

Maryland Community Health Resources Commission

Maryland Rural Health Association

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Today's Remarks, October 18, 2012

- Background of the CHRC
- CHRC Grant-making activities
- Implementing Health Enterprise Zones Initiative
- Supporting Local Health Improvement Coalitions

Background of CHRC

- Created by the Maryland General Assembly in 2005 to expand access to health care for low-income Marylanders and underserved communities in the state and to bolster Maryland's health care safety net infrastructure.
- 11 Members of CHRC are appointed by the Governor. John Hurson, former Chairman of the HGO Committee, serves as Chairman of the Commission. Nelson Sabatini, former DHMH Secretary, serves as Vice Chairman.
- Broad policymaking functions for the Commission:
 - Identify a “medical home” for every Marylander;
 - Develop access to specialty care networks for uninsured and low-income Marylanders;
 - Reduce non-emergent visits to Maryland hospital EDs and establish “reverse-referral” programs; and
 - Develop a common HIT platform for community health centers.

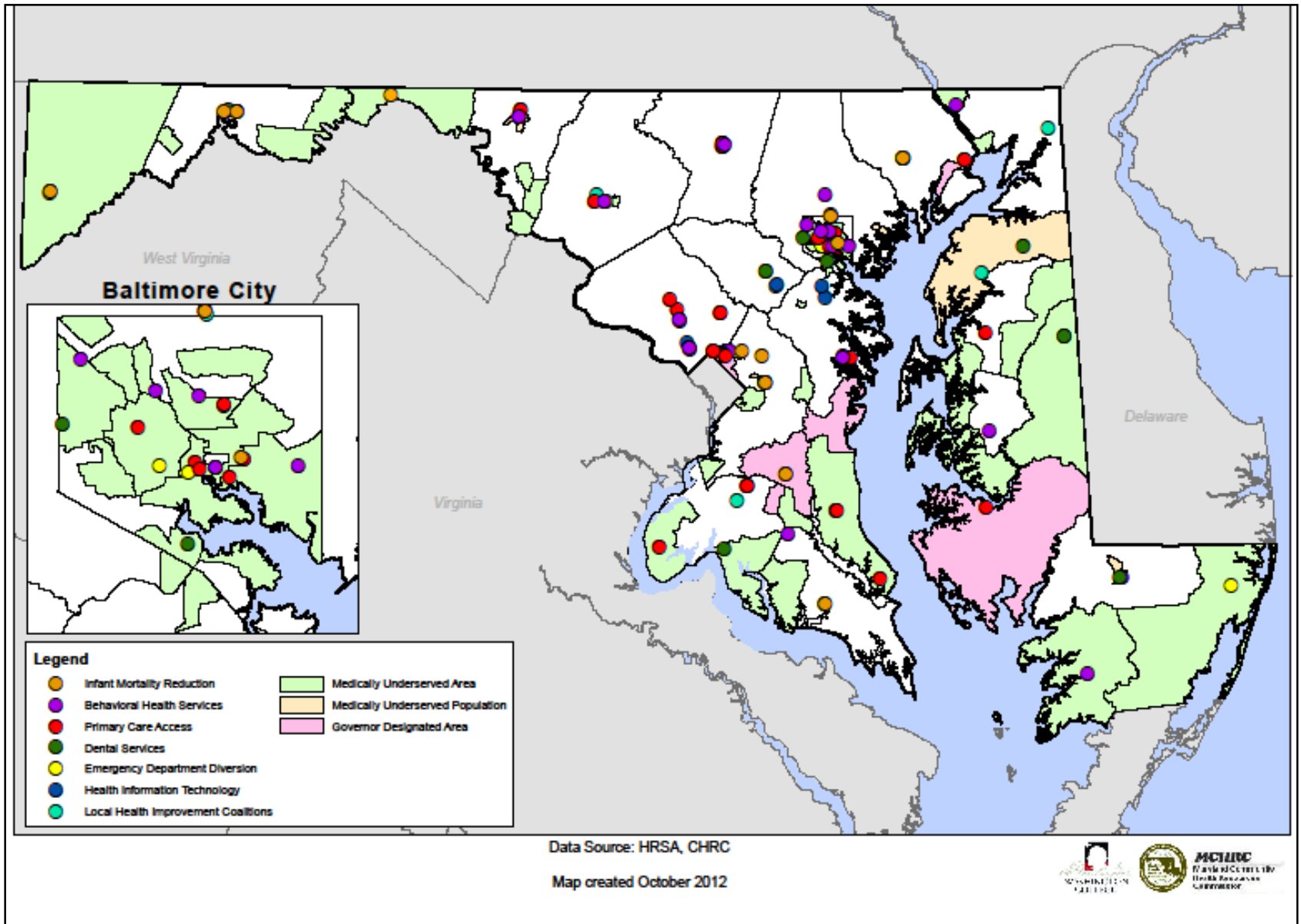
CHRC's Policymaking Function

- Core mission is to articulate areas that are ripe for policy innovation and work with multiple layers of government and regulatory agencies to develop grants that will generate the potential for systematic reform.
- Has developed policy expertise with Maryland's safety net providers and forged interdisciplinary relationships with others to develop and fund projects that expand access to health care, reduce health care costs, and improve quality of care for vulnerable populations.
- Responding to recommendations of the Health Care Reform Coordinating Council (HCRCC), issued business plan outlining recommendations addressing how the state could promote "readiness" of safety net providers as Maryland implements the Affordable Care Act (ACA).

CHRC Grant-making Activity

- Over the last seven years, the CHRC has awarded 110 grants totaling \$26.3 million, supporting programs in all 24 jurisdictions in Maryland.
- These 110 grants have collectively served more than 105,000 patients with more than 320,660 patient visits.
- The \$26.3 million provided by the CHRC to its grantees has enabled them to leverage an additional \$10.2 million in federal, local, and private/non-profit resources.

CHRC Grantees by Grant Focus Area



Seven Core Areas for CHRC Funding

1. *Expanding Access to Primary Care at Maryland's safety net providers* – 25 projects, \$6.8 million awarded, 40,000 patients seen, 130,000 visits provided.
2. *Increase Access to Dental Care for Low-income Marylanders* - 20 projects, \$4.6 million awarded, 35,000 patients seen, 83,000 visits provided.
3. *Addressing Infant Mortality* - 11 projects, \$2.4 million awarded, 6,700 patient seen, 18,500 visits provided.
4. *Reducing health care costs through ER Diversions* - 6 projects, \$1.9 million awarded, 14,000 patients seen, 27,000 visits provided.
5. *Promoting Health Information Technology at community health centers* - 9 projects, \$3.1 million awarded.
6. *Integrating Behavioral Health Service*: 22 projects, \$6.6 million awarded, 7,500 patients seen, 62,250 visits provided.
7. *Supporting the State Health Improvement Process (SHIP)* - 17 grants, \$600,000 awarded.

Maryland Health Improvement and Disparities Reduction Act

- The Act emanated from the Maryland Health Quality and Cost Council's Health Disparities Work Group, established by Lt. Governor Brown and led by Dean E. Albert Reece of the University of Maryland School of Medicine.
- The Act was the first bill signed into law by the Governor on April 10, 2012, and its implementation is under the leadership of Lt. Governor Brown.
- The FY 2013 budget provides \$4 million in new funding to the Community Health Resources Commission (CHRC) to fund Health Enterprise Zones (HEZ). It is anticipated that this funding will support two to four zones.
- The Administration appreciates the support of the Maryland General Assembly in approving the Act.

Health Enterprise Zones

- The purpose of establishing HEZs is to target State resources to:
 - Reduce health disparities among racial and ethnic groups and geographic areas;
 - Improve health care access and health outcomes in underserved communities; and
 - Reduce health care costs and hospital admissions/readmissions.

HEZ Call for Proposals: Three Steps

1. Letters of Interest (LOI) will be accepted on a **rolling basis**, but are due to the CHRC no later than Friday, October 19. The LOI will require applicants to indicate eligibility of the Zone seeking designation status (based on the four eligibility criteria).
2. Full Proposals will be due to the CHRC on Tuesday, November 13. HEZ proposals might be considered in **two** parts: (1) Demonstrated need of community (could rely on data beyond threshold eligibility criteria); and (2) Innovative strategies to address this need, drawing on the incentives and benefits available under the program.
3. Select Applicants will be invited to present to the CHRC Board on December 11. Final designation decisions will be made by Secretary Sharfstein by the close of 2012.

HEZ Applications:

Rated on 100-point scale, on 13 principles

1. Purpose
2. Description of need
3. Core disease targets
4. Goals
5. Strategies
6. Cultural, linguistic, and health literacy competence
7. Balance
8. Contributions from local partners
9. Coalition
10. Work-plan
11. Program management and guidance
12. Sustainability
13. Internal evaluation and progress monitoring

Supporting Local Health Improvement Coalitions

- The CHRC awarded 17 grants totaling \$600,000 in FY 2012 (last year) to support the activities of Local Health Improvement Coalitions (LHICs) via an RFP released on February 16, 2012.
- In the first year of funding, the CHRC provided two types of grant awards:
 - (1) \$500,000 in base grant funding provided to LHICs that met threshold criteria; and
 - (2) An additional \$100,000 in bonus grant funding, which was awarded to 4 LHICs on a **competitive** basis based on 9 criteria (next slide).

Supporting Local Health Improvement Coalitions

Following are the 9 criteria used to evaluate LHIC requests for bonus funding. It is likely that the CHRC will again rely on many of these criteria when awarding funds on a competitive basis later this year (in FY 2013).

1. Local health improvement priorities clearly reflect SHIP priority areas and may reflect community needs assessment data.
2. Priorities are clearly stated in the Local Health Action Plan, with identifiable goals.
3. Action steps/strategies are evidence-based, outcomes are measurable, and the Local Health Action Plan has a high likelihood of achieving goals/outcomes.
4. The Local Health Action Plan includes evaluation measures and ongoing quality improvement activities.
5. The Action Plan leverages community health resources (in addition to local health departments) and facilitates innovative partnerships.
6. The Action Plan includes a post-CHRC award sustainability plan for maintaining LHIC activities and improvement strategies (beyond CHRC support).
7. The Action Plan includes strategies that will assist in building a collaborative, interconnected, and efficient health care system in the local/regional level.
8. The Action Plan includes specific strategies to address unmet health needs of low-income, uninsured and underinsured populations.
9. The Action Plan contains specific strategies to address health disparities among racial and ethnic minorities in their community.

FY12 CHRC LHIC Awards

Grantee Name	Amount Awarded	Focus Area*
Allegany County Health Department	\$25,000	Alcohol, drug and tobacco use
Anne Arundel County Health Coalition	\$25,000	Obesity prevention and reduction
Baltimore County Health Department	\$25,000	Obesity prevention and reduction
Calvert Memorial Hospital **	\$50,000	Chronic disease
Carroll County Health Department	\$25,000	Access to behavioral health care
Cecil County Health Department	\$25,000	Substance use
Charles County Health Department	\$25,000	Chronic disease and obesity
Frederick County Health Care Coalition**	\$50,000	Access to dental services
Garrett County Health Department	\$25,000	Obesity prevention
Harford County Health Department **	\$50,000	Obesity; healthy eating and active living
Howard County Health Department	\$25,000	Access to behavioral health care
Lower Shore Region **	\$75,000	Diabetes prevention and reduction
Mid-shore Region	\$75,000	Health disparities and youth obesity
Montgomery Department of HHS	\$25,000	Behavioral health and obesity
Prince George's County Health Dept	\$25,000	Access to care; chronic disease
St. Mary's County Health Department	\$25,000	Tobacco use reduction
Washington County Health Department	\$25,000	Access to care

* Many LHICs had multiple focus areas. This slide highlights one or two of these focus area.

** Recipient of bonus funding

Supporting Local Health Improvement Coalitions

- This year's budget enables the CHRC to provide approximately \$500,000 in grant funding to support the year 2 activities of LHICs. This second year of grant funding will be provided via another RFP process to be issued later this winter.
- The CHRC will likely be awarding the second year of grant funding on a **competitive** basis, which will include a review of the LHIC grant reports submitted on November 15 and responses to the RFP released later this fiscal year.

LHIC grantee reports summarizing their use of grant funds in year 1 are due to the CHRC on November 15

CHRC Grantee Performance Measures

Grantee Name:	Cecil County Local Health Improvement Coalition	
Grantee Contact Information:	Stephanie Garrity, 410-996-5115, sgarrity@dhhm.state.md.us	
Grantee #:	LHIC12-008	
Total Award:	\$25,000	
SHIP Objectives:	Baseline	Goal (by 2014)
#29 Reduce drug-induced deaths	23/100,000	NA
#34 Reduce the number of emergency department visits related to behavioral health conditions	1362.9/100,000	NA
	Black/African American: 1,527.7/100,000	NA
	White/Caucasian: 1,398.2/100,000	NA
Purpose of CHRC-SHIP Award:		
Cecil County Local Health Improvement Coalition will use grant funds to conduct a broad, community based needs assessment and resource evaluation focusing on prescription drug abuse. This assessment will analyze multiple driving factors of prescription abuse and effective interventions for the continuum of services and agencies involved.		
Base Funding Performance Indicators		
Please provide the CHRC with an electronic and hard copy of the completed needs assessment, data review, and evaluation of current services and programs.		