

## Allegany County Health Planning Coalition

Meeting Summary

*July 9, 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	Courtney Thomas - HRDC
Susan Walter - TSCHC	Jenn Wilson – ACHD	Tracy Curry - UHC
Brenda Caldwell – ACHD		

### Members Absent

Lesa Diehl – ACHD/MHSO	Mary Beth Pirolozzi – CUW
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### Guests Present

Amy Shinal – CMBM	Laura Milsten – CMBM	Dr. Mike Weddle – BMG
Jennifer Saeler – ACDSS	Cherie Snyder – ACM	Marion Leonard – CWC
Rodney Glotfelty – GCHD	John McMullen – Comfort Keepers	

#### **I. ADOPT MINUTES OF May 14, 2013**

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

#### **II. PRESENTATION by Amy Shinal, Clinical Director, The Center for Mind-Body Medicine**

What we do and what our hope is in perhaps working with your community:

- The Center for Mind-Body Medicine (CMBM) began in 1991.
- CMBM incorporates mind-body skills (meditation, guided imagery, movement, writing, drama, and self-hypnosis) that will help with resiliency, pain management, anxiety, depression, and trauma.
- CMBM teaches people how to use different skills for self-care and then with others.
- Group model is used because the need far surpasses resources available and a group reaches more people.
- There is an opportunity for potential funding to work with the underserved population and particularly the aging population in this area.
- Training is for anyone working with aging population in any capacity and different disciplines.
- Funding for 200 people.
- Training is over a period of one year in parts.
- Initially 4 days and focuses on two things:
  - Research based – understanding the resources, research, and framework behind this model because everything is research based.
  - Experiential – teaching a group model and experiencing a group model not as a role play or imagining but learning about the day- to-day stressors you deal with and what might be helpful for you too.
- Another 4 days of training that are all about practice, working with the model, taking turns, and troubleshooting.
- Provide additional support with ongoing consultation by phone.
- Developing a leadership team as a core group in your community that can continue supporting this work and support you as you do that.

- Goal is to work in partnership with people in your community and together design what will meet your needs and those of the people you are serving.

Information from question and answer period:

- The training is for providers to learn to support themselves and clients.
- Over 5,000 physicians have been trained.
- 32 CEs are available for nurses, psychologists, sociologists, medical doctors.
- The “funders” will define if a specific age group is targeted, but benefit ripples out to all ages.
- Goal is for a tri-county training (Allegany, Garrett, Washington).
  - Problematic due to distance for direct care givers and will be discussed with funders.
- Possibility that training may be able to be offered on a Friday, Saturday, Sunday, and Monday.
- Training could be in spring 2014 after semester end with the second training later in summer.

Cherie Snyder provided packets of Integrative Wellness cards for folks to take and distribute. (Card subjects were Breath work, Mindful Eating, Progressive Relaxation, Meditation, and Visualization).

**III. Progress Reports Ranking Posted-Action on Weak Areas – Nancy Forlifer**

Nancy reported on the rankings sent in by members. Out of 45 actions 40 were ranked at 3 or higher (about 90%). The 5 areas that skills are below 3 are:

- Use and Access of Trails – working with Mountain MD Trail Board and making some progress.
- Dental Clinic –needs adjusted in plan.
- Screening for Depression – more a matter of timing of data being reported.
- Getting Healthier Together – will explain a related survey to be discussed later.
- Advocacy for At-Risk Populations into Screenings –Was an Access to Care action added because there were populations that did not qualify because of race or age and we wanted to advocate for a way to get screening. There has not been a lot of effort in this area, some populations have been reached, but no particular promotion has been done. Will look at with workgroup.

**IV. LHAP Workgroup Minutes (June 11) Update – Nancy Forlifer**

- a. Timeline – Nancy referred to LHAP Workgroup notes and reviewed.
- b. Coalition Structure – Goal 4 page – Healthy Allegany
  - Dr. Raver mentioned that Allegany received monies and Jenelle will be the Coordinator for Healthy Allegany.
  - Nancy mentioned that there is interest from the State for the LHICs to be strengthened. They have recommended that we become some sort of entity; ACHD designated or 501(c)3.
    - Outcome – community led coalition with at least 1.0 FTE and \$25,000, supported by the WMHS and ACHD, recognized as the leader for engaging various partners in: shared data analysis, interconnected and patient-centered care, and development of innovative solutions to improve population health.
- c. Expanded Membership – Goal 4 page and LHAP Workgroup Notes
  - Nancy reported that it was discovered in discussions with the state and when looking into the Robert Wood Johnson grant that we need to expand and try to include some positions with non-traditional partners like housing, economic development, law enforcement, etc.
    - Nancy asked members to be thinking about entities that we could be adding to the Coalition over the next year.
    - Susan requested something be sent to Stu Czapski, Executive Director of the Chamber Commerce.

#### **V. DISTRIBUTION OF SURVEY – Nancy Forlifer**

- Nancy reported on the survey sent in email to members and she provided a supply of paper copies for members to take and give to staff or clients if appropriate. She stressed that input is needed and requested that members share it with others through email or paper. The goal is to have 200 surveys by end of summer.

#### **VI. GRANT UPDATES – Nancy Forlifer**

- Nancy distributed and reviewed two handouts:
  - Table showing the three different grant opportunities
  - An outline for the revised HEZ
- Susan Walter made a motion to accept what the group is presenting for HEZ in outline form in its full form to the State. Susan Stewart seconded and all were in agreement.

#### **OTHER:**

- Brenda Caldwell – Maryland Responds, DHMH Office of Preparedness and Response Volunteer Recruitment Campaign:
  - Working to recruit 75 volunteers in Allegany County by end of September.
  - Types of volunteers – anyone who could help in a public health emergency, some clinical professionals as well as general volunteers to help staff clinics and guide people to stations (18 years or older).
  - Folks can go online to register for local/regional/statewide/national service.
  - Service is flexible and volunteers are not obligated every time they are called to volunteer.
  - On September 19 there will be an evening orientation session that will be facilitated by the State for those who have registered or are thinking about it.
  - Registration is for individuals only, not organizations.
- Dr. Raver shared two emails:
  - The Office of Shortage Designation has approved the PCO's recommendation to renew the mental HPSA for Medicaid Eligible – Allegany County with a score of 17.
  - DHMH Health Systems and Infrastructure Administration (HSIA) are reaching out to select jurisdictions and we have been chosen to support planning for health care access through the Planning for Health Care Access project.
    - The aim for our county is behavioral health services.
    - LHIC Subcommittee will work with Maryland Women's Coalition on Health Reform to facilitate county level meetings around planning for health care access in August and September.

#### **VII. Next meeting**

~~September 9, 2013~~ September 5, 2013 at 1:30 pm in Administrative Conference Room, ACHD

Adjourned at 3:15 pm.

Submitted by:

Tana Wolfe

Allegany County Health Department