

SENATE BILL 802

F5, J1

2lr2878

By: **Senator Guzzone**

Introduced and read first time: February 7, 2022

Assigned to: Education, Health, and Environmental Affairs

A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Consortium on Coordinated Community Supports – Membership and**
3 **Coordinated Community Supports Partnership Fund – Revisions**

4 FOR the purpose of altering certain provisions of law regarding the Maryland Consortium
5 on Coordinated Community Supports, including membership, terms of members,
6 appointment of the chair, staff, and memorandum of understanding for technical
7 assistance; altering certain provisions of law regarding the administration of the
8 Coordinated Community Supports Partnership Fund; and generally relating to the
9 Maryland Consortium on Coordinated Community Supports.

10 BY repealing and reenacting, with amendments,
11 Article – Education
12 Section 7–447.1
13 Annotated Code of Maryland
14 (2018 Replacement Volume and 2021 Supplement)

15 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
16 That the Laws of Maryland read as follows:

17 **Article – Education**

18 7–447.1.

19 (a) (1) In this section the following words have the meanings indicated.

20 (2) “Behavioral health services” has the meaning stated in § 7–447 of this
21 subtitle.

22 (3) “Commission” means the Maryland Community Health Resources
23 Commission.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (4) “Consortium” means the Maryland Consortium on Coordinated
2 Community Supports established under subsection (b) of this section.

3 (5) “Coordinated community supports” means a holistic, nonstigmatized,
4 and coordinated approach, including among the following persons, to meeting students’
5 behavioral health needs, addressing related challenges, and providing community services
6 and supports to the students:

7 (i) Teachers, school leadership, and student instructional support
8 personnel;

9 (ii) Local school systems;

10 (iii) Local community schools;

11 (iv) Behavioral health coordinators appointed under § 7–447 of this
12 subtitle;

13 (v) Local health departments;

14 (vi) Nonprofit hospitals;

15 (vii) Other youth–serving governmental entities;

16 (viii) Other local youth–serving community entities;

17 (ix) Community behavioral health providers;

18 (x) Telemedicine providers;

19 (xi) Federally qualified health centers; and

20 (xii) Students, parents, and guardians.

21 (6) “Coordinated community supports partnership” means an entity
22 formed to deliver coordinated community supports.

23 (7) “National Center for School Mental Health” means the National Center
24 for School Mental Health at the University of Maryland, Baltimore Campus.

25 (b) (1) There is a Maryland Consortium on Coordinated Community Supports
26 in the Commission.

27 (2) The Commission shall provide staff to the Consortium.

28 (3) **[Two] FOUR** additional staff shall be added to the Commission to staff
29 the Consortium.

1 (c) The purposes of the Consortium are to:

2 (1) Support the development of coordinated community supports
3 partnerships to meet student behavioral health needs and other related challenges in a
4 holistic, nonstigmatized, and coordinated manner;

5 (2) Provide expertise for the development of best practices in the delivery
6 of student behavioral health services, supports, and wraparound services; and

7 (3) Provide technical assistance to local school systems to support positive
8 classroom environments and the closing of achievement gaps so that all students can
9 succeed.

10 (d) The Consortium consists of the following members:

11 (1) The Secretary of Health, or the Secretary's designee;

12 (2) The Secretary of Human Services, or the Secretary's designee;

13 (3) The Secretary of Juvenile Services, or the Secretary's designee;

14 (4) The State Superintendent of Schools, or the State Superintendent's
15 designee;

16 (5) The Chair of the Commission, or the Chair's designee;

17 (6) The Director of Community Schools in the State Department of
18 Education, or the Director's designee;

19 (7) One member of the Maryland Council on Advancement of School-Based
20 Health Centers, appointed by the Chair of the Council;

21 (8) One county superintendent of schools, designated by the Public School
22 Superintendents Association of Maryland;

23 (9) One member of a county board of education, designated by the
24 Maryland Association of Boards of Education;

25 (10) One teacher who is teaching in the State, designated by the Maryland
26 State Education Association;

27 (11) One social worker practicing at a school in the State, designated by the
28 Maryland Chapter of the National Association of Social Workers;

29 (12) One psychologist practicing in a school in the State, designated by the
30 Maryland School Psychologists Association;

1 (13) One representative of nonprofit hospitals, designated by the Maryland
2 Hospital Association;

3 (14) ONE MEMBER OF THE COMMISSION, DESIGNATED BY THE CHAIR
4 OF THE COMMISSION;

5 (15) ONE REPRESENTATIVE OF THE MARYLAND MEDICAL
6 ASSISTANCE PROGRAM, DESIGNATED BY THE SECRETARY OF HEALTH;

7 [(14)] (16) The following members appointed by the Governor:

8 (i) One representative of the community behavioral health
9 community with expertise in telehealth;

10 (ii) One representative of local departments of social services; and

11 (iii) One representative of local departments of health; and

12 [(15)] (17) The following members appointed jointly by the President of the
13 Senate and the Speaker of the House:

14 (i) One individual with expertise in creating a positive classroom
15 environment;

16 (ii) One individual with expertise in equity in education; and

17 (iii) Two members of the public, appointed by the President of the
18 Senate.

19 (E) (1) A MEMBER SERVES FOR A TERM OF 4 YEARS BEGINNING ON THE
20 DATE OF THE MEMBER'S APPOINTMENT AND UNTIL A SUCCESSOR IS APPOINTED AND
21 QUALIFIES.

22 (2) A MEMBER MAY NOT SERVE FOR MORE THAN TWO CONSECUTIVE
23 TERMS.

24 [(e)] (F) [(1)] The [members of the Consortium shall select a chair from among
25 the members] CHAIR OF THE CONSORTIUM SHALL BE APPOINTED JOINTLY BY THE
26 PRESIDENT OF THE SENATE AND THE SPEAKER OF THE HOUSE FROM AMONG THE
27 MEMBERS OF THE CONSORTIUM.

28 [(2)] (G) (1) (i) The National Center for School Mental Health shall
29 provide technical assistance.

30 (ii) The assistance provided under subparagraph (i) of this

1 paragraph may include the creation of partnership coordinators to support the work of local
2 behavioral health services coordinators appointed under § 7-447 of this subtitle.

3 **(2) A THREE-PARTY MEMORANDUM OF UNDERSTANDING SHALL BE**
4 **ENTERED INTO AND SIGNED BY THE CONSORTIUM, THE COMMISSION, AND THE**
5 **NATIONAL CENTER FOR SCHOOL MENTAL HEALTH REGARDING THE PROVISION OF**
6 **TECHNICAL ASSISTANCE.**

7 **[(f)] (H)** A member of the Consortium:

8 (1) May not receive compensation as a member of the Consortium; but

9 (2) Is entitled to reimbursement for expenses under the Standard State
10 Travel Regulations, as provided in the State budget.

11 **(I) A MAJORITY OF THE APPOINTED MEMBERS THEN SERVING ON THE**
12 **CONSORTIUM IS A QUORUM.**

13 **[(g)] (J)** The Consortium may use subcommittees, including subcommittees that
14 include nonmember experts, as necessary, to meet the requirements of this section.

15 **[(h)] (K)** The Consortium shall:

16 (1) Develop a statewide framework for the creation of coordinated
17 community supports partnerships;

18 (2) Ensure that community supports partnerships are structured in a
19 manner that provides community services and supports in a holistic and nonstigmatized
20 manner that meets behavioral health and other wraparound needs of students and is
21 coordinated with any other youth-serving government agencies interacting with the
22 students;

23 (3) Develop a model for expanding available behavioral health services and
24 supports to all students in each local school system through:

25 (i) The maximization of public funding through the Maryland
26 Medical Assistance Program, including billing for Program administrative costs, or other
27 public sources;

28 (ii) Commercial insurance participation;

29 (iii) The implementation of a sliding scale for services based on family
30 income; and

31 (iv) The participation of nonprofit hospitals through community
32 benefit requirements;

1 (4) [Develop and implement] **PROVIDE GUIDANCE AND SUPPORT TO**
2 **THE COMMISSION FOR THE PURPOSE OF DEVELOPING AND IMPLEMENTING** a grant
3 program to award grants to coordinated community supports partnerships with funding
4 necessary to deliver services and supports to meet the holistic behavioral health needs and
5 other related challenges facing the students proposed to be served by the coordinated
6 community supports partnership and that sets reasonable administrative costs for the
7 coordinated community supports partnership;

8 (5) Evaluate how a reimbursement system could be developed through the
9 Maryland Department of Health or a private contractor to reimburse providers
10 participating in a coordinated community supports partnership and providing services and
11 supports to students who are uninsured and for the difference in commercial insurance
12 payments and Maryland Medical Assistance Program fee-for-service payments;

13 (6) In consultation with the Department, develop best practices for the
14 implementation of and related to the creation of a positive classroom environment for all
15 students using evidence-based methods that recognize the disproportionality of classroom
16 management referrals, including by:

17 (i) Creating a list of programs and classroom management practices
18 that are evidence-based best practices to address student behavioral health issues in a
19 classroom environment;

20 (ii) Evaluating relevant regulations and making recommendations
21 for any necessary clarifications, as well as developing a plan to provide technical assistance
22 in the implementation of the regulations by local school systems to create a positive
23 classroom environment; and

24 (iii) Developing a mechanism to ensure that all local school systems
25 implement relevant regulations in a consistent manner; and

26 (7) Develop a geographically diverse plan that uses both school-based
27 behavioral health services and coordinated community supports partnerships to ensure
28 that each student in each local school system has access to services and supports that meet
29 the student's behavioral health needs and related challenges within a 1-hour drive of a
30 student's residence.

31 **[(i)] (L)** A coordinated community supports partnership shall provide systemic
32 services to students in a manner that is:

33 (1) Community-based;

34 (2) Family-driven and youth-guided; and

35 (3) Culturally competent and that provides access to high-quality,
36 acceptable services for culturally diverse populations.

1 **[(j)] (M)** (1) The Consortium, in consultation with the National Center on
2 School Mental Health, shall develop accountability metrics that may be used to
3 demonstrate whether the services and supports provided through a coordinated community
4 supports partnership that receives a grant from the **[Consortium] COMMISSION** are
5 positively impacting the students served by the coordinated community supports
6 partnership, their families, and the community, including metrics that would measure:

7 (i) Whether there have been any:

8 1. Increase in services provided;

9 2. Reductions in absenteeism;

10 3. Repeat referrals to the coordinated community supports
11 partnership;

12 4. Reduction in interactions of the students with
13 youth-serving agencies; and

14 5. Increase in funding through federal, local, and private
15 sources; and

16 (ii) Any other identifiable data sets that would demonstrate whether
17 a coordinated community supports partnership is successfully meeting the behavioral
18 health needs of students.

19 (2) The development of the metrics under paragraph (1) of this subsection
20 shall be coordinated with the Maryland Longitudinal Data System Center and the
21 Accountability and Implementation Board, established under § 5–402 of this article, to
22 ensure consistency with other data collection efforts.

23 **[(k)] (N)** Beginning in fiscal year 2025 and each fiscal year thereafter, the
24 Consortium shall use the accountability metrics developed under subsection **[(j)] (M)** of this
25 section to develop best practices to be used by a coordinated community supports
26 partnership in the delivery of supports and services and the maximization of federal, local,
27 and private funding.

28 **[(l)] (O)** Notwithstanding any other provision of law, a nonprofit hospital that
29 receives funding for coordinating or participating in a coordinated community supports
30 partnership may include the value of services provided through the coordinated community
31 supports partnership towards meeting community benefit requirements under § 19–303 of
32 the Health – General Article.

33 **[(m)] (P)** (1) In this subsection, “Fund” means the Coordinated Community
34 Supports Partnership Fund.

1 (2) There is a Coordinated Community Supports Partnership Fund.

2 (3) The purpose of the Fund is to support the delivery of services and
3 supports provided to students to meet their holistic behavioral health needs and address
4 other related challenges.

5 (4) The [Department] **COMMISSION** shall administer the Fund **AND THE**
6 **PROVISION OF GRANTS UNDER THE FUND.**

7 (5) (i) The Fund is a special, nonlapsing fund that is not subject to §
8 7–302 of the State Finance and Procurement Article.

9 (ii) The State Treasurer shall hold the Fund separately, and the
10 Comptroller shall account for the Fund.

11 (6) The Fund consists of:

12 (i) Money appropriated in the State budget to the Fund;

13 (ii) Interest earnings; and

14 (iii) Any other money from any other source accepted for the benefit
15 of the Fund.

16 (7) The Fund may be used only by the [Consortium] **COMMISSION** for:

17 (i) Providing reimbursement, under a memorandum of
18 understanding, to the National Center for School Mental Health and other technical
19 assistance providers to support the work of the Consortium;

20 (ii) Providing grants to coordinated community supports
21 partnerships to deliver services and supports to meet students' holistic behavioral health
22 needs and to address other related challenges; and

23 (iii) Paying any associated administrative costs.

24 (8) The Governor shall include in the annual budget bill the following
25 appropriations for the Fund:

26 (i) \$25,000,000 in fiscal year 2022;

27 (ii) \$50,000,000 in fiscal year 2023;

28 (iii) \$75,000,000 in fiscal year 2024;

29 (iv) \$100,000,000 in fiscal year 2025; and

1 (v) \$125,000,000 in fiscal year 2026 and each fiscal year thereafter.

2 (9) (i) The State Treasurer shall invest the money of the Fund in the
3 same manner as other State money may be invested.

4 (ii) Any interest earnings of the Fund shall be credited to the Fund.

5 (10) Expenditures from the Fund may be made only in accordance with the
6 State budget.

7 **[(n)] (Q) (1)** Any grant funding or local school system implementation
8 assistance provided under this section through the **[Consortium] COMMISSION** and
9 coordinated community supports partnerships shall be supplemental to, and may not
10 supplant, existing funding provided as of fiscal year 2022 to local school systems through
11 local government expenditures or local school system expenditures, or other funding
12 sources, for school-based behavioral health personnel, services, supports, or other
13 school-based behavioral health purposes.

14 **(2) THE STATE FUNDING PROVIDED UNDER THE FUND IS**
15 **SUPPLEMENTAL TO AND NOT INTENDED TO TAKE THE PLACE OF FUNDING THAT**
16 **WOULD OTHERWISE BE APPROPRIATED TO THE MARYLAND COMMUNITY HEALTH**
17 **RESOURCES COMMISSION FUND IN THE STATE BUDGET.**

18 **[(o)] (R)** Beginning on July 1, 2022, and each July 1 thereafter, the Consortium
19 shall submit to the Accountability and Implementation Board, the Governor, and, in
20 accordance with § 2-1257 of the State Government Article, the General Assembly, a report
21 on:

22 (1) The activities of the Consortium;

23 (2) The creation of coordinated community supports partnerships and the
24 area served by each partnership;

25 (3) Grants awarded to coordinated community supports partnerships; and

26 (4) All other activities of the Consortium to carry out the requirements of
27 this section.

28 **(S) THE COMMISSION MAY ADOPT RULES AND REGULATIONS TO CARRY OUT**
29 **THIS SECTION.**

30 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
31 October 1, 2022.