Maryland Consortium on Coordinated Community Supports
45 Calvert Street, Room 336, Annapolis, MD 21401

Lawrence J. Hogan, Governor; Boyd K. Rutherford, Lt. Governor
David. D. Rudolph, Chair; Mark Luckner, Executive Director, CHRC

Sixth Meeting, Consortium on Coordinated Community Supports
Anne Arundel Workforce Development Corporation - Career Center
613 Global Way, Linthicum Heights, MD 21090

Zoom Meeting Link:
https://us06web.zoom.us/j/83278722102?pwd=dXFMZDV3S0FxRWVJbk5XdGZXNmwrZz09
Meeting ID: 832 7872 2102 **Passcode:** 052236 **Dial in #:** (301)715-8592

January 10, 2023
9:30 AM – 12:00 PM

AGENDA

1.	Call to Order	Chair Rudolph
2.	Approval of December 13 meeting minutes	Chair Rudolph
3.	Legislative requirements for Partnerships	Chair Rudolph, Mark Luckner
4.	Collective Impact Model	• FSG Collective Impact – Jeff Cohen • B'More for Health Babies – Rebecca Dineen and Cathy Costa
5.	Update from Consortium Subcommittees	• Framework – Superintendent Choudhury and Sadiya Muqueeth, DrPH • Data – Larry Epp • Outreach – Tammy Fraley and Robin Rickard • Best Practices – Derek Simmons and John Campo
6.	Adjourn	Chair Rudolph

6th Meeting of the
Maryland Consortium on Coordinated Community Supports

Tuesday, December 13, 2022
In-Person & Virtual Meeting
1450 S. Rolling Road, Halethorpe, MD

9:30 AM – 12:05 PM

CONSORTIUM MEMBERS IN ATTENDANCE:

1. David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports
2. Robin Rickard, Maryland Department of Health | Executive Director, Opioid Operational Command Center
3. Emily Bauer, Maryland Department of Human Services | Two-Generation Program Officer
4. Edward Kasemeyer, Maryland Community Health Resources Commission | Chair
5. Mary Gable, Director of Community Schools | Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy, Maryland State Department of Education
6. Christina Bartz, Council on Advancement of School-Based Health Centers | Director of Community Based Programs, Choptank Community Health Systems
7. Dr. Derek Simmons, Public School Superintendents Association of Maryland | Superintendent, Caroline County Public Schools
8. Tammy Fraley, Maryland Association of Boards of Education | Allegany County Board of Education
9. Gail Martin, Maryland Chapter of the National Association of Social Workers | former Baltimore County Public Schools Team Leader, School Social Work
10. Sadiya Muqueeth, Dr.PH, Maryland Community Health Resources Commission | Director of Community Health, National Programs, Trust for Public Lands
11. Linda Rittelmann, representative of the Maryland Medical Assistance Program | Senior Manager, Medicaid Behavioral Health ASO, Maryland Department of Health
12. Larry Epp, Ed.D., representative of the community behavioral health community with telehealth expertise | Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System
13. Gloria Brown Burnett, local Department of Social Services | Director, Prince George's County Department of Social Services
14. Michael A. Trader, II, representative of local departments of health | Assistant Director of Behavioral Health, Worcester County Health Department
15. Dr. Kandice Taylor, member of the public with expertise in equity in education | School Safety Manager, Baltimore County Public Schools
16. The Honorable Katie Fry Hester, Maryland Senate

Also in attendance were: Dr. Maria Rodowski-Stanco, Director, Child, Adolescent and Young Adult Services, Behavioral Health Administration, Maryland Department of Health; Sharon Hoover, Professor, Division of Child and Adolescent Psychiatry and Co-Director, National Center for School Mental Health, University of Maryland School of Medicine; Nancy Lever, PhD, Associate Professor, Division of Child and Adolescent Psychiatry and co-Director, National Center for School Mental Health, University of Maryland School of Medicine; AAG Michael Conti; CHRC Executive Director Mark Luckner; other staff; and members of the public.

WELCOME

Chair Rudolph welcomed the group and thanked Consortium members for their hard work to date.

MEETING MINUTES

A review of the November 15, 2022, minutes was held. Ed Kasemeyer made a motion to accept the November 15, 2022, minutes as presented at the meeting, and the motion was seconded by Derek Simmons. The minutes were approved unanimously.

GENERAL UPDATE AND NEXT STEPS

CHRC Executive Director Mark Luckner provided an update on the Consortium. 22 of the Consortium's 24 appointments have been made. The Consortium held a three-week public comment period and received feedback from 81 stakeholders from across the state, representing both behavioral health and education interests. Subcommittees are currently reviewing the responses provided by the public.

Later this month, the Consortium will submit its annual report to the General Assembly. Next year, the Consortium will recruit for a staff director. The next two meetings will be held January 10 and February 21, 2023.

SUBCOMMITTEE UPDATES

Chair Rudolph invited each of the Consortium's Subcommittee Chairs to provide an update.

Framework, Design & RFP Subcommittee Co-Chair Sadiya Muqueeth said the Framework Subcommittee has been reviewing public comments related to permissible uses of grant funds. The Subcommittee is inclined to view in-patient beds, partial hospitalization programs, specialized schools for children with behavioral health challenges, somatic health services, academic and vocational supports, extra-curricular activities, and flexible emergency funds to support families as generally beyond the scope of the program. Consortium programs should help people access these services, but should not be their primary funding source. The Subcommittee is continuing to investigate the best way to support crisis services.

Data Collection/Analysis and Program Evaluation Subcommittee Chair Larry Epp shared revised potential data metrics for overall program evaluation. The Subcommittee is proposing four overall 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; and (4) expand revenues from Medicaid and other funding sources for school behavioral health. Slides included potential measures for each goal.

Outreach and Engagement Subcommittee Co-Chairs Tammy Fraley and Robin Rickard discussed the Consortium's public comment period. Going forward, the Subcommittee seeks to inform the public about the Consortium's program and the first Call for Proposals. Consortium members agreed outreach will be essential and should precede the release of the RFP.

Best Practices Subcommittee Co-Chairs John Campo and Derek Simmons said their Subcommittee will continue working to identify best practices for behavioral health services for all three tiers of the Multi-Tiered System of Supports (MTSS) that align with the overall program goals and indicators.

Some recommended and/or required best practices will be implemented statewide, while others may be tailored to local communities.

CONSORTIUM LEGISLATIVE REPORT

Mark Luckner referred Consortium members to the draft legislative report. The report addresses both the requirements of the Joint Chairmen's Report of 2022 and Senate Bill 802 of 2022. Senator Hester suggested that the report be revised to stress the program's statewide scope, rather than focusing on schools with Concentration of Poverty grants. Gloria Brown Burnett made a motion to approve the annual report with instructions to staff to emphasize the statewide nature of the program as suggested by Senator Hester, and Ed Kasemeyer seconded the motion. The annual report was approved unanimously 16-0 with instructions to staff to emphasize the statewide nature of the program.

Senator Hester later recommended that the annual report be further modified to emphasize expanding Medicaid reimbursement for school behavioral health services. Sadiya Muqueeth made a motion to reconsider the previous vote approving the annual report, and Gail Martin seconding the motion. The motion was approved unanimously, and the annual report was withdrawn. Senator Hester then made a motion to amend the annual report with instructions to staff to emphasize the statewide nature of the program and to discuss the Consortium's upcoming work to expand Medicaid reimbursement for school behavioral health services. Gloria Brown Burnett seconded the motion. The motion was approved unanimously.

Next, Sadiya Muqueeth made a motion to approve the annual report with the amendments. Derek Simmons seconded the motion. The annual report was approved unanimously 16-0 with instructions to staff to emphasize the statewide nature of the program and to discuss the Consortium's upcoming work to expand Medicaid reimbursement for school behavioral health services.

PRESENTATION ON MEDICAID

Sharon Hoover from the National Center on School Mental Health led a presentation on opportunities to expand Medicaid reimbursement for school behavioral health services, and invited several other speakers to present. Lena O'Rourke from the Healthy Schools Campaign gave a national perspective. Kevin Bauer from the Michigan Department of Health and Human Services and Scott Hutchins from the Michigan Department of Education explained the steps Michigan had taken to expand Medicaid reimbursement for behavioral health services in schools. Tanya Schwartz from Aurerra Health described challenges and opportunities specific to Maryland.

ADJOURNMENT

Gail Martin made a motion to adjourn the meeting. Derek Simmons seconded the motion. The motion was approved unanimously, and the meeting adjourned at 12:05 p.m.

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Maryland Consortium on Coordinated Community Supports

Legislative background on the Partnerships model

January 10, 2022

Objectives

1. Review the main statutory objectives of the Consortium

2. Review legislative intent and bill language supporting Collective Impact model, local Hub and Spoke framework (5 slides)

3. Discuss how Community Support Partnerships might reflect the Collective Impact Model

Consortium Statutory Objectives

1. Support development of Coordinated Community Support Partnerships to meet student behavioral health and other needs.
2. Provide technical assistance to local school systems to support positive classroom environments and close achievement gaps.
3. Provide expertise in developing best practices in the delivery of behavioral health and wraparound services.
4. Develop statewide framework for creation of partnerships.
5. Ensure supports are holistic and coordinated with other youth-serving agencies.
6. Expand available supports to all students in a school system.
7. Implement grant program to deliver services and supports.
8. Evaluate a provider reimbursement system.
9. Develop best practices for positive classroom environment.
10. Ensure geographically diverse plan to ensure access to services within 1-hour drive.
11. Develop accountability metrics.
12. Use accountability metrics to develop best practices to deliver supports and services and maximize federal, local, and private funding.

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Bill language

"Coordinated community supports means a holistic, nonstigmatized, and coordinated approach, including among the following persons [see next slide], to meeting students' behavioral health needs, addressing related challenges, and providing community services and supports to the students …"

See Md. Code, Educ. § 7-447.1

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Bill language

"… including among the following persons:

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

(ii) Local school systems

(iii) Local community schools

(iv) Behavioral health coordinators

(v) Local health departments

(vi) Nonprofit hospitals

(vii) Other youth-serving governmental entities

(viii) Other local youth-serving community entities

(ix) Community behavioral health providers

(x) Telemedicine providers

(xi) Federally qualified health centers; and

(xii) Students, parents, and guardians."

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Bill language

"Coordinated community supports partnership means an entity formed to deliver coordinated community supports."

"The assistance provided … may include the creation of partnership coordinators to support the work of local behavioral health services coordinators …"

"… the Consortium shall submit … a report on: … the creation of coordinated community supports partnerships and the area served by each partnership …"

Bill language

"A coordinated community supports partnership shall provide systemic services to students in a manner that is:

- Community-based;
- Family-driven and youth-guided; and
- Culturally competent..."

"… structured in a manner that provides community services and supports in a holistic and nonstigmatized manner that meets behavioral health and other wraparound needs of students and is coordinated with any other youth-serving government agencies..."

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Bill language

“ … grants to coordinated community supports partnerships with funding necessary to deliver services and supports to meet the holistic behavioral health needs and other related challenges facing the students proposed to be served by the coordinated community supports partnership and that sets reasonable administrative costs for the coordinated community supports partnership.”

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Key Takeaways

1. Partnerships are the means to “deliver coordinated community supports.”
2. Partnerships should be “formed” and should involve many different kinds of organizations and people.
3. Partnerships may include “partnership coordinators.”
4. Partnership grants may include “reasonable administrative costs.”

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Key Takeaways, ctd.

5. Partnerships must:
    - Be “community-based, family driven, and youth-guided,”
    - Be “culturally competent,”
    - Serve an “area,” and
    - Provide “holistic and coordinated services and supports,” addressing both “behavioral health and other wraparound needs.”

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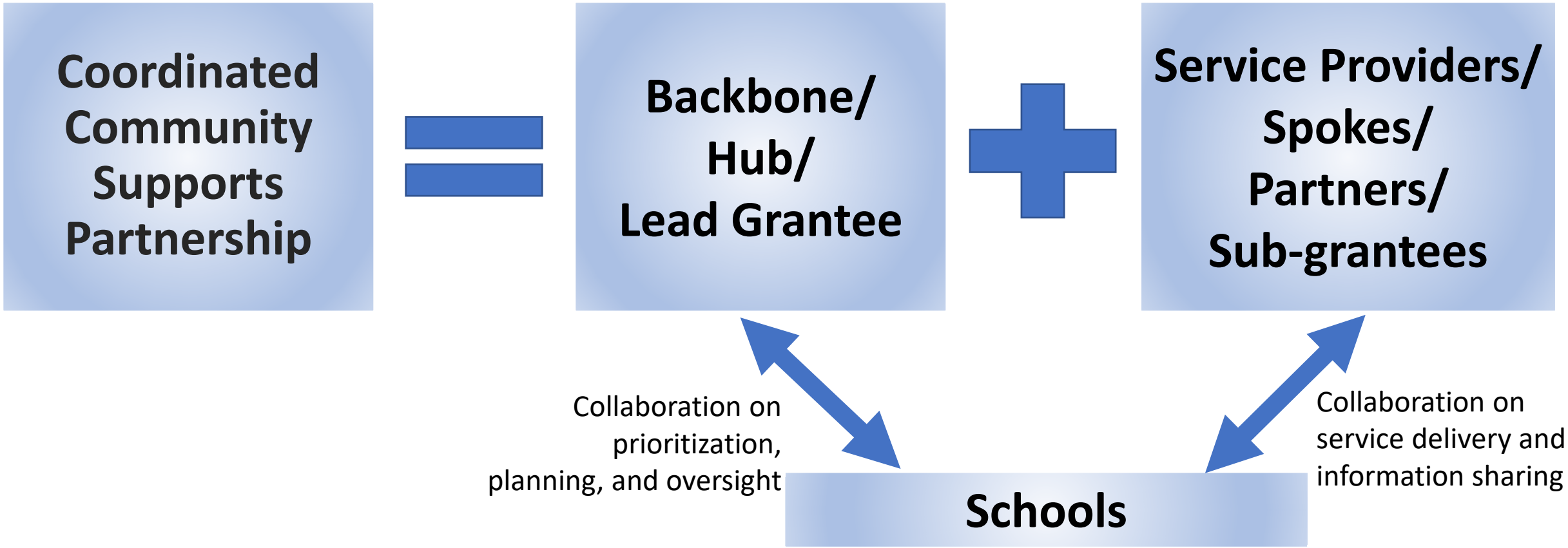
Public comments related to Partnerships

- Interventions and priorities should be flexible and respond to the local context.
- Involving trusted grassroots organizations can help to engage reluctant parents.
- Partnerships should be run by a board with the minority opinion considered when voting.
- Partnerships should be coordinated with, developed with, and supported by local educational and behavioral health authorities.

Operationalizing the Collective Impact model



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Core Functions of Partnership Backbones/Hubs

Service Delivery	• all MTSS tiers • ensure fidelity to best practices • coordinate many partners, collaborate closely with schools
Fiduciary	• receipt of grant dollars • accountability for grant funds • maximize third party billing including Medicaid if possible • leverage funds from other sources • distribute funds to Service Providers/Spokes/Partners/Sub-grantees
Data	• collect data from Service Providers/Spokes/Partners/Sub-grantees • analyze data • report data to Consortium and CHRC
Statewide Coordination	• participate in statewide learning collaborative/Technical Assistance program with other Backbones/Hubs

FSG REIMAGINING SOCIAL CHANGE

ADDRESSING COMPLEX SOCIAL PROBLEMS THROUGH COLLECTIVE IMPACT

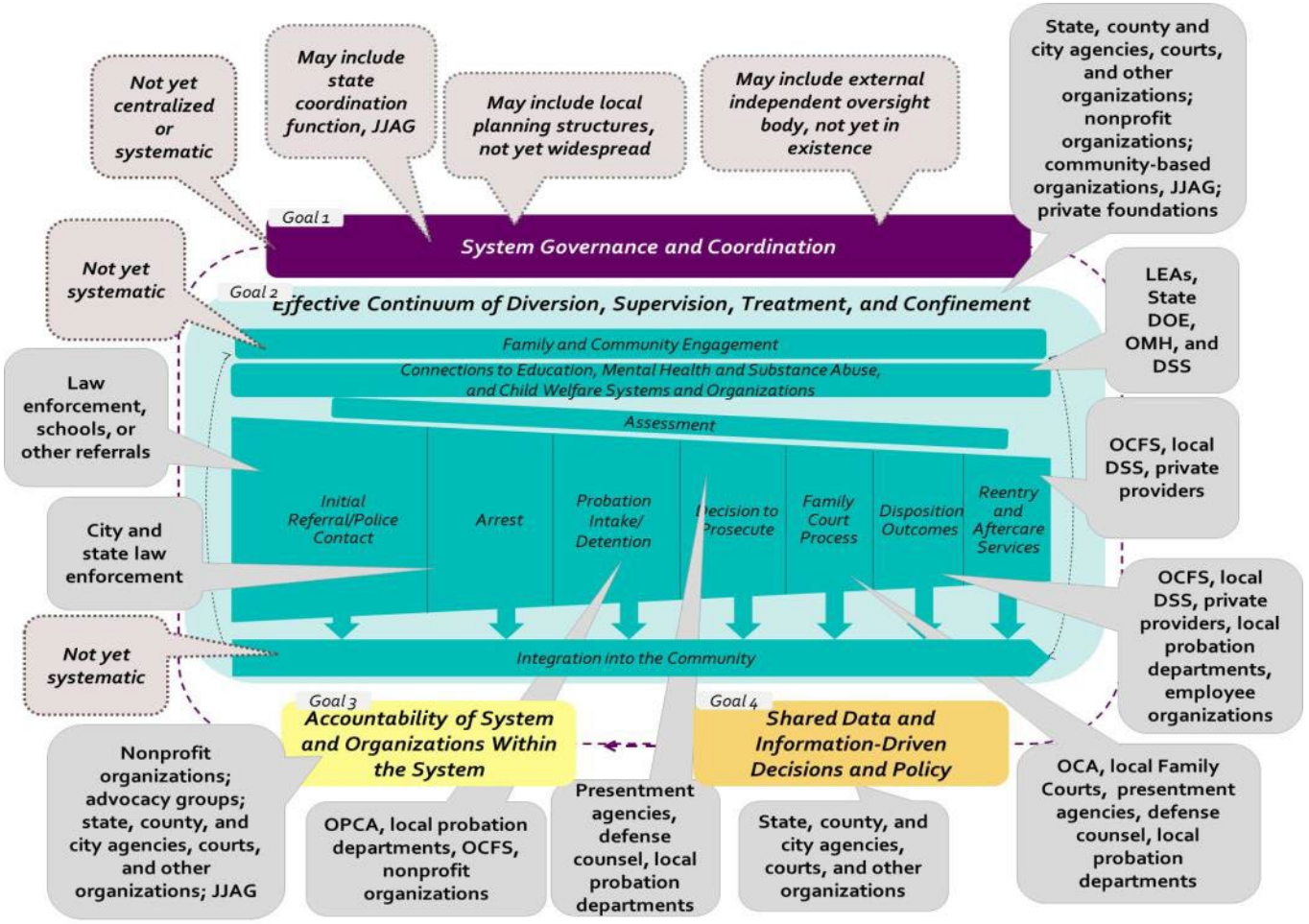
MARYLAND CONSORTIUM ON COORDINATED COMMUNITY SUPPORTS

JANUARY 10, 2023

Juvenile justice in New York State

$286,000 = 89% recidivism rate

The NYJJ system is fragmented, with dozens of agencies at the state, county, and city levels



This complexity is increased due to varying processes and structures across New York State's 62 counties

Source: FSG Interviews and Analysis; State of NY Juvenile Justice Advisory Group, "State of NY, 2009–2011: Three-Year Comprehensive State Plan for the JJ and Delinquency Prevention Formula Grant Program."

What is collective impact?

There are several different types of problems

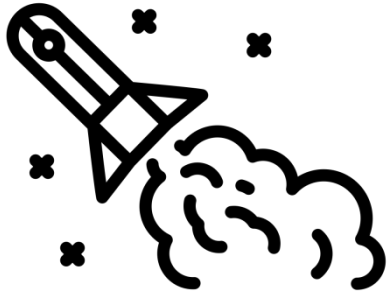
Simple

step-by-step recipes

baking a cake

Complicated

technical solutions



building a rocket to send to the moon

Complex

emergent systems

raising a child

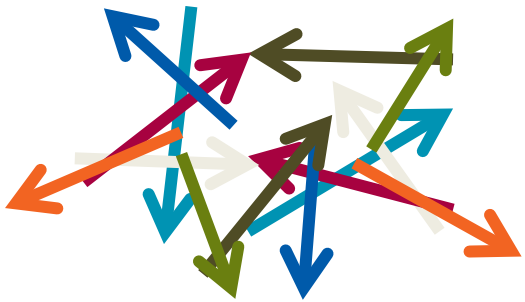
The social sector often treats problems as simple or complicated

Source: Adapted from "Getting to Maybe"

Traditional approaches are not solving our most complex social problems

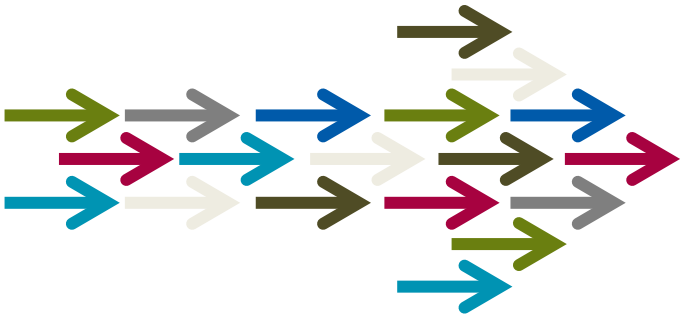
- Funders select **individual grantees**
- Organizations **work separately** and **compete**
- Corporate and government sectors are often **disconnected** from foundations and nonprofits
- **Evaluation** attempts to **isolate** a particular organization's impact
- Large scale change is assumed to depend on **scaling organizations**

Isolated Impact



Imagine a different approach – multiple players working together to solve complex issues

Collective Impact



- Understand that social problems – and their solutions – arise from **interaction of many organizations within larger system**
- **Cross-sector alignment** with government, nonprofit, philanthropic and corporate sectors as partners
- **Organizations actively coordinating** their action and sharing lessons learned
- All working toward the **same goal and measuring the same things**

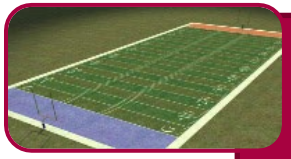
Collective impact is a structured, multi-sector approach to address complex problems

Collective impact is the commitment of a group of important actors from different sectors to a common agenda for addressing a specific complex problem at scale

Five conditions for collective impact

Common Agenda

Shared Measurement



Mutually Reinforcing Activities

Continuous Communication

Backbone Support

Source: FSG SSIR Collective Impact Article, Winter 2011; FSG Interviews; FSG Interviews & Analysis

Achieving large-scale change through collective impact involves five key elements

1. **Common agenda**

All participants share a vision for change that includes a **common understanding of the problem** and a joint approach to solving the problem through agreed-upon actions

2. **Shared measurement system**

All participants agree on how to measure and report on progress, with a **short list of common indicators** identified and used to drive learning and improvement

3. **Mutually reinforcing activities**

A diverse set of stakeholders, typically across sectors, **coordinate a set of differentiated activities** through a mutually reinforcing plan of action

4. **Continuous communication**

All players engage in **frequent and structured** open communication to build trust, assure mutual objectives, and create common motivation

5. **Backbone support**

An **independent, dedicated staff (with funding)** guides the initiative's vision and strategy, supports aligned activities, establishes shared measurement practices, builds public will, advances policy, and mobilizes resources

How to organize for collective impact

Launching a collective impact initiative has four prerequisites

Influential Champion and Supportive Leadership

- Champions are respected by and have the **ability to engage cross-sector leaders**
- **Government leadership** is engaged

Urgency for Change

- **Critical, complex problem** in the community
- **Frustration** with existing approaches

Availability of Resources

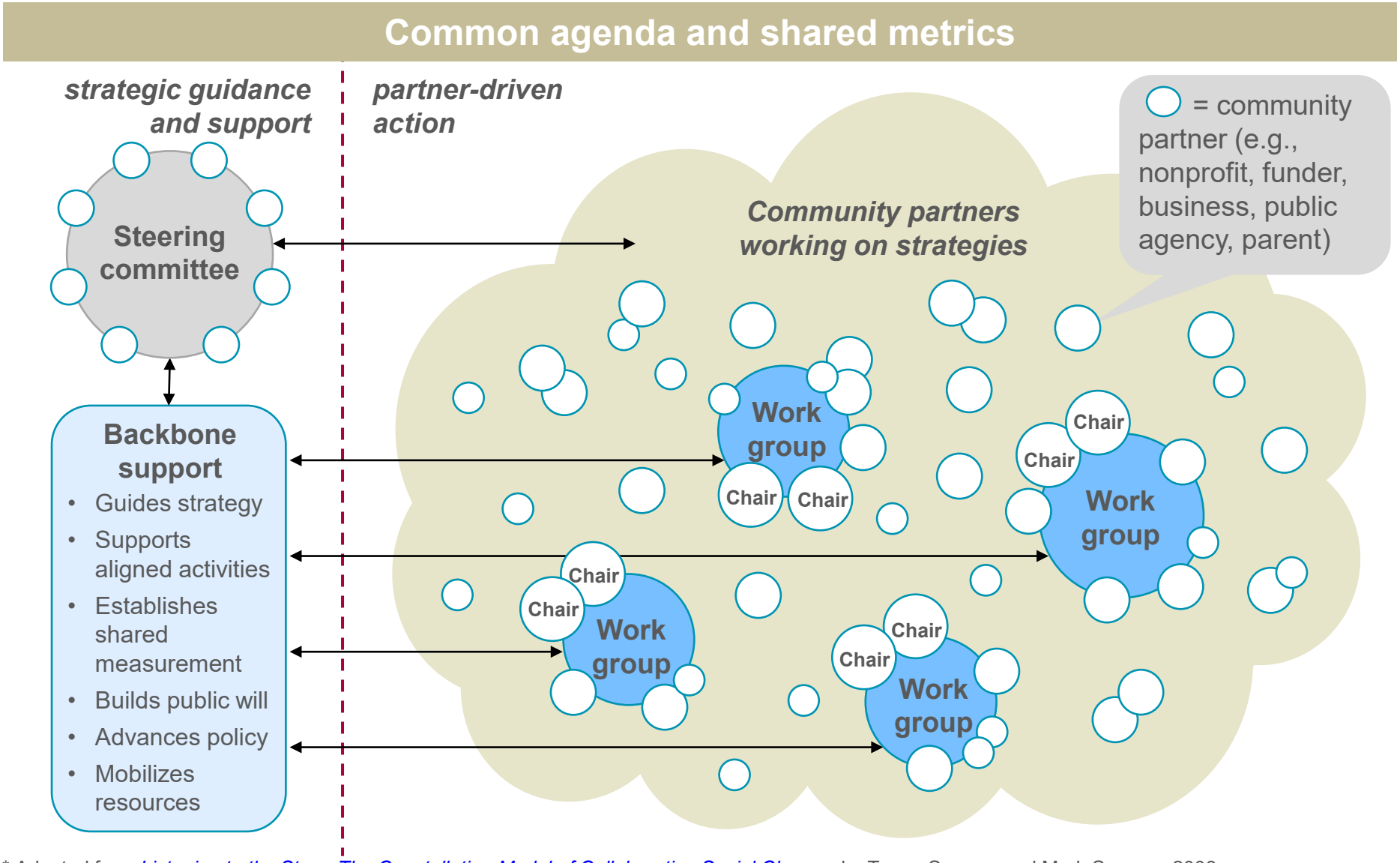
- Committed, potential **funding partners** with sustained funding for at least 3 – 5 years

Basis for Collaboration

- **Trusted relationships** among cross-sector actors
- Presence of **existing collaborative** efforts

These are becoming increasingly specific with time, and will be deepened in our final month of the readiness assessment

CI structures look remarkably similar across initiatives



* Adapted from *Listening to the Stars: The Constellation Model of Collaborative Social Change*, by Tonya Surman and Mark Surman, 2008.

Backbone support is critical to collective impact efforts, and they perform six major functions

- **Guide Vision and Strategy**
- **Support Aligned Activities**
- **Establish Shared Measurement Practices**
- **Cultivate Community Engagement and Ownership**
- **Advance Policy**
- **Mobilize Resources**

Backbones must balance the tension between coordinating and maintaining accountability, while staying behind the scenes to establish collective ownership

Source: FSG Interviews and Analysis

Successful backbone support structures have the following six key functions

Guide Vision and Strategy	• **Build a common understanding of the problem** that needs **to be addressed** • **Provide strategic guidance to develop a common agenda; serve as a thought leader / standard bearer for the initiative**
Support Aligned Activities	Ensure **mutually reinforcing activities** take place, i.e., • **Coordinate and facilitate** partners' continuous communication and collaboration **Convene** partners and key external stakeholders • **Catalyze** or **incubate** new initiatives or collaborations • Provide **technical assistance** to build management and administrative capacity (e.g., coaching and mentoring, providing training and fundraising support) • Create **paths for, and recruit, new partners** so they become involved • Seek **out opportunities for alignment** with other efforts
Establish Shared Measurement Practices	• Collect, analyze, interpret, and report **data** • Catalyze or develop **shared measurement systems** • Provide technical assistance for building partners' **data capacity**
Cultivate Community Engagement and Ownership	• Frame the problem to **create a sense of urgency** and articulate a call to action • Support **community member engagement** activities • Produce and manage **communications** (e.g., news releases, reports)
Advance Policy	Advocate for an aligned **policy agenda**
Mobilize Resources	Mobilize and align public and private **resources to support initiative's goals**

The backbone is a **key driver** of collective impact and typically requires three roles

Guide vision and strategy	• Build a common understanding of the problem • Serve as a thought leader / standard bearer for the initiative • Ensure common agenda is updated as needed as strategy unfolds	***"Executive Director"***
Advance policy	• Advocate for an aligned policy agenda • Stay on top of policy developments that impact the effort	
Mobilize resources	• Mobilize and align public and private resources to support initiative's goals (and the backbone itself)	
Build public will	• Create a sense of urgency and articulate a call to action • Support community member engagement activities • Produce and manage communications (e.g., news releases, reports)	***"Program Manager"***
Support aligned activities	• Coordinate and facilitate partners' continuous communication and collaboration (e.g., run task force meetings) • Recruit and convene partners and key external stakeholders • Seek out opportunities for alignment with other efforts • Ensure task forces are being data driven	
Establish shared measurement practices	• Collect, analyze, interpret, and report data • Catalyze or develop shared measurement systems • Provide technical assistance for building partners' data capacity	***"Data Analyst"*** *(and / or "Data Task Force")*

Source: FSG and Greater Cincinnati Foundation

Backbones typically require at least three key staff positions

Illustration of a Backbone Structure:

	Project Director	Data Manager	Facilitator(s)
Leadership	• Oversees effort • Advises Steering Committee	• Manages accountability	• Manages working groups/networks
Communication	• Represents work done	• Reports data • Shares data for use	• Connects working groups/networks
Critical Thinking	• Addresses complex issues	• Addresses complex issues	• Addresses complex issues
Planning	• Leads vision, goal, strategy setting	• Plans data collection, data sharing	• Aligns partners to implement
Embracing Change	• Champions change at senior level	• Provides data to help change occur	• Champions change in groups
Teamwork	• Listens, reinforces senior collaboration	• Partners with data providers	• Helps community partners align

Potential Y1-Y2 staff positions for the backbone

Role	Description	Hiring Timeline
Executive Director	• Organizational leadership and development • Oversees all functions with a focus on strategy and data • Advisor to Working Group and key stakeholders • Serves as a public ambassador for the initiative	ASAP
Data Specialist	• Creates and executes plan to collect, analyze, and communicate appropriate data • Helps build the initial data infrastructure • Liaison to local and state data partners; staffs data sub-group	Q1-Q2 of Year 1
Facilitator	• Along with ED, facilitates Working and Strategy Group meetings • Builds relationships and urgency among existing and new members • Outreach to community members and key partners	Q2-Q4 of Year 1
(Community Outreach Manager)	• Outreach to community members and key partners • Develops and executes communications plan for multiple audiences	End of Year 1 – Year 2
(Project Coordinator)	• General project management and tracking of key workstreams • Assist in some administrative tasks, including scheduling for the Executive Director, event planning, and office operations • Other tasks to ensure smooth operation of the Backbone	End of Year 1 – Year 2

Source: FSG Interviews and Analysis

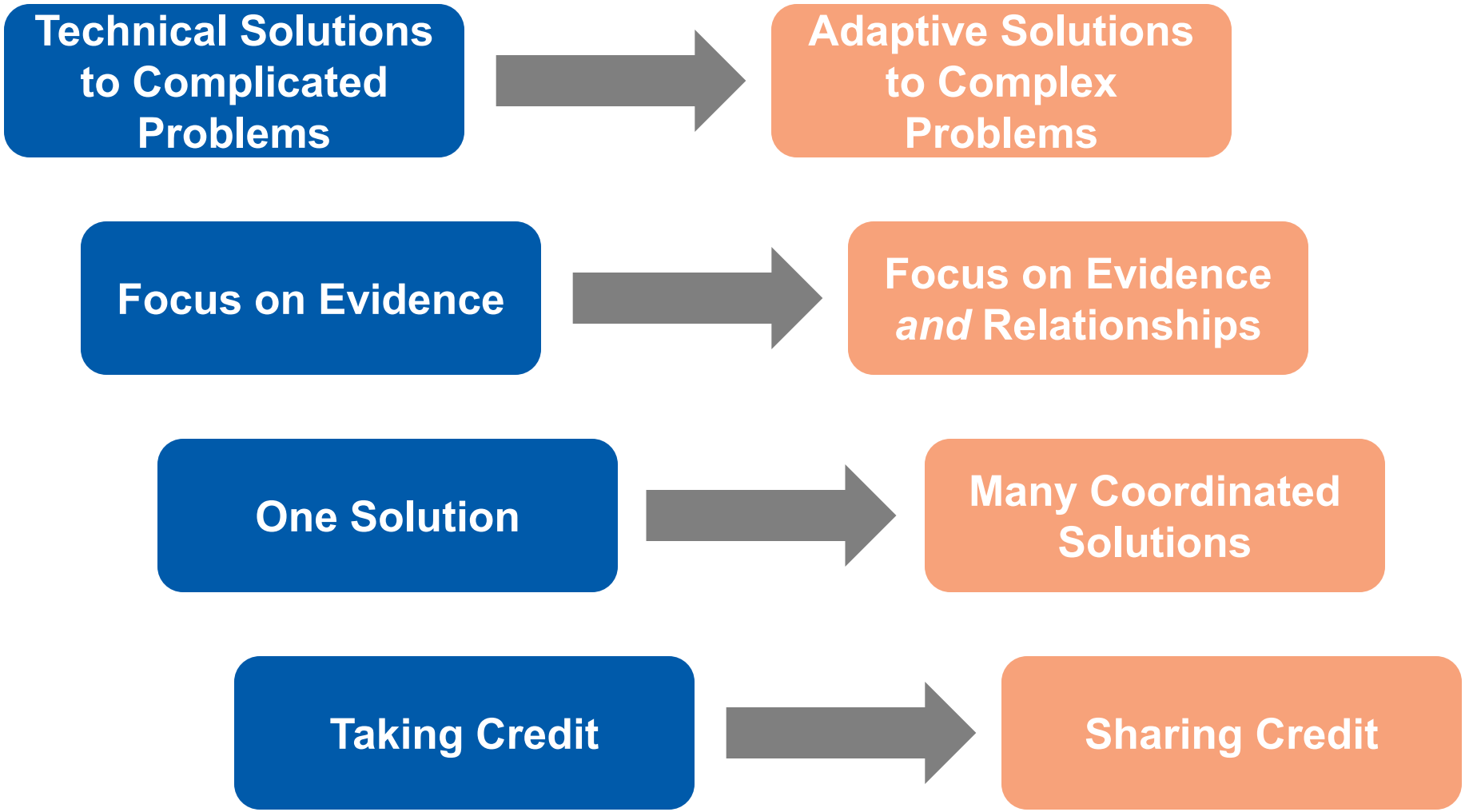
Backbones require a unique skill set to support collective impact efforts

Highlights of Successful Backbones

- Have a high level of **credibility within the community**
- Serve as **neutral conveners**
- Have a **dedicated staff**
- **Build key relationships** across members of the initiative
- **Focus people's attention** and create a sense of **urgency**
- Frame issues to **present opportunities and difficulties**
- Use **evaluation as a tool for learning and progress**
- Ensure **coordination** and **accountability**
- Stay "behind the scenes" to **establish collective ownership**

Source: FSG Interviews and Analysis

The **key for success** in collective impact is understanding several mindset shifts



Source: Channeling Change: Making Collective Impact Work, 2012; Essential Mindset Shifts for Collective Impact; 2014.

Collective Impact Case Studies

CI has been **successfully applied in many areas**

Education

Health

Environment

Youth Development

Economic Development

Community Development

Source: FSG research and analysis

Magnolia Place Community Initiative - Los Angeles

Vision

Everyone in the Magnolia Place community works together to ensure they and their neighbors live well and prosper

Mission

Unite the County, City, and Community to strengthen individual, family and neighborhood protective factors by increasing social connectedness, community mobilization, and access to needed supports and services.

Implementation

“Community Level Change Model” to build resilience at individual, family, and social levels

Magnolia Place Community Initiative looks to unite and engage its entire community in creating sustainable change for families to succeed

1 Common Agenda

- **Problem Definition:** Magnolia Area of L.A. faces dismal education, high poverty and unemployment, diversity challenges, high diabetes, asthma rates and high rates of child welfare system involvement
- **Solution:** Magnolia Place Community Initiative unites county, city and community for change for families by strengthening individual to neighborhood protective factors through increasing mobilization and access to services

3 Mutually Reinforcing Activities

- Cross-sector group willing to contribute towards creating shared learning environment and working collective towards:
  1. Educational success
  2. Good health
  3. Economic stability
  4. Safe and nurturing parenting
- Groups asked to align efforts, resources to contribute towards practices and goals
- Communities of practice or learning groups developed based on interest
- Groups led by those with time, resources, expertise to move piece of work forward
- Initiative voluntary, leadership informal, **driven forward by engaging community**

4 Continuous Communication

- Uses free web-based platform (groupsite.com) that provides shared calendar, file cabinet, individual and group profiles, sub groups for specialized work, discussion groups, blogs
  - Informs partners, connects efforts in efficient manner
- Overall facilitated system improvement and specific working groups meetings are held

2 Shared Measurement

- Protective Factor and Community Belonging Survey conducted to use results as baseline assessment of protective factors, community belonging and civic participation
- Working with UCLA , introduced Early Development Index (EDI), population measure of children's development. Used to see where, why children are doing better or worse by geography or developmental area
- Developed data dashboard to display progress, to coordinate efforts and foster shared learning and accountability
- Uses "Model for Improvement" approach to achieve large-system change

5 Backbone Support Organization

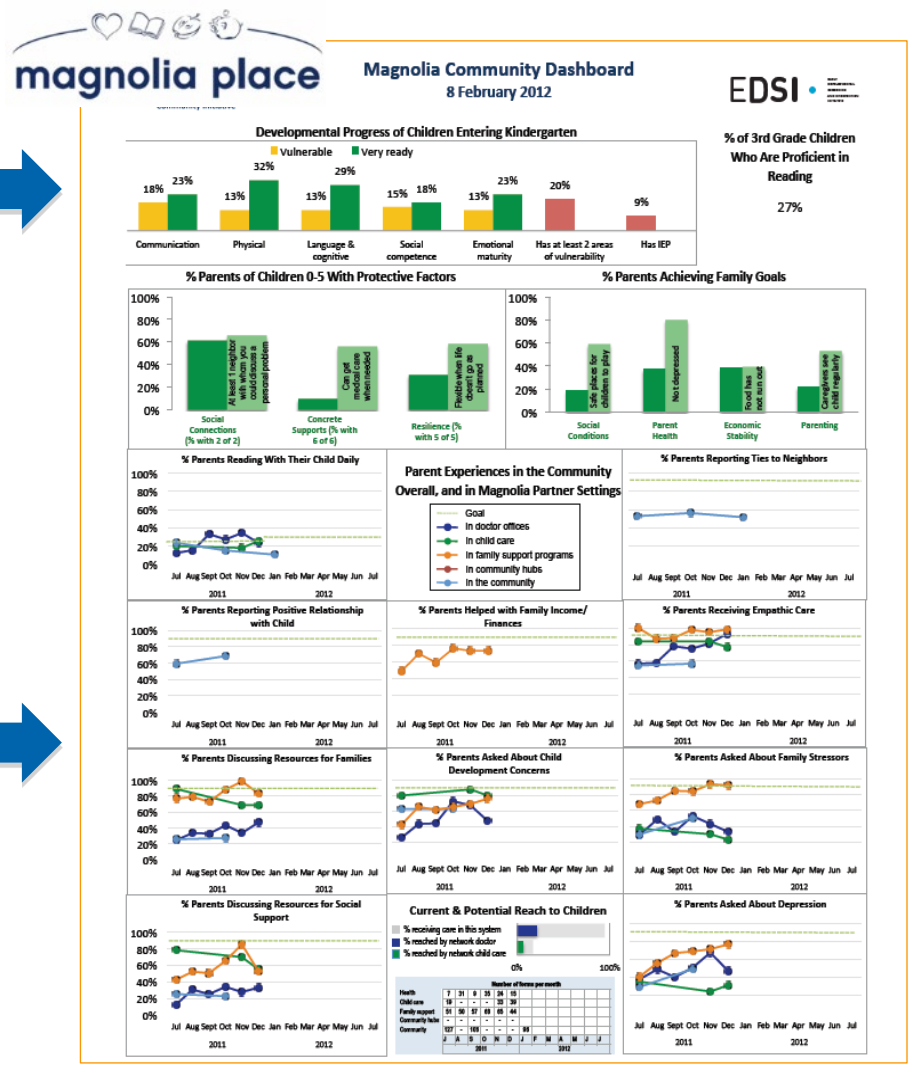
- Children's Bureau of Southern California, purchased, renovated warehouse to turn into Magnolia Place Family Center to serve as point of synergy
- Outside consultant provides facilitation and planning support
- Executive director, administrative support and project coordinator bring agencies together and track data
- Leadership is not formal or prescriptive

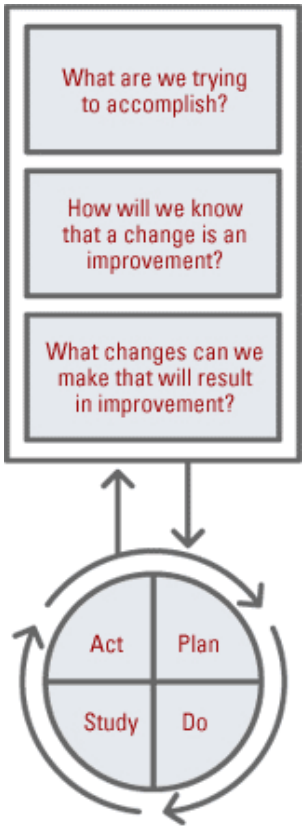
Source: Magnolia Place Community Initiative

Magnolia place developed a dashboard to facilitate learning

Long-term outcomes (e.g. Developmental progress, by kindergarten; Reading proficiency, third grade)

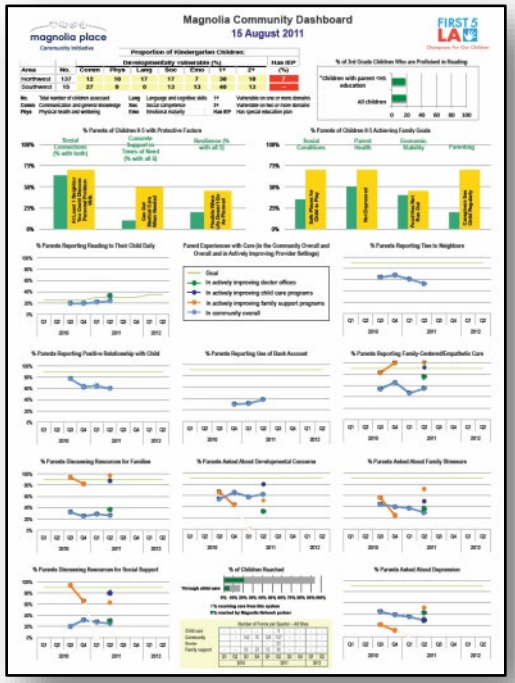
Measures of real-time improvement in services and supports (e.g., shows that the effort is making change on the elements that contribute to the long-term outcomes)

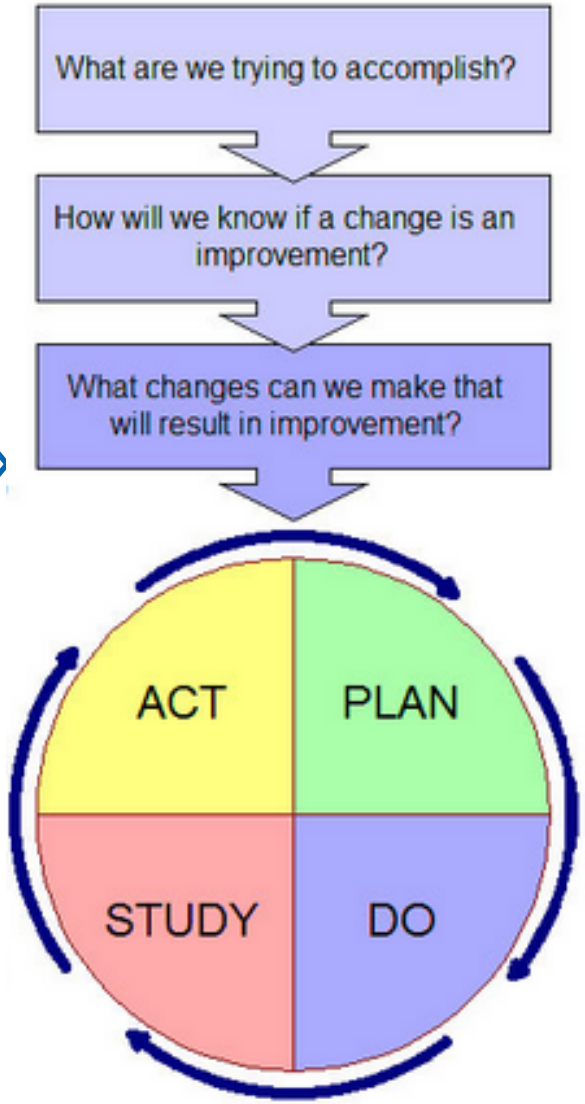




Source: Magnolia Place Community Initiative
Model for Improvement (Associates in Process Improvement)

Magnolia Place Dashboard Supports Learning





Set SMART aims for the improvement:

- **S**pecific
- **M**easurable
- **A**ction oriented
- **R**ealistic
- **T**imely

Three levels of change:

1. System
2. Across organizations
3. Individual organizations

Magnolia Place's Lessons

1. **Real Time Data and Learning**
   - Real time nature of data provides a way to test hypotheses and learn what is working/not working and why
2. **Structure for Learning**
   - Model for Improvement provides useful discipline; partners attend meetings to receive access to data and gain coaching support
3. **Motivation and Engagement for Change**
   - Tapping into partners' knowledge, expertise, and creativity
4. **Strategic Alignment**
   - Individual and group engagement on shared measures enables greater system functionality and alignment

Strive is an education collaborative in Cincinnati that is a best-in-class example of collective impact

1 Common Agenda

- **Problem Definition**: Improving educational outcomes in the Cincinnati/Northern Kentucky region focusing on “cradle to career”
- **Key Levers for Change**: 21 key interventions anchored around five transition points e.g.:
  Transition 1: Prepared for school
  Interventions: Home visitation and Early Childhood education

StrivePartnership
Cincinnati & Northern Kentucky

2 Shared Measurement

- All preschool programs measure results on the same criteria and use only evidence-based decision making. Each type of activity requires a different set of measures, but all organizations engaged in the same type of activity report on the same measures
- Looking at results across multiple organizations enables the participants to spot patterns, find solutions, and implement them rapidly

3 Mutually Reinforcing Activities

- **Network organization**: Actors work in 15 action networks against each intervention
- **Two Stage Endorsement Process**: establish evidence that proposed solution will have desired impact based on success in other regions
- **Facilitated Learning:** Bi weekly learning sessions facilitated by Six Sigma trained coaches and facilitators

4 Continuous Communication

- Networks have been meeting regularly for more than three years. To keep communication flowing among and within the networks they use web-based tools, such as Google Groups
- Discovered the rewards of learning and solving problems together with others who shared their same deep knowledge and passion about the issue

5 Backbone Support

- Strive is an independent non-profit with 8 staff members with $1.5M annual budget that supports action networks with technology, training of facilitators, communications

Source: http://www.strivepartnership.org/

The Strive Partnership uses **data** to learn and improve

Strive Partnership's Outcomes and Indicators

Contributing Indicators	Core Indicators	Outcome Areas
• Kindergarten readiness	• Kindergarten readiness	• Kindergarten readiness
• 4th grade reading	• 4th grade reading	• Early grade reading
• 8th grade math	• 8th grade math	• Middle grade math
• High school graduation	• High school graduation	• High school graduation
• Postsecondary enrollment	• Postsecondary enrollment	• Postsecondary enrollment
• Total credentials awarded	• Postsecondary preparedness	• Postsecondary completion
	• First to second year retention	

Source: http://www.strivepartnership.org/

Strive Partnership facilitates or partners with six collaboratives

Collaborative	Description
Third Grade Reading Network	• A collaboration between Cincinnati Public Schools, early childhood providers, backbone organizations, and Cincinnati Children's Hospital to ensuring that over 90 percent of third graders in Cincinnati Public Schools are reading proficiently or above by 2020
Greater Cincinnati STEM Collective	• GCSC brings education, community and business partners together to create hands-on, real life, and relevant learning experiences for our students.
The Persistence Project	• A collaborative focused on increasing postsecondary attainment in our region by focusing on a few key drivers including: increasing math competency and improving intake and advising practices.
Every Child Capital Venture Fund	• A venture philanthropy fund that funds early literacy interventions that are proven to be effective in improving kindergarten readiness and third grade reading and have a business case for public funding
High School Graduation	• ImpactU will develop the capacity of community health and education partners to do continuous improvement by providing training and ongoing coaching
ImpactU	• In collaboration with United Way of Greater Cincinnati, StrivePartnership will launch this network to drive both high school graduation and college and career readiness.

Source: http://www.strivepartnership.org/

The Road Map Project Is a cradle-to-career collective impact initiative to improve education results

1 Common Agenda

- **Problem Definition:** Unacceptable achievement gaps for low income students and children of color, as well as low achievement rates from cradle to college and career in South Seattle and South King County where less than 25% of high school graduates were earning college degrees (2010)
- **Solution:** "**Road Map Project**" – a new initiative with goal "to double the number of students in South King County and South Seattle on track to graduate from college or earn career credential by 2020

2 Shared Measurement

- The project tracks progress in educational readiness, achievement, and attainment though a set of shared indicators:
  1. Healthy and ready for Kindergarten
  2. Supported and successful in school
  3. Graduate from high school - - college and career ready
  4. Earn a college degree or career credential
- Each indicator has 3-5 discrete measures through which progress is reported

3 Mutually Reinforcing Activities

- A network of businesses, educators, parents, government, students, and the community aligned efforts toward a joint goal
- A **funders group** uses shared indicators as investment metrics and supported system-building strategies
- **Working groups analyze data and inform strategy** across six areas. They initially included the below four groups:
  1. Early learning
  2. Kindergarten to 12th grade
  3. Post secondary success
  4. Community support
- In 2013, there are 6 working groups with redefined scopes

4 Continuous Communication

- The Road Map Project launched an extensive interactive website including:
  - Event calendar Presentations from past meetings
  - Contact information for initiative groups
  - Blog
- **Quarterly meetings are open to the community**, include progress updates and networking opportunities
- Parent forums have child care and interpretation services available

5 Backbone Support

- CCER was formed at initiative launch (2010) as an independent non-profit to serve as the backbone for the Road Map Project
- CCER is funded by Gates Foundation, Casey Foundation, Microsoft, Boeing, and other public and private funders
- In 2013, a staff of 9 have the following roles: ED, Associate Director, Project Associate, Program Associate, Data Analyst/Manager, Communications Manger
- External consulting team designed initiative, facilitated early work group meetings, and assessed data availability

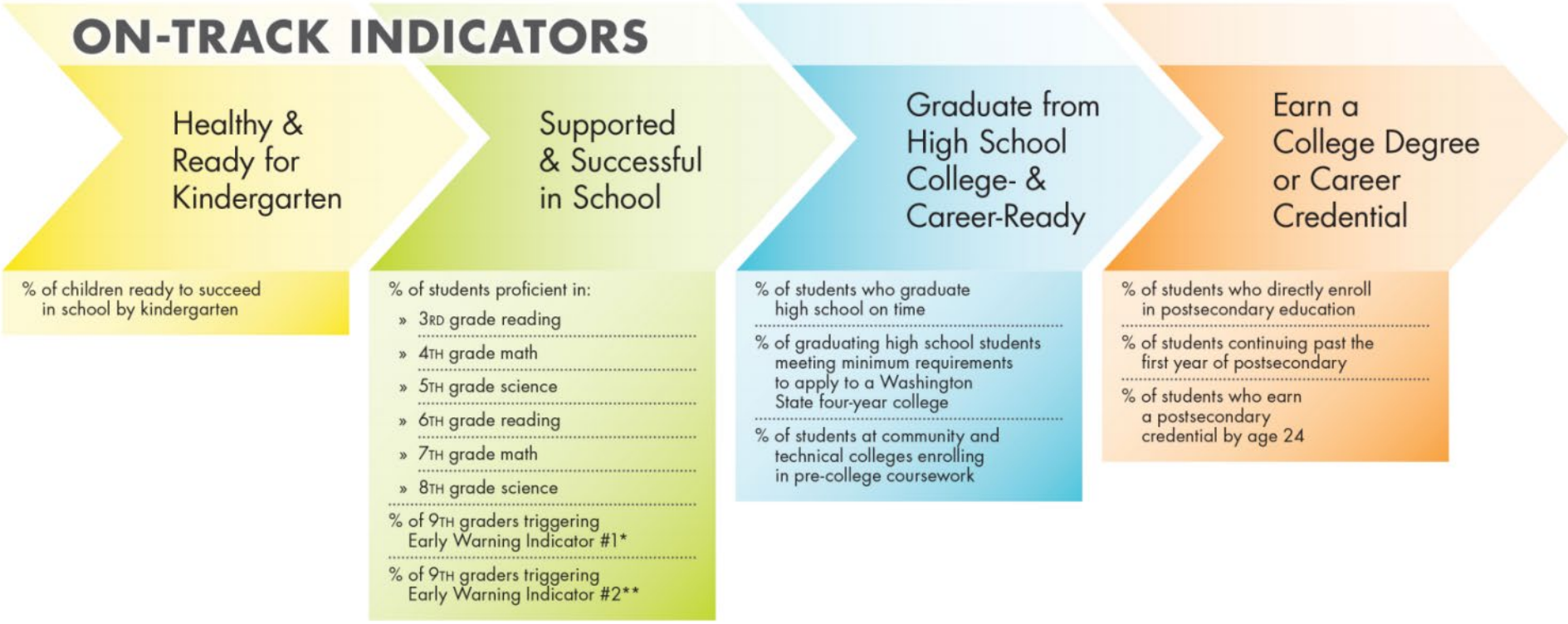
Source: CCER & Road Map Project; FSG Interviews

RMP started with an **ambitious goal**, and evolved a **structure** to match

"The Road Map Project's goal is to **double the number of students** in South King County and South Seattle who are on track to **graduate from college or earn a career credential by 2020**. We are committed to nothing less than **closing the unacceptable achievement gaps** for low income students and children of color, and increasing achievement for all students from cradle to college and career."

Source: www.roadmapproject.org

RMP's **shared measurement system** is tracking many indicators



15 "on track indicators" are reported annually and have specific targets, while 27 "contributing indicators" are reported whenever possible, and do not have targets

Source: FSG Interviews & Analysis; The Road Map Project Baseline Report (2011)
Note: Indicators have evolved since 2011; the indicators on this slide are from 2015

One powerful example of **collaboration** around a common goal

94% signup rate in **2013**

53% signup rate in 2010

Mary Jean Ryan, “Power Dynamics in Collective Impact”. http://www.fsg.org/publications/road-map-project

The Project has secured many **policy wins**

Institutional

- Encouraged local **community colleges to send acceptance letters to all high school graduates** meeting minimum criteria for admission
- **Increased student enrollment in College Bound Scholarship process**, through which students who register in middle school can become eligible for college scholarships after high school graduation – 96% of students are now signed up
- **Catalyzed the adoption of a uniform early warning system** across Road Map Districts to flag when students lag behind important academic and non-academic indicators

Local/ Regional

- Won **$40M Race to the Top Grant** (one of two applicants to win the maximum award)
- Successfully advocated for the approval of Seattle's 2011 Families and Education Levy (this **led to an investment of $230 M** over seven years to improve outcomes across the full education continuum from cradle to college and career; a similar levy was first passed in 1990)

State

- **Accelerated pre-existing state-level efforts** to standardize a statewide assessment system to evaluate kindergarten readiness (*the Washington Kindergarten Inventory of Developing Skills, or WaKIDS, was piloted in 2010 and is now required for all state-funded full-day kindergarten classes*)
- **Backbone Executive Director was particularly effective in leveraging prior relationships** and conducting one-to-one conversations with state officials

Thank you!

- **Jeff Cohen, Managing Director**
  Jeff.cohen@fsg.org

Collective Impact resources available on FSG's website:
https://www.fsg.org/areas-of-focus/collective-impact

And on the Collective Impact Forum:

http://www.collectiveimpactforum.org/

B'more for Healthy Babies™

Every baby counts on you

Coordinated Community Supports for Improving Birth Outcomes

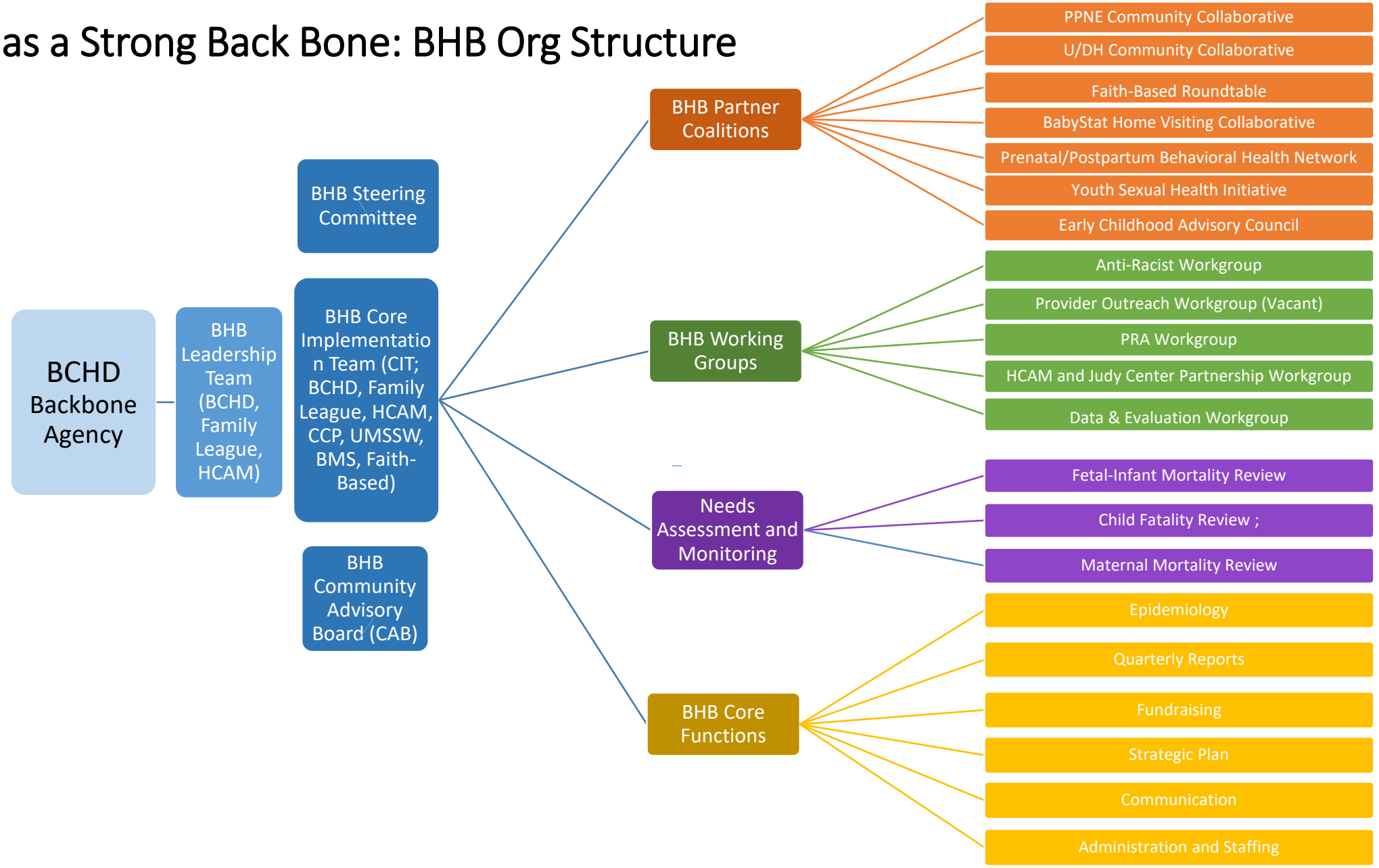
January 10, 2022

Rebecca Dineen
Cathy Costa

Elements of Collective Impact for BHB

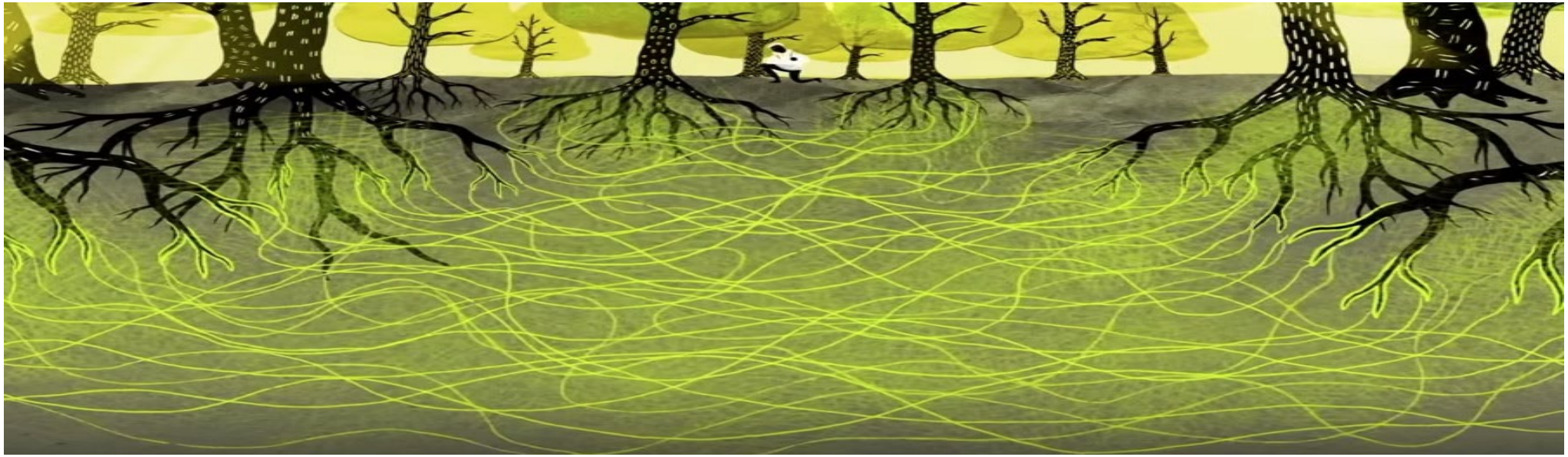
- Has a Strong Backbone
- Starts with a Common Agenda
  - Vision
  - Shared Understanding of the Problem: Racial Equity and Trauma-Responsiveness
  - Shared Understanding of Evidence and the Solutions
- Establishes a Shared Measurement
  - Population Change
  - Continuous Needs Assessment
  - Logic Model
- Fosters Mutually Reinforcing Activities
  - Social-Ecological Model as Basis of Strategy
  - Multi-sectoral Support
  - Community Accountability
  - Evidence-based
  - Designed for Sustainability
- Encourages Continuous Communication
  - Strategic Communication

Has a Strong Back Bone: BHB Org Structure

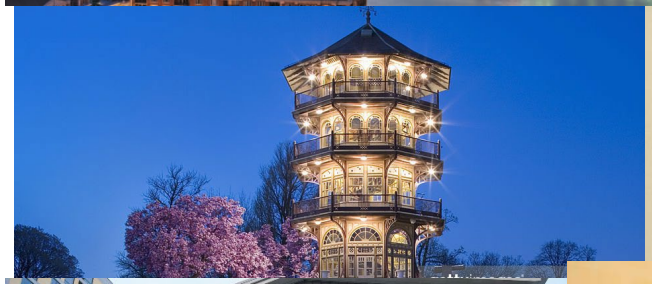


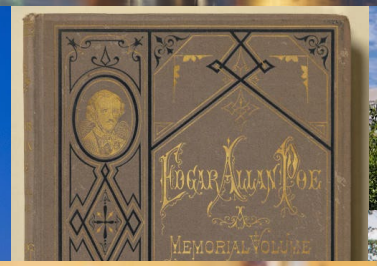
Starts with a Common Agenda

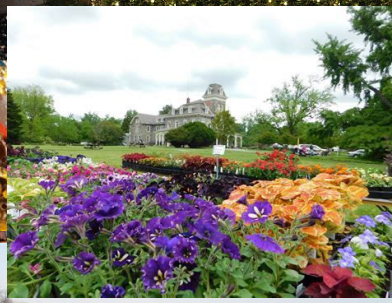
All babies are born healthy and ready to grow and thrive in healthy families



Start with Baltimore's Assets







While Understanding Baltimore's Challenges

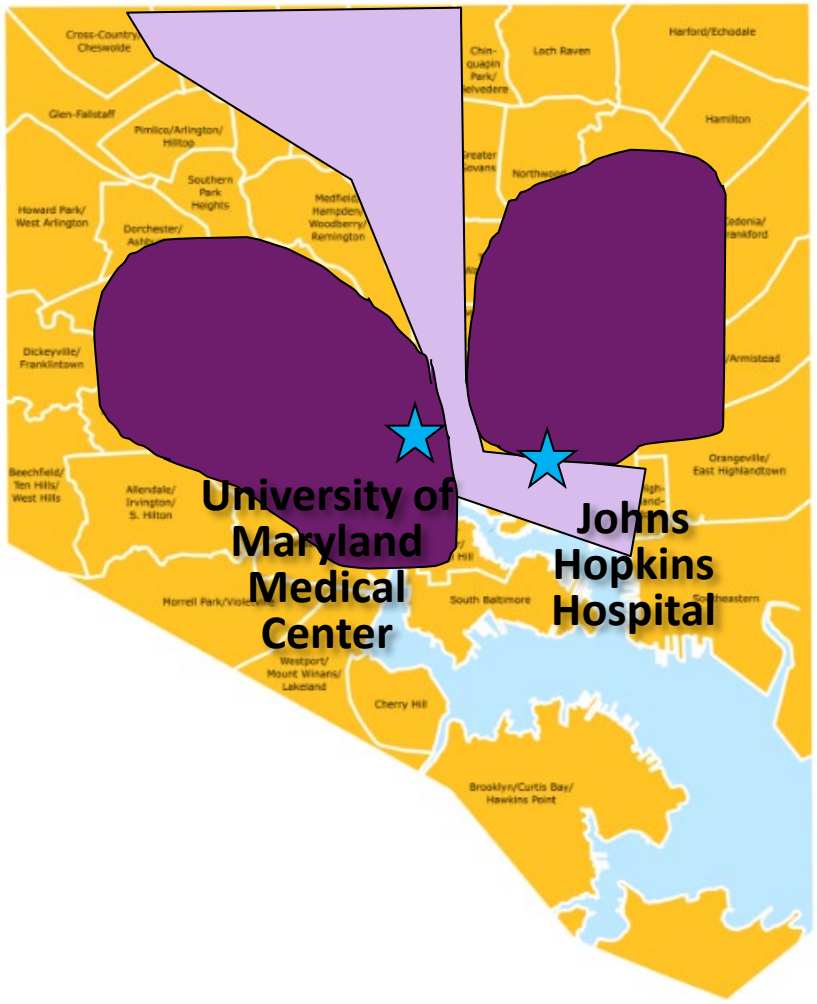
Common Understanding of the Problem: Why Are Babies Dying?

Not sleeping safely: alone, on their backs, in a crib, without smoke exposure

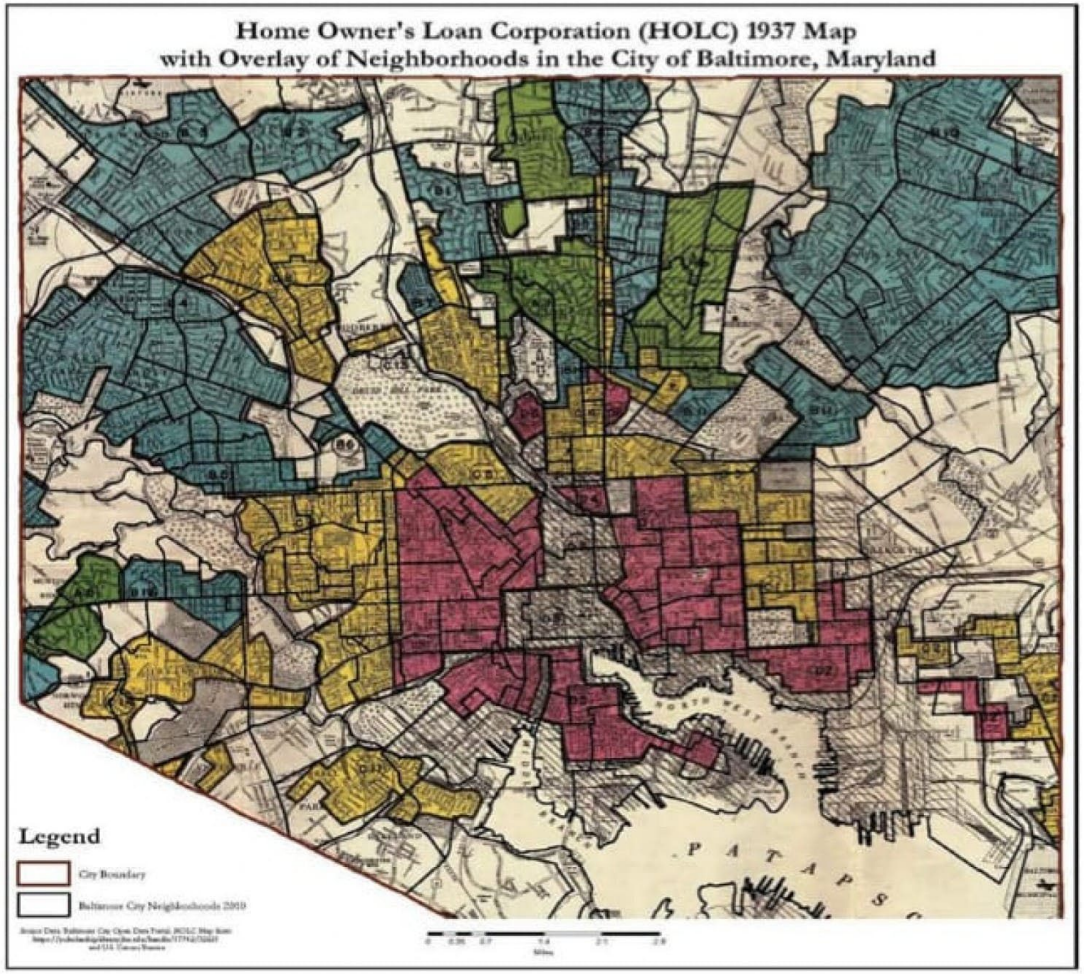
Born too soon or too small

Common Understanding of Data (2009)

- City of neighborhoods
- Population of 622,000 people
  - 63% Non-Hispanic Black
  - 28% Non-Hispanic White
  - 5% Hispanic
  - 3% Asian
  - 1% All other races
- 34% of children live below the poverty line
- ~8,600 births annually – 50% Medicaid eligible
- 8 delivery hospitals and world-class health care (now 7
- 7 Managed Care Organizations (now 9)
- 7 Federally Qualified Health Systems
- 128 babies died



Common Understanding of the Context



Racial disparities in mortality and health outcomes can be traced to discriminatory redlining policies in Baltimore City

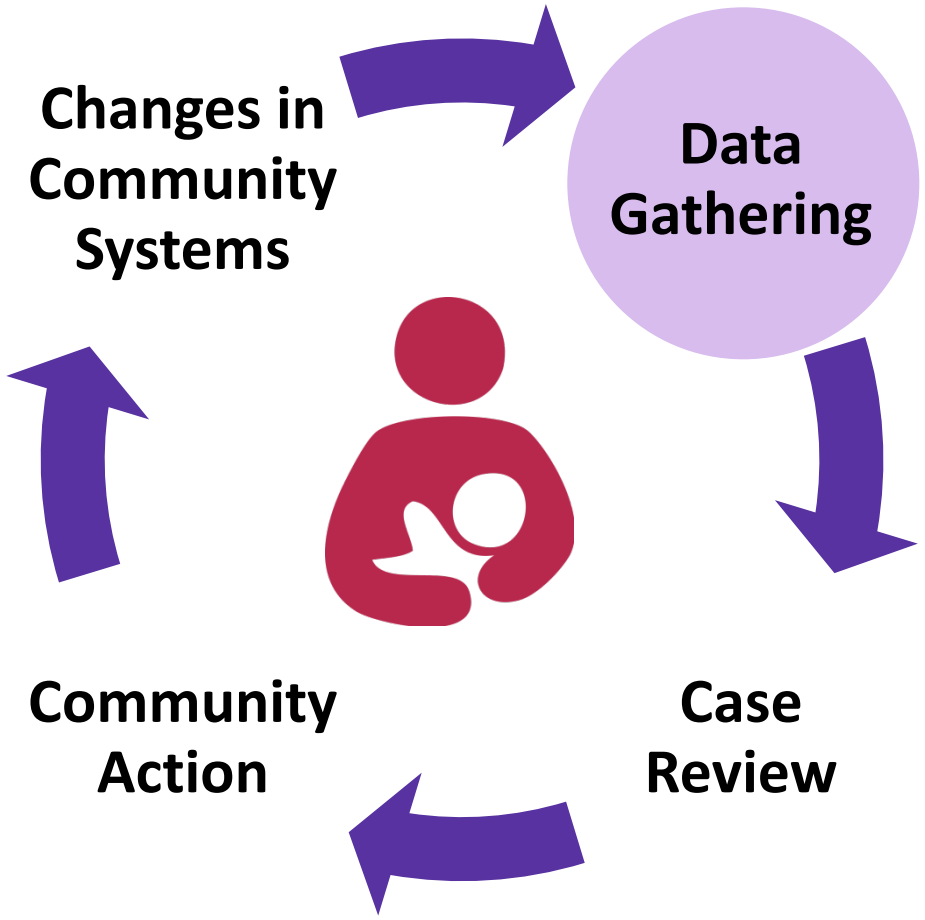
Includes in the Common Agenda: Equity

Every Baltimore baby—no matter who she is, where he lives, how much money her family makes, what language he speaks, or the color of her skin—should have the opportunity to thrive and grow into a healthy child.

Shared Understanding of the Evidence and Solution: The #1 Question

“Why did this mother/baby die, and what can we do to prevent it from happening again?”

Shared Understanding of the Evidence: The Fatality Review Process



Medical Records Abstraction
Reviews prenatal and hospital records for mother and baby

Maternal Interviews
Interview mothers who volunteer

City Systems Data
Gather other health and systems records (HCAM centralized intake, home visiting, WIC, BCDSS, BHSB, public schools, criminal justice)

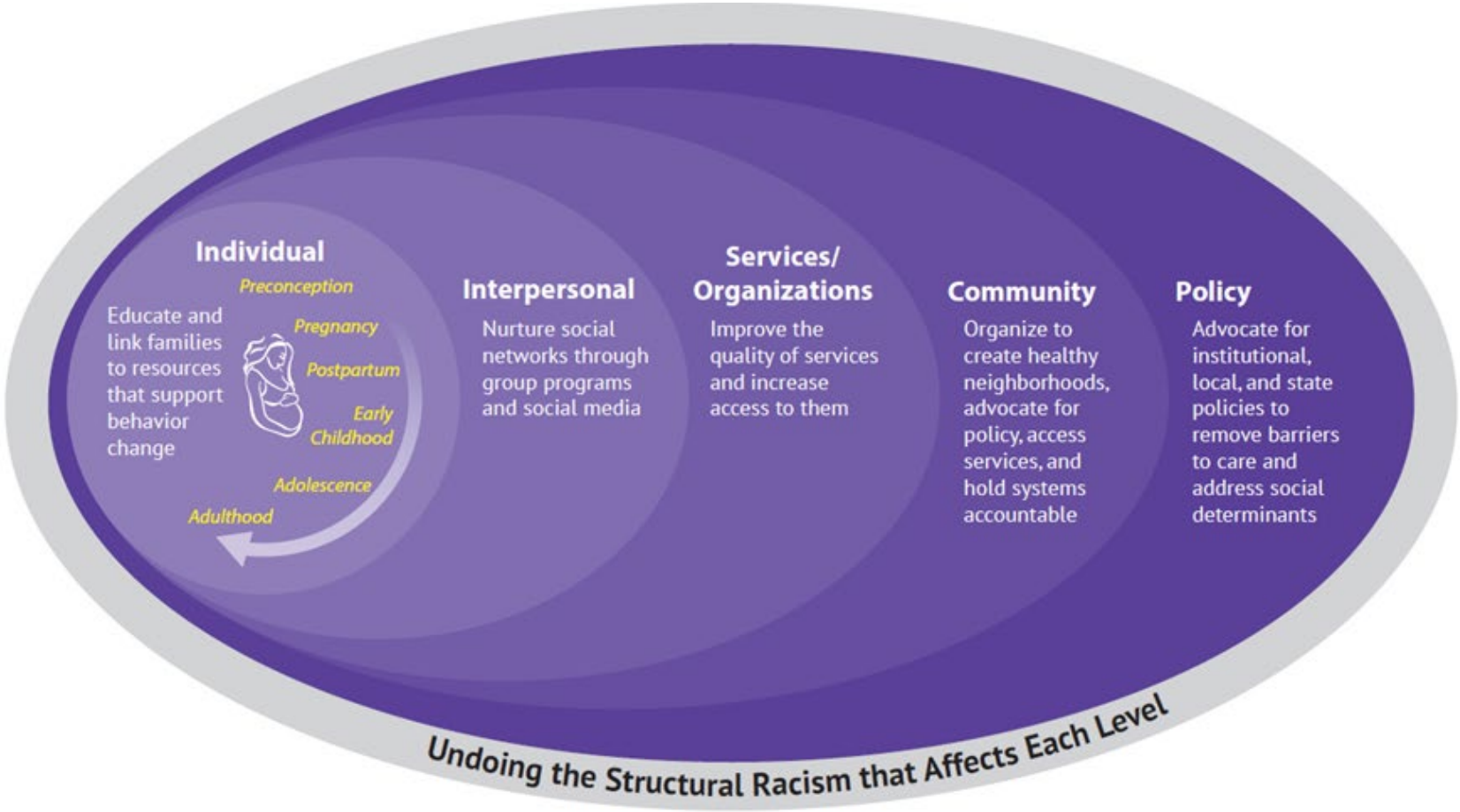
Shared Understanding of the Evidence and Solution

To eliminate infant mortality and disparities in maternal and child health in Baltimore, we must do four things:

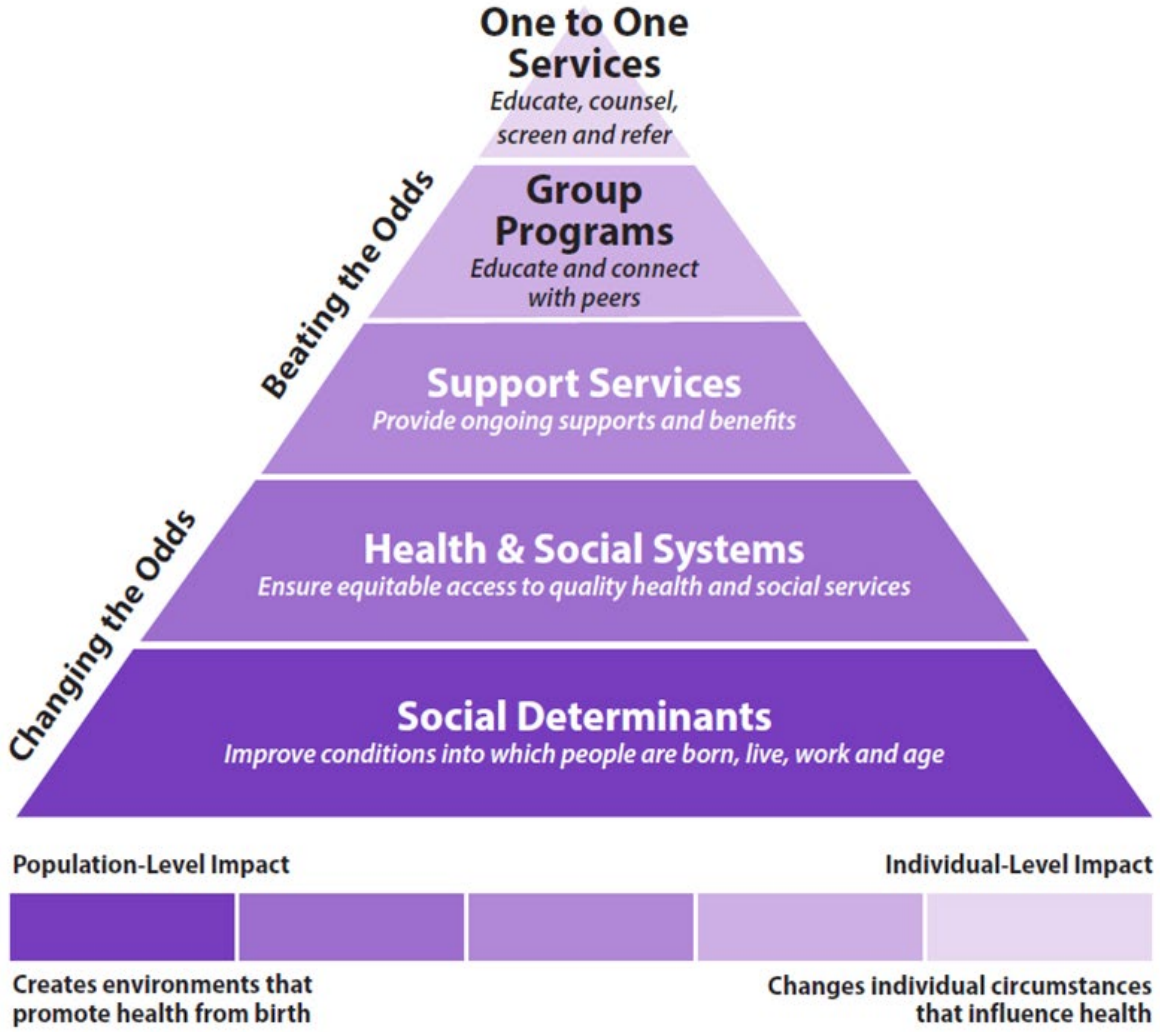
Establishes Shared Measurement: Impact Measures Supported by Logic Model

All mothers have a safe pregnancy and delivery	All babies are born healthy and reach their first birthdays	All babies and toddlers are safe	All babies and toddlers are ready for school
Maternal mortality rate and Black-White disparity in maternal mortality	Infant mortality rate and Black-White disparity in infant mortality	Child abuse and neglect and Black-White disparity in child abuse and neglect	Kindergarten readiness scores and the Black-White disparity in kindergarten readiness

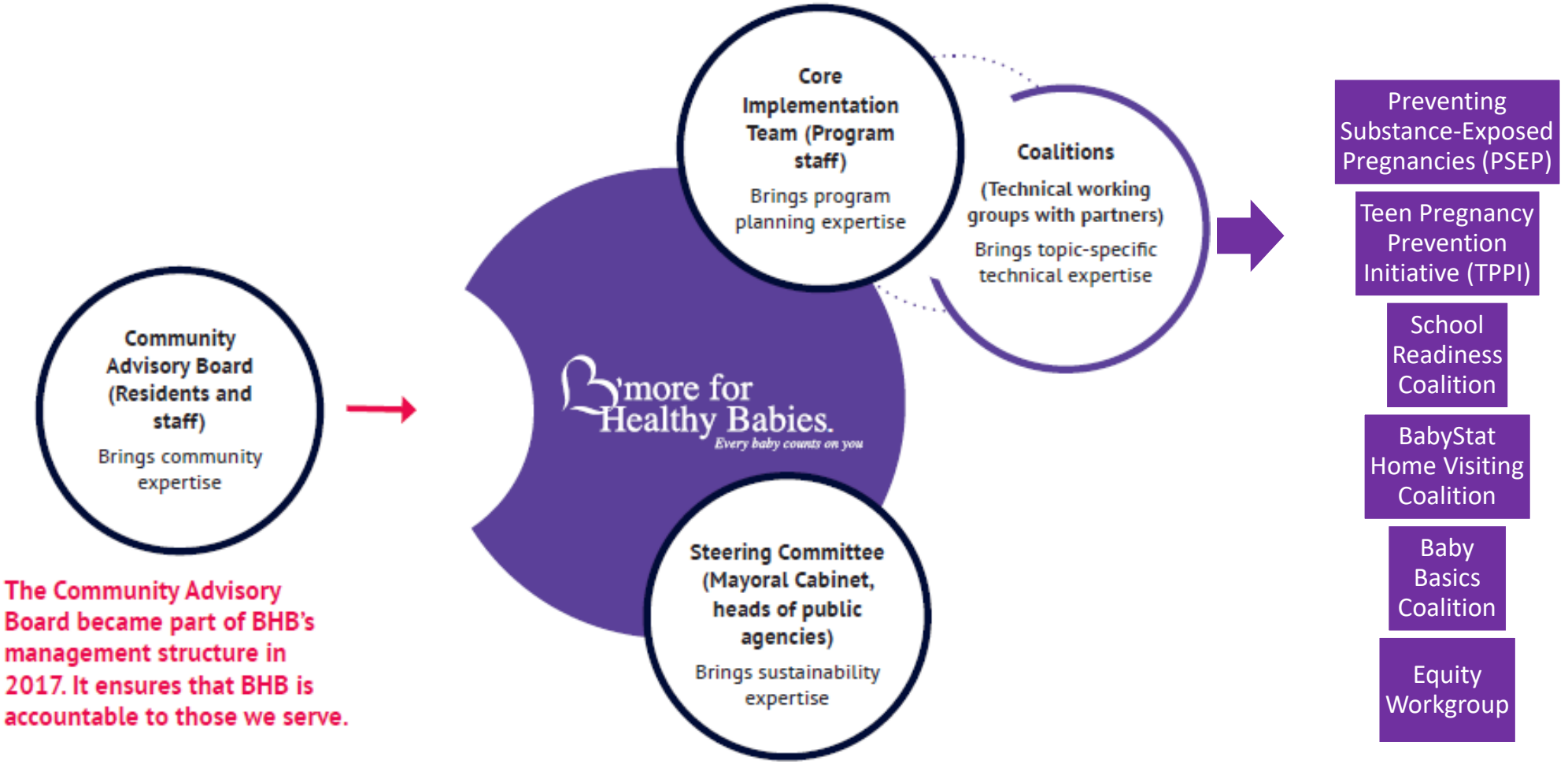
Foster Mutually Reinforcing Activities: Establish and Maintain a Theory of Change



Foster Mutually Reinforcing Activities: Understand Landscape and Allocation of Resources

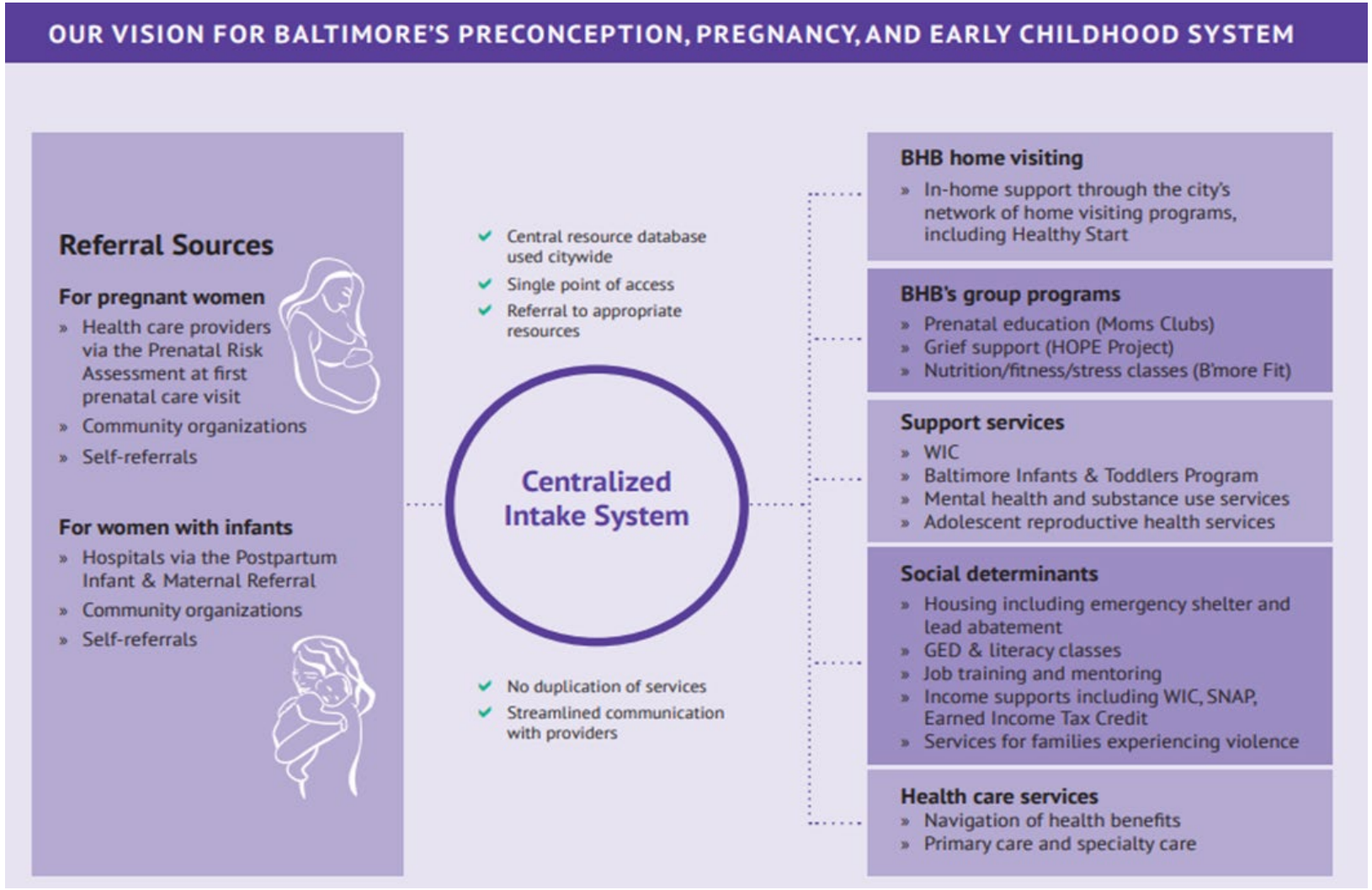


Foster Mutually Reinforcing Activities: Recalibrate Power in Leadership



The Community Advisory Board became part of BHB's management structure in 2017. It ensures that BHB is accountable to those we serve.

Foster Mutually Reinforcing Activities: Coordinate Care and Build Sustainability



Foster Mutually Reinforcing Activities: BHB Community Sites and Judy Center Community Hubs

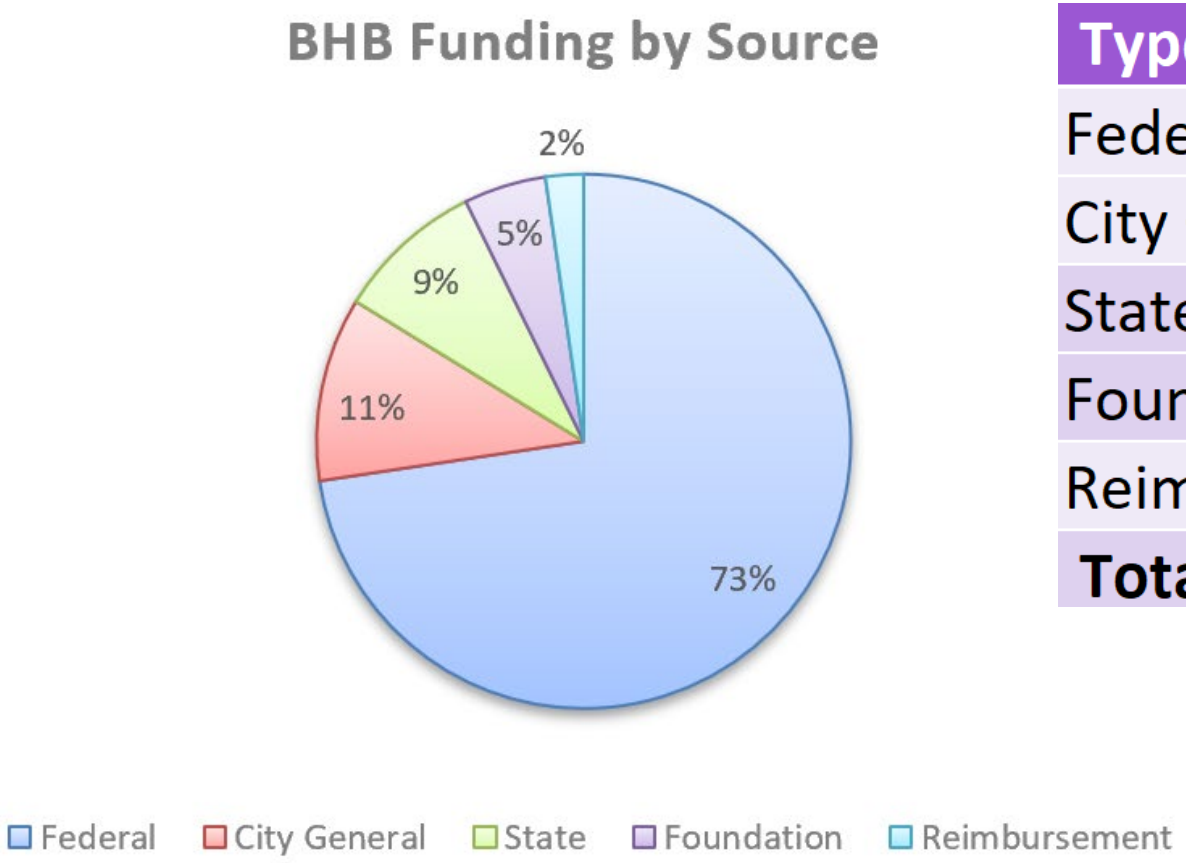
BHB Community Sites

- Microcosm of citywide system that extends care coordination into neighborhoods
- Teams of Resource Moms conducting group-based programming, canvassing, outreach
- Community Collaboratives to coordinate services in the neighborhood

Judy Center Community Hubs

- Embeds community health workers in 6 Judy Centers to extend care coordination further into neighborhoods
- Capitalizes on some elements of the BHB Community Sites—outreach, group programs
- Finding mothers who are “unable to locate” and linking them to services, engaging the community on ACEs

Foster Mutually Reinforcing Activities: BHB Funding



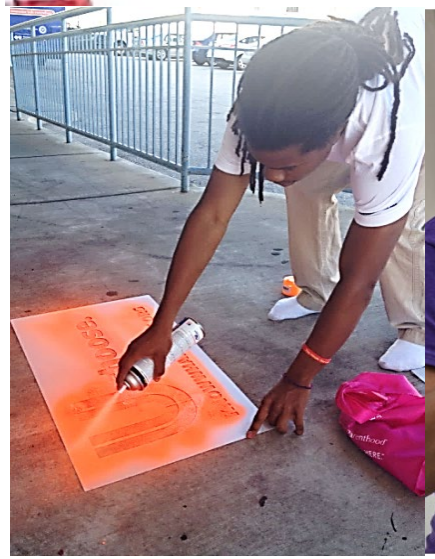
Type	Total
Federal	$22,203,660
City General	$3,402,947
State	$2,741,126
Foundation	$1,521,929
Reimbursement	$701,250
Total	**$30,570,912**

Funding Needed for Collective Impact (Outside of Program Dollars)

Strategy	Initiative	Estimated Annual Cost
1. Rally Around Priority Health Areas	Systems coordination, communications campaigns, staff persons, and provider outreach for all seven priority health areas	$1,500,000
2. Advocate for Equitable Policies	Staff person and start-up to support policy advocacy agenda	$100,000
3. Mobilize Communities	Community Advisory Board and Neighborhood Moblization	$1,000,000
4. Transform Systems	Staff person and consultation on quality improvement and evaluation, real-time feedback system, FAN training	$500,000
	Centralized intake system enhancements, expanded pregnancy engagement specialist workforce, expansion to Durham Connects model, expanded provider outreach	$2,000,000
	Home visiting data support and evaluation, expansion of NFP, expanded doula program, home visiting for substance-exposed newborns	$600,000
	WIC strategic planning process and implementation	$50,000
	BITP implementation of completed strategic plan	$500,000
	Title X family planning system enhancements, move of Healthy Teens Young Adults clinic	$1,500,000
	Two staff persons to conduct provider outreach and health education	$150,000
5. Connect Families to Resources	Staff person and resource database	$2,000,000
BHB Infrastructure	Partnership and collaboration, training and consultation, evaluation	$1,090,000
	Three staff persons for program administration and resource development	$300,000
	Staff person to support BHB Equity Workgroup, additional Undoing Racism workshops and training	$160,000
	TOTAL:	**$11,550,000**

Encourage Continuous Communication

- Branding
- Program Communication
  - Provider Outreach
  - Mass Media
  - Social Marketing/Media
  - Grassroots Canvassing and Education
- Partner Communication
  - Rattle and Roll
  - Newsletters
  - Meetings
- Internal Communication
  - Meetings
  - Email



53% ↓ Racial Disparity in Infant Mortality Citywide, Disparity Eliminated in BHB Communities

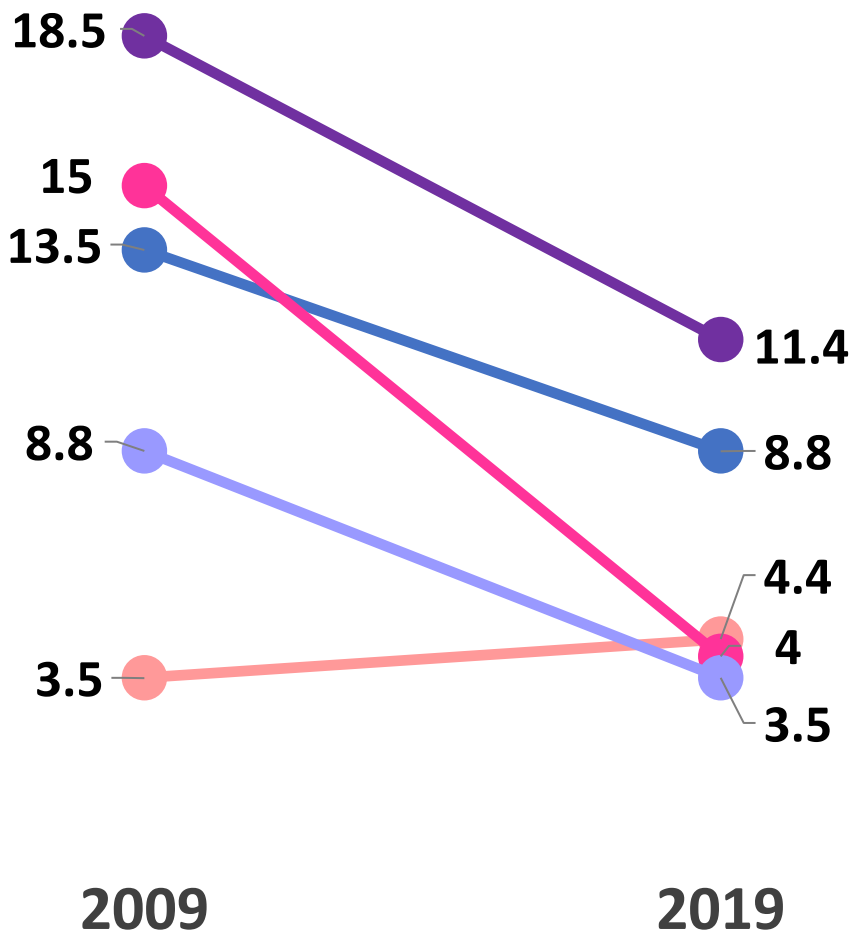
38%↓ Black Overall

73%↓ Upton/Druid Heights

35%↓ City Overall

60%↓ Patterson Park N&E

30%↑ White Overall



More BHB Accomplishments

Care coordination for 86% of pregnant people with Medicaid (more than 4,000 annually)

41% decrease in sleep-related infant deaths

76% decrease in Black-white disparity in teen birth

600+ cribs and in-home safe sleep education sessions every year

ePRA being implemented in 70% of obstetric clinics in the City

27% increase in PIMR referrals submitted by birthing hospitals

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Visit our site:

http://www.healthybabiesbaltimore.com

Facts, tips, news and more on raising healthy babies

Thank You!

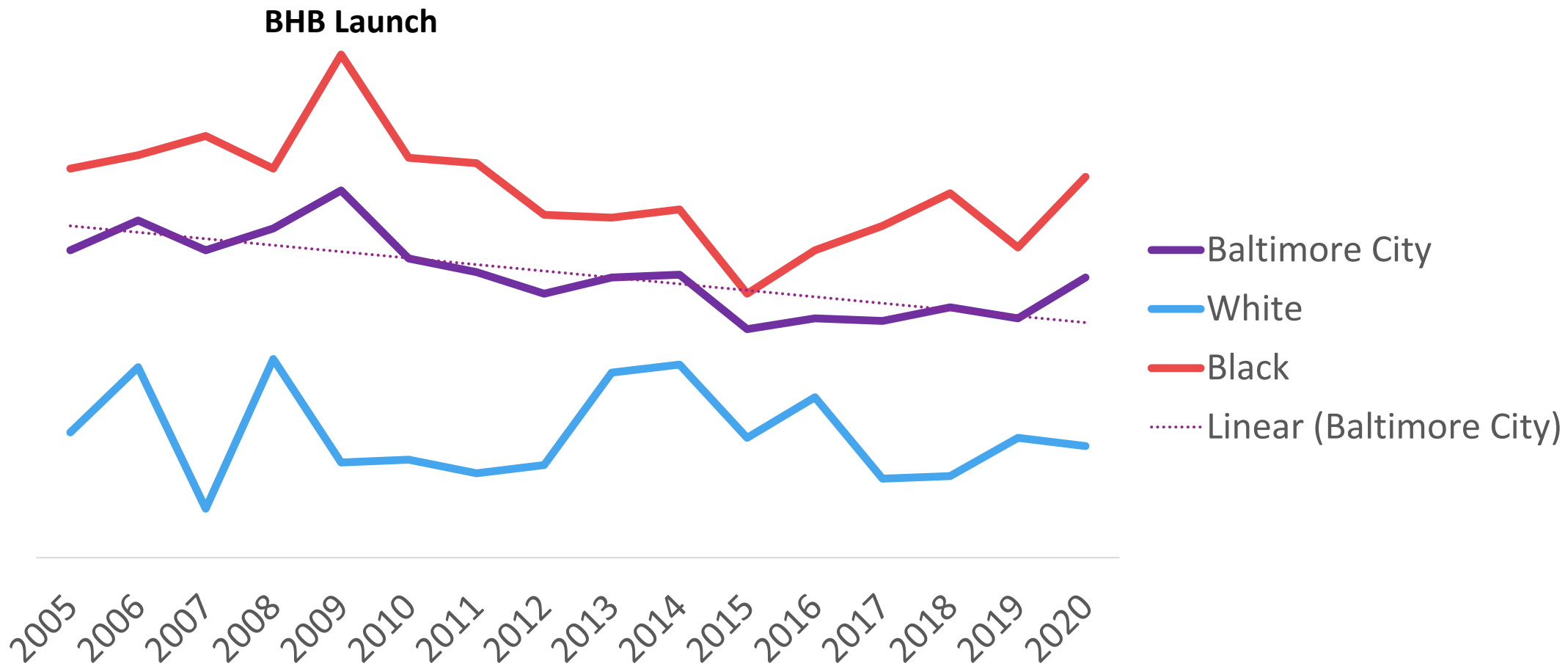
Rebecca Dineen

Assistant Commissioner, Maternal and Child Health

Cathy Costa

Baltimore City Health Department

How Are We Doing? Infant Mortality



Logic model for existing BHB strategy for discussion at 12/14/15 CIT meeting

Inputs
All of the resources that we are putting into making BHB work

- Lead agency: BCHD
- Lead implementation partners: FLB, HCAM, target communities
- Coalition/task force partners
- City agency support: Mayor's Office, Steering Committee, Youth Cabinet
- Multiple funding sources
- Intensive leadership work: CIT, partnership/ coalition building, funding identification, alignment of resources
- Community input (formative research, target communities, YAC)
- Data and analysis
- Continuous needs assessment and monitoring: BabyStat, FIMR/CFR
- Research, TA, theoretical basis, conceptual model, lessons learned
- Evaluation support

Activities (High Level)
Improve supply and increase demand for services across 11 high-impact areas: primary health care in a medical home, obstetric care, home visiting, drug and alcohol treatment, intervention for domestic violence, mental health care, smoking cessation, family planning, nutrition support, breastfeeding promotion, safe sleep education

Policy/Systems (Improve Supply)
- Identify and advocate for supportive policies
- Build partnerships across services and systems
- Align/leverage resources to ensure adequate staffing and capacity

Services (Improve Supply)
- Operate and conduct quality improvement for central intake system for pregnant women
- Improve quality of identification, assessment, referral, and enrollment processes
- Outreach and train service providers (three levels: health, behavioral health and social services, community)
- Standardize education and services using high quality evidence-based practices and interventions
- Provide home visiting services to highest risk families
- Provide gap-filling group-based services (Baby Basics, B'more Fit)
- Provide trauma-informed care training and support

Community Mobilization (Increase Demand)
- Identify all pregnant women in target communities and link them to services
- Message community using social marketing to change norms
- Operate Community Collaboratives and Neighborhood Action Teams in target communities to build capacity to solve problems

Individual/Family (Increase Demand)
- Provide targeted education to support behavior change
- Develop, train, and employ peer leaders
- Recruit women and other family members for services

Outputs (High Level)
High quality services with capacity to meet need and mobilized community/families that demand/desire high quality services

Outputs (Supply)
- Enabling policies
- High-functioning central intake system that appropriately identifies and enrolls
- MOUs, protocols, linked systems
- Communications campaigns and education materials
- Trained providers
- Adequate service slots
- Evidence-based services

Outputs (Demand)
- Communications campaigns and education materials
- People, businesses, churches, schools, etc. outreached
- Women identified and referred
- Neighborhood projects undertaken
- Services provided

Outcomes
What we intend to achieve through BHB across all of the 11 high-impact areas

Shorter-Term Outcomes
- Improved service quality
- Improved knowledge, attitudes, and behaviors among providers
- Increased service utilization
- Improved knowledge and attitudes among individuals/families
- Improved knowledge and attitudes among community members

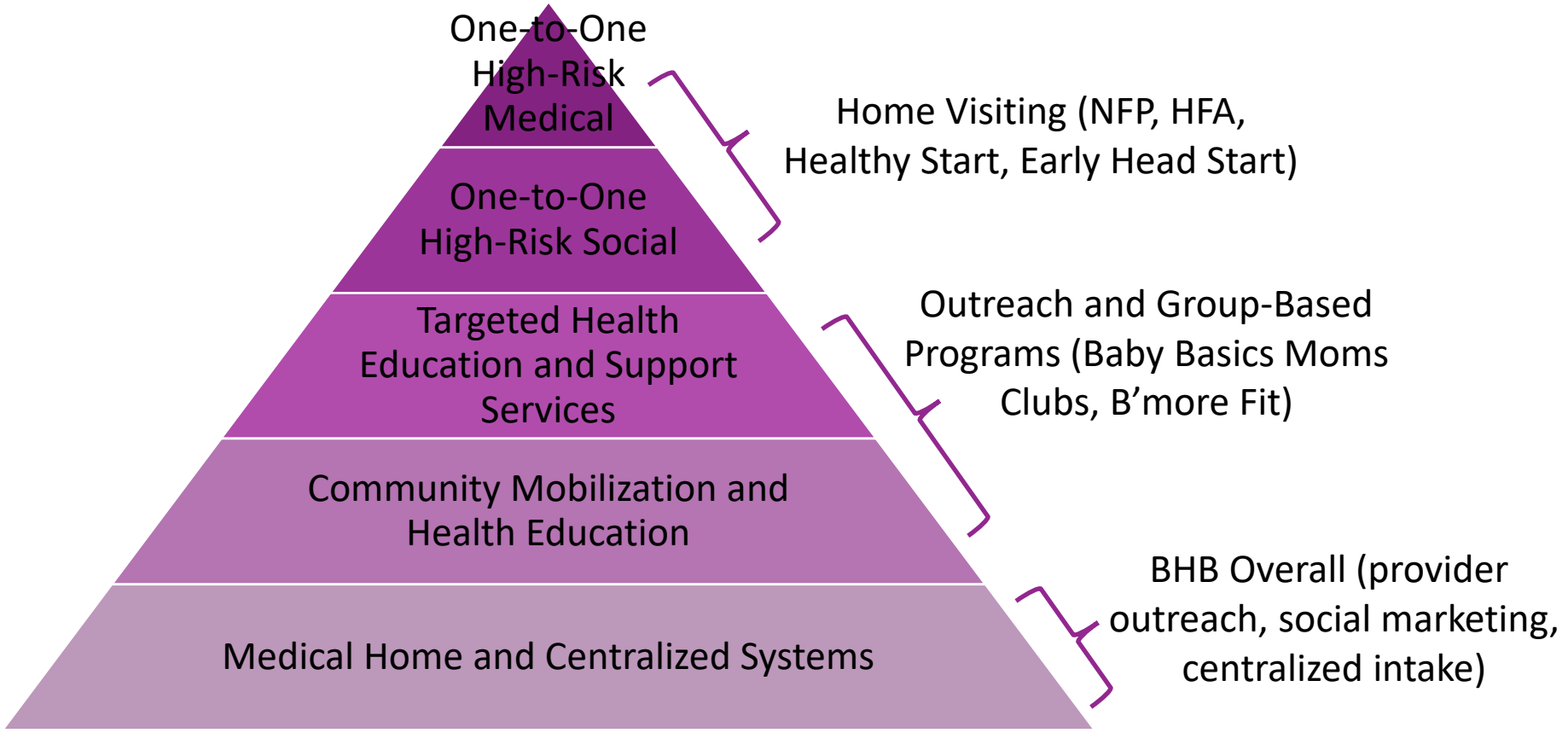
Intermediate-Term Outcomes
- Positive individual/family behavior changes
- Positive changes in community norms

Longer-Term Outcomes
- ↓ in births to teens
- ↓ smoking during pregnancy
- ↓ % of births with inadequate spacing
- ↓ number of sleep-related deaths
- ↓ % of births with a low birth weight
- ↓ % of births that are preterm
- ↓ % of mothers who had a pre-pregnancy Body Mass Index (BMI) >30

Impact

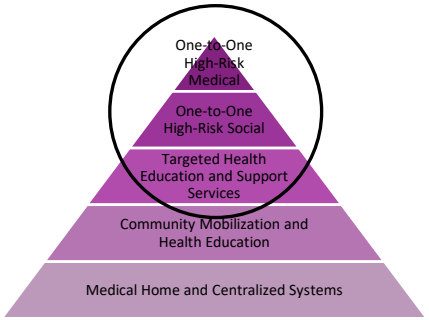
Decrease in infant mortality

How Home Visiting Fits Into BHB

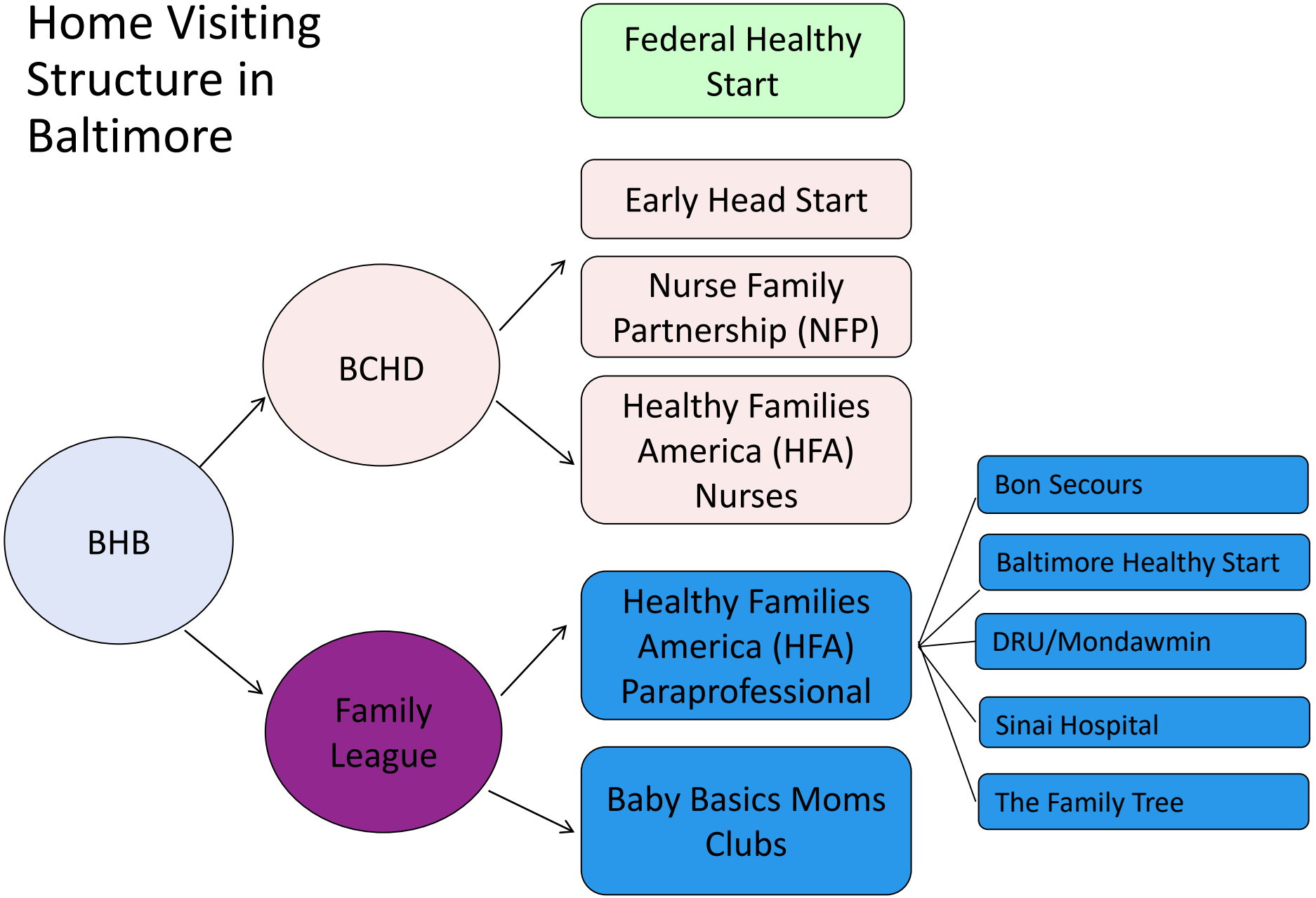


Population Served by Home Visiting

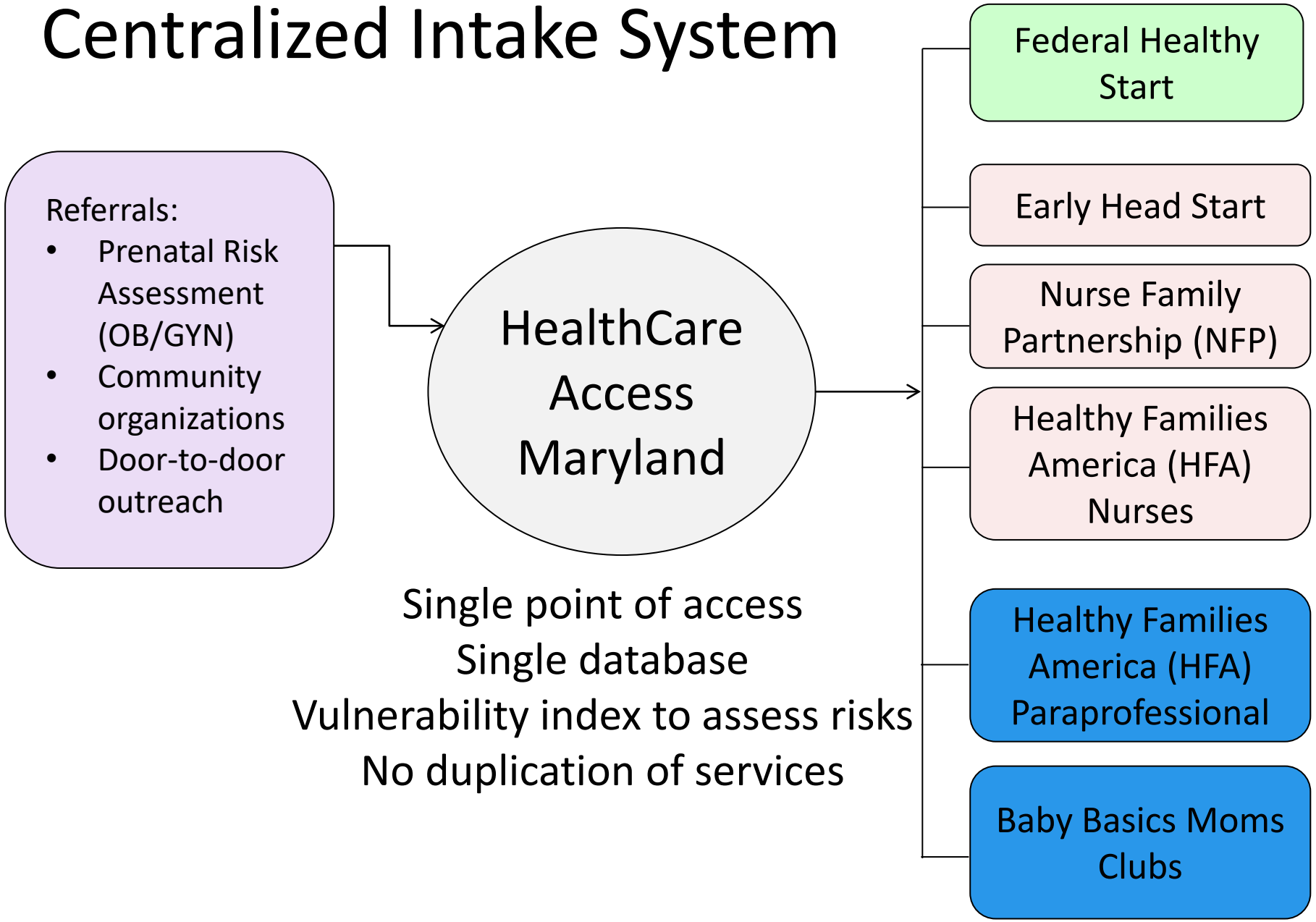
- Home visiting serves highest risk of approximately 8,700 women giving birth each year in Baltimore
- 53% (4,600) are supported by Medicaid and considered at risk for a poor birth outcome
- Vulnerability Index is used to identify the highest risk of those 4,600 and serves ~1,500 annually
- Baby Basics serves remaining women through Moms Clubs and clinic program



Home Visiting Structure in Baltimore

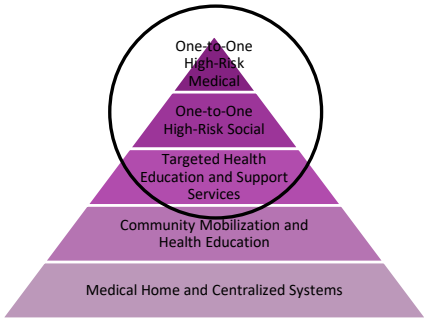


Centralized Intake System



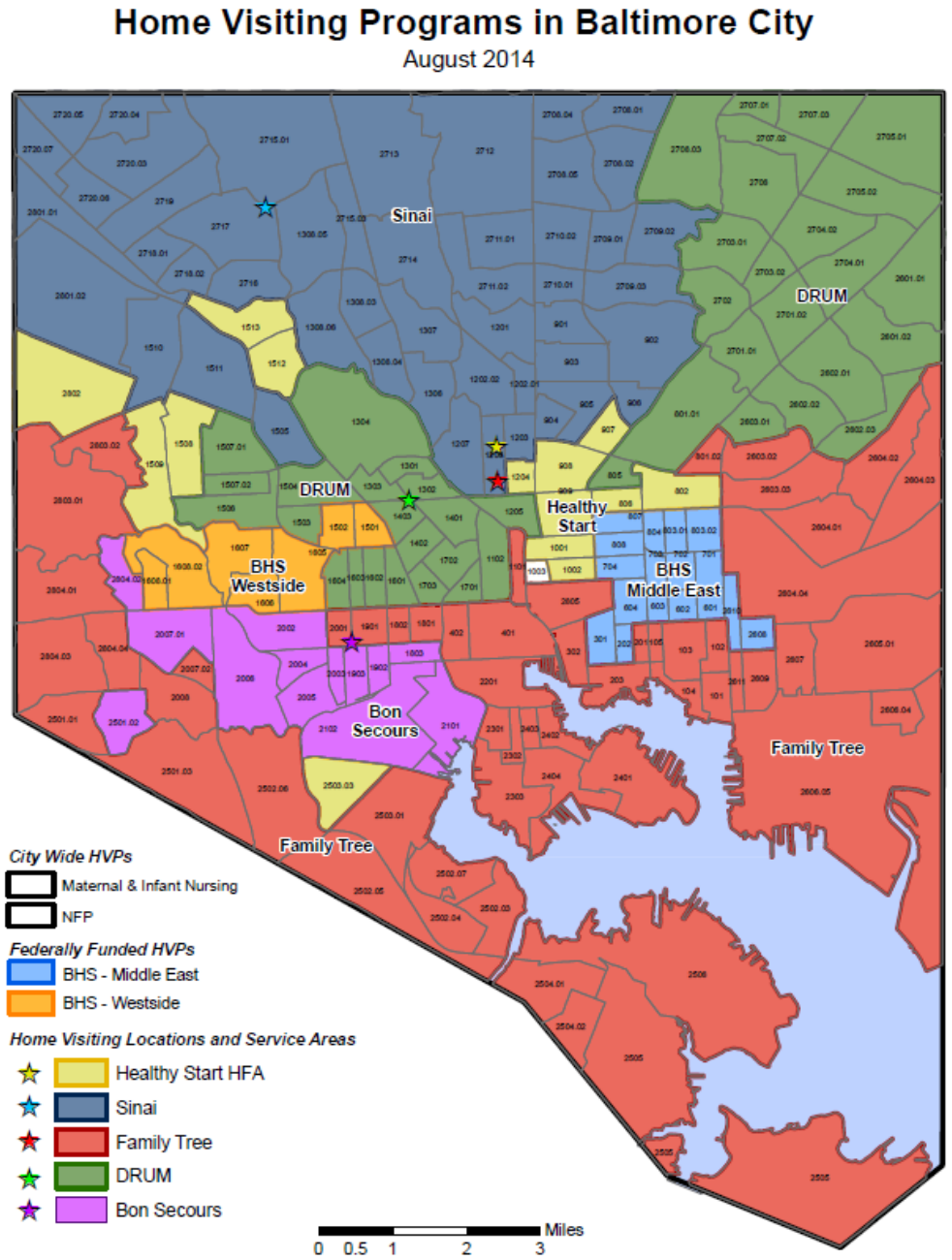
Single point of access
Single database
Vulnerability index to assess risks
No duplication of services

Home Visiting Slots



Federal Healthy Start	~600 women in federally designated census tracts
Early Head Start	~300 women with low medical risk and high psychosocial risk
Nurse Family Partnership (NFP)	~100 first-time teen mothers
Healthy Families America (HFA) Nurses	~200 highest risk women
Healthy Families America (HFA) Paraprofessional	~520 women with low medical risk and high psychosocial risk
Baby Basics Moms Clubs	~3,000 women using Medicaid not triaged to home visiting

Citywide Home Visiting Coverage



BHB Steering Committee

- **City Cabinet Members**
  - Baltimore City Department of Social Services
  - Baltimore City Health Department
  - Baltimore City Public Schools
  - Family League of Baltimore
  - Mayor’s Office of Human Services
- **Health System**
  - Behavioral Health System Baltimore
  - CareFirst BlueCross BlueShield
  - HealthCare Access Maryland
  - Johns Hopkins Pediatrics
  - Maryland Department of Health
  - Mercy Medical Center
- **Academic**
  - Johns Hopkins School of Public Health
  - Morgan State University
  - University of Maryland School of Social Work
- **Foundations**
  - Abell Foundation
  - Annie E. Casey Foundation
  - Krieger Fund
  - Strauss Foundation
  - Weinberg Foundation
- **CBOs/Nonprofits**
  - Baltimore’s Promise
  - March of Dimes
  - Maryland Family Network
  - United Way of Central Maryland

BHB Community Advisory Board

- 14 residents of Baltimore City (currently one vacant slot)
- Neighborhoods currently represented:
  - Oldtown/Middle East
  - Madison/East End
  - Cedonia/Frankford
  - Cross-Country/Cheswolde
  - Poppleton/The Terraces/Hollins Market
  - Clifton-Berea
  - Midtown
  - Upton/Druid Heights
  - Brooklyn/Curtis Bay/Hawkins Point
  - Harford/Echodale
  - Midway/Coldstream
  - Claremont/Armistead
  - Washington Village
  - Harbor East/Little Italy
  - Loch Raven
  - Allendale/Irvington/S. Hilton

BHB Core Implementation Team

- **Current Large Group CIT**
  - Baltimore City Health Department
  - Family League of Baltimore
  - HealthCare Access Maryland
  - Johns Hopkins Center for Communication Programs
  - University of Maryland Medical System/Promise Heights – Upton Druid Heights
  - Baltimore Medical System – Patterson Park North and East
- **Proposed Additional Partners**
  - Advocates for Children and Youth
  - Baltimore Child Care Coalition
  - Baltimore City Department of Social Services
  - Baltimore City Head Start
  - Baltimore City Public Schools
  - Baltimore Education Research Consortium
  - Baltimore Healthy Start
  - Baltimore's Promise
  - Behavioral Health System Baltimore
  - Maryland Family Network
  - Mayor's Office of Human Services
  - The Family Tree

BHB Coalitions & Workgroups

- **Working Groups of CIT**
  - BHB Leadership
  - Data & Evaluation Workgroup
  - Equity Workgroup
  - Provider Outreach Workgroup
  - Strategic Refresh Workgroup
- **Needs Assessment & Monitoring**
  - Fetal-Infant Mortality Review
  - Child Fatality Review
- **Partner Coalitions**
  - Baby Basics Coalition
  - BabyStat Coalition (Home Visiting)
  - Faith Leaders Roundtable
  - School Readiness Coalition
  - Preventing Substance-Exposed Pregnancies (PSEP) Coalition
  - Teen Pregnancy Prevention Initiative (TPPI) Coalition
  - Community Collaboratives in Patterson Park and Upton/Druid Heights
  - NFP and HFA home visiting advisory boards

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Maryland Consortium on Coordinated Community Supports

Subcommittee Updates

January 10, 2023

Framework, Design, & RFP Subcommittee

Chairs: Superintendent Mohammed Choudhury, Sadiya Muqueeth, DrPH

Members: Emily Bauer, John Campo, Cory Fink, Senator Katie Fry Hester, Linda Rittlemann, Kandice Taylor, Russell Leone

Agency Representative: Maria Rodowski-Stanco (MDH)

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Framework Subcommittee

Update pending meeting on January 6.

- Continuing to discuss permissible uses of grant funds.
  1. Transportation
  2. Wraparound
  3. School renovations

- Looking at big-picture questions such as:
  1. How can the program be *both* statewide *and* focused on areas of greatest need?
  2. How should the program address behavioral health workforce capacity challenges?

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Data Collection/Analysis & Program Evaluation Subcommittee

Chair: Larry Epp

Consortium Members: Cory Fink, Tammy Fraley, Robin Rickard, Linda Rittlemann, Emily Bauer

Agency Representatives: Maria Rodowski-Stanco (MDH), Matt Duque (MSDE), James Yoe (MDH)

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Data Collection/Analysis & Program Evaluation Subcommittee

Subcommittee met on January 5.

- Discussions about data that applicants should use to identify gaps prior to the first RFP.
- How to ensure close coordination with LEAs and schools in the development of grant proposals.

Next meeting: January 12 at 11:00 am.

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Outreach and Community Engagement Subcommittee

Chairs: Tammy Fraley, Robin Rickard

Members: Chrissy Bartz, Ed Kasemeyer

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Outreach and Community Engagement Subcommittee

Will meet soon to discuss outreach with LEAs and other key stakeholders *prior* to the release of the RFP.

Will plan future outreach to inform the public and key stakeholders about Coordinated Community Supports program and the first RFP.

- Consider hosting on-line and in-person meetings
- Listen to communities and share their views back to the Consortium

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Best Practices Subcommittee

Chairs: John Campo, Derek Simmons

Members: Chrissy Bartz, Gloria Brown Burnett, Mary Gable, Senator Katie Fry Hester, D'Andrea Jacobs, Gail Martin, Kandice Taylor, Michael Trader

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Best Practices Subcommittee

Immediate next activities:

1. Explore the potential for implementing the “Michigan model” of expanded school Medicaid in Maryland.
2. Develop list of best practices for Partnership programs. Which should be *required* of all grantees? Which should be *recommended*?
3. Discuss technical assistance program for Partnership grantees.
4. Consider which Consortium duties should be supported through the Partnership grant program, and which might be implemented in other ways (e.g. policy recommendations, expanded school Medicaid, etc).

Next meeting: January 17 at 12:00

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