**Healthy Montgomery Steering Committee Meeting**

**Meeting Conducted at Kaplan University Learning Center**

**1390 Piccard Drive Rockville, MD 20850**

**Monday, September 12, 2016 ■ 6:00PM-8:00PM**

**Members and Alternates Present:** Uma Ahluwalia, Ron Bialek, Dr. Jonathan Brice, Dr. Raymond Crowel, Delegate Bonnie Cullison, Jackie DeCarlo, Tanya Edelin, Dr. Carol Garvey, Leslie Graham, George Leventhal, Amy Lindsey, Dairy Marroquin, Kimberley McBride, Kathy McCallum, Beatrice Miller (on phone), Rachel Newhouse, Samuel Oji, Dr. C$\acute{e}$sar Palacios, Monique Sanfuentes, Dr. Michael Stoto, Dr. Ulder Tillman

**Healthy Montgomery Staff:** Dourakine Rosarion, Hira Chowdhary, Karen Thompkins

**IPHI Staff:** Lisa Curtis, Michael Rhein

**Guests**: Linda Ashburn, Betty Lam, Kate McGrail, Perry Chan, Denise Mornini

**Meeting materials made available online or provided at the meeting:**

* September 2016 Agenda
* HMSC June Meeting Minutes for Approval

| **Topic/Presenter** | **Key Points** | **Action Item(s)** | **Responsible** **Person** |
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| **Welcome and Introductions** *Co-Chairs Councilmember G. Leventhal and J. DeCarlo*  | The meeting was called to order at 6:05 by Co-Chair George Leventhal. Councilmember Leventhal welcomed all members and asked all members and guests to introduce themselves.  |  |  |
| **Welcoming of New HMSC Members and Healthy Montgomery Staff***Co-Chairs Councilmember G. Leventhal and J. DeCarlo*  | Councilmember Leventhal introduced and welcomed Ms. Jackie DeCarlo, new HMSC co-chair and Executive Director of Manna Food Center. Councilmember Leventhal asked for all new members not present to be introduced. Ms. Uma Ahluwalia introduced Ms. Raquel Samson (Amerigroup), and Mr. Ron Bialek on behalf of Ms. Michelle Hawkins [Commission on Health (COH)]. She introduced the two new HM Staff members: Ms. Hira Chowdhary (DHHS), Ms. Lisa Curtis (IPHI).  |  |  |
| **Approval of Minutes***Co-Chairs Councilmember G. Leventhal and J. DeCarlo*  | Motion to approve the June 2, 2016 minutes voiced by Ms. Amy Lindsey and seconded by Dr. C$\acute{e}$sar Palacios. There were no comments or questions. Minutes were approved. | **Approved minutes to be uploaded to the website**  | **HM Staff**  |
| **Health in All Policies – Overview and Montgomery County Case Studies,** *Michael Rhein (IPHI), and Lisa Curtis (IPHI)* | Councilmember Leventhal commenced this portion of the meeting with a reminder that HiAP was selected as the top priority during the recent priority setting retreat. Ms. Curtis led a high-level review of the HiAP webinar for the HMSC. She focused on the key aspects of HiAP and formalized HiAP structures, processes, and approaches (i.e Health Equity Tool, etc.). Mr. Rhein guided the group through several case studies as examples of community health issues that could be advanced with the application of HiAP. Mr. Michael Rhein asked the group for their reaction to HiAP being the primary priority area selected during the priority setting retreat. Members shared feedback on how they felt HiAP was a great opportunity to align activities for better coordination within Montgomery County. Members also shared that HiAP may not solve all of the issues within the County. Councilmember Leventhal stressed the importance of engaging non-governmental agencies and using language that does not exclude non-governmental groups that may not typically participate in such public/private collaborative efforts. Mr. Rhein clarified that HiAP is focused on intergovernmental policymaking and that the HMSC can expand HiAP to involve decision making in all sectors, governmental and non-governmental.The group discussed whether HiAP is different from what HM members have already commenced. Mr. Rhein shared that HiAP is a way to move towards implementation and that HM is an informal way to carry out HiAP within the County, leading to collective impact.Additionally, Dr. Tillman shared comments regarding HiAP’s sustainability. Mr. Rhein agreed on the importance of sustainability and commented that systems change is what ultimately leads to policy change. The group participated in the review of the HiAP case studies (Topics: Senior Housing Project, School District Overcrowding) and offered their comments. There was group discussion about each of the case studies. HiAP Case Study #1: Senior Housing ProjectHiAP Case Study #2: Overcrowding in school districtThe group was asked to rank their confidence in HiAP concepts. Del. Cullison commented that HiAP implementation will be difficult, indicating that mandated actions do not typically work well. Mr. Rhein shared that it is important to better understand what HiAP means in relation to the HMSC’s objectives and using HiAP as a way to operationalize how the HMSC will make decisions as a group moving forward. Ms. Ahluwalia encouraged the HMSC to use HiAP to build upon existing efforts. The suggestion that HM document changes that have occurred in the County (relationships and processes) as the HMSC proceeds with the implementation of HiAP, to show how these new processes have led to changes in decision making. Dr. Tillman echoed Ms. Ahluwalia’s comments and recommended that the HMSC revisit the policies related to strategies the HMSC has selected [during priority setting] and look at collective impact within those examples. Mr. Rhein asked anyone with more interest in continuing the conversation around HiAP and any further discussion to please indicate so (not as a workgroup but for a follow-up discussion.)The group did not indicate that one was desired.Ms. McBride requested examples of timelines used in other places to better understand how HiAP has been implemented to help visualize the ongoing process.  | **Will be revisited during October HMSC session.****Will be revisited during October HMSC session.** | **IPHI/HM Staff****IPHI/HM Staff** |
| **Behavioral Health Action Planning – Update**, *Dr. Raymond Crowel (DHHS)* | Dr. Raymond Crowel provided an update regarding Behavioral Health efforts within the County. He reviewed the recent work of the Behavioral Health Task Force (BHTF) including the BHTF Report that summarized BH services in the County. The BHTF Report mostly covered work that was heavily focused on the treatment needs of adults. Dr. Crowel expressed confidence in the upcoming strategic alignment, and shared that there has been a continuous evolution of BH across the state and country, highlighting Maryland’s movement towards integrating mental health and substance abuse services. To deepen the work, the BHTF is continuing to look at what their action priorities are, what is needed, and what currently exists in the next 30 days. The upcoming focus will be across the life-span - children, adults, and seniors. BH efforts need to address the following three areas prevention, treatment and recovery. The goal of the alignment effort is to develop a recommendations/action items akin to those set forth by the BHTF. The issue of how to prioritize remains.Dr. Crowel commented on the continuing pieces that play a role in the work of the BHTF including *info*Montgomery, targeted case management, and Nexus Montgomery (Nexus Montgomery will be a way to collaborate between the hospital and the community – it focuses on many issues that are of focus in the BHTF). Mr. Bialek asked about metrics that would allow the HMSC to see the impact of the continuing activities that have been occurring from last year’s activities. Dr. Crowel commented on *info*Montgomery being a tool that would allow for this kind of tracking as a process metric for targeted case management. Ms. Leslie Graham added that a current measurement aim is to look at hospital utilization of emergency departments by those with mental illness diagnoses through Nexus Montgomery to see if the recommendations being implemented are having an impact on total cost of hospital care over time.  |  |  |
| **Eat Well Be Active (EWBA) and Transforming Communities Initiative (TCI) – Update**, *Michael Rhein (IPHI)* | Ms. Tanya Edelin, Ms. Linda Ashburn and Mr. Rhein briefly updated the group on EWBA and TCI activities. Mr. Rhein provided an update on TCI’s work towards evaluating across all sites to ensure that the work being done is valuable. They are to be matched to a technical evaluator. In the interim, the group is moving forward in partnership with EWBA. TCI funding provides opportunities for EWBA (EWBA serving as an advisory body). He discussed current plans to introduce a part-time wellness coordinator through the TCI grant, and school wellness councils to work in partnership with Montgomery County Public Schools. IPHI will assist with developing the councils, their scope of work and sustainability.Ms. Ashburn shared positive outcomes in relation to recent efforts regarding physical activity as a vital sign within electronic health records (EHR) (for adults and kids). The questions have been added to the EHR. They want to offer health care providers more than just BMI (Body Mass Index) to start the conversation with patients regarding physical activity and health. EWBA will see if other clinics are interested in this model.Ms. Edelin shared that Kaiser Permanente is in support of the EWBA efforts as well as other workforce development programs that support economic development. She commented that TCI systems change is happening and that the HMSC move forward with the HiAP initiative in relation to existing efforts within EWBA. Mr. Rhein agreed and recommended that the group look into all areas in the County that we want to affect and through HM determine how to address the issues.  | **Will be discussed during future HM sessions.**  | **IPHI/HM staff** |
| **Rapid Action Planning Next Steps – Action Item**, *Uma Ahluwalia (DHHS)* | Ms. Ahluwalia reviewed the priority areas decided on at the retreat (HiAP, BH, and the Chronic Disease Cluster) and reviewed the idea of having Executive Sponsors from the HMSC in the workgroups focused on these areas. Executive Sponsors would act as agents of the HMSC within the workgroups.Ms. Ahluwalia asked the group to offer nominations for Executive Sponsorship in these separate priority areas. The group proceeded to discuss nominations. Ms. Ahluwalia provided clarification on Rapid Action Planning (RAP) and described the two-day planning process to do utilized moving forward. Members were asked to submit their final nominations to the HM staff by September 19th for the Rapid Action Planning groups.[List generated during the HMSC meeting] **1. Executive Sponsorship:** Behavioral Health: Kathy McCallum (MHA), Dr. Raymond Crowel (DHHS), Dr. Jonathan Brice (MCPS)Chronic Disease Cluster: Dr. Ulder Tillman (DHHS), Tanya Edelin (KP)Health in All Policies: COH Representative (Ron Bialek to discuss with COH members), Amy Lindsey (MCDP) **2. HMSC participation on the upcoming Rapid Action Planning efforts:**Behavioral Health: Dr. Joanne Roberts (MC Recreation) (Dr. Roberts was nominated in absentia) Chronic Disease Cluster: Kimberley McBride (Holy Cross), Leslie Graham (PCC), Dairy Marroquin (MedStar Montgomery), Representative from MC Planning Department and Montgomery ParksHealth in All Policies: Samuel Oji (MCDOT)  **3. AND, Individuals external to the HMSC for participation on the upcoming Rapid Action Panning teams:**Behavioral Health: to be determinedChronic Disease Cluster: to be determinedHealth in All Policies: Representative from Latino Health Initiative | **HMSC members to submit their final nominations to HM staff by Sept 19th.**  | **HM Staff** |
| **2016 Community Health Needs Assessment – Update,** *Dr. Ulder Tillman (DHHS)* | Dr. Tillman provided a brief update regarding the ongoing CHNA efforts within the County. The current focus is to provide consumer friendly documents to support the dissemination of the CHNA to a wider audience. There was a brief discussion regarding the use of “CHNA” as the leading title of the public facing documents (Communicate Health has recommended using CHNA as a sub-title in order to attract a wider audience by using a different title, i.e., “Community Progress Report”).These efforts are currently being undertaken by Communicate Health:* a CHNA summary document
* a brochure
* and PowerPoint templates

 A CHNA feedback form will also be uploaded to the website. The HMSC discussed engaging people on the HM website, and asked the HM staff how people would be attracted to the web-based materials. Del. Cullison recommended asking legislators to distribute information about the CHNA via their robust e-mail distribution lists that they utilize for periodic updates. Ms. Ahluwalia agreed to connect with the Montgomery County delegation to do so. Ms. Monique Sanfuentes introduced the idea of using a short three-minute video summary to engage audiences online. Ms. Ashburn will share the recently completed video from the Ending Obesity Conference created by students with HM. Dr. Tillman reminded the group that we must also consider individuals with disabilities when discussing how HM will disseminate the CHNA report findings. | **Follow up on HMSC recommendations to disseminate CHNA.****HM Staff to follow up on recommendations.****Follow up on HMSC recommendations to disseminate CHNA.** | **HM Staff****HM Staff** **HM Staff** |
| **Open Discussion** | Councilmember Leventhal led the open discussion with a short overview of issues regarding care coordination for rape victims in Montgomery County. Currently victims obtain forensic testing at the Shady Grove Medical Center. Further discussion with the hospitals will be led by Ms. Ahluwalia. This topic may be revisited during future HMSC sessions.Ms. Graham provided an update on Nexus Montgomery’s mobile treatment team, the opening of the third crisis house, and the care coordination program (WISH – Wellness and Independence for Seniors at Home). Ms. McBride provided an update on the Hospital Workgroup’s focus on keeping the CHNA a fresh, living document. The group is currently working on evaluation metrics, and re-evaluating blood pressure screenings at health fairs. The Workgroup has identified common metrics in relation to senior exercise programs and will start tracking these elements. The Workgroup’s upcoming meeting in September will focus on diabetes programs in the County. |  |  |
| **Wrap-Up/Adjourn** | Meeting was adjourned by Councilmember Leventhal. |  |  |