



Coordinated Community Supports Partnerships: Grants to Service Providers

First Call for Proposals Frequently Asked Questions call

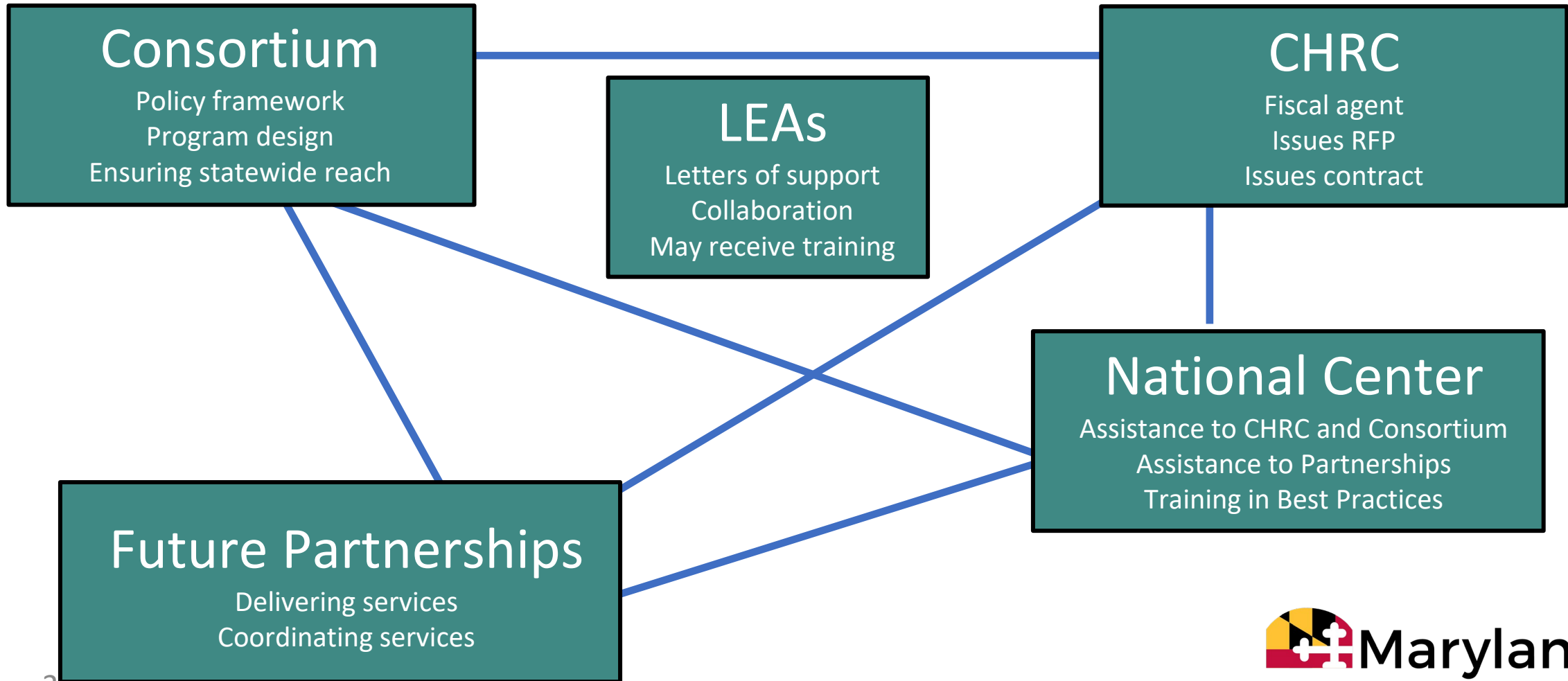
Maryland Community Health Resources Commission

August 29, 2023

Objectives

1. Provide information about the Call for Proposals
2. Provide points of contact
3. Demonstrate application cover sheet and budget proposal
4. Respond to questions – NOTE: a written summary will be posted in the coming days

Implementing agencies



Consortium Membership

David D. Rudolph, Chair

Erin McMullen, Chief of Staff, Office of the Secretary, MDH

Emily Bauer, Two-Generation Pgm Ofcr, Dept of Human Services

Mohammed Choudhury, Superintendent, MD State Dept of Education

Edward Kasemeyer, Chair, CHRC

Mary Gable, Asst Superintendent, Div of Student Support, Academic Enrichment, & Educational Policy, MD State Dept of Education

Christina Bartz, Dir of Community Based Programs, Choptank Community Health Sys

Dr. Derek Simmons, Superintendent, Caroline County Public Schools

Tammy Fraley, Allegany Co. Board of Education

Dr. Donna Christy, School Psychologist, Prince George's Co. Public Schools (MSEA rep)

Gail Martin, former Baltimore Co. Public Schools Team Leader, School Social Work

D'Andrea Jacobs, School Psychologist, Baltimore Co. Public Schools

Dr. John Campo, MD, Dir of Mental Health, Johns Hopkins Children's Center, JHU Hospital

Sadiya Muqueeth, JHU, Baltimore City Health Dept, and member, CHRC

Ryan Moran, Dep Sec, Health Care Financing & Medicaid Dir, Maryland Dept of Health

Larry Epp, Ed.D., Dir of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt

Gloria Brown Burnett, Dir, Prince George's Co. Dept of Soc Svcs

Michael A. Trader, II, Dir of Planning, Quality, and Core Svcs, Worcester Cty Health Dept

Dr. Kandice Taylor, School Safety Manager, Baltimore Co. Public Schools

Senator Katie Fry Hester

Delegate Eric Ebersole

The Consortium currently has four vacancies.



Consortium Subcommittees

- 1. Framework, Design, & RFP** – Superintendent Mohammed Choudhury and Dr. Sadiya Muqueeth
- 2. Data Collection/Analysis & Program Evaluation** – Dr. Larry Epp
- 3. Outreach and Community Engagement** – Tammy Fraley
- 4. Best Practices** – Dr. John Campo and Dr. Derek Simmons

CHRC Membership

Edward J. Kasemeyer, CHRC Chair, Former Senator and Chair of the Maryland Senate Budget & Taxation Committee

Scott T. Gibson, Chief Strategy Officer, Melwood Horticultural Training Center, Inc.

Flor D. Giusti, Johns Hopkins, Bayview

Dr. Maria J. Hankerson, President, Visions & Outcomes, Unlimited

David Lehr, Chief Strategy Officer, Meritus Health

Karen-Ann Lichtenstein, Former President and CEO, The Coordinating Center

Roberta "Robbie" Loker

Carol Masden, LCSW-C

Dr. Sadiya Muqueeth

Destiny-Simone Ramjohn, PhD, Vice President, Community Health and Social Impact, CareFirst

TraShawn Thornton-Davis, MD, Assistant Service Chief, OB/GYN, DCSM, Mid-Atlantic Permanente Medical Group

Consortium goals

1. Expand access to high-quality behavioral health and related services for students and families
2. Improve student wellbeing and readiness to learn
3. Foster positive classroom environments
4. Promote sustainability through revenues from Medicaid, commercial insurance, hospital community benefits, and other sources

First Call for Proposals

- Services only (no Hubs)
- Up to \$120 million total will be available statewide
- CHRC does not prescribe a range of funding for each applicant or each jurisdiction (formula may be developed in future years)
- Required letter of support from local Superintendent or designee
- One application per jurisdiction (Jurisdiction = MD county or Baltimore City. In MD, each jurisdiction has its own school district)
- You may apply in multiple jurisdictions - however a separate proposal must be submitted for each jurisdiction.

First Call for Proposals

- All three Tiers of Multi-Tiered System of Supports (1. universal/prevention, 2. brief/small group, 3. individual)
- 18-month grants, may be renewed
- Programs may be new or expansion of existing programs
- Funding must be supplemental to and may not supplant existing funding for student behavioral health
- Service must be connected to the school but do not need to be in school building
- Current/former CHRC grantees may apply

Key Dates

August 18, 2023	RFP released
October 11, 2023 12:00 NOON	Applications are due
December 2023	Award decisions are made; services begin for 2023-2024 school year

Grant period will be approximately 18 months

Alignment with Local Priorities

Applicants must demonstrate that programs were selected to respond to documented local priorities and unmet needs. The RFP includes recommended data sets and needs assessments, including:

- Blueprint implementation reports by LEAs
- Community Health Needs Assessments
- LBHA and LMB Needs Assessments
- SHAPE System Assessments
- Youth Risk Behavior Surveillance Survey data
- Medicaid claims data
- MSDE School Report Card data
- and others

LEAs and Jurisdictions

- LEA = Local Education Agency, aka School District
- Jurisdiction = County or Baltimore City
- Each county/jurisdiction in Maryland has its own school district.

Role of Schools

- School districts should review their priorities and communicate with potential service providers.
- All applicants must have a letter of support from the school district.
- School districts should attest that grant funding would not supplant.
- After grants are issued, MOUs will be developed between school districts and grantees.
- [LEA contact list](#) included in RFP.
- School districts will not receive direct funding.
- Grant dollars will not be used to hire additional school-employed staff, rather to bring community personnel into the school.
- School staff could receive training in EBPs. Follow this link to apply: https://bit.ly/EBPs_SchoolApp

Types of services

Service delivery grant funds should be used to expand access to the following:

- Individual, group, and family therapy
- Wraparound and navigation services
- Substance Use Disorder services
- Behavioral health education and support for families
- Crisis planning and services
- Telehealth services
- Support groups
- School-wide preventative and mental health literacy programming

If applicable, service providers should bill Medicaid and/or commercial insurance, and use grant funds to fill in the “gaps.”

Evidence-Based Programs

Two “menus” of Evidence-Based Best Practices (EBPs) for service providers for the first RFP

1. “Priority” EBPs

- 15 Priority EBPs for service providers
- Grantees will receive training and implementation support coordinated by National Center
- Applicants who commit to one or more of these will be given 5 extra points during application review process
- Also a learning collaborative on Measurement-Based Care
- Page 9 of RFP

2. Other EBPs and practice-based strategies

- RFP also includes examples of other recommended EBPs (around 30)
- Grant funds may support training and implementation, but no implementation support from National Center
- No extra points during review process
- Applicants can identify EBPs and strategies not listed on either menu, but must provide justification
- Page 10 of RFP

How to Apply – due NOON October 11, 2023

1. Cover Sheet – electronic

<https://app.smartsheet.com/b/form/118606f8811140b189656eb5d58bfb79>

2. Full proposal – Electronic Submission

Jen.Clatterbuck@maryland.gov

3. Full proposal – mail a hard copy

Jen Clatterbuck, CHRC Administrator
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

Cover Sheet demonstration


<https://app.smartsheet.com/b/form/118606f8811140b189656eb5d58bfb79>

Full Proposal Requirements – see pages 19-25

1. Table of contents
2. Executive Summary
3. Transmittal letter
4. Executive Summary – 300-500 words
5. Contractual Obligations, Assurances, and Certifications
6. Proposal – 10-12 pages, single spaced, 11 or 12 point font – see pages 21-25
7. Form W-9
8. Copy of Behavioral Health License if applicable (facility or individual)
9. Letter of support from the local Superintendent or their designee (see sample in Appendix E)

Budget

Budget Spreadsheet template

Budget Form Template - August 2023 Community Support Partnership Call for Proposals			
MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION			
Organization Name:		Project Name:	
Revenues			
Total CHRC grant request		<input type="text"/>	
			
Line Item Budget for CHRC Grant Request	School year 2023-2024 Budget Request (December 2023- June 2024)	School year 2024-2025 Budget Request (July 2024-June 2025)	Line Item Total Budget Request
Personnel Salary (enter the requested information for each FTE)			
% FTE - Name, Title			0
% FTE - Name, Title			0
% FTE - Name, Title			0
Personnel Subtotal	0	0	0
Personnel Fringe (no more than 25% of Personnel costs)			0
Equipment / Furniture / IT			
a.			0
b.			0
Supplies			0
Travel / Mileage / Parking (staff travel costs should be on a separate line from client travel costs)			0
Staff Training / Development			0
Contractual (>\$5k itemize below with details in budget justification)			
a. Professional/other services by vendor/contractor (1)			0
b. Professional/other services by vendor/contractor (2)			0
c. Professional/other services by vendor/contractor (3)			0
d. Lease or rental costs (not included under "Equipment/furniture," "Supplies," "Other Expenses," or "Indirect Costs")			0
Other Expenses (MUST detail below)			
a. Other			0
b. Other			0
c. Other			0
Indirect Costs: no more than 10% of direct costs (>10% - refer to Budget Form instructions and RFP)	0	0	0
Totals	0	0	0

Budget Narrative template



Budget Narrative Template NAME OF APPLICANT August 2023 Coordinated Community Supports Partnerships RFP

Total CHRC Request

Provide the total amount of grant funding requested under this RFP.

Personnel Salaries

The budget spreadsheet should include a line for each position. The budget narrative should list each staff position and provide the total cost, percent FTE, name, and brief description of work to be performed in support of the project for each individual. Please identify any salary increases (i.e., 3% COLA raise in year 2).

Personnel Fringe

Provide percentage used in calculation of salary fringes and identify any increases in the rate used for budget calculations. **The Commission advises that the fringe rate be calculated at no more than 25%. If the grantee requests more than 25%, the applicant will be required to provide a compelling rationale for exceeding this amount.**

Equipment/Furniture/IT

In the narrative provide a brief description of any equipment/furniture/IT with a brief explanation for the use of the item(s) to be purchased with grant funding in support of this project.

Supplies

Identify types of supplies and estimated costs. Do not budget for supplies associated with EBPs on the Priority Menu, as these will be provided.

Budget Spreadsheet demonstration

[Budget Spreadsheet template](#)

<https://health.maryland.gov/mchrc/Pages/notices.aspx>

Indirect costs

Will the Commission accept rates for indirect costs that exceed 10%?

The CHRC will allow for reimbursement of indirect costs to nonprofit organizations in an amount equal to the rate the nonprofit organization has negotiated and received for indirect costs under a direct federal award, or from a non-federal entity based on the cost principles in Subpart E of OMB Uniform Guidance. Please provide documentation with your application.

What are permissible expenses incurred as part of indirect costs?

Costs that are associated with running the organization as a whole and benefit more than one project/program. Allowable indirect costs include items such as administrative staff salaries, rent, utilities, office supplies, insurance, etc.

RFP Review Criteria – see page 18 of RFP

1. Experience coordinating behavioral health service providers in the community

2. Organizational capacity, cultural and linguistic competency

3. Program design, prospects for success, use of EBPs

4. Integration and alignment with other programs

5. Engagement with schools, families, and communities in the planning and execution of programming

6. Ability to demonstrate measurable outcomes

Final selections may also consider:

1. Equity

3. Prioritization by LEA

2. Geographic balance

4. Age distribution pre-K-12

Staff contact information & website

Mark Luckner, CHRC Executive Director

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Jen Clatterbuck, CHRC Administrator

Jen.Clatterbuck@maryland.gov

RFP website:

<https://health.maryland.gov/mchrc/Pages/notices.aspx>

[Consortium mailing list](#)