Montgomery Cares Advisory Board

March 24, 2021 Meeting Notes

MCAB Members Present: Betsy Ballard, Kathy Deerkoski, Julia Doherty, Sarah Galbraith-Emami, Dr. Travis Gayles, Lynda Honberg, Yuchi Huang, Peter Lowet, Diana Saladini, Rolando Santiago, PhD, Wayne Swann

MCAB Members Absent: Sharron Holquin, Ashok Kapur, Dr. Langston Smith,

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

County Council Staff: Linda McMillan

Primary Care Coalition: Elizabeth Arend, Rose Botchway, Marisol Ortiz, Aisha Robinson, Hillery Tsumba

Guest: Dr. Katherine Kelly

The Chair, Wayne Swann, called the meeting to order at 4:10 pm. Meeting held via video/teleconference during COVID-19 pandemic.

Item		Action Follow-up	Person Assigned	Due Date
1.	**Approval of Minutes** – February 24, 2021 **Wayne Swann** Minutes approved unanimously. ***Moved by*** *Julia Doherty* ***Seconded by*** *Yuchi Huang*			
2.	**Montgomery Cares Advisory Board Chair Report** **Wayne Swann** ▪ Wayne highlighted the agenda and acknowledged front line workers, clinic leadership, clinicians, and staff and recognize their hard work and sacrifice during the COVID-19 pandemic. ▪ Tara announced that Dr. Santiago is the director of behavioral health services for DHHS and would be the Behavioral Health representative replacing Sybil Greenhut for the interim.			
3.	**Health Care for the Uninsured Report** **Dr. Rogers/Tara Clemons** **-- CHNA & Telehealth** See Report and handout Dr. Rogers and Tara reviewed the policy and programmatic updates for the Health Care for the Uninsured programs and noted a few County Updates:			

County Updates – Dr. Rogers

- The County's Executive FY22 budget was released on March 15th. There were no changes to the Health Care for the Uninsured programs funding. All community grants funded in FY21 were provided renewed funding at the same level for FY22
- DHHS is accepting applications for the FY22 Community Services Grants Program
  - Grants of up to $10,000 are available to support health and human service projects that promote a safe, healthy, and self-sufficient community. Priority will be given to COVID-19 related request. Deadline for application submission is April 7th.
- The Community Health Needs Assessment is actively underway trough Healthy Montgomery. This is a 12 to 15 month process and there are 3 parts to it:
  - Quantitative Data Collection & Review (which includes a primary and secondary data collection) There will also be an environmental scan.
  - Qualitive assessment (which will be conducted with a diverse group of participants)
  - There will be a key informative interview with representatives from the MCares Clinics that will be taking place the second week of April. There will be 5 diverse individuals across 5 MCares Clinics. There is also a focus group with uninsured low-income community members that will take place in early May.
- Dr. Rogers talked about a conversation the Board had previously regarding a dental need's assessment. He noted that the Community Health Needs Assessment will allows the individual completing to identify dental services as a need.

Health Care for the Uninsured policy updates – Tara Clemons

Montgomery Cares

- DHHS is extending the block payment during the COVID-19 public health emergency through June 2021
- Telehealth – Tara and Dr. Rogers met March 11th with the MCares Clinics and providers and got great feedback. All agreed with the flexibility presented in the proposal (same proposal that was discussed with the Board).

Care for Kids

- CFK is monitoring the increased number of unaccompanied children as they are released to families in the County.

Programmatic Updates – Tara Clemons

Montgomery Cares

- The program served 15,225 patients through February with a total of 34,431 patient visits (in-patient and telehealth) at the ten participating clinics.
- The clinics expended 46% of the FY21 budgeted amount for encounters, the benchmark for February is 63%.
- The split of encounters is 55% in-patient and 45% telehealth YTD
- All clinics, except for one site, are accepting new patients

Care for Kids

- Program enrollment through February 2021 is 6,029 which is a 2% increase over the same time last year.
- February 2021 - CFK enrolled the highest number of new CFK enrollees in one month since FY21 began

- Although monthly enrollment stays high (retention in the program), numbers for new patients are significantly down (-82%).
- School Based Health Centers - remain closed at this time and there is an ongoing assessment by DHHS and MCPS on whether to open this school year. CFK continues to provide sick visits through community clinics and private providers.

Maternity Partnership

- Enrollment is steady and has improved exponentially since the first six months of the pandemic. MPP staff (case managers) anecdotally report that women are delaying care and not enrolling as early in their pregnancy as we used to see
- COVID-19 impact on trimester entry of care: FY19 - 49% of women-initiated care in the first trimester; FY20 - 41% of the women-initiated care in the first trimester. YTD in FY21 - 26% of women-initiated care in the first trimester

Dental Services

- The program's numbers were slightly lower with the number of encounters but increased for the number of patients seen. The program had a total of 2,850 patient visits through February
- Tara noted that Dr. Boyce mentioned clients were needing more than 1 visit to finish the course of treatment.

Homeless Health

- The program is doing mass testing in the shelters on a weekly basis. Recently the program had the opportunity to vaccinate clients at three shelters (Progress place, Coffield and Long Branch). Vaccine education seminars have continued in all shelter locations
- Medical Respite continues to move forward and is getting closer to opening, the goal is July 1, 2021. Currently working on the development of the steering committee and admission criteria

Discussion

- Julia questioned the $800,000 line item in the operating budget for a mobile van to address disparities. Wayne and Dr. Rogers noted that Dr. Gayles would provide information during his COVID-19 update. Tara noted that it was unrelated to the health care for the uninsured programs
- Lynda stated that she was confused because the Board is not only for the programs for the uninsured. She mentioned that the charter states that it is about access to care for underserved low-income individuals in the County. She also noted that the Board is not program driven but rather mission driven. Tara clarified that health care for the uninsured falls under public health as do many other areas that the Board does not discuss such as the cancer control programs, the tobacco program, community health programs like Healthy Montgomery, license and regulatory services and school based health services among others. She noted that public health is much broader than what the Board does and mentioned that the mobile health program might rest in another area of public health. Tara also clarified that the Board's primary focus is the programs for the uninsured (including policy decisions) and monitoring the fiscal needs.

4.	**Value Based Care – Montgomery Cares** **Dr. Christopher Rogers** ▪ Dr. Rogers went over the Montgomery Cares' Transformation to Value-Based Care: Delivering Person-Centered, Longitudinal, and Coordinated Care presentation. The presentation is not a policy draft but a frame-work theoretical discussion with some key points that will help guide the transformation to value-based care ▪ The current reimbursement structure of payment favors the providers with higher production numbers and puts emphasis on treatment at the expense of prevention and wellness ▪ Currently, there are no incentives for integrating and coordinating care. The established structure doesn't encourage practice transformation and clinically driven innovation. To add value and improve health outcomes, there must be a paradigm shift so that reimbursement favors the providers who achieves a quality health outcome ▪ The vision is to improve the health of Montgomery Cares' patients through an innovative, person-centered, and coordinated system of care that addresses both medical and non-medical determinants of health. Value in health care is measured by the improvement in the person's health outcomes at the cost of achieving that improvement. Value-based care is a concept by which the purchasers of healthcare and payers hold healthcare providers accountable for quality and cost of care ▪ This approach to care will achieve lower cost, improve health, and have a better patient experience. Research shows that the clinician experience will also improve. Value-based care will put the decisions about how healthcare is delivered into the providers' hands. It will reward providers who achieve positive outcomes in a cost-effective manner ▪ Dr. Rogers went over the strategic framework for implementing value-based care. DHHS will rely on the Montgomery Cares providers' feedback as well as patients' surveys to understand patients' needs, preferences, and values. This will ultimately help with designing solutions to improve health as part of the value-based care transformation. ▪ DHHS will be working with PCC, MCAB, and the providers. He also mentioned that DHHS will use the Montgomery Cares contract as a vehicle to change how providers are paid for delivering healthcare services. He noted that the department is in early conversations with PCC about value-based care, specifically from a contractual standpoint. Some of the areas DHHS wants to strengthen requirements in contract terms as it relates - provider network requirements, access standards for routine and urgent care, standards for physical and behavioral health and requirement for behavioral health integration with primary care. ▪ Potentially, providers could receive a bonus payment for performance in quality and patient satisfaction. ▪ Clinics will not be penalized for not achieving quality measures as that is not the goal of the value-based structure model. Dr. Rogers noted that hopefully the value-based care changes will be effective July 1, 2022 **<u>Discussion</u>** ▪ Diana questioned if the model DHHS wants to implement is based on something that's been established and has effective in other community clinics or if it would be starting from scratch and building on it. Dr. Rogers explained the experience he has with implementing and working with value-based care models and noted there are many evidence-based models that have been referenced as framework ▪ Julia noted the importance of working with primary care practices and safety-net providers that are not part of an integrated delivery system. Dr Rogers mentioned he met with DHHS leadership about this idea and they			

	understand it may require additional resources. DHHS is committed to helping with that. He also explained that some advocacy may be required from the MCAB ▪ Dr. Rogers also noted that the goal is to have Montgomery Cares 2.0 completed before transitioning to value-based care, specifically MCares eligibility.			
5.	**COVID-19 Updates** **Dr. Travis Gayles** ▪ Dr. Gayles provide the Board with some global updates. He mentioned that the community transmission levels are 10.55 (cases per 100K residents) he explained that this number falls in the lower edge of the high risk of transmission ▪ Dr. Gayles mentioned that the Governor decided on March 8th to open the state more expansively without capacity limits but still respecting physical distance. He provided a graph showing the 7-Day Avg. Percent Positivity by County from that date as well as a current one. o On March 8th - the states average was 3.36%, Montgomery County was at 2.73% and no Counties had a test positivity above 5%. o On March 24th, the states average was 4.59% and there are now 11 Counties with test positivity over 5%, Montgomery County is at 2.95%. Montgomery County's numbers have not increased much, and this is in large part due to the County policies remaining more restrictive than the State ▪ Case Rates by County o March 8th - Montgomery County had 9.33 cases per 100K, the State had 12.6 cases per 100K, no Counties over 20, and13 Counties over 10. o On March 24th, Montgomery County had increased to 10.5 cases per 100K, Baltimore City has 26.96 cases per 100K, Kent County has 33.10 cases per 100K, 18 out of the 24 jurisdictions are above 10 cases per 100K, and 4 jurisdiction with over 20 cases per 100K with a 5th one being Harford County at 19.74 ▪ The Governor's decision on March 8th included an executive order that limits the local health departments' from making determinations on the restrictions necessary to keep residents safe. The County Council, sitting as the Board of health, is the arbiter of those decisions. ▪ Dr. Gayles informed the Board that as of Friday, the current order states that all businesses that were closed can open at 25% and those that were open will increase from 25% to 50% ▪ Montgomery County has been identified as a place to get a state mass vaccination site that will hopefully be implemented within the next two weeks. Montgomery County also continues to provide vaccines at a higher rate/number than neighboring jurisdictions. The weekly allotment has increased from 4,500 to 6,600 to now getting 8,000 per week as a health department. Unfortunately, the numbers going to Hospitals and Health Systems has not increased and in some cases has decreased. DHHS is hopeful that with more vaccines coming in they will be able to support clinical and community partners (including Montgomery Cares) in terms of training access and scheduling. ▪ Work continues in ending the HIV epidemic, of mention is an Ad campaign that will be coming out soon. There planned initiatives that are creative and exciting in terms of increasing awareness of HIV within the community. He mentioned that Dr. Rogers has been meeting with the Montgomery Cares clinics to ensure that they are part of this initiative			

	Discussion ▪ Kathy wanted to know if the County was planning to go into churches. Dr. Gayles stated that yes, that is part of the strategy. Part of the challenge of going into churches is that there has to be available staff that is trained to administer it, completing the registration process and any other necessary paperwork. The preference for now, giving the limited supply, is to have larger partner opportunities and are encouraging churches to partner together. ▪ Wayne mentioned to Dr. Gayles that there were questions around two of the line items in the FY22 budget: staffing for 5.0 FTEs and a medical van. The Board had questions about the purpose and any other background information available. Dr. Gayles explained that the medical van is an DHHS creation and project. It is not specific to public health or health care for the uninsured. For example, a few years back Anne Arundel County purchased a van when thinking about the opioid response to do Narcan distribution and opioid prevention education. This prompted Anne Arundel to purchase one to use as a multi-purpose vehicle across all sections and groups within HHS. The department had been asked to come up with innovative ideas and this was included in the budget before and not funded. We're thankful it was included in the FY22 CE's budget and was supported ▪ Lynda and Julia wanted clarification on the purpose of the van. Dr. Gayles explained that models shared from other jurisdictions have been used to create the staffing plan and cost. He noted that there are many ways in which the van could be used. It could be related to the opioid response, mental health services, screenings disease type activities, immunization programs that could include COVID-19 boosters and flu shots. Depending on how it is outfitted, it could also be used in the dental space to provide services and screenings as well as distribution of social support services ▪ Kathy wanted to know if the mobile van was going to be connected to Mobile Medical. She mentioned that there is already a mobile van with Mobile Med and wanted to how it would work. Dr. Gayles explained that this would be a mobile van staffed by HHS and not connected to any clinical entity. He noted that this van would provide an opportunity to extend the different programs within HHS to the community to support the work they are already doing			
6.	**Health Care for the Homeless Report** **Amanda Harris/LaSonya Kelly** LaSonya introduced Amanda Harris (Chief for Services to End and Prevent Homelessness) and Dr. Katherine Kelly (primary care provider within the CoC). Amanda detailed the impact that COVID-19 has had on homelessness and provided an overview of the program ▪ Regarding aging population: o The CDC warns that people over 65 are more at risk of COVID complications. Both nationally and at a local level, the number of older adults experiencing homelessness continues to rise. o Even before the current health/economic crisis, the older adult homeless population was projected to trend upwards until 2030. For example, in Los Angeles, the 65+ population was expected to increase by 54 percent over the next five years. o Due to the harsh conditions associated with homelessness, older adults experiencing homelessness age faster than their housed counterparts. Research tells us that people in their 50s have been found to experience geriatric conditions (e.g., memory loss, falls, functional impairments) at rates similar to members of the general population in their 70s			

- Amanda also talked about the existing health conditions that make individuals more at risk of COVID complications. She noted that:
  - The CDC warns that people with serious medical conditions are more at risk of COVID complications
  - For many, poor health results in homelessness and for others homelessness leads to poor or worse health outcomes
  - A recent study of the homeless population nationwide shows the following:
    - Physical Health Problems
      - 84 percent of unsheltered people
      - 19 percent of sheltered people
    - Mental Health Problems
      - 78 percent of unsheltered people
      - 50 percent of sheltered people
    - Substance Abuse Conditions
      - 75 percent of unsheltered people
      - 13 percent of sheltered people
    - Tri morbidity (Co-occurring physical health, mental health, and substance abuse challenges)
      - 50 percent of unsheltered people
      - 2 percent of sheltered people
- Amanda talked about the local data on health issues for adults experiencing homelessness and noted that:
  - Medical Conditions
    - 30% have untreated or under treated medical conditions
    - 16% have serious medical condition with no or sporadic treatment
  - Mental Health
    - 43% have untreated or under treated mental health challenges
    - 29% have serious mental illness that is not being treated or only sporadic treatment
  - Substance Abuse
    - 26% have untreated or under treated substance use disorders
    - 11% have untreated serious substance use disorders
  - Cognitive Deficits
    - 14% have untreated or under treated cognitive disorders
    - 4% have serious cognitive disorders with no or sporadic treatment
- Amanda provided COVID updates and noted that the program continues to protect people in emergency shelters, people sleeping outside, as well as through housing. She noted the highlights for each category.
  - <u>Protecting People in Emergency Shelter:</u>
    - Shifting to year-round shelter now and post pandemic
    - Repurposed two closed recreational centers to serve as additional emergency shelter facilities. This move allowed us to meet the CDC social distancing recommendations.
    - Placed individuals over age 62 and those with complex medical conditions in hotels with daily meal delivery, laundry services, and case management services.
    - Secured hotel rooms for isolation of individuals who have tested positive for COVID-19 or were exposed and advised to isolate.
    - Regular screening for COVID-19 symptoms and weekly COVID testing

- Remain open to new intakes and established quarantine locations within the shelters.
- Protecting People Sleeping Outside:
  - Placed individuals at high risk for COVID complications in hotels with daily meal delivery, laundry, and case management services.
  - Shepherd's Table limited meals to brunch and dinner. Meals are provided in to-go containers.
  - Interfaith Works Empowerment Center is closed for new intakes. Shower trailers outside are available for anyone and funding provided for laundry in the community.
  - Expanding medical services in partnership with outreach teams to screen individuals for COVID-19 symptoms.
- Protecting People through Housing:
  - Prioritizing housing resources for those most at risk of COVID-19 complications
  - Increasing Rapid Rehousing and Permanent Supportive Housing units
  - Providing security deposit and six months' rent for households exiting homelessness

- SEPH has help facilitate 9,035 COVID-19 tests have been completed. She detailed it was challenging at the beginning but, now almost 100% of people are agreeing to weekly testing. 95 people have tested positive (largely African American males)
- Amanda also provided an overview of the overall COVID-19 cases in the Homeless CoC and noted that:
  - Total of 125 positive clients , including 78 from mass testing and 47 from CoC
  - Total of 48 staff, 17 from mass testing, 31 from community testing
  - 4 in isolation/quarantine, 3 from CoC, and 1 from community
  - 6 deaths
  - 2 current outbreaks
- Amanda discussed the vaccination process and noted that:
  - Three vaccine clinics held for single adults in shelter
  - Families in shelter are able to access the vaccine through County clinics
  - Vulnerable people in Permanent Supportive Housing can access the vaccine through clinics offered at the shelter
- Some of the challenges for SEPH has come across:
  - Increase in significant behavioral health symptoms
  - Barriers to accessing residential treatment
  - Telehealth is complicated in both emergency shelter and on the streets
  - Hospitals experiencing higher volume overall leading to more inappropriate discharges
  - Reduced face to face services including community behavioral health, personal care, etc

Discussion

- Dr. Kelly detailed the inequities that she sees among the black/brown population and the distrust of this population to get vaccinated. She also noted the increase of anxiety and depression because of the pandemic. Dr. Kelly mentioned the importance of recognizing the inequities that are present and try to correct them
- Wayne asked Dr. Kelly what the Board could do to advocate and support what she is doing on the treatment side. Dr. Kelly noted the importance of health education for both staff and patients, continuing to reinforce social distancing, making OTC medications more available, providing access to healthy foods, and making more resources available for mental health

	▪ Tara brought up the concerns the Board had expressed around MCAB's role vs. the Interagency Commission on Homelessness (ICH) wand figuring out whether MCAB should continue to advocate on behalf of Health Care for the Homeless. Tara noted the Board's sunset date (12/31/21) and mentioned that there is a committee currently reviewing the duties of the board, memberships, and roles. She explained that this was the reason HCH was asked to present today so, the MCAB could be clear on their role ▪ Peter stated that the Board wants to be supportive of SEPH and noted that what the Board is sometimes challenged with is knowing about the prioritization, particularly outside of the medical services. Amanda explained that the ICH has partnered with other boards and commissions to do joint advocacy around housing and homeless issues. There is an intersection with other areas, however, the ICH typically focuses on housing resources which are critical to ending homelessness. Amanda explained that healthcare and access issues are critical, and it is preferred that MCAB continue to advocate for health parity for residents experiencing homelessness. ▪ Wayne added that it is not about how to end homelessness but about how to provide services to people who are homeless. He explained that if MCAB looks at from that perspective, it aligns with the board's mission and is consistent with full parity with all the programs in terms of providing primary healthcare. ▪ Linda McMillan noted that in the issue of disparities in healthcare. She mentioned that it would have been different when the Board was just about Montgomery Cares but there is an umbrella now that is about healthcare for residents lacking equal access who have disparities, and the homeless populations is very much a part of that. ▪ Lynda explained that the challenge was connecting with all the other advocates as the focus was always on housing and not just healthcare for the homeless. She noted that it was hard for TROIKA to focus and get support on some of the advocacy proposals for homeless. ▪ Tara asked Wayne to allow some time for Dr. Santiago to introduced himself. She noted that he is the Chief of Behavioral Health and Crisis Services for DHHS and will be replacing Sybil Greenhut in the interim. ▪ Dr. Santiago introduced himself, he thanked the Board for welcoming him and noted he is looking forward to working together. He noted Amanda's presentation on some of the challenges presented relate to Behavioral Health (BH). BH hopes to find creative ways to manage the needs of the homeless population. SEPH is prioritizing housing first and that is the best mental health practice for stabilizing people in housing is critical. ▪ Dr. Santiago mentioned that they have opened two beds at the crisis center. In collaboration with SEPH, one or two people have been identified to use them. BH is beefing up their mobile outreach and crisis team as a result of special appropriations from Council for 6 additional behavioral health therapists.			
7.	**FY22 Advocacy Priorities** **MCAB Members** **--Troika Update** Tara provided the Board with an overview of the advocacy items. **Care for Kids** 2.0 FTE additional staff for Care for Kids $129,148 ▪ 1.0 Medical assistant to work with Nurse Case Manager on case management and education to parents for children with specialty needs. ▪ 1.0 Client Services Specialist to address prior growth in program (pre-pandemic) as well as to be prepared for greater level of outreach needed, outreach to re-connect children/families who fell out of coverage during the			

pandemic (prior to enrollment extension) and in anticipation of higher volume of re-enrollments after the year of automatic extensions concludes and children detained at the border resume their migration into the County

Montgomery Cares

- Psychiatry $63,135 - Increase budget to align Georgetown Psychiatry contract with current rates maintaining the recommended level of service for population size and appropriate caseloads
- Specialty Care $222,110 - Add funds to adjust for loss of pro-bono and low-bono services provided by specialty practices whose businesses have been negatively impacted by COVID-19. Priority specialties include Cardiology, ENT, Vascular Surgery, Speech/OT/PT, Nephrology, GI, and ophthalmology
- QA Reviews in FY22 $75,000 - The QA reviews are past due as one should have been conducted in FY21 but was not funded and was delayed due to COVID

Discussion

- Lynda mentioned there was a focus on policy advocacy as that was one of the directions they wanted the Board to move into. When TROIKA looked at the advocacy requests, some of the items had funding attached but others did not. Tara questioned if there was a narrative that accompanied these requests. Lynda answered that yes there was and asked Hillery to provide additional information.
- Hillery explained that the TROIKA met 3/23/21 and there were some revisions. She noted that all core points were synthesized from the documents that the different MCAB Committees, HCLC, and PCC provided. She also noted there were three broad policy areas related to Montgomery Cares eligibility and enrollment, telehealth, and a general state of the safety-net statement which is currently under revision
- In terms of budget items, Hillery explained that it was consistent with what Tara had. She noted that the differences were:
    - A request regarding County dental services that she received from the dental committee for a school sealant program for $175,000
    - A request to address unmet dental needs for $125,000
    - Policy statements for telehealth
    - Need for interpretation services for $65,000
- Hillery explained that once she has a draft that the TROIKA has approved, she will forward to Tara and Lynda
- Lynda mentioned that there was another policy which is an effort to have a report on collaboration between the various dental providers in the County, not only the County Clinics but all the other providers. Tara mentioned that she didn't know if this was something for advocacy or something to be considered under the Board's charter. Tara explained that when the charter was originally changed, the conversation took place regarding County dental services vs. contractual services and at that time the member chose not to go into that topic. She noted that it would be an expansion of the work the Board already does, and it can certainly be changed. She further explained that if the Board is now seeking to include the contractual part, it would also need to include the grant that the County Executive and the County Council have for dental
- Dr. Rogers wanted to mention that in terms of telehealth, the department has taken considerate efforts to increase telehealth interpretation services. Dr. Rogers noted that he was unclear on the need for advocacy.
- Regarding the QA reviews in FY22, Dr. Rogers asked Hillery if she had a chance to speak to Rosemary. He noted that this is something they are trying to complete in FY21 but are not sure if they will be able to do it.

	▪ Wayne noted that on the MCAB side, there is still a $75,000 request for Healthcare for the Homeless for a social worker for discharge planning. Lynda noted that the $75,000 for Homeless was not included in the document that to be sent to the County Council ▪ Wayne mentioned that he has a draft of the continuation letter to be sent to the CE. He noted that the letter will let them know that the recommendation is to continue/renew the charter with changes. ▪ Kathy mentioned that the Board in terms of advocacy should be aware of what is going on at the Federal level. She mentioned that there hasn't been any discussion regarding the effects of the new law. She suggested the Board takes a few minutes as an action item to become familiar with the environment at the Federal and State levels and how this can affect the populations served by the Board. Kathy suggested to have a speaker from one of the representatives or someone who is able to talk about the bills that have been passed ▪ Wayne mentioned that he would add a legislative update to the April meeting. Linda McMillan suggested to add it to the May meeting instead as the current session ends in April . She noted that Ariana Kelly would be a good person to have or intergovernmental relations to provide an update of what happened during the session.	Document for Healthcare for the Homeless request to be sent to Hillery	Wayne	ASAP
8.	**Next Steps – April 2021 meeting** **Wayne Swann** April 2021 Meeting will include a full discussion about the charter, a continued discussion about telehealth, and value-based care The next meeting will be held April 28, 2021			
9.	**Meeting Adjourned at 6:52 pm** ***Motion to adjourn:*** *Julia Honberg* ***Seconded:*** *Lynda Honberg* *Unanimously approved*			

Respectfully submitted,

Tara O. Clemons
Montgomery Cares Advisory Board