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, continue discussion of the role of schools.

3. Begin discussion of potential roles for Local Management Boards and Local Behavioral Health Administrations/Core Service Agencies

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Subcommittee Meeting Schedule

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

Full Consortium meeting: Tuesday, November 15, 2022

Monday December 5, 10:00 am

Full Consortium meeting: December 12 or 13, 2022

Full Consortium meeting: January 9 or 10, 2023

** Additional Subcommittee meetings to be scheduled

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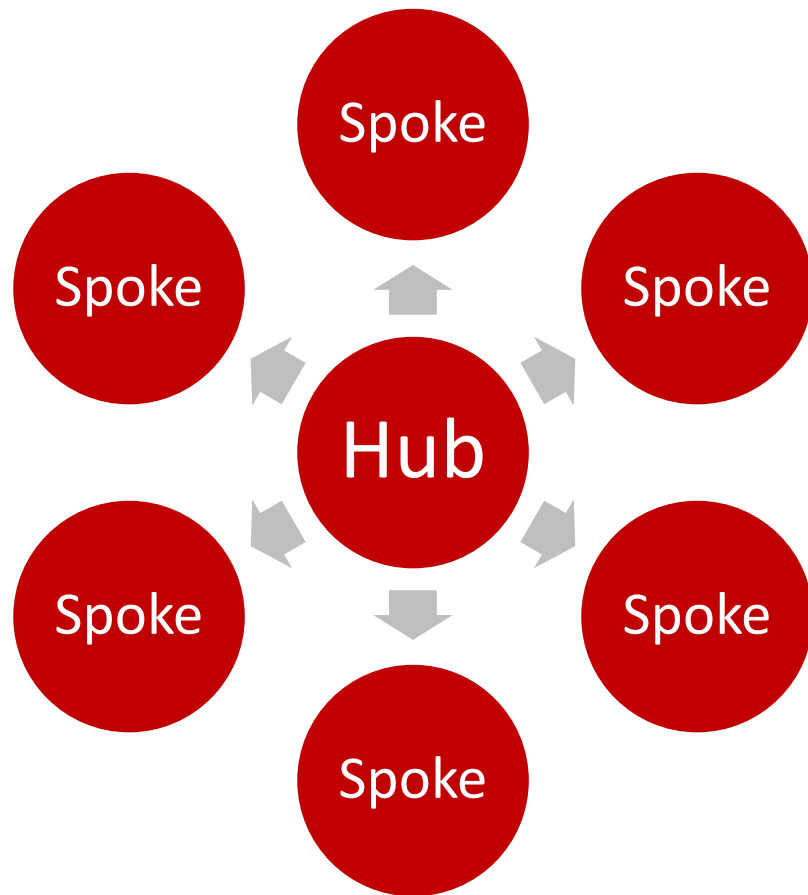
(Scan the QR code to take you to the Consortium's website for information about the public comment period and Consortium meetings.)

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 26 – November 16

- Press release issued 11/1

- Written or oral responses

- Responses will be collated by staff for discussion at Subcommittee meeting on December 5

- **Please help us get the word out!**

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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.
- Geographic – at jurisdiction-level, sub-jurisdiction or multi-jurisdiction.

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Re-Cap: Considerations for First RFP

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

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.

Grants are for 1, 2, or 3 years, and may be renewed.

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Re-Cap: Considerations for first RFP

	Core Competencies of a Hub/Backbone	Core Competencies of a Spoke for Year 1
Service Delivery	• all MTSS tiers • ensure fidelity to best practices • coordinate many partners	• one or more tiers • utilize best practices • 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 (align with Medicaid requirements) • 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 (align with Medicaid provider requirements, licensure, etc.) • 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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Re-Cap: Not for profit status

General Subcommittee Consensus:

- *Preference* for a Hub to be non-profit, to have an advisory board, participation of residents in governance, regular audits, *OTHER FEATURES?*

- Spokes delivering services may be non-profit or for-profit.

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NEW: Potential roles of key entities

- Continued discussion of the potential role of schools

- New – potential role of Core Service Agencies/Local Behavioral Health Authorities

- New – potential role of Local Management Boards

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Re-Cap: Role of schools and school districts

General Subcommittee Consensus:

Schools and school districts should **not** serve as Hubs or Spokes.

- Will not receive grant dollars (e.g., grant dollars may not be used to hire school counselors, etc).

- Must "have a seat" in the partnership (i.e., part of the collective impact model). May need to discuss formal role of schools.

- Any Hub (or year 1 Spoke) must have an MOU with the school district.

- Grant funding could be used for school staff training.

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NEW: 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?

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NEW: Role of Core Service Agencies/ Local Behavioral Health Authorities

1. Can a Core Service Agency or Local Behavioral Health Authority serve as a hub?

2. Can a Core Service Agency or Local Behavioral Health Authority serve as a spoke/service provider?

3. Should all partnerships be required to include the Core Service Agency or Local Behavioral Health Authority ?

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NEW: Role of Local Management Boards

1. Can a Local Management Board serve as a hub?

2. Should all partnerships be required to include the LMB?

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