MARYLAND DEPARTMENT OF HEALTH

COMMUNITY HEALTH RESOURCES COMMISSION

Mark Luckner, Executive Director
Community Health Resources Commission

Presented to:
House Appropriations
Health and Social Services Subcommittee
February 22, 2018
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, sustainable, and replicable
- 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.

• Eleven Commissioners of the CHRC are appointed by the Governor. There is currently one vacancy on the Commission.

Allan Anderson, M.D., CHRC Chairman

Elizabeth Chung, Executive Director, Asian American Center of Frederick

Scott T. Gibson, Vice President of Human Resources, Melwood Horticultural Training Center, Inc.

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

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

Barry Ronan, President and CEO, Western Maryland Health System

Erica I. Shelton, M.D., Assistant Professor, Johns Hopkins University School of Medicine, Department of Emergency Medicine

Carol Ivy Simmons, PhD, Clinical Director, International Association of Firefighters Center of Excellence

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:

- Expanding Access to Primary Care Services and Chronic Disease Management
- Providing Dental Care for Low-income Children and Adults
- Addressing childhood obesity and promoting food security
- Investing in health information technology
- Increasing access to integrated behavioral health and SUD treatment services
- Reducing avoidable ED visits and promoting care in the community
- Building safety net capacity
- Promoting Comprehensive Women's Health Services and Reducing Infant Mortality
The CHRC has awarded 190 grants totaling $60.3 million.

• $60.3 million has leveraged more than $21.4 million in additional resources (specific examples next slides).

• CHRC has supported programs in all 24 jurisdictions.

• These programs have collectively served more than 396,000 Marylanders. Most residents have complex health and social service needs, and many are super utilizers of hospital and EMS systems.

• Grantees include FQHCs, local health departments, free clinics, and outpatient behavioral health providers.
CHRC grantees utilize grant funding to leverage additional federal and private/nonprofit funding.

- $60.3 million to grantees
- $21.4 million in additional resources
- $10 million in private funds
- $7.5 million in local resources
<table>
<thead>
<tr>
<th>Grantee</th>
<th>Award</th>
<th>Jurisdiction</th>
<th>Focus</th>
<th>Leveraged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles County Health Department</td>
<td>400,000</td>
<td>Charles</td>
<td>ED diversion</td>
<td>150,000</td>
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<tr>
<td>Access Carroll</td>
<td>525,000</td>
<td>Carroll</td>
<td>Primary+Dental</td>
<td>841,708</td>
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<td>Mental Health Association</td>
<td>325,000</td>
<td>Frederick</td>
<td>Behavioral health</td>
<td>135,000</td>
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<td>Health Partners</td>
<td>250,000</td>
<td>Charles</td>
<td>Dental</td>
<td>75,000</td>
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<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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<td>Choptank Community Health System</td>
<td>300,000</td>
<td>Eastern Shore</td>
<td>Dental</td>
<td>215,000</td>
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<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>
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<tr>
<td><strong>Subtotal (9 recent grants)</strong></td>
<td><strong>3,390,000</strong></td>
<td></td>
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<td><strong>4,714,373</strong></td>
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<td><strong>CHRC total grants (190 grants)</strong></td>
<td><strong>60,339,473</strong></td>
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<td></td>
<td><strong>21,359,618</strong></td>
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“Project Phoenix” provides SUD treatment services, including medications, and addresses social determinants of health. Over two-year period, served 517 individuals and saw average number of ED visits drop 60%, from 1.57 to 0.63 visits per participant. *Calvert Memorial Hospital has indicated financial support to continue the program* in light of the reduction in avoidable hospital costs. Another program, *Healthy Beginnings, achieved $3M in Medicaid savings via reduced NICU stays.*

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 State’s Medicaid Behavioral Health Home Initiative, launched in 2013. *There are now 81 Health Homes in Maryland.*
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 two years ago. Leveraged funding to receive an ongoing $900,000 NAP award (grant was for $480,000).

Served 5,315 un/underinsured individuals with approximately 8,400 patient visits. Patient surveys indicated that 2,571 patient visits would have resulted in an ED visit, which translated into total cost savings/avoided charges of $2.3 million. Leveraged funding to receive $818,860 in private funds (grant was for $200,000).
Integration of primary care in behavioral health setting 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). Another grant in FY 2016 focused on super utilizers of PRMC Hospital ED and, over 15 months, achieved overall cost savings of $927,560 (grant was for $120,000).

Care coordination program targeting at-risk patients (3 or more visits in 4-months) of Sinai’s ED. 67% reduction in ED visits and admissions reported, which translated into total cost savings/avoided charges of $1,175,359 in 2016 (grant was for $800,000).
DENTAL CARE FOR AT-RISK RESIDENTS

Supported a new clinic and partnership with Dental School. Clinic opened last year and served 1,660 unduplicated patients in 6 months, and more than 1,000 adult patients received blood pressure screening. Leveraged $100,000 in additional funding from private foundation.

Received grant in FY 2008 to expand Choptank’s dental practice in Goldsboro, serving 6,374 people over the duration of the grant. Laid groundwork for ongoing federal funding of $215,000 and additional funding from private foundation.
Demonstrated track record in distributing and managing public funds efficiently

Hold grantees accountable for performance (both fiscal and programmatic reporting, see next slides)

CHRC staff (three PINs) currently monitor 45 grants, totaling $11.8 million

Chapter 328 in 2014 re-authorized the CHRC until 2025; This vote was unanimous

As of October 2017, CHRC now staffs the Maryland Council on Advancement of School–Based Health Centers
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 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 41 grants meeting this criteria, 10 were selected for an audit in 2017.
- Grantees were required to show documentation for all programmatic milestones and deliverables reported to the Commission.
- Grantees were able to document all reported milestones and deliverables.

<table>
<thead>
<tr>
<th>Grantee/Number</th>
<th>Focus area</th>
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<tbody>
<tr>
<td>Frederick Memorial Hospital / 15-003</td>
<td>Dental</td>
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<tr>
<td>Calvert County Health Department / 15-007</td>
<td>Behavioral Health</td>
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<tr>
<td>Carroll County Health Department / 16-003</td>
<td>Dental</td>
</tr>
<tr>
<td>Mountain Laurel / 16-004</td>
<td>Dental</td>
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<td>Potomac Healthcare Foundation / 16-007</td>
<td>Behavioral Health</td>
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<tr>
<td>Wicomico County Health Department / 16-009</td>
<td>Primary Care</td>
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<td>Shepherd’s Clinic / 16-010</td>
<td>Primary Care</td>
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<tr>
<td>La Clinica del Pueblo / 16-011</td>
<td>Primary Care</td>
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<tr>
<td>Chinese Culture / 16-014</td>
<td>Primary Care</td>
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<tr>
<td>Baltimore City Health Department / 16-015</td>
<td>Infant Mortality</td>
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FY 2018 CALL FOR PROPOSALS

Key Dates:

October 19, 2017 – Release of Call for Proposals

December 18, 2017 – Applications due

January 2018 – Review period

February 8, 2018 - CHRC Call

March 13, 2018 – Eighteen applicant presentations and award decisions
Three strategic priorities:

1. Preserving or enhancing the state’s ability to serve vulnerable populations regardless of insurance status
2. Promoting health equity by reducing health disparities and addressing the social determinants of health
3. Supporting community-based programs that are innovative, sustainable, and replicable

Generated 46 proposals totaling $18.9 million ($2.3 million is available this fiscal year).

Call for Proposals includes 3 types of projects:

1. Essential Services - 28 proposals, $11.3 million
2. Behavioral Health - 14 proposals, $6.6 million
3. Obesity and Food Security – 4 proposals, $1 million