



Maryland Consortium on Coordinated Community Supports Framework, Design & RFP Subcommittee

**Superintendent Mohammed Choudhury and Dr. Sadiya Muqueeth
Co-Chairs**

November 2, 2022

Objectives for Today's Meeting

1. Update on public comment period.
2. Re-Cap last week's discussion on program design.
3. Discuss additional considerations related to program design.

Subcommittee Meeting Schedule

TODAY: Wednesday, November 2, 12:00-1:00 pm

Wednesday, November 9, 10:00 – 11:00 am

Full Consortium meeting: Tuesday, November 15, 2022


Monday December 5, 10:00 am or Wednesday December 7, 1:00 pm

Full Consortium meeting: December 12 or 13, 2022

Full Consortium meeting: January 9 or 10, 2023

** Additional Subcommittee meetings to be scheduled

Public Comment Period



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

October 26, 2022

Mental Health Resources for Maryland Students We want to hear from you!

The Consortium on Coordinated Community Supports is seeking public comment on 12 questions to help develop recommendations for a major new grant program to address mental health, substance use, and related challenges for Maryland students. Answer as many or as few questions as you would like. The public comment period will run through November 16, 2022. You can share your input in two different ways:

1. Fill out this [form](#) to provide written responses.
2. Speak at our upcoming Outreach Subcommittee meeting on November 10 at 2:00 over Zoom. ([Registration](#) is required).



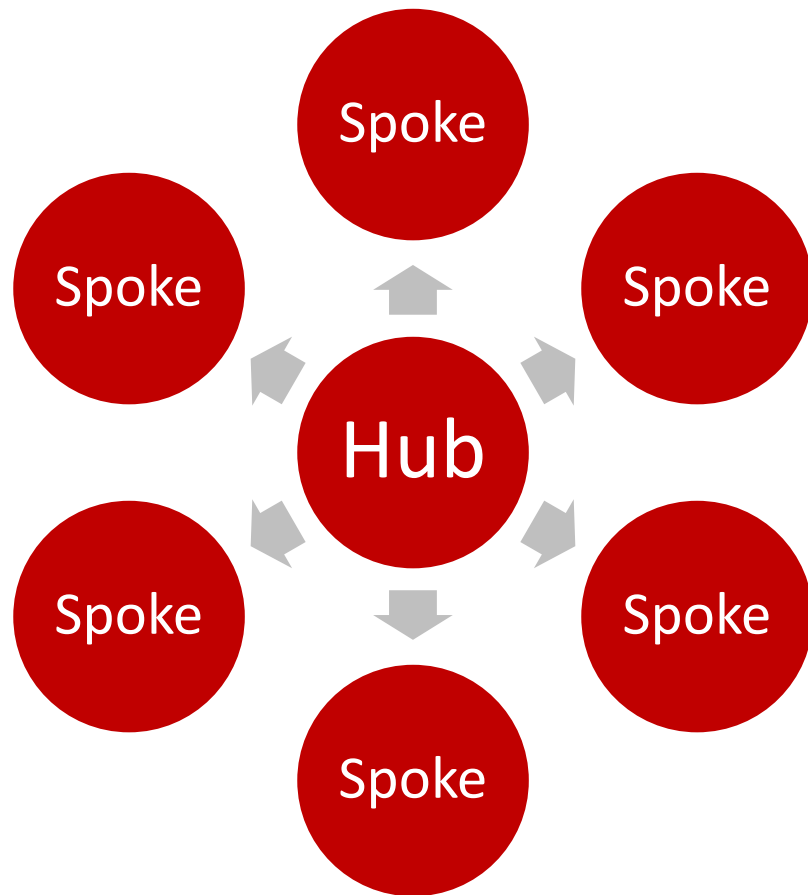
(Scan the QR code to take you to the Consortium's website for information about the public comment period and Consortium meetings.)

Thank you!

For more information about the Consortium, please visit its website:
<https://health.maryland.gov/mchrc/Pages/Maryland-Consortium-on-Consolidated-Community-Supports.aspx?slrid=598e53a0-28a7-5022-088c-3b58763c2f50> or send an email to: mark.luckner@maryland.gov.

- October 16 – November 26
- Press release issued 11/1
- Written or oral responses
- Responses will be collated by staff for discussion at Subcommittee meeting on December 5 or December 7
- **Please help us get the word out!**

Re-Cap: Considerations for RFP



At full implementation, Hub and Spoke:

- Collective Impact model.
- Hub is the Community Supports Partnership/lead grantee; “backbone” of Collective Impact model.
New or existing organization.
- Spokes are the service providers/sub-grantees; “partners” of Collective Impact model.
- Hubs coordinate the activities of spokes, manage financial and data responsibilities.
- **Close coordination and MOU with the schools.**
- **Can be at jurisdiction-level, sub-jurisdiction or multi-jurisdiction.**

Re-Cap: Considerations for First RFP

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

Year 1 applicants/grantees should include both:

- A. Organizations that could become Partnerships (hubs/backbones) – grant dollars support planning grants and technical assistance
- B. Service providers (spokes) – grant dollars support access to services

Some “spokes” might become future “hubs” with some technical assistance, even as they deliver services.

Allow local flexibility within certain parameters.

Re-Cap: Considerations for first RFP

	Core Competencies of a Hub/Backbone	Core Competencies of a Spoke for Year 1
Service Delivery	<ul style="list-style-type: none"> • all MTSS tiers • ensure fidelity to best practices • coordinate many partners 	<ul style="list-style-type: none"> • one or more tiers • utilize best practices • ability/commitment to partner with other organizations in the future
Fiduciary	<ul style="list-style-type: none"> • receipt of grant dollars • accountability for grant funds • maximize third party billing including Medicaid • leverage funds from other sources • distribute funds to Spokes 	<ul style="list-style-type: none"> • receipt of grant dollars • accountability for grant funds • maximize third party billing including Medicaid, if possible • leverage funds from other sources, if possible
Data	<ul style="list-style-type: none"> • collect data from Spokes • report data to Consortium and CHRC 	<ul style="list-style-type: none"> • collect and report data required by the Consortium and the CHRC

Considerations for First RFP

1. Should there be one RFP with two levels, or two separate RFPs?
2. What should be the grant periods? One, two, or three years?

NEW: Applicant Eligibility Considerations

Background: The bill says CCSPs involve "partnerships ... among the following: local school systems, community schools, local behavioral health coordinators, local health departments, youth-serving governmental and community entities, community behavioral health providers, telemedicine providers, Federally Qualified Health Centers (FQHCs), hospitals, teachers, school leadership, student instructional support personnel, students, parents, and guardians."

The bill does not describe the roles these entities should play within the Partnership, nor does it say which of these entities could or could not serve as the hub/backbone.

NEW: Applicant Eligibility Considerations

1. Besides the “Core Competencies” listed in previous slides, should there be any other requirements for applicants? (such as coordination and MOU with the school district, etc.)
2. Should non-profit status be a requirement for either a Hub or a Spoke/subgrantee?

Role of schools and school districts

Background: The bill states, “Any grant funding or local school system implementation assistance provided under this section through the Consortium and coordinated community supports partnerships shall be supplemental to, and may not supplant, existing funding provided as of fiscal year 2022 to local school systems through local government expenditures or local school system expenditures, or other funding sources, for school-based behavioral health personnel, services, supports, or other school-based behavioral health purposes.”

Role of schools and school districts

1. Should a school district be eligible to serve as a Hub, Spoke, or sub-grantee?
2. Should an individual school (including a community school) be eligible to serve as a Spoke/sub-grantee?
3. What role should school districts play if neither a Hub nor a Spoke?

Which students? Which schools?

Background: The bill says, "Develop a model for expanding available behavioral health services and supports to **all students** in each local school system" and "Develop a geographically diverse plan that uses both school-based behavioral health services and coordinated community supports partnerships to ensure that **each student in each local school system** has access to services and supports that meet the student's behavioral health needs and related challenges **within a 1-hour drive** of a student's residence."

1. Does "all students" include public charter schools?
2. Does "all students" include independent (private) schools?
3. Does "all students" include pre-K?