COMMUNITY HEALTH RESOURCES COMMISSION

Mark Luckner, Executive Director
Community Health Resources Commission
February 10, 2017 and February 13, 2017
BACKGROUND ON THE CHRC

• 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

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

- Promoting Comprehensive Women's Health Services and Reducing Infant Mortality
- Reducing avoidable ED visits and promoting care in the community
- Expanding Access to Primary Care Services
- Providing Dental Care for Low-income Children and Adults
- Increasing access to integrated behavioral health services
- Investing in health information technology
- Addressing childhood obesity
- Building safety net capacity
IMPACT OF CHRC GRANTS

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.
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

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Award</th>
<th>Jurisdiction</th>
<th>Focus</th>
<th>Leveraged</th>
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</thead>
<tbody>
<tr>
<td>Charles County Health Department</td>
<td>400,000</td>
<td>Charles</td>
<td>ED diversion</td>
<td>150,000</td>
</tr>
<tr>
<td>Access Carroll</td>
<td>525,000</td>
<td>Carroll</td>
<td>Primary+Dental</td>
<td>841,708</td>
</tr>
<tr>
<td>Mental Health Association</td>
<td>325,000</td>
<td>Frederick</td>
<td>Behavioral health</td>
<td>135,000</td>
</tr>
<tr>
<td>Health Partners</td>
<td>250,000</td>
<td>Charles</td>
<td>Dental</td>
<td>75,000</td>
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<tr>
<td>Access to Wholistic &amp; Productive Living</td>
<td>350,000</td>
<td>Prince George's</td>
<td>Women's health</td>
<td>997,612</td>
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<tr>
<td>Choptank Community Health System</td>
<td>300,000</td>
<td>Eastern Shore</td>
<td>Dental</td>
<td>215,000</td>
</tr>
<tr>
<td>Mobile Medical Care, Inc.</td>
<td>480,000</td>
<td>Montgomery</td>
<td>Primary care</td>
<td>900,000</td>
</tr>
<tr>
<td>Community Clinic, Inc.</td>
<td>280,000</td>
<td>Prince George's</td>
<td>Women's health</td>
<td>528,507</td>
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<tr>
<td>West Cecil</td>
<td>480,000</td>
<td>Cecil + Harford</td>
<td>Primary care</td>
<td>871,546</td>
</tr>
<tr>
<td><strong>Subtotal (9 recent grants)</strong></td>
<td>3,390,000</td>
<td></td>
<td></td>
<td>4,714,373</td>
</tr>
<tr>
<td><strong>CHRC total grants (169 grants)</strong></td>
<td>55,800,000</td>
<td></td>
<td></td>
<td>18,800,000</td>
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</tbody>
</table>
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-1addfe36cbe_story.html?utm_term=.0c04e00e0ab4).
INNOVATION, REPLICABILITY, AND COST-SAVINGS

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)

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

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).

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

- 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.

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

• 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

- CHRC grants are monitored closely.

- Twice a year, as condition of payment of funds, grantees submit program narratives, performance metrics, and an expenditure report.

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

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.

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<tr>
<td>Worcester County Health Department / 14-014</td>
<td>Behavioral Health</td>
</tr>
<tr>
<td>Charles County Health Department / 14-006</td>
<td>Dental</td>
</tr>
<tr>
<td>University of Maryland Pediatrics / 14-018</td>
<td>Childhood Obesity</td>
</tr>
<tr>
<td>Allegany Health Right / 15-002</td>
<td>Dental</td>
</tr>
<tr>
<td>Harford County Health Department / 15-008</td>
<td>ED Diversion</td>
</tr>
<tr>
<td>Esperanza Center / 15-010</td>
<td>Primary care</td>
</tr>
<tr>
<td>Anne Arundel Medical Center / HEZ-001</td>
<td>Health Enterprise Zone</td>
</tr>
<tr>
<td>Prince George’s County Health Department / HEZ-004</td>
<td>Health Enterprise Zone</td>
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FY 2017 CALL FOR PROPOSALS

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

- 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

• 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 not received CHRC funding in the past.
• 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