**Healthy Montgomery Steering Committee Meeting**



**1301 Piccard Drive, 1st Floor**

**Rockville, MD 20850**

**Monday, February 1, 2016 ■ 6:00PM-8:00PM**

**Members and Alternates Present:** Uma Ahluwalia, Ron Bialek, Michelle Blanc (on phone), Tanya Edelin (on phone), Carol Garvey, Leslie Graham, George Leventhal, Amy Lindsey, Dairy Marroquin, Kimberley McBride, Kathy McCallum (on phone), Beatrice Miller (on phone), Nguyen K. Nguyen, Cesar Palacios, Chrisandra Richardson, Joanne Roberts, Monique Sanfuentes, Michael Stoto, Ulder Tillman, Deidre Washington

**Healthy Montgomery Staff:** Colleen Ryan Smith (on Phone); Karen Thompkins

**IPHI Staff:** Susan DeFrancesco, Michael Rhein

**Guests**: Susan Augusty, Perry Chan, Sara Demetriou, Pat Grant (on phone), Thom Harr, Teresa King (on phone), Betty Lam, Kate McGrail, Jennifer Pauk, Paula Puglisi, Sanjana Quasem, Kevin Young, Emil Wolanin

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

* Agenda
* December 14, 2015 HMSC Meeting Minutes - Final Draft
* Measurement & Evaluation Subcommittee - Quarterly Report
* Healthy Montgomery Data Needs Report (PowerPoint Presentation)
* HMSC Action Planning Implementation Strategies Results
* Behavioral Health Task Force Recommendations (PowerPoint Presentation)

| **Topic/Presenter** | **Key Points** | **Action Item(s)** | **Responsible**  **Person** |
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| **Welcome and Introductions**  *Councilmember Leventhal* | The meeting was called to order at 6:05pm by Co-Chair George Leventhal. Each member was asked to introduce him or herself.  Councilman Leventhal introduced and welcomed representative Emil Wolanin, Deputy Director of the Montgomery County Department of Transportation. |  |  |
| **Approval of Minutes**  *Councilmember Leventhal* | Councilman Leventhal asked for any comments or edits to the Healthy Montgomery Steering Committee (HMSC) Meeting Minutes from December 14, 2015.  Ms. Deidre Washington noted that she was not in attendance at the last HMSC meeting.  Dr. Carol Garvey requested revisions to the following:   * Within the Infant Mortality Update (page three, third bullet) it should be edited to state that “However, there was an improvement for black births with a drop from 12.6 percent to 11.9 percent of women with little or no pre-natal care.” * Page four, third line should be edited to read: “Statistics that show the huge financial impact of poor outcomes would be helpful.”   Councilman Leventhal asked that staff take note of the corrections to the December 2015 minutes.  Councilman Leventhal asked the HMSC members for a motion to adopt the minutes from the December 14, 2015 HMSC meeting. A motion to adopt the minutes was presented. The motion was seconded and the minutes were adopted by voice vote. | **Approved minutes will be edited and uploaded to the Healthy Montgomery website.** | **Healthy Montgomery Staff** |
| **HHS Director’s Comments**  *Ms.**Uma Ahluwalia,* *DHHS Director* | Ms. Ahluwalia made the following comments:  Open Enrollment for the Affordable Care Act has been extended to February 5, 2016 due to the recent snow storm. Completion of an personal attestation is required by the applicant in order to participate in the extension period; thus gaining coverage and potentially avoiding the federal tax penalty.  Medicaid: There is no deadline for Medicaid applications (initial enrollment or re-certification). It is an ongoing, year round process. Only qualified health plans have an open enrollment period.  DHHS awaits the release of the next grant application for the Connector Entity program. Further reductions are expected to the budget within year-four.  Scheduling a new date and venue for the 2016 HMSC Priority Setting session is in progress. The HMSC will be informed of the date when finalized.  The Montgomery County Department of Transportation (DOT) and the Department of Housing and Community Affairs have been invited to appoint representatives to the HMSC. Ms. Ahluwalia thanked Mr. Wolanin (DOT) for attending the February meeting.  Mr. Wolanin stated that a representative from the Transit Division may be appointed to the HMSC who can best respond to the various transportation-related needs listed within the Behavioral Health Task Force (BHTF) report; particularly senior transportation concerns. |  |  |
| **Measurement and Evaluation Sub-Committee**  *Dr. Michael Stoto,*  *Georgetown University School of Nursing and Health Studies* | The Healthy Montgomery (HM) data needs report outlines the recommended approaches for monitoring overall population health trends, disparities and performance measures for HM-related activities.  Two purposes of the data used by HM are monitoring and performance measurement. A white paper will identify and assess major data sources used by HM; and provide short and long-term goals around HM data, including local profiles. The white paper on HM data that the Measurement and Evaluation (M&E) Subcommittee is preparing will be delayed while the Community Health Needs Assessment (CHNA) report is being drafted.  HMSC wants to foster general awareness that there is a Subcommittee working to outline HM objectives on how to use data for population health and performance measurement related to HM priorities. The Minority Health Initiatives and Programs (MHIP) comprised of the Latino Health Initiative, the African American Health Program, and the Asian American Health Initiative are pursuing goals very consistent with the goals of HM; all of which require evaluation and data analysis.  A question was raised about how much contact the M&E Subcommittee has had with the MHIPs. It was stated that most of the M&E Subcommittee’s focus has been on Obesity and Behavioral Health.  Ms. Ahluwalia stated that Ms. Colleen Ryan-Smith (DHHS Senior Epidemiologist) met with the three MHIP Program Managers and drafted a summary report of the discussion. The MHIPs provided feedback to the report and distributed the findings to their respective Advisory Boards.  Further HMSC discussion included:  Each of the MHIPs have very distinct views regarding their data needs. However, shared concerns amongst the MHIPs include the following:   * Population level of the data * Effectiveness of their particular interventions   A suggestion was made for representatives from the M&E Subcommittee to meet with the MHIP Advisory Boards to discuss their data needs.  Ms. Beatrice Miller noted that she would connect with Ms. Dawn Valentine, Co-Chair of the M&E Subcommittee and ask her to provide an update on the Subcommittee’s work at an upcoming African American Health Program (AAHP) meeting. | **HM Staff will re-circulate the summary report from HHS on its population health and evaluation efforts compiled with MHIPs**  **AAHP will contact M&E subcommittee to schedule presentation/update** | **Colleen Ryan Smith will provide HM staff to recirculate**  **Beatrice Miller** |
| **Montgomery County Hospital Work Group** *Dairy Marroquin* | The four hospital systems are participating in the Montgomery County Hospital Work Group (Holy Cross Hospital, MedStar Montgomery Medical Center, Suburban Hospital, and Adventist HealthCare). They are pleased to collaborate and provide data/input that will further the impact of HM.   * The Work Group anticipates that the CHNA Committee will continue to meet beyond the completion of the process. * Some hospitals within the Work Group have identified their priorities and commenced implementation of their strategy process. Others are still in the process of identifying their priorities and have not yet begun implementation. However, collectively, all of the hospitals utilize zip code data to identify their respective community service areas. * The Work Group is also evaluating if all of the hospitals can adopt the same CHNA timeline. The Work Group will attempt to develop a plan to align all the hospitals together. * The hospitals also acknowledged that the HM data has been helpful, particularly the core measures and indicators posted to the website.   Question raised regarding the availability of impact assessments from the hospitals that have commenced implementation. Response: Data will be posted from MedStar Montgomery Medical Center in June. Unsure of the timeline of the remaining hospitals. |  |  |
| **HMSC Survey Review**  *Uma Ahluwalia,,* *DHHS Director* | Ms. Ahluwalia reviewed the HMSC survey questions and responses. The summary will be posted to the HM website. Consensus is that the provided feedback will be valuable during the upcoming HM priority setting process. It can continue from the results of the HMSC survey. | **Post the results of the HMSC survey to the website** | **HM Staff** |
| **Behavioral Health Task Force Report – Action Item**  *Thom Harr and Kevin Young, Jennifer Pauk, Susan Augusty, Paula Puglisi* | The BHTF briefly presented the key points and recommendations from the December 2015 HMSC meeting. The BHTF was asked to return and continue their presentation during the February 1st HMSC meeting.   * The BHTF has the will and desire to collaborate across organizations in new ways; to achieve improved patient outcomes. * BHTF members believe that strong support from the HMSC and swift action is needed to ensure that the momentum achieved over the course of the last two years of collaboration does not end. * BHTF members are unsure of what the next step will be after these recommendations are reviewed. The HMSC is asked to address this issue with both short-term and long-term next steps. * This is both a challenge and an opportunity to determine the maximum potential of the Healthy Montgomery process. * A brief review of the BHTF recommendations were presented to the HMSC (please refer to the PowerPoint presentation available at the HM website to view the recommendations).   ***Actions Needed***  **Short-term:**   1. Identify funding for a study to create guidelines for a County-wide care coordination system; overseen by the Integrated Care Consortium (ICC), if established. Estimated cost: $25,000   **Long-term**:   1. Identify funding for the proposed pilot for a formalized, coordinated system of care for most at risk behavioral health consumers. Estimated start-up costs: $175,800 2. Identify funding to expand the system of care to include behavioral health consumers with multiple needs but less severe health conditions. Estimated costs: $392,000 (not including incidental operating expenses)   Discussion followed:  The DHHS Core Service Agency can play a very strategic role as the BHTF efforts move forward. However, an alternate oversight organization is desired to fulfill the role of the ICC.  Ms. Leslie Graham (Primary Care Coalition) noted that the *Integrated Behavioral Health Manager* position was included in a recently submitted grant proposal. Additionally, the hospital systems could potentially include job duties that would help coordinate moving the BHTF recommendations forward. Ms. Graham requested a job description for the *Integrated Behavioral Health Manager*.  Dr. Tillman inquired about specific timelines for the recommendations as a result of a recent request by the State to specify timelines for the ongoing HM efforts.  Additionally, Dr. Tillman noted that one of the recommendations presented in the slides is not yet in the recommendations report.  Councilman Leventhal thanked the BHTF for the work and the guidance provided by the recommendations. He called for a vote to adopt the BHTF recommendations. The HMSC members voted in favor to adopt the recommendations. There was one abstention. | **Decision needed regarding short term and long term BHTF recommendations**  **Development draft position description for the Integrated Behavioral Health Manager**  **Insert additional recommendation to BHTF report** | **HM Staff to discuss with HMSC Co-Chairs**  **HM Staff to discuss with HMSC Co-Chairs**  **HM Staff to coordinate with BHTF**  **HM Staff** |
| **Community Health Needs Assessment**  *Dr. Ulder Tillman/Karen Thompkins* | HM staff continues to work on the CHNA report that will include the community conversation themes. It will provide data regarding progress and disparities within the County, alignment with hospital CHNAs, benchmarks, evidence-based best practices and local resources identified by the HMSC member organizations/partners.  In the last few weeks, HM staff has been working closely with the hospitals and HM partners to provide additional input for the CHNA. Emerging issues were also identified by the HM partners and will be considered during the upcoming priority setting session.  The draft report will be available for HMSC review/feedback beginning in March, and the final draft will be ready before the end of the month of March.  Dr. Tillman stated that once the CHNA report has been completed and reviewed, the HMSC will be tasked with determining what the County’s response plan to the findings will be during the HM priority setting session.  Ms. Ahluwalia noted that it would be helpful if there would be clarification on the difference between the roles of the CHNA Committee and the HMSC. | **Develop one-pager outlining the role of the CHNA Committee and the HMSC** | **HM Staff to develop draft** |
| **Open Discussion** | A request was made that in the future, especially when a major report has been presented, that HM staff provide a survey that includes specific questions for feedback from the members. The survey/evaluation sheet would be sent out soon after the meeting, while the meeting content is still fresh on members’ minds.  Michael Rhein (IPHI) reiterated the importance of continuing the work, especially as the work moves forward with new issues areas, within the collective impact framework and focusing on alignment of existing resources for implementation.  He noted that there is also a need for the action planning to be done quicker and more efficiently than what was done in the past.  Ms. Joanne Roberts (Recreation) briefly reported on the positive response Montgomery County Recreation has had to its *Move More Montgomery* initiative. Councilman Leventhal asked Ms. Roberts to provide a brief report at the next HMSC meeting. | **Include an update on Move More Montgomery by Joanne Roberts on next HMSC meeting agenda.** | **Joanne Roberts/HM Staff** |
| **Wrap-Up/Adjourn**  *Councilmember Leventhal* | Councilman Leventhal adjourned the meeting at 7:57pm. |  |  |