



STATE OF MARYLAND

Community Health Resources Commission

4201 Patterson Avenue, Room 315 • Baltimore, Maryland 21215

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John A. Hurson, Chair
Grace S. Zaczek, Acting Executive Director

**Aligning Community Health Resources:
Improving Access to Dental Care for
Marylanders**

Call for Proposals

July 27, 2007

Overview

The *Community Health Care Access and Safety Net Act of 2005* authorized the creation of the Maryland Community Health Resources Commission in the Spring of 2005. Governor Martin O'Malley appointed the current Commissioners in May, 2007. Through grants, community assessments, and technical assistance, the Commission will work to increase access to care for low-income families and under- and uninsured individuals. The Commission will help communities develop more coordinated, integrated systems of community-based care, redirect non-emergency care from hospital emergency rooms to other providers in the community, and assist individuals in establishing a medical home. The cornerstone of these efforts will be community-based health care centers and programs, referred to in the legislation as "community health resources."

Aligning Community Health Resources: Improving Access to Dental Care for Marylanders is the oral health grants program of the Maryland Community Health Resources Commission. The program will award grants to community health resources serving Marylanders in Maryland. In this offering, the Commission encourages projects that will improve access to dental services for low-income, uninsured individuals and Medicaid recipients in new and creative ways. The focus is on, but not limited to services for families and low-income children. The Commission seeks to award grants focused on creating new or expanding current sources of dental care to community health resources in Maryland.

The Commission anticipates awards totaling \$2 million during this round of grantmaking for dental services focused on, but not limited to low-income families and children.

Which Community Health Resources may apply for this grant?

In this round of grantmaking to improve access to dental care, the Commission will consider proposals from, Local Health Departments, Federally Qualified Health Centers (FQHCs), FQHC "look-alikes," and Maryland Qualified Health Centers.

The Grants Program

Aligning Community Health Resources: Improving Access to Dental Care for Marylanders seeks to award grants focused on dental care to community health resources in Maryland.

Creation of New Sources of Dental Care

Access to oral health care is a critical problem for underserved and minority populations in Maryland. *The 2000 – 2001 Survey of the Oral Health Status of Maryland School Children* conducted by the University of Maryland Dental School found that 53% of children in kindergarten and 3rd grade had untreated tooth decay in their primary teeth. Children residing on the Eastern Shore or in Central Maryland had the highest rates of untreated tooth decay. Low income, African American and Hispanic children suffer even higher rates of tooth decay. In addition, a 2000 survey of Maryland Head Start children found that more than 50% of the children had some type of decay. Children with special health care needs are two times more likely to have unmet dental needs than children without special health care needs (*Oral Health for Children and Adolescents with Special Health Care Needs: Challenges and Opportunities*, 2005, National Maternal and Child Health Resource Center, Georgetown University.) Adults and disabled individuals with advanced dental problems or with medical



complications are oftentimes referred for services at distant locations or frequently unable to access treatment. According to the Centers for Disease Control, 16.7% of Maryland adults over the age of 65 have lost all of their teeth and 43.5% of adults in the state have lost six teeth or more. Nationally, 90% of adults over the age of 40 have tooth decay and 5-15% of adults have advanced gum disease.

Creation of New Sources of Dental Care

Currently, 12 local health departments out of the 24 local jurisdictions provide clinical dental services, with two more in the process of establishing dental clinics (Charles and Harford). Additionally, 16 community clinics (including Federally Qualified Health Centers) provide clinical dental services to underserved individuals in the state. The following counties do not have a community dental resource: Calvert, Cecil, Kent, Queen Anne's, St. Mary's, Talbot, and Worcester. The Commission will consider proposals creating new sources of dental care on a priority basis in these counties. The Commission will consider proposals up to \$550,000 one time grants spread over one to two years for new dental services.

Creating new sources of dental care will increase the number of Maryland residents with access to a comprehensive and continual source of dental care. The ideal base model the Commission will consider for a new clinical dental program will be a 3-chair minimum clinic staffed by at least 1 dentist, 1 dental hygienist, 1 dental assistant and 1 program coordinator. These proposals can include clinical facilities, minor renovations to accommodate the expansion for dental services, staff, and equipment. The Commission will consider applications for new services with a minimum of two chairs if the applicant in an area where it is particularly difficult to recruit staff, can clearly justify why the applicant cannot develop a new service with three chairs.

The Commission will consider proposals seeking to create new clinical dental programs that ensure access to comprehensive dental care including preventive, diagnostic, emergency, and restorative care. The Commission encourages the start of services as soon as possible, but recognizes the complexity of developing an initial dental program. Therefore the Commission will give greater consideration to proposals that can deliver new dental services in as quickly a timeframe as possible, but expects that service delivery will begin within 14 months of receiving a grant. The Commission will consider applications with a longer timeframe if the applicant can clearly demonstrate with historical data or information why such an extended timeframe is necessary.

Expansion of Current Sources of Dental Care

Local Health Departments, Federally Qualified Health Centers, FQHC "look-alikes," and Maryland Qualified Health Centers provide essential dental services to low-income individuals. Often times, these types of clinics are the only providers of dental care for underserved populations. Due to the demand for dental services, many of these clinics are at capacity and some have waiting lists that are up to four months long. Strategies to increase the capacity at Local Health Departments, FQHCs, FQHC "look-alikes," and Maryland Qualified Health Centers will result in more individuals receiving dental care. The Commission will consider proposals seeking to expand current clinical dental programs by adding additional clinical facilities, minor renovations to accommodate the expansion for dental services, staff, or equipment. Current community dental resources are located in the following jurisdictions:



Allegany and Anne Arundel Counties, Baltimore City, Baltimore, Caroline, Carroll, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Montgomery, Prince George's, Somerset, Washington, and Wicomico Counties. The Commission will consider proposals to expand dental care on a priority basis in these counties. The Commission will consider proposals for up to \$300,000 for one year-one time projects, with expanded dental services beginning at least by the end of the project year. Applicants must ensure access to comprehensive dental care, including preventive, diagnostic, emergency, and restorative care.

All Programs

All proposals the Commission will consider for Creation of New Sources of Dental Care and for Expanding Existing Sources of Dental Care should ensure and demonstrate access to comprehensive dental care, including preventive, diagnostic, emergency, and restorative care.

The Commission will give special consideration to applications that emphasize providing dental services to low-income families and children.

In general, the commission's priorities for awarding grant funds are: establishing a "dental home" for families and children, providing evening and weekend hours in New Sources of Dental Care, and increased evening and weekend hours in Expansion of Existing Sources of Dental Care, and sustainability of project activities after grant funds end. The Commission expects applicants to identify additional sources of funding for their proposed project, such as internal or external matching funds, or "in kind" goods and services or external donations. The University of Maryland School of Dentistry will donate up to three used, functional dental chairs for each awarded project if the grantee will pay the cost of moving the chairs from the Dental School to the grantee's site. These chairs can be counted as the three-chair minimum for New Sources of Dental Care or as all or part of Expansion of Existing Sources of Dental Care. The moving costs can be included as a line item in the grant application. If applicants want to include these chairs in their proposals, please contact the Commission at 410-764-4660 for further information. Funds for both the Creation of New Sources of Dental Care and for Expanding Existing Sources of Dental Care can be used to renovate existing space to accommodate a dental suite, expand a dental facility, purchase dental equipment, and to provide competitive salaries and/or incentive/retainer funds for dental personnel in the new start-up or initial expansion phases only. All proposals must demonstrate strategies for addressing the unique needs of local populations, including the establishment of a "dental home" to ensure the consistent availability of dental services in the community. These strategies also may include: targeted case management for oral health services (transportation, home visits, family education, etc.), translation services, education and outreach, creation of new or the expansion of existing partnerships with community organizations in support of oral health, and/or the establishment of a specialty referral network to increase access to specialty dental services. Proposals must demonstrate efficiency in service delivery and innovation in regard to addressing barriers to oral health services.



Selection Criteria

Applicants may submit proposals for projects to include activities to improve access to dental care described above. The Commission will use the following criteria, generally in this order, to assess and select proposals for funding:

Prospects for Success: The goals and objectives of the proposed dental project are clear, feasible, and achievable, and agree with the Commission’s priorities. The work plan and budget are reasonable. The team assembled possesses the overall architecture, technological capabilities, skills, competencies, commitment, and sufficient capacity to carry out the proposed work and has a supportive organizational and community environment.

Potential Impact: The project is likely to lead to improved access to dental care for the target population and improved health outcomes. The project has potential for expansion or replication within the community, in neighboring areas, or more broadly across the state.

Create a Dental Home for Families, Children and Individuals. The project provides and encourages regularly scheduled preventive and restorative care aimed at reducing dental caries and eliminating dental emergencies among all low-income Marylanders, particularly children.

Provide or Expand Evening and Weekend Service Hours. Projects creating new sources of dental care will provide evening and weekend hours. Expansion of existing sources of dental care will increase currently offered evening and weekend hours.

Community Need: The target population is clearly identified and geographically defined, the number of individuals targeted is reliably quantified, and the needs of this population are adequately documented through qualitative and quantitative data, such as demographics, rates of insurance coverage, and service utilization statistics. The applicant demonstrates a deep understanding of the community to be served.

Sustainability: The project is likely to continue to provide benefits to the target population and the community at large beyond the duration of the proposed grant. Proposals must identify likely sources of future revenue or funding sufficient to sustain the project activities after the grant funds end. The Commission will give strong preference to those projects that can demonstrate funding from internal sources or community matching support, including “in kind” support.

Preference will be given to those applicants that can demonstrate community-wide, local support: at least 10% of the budget should come from funding commitments (cash or signed pledges) restricted to this project from other community partners such as chambers of commerce, hospitals, medical organizations, community organizations, individual donors, foundations, and corporations to ensure the sustainability of the project. Funding commitments are to be fully paid within the inclusive dates of the grant award. If the project’s community support is not yet in place, then the applicant should provide information that details the plan for generating such support.



Preferences will be given to those applicants that can make at least an additional 5% financial commitment to this project from their own internal funds (operating funds or reserves). A separate equipment maintenance fund or equipment replacement fund or small endowment for the dental clinic will be counted as internal financial commitment. In other words, in addition to the requirement of other funding commitments, the Commission expects to see an institutional financial commitment from the applicant.

Participation of Stakeholders and Partners: The project has enlisted as key participants relevant stakeholders and partners from the community and appropriate agencies and organizations. These collaborators will be actively engaged as demonstrated by participation in the planning and implementation process, dedicated staff and other resources allocated to the project, contributions of facilities and equipment, and/or provision of free or discounted dental care services. Letters of commitment from collaborators are required, but letters alone may not be sufficient for demonstrating active engagement.

Collection of Data: The project team has the ability to measure and report progress in achieving project goals and objectives through quantitative measures, such as the number, demographics, characteristics, and service utilization of the target population, both at baseline and as the project proceeds. The project team must also have the ability to comply with the evaluation and monitoring requirements of this grants program.

Organizational Commitment: The applicant organization is committed to improving access to dental care for the target population and can demonstrate that the proposed project will significantly contribute to this goal.

Financial Viability and Accountability: The applicant organization possesses a sound financial standing, has adequate financial management systems, and is capable of managing grant funds.

Provision of Sliding Scale Fee Schedule Services: The proposal will be evaluated on the extent to which the applicant organization demonstrates use of a sliding scale fee schedule to increase access to care for low-income uninsured and under-insured individuals in Maryland.

Evaluation and Monitoring

Grantees will be required to submit periodic progress reports and expenditure reports, as well as deliverables produced under the grant. To facilitate project monitoring, clearly defined data elements will be required from all grantees on a regular basis so that project accomplishments can be monitored, compared, and compiled.

The project team may be asked to attend meetings, participate in site visits, and give reports on progress and accomplishments to the Commission, its staff and advisors, and other grantees. At the conclusion of the project, the grantee will be required to provide a written report on the project.

As a condition of receiving grant funds, grantees must agree to participate in an evaluation of their grant program. This includes assisting with any collection of data and information gathering required, such as participation in surveys, site visits, meetings, and interviews with the evaluators.



Use of Grant Funds

Grant funds may be used for project staff salaries and fringe benefits, consultant fees, collection and analysis of data, project-related travel, conference calls and meetings, and office supplies and expenses. Grant funds may also be expended for essential equipment and minor infrastructure improvements required by the project. Grantees may subcontract with other organizations as appropriate to accomplish the purposes of the project.

Grant funds may not be used for major equipment, other than equipment directly related to dental services, or for construction projects, to support clinical trials or unapproved devices or drugs, or for lobbying or political activity.

Awards

The Commission will award grants totaling up to \$2 million during this round of grantmaking. Single-year and multiple-year one-time grants will be awarded:

- Single-year grants of up to \$300,000 are anticipated for the expansion of existing dental services
- Multiple-year grants of up to \$550,000 with a duration of up to two years for the creation of new dental services.

As part of the grant proposal review process, the Commission may request that an applicant organization provide additional information or revise its proposal as a condition of approving an award. Awards will be made by the Commission. The Commission will consider geographic diversity within the state of Maryland in making awards.

How to Apply

There are three steps in the competitive application process:

Step 1: Letter of Intent

Applicants must submit a letter of intent in order for the applicant's proposal to be considered. Letters of intent must be received by 5:00 p.m. EDT on August 3, 2007, by hand delivery, U.S. Postal Service, or private courier. The letter of intent should include:

- A statement that the organization is applying for a grant to create or expand dental services.
- A succinct description of the proposed project that does not exceed 250 words in length.
- Estimated project cost and duration.
- Name and location of the applicant organization.
- Name, title, address, telephone number, and e-mail for the proposed project director.
- Name, affiliation, and e-mail address of individuals in addition to the project director who would like to receive updates related to this grants program.

Letters of intent should be sent to:

Grace S. Zaczek
Acting Executive Director
Maryland Community Health
Resources Commission
4201 Patterson Avenue, Room 315
Baltimore, MD 21215-2299



Step 2: The Proposal

Applicants should prepare proposals following the “Proposal Guidelines” in this Call for Proposals.

Step 3: Submission of Proposals

Grant proposals are due by 5:00 p.m. EDT on August 21, 2007. Proposals must include:

1. **Transmittal letter:** This letter from the applicant organization’s chief executive officer should specify the title of the proposal, the applicant organization, and the project director and state that the applicant organization understands that submission of a proposal constitutes acceptance of the terms of the grants program.
2. **Grant Proposal Cover Sheet:** This form is posted at <http://dhmh.state.md.us/mchrc/>. The form should be completed and signed by the project director and either the chief executive officer or the individual responsible for conducting the affairs of the applicant and legally authorized to execute contracts on behalf of the applicant organization.
3. **Contractual Obligations, Assurances, and Certifications:** A form for this agreement is available at <http://dhmh.state.md.us/mchrc/>. The agreement should be completed and signed by either the chief executive officer or the individual responsible for conducting the affairs of the applicant and authorized to execute contracts on behalf of the applicant organization.
4. **Proposal:** See “Applicant Guidelines” in the Call for Proposals.

By the deadline for receipt of proposals (August 21, 2007, 5:00 p.m. EDT), applicants should e-mail an electronic version of their transmittal letter, Grant Proposal Cover Sheet, and proposal to zaczekg@dhmh.state.md.us .

Also by the required deadline, the following must be received at the address below by hand delivery, U.S. Postal Service, or private courier: 1) original signed transmittal letter, original signed Grant Proposal Cover Sheet, original signed Contractual Obligations, Assurances, and Certifications, and original proposal, all bound together and labeled “original;” and 2) ten bound copies of transmittal letter, Grant Proposal Cover Sheet, and proposal.

Grace S. Zaczek
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Inquiries

Conference Call for Applicants: The program office will host a Frequently Asked Questions conference call for interested applicants to provide information on the grants program and assistance with the proposal process. This conference call, on August 2, 2007, at 1:00 p.m. EDT, is optional. Information on the conference call will be posted at <http://dhmh.state.md.us/mchrc/>. Registration is required. To register, send an e-mail by July 30, 2007, to zaczekg@dhmh.state.md.us with the name(s) of the individual(s) who will participate in the call, the name of the applicant organization, and contact information.



Questions from Applicants: Applicants may also submit written questions about the grants program. Send questions to zaczekg@dhhm.state.md.us . Questions may be submitted at any time. Responses to Frequently Asked Questions (FAQs) will be posted periodically at <http://dhhm.state.md.us/mchrc/>.

Program Office: The program office for the grants program is located at the Maryland Community Health Resources Commission. Staff members include:

Grace S. Zaczek, Acting Executive Director
E-mail:zaczekg@dhhm.state.md.us

Kimberly Isaac-Dallas, Executive Associate
E-mail:kisaac@dhhm.state.md.us
Telephone: 410-764-4660
Fax: 410-358-4194
Website: <http://dhhm.state.md.us/mchrc/>

Timetable

July 27, 2007	Request for Proposals Posted on the Commission's website
August 2, 2007	Frequently Asked Questions 1 PM EDT Conference Call (FAQs) posted at http://dhhm.state.md.us/mchrc/ (to be updated periodically)
August 3, 2007 5:00 PM EDT	Deadline for receipt of Letters of Intent
August 21, 2007 5:00 PM EDT	Deadline for receipt of proposals
August 21- Sept. 21, 2007	Review of proposals
October 1, 2007	Notification of grant awards
November 1, 2007	Grant funding begins



Proposal Guidelines

Proposals should be well written, clear, and concise. Original and creative approaches to addressing access to dental health services are encouraged. Proposals may not exceed 25 pages single-spaced on standard 8 ½” x 11” paper with one-inch margins and using 12-point Times New Roman or Arial font. Tables and charts may use a 10-point font or larger. All pages of the proposal must be numbered. The budget, budget justification and appendices specified in the guidelines below are excluded from the 25-page limit.

The proposal should be structured using these topic headings:

A Table of Contents (not included in page limit)

1. Project Summary
2. The Project
3. Evaluation
4. Work Plan
5. Applicant Organization
6. Key Personnel
7. Partners and Collaborators
8. Project Budget

The suggested content of each of these eight sections is discussed below. Provide as much detail as possible.

1. Project Summary

- Provide a one-page summary of the project.

2. The Project

- *What will the project do?* What are the goals and measurable objectives of the project? Quite literally, who will do what for whom, with whom, where, and when?
- *Does the project address legislative priorities?* Discuss the extent to which the project addresses the priorities for community health resources in the *Community Health Care Access and Safety Net Act of 2005* (for more information, refer to the legislation or the discussion of legislative priorities in the Call for Proposals).
- *Who is the target population?* Identify the population(s) to be served (i.e., estimated numbers, demographics, insurance coverage, income levels, other distinguishing characteristics). Document the dental needs of this population using qualitative and quantitative data. Specify the service area(s). Service maps, data, and other statistics on the target population may be provided as an appendix.
- *What problem will be addressed?* Identify the specific problem(s) encountered by the target population(s) in accessing dental health care services and how this project will ameliorate the problem(s).
- *Does the proposal address dental health disparities that exist in Maryland?* Discuss the specific dental health disparity(s) the project is intended to address and how the project will address that disparity(s).



- *Is there a precedent for this project?* Is the project based on a prior model or approach? What is the evidence that the proposed model or approach will be successful? If the project is a new, original approach, how will it improve dental service delivery to Marylanders?
- *What will be the benefits of success?* If the project is successful, what visible, tangible, objectively verifiable results will you be able to report at the end of the grant? What longer-term benefits do you expect for the target population and the broader community?
- *How will the project be sustained after grant support ends?* Will the project require ongoing outside support after the proposed grant ends? If so, describe your plans for securing ongoing funding or, if plans are not yet firm, the process you will employ to work towards sustainability. Do you foresee opportunities for expanding or replicating this project within the community, in neighboring areas, or more broadly?

3. Evaluation

- *How will you measure project success?* What will be your methodology for evaluation of project outcomes? What data will you collect and analyze? Does the applicant organization have the capacity to collect and analyze data, or must new capacity be acquired or developed?

4. Work Plan

- *What are the major milestones in carrying out the project?* List key benchmarks of project progress. Describe the process and timeframe for reaching these benchmarks.
- *What are the project deliverables?* What specific products would be submitted to the Commission as evidence of completion of project milestones? How and when will these deliverables be produced?
- *What is the timeline for accomplishing milestones and deliverables?* Prepare a Gantt chart or other timeline listing project tasks and the time period over which these tasks will be undertaken. This may be attached as an appendix to the proposal.

5. Applicant Organization

- *Is the applicant organization a community health resource?* Provide documentation that your organization qualifies as a community health resource pursuant to the Maryland *Community Health Care Access and Safety Net Act of 2005* and related regulations.
- *What is the applicant organization's mission?* Describe your mission, programs, and service area. Discuss your organizational strengths and challenges.
- *What is the organizational structure?* Describe the type of organization (e.g., Local Health Department, Federally Qualified Health Center, FQHC "look-alike," Maryland Qualified Health Center).
- *How is the organization governed?* Specify the governance structure. In an appendix, provide a list of the officers and board of directors or other governing body.
- *How is the organization staffed?* Describe the staffing and provide an organizational chart as an appendix.
- *How is the organization financed?* Specify revenue sources and the percentage of total funding of each. What is the annual budget? As appendices to the proposal, provide your overall organizational budget (projected revenues and expenses) for the current fiscal year (local health departments may supply summary budgets), your most recent audited financial statements and accompanying management letter (does not apply to local health departments), and, if your organization files a Form 990, your most recent filing.



- *What facilities are available?* Describe the facilities owned and/or operated by the organization.
- *Does the organization publish an annual report?* If so, provide a copy as an appendix.

6. Key Personnel

- *Who will direct the project?* Identify the project director and describe his/her level of responsibility within the applicant organization, qualifications to lead the project, and role in carrying out the project.
- *Who?* Identify other essential staff, their roles in the project, and their relevant qualifications. As an appendix, include resumes (maximum three pages each) for all key personnel.

7. Partners and Collaborators

- *Who are the key partners?* What other community organizations will play a crucial role in the proposed project? Why is their participation important?
- *In what ways will the partners contribute to the project?* Who are the leaders of these organizations and what is their role? Which staff will be involved, what will be their responsibilities, and how much time will they devote to the project? What other resources will partners contribute? In an appendix, provide letters of commitment from the leaders of these organizations and resumes (maximum three pages each) for key staff.
- *What is the management plan?* What processes and organizational structures will be put into place to ensure that the partnership(s) are effective?

8. Project Budget

- *General Format:* Provide a line-item budget. To the extent possible, break down the budget into major tasks or phases of work consistent with the project work plan. If the project spans more than one year, the line item budget should be broken down into annual budget periods. The beginning and ending date should be indicated for each budget period. Grant funding will be available beginning November 1, 2007.
- *Personnel:* The name, title, percent effort, annual salary, and fringe benefits should be listed separately for each individual in the budget. Fringe benefits should be shown at the applicant organization's standard rate.
- *Project Co-Funding:* If the project will or may be supported by funder(s) other than the Commission, the line-item budget should include a separate column for each actual or potential funding source along with a "total funding" column.
- *Indirect Costs:* Indirect costs may not exceed 10 percent of direct project costs. Direct costs generally include project-related personnel, consultants, travel, equipment, and office expenses.
- *Budget Justification:* A budget justification should accompany the line-item budget detailing the purpose of each budgeted expenditure.



About the Commission

The *Community Health Care Access and Safety Net Act of 2005* was signed into law on May 10, 2005. The law authorized establishment of the 11-member Maryland Community Health Resources Commission. The Commission was created to help communities in Maryland improve access to care for low-income families and under- and uninsured individuals. In May, 2007 Governor Martin O'Malley appointed the current Commissioners.

Maryland Community Health Resources Commission

John A. Hurson, Esq., Chair
Yvette J. Benjamin, P.A., M.P.H.
Judith L. Boyer-Patrick, M.D., M.P.H.
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Paula B. McLellan
Margaret A. Murray
Karla R. Roskos, B.S.N., M.P.H.
Douglas H. Wilson, Ph.D.
John Young, M.D.

Appendix

Excerpt from: Community Health Care Access and Safety Net Act of 2005 - MD Community Health Resources Commission provisions, Annotated Code of Maryland, Health-General Article

Health General § 19-2201 (g)

In developing regulations under subsection (f)(1) of this section, the Commission shall:

- (1) Consider geographic balance; and
- (2) Give priority to community health resources that:
 - (i) In addition to normal business hours, have evening and weekend hours of operation;
 - (ii) Have partnered with a hospital to establish a reverse referral program at the hospital;
 - (iii) Reduce the use of the hospital emergency department for nonemergency services;
 - (iv) Assist patients in establishing a medical home with a community health resource;
 - (v) Coordinate and integrate the delivery of primary and specialty care services;
 - (vi) Promote the integration of mental and somatic health with federally qualified health centers or other somatic care providers;
 - (vii) Fund medication management or therapy services for uninsured individuals up to 200% of the federal poverty level who meet medical necessity criteria but who are ineligible for the public mental health system;
 - (viii) Provide a clinical home for individuals who access hospital emergency departments for mental health services, substance abuse services, or both; and
 - (ix) Support the implementation of evidence-based clinical practices.

