



Maryland Consortium on Coordinated Community Supports

December 6, 2022

Presentation to the State Board of Education

Mark Luckner, Executive Director

Maryland Community Health Resources Commission

Overview

- Background on the Consortium
- Background on the Community Health Resources Commission (fiscal agent)
- Main activities in 2022
- Next steps

Background on the Consortium

- Added as an amendment to HB 1300 of 2020, Blueprint for Maryland's Future (Kirwan).
 - Legislators wanted to do more to address student behavioral health
 - “Housed” at CHRC
- Modified by SB 802 of 2022, effective July 1, 2022.
 - Added four additional members to Consortium
 - Changed designation of Chair
 - Clarified CHRC as fiscal agent

Background on the Consortium

- A new state agency to expand access to student behavioral health services and related “wraparound” needs.
 - Develop a **statewide** framework for Partnerships
 - Maximize Medicaid
 - Positive classroom environment
 - Grant program (next slide)
- Former Del. David D. Rudolph appointed chair in July 2022.
- National Center for School Mental Health provides technical assistance.

Consortium Membership – 24 total

David D. Rudolph, Chair

Robin Rickard, Exec Dir, Opioid Operational Command Center

Emily Bauer, Two-Generation Pgm Ofcr, Dept of Human Services

Mohammed Choudhury, Superintendent, MD State Dept of Education

Edward Kasemeyer, Chair, CHRC

Cory Fink, Dep Sec for Community Ops, Dept of Juvenile Services

Mary Gable, Asst Superintendent, Div of Student Support, Academic Enrichment, & Educational Policy, MD State Dept of Education

Christina Bartz, Dir of Community Based Programs, Choptank Community Health Sys

Dr. Derek Simmons, Superintendent, Caroline County Public Schools

Tammy Fraley, Allegany Cty Board of Education

Russell Leone, President, Teacher's Association of Anne Arundel Cty

Gail Martin, former Baltimore Cty Public Schools Team Leader, School Social Work

D'Andrea Jacobs, School Psychologist, Baltimore Cty Public Schools

Dr. John Campo, MD, Dir of Mental Health, Johns Hopkins Children's Center, JHU Hospital

Sadiya Muqueeth, DrPH, Dir of Community Health, National Programs, Trust for Public Lands, and member, CHRC

Linda Rittelmann, Senior Manager, Medicaid Behavioral Health ASO, Maryland Dept of Health

Larry Epp, Ed.D., Dir of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt

Gloria Brown Burnett, Dir, Prince George's Cty Dept of Soc Svcs

Michael A. Trader, II, Asst Dir of Behavioral Health, Worcester Cty Health Dept

Dr. Kandice Taylor, School Safety Manager, Baltimore Cty Public Schools

Senator Katie Fry Hester

Delegate Eric Ebersole

The Consortium currently has two vacancies.



Background on the Community Health Resources Commission

Statutory Responsibilities of CHRC

1. Expand access to health care in underserved communities;
2. Support projects that serve low-income Marylanders, regardless of insurance status;
3. Build capacity of safety-net providers;
4. Implement the Maryland Health Equity Resource Act;
5. Council on Advancement of School-Based Health Centers;
and
6. Maryland Consortium on Coordinated Community Supports.

CHRC Commissioners

Edward J. Kasemeyer, CHRC Chair, Former Senator and Chair of the Maryland Senate Budget & Taxation Committee

J. Wayne Howard, CHRC Vice Chair, Former President and CEO, Choptank Community Health

TraShawn Thornton-Davis, Assistant Service Chief, OB/GYN, DCSM, Mid-Atlantic Permanente Group

Scott T. Gibson, Chief Strategy Officer, Melwood Horticultural Training Center, Inc.

Flor Giusti, Johns Hopkins University

David Lehr, Chief Strategy Officer, Meritus Health

Karen-Ann Lichtenstein, Former President and CEO, The Coordinating Center

Roberta Loker

Carol Masden, LCSW-C

Sadiya Muqueeth, Dr.PH, Director of Community Health, National Programs, Trust for Public Lands

Destiny-Simone Ramjohn, PhD, Vice President, Community Health and Social Impact, CareFirst

Impact of CHRC Grants

- Awarded 668 grants totaling \$117 million.
- Supported projects in all 24 jurisdictions.
- Served more than 500,000 Marylanders; many have received services, including those with complex health and social service needs.
- Leveraged \$31.8 million in additional resources.
- 75% of grants sustained at least one year after funding expired.

CHRC – Some areas of focus

- Expanding Access to Primary Care Services
- Providing Dental Care for Low-income Children and Adults
- Addressing diabetes and chronic disease
- Promoting Comprehensive Women's Health Services and Reducing Infant Mortality
- Addressing behavioral health, including mental health and the ongoing impact of the opioid crisis
- Supporting School-Based Health Centers and school health programs

Coordinated Community Supports Partnership Fund

- Grant program to support the delivery of services and supports to meet students' holistic behavioral health needs and related challenges.
- Consortium will develop policy framework, CHRC will act as fiscal agent.
- Grant funds must be supplemental to and may not supplant existing funding.
- First Call for Proposals will be issued by CHRC in calendar year 2023.

Consortium Activities in 2022

The Maryland Consortium on Coordinated Community Supports held 4 meetings:

- August 17, 2022
- September 22, 2022
- October 18, 2022
- November 15, 2022

The Consortium will hold its final meeting of CY 2022 on December 13, 2022.

Consortium Subcommittees

- 1. Framework, Design, & RFP** – Superintendent Mohammed Choudhury and Dr. Sadiya Muqueeth
- 2. Data Collection/Analysis & Program Evaluation** – Dr. Larry Epp
- 3. Outreach and Community Engagement** – Tammy Fraley and Robin Rickard
- 4. Best Practices** – Dr. John Campo and Dr. Derek Simmons

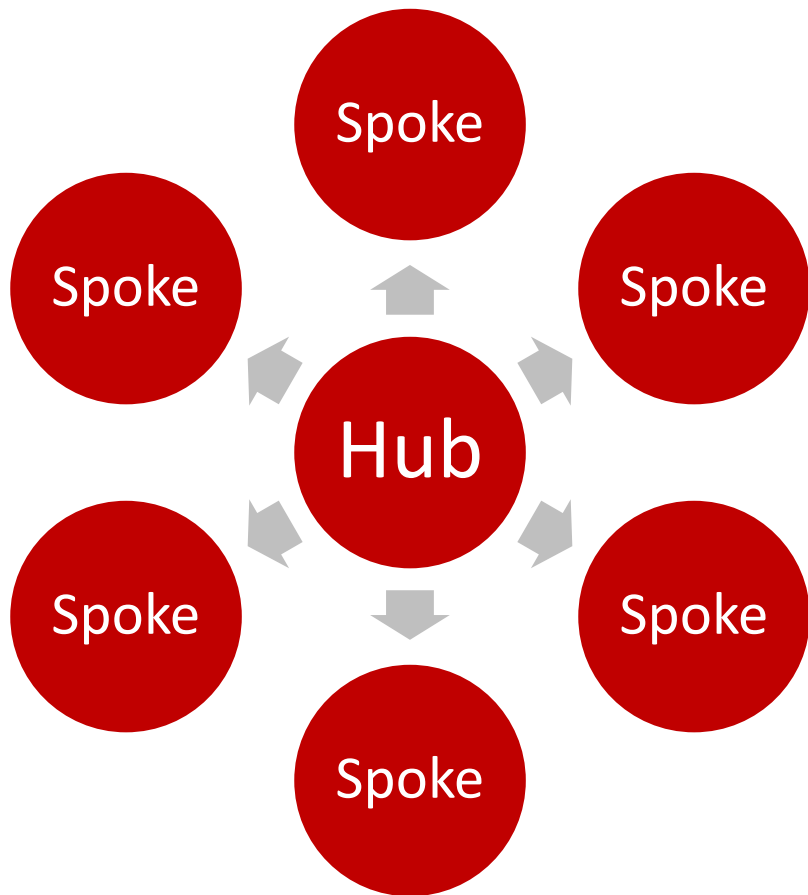
Framework, Design, & RFP Subcommittee

Chairs: Superintendent Mohammed Choudhury and Sadiya Muqueeth, DrPH

Responsibilities:

- Design overall program structure
- Recommend contours of first RFP
- Study Medicaid reimbursement

Framework Subcommittee: Hub and Spoke model



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

Framework Subcommittee: First RFP

The first RFP is likely to support BOTH capacity building/planning AND service delivery/expansion/enhancement.

Year 1 applicants/grantees may include both:

- A. Hubs/backbones:** Organizations that could become Partnerships. Grant dollars support planning grants and technical assistance.
- B. Spokes:** Service providers. Grant dollars support access to services.

Framework Subcommittee: Who can be a Hub?

- Hub could be a new or existing organization (e.g., Local Management Board, Local Behavioral Health Administration, etc.).
- Preference for a Hub to be non-profit, to have an advisory board, participation of residents in governance, regular audits, etc.
 - Current thinking is that an LEA or school would not be a Hub, but Hubs must closely coordinate with LEAs and schools.
- Spokes delivering services may be non-profit or for-profit.
 - Current thinking is that an LEA or school would not be a Spoke, but Spokes must closely coordinate with LEAs and schools.

Data Collection/Analysis & Program Evaluation Subcommittee

Chair: Dr. Larry Epp

Responsibilities:

- Develop quantifiable accountability metrics for Consortium as a whole
- Develop quantifiable accountability metrics for grantees
- Recommend data to assess care at the individual student level

Data Subcommittee

Potential examples of impact of Consortium

- A. Expand access to behavioral health and related services** – number of students and families impacted by programs, wait time to access services, Medicaid dollars leveraged
- B. Improve student wellbeing and readiness to learn** – improvements in student wellbeing and anxiety, reductions in substance misuse
- C. Other** – increased use of positive classroom strategies, reduction in disciplinary incidents and justice system referrals



These are still being finalized.

Outreach and Community Engagement Subcommittee

Chairs: Tammy Fraley and Robin Rickard

Responsibilities:

- Launch public comment period to gather information on key design and other questions
- Receive feedback from stakeholders and communities
- Inform stakeholders and communities about future grant opportunity

Outreach Subcommittee: 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
 - responses from across the state
 - wide range of stakeholders
 - both behavioral health and education
- Subcommittees are currently reviewing responses
- Responses will be used to inform the overall design of the program as well as the upcoming RFP

Public comments received – some 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 to services
- 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

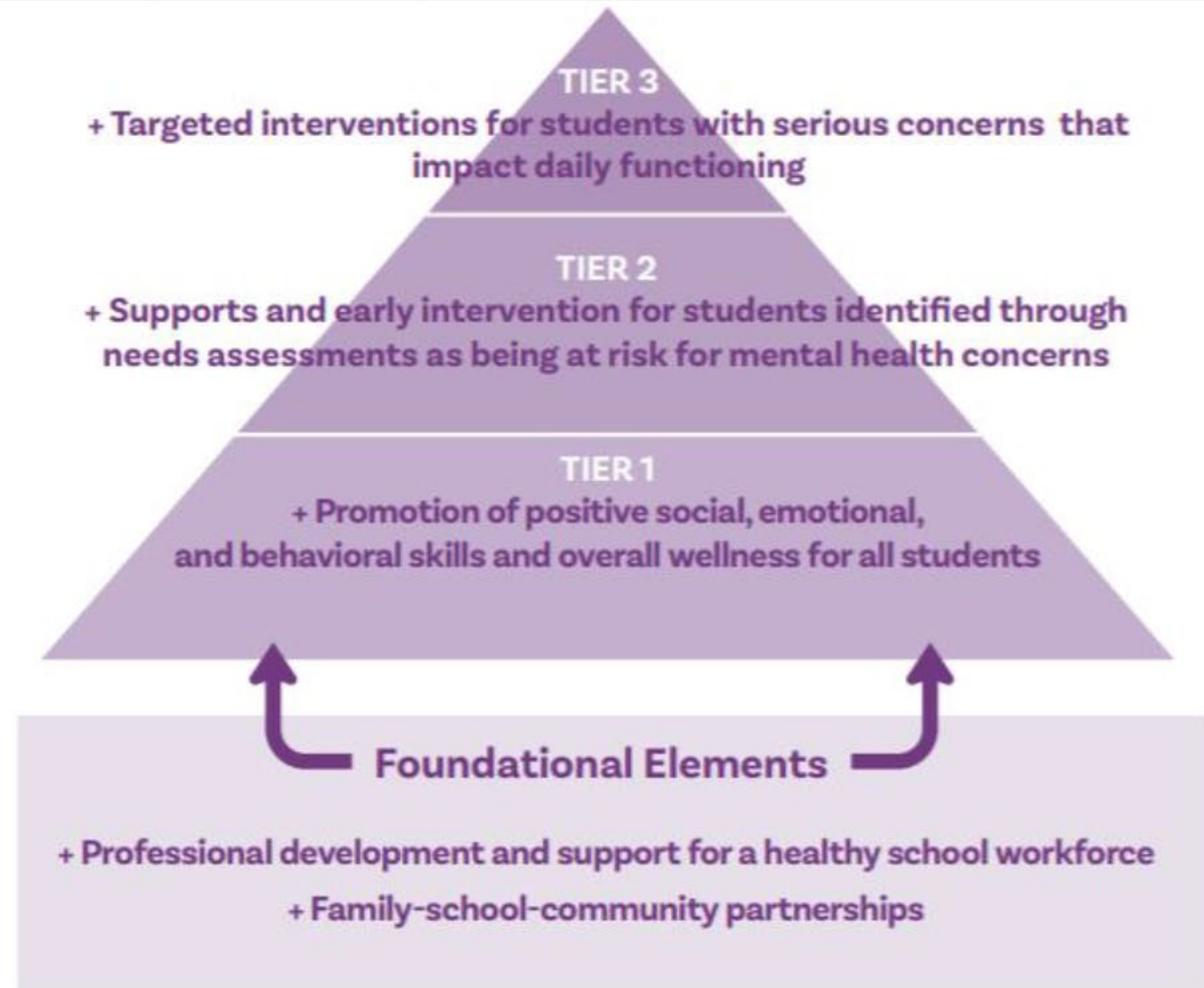
Best Practices Subcommittee

Chairs: Dr. John Campo and Dr. Derek Simmons

Responsibilities:

- Develop best practices in the delivery of behavioral health and wraparound services
- Develop best practices for positive classroom environment

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.

Best Practices Subcommittee

- Which Evidence-Based Best Practices should be *recommended* for grantees?
- Which Evidence-Based Best Practices should be *required* for all grantees?

Consortium - Next Steps

December 2022 – Consortium submits first legislative report

Early 2023 – Consortium presents recommendations to CHRC

Mid 2023 – CHRC issues first Coordinated Community Supports Partnerships RFP, awards grants

- The full Consortium will continue to meet regularly (Dec. 13, Jan. 10).
- Subcommittees will continue to meet, review public comments, and develop recommendations for the overall program design and RFP.

Questions?

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