YCC/CCO Supervisor Development Meeting
May 31st, 2023 (10:30am – 12:00pm)

Attendees: Mark Luckner, Tammy Fraley, Lorianne Moss; JB Baxley, Caroline Jones, Candice Adams, Joana Joasil, Nancy Lever, Cindy Schaeffer, Jordy Yarnell, Caitlyn McNulty, Lindsey Weekly, Wade McLaughlin, Paul Oakes, Nakia Adamson, Maya Jackson, Tonya Kline, Sherry Thomas, Dawn Johns, Jessica Jeffers, Madison Bodnar, Jennifer Wolsin, Ronni Nunez, Kristi Larson, Femi Scott

Goals of CCO Youth Care Coordinator Supervisor Meetings:

- *To provide support to supervisors as has been requested, offering a forum for sharing of successes and challenges and brainstorming how to best meet the needs of supervisees*
- *Inform needed technical assistance and training needs for supervisors and youth care coordinators*

I. Welcome *(Nancy Lever, UMB)*
   a. Introductions – Name, CCO affiliation, connector activity
   b. Updates to supervisor's list
   c. Announcements from the field – e.g., accomplishments, hiring updates, etc.

II. Updates from the YCC support team *(UMB)*
   a. Biannual MD Behavioral Health Training reports sent May 9th, 2023

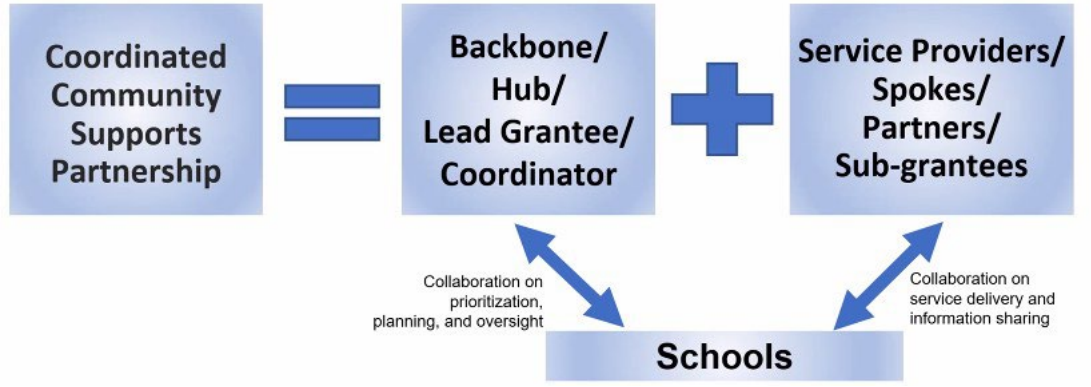
III. Updates from BHA *(Candice Adams, JoAnn Baxley, BHA)*
   a. Availability poll to determine alternate meeting time in June to review findings of the FFY 19-22 CMS audit
   b. Senate Bill 255 overview and updates (*JoAnn Baxley*)
      i. Increasing TCM+ number to 100 starting in FY 24
   c. Update on TCM Plus numbers (*Candice Adams*) (tables attached)
   d. Update on 1915i numbers (*JoAnn Baxley*)

IV. Updates from Optum's 1915i Liaison *(Kristi Larson, Intensive Services Waiver Coordinator)*

V. <u>11am Presentation</u>: Maryland Consortium on Community Supports *(Maryland Community Health Resources Commission [CHRC])*
   a. Added as an Amendment, Blueprint for Maryland's Future
      i. 24 members, both legislative and school based
      ii. 4 subcommittees
         1. Framework, Design, and RFP
         2. Data Collection/Analysis and Program Eval
         3. Outreach and Community Engagement
         4. Best Practices
      iii. Consortium goals
         1. Expand access to high-qual bx health and related services for students and families
         2. Improve student wellbeing and readiness to learn
         3. Foster positive classroom environments
         4. Promote sustainability through revenues from Medicaid, insurance, hospital billing etc
      iv. Implementing agencies
         1. Consortium- policy framework, program design etc
         2. CHRC- fiscal agent, issues RFP, Issues contract

3. National Center- technical assistance and oversight
4. Partnerships

v. Community Health Resources Commission created by general Assembly in 2005
vi. Partnerships formed, serve an area, and involve many orgs and people
    1. Community based, family-driven, youth driven, holistic
vii. Partnership and Collective Impact Model



viii. First RFP in June, August applications due, 2nd RFP (service delivery) in Fall 2023

b. Service delivery grants (future spokes)
    i. Therapy, wraparound/navigation services, SUD services, bx health ed and support for families, crisis planning/services, telehealth services, support groups, school wide preventative & mental health literacy programming
        1. Service providers must bill Medicaid to the maximum extent and use grant funds to fill in the 'gaps'
    ii. Examples of potential use of grant (would need a letter of support from the local superintendent)
        1. Copay support for families, screenings, staff training, translation cost, transportation to services, services and supports for uninsured families and students, admin costs (ex. attending school meetings) family ed and support, implementation of evidence-based best practices, etc.
        2. If serving multiple counties, would need multiple applications
            a. Need letters of support from each superintendent/ school system
c. Definition of wraparound- holistic supports that address a students behavioral health needs but are not considered traditional behavioral health services
    i. Only for students with identified behavioral health challenges, or at significant risk, and their families;
    ii. When appropriate, should be connected with traditional behavioral health services;
    iii. Cannot be eligible for reimbursement through Medicaid, DDA, or other State support (e.g., not Targeted Case Management or High-Fidelity Wraparound models); and
    iv. Must involve schools in planning and/or implementation.
    v. Examples of wraparound supports
        1. Transportation to bx health services, peer support, parenting classes, afterschool activities that implement evidence-based behavioral health programming, evidence-based mentoring programs, developing and monitoring care plans for students with identified behavioral health needs

2. Navigation to link students and families to essential supports

vi. Who can provide wraparound supports?
1. Behavioral health providers, Family support agencies, Care Coordination agencies, Department of Health agencies

vii. Evidence-Based Programs
1. 15 priority EBPs and 30 additional EBPs

d. Hubs DEFINITION HERE serve a partnership, do not overlap
i. At full implementation, every school is covered by a Partnership
1. Jurisdiction level is the most natural fit for a partnership, but larger jurisdictions could potentially have more than one partnerships

e. Role of schools
i. Schools are not spokes and do not receive funding
ii. Grant money isn't used for hiring school personnel, instead bringing in community-based resources

f. Potential partnerships with Care Coordination
i. Are there people that you want to serve but that you are unable to reach due to lack of funding? How could reach students quicker?
1. How do you wish you could partner with schools?

ii. Only so many slots for the services that are offered, what other services could be offered for people who don't quite reach the criteria for TCM+
1. Waitlist programs that often have a lot of public school-based referral

iii. Need to consider sustainability of funding. Providing funding for expensive and intensive program to one district and then pulling it suddenly is not a sustainable framework.

iv. Care coordinators deserve a seat at this table and want to build capacity

VI. Supervisor Outreach Segment (SOS)

a. Response to CHRC presentation
i. There are lot of kids whose caregivers have other insurance payers but TCM+ has a long waitlist and can only take people in for a year

ii. There is a lot more to Care Coordination than just 1915i
1. What does the lower end of the care spectrum look like and what does is the cost of service per child

iii. Workgroup for people to meet and discuss if they're interested in brainstorming how to apply

b. In the implementation of Senate Bill 255, what are things you'd like BHA to consider?

VII. Upcoming Training Opportunities

a. Maryland FYI
i. Parent CRAFT (https://www.cadenceonline.com/maryland/)

ii. ASK Model for Culturally Responsive Practices with Youth, Teens, and Families (https://www.jordanpeerrecoverycourses.com/courses/ASKModelFamilies)

iii. SBIRT Training (Request a Date) (https://bit.ly/SubstanceUseTrain)

VIII. Next meeting: June [*determined by poll*], 2023

a. Tuesday June 20th 11am-12pm was selected by 10/12 people
i. 6/12 chose June 22 10-11

ii. 4/12 chose June 7 10:30-11:30

b. 8/12 attendees are interested in an additional SOS segment

IX. 2023–2024 Proposed Meeting Dates

a. August 30, 2023
b. October 4, 2023
c. December 13, 2023
d. February 7, 2024
e. April 10, 2024
f. June 5, 2024