



STATE OF MARYLAND

Community Health Resources Commission

45 Calvert Street, Annapolis, MD 21401, Room 336

Lawrence J. Hogan, Jr., Governor – Boyd K. Rutherford, Lt. Governor

John A. Hurson, Chairman – Mark Luckner, Executive Director

Community Health Resources Commission FY 2015 Grantees

REDUCING INFANT MORTALITY

Community Clinic, Inc. (Year One Grant Award \$110,000)

This applicant, a federally qualified health center (FQHC), requests grant funding to expand services at its newly opened prenatal clinic in Greenbelt and would provide access to a range of comprehensive women's health services. CCI has a strong track record as a comprehensive women's health provider, as it participates in DHMH's Title X family planning program. Grant funding would be utilized to cover the salary costs of one FTE RN and one FTE Community Health Worker (CHW), as the prenatal clinic is currently staffed with three part-time volunteer NPs. Services enabled under the grant would include care coordination, screening for depression, and screening/care management for diabetes. This proposal would serve Prince George's County, a jurisdiction identified by DHMH as a priority area.

INCREASING ACCESS TO DENTAL CARE SERVICES

Allegany Health Right (Year One Grant Award \$5,000, matching funds to be provided by Western Maryland Health System)

This applicant, a non-profit entity, has received two dental grants from the CHRC in the past (including one last year focusing on disabled adults) and has successfully implemented these grants. Grant funding for this year's grant would be utilized to cover (1) the salary costs of 0.5 FTE CHW and a 0.25 FTE dental case manager; and (2) treatment costs not covered by Medicaid. The proposal estimates that \$24,000 in treatment funds each year will provide dental care services valued at more than \$100,000 for up to 100 Medicaid adults for one year. Grant funds would be utilized after Medicaid billing/reimbursement is sought. The application states that a large proportion of hospital emergency department (ED) visits to Western Maryland Health System (WMHS) are for dental conditions, and the proposal seeks to expand the applicant's existing dental program by utilizing a CHW and targeting Medicaid adults who generate dental visits at WMHS.

Frederick Memorial Hospital (Year One Grant Award \$45,000)

This application involves a promising partnership between Frederick Memorial Hospital (lead applicant) and the University of Maryland Dental School (UMD) and seeks to reduce dental-related ED visits, which have increased over the last three years at Frederick Memorial. The applicant intends to open a dental clinic directly across the street from Frederick Memorial's ED, and the project will have two phases: (1) Focus on urgent care and have three operatories;

and (2) Dependent on program performance, expand to six operatories and provide restorative and preventative care in addition to urgent care. Grant funding would be utilized to cover a portion of overall costs of the new dental clinic (total project cost is \$1.8 million over three years). Frederick Memorial will provide facility and operational expenses, and UMD has agreed to use the clinic as a rotational practicum site. UMD will provide faculty oversight of students. This is the second dental proposal submitted by a hospital system this year in response to high dental ED visits, is responsive to this year's goals of reducing ED visits, appears to be very likely to achieve program objectives, and may be sustainable under the new hospital payment structure of the All-Payer Model. The program also provides an example of a meaningful hospital-community partnership that may be replicable in other settings.

Total Health Care (Year One Grant Award \$70,000)

This proposal is submitted by Total Health Care, an FQHC in Baltimore City, and involves a new collaboration with Mercy Hospital to ensure all pregnant women patients of Total who are seen by Mercy OB providers will receive the benefit of integrated OB and dental care. Grant funding would be utilized to provide "seed money" to hire a 0.5 FTE dentist who will provide oral health education sessions during 6-week pregnancy group sessions. Like the Frederick Memorial proposal, the Total dental proposal offers an innovative hospital-community partnership (with Mercy) and could serve as a model for other areas of the state.

Health Partners (Year One Grant Award \$125,000)

This applicant is a free clinic in Charles County that has received and successfully implemented several prior grants from the CHRC. Health Partners is currently implementing a capacity-building grant awarded by the CHRC last year to assist the clinic in transitioning from a grant-based revenue model to billing third-party payers for primary care services provided. This year's grant request would enable Health Partners to begin billing for dental services and would enable the grantee to achieve long-term financial sustainability for its dental program. Health Partners currently has two part-time dental hygienists and a volunteer dentist who is being credentialed as a Medicaid provider. The applicant proposes to transition their credentialed dentist (now volunteer) to a full-time dentist that can generate a fee-for-service revenue stream. Requested grant funds would cover approximately half of the salary costs of three FTEs: (1) Dentist; (2) Dental Assistant; and (3) Dental admin (billing coordinator). The remaining portion of the salary costs would come from Medicaid billing revenue.

BUILDING SAFETY NET CAPACITY

Family Services (Year One Grant Award \$125,000)

This applicant is a community-based non-profit organization that has implemented the CareLink Transitions Program, which has provided patient-centered, community-based, intensive care coordination post-discharge, partnering with two hospitals since 2011 (Washington Adventist Hospital and Shady Grove). The applicant has not received a grant from the CHRC in the past, and the application requests grant funding over two years to expand its CareLink program to two additional sites, Holy Cross Hospital and Holy Cross Germantown. Grant funding would be utilized to support the salary costs of CareLink program staff: 0.5 FTE program director; 0.2 FTE project administrator; 0.2 FTE Director of Nursing; 1.0 FTE Nurse Care Manager; 1.5 FTE CHW; 0.5 FTE administrative assistant; and 0.5 FTE Benefits Coordinator. The application indicates an 84% success rate in reducing readmissions in its current program/sites, and this proposal targets individuals at a high risk for readmission who have behavioral health needs

and/or medical conditions complicated by socio-economic factors. The application further states that each readmission costs between \$13,000 and \$15,000, whereas the cost of CareLink program intervention is approximately \$1,200 to \$1,500 for most patients, presenting the opportunity to achieve cost savings. This proposal presents the strong likelihood of helping reduce avoidable hospital utilizations and could provide a blueprint for developing and sustaining other community behavioral health-hospital partnerships.

Calvert County Health Department (Year One Grant Award \$225,000)

The proposal requests grant funding for three years to accelerate ongoing behavioral health integration efforts in Calvert County and would utilize grant funding to hire a 0.5 FTE psychiatrist, a full-time BH case manager, and to upgrade its EMR system. The application states that Calvert is a federally designated mental health shortage area and that the Calvert Health Department is the sole mental health provider for Medicaid services and provider of services on a sliding fee schedule. Calvert County has experienced a surge in Medicaid enrollment, and this proposal would enable Calvert County to expand access to behavioral health services in a demonstrated unserved rural area of the state.

INCREASING PRIMARY CARE SERVICES AND CARE COORDINATION

Harford County Health Department (Year One Grant Award \$70,000)

This application requests grant funding over three years to continue the partnership between Harford Health Department and Upper Chesapeake Health (UCH) to identify high-risk, high-cost populations and would "integrate" the care coordination efforts of Harford Health Department with disease management efforts of UCH. This partnership is worthwhile, presents the potential to be replicated in other rural areas of state, and could take on greater importance in light of the new All-Payer Model. Grant funds will be utilized to cover the salary costs of five employees: (1) 1 FTE nurse care manager stationed at Beacon Health (which is operated by West Cecil); (2) 1 FTE nurse care manager to serve high-risk families with drug-exposed newborns; (3) 1 FTE nurse care manager for non-Medicaid patients with psychosocial needs; and (4) Two 0.5 FTE peer recovery specialists. The grant requests 95% of the overall project cost, with in-kind support being offered from UCH and Beacon Health.

MedStar Union Memorial Hospital (Year One Grant Award \$75,000)

This proposal involves a promising hospital-community partnership and would support a new FQHC site operated by Total Health Care in the service territory (21218) formerly served by People's FQHC, which closed last year. The proposal estimates serving 3,000 residents from Baltimore City (the Greenmount-East, Waverly, and Belair-Edison neighborhoods) who are chronically ill and who are frequent users of the hospital ED and inpatient services. The proposal requests funding for a two-year project, and grant funding would cover the salary costs of 1 FTE patient navigator and 1 FTE social worker. The grant does not request the full cost of the new site, and the proposal leverages significant additional resources from the hospital (lead applicant) and from additional grant support.

Esperanza Center (Catholic Charities) (Year One Grant Award \$100,000)

This applicant is a free clinic, has successfully implemented a CHRC grant in the past, and has the high likelihood of achieving overall program objectives of serving underserved immigrants. The grant requests funding to support a two-year program that would expand clinic

hours from 17 to 28 per week. Grant funding would be utilized to cover the salary costs of a 0.5 FTE medical director and a 1.0 FTE medical assistant/LPN. The center is supported by Catholic Charities and Johns Hopkins Medicine.

HealthCare Access Maryland (Year One Grant Award \$185,000)

This applicant, a non-profit community-based provider, is currently implementing a grant awarded last year by the CHRC that involves a promising ED diversion/referral program with Sinai Hospital. This proposal requests grant funding for a three-year project, involves a partnership with Family Health Centers of Baltimore (FHCB), and would target frequent ED utilizers at Mercy Hospital. Grant funding would be utilized to cover salary costs of four FTEs: 1 FTE program manager (Masters level); 1 FTE care coordinator; 1 FTE care coordinator/peer support specialist; and one 0.05 FTE program director.

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