



Community Health Resources Commission

House Health & Government Operations Committee

January 22, 2020



Presenters

**Elizabeth Chung, Vice Chair,
Community Health Resources Commission**

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

**Lara Wilson, Executive Director,
Maryland Rural Health Association**

Background

- Created by the Maryland General Assembly in 2005 to:
 - Expand access to health care in **underserved communities**;
 - Support projects that serve **low-income Marylanders**, regardless of insurance status; and
 - Build capacity of **safety net providers** to serve more residents.
- Independent agency operating within Department of Health.

Background

Eleven Commissioners, appointed by the Governor (one vacancy)

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

Scott T. Gibson, Senior Vice President of People and Programs, 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, Ph.D., 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, Ph.D.

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

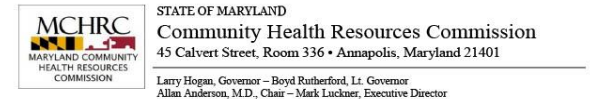
Anthony C. Wisniewski, Esq., Chairman of the Board and Chief of External and Governmental Affairs, Livanta, LLC

CHRC Strategic Priorities

- Serve **vulnerable populations** regardless of insurance status;
- Reduce **health disparities** and promote health equity; and
- Support **sustainable, innovative** and **replicable** projects.

FY2020 Call for Proposals (current)

- **Key Dates:**
 - February 2020 – Commissioners select applicants to present
 - March 2020 – Applicant presentations and grant award decisions
- **79 proposals requesting \$35.9 million (\$6 million is available to award)- grant requests exceed available funding.**
- **Three types of projects:**
 1. **Essential Health Services** (including dental & women’s health) - 38 proposals, \$16.2 million
 2. **Behavioral Health/Opioid** -14 proposals, \$8 million
 3. **Food Security & Diabetes** - 27 proposals, \$11.8 million



Promoting Community Health Resources:
*Supporting innovative, replicable, and sustainable projects
that serve vulnerable populations and promote health equity*

FY 2020 Call for Proposals

October 30, 2019



Impact of CHRC Grants

- 236 grants totaling \$71.3 million in all 24 jurisdictions.
- More than **480,000 Marylanders** received services, many of whom have **complex health and social service needs**.
- **121 grants in rural Maryland** communities (more about these grants later).
- Federally Qualified Health Centers, local Health Departments, free clinics and outpatient behavioral health providers.

Main Types of Projects

Focus Area	Number of Projects	Individuals Served
Primary Health Care Services	76	308,599
Behavioral Health / Opioids	64	83,994
Dental Health Care Services	43	67,616
Women's Health Care Services	24	18,160
Food Security / Diabetes Prevention & Management	20	771
School-Based Health Centers / School Health*	19	14,548

*Total includes grants/projects & individuals served under multiple project types.

Steward of Public Funds

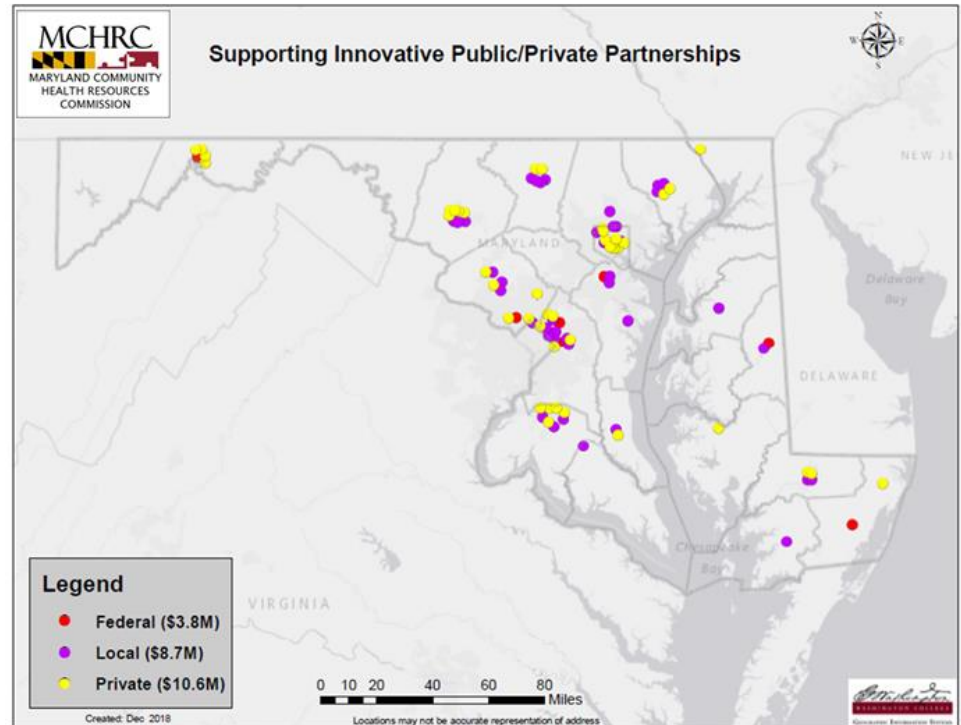
- Grantees report twice a year as a condition of funding.
- Process/outcome measures are reported and monitored closely.
- Grantees are held **accountable for performance.**
- **Sustainability** is a key metric.

CHRC Grantee Monitoring Report						
Grantee Name:	Western Maryland AHEC					
Grantee Contact Information:	Catie Wampole, Project Director					
Grantee #:	18-016					
Grant Period:	May 1, 2018 - April 30, 2020					
Total Award:	\$70,000					
Amount Paid to Date:	\$28,200					
Expenditure to Date:	\$28,200	Program Goal: 29 unduplicated patients				
Date of this Report:		Progress to Goals as of November 30, 2019: 82				
Additional Funds Leveraged:	\$96,900					
Grantee Payout and Report Schedule						
Reporting Period	Due Date	Status	Proposed Fund Distribution	Actual Fund Distribution	Actual Expenditures	Required Items
N/A		Complete	\$20,000	\$20,000	\$0	Signed grant agreement and approved performance measures
Project update 1	June 4, 2018	Complete	\$0	\$0	\$0	
Report Period One May 1, 2018 - October 31, 2018	November 30, 2018	Complete	\$0	\$0	\$0	<u>Report 1: narrative, M&D report, expenditures report and invoice</u>
Report Period Two November 1, 2018 - April 30, 2019	May 31, 2019	Complete	\$8,200	\$8,200	\$28,200	<u>Report 2: narrative, M&D report, expenditures report and invoice</u>
Report Period Three May 1, 2019 - October 31, 2019	November 30, 2019	In Process	\$10,000		\$10,762	<u>Report 3: narrative, M&D report, expenditures report and invoice</u>
Final Report Period Four November 1, 2019 - April 30, 2020	May 31, 2020		\$10,000			<u>Final Report: final narrative, M&D report, expenditures report, and final invoice</u>
Total			\$48,200	\$28,200	\$38,962	



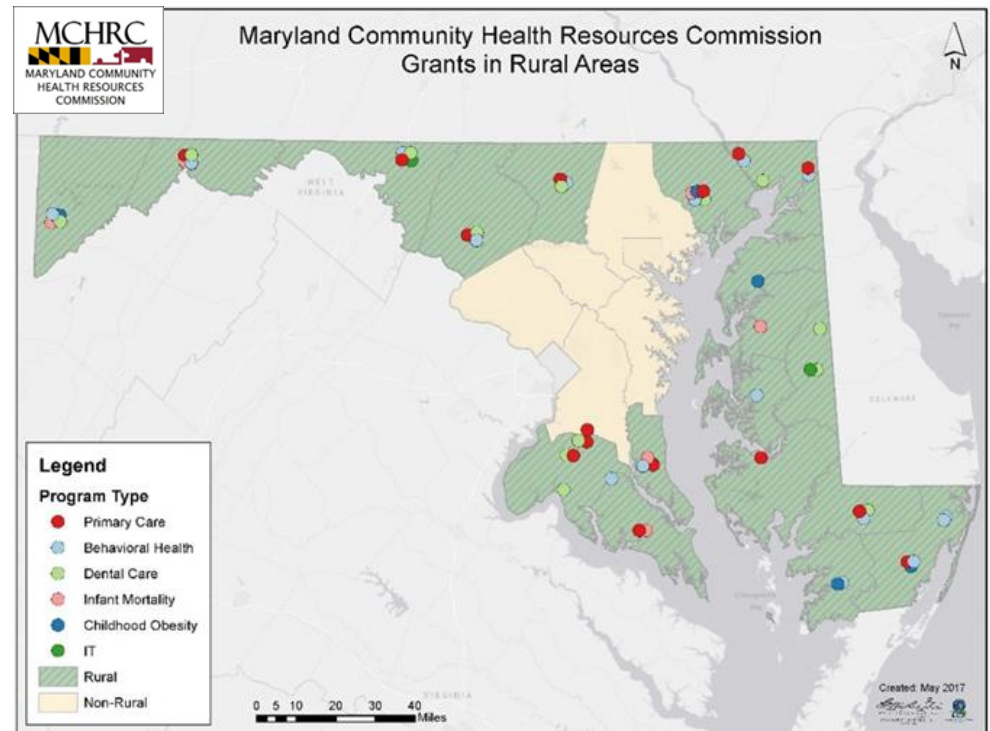
Post-Grant Sustainability

- **75% sustained at least one year** after grant funds have been expended.
- **Leveraged \$28.4 million in additional resources** (\$23.3 million in private and local funds).



CHRC & Rural Health in Maryland

- 121 grants
- \$31.1 million to support rural Maryland jurisdictions
- 102,569 rural Marylanders served



Improving Health Outcomes in Rural Maryland



THE KLEIN FAMILY
HARFORD CRISIS CENTER
Behavioral, Mental Health and Addiction Services

Harford County Crisis Center/Upper Chesapeake Health

- New Walk-in/Urgent Care Center and Assertive Care Treatment Program.
- Offers 24-hour access to outpatient behavioral health services including, SUD treatment and MAT services; residential crisis beds; a mobile crisis team.
- **May serve as replicable model for other crisis centers in Maryland**

Access Carroll

- Received grant for \$100,000 in FY2007, **leveraged** \$840,000 in addition funding over the years
- Now serves **10,000 patients** annually with budget of \$1.6 million
- Provides primary care, behavioral health, and dental services for low-income individuals, all in one location in Westminster.



Improving Health Outcomes in Rural Maryland



CALVERT COUNTY HEALTH DEPARTMENT

- “Project Phoenix,” provides integrated behavioral health/SUD services.
- Emphasizes barriers and SDOH, **ED visits dropped more than 70%**.
- Calvert Memorial continues to support project after CHRC grant.



CHARLES COUNTY HEALTH DEPARTMENT MIHealth

- \$400,000 grant, **leveraged** additional \$211,475 from hospital and local sources.
- Mobile Integrated Health achieved **65% reduction** in inpatient admissions
- Pre-Post analysis (3 months), ED visits among participants **dropped 60%**



CHRC & MRHA White Papers – Lessons Learned

MARYLAND RURAL HEALTH ASSOCIATION

MCHRC
Maryland Community Health Resources Commission

Health Care Innovation Across Rural Maryland: An Executive Summary

Introduction

The Maryland Rural Health Association (MRHA) and Maryland Community Health Resources Commission (CHRC) have partnered to produce three white papers over the past year to describe the impact of CHRC grants serving rural communities. MRHA is a nonprofit organization whose mission is to educate and advocate for the optimal health of rural communities and their residents. The CHRC was created by the Maryland General Assembly in 2005 to expand access to health care for low-income Marylanders and underserved communities in the state and to bolster the capacity of Maryland's health care safety net infrastructure to deliver affordable, high-quality health services. This executive summary highlights the lasting impact of CHRC grants in rural communities.

The following three white papers can be found on the MRHA website:

1. *Social Determinants of Health and Vulnerable Populations in Rural Maryland* (Dec. 2016)
2. *Bringing Care Where It Is Needed: A Rural Maryland Perspective* (May, 2017)
3. *Dental Access in Rural Maryland: Innovative Approaches to Care* (Oct. 2017)

<http://www.mdruralhealth.org/about-us/current-publications-educational-documents/>

The CHRC has awarded 190 grants totaling \$60.3 million. Of this, more than half (99 of 190) have supported programs in rural Maryland. The map below shows the CHRC grants in rural areas.

MCHRC
Maryland Community Health Resources Commission

**Maryland Community Health Resources Commission
Grants in Rural Areas**

Legend

Program Type

- Primary Care
- Behavioral Health
- Dental Care
- Elder Mobility
- Clinical Clergy
- IT
- Rural
- Non-Rural

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- **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** is an effective strategy for managing chronic conditions.
- **Promoting health literacy** may be an effective tool in improving health outcomes

Maryland's Rural Health Stories

- Special collaboration with MRHA.
- Highlights six programs to show the human impact of CHRC grants.
- Featured on WYPR “On the Record” with Sheilah Kast
December 17, 2019



Maryland Community Health Resources Commission

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