



MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION *FY2010/2011 Annual Report*

BACKGROUND AND MISSION

The Maryland Community Health Resources Commission (CHRC) was created by legislation approved by the Maryland General Assembly during the 2005 session (HB 627/SB 775). The Commission is a quasi-independent commission within the Department of Health & Mental Hygiene (DHMH), and its 11 members are appointed by the Governor. In creating the Commission, the Maryland General Assembly recognized the need for having an independent commission that focused on strengthening Maryland's vibrant network of community health centers and safety net providers and addresses service delivery gaps in Maryland's dynamic health care marketplace.

The Maryland General Assembly created the CHRC to perform a unique role in terms of developing a statewide, comprehensive policy to strengthen Maryland's network of safety net providers. The CHRC's core mission is to articulate areas that are ripe for policy innovation (e.g., strategies to divert patients from emergency rooms to more appropriate sites of care, promoting the adoption of health information technology, and supporting patient-centered medical homes) and work with multiple layers of government and regulatory agencies to develop grants that will generate the potential for systematic reform and expand access to health care in a sustainable, efficient manner. Recent CHRC activities have focused on efforts to help prepare Maryland as it implements health reform.

The following goals of the Commission are articulated in its authorizing statute:

- (1) Expand access to health care for low-income individuals and special populations;*
- (2) Create interconnected, comprehensive systems of care in the community;*
- (3) Develop partnerships among hospitals, local health departments, community health centers, and other safety net providers;*
- (4) Create access to specialty care for safety net providers;*
- (5) Reduce non-emergent and preventable visits to hospital EDs; and*
- (6) Promote a common, HIT platform for safety net providers.*

The CHRC has developed a specific policy expertise with Maryland's community health centers and other safety net providers and is positioned to assist these providers as the state implements health reform. In addition, the Commission has forged interdisciplinary, inter-agency relationships with DHMH, Maryland Health Care Commission, Health Services Cost Review Commission, local health departments, detention centers, and the judicial community, to develop and fund innovative projects that expand access to health care, reduce runaway health care costs, and improve the quality of care for vulnerable populations.

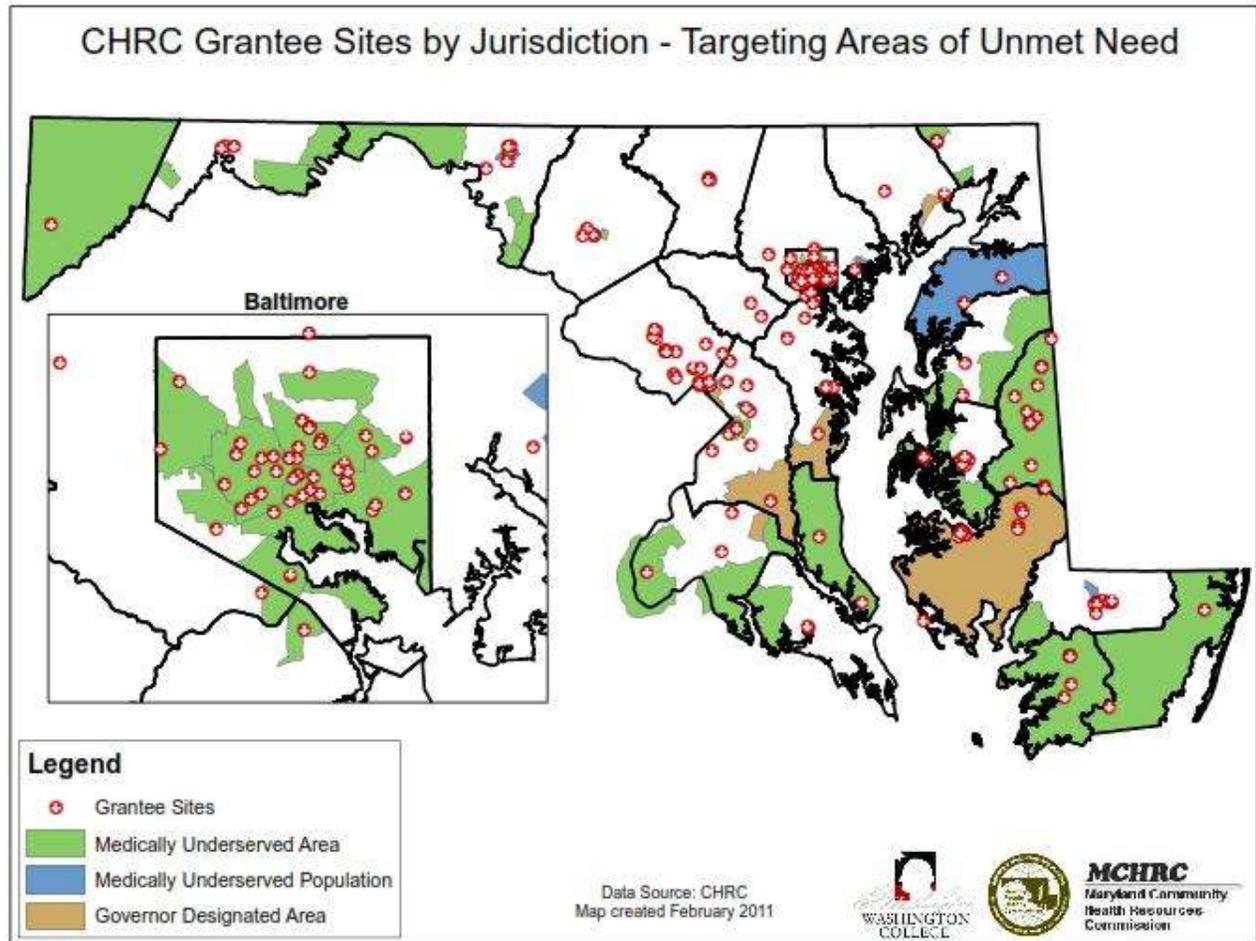
GRANT OVERVIEW

Over the last five years, the Commission has awarded 78 grants totaling approximately \$21.6 million. In recent years, the CHRC has fully aligned its grant resources to support the policy priorities of the Administration and DHMH leadership. The CHRC has awarded grants to help reduce infant mortality; expand access to substance use treatment; integrate behavioral health services in primary care settings; increase access to dental care; boost primary care capacity; and invest in HIT for safety net providers. As shown in the table below, these 78 grants have provided services for more than

85,000 patients, resulting in more than 271,000 patient visits, supporting programs in all 24 jurisdictions in the state.

Maryland Community Health Resources Commission				
Focus Area	# of Projects Funded	Total Award Provided	Cumulative Total	
			Patients Seen/Enrolled	Visits Provided
Expanding Access to Primary Care at Maryland's safety net providers	21	\$5,621,112	30,860	103,572
Increasing Access to Dental Care for Low-income Marylanders	17	\$4,009,428	31,655	73,978
Addressing Infant Mortality	10	\$2,137,047	1,864	11,763
Reducing health care costs through ER Diversions	6	\$1,994,327	12,980	22,379
Promoting Health Information Technology at community health centers	7	\$2,963,035	Health Information Technology	
Providing Access to Mental Health and Drug Treatment Services	10	\$2,545,757	3,699	22,326
Addressing health care needs of Co-Occurring Individuals	7	\$2,364,737	4,532	37,001
Total Grant Funding Provided	78	\$21,635,443	85,590	271,019
Total Funding Requested	333	\$112,029,230		
Number of Patients Served/Enrolled	85,590			
Number of Patients Visits/Services Provided	271,019			
Additional federal and private resources leveraged	33	\$8,696,619		

The CHRC directs public health priorities in targeted areas of the state with the greatest unmet needs. Grant proposals are evaluated by independent subject matter experts on range of criteria based on the CHRC's authorizing statute, including the ability of the grantee to achieve stated program objectives and be sustainable once initial grant funds are utilized. Proposals that will address the greatest unmet needs identified in the state, both through federally designated medically underserved areas/populations and in partnership with DHMH, are given special consideration by the Commission.



CREATING SUSTAINABLE SYSTEMS OF CARE AND LEVERAGING ADDITIONAL RESOURCES

The \$21.6 million provided by the CHRC has enabled 33 grant programs to leverage approximately \$8.6 million in additional federal, private/non-profit resources and other resources. The Commission has served as an “incubator” for programs that use initial CHRC funding to create programs that can later achieve long-term sustainability through on-going federal and other private funding sources.

Two examples of grantees that have successfully leveraged CHRC funding into long-term, sustainable programs include Access Carroll, Inc. and Choptank Community Health System, Inc. Access Carroll, a free clinic operating in Westminster, MD, used its initial \$100,000 investment in FY 2007 to raise an additional \$659,000 in private and local funding support. Access Carroll continues to provide health care to underserved areas and at-risk populations to its community long after CHRC funds were expended. Choptank Community Health System, a FQHC operating on the Eastern Shore, leveraged its \$300,000 Commission investment in its dental health program to secure an ongoing \$215,000 annual grant from the Health Resources and Services Administration dental program expansion grant.

The CHRC actively supports its grantees in their efforts to compete for additional outside funding through the provision of letters of support, data and geographic information systems analysis, grant writing and other technical assistance as requested by grantees.

IMPLEMENTING A ROBUST SYSTEM OF GRANTEE PERFORMANCE MANAGEMENT

Over the last year, the CHRC has developed and implemented a robust system of grantee performance management that requires grantees to report a series of standard and ‘customized’ process and outcome measures to ensure that grant resources are utilized wisely and program objectives are achieved. The CHRC is actively working to determine the efficacy of grant programs and the impact of CHRC funding, to provide reliable information about the programs and models of services that were successful in improving the health of patients and communities served. The CHRC performance measures include a core set of common data variables that all grantees are required to report, focus-area specific measures (i.e. measures specific to all infant mortality grants) and grant specific measures.

The CHRC requires this data reporting as a condition of payment of Commission grant funds. At the beginning of the grant period, grantees are required to submit projected totals for the duration of the program, and then report actual figures in subsequent six-month reporting periods. CHRC staff reviews the actual data reported by the grantees, and compares these figures to the grantee’s projections. When actual figures do not meet grantee projections, CHRC staff notifies the grantee, and in some cases, requests the grantee to provide an update on the status of the program before the full Commission. When programs do not achieve objectives, the Commission redirects grant funding to other successful grantees.

Working with grantees, the Commission will issue a series of “white papers” that will highlight best practices and innovative “models of care,” and is prepared to work with DHMH leadership to help disseminate these best practices into the community.

FY 2011 GRANT OVERVIEW

The CHRC awarded 14 grants totaling \$3.1 million in FY 2011. These 14 programs are projected to serve nearly 77,000 underserved Marylanders over the next three years, nearly doubling the number of individuals served under CHRC funded programs.

Maryland Community Health Resources Commission (CHRC)				
<i>Grant Awards in FY 2011</i>				
Grantee Name	Jurisdiction	Grant Period	Potential Total Grant Award	Focus Topic
St. Mary's County Health Department	St. Mary's	3 years	\$240,000	Infant Mortality
Access to Wholistic & Productive Living	Prince George's	3 years	\$150,000	Infant Mortality
Allegany County Health Department	Allegany	3 years	\$127,000	Infant Mortality
Choptank Community Health System, Inc.	Kent	2 years	\$270,000	Dental
Health Partners, Inc.	Charles	2 years	\$120,000	Dental
Access Carroll, Inc.	Carroll	2 years	\$300,000	Dental
West Cecil Community Health Center	Cecil	3 years	\$250,000	Behavioral Health
Baltimore County Health Department	Baltimore Co.	3 years	\$350,000	Behavioral Health
Prince George's Health Department	Prince George's	3 years	\$300,000	Behavioral Health
Mosaic Community Services	Multiple	2 years	\$200,000	Behavioral Health
People Encouraging People	Multiple	3 years	\$250,000	Behavioral Health
Greater Baden Medical Services	Charles	1 year	\$200,000	New Access
Anne Arundel Medical Center	Anne Arundel	3 years	\$150,000	New Access
Calvert Healthcare Solutions	Calvert	3 years	\$225,000	New Access
Total Awards	14		\$3,132,000	
Projected Number of Patients that will be Served			76,861	

These programs will serve as a bridge to provide essential preventative, primary care, mental health, substance abuse and case-management services to our state's most vulnerable populations.

The FY 2011 awards focused on four critical areas:

- (1) *Strategies to reduce infant mortality, pre-term births, low-birth weight babies and teenage pregnancy;*
- (2) *Integrating behavioral health services for individuals with mental illness or co-occurring mental illness and substance use disorders;*
- (3) *Dental Services in underserved communities; and*
- (4) *Access Points to extend accessibility of health care services to the uninsured and underserved.*

Addressing Infant Mortality

The CHRC is collaborating with DHMH to implement a statewide strategic initiative to achieve the Governor's goal of reducing infant mortality in Maryland. Reducing infant mortality is a public health priority in our state. Although Maryland is one of the wealthiest states, it has consistently ranked among the worst for infant mortality. Significant progress toward reducing infant mortality and improving birth outcomes in Maryland that had been achieved during the 1990's has now stalled, with virtually no further improvement for nearly a decade. The Maryland Community Health Resources Commission included reducing infant mortality in its previous RFPs and has awarded seven grants, totaling \$1.6 million to help make critical investments in Maryland's health care infrastructure, to help expand access to comprehensive women's health services in the community. The three grant initiatives awarded in FY 2011, totaling \$517,000, builds on these efforts, and continues the Commission's work to help create comprehensive, integrated systems of care in the

community for underserved, at-risk populations.

Integrating Behavioral Health Services

Promoting access to integrated substance use treatment and mental health services as a means to expand access, achieve economies of scale and promote public safety in Maryland is a priority of the Commission. The CHRC supports efforts to integrate behavioral health treatment services with primary care services, including clinical integration strategies such as intensive case management services, co-location of primary care providers and behavioral health professionals, and deployment of primary care providers with expertise in behavioral health. In FY 2011, the Commission supported five programs, totaling more than \$1.3 million that would integrate mental health and substance use disorder treatment services with primary care for high-risk populations. Drawing on the innovative Healthy Options Provide Empowerment (HOPE) program in Harford County (CHRC Grant #08-015), which is supported with CHRC grant resources, the Commission awarded two programs that targeted local correctional facility inmates with co-occurring mental health and substance abuse disorders who were at high risk for recidivism, two “reverse co-location” model programs (primary care provided in a behavioral health/substance abuse treatment setting), and one program to integrate behavioral health in a primary care setting.

Increasing Access to Dental Services

Expanding dental care safety net capacity continues to be a top priority of the Commission. The CHRC has awarded a total of 17 grants, totaling \$4 million to programs that have created new dental access points and expanded dental services for children and adults. These grants have collectively provided nearly 74,000 preventative, restorative and emergency dental visits services to more than 31,000 patients, many of whom are children. Working closely with the DHMH Office of Oral Health and Dr. Harry Goodman, the Commission awarded three dental access grants, totaling approximately \$690,000, to support programs in Charles, Kent and Carroll counties. In Charles and Kent Counties, grant programs will provide preventative and restorative care for children, with both grantees exploring opportunities for long-term sustainability through federal grant funding.

Expanding Access to Primary Care

The Commission, as a part of its central mission, provides support to encourage local communities to build integrated, interlocking systems of comprehensive care for low-income Marylanders. Over the last five years, the CHRC has funded 21 “Access Programs” in 13 jurisdictions. These programs have provided health care to more than 30,000 individuals. Three awards were made in FY 2011 to help make health care services readily accessible to low-income and uninsured residents in Charles, Anne Arundel and Calvert Counties. Access programs create a network of health care services which focus on the provision of primary care services with referrals and networks of specialty physicians, radiology and laboratory diagnostic services, and dentists available at reduced fees. Many of the “Access Programs” also include integrated behavioral health services, outreach, case management, preventive programs such as early screening and health education, and other enabling services, such as referrals to food banks, homeless shelters, and other advocacy agencies. The Commission will continue to support partnerships among local health departments, FQHCs, hospitals, and other health care and social service providers, as this is a fundamental purpose of the CHRC.

SUPPORTING PATIENT-CENTERED MEDICAL HOMES

In partnership with the Maryland Health Care Commission (MHCC), the CHRC is helping to support the Patient Centered Medical Home Program (PCMH) that is currently being implemented across the state. In April 2010, Governor O’Malley signed HB 929/SB 855 that established the PCMH

program, as this model has been proven to increase provider and patient satisfaction and achieve cost reductions via reduced emergency department (ED) visits and inpatient admissions. Under the PCMH legislation, the CHRC is authorized to assist federally qualified health centers and other primary care practices to become PCMHs and to identify ways that its resources can leverage additional assets to support the participation of those practices in the program.

The Commission provided \$300,000 of its FY 2011 resources to support the transformation component of the program, which will provide assistance to practices participating in the program. CHRC is serving on the PCMH-MHCC Advisory Board.

SUPPORTING DOMESTIC VIOLENCE TREATMENT AND REFERRAL PROGRAM

The CHRC is supporting the Governor's Domestic Violence Health Care Screening and Response Initiative with a \$30,000 grant in FY 2011 to the Prince George's Hospital Center. This grant leverages additional funds provided by the Governor's Office of Crime Control and Prevention (GOCCP) and private sector contributions, to support a hospital-based domestic violence screening program. Evidence shows that these types of programs will help break the cycle of domestic violence, reduce ED visits and hospital admissions, and improve health outcomes for victims of domestic violence.

ASSISTING HEALTH REFORM IMPLEMENTATION

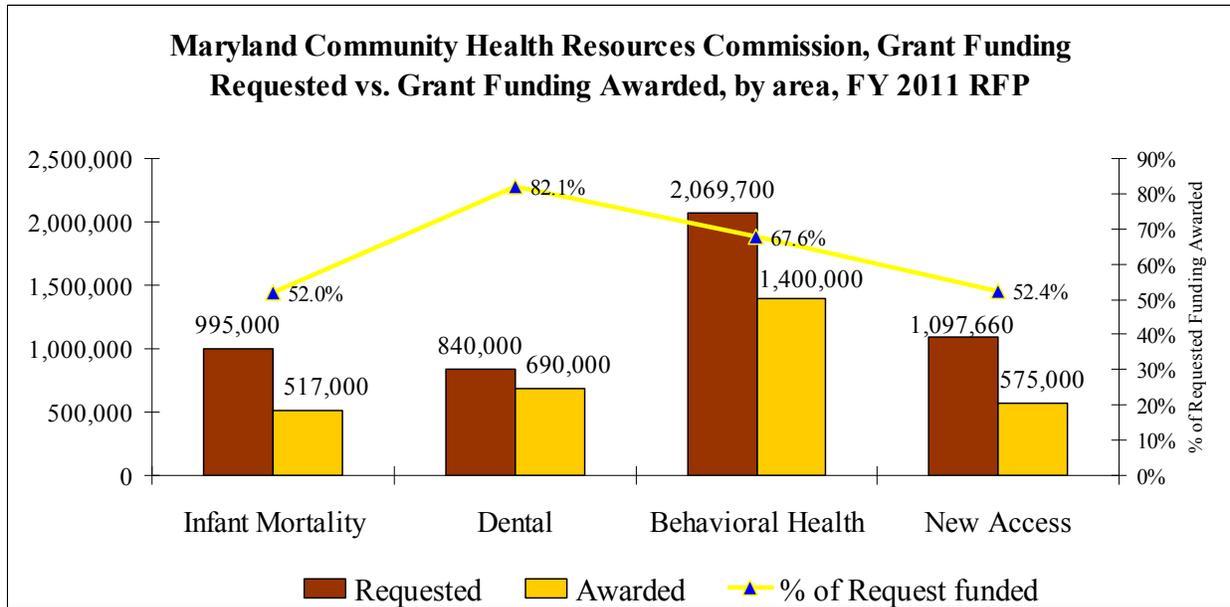
The Administration created the Health Care Reform Coordinating Council (HCRCC) by Executive Order (01.01.2010.07) to help guide the state through implementation of the 2010 Patient Safety and Affordable Care Act. The purpose of the HCRCC is to provide policy and process recommendations to the Administration for health reform implementation. The HCRCC solicited stakeholder and public input through six work group focus areas; Exchange and Insurance Markets, Entry into Coverage, Education and Outreach Workgroup, Public Health, Safety Net and Special Populations, Health Care Workforce, and Health Care Delivery System. The Commission participated in the Public Health, Safety-Net and Special Populations workgroup and in the HCRCC Final Report to the Governor the Commission was tapped to support the following activities:

- (1) Provide technical assistance to safety net providers as they prepare to implement health reform; and
- (2) Provide assistance to Local Health Departments as they develop their Local Health Implementation Plans.

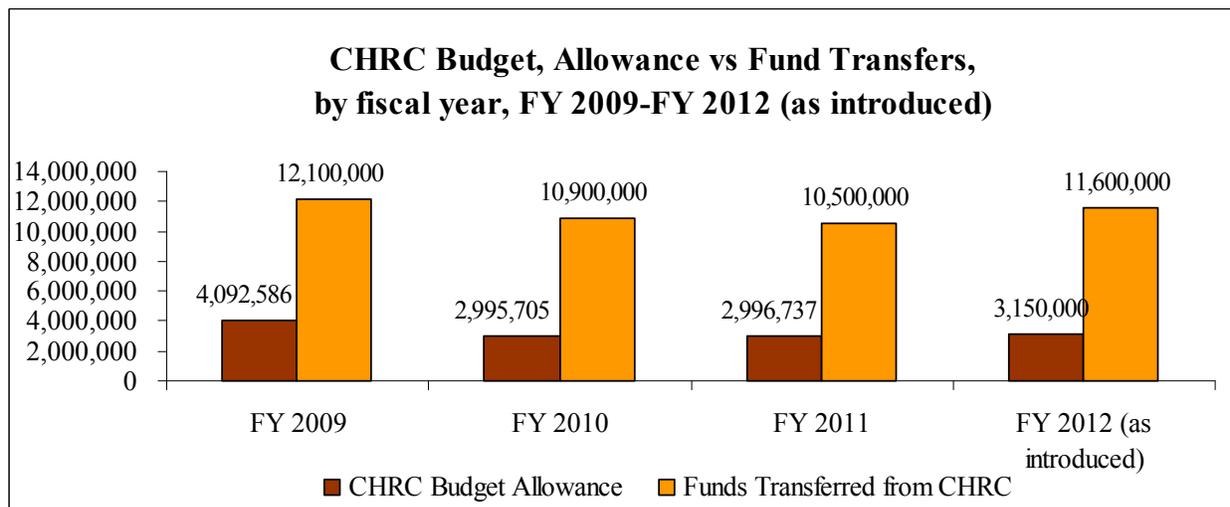
The CHRC is prepared to undertake and lead these two activities in the current fiscal year and beyond.

CHALLENGES CONFRONTING THE COMMISSION

In its FY 2011 RFP, CHRC received 38 letters of intent, requesting \$12.9 million. The Commission was in a position to support 14 programs, totaling \$1.3 million or 67% of direct funding requested in year one. As shown in the following chart, the grant awards for these 14 programs represented partial awards from what was requested.



Since its inception, the CHRC has received nearly 300 grant requests, with more than \$112 million dollars requested. Over the last few years, \$33 million (76%) of the CHRC’s budget has been transferred from the Commission’s budget.



While the CHRC is prepared to do its part to be part of the multi-year solution to help the state close its structural gap, continuation of 76% budget transfers from the CHRC severely jeopardizes its ability to fulfill its statutory responsibility and execute recent activities requested by the HCRCC.