

Montgomery Cares Advisory Board

February 23, 2022 Meeting Notes

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

MCAB Members Absent: Betsy Ballard, Ashok Kapur, Diana Saladini,

DHHS Staff: Magda Brown, Tara Clemons, Sean Gibson, Yvonne Iscandri, Ronda Jackson, LaSonya, Kelly, Robert Morrow, Dr. Christopher Rogers, Rebecca Smith

Primary Care Coalition: Rose Botchway, Sarah Frazell, Yvette Hammond, Marisol Ortiz, Aisha Robinson, Hillery Tumba

Guests: Jessica Fuchs (HIF)

Wayne Swann, called the meeting to order at 4:07 pm. Meeting held via video/teleconference during COVID-19 pandemic.

Item		Action Follow-up	Person Assigned	Due Date
1.	Approval of Minutes – November 18 and December 8, 2021 Minute's approval moved to the February meeting			
2.	Montgomery Cares Advisory Board Chair Report <ul style="list-style-type: none"> Wayne welcomed members and highlighted the agenda He pointed out that the Covid-19 report that has been given at all past meetings is not on the agenda for tonight, which indicates that things are improving. 			
3.	Health Care for the Uninsured Report See Report <u>County Related Updates</u> Council's Virtual Town Hall Meeting on Mental Health on Tuesday, March 1st from 7 – 9pm. <ul style="list-style-type: none"> Join the County Council for a virtual town hall to learn about mental health resources in our community and provide your views and suggestions Interviews for MCAB members will occur in two weeks There are 2 eligible incumbents and 5 new applicants. Goal is to have all members confirmed by Council by the March 2022 meeting The County Executive's FY23 Recommend Budget will be released Tuesday, March 15th. DHHS will share any changes to the Healthcare for the Uninsured programs at March's meeting. 			

<p><u>Programmatic Updates</u></p> <p>Montgomery Cares</p> <ul style="list-style-type: none"> ▪ Montgomery Cares served 14,392 patients through January 2022 with a total of 27,486 patient visits (in-patient and telehealth) at the ten participating clinics. A 1.5% increase in patients and -10% reduction in encounters compared to the same time last year ▪ Projections place year-end totals at approximately 42,605 encounters. ▪ July – Jan 2022: The split of encounters was 65% in-patient and 35% telehealth. <p>Care for Kids</p> <ul style="list-style-type: none"> ▪ Program enrollment through Jan 2022 is 6,670 which is a 12% increase over the same time last year (5,935). ▪ Numbers for <u>new patients</u> are significantly up compared to the same time last year 419% (FY21 – 231, FY22 - 1,200). ▪ The program anticipates that enrollment by June 2022 will show between 7,000-7,200 children which will be a record number for the program. ▪ Newcomers project: Busy month for the MCPS International Admissions and Enrollment office, 300 new enrollments for January. Since July 2021, 2,813 newcomers have been enrolled in school. ▪ CFK staff has begun prioritizing referring Newcomers patients to the Care and Connections. The program provides service to Montgomery County youth (ages 6 to 18) that uses a whole-family approach to recovery after a child experiences a mental health crisis. ▪ Care and Connections: provide short-term, intensive in-home mental health services as well as connection to longer term services to ensure ongoing care and stabilization. Parents and caregivers work together with their youth, a therapist, and an in-home stabilizer to construct a plan for resilience and recovery. <p>Maternity Partnership</p> <ul style="list-style-type: none"> ▪ Program enrollment through Jan 2022 is 971 which is a 32% increase over the same time last year (735). Projected utilization for the FY is 1,520 women (86 more women served than last year) ▪ The Health Centers staff have resumed in person prenatal classes. We had pulled staff back to virtual classes during the Omicron surge but are happy to be back in-person. <p>County Dental</p> <ul style="list-style-type: none"> ▪ County Dental served 2,932 patients through Jan 2021 with a total of 6,048 patient visits. An 79% increase in patients and 157% increase in the number of visits compared to the same time last year ▪ As of Jan 2022 (6,048 visits), the program has exceeded the number of patients visits in comparison to all FY21 (5,996 visits) <p>Health Care for the Homeless</p> <ul style="list-style-type: none"> ▪ Medical Respite – Opened on January 3, 2022. We have had about 4 clients with more to come latter part of this week. A slow but steady start. The pace has allowed for us to learn from each admission and make changes as needed 			
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	<ul style="list-style-type: none"> HCHP has seen an increase in uninsured clients experiencing significant medical and psychiatric emergencies, chronic and long-term illnesses and a need for long term specialty services care. New Men's 200 bed shelter will open officially between March 9 – 11, 2022 to include increased number of medical beds, enhanced primary care and behavioral health care and other housing resources. <p><u>Discussion</u></p> <ul style="list-style-type: none"> Lynda questioned if data was available regarding in-person vs. telehealth visits and how the program's numbers compare to Community Health Centers. Tara explained that she was not aware of any data the program could use for comparison. Lynda noted that it would be interesting to see if the program's trends mirror what is happening in the Community Health Centers. Tara pointed out that the National Association of Community Health Centers might have data and she will follow up. Wayne mentioned that he has seen reports and the split is 50/50 and is decreasing. 			
4.	<p>Montgomery Cares 6-month report Aisha Robinson See presentation</p> <p><u>Montgomery Cares Q2 Performance</u></p> <p>The benchmark for the second quarter is 50%</p> <ul style="list-style-type: none"> Clinics have reached 37% of the FY2022 budgeted numbers of encounters, and 50% of the budgeted unduplicated patients. <p>Length of Time to Next Appointment for Patients</p> <ul style="list-style-type: none"> All clinics have capacity to see established patients within 7 days, with the exception of MCC (15 days). All clinics are accepting new patients. The average wait time for a new patient ranges from 1 day (CCACC and Holy Cross – Germantown) to 30 days (MCC). <p>Montgomery Cares Encounter Projection</p> <ul style="list-style-type: none"> The Montgomery Cares Program is budgeted for 72,000 encounters in FY2022. At the close of Q2, the projections (including January data) are showing approx. 42,605 encounters. <p>Montgomery Cares Utilization: Q2 Comparison</p> <ul style="list-style-type: none"> The unduplicated number of patients is consistent with the previous year Telehealth utilization has significantly increased compared to Q2 last year <p>Provider Services: VBC Empanelment Proposal Development</p> <ul style="list-style-type: none"> As part of DHHS's value-based care initiative, PCC worked with Dr. Rogers throughout Q2 to develop and refine a plan to empanel OESS-approved Montgomery Cares patients beginning in FY23. PCC proposes: 			

	<ul style="list-style-type: none"> ○ Receiving all application data (approvals, denials, and pending applications) from OESS ○ Hiring coordinators who will conduct administrative tasks, including empaneling patients to clinics of their choice and conducting outreach to help enrolled patients renew ● PCC will circulate the empanelment proposal to all clinics in early January, at least two weeks prior to the next VBC Workgroup meeting. ● DHHS and PCC will co-present the proposal during the January MCAB meeting. <p>Montgomery Cares Behavioral Health Program FY2022 Q2</p> <ul style="list-style-type: none"> ● Collaboration and Education: <ul style="list-style-type: none"> ○ Director has been meeting with behavioral health leadership at local hospitals to review services and scope of safety net behavioral health, as well as clarify the most efficient way for primary care and behavioral health providers to refer patients in crisis to the emergency room. ○ Director has joined the Healthcare Council's Behavioral Health Planning Committee and attended the first meeting at the end of October. ● Outreach and Presentations: <ul style="list-style-type: none"> ○ MCBHP team members staffed a table at a health fair at MCC ○ PCC hosted a session for PCC and partner clinic staff on the topic of elder abuse, led by ElderSafe ○ PCC hosted an educational/Q&A session for PCC and safety-net clinic staff with a staff member from the Covid Relief Rent Program at HHS ○ Director and care manager presented on compassion fatigue to Director of Volunteer Services at Maryland hospitals (MDHDVS) ○ Director presented on Compassion Fatigue and Burnout at Maryland Primary Care Program with the Maryland Department of Health, Covid update meeting ● Quality Assurance: <ul style="list-style-type: none"> ○ The behavioral health team at Holy Cross is continuing to work on transition to a new electronic health record (Epic). Supervisor and director completed a brief chart audit of each care manager at that site to streamline documentation. ● Quality Improvement: <ul style="list-style-type: none"> ○ The MCBHP continues to host leadership meetings for supervisors at all safety net clinics. The group shared that one of their biggest challenges right now is recruiting staff. The group also shares they have an interest in working more intentionally as a group on quality improvement/quality assurance related to behavioral health, so future meetings will be longer and involve data review. 			
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	<ul style="list-style-type: none"> Challenges: <ul style="list-style-type: none"> MCBHP shares challenges with the staffing shortages at some of the clinics (providers, nurses, front desk staff) which sometimes leads to some delays or challenges getting patients medication starts/refills. MCBHP and BH leadership at the other safety-net clinics share that they are encounter a high demand for behavioral health services and waitlists at many agencies. The MCBHP is fully staffed currently, but many other agencies/clinics are not. Patients are sharing fear and confusion about Omicron – worries about childcare, school status changes and how to access tests. <p>Project Access FY2022 Q2</p> <ul style="list-style-type: none"> Project Access (PA) received 777 referrals (50 more than FY21 Q1); representing 373 new unduplicated patients in the quarter. PA accommodated 77% of requested referrals. A total of 599 appointments were scheduled in FY22 Q2 (77 more than FY22 Q1). In November, PA added a new physical therapy facility with three locations My Eye Dr. expanded their discount to Montgomery Cares patients to include diabetic eye exams <p>Community Pharmacy Expenditures FY2022 YTD</p> <ul style="list-style-type: none"> Community Pharmacy half year spending has risen slightly for FY22 (40%) compared to FY21 (37%). CP spending continues to level off after falling in FY20-FY21 due to the decrease in clinic visits as a result of COVID-19. 			
5.	<p>FY23 Advocacy Priorities – Finalize -- Program Committees and Troika Updates</p> <p>Health Care for the Homeless</p> <ul style="list-style-type: none"> <u>Psychiatric Care – \$300,000</u> : LaSonya explained the program currently provides psychiatric care services for all of the program’s clients within the continuum on one time funding. She noted that they are seeking some level of funding to continue providing this service into next year. She also noted that services are provided by psychiatrist, and therapist, substance abuse counselor. LaSonya explained that they are working on developing a Medication Assistance Treatment (MAT) pilot due to increase substance abuse disorders and overdoses <u>Specialty Care (staff and services) – \$90,000</u>: Specialty care for clients who are uninsured in the shelter. Based on 75 – 100 patients and approximately 250 – 275 visits per year. The current contract does not include enough funding to support this <p>Yuchi wanted to know if there was a plan to open an additional shelter for women as they did for the men. LaSonya explained that there were no plans to build or expand</p> <p>Care for Kids Tara explained that the two items that need to be figured out for CFK are: Increase Provider Reimbursement and Increase Medical Services.</p>	Wayne Swann		

<ul style="list-style-type: none"> ▪ <u>Newcomers Project – Support</u> : – retain 2 CHW positions helping with enrollment at Rocking Horse (PCC/DHHS) ▪ <u>CFK Behavioral Health – TBD</u>: add or support sustainability of the CFK Behavioral Health pilot and funding ▪ <u>Senior Planning Specialist – \$125,000</u> - DHHS considers quality improvement as part of a strategic design for value-based care in Care for Kids. This position would help work toward the design and implementation of VBC in FY24. (Salary includes fringe and benefits) ▪ <u>Increase Medical Services – \$272,000</u>: Increase medical services to accommodate increase in program enrollment and update reimbursement rate to 100% Medicaid. (Troika) ▪ <u>Claims and Billing Coordinator 1.0 FTE – \$70,500</u> : Add position to help process increased # of claims – FY22 projected number of claims processed reflects 89% increase since FY19 ▪ <u>Quality Improvement: Staffing – \$145,000</u>: Establish a quality improvement program in CFK adding staff time for a Quality Improvement Manager (0.75) and Data Analyst (0.5) PCC) <i>(not supported by DHHS. DHHS would prefer looking at Quality Improvement for all the Health Care for the Uninsured programs)</i> <p>Maternity Partnership</p> <ul style="list-style-type: none"> ▪ <u>Lactation Specialist (Breast Feeding Peer Counselor) – \$82,192</u>: Becky mentioned that this request has been on the list for at least the past 2 years and highlighted the importance of having a specialist. She talked about how maternity mortality and morbidity has been spotlighted throughout the maternity child health community and noted that breastfeeding is one of the measures a woman can take to improve her chances of having poor health outcomes. ▪ The consultant is responsible for providing support and education to women using current evidence-based best practice related to lactation services. Hire pt. or as a consultant ▪ <u>Breastfeeding Support – \$19,800</u>: Breastfeeding supplies for the patients would increase the teaching opportunities and help encourage patient buy-in. Breast pumps and other supplies are available to postpartum women who receive Medicaid, but MPP women are uninsured and lack access to a no or low-cost breast pumps. ▪ <u>Safe Newborn Supplies – \$12,500</u>: The program distributes approximately 500 pack-n-play cribs each year. Distributing safe sleep wearable blankets (to encourage families to not put dangerous blankets in the crib) and safe sleep pacifiers (pacifiers have proven to be an effective tool to prevent Sudden or Unexplained Infant Death) is a helpful tool to support Safe Sleep Teaching. <p>Montgomery Cares – Julia Doherty/Diana Saladini</p> <p><u>Increased Reimbursement Rate – TBD</u></p> <ul style="list-style-type: none"> ▪ Julia explained that the committees discussions were centered around ensuring that reimbursement is improved and the need for financial support for improved infrastructure at the clinics. ▪ Julia added that with Value Based Care being a priority, additional infrastructure support would be needed to support all the different activities that need to happen, and it was the committees consensus that they need to be more assertive in getting the clinics reimbursed for a higher percentage of their cost. She explained that the MCares Committee’s Recommendation was to ask for \$7Mil to pay for Clinic services above the current budget of \$5.5Mil. She further explained that the increase will be intended to reimburse the clinics close to the FY23 Medicaid rates or enhanced FQHC 			
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	<p><u>Value Based Care Pilot – Empanelment – \$118,314</u></p> <ul style="list-style-type: none"> Support a phased in approach to the empanelment process and population management. 1.1 FTE PCC Enrollment Coordinators (\$68,314) and Budget for Interim and Final independent evaluation (\$50,000) <p><u>Cancer Access Program Pilot – \$150,000</u></p> <ul style="list-style-type: none"> <i>Pilot access to cancer care exploring funding sources, treatment (specialized oncology) and establishing partnerships with hospitals and other cancer providers</i> <p>County Dental</p> <ul style="list-style-type: none"> <u>Value Based Care Pilot – \$160,000</u> – Direct medical services (\$100,000) and Dental collaboration and consultant (\$60,000) 			
6.	<p>March 2022 Planning Mtg and Next Steps Diana Saladini</p> <p>The March meeting will include:</p> <ul style="list-style-type: none"> Review and approval of priorities Approve priorities document to submit to County Council for review <p>The next meeting will be held TBA</p>			
7.	<p>Meeting Adjourned at 6:10 pm</p> <p><i>Motion to adjourn: Langston Smith</i></p> <p><i>Seconded:</i></p> <p><i>The motion was not passed due to not meeting quorum</i></p>			

Respectfully submitted,

Tara O. Clemons
Montgomery Cares Advisory Board