



MONTGOMERY COUNTY COMMISSION ON HEALTH
Virtual Meeting via Zoom
February 16, 2023
Meeting Minutes

Members Present: Brent Berger, Marcela Campoli, Donna Cawley, Yingxi Chen, Desiree de la Torre, Crystal DeVance-Wilson, Susan Emery, Laurel Fain, Kendra Harris, Gabriela Lemus, Cesar Perez, Betty Smith, Dr. Davis

Members Absent: Jonathan Arias, Alana Aronin, Elliott Brown, Adam Lustig

County Council Staff: Tara Clemons Johnson

DHHS Staff: Dr. Rogers, Felicia Hugee, Elizabeth Beck, Meghan Sontag

Guests: Dr. Kapunan, Stephanie Iszard, Laura Mitchell, Venchele Saint Dic

AGENDA ITEMS/PRESENTER	ACTION ITEMS /RESPONSIBLE PARTY
<p>Meeting call to Order– <i>Crystal DeVance-Wilson – Chair</i></p> <ul style="list-style-type: none"> • The meeting was called to order at 6:05pm. The COH Chair welcomed Commissioners and guests • The next two COH meetings are March 16th and April 20th 	
<p>Approval of December Minutes– <i>Crystal DeVance-Wilson, Chair</i></p> <p>A <u>MOTION</u> was made by Brent Berger to approve the January 19, 2023 minutes. The motion was seconded by Yingxi Chen. The minutes were unanimously approved</p>	<p>Post the approved January minutes to COH website- <i>COH Staff (complete)</i></p>
<p>Approval of MCAB Representation– <i>Crystal DeVance-Wilson, Chair</i></p> <p>Chair explained the Montgomery Cares Advisory Board (MCAB) is meant to have a representative from the Commission on Health as a voting member. Susan Emery is interested in sitting on this committee, in this role. Since this is a voting member, the Commission is required to vote to approve Susan’s nomination. Dr. Rogers added MCAB is a Board, Committee or Commission (BCC) within DHS, whose mission is to advise and recommend policies that ensure access to high quality efficient healthcare and related services for low income and uninsured residents. MCAB advises County Council and the Department on matters relating to healthcare for the uninsured programs.</p> <p>Sue shared she is interested in this role to allow for a link between uninsured residents and COH. COH works on health for the County, and of that about 15% are uninsured, low-income, and underinsured, and they need to be represented on COH as well. Sue may be interested in joining the dental health workgroup. Dr. Rogers shared Montgomery Cares serves about 2,700 residents/year.</p>	<p>Submit Susan Emery’s name as COH representative for MCAB- <i>COH Staff (complete)</i></p>

<p>The Commissioners briefly discussed the value of having someone from MCAB attend COH meetings as well.</p> <p><u>A MOTION</u> was made by Desiree de la Torre to approve Susan Emery to serve on MCAB as the COH representative. The motion was seconded by Yingxi Chen. Sue’s nomination was unanimously approved.</p>	
<p>MCDHHS Health Officer’s Report – Dr. Davis, Montgomery County Health Officer</p> <ul style="list-style-type: none"> • Dr. Davis provided a brief COVID update- County is in LOW levels of community transmission, seeing decreasing levels in hospitals. Those going into the hospital with COVID are staying in for a long time. COVID is more deadly than the flu, important to take precautions, get vaccinated, especially for vulnerable populations (over 65 yrs., multiple chronic conditions). • Public Health Emergency is ending in April, the County is planning for transition as funding for vaccinations and testing starts to go away. PHS gearing up to provide similar response to the flu- 8 weeks of stand-up clinics in the fall- currently in planning and preparing stage. County does have stockpiles of tests and vaccines. • Norovirus is starting to tick up in the schools- this is being monitored. Prevention is key, hand washing and staying home when sick. • Working with MCPS and stakeholders across the county for Opioid response, Narcan is a big piece but also prevention and treatment. • Released last week, Montgomery County local data on health trends. <ul style="list-style-type: none"> ○ Mental Health is identified as most important health problem ○ Availability and access to insurance identified as most important social/environmental factor ○ Poor eating habits identified as most important risky behavior ○ Living in low crime safe neighborhoods identified as most protective factor • Community Conversations on Health will be taking place around the County- will share data and learn from the community what is important to them and inform PHS priorities and responses. • Question: As you consider the types of outlines/questions for community engagement, are you considering issues related to environmental health at all, is that a component and what does it look like if you have? Dr. Davis shared they are still building out the questions but part of that is what the community brings as concerns and how we partner with Environmental Health on addressing these concerns. • Question: What is the difference between the focus groups conducted by Community Health Needs Assessment (CHNA) and these new community forums? The goals of focus groups of the CHNA were to identify needs, now we are looking to bring these identified needs to the community forums and partner on solutions. Goal is for these community forums to inform FY25 budget. • Concern shared by the Chair- the community is not well informed on environment health risk, so they may not bring up environmental health during community conversations. Dr. Davis shared, regarding environmental health- when looking at health needs assessment and data trends, we can bring trends back to the community to share what we are seeing (ex: high asthma) and ask what they think might be contributing factors. Sometimes people have not been asked this question. County is moving to all electric buses- so this saves the environment and costs, but also improves air quality in communities that are most exposed to buses. 	

Fentanyl and MCPS – Dr. Kapunan, School Systems Medical Officer, Stephanie Iszard, Executive Assistant, and Laura Mitchell, Montgomery Goes Purple/AODAAC

- Opioid related overdose in youth is a national public health crisis. Youth related deaths have been increasing since 2019. With the increased availability of fentanyl on the illegal drug market, have seen persistent steep increases in opioid related deaths in youth in contrast to those trends in the general population.
- Montgomery Goes Purple has been a priority this school year, to raise awareness and spread more information, share community resources and access to medical management (Narcan).
- This is a complex community problem that requires the whole village at the table to discuss solutions, this is not something that starts and stops inside of school walls. Many county agencies and community organizations that are committed to this work are partnering within the umbrella of Montgomery Goes Purple. MCPS also has specific collaborations with parent teacher associations, DHHS, Sheppard Pratt and MCPD.
- For data regarding the scope of the problem, rely on public health and public safety partners, MCPS does not collect health data. Only have data for those fatal and non-fatal overdose events to which MCPD personnel responded.
- Focused on prevention- sharing resources and messaging with parents/caregivers and youth.
- Overdoses are always a medical emergency and opioid reversal agents are temporary, important to call 911 if suspect an overdose.
- Montgomery Goes Purple has over 35 community organizations and county partners. Focused on prevention all year long, planning for August/September recovery month.
- MCPS has been hosting forums throughout the County- 1st forum had over 500 in person attendees and 1,000 live streaming. Upcoming forums as well.
- Question: what percentage of the overdoses are intentional and where are the resources going to come from to provide youth the resources they need? It is very hard to determine intentionality, or not, as related to overdose. Montgomery County Alcohol and Other Drug Addiction Advisory Council (AODAAC) is doing a needs and gaps analysis for youth regarding mental health and substance use resources. Other groups, Local Behavioral Health Authority and Community Opioid Response Program for rural areas within UMD are beginning their needs assessments as well. Suicide, suicidal attempts and overdoses are all increasing. Possible resources: Several workforce [bills](#) in Annapolis now (loan forgiveness and/or workforce credit for those going into mental health/substance use fields, especially working in the schools); class action lawsuits against pharmaceutical companies, legalization of marijuana.
- Question: Are there specific things COH can do to support? COH has opportunities to draft testimony and/or co-sign testimony with AODAAC to support advocacy for some of these needs
- Question: How are youth accessing illicit drugs? Possible to order drugs from social media (ex: snapchat). When there is demand, supply will show up. Important to have conversations with our children, early, often and honestly. Reduce access to opioids: lock up medications, [drop off medications](#) that are no longer needed.
- Fentanyl is powerful; it takes very little to not have withdrawal symptoms with repeated use- finding a lot of need for medication assisted treatment- suboxone is now available to more providers but lacking providers available to young people.
- Question: Do we have data about disparities? This issue is indiscriminate, no community is safe

Provide Commissioners with slide deck presented- *COH Staff (complete)*

Brent Berger, on behalf of Montgomery County Medical Society, would like to be involved with Montgomery Goes Purple- COH staff to connect Brent and Laura (complete)

To learn more about, or if interested in joining, Montgomery Goes Purple efforts, please contact
Laura@LauraMitchell.org

<ul style="list-style-type: none"> • Question: Has COVID19 impacted the trends in substance use? During time school was virtual, less use of certain substances and increased use of others. Some adolescent substance use in general has gone back to pre-pandemic levels and some of it has not. When you pull out opioids specifically, that has been increasing. Mental health data is clearly concerning, mental health crisis that existed before the pandemic is worsening- exact connection to substance use trends is harder to explain. 	
<p>Overview of Community and Population Health– <i>Dr. Christopher Rogers, Policy & Strategy Officer for Public Health Services, Senior Administrator for Community & Population Health</i></p> <p>Dr. Rogers provided an overview of programs under Community and Population Health:</p> <ul style="list-style-type: none"> • Healthcare for the Uninsured (5 total programs, 3 fall under Community & Population Health) <ul style="list-style-type: none"> ○ Montgomery Cares Program <ul style="list-style-type: none"> ▪ Administrator is the Primary Care Coalition ▪ All providers at the primary care level are existing community providers: ex: 3 federally qualified health centers ▪ Provides access to clinic services, specialty care, behavioral health and dental care ○ Care for Kids Program <ul style="list-style-type: none"> ▪ Administrator is the Primary Care Coalition, subcontracts with providers within the County and children also receive services at County’s school-based health and wellness centers ○ Dental Services <ul style="list-style-type: none"> ▪ To put greater focus on integrated medical and dental care, DHHS moved dental services to PHS about 6-8 months ago, previously under Communicable Diseases and Epidemiology, before that under Maternal Child Health ▪ Recently began to accept Maryland Healthy Smiles for adults with Medicaid - continuing to ramp up services and capacity to serve residents with Medicaid and uninsured. ○ Healthy Montgomery <ul style="list-style-type: none"> ▪ The County’s Community Health Improvement Process ▪ Leads the County’s Community Health Needs Assessment (CHNA) and Health Improvement Plan (CHIP) under guidance of Healthy Montgomery Steering Committee ▪ In the process of finalizing the CHNA, will then work to share the information through various formats (town halls, social media, webinars) and simultaneously work on the CHIP ○ Mobile Health Clinic <ul style="list-style-type: none"> ▪ New service being offered by PHS ▪ Offer integrated medical, behavioral, and dental services- staffed by Nurse Practitioner, Licensed Clinical Social Worker, 2 Community Health Workers and a driver ▪ The Mobile Health Clinic will provide episodic care and link individuals to longer- term stable care based on healthcare coverage or link to coverage/connect to County uninsured programs ○ Chronic Diseases Prevention and Health Disparities <ul style="list-style-type: none"> ▪ Focus right now is on Type 2 Diabetes Strategy for the County 	<p>Provide Commissioners with slide deck presented- <i>COH Staff (complete)</i></p> <p>Brent Berger to be connected to transportation workgroup- <i>COH Staff (complete)</i></p>

- 3 Phases to Type 2 Diabetes Strategic Activities
- Food Security Plan
 - New Office of Food Resiliency in the CE's office, so these initiatives may move in the future
 - This work came out of Healthy Montgomery
- Health Promotion
 - Cancer Prevention and Tobacco Program
- Current Special Projects & Initiatives
 - Public Health Accreditation Board: February 2021 the board conferred accreditation to DHHS, currently working on annual report and up for reaccreditation in 2026
 - MDH grant: Local Health Department Health Disparities Grant addresses health disparities which contributed to COVID-19 risks and disparities. Work includes 10yr health equity plan, transportation workgroup, Dental Hygienist working as a CHW at dental clinics and working with Minority Health Initiatives and Programs (MHIPs) to address disparities.
 - Health Promotion Social Marketing
- Boards, Committees and Commissions
 - Commission on Health
 - Montgomery Cares Advisory Board

Dr. Rogers shared Community and Population Health Human Resources needs. Dr. Rogers thanked the Commission for their continued advocacy regarding Senior Planning Specialist for the Healthcare for the Uninsured program.

Commissioner asked about creating an uber-like service of volunteer residents to help with transportation to medical appointments- Dr. Rogers asked Brent to consider joining the transportation workgroup currently being formed to put his suggestion in writing.

Commissioner asked about Medicaid and reduced reimbursement rates for dental work. Dr Rogers shared Medicaid reimbursement for dental services is a problem in the County- due to the low reimbursement rates providers do not want to participate. Bill is being considered that would require MDH to review and update Medicaid reimbursement rates every 3 yrs.

Commissioner asked if there is opportunity to bring some of the upcoming working groups and tasks forces together to coordinate. Dr. Rogers shared yes, could be opportunities to share information and lessons learned. Some of the workgroups have different stakeholders- will engage resident stakeholders for the CHNA/CHIP work, will engage community stakeholders for the Health Equity workgroup.

COH Liaison Updates- *Crystal DeVance-Wilson, Chair*

Chair asked for Commissioners to share any liaison updates they may have.

- Susan shared she will no longer be serving on the Commission with Disabilities, and the COH liaison role will be open if anyone is interested in taking this over. Additionally, the chat function during meetings may change to allow better access for all- may be asked to send all comments/questions to one person to read aloud.
- Susan also highlighted the following bills:

If any Commissioner is interested in taking over the liaison role for Commission with Disabilities, please reach out to Meghan

<p>Commission on Public Health HB0214 ; SB0281 Mental Health Workforce Development HB0418 ; SB0283 State Healthcare for Undocumented workers through the Federal Exchange SB0806 ; HB0363 Taskforce on Emergency Department Wait Times HB0274 ; SB0387 Nursing Homes- licensure, release of records HB0702 ; SB0509</p> <ul style="list-style-type: none"> ○ Marcela shared updates regarding the Latino Health Initiative (LHI) and Commission on Aging. LHI mobilizing efforts for two initiatives, care for all and preventing bullying at schools. Unable to attend Commission on Aging due to scheduling conflicts but will share upcoming community forums they are planning. <p>Chair discussed in March the Commission has another opportunity for advocacy, when sending advocacy letters to County Council. This can be an opportunity to revise/edit/add information to the letters previously sent to the County Executive in December or send additional letters. Chair noted she would like to add the needed resources Dr. Rogers shared in his presentation this evening to the workforce letter.</p> <p>Timeline was discussed: Commissioners to send updated letters to Chair by March 2nd/ March 3rd with track changes. The draft letters will be voted on during the next COH meeting, March 16th, to send to Council prior to April 1st.</p> <p>Meghan reminded Commissioners, if workgroups would like to meet outside of the monthly COH meetings, Commission on Health staff (Meghan) needs to be invited and present as well. Several Commissioners expressed preference to communicate via email rather than meeting in-person due to the tight timeline.</p>	<p>If any Commissioner is experiencing challenges or barriers to attending meetings for which they are a liaison, please let the Chair know.</p> <p>Share the advocacy letters previously sent to the CE's office with Commissioners- <i>COH staff (complete)</i></p> <p>Workgroup leads- send advocacy letter for County Council to Chair, copy Meghan, by March 2nd and 3rd</p>
<p>Announcements</p> <p>Commissioner Betty Smith asked if the Commission is interested in having a guest presenter to discuss the data that is being collected on the effects of Marijuana, as it relates to the legalization of non-medical marijuana. Commissioners expressed interest.</p> <p>Dr. Rogers announced Dr. Crowel retired at the end of January and is no longer with the County. Dr. Bridgers is now the Acting Director of DHHS and Chief of Public Health Services. Amanda Harris, Chief of Services to End and Prevent Homelessness also has recently left the County. CE is actively recruiting and interviewing candidates for the Director position.</p>	<p>Betty to coordinate with Chair and Meghan regarding bringing in a guest presenter to speak about the legalization of marijuana and data being collected. <i>(in progress)</i></p>
<p>Adjournment</p> <p><u>A MOTION</u> was made by Desiree de la Torre to adjourn the meeting. The motion was seconded by Laurel Fain. Chair adjourned the meeting at 7:58pm.</p>	