

MONTGOMERY COUNTY COMMISSION ON HEALTH

Meeting Minutes

July 17, 2014

401 Hungerford Drive, Rockville, Maryland

Members Present: Mitchell Berger, Ron Bialek, Brenda Brooks, Tara Clemons, Kathy Ghiladi, Michelle Hawkins, Alan Kaplan, Pierre-Marie Longkeng, Rose Marie Martinez, Sheela Modin, Marcia Pruzan, Daniel Russ, Wayne L. Swann, Ashraf Sufi and Shari Targum

Members Absent: Graciela Jaschek, Joneigh Khaldun, Linda McMillan, Tonya Saffer and Ulder J. Tillman

Staff Present: Jeanine Gould-Kostka, Mark Hodge, Sr. Administrator for Public Health Policy, Accreditation, and Legislation, Doreen Kelly

Guest: Dr. Seth Morgan, Liaison from Commission on People with Disabilities

1.0 Call to Order

Chair Ron Bialek called the meeting to order at 6:07 p.m. upon reaching a quorum.

2.0 Approval of Minutes

Dr. Alan Kaplan made a motion to approve the June 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 meeting will be held on September 18, 2014. The COH annual retreat will be held on October 16, 2014.

3.2 Membership Committee – Mr. Bialek asked COH staff, Jeanine Gould-Kostka, to give a brief update on the timeline for the committee. The appointments have been transmitted from the County Executive to the County Council. COH confirmations are set to be held on July 29, 2014.

3.3 September Guest Speakers – Mr. Bialek announced that Mr. Thomas Harr, Executive Director, Family Services, Inc. and Mr. Kevin Young, President, Adventist Behavioral Health, have been invited to present an overview of their work as co-chairs of the Healthy Montgomery Behavioral Health Work Group. The Healthy Montgomery [Behavioral Health Action Plan Report](#) was approved by the Healthy Montgomery Steering Committee on March 10, 2014.

The Behavioral Health Action Plan is now being implemented. Mr. Harr and Mr. Young will discuss ways the COH could support the implementation process.

4.0 PHS Chief's Report – Mark Hodge, Sr. Administrator for Public Health Policy, Accreditation, and Legislation

Mr. Hodge gave the following report on behalf of Dr. Ulder Tillman who was unable to attend the meeting. He announced the PHS Chief's Report for June 2014 was sent out in the COH electronic mail. The report is also included at the end of these minutes.

Mr. Hodge discussed the following issues: the COH received the “Report from the Maryland Health Benefit Exchange” about Maryland Health Connection, the state-based health insurance marketplace; training for new and existing navigators will take place in August; electronic health records (EHR) went “live” for the Department of Health and Human Services (HHS) on June 23, 2014; and childhood immunization requirements have changed, and clinics will be set up for August and September to help families get their children in compliance with the new requirements.

Discussion followed on: data will be collected through the new EHRs; “unknown” can no longer be entered for race and ethnicity but “declined to answer” is an available choice; Affordable Care Act enrollment issues; the National Institutes of Health notified Montgomery County about recent events on their campus; and the “ambassadors” program within DHHS for the Affordable Care Act outreach and whether the program will begin this fall.

5.0 COH Workgroup Annual Reports – Ron Bialek, Chair

5.1 Public Health Accreditation Workgroup – Ms. Tara Clemons reported that the workgroup’s annual report was shared electronically. That report is included at the end of these minutes.

5.2 Food Security & Nutrition Workgroup – Dr. Shari Targum said that the workgroup’s annual report would be shared with the COH next week. Ms. Marcia Pruzan said that the Commission on Aging (COA) has not sent a written response to the COH letter dated May 16, 2014. However, during the COA annual meeting the COA Data Task Force announced will take about a year before they decide on topics they will investigate.

5.3 Surveillance Workgroup – Mr. Wayne Swann reported that the workgroup’s annual report was shared electronically. That report is included at the end of these minutes.

Mr. Bialek mentioned the County Council’s response (7/3/14) to the recommendation letters that focused on the Montgomery Cares budget, the Affordable Care Act, Behavioral Health, Oral Health, taxes and further restrictions on tobacco, and public health accreditation.

6.0 Reports – Ron Bialek, Chair

6.1 MCPS Report – Ms. Marla Caplon discussed the following: preparations for the upcoming school year; Maryland Meals for Achievement and how an application to offer the meals in six additional schools has been submitted; the summer programs offered for meals in 120 locations; Maryvale Elementary School is a walk-in location and the Recreation Department has partnered with Montgomery County Public Schools (MCPS) to offer a camp onsite in addition to the meals program; the MCPS Division of Food and Nutrition Services will begin moving to their new facilities by December; and Ms. Caplon was invited to the White House by Mrs. Obama to discuss [school nutrition](#).

6.2 Staff Report – Ms. Gould-Kostka discussed the following: the COH will have a new member once the confirmation takes place on July 29, 2014; all current COH members seeking their second term have been reappointed by the County Executive; the annual workgroup and liaison reports will be added at the end of these minutes, which are posted on the [COH website](#); and the Council’s HHS Committee Breakfast with boards, committees and commissions has been scheduled for October 16, 2014.

7.0 Liaison Annual Reports for FY14 – Ron Bialek, Chair

Mr. Bialek asked the liaisons to report possible actions for the COH to consider related to the board/commission they liaise with. He also mentioned that liaison slots are still available for the following board and commissions: Board of Social Services; Commission on Children and Youth; and Mental Health Advisory Committee. Anyone wishing to serve as a liaison to these groups should contact Ms. Gould-Kostka or Mr. Bialek.

Written liaison annual reports were shared with the COH electronically. The reports sent out were from:

Liaisons – Organization

Michelle Hawkins, Dn.P. – African American Health Program Executive Committee

Dr. Ashraf Sufi – Asian American Health Initiative Steering Committee

Marcia Pruzan – Commission on Aging

Ron Bialek – Healthy Montgomery Steering Committee

Rose Marie Martinez, Sc.D. – Latino Health Initiative Steering Committee

Wayne Swann – Montgomery Cares Advisory Board

Sheela Modin, MD – Montgomery County Medical Society

Alan S. Kaplan, MD – Obesity Prevention Strategy Group

Dan Russ, Ph.D. – School Health Council

Liaisons to the COH

Dr. Seth Morgan – Commission on People with Disabilities

Liaisons with specific potential action items for COH consideration are listed below. All liaison annual reports have been included at the end of these minutes.

7.1 Commission on Aging – Ms. Pruzan said that areas of potential collaboration exist around behavioral health issues, oral health issues and medication management.

7.2 African American Health Program (AAHP) – Dr. Hawkins said there are opportunities for collaboration between the AAHP and the COH around eliminating health disparities among African Americans and Americans of African descent. In particular, she mentioned focus on data collection as a potential for collaboration.

7.3 Healthy Montgomery Steering Committee (HMSC) – Mr. Bialek mentioned that there is the possibility of a letter from the COH to the HMSC in the fall but no current action to be taken.

7.4 Latino Health Initiative (LHI) Steering Committee – Dr. Rose Marie Martinez asked the COH to consider inviting a speaker from the Leadership Institute for Equity and Elimination of Disparities (LIEED). The LHI Steering Committee meets next week to discuss children fleeing violence in Central America and will report back to the COH on this discussion.

7.5 Commission on People with Disabilities (CPWD) – Dr. Seth Morgan discussed the possibility of a joint letter of inquiry from the COH and the CPWD to County and County-funded clinics on accessibility of their offices and facilities for people with disabilities. Information on availability of mammography equipment and Pap smears for wheelchair bound women, accessible exam tables/transfer equipment, access to wide doorway exam rooms and wheelchair accessible facilities might be part of the letter of inquiry. The ADA Compliance Officer will also be contacted for information.

Dr. Alan Kaplan will work on a draft letter with Dr. Morgan, the CPWD liaison to the COH. The draft letter will be sent to the COH for consideration prior to the September 18, 2014 meeting.

8.0 Update: COH Retreat – Ron Bialek, Chair

8.1 Retreat Planning Committee (RPC) – Mr. Bialek reminded everyone that the RPC consists of Mr. Berger, Mr. Bialek, Dr. Hawkins and Dr. Russ. The RPC met by conference call on July 10, 2014 to identify retreat topics and potential speakers. The RPC focused on topic areas that are based on the potential impact that the COH can make on that area of focus.

8.2 Retreat Topics – Mr. Bialek announced that:

- the RPC will search for potential oral health speakers during the retreat;

- the RPC recommends the formation of one task force focused on the COH’s enabling legislation; and
- the RPC recommends the formation of three workgroups for the next year – Oral Health, Public Health Accreditation (follow up) and Data Needs.

Mr. Bialek thanked the COH for their input into possible topics for the retreat during the June COH meeting and through email. The RPC will continue to meet to plan the retreat in the near future.

9.0 New Business/Unfinished Business

No new business or unfinished business to report.

10.0 Adjournment

Dr. Ashraf Sufi made a motion to adjourn at approximately 7:30 p.m. Dr. Hawkins 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 June 2014

SUCSESSES AND GOOD NEWS

PTM

The Practice Management module of the Electronic Health Record went live on June 23rd. Bugs continue to be worked out and training continues, but every day gets easier and users get more confident.

Refugee Health

In partnership with DHMH, we implemented a new mental health screening tool (RHS-15) – a quantitative tool with referrals to a non-profit counseling service “In Spirit”.

Immunization Program

The Immunization Program was recognized by DHMH for “Reaching Hard to Reach Populations” with our MCDHHS 317 Vaccine Clinics at DAHC.

HOT SPOTS

- The Immunization Program partnered with SHS to plan and implement 3 Middle School injection clinics offering Tdap and MCV4 for 7th graders – to meet the changing Immunization School Requirements for SY 14-15.

- In Disease Control this month's high profile case investigations included MERS CoV, Chikunguna, and an 11 month old with physician diagnosed measles. Rapid Response team went into the home of the measles case to draw titers on baby and mom and vaccinate mom. Outbreak Investigations included 19 pneumonia cases (confirmed and probable) at an MCPS Elementary School.
- The SSHC is now offering the Tdap to spouses, partners and other close family members, free of charge. Family members can receive the vaccine after the orientation if they accompany the pregnant women to the class, no appointment needed.

UPDATES ON KEY ISSUES

TB Control Program

- Selections were made for one of the two vacant CHN positions with a start date of 7/14/14. The second vacant CHN position will not be filled at this time due to a decrease to the state TB grant for FY15.
- A selection was made for the vacant nurse manager position with a pending start date.

Community Health Services

- Becky Smith started her position as Nurse Administrator of the Silver Spring Health Center on June 2nd and received a very warm welcome.
- In order to decrease wait times for English speaking maternity patients, the center has added an additional English orientation class. The SSHC now will do an English class the first Tuesday and third Thursday of each month.
- Germantown Health Center has several vacancies. Dianne Fisher, Nurse Administrator for DACCT and ACCU, is covering the GHC until there is a replacement.
- Recruitment for Nurse Administrator for Germantown Health Center continues.
- Interviews are in process to fill all CHN positions

Commission on Health

- Commission on Health (COH): The COH sent letters of recommendation to the County Executive and the County Council on June 24, 2014. One letter was a recommendation that the Council work with the DHHS – PHS in planning to achieve accreditation status for Public Health Services. Another letter recommended that: DHHS redouble its efforts to enroll the County's minority residents in health insurance related to the Affordable Care Act; additional funding for behavioral health and oral health services in order to address the continued need and demand for these critical services is necessary; the County Council advocate for State of Maryland tobacco legislation to further limit the use of tobacco, which would help fight preventable illnesses and reduce healthcare costs.
- The COH officer elections were held during the June 19th COH meeting. Ron Bialek will serve once again as COH Chair and Dan Russ will serve as Vice Chair.

School Health Services

- The Interagency Coalition on Adolescent Pregnancy (ICAP) supported pregnant and parenting students by putting together goodie bags with items from the Women, Infants and Children (WIC) and Improved Pregnancy Outcomes programs and children's books from First Book. Additionally, ICAP assisted with the development of achievement certificates and gift cards for graduates. Items were provided to 114 students and 44 graduates this year.

Colorectal Cancer Screening

- We have screened 230 patients for CRC this year, with only one Cancer found.
- 20 patients who started the screening process with our program, received Medicaid or some other health insurance as a result of the affordable care act.

Montgomery Cares Program

- While expenditures on patient encounters are below projected levels, program funds have been repurposed to support other services and supports for Montgomery Cares and Homeless Health patients.
- YTD data for FY 2014 (July 2013 – May 2014):

○ Non-homeless patients	27,072	(87% of budget target)
○ Non-homeless encounters	70,318	(85% of budget target)
○ Homeless patients	256	(64% of budget target)
○ Homeless encounters	374	(49% of budget target)

Maternity Partnership Program

	<u>May</u>	<u>Fiscal Year to Date</u>
Number of patients referred to contracting hospitals by DHHS clinics	156	1,549
New patients enrolled in prenatal care by hospitals	157	1,513
Number of teens enrolled	6	67
Percent entry during first trimester	50%	49%
Fetal losses	4	24

Reproductive Health Program

	<u>May 2014</u>	<u>Year to Date</u>
Mary's Center	19 patients	438 patients
Planned Parenthood of Greater Washington	100 patients	1,053 patients
CCI/TAYA	95 patients	1,399 patients
TOTAL	214 patients	2,840 patients

Oral Health Program

	<u># New Patients</u>		<u># Visits/Encounters</u>	
	<u>May</u>	<u>YTD</u>	<u>May</u>	<u>YTD</u>
Maternity:	58 patients	722 patients	183 visits	1,762 visits
Children:	106 patients	1,372 patients	245 visits	2,570 visits
Adults:	113 patients	1,452 patients	259 visits	2,721 visits
Seniors:	61 patients	687 patients	127 visits	1,393 visits
TOTAL:	338 patients	4,233 patients	814 visits	8,446 visits

Liaison to the African American Health Program Annual Report 2014

Michelle R. Hawkins, DnP, Commissioner

The mission of the African American Health Program (AAHP) is to eliminate health disparities and improve the number and quality of years for African Americans and people of African descent in Montgomery County, Maryland.

During fiscal year 2014, as the COH liaison to the African American Health Program I attended meetings of the African American Health Program Executive Committee and was actively engaged in certain aspects of the African American Health Program, specifically the Infant Mortality Coalition, implementation of the Affordable Care Act, African American Health Day and the restructuring of the governance structure of the AAHP.

The goals of the AAHP are;

- To raise the awareness in the Montgomery County community about key health disparities.
- Integrate African American health concerns into existing services and programs.
- Monitor health status data for African Americans in Montgomery County.
- Implement and evaluate strategies to achieve specific health objectives.
- Develop community partnerships.

The African American Health Program has six areas of primary prevention focused programs with targeted initiatives:

- Infant Mortality
- Diabetes
- HIV/AIDS
- Cardiovascular
- Cancer
- Oral Health

During fiscal year 2013 as the COH liaison to the African American Health Program (AAHP), Dr. Hawkins performed the following:

- Represented the COH at the monthly African American Executive Committee meetings
- Provided monthly reports to the African American Executive Committee regarding the COH's goals, discussion and activities
- Provided reports to the COH on the goals, program activities and announcements of the African American Health Program including updates on:
 - Infant Mortality Coalition
 - HIV/AIDS/STI Coalition
 - Cardiovascular health
 - Oral health
 - Diabetes
 - Health Promotion and Disease Prevention
 - Community Outreach efforts

As the COH liaison to the African American Health Program, Dr. Hawkins identified the following goals for fiscal year 2014:

- Continue to attend the African American Health Program Executive Committee meetings in the role of the COH liaison
- Continue to report pertinent issues to the COH and enhance the link between the African American Health Program and the COH

- Identify opportunities for collaboration between the AAHP and the COH to improve the health and quality of life for African Americans living in Montgomery County
- Identify opportunities for a partnership between the AAHP and the COH to improve health equity for the African Americans living in Montgomery County
- Identify opportunities for collaboration between the AAHP and the COH around eliminating health disparities among African Americans and Americans of African descent
- Improving health literacy
- Broadly promote further collaborative efforts in the area of health advocacy

Many of AAHP's efforts this year have been in tandem with the Commission on Health with a focus on implementation of the ACA and eliminating health care disparities. One of the primary focuses of FY 2014 was to inform the African American community about the Affordable Care Act (ACA) and promote enrollment into the ACA. In the early enrollment phase of the ACA, the AAHP was concerned that the original list of the 19 organizations chosen to assist in the recruitment of navigators 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. Subsequently, two organizations were identified – Delta Foundation and the Immigrant Community Services Group. Additional efforts of the AAHP regarding implementation of the ACA included:

- AAHP hosted a presentation on the ACA in September 2013 with approximately 64 people in attendance.
- AAHP in conjunction with the Latino Health Initiative conducted a free training workshop on November 18 entitled "The Affordable Care Act in the Capital Region: How to Enroll".
- Provided ACA resources at Immanuel Brinklow Seventh Day Adventist Church. A navigator was in attendance to assist with outreach and enrollment.
- AAHP in conjunction with HHS conducted a blitz campaign entitled "Get on Board to Get Insured". This program was conducted in partnership with Ride-On bus on Saturdays in March. The campaign provided shuttle buses from community centers in mid and upper county to ACA enrollment locations.

AAHP continues to be concerned about minority enrollment in the ACA and access to care.

Community Programs

In support of its targeted initiatives, AAHP conducted several community programs this fiscal year.

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 Infant 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. Additional funding was approved in this year's budget for this program.
3. Outreach programs – oral health screening, infant mortality, BP screening, HIV testing cardiovascular education, obesity prevention, 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 County and administered in conjunction with AAHP and the Community Recreation centers.
5. AAHP's Program Manager conducted an interview with Radio One's 1450 WOL AM in February. Focus as on Heart Health Month and the African American/African descent community in Montgomery County.
6. Hosted AAHP Community Day on April 19th. This event included a men's health walk, speakers, health screenings, breakout sessions on health topics, vendors, and children's activities.

7. In conjunction with the Asian American Health Program and the Latino Health Initiative hosted “Mental Health in Our Communities” E.C.H.O. (Empowering Community Health Organizations Workshop May 21st).
8. Health Freedom Walk – Held in June, this year was the 10th anniversary of the walk.

Communication

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

Recognition/Awards

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

Recommendations to the County Executive Committee/County Council/Committees

1. On behalf of the AAHP provided comments to Montgomery County Diversity Steering Committee on Diversity Steering Committee’s Draft Recommendations to the County Executive.
2. Provided a letter to the Honorable George Leventhal regarding participation in a workshop for the County’s policy priorities. The letter identified the top two policy priorities of the AAHP.
 - a. Incorporate an approach to eliminating disparities and improving health and health care through an individual’s life span.
 - b. Capture data based on utilization of delivery of services resulting from AAHP’s (6) health disparity program areas.

Leadership Institute for Equity and Elimination of Disparities (LIEED)

AAHP staff continues to participate and support the efforts and goals of the LIEED.

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 was becoming too large as it brought on more community partnerships. As a result of this organization the current structure is:

1. Executive Committee – membership consists of the Chair, Executive Committee (EC) former chairs EC, Chairs/Vice-Chairs of Collaboratives/Workgroups, Chairs Special Committees (i.e. AAHP Day, etc.), Liaisons to Committees, Chairs, Representative African American/African/Caribbean Groups, DHHS Program Manager and designated staff, AAHP Project Director/Deputy Project Director and designated staff, representatives from BETAH – firm/company that administers AAHP contract, others as determined by EC staff.
2. Coalitions – membership: Chairs/Co-chairs of EC will chair the coalition, EC committee 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 EC. Members – coalition members, individual members (community), other interested parties.

Respectfully submitted by:

Michelle R. Hawkins, DnP – Liaison to the AAHP

AAHI ANNUAL REPORT

July 10, 2014

Being a member of AAHI and also being on the board of COH, I attended and participated in many of AAHI meetings and was impressed with their dedications to help not only the Asian community but participating with other ethnic communities for the common cause of uplifting the condition of these communities by making them aware of health care and other opportunities available to them through their navigators who speak 14 kind of languages. Some of the accomplishments are listed below:

- 54 outreach events attended
- 1,863 people assisted
- 6,842 literature distributions
- 4,195 educational encounters
- 618 health screenings
- 475 health service referrals
- 126 community members and 62 organizations represented at the fall

Empowering Community Health Organizations (E.C.H.O.) workshop

- 100 community members and 42 organizations represented at the spring

E.C.H.O. workshop

- Over 350 community members screened through hepatitis B projects with 3

Partner organizations

- 34 multilingual Health Promoters who speak 14 different languages. They were very helpful during the initial registration for ACA implementation.

*These numbers are preliminary and subject to change. Final numbers will be published in the FY14 annual report.

Submitted by Ashraf Sufi, MD

Liaison to the Commission on Aging: Annual Report Fiscal Year 2014

During FY 2014, Marcia Pruzan served as Commission on Health's (COH) liaison to the Commission on Aging (COA), working closely with the full Commission and its Health and Wellness Committee. The COH shares many of the COA's ongoing concerns related to the health of our County's seniors, both the vulnerable, low-income seniors, as well as the more healthy, vital older adults. Like the COA, the COH places a priority on meeting the needs of the County's culturally diverse population.

During FY 2014, the COH sent a letter of support to the COA for its newly formed data task force, which will look at gaps in data needed to more fully understand and support health of the County's seniors. The task force will develop a plan over the next year to gain additional information about the County's senior population in order to assist with program development and other future planning

needs. In its letter, the COH also requested that when the data task force begins setting priority areas for investigation, they consider the topic of food insecurity among seniors—an area of COH concern and study in 2014.

Other areas of mutual interest and focus include:

- Mental Health and the behavioral health challenges that many older adults experience.
- Affordable and accessible dental care.
- Caregiver Services and Supports.

During fiscal year 2014, the COH liaison to COA:

- Represented the COH at monthly COA meetings.
- Participated in the work and monthly meetings of the COA's Senior Health and Wellness Committee.
- Participated in a COA Summer Study on caregiving.
- Provided reports to the full Aging Commission that reviewed the COH's discussion and the issues that had direct interest and/or were of relevance to the COA, with an eye toward identification of topics of mutual interest and concern.

As a COH liaison to the Commission on Aging, Ms. Pruzan identified the following goals for fiscal year 2015:

- Continue to attend the Commission on Aging meetings in the role of COH liaison.
- Continue to report relevant issues to the COH and enhance the link between the Commission on Aging and the COH.
- Promote collaborative efforts and seek opportunities for potential joint collaboration, for example, oral health and/or outcomes of the COA summer study dealing with health effects of caregiving on the caregiver.
- Report to the COH progress on the Commission on Aging's Summer Study issues; these have contributed enormously over the years to helping the Commission set priorities and helping the County government improve lives of our seniors.
- Keep both the COH and the COA informed about either topics and discussions of mutual concern, such as Access to medical care under the Affordable Care Act.
- Keep COH members informed about outcomes relating to the COA's Senior Agenda.

Submitted by Marcia Pruzan

Liaison to [Healthy Montgomery Steering Committee](#)

Ron Bialek, COH Chair

The Healthy Montgomery Steering Committee (HMSC) continued work in two major focus areas: 1) obesity prevention and reduction; and 2) improving behavioral health. Two action plans were proposed and approved by the HMSC: 1) the [Obesity Action Plan Report](#); and 2) the [Behavioral Health Action Plan Report](#). These two action plans are in their initial implementation phases.

The HMSC Evaluation Subcommittee began meeting to develop measures and processes for evaluating the outputs and outcomes of implementation activities. In addition, the Healthy Montgomery Data Project Team also has been meeting and proposed a set of core data measures to be used to track the health status of Montgomery County residents.

It was announced during the June 9, 2014 HMSC meeting that two new areas of focus will be added to the Healthy Montgomery work: 1) cardiovascular disease; and 2) diabetes. In past meetings, concern

has been raised about staffing of the obesity and behavioral health areas. Commitments were made by the Department of Health and Human Services (DHHS) that work in new areas would not be initiated until staffing had been adequately addressed and discussed with the HMSC. Staffing was not discussed before the announcement to proceed in two additional areas. In addition, the areas to move forward were not discussed or approved by the Committee. These issues are being discussed with DHHS.

Healthy Montgomery Charter

After more than a year of discussion, the Healthy Montgomery Charter was approved in March 2014. This Charter serves as the framework for the work of the HMSC.

2013-2014 Liaison Annual Report

Liaison to the Montgomery County Latino Health Initiative Steering Committee

Rose Marie Martinez, ScD, Commissioner

During fiscal year 2013-14, the COH liaison to the Montgomery County Latino Health Initiative attended meetings of the Latino Health Initiative Steering Committee and was actively engaged in various aspects of the Latino Health Initiative including the LHI Data Work Group and represented the LHI as a member of the DHHS Leadership Institute for Equity and Elimination of Disparities (LIEED)

During fiscal year 2013-2014 as the COH liaison to the Latino Health Initiative, Dr. Martinez performed the following:

- Represented the COH at the Latino Health Initiative Steering Committee monthly meetings.
 - Served as Co-Chair of the Latino Health Steering Committee
 - Served as a member of the LHI Data Work Group
- Participated as a LHI representative to the DHHS Leadership Institute for Equity and Elimination of Disparities (LIEED) advisory committee
- Provided reports to the LHI Steering Committee and Data Work Group regarding COH's discussion and activities.
 - Participated on the COH Surveillance working group
 - Provided reports to the COH on the program activities and announcements of the LHI Steering Committee and LHI Data Working Group discussion and activities including updates on:
 - The Welcome Back Center of Suburban Maryland
 - System Navigator Program
 - Community Engagement Workgroup
 - Asthma Management Program
 - Health Promoters Program "Vías de la Salud"
 - Latino Youth Wellness Program

As a COH liaison to the Latino Health Initiative, Dr. Martinez identified the following goals for fiscal year 2014:

- Continue to serve as the COH liaison to the Latino Health Initiative Steering Committee
- Continue to report relevant issues to the COH and enhance the link between the Latino Health Initiative and the COH, especially in the areas of:
 - Activities of the Leadership Institute for Equity and Elimination of Disparities,
 - Monitoring the implementation of the ACA and its impact on the Latino population and the next round of outreach and enrollment; and
 - Enhancing racial/ethnic data collection, analysis and reporting activities.
- Broadly promote further collaborative efforts in the area of health advocacy.

Montgomery Cares Advisory Board (MCAB)
Liaison Annual Report 2014
Wayne L. Swann, Commissioner

Summary

During fiscal year 2013-2014 as the COH liaison to the Montgomery Cares Advisory Board, Wayne L. Swann was actively engaged in various aspects of the MCAB and performed the following:

- Attended all Montgomery Cares Advisory Board meetings in person (2 meetings by conference calls)
- Served on the Performance Incentive Plan Task Force.
- Served as a reviewer evaluating grant proposals submitted for Council approval reviewed by MCAB.
- Served as Chair of the COH Surveillance working group.
- Visited three of the Medical Clinics (Mercy Health Center, The Muslim Community Health Center and the Proyecto Salud)
- Provided reports to the COH on the program activities and announcements of the Montgomery Cares Advisory Board.

The Performance Incentive Plan (PIP) approved

- 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

MCAB Budget Priorities (Advocacy Position Statement) approved

The Montgomery Cares Advisory Board 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.

Enrollment and Eligibility Policy Statement approved

Montgomery Cares is the payer of last resort:

- If a patient is eligible for Medicaid or a Qualified Health Plan through the Health Benefit Exchange and chooses not to enroll, services provided to that individual will not be eligible for MCares reimbursement.
- Uniform eligibility screening for MCares and pre-screening for Medicaid and other health insurance coverage should be performed.
- DHHS will provide coordinated navigator services. The Advisory Board has strong preference for assistors or navigators on site at all participating clinics.

Electronic Health Record (e-Clinical Works) Implemented

- 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

As a COH liaison to the Montgomery Cares Advisory Board, Wayne L. Swann identified the following goals for fiscal year 2014:

- Continue to serve as the COH liaison to the Montgomery Cares Advisory Board.
- Continue to report relevant issues to the COH and enhance the link between the Montgomery Cares Advisory Board and the COH, especially in the areas of:
 - Social determinants of healthcare, and the elimination of healthcare disparities,
 - Monitoring the implementation of the ACA and its impact on the underserved and uninsured population in Montgomery County and
 - Enhancing data collection, analysis and reporting activities for the underserved and uninsured populations.
- Specifically promote further expansion of health care delivery particularly in dental and mental health services.

Montgomery County Medical Society

LIAISON REPORT

Sheela Modin, M.D.

The Montgomery County Medical Society mission is **to be the premier** physician organization that advocates for and serves physicians, their practices and their patients in Montgomery County.

MCMS' Board held a strategic planning retreat in the fall of 2013 at which the Society's priorities were established, including enhancing its community outreach and partnership initiatives, and public and physician education.

To this end, this past fiscal year, the MCMS has engaged in and hosted a number of activities and events:

MCMS participated in the **Montgomery County Public Schools' Back-to-School Fair** held in the latter part of August 2013. Our members were involved in health screening for asthma, hypertension and visual deficits and education regarding backpack safety. We will be participating this year as well.

MCMS, through its members, helps to support the mission of The Tree House, which is an organization promoting the well-being of children **who are suspected of abuse and/or neglect**. MCMS collected Kits for Kids from its members **during the holiday season**. **MCMS accepted donations of items which are needed by children who are** removed from their homes and placed into foster homes, usually without warning or without any of their clothes, toiletries or possessions. The MCMS **participated in The Tree House's** event called **'Tour de Cookie, conducting health screenings and promoting the work of The Tree House**.

In February, the Women Physicians Committee of MCMS held its annual Red Dress event and raised more than \$1250 in donations from its members to support the work of The Tree House.

The leadership and staff of MCMS met with the Primary Care Coalition to explore ways in which MCMS can help support and further its efforts. MCMS supported and partially financed their educational forum regarding the ACA. **In addition, MCMS sent letters to more than 200 specialists in the fall of 2013 encouraging their participation with the Primary Care Coalition by providing medical care to uninsured or underinsured patients.**

MCMS' Executive Director has toured Mercy Clinic to learn more about their services for uninsured patients, and participated in their strategic planning process. MCMS provided a donation to their gala to support their clinic's mission.

MCMS has held a number of forums for physicians and their staff to learn about and understand the ACA, its implications, compliance issues emanating from it.

MCMS supports Linden Resource is a non-profit company that specializes in shredding documents. Their employees are mentally handicapped individuals.

In its upcoming redesign of the website, MCMS will begin noting volunteer opportunities for physicians in the community. In addition, through its Senior Committee, MCMS will inform retiring physicians of opportunities to provide medical services in Montgomery County.

MCMS has held a number of educational sessions on the Medicare waiver for physicians and their staff.

Maryland's Department of Health and Mental Hygiene requested MCMS' participation in a project on population health accountability on behalf of primary care providers in Montgomery County.

Our plans are to continue these efforts in **the remainder of 2014 and in 2015**.

Obesity Prevention Strategy Group (OPSG) Liaison Report

Alan Kaplan, M.D.

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

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 Systemwide 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. July 14, 2014

Commission on People with Disabilities (CPWD)
Seth Morgan, M.D., CPWD Liaison to the COH

The Commission on People with Disabilities (CPWD) continues to work on issues in the realms of Employment, Housing and Transportation. The health and wellbeing of the disabled community will be improved through advances made in these areas and input from and to the Commission on Health (COH) is important in these area.

The CPWD continued efforts to promote visitability and livability in housing in association with the Commissions on Health and Commission on Aging (COA) to allow healthy, independent living and aging in place.

Transportation for the elderly and disabled is being studied and improved through development of a county navigator of available county resources and a study to address and improve access to and improvement of transportation options for these groups.

Employment preference for the disabled (veterans and others with disabilities) to improve healthy involvement of under-represented qualified people with disabilities in the County workforce is a continued initiative being pursued by the CPWD.