Allegany County Health Planning Coalition
Meeting Summary
May 14, 2013

Members Present

Christa Walker – WMHS	Nancy Forlifer – WMHS	Fred Tola- ACHD
Sandi Rowland – AHR	Susan Stewart – WMAHEC	Sue Raver, MD – ACHD
Jenelle Mayer – ACHD	Chris Delaney – ACHD	Lesa Diehl – ACHD/MHSO
Susan Walter - TSCHC	Jenn Wilson – ACHD	Karen Bundy – ACPS

Robyn Nesbitt – ACHD Intern, Guest

Members Absent

Courtney Thomas – HRDC Mary Beth Pirolozzi – CUW

I. ADOPT MINUTES OF March 12, 2013

Dr. Raver asked if there were any corrections or additions to the minutes for March. There were no additions or corrections. Lesa Diehl made a motion to accept the minutes as presented. Susan Stewart seconded the motion, and the group unanimously agreed.

II. PROGRESS REPORTS – Fred Tola and Nancy Forlifer

Reports were distributed to members. Fred thanked Robyn for assisting him with putting it together. The focus is on Phase 3 (Jan – June 2013). Fred requested that members make sure they rank the implementation steps, not the measures.

Priority #1: Tobacco

- Strategy A-2
  - Education and media, 102 are miscellaneous/other.
- Strategy B-2
  - Recommended to remove/delete measures indicated in gray (radio spots, readership, educational opportunities) due to redundancy and numbers being captured in section above. Agreeable with members to remove.

Priority #2: Obesity

- Strategy A-1
  - First measure – per 100,000 population should not be there.
  - Algorithms available from CDC, but cannot get data to input – should delete.
  - Number of recreational facilities has gone down to 13. Information from Business Census Report does not count the same facilities we do; they are more commercial like bowling, fitness centers, etc. and not state parks. Nothing we have control over.
  - Users of the trail (only 18% of local population use trails) – should delete.
  - Mountain Maryland Trail Board (trail survey) asked for representative from Coalition – Nancy is planning to attend.

Priority #3: Access

- Strategy A-2
  - Added Community-based case manager for Behavioral Health who goes out into community and is making a big difference in readmission rate.

- Strategy A-3

- Connecting with Central Maryland Program who is expanding their website to be statewide and have all travel and transportation information in one place.

Priority #4: Emotional & Mental Health

- Strategy A-2
  - This was the first time we were able to pull information on how many people had a diagnosis code added to their records related to depression codes. The number 39 represented depression *screenings*.
- Strategy B-2
  - Lesa commented that one class may not have been counted for Mental Health First Aid and that the numbers may be higher. (39?)
  - Lesa added that there are two persons scheduled to go to the Youth Mental Health First Aid training in June to be trained as trainers.
  - Rack cards to be distributed, let Nancy know if you want.

Priority #5: Substance Abuse – Alcohol & Drugs

- Strategy SA A-1
  - Nancy commented that 100 providers is a big deal for Rx disposal info distribution.
- Strategy SA A-2
  - Questioned reason for the higher rate of medications collected in February. Physician disposed of a lot of meds that were expired. Sheriff is interested in taking to pharmacies and advertising same. Various pharmacies are interested.
- Strategy SA B-2
  - It was thought that March stats were related to St. Patrick's Day and Chris commented April will likely be higher.
- Strategy SA B-3
  - If individuals fail breathalyzer, there are told not to drive.

Priority #6: Screening

- Strategy A-1
  - Rack cards on preventive screenings: Members were encouraged to take and distribute cards and to be sure to report back on where cards were distributed.
  - Putting Coalition logo on everything to be consistent.
- Strategy A-2
  - STI screenings –difficulty with tracking since ACHD has no resources or personnel to currently do outreach. Information is available in Family Planning Program.
  - Had been discussed in workgroup about difficulty in getting people to report about screening.
- Strategy B-1
  - Unable to breakdown for MA and FAP at this point.
- Strategy B-2
  - Dr. Raver mentioned that VA does an anti-coagulation program.

Priority #7: Heart Disease

- Strategy HD&S A-2
  - Will be tweaking survey and getting focus groups together. If ideas, please share information with Nancy for focus groups.
- Strategy HD&S A-3
  - Rack cards are ready for 9-1-1. Nancy thanked everyone for input and Brenda for pulling design together. Again, Coalition logo appears on cards for consistency.

Priority #8 – Health Literacy

- Strategy HL A-1
  - Top 3 problems with issues related to health literacy:
    - Simpler terms
    - Medication reminders
    - Help with forms both medical and financial
- Strategy HL A-2
  - Tools to incorporate into grant, continue to try to put pieces of info about strategies into WMHS info and encourage others by providing short little pieces of info to send out.

Priority #9 – Healthy Start

- No questions or comments.

Priority #10 – Dental

- No measures for it. Work being done is under the Access Priority.

Priority #11 – Cancer

- Strategy Cancer A-2
  - Not an effective step in terms of being able to do hands on or concrete interventions. May need to change measure or see what is going on.

Priority #12 – Immunizations

- Strategy Immunizations A-1
  - No mandated requirement for ACHD.

Priority #13 – Chronic Respiratory Disease

- No comments or questions.

Status Reports:

- Fred asked everyone to please rank and send in reports for tabulation and placement on website for public to see.
- The status report was sent electronically with the meeting agenda.

III. LHAP WORKGROUP UPDATE – Nancy Forlifer

Nancy reported that the minutes were sent out with the packet for this meeting.

- Highlights:
  - In the fall it is time again to do a Needs Assessment.
  - Already have identified elements and will update those.
  - A plus is that we have a couple different sources that are going to be available:
    - State trying to have database and add some resources.
    - Small resource mentioned previously Community Commons that has really wonderful data.
  - Visit groups and share updated information and a summary of what was accomplished and ask about specific issues related to them and get feedback.
  - Streamline down from 13 to some really focused, very collaborative initiatives and say these are the things the Coalition is going to do together with community partners.

Nancy asked members to be thinking about groups that are not represented on the list such as consumers, economic development people, realtors, a group of high-school students (government class) and plan to discuss at next meeting.

Nancy distributed copies of the Take Action Diagram from Robert Wood Johnson. She had received an email asking if the Coalition was going to apply for Robert Wood Johnson prize and explained:

- County Health Rankings does an Innovations Award.
- Not enough change in any certain criteria to make application.
- Not all sectors of community are involved and represented on Coalition (need to get nontraditional groups engaged).
- If members know of any possible candidates who would be good for the Coalition meetings, let Nancy know.

IV. RFP WITH COMMUNITY HEALTH RESOURCE COMMISSION – Dr. Raver

- Just came out last week.
    - Last year all coalitions that existed received monies.
        - Single counties ($25,000) and Groups ($50,000)
    - This year it is a competitive grant and application is due May 30.
    - Amounts applied for varies from $150-250,000 and is for a period of 12-16 months.
    - Fred, Nancy, Chris, and Jenelle are meeting and working hard on the proposal.
    - Calls from Mark Luckner regarding details:
        - An initial pre-meeting just for counties that had applied for HEZ grants and not received them.
        - Second call was open to everyone. On conference call it was pretty well stated if you already received HEZ, unlikely to get these. Would eliminate 5, but still leave 13 and some counties submitted more than one application.
    - Using as much of HEZ proposal as possible.
    - Overall concepts:
        - community health workers, and
        - aligning community health resources with health care delivery
    - State received Medicare Community Integrative Medical Home (CIMH) and will connect with it as much as possible.
    - 4 components:
        - Community health workers training
        - Provider training
        - Social determinants
        - Strengthen this Coalition
    - Referred to diagram and explained concept (sent around).

1st thing: It has to be a Coalition submitted proposal and requires approval, so a motion and acceptance are needed.

2nd thing: Need to identify a part-time project coordinator for 12-16 month contract position. It would be best if position could be filled by someone already familiar with Coalition and make training easier. The RFP and the grant that the State got are looking at how to strengthen the coalition by making it a 501(c)(3) or putting it in with the health department. Partnerships for Healthier Carroll County formed a 501(c)(3) but are staffed by health department and hospital and have a separate board. We are looking into the possibility and feasibility.

Dr. Raver asked if there were any questions or suggestions. Hearing none, Dr. Raver requested a motion to approve the concepts in place for our application, Susan Stewart so moved, Jennifer Wilson seconded, and the group unanimously agreed.

Nancy mentioned that the grant has to point out specifically what we are doing that connects to Local Health Action Plan and so we agreed that since Community Health Workers are in the plan already and there is a lot we have talked about in the plan and identified on the list, some tweaks/adjustments to the plan may need made and is part of this proposal.

Dr. Raver reported that we are to receive official feedback on HEZ grant on Thursday. If there are any changes, the group may have to take that into consideration. We have been encouraged by the Hospital Association and Mark Luckner to go in the direction already headed.

V. DISTRIBUTION OF RACK CARDS – Nancy Forlifer

- If you take rack cards, put your name on sheet and indicate who you are giving them to.

VI. COMMUNITY INTEGRATED MEDICAL HOME – Nancy Forlifer

- State got a 6-month planning grant (April – September)
- 2 stakeholder groups
    - local health improvement coalitions and
    - payers and providers
        - Looking at ways to bring together public health system and health care delivery system to be more integrated to strengthen coalitions so that there can be a use of data to change population health and have positive health outcomes.

Dr. Raver - Community Health connects the two using case managers and community health workers putting shared data in. Basically the State is going toward putting everything including the SHIP measures into the CRISP system.

- Four pillars - primary care, community health, data, and workforce.
- The local health coalition is looked at as a big part of it and the role they see for us is a little different than our role right now and is really three things:
    - Complimentary support to high risk patients (Community Health Workers) identified by the groups (This is a change; provide some oversight for part of it.)
    - Identifying and responding to hot spots and health needs.
    - Monitoring community and population health.

Nancy commented:

- Community Health Workers is a big piece and is written related to that. Trying to connect the community services available like social services and human services and outside of hospital services around primary care and primary care referring to less costly support services from preventive to disease management, etc.
- Payers and providers meet and look at financing of all this because the idea connects with waiver submitted to federal government saying that basically a hospital in community would get a per capita amount for health care of that population and they would have to work with for all of the providers and a way of them making sure people are connected. Looking at funding mechanisms.
- Nancy was invited to other stakeholder group but has not received a packet yet.

Dr. Raver commented that it is a huge document. The State Planning Grant that Maryland got is the only one that has a public health community bent to it; all others picked were on the provider side. It is a very different model.

Nancy added that once they are finished they have to do a report to apply for implementation funds and there is a good chance they may get up to $60 million dollars. It is unlikely that others will take it on. It would be very difficult to get all providers together and make happen by breaking down all those barriers.

Dr. Raver distributed a copy of a CIMH Glossary of Acronyms that Brenda Caldwell prepared.

Nancy commented that the Local Health Coalition has been very emphasized in this planning grant and in the waiver that went to the feds for the payer system.

VII. <u>UPCOMING STATE VISITS – Dr. Raver</u>

- May 17 forum:
  - Dr. Renee Fox, Institute for Healthiest Maryland, University of Maryland will be here on Friday from 11-1 for a meeting in the Community Room. All Coalition members were invited and are welcome to attend.
  - Don Shell, Chronic Disease Division Director, will provide an overview of the CTG grant and how he sees locals, DHMH and Maryland fitting into the puzzle.
  - Dr. Diane Romaine is our county (IHM) representative.
  - Dr. Romaine and Dr. Fox will be visiting the Board of Education and two elementary schools where Dr. Fox is eager to do a lunchtime activities pilot.
- June 20 visit:
  - Dr. Sharfstein is unavailable to attend the May 17 forum and has indicated an interest in visiting Allegany County on June 20. More information will be available once we receive confirmation of date/time and his areas of interest.

<u>OTHER:</u>

Dr. Raver indicated that there will be another round of CHRC grants open to community fairly soon. More details will be available later.

Navigators and Assisters:

- Maryland Health Exchange Board has appointed six Connector Entities. Healthy Howard was picked and will be managing Carroll, Howard, Frederick, Washington, Allegany, and Garrett Counties.
- We will have two Navigators who will be Healthy Howard employees and housed at Allegany Health Right.
- There will be 4.6 Assisters (one at Tri-State and 3.6 technically housed at ACHD but actually will be in community, hospital, and HRDC, and a variety of places in community).
- Navigators and Assisters will be trained through Healthy Howard.
- Navigators can sign people up for every part of the exchange.
- Assisters can help navigate people through the system, sign people up for Medicaid, and do referrals to DSS and ACHD to help get them connected.
- Phone numbers will be available to call for appointments, walk-ins at certain places, and some technological methods like webcams, etc.

An Access to Care Meeting is scheduled in Washington County on June 18, 2013 from 11-1. According to Mark Luckner the first half will be a training session for providers and exchange groups (13 entities). Then, those wanting to be essential providers will be given the opportunity to go around the room and talk to the exchange groups (likened to speed dating).

Sandi Rowland has been invited to sit in on interviews for Navigators.

VIII. <u>Next meeting</u>

July 9, 2013 at 1:30 pm in Administrative Conference Room, ACHD

Adjourned at 2:45 pm.

Submitted by:
Tana Wolfe
Allegany County Health Department