STATE OF MARYLAND
Community Health Resources Commission
45 Calvert Street, Annapolis, MD 21401, Room 336

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor
John A. Hurson, Chairman – Mark Luckner, Executive Director

TO: Chairman Hurson and CHRC Commissioners

FROM: Mark Luckner, Executive Director, Community Health Resources Commission

DATE: January 25, 2013

RE: Summary of CHRC Grants to support Local Health Improvement Coalitions (year 1)

Following is a summary of the Commission's first Call for Proposals to support the Local Health Improvement Coalitions (LHICs) and an overview of the year-one LHIC grant awards. As requested by DHMH leadership, the bulk of the year-one LHIC grants ($500,000) were awarded by the CHRC on a non-competitive basis. Once the LHICs met baseline criteria, every Coalition received a grant award in this first year of its implementation.

The CHRC has indicated that its second year of LHIC grants (involving $500,000 in FY 2013 funds) will be awarded on a competitive basis, as awarding grants, rather than via a formula or non-competitive basis, is more in line with the standard practices of the Commission. CHRC staff is in the process of developing the criteria for the year two LHIC awards and is in consultation with DHMH. The draft criteria will be presented by CHRC staff to the CHRC Board at a meeting this winter and the outcome of that discussion will guide the Commission's second Call for Proposals for LHICs for potential issuance in the spring 2013. Rather than awarding grants on a one-year basis, CHRC staff may recommend to the Board that this year's Call for Proposals award grants on a two-year basis, which would mean that a total of $1 million would be available ($500,000 in FY 2013 and $500,000 in FY 2104). In recent years, the CHRC has awarded grants on a multiple year basis, which involves encumbering funds in the out-years based on grantee performance. The CHRC Board may wish to utilize a similar approach for this year's LHIC grants, which would double the amount of available funding and reduce the effort required of LHICs to apply for competitive funding.

CHRC Call for Proposal - Support of Local Health Improvement Coalitions in Year One

In February 2012, the CHRC issued a targeted Call for Proposals, *State Health Improvement Process: Supporting Local Health Improvement Coalitions (LHICs) to Implement Local Health Action Plans*. The application process was streamlined. Once Coalitions were pre-qualified by DHMH on several criteria, including LHIC structure, governance, and activities, LHICs were invited to submit a proposal to the CHRC, which included submission of the following items: (1) Copy of Local Health Action Plan; (2) Proposal for Funds; (3) Action Strategy/ies; and (4) Post-CHRC funding Sustainability Plan. Once these materials were submitted to the CHRC, a base funding award ranging from $25,000 to $75,000 was awarded to each LHIC (amounts varied by the number of jurisdictions in the Coalition). A total of $500,000 in base funding was awarded by the Commission in FY 2012/year one, as summarized in the table below:

Number of Jurisdictions in LHIC	CHRC Base Funding Support for LHICs	Number of Base Funding Awards
5	$75,000	1
3	$50,000	1
1	$25,000	15

LHIC base funding proposals requested support for a variety of different initiatives which reflected the local health priorities and action plans developed by the Coalitions. CHRC funds were awarded to support programs targeting adult and childhood obesity, diabetes, cardiovascular disease, infant mortality, behavioral health care needs, access to care, tobacco use, and chronic disease prevention. See pages 3-6 of this memo for a detailed overview of each LHIC grant award.

LHIC grants awarded by Commission on a competitive basis

In addition to the $500,000 awarded in base grant funds, the CHRC also made available an additional $100,000 in bonus funding that was awarded on a competitive basis to LHICs that submitted proposals that were believed to align best with the statutory mission of the Commission. Bonus funding applications were evaluated and scored by the CHRC on the following 9 criteria:

(1) Local health improvement priorities clearly reflect SHIP priority areas and may reflect community needs assessment data;
(2) Priorities are clearly stated in the Local Health Action Plan, with identifiable goals;
(3) Action steps/strategies are evidenced-based, outcomes are measurable, and the Local Health Action Plan has a high likelihood of achieving goals/outcomes;
(4) The Local Health Action Plan includes evaluation measures and ongoing quality improvement activities;
(5) The action plan leverages community health resources (in addition to local health departments) and facilitates innovative partnerships;
(6) The action plan includes a post-CHRC award sustainability plan for maintaining LHIC activities and improvement strategies (beyond CHRC support);
(7) The action plan includes strategies that will assist in building a collaborative, interconnected, and efficient health care system in the local/regional level;
(8) The action plan includes specific strategies to address unmet health needs of low-income, uninsured, and underinsured populations; and
(9) The action plan contains specific strategies to address health disparities among racial and ethnic minorities in their community.

The CHRC received a total of 13 applications for the bonus funding and awarded four bonus grants totaling $100,000 ($25,000 per award) last year: (1) Tri-County Health Planning Board; (2) Calvert Memorial Hospital; (3) Frederick County Health Care Coalition; and (4) Harford County Health Department. The recipients of bonus funding submitted proposals that were scored well on the 9 criteria and reflected the mission of the Commission.

CHRC grant monitoring of the year-one LHIC awards

LHIC grantees were required to submit their year-one grant reports to the Commission documenting the use of CHRC grant funds by November 27, 2012, to include the following materials: (1) Narrative Report, which provides details on the implementation and outcomes of grant-funded programs; (2) Line-item expenditure report of all CHRC grant funds expended to date; and (3) Data regarding the program performance measures. LHIC grantees were informed that compliance with reporting requirements, quality of the grantee's report, and overall performance of LHIC grant-funded activities would be among several factors considered in future CHRC LHIC funding. As part of the year-one summary reports, 11 LHICs

indicated that their year-one programs would **not** be completed until after the submission of the year-one report (November 27, 2012) and requested permission to submit the final report on June 1, 2013. CHRC staff has indicated tentative approval of these requests, which needs to be considered by the full CHRC Board at its next meeting.

SUMMARY OF COMMISSION LOCAL HEALTH IMPROVEMENT COALITION GRANTS

Mid-Shore Health Improvement Coalition (Kent, Dorchester, Caroline, Queen Anne's, and Talbot; $75,000 Base Funding Award): The Mid-Shore Health Improvement Coalition utilized grant funding to support a nutritional program to address adult and childhood obesity in African American communities. Grant funds were utilized to support a program, "Body & Soul," which engaged 20 African American churches and provided training for pastors and peer health coaches; supported health risk assessments and other events; and supported efforts to develop and implement healthy food policies for church events. The grantee reported that 54 church volunteers have been trained as Health Coaches, and all participating churches have adopted a healthy food policy for church events. The grantee further reports that 489 screenings have occurred; these screenings identified 56% of the adults and 15% of the children as obese and 49% of the adults as hypertensive (many residents reported already taking blood pressure medications). The grantee reports an additional 200 residents may be screened after the submission of the year-one report (between December 2012 and February 2013).*

Tri-County Health Department (Somerset, Wicomico, and Worcester**,** $50,000 Base Funding Award, $25,000 Bonus Funding Award): The Tri-County Health Planning Board utilized CHRC grant funds to implement the National Diabetes Prevention Program (NDPP) and promote healthy lifestyle practices to prevent and delay diabetes. Staff from each of the three local health departments received training at Emory University, and ten individuals have been CDC Certified as "Lifestyle Coaches." Approximately 70 residents from the Lower Shore have been recruited into the program, and the grantee reports that participants are adopting healthier lifestyles by making better food choices, becoming physically active, and losing weight. This program will conclude in June 2013, and the grantee will report more detailed outcome data for this program at that time.*

Allegany County Health Department ($25,000 Base Funding Award):
The Allegany County Health Planning Coalition utilized CHRC grant funds to support activities to reduce tobacco use, prescription drug and alcohol abuse, and promote regular screenings for chronic diseases. Grant funding supported the purchase of nicotine replacement therapy resources to support the health department's tobacco cessation program, breathalyzers to the County Sheriff's Office, and Medreturn units to provide permanent medication drop off sites throughout the community. In addition, grant funds supported the training of more than 80 providers to reduce the incidence of opioid prescription drug use. The grantee reports that 47 individuals are participating in the nicotine replacement program, 5 of whom have stopped tobacco use for 3 months or more. More than 100 individuals have taken part in screenings for chronic diseases.*

Healthy Anne Arundel Coalition ($25,000 Base Funding Award):
The Healthy Anne Arundel Coalition utilized CHRC grant funding to support initiatives designed to increase healthy food consumption, promote physical activity, and decrease obesity among adults and children. Grant funding supported the implementation of the "Eat Healthier/Move More" program, which engaged more than 1,000 community residents, and the Healthy Anne Arundel Action Plan for Obesity, which resulted in a six-week Family Fitness Challenge that engaged 248 employees of the Health Department. The grantee reports that 53% of the Family Fitness Challenge participants adopted a lifestyle change by incorporating 5 or more fruits and vegetables in their daily diet, and 49% of the participants reported increasing their weekly physical activity to 150 minutes or more.*

Baltimore County Health Department ($25,000 Base Funding Award):
The Baltimore County Health Coalition utilized CHRC grant funding to support efforts to address childhood obesity and enhance the Healthier Generation Healthy School Program, which includes 25 public schools. CHRC grant funding supports staff professional development for schools participating in the Program. A keynote speaker was sponsored for school staff, and 4 county staff members have agreed to participate in physical education/health professional development. The program also has a nutritionist consultant to assist with identifying best practices to work with schools in promoting methods to decrease childhood obesity. In addition, grant funding was utilized to perform an analysis of body Mass Index (BMI) data. The grantee reported initial delays in accessing the BMI data, but further reports these delays have been addressed and the data is now being collected to provide a baseline measurement for future programming. The grantee has requested an extension of the program until June 2013, when the program will be completed and final report will be submitted.*

Calvert Memorial Hospital ($25,000 Base Funding Award, $25,000 Bonus Funding Award): The Calvert County Health Improvement Roundtable utilized grant funds to form a collaborative, comprehensive community care coordination team with faith and community-based organizations and local health system providers to target a reduction in diabetes emergency room visits by the African American population. CHRC grant funding supports development of a "Diabetes Boot Camp" designed to educate patients about monitoring blood sugar levels and maintaining normal blood sugar levels. The grantee reports that data analysis, team meetings, and development of an implementation strategy has required additional time, and the newly developed protocols for diabetic care at Calvert Memorial Hospital has required committee approvals and delayed expenditure of all funding at the time of submission of the year-one report (November 27, 2012). The grantee has requested an extension of the grant until June 30, 2013 and permission to utilize a portion of remaining unspent grant funds to cover the costs of purchasing additional diabetic testing strips for patients participating in the Boot Camp.*

Carroll County Health Department ($25,000 Base Funding Award):
The Carroll County Health Department utilized CHRC grant funds to reduce behavioral-health related visits to the hospital emergency department by providing access to urgent care. This urgent care model was created by expanding the capacity of an existing Outpatient Mental Health Clinic, which used CHRC grant funding to build the system for scheduling and billing for services provided at the urgent care facility. The grantee reports that an unduplicated count of 82 individuals received care through the Outpatient Mental Health Clinic's urgent care services, resulting in 34 diverted ED visits for behavioral health care needs (as reported by patients).

Cecil County Health Department ($25,000 Base Funding Award):
The Cecil County Local Health Improvement Coalition utilized grant funds to hire an external consultant to perform a broad, community based needs assessment and resource evaluation focusing on prescription drug abuse. This assessment will analyze multiple factors involving prescription abuse and will provide a blueprint for suggested potential effective interventions for the continuum of services and agencies involved that will guide Cecil County's work in this area for several years. The grantee reports that a contractor has been hired to conduct the assessment at the time of the submission of the year-one report, and will forward a copy of needs assessment and the County's potential actions based on this assessment to the CHRC upon completion, no later than June 30, 2013.

Charles County Health Department ($25,000 Base Funding Award):
The Charles County Health Department utilized grant funds to initiate projects targeting chronic disease and obesity in adults and children. Grant funding supported a resident education campaign that utilized community events, pediatrician offices, and billboards. In addition, grant funding was used to develop educational and outreach materials that were used at events held throughout the year to educate and engage the residents on the health risk factors for cardiovascular disease and obesity. The grantee reports that

more than 3,400 residents attended community outreach events sponsored by the campaign. One event sponsored by the campaign involved the Charles County Youth Triathlon on July 28, 2012, to promote the message to children ages 14 and younger that they can have fun while exercising. In addition, the grantee reports that an estimated 1,600 people were contacted through outreach in physicians offices.

Frederick County Health Care Coalition ($25,000 Base Funding Award, $25,000 Bonus Funding Award): The Frederick County Health Care Coalition's Local Health Improvement Plan focused on six priorities identified by community stakeholders in October 2011: 1) mental health, 2) affordable dental care, 3) access to care, 4) wellness and prevention, 5) health inequities, and 6) early childhood growth and development. The CHRC grant funding was utilized to support strategies to address each of these priority areas, such as supporting the development of a suicide prevention kit to promote depression screening by pediatricians, providing education and resources to address the health care needs of residents with limited English proficiency, and providing direct care coordination services to individuals most in need of health care. The grantee reports that 137 adults received continuing education classes on healthy meal planning for children or education on the American Academy of Pediatrics feeding recommendations. Bonus funding resulted in enrollment of 79 individuals into care coordination services and 20 individuals receiving assistance with enrollment in existing public insurance programs.

Garrett County Health Department ($25,000 Base Funding Award): The Garrett County Health Department utilized grant funds to support obesity prevention activities by targeting local stores, restaurants, and Head Start programs to provide healthier food options for the community and to educate parents about appropriate food portions and daily nutritional requirements. CHRC funding supported the "Farm to Head Start" program in three classrooms, assisted five restaurants to identify heart healthy menu options, and enabled mini-grant awards to five small stores to increase availability of healthier food options. The Healthy Stores implementation will be ongoing and is expected to be completed by June 30, 2013.*

Harford County Health Department ($25,000 Base Funding Award, $25,000 Bonus Funding Award): The Harford County Health Department utilized CHRC base grant funding to support a contract with a marketing/public relations firm to develop a strategic marketing plan to encourage healthy living by Harford County residents. Bonus grant funds were utilized to support two initiatives: (1) the implementation of a mobile text messaging program to help increase appointment attendance and treatment focused on diverting adolescents from a more restrictive therapeutic or educational placement (i.e. residential treatment) and re-integrating them back into the community, resulting in a significant cost savings to the state; and (2) the cross-training of mental health and substance abuse staff to help integrate these treatment programs and improve delivery of behavioral health care services in Harford County. The grantee reports delay in execution of the contracts for the strategic marketing campaign and mobile health texting manager. At the time of submission of the year-one report, the grantee reports that both contractors have been identified, and the contracts are under review by the attorneys of Harford County. Bonus grant funds have not been fully expended, but reports that all CHRC-funded activities will be completed as of June 1, 2013.*

Howard County Health Department ($25,000 Base Funding Award): The Howard County Local Health Improvement Coalition utilized grant funding to support efforts to strengthen the coordination and collaboration among community providers and other resources to more effectively address access to health care and behavioral health services and to encourage people to achieve and maintain a healthy weight. Grant funds supported the implementation of three projects: (1) a Biennial Health Survey, jointly sponsored with the Horizon Foundation, to gather baseline ethnic health information not previously collected; (2) the development of "Sugar Sweetened Beverage Campaign," a marketing campaign aimed at reducing sugar sweetened beverage consumption, jointly sponsored by the Horizon Foundation; and (3) a Behavioral Health Inventory to improve understanding of the referral and release processes of three behavioral health major providers. The grantee reports that all funds have been expended; however, the results of the

projects have not been released. The grantee anticipates providing a full report on the progress of the projects in June 2013.

Montgomery County Department of Health and Human Services ($25,000 Base Funding Award): The Montgomery County DHHS utilized grant funding to support the salary of an administrative staff person to support to two workgroups, Obesity and Behavioral Health, as part of Healthy Montgomery. Both workgroups have developed strategic plans with goals and objectives. The grantee reported logistical delays due to the County's personnel procedures, and has further reported anticipated full expenditure of CHRC grant funding June 1, 2013.*

Prince George's County Health Department ($25,000 Base Funding Award):
The Prince George's Healthcare Action Coalition utilized grant funding to address several goals of the Coalition: health care access, chronic disease, birth outcomes, and infectious diseases. Grant funds were utilized for the following strategies: (1) to develop a safety net services directory to inform low-income and uninsured residents about options for accessing primary and specialty care services in the community; and (2) to expand HIV/AIDS outreach and prevention education efforts to include the use of social media technology, promoting culturally sensitive messages to educate the public about HIV prevention. At the time of submission of the report, the grantee reports that funds have not been fully expended and has requested permission to extend the funds until June 1, 2013.*

St. Mary's County Health Department ($25,000 Base Funding Award):
The St. Mary's County Health Department utilized grant funds to implement a smoking cessation social marketing campaign targeted low-income residents of St. Mary's County. Grant funds supported staffing costs and overall efforts to recruit local employers willing to adopt tobacco free work places throughout the jurisdiction. In addition, the St. Mary's LHIC has been working to develop county-wide policies to create tobacco free government facilities and public areas. At the time of submission of the report, the grantee reports that funds have not been fully expended and has requested permission to extend the funds until June 1, 2013.*

Washington County Health Department ($25,000 Base Funding Award):
The Washington County Health Department utilized grant funds to complete a comprehensive community needs assessment to identify gaps and barriers related to accessing health care in the County. A needs assessment had not been conducted in Washington County for more than 10 years. The needs assessment was completed, and identified the following three priority areas: (1) reduce behavioral health ED visits; (2) reduce diabetes related ED visits; and (3) reduce cardiovascular disease related ED visits. At the time of submission of the report, the grantee reports that action plans are being developed around each of these three priorities.

*** Submitted grant modification request.**