

MONTGOMERY COUNTY COMMISSION ON HEALTH

Meeting Minutes

March 20, 2014

401 Hungerford Drive, Rockville, Maryland

Members Present: Ron Bialek, Brenda Brooks, Tara Clemons, Kathy Ghiladi, Michelle Hawkins, Graciela Jaschek, Alan Kaplan, Pierre-Marie Longkeng, Rose Marie Martinez, Linda McMillan, Sheela Modin, Marcia Pruzan, Daniel Russ, Tonya Saffer, Ashraf Sufi, Wayne L. Swann, Shari Targum and Ulder J. Tillman

Members Absent: Mitchell Berger and Joneigh Khaldun

Staff Present: Jeanine Gould-Kostka, Doreen Kelly and Helen Lettlow

Guests: Seth Morgan, Commission on People with Disabilities

1.0 Call to Order

Chair Ron Bialek called the meeting to order at 6:04 p.m. upon reaching a quorum.

2.0 Approval of Minutes

Dr. Alan Kaplan made a motion to approve the February 2014 Commission on Health (COH) meeting minutes. Mr. Wayne Swann seconded the motion to approve the minutes. The motion was passed unanimously by voice consent.

3.0 Report of Officers – Ron Bialek, Chair

3.1 Upcoming Meetings – Mr. Bialek announced that the COH upcoming meetings will be held on April 24, 2014 and May 15, 2014. The April 24, 2014 is the fourth Thursday of the month and was switched from the usual third Thursday of the month due to holiday conflicts.

3.2 Update on Annual Meeting with the County Executive – Mr. Bialek discussed the Boards, Committees and Commissions (B/C/Cs) Annual Meeting with the County Executive that was held on March 11, 2014. Mr. Bialek mentioned that all of the COH's questions were asked during the meeting. COH Vice Chair Dan Russ mentioned that the County Executive appreciated the expertise and vast knowledge of the issues by members of the B/C/Cs.

3.3 Nominating Committee Update – Mr. Bialek thanked Mr. Swann for offering to serve as a member of the COH Nominating Committee. Dr. Rose Marie Martinez offered to serve on this committee. Mr. Swann and Dr. Martinez will work with Ms. Gould-Kostka to prepare the slate of COH officers and hold the officer election during the June COH meeting.

MOTION: Dr. Shari Targum moved that Mr. Wayne Swann and Dr. Rose Marie Martinez serve as the COH Nominating Committee for FY14. Dr. Michelle Hawkins seconded the motion, which was passed unanimously by voice consent.

4.0 Reports – Ron Bialek, Chair

4.1 County Council Report – Ms. Linda McMillan said that the County Council received the County Executive's proposed FY15 budget, which includes a 6.2% increase in funding for the Department of

Health and Human Services (DHHS) mainly for employee compensation as well as contracts and grants. The County Council will hold [five public hearings](#) on the proposed FY15 Operating Budget.

The HHS Committee discussed Bill 34-13, Interagency Commission on Homelessness and the MCPS Food and Nutrition Policy. Upcoming HHS Committee discussion will be held on the School Health Advisory Council, which has been postponed until April 3, 2014.

4.2 MCPS Report – Ms. Marla Caplon was unable to attend the meeting.

4.3 Staff Report – Ms. Gould-Kostka discussed: the resignation of COH member Nelson Rosenbaum; COH term expirations and how each member needs to reassess their desire to continue serving on the COH by early April; the County Executive's proposed budget can be viewed online and links have been distributed electronically to COH members; and COH workgroup reports should be sent in electronically for inclusion in the minutes.

5.0 PHS Chief's Report – Ulder J. Tillman, M.D., MPH, County Health Officer

Dr. Tillman announced the PHS Chief's Report for February 2014 was sent out in the COH electronic mail for review on March 18, 2014. The report is also included at the end of these minutes.

Dr. Tillman discussed the following issues: pool license renewal letters went out from Licensure & Regulatory Services; TB investigations; March 28th full-scale exercise at Damascus High School to test the Cities Readiness Initiative Plan; upgrades in classification for school health room aides to technicians; level budget funding with some increases for seniors and youth programs; DHHS Community Budget Forum on March 27, 2014; ACA update and [press release](#) from the Maryland Health Connection to maximize enrollment; the inability for the County to get enrollment counts for the region; and Health Enterprise Zones.

6.0 COH Workgroup Reports – Ron Bialek, Chair

6.1 Surveillance Workgroup – Mr. Wayne Swann presented the workgroup's summary, which is included at the end of these minutes.

6.2 Accreditation Workgroup – Ms. Tara Clemons discussed the workgroup's focus to date. She mentioned that the workgroup has been looking at the Montgomery County web site to find written documents for each of the accreditation domains but few documents are available. The workgroup plans to seek information from other jurisdictions that have successfully completed accreditation before making recommendations for the COH to consider.

6.3 Food Security and Nutrition Workgroup – Dr. Shari Targum thanked Ms. Marcia Pruzan for her help in moving the workgroup forward during this time of transition after the resignation of the workgroup chair. The workgroup has not yet decided what population they plan to focus on at this point but will continue to explore options.

7.0 COH Liaison Reports – Ron Bialek, Chair

Mr. Bialek reminded COH members that written liaison reports have been distributed electronically to the COH and will be attached to these minutes. He asked liaisons to report only on issues requiring action from the COH or items of special significance.

7.1 African American Health Program (AAHP) – Dr. Michelle Hawkins discussed the proposed operating budget for FY15 and asked the COH to continue to focus on health disparities. Dr. Hawkins brought flyers to distribute to the COH for upcoming AAHP programs. Dr. Hawkins full report is included at the end of the minutes.

7.2 Asian American Health Initiative (AAHI) – Dr. Ashraf Sufi enjoys serving as the liaison to the AAHI and mentioned the need for additional funding for vaccination and prevention programs as well as expanding linguistic capabilities. Dr. Sufi’s full report is included at the end of these minutes.

7.3 Commission on Aging (COA) – Ms. Marcia Pruzan discussed the overlapping areas of concern between the COA and the COH. Dr. Sam Korper is heading a Data Needs Task Force for the COA to look at gaps in the data available on www.healthymontgomery.org. Ms. Pruzan’s full report is available at the end of these minutes.

7.4 Commission on People with Disabilities – Dr. Seth Morgan offered to forgo additional comments and asked everyone to read his report, which is included at the end of these minutes.

7.5 Healthy Montgomery Steering Committee (HMSC) – Mr. Ron Bialek mentioned that last year data issues surrounding the Affordable Care Act were worked on by a COH workgroup. Mr. Bialek suggested that the Surveillance Workgroup determine the outcome of the minority initiatives data issues discussion from last summer. Mr. Bialek’s full report is included at the end of these minutes.

7.6 Latino Health Initiative – Dr. Rose Marie Martinez mentioned the potential for increased health disparities in the ACA implementation due to language barriers. She asked that the COH continue to focus on health disparities. Dr. Martinez’ full report is included at the end of these minutes.

7.7 Montgomery Cares Advisory Board – Mr. Wayne Swann’s report is included at the end of these minutes. Montgomery Cares is asking for increased funding for behavioral health and dental programs as well as for electronic health records.

7.8 Obesity Prevention Strategy Group – Dr. Alan Kaplan mentioned the Healthy Montgomery Obesity Work Group efforts related to obesity prevention. Dr. Kaplan’s full report is included at the end of the minutes.

7.9 School Health Advisory Council – Dr. Dan Russ mentioned the MCPS concussion baseline testing being conducted for athletes. Ms. Gould-Kostka will send the links to the program to the COH in an upcoming newsletter. The full report is included at the end of these minutes.

Discussion followed: preventive medicine and gaps in policies; common threads for COH consideration throughout the reports – funding, health disparities, and language barriers to healthcare access, as well as data needs; how the Council’s HHS Committee will ask DHHS in April to discuss next steps for the HMSC now that the action plan reports have been approved by the HMSC; and Healthy Montgomery staff capacity and the need for partner organizations to provide staffing.

8.0 Workgroup Session – Ron Bialek, Chair

The workgroups met from 7:22 – 7:51 p.m. to discuss developing action steps and possible recommendations.

9.0 New Business/Unfinished Business

No new business and no unfinished business to report.

10.0 Adjournment

Mr. Swann made a motion to adjourn at approximately 7:52 p.m. Ms. Marcia Pruzan seconded the motion, which was passed unanimously by voice consent.

Respectfully submitted,

Jeanine Gould-Kostka
Staff to Commission on Health

PUBLIC HEALTH SERVICES CHIEF'S REPORT FEBRUARY 2014

SUCCESES AND GOOD NEWS

Licensing and Regulatory Services

On Friday, February 28, over 1000 pool license annual renewal notices went out to pool owners and managers. All restaurants were sent reminders of new legislation requiring the posting of food allergen awareness posters.

Community Health Services held a Retreat on February 12, 2014 at Rockville Memorial Library to focus on increasing and enhancing health promotion and prevention activities and interventions in CHS programs. The main speaker was Allison Roper with Office of the Assistant Secretary of Department of Health and Human Services, Office of Health Promotion and Prevention. She spoke about the goals of Healthy People 2020. Prior to attending the retreat, the Community Health Nurses and Community Services Aides completed a "community-based knowledge assessment" of the community being served; a summary of that assessment was presented at the retreat. During the retreat, CHNs and CSAs assessed the current program health promotion and prevention activities, identified the gaps, methods of enhancing these activities, and how best to establish collaboration and integration with partners. Uma Ahluwalia, Ulder Tillman and Helen Lettlow also attended and participated in the retreat.

HOTSPOTS

TB Control Program:

TB Control is conducting two contact investigations in MCPS schools on 3/25/2014 and 4/1/2014. Most of the program staff and School Health Nurses will be doing the testing at the schools.

Emergency Preparedness and Response:

Planning continues for the March 28 point of dispensing (POD) exercise at Damascus High School. This is a joint exercise with Montgomery County Office of Emergency Management and Homeland Security.

Licensing and Regulatory Services

PatTrac, the electronic inspection reporting system had a serious server failure and was not operational for 3 weeks. An after action meeting has been requested to review the event and look for opportunities to prevent future system failures and loss of data.

UPDATES ON KEY ISSUES

School Health Services

The School Health Room Aide Occupational Class Study was completed by Bay Rivers and Associates, which incorporated feedback from HHS' managers, employees and union officials. Effective February 9, 2014, all School Health Room Aide I (grade 14) and II (grade 15) positions were re-classed and renamed to the title of School Health Room Technician I and II, grades 15 and 16 respectively.

Montgomery Cares

- YTD data for FY 2014 (July 2013 – January 2014):
 - Non-homeless patients 21,882 (68% of budget target)
 - Non-homeless encounters 46,717 (55% of budget target)
 - Homeless patients 206 (52% of budget target)
 - Homeless encounters 290 (32% of budget target)

Montgomery Cares received \$400,000 in FY14 funds from County Council to implement mammography and colonoscopy screening for select categories of patients. Given the timing of the implementation for these programs, the mammography program has recently been expanded to cover both women age 50 and over and, as of February 2014, also women ages 40-49. In addition, through the remainder of FY14, the colonoscopy funds will be used for both screening and diagnostic procedures and not just for screening.

Senior Administrator Jean Hochron and Sharon Zalewski from Primary Care Coalition made a presentation on the County's Health Care Programs for the Uninsured to the Commission on Health at its monthly meeting on February 20, 2014.

Maternity Partnership

	<u>January</u>	<u>Fiscal Year to Date</u>
Number of patients referred to contracting hospitals by DHHS clinics	153	982
New patients enrolled in prenatal care by hospitals	148	955
Number of teens enrolled	4	36
Percent entry during first trimester	55%	47%
Fetal losses	1	14

Reproductive Health

	<u>January 2014</u>	<u>Year to Date</u>
Mary's Center	52 patients	252 patients
Planned Parenthood of Greater Washington	102 patients	682 patients
TAYA	<u>103 patients</u>	<u>1,081 patients</u>
TOTAL	257 patients	2,015patients

Transfer of the Reproductive Health contract from TAYA to CCI is still in process, awaiting documentation from Federal HHS that malpractice coverage is in place for CCI under its original name as “The Community Clinic, Inc.”

Oral Health

	<u># New Patients</u>		<u># Visits/Encounters</u>	
	<u>January</u>	<u>YTD</u>	<u>January</u>	<u>YTD</u>
Maternity:	47 patients	515 patients	152 visits	1,133 visits
Children:	90 patients	902 patients	224 visits	1,592 visits
Adults:	119 patients	966 patients	236 visits	1,704 visits
Seniors:	56 patients	465 patients	119 visits	846 visits
TOTAL:	312 patients	2,848 patients	731 visits	5,275 visits

Community Health Services will participate in the Domestic Violence Enhanced Home visitation study (DOVE). The study is investigating methods to improve screening and intervening for intimate partner violence during perinatal home visits. Intimate violence has an impact on families, especially on the development, health, and safety of vulnerable children. The study is funded by the National Institutes of Health and Johns Hopkins is collaborating on the project.

Community Health Services is applying for HRSA 14-121 grant Healthy Start Initiative: Eliminating Disparities in Perinatal Health (Level 1: Community- based Healthy Start) estimated award \$3,000,000. Due March 31, 2014.

FY 2014 Surveillance Workgroup Update 3-20-2014	
<p>Workgroup Name/Focus: Surveillance of FY 2012 and 2013 Recommendations</p> <p>Workgroup Goal: Review achievement and relevancy of FY 2012 & 2013 goals, determine progress and next steps</p>	<p>Subcommittee Chair/Vice Chair: Wayne Swann /Pierre-Marie Longkeng</p> <p>Members: Michelle Hawkins, Rose Marie Martinez, Tonya Saffer, Kathy Ghiladi, Brenda Brooks, Seth Morgan</p>
<p>Key outcomes by year end</p> <ol style="list-style-type: none"> 1. Determine which goals are still relevant 2. Identify goals we still need work towards 3. Determine actions necessary for advancing goals 4. Make suggestions for moving forward on those goals 	
Possible first steps/initial workgroup activities	
<p>A. Review all recommendations and their status – Make recommendations on work still to be done</p> <ul style="list-style-type: none"> • ACA Data – Rose Marie Martinez • Access to Care – Wayne Swann • Prevention – Tonya Saffer • Obesity/CVD – Pierre-Marie Longkeng <ul style="list-style-type: none"> • Breastfeeding • School Vending • Local Food Access • Tobacco – Michelle Hawkins <p>B. Status</p> <p>1) Access to Care - Specific Recommendations Related to</p> <ul style="list-style-type: none"> • HHS monitor access to care for underserved populations and report semi-annually any issues/concerns to the County Executive, County Council, and COH in the event disparities increase during ACA implementation. • The County Executive and County Council continue to support Montgomery Cares, the Care for Kids and Maternity Partnership programs as well as other HHS programs that provide necessary health care for uninsured County residents 	

- The COH urges the County Executive and County Council to work with the State to ensure that HHS has the flexibility to enroll individuals in both health insurance and social services at the same time.

2) Affordable Care Act

- Monitor health care service utilization to ensure that disparities are not increasing
- Facilitate seamless enrollment by residents into all health and social services County programs for which they are eligible, including those related to the ACA
- Educate County government employees, residents and health care providers about no-cost preventive health services available as a result of the ACA

ACA - Six Areas of Focus Within Montgomery County

Community-Delivery System

- Public Health and the Community
- Aging and Long-Term Care
- Behavioral Health Financing and Delivery
- Workforce
- Health Information Technology and Exchange

Health Enterprise Zones Goals:

- Reduce health disparities among racial and ethnic minority populations and among geographic areas
- Improve health care access and health outcomes in underserved communities
- Reduce health care costs and hospital admissions and readmissions

3) Specific Recommendations Related to Access to Care

- HHS monitor access to care for underserved populations and report semi-annually any issues/concerns to the County Executive, County Council, and COH in the event disparities increase during ACA implementation.
- The County Executive and County Council continue to support Montgomery Cares, the Care for Kids and Maternity Partnership programs as well as other HHS programs that provide necessary health care for uninsured County residents
- The COH urges the County Executive and County Council to work with the State to ensure that HHS has the flexibility to enroll individuals in both health insurance and social services at the same time.

4) Specific Recommendations Related to Prevention

<ul style="list-style-type: none"> • Educate County government employees about the no-cost preventive services available under the ACA and encourage use of these benefits. Education can be through individual departments, supervisors, Human Resources and others. • Work with employers, employee groups, civic organizations, and other stakeholders to provide education about the availability of no-cost preventive services available through health insurance plans now that the ACA is being implemented. • Work with health care providers to raise awareness of the new preventive benefits. Health care providers are influential in decisions of their patients to access and use health care services <p>5) Obesity Recommendations completed and responses received.</p> <p>6) Tobacco Recommendations completed and responses received.</p>	
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Public Health Accreditation Board Workgroup Report March 2014

The Commission on Health Public Health Accreditation Board (PHAB) Workgroup has identified the following items to focus on this year:

- 1) Identifying what activities and procedures the Health Department already has in place that align with accreditation requirements, and
- 2) Making a recommendation regarding whether the County should move forward with pursuing accreditation now or in the future.

To date, the workgroup has focused on familiarizing themselves with the PHAB requirements as well as the programs and procedures in place within the Health Department that may align with those requirements. We have compiled a document that does a high-level overview of department activities as it relates to each of the 12 PHAB domains. Currently, we have developed a plan for connecting with other Health Departments with similar geographic/demographic characteristics and will be developing a tool/questionnaire to get feedback on the process of accreditation for those localities.

Liaison Report: African American Health Program

20 March 2014

The African American Health Program is committed to eliminating health disparities and improving the number and quality of years of life for African Americans in Montgomery County, Maryland.

The AAHP continues its focus on improving the health of African Americans living in Montgomery County. There are focused efforts on certain populations: pregnant women, diabetics, HIV/AIDS, cardiovascular health, oral health, community outreach and health promoter activities.

The African American Healthy Program continues to build and maintain new community partnerships.

Many of AAHP's efforts this year have been in tandem with the COH with a focus on implementation of the Affordable Care Act and eliminating health disparities.

The Affordable Care Act

1. The major concentration of the AAHP this year has been on the implementation of the Affordable Care Act.
2. An early concern regarding implementation of the ACA was centered on the observation that the original list of 19 organizations chosen to assist in the recruitment of navigators for the ACA did not include an African American organization. The AAHP Executive Committee recommended and advocated for HHS to hire an agency that could outreach to the African American community. Consequently two organizations were identified – Delta Foundation and the Immigrant Community Services Group.
3. On September 12th, 2013 the AAHP Executive Committee hosted a presentation on the ACA. Approximately 64 people attended.
4. The AAHP in conjunction with the Asian American Health Program and the Latino Health Initiative conducted a free training workshop on November 18th entitled “The Affordable Care Act in the Capital Region: How to Enroll”.
5. AAHP provided SCA resources at Immanuel Brinklow Seventh Day Adventist Church. A navigator was in attendance to assist with outreach and enrollment.
6. AAHP requested the Department of Health and Human Services to assist in getting more of community enrolled in the ACA. A blitz campaign entitled “Get on Board to Get Insured” has been created by DHHS in partnership with Ride-On on Saturdays in March. This campaign provides shuttle busses from community centers in mid and upper county to enrollment locations.

Community Programs

1. AAHP served as one of the panelists for the World AIDS Day event hosted by the Montgomery County Chapter of the Delta Sigma Theta Sorority, Inc.
2. SMILE (*Start More Infants Living Equally-healthy*) program continues to increase membership of pregnant women into the program. SMILE has collaborated with the Responsible Fathers program in Montgomery County.
3. Outreach programs - oral health screening, infant mortality, BP screening, HIV testing, cardiovascular education, breast health education, Diabetes Dining Clubs, Diabetes Self-Management education classes.
4. Power Play a program developed by the Deputy Project Director that is targeted for childhood obesity and heart health for 10-14 year olds in Montgomery and administered in conjunction with the AAHP and the Community Recreation centers.
5. AAHP On-Air with 1450 AM – AAHP Program Manager conducted an interview with Radio One's 1450 WOL AM in February. Focus was on Heart Health Month and the African American/African descent community in Montgomery County.

6. **AAHP Community Day – Saturday April 19th, 12-4 pm – Montgomery College – Takoma Park/Silver Spring Campus, Charlene R. Nunley Student Services Center, 7625 Fenton Street, Takoma Park, Maryland 20912**

Communication

1. AAHP distributes a monthly newsletter the AAHP – E-News that includes a health related topic each month. The newsletter is target to the African American population. It includes resources on the topic, special event announcements, schedule of available workshops/classes and a “staff highlight”.

Recognition/Awards

1. AAHP was the recipient of the Lincoln Park Historical Foundation Heritage Achievement Award

Recommendations to the County Executive/County Council/Committees

1. Provided a letter with recommendations to the Montgomery County Diversity Steering Committee on their letter to the County Executive

AAHP Executive Committee Organizational Development

This year the AAHP Executive Committee focused on a strategy to create a governance structure. This was initiated because the AAHP Executive Committee was becoming too large as it brought on more community partnerships. Goal is to establish a coalition as an arm of the AAHP Executive Committee. New structure will consist of the Executive Committee, Coalitions and Collaboratives. Revised structure was approved and meetings with new structure began March 12th.

1. Executive Committee Coalition membership: Co-chairs, Executive Committee(EC), former chairs EC, Chairs/Vice-Chairs of Collaboratives/Workgroups, Chairs Special Committees (i.e. AAHP Day, etc.), Liaisons to Committees, Chairs, Representatives – African American/African/African Caribbean Groups, DHHS Program Manager & designate staff, AAHP Project Director/Deputy Project Director & Designated staff, Representatives from firm/company that administers the AAHP contract, others as determined by the AAHP EC
2. Coalition membership: Co-chairs of Executive Committee will chair the coalition, Executive committee members, representatives from community organizations, individual members (medical/public/mental health), individual members (community), others as determined by the AAHP Executive Committee
3. Collaboratives – Existing coalitions will be renamed “Collaboratives” – HIV/STI/AIDS, Infant Mortality, Diabetes, Oral Health, Cardiovascular, Behavioral/Mental Health, others as required, Chairs of Collaboratives will be appointed by the Executive Committee. Members – coalition members, individual members (community), other interested parties

Michelle R. Hawkins – Liaison to the AAHP
13 March 2014

LIAISON REPORT ASIAN AMERICAN HEALTH INITIATIVE (AAHI)

AAHI has been busy since the last time when I became member in July 2013.

Health Promoters and ACA outreach:

1. AAHI health promoters provide health education and outreach to their respective communities in their native languages.
2. Currently they are raising awareness about Affordable Care Act (ACA) also known as Obama care.

3. Promoters encourage the resident to visit sign up locations where Navigators and Assisters help them with enrollment via the Maryland Health Connection.
4. They have multilingual voluntary health promoters who help resident overcome the linguistic and cultural barriers that can face the community when accessing health services.
5. On November 18, AAHI, Latino Health Initiative (LHI) and African American Health program (AAHP) along with Montgomery County Department of Health and Human Services hosted a workshop entitled the affordable Care Act in the Capital Region and how to enroll in it. Panel of expert on ACA from each community participated in an interactive workshop. They provided their efforts to enroll the community in the Capital Region. Lead Health Navigators of Interfaith Works demonstrated how to enroll for health coverage on Maryland health connection.
6. In 2014, AAHI is supporting local community partners with their respective Hepatitis B prevention program which consist of education, screening, vaccination and treatment referrals for hepatitis B. At this time Chinese, Korean and Viet Nam Communities are involved with this program.

Thank you

Submitted by

Ashraf Sufi

Dated: March 6, 2014

Report from Liaison to Commission on Aging

Marcia Pruzan

The Commission on Aging currently shares some major areas of concern with the Commission on Health.

Food Security and Nutrition: The COA and its staff person, Odile Brunetto, Aging and Disability Services, share the COH's interest in this topic as it relates to seniors. Dr. Brunetto has been assisting the COH by providing relevant information it receives on this topic, as well as newsletters and related meetings, webinars, etc. Apart from the nutrition programs it currently runs, A&D does not have statistics at the County or sub-County level that shed light on seniors or segments of the senior population in need of assistance in this area.

Social Determinants of Health: Information that the COH had recently sent a letter to the County Executive about social determinants of health was received with much interest at a recent COA Health and Wellness Committee meeting. The COH subsequently forwarded a copy of the letter to Dr. Brunetto in belief that this topic may be of interest to the full COA.

ACA and Access: the COA continues to be concerned about seniors' access to health care; special areas of concern involve senior access to tertiary care, mental health care, and lack of providers for the senior population.

Data needs. The COA is creating a data needs task force to ascertain data missing from Healthy Montgomery that would help determine needed support for County seniors at the County and sub-County levels. This is an area of potential joint COA/COH effort, and input from COH is welcomed.

COA Funding and Program Priorities for FY 15

The Commission on Aging's primary areas of interest in the next fiscal year include health, mental health, and caregiving. The COA's Health and Wellness Committee also is looking into dental care for seniors.

COA funding priorities are:

- Provide funding to create a caregiver coalition and support services to engage public education programs and materials for caregivers, along with related staff support services
- Increase subsidy for Adult Day Care which has not seen an increase in many years and does not keep pace with the need.
- Increase rates for Adult Foster Care Program, which has not seen an increase in 20 years.
- Restore funding for Long Term Care Ombudsman Program for a full time position.
- Restore Housing Opportunity Commission funding eliminated by sequester.
- Expand health and wellness recreation programs in partnership with diverse community groups
- To respond to County seniors who do not use computers, increase funding for additional print brochures on senior services.

LIAISON REPORT

Commission on People with Disabilities (CPWD)

The CPWD has had the logistics of enactment of the Montgomery County Hiring Preference for People with Disabilities and Military Veterans as its major focus since it was voted into law by the residents of the county. Work continues on designing an algorithm to incorporate the preference into the hiring paradigm.

The CPWD has also been a leader in achieving the Design for Life Montgomery County Tax Incentive Program. This gives a modest tax break to individuals who incorporate Livability and Visitability components into home renovation projects.

Plans are in place to reconvene the Respect the Space program to address the issue of disability parking abuse issues.

Respectfully submitted

Seth A. Morgan, MD
March 7, 2014

Liaison to [Healthy Montgomery Steering Committee](#)
Ron Bialek

[March 10, 2014 Meeting](#)

The Healthy Montgomery Steering Committee (HMSC) met on March 10, 2014. Two major action items were on the agenda: 1) approval of the [Obesity Action Plan Report](#); and 2) approval of the [Behavioral Health Action Plan Report](#). Both reports were approved by the HMSC. The next steps are for the two workgroups that developed these reports to begin implementation.

The Obesity Action Plan Report includes some of the recommendations made in the past by the Commission on Health (COH). A concern raised about the action plan is how it will be staffed. The action plan calls for establishing a partnership committee with a variety of private and public sector organizations, development of a strategic plan, and development of a sustainable funding plan. All of

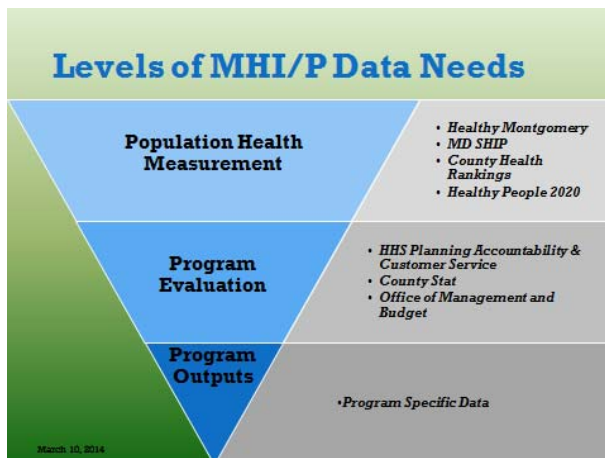
this is to be completed within one year and staffing for this effort has not been identified. In future meetings as the HMSC moves to take action in other areas, as the COH liaison to this effort I am likely to oppose expansion into new areas until the first two areas are appropriately staffed and well on their way to being implemented.

The HMSC also discussed data needs to ensure that updates to the County's health needs assessment are accurate, informative, and address concerns expressed about inadequate sub-county data. Better sub-county data may enable the County to better address health disparities. Two slides addressing this issue are below. As COH members may recall, we raised several data issues last year and were asked to coordinate our efforts with the County's minority health initiatives. The timing may be right for the COH's Surveillance Workgroup to follow-up on this matter (possibly with HHS and the minority health initiatives).

Data Issues/Needs among 3 HHS Minority Health Initiatives & Program (MHI/Ps)[§]

- Meetings held in July 2013 with all 3 MHI/Ps
- Report drafted in November 2013:
 - Summarized results of meetings with AAHI, AAHP, LHI
 - Provided resources for MHI/P data support, program evaluation, and population health/well-being metrics;
 - Provided summary of data gaps identified by MHI/P
 - Recommended next steps for HHS and MHI/P to address data needs/gaps
- Through meetings/report, the levels/types of MHI/P data needs clarified with corresponding resources in HHS...

March 10, 2014 § African American Health Program (AAHP), Asian American Health Initiative (AAHI), Latino Health Initiative (LHI)



[Healthy Montgomery Charter](#)

The Healthy Montgomery Charter has been under discussion for over a year. The most recent set of revisions addressed: 1) membership on the HMSC; 2) how this effort relates to the state requirement for local health improvement coalitions; and 3) funding for Healthy Montgomery. Voting for approval of the Charter is being conducted by email and approval is anticipated.

Liaison to the Latino Health Initiative

Rose Marie Martinez

Priorities of the Board, Committee or Commission:

The Montgomery County Latino Health Initiative (LHI) is committed to improve the quality of life of Latinos living in Montgomery County by contributing to the development and implementation of an integrated, coordinated, culturally and linguistically competent health wellness system that supports, values, and respects Latino families and communities.

The LHI works to:

- Enhance coordination between existing health programs and services targeting Latinos.
- Provide technical assistance to programs serving the Latino community.
- Develop and support models of programs and services to adequately reach Latinos.
- Advocate for policies and practices needed to effectively reach and serve Latinos.

The LHI is comprised of staff members from the Department of Health and Human Services and a group of 20 volunteer professionals and community leaders. These individuals work as a team to inform the Latino community about the LHI and to collect feedback from them regarding their health concerns. In addition, the group acts as the planning body for the LHI and advocates for improving the health of the Latino community.

The Latino Health Initiative Steering Committee seeks to inform the Commission on Health regarding the following issues:

LHI Steering Committee

Implementation of Affordable Care ACT

- LHI Steering Committee concerns regarding ACA outreach and enrollment of the Latino community lead members to reach out to Dr. Ahluwalia to discuss the following issues:
 - Request to have HHS revise plan to implement ACA to overcome obstacles such as hours of operation for sign up (later hours needed) and to add more support in locations of high concentrations of at-need populations.
 - Revised plan needs to include a comprehensive outreach plan that for targeted geographic areas and population-based strategies to educate and enroll those in need
 - Minority Health Initiatives and Programs need to be at forefront of the Outreach
 - Culturally and linguistically competent and customer friendly navigators need to be hired or retrained to meet properly serve the clients, especially at County intake centers.
 - HHS Bilingual/Bicultural navigators need to be placed in key geographic areas including UpCounty, Piccard Drive, Wheaton, Long Branch, Silver Spring
 - Explore how LHSC can be of help to the DHHS.
- The Latino Data Workgroup of the LHI Steering Committee met to assist the Healthy Montgomery Data Team in the identification of indicators to include in the next phases of Healthy Montgomery. Specifically, the LDW recommended selected indicators under the following categories: health outcomes, social determinants of health, health care access and utilization, and health behaviors.
- The LHI Steering Committee provided feedback on the Obesity and Behavioral Health Action Plans.

- Steering Committee members provided testimony regarding House Bill 1257 Community Health Workers-Certification and Reimbursement and House Bill 856 Task Force on Community Health Workers. (See attached testimony.)
- LHI Steering Committee Members continue to participate on the advisory body of the Leadership Institute for Equity and the Elimination of Disparities. Members are working with the advisory body to identify the priority issue area (s) to receive attention in 2014. The list of issue areas to be prioritized include: workforce, data needs, linguistic competency of contracted services, ACA outreach and prevention.

LHI Program

Leadership Institute for Equity and Elimination of Disparities

- Latino Health Initiative staff continued to support LIEED efforts pertaining to ACA, LIEED Infrastructure development, behavioral health workforce efforts, and the LIEED Advisory Committee.

Health Promoters

- Sixteen health promoters have played key roles as community educators for the Affordable Care Act (ACA). Educational activities will continue through March.
- LHI Health promoters reached a total 252 individuals through educational activities conducted at Proyecto Salud and the Tess Center. Topics included the importance of physical activity and healthy eating, tobacco use prevention, the Affordable Care Act, and family planning.

Welcome Back Center

- The Welcome Back Center of Suburban Maryland (WBC) conducted a *Recognition of Achievement Event for Participants* at Rockville Memorial Library on December 2, 2013. Montgomery County Executive Isiah Leggett, Councilmember George Leventhal, and DHHS Director Uma Ahluwalia joined WBC Advisory Council members and staff to recognize the group of 25 participants from a total of 50 internationally-trained nurses who have obtained Registered Nurse licenses and reentered the healthcare workforce in Maryland. The highlight of the night was having Eric Seleznow, Deputy Assistant Secretary for Employment and Training Administration of the US Department of Labor presenting the awards.
- At the request of Delegate Joseline Peña-Melnyk Welcome Back Center staff met with Dr. Joshua Sharfstein, Secretary of the Maryland Department of Health and Mental Hygiene and representatives from the Maryland Hospital Association. The objective of these meetings was to provide an overview of the Welcome Back Center and to explore collaborative efforts with the aim of serving more internationally-trained health professionals.
- In collaboration with Behavioral Health and Crisis Services in DHHS, the Welcome Back Center provided a presentation on the Center to behavioral health providers in Montgomery County. The purpose of the meeting was to inform providers about the services offered by the Center and to describe the development of a behavioral workforce development project.

Asthma Program

- The Asthma Management Program is currently developed a curriculum for Asthma free schools. The curriculum focuses on empowering parents of children with asthma to organize and work with school administrators and teachers to identify and remove environmental asthma triggers. The Latino Asthma Management Program started asthma educational sessions at Washington Grove Elementary Schools.

Other Activities

- The Latino Health Initiative sponsored the 14th Annual MCPS Latin Dance competition which was held at the Music Center at Strathmore on November 25. Over 1,600 students and their families attended the competition in which 10 schools were represented in 8 dance categories.

Montgomery Cares Advisory Board (MCAB) Liaison Report (2nd Quarter October – December 2013)

Summary

Performance Improvement Plan Approval

Steve Gammarino

- Performance Incentive Program for MC's Clinic
 - Annual Incentive Pool established and prorated between measures
 - Separate from existing reimbursement program
 - Clinics Performance based on Specific Measures
 - 7 Quality and Patient Experience Measures – Equal weighting
 - Measures have minimum, target and outstanding performance levels
 - Clinic receives a Composite Score based on performance on all measures
 - Clinics Performance Payout
 - Minimum Composite Score required to be eligible for payout
 - Clinics payout calculated for performance that meets or exceeds minimum performance level of each measure
 - Payout adjusted for clinic's fiscal year total unique patient count
-
- There were questions about benchmarks, and we were reminded that the Medical Directors collectively developed and identified the measures and standards.
 - Agnes reported that the Health Center Leadership Council discussed the PIP and was concerned that because this is a transitional year for the EMR and Medicaid and the reporting function of the EMR is still is not perfect, starting PIP may be a challenge.
 - Board members expressed a hope that the program should concentrate on getting all clinics to the at least the minimum level. There were also questions on the potential impact of PIP for clinics will volunteer providers and the degree of support for the Medical Director.
 - It was recommended that the board support the education, communication and collaboration parts of the PIP.

Motion approved to move the PIP into trial phase, starting July 1, 2014, as designed, but without money attached.

MCAB Budget Priorities were reviewed (Advocacy Position Statement)

The Montgomery Cares Advisory Board has identified two budget priorities for FY15 for a total increase of \$725, 000.

1. **Improve Quality of Care:** The MCAB Requests an increase to the MCares budget of \$445,000 to enhance quality of care in FY15. Utilizing appropriate and accurate performance measurement can lead to improved outcomes, saved lives, and reduced costs. Montgomery Cares currently monitors 18 clinical quality measures and publishes an annual report detailing findings for seven of them.
2. **Improve Access to Comprehensive Services:** The MCAB is requesting an increase of \$375,000 to improve acute care, chronic disease management, and primary prevention by offering Montgomery Cares patients increased support for diabetic care, specialty care, and behavioral health services.
3. **Issues:**
 - Board members discussed the need to include the Patient Satisfaction piece of the PIP in the budget request. Information about the patient experience is still needed, even without moving forward on the PIP.
 - Need to fine tune numbers and get dollar amounts associated with the requests. The Board is especially interested in dollar amounts for mammograms and colonoscopies.

Motion approved to accept the Advocacy statement as written without funding for PIP, and include a request for funds for the patient satisfaction survey.

Further discussion to help refine priorities:

- Agnes discussed the need for inclusion of maintenance fees for the EMR.
- Sharon discussed the need for diagnostic screenings for preventative care.
- Linda McMillan shared that Council will have a difficult time funding an increased pharmacy budget, since the program has cut pharmacy in years past. She suggested tying any pharmacy increases with a specific measure (e.g. increased need for behavioral health meds if expanding behavioral health program). An overall increase may not be looked upon favorably. Increased patient volume might also be difficult to support, since we are still unsure if volume will increase with ACA.

Maryland Health Connection Update

Ulder Tillman

- Situation is still concerning. Departments and partners did a big effort to take the paper apps, separate them out, and get them moved forward, but since the “external portal” is still not working, not all of the information on the paper apps can get entered. Also there is a disconnect between the info on the paper apps and the info needed on-line. Because of this glitch in the system, we still don’t know if the people who completed paper apps will be covered on January 1.
- The good news is that the conversion of PAC to Medicaid is working and all of the PAC patients will be officially on Medical Assistance as of 1/1/14.
- Open enrollment continues.
- Jean reminded the Board that we have 3 assisters and three HHS Eligibility workers assigned to MCares clinics, helping patients enroll in MA/Exchanges.

Enrollment and Eligibility Policy Statement Approval

Lynda Honberg

- Lynda Honberg suggested tabling the discussion until March 1 so we can have a better idea of the impact of ACA and we can give our patients time to get enrolled, especially considering the glitches in the system.
- Lynda McMillan suggested moving forward on the policy. The Statement still fits, even if ACA isn't working.
- Agnes informed the Board that the Kaseman Clinic has initiated a policy that patients must pay \$95 for a visit if they are eligible but refuse to enroll in programs of the ACA, and they won't be able to get any specialty care referrals because they will not be MCares patients.
- Helen suggested a friendly edit to principle #3, to read, "the Advisory Board has a strong preference for assisters *or navigator* and all participating clinics, *or regional office*." The change was discussed; the group agreed to include "or navigators" in the statement, but to not add "or regional offices" because the Board prefers on-site support at each clinic if at all possible.

Motion approved to approve the Montgomery Cares Advisory Board Policy Recommendations for Montgomery Cares Eligibility and Enrollment under the Affordable Care Act with the inclusion of "or navigators" in principle #3.

Montgomery Cares Status Report

**Jean Hochron
Sharon Zalewski**

Implementation of the Electronic Health Record (e-Clinical Works)

Schedule of "Go-Live" Dates for e-Clinical Works

- July 1, 2013 - Muslim Community Center Medical Clinic (MCC) and Care for Your Health
- August 19, 2013 - Mansfield Kaseman Clinic and The People's Community Wellness Center
- September 9, 2013 - Proyecto Salud
- October 7, 2013 - Mercy Health Clinic and CCACC - Pan Asian Clinic
- November 18, 2013 - Mobile Med

Impact of EHR Implementation: The conversions have gone well; no major problems have been reported. PCC IT staff is working with clinic staff on utilizing eCW reporting functions.

- All clinics that converted to eCW prior to October have returned to, or exceeded (in the case of CMR-Kaseman Clinic), their pre-eCW service levels.
- CCACC and Mercy converted to eCW in October.
- CCACC has dropped 20% from the previous month. However, historically they have trended downward during the fall months and follow the same curve.
- Mercy has dropped 30% from the previous month and is serving about half of the population served last October

Submitted: Wayne L. Swann, Liaison

Obesity Prevention Strategy Group (OPSG) Liaison Report

Alan Kaplan, M.D.

March 2014

The Group met several times during the year and was able organized a healthy snack foods demonstration along with the introduction of a new vending machine. Initially it was well received but as time progressed issues arose with the vendor and the General Services administration. The group

also recommended, with the encouragement of Councilman Leventhal, to remove sugary drinks from HHS vending machines, especially where children were present. The issue was considered by the Director of HHS and the Union but no decision was made to move forward.

Also during the year, the Healthy Montgomery Obesity Workgroup was developing a community action plan to present to the Healthy Montgomery Steering Committee. That plan closed for public comment at the end of January. It recommended that a Montgomery County Obesity Prevention Partnership (MCOPP) be created and if those recommendations are accepted, it is hoped that the OPSG can merge with MCOPP.

Liaison Report: School Health Council

Daniel E. Russ

The School Health Council discussed several topics that may be of interest to Commissioners. Several topics include:

1. Student athletics, Concussion and Fall Heat Planning:
 - a. William Beattie, MCPS Director of System wide Athletics presented MCPS's Concussion Plan and updated guidelines on return to play rules. All MCPS athletes will undergo baseline concussion testing. Discussion continued around whether local physicians understand how to interpret the results of concussion testing
 - b. Jeff Sullivan, MCPS Athletics specialist, discussed MCPS policy stressing the need for hydration and time limits during the fall sports season. Particularly on code red days.
2. Updated Vaccine Requirements
 - a. Joan Glick, Director HHS School Health Services, reported that **Kindergarteners will be required to have 2 varicella vaccines and 7th graders will need Tdap and Meningococcal vaccines.**
 - b. It is estimated that **11,000 to 12,000 MCPS students** will be affected by the new requirements.
 - c. All MCPS student will need 2 MMR vaccines. Over 152,000 student records were reviewed by School Health Services staff.
3. Aligning Montgomery County health curriculum with State and National Standards:
 - a. Cara Grant and Jeffrey Mehr, MCPS Department of Curriculum and Instruction, discussed national and Maryland state health curriculum requirements. Discussion ensued around several alternative ways of dividing the required material across the grades with health classes.
 - b. School health council members were surveyed to provide feedback on Human Sexuality, Internet Safety, Communicable Disease Prevention, and Substance Abuse.
4. Healthcare for the Homeless. Pediatrics care:
 - a. Lisa Stambolis, Director of the Pediatric and Adolescent Programs, Healthcare for the Homeless presented an overview on the *Health-General §20-102: Consent Provisions/Minors Treatment for health-related problems*, which allows health care providers to deliver care in cases of absent parents.
5. Substance Abuse
 - a. Carol Walsh, Montgomery County Collaboration Council for Children, Youth, and Families; Meg Baker, Many Voices for Smart Choice Prevention Alliance; and Sgt. Keith Mathis MCPD, presented a panel on the changing landscape in substance abuse. Particularly worrisome is the resurgence of heroin as the drug of choice.

Daniel E. Russ, Commission on Health Representative to the School Health Council. March 20, 2014