CHANGING
Maryland
for the Better

COMMUNITY HEALTH RESOURCES COMMISSION

Mark Luckner, Executive Director
Community Health Resources Commission
February 10, 2017 and February 13, 2017

BACKGROUND ON THE CHRC

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Maryland Community Health Resources Commission

- **The Community Health Resources Commission (CHRC) was created by the Maryland General Assembly in 2005 to expand access for low-income Marylanders and underserved communities.**
- **Priorities and areas of focus include:**
  - Increase access to primary and specialty care through grants to community health resources - **not regulatory function**
  - Promote projects that are **innovative, replicable, and sustainable**
  - Build capacity of safety net providers to serve more residents
  - Address social determinants of health and promote health equity

BACKGROUND ON THE CHRC

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- **The CHRC is an independent agency operating within the Maryland Department of Health and Mental Hygiene.**
- **Eleven Commissioners of the CHRC are appointed by the Governor.**

The Hon. John A. Hurson, CHRC Chairman, Executive Vice President, Personal Care Products Association

Allan Anderson, M.D., Vice President of Dementia Care Practice, Integrace

Elizabeth Chung, Executive Director, Asian American Center of Frederick

Maritha R. Gay, Senior Director of External Affairs at Kaiser Foundation Health Plan of the Mid-Atlantic States Region

J. Wayne Howard, Former President and CEO, Choptank Community Health System, Inc.

William Jaquis, M.D., Chief, Department of Emergency Medicine, Sinai Hospital

Surina Jordan, PhD, Zima Health, LLC, President and Senior Health Advisor

Barry Ronan, President and CEO, Western Maryland Health System

Carol Ivy Simmons, PhD, President and CEO, Simmons Health Systems Consulting

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

BACKGROUND ON THE CHRC

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The CHRC grants have focused on the following public health priorities:

Promoting Comprehensive Women's Health Services and Reducing Infant Mortality

Increasing access to integrated behavioral health services

Reducing avoidable ED visits and promoting care in the community

Investing in health information technology

Expanding Access to Primary Care Services

Addressing childhood obesity

Providing Dental Care for Low-income Children and Adults

Building safety net capacity

IMPACT OF CHRC GRANTS

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Since 2007, CHRC has awarded 169 grants totaling $55.8 million. Most grants are awarded for multiple years.

- $55.8 million has leveraged more than **$18.8 million** in **additional** resources (specific examples next slides).
- CHRC has supported programs in **all 24 jurisdictions**.
- These programs have collectively served more than **318,000 Marylanders**.
- Grantees include Federally Qualified Health Centers (FQHCs), local health departments, free clinics, and outpatient behavioral health providers.

SUPPORTING SUSTAINABILITY

CHRC grantees utilize grant funding to leverage additional federal and private/nonprofit funding.

$55.8 million to grantees

$18.8 million in **additional** resources

$6.5 million in private funds

$8.6 million in local resources

EXAMPLES OF LEVERAGING

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Public-Private Partnerships leveraging additional resources				
Grantee	**Award**	**Jurisdiction**	**Focus**	**Leveraged**
Charles County Health Department	400,000	Charles	ED diversion	150,000
Access Carroll	525,000	Carroll	Primary+Dental	841,708
Mental Health Association	325,000	Frederick	Behavioral health	135,000
Health Partners	250,000	Charles	Dental	75,000
Access to Wholistic & Productive Living	350,000	Prince George's	Women's health	997,612
Choptank Community Health System	300,000	Eastern Shore	Dental	215,000
Mobile Medical Care, Inc.	480,000	Montgomery	Primary care	900,000
Community Clinic, Inc.	280,000	Prince George's	Women's health	528,507
West Cecil	480,000	Cecil + Harford	Primary care	871,546
Subtotal (9 recent grants)	**3,390,000**			**4,714,373**
CHRC total grants (169 grants)	**55,800,000**			**18,800,000**

INNOVATION, REPLICABILITY, AND COST-SAVINGS

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Behavioral health home project (adults with SMI) that integrates primary care with behavioral health services. **Leveraged $1 million in private funding**. Laid the groundwork for the DHMH's Medicaid Behavioral Health Home Initiative, launched in 2013. **There are now 81 Health Homes in the state** and program was highlighted in **Washington Post** (January 21, 2017)*.

Care coordination program targeting at-risk patients (3 or more visits in 4-months) of Sinai's ED. **66% reduction in ED visits** reported, and 350 avoided hospital admissions which translated into **total cost savings/avoided charges of $1,122,424** in 2016 (grant was for $800,000).

*(https://www.washingtonpost.com/local/social-issues/unique-programs-offers-people-with-mental-illness-a-place-in-their-communities/2017/01/21/552302de-bbc6-11e6-91ee-1adddfe36cbe_story.html?utm_term=.0c04e00e0ab4).

INNOVATION, REPLICABILITY, AND COST-SAVINGS

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lower shore clinic

Integration of primary care at behavioral health clinic in Salisbury. Addition of primary care resulted in **increased revenues from $1.3M to $4.4M**. Leveraged CHRC funding to attract $600,000 in federal funds. (grant was for $240,000)

MobileMed
Mobile Medical Care, Inc.

Primary care access program supported the opening of a new safety net health clinic in the Aspen Hill neighborhood of Montgomery County. CHRC grant facilitated free clinic's transition to becoming Federally Qualified Health Center last year. **Leveraged funding to receive a $900,000 NAP award**. (grant was for $480,000)

INNOVATION, REPLICABILITY, AND COST-SAVINGS

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Cecil County Health Department

Care coordination program for individuals with chronic conditions that served 160 individuals over 18 months. Helped reduce avoidable ED visits and admissions for chronic conditions. The hospital partner (Union) reported **estimated savings of more than $662,000** (grant was for $120,000).

Esperanza Center

Primary care access program for un/underinsured. Served 1,548 individuals with approximately 3,000 patient visits. Patient surveys indicated that 1,460 patient visits would have resulted in an ED visit. The **reduction translates into total cost savings/avoided charges of $1.8 million** (grant was for $200,000).

POST-GRANT SUSTAINABILITY

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- The CHRC defines "program sustainability" as ***the core services of the program have been maintained for at least one year after Commission funds have been expended***.

- Of the 13 program grants awarded in FY 2012 (latest round of grants now closed), **11 programs continue to operate after grant funds were expended.**

Grantee/Number	Focus Area	Sustained?
Harford County Health Department / 12-001	Reducing Infant Mortality	Sustained
Tri-State Community Health Center / 12-002	Reducing Infant Mortality	Sustained
Baltimore City Health Department / 12-003	Dental Care	Not Sustained
Walnut Street Community Health Center / 12-004	Dental Care	Sustained
Bel Alton / 12-005	Dental Care	Not Sustained
Mobile Medical Inc. / 12-006	Behavioral Health	Sustained
Lower Shore Clinic / 12-007	Behavioral Health	Sustained
Community Clinic, Inc. / 12-008	Access to Primary Care	Sustained
Catholic Charities-Esperanza Center / 12-009	Access to Primary Care	Sustained
Shepherd's Clinic / 12-010	Access to Primary Care	Sustained
Way Station, Inc. / 12-012	Behavioral Health	Sustained
Walden Sierra, Inc. / 12-013	Behavioral Health	Sustained
Mary's Center / 12-014	Behavioral Health	Sustained

AGENCY OVERVIEW

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- **Demonstrated track record in distributing and managing public funds efficiently**
- **Hold grantees accountable for performance (both fiscal and programmatic reporting)**
- **CHRC overhead is 9% of its $8 million budget**
  - 45 grants, totaling $8.2 million, under implementation
  - Monitored by CHRC staff of three PINs
- **Chapter 328 in 2014 re-authorized the CHRC until 2025. This vote was unanimous.**

CHRC GRANT MONITORING

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- **CHRC grants are monitored closely.**
- **Twice a year, as condition of payment of funds, grantees submit program narratives, performance metrics, and an expenditure report.**

CHRC Grantee Monitoring Report	
Grantee:	Harford County Health Department
Grant #:	15-008
Reporting Period:	Report #1: May 1, 2015 - October 31, 2015
Project Goal(s):	Improve health outcomes and reduce costs through community-based, comprehensive care coordination of high risk, high-cost populations.

SHIP Focus Area(s) & Measure(s):
Healthy Beginnings - Early prenatal care; Infant death rate; Babies with low birth weight; Sudden unexpected infant death rate
Quality Preventative Care - ED visits due to diabetes; ED visits due to Hypertension

NOTE #1: Any measurement counting "unduplicated" patients **CANNOT** include the same patients over different reporting periods. The "Totals" column for these measures should sum only unique individuals. For example, if an individual is counted in reporting period 1, then that person should **not** be counted again in reporting period 2.

NOTE #2: The program data with its associated data source reported by the grantee on this M&D report is subject to audit by the CHRC.

NOTE #3: The CHRC will utilize output **1f** for its "**Total Patients/clients Engaged**" measure, and output **1g and 1h** for its "**Total Patient/client encounters**" measures.

NOTE #4: "Patient/Client Encounters" is defined as any face-to-face or telephonic contact with a nurse care manager in a care coordination program.

Process Metrics

Key Project Objectives	Output	Data Source	Year One	
			Reporting Period #1	Reporting Period #2
Improve health outcomes for low income patients through Nurse Case Management	1a) # of clients referred to Nurse Case Manager from UM-UCH Emergency Department	Internal Data Tracking System		
	1b) # of clients referred to Nurse Case Manager from Beacon Health	Internal Data Tracking System		
	1c) # of clients referred to Nurse Case Manager from UM-UCH Birthing Unit	Internal Data Tracking System		
	1d) # of clients referred to Nurse Case Manager from other Community Medical Providers	Internal Data Tracking System		
	1e) Total # of unduplicated clients referred to Nurse Case Manager	Internal Data Tracking System		
	1f) Total # of referred clients successfully engaged with Nurse Case Manager*	Internal Data Tracking System		
	1g) Total # of patient encounters, face-to-face, by Nurse Case Manager	Internal Data Tracking System		

- **Grantee progress reports (sample above) are a collection of process and outcome metrics.**

CHRC GRANT MONITORING

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CHRC staff perform a documented review of self-reported grantee performance results for 25% of all current/active grants on an annual basis.

- The programs were randomly selected from grants that have been operating for a minimum of one year.
- Of 30 grants meeting this criteria, 8 were selected for an audit in 2016.
- Grantees were required to show documentation for all programmatic milestones and deliverables reported to the Commission.

Grantee/Number	Focus area
Worcester County Health Department / 14-014	Behavioral Health
Charles County Health Department / 14-006	Dental
University of Maryland Pediatrics / 14-018	Childhood Obesity
Allegany Health Right / 15-002	Dental
Harford County Health Department / 15-008	ED Diversion
Esperanza Center / 15-010	Primary care
Anne Arundel Medical Center / HEZ-001	Health Enterprise Zone
Prince George's County Health Department / HEZ-004	Health Enterprise Zone

FY 2017 CALL FOR PROPOSALS

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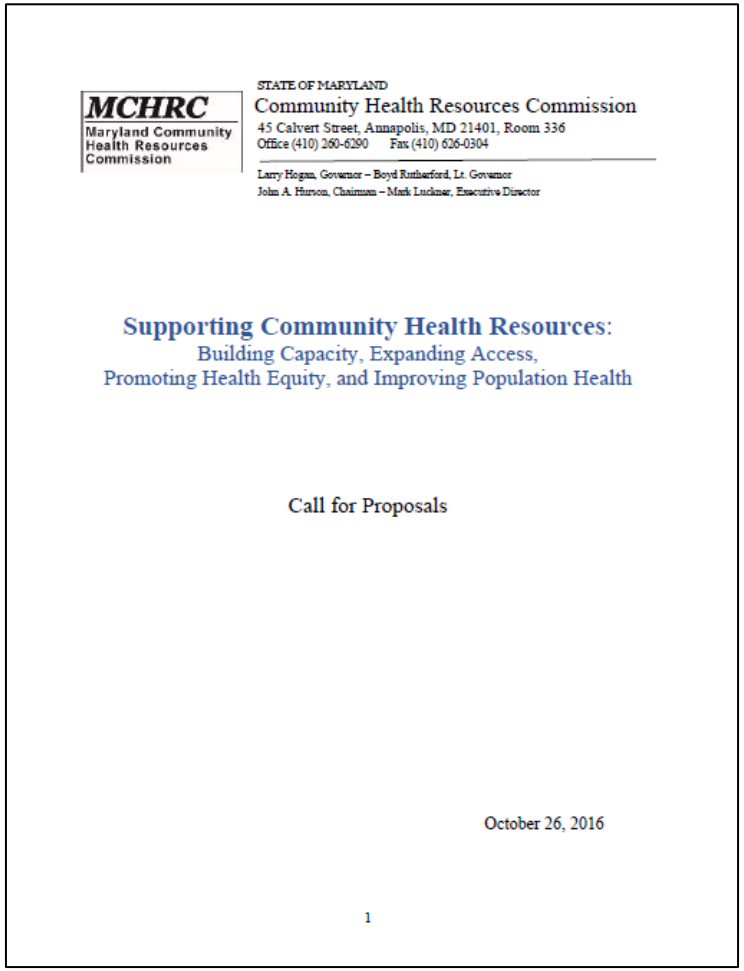

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STATE OF MARYLAND
Community Health Resources Commission
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Office (410) 260-6290 Fax (410) 626-0304

Larry Hogan, Governor – Boyd Rutherford, Lt. Governor
John A. Hurson, Chairman – Mark Luckner, Executive Director

Supporting Community Health Resources:
Building Capacity, Expanding Access,
Promoting Health Equity, and Improving Population Health

Call for Proposals

October 26, 2016

1

Key Dates:

October 27, 2016 – Release of Call for Proposals

December 19, 2016 – Applications due

January 2017 – Review period

February 14, 2017 - CHRC Call

March 14, 2017 - Applicant presentations and award decisions

Three strategic priorities:

(1) Expand capacity;
(2) Reduce health disparities; and
(3) Support efforts to reduce avoidable hospital utilization.

FY 2017 CALL FOR PROPOSALS

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- **Generated 77 proposals totaling $48.9 million ($3.6 million is available this fiscal year).**

- **Call for Proposals includes 5 types of projects:**
  1. **Obesity and Food Security –** 8 proposals, $3.7 million
  2. **Women's health/infant mortality** - 8 proposals, $3.5 million
  3. **Dental care** - 11 proposals, $4.4 million
  4. **Behavioral health/heroin and opioid epidemic** - 21 proposals, $16.8 million
  5. **Primary care and chronic disease management** - 29 proposals, $20.5 million

CHRC BUDGET AND GRANT REQUESTS

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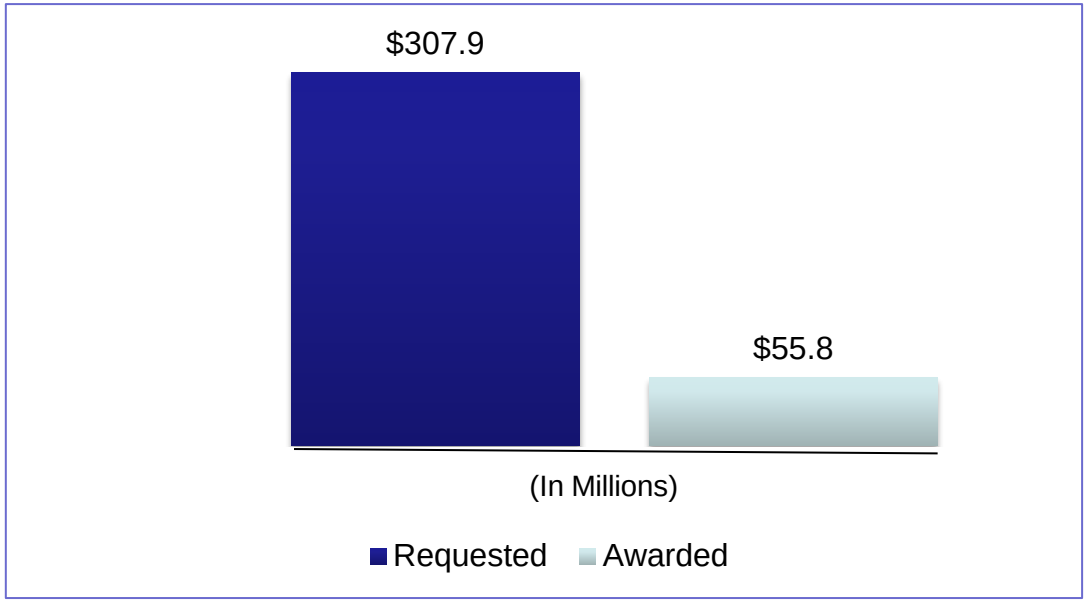
- **Demand for grant funding exceeds CHRC's budget.**
- **The Commission has awarded approximately 18% of the funds requested.**

Funding requested vs. funds awarded



43 of the proposals were received this year from applicants who have <u>not</u> received CHRC funding in the past.

CONTINUED IMPORTANCE OF COMMUNITY HEALTH RESOURCES

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- **Health insurance does not always mean access.**
  - FQHCs and other community providers are on the front line of serving high need and high cost individuals
- **Historical mission of serving low-income individuals who are impacted by social determinants and have special health and social service needs.**
  - Health literacy - critical role of safety net providers
- **Demand for health services by the newly insured dramatically outpaces the supply of providers.**
  - 81% of FQHCs nationally have seen an increase in patients in the last 3 years