Maryland Community Health Resources Commission

June 5, 2006
Meeting Presentation
Outline for Discussion

• What entities can be Community Health Resources?
  – A threshold issue: only organizations that qualify as CHRs can apply for grant funding

• Priorities to consider in awarding MCHRC grants
  – Clarify what will need to be in grant application guidance

• Size of grant awards
  – Will help shape the discussions with experts
Who can be a Community Health Resource (CHR)

• Certification - A Threshold Question
  – Allows an organization to apply for a MCHRC grant.
  – Does not assure that the CHR will receive a grant

• Organizations wishing to apply for MCHRC grants will need to provide necessary documentation prior to grant proposal being accepted
Legislatively Defined Community Health Resources

- Federally Qualified Health Centers
- Federally Qualified Health Center Look-Alikes
- Community Health Centers
- Migrant Health Centers
- Health care programs for the homeless
- Primary care programs for public housing projects
- Local non-profit, community-owned health care programs
- School-based health centers
- Teaching clinics
- Wellmobiles
- Health center-controlled operating networks
- Historic Maryland Primary Care providers
- Outpatient mental health clinics

Any organization meeting any of these criteria can apply for MCHRC funding.
Other Community Health Resources
Based On May 1 MCHRC Discussion

• A Maryland Qualified Health Center
• A Local Health Department
• A medical practice that participates in either:
  – the Loan Assistance Repayment Program
  – the National Health Service Corps
  – the National Interest Waiver Program, or
  – the J-1 Visa Waiver Program;

These criteria can be easily confirmed.
Other Community Health Resources  
Based On May 1 MCHRC Discussion

• Offers to low-income Marylanders primary care services for free, or on a sliding scale basis.
  – Consolidates earlier definition, includes any provider: public, private, hospital based, or non-hospital based
  – **CLARIFICATION** May 1 materials included statement  
    • “free primary health care and/or sliding scale fees to a **majority** of the patients they see”
    • What limitations does “majority” impose?

• Offers to immigrants, or other specific populations, primary care services for free or on a sliding scale basis.

These criteria will need some clarification for potential grantees
Other CHR Candidates
Discussed May 1

• A facility that provides free or low-cost outreach, screening, and/or wellness services for low-income or uninsured individuals
• A facility that provides free or low-cost specialty services (incl. Dental, Mental Health, or Substance Abuse Treatment)
• A facility that provides integrated services for low-income individuals that include health care services.
• A health professional education and training program or center which provides clinical experiences working with low-income, uninsured, underinsured, and underserved Marylanders,.....
A Community Health Resource Is…
MCHRC Support of Non-CHRs

A Non-CHR could still receive MCHRC support by:

• Developing a proposal with a CHR and
  – Contracting with a CHR on a per-service basis
  – Having an agreement with a CHR to provide a service or set of services
Grant Criteria
Legislative Must Haves

• Provide primary care services
• Provide care to low income individuals on a sliding scale basis
  – Sliding scale to meet general guidelines
  – Sliding scale must be in place at the time of grant application
• Geographic balance
  – Not an issue for the applicants, but for the MCHRC as it makes decisions
Grant Criteria
Commission Must Haves
Based on May 1 Discussion

- Financial Stability
  - As demonstrated by an audit letter
- A specific, quantifiable evaluation strategy
- Potential for improved health status of the patients served
- Others??
## Grant-Making Priorities: Legislative

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<th>Very Important</th>
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<th>Other Issues</th>
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<td>Offer evening and weekend hours</td>
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<td>Partner with a hospital to have a reverse referral program</td>
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<td>Reduce non-emergency ER use</td>
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<td>Assist patients in establishing a medical home</td>
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<td>Coordinate delivery of specialty and primary care</td>
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<td>Integrate somatic and mental health care</td>
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<td>Provide a clinical home for individuals who access hospital emergency services for mental health services, substance abuse services, or both</td>
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<td>Fund medication management or therapy services for uninsured individuals up to 200% FPL level who meet medical necessity criteria but who are ineligible for the public mental health system</td>
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<td>Support the implementation of evidence-based clinical practices</td>
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**Grant Making Priorities: Commission-Identified**

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<td>Medicaid participation</td>
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<td>Sustainability of project beyond grant period</td>
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<td>Proposal includes matching funds from other sources</td>
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<td>Proportion of free/sliding scale patients currently served.</td>
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<td>Increase from baseline the number of free/sliding scale patients served</td>
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<td>Potential to serve as a model for other projects</td>
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<td><strong>Other priorities??</strong></td>
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Grant funding priorities are...
Size and Duration of Grants

• Approximately $6.5 million is available for grants in FY06/07
  – 1.5 in FY06
  – 5.0 in FY07

• Additional $2.2 million for unified data system
  – 0.5 million in FY06
  – 1.7 million in FY07
  – Will discuss in more detail at July meeting
Size and Duration of Grants

Issues

• Larger grants (exceeding 1 million)
  – Allow more ambitious and far-reaching projects,
  – *BUT*, narrow the focus of the MCHRC.

• Smaller grants (less than $100K)
  – Spreads the MCHRC presence widely
  – Encourages projects to seek out other funding
  – *BUT*, are likely to be very narrow in scope and impact.
Size of Grants
Some Options

• Focus on medium-sized proposals
  – Upper limit of $300K
  – Would allow MCHRC to award roughly 20 grants

• Allow different awards with varying expectations
  • Large
  • Medium
  • Small
  – Need guidance for priorities at each size.
How long should grants be funded?

• Maximum period on initial funding
  – 2 years, 3 years

• Are grantees expected to reduce their need for support over time?
  – Could grantees propose small level of support in early years with greater support in out years?