

Montgomery Cares Advisory Board

January 26, 2022 Meeting Notes

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

MCAB Members Absent:

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

County Council Staff: Linda McMillan

Primary Care Coalition: Elizabeth Arend, Rose Botchway, Sarah Frazell, Leslie Graham, Marisol Ortiz, Aisha Robinson, Hillery Tsumba

Guests: Mark Foraker (Mercy Health Clinic), Jessica Fuchs (Healthcare Initiative Foundation)

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 – November 18, 2021 Minutes 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 agendaHe asked board members to consider changing both the time and day of the meeting. He noted that currently the meetings take place the 4th Wednesday of the month from 4:00 pm – 6:30 pm. His recommendation is to have it changed to the third Wednesday from 6:00 pm – 8:00 pm. He would like to do a poll and for all members to voteWayne noted that several committees are short staffed. He recommends for board members to select one committee to participate. A second committee can be chosen to maximize the number of people and to ensure coverage for all programsWayne reminded board members to email to him or Tara directly if there were any questions regarding the recruitment/nomination process <u>Discussion</u> <ul style="list-style-type: none">Regarding the time/date change, Julia suggested separating the questions as members may be able to change the time but not the day	Send doodle poll with suggested new time/date change	DHHS Staff	ASAP

3.	<p>Health Care for the Uninsured Report See Report</p> <p style="text-align: right;">Christopher Rogers/Tara Clemons</p> <p><u>MCAB Updates</u> MCAB Legislation/Charter:</p> <ul style="list-style-type: none"> ▪ Finalized on Dec 16th . Changes include the sunset date was eliminated, 17 to 19 members and expansion of mission ▪ Supporting statement on Racial Equity and Social Justice (RESJ) Impact Statement was included. The RESJ impact statement is intended to inform the legislative process rather than determine whether the Council should enact legislation <ul style="list-style-type: none"> ○ The Office of Legislative Oversight (OLO) anticipates that Expedited Bill 43-21 could positively impact racial equity and social justice as its extension of health care benefits for eligible low- and moderate-income participants would disproportionately benefit Latinx and foreign-born residents, and potentially Black residents in the County. Link to document: https://www.montgomerycountymd.gov/OLO/Resources/Files/resjis/2021/Bill43-21RESJ.pdf <p><u>County Related Updates</u> FY23 Montgomery County Community Grant Status</p> <ul style="list-style-type: none"> ▪ Similar to last year, there will be no application for programs with existing funding. ▪ Programs funded through the Community Grants for last fiscal year, will be considered for the same level of funding in FY23. This includes the Montgomery Cares providers who received community grants <p><u>Programmatic Updates</u> Montgomery Cares</p> <ul style="list-style-type: none"> ▪ Montgomery Cares served 12,885 patients through December 2021 with a total of 23,379 patient visits (in-patient and telehealth) at the ten participating clinics. A .4% reduction in patients and 12% reduction in encounters compared to the same time last year ▪ July - Dec 2021: The split of encounters was 86% in-patient and 14% telehealth. ▪ MCares 2nd Quarter Report available for review. It was sent to members <p>Care for Kids</p> <ul style="list-style-type: none"> ▪ Program enrollment through Dec 2021 is 6,419 which is a 9% increase over the same time last year (5,886). ▪ Numbers for <u>new patients</u> are significantly up compared to the same time last year 417% (FY21 – 186, FY22 - 961). ▪ Newcomers project: From January to November 2021, 1,623 children were released by ORR to sponsors in Montgomery County. From January to November 2021, CFK enrolled 1,299 new children <p>Maternity Partnership</p> <ul style="list-style-type: none"> ▪ Program enrollment through Dec 2021 is 847 which is a 39% increase over the same time last year (608). Projected utilization for the FY is 1,520 women (86 more women served than last year) 			
----	--	--	--	--

	<ul style="list-style-type: none"> ▪ We are anticipating a shortfall of \$50,000 this FY. This is based on increased enrollment in the program and the change in reimbursement rate from \$785 to \$900 ▪ Economically Priced Tubal Ligations, aka "Frugal Tubals" has restarted, many thanks to the FIMR/CAT leadership for championing this effort. Clients must be enrolled in MPP or MCares <p>County Dental</p> <ul style="list-style-type: none"> ▪ County Dental served 2,650 patients through Dec 2021 with a total of 5,293 patient visits. An 88% increase in patients and 188% increase in the number of visits compared to the same time last year ▪ The program is utilizing 19 operatories at the various county dental sites in the County. There are a few vacancies that we're eager to fill asap. Due to COVID-19, the program has had staff and providers out of the office. This has caused greater reliance on temp staff which is not always available and costly. <p><u>Discussion</u></p> <ul style="list-style-type: none"> ▪ Members questioned the information provided for CFK and the possible need for advocacy. Tara summarized the process and suggested having a CFK presentation at a future meeting to provide more detail 			
4.	<p>Services to End & Prevent Homelessness</p> <p style="text-align: right;">Amanda Harris/LaSonya Kelly</p> <p>Amanda Harris (Chief for Services to End and Prevent Homelessness) detailed the impact that COVID-19 has had on homelessness and noted the following:</p> <ul style="list-style-type: none"> ▪ People experiencing homelessness are at higher risk for infection, complications, and death from COVID-19 ▪ People who contract COVID-19 while homeless are twice as likely to be hospitalized. 2-4 times more likely to require critical care, and 2-3 times more likely to die from COVID-19 ▪ She also noted that the number of adults who experience homelessness continues to rise both at the local and national level ▪ Amanda provided an overview of the existing health conditions that affect the homeless population both at the national level as well as local. The percentage of people that were reporting or being assessed as having significant medical conditions, mental health or substance abuse issues, or cognitive deficits that are untreated or under treated has significantly decreased from FY21 to today. Mental health continues to be a very important aspect and 37% of single adults experiencing homelessness have untreated or under treated mental health challenges with 14% having a serious mental health illness that is not being treated or only receiving sporadic treatment ▪ The program has been able to make use of various federal resources to expand their housing options including the following: <ul style="list-style-type: none"> ○ Expansion of the rapid rehousing program ○ Use of the Coronavirus relief fund to create an "exit bonus" program where people are given \$5,000 to resolve their own homelessness ○ Subsidy only program where people are given a 6-month subsidy to exit homelessness ○ Montgomery County received 118 emergency housing vouchers which were awarded to HOC but were prioritized for people experiencing homelessness. This allowed for people who were in the permanent supportive housing program who no longer needed case management to graduate out of the program 			

	<ul style="list-style-type: none"> ▪ OMICRON had a very big impact on the homeless population. She noted that between April 2020 – November 2021 156 people tested positive and during the month of December 2021 alone, 158 people tested positive ▪ Amanda provided an overview of the testing and vaccination efforts and explained that the number of people willing to get vaccinated remains low. She noted that while low(40%), it is better than what it looked like at the beginning when only 10% were vaccinated ▪ The plans is to open the new shelter for men sometime in March. It will hold 200 beds and the progress place shelter will remain open year-round. Pre-pandemic, the program only had 140 beds for single adults that were year-round, during the winter months a total of 450 beds were made available 			
5.	<p>Value Based Care: Empanelment See presentation</p> <p style="text-align: right;">Dr. Christopher Rogers</p> <ul style="list-style-type: none"> ▪ Dr. Rogers presented on Phase 1 of value-based care(vbc) and noted that he had presented to the VBC workgroup the past week which included leadership from the Mcares clinics, council staff, representatives from PCC and MCAB. The presentation is a draft and mentioned that he had received several comments/questions/suggestions from HCLC. ▪ He reminded board members of the vbc phases and explained that it will be rolled out over a period of 4-5 years. The first phase is empanelment where MCares eligible patients will be assigned to a primary care medical home (a Montgomery Cares Clinic of their choice) ▪ Dr. Rogers’ presentation included an overview of the vbc program and its importance. He explained that empanelment was the first step to population health management and noted the goals the department would like to achieve with this model: <ul style="list-style-type: none"> ○ Increase access to care; Improve continuity of care and Implement care coordination ▪ Dr. Rogers summarized the 2019 Eligibility policy implementation and noted the challenges presented. ▪ DHHS will be moving to a “Community Connect Platform” that this will be a centralized platform where residents will be able to complete one application online for all programs offered by DHHS ▪ Dr. Rogers informed the board of the proposed application and empanelment process and highlighted the 4 main stakeholders involved in the empanelment process: <ul style="list-style-type: none"> ○ Community-based organizations; Clinics; OESS; PCC ▪ There is a possibility of having to delay phase 1 empanelment to allow OESS time to get the eligibility unit up and running ▪ Dr. Rogers provided an overview of the roles for each of the 4 main stakeholders regarding application assistance and eligibility determination process <p><u>Discussion</u></p> <ul style="list-style-type: none"> ▪ Julia thanked Dr. Rogers for his presentation and for capturing the concerns that MCAB had in 2019 with the eligibility policy implementation. She also wanted clarification of whether the clinics would be acting as CBOs and if anyone who wanted to be a CBO could be if certain standards were met. Dr. Rogers explained that training will be offered to all CBO and noted the clinics can continue to assist clients with completing the application. Hopefully the clinics would also have access to the “Community Health” platform, Dr. Rogers noted that he would need to check with OESS to confirm. As far as clinics being a CBO, its something that he needs to 			

	<p>discuss with the County attorney to determine if the clinics could be paid for application assistance functions for the same patients, they will be rendering medical care to and being reimbursed for</p> <ul style="list-style-type: none"> ▪ Dr. Langston Smith wanted to know if the empanelment presentation was available to be sent to board members. ▪ Peter questioned if there were notes from the workgroup meeting and if they were if they could be made available to the board members. Peter noted that one of the challenges of spending large amounts of money on non-direct patient services is there could be a budget implication for direct-patient care services. Dr. Rogers noted that the department has given thought to the budget implications and working with PCC. The conversations are still in the early stages and highlighted that there may or may not be an investment related to the CBOs ▪ Yuchi asked if the empanelment assignment would be to a clinic or to a physician. Dr. Rogers noted that it would be to the clinic. Yuchi also wanted to know what the process would be to switch the assignments. Dr. Rogers explained that the enrollment specialist employed by PCC would be responsible for panel management which includes if a client wants to change their primary care medical home during the eligibility year 	Send presentation	Tara Clemons	ASAP
6.	<p>FY23 Advocacy Priorities</p> <p style="text-align: right;">Diana Saladini</p> <ul style="list-style-type: none"> ▪ Tara noted that most of the committees have not met to discuss advocacy. She shared the FY23 Advocacy Recommendations that had been received from PCC/Troika ▪ Julia expressed that she felt more information was needed regarding the advocacy timeline. She also noted that there were 2 important pieces to discuss <ul style="list-style-type: none"> ○ Empanelment to facilitate value-based care ○ Reimbursement for clinics whose costs are not being covered by the Montgomery Cares program ▪ Tara explained TROIKA representation is made up of PCC, HCLC, and MCAB. She noted that the leads for MCAB are Wayne Swann and Diana Saladini and reminded members that they are their own entity and can advocate for different things from PCC or the HCLC. Currently, some of the committees do not have the representation that they used to which is something Wayne mentioned at the beginning of today's meeting <p>Care for Kids and Maternity Partnership</p> <ul style="list-style-type: none"> ○ Based on all the information received regarding CFK and the Newcomers project, the newcomers support request amount should be included as part of the advocacy request ○ The lactation specialist along with the breastfeeding support have been on the wish list for at least the last 4 years and have not received funding despite the improved health outcomes associated with having these services available ○ Dr. Ballard mentioned that she would like to have more information regarding the postpartum safety supplies request to find out the goal of patients/family served. She noted that at this time, she would not recommend advocating for this request ○ Hillery noted that Claims and Billing coordinator is an area that continues to be a challenge due to the increased number of claims <ul style="list-style-type: none"> ▪ Diana suggested sending the Advocacy Chart Draft to all members to discuss outside of the meeting. Dr. Smith agreed with Diana and noted that the Dental committee had not had an opportunity to look at the information and is not prepared to have a discussion 			

	<ul style="list-style-type: none"> Julia and Diana agreed that the financial impact of the administrative costs for the vbc empanelment needs to be discussed to be able to advocate appropriately for Montgomery Cares Dr. Rogers noted that it would be a bit premature to discuss the budget as many pieces still need to fall in place for value-based care phase 1 empanelment to move forward 			
7.	Board Development: Follow-Up (team building) The presentation has been postponed to February	Sarah Galbraith-Emani		
8.	February 2022 Planning Mtg and Next Steps The February meeting will include: <ul style="list-style-type: none"> Advocacy priorities discussion from committee chairs Board development The next meeting will be held TBA	Wayne Swann		
9.	Meeting Adjourned at 6:18 pm <i>Motion to adjourn: Yuchi Huang</i> <i>Seconded: Julia Doherty</i> <i>The motion was not passed due to not meeting quorum</i>			

Respectfully submitted,

Tara O. Clemons
Montgomery Cares Advisory Board