

MARYLAND DEPARTMENT OF HEALTH

COMMUNITY HEALTH RESOURCES COMMISSION

**Mark Luckner, Executive Director
Community Health Resources Commission**

**Presented to:
Senate Health and Human Services Subcommittee
February 14, 2019**

BACKGROUND ON THE CHRC

- The Community Health Resources Commission (CHRC) was created by the **Maryland General Assembly in 2005** to expand access to health care in **underserved communities** and support projects that serve **low-income Marylanders and vulnerable populations**.
- **Strategic priorities include the following objectives:**
 - Increase access to primary and specialty care through grants and technical assistance to safety net providers
 - Promote projects that are **innovative, sustainable, and replicable**
 - Build capacity of safety net providers to serve more residents
 - Address **social determinants of health** and **promote health equity**

BACKGROUND ON THE CHRC

- The CHRC is an independent agency operating within the Maryland Department of Health.
- Eleven Commissioners are appointed by the Governor.

Allan Anderson, M.D., CHRC Chairman

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

Scott T. Gibson, Vice President of 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., Assistant Professor, Johns
Hopkins University School of Medicine, Department
of Emergency Medicine

Carol Ivy Simmons, PhD

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

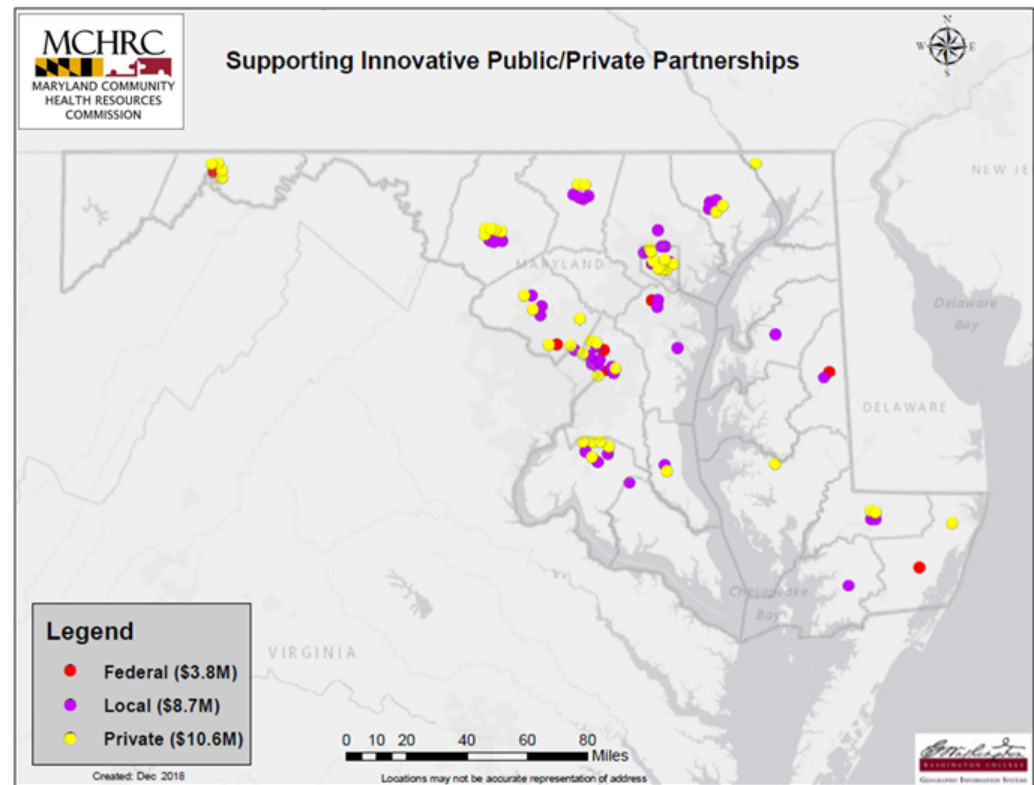
Anthony C. Wisniewski, Esq., Chairman of the
Board and Chief of External and Governmental
Affairs, Livanta LLC

IMPACT OF CHRC GRANTS

- **210 grants totaling \$64.1 million in all 24 jurisdictions**
- **Collectively served more than 468,000 Marylanders.**
- **Serve individuals with complex health and social service needs, and many are frequent utilizers of hospital and EMS systems.**
- **Fund community-based interventions, i.e., Federally Qualified Health Centers, local health departments, free clinics, and outpatient behavioral health providers.**

POST-GRANT SUSTAINABILITY

- **78%** of CHRC-funded programs have been **sustained at least one year** after grant funds have been expended.
- Grantees have leveraged **\$23.3 million** in **additional** resources (**\$19.5 million** in private and local funds).



TYPES OF PROJECTS

Focus Area	Number of Projects	Individuals Served
Primary Care	65	304,756
Behavioral Health/Opioids	54	79,299
Dental	39	64,137
Women's Health	23	17,528
Obesity/Food Security	15	697
ED Diversion/Care Coordination and Safety-net Capacity Building*	23	16,327
School-Based Health Centers*	15	21,928

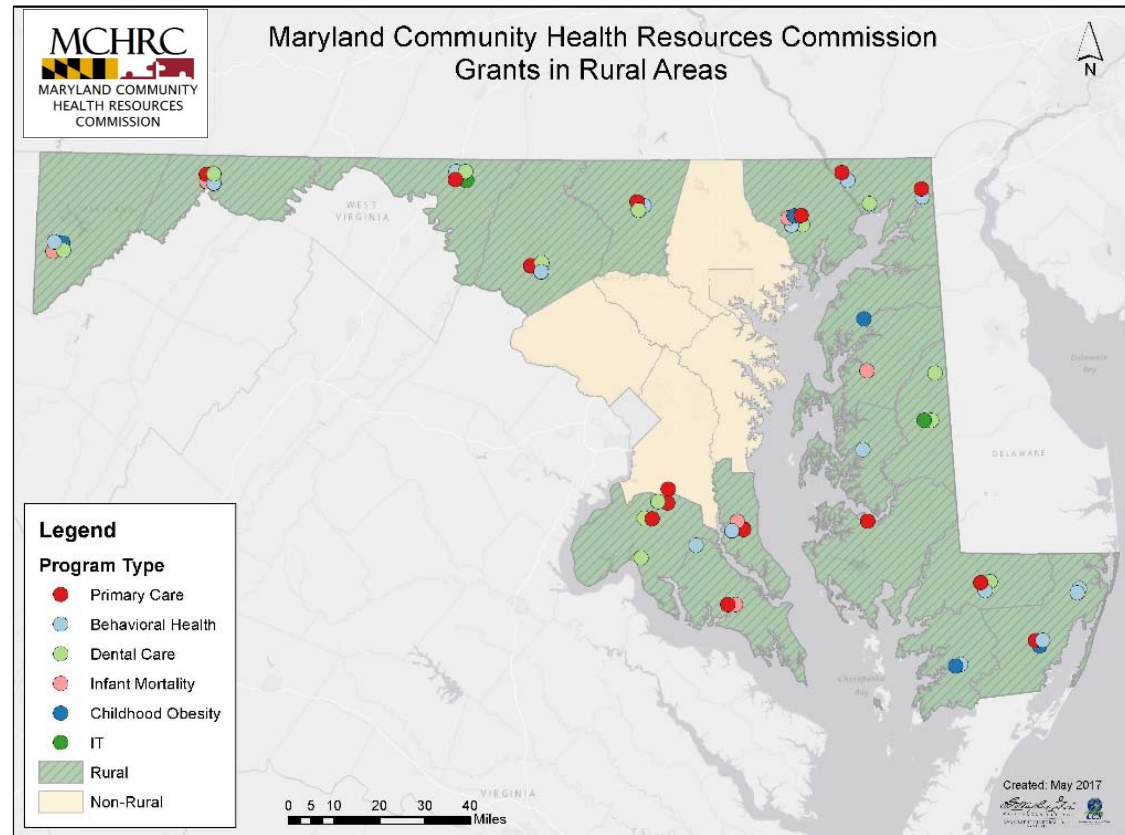
*also listed in other categories

CHRC AND RURAL HEALTH

- Awarded **107 grants totaling \$28 million** to support programs in rural jurisdictions.
- Served more than 85,000 residents.
- Video - “Maryland Rural Health Stories” (MRHA)

Areas of Focus:

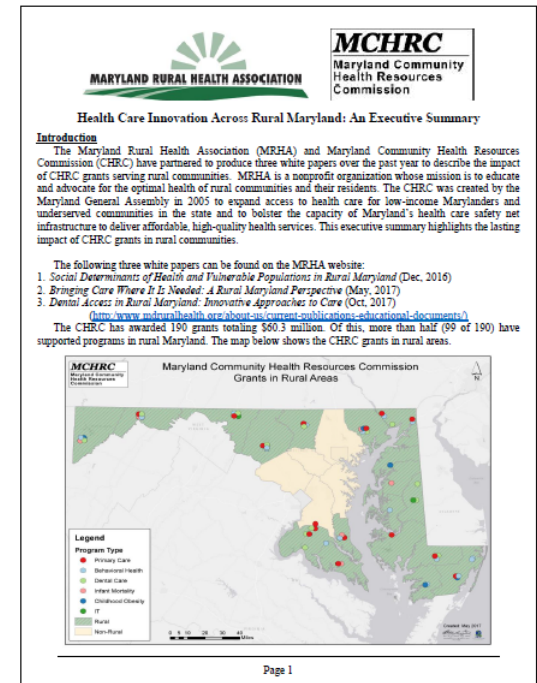
- Primary/Preventative Care
- Dental Care
- Integrated Behavioral Health Services
- Food Security/Obesity Prevention



CHRC AND RURAL HEALTH

Lessons highlighted in MRHA-CHRC white papers:

- **Care coordination is an effective intervention strategy** for rural communities impacted by shortage of providers.
- **Supporting transportation assistance** or bringing health care to patients “where they are” can be effective tools to address barriers.
- **Integrating dental care programs** into the community is an effective strategy for managing chronic conditions.
- **Promoting health literacy** may be an effective tool in improving health outcomes.




STEWARD OF PUBLIC FUNDS

- CHRC has a current portfolio of **50 open grants** (under implementation) totaling \$11.4 million.
- CHRC is staffed by 3 PINS. Administrative overhead is 9%.
- Active post-award grant monitoring process
 - Programmatic progress reports
 - Fiscal expenditure reports
 - Grantee audits (programmatic and fiscal)
- **CHRC prioritizes projects that yield quantifiable outcomes, *i.e.*, clinical outcomes and cost savings**

STEWARD OF PUBLIC FUNDS

- Grantees report twice a year as a condition of invoice payment.
- Process/outcome metrics are reported and progress towards overall goals or grant is monitored closely by CHRC staff.
- Grantees are held accountable for performance.

CHRC Grantee Monitoring Report			 MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION
Grantee Name:	Behavioral Health System Baltimore		
Grantee Contact Information:	Crista Taylor 410-637-1900 email crista.taylor@bhsbaltimore.org		
Grant #:	16-006		
Grant Period:	October 1, 2017 - September 30, 2020		
Total Award:	\$600,000		
Year One Grant Award:	\$175,000		
Amount Paid to Date:	\$98,814		
Focus Area:	Behavioral Health		
Date of this Report:			
Additional Funds Leveraged to Date*:			
Grantee Payout and Report Schedule			
Report Period	Due Date	Potential Fund Distribution (CHRC Support**)	Required Items
N/A	May 1, 2016	\$0	Signed grant agreement and approved performance measures and updated line item
Updates #1-#6 May 2016 - December 2017		\$0	Updates due August 2016, November 2016, April 2017, August 2017, September 2017, December 2017
Update#7-	April 30, 2018	\$0	Update#7- Items to discuss will be forwarded after first update in December is submitted
Report Period One (Yr. 1) October 1, 2017 - March 31, 2018 -	May 31, 2018	\$48,901	Report #1 - narrative, M&D report, expenditures report and invoice
Update #8	August 31, 2018	\$0	Update #8: Items to discuss will be forwarded after first update in July is submitted
Report Period Two (Yr. 1) April 1, 2018 - September 30, 2018	October 31, 2018	\$49,913	Report #2 - narrative, M&D report, expenditures report and invoice
Update #9	January 31, 2019	\$0	Update #9: Items to discuss will be forwarded after Report 2 in January is submitted
Report Period Three (Yr. 2) October 1, 2018 - March 31, 2019	April 30, 2019	\$124,775	Report 3: narrative, M&D report, expenditures report and invoice
Report Period Four (Yr. 2) April 1, 2019 - September 30, 2019	October 31, 2019	\$123,874	Report 4: narrative, M&D report, expenditures report and invoice
Report Period Five (Yr. 3) October 1, 2019 - March 31, 2020	April 30, 2020	\$126,265	Report 5: narrative, M&D report, expenditures report and invoice
Report Period Six (Yr. 3) April 1, 2020 - September 30, 2020	October 31, 2020	\$126,272	Report 6 (Final): narrative, M&D report, expenditures report and invoice
		\$600,000	

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PUBLIC-PRIVATE PARTNERSHIPS

Way Station implemented a behavioral health homes pilot initiative. **CHRC grant for \$170,000 leveraged \$1 million from private sources** and laid groundwork for Maryland Medicaid Behavioral Health Home Initiative. **Currently there are 84 health homes in Maryland.**



Mobile Medical Car, Inc., received a grant to open a new practice in Aspen Hill (MUA). The grant laid the foundation for the organization to become an FQHC.

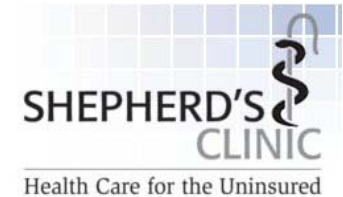


Health Partners, a non-profit primary care and dental provider in Charles County received a grant to expand dental services to a clinic in Nanjemoy, and the organization leveraged this grant to receive \$260,000 from private sources.



IMPROVING HEALTH OUTCOMES

Shepherd's Clinic, Diabetes self-management program - 390 pre-diabetic and diabetic patients. **66% lost weight, and 70% had a reduced A1C.**



Charles County Health Department combined a \$400,000 grant with an additional \$150,000 from Charles Regional Medical Center to support a new MIH program. After implementation, **ED visits among participants dropped 61%.**



PROMOTING COST SAVINGS

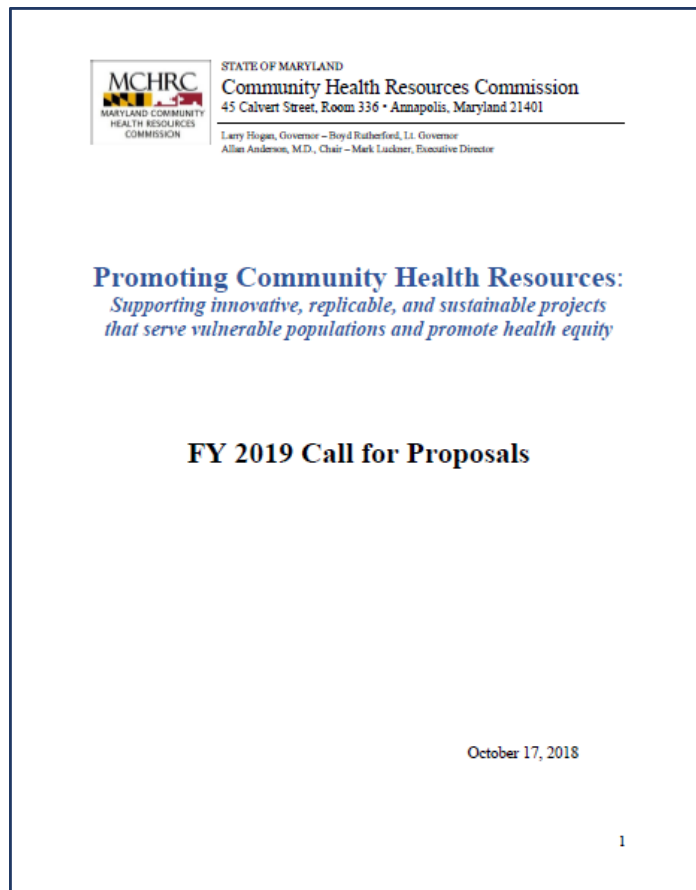
Calvert County Health Department, “Project Phoenix,” Substance use treatment/addressing social determinants of health. **ED visits dropped more than 70%** and Calvert Memorial continues to support the project after CHRC grant.



Catholic Charities’ Esperanza Center, a free clinic in Baltimore, provided essential health services for more than 5,315 individuals and **achieved cost savings/ avoided charges of \$2.3 million.**



FY 2019 CALL FOR PROPOSALS



- **Areas of focus:**
 - Promoting Delivery of Essential Health Services (Primary Care, Dental and Women’s Health)
 - Addressing the heroin and opioid epidemic through behavioral health integration
 - Promoting food security and addressing childhood and family obesity.
- **93 proposals requesting \$36 million (\$5.9 million is available)**
- **26 Applicants invited to present on March 7, 2019 (next slide)**
 - Award decisions will be made following presentations

FY 2019 - 26 Invited Applicants

ESSENTIAL HEALTH SERVICES

- Harford Health Department
- Family Healthcare of Hagerstown
- Lower Shore Clinic
- Baltimore City Fire Department
- Health Partners, Inc.
- Medstar St Mary's Hospital
- Mosaic Community Services
- Chinese Culture and Community Service Center
- Chase Brexton Health Services
- Western Maryland AHEC
- Family Services (Thriving Germantown)

BEHAVIORAL HEALTH/OPIOIDS

- Baltimore County Public Schools
- Helping Up Mission
- Shepherd's Clinic
- Associated Catholic Charities
- Cecil Health Department
- Cornerstone Montgomery
- University of Maryland Upper Chesapeake Health
- Queen Anne's Health Department (MIH/EMS)

OBESITY/FOOD SECURITY

- Korean Community Service Center of Greater Washington
- Baltimore Medical System, Inc.
- Worcester Health Department
- Charles Health Department
- Washington Health Department
- Baltimore City Public Schools
- Somerset Health Department (with Wicomico)

CHRC GRANTS - LARGER CONTEXT

- **Support overall population health goals of the state**
 - **Total Cost of Care-** promote durable hospital-community partnerships
 - **Maryland Primary Care Program-** support care coordination and chronic disease management for underserved individuals
- **Opioids** – Promote integration of behavioral health and somatic care services and innovative projects to expand access in SUD treatment (**54 grants awarded; 251,142 served**)
- **Rural Health** – Offer creative solutions to address access barriers in rural communities, *i.e.*, telemedicine and transportation assistance (**107 grants awarded; 107,117 served**)
- **Dental Care** – Build community capacity and serve low-income adults and children (**39 grants awarded; 144,453 served**)