

MARYLAND DEPARTMENT OF HEALTH

COMMUNITY HEALTH RESOURCES COMMISSION

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Community Health Resources Commission**

**Presented to:
Senate Budget and Taxation
Health and Human Services Subcommittee
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BACKGROUND ON THE CHRC

- The Community Health Resources Commission (CHRC) was created by the Maryland General Assembly in 2005 to expand access for low-income Marylanders and underserved communities.
- **Priorities and areas of focus include:**
 - Increase access to primary and specialty care through grants to community health resources (**not regulatory function**)
 - Promote projects that are **innovative, sustainable, and replicable**
 - Build capacity of safety net providers to serve more residents
 - Address social determinants of health and promote health equity

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BACKGROUND ON THE CHRC

- The CHRC is an independent agency operating within the Maryland Department of Health.
- Eleven Commissioners of the CHRC are appointed by the Governor. There is currently one vacancy on the Commission.

Allan Anderson, M.D., CHRC Chairman

Elizabeth Chung, Executive Director, Asian American Center of Frederick

Scott T. Gibson, Vice President of Human Resources, Melwood Horticultural Training Center, Inc.

J. Wayne Howard, Former President and CEO, Choptank Community Health System, Inc.

Surina Jordan, PhD, Zima Health, LLC, President and Senior Health Advisor

Barry Ronan, President and CEO, Western Maryland Health System

Erica I. Shelton, M.D., Assistant Professor, Johns Hopkins University School of Medicine, Department of Emergency Medicine

Carol Ivy Simmons, PhD, Clinical Director, International Association of Firefighters Center of Excellence

Julie Wagner, Vice President of Community Affairs, CareFirst BlueCross BlueShield

Anthony C. Wisniewski, Esq., Chairman of the Board and Chief of External and Governmental Affairs, Livanta LLC

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BACKGROUND ON THE CHRC

The CHRC grants have focused on the following public health priorities:



Expanding Access to Primary Care Services and Chronic Disease Management



Increasing access to integrated behavioral health and SUD treatment services



Providing Dental Care for Low-income Children and Adults



Reducing avoidable ED visits and promoting care in the community



Addressing childhood obesity and promoting food security



Building safety net capacity



Investing in health information technology



Promoting Comprehensive Women's Health Services and Reducing Infant Mortality

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IMPACT OF CHRC GRANTS

The CHRC has awarded 190 grants totaling \$60.3 million.

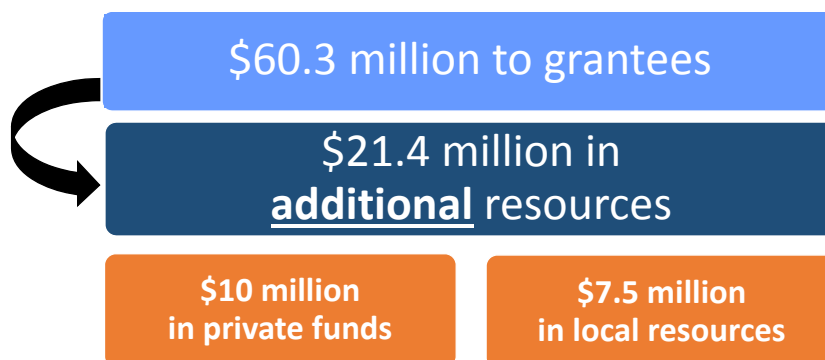
- \$60.3 million has leveraged more than **\$21.4 million** in **additional** resources (specific examples next slides).
- CHRC has supported programs in **all 24 jurisdictions**.
- These programs have collectively served more than **396,000 Marylanders**. Most residents have complex health and social service needs, and many are super utilizers of hospital and EMS systems.
- Grantees include FQHCs, local health departments, free clinics, and outpatient behavioral health providers.

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SUPPORTING SUSTAINABILITY

CHRC grantees utilize grant funding to leverage additional federal and private/nonprofit funding.



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EXAMPLES OF LEVERAGING

Maryland Community Health Resources Commission				
Public-Private Partnerships leveraging additional resources				
Grantee	Award	Jurisdiction	Focus	Leveraged
Charles County Health Department	400,000	Charles	ED diversion	150,000
Access Carroll	525,000	Carroll	Primary+Dental	841,708
Mental Health Association	325,000	Frederick	Behavioral health	135,000
Health Partners	250,000	Charles	Dental	75,000
Access to Wholistic & Productive Living	350,000	Prince George's	Women's health	997,612
Choptank Community Health System	300,000	Eastern Shore	Dental	215,000
Mobile Medical Care, Inc.	480,000	Montgomery	Primary care	900,000
Community Clinic, Inc.	280,000	Prince George's	Women's health	528,507
West Cecil	480,000	Cecil + Harford	Primary care	871,546
Subtotal (9 recent grants)	3,390,000			4,714,373
CHRC total grants (190 grants)	60,339,473			21,359,618

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BEHAVIORAL HEALTH



“Project Phoenix” provides SUD treatment services, including medications, and addresses social determinants of health. Over two-year period, served 517 individuals and saw average number of ED visits drop 60%, from 1.57 to 0.63 visits per participant. **Calvert Memorial Hospital has indicated financial support to continue the program** in light of the reduction in avoidable hospital costs. Another program, **Healthy Beginnings, achieved \$3M in Medicaid savings via reduced NICU stays.**



Behavioral health home project (adults with SMI) that integrates primary care with behavioral health services. **Leveraged \$1 million in private funding.** Laid the groundwork for the State’s Medicaid Behavioral Health Home Initiative, launched in 2013. **There are now 81 Health Homes in Maryland.**

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PRIMARY CARE AND CARE COORDINATION



Supported the opening of a new safety net health clinic in the Aspen Hill neighborhood of Montgomery County. CHRC grant facilitated free clinic's transition to becoming Federally Qualified Health Center two years ago. **Leveraged funding to receive an ongoing \$900,000 NAP award** (grant was for \$480,000).



Served 5,315 un/underinsured individuals with approximately 8,400 patient visits. Patient surveys indicated that 2,571 patient visits would have resulted in an ED visit, which **translated into total cost savings/avoided charges of \$2.3 million**. **Leveraged funding to receive \$818,860 in private funds** (grant was for \$200,000).

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PRIMARY CARE AND CARE COORDINATION

*lower
share
clinic*

Integration of primary care in behavioral health setting resulted in **increased revenues from \$1.3M to \$4.4M**. Leveraged CHRC funding to attract \$600,000 in federal funds (grant was for \$240,000). Another grant in FY 2016 focused on super utilizers of PRMC Hospital ED and, **over 15 months, achieved overall cost savings of \$927,560** (grant was for \$105,000).



Care coordination program targeting at-risk patients (3 or more visits in 4-months) of Sinai's ED. **67% reduction in ED visits and admissions** reported, which translated into **total cost savings/avoided charges of \$1,175,359** in 2016 (grant was for \$800,000).

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DENTAL CARE FOR AT-RISK RESIDENTS



Supported a new clinic and partnership with Dental School. Clinic opened last year and served 1,660 unduplicated patients in 6 months, and more than 1,000 adult patients received blood pressure screening. **Leveraged \$100,000 in additional funding from private foundation.**



Received grant in FY 2008 to expand Choptank's dental practice in Goldsboro, serving 6,374 people over the duration of the grant. **Laid groundwork for ongoing federal funding of \$215,000 and additional funding from private foundation.**

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AGENCY OVERVIEW

- Demonstrated track record in distributing and managing public funds efficiently
- Hold grantees accountable for performance (both fiscal and programmatic reporting, see next slides)
- CHRC staff (three PINs) currently monitor 45 grants, totaling \$11.8 million
- Chapter 328 in 2014 re-authorized the CHRC until 2025; This vote was unanimous
- As of October 2017, CHRC now staffs the Maryland Council on Advancement of School-Based Health Centers

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CHRC GRANT MONITORING

- CHRC grants are monitored closely.

- Twice a year, as condition of payment of funds, grantees submit program narratives, performance metrics, and an expenditure report.

CHRC Grantee Monitoring Report		SHIP Focus Area(s) & Measure(s):		
Grantee:	Harford County Health Department	Healthy Births/Infants:	Early prenatal care; Infant death rate; Babies with low birth weight; Sudden unexpected infant death rate	
Grant #:	15-008	Quality Preventative Care:	ID visits due to diabetes; ID visits due to Hypertension	
Reporting Period:	Report #1: May 1, 2015 - October 31, 2015			
Project Goal(s):	Improve health outcomes and reduce costs through community-based, comprehensive care coordination of high risk, high-cost populations.			
NOTE #1: Any measurement counting "unduplicated" patients CANNOT include the same patients over different reporting periods. The "Totals" column for these measures should sum only unique individuals. For example, if an individual is counted in reporting period 1, then that person should <u>not</u> be counted again in reporting period 2.				
NOTE #2: The program data with its associated data source reported by the grantee on this MAD report is subject to audit by the CHRC.				
NOTE #3: The CHRC will utilize output 1f for its "Total Patients/Clients Engaged" measure, and output 1g and 1h for its "Total Patient/client encounters"				
NOTE #4: "Patient/Client Encounters" is defined as any face-to-face or telephonic contact with a nurse care manager in a care coordination program.				
Process Metrics				
Key Project Objectives	Output	Data Source	Year One	
			Reporting Period #1	Reporting Period #2
Improve health outcomes for low income patients through Nurse Case Management	1a) # of clients referred to Nurse Case Manager from UH-UCH Emergency Department	Internal Data Tracking System		
	1b) # of clients referred to Nurse Case Manager from Beacon Health	Internal Data Tracking System		
	1c) # of clients referred to Nurse Case Manager from UH-UCH Berking Unit	Internal Data Tracking System		
	1d) # of clients referred to Nurse Case Manager from other Community Medical Providers	Internal Data Tracking System		
	1e) Total # of unduplicated clients referred to Nurse Case Manager	Internal Data Tracking System		
	1f) Total # of referred clients successfully engaged with Nurse Case Manager*	Internal Data Tracking System		
	1g) Total # of patient encounters, face-to-face, by Nurse Case Manager	Internal Data Tracking System		

- Grantee progress reports (sample above) are a collection of process and outcome metrics.

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CHRC GRANT MONITORING

CHRC staff perform a documented review of self-reported grantee performance results for 25% of all current/active grants on an annual basis.

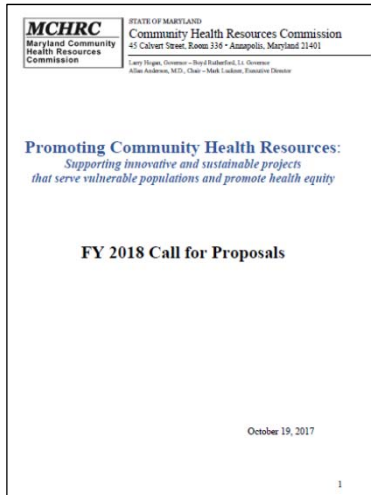
- The programs were randomly selected from grants that have been operating for a minimum of one year.
- Of 41 grants meeting this criteria, 10 were selected for an audit in 2017.
- Grantees were required to show documentation for all programmatic milestones and deliverables reported to the Commission.
- Grantees were able to document all reported milestones and deliverables.

Grantee/Number	Focus area
Frederick Memorial Hospital / 15-003	Dental
Calvert County Health Department / 15-007	Behavioral Health
Carroll County Health Department / 16-003	Dental
Mountain Laurel / 16-004	Dental
Potomac Healthcare Foundation / 16-007	Behavioral Health
Wicomico County Health Department / 16-009	Primary Care
Shepherd's Clinic / 16-010	Primary Care
La Clinica del Pueblo / 16-011	Primary Care
Chinese Culture / 16-014	Primary Care
Baltimore City Health Department / 16-015	Infant Mortality

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FY 2018 CALL FOR PROPOSALS



Key Dates:

October 19, 2017 – Release of Call for Proposals

December 18, 2017 – Applications due

January 2018 – Review period

February 8, 2018 - CHRC Call

March 13, 2018 – Eighteen applicant presentations and award decisions

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FY 2018 CALL FOR PROPOSALS

- **Three strategic priorities:**
 1. Preserving or enhancing the state’s ability to **serve vulnerable populations** regardless of insurance status
 2. Promoting health equity by **reducing health disparities** and addressing the social determinants of health
 3. Supporting community-based programs that are **innovative, sustainable, and replicable**
- **Generated 46 proposals totaling \$18.9 million (\$2.3 million is available this fiscal year).**
- **Call for Proposals includes 3 types of projects:**
 1. **Essential Services** - 28 proposals, \$11.3 million
 2. **Behavioral Health** - 14 proposals, \$6.6 million
 3. **Obesity and Food Security** – 4 proposals, \$1 million

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