



Funding Procedures Ad Hoc Committee Meeting of the McLean County Board of Health;  
Tuesday, March 5, 2019, 5:00 p.m., at McLean County Health Department, 200 W. Front Street,  
Room 322, Bloomington, Illinois.

---

## **AD HOC COMMITTEE MEETING**

### **Minutes**

Members Present: Judy Buchanan, Wanda Holloway, Dan Deneen, Cory Tello, Brian Mohr,  
Susan Schafer, Alan Ginzburg

Members Absent: Trisha Malott, Rich Bleichner, Scott Murphy, Brian Mohr, Vern  
McGinnis, Laurie Wollrab

Staff Present: Camille Rodriguez, Amy Brooke, Amy Hancock

1. **Call to Order:** Meeting was called to order at 5:06 PM

2. **Public Participation:** None

3. **Approval of Minutes from December 5, 2018**

Motion by Tello/Mohr to approve minutes from December 5, 2018 as approved.  
Motion carried.

4. **Items for Discussion**

#### **A. Evaluation of the Embedded Schools Project**

Ms. Camille Rodriguez (CR) shared that the pilot that has begun the third year. The pilot needs to be evaluated to assess efficacy and have the evaluator provide recommendations. Several local entities that do these types of assessments have been contacted. Many of the evaluators turned us down because we did not build it as an evaluable program. Reasons that it is not evaluable are items not being put in contract and the addition of things to it as we went. As a result, the possible evaluators are reluctant to put their names on it. One last person is still considering performing the evaluation or some variation of an evaluation.

Dan Deneen (DD) suggested that the BOH assemble a panel and possibly have her consult. It would be helpful for the future to know what to do procedurally.

Amy Hancock (AH) stated that at the beginning of the pilot we should have identified a researcher and know what data is being collected.

CR stated that one of the issues that has come up is the ownership of the data. We should have had a data user agreement in place at the beginning of the project.

Cory Tello (CT) stated that the pilot has served a million purposes. As it has grown we have gone deeper and deeper into what we wanted.

Susan Schafer (SS) suggested that even without an outside evaluator there are other things we can evaluate ourselves.

CT stated that one thing we have learned is the importance of parental engagement.

Wanda Holloway (WH) asked what would happen if we can't get it evaluated.

CR suggested that staff at the Health Department could attempt to evaluate it. This would mean that it wouldn't be peer reviewed. We could also do stakeholder surveys of parents, children, support staff, and providers to get an assessment of the feelings that people have about it. Even though these evaluators turned us down, they thought it was an amazing concept.

AH shared that most of those contacted were with ISU. A good thing about the internal person in the Health Department is that they are not currently involved in the program.

Judy Buchanan (JB) asked about the time frame needed for the evaluation..

AH shared that she had requested that the last potential evaluator let us know by Friday, March 8<sup>th</sup>.

CR stated that we want the evaluation to start around now and have it completed around June. This would allow for recommendations during the budget cycle.

CT recognized that the schools need to know about funding. A continuation of the program was never promised.

AH stated that the pilot ends Dec. 31<sup>st</sup>.

SS stated that the conversation ties into the RFP process. If we want to continue or do something else with schools, this is where we can change the timeline. Typically, we follow the calendar year. While it doesn't completely tie in with the budget, she believes it would be possible to do an approved RFP through, for

example, the end of June. This would allow us not to need to push our evaluation too soon if it is something we want to consider.

WH asked if the schools have evaluated the program themselves.

AH stated that they haven't done an evaluation.

CT stated that they just keep saying how wonderful the program is.

AH noted that CHS and Chestnut have done well at learning how to bill.

CR reminded the members that billing for Medicaid and getting the income is revenue, but it is not profit. Billing Medicaid doesn't cover costs.

CR noted that even if we don't pay an external evaluator, we will still be paying for an evaluation in the use of a Health Department employee's time. We will put a code on it to log how much time they spend.

SS affirmed the need for this. Knowing how much time is spent allows us to build a justification if needed later.

CR asked if we should we still wait on the answer from the external evaluator? She noted that they still must see about her rates. She suggested emailing the group one way or another. She can bring to the BOH both options if the external evaluator is an option.

JB confirmed concurrence to have the BOH to approve a rate for this individual if it is an option or to move forward with an internal evaluator.

CT asked if there would still be concerns about data ownership for the rest of the pilot, concerns that any of the entities would not be forthcoming.

CR noted that we have required the uploading onto the software on our server.

AH interjected that there is a concern with the integrity of the data. If an evaluator reaches out to the entities with questions, they may or may not give her their time. It could be dependent on connecting with the correct people.

SS suggested that a disclaimer could be place on the results of the evaluation that reads, "This data was provided by ...."

CR noted that there are challenges but there is also the hope that we can still come back and say, "Here are some things that we accomplished."

## **B. RFP Manual**

CR noted that what had been emailed to them was a draft copy. The ultimate theory with this is to build a fence around what are we going to fund, how it is

going to be contracted, and what will the expectations of the providers of the services will be. It included language about preferred providers. Maybe we would decide to recommend to the Board that there be providers that may not have to do the application every time. They provide a needed service within the community and don't have competition or are the known provider.

CT asked if an agency would apply, would they be given this document and would there be a template they would fill out.

CR clarified that these are the guidelines for our staff.

JB noted that there are forms mentioned in here.

CR agreed that there are forms that are being created. Some are financially oriented. This is mostly for us to agree upon for a staff preparing an RFP: 1) We would put out a notice of funding, date of RFP; 2) describe the release date; 3) release RFP with very specific instructions; 4) application form and information about where to send it. Much of what is in this document would be codified in their contract. This is more to guide us.

CR noted that this is a public document and can be made available to those who want to see what guides us. However, it is more of an internal guide to make it very clear what has to be done, when it has to be done, and how it has to be done.

WH clarified that in the packet that goes out we would address ownership of data, use of our name, how we want to be recognized, and other provisions that should be in an RFP.

JB asked if the document represents what we expect? Are there other things?

CT noted that we talk a lot about outcome measures. What do we want the deliverable to be? How is the client going to change from the beginning of service to the end of service? This document felt light on that. That concerned her. She asked if those items would be more represented in the template for the application.

CR stated that we could add language that said that the Board would specify numerators, denominators, and other outcomes required to be in the creation of the work plans. We can be very specific, or we can be collaborative. Being that specific might end our relationship with programs that come and say we have this program and we want you to fund it. Do you want to drive that piece or do you want consider existing programs and how they drive the measurement? Is there a combination we can live with? If we aren't somewhat fluid in how we accept

those RFPs will we limit ourselves and shut them out from funding? Is it our intention to drive the narrative?

JB leaned towards the notion of integration. Part of the reason for doing this is we wanted to make sure that some identified needs are met through a variety of means.

DD stated that every contract should state that they have been provided a copy of the guidelines and requirements for funding and that they will adhere to that.

CR: Are we going to drive the narrative instead of having an RFP that says, what? We may want to add something that says that we will make workplans with numerators and denominators.

SS noted that the section regarding preferred provider service contracts could address this. Something like Project OZ could fit in something like these. It also allows for us to integrate anything else that we want to add.

AH noted that during her Feb site visits she stressed with the agencies that it is a collaboration. They are not satisfied with objectives either.

CT noted that there need to be quality outcomes in all of contracts.

JB described it as defining change.

SS described it as accountability.

CR noted that we put the RFP out. Others respond to it. It is the statement of work/work plans that can be collaborative. What if you put out an RFP and no one responds? What if there is no one to do the work we want to do? Then we need to step back and ask if we fill the gap or talk to other providers to collaborate and build it.

CR shared that right now Ms. Hancock manages 20 contracts/services. She cannot be an expert in all those services. We have asked Cathy Dreyer's staff do the oversight of the dollars. If we reduce the number from 20 to 10 then we are focusing and bringing clarity. It allows us to provide better support.

Alan Ginzburg suggested that if the number of grants is dropped from 20 to 10, this allows for bigger grants. This entire document only refers to behavioral health. It needs to be tightened up. It has statements that the Board may enter into contracts for the purchase, sale, or exchange of health services. What is a health service?

SS noted the need to be clear on the language of the statutes.

SS suggested putting that evidenced based programs be listed as one of the requirements. It needs to tie it into the funding. She also stated that they will need to agree to sign MOUs and DUAs.

CT asked if we will continue to use the same database that people are currently putting data into.

CR stated that this is not written into this document. There are decisions to make about that system and its viability.

SS noted that there are some long-term things being looked at. However, we may need to use this in the interim.

DD suggested that on the 2<sup>nd</sup> page that service recipients be defined and add “the Board shall provide parameters for various categories of residents requiring services.”

CR stated that in the RFP we can specify the population that we want to target.

SS noted that the RFP processes might begin in June of each calendar year. She wondered if that was too early?

CR did say it might be early.

SS asked how much time there would be for a NOFO. Do you need to go to June? Will we be ready in June to decide what we want to target? Will we know how much money we will have available?

JB acknowledged that the timeline means we only have April and May to come up with the focus.

CR asked what would be the timeline that would push the 2020 NOFOs too late? Agencies also must be ready in January

SS suggested that if there are preferred service provider/core services with no other funding sources, can we subtract (allocate) them out and do NOFOs for the rest. Those preferred service providers could be pushed off until later. This way not every RFP would need to be June.

CR asked when is a good time to send out the NOFO? We almost have to start in June and July, so the entity has time to write the application.

JB stated that they will need to get back together sooner rather than later.

CR stated that we should have feedback within the next 2 weeks. Then we could get back together last week of March. Meanwhile, she will work on fixing the things already suggested.

JB summarized that members will provide feedback by March 19. The next meeting will be March 28.

5. Items for Action

A. Approval of RFP Manual

Members agreed to postpone this item. There was consensus to continue reviewing the guidelines.

6. Adjournment

Motion by Schafer/Holloway to adjourn.

Motion carried.

Meeting adjourned at 7:15 PM.