

Maryland Community Health Resources Commission

June 5, 2006

Meeting Presentation

Outline for Discussion

- What entities can be Community Health Resources?
 - A threshold issue: only organizations that qualify as CHRs can apply for grant funding
- Priorities to consider in awarding MCHRC grants
 - Clarify what will need to be in grant application guidance
- Size of grant awards
 - Will help shape the discussions with experts

Who can be a Community Health Resource (CHR)

- Certification - A Threshold Question
 - Allows an organization to apply for a MCHRC grant.
 - Does not assure that the CHR will receive a grant
- Organizations wishing to apply for MCHRC grants will need to provide necessary documentation prior to grant proposal being accepted

Legislatively Defined Community Health Resources

- Federally Qualified Health Centers
- Federally Qualified Health Center Look-Alikes
- Community Health Centers
- Migrant Health Centers
- Health care programs for the homeless
- Primary care programs for public housing projects
- Local non-profit, community-owned health care programs
- School-based health centers
- Teaching clinics
- Wellmobiles
- Health center-controlled operating networks
- Historic Maryland Primary Care providers
- Outpatient mental health clinics

Any organization meeting any of these criteria can apply for MCHRC funding.

Other Community Health Resources

Based On May 1 MCHRC Discussion

- A Maryland Qualified Health Center
- A Local Health Department
- A medical practice that participates in either:
 - the Loan Assistance Repayment Program
 - the National Health Service Corps
 - the National Interest Waiver Program, or
 - the J-1 Visa Waiver Program;

These criteria can be easily confirmed.

Other Community Health Resources

Based On May 1 MCHRC Discussion

- Offers to low-income Marylanders primary care services for free, or on a sliding scale basis.
 - Consolidates earlier definition, includes any provider: public, private, hospital based, or non-hospital based
 - **CLARIFICATION** May 1 materials included statement
 - “free primary health care and/or sliding scale fees to a **majority** of the patients they see”
 - **What limitations does “majority” impose?**
- Offers to immigrants, or other specific populations, primary care services for free or on a sliding scale basis.

These criteria will need some clarification for potential grantees

Other CHR Candidates

Discussed May 1

- A facility that provides free or low-cost outreach, screening, and/or wellness services for low-income or uninsured individuals
- A facility that provides free or low-cost specialty services (incl. Dental, Mental Health, or Substance Abuse Treatment)
- A facility that provides integrated services for low-income individuals that include health care services.
- A health professional education and training program or center which provides clinical experiences working with low-income, uninsured, underinsured, and underserved Marylanders,.....

A Community Health Resource Is...

MCHRC Support of Non-CHRs

A Non-CHR could still receive MCHRC support by:

- Developing a proposal with a CHR and
 - Contracting with a CHR on a per-service basis
 - Having an agreement with a CHR to provide a service or set of services

Grant Criteria

Legislative Must Haves

- Provide primary care services
- Provide care to low income individuals on a sliding scale basis
 - Sliding scale to meet general guidelines
 - Sliding scale must be in place at the time of grant application
- Geographic balance
 - Not an issue for the applicants, but for the MCHRC as it makes decisions

Grant Criteria

Commission Must Haves

Based on May 1 Discussion

- Financial Stability
 - As demonstrated by an audit letter
- A specific, quantifiable evaluation strategy
- Potential for improved health status of the patients served
- Others??

Grant-Making Priorities: Legislative

	Very Important	Less Important	Other Issues
Offer evening and weekend hours			
Partner with a hospital to have a reverse referral program			
Reduce non-emergency ER use			
Assist patients in establishing a medical home			
Coordinate delivery of specialty and primary care			
Integrate somatic and mental health care			
Provide a clinical home for individuals who access hospital emergency services for mental health services, substance abuse services, or both			
Fund medication management or therapy services for uninsured individuals up to 200% FPL level who meet medical necessity criteria but who are ineligible for the public mental health system			
Support the implementation of evidence-based clinical practices			12

Grant Making Priorities: Commission-Identified

	Very Important	Less Important	Other Issues
Medicaid participation			
Sustainability of project beyond grant period			
Proposal includes matching funds from other sources			
Proportion of free/sliding scale patients currently served.			
Increase from baseline the number of free/sliding scale patients served			
Potential to serve as a model for other projects			
Other priorities??			

Grant funding priorities are...

Size and Duration of Grants

- Approximately \$6.5 million is available for grants in FY06/07
 - 1.5 in FY06
 - 5.0 in FY07
- Additional \$2.2 million for unified data system
 - 0.5 million in FY06
 - 1.7 million in FY07
 - Will discuss in more detail at July meeting

Size and Duration of Grants

Issues

- Larger grants (exceeding 1 million)
 - Allow more ambitious and far-reaching projects,
 - *BUT*, narrow the focus of the MCHRC.
- Smaller grants (less than \$100K)
 - Spreads the MCHRC presence widely
 - Encourages projects to seek out other funding
 - *BUT*, are likely to be very narrow in scope and impact.

Size of Grants

Some Options

- Focus on medium-sized proposals
 - Upper limit of \$300K
 - Would allow MCHRC to award roughly 20 grants
- Allow different awards with varying expectations
 - Large
 - Medium
 - Small
 - Need guidance for priorities at each size.

How long should grants be funded?

- Maximum period on initial funding
 - 2 years, 3 years
- Are grantees expected to reduce their need for support over time?
 - Could grantees propose small level of support in early years with greater support in out years?