

Montgomery Cares Advisory Board

September 25, 2019 Business and Planning Meeting Notes

MCAB Members Present: Betsy Ballard, Dr. Travis Gayles, Sybil Greenhut, Lynda Honberg, Yuchi Huang, Peter Lowet, Marie Mann, D. Maria Rice, Langston Smith, Wayne Swann

MCAB Members Absent: Julia Doherty, T.J. Senker,

DHHS Staff: James Bridgers, Tara Clemons, Bob Morrow

Primary Care Coalition: Elizabeth Arend, Rosemary Botchway, Leslie Graham, Marisol Ortiz, Hillery Tumba

Guests: Dr. Raymond Crowel, Sarah Galbraith-Emami, Diana Saladani *on behalf of T.J. Senker*

The Vice-Chair, D. Maria Rice, called the Business meeting to order at 3:20 pm

Item		Action Follow-up	Person Assigned	Due Date
1.	Approval of Minutes – May 22, June 26 and July 24 2019 D. Maria Rice <i>Moved by Yuchi Huang Seconded by Peter Lowet</i> <i>The motion was approved unanimously.</i>	None	None	None
2.	Chair Report D. Maria Rice Donna noted Steve Gammarino’s resignation from the Board as a result of him moving out of the area. Members echoed appreciation for Steve’s service and discussed ways to express thanks. Donna presented cards for members to write notes to be mailed to Steve. Tara shared that a Certificate of Appreciation, signed by the County Executive, was mailed to Steve. Donna highlighted the business and planning portion of the agenda. The annual Boards, Committees and Commissions (BCC) meeting with the Council HHS Committee will be held Thursday, October 17th. The Board will decide two overarching priorities for FY20 to present to the HHS Committee. Additionally, the Board will vote on the Chair. The MCAB standing and program committees are being maintained for FY20. The special committee formed as a result of the MCares eligibility transition will continue as well. All members should participate in at least one committee. If members would like to change committees, please notify Tara.			

3.	<p>Health Care for the Uninsured Report See Report and handout</p> <p><u>Monthly Status Report</u> (see handout)</p> <p>Tara reviewed the data for the Health Care for the Uninsured programs:</p> <p>Montgomery Cares has served 8,487 patients through August with a total of 11,665 patient visits at the ten participating clinics. The clinics expended 16% of the FY20 budgeted amount for encounters, the benchmark for August is 17%.</p> <ul style="list-style-type: none"> ▪ DHHS has received multiple reports that Community Clinic Inc. is not accepting uninsured patients. Based on utilization data in MCares, we believe this is related to new uninsured patients. DHHS is actively engaging with the executive staff to determine why and when they will begin accepting new uninsured patients. ▪ County Executive Elrich's has initiated his Turn the Curve plan for a more sustainable, equitable, and inclusive Montgomery County. Public Health has adopted Diabetes prevention as our turn the curve measure, specifically looking at how to curb emergency room utilization for Diabetes management. We reached out to the MCares clinics to understand what each organization is already doing in the diabetes prevention space. <p>Care for Kids had a 216% increased enrollment of new children through August compared with last year. Total program enrollment is 4,434 which is a 15% increase over last year, however, we have seen a -40% decline in renewals (FY19 - 415 pts, FY20 - 251 pts). We believe the decline in renewals is reflective of the 2-year eligibility period and reluctantly of families to sign-up because of the political environment.</p> <ul style="list-style-type: none"> ▪ Specialty Dental Care continues to be in high-demand because of the number of new children receiving dental services for the first time. We are seeing an increasing number of OR cases which are costly considering facility fee's etc. As of August, the program has expended 22% of the budget. <p>The Maternity Partnership Program's enrollment through August was 292 teens and women, a 18% increase in enrollment compared with FY19. DHHS believe the increase is directly tied to the FPL increase to 250 which went into effect July 1st. all staff were trained and our systems we're update to reflect the change.</p> <ul style="list-style-type: none"> ▪ DHHS is working on rewriting the RFP for the program. We are considering a number of changes including opening the program to ob/gyn providers and not just hospitals. <p>Dental Services stats through August are not available at this time. We're waiting on one dental clinic location to provide the utilization data. DHHS will provide the data at the October 2019 meeting.</p> <ul style="list-style-type: none"> ▪ Dr. Tricia Boyce, Dental Director, has been assessing the Dental program since her onboarding in June 2019. She has prioritized reducing the wait list, hiring a pediatric dentist, equipment (replacing/fixing chairs, operatory equipment, etc.) and scheduling. 	Tara O. Clemons		
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	<p>The Homeless Health program has had a total of 15 patient visits through August, a -40% decrease compared to FY19. As of August 30th, there are currently 9 chronically homeless people remaining to be housed. 98 homeless (chronically and vulnerable) individuals have moved to permanent housing since Jan 1, 2019.</p> <ul style="list-style-type: none"> The Nadim Khan Memorial Homeless Resource Day will be held November 21, 2019 from 9a -2 pm. It is a one-day, one-stop opportunity for individuals and families experiencing homelessness or at risk of homelessness to access services, resources and information. Volunteers are needed to help, please contact LaSonya if you are interested. <p>Discussion</p> <ul style="list-style-type: none"> Members discussed the increasing number of Operating Room Specialty Dental cases in Care for Kids. Dr. Gayles noted that it was 5 cases all requiring nitrous oxide sedation. Dr. Smith and Marie questioned if they could get more information on diagnosis for planning purpose. 			
4.	<p>Chair Vote</p> <p style="text-align: right;">D. Maria Rice</p> <p><u>Chair Nominees:</u> Lynda Honberg and Wayne Swann</p> <p>Lynda Honberg chose to decline the chair nomination.</p> <p><i>Motion moved by Langston Smith Seconded by Lynda Honberg for Wayne Swann to serve as Chair. The motion was approved unanimously.</i></p> <p>.</p>			
5.	<p>Special Committee Update</p> <p style="text-align: right;">Lynda Honberg</p> <p>See handout prepared by Lynda</p> <p><i>Conversation moved to after Speaker during planning meeting (4:50p – 5:20p)</i></p> <p>Lynda noted she was presenting in the absence of Julia, chair of the Special Committee. The special committee has requested a meeting with Dr. Crowel to discuss the eligibility transition.</p> <p>Lynda highlighted that the committee was concerned about data availability (Medicaid transition), OEES not providing updates to clinics and lack of customer service indicators.</p> <p>Discussion</p> <ul style="list-style-type: none"> Peter mentioned that Mobile Med has seen a reduction of 28 patients. This is adversely affecting the clinic in number of people served and a reduction of revenue. Members expressed concern about fear to share eligibility documentation and interact with OEES because of the political environment. There was discussion about looking at data from patients that stayed in the program and those who decided not to renew. It was noted that a recent report showed the MCares patient population changes by 50% each year. Given this, this may not be the data indicator for non-renewals. 			

5.	Meeting Adjourned at 4:10pm <i>Motion to Adjourn: Dr. Langston Smith</i> <i>Seconded by Yuchi Huang</i> <i>Unanimously approved.</i>			
<p style="text-align: center;">MCAB Planning Retreat</p> <p>Vice-Chair, D. Maria Rice, began the Planning Meeting at 4:15pm.</p>				
1.	Planning Meeting Kickoff Donna provided an overview of the goals for the meeting. They were identified as 1) hearing recommendations feedback from the HHS Director Raymond Crowel and 2) establishing FY20 program priorities and FY21 advocacy priorities. Sybil introduced Director Crowel. She noted his past leadership as the DHHS Chief of Behavioral Health Services for ten years and his commitment to the County's vulnerable population.	D. Maria Rice		
2.	Speaker: Raymond Crowel, DHHS Director Dr. Crowell noted the foundation of the Department of Health and Human Service is to treat the whole person. His goal is to promote health and overall well-being through wellness and community development. The County Executive has priority outcomes for residents related to health outcomes: 1) Access – grow and thrive; evaluate where, when and how residents access services 2) Easy navigation through systems – bring more synergy (eligibility process, connectivity) to programs like housing or cash assistance 3) Workforce/service commitment to provide what's needed for residents. DHHS has seen a reduction of services over the past few years. This approach is rooted in the Turn the Curve model, a systematic process to identify actionable steps to achieve positive outcomes. This also includes implementing a two-year budget cycle which would allow for a long-term fiscal and strategic planning. It is important that DHHS focuses on building stronger partnerships. The Department is well connected to the non-profit and services community, however, we can redefine and expand our relationships. DHHS wants to hear more from the community and ideas on what the County can do more or less of. Dr. Crowel mentioned Thriving Germantown as a great example of a collaborative effort focused on place-based services. He is focused on a data-driven approach to implement similar health and social service programs. Dr. Crowel posed a question to members asking what is working well? Members noted the fact that MCares has a integrated Behavioral Health and the programs reflect a true public/private partnership.	D. Maria Rice		

	<p><u>Discussion</u></p> <ul style="list-style-type: none"> ▪ Lynda expressed concerns about fear in the community in applying for health and social service programs. Especially given the eligibility transition in MCares. Dr. Crowel replied that is one of the most frightening times for vulnerable residents. There hasn't been this level of intensity and anxiety for people residing in the U.S. for some time. Dr. Crowel noted that HHS must conduct eligibility for programs, but staff is extremely conscientious of how questions are posed to residents. ▪ Marie reinforced the need to collect data per Dr. Crowel's earlier comments. She remarked on the investment of funds into County programs but lack of quality assurance or outcome data. ▪ Dr. Smith detailed concerns about the County Dental program including increased waiting times and specialty care. What steps are being taken to increase access? Dr. Crowel noted that the Department is actively working on increasing access. He remarked that the new Director was hired mid-summer and she is working to realign the program. 			
3.	<p>FY20 Program Priorities/FY21 Advocacy Priority Setting</p> <p style="text-align: right;">D. Maria Rice</p> <p><u>Overarching</u></p> <ul style="list-style-type: none"> ❖ Political Environment/Policy Changes ❖ Improving Quality - emphasizing the need to have data and performance measures that show the effectiveness of the programs ❖ Increased Communication and Engagement with patients and clinics <p><u>Care for Kids</u></p> <ol style="list-style-type: none"> 1) Examine and add funds needed for Direct Services <ol style="list-style-type: none"> a) Medical and Specialty Care <ol style="list-style-type: none"> i) Based on the increasing number of new children in the program, accessing primary, specialty care and specialty dental. 2) Build Program Staff Capacity <ol style="list-style-type: none"> a) RN/LPN Case Manager b) Client Service Specialist 3) Funding to increase provider reimbursement rates <ol style="list-style-type: none"> a) Rate hasn't changed in the last 10 years of the program, need to increase recognizing inflationary medical cost b) Advocacy item from last year that was unfunded, ask was for \$125,000 at 85% of Medicaid rates <p><u>Maternity Partnership</u></p> <ol style="list-style-type: none"> 1) Additional Funding to Program <ol style="list-style-type: none"> a) Increase budget of the program based on the emerging rising trend in enrollment. 2) Lactation Consultant - Increase breast feeding support 3) Pilot for LARC 			

<p>a) Immediate postpartum placement of a Long Acting Reversible Contraception has the benefits of reducing unintended pregnancy and lengthening pregnancy intervals</p> <p><u>County Dental Services</u></p> <ol style="list-style-type: none"> 1) Personnel <ol style="list-style-type: none"> a) Need for additional staffing to meet clinical needs and fully utilize capacity of the clinics 2) Assessment and Development of System <i>(outside reviewer or quality framework?)</i> <ol style="list-style-type: none"> a) In order to increase and insure quality of dental services review program development & implementation, contract management, budget targets, executing administrative policies for employees, etc. 3) Policy/Quality Concerns <ol style="list-style-type: none"> a) Patient and community questions/complaints into dental care services availability and performance b) Lack of sufficient decision-making data 4) Direct Care Concerns that can be addressed with funding <ol style="list-style-type: none"> a) Lack of specialty care, equipment needs <p><u>Health Care for the Homeless</u></p> <ol style="list-style-type: none"> 1) Rental Assistance Program – Increase max of \$200 <ol style="list-style-type: none"> a) Program accessible to all eligible County residents <ol style="list-style-type: none"> i) <i>committee - focus on the homeless population or increase of max for all eligible persons?</i> 2) Home Health Aides – Pilot Program for a New RFP <ol style="list-style-type: none"> a) Assistance with activities for individuals living in permanent supportive housing b) Mental health training for providers 3) Advocate with the Housing Opportunity Commission <ol style="list-style-type: none"> a) Creating a housing preference for the homeless currently on the waiting list. The County currently funds service programs managed by the HOC. <ol style="list-style-type: none"> i) <i>committee - is this a policy change or funding request for additional services?</i> <p><u>Montgomery Cares</u></p> <ol style="list-style-type: none"> 1) Eligibility Transition <ul style="list-style-type: none"> ○ Monitor and review continued impact on program enrollment and clinic concerns ○ Obtain data and performance measures, prioritizing data on patients transitioned from Montgomery Cares to Medicaid 2) Quality Audit <ul style="list-style-type: none"> ○ <i>committee will need to define if this is prioritizing the QA 3-year review or a quality framework across of all five programs</i> 3) Rate increase for clinics – currently funded at \$76.50 per encounter 4) Increase funding for Specialty Care <ul style="list-style-type: none"> ○ Impact of discontinuation of Nexus Montgomery funding 5) Behavioral Contract Renewal <ul style="list-style-type: none"> ○ Increased rate changed for FY21 would reduce the services provided to patients. Provide additional 			
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	funding to maintain service level			
	*Items in bold are advocacy priorities			
4.	Next Steps <div style="text-align: right;">D. Maria Rice</div> <p>The major topics for the October 2019 meeting are</p> <ul style="list-style-type: none"> ▪ Reviewing the Boards charter including mission, charge and role. ▪ FY20 Program priorities/FY21 Advocacy recommendations ▪ Special Committee – Updates on eligibility transition 			
5.	The Retreat ended at 7:40 p.m.			

Respectfully submitted,

Tara O. Clemons
Montgomery Cares Advisory Board