

(2) Establish the procedures for disbursing grants to qualifying community health resources;

(3) Develop a formula for disbursing grants to qualifying community health resources; and

(4) Establish criteria and mechanisms for funding a unified data information system.

(g) In developing regulations under subsection (f)(1) of this section, the Commission shall:

(1) Consider geographic balance; and

(2) Give priority to community health resources that:

(i) In addition to normal business hours, have evening and weekend hours of operation;

(ii) Have partnered with a hospital to establish a reverse referral program at the hospital;

(iii) Reduce the use of the hospital emergency department for nonemergency services;

(iv) Assist patients in establishing a medical home with a community health resource;

(v) Coordinate and integrate the delivery of primary and specialty care services;

(vi) Promote the integration of mental and somatic health with federally qualified health centers or other somatic care providers;

(vii) Fund medication management or therapy services for uninsured individuals up to 200% of the federal poverty level who meet medical necessity criteria but who are ineligible for the public mental health system;

(viii) Provide a clinical home for individuals who access hospital emergency departments for mental health services, SUBSTANCE ABUSE SERVICES, OR BOTH; and

(ix) Support the implementation of evidence-based clinical practices.

(h) Grants awarded to a community health resource under this section may be used:

(1) To provide operational assistance to a community health resource; and

(2) For any other purpose the Commission determines is appropriate to assist a community health resource.