



maryland
health services
cost review commission

Regional Partnership Catalyst Grant Program

Final Funding Recommendation

November 2020

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Policy Overview

Policy Objective	Policy Solution	Effect on Hospitals	Effect on Payers/Consumers	Effect on Health Equity
The Total Cost of Care Model aims to improve quality and cost across both hospital and non-hospital settings, including population health improvement and chronic disease management.	The Regional Partnership Catalyst Grant provides investments to support the goals of the Statewide Integrated Health Improvement Strategy and fosters collaboration between Maryland hospitals and community partners to achieve population health improvement.	Hospitals that are awarded grants under this grant program will receive a one-time adjustment in their GBR. The funding is temporary and is not intended to be included in the hospital's base on an ongoing basis.	The Regional Partnership Catalyst Grant Program funds were included in the calculations for the FY 2021 annual update factor and thus does not increase the overall total cost of care. Consumers will benefit from additional community programs focused on diabetes and behavioral health.	The Regional Partnership Catalyst Grant Program funds interventions that will build critical healthcare infrastructure to assist in improving access to services for conditions that disproportionately affect minority communities.

Overview

The Maryland Health Services Cost Review Commission (“HSCRC,” or “Commission”) staff have prepared the following funding recommendation for the Regional Partnership Catalyst Grant Program. Under this grant program, hospitals and their community partners will collaborate on interventions and infrastructure investments to support the *Statewide Integrated Health Improvement Strategy* (SIHIS) that is part of the State’s Total Cost of Care (TCOC) Agreement with the Centers for Medicare and Medicaid Services (CMS). As part of the SIHIS, the State will establish population health goals and develop interventions to reduce the impact of diabetes and opioid use disorder in the State. The Regional Partnership Catalyst Grant Program is intended to fund activities that will support SIHIS population health goals including the implementation or expansion of diabetes and behavioral health crisis programs. The new grant program will become effective January 1, 2021.

To develop this recommendation, the HSCRC staff launched a competitive Request for Proposals (RFP) process. Further, the staff formed an evaluation committee with State agency resources and subject matter experts to review the eighteen proposals received for this grant program. Based on the evaluation committee’s review process, staff recommends funding for nine of the proposals received. If approved, the grant would represent a total investment of \$165.4 million on these population health priority areas over the five-year grant period. Of this amount, \$86.3 million would be applied to diabetes prevention and management activities and \$79.1 million would be applied to behavioral health crisis services. The remainder of funding will be applied to other State defined health priorities areas.

Final Staff Recommendation

The HSCRC staff recommends approving the top-ranking diabetes and behavioral health crisis services proposals received for the Regional Partnership Catalyst Grant Program. This would include the approval of nine proposals valued at \$165.4 Million in five-year cumulative funding. The below proposals are recommended for approval.

Six Diabetes Proposals valued at \$86.3 Million in five-year cumulative funding:

- Saint Agnes and Lifebridge (\$5,962,333)
- Baltimore Metropolitan Diabetes Regional Partnership (\$43,299,986)
- Nexus Montgomery (\$11,876,430)
- Totally Linking Care (\$7,379,620)
- Trivergent Health (\$15,717,413)
- UM Charles Regional Medical Center (\$2,124,862)

Three Behavioral Health Proposals valued at \$79.1 Million in five-year cumulative funding:

- Greater Baltimore Integrated Crisis System (\$44,862,000)
- Totally Linking Care (\$22,889,722)
- Peninsula Regional (\$11,316,332)

Stakeholder Feedback Summary

To ensure stakeholder feedback was considered in the award of Regional Partnership Catalyst Grants, HSCRC staff accepted public comments on the draft recommendation. Staff received four comment letters from stakeholders in response to the draft recommendation. The respondents were:

1. Maryland Hospital Association
2. Delegate Joseline Peña-Melnyk
3. Behavioral Health System of Baltimore
4. CareFirst BlueCross BlueShield

We thank the stakeholders for their comment letters about the proposed awards. Copies of the letters received by HSCRC are attached to this final recommendation. All comment letters expressed support for the grant program awards. Two of the letters were written in support of the Greater Baltimore Regional Integrated Crisis System (GBRICS). Staff reviewed all the letters and identified two questions raised by stakeholders that are addressed below.

1. Stakeholder Comment: Regardless of whether the State names a third population health priority in the SIHIS, HSCRC should award the full \$225 million in Regional Partnership funding approved in November 2019.

Staff Response: The Catalyst grant program has earmarked funds for the three funding streams identified and approved by the Commission. This current round of awards will support diabetes prevention and management activities and behavioral health crisis services. A third population health priority area is being contemplated and if it is selected, the HSCRC will issue an RFP to solicit applications for the third area of grant funds. A final decision on the third population health priority will be made by the end of CY2020.

2. Stakeholder Comment: Though not mentioned in the draft funding recommendation, there is strong support for the addition of maternal and child health as a third population health area of focus for the program and for future funding of collaborations.

Staff Response: The Regional Partnership Catalyst Grant Program is designed to support population health priorities identified in the Statewide Integrated Health Improvement Strategy (SIHIS). Maternal and child health is being considered as a priority area for SIHIS. A final decision on the inclusion of maternal and child health as a SIHIS population health priority will be made by the end of CY 2020.

Background

The HSCRC created the Regional Partnership Transformation Grant Program in 2015 with the goal of achieving All-Payer Model reductions in potentially avoidable utilization (PAU), reductions in per capita costs, and a positive return on investment demonstrated through savings to Medicare. There were fourteen hospital-led partnerships created and funded through the grant program that include 41 of Maryland's acute care hospitals serving both rural and urban areas across the State. The interventions performed by Regional Partnerships under the Transformation Grant Program were diverse and included a variety of behavioral health integration, care transitions, home-based care, mobile health, and patient engagement/education strategies that were focused primarily on high-need and high-risk Medicare patients.

The Transformation Grant Program expired on June 30, 2020. Given this, the Commission authorized a new competitive grant program to be established effective January 1, 2021. The new *Regional Partnership Catalyst Grant Program* was designed to build upon the original vision of this grant program and enable hospitals to continue working with community resources to create infrastructure needed to sustainably support the population health goals of the Total Cost of Care Model SIHIS activities.

The Regional Partnership Catalyst Grant Program is a five-year competitive grant program. The grants will be used to fund hospital-led teams that work across statewide geographic regions to develop interventions to address the key health priorities identified as part of the SIHIS Population Health domain. As part of the grant program, hospitals will partner with neighboring hospitals and/or diverse community organizations including local health departments, provider organizations, community health workers, and behavioral health resources to implement interventions that are intended to aid in improving population health.

The HSCRC Grant Philosophy

The new Regional Partnership Catalyst Grant Program is based on the HSCRC grant philosophy that the funding is designed to a) foster collaboration between hospitals and community partners and b) enable the creation of infrastructure to disseminate evidence-based interventions. The following core principles will apply to the new Regional Partnership Catalyst Grant Program:

- *Eliminate duplication* – Given Maryland’s shift from the All-Payer Model to the Total Cost of Care Model, care must be taken to ensure both interventions and grant funds are not duplicative with other new elements of the Model and other funding opportunities.
- *Ensure alignment with State priorities* – Funded interventions must support the goals of the Total Cost of Care Model and priority conditions identified under the Statewide Integrated Health Improvement Strategy.
- *Ensure broad collaboration* – There must be widespread engagement of local resources with a common agenda and mutually reinforcing activities to implement interventions more effectively.
- *Leverage evidence-based practices* – Funded interventions should be based on evidence that a model being proposed will achieve success.
- *Identify impact* – As a condition of funding, impact will be measured through the achievement of scale targets and progress goals, health improvement, and/or return on investment (ROI).
- *Ensure sustainability* – Funded interventions must have a plan for sustainability that includes both a plan to integrate successful interventions into hospital operations and a financial plan to ensure there is a permanent source of funding to continue the intervention after the grant expires.
- *Revamp grant oversight* – The HSCRC will leverage grant-making best practices and will provide additional oversight resources to ensure there is visibility, shared learning opportunities, and compliance with the intended purpose of the grant program.
- *Communicate & collaborate with stakeholders* – The HSCRC will continue the culture of collaboration with grantees to ensure information is clear, sensitive to concerns, and timely.

Competitive Regional Partnership Catalyst Grants

The new Regional Partnership Catalyst Grant program required hospitals to competitively bid on funding that will begin January 1, 2021. Funding is intended to be narrowly focused to support interventions that align with goals of the Total Cost of Care Model and support the Memorandum of Understanding that Maryland established with CMS for SIHIS. The Regional Partnership Catalyst Grant Program includes allocations of funds called “funding streams” that are designed to encourage focus on the key state priorities. The three funding streams are as follows:

- **Funding Stream I: “Diabetes Prevention & Management Programs”** – This funding stream would award grants to Regional Partnerships to support implementation of CDC-recognized Lifestyle Change programs for diabetes prevention and evidence-based diabetes management programs. Approximately 40% of the overall funding will be applied to this funding stream.
- **Funding Stream II: “Behavioral Health Crisis Services”** – This funding stream would award grants to Regional Partnerships to support the implementation and expansion of behavioral health crisis management models as described in the “Crisis Now: Transforming Services is Within Our Reach” action plan developed by the National Action Alliance for Suicide Prevention. The goal is to improve access to crisis intervention, stabilization, and treatment referral programs. Approximately 40% of the overall funding available will be applied to this funding stream.
- **Funding Stream III: “Population Health Priority Area #3”** – For fiscal year 2021, the Commission authorized the amount in this funding stream to be reallocated to the COVID-19 Long-Term Care Partnership Grant Program to address statewide issues associated with COVID-19. For fiscal year 2021 and beyond, funding will be available should the State identify a third population health priority area. Approximately 20% of the overall funding available will be applied to this funding stream.

The Commission approved the new Regional Partnership Catalyst Grant Program with an annual investment of 0.25 percent of statewide all-payer hospital revenue (approximately \$45 million annually). Given the time needed to sufficiently build partnerships and infrastructure, including workforce and implementation of interventions, the grant period was approved to run for five years. The grant amounts will be added to hospital annual rates as temporary adjustments for the following five-year period:

- Year 1: CY2021 (January 1, 2021 – December 31, 2021)
- Year 2: CY2022 (January 1, 2022 – December 31, 2022)
- Year 3: CY2023 (January 1, 2023 – December 31, 2023)
- Year 4: CY2024 (January 1, 2024 – December 31, 2024)
- Year 5: CY2025 (January 1, 2025 – December 31, 2025)

- Grant funding will end on December 31, 2025

Collaboration Requirements

Because grant funding is being issued through the rate setting system, only hospitals were eligible to apply for funding. Despite this, Regional Partnership Catalyst Grant hospital applicants were required to demonstrate that widespread collaboration would be part of their proposed model. Partnerships had to include a variety of resources that could influence population health including but not limited to Local Health Improvement Coalitions, Local Health Departments, community-based organizations, local behavioral health authorities, social service organizations, provider organizations, etc.

Impact Measurement

Under the Total Cost of Care Model, the State must systematically work to reduce the cost of care for Medicare beneficiaries while also improving statewide population health for all Marylanders. Regional Partnership Catalyst Grants were designed to help develop infrastructure for long term achievement of these goals. The Catalyst Grant funds remain important mechanisms to foster partnerships across the State and to mobilize diverse community resources under a unified agenda with mutually reinforcing activities. This collaboration should contribute to the State's progress toward Total Cost of Care Model long-term population health goals.

The HSCRC staff have developed *scale targets* to ensure progress is made toward building the infrastructure needed to support long-term grant funding return on investment. Scale targets are pre-determined targets that Regional Partnerships will need to achieve during the grant period to receive continued funding. The targets have been set by HSCRC so that progress can be independently verifiable and objectively measured between Regional Partnerships. Regional Partnerships will *not* be accountable for a specific total cost of care savings goal under this grant program but instead will be held accountable to achieve scale targets related to program development progress and ultimately health outcome measures by the end of the grant period.

Evaluation Committee Process

The HSCRC staff established a competitive bidding process for the Regional Partnership Catalyst Grant Program that required interested hospitals and their partners to submit proposals describing how funding would be used. An unbiased evaluation committee was formed to review the grant proposals and make recommendations on ones that should be funded. Additionally, the HSCRC staff engaged key subject matter experts with diabetes prevention/management and behavioral health crisis management expertise to assist in the review and evaluation of grant proposals.

The evaluation committee was made up of stakeholders from across the following State agencies and partners:

- HSCRC
- Maryland Health Care Commission
- Maryland Department of Health, Public Health Services
- Maryland Department of Health, Office of Minority Health and Health Disparities
- Maryland Department of Health, Behavioral Health Administration
- Maryland Department of Health, Medicaid
- Maryland Department of Health, MDPCP Project Management Office
- Opioid Operational Command Center
- Community Health Resources Commission
- Chesapeake Regional Information System for our Patients (CRISP)

Additionally, subject matter experts from the American Diabetes Association and the National Association of State Mental Health Program Directors were engaged to provide expertise on best practices for designing and implementing diabetes and behavioral health crisis management services.

Eighteen proposals were received and reviewed by the evaluation committee. Nine of these were for the diabetes funding stream and the remaining nine were for the behavioral health crisis services funding stream. The total value of the eighteen proposals far exceeded the funding that was approved by the HSCRC Commissioners. The original requests were more than \$100 million over the allowable .25 percent of statewide hospital all-payer revenue. To identify the proposals that should be recommended for funding, the evaluation committee used the following evaluation criteria that was included in the grant RFP:

- Alignment with Total Cost of Care Model Goals and population health priorities
- Widespread Engagement & Collaboration
- Evidence-Based Approach
- Outreach and Engagement Approaches
- Innovation
- Implementation Plan
- Sustainability Plan
- Budget

The evaluation committee met numerous times throughout August to review and discuss all proposals. Each proposal was scored by a minimum of ten evaluation committee members. Individual evaluator scores were then compiled to develop an average overall score for each proposal. Next, proposals were ranked

from highest to lowest overall scores within each of the funding streams. Because the Regional Partnership Catalyst Grant Program was structured as a competitive process, not all of the meritorious applicants could be recommended for an award. Only the top-ranking proposals that are within the overall funding limit for the grant program are being recommended for approval.

Recommendations

Based on its review of all proposals received, the Review Committee recommends nine grant proposals for the Regional Partnership Catalyst Grant Program 2021 – 2025 funding. Table 1 below lists the recommended awardees, the award amount, and the hospitals affected. Appendix A includes a summary of each recommended proposal.

Table 1. Recommended Awardees

Funding Stream	Partnership Name	Region	Recommended Awards	Hospitals in Proposal
Diabetes	Saint Agnes & Lifebridge	Baltimore City/County	\$5,962,333	Saint Agnes, Sinai Hospital, Grace Medical Center
	Baltimore Metropolitan Diabetes Regional Partnership	Baltimore City	\$43,299,986	Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, University of Maryland Medical Center Downtown, UMMC Midtown, Howard County General Hospital, Suburban Hospital
	Nexus Montgomery	Montgomery County	\$11,876,430	Holy Cross Hospital, Holy Cross Germantown Hospital, MedStar Montgomery Medical Center, Shady Grove Medical Center, Suburban Hospital, White Oak Medical Center
	Totally Linking Care	Charles, Prince George's, St. Mary's counties	\$7,379,620	University of Maryland Capital Region Health, MedStar Southern Maryland Hospital, MedStar St. Mary's Hospital, Adventist HealthCare, Fort Washington Medical Center, Luminis Doctors Community Hospital
	Trivergent	Allegany, Frederick, Washington Counties	\$15,717,413	Frederick Health Hospital, Meritus Medical Center, and University of Pittsburgh Medical Center Western Maryland

	UM Charles Regional	Charles County	\$2,214,862	University of Maryland Charles Regional Medical Center
Behavioral Health Crisis Services	Greater Baltimore Region Integrated Crisis System	Baltimore City/County, Howard, Carroll	\$44,862,000	Saint Agnes Hospital, Howard County General Hospital, Johns Hopkins Bayview Medical Center, Johns Hopkins Hospital and Health System, Grace Medical Center, Sinai Hospital, Northwest Hospital, Carroll Hospital, MedStar Good Samaritan Hospital, MedStar Harbor Hospital, MedStar Union Memorial Hospital, MedStar Franklin Square Medical Center, University of Maryland Medical Center, Univ. of Maryland-St. Joseph Medical Ctr, Univ. of Maryland Medical Center-Midtown Campus, Mercy Medical Center, Greater Baltimore Medical Center
	Total Linking Care	Prince George's, Southern, MD	\$22,889,722	Adventist HealthCare Fort Washington Medical Center, MedStar Southern Maryland Hospital Center, University of Maryland Prince George's Hospital Center, University of Maryland Laurel Medical Center
	Peninsula Regional	Lower Eastern Shore	\$11,316,332	Peninsula Regional Medical Center, Atlantic General Hospital
TOTAL :			\$165,428,698	Diabetes – 28 Member Hospitals Behavioral Health – 39 Member Hospitals

Appendix A - Summary of Grant Proposals Recommended for Award

Diabetes

Saint Agnes and Lifebridge -\$5,962,333

- Expand evidence-based diabetes education and Diabetes Prevention Program by recruiting, training, and supporting twelve Certified DPP LifeStyle coaches within the community.
- Improve access to healthy food for individuals with prediabetes/diabetes by expanding virtual supermarket access to food insecure patients.

Baltimore Metropolitan Diabetes Regional Partnership-\$43,299,986

- Establish centralized management services for their Diabetes Prevention Program and Diabetes Self-Management Training.
- Build partnerships with community stakeholders such as faith-based, senior citizen centers, community engagement centers.
- Expand DSMT sites beyond the hospital outpatient clinics.
- Integrate social needs wrap around services including food security and transportation.
- Build technology infrastructure for information transfer throughout the State

Nexus Montgomery-\$11,876,430

- Improve the supply of DPP & DSMT Providers and Programs by increasing capacity support and process improvement.
- Increase the demand for DPP & DSMT Programs through public outreach campaigns to raise program awareness.
- Ensuring Diabetes outcomes through Referral and Case Management

Totally Linking Care -\$7,379,620

- Expansion of the number of DPPs and DSMTs operating in the target region
- Expansion of outreach, screening, and referrals to DPPs and DSMTs
- Expansion of wrap around services to support engagement and retention in and completion of DPPs or DSMTs programs.
- Establish training and technical assistance to healthcare and social service providers to support DPP and DSMT programs.

Trivergent - \$15,717,413

- Increase the number of certified leaders, participant recruitment and retention, and class offerings for DPP
- Rapidly expand virtual, in-person and hybrid capabilities of DSMT
- Implement and expand evidence-based nutrition and physical activity programs into current patient practice and coordinate external partners
- Integrate mental health screenings into patient intake
- Partner with community based organizations and deploy Community Health Workers to engage communities in social need screening and resource navigation

UM Charles Regional - \$2,124,862

- Expand Diabetes Self-Management Training services by hiring a full time RN CDCES and full-time Dietician.
- Offer wrap around services including medical nutrition therapy, home visits, telehealth, pulmonary exercise, on demand transportation, patient support groups, and medication delivery.
- Utilize Community Health Workers, Lifestyle coaches, nurse navigators and pharmacist technicians to provide social support for patients, increase participation and engagement.

Behavioral Health Crisis Services

Greater Baltimore Region Integrated Crisis System-\$44,862,000

- Establish a regional Care Traffic Control system by implementing a single hotline to take and manage calls from people struggling with substance abuse and/or experiencing a mental health crisis.
- Expand Mobile Crisis Teams (MCT) to help create diversion opportunities for patients who go to the ED but do not require a high-level intervention.
- Expand access to immediate-need behavioral health services by piloting the Same Day Access (SDA) program

Totally Linking Care-\$22,889,722

- Enhance Prince George's County Response System through technological enhancements.
- Expand mobile crisis teams throughout Prince George's County.
- Establish a crisis receiving facility accepting individuals in crisis 24/7/365 on a walk-in self-referred basis

Peninsula Regional - \$11,316,332

- Increase behavioral health crisis care for individuals by establishing a regional behavioral healthcare urgent care center (BHUCC).
- Centralize and regionalize 2 mobile crisis programs with the BHUCC.

Appendix B - Regional Partnership Community Partners

Funding Stream	Regional Partnership	Community Collaborators
Diabetes	Saint Agnes and LifeBridge	Catholic Charities/My Brother's Keeper
		Baltimore Medical System
		Healthcare for the Homeless
		Baltimore City Health Department
		Meals on Wheels
		Moveable Feast
		Hungry Harvest
		Northwest Faith Based Partnership
		Comprehensive Housing Assistance Incorporated
		Central Baptist Church
		Enterprise Community Development
		UEmpower Maryland "The Food Project"
Diabetes	Baltimore Metropolitan Diabetes Regional Partnership	
		Baltimore City Health Department
		American Diabetes Association
		American Heart Association
		The Johns Hopkins Brancati Center for Advancement of Community Care
		Walgreens
		University of Maryland, Baltimore Community Engagement Center
		Health Resources Community Collaboration
		Johns Hopkins Community Physicians
		Masjid ul Haqq, Inc
		Perkins Square Baptist Church
		Chase Brexton
		Johns Hopkins Centro Sol
		Priority Partners
		Baltimore CONNECT
		Hungry Harvest/Produce in a Snap
		Lyft
		Bethesda Newtrition and Wellness Solutions
		Manna Food Center
	Foer's Pharmacy	
	Roundtrip	

		Potomac Physicians Associates
		Villages of Montgomery County
		Montgomery County Senior Recreation Centers
		Health Montgomery
		Columbia Medical Practice
Diabetes	Nexus Montgomery	One Quality Health CTO
		Holy Cross Health CTO
		Medstar Accountable Care
		Potomac Physicians Associates
		Privia Health
		Maryland Collaborative Care
		Kaiser Permanente
		Johns Hopkins Medical Alliance
		YMCA
		Bethesda Newtrition and Wellness Solutions
		Health Care Dynamics Inc
		Giant Food
		Montgomery County DHHS
		Maryland National Capital Park and Planning Commission
		AARP
		American Diabetes Association
		The Johns Hopkins Brancati Center for Advancement of Community Care
Primary Care Coalition		
Diabetes	Totally Linking Care	Prince George's County Health Department
		Prince George's County Local Health Improvement Coalition
		Charles County Health Department
		Charles County Local Health Improvement Coalition
		St. Mary's County Health Department
		St. Mary's County Health Improvement Coalition
		MedChi
		Maryland Center for Health Equity
		Nutrition and Diabetes Education Center LLC
		HCD International
		Diabetes Self Care Management Institute, LLC
		Community Health Education and Research Corp.

		Vibrant Health and Wellness Foundation
		PGC AoA Living Well Program/Medical Mall Services of Maryland
		Medical Office of Rodney Ellis, MD, PC
		Health Quality Innovators
		UMD School of Pharmacy P3 Pharmacy Network
		Prince George's Healthcare Alliance, Inc
		Access Health
		UMD School of Public Health
		Maryland Rural Health Association
		Institute of Public Health Innovation
		Giant Foods
		Lifestyles of Maryland Foundation
		Southern Maryland Tri-County Community Action Committee
		Uber Health
		Lyft Grocery Access
		Southern Management Corporation
		Dr. Shameka Fairbanks
		ClinicMax Inc.
		The Coordinating Center
Diabetes	Trivergent	Frederick County Health Department
		Maintaining Active Citizens/Living Well Center for Excellence
		YMCA
		Frederick Integrated Healthcare Network
		Frederick City and County Housing Authority
		Share Food Network
		Frederick Food Bank
		Frederick County Chamber of Commerce
		Frederick County Health Improvement Coalition
		The Mission of Mercy
		Frederick County Fire and Rescue
		Commission on Aging
		Washington County Health Department
		Boys and Girls Club
		Maryland Area Health Education Center West

		Allegany County Health Department
		Associated Charities
		Western Maryland Food Bank
		Human Resources Development Council
		Aramark
		Allegany County Health Planning Coalition
Diabetes	UM Charles Regional	UMMS
		Charles County Health Department
		Greater Baden Medical Services
		Health Partners
		Charles County United Way FLINT
		Charles County Mobile Integrated Healthcare
		UM Charles Regional Medical Endocrinologist PCP Group
		Lyft Health Concierge Services
Behavioral Health Crisis Services	Greater Baltimore Region Integrated Crisis System	Carroll Hospital
		Grace Medical System
		Greater Baltimore Medical System
		Howard County General Hospital
		Johns Hopkins Bayview Medical Center
		Johns Hopkins Hospital
		MedStar Franklin Square Medical Center
		MedStar Good Samaritan Hospital
		MedStar Harbor Hospital
		MedStar Union Memorial Hospital
		Mercy Medical Center
		Northwest Hospital
		Siani Hospital
		Saint Agnes Hospital
		University of Maryland Medical Center
		University of Maryland Medical Center Midtown
		University of Maryland St. Joseph Medical Center
		Baltimore City Health Department
		Baltimore County Health Department
		Behavioral Health System of Baltimore
Carroll County Health Department		

		Collaborative Planning and Implementation Committee for Baltimore City Consent Decree
		Howard County Executive's Office
		Howard County Police Department
		Howard County Department of Fire and Rescue/911
		Howard County Department of Community Resources and Services
		Howard County Health Department
		Howard County Local Health Improvement Coalition
		Horizon Foundation of Howard Co, Inc.
		AARP Maryland
		Bmore Clubhouse
		FreeState Justice
		Maryland Citizens' Health Initiative /Health Care for All!
		MedChi, The Maryland Medical Society
		The Mental Health Association of Maryland
		National Alliance on Mental Illness (NAMI) Howard County
		On Our Own
		The Trill Foundation/Greg Riddick Sr.
		Baltimore City Community College
		Carroll County Community College
		Howard County Public School System
		Carefirst
		Cigna
		Kaiser Permanente
		Mid Atlantic Business Group on Health
Behavioral Health Crisis Services	Totally Linking Care	Prince George's County Health Department
		Behavioral Health Advisory Group of the Prince George's County Health Action Coalition
		American Society of Addiction Medicine
		Optum Maryland
		The Local Behavioral Health Authority
		CASA
		Prince George's County Department of Corrections
		Aetna
		Prince George's County Public Schools

		Prince George's County Park and Planning
		Bowie State University
		University of Maryland College Park
		iMind Behavioral Health
		Mary's Center
		NAMI
		PG Co Healthcare Alliance
		Prince George's County Department of Social Services
		Prince George's County Office of the County Executive
		Affiliated Sante Group
		Mindoula
		Volunteers of America
		Safe Journey House
		Prince George's County Police Department
		Prince George's County Office of the Sheriff
		Prince George's County District Court
		Prince George's County Department of Social Services
		Prince George's Healthcare Alliance, Inc
		Behavioral Health Services and Systems Management, LLC
Behavioral Health Crisis Services	Peninsula Regional	Chesapeake Health Services
		Life Crisis Center
		Lower Shore Clinic
		Recovery Resource Center
		Sante Mobile Crisis
		National Alliance on Mental Illness (NAMI)
		Somerset County Health Department
		Wicomico County Health Department
		Worcester County Health Department



Maryland
Hospital Association

October 20, 2020

Tequila Terry, MBA, MPH
Principal Deputy Director, Payment Reform & Provider Alignment
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Ms. Terry,

On behalf of the Maryland Hospital Association's 61 member hospitals and health systems, we support the Health Services Cost Review Commission's (HSCRC) recommendation to invest \$165.4 million over five years to build the behavioral health crisis infrastructure and to reduce the impact of diabetes on Marylanders. As the lead entities, hospitals were required to partner with community organizations to implement the programs. We were pleased that nearly 200 partners are named in the grants. These investments and partnerships, along with other private and state-led strategies, are essential to ensure Maryland meets the targets that will be set in the Statewide Integrated Health Improvement Strategy (SIHIS).

Regardless of whether the State names a third population health priority in the SIHIS, HSCRC should award the full \$225 million in Regional Partnership funding approved in November 2019. Requests for the behavioral health and diabetes partnership grants exceeded the awarded amount by more than \$100 million. This demonstrates the magnitude of unmet need and shovel-ready diabetes and behavioral health projects that will go unfunded. With \$165.4 million recommended for behavioral health crisis and diabetes prevention and management, and \$10 million in Long-Term Care Partnerships approved earlier this year, about \$49.6 million remains. In addition to the behavioral health and diabetes needs, work groups are identifying interventions that need to expand to lessen disparities and improve maternal and child health.

We appreciate the opportunity to comment on this worthwhile grant funding program. Please do not hesitate to reach out to me with any questions.

Sincerely,

Traci LaValle, Senior Vice President

cc: Adam Kane, Esq., Chairman
Joseph Antos, Ph.D., Vice Chairman
Victoria W. Bayless
Stacia Cohen, RN, MBA

John M. Colmers
James N. Elliott, M.D.
Sam Malhotra
Katie Wunderlich, Executive Director



October 23, 2020

Health Services Cost Review Commission
4160 Patterson Ave
Baltimore, MD 21215

Subject: Recommendations for Funding for the Regional Partnership Catalyst Grant Program Awards

Dear Chair Kane and Members of the Commission:

As you consider recommendations for the to the Health Services Cost Review Commission (HSCRC) Regional Partnership Catalyst Grant Program, the undersigned organizations request that you approve full funding for the Greater Baltimore Regional Integrated Crisis System (GBRICS) Partnership.

The GBRICS Regional Partnership (“GBRICS”) will invest \$45 million over five years in behavioral health crisis response infrastructure and services, with the goal of reducing unnecessary emergency department use and police interactions for people experiencing behavioral health crises. GBRICS builds upon the strengths of the current behavioral health crisis system and aligns with the [Crisis Now model](#), a nationally recognized framework for comprehensive behavioral health crisis care. Over the course of the five years, GBRICS will:

- Create a regional hotline that is supported with technology for real-time capacity and care coordination across the system of care.
- Promote the regional hotline as an alternative to calling 911 or using EDs for crisis care.
- Increase the availability of mobile crisis teams (MCT), a team of mental health professionals, to be 24 hours a day, 7 days a week.
- Support outpatient providers to offer walk-in/virtual behavioral health services to address immediate needs.
- Establish a GBRICS Council to support accountability and sustainability of the initiative.

GBRICS was developed with the collaboration of 17 hospitals, four local behavioral health authorities, and behavioral health experts and leaders across these jurisdictions. In addition, GBRICS enjoys more than 25 letters of support from local elected officials and members of the General Assembly from all four of the local jurisdictions.

As the COVID-19 pandemic continues, the need for behavioral health support services will only increase. As such, robust behavioral health crisis services can help countless individuals overcome life-threatening crises, reduce ED use, and serve as a key access point into the broader system of care.

Thank you for considering our testimony and we urge the Commission approve the GBRICS Partnership proposal at the November 2020 meeting.

Sincerely,

Behavioral Health System Baltimore
Carroll Hospital (LifeBridge Health System)
Grace Medical Center (LifeBridge Health System)
Greater Baltimore Medical Center
Howard County General Hospital (Hopkins Health System)
Johns Hopkins Bayview Medical Center (Hopkins Health System)
Johns Hopkins Hospital (Johns Hopkins Health System)
MedStar Franklin Square Medical Center (Medstar Health System)
MedStar Good Samaritan Hospital (Medstar Health System)
MedStar Harbor Hospital (Medstar Health System)
MedStar Union Memorial Hospital (Medstar Health System)
Mercy Medical Center
Northwest Hospital (LifeBridge Health System)
Sinai Hospital (LifeBridge Health System)
Saint Agnes Hospital (Ascension Health System)
University of Maryland Medical Center (UMMS Health System)
Univ. of Maryland St. Joseph Medical Center (UMMS Health System)
Univ. of Maryland Medical Center Midtown (UMMS Health System)

Maria Harris Tildon
Executive Vice President
Marketing, Communications & External Affairs



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October 28, 2020

Adam Kane, Chairman
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Chairman Kane:

CareFirst appreciates the opportunity to comment on the "Draft Recommendation on Regional Partnership Catalyst Grant Program." We commend the HSCRC Staff on its implementation of the grant program and we support the Draft Recommendation on funding as proposed.

The Commission's focus on population health goals related to diabetes and behavioral health is consistent with CareFirst's health priorities for our members. We believe strongly that collaboration between hospitals and community providers is a key element in a successful total cost of care model. The inclusion of 23 hospitals and 116 non-hospital partners in the diabetes grants, followed by 23 hospitals and 67 non-hospital partners in the behavioral health grants, demonstrates that your evaluation process prioritized this community collaboration.

CareFirst is particularly encouraged by the fact that grantees' initiatives will be measured and evaluated through the achievement of scale targets and progress goals for health improvement and return on investment. We hope that these targets will be reviewed annually for performance on the express goals and targets, as well as compliance with partnership arrangements as submitted in the grant proposals. We are also hopeful that these reviews will be made available to the public. If a grantee is not meeting their annual targets or generally not complying with the partnership arrangements, HSCRC Staff should have the authority to discontinue a grant or reduce grant funding.

Finally, though not mentioned in the draft funding recommendation, we strongly support the addition of maternal and child health as a third population health area of focus for the program and for future funding of collaborations.

Again, we thank you for this opportunity to share our support and thoughts regarding this Draft Recommendation, and we would be happy to share our experience in addressing the population health issues related to diabetes, behavioral health, and maternal and child health in an effort to help ultimately achieve success in improving overall population health in Maryland.

Sincerely,

A handwritten signature in black ink, appearing to read "Maria Harris Tildon".

Maria Harris Tildon

Cc: Joseph Antos, Ph.D., Vice Chairman
Victoria Bayless
Stacia Cohen, R.N.
John Colmers
James N. Elliott, M.D.
Sam Malhotra
Katie Wunderlich, Executive Director

JOSELINE A. PEÑA-MELNYK

Legislative District 21
Prince George's and
Anne Arundel Counties

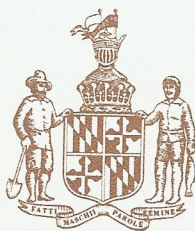
Vice Chair

Health and Government
Operations Committee

Subcommittees

Government Operations and
Long Term Care

Chair, Public Health and
Minority Health Disparities



The Maryland House of Delegates

ANNAPOLIS, MARYLAND 21401

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College Park, Maryland 20741-1251

October 22, 2020

Mr. Adam Kane, Chairman
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

SUBJECT: Regional Partnership Catalyst Grants

Dear Chairman Kane,

I recently received a briefing on the Greater Baltimore Regional Integrated Crisis System (GBRICS) Partnership application for the Regional Partnership Catalyst Grant for Behavioral Health Crisis Services. I was thrilled to learn of the potential that this partnership has to improve the lives of individuals struggling with behavioral health issues. I was equally thrilled to learn that the GBRICS proposal has received preliminary approval for funding.

It is my understanding that GBRICS is a collaboration of seventeen hospitals, four Local Behavioral Health Authorities, and many community organizations across Baltimore City, Baltimore County, Carroll County and Howard County. The breadth of this collaboration across multiple jurisdictions creates a meaningful opportunity to expand, strengthen and standardize behavioral health crisis services across Maryland.

As Vice Chair of the Maryland General Assembly House Government Operations Committee, I am well aware that access to behavioral health services for individuals in crisis is a challenge across all of Maryland, resulting in overutilization of hospital emergency departments and jails – which are undoubtedly, not an ideal setting for individuals experiencing a mental health or substance use crisis. Too often, I hear from constituents who cannot access the behavioral health services they need during a time of crisis.

Throughout my tenure as an elected official, I have concentrated on addressing the gaps in our behavioral health care system. Last session, I introduced legislation to establish a Maryland Mental Health and Substance Use Disorder Registry and Referral System. I also serve as a member of Joint Committee on Behavioral Health and Opioid Use Disorders. As Chairman of the Public Health and Minority Health Disparities Subcommittee, I have championed policies to address health inequity. I believe GBRICS aims to address many of the

Chairman Kane

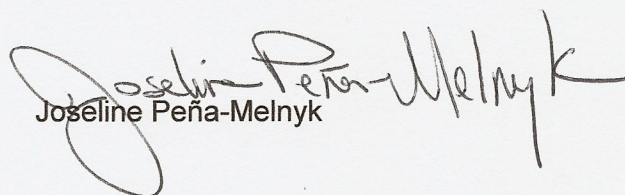
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policies and issues that are of highest priority to myself and other members of the General Assembly. GBRICS aims to transform the delivery of behavioral health crisis services in the Baltimore Region by expanding access to behavioral services using a data driven, evidence-based approach.

I am confident that the GBRICS proposal will transform the delivery of behavioral services, resulting in decreased hospital utilization and dependence on law enforcement to respond to individuals in crisis. Instead, serving individuals in a lower cost, more appropriate community-based setting.

The GBRICS proposal has my full support. I ask that you approve this outstanding proposal.

Sincerely,


Joseline Peña-Melnyk

Cc:

Joseph Antos, Ph.D., Vice Chairman
Victoria W. Bayless
Stacia Cohen, RN
John M. Colmers
James Elliott, MD
Sam Maholtra