

# Montgomery Cares Advisory Board

## June 24, 2020 Meeting Notes

**MCAB Members Present:** Betsy Ballard, Julia Doherty, Sarah Galbraith-Emami, Dr. Travis Gayles, Sybil Greenhut, Sharron Holquin, Lynda Honberg, Yuchi Huang, Peter Lowet, Marie Mann, D. Maria Rice, Langston Smith, Wayne Swann

**MCAB Members Absent:**

**DHHS Staff:** Magda Brown, Tara Clemons, Amanda Harris, LaSonya Kelly, Robert Morrow, Christopher Rogers, Rebecca Smith

**County Council Staff:** Linda McMillan

**Primary Care Coalition:** Rose Botchway, Leslie Graham, Hillery Tumba

**Guest:** Diana Saladani *on behalf of T.J. Senker*

The Chair, Wayne Swann, called the meeting to order at 6:01 pm. Meeting held via video/teleconference utilizing Microsoft Teams during COVID-19 period.

Item		Action Follow-up	Person Assigned	Due Date
1.	<b>Approval of Minutes – May 27, 2020</b>  <i>Moved by Langston Smith</i> <i>Seconded by Yuchi Huang</i>			
2.	<b>Montgomery Cares Advisory Board Chair Report</b>  Wayne highlighted the agenda items and introduced Dr. Gayles to provide an update on Coronavirus.			
3.	<b>Update: Coronavirus/Healthcare Disparities</b>  Dr. Gayles explained the County has moved to Phase 2 reopening and will continue with an incremental reopening, based on public health data. Phase 2 allows additional businesses and activities to start and/or increase modified operations under specified guidelines. Dr. Gayles noted that the data speaks for itself and that any movements will be determined by a data and scientific approach.  Additionally, in order to move forward, increased testing and contact tracing are needed including self-collection. Dr. Gayles mentioned that a Pop-Up testing pilot program will start June 25 in the Takoma Park area. As of late June, Montgomery County has tested more residents than VA, DC and other MD Jurisdictions, around 84,000			

	<p>residents (8% of the County’s population). The goal is to be able to test more than 10% of County residents.</p> <p>Dr. Gayles also mentioned that federal funding has been cut from several jurisdictions, from a public health standpoint this makes no sense.</p> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>▪ Sybil questioned how strict the control on mask-wearing was going to be. Dr. Gayles implemented a health directive reminder to wear masks indoor and outdoors where social distancing is not feasible. Dr. Gayles stressed the significance of physical distancing and face coverings in preventing the spread of the disease.</li> <li>▪ Lynda acknowledged how good of a job Dr. Gayles has done so far and wanted to know if we’ll get to a point where people who come from other states may need to quarantine. Dr. Gayles detailed that question and others have gone to the Governor and are currently being discussed. He also mentioned that he supported the idea, however, it would be best if the guidance comes from the state level. Dr. Gayles also explained that the County Executive had been very supportive and understands that if the data shows that it is not safe to continue reopening, we won’t.</li> <li>▪ Peter mentioned the MCares clinics were proud of the work the County is doing and efforts to keep up with the racial and ethnic proportionality.</li> </ul>			
4.	<p><b>Health Care for the Uninsured Report</b></p> <p><b>See Report and handout</b></p> <p><b><u>Monthly Status Report</u></b></p> <p>Tara reviewed the data for the Health Care for the Uninsured programs:</p> <p>The County Executive has announced a FY21 savings plan to help with pandemic shortfalls, Tara detailed that if a savings plan occurs with the Health Care for the Uninsured programs, it will likely be from MCares and Maternity Partnership. The draft target reduction is around a 700K-800K reduction in the areas of Primary care, Community Pharmacy and Preventative Care.</p> <p><b>Montgomery Cares</b> has served 22,994 patients through May with a total of 56,722 patient visits at the ten participating clinics. The clinics expended 79% of the FY20 budgeted amount for encounters, the benchmark for May is 91%. DHHS is extending the block payment schedule for an additional 3 months to allow for telehealth and in-person visits. The payments will be calculated slightly different from what was established for the April – June 2020 period. To stay within budget, they payments will be reduced but still based on an average of previous utilization at each clinic.</p> <ul style="list-style-type: none"> <li>• Beginning September 2020, we will begin reporting the number of telehealth/telemedicine visits to MCAB. PCC and DHHS are working on a plan to permanently provide telehealth/telemedicine through the MCares contract</li> </ul> <p>MCares/OESS Eligibility Data</p> <ul style="list-style-type: none"> <li>▪ 9,444 cases approved as of June 10<sup>th</sup></li> </ul>	<b>Tara Clemons</b>		

<ul style="list-style-type: none"> <li>○ 1,557 cases are QHP eligible or 16% of approved cases</li> <li>▪ QHP eligible clients end dates were moved from June 30<sup>th</sup> to December 31<sup>th</sup> to not interrupt their medical care. All patients affected will be sent a letter from DHHS next week.</li> </ul> <p><b>Care for Kids</b> Total program enrollment through April is 6,191 which is a 16% increase over the same time last year.</p> <ul style="list-style-type: none"> <li>▪ COVID-19: all the CFK providers are conducting telehealth. Any children 2 and younger are being seen in person to manage immunizations and primary care. All school-based health centers continue to be closed. We are working under our summer status and scheduling children who are treated at school-based health centers at different locations.</li> </ul> <p><b>The Maternity Partnership Program's</b> enrollment through May was 1,357 teens and women, a .5% increase in enrollment compared with FY19.</p> <ul style="list-style-type: none"> <li>▪ DHHS submitted the new open solicitation for the MPP program to be posted in the summer. We have tentative approval for a 3% rate change and requiring additional outcome measures. The only significant changes are related to the home visits</li> </ul> <p><b>Dental Services</b></p> <ul style="list-style-type: none"> <li>• The dental clinics are only open for emergency appointments. The Dennis Avenue clinic and 1401 Rockville pike are the only locations open.</li> <li>• The slated date for opening the dental clinic is July 13, 2020. We will be opening but will have limited services until all the infrastructure upgrades and changes are implemented. There will be very limited procedures that produce aerosolization. DHHS also needs all staff fit tested for N95 when working with patients. We don't expect to be fully opened for a month or more. All dependent on when we can get the infrastructure changes completed.</li> </ul> <p><b>Health Care for the Homeless</b></p> <ul style="list-style-type: none"> <li>• Amanda Harris, Chief of Services to End and Prevent Homelessness, and LaSonya Kelly will provide an update today on the program.</li> </ul> <p><b><u>Discussion</u></b></p> <ul style="list-style-type: none"> <li>▪ Peter expressed concerns over the savings plan. Tara explained that the target across all programs is 6% and detailed that the MCares budget are all general funds and that is the reason why the cuts are sometimes even larger. The County would not cut funds received from other sources such a grants.</li> <li>▪ Dr. Smith questioned how many individuals applied for MCares. Tara explained that she had just gained access to the data and will be providing the denials number information. Dr. Smith also wanted to know if a breakdown could be provided. Julia also wanted to know if data as well as reasons for pending status could be provided. Tara stated that she would try</li> </ul>			
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<p><b>5.</b></p>	<p><b>Health Care for the Homeless Report</b>  <b>See Presentation handout.</b></p> <p>Amanda provided an update to the Board regarding the Continuum of Care Response to COVID-19 and noted the low rate of infection at the shelters. She explained that the low rate is largely due to how fast the program was able to move individuals to hotels after the Governor declared a state of emergency. She also mentioned that PPE distribution and adherence to social distancing were contributing factors to the low rates. Amanda discussed the steps being taken by different programs to help in preventing people from entering homelessness, she also explained how housing resources are being prioritized in order to protect people.</p> <p>Amanda informed the Board that Kelly Collaborative Medicine is the new Primary Care Provider in the shelters and detailed the changes including expanded clinic hours everyday (morning and evening), expansion of temporary clinic space at the women's emergency shelter, primary care and nurse case management services for outreach teams, and expansion of the hypothermia nurse case management services</p> <p>LaSonya explained that the larger emergency shelters will move to monthly testing. She also provided an update regarding the medical respite program and the locations being considered. She explained that 3 houses are being considered on Fleet St, 1 for females and 2 for males. A steering committee is being formed to work out the details.</p> <p>LaSonya highlighted the goals and objectives of the Homeless Crisis Response Recovery Group, the Housing Support Recovery Group, and the Eviction and Homeless Prevention Recovery Group. LaSonya also provided the Board with the highlights of the Annual Homeless Point-in-Time Count from the 2020 count.</p> <p><b><u>Discussion</u></b></p> <ul style="list-style-type: none"> <li>• Marie Mann suggested that all this work should be written up as a case study. Lynda stated that in addition to a case study, maybe an article on a paper would be a good idea to recognize all the hard work</li> <li>• Tara explained that HHS is doing recovery planning and suggested that maybe in the future a MCAB Representative could be part of the group</li> <li>• Sybil wanted to know if funding had been challenging to acquire. Amanda explained that \$1.4m was received from Department of Housing and Urban Development (HUD) and \$4.8m in additional funds was recently acquired. The funding provided right now is 2 – 3x the amount usually dedicated to homelessness. Amanda also explained that September 2022 is the deadline to use these funds, rapid rehousing deadline is up to 2 years.</li> </ul>			
<p><b>6.</b></p>	<p><b>Troika – Update &amp; Savings Plan</b></p> <p>Tara explained to the Board that the program's proposed cut is between 700K-900K. She further explained that her and Dr. Rogers will provide the information and send the proposal and that once an actual figure is decided, PCC and the Board will be informed.</p> <p>Wayne highlighted the meeting's discussion of sustainable cuts. He informed the Board that the HCLC had met</p>			

	<p>earlier in the week regarding contract discussion. He also mentioned that across clinics, there is a strong aversion to cutting capacity at this time and the clinics feel that this is a very hard time to cut support. More meetings are scheduled to discuss alternative funding.</p> <p>Tara explained that unfortunately Primary Care services must be included as part of the cut as that is the largest line item, it represents 45% - 50% of the budgeted amount for the program. Wayne stated that he is unable to understand why we are talking about these cuts when we know that every cut we make will limit the services provided.</p>			
7.	<p><b>FY21 Planning – July and September retreat</b> <b>Wayne Swann</b></p> <p>Tara mentioned that a discussion needs to take place with the clinics regarding telework and telemedicine to understand how to reimburse outside of the block payment schedule</p> <ul style="list-style-type: none"> <li>Wayne mentioned that it would be helpful to bring Dr. Raymond L. Crowel to discuss best practices for telemedicine</li> <li>Marie wanted to incorporate the barriers into the presentation of telemedicine. What percentage are video vs. phone calls.</li> <li>Peter noted how telehealth was a great alternative option that HHS decided to implement and feels that this would be a good topic to discuss at the retreat. The clinics believe that there should be parity moving forward with in-person telehealth to improve access.</li> </ul> <p>It was suggested that the Board reaches out to the National Association of Community Health Centers (NACHC) to ask for a representative to possibly come to a future meeting. Tara will begin the process to have HHS community leadership join the Board at the September retreat</p>			
8.	<p><b>July 2020 Agenda and Next Steps</b> <b>Wayne Swann</b></p> <p>Julia requested an update with the recruiting process. Tara informed the Board that 10 people were interested. 3 are current active members, 7 emails were sent, and 6 responses were received, and they want to be interviewed.</p> <p>The next meeting will be July 22, 2020</p>			
9.	<p><b>Meeting Adjourned at 8:29pm</b></p> <p><i>Motion to adjourn: Marie Mann</i>  <i>Seconded: Julia Doherty</i>  <i>Unanimously approved</i></p>			

Respectfully submitted,

Tara O. Clemons  
Montgomery Cares Advisory Board