

SENATE BILL 961

F5, J1

11r2831
CF 11r2833

By: **Senator Corderman**

Introduced and read first time: February 21, 2021

Assigned to: Rules

A BILL ENTITLED

1 AN ACT concerning

2 **Consortium on Collective Impact for Student and Family Well-Being**
3 **- Renaming and Revisions**

4 FOR the purpose of altering the duties of a behavioral health services coordinator;
5 renaming the Maryland Consortium on Coordinated Community Supports to be the
6 Consortium on Collective Impact for Student and Family Well-Being; requiring the
7 Consortium, rather than the State Department of Education, to dedicate staff to
8 coordinate with behavioral health services coordinators and local education agency
9 staff; requiring the Department of Human Services to designate an employee to be
10 the primary contact for school behavioral health services for a certain purpose;
11 requiring the Consortium to work with certain entities to establish certain goals and
12 processes; requiring the Governor's Office for Children rather than Maryland
13 Community Health Resources Commission to provide staff for the Consortium;
14 specifying staffing requirements for the Consortium; providing for the duties of
15 certain staff; altering the membership of the Consortium; requiring the Consortium
16 to seek technical assistance from certain experts; altering the Consortium's duties to
17 focus on student and family well-being; renaming a coordinated community supports
18 partnership to be a collective impact for student and family well-being partnership;
19 altering the manner in which a partnership is required to provide certain services to
20 students; requiring each partnership to provide technical assistance to the
21 Consortium and its staff; altering certain accountability metrics for determining the
22 effectiveness of partnerships; renaming the Coordinated Community Supports
23 Partnership Fund to be the Collective Impact for Student and Family Well-Being
24 Partnership Fund; requiring the Fund to be used to fund certain partnerships in
25 certain years; altering the dates for certain mandatory appropriations to be included
26 in the annual budget bill for the Fund; altering certain definitions; repealing certain
27 definitions; defining certain terms; and generally relating to the Consortium on
28 Collective Impact for Student and Family Well-Being and family well-being services
29 for students and their families.

30 BY repealing and reenacting, with amendments,

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Article – Education
 2 Section 7–446.1 and 7–446.2
 3 Annotated Code of Maryland
 4 (2018 Replacement Volume and 2020 Supplement)
 5 (As enacted by Chapter 36 of the Acts of the General Assembly of 2021)

6 BY repealing and reenacting, with amendments,
 7 Article – State Finance and Procurement
 8 Section 6–226(a)(2)(ii)129.
 9 Annotated Code of Maryland
 10 (2015 Replacement Volume and 2020 Supplement)
 11 (As enacted by Chapter 20 of the Acts of the General Assembly of 2020 and Chapters
 12 4, 8, 25, 28, 33, and 36 of the Acts of the General Assembly of 2021)

13 Preamble

14 WHEREAS, Solutions for student well-being cannot be implemented, absent
 15 attention paid to the students’ families and communities;

16 WHEREAS, Families hold untapped answers for student well-being, and
 17 communities contain solutions;

18 WHEREAS, The potential of families and communities cannot be unlocked without
 19 the steady hand of a lead agency, working with families and communities to effectuate
 20 better student and family well-being; and

21 WHEREAS, Trauma and poverty should not be used to further pathologize students
 22 or families; now, therefore,

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

25 **Article – Education**

26 7–446.1.

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

28 (2) “Behavioral], “**BEHAVIORAL** health services” means trauma-informed
 29 prevention, intervention, and treatment services for the social-emotional, psychological,
 30 and behavioral health of students, including mental health and substance use disorders.

31 **(2) “BEHAVIORAL HEALTH SERVICES” INCLUDES COMPREHENSIVE**
 32 **AND WELL-BEING ORIENTED PREVENTION, INTERVENTION, AND TREATMENT**
 33 **SERVICES FOR THE SOCIAL-EMOTIONAL AND PSYCHOLOGICAL HEALTH OF**
 34 **STUDENTS AND THEIR FAMILIES.**

1 [(3) “Coordinated community supports partnership” has the meaning stated
2 in § 7–446.2 of this subtitle.]

3 (b) Each local school system shall appoint a behavioral health services
4 coordinator.

5 (c) In addition to the requirements under Subtitle 15 of this title, each behavioral
6 health services coordinator shall:

7 (1) **COMMUNICATE ONGOING BEHAVIORAL HEALTH SERVICES NEEDS
8 TO THE CONSORTIUM ON COLLECTIVE IMPACT FOR STUDENT AND FAMILY
9 WELL-BEING;**

10 (2) Coordinate existing behavioral health services and referral procedures
11 for behavioral health services within the local school system, including through a
12 [coordinated community supports] partnership;

13 [(2)] (3) Working in collaboration with the local health department[,]
14 AND the local department of social services, [and] AS WELL AS WITH other local entities
15 that provide behavioral health services, including a [community supports] partnership,
16 ensure that a student who is referred for behavioral health services obtains the necessary
17 services in a timely manner;

18 [(3)] (4) Maximize external funding for behavioral health and
19 wraparound services;

20 [(4)] (5) Have at a minimum a master’s degree and [behavioral health
21 training] experience in schools;

22 [(5)] (6) Provide the required behavioral health training under § 6–122 of
23 this article; [and]

24 [(6)] (7) Develop and implement a standardized screening to identify
25 students with behavioral health services needs using an evidence–based measurement
26 approach;

27 (8) **DEVELOP PROACTIVE BEHAVIORAL HEALTH SERVICES
28 INTERVENTIONS FOR STUDENTS AND THEIR FAMILIES TO MITIGATE RELIANCE ON
29 ACUTE CARE RESPONSES TO STUDENT ISSUES, WITH AN EMPHASIS ON MITIGATING
30 FAMILIAL STRESSORS AND LOCAL SOLUTIONS; AND**

31 (9) **PROVIDE INTENTIONAL CARE TO DESTIGMATIZE POVERTY.**

32 (d) (1) The [Department] **CONSORTIUM ON COLLECTIVE IMPACT FOR**

1 **STUDENT AND FAMILY WELL-BEING** shall dedicate staff to coordinate with behavioral
2 health services coordinators and staff in local education agencies.

3 (2) The Department shall designate an employee to be the primary contact
4 for school behavioral health services to work with school-based behavioral health providers
5 and to assist in expanding services through [coordinated community supports]
6 partnerships.

7 (3) The Maryland Department of Health **AND THE DEPARTMENT OF**
8 **HUMAN SERVICES EACH** shall designate an employee to be the primary contact for school
9 behavioral health services to work with school-based behavioral health providers and to
10 assist in expanding services through [coordinated community supports] partnerships.

11 (4) The **CONSORTIUM ON COLLECTIVE IMPACT FOR STUDENT AND**
12 **FAMILY WELL-BEING** staff [in the Department will be responsible for close collaboration
13 with other youth-serving agencies, the Maryland Consortium of Coordinated Community
14 Supports, and] **SHALL WORK WITH** the Maryland Longitudinal Data System Center to
15 establish:

16 (i) Shared goals;

17 (ii) Processes to collect and share data; and

18 (iii) Ways to leverage and blend funding to support behavioral health
19 in schools and community-based settings.

20 7-446.2.

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

22 (2) “Behavioral health services” has the meaning stated in § 7-446.1 of this
23 subtitle.

24 [(3) “Commission” means the Maryland Community Health Resources
25 Commission.

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

28 [(5) (3) [“Coordinated community supports”] **“COLLECTIVE IMPACT**
29 **FOR STUDENT AND FAMILY WELL-BEING”** means a holistic, nonstigmatized, and
30 coordinated approach, including among the following persons, to meeting [students’]
31 behavioral health needs **FOR STUDENTS AND THEIR FAMILIES**, addressing related
32 challenges, and providing community services and supports to the students **AND THEIR**
33 **FAMILIES**:

- 1 (i) Teachers, school leadership, and student instructional support
2 personnel;
- 3 (ii) Local school systems;
- 4 (iii) Local community schools;
- 5 (iv) Behavioral health coordinators appointed under § 7–446.1 of this
6 subtitle;
- 7 (v) Local health departments;
- 8 (vi) Nonprofit hospitals;
- 9 (vii) Other youth–serving governmental entities;
- 10 (viii) Other local youth–serving community entities;
- 11 (ix) Community behavioral health providers;
- 12 (x) Telemedicine providers;
- 13 (xi) Federally qualified health centers; and
- 14 (xii) Students, parents, and guardians.

15 **(4) “CONSORTIUM” MEANS THE CONSORTIUM ON COLLECTIVE**
16 **IMPACT FOR STUDENT AND FAMILY WELL–BEING ESTABLISHED UNDER**
17 **SUBSECTION (B) OF THIS SECTION.**

18 [(6) “Coordinated community supports partnership” means an entity
19 formed to deliver coordinated community supports.

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

22 **(5) “OFFICE” MEANS THE GOVERNOR’S OFFICE FOR CHILDREN.**

23 **(6) “PARTNERSHIP” MEANS A COLLECTIVE IMPACT FOR STUDENT**
24 **AND FAMILY WELL–BEING PARTNERSHIP.**

25 **(7) “STUDENT AND FAMILY WELL–BEING SERVICES” MEANS**
26 **COMPREHENSIVE AND WELL–BEING ORIENTED PREVENTION, INTERVENTION, AND**
27 **TREATMENT SERVICES FOR THE SOCIAL–EMOTIONAL AND PSYCHOLOGICAL HEALTH**
28 **OF STUDENTS AND THEIR FAMILIES.**

1 (b) (1) There is a [Maryland] Consortium on [Coordinated Community
2 Supports] **COLLECTIVE IMPACT FOR STUDENT AND FAMILY WELL-BEING** in the
3 [Commission] **OFFICE**.

4 (2) The [Commission] **OFFICE** shall provide staff to the Consortium.

5 (3) (I) [Two additional staff] **FIVE REGIONAL TECHNICAL**
6 **ASSISTANTS AND ONE DIRECTOR** shall be added **AS STAFF** to the [Commission] **OFFICE**
7 to staff the Consortium.

8 (II) **THE DIRECTOR SHALL OVERSEE THE FIVE REGIONAL**
9 **TECHNICAL ASSISTANTS.**

10 (III) **EACH REGIONAL TECHNICAL ASSISTANT SHALL OVERSEE**
11 **THE PARTNERSHIPS IN A GEOGRAPHICALLY DISTINCT REGION IN THE STATE.**

12 (IV) **THE FOCUS OF THESE PERSONNEL WILL BE TO LEARN**
13 **TOGETHER WITH THE LEAD AGENCY OF A PARTNERSHIP.**

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

15 (1) Support the development of [coordinated community supports]
16 partnerships to meet student [behavioral health] **AND FAMILY WELL-BEING** needs and
17 other related challenges in a holistic, nonstigmatized, and coordinated manner;

18 (2) Provide expertise for the development of best practices in the delivery
19 of student [behavioral health] **AND FAMILY WELL-BEING** services, supports, and
20 wraparound services; and

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

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

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

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

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

28 (4) The State Superintendent of Schools, or the State Superintendent's
29 designee;

30 (5) The [Chair of the Commission, or the Chair's] **DIRECTOR OF THE**

1 **GOVERNOR’S OFFICE FOR CHILDREN, OR THE DIRECTOR’S** designee;

2 (6) The Director of Community Schools in the State Department of
3 Education, or the Director’s designee;

4 (7) One member of the Maryland Council on Advancement of School–Based
5 Health Centers, appointed by the Chair of the Council;

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

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

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

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

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

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

18 (14) The following members appointed by the Governor:

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

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

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

23 (15) The following members appointed jointly by the President of the Senate
24 and the Speaker of the House:

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

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

28 (iii) Two members of the public, appointed by the President of the
29 Senate.

30 (e) (1) The members of the Consortium shall select a chair from among the

1 members.

2 (2) (i) [The National Center for School Mental Health shall provide
3 technical assistance] **THE CONSORTIUM SHALL SEEK TECHNICAL ASSISTANCE FROM**
4 **NATIONALLY RENOWNED EXPERTS IN HOLISTIC APPROACHES TO BEHAVIORAL**
5 **HEALTH AND STUDENT AND FAMILY WELL-BEING TO ENSURE THAT COLLECTIVE**
6 **STUDENT AND FAMILY WELL-BEING SERVICES AND SUPPORTS ARE DELIVERED IN A**
7 **HOLISTIC MANNER.**

8 (ii) The assistance provided under subparagraph (i) of this
9 paragraph may include the creation of partnership coordinators to support the work of local
10 behavioral health services coordinators appointed under § 7-446.1 of this subtitle.

11 (f) A member of the Consortium:

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

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

15 (g) The Consortium may use subcommittees, including subcommittees that
16 include nonmember experts, as necessary, to meet the requirements of this section.

17 (h) The Consortium shall:

18 (1) Develop **THE FOUNDATION FOR** a statewide framework for the
19 creation of [coordinated community supports] partnerships **THAT:**

20 (I) **CREATE A STATE-LEVEL VISION THAT FOCUSES ON THE**
21 **WELL-BEING OF THE FAMILY, ACROSS SOCIAL SERVICE INSTITUTIONS, AS THE KEY**
22 **STRATEGY FOR STUDENT SUCCESS;**

23 (II) **HAS A ROLE FOR LOCAL FEEDBACK; AND**

24 (III) **PRIORITIZES CONTINUOUS REVISION;**

25 (2) Ensure that [community supports] partnerships are structured in a
26 manner that provides community services and supports in a holistic and nonstigmatized
27 manner that meets [behavioral health] **STUDENT AND FAMILY WELL-BEING** and other
28 wraparound needs of students **AND THEIR FAMILIES** and is coordinated with any other
29 youth-serving government agencies interacting with [the] students **AND THEIR**
30 **FAMILIES;**

31 (3) Develop a model for expanding available [behavioral health] **STUDENT**
32 **AND FAMILY WELL-BEING** services and supports to all students in each local school

1 system through:

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

5 (ii) Commercial insurance participation;

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

8 (iv) The participation of nonprofit hospitals through community
9 benefit requirements;

10 (4) Develop and implement a grant program to award grants to
11 [coordinated community supports] partnerships with funding necessary to deliver services
12 and supports to meet the holistic behavioral health needs and other related challenges
13 facing the students **AND THEIR FAMILIES** proposed to be served by the [coordinated
14 community supports] partnership and that sets reasonable administrative costs for the
15 [coordinated community supports] partnership;

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

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

25 (i) Creating a list of programs and classroom management practices
26 that are evidence-based best practices to address student [behavioral health] **AND FAMILY**
27 **WELL-BEING** issues in a classroom environment;

28 (ii) Evaluating relevant regulations and making recommendations
29 for any necessary clarifications, as well as developing a plan to provide technical assistance
30 in the implementation of the regulations by local school systems to create a positive
31 classroom environment; [and]

32 (iii) **CREATING ONSITE TRAINING OPPORTUNITIES THAT TAKE**
33 **INTO ACCOUNT THE UNIQUE NEEDS OF EACH SCHOOL; AND**

34 (IV) Developing a mechanism to ensure that all local school systems
35 implement relevant regulations in a consistent manner; and

1 (7) Develop a geographically diverse plan that uses both school-based
 2 [behavioral health] **STUDENT AND FAMILY WELL-BEING** services and [coordinated
 3 community supports] partnerships to ensure that each student in each local school system,
 4 **AS WELL AS THE STUDENT'S FAMILY**, has access to services and supports that meet the
 5 [student's behavioral health] **STUDENT AND FAMILY WELL-BEING** needs **OF THE**
 6 **STUDENT AND THE STUDENT'S FAMILY** and related challenges within [a 1-hour drive]
 7 **CLOSE PROXIMITY** of a student's residence.

8 (i) **(1) EACH PARTNERSHIP SHALL BE HEADED BY A LEAD AGENCY THAT**
 9 **IS A COMMUNITY UMBRELLA AGENCY.**

10 **(2)** A [coordinated community supports] partnership shall provide
 11 systemic services to students in a manner that is:

12 [(1)] **(I)** Community-based;

13 [(2)] **(II)** Family-driven and youth-guided; and

14 [(3)] **(III)** Culturally competent and that provides access to high-quality,
 15 acceptable services for culturally diverse populations.

16 **(3) EACH PARTNERSHIP SHALL PROVIDE TECHNICAL ASSISTANCE TO**
 17 **THE CONSORTIUM AND ITS STAFF.**

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

24 (i) Whether there have been any:

25 1. [Increase] **INCREASES** in services provided;

26 2. Reductions in absenteeism;

27 3. Repeat referrals to the [coordinated community supports]
 28 partnership;

29 4. Reduction in interactions of the students with
 30 youth-serving agencies; [and]

31 5. **REDUCTIONS IN STUDENT DISCIPLINE REFERRALS;**

1 **6. IMPROVEMENTS IN THE WELL-BEING OF STUDENTS;**

2 **7. IMPROVEMENTS IN THE SATISFACTION OF FAMILIES**
3 **WITH ACCESS TO SERVICES;**

4 **8. INCREASES IN COLLABORATION BETWEEN VARIOUS**
5 **ENTITIES SERVING STUDENTS AND THEIR FAMILIES AND REDUCTIONS IN**
6 **DUPLICATIVE EFFORTS; AND**

7 **[5.] 9. [Increase] INCREASES** in funding through federal, local,
8 and private sources; and

9 (ii) Any other identifiable data sets that would demonstrate whether
10 a [coordinated community supports] partnership is successfully meeting the behavioral
11 health needs of students.

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

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

20 (l) Notwithstanding any other provision of law, a nonprofit hospital that receives
21 funding for coordinating or participating in a [coordinated community supports]
22 partnership may include the value of services provided through the [coordinated
23 community supports] partnership towards meeting community benefit requirements under
24 § 19-303 of the Health – General Article.

25 (m) (1) In this subsection, “Fund” means the [Coordinated Community
26 Supports] **COLLECTIVE IMPACT FOR STUDENT AND FAMILY WELL-BEING**
27 **Partnership Fund.**

28 (2) There is a [Coordinated Community Supports] **COLLECTIVE IMPACT**
29 **FOR STUDENT AND FAMILY WELL-BEING** Partnership Fund.

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

33 (4) The Department shall administer the Fund.

1 (5) (i) The Fund is a special, nonlapsing fund that is not subject to §
2 7–302 of the State Finance and Procurement Article.

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

5 (6) The Fund consists of:

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

7 (ii) Interest earnings; and

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

10 (7) **(I) [The] SUBJECT TO SUBPARAGRAPH (II) OF THIS**
11 **PARAGRAPH, THE** Fund may be used only by the Consortium for:

12 [(i)] **1.** Providing reimbursement, under a memorandum of
13 understanding, to [the National Center for School Mental Health and other] **ANY** technical
14 assistance providers [to] **THAT** support the work of the Consortium;

15 [(ii)] **2.** Providing grants to [coordinated community supports]
16 partnerships to deliver services and supports to meet [students'] **THE** holistic [behavioral
17 health] **STUDENT AND FAMILY WELL-BEING** needs **OF STUDENTS AND THEIR**
18 **FAMILIES** and to address other related challenges; and

19 [(iii)] **3.** Paying any associated administrative costs.

20 **(II) 1. THE INITIAL 4 YEARS OF FUND EXPENDITURES SHALL**
21 **BE USED TO FUND PARTNERSHIPS IN MOTIVATED COMMUNITIES WITH EXISTING**
22 **CAPACITY TO MEET THE WELL-BEING NEEDS OF STUDENTS AND THEIR FAMILIES.**

23 **2. AFTER THE CONSORTIUM HAS ESTABLISHED A**
24 **DEMONSTRATED CAPACITY AND PROCESS FOR FUNDING THE PARTNERSHIPS**
25 **DESCRIBED UNDER SUBSUBPARAGRAPH 1 OF THIS SUBPARAGRAPH, THE FUND MAY**
26 **BE USED TO FUND OTHER PARTNERSHIPS, USING THE DEMONSTRATED INITIAL**
27 **SUCCESSSES AS A MODEL.**

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

30 (i) \$25,000,000 in fiscal year [2022] **2023**;

1 (ii) \$50,000,000 in fiscal year [2023] **2024**;

2 (iii) \$75,000,000 in fiscal year [2024] **2025**;

3 (iv) \$100,000,000 in fiscal year [2025] **2026**; and

4 (v) \$125,000,000 in fiscal year [2026] **2027** and each fiscal year
5 thereafter.

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

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

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

11 (n) Any grant funding or local school system implementation assistance provided
12 under this section through the Consortium and [coordinated community supports]
13 partnerships shall be supplemental to, and may not supplant, existing funding provided as
14 of fiscal year [2022] **2023** to local school systems through local government expenditures
15 or local school system expenditures, or other funding sources, for school-based [behavioral
16 health] **STUDENT AND FAMILY WELL-BEING** personnel, services, supports, or other
17 school-based [behavioral health] **STUDENT AND FAMILY WELL-BEING** purposes.

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

21 (1) The activities of the Consortium;

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

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

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

28 Article – State Finance and Procurement

29 6–226.

30 (a) (2) (ii) The provisions of subparagraph (i) of this paragraph do not apply
31 to the following funds:

