Maryland
DEPARTMENT OF HEALTH

# Maryland Consortium on Coordinated Community Supports

# Framework, Design & RFP Subcommittee

**Superintendent Mohammed Choudhury and Dr. Sadiya Muqueeth**

**Co-Chairs**

December 5, 2022

# Objectives for Today's Meeting

1. Discuss public comments
2. Make recommendations on potential uses of grant funds recommended by public comments

# Subcommittee Meeting Schedule

TODAY: Monday December 5, 10:00 am

Full Consortium meeting: December 13, 2022

Full Consortium meeting: January 10, 2023

** Additional Subcommittee meetings to be scheduled

# Public Comment Period

- 12 questions, including 8 from Framework Subcommittee
- Comments accepted in writing (Google Form) or via oral testimony
- 3-week period
- 81 individuals submitted comments:
  - responses from across the state
  - wide range of stakeholders
  - both behavioral health and education

# Public Comment Period

- Most comments are non-controversial.  These have been summarized and could be accepted. (example next slide )
- Today's meeting will focus on 6 public comments that need some additional discussion.
- These 6 relate to recommendations for how grantees could potentially spend grant funds (permissible use of funding).
    - Subcommittee is asked to take a position on these.
- Additional public comments may be considered at future Subcommittee meetings.



Maryland
DEPARTMENT OF HEALTH

# Example of non-controversial summary

**8. What activities, services, and other capacity building costs should be allowed to be funded in the first round of grants?**

**Staff summary/recommend the Subcommittee adopt:** Funds should support administrative costs including: salaries and fringe; staff recruitment/retention; staff training and a learning collaborative; office space and furnishings; IT systems; other infrastructure and staffing for data collection and analysis; program materials and supplies including therapeutic supplies, sensory corners, and PBIS incentives; program advertising and marketing; events for students and families; and virtual communication technologies. Some comments stressed using grant funds for planning and outreach activities, travel, and materials (including refreshments) for community planning meetings.

# Key questions from public comments for consideration today:

In addition to standard behavioral health services, should grantees be permitted to use grant funds for any of the following purposes, or are they beyond the scope of the program:

1. Crisis services?
2. In-patient beds, partial hospitalization programs, or special schools for children with behavioral health challenges?
3. Somatic health services?
4. Academic and vocational supports?
5. Extra-curricular activities?
6. Flexible emergency fund for families?

***See next slides for additional information.***

# To Discuss: Crisis Services

- Several comments recommended that funds be used to develop or expand crisis services.
- School staff should be trained in clear protocols for behavioral health crises.
- One comment recommended funding for in-school crisis intervention specialists with the ability to do emergency petitions.

*NOTE: BHA's Mobile Response & Stabilization Services (MRSS) already provide crisis services in most jurisdictions.*

*Could grant dollars be used to fund crisis services? Or recommend that programs include integration with and referrals to the MRSS?*

Maryland
DEPARTMENT OF HEALTH

# To Discuss: Intensive care facilities

- Several comments recommended that funds be used to expand the number of in-patient hospital beds for youth and adolescents experiencing behavioral health crisis.
- Some comments suggested a community partial hospitalization program for students who require psychiatric stabilization but do not meet requirements for intensive hospitalization.
- Some comments recommended funds be used to establish or expand specialized schools for students with mental health and/or substance abuse challenges.

*Would these uses of funds be beyond the scope of the program?*

Maryland
DEPARTMENT OF HEALTH

# To Discuss: Somatic health services

- Given the relationship between physical and mental health, some commenters recommended supports to expand student and family access to health care and nutrition services, to provide first aid training, and to expand programs that provide free glasses to students in need.
- Somatic health care could support attendance goals, and addressing student vision could help narrow the achievement gap.

*Could grant funds be used to fund somatic health services? Or recommend that programs include referrals to health care, improve access, etc.?*

# To Discuss: Educational and vocational supports

- A number of comments recommended providing academic and vocational supports as a means of improving student mental health.
- They recommended funding for: afterschool programs, homework support, vocational and skill building programs, resume writing help, scholarships, tutoring, GED programs, and field trips.

*Could grant funds be used for academic and vocational supports?*

# To Discuss: Extra-curricular activities

- Several comments recommended funding to support/subsidize student participation in community activities that may be overall beneficial to a student's wellbeing but do not have a direct mental health focus.
- Examples are: afterschool programs, sports, recreational programs, and community gardens.

*Could grant funds be used to support/subsidize student participation in extra-curricular activities?*

# To Discuss: Emergency fund for families

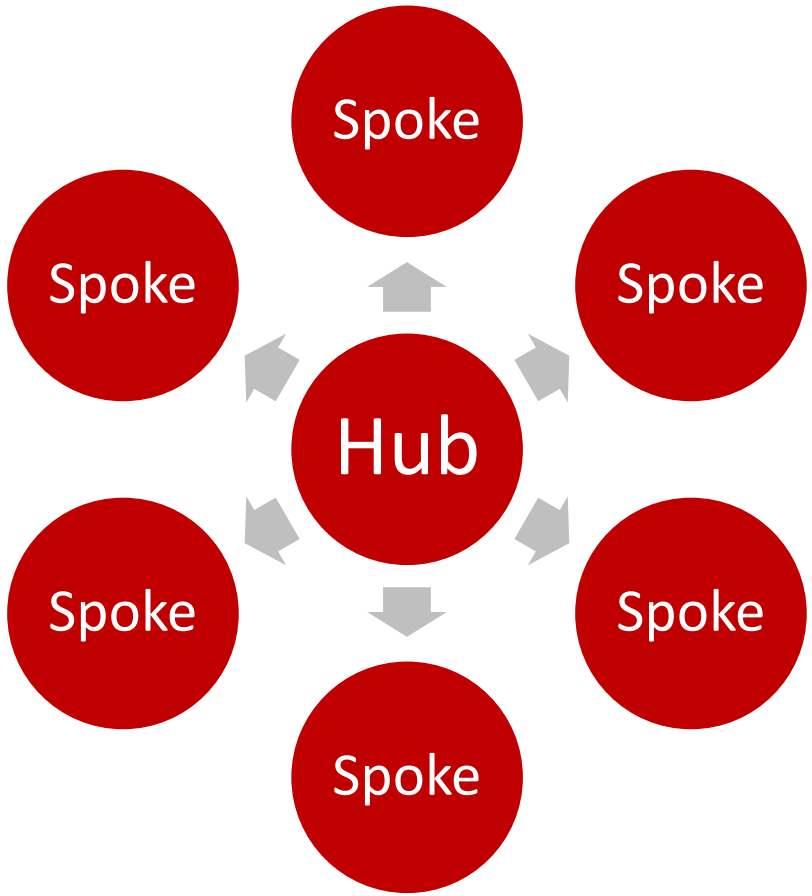
- Some comments recommended a pool of emergency funds to help families meet basic or urgent needs, as a way to prevent deeper stress or trauma.
- Funds would fill gaps where other supports are not yet available or are not sufficient.
- Examples include clothing, transportation, food, housing/rent, and short-term income support to allow a parent to take off work for an urgent situation.

*Could grant dollars be used for a flexible emergency fund for families?*

# Other public comments to discuss at future meetings

- Locally driven, innovative programs
- Role of schools and LEAs as grantees/hubs
- Billing recommendations
- Definition of Behavioral Health Services
- Workforce development
- Competition for staff
- Non-competitive grants

# Re-Cap: Considerations for RFP




**At full implementation, Hub and Spoke:**

- Collective Impact model.
- Hub is the Community Supports Partnership/lead grantee; “backbone” of Collective Impact model. New or existing organization.
- Spokes are the service providers/sub-grantees; “partners” of Collective Impact model.
- Hubs coordinate the activities of spokes, manage financial and data responsibilities.
- Close coordination and MOU with the schools.
- Geographic – at jurisdiction-level, sub-jurisdiction or multi-jurisdiction.

Maryland
DEPARTMENT OF HEALTH

# 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

Some “spokes” might become future “hubs” with some technical assistance, even as they deliver services.

Allow local flexibility within certain parameters.

Grants are for 1, 2, or 3 years, and may be renewed.

Maryland
DEPARTMENT OF HEALTH

# 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<br>• ensure fidelity to best practices<br>• coordinate many partners | • one or more tiers<br>• utilize best practices<br>• ability/commitment to partner with other organizations in the future |
| **Fiduciary** | • receipt of grant dollars<br>• accountability for grant funds<br>• maximize third party billing including Medicaid if possible<br>• leverage funds from other sources<br>• distribute funds to Spokes | • receipt of grant dollars<br>• accountability for grant funds<br>• maximize third party billing including Medicaid, if possible (align with Medicaid provider requirements, licensure, etc.)<br>• leverage funds from other sources, if possible |
| **Data** | • collect data from Spokes<br>• report data to Consortium and CHRC | • collect and report data required by the Consortium and the CHRC |



Maryland
DEPARTMENT OF HEALTH

# Re-Cap: Not for profit status

*General Subcommittee Consensus:*

- *Preference* for a Hub to be non-profit, to have an advisory board, participation of residents in governance, regular audits, *OTHER FEATURES?*

- Spokes delivering services may be non-profit or for-profit.

# 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: Which students? Which schools?

**Background**: The bill says, "Develop a model for expanding available behavioral health services and supports to **all students** in each local school system" and "Develop a geographically diverse plan that uses both school-based behavioral health services and coordinated community supports partnerships to ensure that **each student in each local school system** has access to services and supports that meet the student's behavioral health needs and related challenges **within a 1-hour drive** of a student's residence."

*General Subcommittee Consensus:* "All students" includes students in public and public charter schools, homeschooled, independent (private) schools, and pre-K. "All students" does not include students in college, community college, or other postsecondary programs.



Maryland
DEPARTMENT OF HEALTH

# Re-Cap: Potential Hubs

1. Core Service Agencies/Local Behavioral Health Authorities
2. Local Management Board
3. Other



Maryland
DEPARTMENT OF HEALTH

# Re-Cap: Proposed overall goals

| Goal | Key Indicators |
|---|---|
| **1. Expand access to services** | 1. Expanded screenings, assessments, etc. for early identification of behavioral health concerns |
| | 2. Increased care delivery |
| **2. Improve student wellbeing** | 3. Improvements in student wellbeing at the population level (Tier 1) |
| | 4. Improvements in mental health for individual students receiving Tier 2 and 3 supports (targeted students) |
| **3. Improve engagement in education** | 5. Reduced absenteeism |
| | 6. Reduction in exclusionary discipline events |
| | 7. Improved classroom environments |