

**42nd<sup>Meeting</sup> of the  
Maryland Community Health Resources Commission  
Thursday, June 16, 2011  
3:00 PM- 6:30 PM**

Chairman Hurson called the meeting to order at approximately 3:08 pm. In addition to Chairman Hurson, Commissioners Hunter, Li, McLellan, Murray, Roskos, Sabatini, Wilson, and Karen Dixon, on behalf of Maria Tildon, were in attendance.

Chairman Hurson introduced Ms. Sondra McLemore, the new Assistant Attorney General, who has been assigned to the CHRC. Ms. McLemore provides counsel to both the CHRC and Maryland Health Care Commission (MHCC).

**MEETING MINUTES**

Chairman Hurson asked for a motion to approve the minutes from the February 3, 2011 Commission meeting. This motion was approved unanimously, without changes to the minutes.

**GRANT MODIFICATION REQUESTS**

The Commission considered the following six grant modification requests, five of which were non-controversial, and approved these grant modifications at today's meeting:

Upper Chesapeake Health, #08-024 [**APPROVED**]  
Frederick County Health Department, #09-006\* [**APPROVED, WITH CONDITION**]  
Allegany County Health Department, #11-003 [**APPROVED**]  
Access Carroll, #11-006 [**APPROVED**]  
Prince George's Health Department, #11-009 [**APPROVED**]  
Greater Baden, #11-012 [**APPROVED**]

\* The grant modification submitted by the Frederick County Health Department, which pertains to a school-based health center (SBHC) program at the Hillcrest Elementary School, involved a request to extend the three-year grant another year, until the end of FY 2012 (June 30, 2012). In addition, the request involved permission to use awarded/distributed but unexpended grant funds (\$25,000) and awarded but undistributed grant funds (\$100,000) in the fourth year of the program/in FY 2012. Finally, the grantee requested the continued use of approximately \$26,058 in medical and office supplies purchased with grant funds. The grantee, Frederick County Health Department, indicated that the SBHC program, upon CHRC approval of the grant modification request, would be implemented by the Frederick Community Action Agency (FCAA) next year.

The Commission approved the grantee's modification request at today's meeting, with the following conditions:

1. Follow-up presentation by Dr. Brookmyer, Frederick Health Officer and Mr. Spurrier, FCAA, at the Commission's next meeting on July 28;

2. Long-term sustainability plan, for continuing the SBHC program at Hillcrest post-FY 2012 and beyond; and
3. Updated goals and performance standards for the program in the coming year.

Following the grantee's presentation and Commission's conditional approval of the grant modification request, Ms. McLemore, AAG, advised CHRC staff that under the terms of grant modification approval of CHRC grant #09-006, the Frederick County Health Department would continue as the direct grantee of the Commission, with the FCAA serving as a subcontractor to the grantee. Ms. McLemore and CHRC staff will prepare and execute the adjusted terms and conditions of CHRC grant #09-006 in advance of the next Commission meeting on July 28.

## **OVERVIEW OF FY 2012 BUDGET**

Chairman Hurson and CHRC staff briefed the full Commission on the content of the FY 2012 budget submitted by the Governor and approved by the Maryland General Assembly during the 2011 legislation session. The budget introduced by the Governor provided \$3,150,000 in total funding for the Commission in FY 2012, the first increase in funding for the Commission since FY 2009. Despite the state's current fiscal climate, and efforts by the legislature to reduce the state's structural deficit this past legislative session, the Maryland General Assembly did not reduce the Commission's budget in FY 2012.

In addition, the Budget & Reconciliation Financing Act (BRFA) of FY 2012, as introduced, would have permanently altered the independent, specially funded structure of the Commission. The language of this year's BRFA could have also resulted in the CHRC's funding being zeroed out beginning in FY 2014. The Maryland General Assembly voted to amend the BRFA to restore the independent, specially funded structure of the CHRC, and added language confirming legislative intent that the Commission's budget be increased to \$8 million beginning in FY 2014, and remain at this level (or greater) in perpetuity. The Commission recognized that this language was an enormous victory for CHRC in the 2011 legislative session.

## **IMPACT OF 2011 LEGISLATION SESSION AND EXECUTIVE DIRECTOR'S REPORT**

In addition to amending the BRFA and sustaining a modest budget increase, the CHRC worked with Delegates Hubbard and Hammen and Senators Middleton and Kasemeyer to develop legislation (HB 450/SB 514) that directed the Commission to develop a business plan outlining how the state would provide technical assistance and support to community health resources as Maryland implements health reform. The legislation emanated from recommendations of the Health Care Reform Coordinating Council (HCRCC), and was approved unanimously by the Maryland General Assembly and signed into law by the Governor on May 10, 2011. HB 450/SB 514 requires the Commission to submit its recommendations and business plan to the Governor and Maryland General Assembly by the end of 2011. Introduction and approval of the legislation confirms the active role of the CHRC in health reform implementation activities in the future.

CHRC staff submitted an Executive Director's Report outlining the primary activities implemented by the Commission in recent months, including: (1) Being tapped by the Health Care Reform Coordinating Council (HCRCC) to develop a business plan outlining how the state

will provide ongoing technical assistance to safety net providers; (2) Collaborate with the DHMH Office of Population Health Improvement (OPHI) as the state rolls out its State Health Improvement Plan (SHIP) to support Local Health Improvement Plans; (3) Co-Chair the DHMH Task Force on Regulatory Efficiency with DHMH Chief of Staff/Assistant Secretary for Regulatory Affairs, Wendy Kronmiller, at Secretary Sharfstein's request; (4) Developed the Patient Centered Medical Home (PCMH) performance measurement template, in collaboration with the Maryland Health Care Commission staff and the Learning Collaborative; (5) Presented in a statewide summit hosted by the Milbank Memorial Fund to support behavioral health integration among the FQHC community; (6) Presented with Secretary Sharfstein to the Association of Baltimore-area Grantmakers (ABAG); and (7) Scheduled press event with the Baltimore County Executive Kamenetz, Secretary Sharfstein, Dr. Branch, and Commissioner McLellan to highlight the Commission's behavioral health/re-entry grant (#11-008).

A copy of the Executive Director's report is attached as an addendum to these meeting minutes. In addition, CHRC staff submitted a copy of the FY 2010-2011 CHRC Annual Report, which is also included as an addendum to these minutes.

## **HEALTH REFORM ACTIVITIES OF THE COMMISSION**

The final report of the Health Care Reform Coordinating Council tapped the CHRC to lead the following two activities:

1. ***Develop a business plan outlining how the state would provide technical assistance and other support to safety net providers.*** This recommendation was the focus of HB 450/SB 514. The CHRC and Towson University identified Ms. Marla Oros, President, the Mosaic Group, to serve as an outside consultant to work with the CHRC to develop this business plan. Ms. Oros briefed the CHRC at today's meeting on the direction of her activities, which will include customized surveys of federally qualified health centers, local health departments, and other safety net providers and targeted follow-up interviews later this summer and fall. Once these activities are completed, Ms. Oros will work with CHRC staff to draft the business plan, which will include actionable recommendations, and present the recommendations of the business plan to the full Commission at a meeting later this year.
2. ***Assist in the creation of Local Health Implementation Plans (LHIP) and support a primary care needs assessment.*** This recommendation facilitated a new line-item in the CHRC's budget in FY 2012 (\$500,000) and was reflected in the final recommendations of several work groups of the Health Care Reform Coordinating Council. The Commission is collaborating with Madeleine Shea, Ph.D., Director, Office of Population Health Improvement, DHMH, around the State Health Improvement Plan (SHIP) and LHIPs. In addition, DHMH and CHRC submitted a successful application to the federal government, and CHRC will be working to utilize these grant funds to support regional SHIP/LHIP meetings in September. Dr. Shea's presentation indicated that the development and implementation of the SHIP and LHIPs will support Maryland's ongoing efforts to achieve public health accreditation, facilitate greater collaboration among local health departments, community health centers, hospitals, and other providers as jurisdictions/regions work to achieve the goals of the SHIP/LHIPs.

## **UPDATE ON THE DOMESTIC VIOLENCE HEALTH CARE SCREENING & RESPONSE PROGRAM**

Earlier this year, the Commission voted to provide \$30,000 in CHRC FY 2011 funds to support the Administration's Domestic Violence Health Care Screening & Response Program, which was launched by Executive Order this past fall. The Order names the Commission as an agency that will collaborate with the Governor's Office of Crime Control & Prevention (GOCCP), the Health Services Cost Review Commission (HSCRC), and DHMH to implement the initiative. CHRC funds, coupled with funds provided by GOCCP and others, are used to support the creation of a program at the Prince George's Hospital Center. Mr. Ben Stutz, Director of Policy, Lt. Governor Brown's office, and officials from the hospital briefed the Commission on implementation of the program at the hospital. Following this presentation, Mr. Stutz expressed a request from the Administration for additional financial support from the CHRC to help sustain the program in year two. This request will likely receive formal consideration by the Commission at a future meeting.

## **POTENTIAL USES OF UNSPENT ADMINISTRATIVE FUNDS IN FY 2011**

CHRC staff briefed the Commission on the status of the Commission's FY 2011 funds as the Commission prepares to close the current fiscal year, which ends on June 30, 2010. This analysis demonstrated that the CHRC has approximately \$46,000 in projected unspent funds in the "special projects" line-item of the Commission's administrative account, due to less than anticipated/realized expenditures associated with the issuance and implementation of the CHRC's FY 2011 RFP. CHRC staff presented two potential options for the Commission's consideration: (1) Supporting the Reach Out and Read Program, which promotes early childhood literacy for low-income families through an innovative, evidenced-based, successful partnership with FQHCs and other pediatric primary care practices; and (2) Health Leads, which is a national organization involved in ongoing conversations with DHMH, Greater Baden, the Prince George's Health Department and CHRC to help promote the financial sustainability of Baden through increased patient revenue through greater enrollment in Medicaid and other social assistance programs. It is possible that both options could be examined in greater detail by the Commission for formal consideration at a future meeting of the Commission.

## **POTENTIAL DIRECTION OF THE FY 2012 RFP**

CHRC staff informed the Commission that the CHRC would have approximately \$835,000 to \$1,200,000 to award in new grant funding in FY 2012. CHRC staff provided a potential list of concepts for "non-direct service" grants for the Commission's consideration, which included potential IT, work force and other activities. The Commission directed CHRC staff to add direct service grant concepts to this list, and present this list for formal consideration to the full Commission at its next meeting on July 28, 2011. Today's discussion included a preliminary schedule of the RFP issuance, receipt of grant applications, and potential grant awards, which will be implemented later this summer and early fall.

The meeting adjourned at approximately 5:11 pm.