Maryland Consortium on Coordinated Community Supports
45 Calvert Street, Annapolis, MD 22401

Zoom Meeting Link:
https://us06web.zoom.us/j/83682305199?pwd=K245Q0tZRzU0amN6dS8xdFRDZUh2QT09
Meeting ID: 836 8230 5199 **Passcode:** 483789 **Dial in #:** (301)715-8592

February 21, 2023
9:30 AM – 11:30 AM

AGENDA

1.	Call to Order and introduction of new member	Chair Rudolph
2.	Approval of January 10 meeting minutes	Chair Rudolph
3.	Community Support Partnerships – how to operationalize	Superintendent Choudhury and Sadiya Muqueeth, DrPH, co-chairs, Framework Subcommittee
4.	Question and answer period	Chair Rudolph
5.	Update from other Consortium Subcommittees	• Data – Larry Epp • Outreach – Tammy Fraley • Best Practices – Derek Simmons and John Campo
6.	Consortium implementation report to AIB	Chair Rudolph, Mark Luckner
7.	Next Steps	Chair Rudolph, Mark Luckner
8.	Adjournment	Chair Rudolph

Meeting of the
Maryland Consortium on Coordinated Community Supports

Tuesday, January 10, 2023
In-Person & Virtual Meeting
613 Global Way, Linthicum Heights, MD 21090

9:30 AM – 11:40 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. Cory Fink, Department of Juvenile Services | Deputy Secretary for Community Operations
7. Mary Gable, Director of Community Schools | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy, Maryland State Department of Education
8. Christina Bartz, Council on Advancement of School-Based Health Centers | Director of Community Based Programs, Choptank Community Health Systems
9. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
10. Tammy Fraley, Maryland Association of Boards of Education | Allegany County Board of Education
11. Gail Martin, Maryland Chapter of the National Association of Social Workers | former Baltimore County Public Schools Team Leader, School Social Work
12. D'Andrea Jacobs, PhD., Maryland School Psychologists Association | School Psychologist, Baltimore County Public Schools
13. Dr. John Campo, MD, Maryland Hospital Association | Director of Mental Health, Johns Hopkins Children's Center, Johns Hopkins University Hospital
14. Sadiya Muqueeth, Dr.PH, Maryland Community Health Resources Commission | Director of Community Health, National Programs, Trust for Public Lands
15. Linda Rittelmann, representative of the Maryland Medical Assistance Program | Senior Manager, Medicaid Behavioral Health ASO, Maryland Department of Health
16. 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
17. Gloria Brown Burnett, local Department of Social Services | Director, Prince George's County Department of Social Services
18. Michael A. Trader, II, representative of local departments of health | Assistant Director of Behavioral Health, Worcester County Health Department
19. Dr. Kandice Taylor, member of the public with expertise in equity in education | School Safety Manager, Baltimore County Public Schools
20. The Honorable Katie Fry Hester, Maryland Senate

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. Robin Rickard, Executive Director of the Opioid Operational Command Center, announced her upcoming resignation from the OOCC and the Consortium.

MEETING MINUTES

A review of the December 13, 2022, minutes was held. Ed Kasemeyer made a motion to accept the December 13, 2022, minutes as presented at the meeting, and the motion was seconded by Sadiya Muqueeth. The minutes were approved unanimously.

LEGISLATIVE REQUIREMENTS FOR PARTNERSHIPS

Chair Rudolph, CHRC Executive Director Mark Luckner, and AAG Conti reviewed the legislation that created the Consortium and discussed the legislative requirements for Partnerships. According to statue, Coordinated Community Support Partnerships are intended to be the means to "deliver coordinated community supports." Partnerships should be "community-based, family driven, and youth-guided," "culturally competent," serve an "area," and provide "holistic and coordinated services and supports" including both "behavioral health and other wraparound needs." Partnerships should be "formed," should involve many different kinds of organizations and people, and may include "partnership coordinators." Partnership grants may include "reasonable administrative costs." The program as a whole must be "statewide," which Consortium members agreed will require additional outreach efforts.

COLLECTIVE IMPACT MODEL AND PARTNERSHIPS

Chair Rudolph and Superintendent Choudhury introduced Jeff Cohen from FSG Collective Impact to discuss the collective impact model as a potential structure for Partnerships. Dr. Sadiya Muqueeth introduced Rebecca Dineen and Cathy Costa from the Baltimore City Health Department, who gave a presentation on their use of Collective Impact model principles in the B'More for Healthy Babies initiative.

SUBCOMMITTEE UPDATES

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

Framework, Design & RFP Subcommittee Co-Chair Sadiya Muqueeth said the Subcommittee has continued to review public comments on permissible uses of grant funds. The Subcommittee recommends that transportation of students and families to and from services should be supported, along with case management services to help students and families access wraparound services and address Social Determinants of Health needs. The Subcommittee does not recommend that grant funds be used for school renovations, but funding may be used for equipment and supplies to create therapeutic spaces in schools. She also discussed the Subcommittee's recommendations for evaluating grant proposals.

Data Collection/Analysis and Program Evaluation Subcommittee Chair Larry Epp said the Subcommittee is continuing to discuss ways to ensure limited resources reach children with the greatest needs. The Subcommittee recommends grant applicants be required to coordinate closely with local school districts to understand their priorities and be given key data sets to demonstrate need.

Outreach and Engagement Subcommittee Co-Chair Tammy Fraley said the Subcommittee will meet soon to plan outreach efforts that will precede the release of the RFP. Chair Rudolph encouraged additional Consortium members to join the Subcommittee.

Best Practices Subcommittee Co-Chair Derek Simmons said the Subcommittee will meet soon to discuss expanded school Medicaid and identify best practices for grantees.

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 11:40 a.m.

Maryland
DEPARTMENT OF HEALTH

Maryland Consortium on Coordinated Community Supports

Framework, Design & RFP Subcommittee

Superintendent Mohammed Choudhury and Dr. Sadiya Muqueeth
Co-Chairs

February 21, 2023

1

Objectives

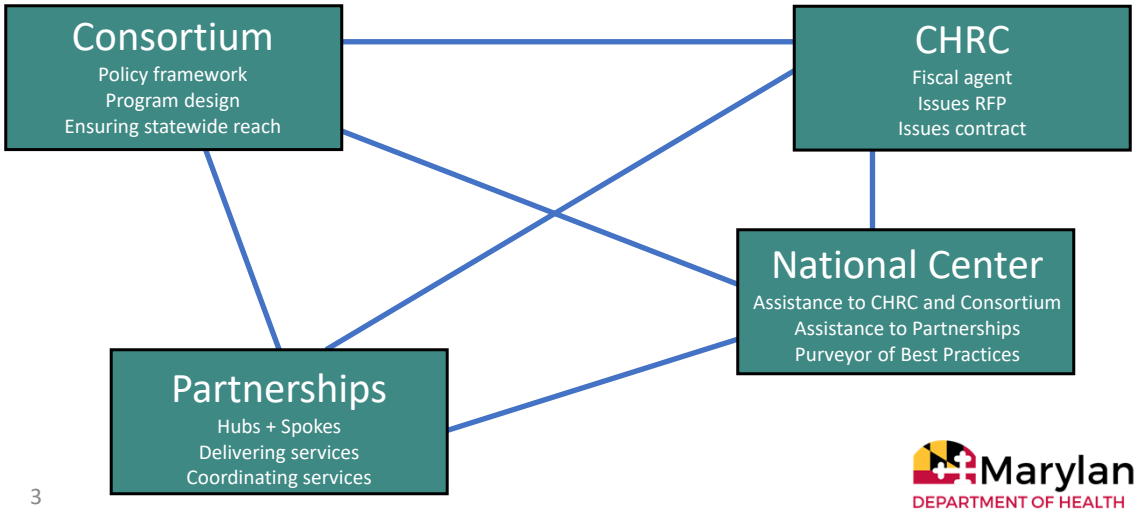
1. Discuss Framework Subcommittee recommendations re: overall model for Coordinated Community Supports Partnerships
2. Consider key questions

2

Maryland
DEPARTMENT OF HEALTH

2

Organizational Chart



3

Maryland
DEPARTMENT OF HEALTH

3

Re-Cap: Legislative Requirements

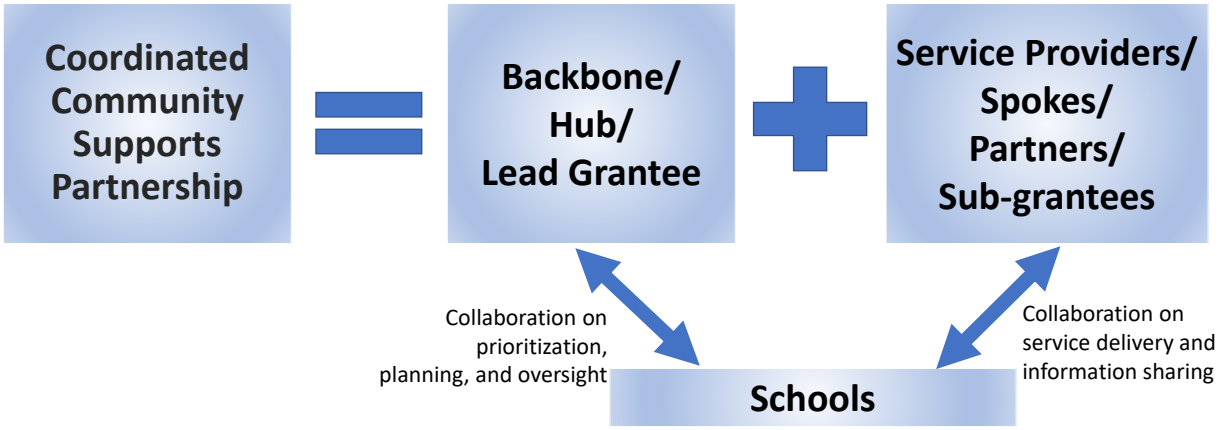
- HB 1300 of 2020 (Md. Code, Educ. § 7-447.1) requires the Consortium to "develop a statewide framework for the creation of Coordinated Community Supports Partnerships" to "meet student behavioral health and other needs."
- Legislation requires Partnerships to be "community-based, family driven, and youth-guided," serve an "area," and provide "holistic and coordinated services and supports" including both "behavioral health and other wraparound needs."
- Partnerships should be "formed," should involve many different kinds of organizations and people, and may include "partnership coordinators."
- Partnership grants may include "reasonable administrative costs."

4

Maryland
DEPARTMENT OF HEALTH

4

Operationalizing the Collective Impact model

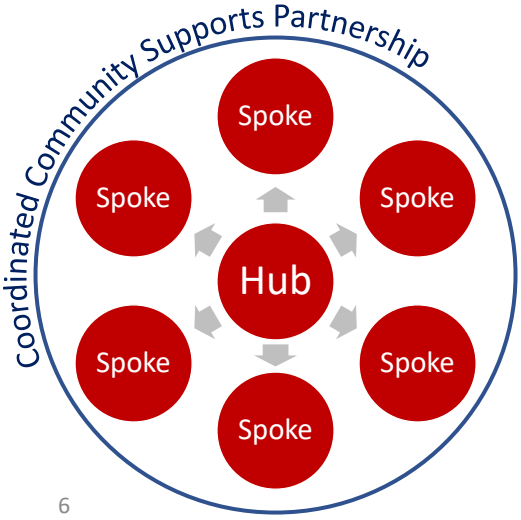


Maryland DEPARTMENT OF HEALTH

5

5

Partnerships and the Collective Impact Model



- "Hub" = "backbone" of Collective Impact model = "lead grantee."
- "Spokes" = "partners" of Collective Impact model = service providers = "sub-grantees."
- "Coordinated Community Supports Partnership" is all of these together.
- Close coordination and MOU with the schools.
- Hubs coordinate the activities of spokes, manage financial and data responsibilities.
- Geographic – more or less at school district level

Maryland DEPARTMENT OF HEALTH

6

6

Landscape in 2023

- Students need services now. Funds must expand access to services immediately.
- Need to build capacity for future Partnerships – Hubs + Spokes.

→ Proposal: For first RFP (issued spring/summer 2023), grants should be provided to BOTH Hubs and Spokes directly.

- *Future* grants will go to Hubs only, who will distribute funding to Spokes as subgrantees.

7

Maryland DEPARTMENT OF HEALTH

7

First RFP (spring/summer2023)

Two tracks:

- Service Delivery (Spokes)
- Capacity Building (Hubs)

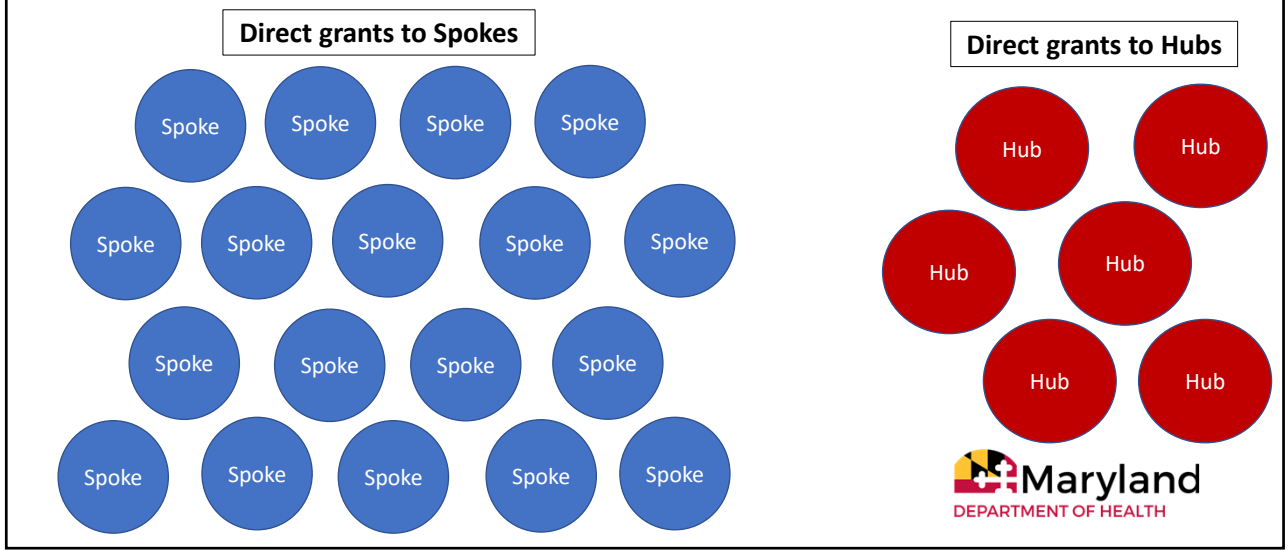
Utilizes funding from both FY 2023 ($50 million) and FY 2024 ($85 million)

8

Maryland DEPARTMENT OF HEALTH

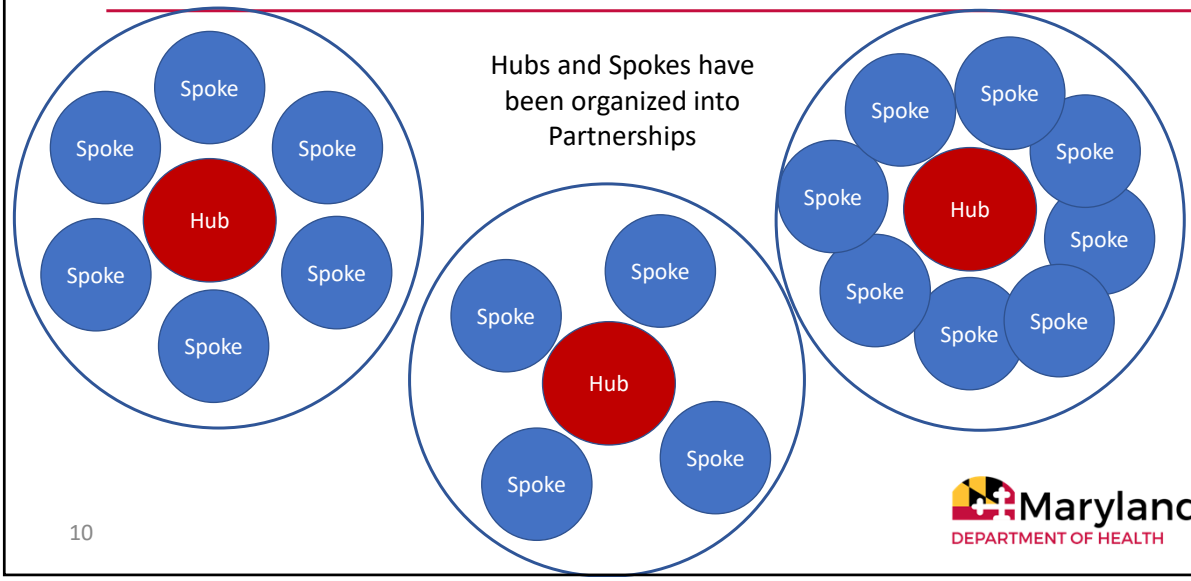
8

First RFP (spring/summer 2023)



9

Future RFPs (fiscal year 2025 and beyond)



10

10

Where do Hubs go?

- Each Partnership has a Hub. Each Hub serves one Partnership.
- Grants to Hubs may be competitive, but **statewide** coverage will be prioritized.
- Hub applicants do ***not*** need to demonstrate that their jurisdiction has greater need than other jurisdictions.
- The goal is to have at least one Hub in as many jurisdictions as possible.
- Hubs may not overlap. Each school will be served by exactly one Hub.
- Those applying to be Hubs must have a letter of support demonstrating collaboration with the LEA.

11

How big should Partnerships be?

The jurisdiction level is the most natural "fit" for a Partnership in most cases.

Larger jurisdictions could have more than one Partnership/Hub, but at full implementation these Partnerships together need to cover the entire jurisdiction.

Smaller jurisdictions may join together for a multi-jurisdictional Partnership with one Hub.

Partnerships must serve some minimum number of schools, for example, at least 20 schools or all the schools in the jurisdiction.

Maryland DEPARTMENT OF HEALTH

11

Potential Number of Future Hubs - "Caseload"

Jurisdiction	# of Schools	# of Students	# of Hubs
Montgomery	209	156,000	1-4
Prince George's	208	127,000	1-4
Baltimore County	178	108,000	1-4
Baltimore City	159	75,000	1-4
Anne Arundel	124	81,000	1-2
Howard	77	56,000	1-2
Frederick	69	42,000	1
Harford	54	36,000	1
- - -			
Somerset	9	2,600	1
Kent	5	1,700	1

Figures are approximate

= Large jurisdictions

= Medium jurisdictions

= Rural counties as defined by State of Maryland

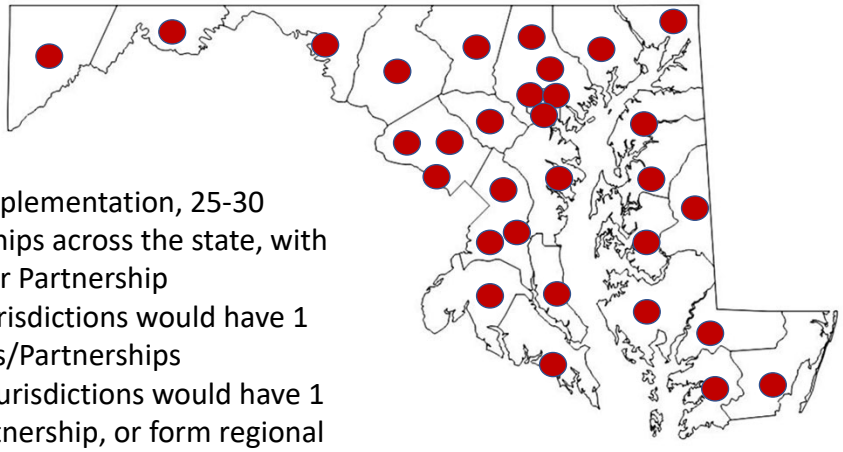
- Average of 40-60 schools and 25,000-40,000 students per Hub.
- Smaller jurisdictions may have fewer per Hub, and/or may join together with other jurisdictions with one Hub.

Maryland DEPARTMENT OF HEALTH

12

12

Hubs at full implementation



- At full implementation, 25-30 Partnerships across the state, with 1 Hub per Partnership
- Larger jurisdictions would have 1 to 4 Hubs/Partnerships
- Smaller jurisdictions would have 1 Hub/Partnership, or form regional Partnerships with 1 Hub

Maryland DEPARTMENT OF HEALTH

13

13

First RFP: Hub capacity building grant requirements

Required TA Program Activities

1. Governance
2. Community Engagement
3. Partner relations
4. Vision and mission statement
5. Planning and organizing services and providers
6. Communications
7. Financial planning/budgeting
8. Data collection, analysis, utilization

Key Deliverables

1. MOU with the LEA
2. Asset Map
3. Needs Assessment (including use of SHAPE system)
4. Partnership Grant Application, including plan for services and partners

National Center to provide Technical Assistance

Maryland DEPARTMENT OF HEALTH

14

14

First RFP: Hub capacity building grant requirements

Other Key Activities of Hubs

1. Hiring staff (approximately 2-5 dedicated FTE – executive director, program manager, data analyst)
2. Identifying an **advisory council** that includes key stakeholders including students and families
3. Identifying a **steering committee** that includes leadership from: LEA, Local Behavioral Health Authority (LBHA), Local Management Board (LMB), Local Health Department (LHD), and others
4. Engaging **provider organizations**/partners
5. Mapping and right-sizing existing programs; assessing strengths, weaknesses, and opportunities for potential Spokes

15

Maryland DEPARTMENT OF HEALTH

15

Potential Hub staffing model

A Hub could have 2-3 dedicated staff. Could also budget for supplies and office space.

Example 1 - $395,000/yr

1. Executive Director
2. Program Manager
3. Operations/Data/Fiscal Specialist

Example 2 - $200,000/yr

1. Executive Director/Program Manager
2. Operations/Data/Fiscal Specialist

For 30 Hubs at full implementation, salaries and expenses could range from $6 million to $12 million total per year.

16

Maryland DEPARTMENT OF HEALTH

16

First RFP: Service delivery grants (Spokes)

- Grants will be competitive.
- Applicants must demonstrate need and show gaps; will be provided key data sets.
- Services must be expansion over current baseline. May not "supplant."
- Applicants must have a letter of support and/or MOU with the LEA.
- Programs must focus on one or more of the four goals developed by the Consortium.
- Applicants must begin to collaborate with local Hub.
- LEAs are not eligible as Spokes, may not receive direct funding.
- Applicants may serve more than one school district, but programs that are likely to align with future Hubs will be given priority.
- Grantees must submit required data directly to the CHRC using measures developed by Data Subcommittee.
- Grantees must participate in Technical Assistance program.
- Future grant funding could be provided through the Partnership, but not directly to Spokes.

17

Maryland DEPARTMENT OF HEALTH

17

Role of Schools

- All applicants must have a letter of support from the school district.
- Consortium will host meetings for school districts to discuss priorities with potential Hubs and Spokes.
- CHRC will consult school districts when making grant awards to Hubs and Spokes.
- An MOU will be developed with the school districts and Hubs & Spokes.
- School district could be on the Steering Committee of any Partnership.
- School districts may ***not*** be Spokes, may ***not*** receive direct funding.
- Grant dollars will ***not*** be used to hire additional school-employed staff, rather to bring community personnel into the school.
- Grant dollars may be used for school staff training and program materials.

18

Maryland DEPARTMENT OF HEALTH

18

Grant and non-grant activities

The Consortium may use both **Partnership grants** and **non-grant activities** to achieve its statutory duties.

GRANTS

Partnership Grants
· Service delivery – all MTSS
· Build capacity of backbone organizations

NON-GRANT ACTIVITIES

Technical Assistance Program
· Required by statute
· National Center provide/coordinate
· Support Hub and Spoke grantees
· Support use of best practices
· Support alignment across the state
· Support BH programs by school staff

Procure Data Systems?
· System for Spokes to do Measurement Based Care and collect data?
· System for Hubs to collect and analyze data from many sources?
· Central data dashboard for program-wide analysis?

Support Expanded School Medicaid?
· Technical assistance?
· IT systems?
· Provide funding?
· Make policy recommendations?

Make Policy Recommendations?
· Positive classroom environments (required)
· Medicaid?
· Best practices for school behavioral health?
· Other?

19

19

Key questions for discussion

1. Should the Consortium proceed with the Collective Impact model/Hub and Spoke, or are there alternative models that should be considered that would meet legislative requirements?
2. If a Hub and Spoke model is selected, how many Hubs/Partnerships should exist at full implementation? What should be the staffing model for Hubs?
3. How might Hubs/Partnerships coordinate and build on existing services being provided by community-based providers? As a reminder, Consortium funding may not supplant existing funding for student behavioral health.

Maryland
DEPARTMENT OF HEALTH

20

20

Maryland
DEPARTMENT OF HEALTH

Maryland Consortium on Coordinated Community Supports

Subcommittee Updates

February 21, 2023

1

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)

2

Maryland
DEPARTMENT OF HEALTH

2

Data Collection/Analysis & Program Evaluation Subcommittee

Subcommittee met several times during last month.

- Recommendations regarding data to provide to applicants
- Recommendations regarding data to be collected by grantees

Looking ahead:

- Data systems requirements
- Maryland Longitudinal Data System

Next meeting: TBD

3

Maryland DEPARTMENT OF HEALTH

3

Outreach and Community Engagement Subcommittee

Chairs: Tammy Fraley

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

4

Maryland DEPARTMENT OF HEALTH

4

Outreach and Community Engagement Subcommittee

Will meet soon to plan outreach and engagement with LEAs and other key stakeholders *prior* to the release of the RFP.

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

5

Maryland DEPARTMENT OF HEALTH

5

Best Practices Subcommittee

Chairs: John Campo, Derek Simmons

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

6

Maryland DEPARTMENT OF HEALTH

6

Best Practices Subcommittee

As directed by Chair Rudolph, the Subcommittee has been studying the "Michigan model" for expanded school Medicaid.

- Legislation has been introduced in the MD Senate and House to require a State Plan Amendment to implement expanded school Medicaid in Maryland. The Subcommittee is providing expertise.

Maryland DEPARTMENT OF HEALTH

7

7

Background: Current state in Maryland

Medicaid reimbursement for behavioral health services provided in Maryland schools is currently permitted via one of two tracks:

1. Services provided by school-employed counselors, psychologists, and social workers to children who have IEPs or IFSPs and are covered by Medicaid.
2. Services provided by external community behavioral health providers in the schools. Community providers are already in approximately 900 of Maryland's 1450 schools, to some degree.

Maryland Medicaid currently does ***not*** cover behavioral health services by school staff to Medicaid-enrolled children unless they have an IEP or IFSP.

Maryland DEPARTMENT OF HEALTH

8

8

"Michigan model"

1. State Plan Amendment (SPA) to expand school Medicaid reimbursement for all Medicaid-eligible students and allow LEAs to opt-in to bill Medicaid.
2. Spent $600 million over five years, hired 436 additional school-employed staff. (Many of these staff came from community provider organizations.)
3. Significant training and common data platform provided to LEAs.
4. Served 22,000 students over five years and resulted in significant Medicaid revenues to LEAs.
5. Uses a different reimbursement system (instead of Fee for Service) called Random Moment Time Study (RMTS) that helps to recoup administrative costs -- implemented prior to the school Medicaid expansion.

Maryland DEPARTMENT OF HEALTH

9

9

Possible implementation issues

Some potential concerns have been raised relative to the proposed legislation:

1. Provider standards are not the same – certified vs. licensed
2. Potential shifting away from community providers
3. Administrative claiming audit

Maryland DEPARTMENT OF HEALTH

10

10

Best Practices Subcommittee

Next meetings:

- Thursday, February 23, 11:00 am
- Thursday, March 2, 2:00 pm

Agenda:

- Develop list of best practices for delivery of behavioral health services
- Discuss potential role of National Center as “purveyor” of best practices for grantees.

Maryland
DEPARTMENT OF HEALTH

11

Maryland
DEPARTMENT OF HEALTH

Maryland Consortium on Coordinated Community Supports

AIB Implementation Plan briefing

February 21, 2023

1

Blueprint Accountability and Implementation Board (AIB)

- Independent body created by Blueprint legislation to ensure all entities are complying with Blueprint requirements.
- Briefed the Consortium in August.
- All state entities are required to submit their implementation plans to the AIB by March 15.

2

Maryland
DEPARTMENT OF HEALTH

2

Agency Implementation Plans for AIB

Topics to Include:

- How the agency/entity will fulfill each task/subtask assigned to it
- Timelines
- Responsible parties
- Monitoring procedures and accountability plans
- Deliverables
- Implementation considerations
- Technical assistance or support options needed/available
- How racial equity and cultural competency are embedded within the work/guide the work
- Stakeholder engagement and communications plans to align with the aim of the Blueprint
- and AIB of transparency and commitment to feedback and input from stakeholders
- Sufficient background/context and rationale, as needed, for understanding

Maryland DEPARTMENT OF HEALTH

3

3

Consortium Tasks and Subtasks (14 total)

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

4

Consortium Tasks and Subtasks (14 total)

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

5

Maryland
DEPARTMENT OF HEALTH

5

Consortium Tasks and Subtasks (14 total)

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

6

Maryland
DEPARTMENT OF HEALTH

6

Consortium Tasks and Subtasks (14 total)

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

Maryland DEPARTMENT OF HEALTH

Next Steps

- Consortium staff will draft implementation plan for each of the subtasks.
- Consortium Subcommittees will review plans and provide feedback.
- Consortium will submit report on March 15.

Maryland DEPARTMENT OF HEALTH