



STATE OF MARYLAND

Community Health Resources Commission

45 Calvert Street, Annapolis, MD 21401, Room 336

Office (410) 260-6290 Fax No. (410) 626-0304

Martin O'Malley, Governor - Anthony G. Brown, Lt. Governor

John A. Hurson, Chairman – Nelson J. Sabatini, Vice Chairman – Mark Luckner, Executive Director

State Health Improvement Process:

**Supporting Local Health Improvement Coalitions to
Fuel Local Action and Improve Community Health**

Call for Proposals

May 1, 2013

I. Overview

The Maryland Community Health Resources Commission (CHRC) was created by the Maryland General Assembly to expand access to affordable, high-quality health care services for every Marylander and help address the unmet health care needs of underserved communities. Since its inception in 2005, the CHRC has awarded 115 grants, totaling \$29.6 million, supporting programs in all 24 jurisdictions of the state. These grants have collectively provided health care services for approximately 110,000 Marylanders. The grant funding provided by the Commission has enabled its grantees to leverage \$10.1 million in additional federal and private/non-profit resources. Grants awarded by the Commission have expanded access to comprehensive women's health services to support the Governor's goal of reducing infant mortality rates; have increased access to dental services for low-income children; have promoted the integration of behavioral health services in the community; have expanded primary care capacity in underserved areas; and have promoted the adoption of health information technology by Maryland's safety net providers.

The CHRC is working with the Maryland Department of Health and Mental Hygiene (DHMH) to implement the Maryland Health Improvement and Disparities Reduction Act of 2012, legislation that created the Health Enterprise Zones Initiative. Five Zones designated by the state earlier this year will help expand access to health care services in communities facing tremendous health care challenges, will help address persistent health care disparities, and will help reduce health care costs by reducing preventable hospital admissions and re-admissions.

The statutory mission of the CHRC and its work to build capacity in Maryland's safety net infrastructure gains greater importance as Maryland prepares to implement the Affordable Care Act (ACA). The CHRC will be working very closely with DHMH, Maryland's Health Benefit Exchange (MHBE), local health departments, and safety net providers to build capacity and meet the expected demand for primary, preventative, and specialty care services by the estimated 250,000 Marylanders who will become eligible for health insurance in 2014.

Improving the health of Marylanders through local action and partnerships with community health resources is a mutual goal of the CHRC and DHMH. In support of the State Health Improvement Process (SHIP), which was launched by DHMH last year, the CHRC awarded 17 grants in FY 2012, totaling \$600,000, to support the work of Local Health Improvement Coalitions (LHICs). The grants supported targeted population health interventions and fueled innovative LHIC partnerships with community health resources.

In the 2013 LHIC Call for Proposals, the CHRC will be making available a potential total of \$1,200,000 (funding across FY 2013 and FY 2014) to continue to support the efforts of LHICs to improve population health in their communities, support continuous quality improvement activities, and build on innovative partnerships with community health resources. Unlike last year's LHIC Call for Proposals, the CHRC will be awarding grants exclusively on a **competitive** basis this year. Please see page 4 of this Call for Proposals for the review criteria that will be utilized by the Commission this year. Based on available funding, grant awards issued by the CHRC are expected to range from \$150,000 to \$250,000 each, and LHIC applicants are encouraged to develop and submit proposals for projects or programs to be implemented over a 12-16 month period, beginning this summer (2013). Funding requests below \$150,000 will also be considered by the CHRC.

In the 2013 Call for Proposals, the CHRC will provide special consideration for projects that continue to support LHIC capacity in the following areas: (1) Facilitate the development of interconnected, comprehensive, patient-centered systems of care; (2) Promote LHIC collaboration and data sharing across multiple types of community health resources and efforts to use this data to improve community health outcomes; (3) Encourage innovative partnerships and programs that will expand access for underserved communities and address health disparities in the region/jurisdiction; (4) Identify potential cost savings or a return on investment (ROI) and suggest methods where these cost savings could be re-invested to support sustainability; and (5) Align with the Community Integrated Medical Home (CIMH) concept, as articulated in DHMH’s proposal for the State Innovation Model (SIM) grant recently awarded to Maryland. Suggested areas of focus or specific types of projects for consideration by LHIC applicants are provided on pages 3-4 of this Call for Proposals.

II. Key Dates to Remember

The following are the dates and deadlines for this Call for Proposals.	
May 1, 2013	Release Call for Proposals
May 9, 2013 9:30 a.m.	Question & Answer Conference Call Dial in number: 1.866.247.6034 Conference code: 4102607046
May 30, 2013 5:00 p.m.	<u>Deadline for submission of Proposals to CHRC</u>
June 26, 2013	A select number of applicants invited to present to CHRC; awards will be made following presentations

II. Grant Eligibility

What is a Community Health Resource?

Pursuant to Health-General §19-2102 *et seq.* and its implementing regulations, the Commission may only award grants to an entity that meets the definition of a “community health resource.” “Community health resource” is defined in Maryland Health-General §19-2102 (d)(1) to include specific examples of entities or programs meeting this definition, as well as “any other center or program identified by the Commission as a community health resource.” The Commission has explicitly recognized a local health department as a “community health resource” in its regulations found at COMAR 10.45.05.

Given that each LHIC by its nature includes at least one local health department, the statutory definition of “community health resource” found at COMAR 10.45.05 is met. Similar to last year’s Call for Proposals, **only Local Health Improvement Coalitions are eligible to respond to the 2013 Call for Proposals.** While the Commission typically requires an entity submitting a proposal to provide documentation showing that it meets the “community health resource” definition, such documentation is *not necessary* as part of the response to the 2013 Call for Proposals.

III. Requirements in the 2013 Call for Proposals

In keeping with the CHRC's overall support of the State Health Improvement Process (SHIP), LHIC applicants will be required to provide a copy of their updated Local Health Action Plan and provide documentation demonstrating how the activities in this year's grant proposal will facilitate the achievement of the measurable core goals identified in the Local Health Improvement Plan.

In addition, LHIC applicants will be **required** to identify a **10% local match** in their proposal this year by providing a letter of commitment confirming that at least 10% of the overall grant request will be supported with local backing such as a contribution by a hospital, foundation, or other resource (in addition to the CHRC grant). For example, if the overall LHIC grant request is \$200,000, then at least 10% (\$20,000) of the \$200,000 (making a total budget of \$220,000) must be provided in a local match. The CHRC may consider in-kind contributions to count towards this 10% matching requirement, but these requests by LHICs will be evaluated on a case-by-case basis by the Commission.

IV. The Grants Program- Specific Types of Projects

Following are examples of types of projects that the CHRC is looking to support in this year's Call for Proposals. LHIC applicants may utilize one or several of the following types of projects in this year's Call for Proposals.

- ***Projects that will support specific population health/community health interventions and reflect the main goals of the LHIC and its local health improvement plan.*** These efforts would support new activities of the LHIC (beyond activities currently implemented by the LHIC), reflect priority areas identified by the LHIC based on SHIP data, and demonstrate the ability to improve LHIC performance in areas where the region/jurisdiction shows the potential for improvement in community health.
- ***Projects that will build the capacity of LHICs for continuous quality improvement efforts through important primary (e.g., care coordination) and secondary (e.g., performance monitoring) uses of health data.*** The efforts could include establishing innovative partnerships or programs involving multiple types of providers (such as community health resources, hospitals, and others), facilitating data sharing and data integration across multiple types of providers, and/or utilizing data provided by CRISP to drive continuous quality improvement efforts and support population health improvement.
- ***Projects that will facilitate the integration of public health, social services, and other community health resources with the health care delivery system to address social determinants of health.*** These efforts could include using grant funds to hire non-traditional professionals like community health workers by the LHIC or other community health resources to integrate schools and public housing as potential sites of care delivery and to support comprehensive case management services in the region/jurisdiction. These efforts might also include innovative partnerships among health care providers, Patient Centered Medical Homes (PCMHs), social services organizations and other local partners to help address social determinants of health. These partnerships might incorporate comprehensive care management service models and identify methods to capture cost savings through reductions in hospital admissions/re-admissions and re-deploying these savings to promote long-term sustainability of the model. One example of such a partnership

can be found in the Camden Coalition in New Jersey, which identifies individuals with complex health and social service needs, coordinates and ensures the delivery of the full array of health and other social needs, and helps achieve cost savings by removing barriers in accessing health care services in the community. The Camden Coalition of Healthcare Providers website can be found at <http://www.camdenhealth.org/>. Additional information about the work of the Camden Coalition and other organizations integrating public health, social services, and community health resources to address social determinants of health can be found in an article in *The New Yorker* entitled “The Hot Spotters,” which can be found at http://www.newyorker.com/reporting/2011/01/24/110124fa_fact_gawande?currentPage=all.

V. Review Criteria

As stated previously, the CHRC will be awarding grants on a **competitive** basis this year. LHIC proposals will be evaluated on the following review criteria, and a select number of the highest-scoring applicants will be invited to present to the CHRC on June 26, 2013 in Annapolis.

1. The proposal clearly indicates what the areas of greatest population health need are within the geographic area, provides data to support those claims, and puts forth evidence-based or innovative interventions that are likely to address those needs;
2. The proposal leverages community health resources (in addition to local health departments) and facilitates innovative partnerships among multiple providers, especially among partners that may not have been part of the LHIC previously;
3. The proposal includes a post-CHRC award sustainability plan for maintaining LHIC activities and has a high degree of enabling the LHIC or providers in the region/jurisdiction to participate in the future Community Integrated Medical Home (CIMH) Initiative;
4. The proposal includes strategies that will assist in building a collaborative, interconnected, and efficient health care system at the local/regional level;
5. The proposal supports continuous quality improvement efforts, clearly indicates what the core goals are, articulates the core goals as measurable outcomes, and includes a statement defining baseline performance on those measures. The proposal should also include a clear evaluation plan to ensure that the goals of the proposal are met;
6. The proposal includes specific strategies to address unmet health needs of low-income, uninsured, and underinsured populations;
7. The proposal helps reduce health disparities in the region/jurisdiction and advances the overall concept of health equity; and
8. The proposal assists the state’s overall implementation of the Affordable Care Act by expanding access for Marylanders who will become eligible for health insurance in 2014.

VI. Evaluation and Monitoring

As a condition of receiving any grant funds, LHIC grantees must agree to participate in an ongoing evaluation of the grants program, which will be discussed with successful LHIC applicants post-award. Compliance with these reporting requirements will be considered in future LHIC grant opportunities provided by the CHRC.

VII. Use of Grant Funds

CHRC funds must be used to help LHICs implement Local Health Action Plans, in part or in their entirety. **Requests for CHRC grant funds that are not directly supported/evidenced by**

the Local Health Action Plans will not be considered. CHRC grant funds may be used for project staff salaries and fringe benefits, consultant fees, data collection and analysis, conference calls and meetings, and office supplies and expenses. **Indirect costs are limited to 10% of the total direct costs of the proposed actions.** CHRC grant funds may also be expended for a limited amount of essential equipment and supplies required by the LHIC. CHRC grantees may subcontract with other organizations as appropriate to accomplish the goals of the LHIC proposal. Any one LHIC subcontract for more than \$10,000 requires **prior** approval of the Commission (post-award). If the services in the proposal will be delivered by a contractor agency rather than directly by the LHIC, the LHIC may **not** take a fee for passing through the funds to the contractor entity. CHRC grant funds may **not** be used for major equipment or new construction projects, to support clinical trials, or for lobbying or political activity.

VIII. How to Apply

The deadline for submitting proposals is **5:00 p.m. EDT on May 30, 2013.** The CHRC will review the materials to determine if all necessary items are provided.

Please review the Table **CHRC FY2013 LHIC Application Check List** on page 9 and include all required items/materials for the funding in one proposal package. Information on each of the required documents and materials for the funding proposals is detailed below.

A. Required Proposal Items

All LHICs must submit the following items to be eligible for the funding awards (please submit these documents/items in the order listed below):

(1) Grant Application Cover Sheet: This form is located in the Appendix section of this Call for Proposals and also can be accessed by visiting the Maryland Community Health Resources website (<http://www.dhmf.maryland.gov/mchrc>) and clicking on “Forms” on the left side menu.

(2) The LHIC Local Health Action Plan: Include a copy of the most recent Local Health Action Plan and a clear demonstration of how requested grant funds from the CHRC will support the core goals of the latest Plan.

(3) Project Narrative: The Project Narrative should be succinctly written and be approximately 10 to 12 pages in length (not including attachments such as the Local Health Action Plan, budget, or key staff involved with the project). The proposal should clearly state specific action items in the LHIC Local Health Action Plan that will be implemented, in part or in its entirety, using CHRC grant funds. This proposal should focus on the key action steps that will be supported with CHRC grant funding and will be undertaken over the next 12-16 months and should address priority areas or action steps in the Local Health Action Plan. An applicant is encouraged to address the 8 review criteria (listed on page 4 of this Call for Proposals). In addition, this proposal must include evaluation measures that will assess whether the LHIC’s funding proposal’s objectives and milestones have been achieved.

(4) Post-CHRC Funding Sustainability Plan: LHICs must include information on how the coalition will sustain actions initially supported by CHRC grant funds once these grant funds have been expended. The Sustainability Plan should be one page or less.

(5) Project Budget: LHICs must provide a budget and budget for the total grant request. LHICs must use the Project Budget Form provided in the Appendix section of the 2013 Call for Proposals followed by a line-item budget justification detailing the purpose of each budget item (the line-item budget justification is a simple list of expenditures and a one-sentence description for each expenditure). The budget request should be between \$150,000 and \$250,000 and support a program to be implemented over a 12-16 month period. The amount of the grant awards will be determined by the CHRC following presentations on June 26, 2013. Funding requests below \$150,000 will also be considered by the CHRC.

The CHRC Project Budget Form includes the following line item areas:

- a) *Personnel:* Include the percent effort (FTE) and title of the individual.
- b) *Personnel Fringe:* Fringe benefits should be shown at the LHIC lead LHD's standard rate.
- c) *Equipment/Furniture:* Small equipment and furniture costs.
- d) *Supplies*
- e) *Travel/Mileage/Parking*
- f) *Staff Trainings/Development*
- g) *Contractual:* Contracts for more than \$10,000 require prior approval of the Commission.
- h) *Other Expenses:* Other miscellaneous expenses or other program expenses that do not fit the other categories should be placed here. Detail each different expense in this area in the budget justification narrative.
- i) *Indirect Costs:* Indirect costs may not exceed 10% of direct proposal costs.
- j) *Matching funds:* The LHIC is required to confirm that at least 10% of the overall CHRC grant request is provided in matching funds. **LHICs must provide a copy of a signed letter of commitment from the organization(s) contributing the matching funds.**

(6) Key staff. The proposal should indicate the key staff who will be involved in implementing and evaluating the proposal. If the LHIC engages outside consultants or participating partners (external to the LHIC), these staff should be identified in the proposal. The specific roles, duties, and responsibilities should be provided in the proposal. Accompanying biographies or C.V.s may be included as well.

B. Additional Information

Proposals must be single spaced on standard 8 1/2" x 11" paper with one-inch margins and using 12-point Times New Roman or Arial font. Tables and charts may use a 10-point font or larger. All pages of the proposal must be numbered.

The CHRC requires:

(1) Five original applications, including all required materials for the request funding application in one package. The hard copy original should be bound with two-prong report fasteners or with clips. If two-prong fasteners are used, cardboard or plastic covers and backs can be used. Do not send three ring binders or spiral bound proposals. Please send the hard copy original to:

Mark Luckner, Executive Director
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

(2) One electronic copy of all the application materials should be emailed to edith.budd@maryland.gov. In the subject line of the email, please state the coalition's full name and the following reference: "LHIC 2013 Call for Proposals".

Grant proposals, both original hard copy and electronic copy, are due at the Commission's offices by 5:00 p.m. on Thursday, May 30, 2013.

IX. Inquiries

Conference Call for Applicants: The CHRC will host a conference call on May 9, 2013 at 9:30 am for interested applicants to provide information on the grants program and assistance with the application process. The dial in number for the conference call is 1.866.247.6034. The conference code is 4102607046. Participation in this conference call is *optional*.

Questions from Applicants: Applicants may also submit written questions about the grants program. Send questions to Mark Luckner (mark.luckner@maryland.gov). Questions may be submitted at any time.

The Maryland Community Health Resources Commission

The *Community Health Care Access and Safety Net Act of 2005* became law on May 10, 2005. The law authorized establishment of the 11-member Maryland Community Health Resources Commission to help communities in Maryland improve access to care for low-income families and under- and uninsured individuals. The Commissioners are appointed by Governor Martin O'Malley.

Commissioners

John A. Hurson, Chairman
Charlene M. Dukes, Ed.D.
Kendall D. Hunter
Sue Kullen
Paula McLellan

Nelson Sabatini, Vice Chairman
Maria Harris-Tildon
William Jaquis, M.D.
Mark Li, M.D.
Margaret Murray, M.P.A.

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Telephone: (410) 260-6290
Fax: (410) 626-0304
Website: <http://www.dhmh.maryland.gov/mchrc>

CHRC FY13 LHIC Application Check-List

Required Items

1. Grant Application Cover Sheet – required.

2. Copy of updated Local Health Action Plan – required.

The LHIC should include a copy of the most recent Local Health Action Plan (it may be the same document supplied to DHMH). The grant proposal should include a clear demonstration of how requested grant funds from the CHRC will support the core goals of the latest Plan.

3. Project Narrative – required.

The Project Narrative should clearly and succinctly describe how requested grant funds will be utilized by the LHIC and how the activities supported with CHRC grant funds will enable the LHIC to achieve the core goals of the Local Health Action Plan. The Project Narrative should be no more than 10-12 pages. The Project Narrative must also include evaluation measures and address the eight criteria listed on page 4 of the Call for Proposals. The page limit requirement only pertains to the Project Narrative; it does not include the Application Cover Sheet, Local Health Action Plan, Sustainability Funding Plan, or Project Budget Form and Budget Justification.

4. Post-CHRC Funding Sustainability Plan – required.

LHICs must include information on how the coalition will sustain actions initially supported by CHRC grant funds once these grant funds have been expended. The Sustainability Plan should be no more than one page.

5. Project Budget Form and Budget Justification – required.

This budget must reflect action strategy/ies that the CHRC's funding will support. The amount and source of matching funds must be included in the Project Budget Form. Please note the 10% matching funds requirement.

6. Letter of Commitment for Matching Funds - required.

LHICs must provide a copy of signed letter of commitment from the organization(s) contributing the matching funds.

Additional items that may be included (optional)

7. Key Staff – optional.

Biographies or C.V.s of key staff may be included. The inclusion of these materials will not be counted towards the overall page limit for the Project Narrative.



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Community Health Resources Commission

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LHIC Grant Application Cover Sheet FY 2013-FY 2014

State Health Improvement Process: Supporting Local Health Improvement Coalitions (LHICs) to Fuel Local Action and Improve Community Health

LHIC Designated Applicant Organization:

Name of Organization: _____

Federal Identification Number (EIN): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

LHIC Official Authorized to Execute Grants/Contracts:

Name: _____

Title: _____ E-mail: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

LHIC Project Director (if different than the official authorized to execute contracts)

Name: _____

Title: _____ E-mail: _____

Phone: _____ Fax: _____

Overall LHIC Grant Funding Request:

(Range of \$150,000 to \$250,000 may be provided by CHRC on a competitive basis; funding requests below \$150,000 will also be received and considered).

Project Budget Form for LHIC Grant Funding Request	
MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION	
<i>State Health Improvement Process: Supporting Local Health Improvement Coalitions (LHICs) to Fuel Local Action and Improve Community Health</i>	
LHIC/Organization Name:	
Project Name:	
Budget Request for CHRC Grant Funding	Amount of Request
Personnel Salary	
% FTE - Title	
% FTE - Title	
% FTE - Title	
Personnel Subtotal	
Personnel Fringe (% - Rate)	
Equipment/Furniture	
Supplies	
Travel/Mileage/Parking	
Staff Trainings/Development	
Contractual	
Other Expenses	
Indirect Costs (no more than 10% of direct costs)	
Matching Funds – at least 10% of the overall CHRC grant request must be provided in matching funds	
Total	