

SENATE BILL 802

F5, J1

2lr2878

By: ~~Senator Guzzone~~ Senators Guzzone and Hester

Introduced and read first time: February 7, 2022

Assigned to: Education, Health, and Environmental Affairs

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 2, 2022

CHAPTER _____

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; altering the amount of certain
9 appropriations in certain fiscal years; and generally relating to the Maryland
10 Consortium on Coordinated Community Supports.

11 BY repealing and reenacting, with amendments,
12 Article – Education
13 Section 7–447.1
14 Annotated Code of Maryland
15 (2018 Replacement Volume and 2021 Supplement)

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

18 **Article – Education**

19 7–447.1.

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

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



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

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

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

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

11 (i) Teachers, school leadership, and student instructional support
12 personnel;

13 (ii) Local school systems;

14 (iii) Local community schools;

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

17 (v) Local health departments;

18 (vi) Nonprofit hospitals;

19 (vii) Other youth–serving governmental entities;

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

21 (ix) Community behavioral health providers;

22 (x) Telemedicine providers;

23 (xi) Federally qualified health centers; and

24 (xii) Students, parents, and guardians.

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

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

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

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

4 (3) ~~[Two]~~ **FOUR** additional staff shall be added to the Commission to staff
5 the Consortium.

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

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

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

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

15 (d) The Consortium consists of ~~the following members:~~

16 **(1) THE FOLLOWING MEMBERS REPRESENTING GOVERNMENT**
17 **AGENCIES:**

18 ~~(1)~~ **(I)** The Secretary of Health, or the Secretary's designee;

19 ~~(2)~~ **(II)** The Secretary of Human Services, or the Secretary's designee;

20 ~~(3)~~ **(III)** The Secretary of Juvenile Services, or the Secretary's designee;

21 ~~(4)~~ **(IV)** The State Superintendent of Schools, or the State
22 Superintendent's designee;

23 ~~(5)~~ **(V)** The Chair of the Commission, or the Chair's designee;

24 ~~(6)~~ **(VI)** The Director of Community Schools in the State Department of
25 Education, or the Director's designee;

26 **(VII) ONE MEMBER OF THE SENATE OF MARYLAND, APPOINTED**
27 **BY THE PRESIDENT OF THE SENATE; AND**

28 **(VIII) ONE MEMBER OF THE HOUSE OF DELEGATES, APPOINTED**
29 **BY THE SPEAKER OF THE HOUSE;**

(2) THE FOLLOWING MEMBERS REPRESENTING OTHER ORGANIZATIONS AND ENTITIES:

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

~~(8)~~ **(II)** One county superintendent of schools, designated by the Public School Superintendents Association of Maryland;

~~(9)~~ **(III)** One member of a county board of education, designated by the Maryland Association of Boards of Education;

~~(10)~~ **(IV)** One teacher who is teaching in the State, designated by the Maryland State Education Association;

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

~~(12)~~ **(VI)** One psychologist practicing in a school in the State, designated by the Maryland School Psychologists Association;

~~(13)~~ **(VII)** One representative of nonprofit hospitals, designated by the Maryland Hospital Association;

~~(14)~~ **(VIII) ONE MEMBER OF THE COMMISSION, DESIGNATED BY THE CHAIR OF THE COMMISSION; AND**

~~(15)~~ **(IX) ONE REPRESENTATIVE OF THE MARYLAND MEDICAL ASSISTANCE PROGRAM, DESIGNATED BY THE SECRETARY OF HEALTH;**

[(14)] ~~(16)~~ **(3)** The following members appointed by the Governor:

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

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

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

[(15)] ~~(17)~~ **(4)** The following members appointed jointly by the President of the Senate and the Speaker of the House:

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

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

1 (iii) Two members of the public, ~~appointed by the President of the~~
2 ~~Senate.~~

3 (E) (1) **THIS SUBSECTION APPLIES ONLY TO THE MEMBERS APPOINTED**
4 **UNDER SUBSECTION (D)(2), (3), AND (4) OF THIS SECTION.**

5 (2) A MEMBER SERVES FOR A TERM OF 4 YEARS BEGINNING ON THE
6 DATE OF THE MEMBER'S APPOINTMENT AND UNTIL A SUCCESSOR IS APPOINTED AND
7 QUALIFIES.

8 ~~(2)~~ (3) A MEMBER MAY NOT SERVE FOR MORE THAN TWO
9 CONSECUTIVE TERMS.

10 (4) **THE TERMS OF THE MEMBERS ARE STAGGERED AS REQUIRED BY**
11 **THE TERMS OF THE MEMBERS SERVING ON THE CONSORTIUM ON JULY 1, 2022.**

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

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

18 (ii) The assistance provided under subparagraph (i) of this
19 paragraph may include the creation of partnership coordinators to support the work of local
20 behavioral health services coordinators appointed under § 7-447 of this subtitle.

21 (2) A THREE-PARTY MEMORANDUM OF UNDERSTANDING SHALL BE
22 ENTERED INTO AND SIGNED BY THE CONSORTIUM, THE COMMISSION, AND THE
23 NATIONAL CENTER FOR SCHOOL MENTAL HEALTH REGARDING THE PROVISION OF
24 TECHNICAL ASSISTANCE.

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

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

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

29 (I) A MAJORITY OF THE APPOINTED MEMBERS THEN SERVING ON THE
30 CONSORTIUM IS A QUORUM.

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

3 [(h)] (K) The Consortium shall:

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

6 (2) Ensure that community supports partnerships are structured in a
7 manner that provides community services and supports in a holistic and nonstigmatized
8 manner that meets behavioral health and other wraparound needs of students and is
9 coordinated with any other youth-serving government agencies interacting with the
10 students;

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

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

16 (ii) Commercial insurance participation;

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

19 (iv) The participation of nonprofit hospitals through community
20 benefit requirements;

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

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

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

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

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

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

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

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

17 (1) Community-based;

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

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

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

27 (i) Whether there have been any:

28 1. Increase in services provided;

29 2. Reductions in absenteeism;

30 3. Repeat referrals to the coordinated community supports
31 partnership;

32 4. Reduction in interactions of the students with
33 youth-serving agencies; and

1 5. Increase in funding through federal, local, and private
2 sources; and

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

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

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

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

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

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

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

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

28 (5) (i) The Fund is a special, nonlapsing fund that is not subject to §
29 7–302 of the State Finance and Procurement Article.

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

32 (6) The Fund consists of:

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

1 (ii) Interest earnings; and

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

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

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

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

11 (iii) Paying any associated administrative costs.

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

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

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

16 (iii) ~~\$75,000,000~~ **\$85,000,000** in fiscal year 2024;

17 (iv) ~~\$100,000,000~~ **\$110,000,000** in fiscal year 2025; and

18 (v) ~~\$125,000,000~~ **\$130,000,000** in fiscal year 2026 and each fiscal
19 year thereafter.

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

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

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

25 [(n)] **(Q) (1)** Any grant funding or local school system implementation
26 assistance provided under this section through the [Consortium] COMMISSION and
27 coordinated community supports partnerships shall be supplemental to, and may not
28 supplant, existing funding provided as of fiscal year 2022 to local school systems through
29 local government expenditures or local school system expenditures, or other funding

1 sources, for school-based behavioral health personnel, services, supports, or other
2 school-based behavioral health purposes.

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

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

11 (1) The activities of the Consortium;

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

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

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

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

19 SECTION 2. AND BE IT FURTHER ENACTED, That the terms of the initial
20 members of the Maryland Consortium on Coordinated Community Supports shall expire
21 as follows:

22 (1) in 2024:

23 (i) four members appointed under § 7-447.1(d)(2) of the Education
24 Article, as enacted by Section 1 of this Act; and

25 (ii) one member appointed under § 7-447.1(d)(4) of the Education
26 Article, as enacted by Section 1 of this Act;

27 (2) in 2025:

28 (i) two members appointed under § 7-447.1(d)(2) of the Education
29 Article, as enacted by Section 1 of this Act;

30 (ii) two members appointed under § 7-447.1(d)(3) of the Education
31 Article, as enacted by Section 1 of this Act; and

1 (iii) one member appointed under § 7-447.1(d)(4) of the Education
2 Article, as enacted by Section 1 of this Act; and

3 (3) in 2026:

4 (i) three members appointed under § 7-447.1(d)(2) of the Education
5 Article, as enacted by Section 1 of this Act;

6 (ii) one member appointed under § 7-447.1(d)(3) of the Education
7 Article, as enacted by Section 1 of this Act; and

8 (iii) two members appointed under § 7-447.1(d)(4) of the Education
9 Article, as enacted by Section 1 of this Act.

10 SECTION 3. AND BE IT FURTHER ENACTED, That, notwithstanding the
11 provisions of § 7-447.1(r) of the Education Article, as enacted by Section 1 of this Act, the
12 Maryland Consortium on Coordinated Community Supports shall submit its initial report
13 to the Accountability and Implementation Board, the Governor, and, in accordance with §
14 2-1257 of the State Government Article, the General Assembly on or before December 1,
15 2022.

16 SECTION ~~2~~ 4. AND BE IT FURTHER ENACTED, That this Act shall take effect
17 ~~October~~ July 1, 2022.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.