



# **Maryland Consortium on Coordinated Community Supports**

## **Data Collection/Analysis & Program Evaluation Subcommittee**

**Larry Epp, Chair**

January 5, 2023

# Objectives for today's meeting

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- What data could the Consortium/CHRC make available to future grant applicants? (suggested by public comments)
- What would be the contents of a local needs assessment?

Future meeting:

- Which key stakeholders should be engaged prior to the release of the RFP, and what should they be asked to prepare? (with Outreach Subcommittee)

# Data Subcommittee Meeting Schedule

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- TODAY: Thursday, January 5, 2023, 11:00 am
- FULL CONSORTIUM: Tuesday, January 10, 9:30 am
- Thursday, January 12, 2023, 11:00 am
- Thursday, January 19, 2023, 11:00 am

# Background: 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 unmet needs/gaps, and will be provided data to do so
4. Partnership grantees will receive support to conduct a Needs Assessments and resource mapping
5. Customized local programs to address local needs

# Recap: Public comment – demonstrating need

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Overall, public comments recommended a focus on areas/schools with:

- behavioral health provider shortages
- socioeconomic need
- high crime
- populations lacking health insurance
- populations with a higher number of limited English proficient students
- Community Schools
- schools with higher academic needs

Potential data sources next slide.

# Public comment – demonstrating need

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Publicly available data that could be used to demonstrate unmet need could include:

- local health department behavioral health needs assessments
- Community Health Needs Assessments
- mental health professional shortage area (HPSA) designations
- Youth Risk Behavior Surveillance System (YRBS) data
- Asset Limited, Income Constrained, Employed (ALICE) reports
- School Report Card: percentages of students with Free and Reduced Meals
- median income measures
- graduation rates
- average wait times for services
- ratios of school counselors, psychologists, and social workers to students

*Should applicants be provided links to these and/or other resources?*

# Public comment – demonstrating need

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Staff could potentially prepare additional data for applicants to use in drafting proposals and focusing their projects. Data requested by public comments include:

- number of students seen in Emergency Departments for overdoses and mental health incidents (CRISP)
- Social Determinants of Health (SDOH) indicators
- rate of change year on year in specific diagnoses among students including anxiety, depression, ADHD, and substance use by county
- number of justice-involved students with a behavioral health diagnosis
- Early Learning Assessment data
- student homelessness counts
- Kindergarten Readiness Assessment data
- Department of Social Services data
- Department of Juvenile Services data
- mapping of service gaps
- number of clinicians in each school
- mobile crisis response data
- 211 or 911 call data

*Are any of these worthwhile data to gather and share publicly with applicants?*

# Assessing Local Needs

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Two possible ideas:

1. Reach out and encourage key stakeholders NOW to begin to assess needs within their jurisdictions, using measures and tools recommended by the Subcommittee (existing data?).
2. Partnership/Hub/Backbone grantees will receive capacity building grant dollars and technical assistance to perform an in-depth local needs assessment and resource mapping for their jurisdictions.

What data should be included in these?

Which stakeholders should be engaged to do the immediate work in #1?



# Recap: 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

# Proposed Goal 1: Expand access to services

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## Data Grantees would collect (proposed)

1. Number of unduplicated individuals/families:
  - receiving universal supports
  - receiving screenings and early identification
  - receiving Tier 2/3 services
2. Number of Tier 2/3 service encounters (both school and Partnerships)
3. Number of schools and students where new Partnership supports and services are offered – Universal and Tier 2/3
4. Average wait time for identified students to access Tier 2/3 services
5. Perceived effectiveness of services – Tier 2/3
6. Improvements in the quality and array of supports and services (SHAPE system) – Universal and Tier 2/3

# Proposed Goal 2:

## Student wellbeing and readiness to learn

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### Data Grantees would collect (proposed)

1. Number/percentage of individuals demonstrating improvements in social, emotional, behavioral, or academic functioning – Tier 2/3
2. Number/percentage of individuals receiving substance use services who demonstrate reduction in substance use – Tier 2/3

### Population data from other sources (proposed)

1. Overall student wellbeing (YRBS, Maryland School Survey)
2. YRBS substance use data, other OOC data
3. Chronic absenteeism (MSDE)
4. Utilization of emergency services (CRISP/Medicaid claims)

# Proposed Goal 3:

## Positive classroom environments

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### Data Grantees would collect (proposed)

1. Increased use of positive classroom strategies
2. Improvements in school climate (SHAPE self-assessment Tier 1 quality domain)

### Population data from other sources (proposed)

1. Academic outcomes (MSDE or MLDS)
2. Disciplinary data (MSDE) – Universal
3. Number of justice-involved students overall (DJS) – Universal
4. Perception of school safety (MD School Survey) – Universal
5. Staff satisfaction (MD School Survey) – Universal

# Proposed Goal 4: Revenue from Medicaid and other sources

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## Data Grantees would collect (proposed)

1. Fee for Service Medicaid dollars leveraged – Tier 2/3
  - Community providers (EMR)
  - School staff
2. Administrative Medicaid dollars leveraged
3. Private insurance dollars leveraged – Tier 2/3
  - Community providers (EMR)
  - School staff
4. Dollars from other funding sources

## Data from other sources (proposed)

1. Medicaid data (claims, other)

# Possible future presentations

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- **Substance Use Disorder programs** – Robin Rickard, OOCC
- **Data platforms** – Crystal Carr, Healthcare Initiative Foundation
- **Measuring risk** – Robert Balfanz
- **Youth Risk Behavioral Surveillance Survey**
- **Annie E. Casey** report researchers
- Others??