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Maryland Consortium on Coordinated Community Supports

Framework, Design & RFP Subcommittee

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Co-Chairs

January 6, 2023

Objectives

For today's meeting

- Reach consensus on key topics for the first Coordinated Community Supports Partnerships Call for Proposals

For future meetings:

- Further refining and operationalizing the model

Subcommittee Meeting Schedule

TODAY: Friday January 6, 10:00 am

Full Consortium meeting: January 10, 2023

Thursday January 26, 10:00 am

Thursday February 2, 1:00 pm

Key questions for consideration today:

1. How should grant funds be used? Permissible uses of grant funding:
    a. Should grant funds be available to address transportation barriers?
    b. What wraparound services should be supported and how?
    c. Could grant funds be used for school building renovations?
2. If grants are awarded competitively, what should be the selection criteria?
3. Overall structure of program:
    a. Grants vs non-grant activities
    b. How can the program be *both* statewide *and* focused on areas of greatest need?
    c. How should the program address behavioral health workforce capacity?

See next slides for additional information.

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1a: Transportation

- Transportation barriers are a major social determinant of health.
- Many public comments recommended that funds be available to provide transportation assistance to help students and families access services.
- Aspects of the program already address transportation barriers, e.g., providing services in school, via telehealth, etc. However:
  - Some services may be provided outside of school, including more intensive services.
  - Other family members may need to come to the school for meetings, therapy, etc.
- CHRC grants frequently support transportation. Transportation barriers arise in rural, suburban and urban Maryland.

Could grant dollars be used to support transportation of students and/or families to services? For example, vouchers for ride sharing services?

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1b: Wraparound services (1 of 2)

Legislation requires Consortium to: "meet student behavioral health needs ***and other related challenges***," "provide expertise in developing best practices in the delivery of behavioral health and ***wraparound*** services," and "meet ***holistic*** behavioral health needs."

- The Consortium must address these "other" services, but how?
- And which services?

The term "wraparound" is defined differently in different contexts.

This Subcommittee has moved away from the expansive definition of "wraparound" used for Community Schools, e.g., disinclined to fund field trips, academic supports, somatic health, etc.

See next slide

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1b: Wraparound services (2 of 2)

In public comments, we asked which "other" services should be supported through grant funds. Summary:

> Flexible wraparound case management services to connect students and their families to basic needs. Services (direct or through referral) could include: food security/food pantries, hygiene pantries, health care access, housing assistance, legal services, access to health care, domestic violence supports, care coordination/navigation, respite services, financial education, daycare, and job training. Older students should be taught independent living skills.

Could grant dollars support case managers/social workers to connect students and families to these services?

Should Consortium funding directly support any of these activities?

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1c: School renovations

Public comments recommended grant funding be available for school renovations for the following purposes:

- Telehealth suites
- Therapy rooms
- Calming spaces/mindfulness rooms
- Outdoor spaces
- Healthy physical structures such as heating, air conditioning, and clean water

Could grant dollars support school renovations for any of the purposes listed above?

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2: Proposal evaluation criteria (1 of 2)

1. Competencies of applicant agencies

- history of working with children and schools
- deep understanding of the target community
- well-trained, culturally and linguistically competent staff
- credible staffing plan that reflects the community served
- history of sound financial management.

2. Program design and prospects for success

- trauma-informed
- holistic
- evidence-based
- addresses both immediate needs of students as well as improve behavioral health systems
- addresses workforce challenges

3. Engagement with families and communities

- consultation with families and communities to understand their needs and when designing interventions
- involves youth and other residents in planning and continuous feedback
- involves parents in treatment plans
- offers family strengthening opportunities
- has alternate treatment plans if parents are absent in the treatment/recovery process.

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2: Proposal evaluation criteria (2 of 2)

4. Ability to collaborate with partners

- number of partners involved/providing service
- deep collaboration with the school district and school staff including through a MOU
- collaboration between public and private entities including Local Behavioral Health Authorities
- overall ability to be a "team player"

5. Ability to demonstrate measurable outcomes

- capacity for data management and outcomes reporting
- clear, quantifiable, and impactful outcomes measures
- compelling cost-benefit ratio

Does the Subcommittee agree with these criteria?
How can we ensure that smaller organizations with less grant-writing capacity are not put at a disadvantage?

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3a: Grants and non-grant activities

Staff recommendation: The model for the Consortium to achieve its goals could involve other activities and uses of funds beyond just the grant program.

Partnership Grants

- Service delivery
- Build capacity of backbone organizations

Potential Non-Grant Activities

- Medicaid: policy recommendations, possible funding for IT support and Technical Assistance
- Positive classroom environment policy recommendations
- Universal best practices to be implemented by LEAs and supported through TA
- Data Systems (procurement)
- Technical assistance to grantees

Does the Subcommittee agree with this approach?

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3b: Focusing on areas of greatest need

The Consortium has had robust discussions about how to ensure programs are ***both*** statewide ***and*** focused on areas of greatest need. Some ideas are below:

Statewide

1. Work for the establishment of a Partnership in *every* school district
2. Support statewide school Medicaid expansion (possibly carried out by LEAs)
3. Common metrics and data support across grantees
4. One or more *required* interventions (possibly carried out by LEAs)
5. Several *recommended* interventions, with shared Technical Assistance
6. Learning collaborative and Technical Assistance for grantees

Targeted

1. Grant dollars will be competitive as the program ramps up
2. Equity lens to provide more resources to areas that have more needs
3. Grant applicants must demonstrate need, and will be provided data to do so (Data Subcommittee)
4. Partnership grantees will receive support to conduct a Needs Assessments and resource mapping
5. Customized local programs to address local needs

Does the Subcommittee agree with this approach?

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3c: Workforce issues

Public comments recommended more Tier 1 (universal) and Tier 2 (targeted/brief/small group) supports and services to help ensure that the limited workforce is allocated efficiently. Some concerns about schools and community providers competing for limited staff. Other ideas:

- Broaden staffing plans to include: graduate level licensed professionals, part time staff, volunteers, community health workers, and experienced parents
- Work with universities and faculty sponsors to develop behavioral health career pathways
- Provide paid staff trainings including continuing education, etc.
- Provide competitive wages and benefits including paid time off for mental health days and mandatory respite days, incentives to prevent burnout
- Use technology, e.g., telehealth, Executive Functioning programming delivered via video/audio lessons and games.

How should the Consortium address workforce challenges?

Partnerships and the Collective Impact model

"Coordinated Community Supports Partnership"

=

"Backbone"
AKA
"Hub"
AKA
"Lead Grantee"

+

Service Providers
AKA
"Spokes"
AKA
"Partners"
AKA
"Sub-grantees"

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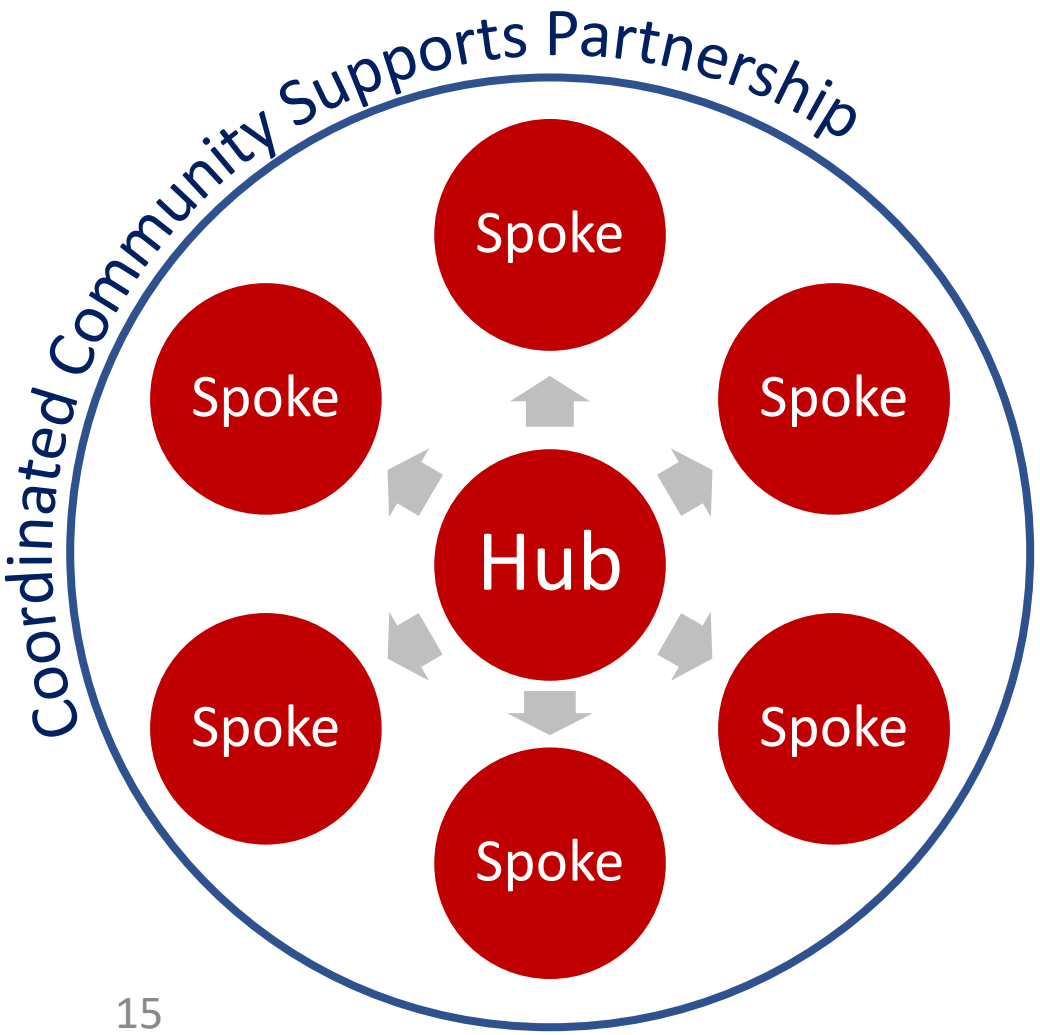
Partnerships and the Collective Impact Model



- Will discuss Collective Impact model more at meeting on 1/10.
- "Hub" = "backbone" of Collective Impact model = "lead grantee."
- "Spokes" = "partners" of Collective Impact model = service providers = "sub-grantees."
- "Coordinated Community Supports Partnership" is all of these together.
- Hubs coordinate the activities of spokes, manage financial and data responsibilities.
- Close coordination and MOU with the schools.
- Geographic – more or less at school district level?

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Re-Cap: Considerations for First RFP

The first RFP will support BOTH capacity building/planning AND service delivery/expansion/enhancement.

A. Organizations that could become Partnerships (hubs/backbones) – grant dollars support planning grants and technical assistance
B. Service providers (spokes) – grant dollars support access to services

Re-Cap: Considerations for first RFP

	Core Competencies of a Hub/Backbone	Core Competencies of a Spoke for Year 1
Service Delivery	• all MTSS tiers • ensure fidelity to best practices • coordinate many partners	• one or more tiers • utilize best practices • ability/commitment to partner with other organizations in the future
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 Spokes	• receipt of grant dollars • accountability for grant funds • maximize third party billing including Medicaid, if possible (align with Medicaid provider requirements, licensure, etc.) • leverage funds from other sources, if possible
Data	• collect data from Spokes • report data to Consortium and CHRC	• collect and report data required by the Consortium and the CHRC

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Re-Cap: Role of schools and school districts

General Subcommittee Consensus:

Schools and school districts should ***not*** serve as Hubs or Spokes.

- Will not receive grant dollars (e.g., grant dollars may not be used to hire school counselors, etc).
- Must "have a seat" in the partnership (i.e., part of the collective impact model). May need to discuss formal role of schools.
- Any Hub (or year 1 Spoke) must have an MOU with the school district.
- Grant funding could be used for school staff training.

Re-Cap: Public comments on permissible uses of grant funding

- At the last Subcommittee meeting, we considered some potential uses of grant funding.
- The Subcommittee is inclined to say the following are generally **beyond the scope** of the grant program.
  - × Inpatient beds
  - × Partial hospitalization program
  - × Specialized schools for students with behavioral health challenges
  - × Somatic health services
  - × Academic and vocational supports
  - × Extra-curricular activities without behavioral health focus
  - × Flexible emergency funds to meet basic needs of families
- Consortium programs should help people to *access* these, but the Consortium should not be the primary funding source.

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Re-Cap: 4 Proposed overall goals

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. Expand revenues from Medicaid and other funding sources for school behavioral health