

**47th^{Meeting} of the
Maryland Community Health Resources Commission
Tuesday January 31, 2012
3:00 PM- 5:45 PM**

Chairman Hurson called the meeting to order at approximately 3:15 PM.

In addition to Chairman Hurson, Commissioners Li, McLellan, Murry and Tildon attended the meeting. Commissioner Boyer-Patrick attended via telephone.

MEETING MINUTES

Public Meeting

Chairman Hurson announced that Commissioner Karla Roskos was resigning from the CHRC effective immediately and that she would be unable to vote in today's proceedings. The Chairman thanked the former Commissioner for her efforts over the previous years to support the work of the Commission.

Minutes Approval

The minutes from the November 10, 2011 were approved unanimously, with minor changes, by the Commissioners. The CHRC AAG, Sondra McLemore, requested that the attendees of Administrative Sessions be recorded in the minutes.

FY 2013 Budget Allowance

CHRC staff presented a brief overview of the CHRC's FY 2013 Budget Request and Allowance, which is attached as an addendum to the minutes. The FY 2013 budget allowance for the Commission is \$7 million, an increase by \$4 million which largely reflects the CHRC's expected role in implementing the Maryland Health Improvement and Disparities Reduction Act of 2012 (SB 234/HB 439). This would be a new line item for the CHRC's budget.

FY 2012 Request for Proposals

Four organizations that applied to the FY 2012 RFP were invited to present their grant proposals before the Commission. The CHRC voted at the November 10, 2011 meeting to grant approximately \$794,000 of the \$1,100,000 available in CHRC funds to 11 organizations, leaving a remainder of approximately \$300,000 available for additional grant awards. Chairman Hurson indicated that these four applicants were among the top-scoring proposals reviewed by the independent reviewers and were recommended by the staff for the Commission's review.

Each applicant provided a brief presentation, which was followed by a question and answer period by the Commissioners (in order of their presentations)

- (1) **Way Station** (*revised*), behavioral health;
- (2) **Walden Sierra**, behavioral health;

- (3) **Mary's Center**, behavioral health; and
- (4) **Omni House**, HIT.

The Chairman made a motion to approve the four grant proposals, at the CHRC's staff recommended funding levels. The motion was moved by Commissioner Murry, seconded by Commissioner Tildon and was adopted unanimously. These four grant awards, in addition to the 11 grants previously awarded on November 10, 2011, expended the full CHRC grant funds for FY 2012.

Grant Modifications

Five grant modification requests were submitted to the Commission for approval. Three of the requests were non-controversial and were recommended by staff for approval. These requests are summarized below.

Mid-Shore Mental Health System (CHRC Grant #09-014)

Mid-Shore Mental Health System was awarded a three-year grant in FY 2009 for a tele-psychiatry program, for a potential total of \$166,500, and is scheduled to end June 2012. Mid-Shore requested an extension of the program until June 2013 (the close of FY 2013) and submitted a budget totaling \$33,000 for this extended grant period. Mid-Shore had received \$129,900 to date, leaving an outstanding balance of \$36,600. Of the \$129,600 distributed, the grantee has reported actual expenditures of approximately \$58,000, leaving \$71,000 in distributed but unspent grant funds. The CHRC voted to reduce this grant from \$166,500 to \$91,600. As part of this grant modification, the CHRC will enable the grantee continued use of \$33,000 to continue the program until June 30, 2013. The Commission will request the grantee to return \$71,000 in previously distributed grant funds (of this amount, \$33,000 will be made available to the grantee).

Baltimore Medical System (CHRC Grant #10-003)

Baltimore Medical System (BMS) was awarded a grant to improve access to prenatal care in FY 2010, for a potential total award of \$300,000. The grant program period ended on December 31, 2011, and BMS requested to use the estimated remaining grant funds, \$28,000 to continue the program until June 30, 2012.

West Cecil Health Center (CHRC Grant #11-007)

West Cecil Health Center was awarded a three-year grant in FY 2011 to integrate a psychiatrist into its existing primary care practice, for a potential total grant of \$250,000, and of this amount \$100,000 has been distributed to the grantee. West Cecil submitted a previous grant modification approved by the CHRC in December 2010, to enable the grantee to use grant funds (\$33,600) to cover the salary costs for a psychologist, as the grantee recruits a full-time psychiatrist. West Cecil's second grant modification requested to continue using grant funds, totaling \$35,000, to cover the salary of the psychologist, while the recruitment of the psychiatrist continues.

Two grant modification requests were submitted to the Commission previously at the November 10, 2011 meeting, and the Commission considered these requests to be complex and requested the grantees to present their grant modifications at the next full meeting of the Commission.

Somerset County Health Department (CHRC Grant #09-017)

Craig Stofko, Acting Health Officer for the Somerset County Health Department, presented a brief overview the integrated co-occurring treatment program funded by the CHRC. The three-year grant was awarded for a total of \$500,000, and ended on December 31, 2011 with more than \$240,000 in unexpended grant funds. The health department requested a 24-month extension until December 2013 and continued use of unspent grant funding. Recent conversations with the CHRC staff and Mr. Stofko have resulted in the health department submitting a **revised** grant modification request, which would extend the program 18 months, until June 2013 (close of FY 2013) at a budget of \$100,000. As part of approving the revised grant modification, the CHRC voted to reduce the overall grant from \$500,000 to \$400,000, enabling the grantee continued use of \$100,000 to support the program until June 30 2013. As part of the grant modification (revised) approval, the CHRC will request that the grantee return \$166,668 to the CHRC via check.

Upper Chesapeake Healthlink (CHRC Grant #09-018)

Vickie Bands, Director of the Upper Chesapeake Healthlink, presented the grant modification request. This three-year grant was awarded in FY 2009, for a potential total of \$250,000, to develop a Specialty Care Network for the uninsured patients the clinic serves. The grant ended on December 31, 2011, with approximately \$81,000 in undistributed/unspent funds. The grant modification requested to extend the grant program period for an additional 12 months, to December, 2012 and submitted a budget for the use of the remaining grant funds (\$80,860). The request also asked permission to use a portion of funds originally allocated for a psychiatrist to cover the costs of increasing the hours for the Licensed Clinical Social Worker from 14 to 30 hours per week and fund extension of the Specialty Care Network Developer.

The Chairman requested an omnibus motion to accept the grant modification requests, and the motion was adopted unanimously.

State Health Improvement Process and Local Health Improvement Coalitions

Fran Phillips, Deputy Secretary for Public Health Services at the Department of Health and Mental Hygiene, presented an update on the State Health Improvement Process (SHIP) and the expectations of the Local Health Improvement Coalitions (LHIC) over the next year to the Commissioners. There are 17 LHIC in the state; one coalition that included five jurisdictions (Caroline, Dorchester, Kent, Queen Anne's and Talbot Counties); one coalition of three jurisdictions (Somerset, Wicomico, and Worcester Counties); and 15 coalitions each with a single jurisdiction. The Deputy Secretary commented on the strong working relationship with DHMH Leadership and the CHRC.

The CHRC staff detailed the potential process that was developed to distribute the \$500,000 in CHRC funds to help support the LHICs development of Local Health Improvement Plans. The CHRC would issue an abbreviated RFP for LHICs to respond; each proposal would be reviewed by the CHRC and DHMH leadership, and scored based upon criteria reflecting the SHIPs purpose and the CHRCs goals. Each LHIC would receive a base grant from the CHRC, but high

ranking proposals could be eligible for bonus awards, totaling between \$50,000 to \$100,000. CHRC staff presented three options for funding the LHICs.

Version 1 - Distribute the full \$500,000 to the qualifying LHICs using a formula based on the number of jurisdictions in each coalitions.

Version 2 – Distribute \$450,000 to the qualifying LHICs using a base formula, and award up to \$50,000 in bonus awards for high scoring/exceptional proposals.

Version 3 - Distribute the full \$500,000 to the qualifying LHICs using a base formula, and award up to \$100,000 in bonus awards for high scoring/exceptional proposals. CHRC staff indicated that the additional \$100,000 that would be needed to support Version 3 is available from the CHRCs recouping unspent grant funds from CHRC Grant # 09-017.

The Chairman requested a motion to approved Version 3 for the CHRC funding of the LHIC and the motion was adopted unanimously.

Health Enterprise Zones

Ben Stutz, Policy Director, for the State of Maryland Executive Department, Office of the Lieutenant Governor appeared before the Commission to provide a brief overview of the Maryland Health Improvement and Disparities Reduction Act of 2012 (SB 234/HB 439). The bill was introduced in the 2012 General Assembly, and is a result of the recommendations put forth by the Maryland Health Quality and Cost Council’s Health Disparities Workgroup in their Final Report and Recommendations, December 2011. The uncodified legislation would create Health Enterprise Zones, a designation that would enable primary care providers and other local community based organizations to become eligible for specific policy incentives and funding opportunities. The CHRC, as noted previously in the FY 2013 Budget Allowance overview, was allocated \$4 million in additional funds for the implementation of the HEZ program, beginning in FY 2013. Mr. Stutz indicated that the leading implementation role the CHRC would undertake as part of this bill is a vote of confidence in the Commission.

CHRC’s Business Plan for Technical Assistance for Safety-Net Providers

Marla Oros of the Mosaic Group, briefed the Commission on the development of the Business Plan the CHRC was directed to write under 2011 legislation, Maryland Community Health Resources Commission – Health Reform Implementation (SB 514/HB 450). The business plan outlines how the state and the CHRC would provide technical assistance and support to safety net providers during health reform implementation. Ms. Oros detailed the methodology used to collect information from FQHCs, local health departments and other safety net providers, which informed the report’s five recommendations:

- (1) Provide technical assistance and support around the ‘mechanics’ of health reform implementation;
- (2) Encourage linkages if key public and private agencies to address anticipated workforce issues;
- (3) Facilitate access to and interpretations of data;
- (4) Support expanded systems of outreach, eligibility and enrollment; and

(5) Encourage innovative public-private partnerships that will leverage additional private resources.

Ms. Oros also presented a CHRC work plan, implementation timeline and potential additional resources needed to carry-out the business plan. Commissioner Tildon asked how the plan will fit into the CHRC's FY 2013 budget. CHRC staff responded that the Commission will have to prioritize its activities, partner with other organizations and entities to leverage CHRC resources, and if possible pursue federal funds and grant opportunities.

Commissioner Boyer-Patrick left the meeting at approximately 5:10 p.m.

The Commission voted unanimously to move to Administrative Session. The CHRC public meeting adjourned at approximately 5:12 PM.

Administrative Session (Executive Session)

The Administrative Session was attended by Chairman Hurson, Commissioners Li, McLellan, Murry and Tildon attended the meeting.

ADJOURNMENT

Chairman Hurson adjourned the meeting at approximately 5:30 PM.