

**45th Meeting of the
Maryland Community Health Resources Commission
Wednesday, October 26th, 2011
Telephone Conference Call
9:30am to 11:15am**

Chairman Hurson called the conference call to order at 9:30 a.m.

In addition to Chairman Hurson, Commissioners Boyer-Patrick, Hunter, Li, McLellan, Roskos, Sabatini, and Tildon participated in the conference call. AAG McLemore and the independent reviewers were also in attendance. The first portion of the conference call was open to the public and the second portion was conducted in an administrative session.

MEETING MINUTES

Public Meeting

Chairman Hurson asked that the CHRC staff provide a brief overview of the FY 2012 grant proposal review process. The CHRC staff indicated that the Commission had received 99 grant proposals requesting a total of \$35 million over multiple years. In FY 2012 the CHRC is able to award \$1.1 million in new grant funding (the current RFP). As a means of comparison, the CHRC staff indicated that the FY 2011 RFP generated 38 proposals totaling \$12.9 million, and the Commission was in a position to award \$1.3 million in FY 2011. Chairman Hurson pointed out that the Commission has obligations for grantees from previous years, which is why the overall Commission budget for grants is higher than what they will actually award. The CHRC staff confirmed that \$935,000 was allocated for year two of the FY 2011 grants.

The independent reviewers in each of the five areas provided a succinct summary of the criteria they used to score the proposals in their subject area. The five areas included in the FY 2012 RFP were (1) **Infant Mortality**; (2) **Pediatric Dental Care**; (3) **Integrating Behavioral Health**; and (4) **Supporting New Access Points and Building Primary Care Capacity**; and one non-direct service concept (5) **Health Information Technology**. One of the independent reviewers under infant mortality was recused from reviewing two of the 14 proposals, Harriet Lane Clinic of Johns Hopkins University Medical School and Baltimore City Healthy Start, because of a conflict of interest with each application. These proposals were reviewed by the second (DHMH) independent reviewer in the infant mortality category.

The criteria used, generally, for all the proposals included (1) Prospects for success – how likely the project could be implemented and achieve the outcomes outlined in the proposal; (2) The impact of the program to the community and the health issue area; (3) Community need for the program; (4) Project sustainability after CHRC grant funding ends; and (5) Did the proposal help address minority health disparities and/or implement health reform.

The public did not have any questions for the independent reviewers on the grant proposal review process. The public meeting ended at approximately 10:00 a.m.

Administrative Session:

The administrative session commenced at approximately 10:10 a.m. Karen Dixon of CareFirst represented Commissioner Tildon who could not join the administrative session. Chairman Hurson led a discussion of the highest-ranked 26 proposals from each of the five areas that were recommended by the Chairman and the CHRC staff and independent reviewers to present before the Commission on November 10. In addition, the independent financial reviewers provided a succinct summary of the criteria they used to evaluate each of the non-profit organizations financial standing. The financial reviewers and the independent reviewers participated in the administrative session call to provide feedback on the recommended proposals and answer any questions the Commissioners might have on the proposals and the submitting organizations.

The CHRC voted unanimously to reduce the number of presentations before the Commission on November 10, 2011 and directed the CHRC staff to select the final 15 – 16 applicants to present on November 10.

The meeting adjourned at approximately 11:15 a.m.