

HHS COMMITTEE #1  
January 21, 2015

**MEMORANDUM**

January 16, 2015

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Meeting with Leadership Institute for Equity and the Elimination of Disparities**

The Leadership Institute for Equity and the Elimination of Disparities (LIEED) invited the HHS Committee to meet with them as a part of their January meeting. This meeting has been scheduled as a HHS Committee meeting to ensure the Committee members can freely discuss issues where the Committee has oversight and the Committee and/or Council might act.

As background for this discussion, the FY14 Annual Report is attached at ©1-9 and the LIEED's membership is attached at ©10-13. As stated on ©2, the LIEED was designed to put a specific focus on racial/ethnic minority communities in the County by:

- Providing strategic leadership and coordination on systemic issues impacting health and wellness;
- Working in collaboration with internal and external partners on specific projects related to addressing health disparities and equity;
- Engaging racial/ethnic minority communities in a manner that promotes and fosters trust;
- Improving the Department's ability to deliver culturally and linguistically appropriate services; and
- Cultivating an organizational culture that promotes fairness and opportunity.



**Department of Health and Human Services**

# **Annual Report**

**Leadership Institute for Equity  
and the  
Elimination of Disparities**

**Office of Community Affairs**

**June 2014**

## **Background**

The Leadership Institute for Equity and the Elimination of Disparities (LIEED) was established by the Department of Health and Human Services (DHHS) in FY14. The creation of LIEED was a recommendation that emerged from a 22-month long process involving the participation of community representatives and DHHS leadership that sought ways to enhance DHHS practice, policy and infrastructure to best serve racially, linguistically and ethnically diverse communities, including emerging populations.

LIEED was formed by expanding and combining the work of the existing Minority Health Initiatives/Program (MHI/Ps), the Equity Work Group, and Office of Community Affairs (OCA) outreach efforts. Under the general supervision of the Chief of the OCA and with support and guidance from an Advisory Committee of Community and DHHS leadership, the LIEED was designed to put specific focus on racial/ethnic minority communities in the County by:

- Providing strategic leadership and coordination on systemic issues impacting health and wellness;
- Working in collaboration with internal and external partners on specific projects related to addressing health disparities and equity;
- Engaging racial/ethnic minority communities in a manner that promotes and fosters trust;
- Improving the Department's ability to deliver culturally and linguistically appropriate services; and
- Cultivating an organizational culture that promotes fairness and opportunity.

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## **Introduction**

In FY14, the DHHS budget included \$100,000 in funding that was allocated for LIEED activities. While these funds offset some direct expenses, LIEED drew heavily on existing OCA resources to advance the initiative. Specifically, to ensure the success of LIEED during its first year, staff from the MHI/Ps and the Equity Project contributed a significant amount of their time to planning and implementation.

This report reviews the activities and accomplishments of LIEED during its inaugural year.

## **Building a Foundation for Success**

As would be expected with any new initiative, much of the inaugural year of LIEED was devoted to developing basic infrastructure required to operate successfully. Start-up activities for LIEED included the following:

### ***Establishment of the LIEED Advisory Committee***

- Advisory Committee Members were identified and recruited from the County's racial and ethnic minority populations that include African American, Asian American, Caribbean American, Continental African, Latino and Middle Eastern communities. Specifically, two primary and at least one alternate representative from each of these racial and ethnic populations were selected, by their communities, to serve on the Advisory Committee. DHHS content experts, including the DHHS Director and Service Chiefs, also serve on the Committee.
- In conjunction with community representatives, an operating framework was developed for the LIEED Advisory Committee in order to define its purpose, responsibilities, membership and structure. The Framework serves as a Charter that guides the Committee's work.
- An Orientation Session for new Committee members was designed specifically to cover the work done during the 22-month assessment period, the set of recommendations that came out of the assessment, the intentional plan of including emerging communities, and the driving principles behind LIEED. Five orientation sessions were held for members, including representatives of the Caribbean American, Continental African and Middle Eastern communities, and new members from the African American Health Program Executive Committee and Asian American Health Initiative Advisory Committee.
- Administrative and technical support was provided to the LIEED Advisory Committee including production of agendas, meeting notes, reports and presentations, and management of logistics for three regular meetings of the Committee; three sub-group meetings; five conference calls; and a half-day retreat that focused on the transition of the Committee from interim to regular operations under the leadership of a Co-Chair elected from and by the community representatives.

### **Specific Accomplishments of the LIEED Advisory Committee in FY14**

- The LIEED Advisory Committee is the first time that members of six (6) different racial/ethnic communities came together with the vision of finding common ground, building a stronger voice, and creating meaningful engagement with a major County department with the goal of improving health and well-being of communities.

- To ensure effective collaboration, it was important for this new advisory committee to formalize a set of guidelines to help guide the way they conduct business when they meet and work together. To that end, the first task undertaken by the Committee was to discuss, develop and vote on an operational framework which functions similar to an organizational charter.
- The ability to collect more disaggregated demographic data was collectively identified by the Committee as critical to various minority communities' understanding of the health and well-being status of their communities and tracking of trends. In FY14, the Committee took advantage of DHHS' technology modernization effort and helped identify how demographic data fields could be disaggregated to generate information that will be useful as management tools as well as to the diverse communities. The result of the LIEED Advisory Committee's input into the selection of demographic data fields will have a long term impact on how the county understands the impact of its work and quality of services.
- The LIEED Advisory Committee has decided to continue to focus on data and include advocacy as their areas of work in FY15. The LIEED Advisory Committee wants to better understand the community health needs assessment considered by Healthy Montgomery and will advocate for the assessment to employ linguistically and culturally appropriate competencies and include the voices of the emerging communities and sub-groups in the county.

#### ***Organization, Structure & Administration of LIEED***

- A Program Specialist was hired to coordinate and support the work of the Advisory Committee and the Institute and to continue the work of developing communication materials and tools.
- An initial work plan for LIEED operations was developed to reflect the work to be done in the inaugural year of the Advisory Committee and the Institute.
- Operational protocols and guidelines for LIEED staff are beginning to take shape.
- Research was conducted and briefing materials prepared on potential LIEED projects to ensure that undertakings were aligned with the MHIP Report.
- In FY14, the Chief of the Office of Community Affairs, the Equity planner, the managers and staff of the three minority health programs contributed, on average, 35-50% of their time at various stages to support LIEED activities including support of the Advisory Committee, outreach for the Affordable Care Act, and development of a Behavioral Health Workforce Diversity project within the Welcome Back Center model.

## **Collaboration and Systems Enhancement Projects**

While working to build some of the infrastructure necessary to ensure long-term success, LIEED also pursued two (2) projects that were in keeping with its mission. “Access to and delivery of quality and equitable services” and “HHS Workforce” were two of the priority areas identified in the MHIP Report. LIEED’s active participation in outreach activities for the Affordable Care Act and initiation of a Behavioral Health Workforce Diversity project addressed these issues.

### ***Behavioral Health Workforce Diversity Project***

Research has shown that the ability to provide quality care to diverse patient populations is enhanced by the presence of racial and ethnic diversity within health care delivery systems. In the area of behavioral health care, the lack of such diversity continues to be a barrier to equitable and quality care for Montgomery County’s racially, ethnically and linguistically diverse communities. LIEED’s Behavioral Health Workforce Diversity project is designed to address this barrier through its Welcome Back Center (WBC) for internationally-trained health professionals by incorporating behavioral health professionals (BHPs) into the public and private workforce.

In FY14, LIEED’s accomplishments on this project included:

- Securing the commitment of the Behavioral Health and Crisis Services (BHCS) area within DHHS to collaborate with LIEED on the development of a component to incorporate BHPs.
- Working with Maryland licensure boards to understand the licensure process and requirements for foreign-trained BHPs including psychologists, social workers, therapists, counselors, and others.
- Identifying, in collaboration with BHCS, job classifications for potential employment opportunities for foreign-trained behavioral health professionals.
- Convening a meeting with twelve (12) service providers to present the WBC model and identify potential partners.
- Securing the participation of twelve (12) internationally-trained BHPs to provide advice on how to best guide and support these professionals in using their full professional capacity and expertise.
- Initiating an assessment of critical occupation and skill needs in the behavioral health industry and relevant workforce issues related to Human Resources; barriers to employment; demographic challenges and skills needed for career advancement.
- In partnership with a group of behavioral health employers (Adventist Behavioral Health, Family Services, Inc., Corner Stone, Maryland Treatment Centers, and DHHS Behavioral Health and Crisis Services) developed a model for the incorporation of

internationally-trained behavioral health professionals into the Montgomery County workforce.

- With the support of community leaders, secured \$100,000 to implement a pilot project with 25 internationally-trained behavioral health professionals.

These activities have laid a foundation for implementation of the project in FY15 when it is anticipated that:

- 20 – 25 foreign trained behavioral health professionals will be recruited to participate in a pilot program;
- Partnerships will be developed with 3 – 5 service providers for the implementation of the program;
- Individualized career development plans will be developed for each participant in the pilot program; and
- System enhancements and barriers to success will be fully documented.

### ***Affordable Care Act Outreach***

As the Connector Entity for the Capital Region under the Affordable Care Act (ACA), the DHHS was obligated to educate and widely promote health insurance enrollment in Montgomery and Prince George's counties. Through LIEED, the Department was able to leverage the collective knowledge and expertise of staff in the Office of Community Affairs, including MHI/Ps, Outreach and Equity, to meet this obligation.

Major ACA-related outreach activities undertaken by LIEED staff included:

- Developing and defining specific outreach goals, roles and responsibilities to support implementation of the ACA in Montgomery County.
- Convening an ACA Outreach Committee within DHHS to facilitate a more structured approach and increased coordination of various activities including: outreach to communities; internal communication; marketing/PR; and liaison with legislators. This committee's accomplishments included developing and recommending a critical weekend strategy to increase access for the working class and providing consistency in messaging.
- Planning, coordinating and implementing an extensive program of targeted outreach activities to racially and ethnically diverse communities. Some highlights of the outreach program included: organizing 101 events; presentation of ACA information at more than 50 community-based (CBOs) and faith-based organizations (FBOs); providing information about ACA to 6,255 individuals; and distribution of 5,748 ACA awareness flyers and 4,357 enrollment flyers.

- Developing online forms, used by outreach staff across the Department, DHHS ACA partners, and the general public, to coordinate the planning and reporting of ACA outreach activities.
- Developing, coordinating, and implementing the *Empowering Community Health Organizations* (ECHO) workshop which focused entirely on responding to community demand for ACA information. The workshop reached 125 attendees representing 62 community-based organizations.
- Presentation at the October 28, 2013 Montgomery County ACA Leadership Summit to discuss strategies for enrolling hard-to-reach populations and enhancing outreach encounters.
- Creating a standardized, department-wide outreach practice through development and use of the Outreach Flowchart shown in Appendix 1.
- Designing culturally and linguistically appropriate health promotion education curriculum and trainings for 39 health promoters who were able to communicate to Montgomery County residents in various languages, including English, Spanish, French, Amharic, Chinese, Korean, Vietnamese, Hindi, Urdu, and Tagalog.
- Coordinated and implemented the “Get on Board to Get Insured” campaign during the last 4 weeks of the ACA enrollment process to assist four specific neighborhoods with large Black populations to ensure they had transportation to get to the Saturday enrollment sites.

In addition to the specific activities described above, active participation of Health Promoters in the delivery of ACA information, education and outreach activities resulted in the following:

- 33 health promoters from the Asian American Health Initiative contributing 297 hours to ACA outreach,
- 29 health promoters from the African American Health Program contributing 205 hours to ACA outreach, and
- 13 LHI health promoters contributing 120 hours to ACA outreach activities.

## **Conclusion**

As reflected by this report, half of the first year’s effort was spent in building a foundation for meaningful community engagement which is unprecedented in terms of its attempt to bring together racially/ethnically diverse communities to work on common goals. The other half of the year’s effort was spent on actual projects that addressed recommendations in the MHIP Report. LIEED’s success in this first year of operation was made possible largely by leveraging significant resources within the Office of Community Affairs (OCA) to support its work. As

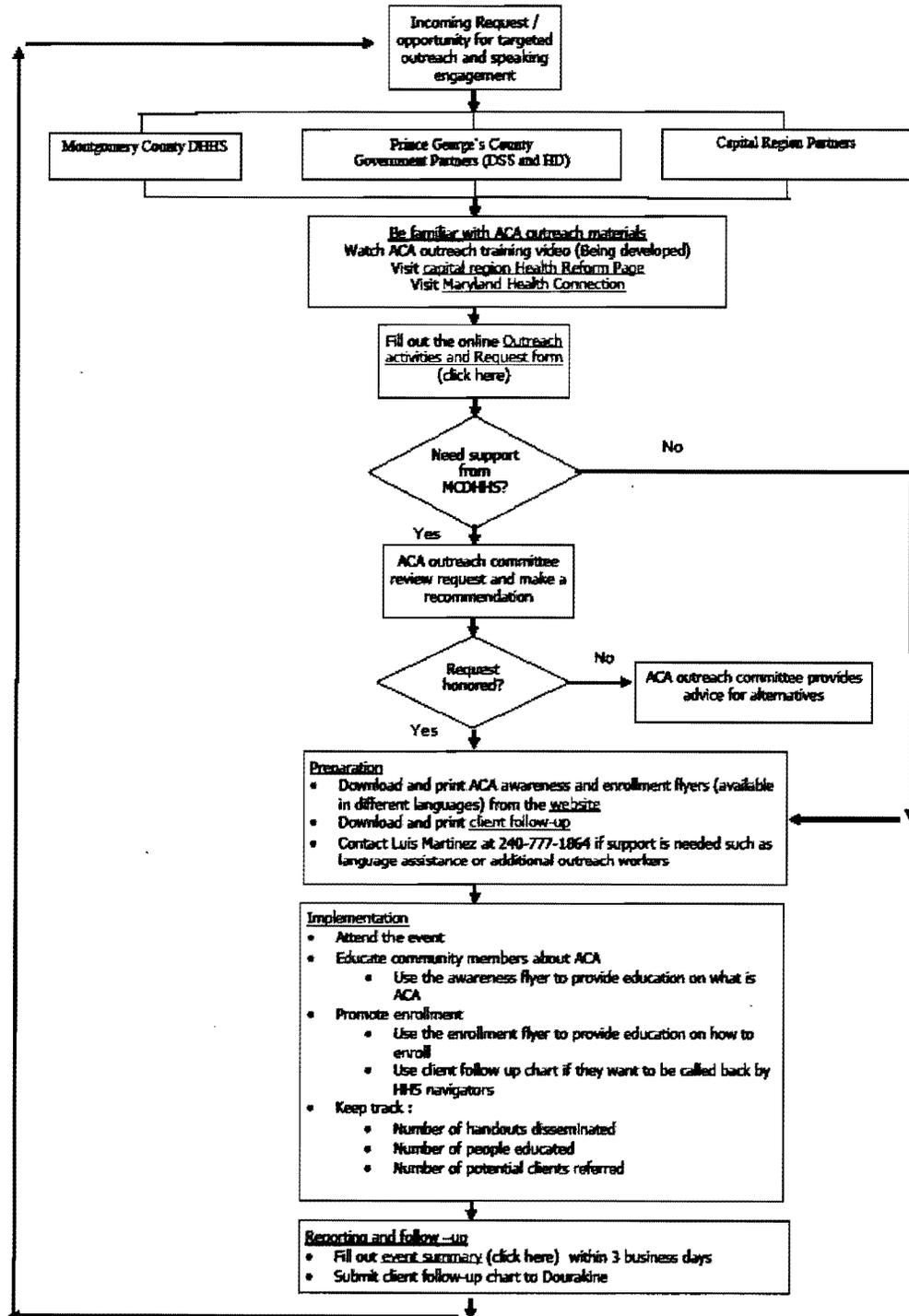
stated earlier, on average, OCA staff, including the Chief and MHI/P program managers, devoted 35-50% of their time to LIEED-related activities.

In FY15, LIEED will continue to work on strengthening the ties among new members of the LIEED Advisory Committee and between committee members and DHHS. We will support the area of focus identified by the Committee – Data, by doing all the background research and debriefing. Staff will also use the systems lens within its program operation to identify potential system improvements. We believe Year II of LIEED will present opportunities and challenges and the hope is that staff, community leaders and DHHS senior leadership together will meet them head on and produce another successful year.

# APPENDIX 1 – ACA OUTREACH FLOWCHART

**Goals for ACA outreach**

- To increase awareness of ACA among residents in capital region
- To promote enrollment of eligible residents in capital region via Maryland Health Connection





Department of Health and Human Services  
Leadership Institute for Equity and Elimination of Disparities (LIEED)  
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As of December, 2014

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