

(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; 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.

(I) (1) THE TREASURER SHALL INVEST THE MONEY IN THE FUND IN THE SAME MANNER AS OTHER STATE MONEY MAY BE INVESTED.

(2) ANY INVESTMENT EARNINGS OF THE FUND SHALL BE RETAINED TO THE CREDIT OF THE FUND.

(J) THE FUND SHALL BE SUBJECT TO AN AUDIT BY THE OFFICE OF LEGISLATIVE AUDITS AS PROVIDED FOR IN § 2-1220 OF THE STATE GOVERNMENT ARTICLE.

~~(4) PROVIDE \$5,000,000 IN ANNUAL SUPPORT FOR PROJECTS RECOMMENDED BY THE COMMITTEE ON DATA INFORMATION SYSTEMS; AND~~

~~(5) PROVIDE GRANTS TO THE MARYLAND HEALTH INSURANCE PLAN TO PAY FOR OUTPATIENT SPECIALTY CARE~~

~~(5) SUBSIDIZE THE COST OF OFFICE BASED SPECIALTY CARE VISITS, DIAGNOSTIC TESTING, AND LABORATORY TESTS FOR UNINSURED INDIVIDUALS WITH FAMILY INCOME THAT DOES NOT EXCEED 200% OF THE FEDERAL POVERTY LEVEL WHO ARE REFERRED THROUGH COMMUNITY HEALTH RESOURCES; AND~~

~~(6) SUPPORT SMOKING CESSATION PROGRAMS AND CANCER PREVENTION, SCREENING, DIAGNOSIS, AND TREATMENT SERVICES.~~

~~(F) THE COMMISSION SHALL ADOPT REGULATIONS THAT:~~