



STATE OF MARYLAND

Community Health Resources Commission

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The Maryland Community Health Resources Commission

2008 Annual Report

November 28, 2008

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Success Stories. A 46 year old Westminster man visited Access Carroll with blurred vision. The Access Coordinator arranged for a specialty consultation with Centers for Total Eye Care who evaluated the patient and diagnosed a retinal tear. A surgery was negotiated and arranged for this patient immediately and the repair occurred the next day. The patient's sight is now recovered and he is very grateful for the coordination and advocacy of Access Carroll for saving his eye sight.

A 39 year old Baltimore resident began using heroin and cocaine at age 16. By age 18 he was spending close to \$100 per day purchasing drugs. He further increased his drug use to manage the pain and depression when he became disabled from a 1998 physical assault which left him with major head trauma, seizures, a prosthetic eye, partial paralysis and left-side weakness. With six months of treatment in Union Memorial Hospital's Buprenorphine Initiative, he has since moved into his own disability housing, reconnected with his family, and has been saving money as he no longer spends it on drugs. He hopes to enroll this winter in a job training program

A 24 year old Carroll County man with extensive dental cavities visited Access Carroll, having not received dental care "for many years." The patient reported having been to multiple emergency departments for antibiotics for abscesses and infections. Through the Access Coordinator, he was referred to a local dentist who provides low cost care to Access Carroll patients. The patient had 4 teeth removed and reports improvement and gratitude for relief of his chronic symptoms.

These three individuals are part of the more than 5,400 Marylanders whose health status and lives have been affected as the Maryland Community Health Resources Commission fulfills its mission to increase access to care for the state's low-income and uninsured residents.

Background. *The Community Health Care Access and Safety Net Act of 2005* authorized the creation of the Maryland Community Health Resources Commission. Governor Martin O'Malley

appointed the current Commissioners in May, 2007.¹ Through grants, community assessments, and technical assistance, the Commission has worked to increase access to care for low-income families and under- and uninsured individuals. The Commission is helping 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. Community-based health care centers and programs, referred to in the legislation as “community health resources” are the cornerstone of these efforts. These community health resources are eligible to apply for and receive grants from the Commission.

The Commission has met regularly since March, 2006 after the original eleven commissioners were appointed in January, 2006. In the past year, the Commission has made significant progress toward fulfilling its charge, and this report highlights the Commission’s accomplishments thus far.

The Commission recognizes that its core task is to provide community health resources with support so these organizations may undertake activities that will improve the health care delivery system for Marylanders. Toward this end, the Commission has concentrated its efforts in the areas discussed below.

Developing an Understanding of Maryland Health Issues. The Commission has actively sought input from individuals and organizations throughout the state to develop a better understanding of health care needs in Maryland and how the Commission might address those needs. The Commission’s commitment to this goal is best demonstrated by the Commission’s efforts to gather information from key stakeholders. The Commission regularly invites interested organizations to discuss their role in Maryland’s health care safety net and to offer suggestions for grant programs. The Commission has heard presentations on a range of topics including the school based health centers, access programs which coordinate volunteer or reduced-fee health care services for the low-income and uninsured, and an electronic enrollment system. Secretary John Colmers and others who addressed the Commission identified gaps in services, including care for individuals with co-occurring mental health and substance abuse disorders, mental

¹ “Current Commissioners – Appendix A”

health services for children and adolescents, and dental care. As a result, the Commission included these needs in October, 2007 and August, 2008 Calls for Proposals distributed to over 400 interested parties.

Establishing a Process for Awarding Grants. In addition to developing a better understanding of health care needs in Maryland, the Commission continued to refine its process for awarding grants to community health resources. The second Call for Proposals for operating grants in October, 2007 generated 48 proposals requesting \$18 Million. In Fiscal Year 2008, the Commission also began to address needs in specific program areas, issuing Calls for Proposals for dental services, school based health centers and information technology.

Grant Awards Program. The first 12 grants, awarded in January, 2007 and totaling \$4.6 million, enabled community health resources to create or expand services for low-income families and under- and uninsured individuals in geographically diverse areas of Maryland.² These projects expanded primary care clinics, integrated primary care with mental health and substance abuse treatment, offered dental services for uninsured adults, diverted non-urgent care from hospital emergency departments, and supported a buprenorphine treatment initiative in Baltimore City.

These 12 funded projects provide strong evidence of the Commission's success in increasing access to care for the low-income and uninsured. For example, Access Carroll in Carroll County enrolled 594 patients and expanded their original referral network of 15 physicians to 62 providers in just 12 months. These specialists have provided 494 specialty consultations, referrals and procedures for patients, in addition to the primary care the patients receive through Access Carroll. Access Carroll has attracted over \$691,000 in other funding and in-kind services such as laboratory and radiology to the Commission-funded project.

Baltimore Medical System's project to serve the growing Hispanic community in East Baltimore

² "Press Release – Appendix B"

enrolled 1,171 new patients in six months. The project which focuses on pregnant women had 444 births in its first year, an almost four-fold increase over its goal of 120 deliveries. Ninety percent of women returned for post partum care.

Outcome Impact: The Commission-supported interpretation services in the Baltimore Medical System project have had a dramatic impact on the Hispanic community's ability to obtain care. By the end of the project's first year, Commission funding had supported interpretation for 11,500 visits vs. the original goal of 3,000, including 650 off-site specialty care visits. This off-site interpretation afforded Hispanic mothers their first opportunity to see their developing baby through a sonogram.

Additional Funding Recognition. Baltimore Medical System attracted an additional \$1,255,000 from other sources to support its project.

Some of these projects are developing continuing sources of support. For example, Anne Arundel County Health Department's REACH program which provides dental care for uninsured adults, served 193 clients in its first year, and generated over \$20,000 in co-payments, almost double the goal for 12 months. In just six months of the Baltimore Medical System project's second year, 20% of the target population was enrolled in public insurance coverage.

The Commission received 48 proposals requesting more than \$18 Million in the second round Call for (operating) Proposals, which was released in October, 2007. The Commission awarded \$4.9 Million to 15 community health resources in the Spring, 2008 for projects in four program areas: treatment of co-occurring mental illness and substance abuse, dental services, diversion of non-urgent care from hospital emergency departments, and services to low-income and uninsured immigrants. The projects' locations statewide reflect the Commission's commitment to geographic diversity in improving access to care across Maryland.³

These projects are demonstrating immediate impact for their communities' uninsured residents. Anne Arundel Mental Health Agency will integrate services for mental illness with substance

³ "Operational Grant Round Awards, March, 2008" - Appendix C

abuse treatment, Junction, Inc.'s project focuses on mentally ill and substance abusing children and young adults, and Waystation's grant expands services to Carroll, Frederick, Howard and Washington County residents with co-occurring disorders. Harford County Health Department's innovative Co-Occurring Disorders project focuses on collaboration among several agencies, including the Sheriff's Department which has contributed \$4,000 to address the health care needs of inmates released from the County Detention Center. The project was featured recently in *The Baltimore Sun*⁴ as a strategy to reduce recidivism. Eight patients were enrolled within the first ten days, with one hospital Emergency Department visit diverted. Waystation's program for Co-Occurring Disorders enrolled 17% more clients than projected in its first month of serving substance abusing mentally ill individuals.

Allegany Health Right's dental project coordinates free or low-cost services of local dentists to uninsured county residents. Kernan Hospital's program expands dental services for children and the developmentally disabled. Family Health Services of Baltimore is expanding dental services in a Medically Underserved Area in Baltimore's Cherry Hill section. The Commission's grant award to Prince George's County Health Department continues the Commission response to the pediatric dental care crisis highlighted by the death in 2007 of Deamonte Driver, a 12 year old Prince George's County resident.

Atlantic General Hospital's project connects Worcester County residents seeking non-urgent care in the hospital emergency department with a "medical home" in a community-based primary care clinic. Total Health Care has created a community navigator position in the Maryland General Hospital's Emergency Department to help central Baltimore residents establish a medical home for primary care. The University of Maryland's Department of Family Medicine project is designed to reduce health disparities in Baltimore. Upper Chesapeake Health System is linking northern central Maryland residents with primary care, reducing the use of expensive hospital Emergency Department care and establishing a medical home for these individuals to manage chronic diseases.

⁴ "Harford Program Aims to Help Inmates Stay Out" *The Baltimore Sun* November 4, 2008 – Appendix D

The Commission specifically addressed the needs of Maryland's growing immigrant population with grants in three areas of the State. Mobile Medical Care's Upcounty Montgomery Immigrant Health Initiative provides culturally sensitive services tailored to Korean, Chinese and Hispanic Montgomery County residents. Greater Baden Medical Services' project expands care for immigrants in Prince George's and Charles Counties. Queen Anne's County Health Department's Mom Movers' program creates access to pre-natal care for pregnant Hispanic women in the mid-Shore area.

Grant Project Monitoring. Each grantee submits semi-annual reports to the Commission on the project's progress towards goals outlined in their grant agreement and expenditures. One Commissioner and the Executive Director visited each of the first twelve grantees in Fall, 2008 to assess their project's status, with the Health Policy Analyst participating in two visits. The visits validated the Commission's grant making process which selects proposals from safety net providers with specific strategies to address the particular needs of their local communities. The visits emphasized the value of integrating primary care with mental health and substance abuse treatment.

Outcome Impact. The grant projects are having a significant impact for their patients. For example, Calvert Health Care Solutions has had 347 referrals from the Calvert Memorial Hospital Emergency Department since the project began. With follow up from Calvert Health Care Solutions, not one of their patients has had a non-urgent visit to the Emergency Department since they were enrolled with the program. The Commission's site visit team met with two patients at Johns Hopkins Bayview's Access to Care project who described the noteworthy improvement the program had made in their functioning, and in their ability to avoid emergency department visits and inpatient admissions for their complex physical and mental health conditions. The project maintains severely mentally ill patients in the community who would otherwise likely be institutionalized.

Response to the Dental Services Crisis. From its inception, the Commission has expanded access to dental care for low-income and uninsured Marylanders, beginning with the Anne Arundel REACH program in the first grant round. In response to the lack of dental services for

low-income and Medicaid-enrolled children brought into sharp relief by Deamonte Driver's death, the Commission acted rapidly, issuing a Call for Dental Services Proposals in July, 2007. In September, 2007 the Commission announced seven awards totaling \$1.5 Million to five local health departments and one Federally Qualified Health Center to expand existing dental services and to one local health department to create new dental services for these children.⁵ The Commission included dental services in its October, 2007 Call for Proposals and awarded \$968,000 for the four dental projects described above. As part of the September, 2007 grant round, the Commission collaborated with the University of Maryland Dental School, negotiating and coordinating the School's generous donation of up to 36 used dental chairs and stools for community health resources which submitted dental proposals to the Commission.

Outcome Impact: Garrett County Health Department's "Project Smiles" reduced dental emergency visits to the Garrett Memorial Hospital Emergency Department by 23% in its first six months. Harford County Health Department and Anne Arundel County Health Department have identified networks of dentists in their communities willing to accept dental emergency cases. The Anne Arundel County dentists will perform dental work such as dentures at reduced fees for project clients.

Additional Funding Recognition. Choptank Community Health System received \$361,509 in capital funding from DHMH and \$215,000 from HRSA for the Commission-funded dental project. Harford County Health Department received \$25,000 from a local foundation to extend their dental project.

The Commission actively participated in the Department of Health and Mental Hygiene's Dental Action Committee, presenting to the Committee and to local health officers on the Commission's role in increasing access to dental services. The Commission served on the committee's Public Health Subcommittee which formulated wide-ranging recommendations for improving access to dental care.

⁵ "Dental Committee Award Recommendations" – Appendix E

School Based Health Centers. The commission completed a study of School Based Health Centers (SBHCs) in Maryland.⁶ The findings indicated the need for enhanced Information Technology capability among SBHCs to streamline financial and clinical management information systems and functions, and to maximize revenue from patient care. In December, 2007 the Commission released a Call for Proposals (CFP) to expand existing SBHCs or create new ones in jurisdictions where none currently existed. The Commission in late June, 2008 selected seven local health departments and one primary care clinic from 13 proposals for SBHC funding totaling \$1.89 Million. The \$6.8 Million reduction to the Commission's Fiscal Year 2009 may impact funding these SBHC projects.

Information Technology. The authorizing legislation directs that the Commission work with community health resources, hospital systems and others to develop a unified information and data management system. In November, 2007, the Commission selected six community health resources for Information Technology grants totaling \$2.6 Million.⁷ These grants are developing electronic medical records in primary care and mental health community health resources, are linking safety net organizations with hospital Emergency Departments and other community-based services such as laboratories and radiology providers, and are creating an electronic network among five Federally Qualified Health Centers (FQHC) and two Federally Qualified Health Center Look-Alikes across Maryland.

Additional Funding Recognition. Maryland Community Health Integrated Partnership which received a \$1 Million grant to create the FQHC network was awarded \$1.4 Million in Federal funds for this project. Choptank Community Health System received \$150,000 from HRSA and is adding \$200,000 from its own funds to match the Commission's \$400,000 grant award for its IT project.

The Commission has begun a collaboration with three of the most technologically advanced community health resources to develop a Information Technology leadership role for these organizations under the Commission's aegis. They will identify best practices, products, and

⁶ "Strengthening School-Based Health Centers A Study of Funding and Access Issues" – Appendix F

⁷ "Information Technology Awards" – Appendix G

training for information and data management and exchange from across the country and adapt them for use in Maryland. They will serve as models and resources for other community-based safety net providers in developing information technology capabilities to improve safety, accuracy and efficiency in patient care, particularly for chronic disease management, dental health, and mental health and substance abuse treatment services.

Electronic Enrollment System Project. In the Spring, 2008, the Commission received a request from Howard County Health Department to support the creation of “One-e-App,” an innovative electronic system to enroll low-income, uninsured county residents in the “Healthy Howard” program. The program employs “community assistors” at contact points such as public libraries and county agencies who help families and individuals enter pertinent information and personal data in a protected electronic system which links to a variety of safety net programs. Anne Arundel County Health Department joined Howard County’s dialogue with the Commission, and after a modification which will enable the system to be adapted statewide in the future, the project was selected for a \$500,000 award in August, 2008. The reduction to the Commission’s Fiscal Year 2009 budget may significantly impact funding for this project, which is designed to serve as a model for electronic Medicaid enrollment.

Staff Recruitment. A lack of staff had been a challenge for the Commission since it began operating in spring 2006. In December, 2006, after an extensive search, the Commission selected and appointed an Executive Director, who began working with the Commission in January, 2007. Governor O’Malley confirmed the appointment in the Fall, 2007.

The Commission was denied hiring freeze exceptions for a Deputy Director and a Health Policy Analyst, resulting in the elimination of these positions. The Commission was able to hire an Executive Associate, whose position is now vacant, and a Health Policy Analyst who came on board in May, 2008. The lack of a Deputy Director and second Health Policy Analyst, though authorized in the Commission’s budget, has hampered the Commission’s ability to fulfill its charge to increase access to care by issuing calls for grant proposals, conducting studies on specific areas of need, and monitoring funded projects.

Office of Legislative Audits Audit. In the Spring, 2008, the Commission underwent an audit for the period from its activation through April 30, 2008. The Office of Legislative audits had no findings or recommendation for the Commission as a result of the audit.

Awards and Recognition. Montgomery County Department of Health and Human Services' Under One Roof program recognized the Commission for its grant support. Mobile Medical Care which received a grant to address the needs of immigrants in Montgomery County named the Commission as its "Public Partner of the Year" for 2008.

Next Steps. Building on the comprehensive foundation of the Department's Dental Action Committee report concerning dental needs in children, the Commission will undertake a study of dental needs for low-income, under- and uninsured Marylanders, particularly adults. The Commission has funded projects linking a hospital and a primary care provider, and will evaluate these projects as possible models for reverse referral programs to assist patients in accessing primary care through community health resources.

The Commission plans to study methods and approaches for creating a specialty care network among community health resources, clinical specialists, and other health services such as laboratories and radiology providers.

The Commission has made rapid and significant progress toward fulfilling the charge of the legislation that authorized its creation. The past year has seen the Commission fund projects aimed at increasing access to community-based care for low-income, under- and uninsured Maryland residents; complete a study on school based health services; participate in a study and recommendations for improving access to dental care for children; and respond rapidly to the Department of Health and Mental Hygiene's requests and community health resources' changing needs for support.

The Commission anticipates continuing progress to expand access to care in the coming years. In addition to supporting expansion of existing community health resources, the Commission will

identify and support innovative projects to extend community-based services to low-income and uninsured Maryland residents and hard-to-reach populations across the state.