



June 30, 2022

## **FY 2022 CHRC Call for Proposals – Grants awarded by Maryland Community Health Resources Commission**

### **Chronic Disease**

**Sinai Hospital (Baltimore City; total award \$360,000).** The project seeks to address disproportionately high rates of diabetes, heart disease and hypertension, and the significant impact of COVID-19, among Black residents in northwest Baltimore. Two Community Health Workers (CHWs) will be hired to work at the LifeBridge Center for Hope and the Sinai Hospital Addictions Recovery Program (SHARP), and support the mobile health unit. CHWs and peer recovery specialists will screen individuals for somatic and behavioral conditions, provide linkages to care and wraparound services, and deliver case management including one-on-one wellness planning.

**Shepherd's Clinic (Baltimore City; total award \$460,000).** The EMPOWER project aims to control hypertension and prevent cardiovascular complications among Black residents of Baltimore City who have a higher comparative rate of uncontrolled hypertension. Interventions include utilizing remote patient monitoring, training and diversifying the care team, expanding current SDOH resources, and deploying CHWs for community blood pressure screenings. Community hypertension education will be provided, and patients will be offered wellness services such as yoga/meditation classes, nutrition counseling, cooking demonstrations, and gardening tips. The project will address Social Determinant of Health (SDOH) needs including food security, transportation, health literacy education, and language services.

**Calvert County Health Department (Calvert County; total award: \$480,000).** The "Highways to Health" program will target three communities at high risk for chronic diseases which have large minority populations and overall high socioeconomic needs. The project will initiate a mobile outreach and health van (MOV) to bring health screenings, health resources, and community linkages directly to vulnerable, hard-to-reach residents. The MOV will offer referrals to Primary Care Providers and to community partners for healthy lifestyle programs (Diabetes Prevention Program, Diabetes Self-Management Program, Tobacco Cessation) and physical activity programs. Nutrition counseling also will be provided.

**Queen Anne's County Health Department (Queen Anne's County; total award: \$200,000).** This program will expand Mobile Integrated Community Health (MICH) services and leverage mobile technology to enhance access to a broad range of services for minority and low-income residents living with at least one chronic disease and multiple underlying medical conditions, and who face barriers to accessing care which have been exacerbated by the COVID-19 pandemic. The project will expand MICH capacity by funding the use of the "mHealth" app with wearable devices that allow mobile telehealth and provide access to weight/diet/fitness tracking and management, dosing reminders via text messaging and/or electronic devices, and access to nutritional consulting. Staff also will bring Diabetes Self-Management and the National Diabetes Prevention Programs directly to participants.

**Mary's Center (Prince George's and Montgomery Counties; total award: \$320,000).** This project will support expansion of the Socios de Salud/Health Partners program, which provides comprehensive care coordination, health education, and improved disease management to drive improved health outcomes, address barriers to care, and address SDOH needs for vulnerable, underserved residents. Grant funds will support salaries for: a Care Coordination RN to manage a caseload of participants, research low-cost options for medication and self-monitoring, and develop workflows for the program including remote patient monitoring; a Population Health Coordinator to assist with patient intake, caseload assignments,

communication with team of care coordinators and providers, track participants and carry a small caseload; a Health Educator to provide health and lifestyle education; and a Data Analyst to assist with program evaluation and identify participants needing more intensive support. Funds will also support self-monitoring equipment for uninsured participants.

**Primary Care Coalition (Montgomery County; total award: \$375,000).** This project will expand comprehensive medical and SDOH supports among minority populations in Montgomery County. The Nexus Connect program uses CHWs to address individuals' health (health screenings, access to primary care, health insurance navigation, prescription medication assistance, healthy behaviors), food security, English language (ESOL classes), job readiness, legal aid, subsidized childcare, education gaps (kindergarten readiness, HS diploma/GED, college/trade school pathways, career building), and economic empowerment (financial literacy, budgeting) needs. CHWs, called "JEDIs," will provide health and social service navigation, partner referrals, and partner organization coordination.

## **Behavioral Health**

**Care for Your Health (Prince George's, Howard, and Montgomery Counties; total award: \$255,000).** This project will expand access to culturally and linguistically competent grief counseling among low income and elderly communities of color. Key interventions include the integration of bilingual grief counseling into the applicant's primary care services. Grant funds will be used for salaries for a Grief Counselor, Program Manager, and Primary Care Physician.

**Mobile Medical Care (Montgomery County; total award: \$500,000).** This project will expand access to behavioral health, primary care, and chronic disease management services for African diaspora residents of east Montgomery County. Key interventions include conducting outreach at community events and through peer advocates, training peer advocates in Mental Health First Aid, and case management. MobileMed will facilitate connections to services to address SDOH including food insecurity and vocational skills. Partners will provide referrals and manage CHWs.

**Helping Up Mission (Baltimore City; total award: \$285,000).** This project seeks to expand access to Substance Use Disorder (SUD) and mental health services among individuals experiencing homelessness in Baltimore City and surrounding areas. Key interventions include use of a converted school bus and intake van to conduct street outreach for residential SUD programs, casework, and other referrals.

**Baltimore Medical Systems (Baltimore City/County; total award: \$500,000).** This project will expand access to SUD treatment with an emphasis on opioid treatment for residents of Baltimore City and Baltimore County, particularly among the Black population. Key interventions include: referral programs for obstetric patients and emergency department utilizers experiencing SUD or at elevated risk of relapse, enhanced capacity for SUD treatment, expanded SDOH screenings and interventions using the PRAPARE tool, and the provision of harm reduction trainings and materials.

**Park West (Baltimore City; total award: \$395,000).** This project seeks to expand access to behavioral health care and address adverse childhood experiences (ACES) among predominantly African American youth and adolescents in the Park Heights neighborhood of northwest Baltimore. Key interventions include launching a Psychiatric Rehabilitation Program (PRP), expanding current SUD services to include prevention and intervention outpatient services targeting youth and adolescents, and training staff on trauma informed health care delivery.

## **Maternal Child Health**

**Health Care Access Maryland (Baltimore City; total award: \$560,000).** The project will address health disparities among low-income and at-risk mothers in Baltimore City. The project will employ a team of CHWs to receive referrals from Mercy Medical Center to provide care coordination for women experiencing

hypertension, preeclampsia, and diabetes for 90-days post-partum. The CHWs will connect women to primary care and community-based services and provide health education services, health insurance literacy, disease management services, and other post-partum services.

**Harford County Health Department (Harford County; total award: \$650,000).** This project will deliver primary, dental, and mental health services to low-income and uninsured individuals (pregnant women, mothers, children), with a particular emphasis on undocumented, Latino populations. Grant funds will support salaries for key personnel (bilingual care navigator, medical assistant, billing specialist, nurse practitioner, mental health provider, and dental services staff), supplies, and support for patient laboratory testing and medication costs.

**Access to Wholistic & Productive Living (Prince George's County; total award: \$375,000).** This program will address health disparities related to low birth weight and other birth outcomes among women impacted by multiple SDOH living in four high-risk communities in Prince George's County. The applicant will train three CHWs to become certified doulas and provide pre-conceptional counseling and support; virtual and in-home visiting pre-and post-partum; and screening for SDOH needs, including food insecurity, health screening, transportation, health insurance, and rental and utility assistance.

**Chase Brexton (Baltimore City, Baltimore County, Anne Arundel County; total award: \$710,000).** This project will expand Chase Brexton's capacity to provide prenatal and postpartum case management, care coordination, and psychosocial wraparound support for low-income women impacted by multiple SDOH, with a focus on racial and ethnic minorities, populations with limited English proficiency, uninsured and under-insured women, and low-income households. Chase Brexton will provide referrals to and care coordination for on- and off-site services, linkages to specialty care for high-risk patients, and referrals to community-based services, including WIC, to address SDOH.

**St. Mary's County Health Department (St. Mary's County; total award: \$655,000).** This program will address the continued impact of COVID on well-child visits and educational delays by promoting the "Nurse-Family Partnership," an evidence-based home visiting program for first-time mothers. The Nurse-Family Partnership will visit young, first-time mothers-to-be starting early in the pregnancy and stay with the mothers/families through the child's second birthday. The NFP has shown improved birth outcomes, improved child health and development, and increased self-sufficiency among participant families.

**Access Art (Baltimore City; total award: \$120,000).** This project looks to continue the applicant's current food distribution events and comprehensive health that address multiple SDOH in the Morrell Park neighborhood of southwest Baltimore. Grant funding will cover the salary costs for one CHW who will provide assistance to families to access health insurance benefits, behavioral health services, and family assistance programs. Grant funds also will be used to purchase food, hygiene products, and household supplies for distribution.