

**Maryland Community Health**  
**Resources Commission**

**State Drug &  
Alcohol Abuse Council**

**Wednesday,  
September 15, 2010**

# CHRC's Policymaking Function

- **HB 627/SB 775 (2005) set forth broad policymaking function for Commission:**
  - **Identify “medical home” for every Marylander**
  - **Develop integrated, interconnected systems of care**
  - **Develop common HIT platform for community health centers**
  - **Reduce non-emergent visits to Maryland hospital EDs and “reverse-referral” programs**
  - **Develop access to specialty care networks for uninsured and low-income Marylanders**
- **Grants are the means, not the end. The end is to:**
  - (1) **Develop interconnected systems of care**
  - (2) **Fund innovative projects that illuminate the path to systematic/statewide reform**

# *CHRC: Targeting Maryland's most pressing health care needs*

- *Expanding Access to Primary Care at Maryland's safety net providers-* **22 projects, \$6.2 million awarded, 17,275 patients seen, 75,484 visits provided.**
- *Increase Access to Dental Care for Low-income Marylanders-* **17 projects, \$4.4 million awarded, 27,556 patients seen, 58,750 visits provided.**
- *Addressing Infant Mortality-* **9 projects, \$2.0 million awarded, 1,137 patients seen, 5,662 visits provided.**
- *Reducing health care costs through ER Diversions-* **6 projects, \$1.9 million awarded, 9,569 patients seen, 12,390 visits provided.**
- *Promoting Health Information Technology at community health centers-* **7 projects, \$3.1 million awarded.**
- *Providing Access to Mental Health and Drug Treatment Services-* **10 projects, \$3.3 million, 3,003 patients seen, 14,788 visits provided.**
- *Addressing health care needs of Co-Occurring Individuals-* **7 projects, \$2.3 million awarded, 880 patients seen, 32,114 visits provided.**

# CHRC: Aligning its grant resources to support the priorities of DHMH

## Maryland Community Health Resources Commission

Focus Area	# of Projects Funded	Total Award Provided	Cumulative Total	
			Patients Seen/Enrolled	Visits Provided
Expanding Access to Primary Care at Maryland's safety net providers	22	\$6,256,112	17,275	75,484
Increasing Access to Dental Care for Low-income Marylanders	17	\$4,419,428	27,556	58,750
Addressing Infant Mortality	9	\$2,059,047	1,137	5,662
Reducing health care costs through ER Diversions	6	\$1,994,327	9,569	12,390
Promoting Health Information Technology at community health centers	7	\$3,147,035	Health Information Technology	
Providing Access to Mental Health and Drug Treatment Services	10	\$3,395,757	3,003	14,788
Addressing health care needs of Co-Occurring Individuals	7	\$2,364,737	880	32,114
<b>Total Grant Funding Provided</b>	<b>78</b>	<b>\$23,636,443</b>	<b>60,720</b>	<b>208,547</b>
<b>Total Funding Requested</b>	<b>295</b>	<b>\$112,029,230</b>		
<b>Number of Patients Served/Enrolled</b>	<b>60,720</b>			
<b>Number of Patients Visits/Services Provided</b>	<b>208,547</b>			
<b>Additional federal and private resources leveraged</b>	<b>23</b>	<b>\$4,885,959</b>		

**CHRC: Making Sustainable & Meaningful Investments in Maryland's health care infrastructure**

- **Awarded 78 grants totaling \$21.8 million from FY 2007 to FY 2011.**
- **These 78 grants have supported programs in all 24 jurisdictions in Maryland.**
- **These 78 grants have served more than 60,720 patients with 208,547 patient visits.**

## **CHRC: Leveraging additional resources**

- Over the last five years, CHRC has received 295 grant proposals, totaling more than \$112 million in funding requests.
- CHRC grant resources have enabled grantees to leverage an additional \$4.8 million, in additional federal, local and private/non-profit resources.

# **CHRC: Supporting behavioral health integration in the community**

- The CHRC has awarded 17 grants to increase access to substance use and mental health services in the community and support greater integration of behavioral health services in primary care settings.
- These programs have collectively served nearly 4,000 individuals in the community.
- CHRC grants have supported the following types of programs:
  - Re-entry programs, such as the Harford HOPE Program;
  - Co-occurring programs, such as Way Station in Frederick;
  - Adding primary care capacity in existing community mental health programs; and
  - Integrating behavioral health services at existing FQHCs and other community providers.

# Interagency Collaboration

- **The Commission is working with DHMH leadership to develop a set of core performances measures to assess program performance and hold grantees accountable.**
- **The Commission conducts in person site-visits with its grantees, will share “best practices” across programs and make this information available to policymakers and the public.**