

**35th Meeting of the
Maryland Community Health Resources Commission
Thursday, January 21, 2010
House of Delegate Building, 6 Bladen Street, Annapolis, MD
Room 180
3:00 PM – 5:30 PM**

Chairman Hurson called the meeting to order at 3:18 PM.

In addition to the Chairman, Commissioners Mark Li, Paula McLellan, Margaret Murray, Karla Roskos, Maria Harris-Tildon, and Douglas Wilson were present. AAG Mel Franklin was also present.

Commissioner Ken Hunter was present via telephone.

MEETING MINUTES

Chairman Hurson asked for a motion to approve the November 19, 2009 meeting minutes. The motion, made by Commissioner Roskos and seconded by Commissioner Doug Wilson, was approved through a unanimous voice vote of the Commissioners present.

Chairman Hurson indicated the Commission has three major items to discuss at today's meeting:

- 1) **A potential award of grant to Prince George's Health Department to address infant mortality;**
- 2) **Financial review of current CHRC grantees; and**
- 3) **Discussion of potential focus for FY 2011 grant awards.**

Potential Commission Award to Prince George's to address infant mortality

Commissioner Roskos talked about the Commission's previous infant mortality RFP issued last spring. This RFP generated five infant mortality grants: two in Prince George's County (Pregnancy Aid Center and Access to Wholistic and Productive Living Institute); one in Garrett County (to the local health department); one in Baltimore County (to the local health department); and one in Baltimore City (Baltimore Medical Systems). Commissioner Roskos stated that Prince George's County is second to Baltimore City in infant mortality, and CHRC staff provided data that supported Commissioner Roskos' statement. Commissioner Roskos and Mark Luckner met with the State Health Department, Dr. Shell and his staff, and Delegate Melony Griffith and Delegate Jim Hubbard to discuss the "Tapestry Program," a comprehensive approach to expanding access to prenatal and consultative services for high-risk mothers in Prince George's County.

The Tapestry Program was been developed by DHMH leadership, in concert with the Governor's initiative to reduce infant mortality by 10% by 2012, and with close collaboration with Dr. Shell, Dr. Mighty at the University of Maryland, and DHMH.

Delegate Griffith and Delegate Hubbard spoke in support of the Tapestry Program, and in support of the Commission's potential award to Prince George's County. Delegates Griffith and Hubbard represent

Prince George's County in the Maryland House of Delegates, and both serve in senior leadership positions in the legislature. Delegate Griffith serves as Chairman of the Prince George's House Delegation and Delegate Hubbard serves as the Chairman of the Public Health & Long Term Care Subcommittee of the Health & Government Operations Committee in the Maryland House of Delegates. In addition, Delegate Marvin Holmes, Vice Chairman of the Prince George's House Delegation, and Senator Doug Peters, Chairman, Prince George's Senate Delegation, spoke in support of the Tapestry Program and thanked the Commission for its consideration.

During his presentation, Dr. Shell indicated that the Prince George's Health Department started a network of services for pre-natal care three years ago. Dr. Shell stated that what is missing from the Health Department is access to a Perinatologist for high risk pregnancy. Pregnancy Aid Center does a good job in the Northern part of the county but is unable to take on the entire county. They started the Healthy Women/Healthy Start Program to ensure that every pregnant woman in the county is seen early in their pregnancy instead of waiting for Medicaid or private insurance. Dr. Shell has been in contact with University of Maryland to facilitate access to a perinatologist to Prince George's County, as the University did in its partnership with the Eastern Shore. Dr. Shell further stated that having access to a perinatologist will have a major impact on the women in Prince George's County.

Immediately following the presentation by the Prince George's County Health Department, the Commission conducted a brief executive session, and then adjourned the executive session (opening the session to the public) before the formal consideration of the grant award to Prince George's County.

In the course of regular, ongoing grantee monitoring, CHRC staff identified additional funds available in FY 2010, from a FY 2010 grantee that would not be utilizing its full grant award in FY 2010, thereby allowing the Commission to support the Tapestry Program in Prince George's County.

The Commission voted unanimously to support a grant award to Prince George's County. Following the vote, Commissioner Roskos indicated that she feels that Prince George's Health Department, not the University of Maryland, should receive the revenue from potential Medicaid billing in this program. This item will be discussed in greater detail in a follow-up meeting among Dr. Shell (grantee), Commissioner Roskos, CHRC staff, and DHMH.

Financial Review of Current Commission Grantees

Commission staff presented a financial review of the Commission grantees, which indicates that several grants that were awarded in FY 2007, FY 2008, and FY 2009 have not requested the full payment of grant funds that are "owed" to the grantees. Analysis conducted by Commission staff indicates that more than \$1 million has accumulated in the Commission's fund balance in "booked but undistributed" grantee payments. Chairman Hurson directed Commission staff to contact grantees that are "off payment" schedule. In addition, several Commission grants that were awarded in FY 2009, with 40% of the full grant award being "booked" using FY 2009 funds, and 40% using FY 2010 funds, may present fund obligations for the Commission in FY 2011 (i.e., the remaining 20% using FY 2011 funds). Analysis conducted by Commission staff indicates that as many as 14 FY 2009 grants may present potential fund obligations, totaling \$955,000, for the Commission in FY 2011.

Discussion of potential focus for FY 2011 grant awards

Chairman Hurson briefly outlined how the Commission's budget has been reduced from \$15 million to \$3 million in the Governor's budget allowance for FY 2011. The Budget Reconciliation and Financing Act (BRFA) for FY 2011 contains a permanent cap of \$3 million for the Commission, as occurred with last year's BRFA. The legislature removed this language during the 2009 legislative session, lifting the permanent cap for the Commission last year, and the Commission will work again during the 2010 legislative session, to secure legislative support for removing the cap again.

Following a discussion of the FY 2011 budget, several Commissioners briefly discussed their views on potential areas of Commission focus in FY 2011. Commissioner Roskos indicated that the Commission should concentrate on infant mortality and co-occurring disorders. In addition, Commissioner Roskos indicated that the Commission should help leverage additional federal resources and continue to fund current grantees that demonstrate outstanding program outcomes. Commissioner Wilson expressed an interest in health information technology and local public health planning, perhaps with the Commission supporting or being involved in a statewide needs assessment. Commissioner Li indicated that he too would like to see the Commission continue its support (aka extend its funding) of past/current grantees that have been successful. Commissioner McLellan suggested that the Commission should build on our strengths.

ADJOURNMENT

Chairman Hurson adjourned the meeting at 5:38 PM.

NEXT MEETING DATES

The next meeting is scheduled for Thursday, March 18 at 3 pm in Annapolis.