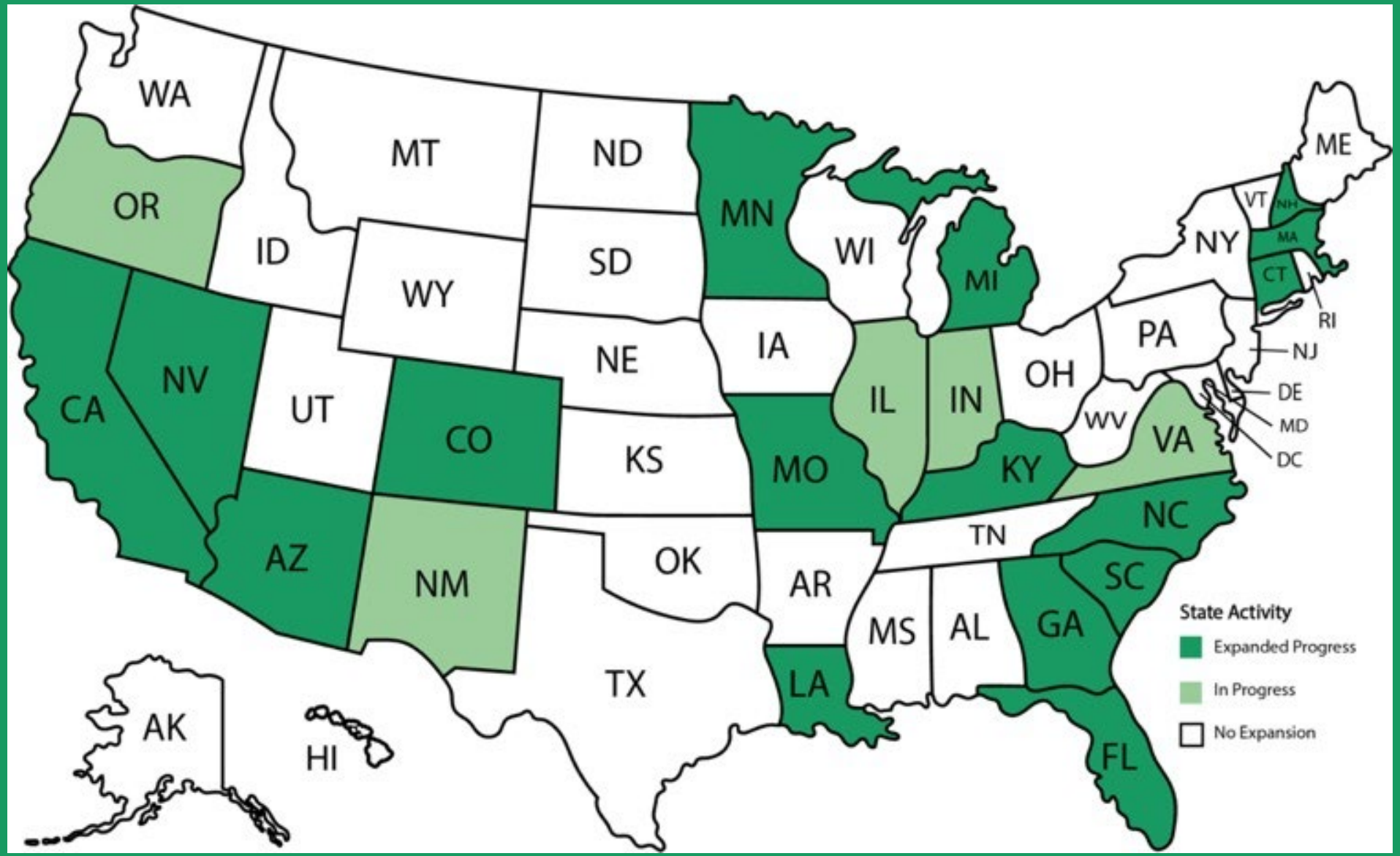
Bipartisan Safer Communities Act

- $50 million for grants to states to support school Medicaid
- School Medicaid TA center
- Funding to strengthen the school health provider workforce
- Title IV A (Student Support and Academic Enrichment Grants)
- Updated guidance & best practices for states

Expanding School Medicaid

- Medicaid reimbursement no longer restricted to students with an IEP
- Medicaid will reimburse for services to all Medicaid-enrolled students
- States can choose to expand school-based Medicaid programs to all students
- Some states must submit state plan amendment (SPA) to expand their program to all students; others can take state administrative or legislative actions

Expansion of School-Based Medicaid Programs



Examples of Eligible School Health Services	Examples of Eligible School Health Providers
• Physician Services • Nursing Services • Psychology • Counseling • Social Work Services • Vision Services • Audiology Services • Speech Therapy • Occupational Therapy • Physical Therapy	• Nurse practitioner • Registered nurse • Licensed practical nurse • Health technician • Certified school psychologist • Credentialed school counselor • Credentialed school social worker • Licensed marriage and family therapist • Speech language pathologist • Occupational therapist

Examples of Eligible School Mental Health Services	Examples of Eligible School Mental Health Providers
• Psychological assessments • Psychosocial assessments • Individual psychology and counseling • Group psychology and counseling • Medication administration • Peer support services • Case management	• Licensed psychologist • Certified school psychologist • Licensed counselor • Credentialed school counselor • Licensed social worker • Credentialed school social worker • Licensed marriage and family therapist • Behavior health analysts • Registered nurse

Lessons Learned

Building partnerships and cross-agency teams

Strong support for school Medicaid

Federal policy support

Assessing need and data collection

Identifying innovative strategies

Thank you!

Lena O’Rourke
lena@orourkestrategies.com

For more information visit:
healthyschoolscampaign.org

State school Medicaid map:
healthystudentspromisingfutures.org

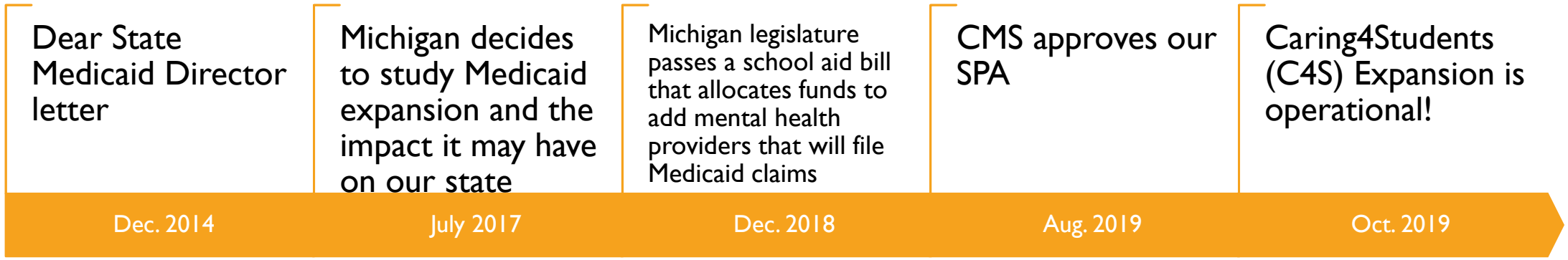
Kevin Bauer, PhD, Michigan Department of Health and Human Services

Dana Billings, ABA, MA, Michigan Department of Education

Scott Hutchins, Michigan Department of Education

MARYLAND COORDINATED COMMUNITY SUPPORT PARTNERSHIP CONSORTIUM

MICHIGAN SCHOOL SERVICES PROGRAM – FREE CARE TIMELINE



CARING 4 STUDENTS (C4S) PROGRAM

MDHHS Michigan Department of Health & Human Services

Medical Services Administration

BULLETIN MSA

Bulletin Number: MSA 19-26

Distribution: School Based Services Providers

Issued: September 30, 2019

Subject: Caring 4 Students (C4S) Program

Effective: October 1, 2019

Programs Affected: School Based Services, Caring 4 Students

I. General Information

This policy describes the coverage and reimbursement for Intermediate School District (ISD) nursing and behavioral health services for general education students (hereafter referred to as "Caring 4 Students" or "C4S") and for the expansion of the existing School-Based Services (SBS) program. Collectively, these programs will be identified as "school-services programs." Except where specifically identified, the provisions in this bulletin apply to both programs. Coverage is based on medically necessary, Medicaid-covered services that may be provided in the school setting and enables these services to be billed to Medicaid. This ensures federal participation in the funding of these Medicaid-covered services.

It is the intent of this policy that the ISDs, in cooperation with the local education agencies (LEAs), use both existing funding and those from this program to maintain and increase behavioral health and other health services for general education students. These increases can take place in the current or subsequent year and must supplement, and not supplant existing services. It is expected that these additional services for General Education Students be provided without negatively impacting services provided to Special Education Students.

Enrollment as a Michigan Medicaid provider for services delivered in the school setting is limited to the ISDs, Detroit Public Schools Community District (DPSCD), and Michigan School for the Deaf (MSD). Throughout the remainder of this policy, any reference to "ISD" pertains to all these entities unless stated otherwise. The ISDs are required to establish a memorandum of understanding to facilitate coordination and cooperation with other human service agencies operating within the same service area if services are delivered within the school setting.

RANDOM MOMENT TIME STUDY (RMTS)

- RMTS is Michigan's process for cost settlement instead of fee for service
- RMTS measures the work effort of the entire group of approved participants involved in the schools Medicaid and health-related services program by sampling and analyzing work efforts of a randomly selected cross-section of the group
- RMTS is the federally accepted method of documenting the amount of staff time spent on direct service and administrative outreach activities
- RMTS is a program requirement that helps schools receive federal reimbursement for time spent on allowable related activities
- A computer program chooses each moment randomly from the total working hours of all the school days of an entire quarter and assigns the selected moment to an eligible participant

STATE SCHOOL AID ACT FUNDING (PUBLIC ACT 94 OF 1979)

- Building a system of support
  - 2018-19 began with around $30 million
  - Roughly $20 per student

- Amended Medicaid State Plan to
  - Expand coverage
  - Caring4Students (C4S)
- Continued investment from the legislators and governor
- Exacerbated need for mental health services:
  - COVID pandemic
  - Political and social unrest
  - Violent tragedy in Oxford, Michigan

CHILDREN'S MENTAL HEALTH FUNDING IN THE STATE SCHOOL AID ACT

Fiscal Year	Recurring	Non-Recurring
FY18	$0	$0
FY19	$31.3m	$0
FY20	$31.3m	$0
FY21	$45.8m	$0
FY22	$53.9m	$125.4m
FY23	$78.9m	$282.5m

PREVIOUSLY FUNDED AND CONTINUED OPPORTUNITIES

- Sec. 31n = $77,600,000
  - Funding to ISDs for direct service providers with Medicaid match
  - Child and Adolescent Health Centers with mental health focus (E3)
  - technology
- Sec. 31o = $240,000,000
  - Funding to ISDs and LEAs for direct service providers
  - nurses, social workers, psychologists, counselors
  - 100% salary reimbursement in year 1, 66% in year 2, 33% in year 3
- Sec. 31p = $50,000,000
  - Funding to ISDs for TRAILS-transforming research into action to improve the lives of students
    - TRAILS brings proven mental health strategies to the school setting – helping staff provide the support students need
    - Training, materials, and implementation support so partner schools can provide their students with effective programming across 3 tiers of service

HIRING IMPACT of 31n FUNDS

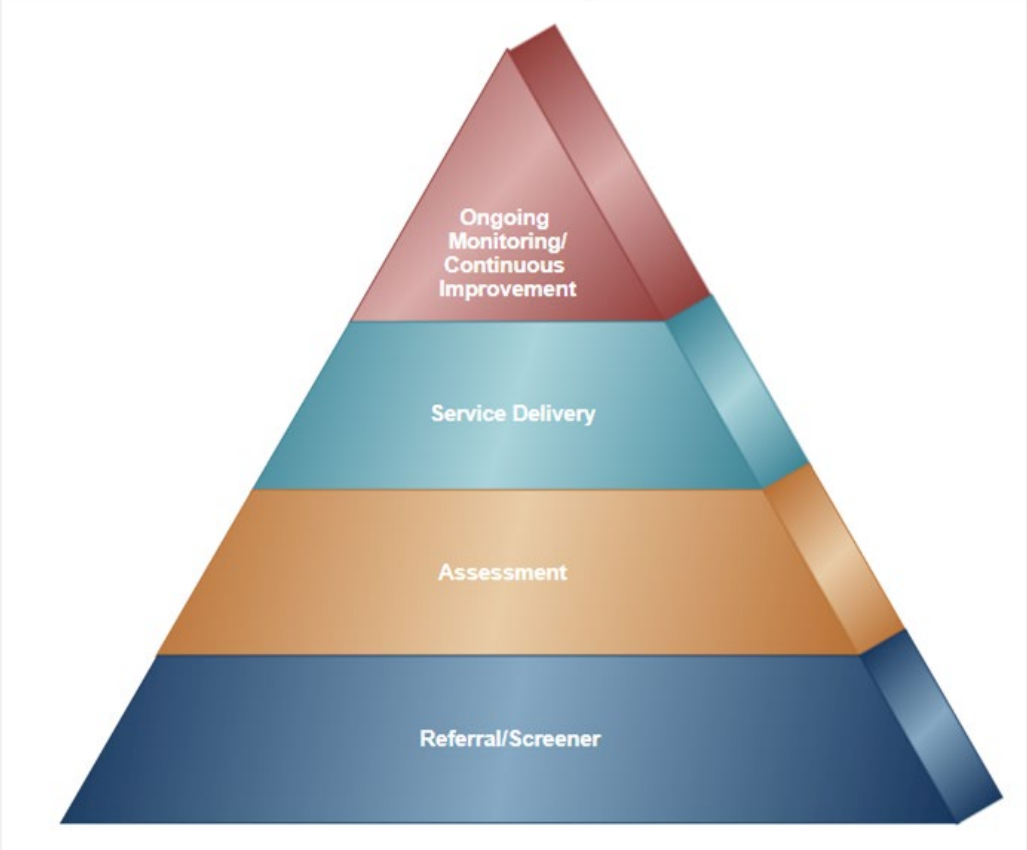
	2019-2020 Impact of 31n(6) Funds	2020-2021 Impact of 31n(6) Funds	2021-2022 Impact of 31n(6) Funds
Local school districts served	291	365	436
School buildings served	762	887	1,109
Students attended a school with at least one 31n(6) funded provider	330,320	386,150	535,325
Full-Time Equivalent (FTE) licensed behavioral health providers hired directly by an Intermediate School District (ISD) or local district with 31n(6) funds	89.78	154.4	257.74
FTE licensed behavioral health providers hired through contract-based collaborative partnerships with community mental health programs to provide direct services to students	50.2	59.14	87.55
FTE licensed behavioral health providers hired through contract-based collaborative partnerships with private practice providers to provide direct services to students	28.98	33.64	29.44

SUMMARY OF SERVICES PROVIDED BY 31n FUNDED PROVIDERS

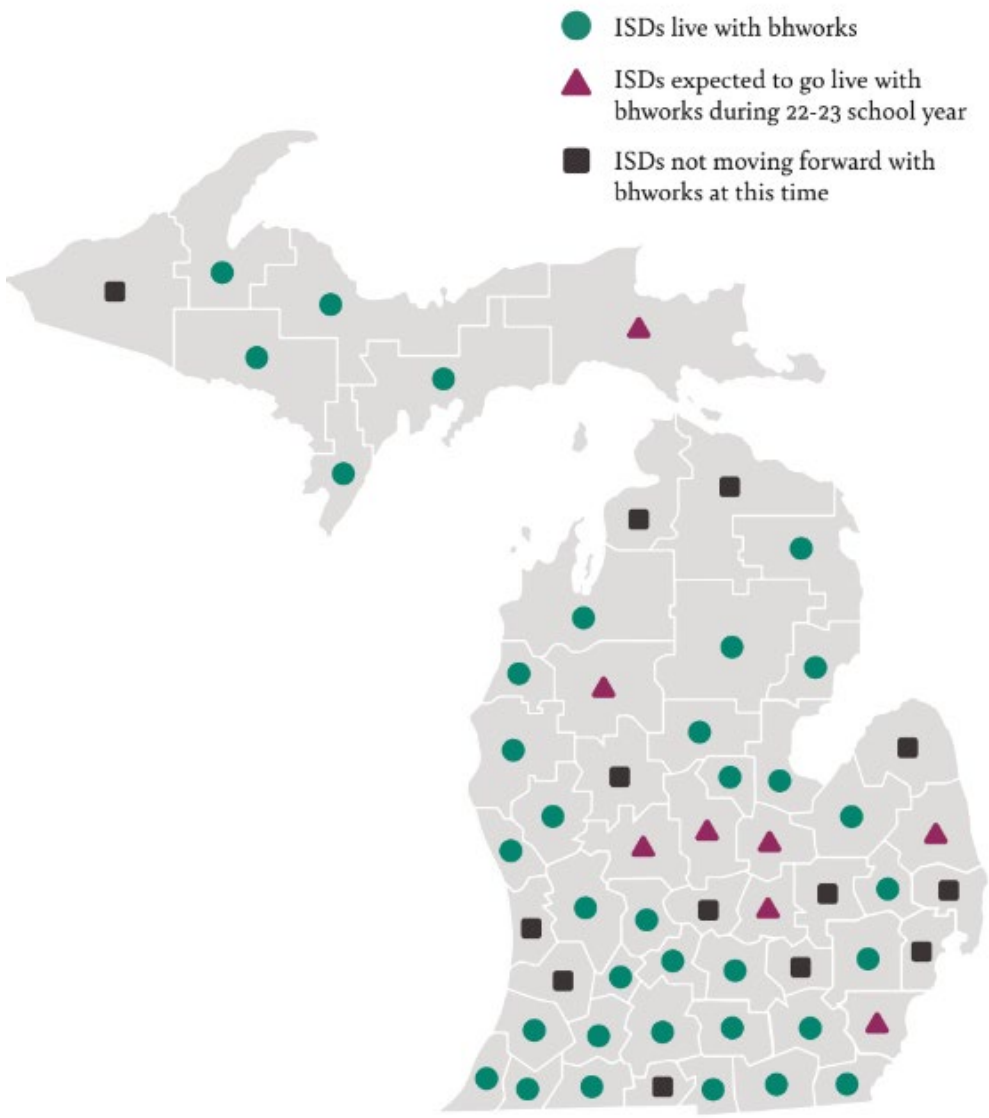
	2019-2020 Services Provided by 31n(6) Funded Providers	2020-2021 Services Provided by 31n(6) Funded Providers	2021-2022 Services Provided by 31n(6) Funded Providers
Students received screenings or assessments	12,030	46,203	62,454
Unduplicated students received direct services from a 31n(6) funded provider	8,885	10,017	22,265
Students that had a Plan of Care developed by a 31n(6) funded provider	2,954	3,421	8,504
Referrals to external community partners	1,273	1,797	3,255

Using bhworks to Connect Students to Services More Efficiently

- Care Coordination Platform
- Streamline standard operating procedures and best practices
- Improve confidential communication with families, school staff and providers
- Access to real-time data



ISDs Using bhworks as of Fall 2022



TECHNICAL ASSISTANCE FOR SCHOOL-BASED BEHAVIORAL HEALTH PROVIDERS AND COORDINATORS

- Policy Workgroup
- Trainings and collaboration opportunities for **Direct Service Providers** every other month
- Trainings and collaboration opportunities for **Coordinators** every other month
- Regional Meetings for Implementers/Coordinators/Finance fall and spring
- Consultants are available to meet with LEAs and ISDs plus their team members as needed
- Annual School Medicaid Conference
- Newsletters 3x/year
- Shared Google drive with vetted resources and support documents
- Email list to distribute vetted behavioral health resources and information

QUESTIONS

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Maryland Medicaid Opportunities

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Current State – School Health Services Coverage

- Coverage limited to services listed on a student's Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)
- Coverage of reasonably broad set of services
  - Audiology, nursing, nutrition, occupational therapy, physical therapy, speech-language pathology, transportation, and psychological, counseling, social work, and therapeutic behavior services

Current State – School Health Provider Requirements

- Psychological, counseling, and social work services must be provided or supervised by a licensed mental health professional

School Health Services Coverage Opportunity

- Extend coverage to students without an IEP or IFSP
- Expand coverage to include additional behavioral health services, such as crisis services and substance use disorder services
- Explore opportunities to eliminate or limit supervision requirements for school psychologists, school counselors, and school social workers

Infrastructure Needs

- Staffing, technology, and technical assistance to support Medicaid billing
- Connection to CRISP
- Data collection and analysis
- Improved connection between school health, school-based health centers, and external physical and behavioral health providers

Medicaid Managed Care Coordination

- 99% of child Medicaid beneficiaries are enrolled in HealthChoice
- Opportunity for coordination, data sharing, and referrals

Opportunity

- Leveraging schools as a unique setting to provide access to health care services
- Maximizing federal Medicaid funding for school health
- Integrating school health into broader delivery system for children and youth
- Supporting schools in supporting children and youth