



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

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

October 26, 2022

Objectives for Today's Meeting

1. Review questions approved for public comment.
2. Discuss process for public comment period.
3. Discuss additional considerations related to the design of the RFP.

Framework Subcommittee Membership

Superintendent Mohammed Choudhury (co-chair), Sadiya Muqueeth, DrPH (co-chair), Linda Rittlemann, John Campo, Russell Leone, Maria Rodowski-Stanco

Re-cap: Key Activities

October-December 2022

1. Hold Subcommittee meetings.
2. Engage public on structured questions to inform the recommendations of the Framework Subcommittee.
3. Develop consensus on key recommendations for the design of the statewide framework for community support partnerships and first RFP.
4. Coordinate with the Data, Outreach, and Best Practices Subcommittees.
5. Present update and potential recommendations to the Consortium during November and December meetings.
6. Summarize findings in a written report to be included in the Consortium's report to Maryland General Assembly – Due December 2022.

Re-Cap: Questions approved for Public Comment (8 total)

1. How should Behavioral Health Services be defined, for the purposes of the Consortium?
2. What kinds of behavioral health services should be given top priority for funding in the first round of Coordinated Community Supports Partnership grants?
3. What “tiers” should be given priority during the first round of grants — universal services for all students, targeted/small group services for selected students with greater needs, or intensive/one-on-one services for only students with the greatest needs?
4. In addition to behavioral health services, what other kinds of social services, supports, and wraparound services should the grants fund in order to meet students’ other related needs? What requirements should exist for these “other” grant-funded services to make sure they fit within the Consortium’s mission?

Re-Cap: Questions approved for Public Comment (8 total)

5. How should the program be structured to make sure funding goes where it is most needed? How should areas of need be determined?

6. How could grant funding be used to: address challenges in hiring and retaining behavioral health personnel, build capacity/train/expand the behavioral health workforce, and ensure new staff positions will be sustained?

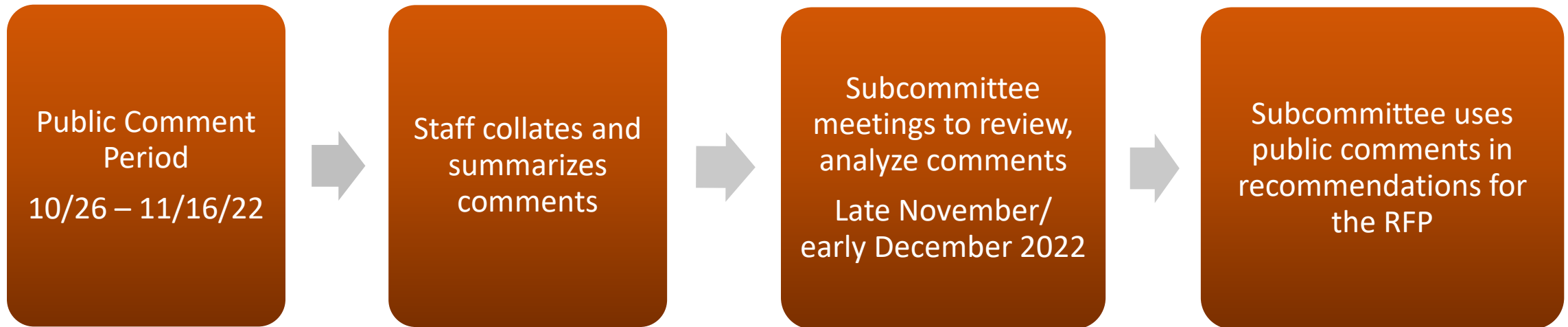
7. If grant funding is awarded competitively, what should be the criteria for judging applicants?

8. What activities, services, and other capacity building costs should be allowed to be funded in the first round of grants?

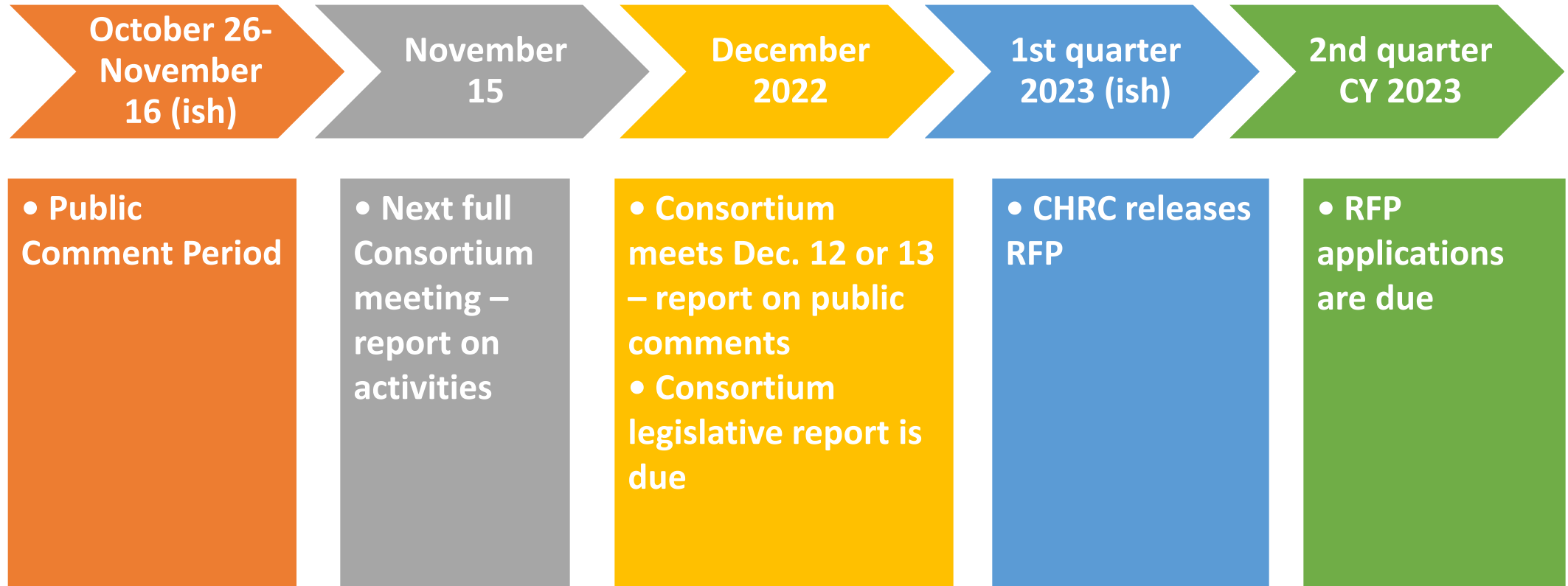
Process for Public Comment Period

- 8 Framework questions + 4 Data Subcommittee questions
- 12 total questions will be made into a single Public Comment form.
 - Respondents may answer some or all questions.
 - Respondents will identify themselves and their organizations.
- Outreach Subcommittee met on October 24. (read-out)
- Public Comment form will be emailed to stakeholders – please share it! Also posted on Consortium [website](#).
- Staff will receive all responses, sort, collate, and summarize.
- Responses will be discussed by the Subcommittees at future meetings.

Process for Public Comment Period (visual)



Consortium Timeline (Provisional)



Subcommittee Meeting Schedule

Wednesday, October 26, 10:00 – 11:00 am

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

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

Full Consortium meeting: Tuesday, November 15, 2022

Full Consortium meeting: December 12 or 13, 2022

Full Consortium meeting: January 9 or 10, 2023

** Additional Subcommittee meetings to be scheduled

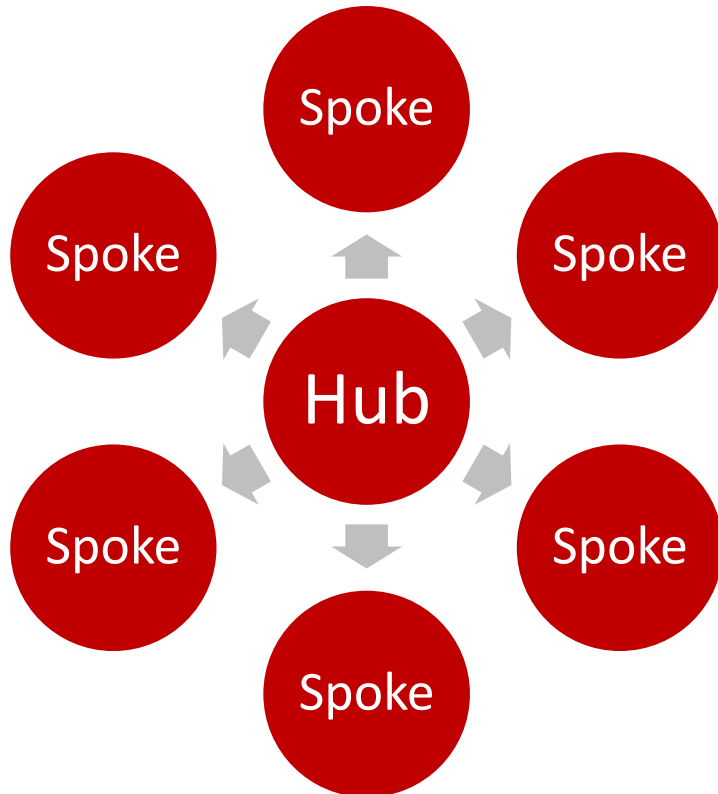
Additional Considerations for RFP

Initial CHRC staff recommendations – to discuss:

- 2-year grant period: summer 2023-summer 2025
- Roughly \$130 million available over the two years
- Applicants may apply to extend/reapply for additional years
- Second RFP would cover 2025-2027
 - *Should grant period be three years instead?*
- Collective Impact model – communities come together to develop priorities and implement solutions

Additional Considerations for RFP

Initial CHRC staff recommendations – to discuss:



At full implementation, Hub and Spoke model:

- Hub is the Community Supports Partnership/lead grantee; “backbone” of Collective Impact model
- Spokes are the service providers/sub-grantees; “partners” of Collective Impact model
- Hubs coordinate the activities of spokes, manage financial and data responsibilities (see next slide)

Additional Considerations for RFP

Initial CHRC staff recommendations – to discuss:

Proposed Core Competencies of a Partnership/Lead Grantee (Hub):

- 1. Comprehensive Service Delivery.** Provide/coordinate Multi-Tiered Systems of Support (MTSS) including universal, targeted, and intensive behavioral health and wraparound services to all children within the schools they serve, coordinate activities of partners/subgrantees.
- 2. Fiduciary.** Manage all fiduciary responsibilities including the receipt of grant dollars, distribution of funds to subgrantees, accountability for grant funds, maximizing third party billing including Medicaid, and leveraging of funds from other sources.
- 3. Data.** Collect and report data required by the Consortium and the CHRC.

Additional Considerations for RFP

Growing the capacity of organizations to serve as Partnerships:

1. How many organizations in the state currently could perform all the functions of a Partnership/Lead Grantee? How many could be funded in Year 1?
2. For jurisdictions that do not have an entity that can currently serve as a Partnership/Lead Grantee, which organizations could be eligible for grant funding in Year 1?
3. Technical assistance will be provided to build capacity.
4. How many grants should be issued in the first round?
5. Should there be just one RFP, or more than one?