



# Healthy Montgomery Steering Committee (HMSC) CHARTER

(Adopted November 2024 by HMSC Vote)

## Table of Contents:

Section 1:	HMSC Purpose, Role, Authority
Section 2:	HMSC Composition and Membership
Section 3:	Governance
Appendix A:	Background, Terminology, Acronyms
Appendix B:	HMSC Roles and Authority
Appendix C:	Roles and Responsibilities of Member Organizations and their Representatives
Appendix D:	Charter Approved

## SECTION 1: HMSC Purpose, Role, Authority

Healthy Montgomery Steering Committee (HMSC) seeks improved health and wellness for all Montgomery County, MD residents. HMSC is Montgomery County's state-designated Local Health Improvement Coalition (LHIC) and it oversees the local public health department (MC DHHS) *community health improvement process* (CHI process). That process is called *Healthy Montgomery*. The HMSC has **both an oversight role and a contributing role** to the *Healthy Montgomery* CHI process.

In its **oversight role**, HMSC recommends and advises MC DHHS on elements of the CHI process to ensure the design and conduct of the process truly creates improvements in health for the County population, as a whole and for specific communities and populations that experience greater burdens of disease or poor health outcomes.

In its **contributing role**, HMSC recognizes that improving health and wellness for county residents is a collective endeavor. Therefore, HMSC is a steering committee with representatives from many county agencies, organizations, and initiatives, coming together to align data, strategies, initiatives and resources wherever possible, recognizing no single entity or organization can make this level of community health improvement alone.

HMSC has a role in the full lifecycle of the *Healthy Montgomery* community health improvement process. At a high level, HMSC seeks to create a CHI process that:

- Hears and understands the needs, values and beliefs across diverse communities about their health needs and paths to wellness.
- Promotes collaborative strategy and implementation planning across agencies and organizations, to ensure efficient use of resources and effective outcomes.
- Utilizes quantitative and qualitative data/input from many sources, and shares and receives data with other entities (within confidentiality constraints).
- Is self-reflective; learning and updating the models, processes and partnerships used for community health improvement planning, implementation and monitoring with each CHI cycle.

Detailed roles and authorities for HMSC are defined, by lifecycle stage, in Appendix B. These roles and authorities are specific to the Healthy Montgomery community health improvement process. The HMSC roles and authorities recognize that HMSC is a steering committee. HMSC is not an operating or implementing entity and has no staff and no budgetary control. MC DHHS is ultimately accountable for the Healthy Montgomery CHI **outputs** (CHNA report, CHI Implementation Plan, data measures and reporting). The various agencies/entities that are implementing initiatives to meet health goals are defined in the CHI Implementation Plan (CHIP) and are responsible for their target outcomes.

HMSC recognizes there are other community health improvement processes occurring across our shared community (e.g. hospitals, State). HMSC seeks to be a resource and point of commonality for CHI processes, believing the more we coalesce around similar priorities and strategies, the more effectively we can utilize resources, leverage champions, and have the highest positive impact. HMSC welcomes requests for its roles to be used in service to other CHI initiatives and has the authority of self-determination to decide on these requests.

## **SECTION 2: HMSC COMPOSITION AND MEMBERSHIP**

Attention to Membership and composition of HMSC is crucial to driving significant improvement in the health of County residents and local communities, through alignment of strategies and resources across many entities, and to ensuring the CHI process can capture, understand and develop approaches to the needs, values and beliefs of diverse communities about their health and paths to wellness.

**Members** of HMSC are organizations and entities such as government agencies, hospitals, community-based organizations, Boards/Commissions/Steering Committees, philanthropic funders with a Montgomery County focus, etc. These Members have responsibilities as defined in Appendix C.

HMSC seeks Members that:

- Are agencies, organization or entities in the community that - through shared data, needs assessment, and interventions planning – can most effectively and collaboratively leverage resources to improve health and health equity for Montgomery County residents.
- Represent various sectors and services deeply involved with Montgomery County communities and populations disproportionately affected by conditions that create poorer health outcomes or for whom systems of care and support are currently inadequate.

HMSC meetings are open meetings. Members of the public and individuals from non-member organizations are welcome to attend as Guests but are not Members and cannot vote. HMSC co-Chairs will determine the level of involvement of Guests in any given meeting.

**Member Representatives** are the individuals appointed by the Member organization as the Member's representative at HMSC meetings and activities. Each Member:

- Shall appoint one Representative
- May appoint one Proxy

Representatives should hold, or report directly to, a leadership role within the Member organization, with sufficient leadership access and authority to meet the roles and responsibilities outlined in Appendix C.

Representatives serve at the pleasure of their Member organizations. There are no Terms or Term limits for Representatives. Should their Member organization exit from HMSC, the Representative (and any Proxy) ceases to be a Representative. Should the Representative leave the Member organization, they cease to be a Representative yet remain welcome at meetings as a non-voting Guest.

The Member has one (1) vote via the Representative, or the Proxy if Representative is not available to vote.

**Size of HMSC Membership.** HMSC seeks to balance the benefit of broad Membership with the ability to hold productive and collaborative meetings. The number of HMSC Members shall be not less than seventeen (18) and not more than thirty (30). There are two types of Members, Required and Term.

**Required Members.** The following are required Members, given their involvement in the health of Montgomery County residents.

Montgomery County Government Agency/Department Members

- Health and Human Services
- Environmental Protection
- Fire & Rescue Service
- Parks
- Planning
- Recreation
- Transportation
- Public Schools

All local Health Systems

(preferably each representative is involved in the hospitals' joint CHNA workgroup)

- Adventist Health Care
- Holy Cross Health
- MedStar Montgomery Medical Center
- Suburban Hospital

Diversity Initiative Steering/Executive Committees

- African American Health Program Executive Committee
- Asian American Health Initiative Steering Committee
- Latino Health Initiative Steering Committee

Additional

- At least one Regional Service Center.
- At least one Federally Qualified Health Centers (FQHC)  
(preferably with a representative involved in the FQHC needs assessment process)
- Commission on Health

Required Members hold a permanent seat on HMSC. Their responsibility is to appoint a Representative.

**Term Members.** Up to twelve (12) Term Members. Term Members are organizations which join HMSC upon a vote of approval by the HMSC. Term Members belong to the HMSC for a three (3) year Term. There is no limit to the number of Terms for which a Term Member can be renewed via a vote by HMSC.

HMSC seeks organizations as Term Members which:

- Align with the Purpose of HMSC
- Align with one of more phases of the Community Health Improvement Process
- Have strong relationships to populations experiencing or at risk for poor health outcomes; or have strong likelihood of being an Implementation initiative partner
- Are able to fulfill the Member responsibilities

**Process for recruiting and approving Term Members.** At least once per year, the HMSC agenda includes a review of current Members, and discussion of additional organizations that could be beneficial to add as Required or Term Members, with consideration for the current or upcoming phase of the CHI process lifecycle. In addition, HMSC accepts expressions of interest from organizations at any time.

- HMSC Co-Chairs or their designees shall interview identified organizations and explain Member Roles and responsibilities .
- If Co-Chairs, or their designees, both see a fit for HMSC, a vote is called among the current HMSC Members.

**Process for Term Members to exit HMSC.** Term Members relinquish their HMSC seat through one of:

- Term Member or their Representative notifies DHHS HMSC staff, with date of withdrawal.
- Term Member or their Representative notifies DHHS HMSC staff that Term Member will not seek a further Term. End date is the final date of Term Member’s current term.
- Co-Chairs bring removal of a Term Member to an HMSC vote. This may occur if for reasons such as a) the purpose of the Term Member has changed and no longer aligns with or is detrimental to the HMSC, or b) the Member Representative has (i) missed three consecutive meetings or two or more meetings in a fiscal year and (ii) Member has been notified and provided at least three months to resolve.

### **SECTION 3: GOVERNANCE**

**Staffing of HMSC:** MC DHHS provides staffing resources for administrative meetings support and subject matter expertise to HMSC and any workgroups or task forces chartered by HMSC.

**Co-Chairs.** Two Representatives serve as Co-Chairs of HMSC. Co-Chairs plan the meeting agendas, facilitate the meetings, determine when and on what actions to call for a vote, interview new Members, and mediate any issues of governance. The two Co-Chairs are:

1. MC DHHS Public Health Service (PHS): either the Health Officer or the Chief of Public Health Service, at the discretion of MC DHHS PHS.

2. Upon approval via HMSC vote, a Representative from any Member except representatives of Montgomery County Government Agency/Department Members. The Co-Chair is elected for a three-year term and can be elected to no more than two consecutive terms.

**Meetings Schedule.** Meetings are scheduled by MC DHHS staff, at the direction of the HMSC Co-Chairs. Meetings will be held on a regularly scheduled day/time unless advance notice is provided to Member Representatives. Meetings may be held via online technology or in person.

When a CHNA and/or CHIP are in development, HMSC shall meet at least six (6) times per year. During the implementation / evaluation phases of the CHI process, HMSC shall meet at least quarterly. At least one (1) meeting per year will be in-person. Meetings can be held without a quorum present, but no voting can be called.

**Voting:**

- A quorum is defined as 50% of Members + 1.
- Action items may be voted upon during a meeting if a quorum is present. Action items may also be voted on electronically (e.g. email, digital survey). In either case, for a vote to pass, it must be accepted positively by 50% of Members +1, via votes by their Representatives or the Proxy.

**Workgroups/Task Forces:** HMSC shall create HMSC workgroups or Task Forces as needed. The Workgroup or Task Force must have a clear purpose, a specified end-by date, and a Chair who is an HMSC Representative, all of which must be approved by HMSC vote and recorded in meeting minutes. Purpose, end-by-date, and/or Chair can be amended by a further HMSC vote. Workgroups or Task Forces can make recommendations to HMSC, but do not have authority to act on behalf of HMSC.

HMSC Workgroups and Task Forces can be run informally, scheduled by the participants at their convenience, and are not required to follow open meeting requirements or maintain formal minutes. However, the Workgroup or Task Force Chair must be an HMSC Representative and must ensure (i) MC DHHS HMSC staff are informed of meeting dates/times and location, and (ii) Workgroup/ Task Force activities and recommendations are reported at HMSC meetings. A Workgroup or Task Force must consist of at least three (3) HMSC Representatives. A Workgroup or Task Force may include community members and individuals from entities that are not HMSC Members.

**Meeting Rules of Order:** HMSC follows Roberts Rules of Order. Although HMSC is not an official Montgomery County Board, Committee, or Commission, HMSC looks to MC Boards, Committees, and Commissions best-practices and guidance to conduct its business.

**Amendments to Charter:** HMSC is not a Montgomery County Board, Committee or Commission (BCC) and as such its charter is not in County statute. Proposals for revision to the Charter shall be presented and discussed at a scheduled HMSC meeting with at least one-week advance notice of the proposed revisions. To pass a Charter amendment requires a positive vote by two-thirds of Members.

## Appendix A: Background, Terminology, Acronyms

### Community Health Improvement Process (CHI process):

A community health improvement process is a process to identify and address the health needs of communities. There are many models and frameworks for CHI<sup>1</sup>. Most models include four or more steps such as 1) conducting community health needs assessment (CHNA), 2) developing a community health improvement plan or strategy (CHIP), 3) leveraging community resources for implementation, and 4) measuring and monitoring community health improvement. Note that Measuring/Evaluation is in parallel with the implementation phase.



Public Health Departments and nonprofit Hospitals have similar requirements for community health improvement processes, set by the Public Health Accreditation Board (PHAB) and the IRS, respectively. PHAB requires a public health department conduct a Community Health Needs Assessment (CHNA) and create a Community Health Improvement Plan (CHIP) at least every five years. IRS requires nonprofit Hospitals to do the same at least every three years.

The Maryland Department of Health (MDH) calls their CHI process the State Health Improvement Process (SHIP). The Montgomery County Department of Health and Human Services (DHHS) community health improvement process is called **Healthy Montgomery**.

### Community Health Needs Assessment (CHNA):

An assessment to identify key health needs and issues of the community and specific populations through a systematic, comprehensive data collection and analysis.

<sup>1</sup> <https://www.cdc.gov/publichealthgateway/cha/assessment.html>

**Community Health Improvement Plan/Strategy (CHIP/ CHIS):**

A systematic effort to address the public health and community health problems on the basis of the results of community health assessment activities and the community health improvement process. The plan or strategy is used by health care organizations, governmental and human service agencies, in collaboration with community partners, to communicate the priorities and coordinate and target resources.

**Montgomery County Department of Health and Human Services (MC DHHS)**

MC DHHS is the local public health agency for Montgomery County, Maryland. MC DHHS is required for accreditation by the Public Health Accreditation Board (PHAB) to have a community health improvement process with a cycle of no more than five years.

**Local Health Improvement Coalition (LHIC):**

As defined by Maryland Department of Health, Local Health Improvement Coalitions (LHIC<sup>2</sup>) are groups of jurisdictional-level (county or counties/ Baltimore City) stakeholders. Each LHIC sets public health priorities for their respective communities. LHICs may address these health priorities through programs, policies, and/or coordinated efforts.

**Healthy Montgomery (HM):**

Healthy Montgomery is the name for the Montgomery County Department of Health and Human Services (DHHS) community health improvement process. Having a community health improvement process which results in a CHNA/CHIP at least every five (5) years is a requirement for public health departments accredited by the Public Health Accreditation Board.

**Montgomery County Hospital Community Health Collaborative (MCHC)**

Started as a subgroup of the Healthy Montgomery Steering Committee (HMSC), the six local hospitals work together to leverage community benefit resources, address gaps through program mapping, identify overlapping implementation strategies, and decrease duplication of efforts. Since 2021, the Montgomery County hospitals have jointly developed their tri-annual Community Health Needs Assessments (CHNA) and Implementation Strategies. The six local hospitals provide some funding to DHHS for the Healthy Montgomery community health improvement process, with the purpose to share community data gathering activities and, to the extent feasible, other aspects of CHNA and Implementation planning processes.

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<sup>2</sup> <https://health.maryland.gov/pophealth/Pages/LHIC.aspx>

## Appendix B: HMSC Roles and Authority

The following chart provides detail on the responsibilities and authority of HMSC. The HMSC may, at its discretion, form Workgroups or Task Forces to conduct Actions (“Do”) or bring advice or recommendations to the full HMSC. An HMSC vote is required on items in “Decide/Approve” category.

<b>HMSC Governance, Overall CHI Process and Continuous Learning</b>	
	<b>HMSC Activity</b>
Advise/ Recommend	<ul style="list-style-type: none"> <li>• Advise on number of years for community health assessment cycle (three to five years). DHHS makes the decision (to meet their PHAB accreditation, and resource availability).</li> <li>• Recommend changes to the CHI future process cycle based on public feedback and member experience of the current CHI process and documents</li> </ul>
Do (Action)	<ul style="list-style-type: none"> <li>• Ensure DHHS has a transparent and visible process for accepting feedback from the public on published CHI process documents (CHNA, CHIP), and that feedback is provided to HMSC</li> <li>• Review public and Member feedback on each output product (CHNA, CHIP, Data dashboards). Evaluate and learn at each CHI process point (e.g. CHNA, CHIP completion; start of new CHI cycle); retool HMSC roles and authority as needed for next CHI process cycle.</li> <li>• Create a culture of inclusiveness, sharing and mutual support among HMSC members</li> </ul>
Decide/Approve	<ul style="list-style-type: none"> <li>• Determine, recruit, approve HMSC member organizations</li> <li>• Approve Charter and subgroups of HMSC as needed, assuring regular feedback to full HMSC (e.g. CHNA/MAPP workgroup, CHIP priority area work groups, data workgroup, etc.)</li> <li>• Approve the CHI framework used (e.g. MAPP)</li> <li>• Approve involvement of HMSC in CHI processes other than Healthy Montgomery.</li> <li>• Review, update and approve the HMSC Charter at least every 6 years, or earlier as requested by HMSC representatives.</li> </ul>
<b>CHI Process: Step 1 - Community Health Needs Assessment</b>	
	<b>HMSC Activity</b>
Advise/ Recommend	<ul style="list-style-type: none"> <li>• Data Collection Planning               <ul style="list-style-type: none"> <li>○ Advise on populations and communities to receive focused representation through the proposed qualitative and quantitative collection methods</li> </ul> </li> <li>• Data Collection               <ul style="list-style-type: none"> <li>○ Review DHHS’ data collection implementation to ensure it is delivering on the expected community representation; recommend adjustments in data collection approaches</li> </ul> </li> <li>• Data Analysis               <ul style="list-style-type: none"> <li>○ Advise on usability of results for member organizations, general public; recommend revisions.</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>○ Review analysis; recommend groupings for priority health needs areas</li> <li>● CHNA Report <ul style="list-style-type: none"> <li>○ Review draft CHNA document, provide edits for readability and accuracy</li> </ul> </li> </ul>
Do (Action)	<ul style="list-style-type: none"> <li>● Data Collection Planning <ul style="list-style-type: none"> <li>○ For demographic and geographic data, determine data definitions, aggregation levels that align with and will result in data usable by /across HMSC member organizations</li> </ul> </li> <li>● CHNA Report <ul style="list-style-type: none"> <li>○ Review draft CHNA document, provide edits for readability and accuracy</li> </ul> </li> </ul>
Decide/Approve	<ul style="list-style-type: none"> <li>● CHNA Report <ul style="list-style-type: none"> <li>○ Once DHHS Public Health Service (Chief and Health Officer) and HMSC agree the CHNA is complete, recommend the final draft of CHNA report for approval by Authorized Signers (HHS Director and County Executive). Only Authorized Signers may make further changes after HMSC recommends final draft.</li> </ul> </li> </ul>
<b>CHI Process: Step 2 - Community Health Improvement Plan / Strategy</b>	
	<b>HMSC Activity</b>
Advise/Consult	<ul style="list-style-type: none"> <li>● Implementation Plan Development <ul style="list-style-type: none"> <li>○ Provide input on agencies / organizations (Member and otherwise) that currently have or may be developing initiatives that can address the priority areas</li> <li>○ Recommend which initiatives, internal to DHHS and those of external organizations, to include in CHIP.</li> </ul> </li> <li>● Review draft CHIP document, provide edits for readability and accuracy</li> </ul>
Do (Action)	<ul style="list-style-type: none"> <li>● Implementation Plan Development <ul style="list-style-type: none"> <li>○ From Members, gather input on potentially effective approaches for addressing priority needs.</li> <li>○ Seek to broker collaborative implementation strategies that promote efficient use of resources across Member and other organizations</li> </ul> </li> </ul>
Decide/Approve	<ul style="list-style-type: none"> <li>● Prioritization <ul style="list-style-type: none"> <li>○ Determine and approve the 3-5 priority areas of focus for the CHIP. This may include grouping similar needs revealed via CHNA.</li> </ul> </li> <li>● Once DHHS Public Health Service (Chief and Health Officer) and HMSC agree the CHIP is complete, recommend the final draft of CHIP report for approval by Authorized Signers (HHS Director and County Executive). Only Authorized Signers may make further changes after HMSC recommends final draft.</li> </ul>

<b>CHI Process: Step 3 - Implementation</b>	
	<b>HMSC Activity</b>
Advise/Consult	<ul style="list-style-type: none"> <li>• Receive regular reports on initiatives underway for each priority. Recommend alterations in approach, based on Members’ experiences and perspectives about changing community needs and resources.</li> <li>• If a significant lasting new need emerges in the community, assess and recommend to DHHS whether to update CHIP with related initiatives and measures.</li> </ul>
Do (Action)	
Decide/Approve	
<b>CHI Process: Step 4 - Monitor/Evaluate</b>	
	<b>HMSC Activity</b>
Advise/Consult	<ul style="list-style-type: none"> <li>• At least annually, HMSC reviews metrics and progress towards targets; advises on updates to Implementation Plan as needed to reach goals.</li> </ul>
Do (Action)	<ul style="list-style-type: none"> <li>• Propose and/or provide input to DHHS on success metrics for each priority, with goals/targets.</li> <li>• Ensure updates on progress towards targets are made available periodically (e.g. on Healthy Montgomery website).</li> </ul>
Decide/Approve	

## **Appendix C: Roles and Responsibilities of Member Organizations and their Representatives**

Member agencies/organizations, as appropriate/relevant:

- Provide their organizational perspective on specific populations or communities that needs assessment data collection should consider for focused representation in qualitative or quantitative data collection for CHNA.
- Contribute data relevant to CHNA, if available
- Inform on data definitions and aggregation levels used by their agency/organization, which would allow CHNA data to be most useful to their agency/organization. (ex: geographic sub-components of the county).
- Inform about outreach strategies to their constituents that may be applicable to the CHNA community outreach process
- Conduct outreach to their constituency and communities to increase participation in CHNA quantitative and qualitative data collection
- Disseminate CHNA to their organization audiences.
- During Implementation Planning, share their existing or planned initiatives that are relevant to a CHIP priority area.
- During Implementation Planning, incorporate CHIP priority areas into their organization strategic plans or goals, as feasible.
- During Implementation, incorporate initiatives and improvement strategies related to the CHIP priority areas into their organization operating plans, as feasible.
- Participate, as appropriate, in collaborative strategies that promote efficient use of resources across organizations, and are the most effective approaches for the priority needs.

Member Representatives are the communication conduit between HMSC and the Member organization. Member Representatives should have a role in their organization that provides them the visibility and reach to ensure their organization can accomplish the Member responsibilities. Member Representative cannot miss more than two meetings in a fiscal year or three consecutive meetings.

In addition, Member Representatives:

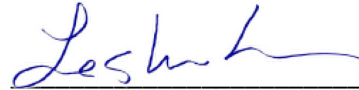
- Educate their organization on CHNA findings
- Seek champions within their organization for CHIP priority areas
- Maintain visibility into their organizations' initiatives that are included in the CHIP, if any.

## Appendix D: Charter Approved

This Charter (revision date November 4, 2024) replaces the prior Healthy Montgomery Steering Committee Charter (dated March 13, 2014). This Charter was developed by a Charter/Governance Work Group, made up of HMSC member representatives. The Charter was reviewed in draft with the HMSC in September and November 2024, with member representative input integrated. Below the HMSC Co-Chairs confirm that this HMSC received a positive vote by two-thirds of Members.

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Kisha N. Davis, MD, MPH, FAAFP  
Co-Chair HMSC  
Health Officer  
Department of Health and Human Services



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Leslie Graham  
Co-Chair HMSC  
President & CEO  
Primary Care Coalition