

Allegany County Health Planning Coalition

Meeting Summary
November 26, 2013

Members Present

Fred Tola – ACHD
Michelle Wilson – ACHD
Chris Delaney – ACHD

Sue Raver, MD – ACHD
Susan Stewart – WMAHEC
Mary Beth Pirolozzi – CUW

Nancy Forlifer - WMHS
Jenelle Mayer – ACHD
Sandi Rowland – AHR

Members Absent

Christa Walker – WMHS
Lesa Diehl – MHSD (CSA)
Kim Green – ACPS

Tracy Curry – AHC
Courtney Thomas – HRDC

Susan Walter – TSCHC
Jenn Wilson – ACHD

Guests Present

Kathy Dudley – ACHD

Abby Mensinger – ACHD

Ryan Davis - TCCWMD

I. ADOPT MINUTES OF September 5, 2013:

Nancy Forlifer presented the following corrections to the minutes:

- P. 4 – Under **The Center of Mind-Body Medicine**, the second sentence should be changed to “After the Center met with Weinberg, they were advised to be more in touch with what’s happening with aging.” Also in the same paragraph, “Sherry” Snyder should be changed to “Cheri” Snyder.
- P. 5 – Under **October 11th (11 am – 1 pm) ACA & MD Health Benefit Exchange, located in the Community Room, ACHD**, Suzanne “Slotman” should be changed to Suzanne “Schlattmann.”

Dr. Raver asked if there were any other corrections or additions to the minutes for September. There were none. Dr. Raver then asked for a motion to accept the minutes with the corrections noted above. Chris Delaney made a motion, Fred Tola seconded the motion, and the group unanimously agreed.

II. INTRODUCTIONS:

The Coalition members introduced themselves to the guests. Dr. Raver reported that Susan Walter – TSCHC was planning to call in and Dick Paulman – DSS had intended on being present, but was not able to come.

III. PHASE 4 PROGRESS REPORT – Fred Tola:

Fred asked that each member turn in his/her Phase 4 Progress Report with a ranking to him for tabulation before the end of today’s meeting or email it to him by 12/6/13. Fred then gave an overview of the *Local Health Action Plan – Status Report*. He detailed the process for ranking the progress of the 13 priorities listed in the plan and explained the phases.

Updates to Priorities #1, #5 & #11:

The figures weren’t updated for *Priority #1: Tobacco*; *Priority #5: Substance Abuse – Alcohol & Drugs*; and *Priority #11: Cancer* on the Phase 4 Progress Report that was emailed to the members. Fred and Chris Delaney reported the updated numbers for the measures for the implementation steps for those priorities, and the members took note of those.

IV. **COMMUNITY HEALTH NEEDS ASSESSMENT - PLANNING PROCESS – Nancy Forlifer & Fred Tola:**

a. Data Updates – Nancy referred to the updated Community Health Needs Assessment Data Sheets with goals listed and reviewed the changes since the last meeting. They are:

- Added Homelessness as a Data Point
- Took out Single Parenthood
- Added Healthy Weight into Healthy Lifestyles & Wellbeing category
- Moved Behavioral Health into Disease Management category

Nancy explained why Children in Poverty and Homelessness were kept on the list. She also explained the process she used to determine the county goals for the data points. Some columns are blank, e.g., county update for Health Literacy because the survey was not re-done. She asked for questions on any of the goals.

- Homelessness - Determining a goal is problematic because there is not a benchmark. Nancy asked for ideas.
 - Mary Beth Pirolozzi mentioned that homelessness is a moving target and that we are seeing a huge increase in the need for transitional housing. At this point, it is just an improvement quantifier as opposed to a percentage.
 - Nancy stated that the baseline was 161 in 2012, and then went up to 211 the following year; perhaps the goal could be to get it back down to under 200.
 - Susan Stewart mentioned that some of this population is transient who are coming here for services.
 - Mary Beth added that some families are doubling up and are being counted as one household as opposed to double the number of people physically in a household that are homeless.
 - Sandi suggested that perhaps we would want the goal number to go up to show that we have reached more homeless people and were able to provide services for them as opposed to a homeless person being isolated without any services. Perhaps another measure could be added for this.
 - Mary Beth reported that at Homeless Resource Day this year, double the number of people were served as was last year, which shows that more people became aware of the services available.
 - All agreed that no additional data points will be added under Homeless.
 - Sandi suggested that the data point could be re-worded to “those who are known to be homeless or are at risk of being homeless” and take out “receiving homeless services.”
 - Nancy reported that the Continuum of Care Group defines the way the data point is currently worded and that according to Courtney’s (HRDC) response in the article in Sunday’s paper, it is a positive that the number goes down, not up.
 - Chris added that the number will probably go up before it goes down – those not previously identified will become aware and seek out the services.
 - All agreed that the goal for homelessness should say that the next increase be no more than the % of increase from 161 to 211.
- There were no other questions about the goals.
- The data points listed will be the ones for the next cycle.

b. Feedback from Presentations – Fred referred to the handout *Community Health Needs Assessment – Focus Groups (FY15-FY17)* and reviewed the feedback from the focus groups.

- Fred noted that the most useful was on Oct 24th – Partners joined for group assessment.

- 24 surveys were collected that day
 - Main “needs” reported were Healthy Lifestyles, Access/SE and Behavioral Health
 - Role for the Coalition: Promote, support, develop, coordinate, publicize programs and services; provide a network of ideas, solutions, collaboration; and provide centralized planning and implementation for improving the health of area residents
 - Promising Practices list created and marked on table
 - The Health Department also had a focus group. It will be added to the list.
- c. Best Practices - Selection Process – Nancy referred to the handout *Please mark the 3 most promising practices in each column and return the form to Nancy or Fred*. She reported that the list was created from input from the community partners and LHAP workgroup and explained the process that was used to rank the best practices.
- The list needs to be narrowed down even more so Nancy asked the members to pick three of the *Best Practices* in each category and return to Fred or her.
 - Some members indicated that a few of the *Best Practices* could be combined.
 - The input from this group and other partners will be taken to the LHAP workgroup. The workgroup will tally the results, and then the priorities will be identified.
- d. Local Health Action Plan FY15-17 – Nancy explained the format that the workgroup will use, which is the same as last time – they will provide a very rough draft at the meeting in January for more input.

V. COALITION DEVELOPMENT – Fred Tola & Nancy Forlifer:

- a. New Member Orientation – Fred reminded the members that the *Orientation* for new Coalition members is scheduled for Dec. 4, 2013 at 3 pm in the Administrative Conference Room, ACHD. All were invited to attend.
- b. Organizational Structures & Linkages – Nancy reviewed the discussion from the community partners meeting about strengthening and formalizing the Coalition and making it more clear how the various entities connect to one another. This is also a requirement of the *Healthy Allegany* grant. Nancy shared that there are ethics questions that are being dealt with at the State level, so until there is clarification from the State creation of a 501(c)3 the Coalition will be put on hold. Two suggestions from the partner meeting were:
- Include all people at the partner meeting – the list came from any organization or group listed in the first LHAP, the plan the Coalition is currently working on. This group would be the membership of the coalition and be on the distribution list for the meetings, etc.
 - The agencies that have their logos on the Coalition site and the new members that will be part of the *New Member Orientation* on Dec. 4th will be considered voting members.
 - Input - Nancy asked the members for feedback.
 - Dr. Raver’s tendency is to go with an MOU model. She explained the State’s ethics piece and the issues involved with that. In the end, the ethics committee will make the decision.
 - There was no objection to the Coalition having a distribution list of the people who came to the partner meeting.
 - All agreed to Nancy’s suggestion that as the Coalition moves this process to the next phase – developing the action plan with the partners – an MOU could be

developed describing what the Coalition will provide and stating the role of each of the parties in the group. There may be members that don't have an existing party and may decide to form a subgroup. This will help if the Coalition ends up moving in the direction of a more formal structure.

VI. UPDATES:

- *Healthy Allegany CHW Training - Jenelle Mayer*
 Since last meeting, three new community health workers were hired as part of Healthy Allegany. Their names are Bill, Caitlin and Linda.
 - They started October 30th.
 - They are all lifelong residents of Allegany County.
 - They are attending a five-week training by WMAHEC and WMHS, which ends at the end of next week.
 - Working on their tracking system and have a referral form.
 - Six community health workers from WMHS are also in the training.
 - A group of nine will be out in the community after completion of their training.
 - Receiving referrals from ACHD's Mental Health Systems Office, which is Lesa Diehl's office, and Tri-State Community Health Center.

- *Getting Healthier Together Survey Results - Nancy Forlifer*
 Nancy referred to the results, which were attached to the email, and noted that some of these actions could be incorporated into the plan to move forward with the problem of obesity and its issues.

- *Social Connection Grants (Review Committee) - Nancy Forlifer*
 Everybody received a copy of the grant application. Fred, Susan Stewart and Jenelle volunteered to be on the review committee for the Social Connection Grant. The deadline is January 13th. Nancy will use the same process as last time – she will send a scoring sheet for each of the proposals to the review committee.

- *MD Community Health Resources Commission Grant Opportunity*
 Dr. Raver announced that there were two applications:
 - *Allegany Health Right (AHR)* – Sandi Rowland reported that AHR is going to submit an application for improving oral health education and access to treat mentally disabled adults in Allegany County. It would be a three-year program, and AHR would use their oral health community health worker for outreach to agencies that serve disabled adults, and in some cases, their care givers. They would be referred to AHR's program and other resources for dental treatment. The application is now in the second stage and is due December 3rd.
 - *ACA Forum on Behavioral Health* – Dr. Raver reported that the second application comes from the access to care forum that some of the members were involved with – it looked at behavioral health issues in the community. With the Affordable Care Act moving forward, it was decided that providers would need support with how to bill. The grant opportunity, with the

encouragement of the State, would coordinate trainings in a behavioral health collaborative to help providers with billing, and would also help with recruitment and retention of physicians. Lesa Diehl is currently working on the grant. The next stage would be in January; it would be presented in Annapolis if it gets to the third stage.

- Telemedicine Equipment Grant – Dr. Raver mentioned that because there is a lack of capacity with prescribing providers in the community in the area of mental health, ACHD applied for and received a grant this week, which will help support connectivity. Sheppard Pratt has an ongoing program with several counties that are doing very well. Worcester Co. uses almost 40 hours of psychiatry services per week.
- Network of Care Trilogy – Dr. Raver explained that this is a new database using Network of Care. The State is paying for it, and it should be all-inclusive. We are able to ask for changes. Garrett and Worcester Counties are already using it for all their data for their coalitions. The trainings are three dates in December. Dr. Raver, Fred and Jenelle will be participating in the trainings. Nancy added that you can keep your own website; there will be a link to the database.
- Department of Defense (DOD) Grant – Fred reported that we were approved 1 ½ weeks ago for a grant from the DOD that would deploy their reservists – health professionals – to our community to provide health services. The DOD uses this for training. Courtney Thomas, HRDC, submitted the application over a year ago. It will possibly start in June and last for two weeks; Fred doesn't have all the details yet. Details will be worked out at future meetings. Fred asked Sandi if she would help with dental services since she has worked with Mission of Mercy – Sandi agreed. Nancy added that dental is to be restorative, what we don't have, not what the Mission of Mercy does. Dr. Raver commented that we will need to provide clients for them.

Health Services that were requested from DOD are:

1. Endocrinology - Initiate assessment
2. Vision - Check visual acuity and eyeglass wear - Adults & Children
3. Dental - Restorative work including dentures
4. Pain Management - Initiate assessment and education using self-help techniques and in-home therapy
5. Behavioral Health - Initiate assessment and services to supplement hospital Emergency Department
6. Veterinary - Domestic pets

Comments on DOD Grant:

- Sandi Rowland shared that AHR does the Lions Club glasses so they could provide a list of clients for the vision piece.
- Susan Stewart added that Kristan Fazenbaker with Associated Charities could also be another resource for client lists.

- Dr. Raver reported that we need to work with the licensing board to make sure that out-of-state health professionals have proper credentials and are allowed to provide services locally.
 - Susan Stewart reported that this should not be an issue with dental – because of MOM, volunteer dentists and hygienists can come from out-of-state, but there is paperwork that would need to be filled out. Susan also shared that the first go-round for recruiting out-of-state volunteer dentists for MOM failed, so she recommends starting now.
 - Fred reported that DOD stated that because they are federal, they are covered for liability under the Federal Torts Claim Act, but credentialing with the State Board is a different matter. Sandi Rowland offered to provide a contact at the Licensing Board for clarification.
 - Dr. Raver added that once we get farther along with the Physicians Board on credentialing, we could contact Andrea Mathias, MD, chair of the Maryland Physicians Board; she is also a deputy health officer.
- Tobacco Coalition – Chris Delaney announced that the Tobacco Coalition is meeting Thursday, 1/16/13 at 3 pm in the Administrative Conference Room, ACHD. All members are invited to attend; also, if they have any thoughts of anyone else who would be interested in attending, let her know. The Tobacco Coalition would like to expand and are not getting the response they have had in the past.
 - Transportation Grant – Nancy reported that HRDC is having a difficult time finding a mobility manager. They are looking for someone who has some familiarity with the transportation options in the community.

VII. NEXT MEETING

The next meeting is scheduled for **Tuesday, January 14, 2013 at 1:30 pm in the Administrative Conference Room, ACHD.**

Meeting adjourned at 2:50 pm.

Submitted by:
Mary Strem
Allegany County Health Department