

**44th Meeting of the
Maryland Community Health Resources Commission
Thursday July 28, 2011
4:00 PM- 6:30 PM**

Chairman Hurson called the meeting to order at approximately 4:15 pm.

In addition to Chairman Hurson, Commissioners Boyer-Patrick, Li, Sabatini, Murray, Wilson, and Roskos attended the meeting. Ms. Karen Dixon represented Commissioner Tildon.

MEETING MINUTES

The minutes for the June 16 meeting and June 28 conference call were approved unanimously, with changes, by the Commissioners.

GRANT MODIFICATION REQUESTS

The Commission received presentations from two grantees, Chase Brexton Health Services (#07-005) and the Frederick County Health Department (#09-005).

Chase Brexton (#07-005). Chase Brexton presented an update on its ED diversion/referral program, a partnership with the Howard County General Hospital. The grant was initially awarded in FY 2007 by the Commission for a potential total of \$200,000, and has experienced a number of modifications to the program and delays over its first three years of implementation. Of the total \$200,000, the grantee has received and expended \$100,000 to date. Chase indicated that the program began in earnest in February 2011, has screened 345 patients presenting at the ED, and successfully referred approximately 50 patients to Chase for primary care through mid-July 2011. The grant period expired on March 31, 2011, and the purpose of today's grant modification request was to extend the program until the end of 2011 and enable Chase continued use of the unexpended grant funds. Chase's presentation was well-received by the CHRC, though the Commissioners had the following substantive questions: (1) Why are only 15% of the patients screened at the ED successfully referred to primary care at Chase?; (2) When will the grantee be in a position to report the actual number of ED visits reduced as a result of this program?; and (3) Will Chase be able to sustain the program after initial grant funds are utilized by the end of 2011? The Commission directed CHRC staff to work with Chase to develop responses to the questions, and the grantee may be invited to present again to the Commission at a future meeting.

The Commission voted to approve Chase's grant modification request, *upon condition*, that it be revisited in the September meeting and also directed Chase to work with Howard County General Hospital to identify/secure future hospital financial resources to support the program after 2011 (when CHRC grant funds have been utilized). **Following**

the July 28 meeting, CHRC staff spoke with Chase Brexton, and confirmed the Commission's interest in participating in Chase's conversations with the hospital.

The grantee has indicated an interest in continuing the program until October 2012 using existing grant funds.

Frederick SBHC Program (#09-005). The Frederick County Health Department was awarded a three-year \$500,000 grant in FY 2009 to support a school-based health center (SBHC) program at the Hillcrest Elementary School. The grant completed its third and final year of the program in FY 2011, with approximately \$125,000 in unspent grant funds. The grantee had submitted a previous grant modification request to enable the grantee continued use of the funds through the close of FY 2012, and indicated that they would be 'sub-contracting' the implementation of the SBHC program at Hillcrest to the Frederick Community Action Agency (FCAA). Following the grantee's presentation on June 16, the Commission voted to approve Frederick's grant modification request, *upon condition*, and requested the grantee to present the Commission with a post-FY 2012 sustainability plan at today's meeting.

Frederick's presentation today indicated that the grantee and/or FCAA has secured additional external funding from the Ausherman Family Trust (\$100,000) to supplement CHRC grant funds and help sustain the program after the close of FY 2012. The grantee and FCAA presented a budget which showed \$130,909 as the annual operating budget for the expanded SBHC program. FCAA indicated it would be expanding the program to two additional Title-1 schools and indicated that it had the ability to bill third-party payors for its services. The Commission directed CHRC staff to work with the grantee and sub-contractor to develop a more comprehensive grantee performance measurement system to report both process and outcome data showing the impact of the program. It is possible that the CHRC will invite the grantee (and FCAA) to provide an update on program implementation at a future meeting of the Commission.

CHRC 2010-2011 ANNUAL REPORT AND GRANT MONITORING ACTIVITIES

CHRC staff forwarded to the Commissioners prior to today's meeting for their review a copy of the 2010-2011 CHRC Annual Report, the first report prepared by the current Executive Director. The Commissioners presented approval of the Annual Report, and recognized the quality and level of detail in the report. The 2010-2011 Annual Report summarized the Commission's 78 grants, totaling \$21.6 million, which have collectively served approximately 85,500 patients, with more than 270,000 patient visits. In addition, the Annual Report highlighted how CHRC grant funds had enabled grantees to leverage \$8.7 million in additional federal and private/non-profit resources. The 2010-2011 Annual Report represented the first time that the Commission was able to collect and report this type of information about the impact of its grant activities and communicate how CHRC grant activities are fulfilling the Commission's statutory mission and policy objectives to external audiences in a meaningful way. In addition, the Annual Report highlighted how CHRC grant activities contributed to larger, ongoing policy initiatives currently underway in the state, and how the CHRC had been tapped by the Health Reform Coordinating Council (HCRCC) to assist in the state's preparation for health reform implementation.

In addition, CHRC staff briefed the Commission on CHRC grant-monitoring activities, which requires grantees to provide projections for program outcomes, and holds grantees accountable for performance. Twice a year, as a condition of payment, grantees are required to report the following four items: (1) ***Milestone & Deliverable Report***, a collection of standardized and customized process and outcomes measures, and enable CHRC staff to track program performance across grantees; (2) ***Narrative Report***, which highlights the major activities in the six-month reporting period and identifies any challenges experienced in reaching the goals of the program and how these challenges are being met; (3) ***Invoice***; and (4) ***Expenditure Report***, documenting how grant funds were utilized. CHRC reviews these documents, and notifies grantees when their reporting documents are incomplete and inadequate. When grantees are not meeting stated goals, CHRC staff notifies the grantee and requires the grantee to submit responses to detailed follow-up questions regarding program performance raised during the CHRC staff review. Grantees are held accountable for performance, and invoices are withheld for payment by CHRC staff until the grantee submits complete documentation or provides acceptable responses to follow-up questions regarding program performance raised by CHRC staff.

PRESENTATION BY SCOTT AFZAL, CRISP

CHRC staff invited Scott Afzal, Program Director- Statewide Health Information Exchange CRISP, to provide a perspective on potential grant activity to support IT implementation/adoption in this year's RFP. Mr. Afzal updated the Commission on the status of hospital participation with the Health Insurance Exchange, and he confirmed that a modest amount of Commission grant funding in this year's RFP would be meaningful and support the state's ongoing efforts to encourage health care providers to implement electronic medical records systems, achieve meaningful use and connect with the state's health information exchange.

CHRC FY 2012 RFP

CHRC staff prepared a list of potential concepts, both direct and non-direct service areas, for potential consideration by the Commission in this year's RFP. In addition, CHRC staff briefed the Commission on the status of the CHRC's FY 2012 budget, which will enable the Commission to award approximately \$1 to \$1.2 million in new grant funding this year, after prior grant funding obligations are met. The Commissioners thanked CHRC staff for the quality of this concept paper and indicated that the Commission would likely support each of these ideas, if the Commission had additional grant funding to award. After substantive deliberations, the Commission voted to include four direct service concepts: (1) **Infant Mortality**; (2) **Pediatric Dental Care**; (3) **Integrating Behavioral Health**; and (4) **Supporting New Access Points and Building Primary Care Capacity**; and one non-direct service concept (5) **Health Information Technology** in this year's RFP. The Commission directed CHRC staff to draft the language of this year's RFP, based on this vote, and forward this language to the Commissioners for final review before the RFP is released formally later in August. Under a tentative schedule presented by CHRC staff, grant applications would be due to the Commission by the end

of September, for review by independent reviewers and CHRC staff in October, and formal grant decisions made by the Commission in early/mid-November.

The meeting adjourned at approximately 6:25 pm.