



MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

ANNUAL REPORT FOR CY 2022

HEALTH GENERAL §19-2107

December 2023

(This page is intentionally left blank.)



**MARYLAND COMMUNITY HEALTH
RESOURCES COMMISSION
ANNUAL REPORT
CALENDAR YEAR 2022**

Table of Contents

I	Executive Summary	4
II	Background and Mission	5
III	Annual Call for Proposals	6
IV	Council on Advancement of School-Based Health Centers	8
V	Maryland Health Equity Resource Act	8
VI	Maryland Consortium on Coordinated Community Supports	10
VII	Appendices	11
	A. List of CHRC Commissioners	
	B. List of Health Equity Resource Communities Advisory Committee Members	
	C. List of Council on Advancement of School-Based Health Centers Members	
	D. List of Maryland Consortium on Coordinated Community Supports Members	
	E. Summary Descriptions of FY 2022 Program Grants	
	F. Summary Descriptions of Pathways to Health Equity Grants	
	G. Council on Advancement of School-Based Health Centers 2022 Annual Report Executive Summary	
	H. Abbreviations	

I. Executive Summary

This report highlights the main activities and deliverables of the Maryland Community Health Resources Commission for CY 2022. The Maryland Community Health Resources Commission (CHRC) was created by the Maryland General Assembly in 2005 to expand access to health care for low-income Marylanders and underserved communities across the state and to bolster the capacity of the health care safety net infrastructure to deliver affordable, high-quality health services to those populations. The CHRC is an independent commission within the Maryland Department of Health, and its 11 commission members are appointed by the Governor. Recent legislation enacted by the Maryland General Assembly has expanded the CHRC's statutory responsibilities to include the following:

1. Expand access to health care in underserved communities; support projects that serve low-income Marylanders, regardless of insurance status; and build capacity of safety-net providers.

The CHRC achieves these goals by issuing an Annual Call for Proposals (RFP). Each RFP is tailored to the population health goals issued by the Maryland Department of Health. Proposals are received and reviewed by the CHRC and subject matter experts. Proposals are reviewed by a Review Committee composed of CHRC staff, Commissioners, and subject matter experts. That Committee evaluates the proposals based on selection criteria outlined in the RFP and issues recommendations on which applicants should be considered by the full Commission. Commissioners then receive presentations from the recommended applicants and vote to issue awards. More detailed information regarding the FY 2022 RFP, its Strategic Priorities and Areas of Focus, and the resulting awards made may be found beginning on pages six and seven of this report.

2. Staff the Council on Advancement of School-Based Health Centers.

The CHRC continues to provide staff support to the Maryland Council on Advancement of School-Based Health Centers. The purpose of the Council is to improve the health and educational outcomes of students who receive services from a School-Based Health Center (SBHC).

3. Implement the Maryland Health Equity Resource Act.

The Maryland Health Equity Resource Act, approved during the 2021 legislative session, established the Pathways to Health Equity Program and Health Equity Resource Communities to target State resources to reduce health disparities, improve health outcomes, increase access to primary care, promote primary and secondary prevention services, and reduce health costs and hospital admissions and readmissions in specific areas of Maryland.

4. Implement the Maryland Consortium on Coordinated Community Supports.

The Blueprint for Maryland's Future established the Maryland Consortium on Coordinated Community Supports to support school behavioral health partnerships. The Consortium is responsible for developing a statewide framework to expand access to comprehensive

behavioral health services for Maryland students from prekindergarten through high school. The CHRC staffs the Consortium and administers its grant program. Additional information on the Consortium can be found in Section V of this report. A list of Consortium members is included in Appendix D.

II. Background and Mission

The Maryland General Assembly created the Community Health Resources Commission through the Community Health Care Access and Safety Net Act of 2005 to expand access to affordable, high-quality health care services in Maryland's underserved communities; support the adoption of health information technology in community health resources; increase access to specialty health care services for uninsured and low-income individuals; promote interconnected systems of care and partnerships among community health resources and hospitals; and help reduce preventable hospital emergency department visits. The CHRC is an independent commission within the Maryland Department of Health, and its 11 members are appointed by the Governor. A list of the CHRC commissioners can be found in Appendix A. The Commission is led by Chair Edward J. Kasemeyer and Vice Chair J. Wayne Howard.

Since its inception through the end of calendar year 2022, the CHRC has expanded access to health services in Maryland's underserved communities by awarding 674 grants totaling \$117 million to support projects that have delivered essential health and social support services to more than 520,000 Marylanders, resulting in over one million service encounters at health centers, community-based clinics, and neighborhood organizations across the State's 24 jurisdictions. Over this same period, the Commission has received 1,251 grant proposals for consideration, totaling more than \$500 million in funding requests. The initial funding provided by the CHRC has enabled its grantees to leverage \$42.5 million in additional federal and private/non-profit resources to provide even more necessary health care in vulnerable, underserved communities.

Increasing access to primary and preventative medical, behavioral, dental, and women's health services using multi-sectoral approaches are the bedrock goals of the CHRC. CHRC grants have: (1) increased access to primary care services and supported new health care access points in underserved communities; (2) supported interventions that address childhood and adult obesity, food security, diabetes and other chronic diseases; (3) targeted "super-utilizers" of emergency care for ambulatory care sensitive conditions through hospital Emergency Department (ED) and emergency medical services (EMS) diversion and care coordination; (4) provided prenatal and perinatal services for women who would otherwise lack access; (5) expanded and created capacity for dental care to serve low-income, underinsured, and uninsured Maryland residents; (6) supported the integration of behavioral health and primary care services; and (7) expanded access to substance use treatment.

CHRC programs have led to measurable improvements in health outcomes and have generated cost savings by reducing avoidable hospitalizations, particularly for non-acute management of ambulatory care sensitive conditions. The CHRC looks to support grant-funded programs that are

innovative, sustainable, and replicable, and prioritizes projects that use evidence-based intervention strategies to meet specific community needs and provide measurable improvements in health outcomes.

The CHRC continues to prioritize funding for projects that offer innovative ways to address health disparities and promote health equity. In particular, the CHRC focuses on health disparities related to gaps in access to care, the limited availability of providers and services, and Social Determinants of Health (SDOH), such as lack of transportation, that persist in underserved communities and contribute to poor health outcomes. These health disparities are found across rural, urban, and suburban communities. For example, racial and ethnic minorities, the elderly, homeless, immigrants, uninsured/underinsured, economically disadvantaged or those with behavioral health disorders are less likely to have a usual source of care or to have received essential health or dental care within the previous year.¹ These groups also confront more barriers to care and are disproportionately impacted by SDOH, leading to poorer quality care than higher-income individuals.

Over the years, the CHRC has placed an emphasis on supporting programs that address unmet health needs in rural areas. Of the 674 grants awarded by the CHRC, about half (323) have supported programs in rural areas, including four grants awarded in CY 2022. These grants, totaling approximately \$50.8 million, have provided 122,000 rural residents access to primary and behavioral health care, dental care, women’s health services, childhood obesity prevention programs, and SDOH supports across all 18 rural jurisdictions.

Given the COVID-19 pandemic’s lingering effects on the delivery of health care services and disproportionate impact on Maryland’s vulnerable populations, it is more critical than ever that Maryland supports and protects the integrity of the state’s safety net providers. These safety net providers have a history of serving low-income individuals and have a demonstrated track record of implementing programs that serve vulnerable populations by offering innovative approaches to tackling SDOH and reducing health disparities.

The CHRC implements a robust grant monitoring system designed to ensure that public resources are utilized efficiently and effectively, and that program objectives are measurable and achieved. The CHRC also provides its grantees with technical assistance to bolster their capacity, document program impact, support program evaluation, and promote program sustainability.

III. Annual Call for Proposals

The CHRC accomplishes its key statutory mission by issuing an annual Call for Proposals (RFP). On February 4, 2022, the CHRC issued its RFP entitled *“Promoting Community Health Resources: Advancing Health Equity and Addressing the Continuing Impact of the COVID-19 Pandemic.”* The (RFP) had two Strategic Priorities: (1) Advancing health equity by addressing health disparities and

¹ [Disparities in Health and Health Care: 5 Key Questions and Answers | KFF](#)

adverse Social Determinants of Health (SDOH), with a particular emphasis on groups disproportionately impacted by the COVID-19 pandemic, including racial and ethnic minorities; and (2) Promoting the efficient and strategic delivery of integrated health and social services through innovative, sustainable community partnerships that address the totality of medical and non-medical needs, with emphasis on approaches that consider the ongoing challenges of delivering services during the COVID-19 pandemic.

The 2022 Call for Proposals considered projects in three Areas of Focus:

- Addressing chronic disease prevention and disease management, including diabetes and its comorbidities, hypertension, heart disease and others.
- Promoting family health, including maternal and child health and childhood asthma.
- Addressing behavioral health, including mental health and substance use disorder (SUD) and the ongoing impact of the opioid crisis.

Under this RFP, the CHRC received 48 proposals requesting \$27.8 million, with a total of \$7.2 million in new grant funding available. The table below details the grant applications received by Area of Focus:

Maryland Community Health Resources Commission FY 2022 Call for Proposals Grant Applications Received by Area of Focus		
Area of Focus	Total Amount Requested	Number of Applications
Chronic Disease Prevention	\$10,124,713	20
Behavioral Health / SUD	\$12,697,953	20
Maternal / Child Health	\$4,961,034	8
Totals	\$27,783,700	48

Grants issued through the CHRC’s Annual Call for Proposals are awarded through a competitive process. Priority areas and review criteria are determined by CHRC Commissioners.

Grant proposals are evaluated by independent subject matter experts on a range of criteria outlined in each RFP, including the ability of the grantee to achieve the stated program objectives and sustain its program after the initial grant funds are expended. Evaluation criteria utilized included the use of evidenced-based practices in the proposed program; the ability of the program to collect and report outcomes data; demonstration of a community need; program sustainability; and the likelihood of overall program success. Following this evaluation, a Review Committee composed of CHRC Commissioners, CHRC staff, and subject matter experts is convened and issues recommendations. Commissioners vote on whether to adopt the recommendations. CHRC staff then contact the recommended applicants to collect additional information. Finally, Commissioners receive presentations from the recommended applicants and vote on whether to issue awards.

The CHRC voted in June 2022 to approve 17 grants totaling \$7.2 million to support innovative, replicable, and sustainable projects that serve vulnerable populations and promote health equity.

These projects were implemented through the remainder of CY 2022. These projects are expected to serve more than 63,000 residents throughout the state of Maryland. A summary of the FY 2022 grants can be found in Appendix E.

IV. Council on Advancement of School-Based Health Centers

The Maryland Council on Advancement of School-Based Health Centers (Council) was created by legislation approved by the Maryland General Assembly in 2015. The purpose of the Council is to improve the health and educational outcomes of students who receive services from school-based health centers (SBHCs). The Council is responsible for advancing the integration of SBHCs into (1) the health care system at the state and local levels and (2) the educational system at the state and local levels. The Council develops policy recommendations to improve the health and educational outcomes of students who receive services from SBHCs. A list of Council members can be found in Appendix C.

In 2017, the Maryland General Assembly approved legislation that transferred the Council from the Maryland State Department of Education to the Department of Health. Under the legislation, the Maryland Community Health Resources Commission (CHRC) provides staffing support for the Council and is permitted to seek the assistance of organizations with expertise in school-based health care to support the Council's work.

Key deliverables of the Council in 2022 included:

- Recommendations to inform a number of activities implemented by the Maryland Department of Health's Bureau of Maternal and Child Health in light of legislation passed by the Maryland General Assembly (Ch 605 of 2021) that moved administration of the SBHC program to the Bureau;
- Recommendations on updates to the Maryland SBHC Standards provided to the Bureau; and
- Recommendations to increase SBHC revenues generated through billing.

The Council reports specified findings and recommendations to the Department of Health, the Department of Education, and the CHRC in its Annual Report. The Council's full recommendations may be found in Appendix G. The Council's Annual Report may be found at the following URL: <https://health.maryland.gov/mchrc/Documents/SBHC%20PAGE/January%202023%20uploads/CASBHC%202022%20annual%20report,%20final.pdf>.

V. Maryland Health Equity Resource Act

The Maryland Health Equity Resource Act (hereafter, the "Act"), approved during the 2021 legislative session, established the Pathways to Health Equity (Pathways) and Health Equity Resource Community (HERC) programs to invest State resources in specific areas of Maryland to achieve five strategic goals: 1) reduce health disparities; 2) improve health outcomes; 3) increase

access to primary care; 4) promote primary and secondary prevention services; and 5) reduce health costs and hospital admissions and readmissions. The bill also created a Health Equity Resource Community Advisory Committee to support the design and administration of this program.

The CHRC released the Pathways to Health Equity RFP in October 2021 with applications due in December 2021. The RFP resulted in 40 proposals requesting \$42.3 million, with a total of \$13.5 million in available funding. Following a similar process as the CHRC Call for Proposals, applications were reviewed by select CHRC Commissioners, HERC Advisory Committee members, and CHRC staff. A Review Committee was convened, and recommendations were presented to CHRC Commissioners who then voted to invite 16 applicants, requesting \$23.8 million, to present to the full Commission. Commissioners received presentations from the recommended applicants on February 15, 2022. Following deliberations, Commissioners voted to issue nine awards totaling \$13.5 million to nine Pathways applicants running programs across Maryland.

Pathways to Health Equity Awards			
Grantee	Total Award	Targeted Health Disparity	Geographic Area Represented
St. Mary's County HD	\$1,600,000	Behavioral Health & SUD	Rural (St. Mary's County)
TidalHealth	\$1,100,000	Diabetes	Rural (MD Lower Shore)
Hagerstown Goodwill	\$925,000	Diabetes & Mental Health	Rural (Western Maryland)
Baltimore Healthy Start	\$875,000	Maternal Health	Baltimore City
Greater Baltimore Medical Center	\$1,500,000	Diabetes & Hypertension	Baltimore City
UMD School of Nursing	\$2,400,000	Hypertension, Mental Health	Baltimore City
Johns Hopkins University	\$2,000,000	Sickle Cell Disease	Prince George's County
Prince George's County HD	\$1,600,000	Heart Disease & Diabetes	Prince George's County
La Clinica del Pueblo	\$1,500,000	Diabetes	Montgomery & Prince George's Counties

Pathways grants are two-year grants intended to provide the foundation and guidance for a future permanent HERC program, which was also created by the Act. The Pathways Program provides grantees the opportunity to demonstrate the effectiveness of their project’s design, activities, and interventions in achieving the Act’s strategic goals, and demonstrate their potential sustainability as a future HERC. The Pathways Program also provides opportunities to build capacity in key strategic areas such as community leadership development and engagement, coalition building and governance, and local data collection and data integration.

A summary of the nine Pathways to Health Equity programs is included in Appendix F.

VI. Maryland Consortium on Coordinated Community Supports

The Maryland Consortium on Coordinated Community Supports was established by the Blueprint for Maryland’s Future (Ch. 36 of 2021). Its purpose is to develop a statewide framework to expand access to comprehensive behavioral health services for students from prekindergarten through high school throughout the state. The Consortium’s goals are to expand access to high-quality behavioral health and related services for students and families; improve student wellbeing and readiness to learn; foster positive classroom environments; and promote grantee sustainability through revenues from Medicaid, commercial insurance, hospital community benefits, and other funding sources. Schools and school districts will not receive grant funds but will be involved in partnerships and may receive staff and training support. The CHRC provides staff to the Consortium and will administer the Consortium’s grant program. Funding for the Consortium will begin with \$50 million in available funding in FY 2023.

During CY 2022, the Maryland General Assembly Presiding Officers appointed former Delegate David Rudolph to serve as the Consortium’s chair. Under Chair Rudolph’s leadership, the Consortium began meeting in August 2022; created four Subcommittees to organize the Consortium’s work; held meetings with state agencies and stakeholders; consulted with the National Center for School Mental Health; engaged the public by holding a public comment period, with answers coming both orally and in writing; and began investigating potential policy changes that would facilitate Medicaid reimbursement for SBHCs. The Consortium is expected to issue recommendations to the CHRC to guide the issuance of the Consortium’s first RFP during CY 2023. A list of the Consortium members may be found in Appendix D. The Consortium’s December 2022 report to the Governor, Maryland General Assembly, and the Accountability and Implementation Board may be found at the following URL:

<https://health.maryland.gov/mchrc/Documents/002%20-%20MD%20Consortium%20Documents%20%26%20Info/Consortium%20annual%20report%20and%20JCR,%20Dec%202022.pdf>

APPENDIX A

CHRC Commissioner Listing, December 31, 2022

The Honorable Edward J. Kasemeyer, Chair	Former Chair, Maryland Senate Budget & Taxation Committee
J. Wayne Howard, Vice Chair	Former President & CEO, Choptank Community Health System, Inc.
Scott T. Gibson	Chief Strategy Officer, Melwood Horticultural Training Center, Inc.
Flor de Maria Giusti, LCSW-C	Johns Hopkins, Bayview
David Lehr	Chief Strategy Officer, Meritus Health
Karen-Anne Lichtenstein	Former President & CEO, The Coordinating Center
Carol Masden, LCSW-C, MDPCP	
Sadiya Muqueeth, Dr.PH	Director of Community Health, National Programs, Trust for Public Lands
Destiny-Simone Ramjohn, PhD	Vice President, Community Health & Social Impact, CareFirst BlueCross Blue Shield
Roberta "Robbie" Loker	
TraShawn Thornton-Davis, MD	Assistant Service Chief, OB/GYN, DCSM, Mid-Atlantic Permanente Medical Group
Dr. Maria J. Hankerson	President, Visions & Outcomes, Unlimited

APPENDIX B

Health Equity Resource Communities Advisory Committee, December 31, 2022

The Honorable Edward J. Kasemeyer, Chair	CHRC Chair, Former Chair, Maryland Senate Budget & Taxation Committee
Dr. Mark Martin	Acting Director, Office of Minority Health & Health Disparities
Rebecca Altman	Vice President and Chief Integration Officer, <i>LifeBridge</i> Health
Alyssa L. Brown	Director, Innovation, Research, and Development, Office of Health Care Financing, Maryland Department of Health
Jaki Bradley	Bradley Consulting, LLC
Elizabeth Chung	Executive Director, Asian American Center of Frederick
Jonathan Dayton	Executive Director, Maryland Rural Health Association
Maura Dwyer	Former Health Enterprise Zone Program Manager
The Honorable John A. Hurson	Former Chair, Maryland Community Health Resources Commission
Michelle Spencer	Associate Chair, Inclusion, Diversity, Anti-Racism, and Equity, Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health
Mikalya A. Walker	Management Consultant with ReefPoint Group

APPENDIX C

Council on Advancement of School-Based Health Centers, December 31, 2022

<p>Dr. Katherine Connor, Chair Maryland Assembly on School-Based Health Care (The Johns Hopkins Rales Health Center, KIPP Baltimore)</p>	<p>Dr. Patryce Toye, Vice Chair Maryland Assembly on School-Based Health Care (retired, MedStar Health Plans)</p>
<p>Joy Twesigye Maryland Assembly on School-Based Health Care (Colorado Access)</p>	<p>Jean-Marie Kelly Maryland Hospital Association (ChristianaCare)</p>
<p>Joan Glick Maryland Assembly on School-Based Health Care (retired, Montgomery County Dept. of Health and Human Services)</p>	<p>Dr. Arethusa Kirk Managed Care Organization (UnitedHealthcare)</p>
<p>Cathy Allen Maryland Association of Boards of Education (St. Mary's County Board of Education)</p>	<p>Rick Robb Secondary School Principal of a School with an SBHC (Patuxent Valley Middle School)</p>
<p>Sean Bulson, Ed.D. Public Schools Superintendents Assn. of Md. (Harford County)</p>	<p>Scott Steffan Md. Assn. of Elementary School Principals (Gaithersburg Elementary School)</p>
<p>Gabriella Gold Commercial Health Insurance Carrier (CareFirst)</p>	<p>Dr. Maura Rossman Md. Association of County Health Officers (Howard County Health Department)</p>
<p>Dr. Diana Fertsch Md. Chapter of American Academy of Pediatrics (Dundalk Pediatric Associates)</p>	<p>Christina Bartz Federally Qualified Health Center (Choptank Community Health Systems)</p>
<p><i>Vacant</i> Parent/guardian of a student who receives services from SBHC</p>	

Ex Officio Members

<p>Senator Clarence Lam Maryland State Senate</p>	<p>Delegate Bonnie Cullison Maryland House of Delegates</p>
<p>Dr. Shelly Choo Designee of the Secretary of Health Director, Maternal and Child Health Bureau</p>	<p>Mary L. Gable Designee of the State Supt. of Schools Assistant State Supt., Student, Family, and School Support</p>
<p>Andrew Ratner Chief of Staff, Maryland Health Benefit Exchange</p>	<p>Mark Luckner Executive Director, Maryland Community Health Resources Commission</p>

APPENDIX D

Maryland Consortium on Coordinated Community Supports, December 31, 2022

David Rudolph, former Maryland State Delegate and Consortium Chair	Dr. Derek Simmons, Superintendent, Caroline County	Gloria L Brown Burnett, Dir, Prince George's County Dept of Social Services
Katie Fry Hester, Maryland State Senate	Eric Ebersole, Maryland House of Delegates	Dr. Kandice Taylor, Baltimore County Public Schools
Robin Rickard, Executive Director, OCCC (MDH)	Tammy Fraley, Allegany County Board of Education	Michael A Trader, II, Asst Dir of Behavioral Health, Worcester Health Dept
Cory Fink, Executive Director, Juvenile Services Education Program (DJS)	Russell Leone, Anne Arundel County - Teacher	Sadiya Muqueeth, Director of Community Health, National Programs, Trust for Public Land
Mohammed Choudhury, State Superintendent of Schools	Gail Martin, formerly Baltimore County Public Schools Team Leader, School Social Worker	Linda Rittelman, Sr. Manager, Medicaid Behavioral Health ASO
Ed Kasemeyer, CHRC Chair	D'Andrea Jacobs, School Psychologist, Baltimore County Public Schools	Emily Bauer, MBA, Two Generation Program Officer, Department of Human Services
Tanya Filson, Director of Community Schools (MSDE)	John Campo, Director of Mental Health, Johns Hopkins Children's Center, Johns Hopkins Hospital	Larry Epps, Director, School Mental Health Services, Sheppard Pratt
Christina Bartz, Director of Community Programs, Choptank CHS (CASBHCs)		2 Vacancies – Presiding Officers to appoint: Expertise in positive classroom environment; member of the public

APPENDIX E



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 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, 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.

APPENDIX F



STATE OF MARYLAND

Community Health Resources Commission

45 Calvert Street, Room 336, Annapolis, MD 21401

Lawrence J. Hogan, Governor; Boyd Rutherford, Lt. Governor;
Edward J. Kasemeyer, Chair; Mark Luckner, Executive Director

February 16, 2022

Pathways to Health Equity -- Grants Awarded by the Maryland Community Health Resources Commission

Baltimore Healthy Start (Baltimore City; total award: \$875,000). This project will address disparities in hypertension, Substance Use Disorder (SUD), Low Birth Weight, and Severe Maternal Morbidity for pregnant and postpartum women and their infants in the Druid Heights and Walbrook areas of Baltimore City (zip codes 21216 and 21217). The project will expand existing service coordination and home-visiting projects and facilitate access to primary care and substance use treatment through referrals. Interventions include hypertension education administered by trained CHWs, home BP monitoring and tracking, peer support groups, and care coordination addressing clients' acute stressors and SDOH needs.

Greater Baltimore Medical Center (Baltimore City; total award: \$1,500,000). This project will address disparities in diabetes and hypertension among the African American population in the Greenmount East, Harbor East/Little Italy, Inner Harbor/Federal Hill, Midtown, Oldtown/Middle East, and Waverly areas of Baltimore (zip codes 21202 and 21218). Key interventions include an expansion of the number of patients treated at GBMC Jonestown Clinic, where patients will receive comprehensive primary and preventive care services including vaccinations and screenings; disease management and care coordination services; at-home care for elderly participants; and support to address Social Determinants of Health (SDOH) needs. The project will also conduct public screenings and education at community events, and healthy lifestyle interventions such as community walks/runs, education workshops, patient support groups, peer challenges to support water and protein intake goals, and healthy cooking demonstrations.

University of Maryland School of Nursing (Baltimore City; total award: \$2,400,000). This project will address disparities in hypertension, mental health, and social isolation in West Baltimore (zip codes 21201, 21217, 21223, and 21229). Key interventions include: establishing a learning collaborative, using nurse-managed health centers, leveraging mobile health care, and enhancing care coordination through a community health worker model. Targeted outcomes include decreasing the number of patients with uncontrolled hypertension and increasing participation in social support groups.

Johns Hopkins School of Medicine (Prince George's County; total award: \$2,000,000). This project will address disparities associated with the high prevalence of sickle cell disease (SCD) and lack of access to a local comprehensive sickle cell project in Prince George's County, with specific focus on Upper Marlboro, Laurel and Capital Heights (zip codes 20773, 20707, and 20743). This project aims to reduce the number of adults who present to UMCP hospital for acute pain requiring hospital admission, and to improve access to SCD modifying treatment and transition services for adolescents and young adults to reduce hospitalizations. This comprehensive sickle cell project includes a new infusion clinic at UM Capital Region Medical Center. CHWs will identify participants who lack resources to facilitate access, coordinate their care, and provide SCD education. A nurse navigator will facilitate interventions to address SDOH needs, and a nutritionist will develop a food plan for each participant.

Prince George's County Health Department (Prince George's County; total award: \$1,600,000). This project will address disparities in heart disease and diabetes in the Capitol Heights, Bladensburg, Hyattsville, and Riverdale areas (zip codes 20710, 20737, 20743, and 20785). Key interventions include Community Health Worker (CHW)-driven outreach and care coordination, bi-directional e-referrals among health and social service providers, and technical assistance to improve providers' ability to bill for care coordination. The project will promote delivery of culturally and linguistically sensitive services, and utilize EMR, CRISP, and telehealth services including through telehealth hubs. Targeted outcomes include reductions in disparities related to heart disease and diabetes, improved diabetic control as measured by A1c or blood glucose levels, and increased access to primary care.

La Clínica del Pueblo (Montgomery & Prince George's Counties; total award: \$1,500,000). This project will address disparities in diabetes for the Hispanic population in areas of Montgomery and Prince George's Counties (zip codes 20703, 20706, 20710, 20712, 20722, 20737, 20740, 20770, 20781, 20782, 20783, 20784, 20785, 20901, 20903, and 20912). Interventions will include remote diabetes monitoring, peer-led diabetes self-management, diabetes health screenings via the Luminis mobile clinic, navigation to primary care, addressing barriers to access such as lack of insurance and transportation, access to fresh produce, peer-led walking groups, health system navigation and legal services support, medical interpretation, and a comprehensive community health education, awareness and outreach campaign.

St. Mary's County Health Department (St. Mary's County; total award: \$1,600,000). This project will address disparities in Behavioral Health (mental health and SUD) and heart disease in the Lexington Park area (zip codes 20634, 20653, 20667). Key interventions include the opening of a new facility to provide primary care, counseling, and other Behavioral Health services; law enforcement referrals and ED diversions; case management to connect clients to partner organizations addressing SDOH; and respite care post-hospital discharge. Target outcomes include a reduction in ED admissions for chronic conditions and mental health and substance use disorders, increased access to primary and preventative care, decreased recidivism in the criminal justice system, and a reduction in overdoses.

Tidal Health (Somerset, Wicomico & Worcester Counties; total award: \$1,100,000). This project will address disparities in diabetes experienced by the Black and Haitian population on the Lower Shore (zip codes 21801, 21804, 21822, 21853, 21851, and 21863). Key interventions identified include expansion of Mobile Integrated Health, connections with primary care, expansion of culturally linguistic and evidenced-based diabetes programming, and deployment of CHWs. Target outcomes include reduced rates of uncontrolled diabetes and hypertension among Black adults (18+) in the prioritized zip codes.

Horizon Goodwill Industries (Washington County; total award: \$925,000). This project will address health disparities in diabetes and mental health in the Hagerstown area (zip code 21740). The project will provide on-site access to dietary and diabetic educators, healthcare navigation, wrap-around case management, and job training services; walk-in testing for diabetes (HgA1c) and retinal neuropathy; and referrals to mental health services. The goal is to decrease the rate of ED utilization for ambulatory care sensitive conditions, improve management of diabetes, and help reduce the rate of new diabetes diagnoses.

APPENDIX G

Executive Summary

The Council on Advancement of School-Based Health Centers works to improve the health and educational outcomes of students who receive School-Based Health Center (SBHC) services by advancing the integration of SBHCs into the health care and education systems at the State and local levels. The Council is staffed by the Community Health Resources Commission, an independent commission operating within the Maryland Department of Health (MDH).

There are currently 95 SBHCs across 17 jurisdictions in Maryland. During Fiscal Year 2022, all SBHCs in Maryland receives grant funding totaling over \$7 million from the MDH Bureau of Maternal and Child Health (“the Bureau”).

Diagram 1 illustrates the distribution of SBHCs across Maryland. Jurisdictions indicated in green are where SBHCs are located.



Diagram 1: SBHC distribution across Maryland

The Council made important progress on its mission in 2022. Key accomplishments are outlined below.

1. Council recommendations helped to inform a number of activities implemented by the Maryland Department of Health’s Bureau of Maternal and Child Health (“the Bureau”) as the SBHC program was moved from the Maryland State Department of Education (MSDE) to the Bureau. For example, the Council has long advocated for increased staffing for the SBHC program and is gratified that the Bureau has added several new positions focused exclusively on the SBHC program. The Council also was pleased that the Bureau implemented its recommendation for a statewide Needs Assessment to study and make recommendations for funding allocations for SBHCs. Several of the Council’s other recommendations related to the SBHC grant program were adopted, including one-time infrastructure grants and not reducing current funding levels for existing grantees. The Council appreciates the Bureau’s efforts on other Council priorities, such as working with SBHCs

to become COVID-19 vaccination sites, beginning to align program activities with asthma-related SIHIS goals, and supporting more robust utilization of the Chesapeake Regional Information System for our Patients (CRISP) by SBHCs.

2. The Council worked with the Bureau of Maternal and Child Health to update the Maryland SBHC Standards. Revising the SBHC Standards has been a priority of the Council and its Quality and Best Practices workgroup for several years, as the last comprehensive revision was completed in 2006. The Council has provided a great deal of feedback to over several years and was pleased that the effort to revise the Standards continued through 2022. Key priorities of the Council adopted in recent drafts include: focusing the Standards on minimum requirements only; developing a series of toolkits and/or appendices to provide supplementary information, recommendations, and helpful resources; clarifying requirements related to mental health and immunization services; clarifying and supporting continuous quality improvement requirements; and eliminating SBHC service “levels.” The Council also contributed to the SBHC program’s vision and mission in the Standards. The Council continues to recommend flexibility for telehealth and other providers so long as quality services are delivered. MDH is expected to release a revised version of the Standards for public comment during late 2022 or early 2023, and a final version shortly thereafter.

3. The Council developed recommendations to increase SBHC revenues generated through billing. Recommendations that can be implemented by MDH in the short-term under the existing reimbursement framework include: training and technical assistance to improve claims submissions and utilize existing codes more robustly; training and technical assistance to support SBHC utilization of CRISP; and facilitating collaboration between SBHCs and Maryland Medicaid Managed Care Organizations (MCOs). In the medium term, the Council recommends a regulatory change to permit SBHCs to bill for sports physicals; guidance to direct Maryland Medicaid MCOs not to send adverse benefit determination letters in cases where there is no member liability, which would help protect the privacy of patients receiving confidential services; development of an alternative model for SBHCs to provide vaccinations; and support for a potential pilot program to study value-based purchasing. Ultimately, the Council supports an innovative Medicaid reimbursement model in which services performed at SBHCs are reimbursed by Medicaid at a higher rate than similar services performed elsewhere, analogous to the reimbursement structure for Federally Qualified Health Centers (FQHCs); value-based purchasing; and Medicaid reimbursement for care coordination activities. The Council also identified several possible areas for additional study: billing practices for families with high-deductible commercial insurance plans; calculating the time spent by SBHC staff on care coordination activities; updating the school health visit report and its transmission to MCOs; and analyzing the cost of SBHC services for uninsured children. These recommendations are included in Appendix 2.

The Council on Advancement of School-Based Health Centers looks forward to a successful 2023. For more information about the Council, please contact Lorianne Moss, staff to the Council, at (410) 456-6525 or Mark Luckner, Executive Director of the Community Health Resources Commission, at (410) 260-6290.

APPENDIX H

Abbreviations

CASBHC: Maryland Council on Advancement of School–Based Health Centers

CHRC: Community Health Resources Commission

CHW: Community Health Worker

CMMI: Center for Medicare and Medicaid Innovation

CRISP: Chesapeake Regional Information System for our Patients

DAP: Maryland Diabetes Action Plan (MDH population health initiative)

ED: Emergency Department

EHR: Electronic Health Record

FQHC: Federally Qualified Health Center

HEDIS: Health Effectiveness Data and Information Set

HERC: Health Equity Resource Community

HIPAA: Health Insurance Portability and Accountability Act

LHD: Local Health Department

LHIC: Local Health Improvement Coalition

MAT: Medication Assisted Treatment

MCO: Managed Care Organization

MDH: Maryland Department of Health

MHBE: Maryland Health Benefit Exchange

MOU: Memorandum of Understanding

MASBHC: Maryland Assembly on School-Based Health Care

MRHA: Maryland Rural Health Association

MSDE: Maryland State Department of Education

PCP: Primary Care Provider

QBP: CASBHC’s Quality and Best Practices Workgroup

RFP: Request for Proposals

SBHC: School-Based Health Center

SDOH: Social Determinants of Health

SHIP: State Health Improvement Process