July 18, 2023

Mark Luckner
Executive Director
Community Health Resources Commission
45 Calvert Street, Suite 336
Annapolis, MD 21401

Re: Consortium on Coordinated Community Supports

Dear Mark:

Thank you for hosting a public meeting on July 12, 2023, to inform stakeholders on the delay of the Consortium on Coordinated Community Supports RFP, to discuss MDH's recommendations to the Consortium on Coordinated Community Supports for the initial round of Request for Proposals, and especially for the opportunity to provide feedback on those recommendations.

As we understand it, the Maryland Department of Health's three recommendations for the FY24 RFP are:

1. Remove hub capacity-building grants from the first RFP;
2. Clarify the level of engagement by Local Education Authorities; and
3. Limit funding to Tier 1 interventions only (school-wide population-level health activities) and designated evidence-based practices.

CBH is broadly supportive of the first two recommendations, which promote a more thoughtful development of resources for schools. However, we have grave concerns about the funding restrictions encompassed in the final recommendation.

Our feedback and rationale on recommendations is described in greater detail below.

CBH supports delaying hub capacity-building grants

In our letter of June 7, CBH urged the Consortium to delay hub funding, and we now support MDH's recommendation to do so. Delay creates time for the incoming Moore Administration to plan a statewide approach to school mental health service reform that is integrated with current Medicaid service and payment reforms.

The mental health needs of children and youth across the country have grown in frequency and acuity over the past several years and expanded treatment capacity is needed in school-based, community behavioral health and child welfare settings. Scarce public resources and the workforce crisis in healthcare leave little room for duplicative systems. It is critical that we maximize our resources, build on existing infrastructure and integrate innovation across the continuum. What this means for school mental health is:

- integrating administrative oversight, outcome measurement and quality assurance into the public behavioral health system design rather than creating a new hub oversight model specific to school mental health.

- expanding on the rich infrastructure of community clinic/school partnerships which enable the delivery of behavioral health services to students in Maryland public schools. CBH members alone have clinicians on the ground in 969 of Maryland's 1,449 public schools (67%) and deliver services to more than 20,000 students per year. Outpatient mental health clinics (OMHCs) bill Medicaid and other insurers for these services. They also bring clinical infrastructure to bear, including an array of clinicians, with varying specialties and cultural competencies, operating under supervision and with existing quality and compliance standards in place.

- bringing community behavioral health innovation into the school setting. Many states across the country including Missouri, Michigan and Washington are implementing outcome-based payments through CCBHCs, and using this model to deliver mental health services in schools. Maryland currently has 5 grant-funded CCBHCs and legislation was passed last legislative session which creates opportunities for further expansion of this successful model.

CBH supports clarification of LEA roles

CBH agrees with the need for further clarification of the role of the local education authorities. Given that oversight of school mental health service delivery looks vastly different in every jurisdiction, a statewide approach with clear expectations for the partnership, oversight and administrative activities performed by LEAs, LBHAs and individual schools would be a helpful.

CBH has grave concerns about limiting the RFP to Tier 1 prevention services or EBPs

CBH **does not** support and has grave concerns about the recommendation to limit funding to Tier 1 services. Schools are struggling to address the rising acuity of student mental health needs. The needs of these students are greater than what can be provided by prevention-level services or minor adjustments to population-level instruction. Many students require individualized clinical and wraparound supports to meet their mental health needs so that they are able to engage in the learning process.

Community providers weave funding from insurance payers, Medicaid, and county or school contracts together to support their delivery of these critical services but their work is underfunded and not reaching all of the children who need mental health supports in schools. More clinicians are

needed and there are critical gaps in care that include teacher consultations, clinician involvement in IEP meetings, home visits with students not showing up to school and clinical services for uninsured/underinsured students. None of these activities are Tier 1 services and nor are they reimbursed by Medicaid. These are the critical gaps that Consortium funding can help fill. To delay funding for these services is to delay critical supports to students who need them the most.

Similarly, we are concerned that services may be restricted only to the list of supported EBPs. While we acknowledge the important role EBPs play in standardizing service delivery, the focus at this juncture should be on casting as wide a net of services as possible so as to meet the burgeoning needs of students. Not all promising or time-tested practices are EBPs. The most important factor is the clinical and functional outcomes for our students. As the Consortium determines what those outcomes should be, it will become evident which array of services get us closest to our goals. We are not there yet.

Maryland has an opportunity to get immediate funding out the door to support struggling students through well-established community-school mental health partnerships, while also taking the time to be planful about how to maximize its funding and resources. We urge you to pause planning for hubs and release funding for direct services for all 3 MTSS tiers.

We thank you again for an open and transparent process as you work toward the laudable and challenging goal of expanding critical services to children, and by extension, we thank the Department for engaging in that process and supporting it to fruition.

Sincerely,

Lauren Grimes
Director of Children's Services Advocacy
Community Behavioral Health Association