



Community Health Resources Commission

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Community Health Resources Commission**

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BACKGROUND ON THE CHRC

- The Community Health Resources Commission (CHRC) was created by the Maryland General Assembly in 2005 to expand access for low-income Marylanders and underserved communities.
- **Statutory responsibilities include:**
 - Increase access to primary and specialty care through community health resources
 - Promote emergency department diversion programs to prevent avoidable hospital utilization and generate cost savings
 - Facilitate the adoption of health information technology
 - Support long-term sustainability of safety net providers
- **The Maryland General Assembly approved legislation (Chapter 328) in 2014 to re-authorize the CHRC until 2025.**

BACKGROUND ON THE CHRC



- **Eleven Commissioners of the CHRC are appointed by the Governor**

Allan Anderson, M.D., Chairman

Elizabeth Chung, Vice Chair, Executive Director, Asian American Center of Frederick

Scott T. Gibson, Vice President for Human Resources, Melwood Horticultural Training Center, Inc.

J. Wayne Howard, Former President and CEO, Choptank Community Health System, Inc.

Celeste James, Executive Director of Community Health and Benefit, Kaiser Permanente of the Mid-Atlantic States

Surina Jordan, PhD, Zima Health, LLC, President and Senior Health Advisor

Barry Ronan, President and CEO, Western Maryland Health System

Erica I. Shelton, M.D., Physician and Assistant Professor, Johns Hopkins University School of Medicine, Department of Emergency Medicine

Ivy Simmons, PhD, Clinical Director, International Association of Fire Fighters Center of Excellence

Julie Wagner, Vice President of Community Affairs, CareFirst BlueCross BlueShield

Anthony C. Wisniewski, Esq., Chairman of the Board and Chief of External and Governmental Affairs, Livanta LLC

IMPACT OF CHRC GRANTS

- Since 2007, CHRC has awarded 210 grants totaling \$64.1 million. Most grants are for multiple years. (Currently 55 open grants)
- CHRC has supported programs in all 24 jurisdictions.
- These programs have collectively served over 455,000 Marylanders. Most individuals have complex health and social service needs.
- Grants awarded by the CHRC have enabled grantees to leverage \$22.9 million in **additional** federal and private/nonprofit resources.
- **Of this \$22.9 million, more than \$19M has been from private and local resources.**

CHRC FY 2018 CALL FOR PROPOSALS

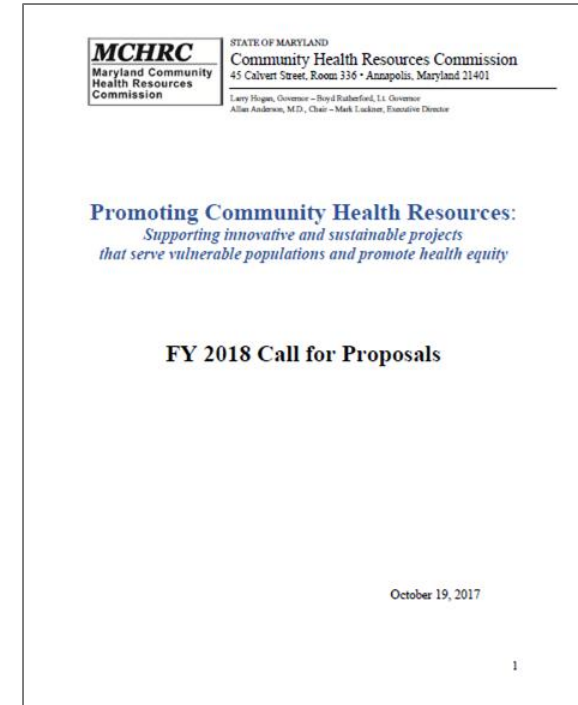


Strategic Priorities:

- (1) Preserving state's ability to serve vulnerable populations, regardless of insurance status;
- (2) Promoting health equity by addressing the social determinants of health; and
- (3) Supporting community-based projects that are **innovative, sustainable, and replicable.**

Three Types of Projects:

Essential health services
Behavioral health/Substance Use
Obesity and food security



This year's RFP generated 46 proposals requesting a total of \$18.9 million. The Commission awarded 20 grants totaling \$3.7 million.

TYPES OF COMMUNITY HEALTH RESOURCES

1. Designated Community Health Resources

- Federally Qualified Health Centers
- School-based Health Centers
- Local Health Departments
- Free Clinics
- Outpatient Mental Health Clinics
- Substance Use Treatment Providers
- Teaching Clinics
- Wellmobiles

2. Provide Clinical Health Care Services with a Sliding Fee Scale/Nominal Charge

3. Provide Referrals to Clinical Health Care Services with a Sliding Fee Scale/Nominal Charge

CHRC SUPPORT OF SCHOOL-BASED HEALTH CENTERS

- The Commission has awarded 15 grants totaling \$3.35 million to support SBHCs in 11 jurisdictions.
- CHRC SBHC grants have supported programs in rural, urban, and suburban neighborhoods.
- These programs have collectively served more than 14,000 individuals.
- The CHRC is currently supporting a new School-based Wellness Center, the second one in Wicomico County, with a three-year \$425,000 grant. The center provides both somatic and behavioral health services.
- Metrics collected include number of individuals served; number of services provided (including vaccinations); number of ED visits for asthma, acute illness, and behavioral health issues.

COUNCIL ON ADVANCEMENT OF SCHOOL-BASED HEALTH CENTERS

- The Council is charged with developing policy recommendations to improve the health and educational outcomes of students who receive services from School-based Health Centers (SBHCs).
- The CHRC provides day-to-day staffing support for the Council under legislation approved by the Maryland General Assembly.
- The Council is comprised of 15 appointed and 6 *ex officio* members appointed by the Governor (see next slide).

COUNCIL ON ADVANCEMENT OF SCHOOL-BASED HEALTH CENTERS

Chair - Kate Connor, M.D., MSPH

Vice Chair – Barbara Masiulis, MS, CRNP

Patryce Toye, M.D. - Maryland Assembly on School-based Health Care

Barbara Masiulis, MS, CRNP - school-based health center

Kate Connor M.D., MSPH - school-based health care center

Uma S. Ahluwalia - school-based health care center

John B. Gaddis - Public School Superintendents Association of Maryland

Cathy Mary C. Allen - Maryland Association of Boards of Education

Sharon Lynn Morgan - elementary school principals of schools with a school-based health center

Angel L. Lewis - secondary school principals of schools with a school-based health center

Jean-Marie Kelly - Maryland Hospital Association

Maura J. Rossman, M.D. - Maryland Association of County Health Officers

Judy Lichty-Hess - federally qualified health center

Arethusa S. Kirk - managed care organization

Jennifer Dahl - commercial health insurance carrier

Diana Fertsch, M.D. – pediatrician

Ex Officio Members

Senator Richard Madaleno – Member of the Senate

Delegate Bonnie Cullison – Member of the House of Delegates

Cheryl DePinto, M.D. – Maryland Department of Health

Mary L. Gable – State Superintendent of Schools

Michele Eberle – Maryland Health Benefit Exchange

Mark Luckner – Maryland Community Health Resources Commission

CHRC TELE-HEALTH GRANTS



- **Garrett County Health Department** – support Medication Assisted Treatment program in underserved and remote area of state. Collaboration with University of Maryland School of Medicine Department of Psychiatry.
- **Mid-Shore Mental Health System** – supported a program to use videoconferencing to link Mid-Shore youth referred to the Jackson Unit in Allegany County for a 60 day residential stay to: (1) families; and (2) community-based providers who will provide somatic and mental health treatment after release from the unit.
- **Somerset County Health Department** – supported a telepsychiatry program for the uninsured in Somerset County, an underserved area of the state. Collaboration with University of Maryland School of Medicine Department of Psychiatry.