

Montgomery Cares Advisory Board

December 8, 2021 Meeting Notes

MCAB Members Present: Kathy Deerkoski, Julia Doherty, Sarah Galbraith-Emami, Sharron Holquin, Lynda Honberg, Yuchi Huang, Ashok Kapur, Peter Lowet, Diana Saladini, Dr. Langston Smith, Wayne Swann

MCAB Members Absent: Betsy Ballard,

DHHS Staff: Magda Brown, Tara Clemons, Ronda Jackson, Robert Morrow, Dr. Christopher Rogers, Rebecca Smith

County Council Staff: Linda McMillan

Primary Care Coalition: Sarah Frazell, Marisol Ortiz, Aisha Robinson, Hillery Tsumba

Guests: Helaine Resnick, Crystal Townsend (HIF)

Wayne Swann, called the meeting to order at 4:12 pm. Meeting held via video/teleconference during COVID-19 pandemic.

Item		Action Follow-up	Person Assigned	Due Date
1.	Approval of Minutes – October 27, 2021 <i>Moved by Julia Doherty</i> <i>Seconded by Yuchi Huang</i> Minutes approved unanimously			
2.	Montgomery Cares Advisory Board Chair Report Wayne highlighted the agenda			
3.	Health Care for the Uninsured Report -- COVID-19 Updates See Report <u>COVID-19 Updates</u> <ul style="list-style-type: none">Dr. Rogers noted that the Covid-19 data is somewhat behind due to the Network Security Incident that the Maryland Department of Health was a target off on Sunday, December 5th. He noted that their servers remain offline out of abundance of caution and the County is working to get updated dataThe case rate per 100k residents for the last 7-days in Montgomery County is 98.51 and the test positivity rate is 2.7%. Dr. Rogers noted that the County is seeing an uptick in the number of cases			

	<ul style="list-style-type: none"> ▪ The County continues to monitor the Omicron variant and as of today, there were 3 Omicron cases identified in Baltimore and none have been identified in Montgomery County. The Health Department has asked the State to increase sequencing of the Omicron variant in the samples in Montgomery County ▪ The County has started receiving Abbott BinaxNOW™ Covid-19 rapid test from MDH and the County orders with Abbott. These tests are being distributed to community partners. Dr. Rogers noted that Mary Center, Proyecto Salud, Kaseman Clinic, as well as CCHCC are participating in the rapid test-kit allocation ▪ The current flu vaccination percentage is 19% in Montgomery County vs. 16% in the State ▪ Dr. Rogers noted that the Data shows that only about 8% of the cases over the past 7-days can be associated with cases identified through the school, the rest of the cases are being identified through community spread ▪ The County continues to monitor vaccination gaps by geographical areas and race/ethnicity with focus on East County as well as Up County <p>COVID-19 Data</p> <ul style="list-style-type: none"> ▪ the number of cases per 100k residents in the past 7-days compared to a year ago are down 57% (206.15 per 100k a year ago 89.47 per 100k now) ▪ 7-day average test positivity rate is down 56% compared to the same time last year. 7-day average of deaths per day is down 88% compared to the same time last year ▪ The number of cases per 100K residents in the past 7 days are up 76% ▪ The percentage of hospital inpatient and beds in the community that are occupied with patients with Covid-19 is up 49% mainly because inpatient bed capacity has expanded across all hospitals ▪ About 34% or 35,000 of the 5–11-year-old children in Montgomery County have received the first dose of Covid-19 vaccine. 93% of the Montgomery County population has received at least one dose. 80% of all County residents have received both doses <p><u>Discussion</u></p> <ul style="list-style-type: none"> ▪ Ashok Kapur asked what percentage of the Covid-19 tests are analyzed for variants within the County and within the State. He also wanted to know if the 3 people identified in Baltimore with the Omicron variant were vaccinated or unvaccinated. Dr. Rogers explained that he does not know the percentages but will attempt to obtain the data ▪ Peter questioned if HHS has reading materials about the best use for the test-kits. The department has been communicating guidance such as increase exposure, risk due to occupational living setting, unvaccinated status, or areas of lower vaccination rates. Dr. Rogers will verify if that information is available in a flyer and will have the team send it over to him if available ▪ Lynda asked if any of the home-test were being given to the schools. Dr. Rogers explained that schools are currently not on the list of recipients, however, he will take the recommendation back to the team ▪ Lynda wanted to know if County employees were required to be vaccinated. She noted her experience at a County Recreation Pool where staff were not wearing masks. Dr. Rogers explained that employees who have not submitted proof of full vaccination are required to get weekly testing. He also mentioned that currently there is an indoor mask mandate in the County and County facilities, and it would depend on when she visited the facility if the mandate was lifted or not. 			
--	---	--	--	--

	<ul style="list-style-type: none"> Yuchi questioned if data was available regarding infection rates in the schools compared to that of the public. Dr. Rogers noted that HHS has been reporting on overall County vaccination as well as pediatrics. Dr. Rogers suggested Yuchi visited the MCPS Covid-19 vaccination dashboard on their website <p><u>Policy Updates</u></p> <p>Montgomery Cares</p> <ul style="list-style-type: none"> The Montgomery Cares eligibility extension policy will continue through 06/29/22. For example, if a patient's eligibility end date is 11/28/21, their new eligible end date is 5/28/22. DHHS will finalize the eligibility process by the end of the year. Individuals eligible for a QHP continue to be eligible as they have an end date of 6/30/22. <p>County Council</p> <ul style="list-style-type: none"> Councilmember Gabe Albornoz was elected president of the Montgomery County Council on Tuesday and Council Member Evan Glass was elected vice president. Both votes were unanimous <ul style="list-style-type: none"> Next year's primary elections for County Executive and County Council seats increase from 9 to 11 members The final reading of the continuation of MCAB took place on December 7th at the County Council session <p>Rental Assistance Program</p> <ul style="list-style-type: none"> Montgomery County's Emergency Rental Assistance program's (ERA) COVID Rent Relief application portal will close at 5 p.m. on Friday, Dec. 31. Applications submitted before the deadline will be reviewed and processed, but no additional applications will be received after that time. An additional round of rent-relief funding, with an updated application process and eligibility criteria will be announced in early 2022. <ul style="list-style-type: none"> https://www.montgomerycountymd.gov/HHS-Program/SNHS/rent-relief.html <p><u>Programmatic Updates</u></p> <p>Montgomery Cares</p> <ul style="list-style-type: none"> Montgomery Cares served 9,663 patients through October 2021 with a total of 15,437 patient visits (in-patient and telehealth) at the ten participating clinics. A 17% reduction in patients and 31% reduction in encounters compared to the same time last year Oct 2021 - The split of encounters was 90% in-patient and 10% telehealth. <p>Care for Kids</p> <ul style="list-style-type: none"> Most current data was presented at the November meeting. Updated data will be made available at the January 2022 meeting Program enrollment through October 2021 is 6,030 which is a 4% increase over the same time last year (5,804). Numbers for <u>new patients</u> are significantly up compared to the same time last year 420% (FY21 – 116, FY22 - 603). Newcomer's project: From January to September, 724 children that came via ORR were enrolled in Care for Kids. The highest percentage in the 6-12 age group (44%), 25% were 13-19 years old, 24% 3-5 years old, and 7% aged 2 and under. 			
--	---	--	--	--

	<p>Maternity Partnership</p> <ul style="list-style-type: none"> Most current date was presented at the November meeting. Updated data will be made available at the January 2022 meeting <p>County Dental</p> <ul style="list-style-type: none"> For the month of October there were 897 encounters and 867 for the month of November. Children are the highest population served but Dr. Boyce is working on increasing efforts to access adult dental care <p>Health Care for the Homeless</p> <ul style="list-style-type: none"> Tara mentioned that for the Month of October there were 7 patients but a total of 74 encounters which speaks to the complexity of the type of patients being seen Medical Respite – January 3, 2022, will be the opening date. Currently we have been receiving medical supplies, installing security and setting up policies and procedures. We have started our education modules to help hospitals and other possible referring facilities understand the referral process and the difference in medical respite beds and shelter medical beds. The County is scheduled to open a new 200 bed - Men Emergency Shelter in January 2022 to include increased number of medical beds, enhanced primary care, behavioral health care and other housing resources. Behavioral Health Psychiatric Services –Behavioral Health expanded within the SEPH Continuum of Care. Currently Dr. B provides up to 3 days a week of onsite psychiatric services for any shelter guest requesting services, transitioning out of the hospital and complex cases that are unable to be served in the traditional community psychiatric environment. This service is also available to assist with inappropriate psychiatric discharges. <p><u>Discussion</u></p> <ul style="list-style-type: none"> DHHS is working with the Afghan medically fragile parolees that are staying at a Bethesda hotel. He noted that the MPP has been involved along with the Montgomery Cares providers. Becky explained that Maryland has become the location where the medically fragile parolees/evacuees are temporarily placed. She mentioned the hotel is well staffed with Nurses, Doctors, and Social Workers to meet their needs. The definition of medically fragile is so vast it could mean almost anything. She noted the whole family goes with the member that is medically fragile. High risk pregnancy and in this situation sometimes just pregnancy has counted as medically fragile Ashok Kapur questioned if children with the Newcomers project are enrolled in MCPS and if the funding for their health needs came from the County or the Federal Government. Tara explained that most of these children do not have a legal status and are they enrolled in Care for Kids which is County funded. MCPS (Rocking Horse) has become a main point of entry with parents/guardians signing up children for school. Linda M. noted that the County has had 1,230 unaccompanied minors placed with sponsors through the office of refugee resettlement between January and September 2021. The high-volume of new children released to the County is expected to continue the next several months 			
--	--	--	--	--

	<ul style="list-style-type: none"> ▪ Lynda asked if there was a component built in to conduct an analysis to show that the Medical Respite is a cost savings program. Diana explained that since Nexus Montgomery was the funding source, there will be data tracking the return on the investment ▪ Wayne added that the Medical Respite program provides clinical social workers involved in discharge planning from the hospitals. Those positions are key to identifying the most appropriate level of care that a patient can be discharged to. 			
4.	<p>Dental Committee – Update</p> <p style="text-align: right;">Dr. Langston Smith</p> <ul style="list-style-type: none"> ▪ Dr. Smith informed the board that the committee had met December 7th. with the DHHS team. He noted that there were 5 major points discussed: (no action required) <ul style="list-style-type: none"> ○ Update on the Community Needs Health Assessment (CHNA) ○ Infrastructure needs of County dental ○ Unmet clinical needs ○ Requirement for FY23 advocacy priorities ○ Update on sealant program ▪ Dr. Smith reminded the board about new sealant program advocated for last year. The program is delayed starting due but per Dr. Boyce, DHHS and MCPS are working on it. ▪ Regarding the CHNA, Dr. Smith noted that DHHS is currently reviewing the data and will provide an analysis. A preview of the finding may be available in January 2022 ▪ The infrastructure needs discussion was focused on staffing/personnel. Dr. Boyce reported that in terms of staffing, Covid-19 has been very challenging, and they have not been able to maintain sufficient staffing because of concerns of infection. He noted that this has cause challenges in terms of access to care ▪ Dr. Smith noted a network of dental providers, and a collaborative network is needed. As a committee, they will assist to develop the concept and work toward a plan. Dr Smith mentioned the data from the CHNA will be vital to begin discussions. Potential partners were discussed such as dental schools, community clinics in the area including private and retired practitioners ▪ Dr. Smith mentioned that the meeting was finalized with the advocacy priorities for FY23. He noted that the three main points were: <ul style="list-style-type: none"> ○ Infrastructure needs, unmet medical needs and continuing the effort for a collaborative network <p><u>Discussion</u></p> <ul style="list-style-type: none"> ▪ Wayne agreed that the largest unmet need is with the adult care and senior population. Dr. Smith explained that much of the care this group needs is not something the County can provide because it requires specialty care. that is why creating a collaborative network is so important 			
5.	<p>Board Development: Follow-Up</p> <p style="text-align: right;">Sarah Galbraith-Emami</p> <p>Sarah reminded board members that that the board development sub-committee had met and identified several areas in which the board may be able to make improvements. The areas identified were:</p> <ol style="list-style-type: none"> 1) Clarity of rules 2) Recruitment practices 			

	<p>3) Orientation/Training 4) Committee structure</p> <p>The committee structure is the largest area to change. Because there are new members joining soon, it would be a good to focus on the first three first three areas. Sarah suggested looking at recruitment practices, interview committee, and the kind of orientation or training provided. It would be a good time to get some uniformity</p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> ▪ Lynda asked for feedback from the newer members regarding their experience and how the board could help speed up the process of understanding the board's role <ul style="list-style-type: none"> ○ Sarah expressed that she has struggled some because of the role she is serving. She noted that it was difficult to get an understanding of the programs. One of the ideas by other committee members was the buddy system (pairing with mentors). She noted that she could participate more effectively if she understood the programs better ▪ Ashok commented that he would have liked to have an orientation as it would have helped him to better understand the programs. Tara clarified that all orientation materials had been sent electronically and that a meeting had taken place, however, she recognized the challenge presented by the orientation having to be done virtually because of the Covid-19 pandemic. Ashok stated that he would like to have a one-on-one/classroom like setting to go over the material to better absorb it ▪ Kathy mentioned that members are presented with a lot of information during the meetings but there is no clear understanding as to the board's role. She questioned the board's role regarding the Covid-19 update presentations as an example ▪ In response to Kathy's concerns, Wayne explained that some of the information is provided to educate the board members and to use that information in developing the advocacy requests. He noted the board's role is to assess the information received, use the member's expertise, and make recommendations and suggestions primarily to the Council, the CE and DHHS. Wayne also suggested to carve out time during each meeting dedicated to orientation/board development ▪ Sarah requested to continue this discussion at the January meeting. She also mentioned that there is a need for a "birds-eye" overview of what the board is doing and why. Wayne agreed to adding board development to the January meeting ▪ Julia had questions about the board's membership and felt that the members should discuss which position applicants would be better suited for. Tara explained that the process is confidential and not up for member discussion. She noted that that the final decision is with County Council ▪ Wayne reminded board members that the focus of the discussion should be board development not board selection as the process for that is already defined ▪ Dr. Rogers wanted to clarify that for the Commission on Health, the Co-Chairs are not part of the nominating committee, nor do they know who has applied. He noted that this is a policy across all the BCCs (Boards, Committees, and Commissions) ▪ Linda McMillan clarified that the nomination process is for a wide variety of Boards, Committees and Commissions and sometimes the people applying do not want others to know that they have applied if they are not selected. She noted that it is up to the County Executive to nominate applicants and there is a general privacy rule 			
--	--	--	--	--

	<p>until the County Executive transmits the names over to the Council. Linda offered to do some follow-up and provide information from the County Code. Linda agreed with Tara's comment and noted that if someone wants to proactively share with the board that they've applied, that would be a different situation, however, she noted that some people's preference is for this information not to become public until they know if they have been selected or not</p> <ul style="list-style-type: none"> ▪ Kathy noted that she had no knowledge that she was in the nominating committee and noted that she would be happy to help, but felt that it was a big role for someone who is new 			
6.	<p>FY23 Advocacy Priorities – Committee Report Out Wayne Swann</p> <p>Wayne informed the board that the TROIKA continues to meet to discuss the potential priorities. Wayne clarified for the newer members that the TROIKA is three organizations: The Health Care Leadership Council (HCLC), Montgomery Cares Advisory Board (MCAB), and The Primary Care Coalition (PCC). He explained that the three partners work together on a regular basis to discuss issues of need and create advocacy requests to County Council and County Executive.</p> <p>Wayne asked the committee chairs to have a written request for advocacy ready for the January meeting</p>			
7.	<p>January 2022 Planning Mtg and Next Steps Wayne Swann</p> <p>The January meeting will include:</p> <ul style="list-style-type: none"> • Board development • Policy priorities <p>The next meeting will be held TBA</p>			
8.	<p>Meeting Adjourned at 6:16 pm</p> <p><i>Motion to adjourn: Langston Smith</i> <i>Seconded: Diana Saladini</i> <i>Unanimously approved</i></p>			

Respectfully submitted,

Tara O. Clemons
Montgomery Cares Advisory Board