Presentation slides from the Department of Health and Human Services are attached to the end of this version of the staff report

M E M O R A N D U M

October 5, 2020

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: Montgomery Cares, Care for Kids, County Dental Program

PURPOSE: Updates and Discussion

Expected for this session:

Dr. Raymond Crowel, Director, Department of Health and Human Services (DHHS)
Dr. Travis Gayles, County Health Officer and Chief of DHHS Public Health Services
Dr. Christopher Rogers, Senior Administrator, DHHS Healthcare for the Uninsured
Dr. Tricia Boyce, Manager, County Dental Program
Leslie Graham, Chief Executive Officer, Primary Care Coalition (PCC)
Rosemary Botchway, Senior Montgomery Cares Administrator, PCC

       At this session, the HHS Committee will have an opportunity to have updates and discussion about three critical health programs provided by the County. Just as COVID-19 has impacted private medical and dental practices, it has impacted the County's programs for the uninsured and low-income residents. The Council has received brief updates on these programs as a part of their regular weekly updates but the HHS Committee has not had an opportunity for more in-depth discussion with the Department and the Primary Care Coalition, which administers components of Montgomery Cares and Care for Kids on behalf of the County.

       The Committee has received two letters jointly signed by the Chair of the Montgomery Cares Advisory Board, Chair of the Health Centers Leadership Council and Chair of the Primary Care Coalition's External Affairs Committee that are attached to the memo. The most recent dated September 30, 2020 (© 1-2) provides comments and concerns for each of the programs in the Healthcare for the Uninsured program area (Maternity Partnership and Healthcare for the Homeless are not part of this session). The second, dated July 27, 2020 (© 3-4) is focused on the Care for Kids Program. Lastly attached is the FY2020 Annual Report for Montgomery Cares,

prepared by the Primary Care Coalition (© 5-44). This report was presented to the Montgomery Cares Advisory Board at its September meeting.

Montgomery Cares – Background and Discussion Issues/Questions

The FY20 Data includes the following:

➢ 23,804 unduplicated patients (10% decrease from FY19).
➢ 61,293 encounters (15% decrease from FY19).
➢ Month to month data on encounters show that FY20 encounters were slightly less than FY18 and FY19 from July through January and then fell dramatically until April. They then increased from 3,500 encounters in April 2020 to 4,500 in June 2020.
➢ 66% of patients were between the ages of 30 and 64 years old.
➢ 55.6% identified as Hispanic/Latino.
➢ 64% were Female.
➢ 26 languages were spoken by patients; 74% of patients speak Spanish.
➢ 65% reported income below the Federal Poverty Level.
➢ System continues to have 10 clinics, two were unable to accept new patients due to staff reductions and COVID impacts.
➢ Nine clinics accept Medicaid, 8 accept Medicare, and 7 accept commercial insurance.

In August 2020 (FY21); Montgomery Cares reports a total of 4,519 encounters. About half were in-person (2,261) and about half (2,258) were tele-health visits. For July and August, encounters are still about 22% below where they were a year ago.

The FY20 Report also notes some of the changes that had to be made in response to the pandemic. Some of them include:

➢ DHHS initiated "Block Payments" to the clinics to provide financial sustainability in the absence of regular encounters/visits with patients.
➢ DHHS approved tele-health encounters for Montgomery Cares reimbursement.
➢ Unspent funds for primary care, preventive services, community pharmacy and specialty care were approved for purchase of Personal Protective Equipment (PPE) (PCC identified and contracted with PPE providers). The total spent was $569,386; including a $90,000 grant from the Greater Washington Community Foundation $90,000 for self-monitoring equipment to assist with tele-health.
➢ The Office of Eligibility and Support Services (OESS) has continued to process applications for eligibility; however, OESS had to change it process (for all its programs) in response to COVID-19 restrictions.
➢ DHHS extended through December 31, 2020 Montgomery Cares coverage for Qualified Health Plan (QHP)-eligible persons who did not enroll in a QHP.
➢ Clinics have been able to bill for all presumptively eligible patients during the public health emergency (waiving the previous limit of two visits for people who have not completed eligibility determination).

➢ In FY20, about 48% of the $11.4 million spent through the contract with the Primary Care Coalition was spent on clinic visits; 13% on community pharmacy and medbank; 8% on specialty care; and 8% on behavioral health.

Discussion Issue/Questions:

Future of Tele-health for Montgomery Cares: The data shows, that just as for private medical practices, encounters plummeted from February to April and then have started to come back. DHHS has begun reporting both in-person and tele-health visits, which in August were just about 50%/50% of the total encounters.   What is DHHS's view about the long-term inclusion of tele-health for Montgomery Cares and for the reimbursement schedule? PCC was able to obtain grant funding to provide some patients with home health monitoring equipment to assist with improving the tele-health. Should these types of costs be a component of an ongoing tele-health program?

"Block Payment" structure in FY20 and FY21: DHHS will provide the Committee with background on the implementation of the "Block Payment" structure in order to sustain the financial viability of the clinics. How is DHHS determining whether to continue a "Block Payment", return to the previous system of payment per encounter, or structure a hybrid that could include a base payment and also payment based on clinic visits?

Eligibility Process: The County has been transitioning the eligibility determination process to the Office of Eligibility and Support Services (OESS), which also enrolls people in other county funded health programs. One goal of this transition is to ensure that people who are eligible for other programs, such as Medicaid or Medicare, are enrolled in those programs – which provide more comprehensive benefits. PCC/MCAB/HCLC have continued to ask whether there is data on whether this new process has resulted in additional enrollments in Medicaid/Medicare. At the recent MCAB meeting, PCC discussed the concern that some people will not go through OESS because of their concern about public charge and this has increased the number of self-pay patients. Self-pay patients do not have access to pharmacy or other health care that is available to those enrolled in Montgomery Cares.

Date for changing eligibility for people eligible for a Qualified Health Plan (QHP): DHHS has postponed the change in eligibility criteria that would exclude people that were eligible to enroll in a QHP from participating in Montgomery Cares. DHHS can update the Committee on its current plans on moving forward with this transition. The letter from PCC/MCAB/HCLC asks if DHHS will continue to postpone making this change past the current date of December 31, 2020.

COVID Testing: Council staff has asked DHHS to update the Committee on which clinics are providing COVID-19 testing and how the cost may be covered (if it is) through Montgomery Cares or Por Nuestra Salud y Bienestar.

Flu Vaccines: Is there sufficient funding to allow the clinics to provide Montgomery Cares patients with flu vaccine and is there adequate supply?

Mental Health Supports: The annual report notes that since the pandemic more patients are reporting an increase in panic and anxiety. Patients requesting crisis intervention and referral, primarily for food and financial support, increased in the 4th quarter of FY20. The Council and DHHS have been discussing the impacts of the pandemic on the mental health of so many county residents of all ages and incomes. Are there opportunities for more collaboration in providing behavioral health supports for those who are identified through the Montgomery Cares program? The Montgomery Cares Behavioral Health Program provided services to 1,572 unique patients in FY 20. (Montgomery Cares Behavioral Health is at Holy Cross Health Centers, Proyecto Salud, Mercy Clinic, Muslim Community Center Clinic, and Kaseman Clinic.)

Care for Kids

The data reports on health care for the uninsured programs show a substantial increase in both newly enrolled (1,988; up 57%) and enrolled (6,191; up 16%) children when comparing FY20 to FY19. The data for FY19 and FY20 for July and August combined shows a 30% increase in total enrollment (5,747 compared to 4,434), but a significant decrease in newly enrolled children so far in FY21 (down 87% from 525 in FY20 to 69 in FY21).

The Council adopted a continuity of services budget for FY21. At this point in the budget year, there is sufficient appropriation to address an increase in costs. The long-standing policy has been that the County will not turn children away from this program and will inform the Executive and Council if additional funding is needed.

Discussion Issues/Questions:

Status of School Based Health Centers to serve Care for Kids patients: Council staff has asked DHHS to update the Committee on the status of gaining access to the two School Based Health Centers/Wellness Centers that DHHS has wanted to open. What is the impact on the Care for Kids program if these resources continue to be unavailable?

Future of Tele-health for Care for Kids: Does DHHS expect to put a structure in place to allow tele-health visits to continue after the health emergency is lifted? How are tele-health visits different when treating children and when is it preferable for children to be seen in person?

Funding for additional positions: The July letter from PCC/MCAB/HCLC specifically requested $129,148 for a Client Services Specialist and a Medical Assistant. The Medical Assistant would support the RN Case Manager. Has DHHS had an opportunity to discuss the recommendation for these positions with PCC and if so, does DHHS agree they are needed?

County Dental Clinics

The September report to the Montgomery Cares Advisory Board said that (1) Rockville and Dennis Avenue Dental Clinics have been open for emergencies throughout the pandemic; (2) Germantown and Metro Court Clinics have been open for a couple of weeks for emergencies; (3)

Silver Spring Fenton remains closed but the signage and voice message direct people to the main clinic number in Rockville. During July and August, the Dental Program served 176 patients through 198 visits. Most of these occurred in August (112 patients and 130 visits.)

Discussion Issues/Questions:

Modifications required for re-opening: Council staff has asked DHHS to update the Committee on the modifications that have been made to the clinic setting to provide additional safeguards for patients and staff.

Expected schedule for re-opening for non-emergency services: Council staff has asked DHHS to provide the Committee with an update on what is needed to expand services and hours so that non-emergency services can be provided.

Services for Children: Prior to the pandemic, there was a heavy demand for services for children, particularly new enrollees in Care for Kids. How have children's dental services been met?

Expanding Clinic Staff: Prior to the pandemic, there was an effort underway to increase dental staff. Has DHHS been able to move forward with its hiring efforts (employee or contractual)?

September 30, 2020

The Honorable Gabe Albornoz
Chair, Health and Human Services Committee
Montgomery County Council
Stella B. Werner Council Office Building
100 Maryland Avenue

Dear Chair Albornoz and HHS Committee Members:

The County's Healthcare for the Uninsured programs have long provided essential health services to low-income, uninsured residents of Montgomery County. Now, more than ever, it is essential to ensure the stability of these programs. We appreciate you taking the time to dedicate a full work session to understanding how the programs are addressing community needs during the COVID-19 crisis, and beginning to look at what is needed to prepare for the future.

Like many programs, the Healthcare for the Uninsured programs are grappling with a complicated environment. In some cases the complexity of COVID-19 exacerbates challenges and key issues that existed previously; in other cases, the response to COVID-19 will change how organizations operate in the future. As a result of the pandemic there will be even more low-income residents in need of services. As program stakeholders and advocates we have provided a summary of key priorities by program area.

Healthcare for the Homeless
- We commend DHHS for its significant efforts to address the needs of homeless and formerly homeless individuals. Homeless services have faced multiple challenges over the last 18-months first with moving the shelter on East Gude Drive to a temporary location on Taft Court, followed by the COVID-19 crisis requiring significantly more shelter space in order to maintain social distancing requirements. Through collaborations with the recreation department, social services providers, hotels, and others service delivery for people experiencing homelessness has been re-invented in a way that balances infection control and addressing the needs of the service population.

Maternity Partnership
- How have changes in operational processes with regard to eligibility screening affected the Maternity Partnership Program? Have changes in the application process impacted women's ability to access timely prenatal care?

County Dental Clinics
- During the state of emergency, only dental emergencies are dealt with at the County dental clinics. This is leading to delays in treatment and subsequent increase in demand for specialty dental care. We urge the Council to ask the DHHS about its future plans for the County Dental clinics, including when the clinics will open up for full capacity, the degree to which tele-dentistry has been explored, how the County clinics will coordinate services with the County's safety-net providers that have dental service capacity and plans to increase the availability of specialty dental care for eligible patients.

Care for Kids
- For several years, the number of children enrolled in Care for Kids (CKF) has grown substantially. CFK has faced budget shortfalls and unsustainable caseloads for the essential care coordinators in each of the last three years. Although the rate of new arrivals has slowed due to restrictions on movement, in FY21 CFK expects a high volume of renewals and will have to assign children to more contracted providers since school-based health is not available for in-person well child appointments and essential immunizations. How is DHHS planning to address the resource needs of Care for Kids for FY21 and FY22?

Montgomery Cares
- We wish to express our appreciation for DHHS using an alternative payment mechanism (APM) for Montgomery Cares, formally approved through September 30, 2020. This adjustment to the MCares payment model provided monthly block

funding based on historic visit volumes and enabled our safety-net providers to focus on care delivery rather than business sustainability. We appreciate the flexibility and the foresight to recognize the importance of ensuring the ongoing operations of Montgomery Cares participating providers and acknowledge the verbal communication form DHHS that the alternative payment mechanism will be extended through December 31, 2020; however formal approval is pending as of the date of this letter. Lack of clarity on the duration of the APM creates uncertainty for clinics. We urge the Council to seek an assurance from DHHS that the that clinics will be formally notified well in advance (30 to 45 days) of the conclusion of the APM so that they have sufficient time to adjust revenue forecasts.
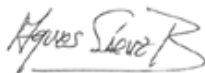
- At the start of the pandemic, MCares clinics quickly and adeptly pivoted to providing tele-health, including virtual visits, which has proven an effective method of care delivery. There is broad consensus that there should be a place for tele-health in the post pandemic world. In many ways it has improved patient access to care. DHHS and PCC have convened a workgroup to begin discussing key considerations for determining a model for long-term tele-health in Montgomery Cares. At the program level, policies developed to guide tele-health delivery must appropriately balance the need for tele- vs. in-person appointments based on patient needs and capacity, practitioner capacity, quality of care and business sustainability. We urge the Council to seek an assurance from the DHHS that they understand that for telehealth to continue reimbursement must be sustainable and considerate of the professional's time and infrastructure associated in tele-health delivery.

- In FY20, prior to the pandemic, Montgomery Cares underwent a significant transformation with regard to policies and procedures for determining eligibility. The pressures of the times notwithstanding, it is important to evaluate the impact of these significant changes related to the stated intention. Program partners remain unaware if the changes in eligibility determination processes resulted in more people getting connected to Medicaid or a QHP. What data are being regularly monitored and reported to understand the impact of this significant programmatic shift? Specifically, how many County residents who previously accessed Montgomery Cares services have been "newly" enrolled in Medicaid or a Qualified Health Plan (QHP)?

- As advocates, we remain concerned about continued access to affordable health care for the subset of Montgomery Cares patients who are potentially eligible for a qualified health plan (QHP). This concern is exacerbated by the increased unemployment rate and the loss of employer-based coverage (for people who may or may not be Medicaid eligible). Given this, we urge Council to inquire about DHHS' current considerations regarding Montgomery Cares eligibility for people with very low incomes who are QHP eligible but not Medicaid eligible. In addition, we urge Council to inquire about the response to the recommendations of the Affordability Workgroup that was convened last summer and provided recommendations on a pilot program related to healthcare affordability for QHP eligible residents with very low incomes. What decisions have been made regarding continued access to affordable health care for QHP eligible patients with very low incomes? In the absence of an alternative, is DHHS prepared to extend the time people can be served through Montgomery Cares beyond December 31, 2020?

We thank you for your leadership during these trying times and for your attention and thoughtful oversight of these programs that are providing a vital community service.

Sincerely,

Wayne Swann
Chair, Montgomery Cares Advisory Board

Agnes Saenz
Chair, Health Centers Leadership Council

Dick Bohrer
Chair, External Affairs Committee Primary Care Coalition

CC:
Linda McMillan, Senior Legislative Analyst, Montgomery County Council
Christopher Rogers, Senior Administrator, Health Care for the Uninsured, Department of Health and Human Services
Tara Clemons, Contract Monitor, Health Care for the Uninsured, Department of Health and Human Services

July 27, 2020

HHS Committee
C/O Councilmember Albornoz
Chair HHS Committee
Montgomery County Council
100 Maryland Avenue
Rockville, MD 20850

Dear Councilmembers Albornoz, Glass, and Rice:

As you know, Care for Kids is a highly effective program that delivers culturally and linguistically appropriate services to immigrant children in Montgomery County who are not eligible for state or federal health coverage. There has been a dramatic increase in CFK participation over the last several years as Montgomery County welcomes Children Fleeing Violence in Central America and other countries. This mounting pressure on the program has been exacerbated by the COVID-19 outbreak and its impacts on program operations. We have significant concerns about our ability to continue to serve children and their families with a degree of quality and customer service that we know they deserve.

With this letter we are focusing on two of the most significant challenges, which manifest in two ways.

1) Access to medical services
2) Sustainability of case loads

Access to Medical Services

Program Need: $230,000 in funding for medical services

In the first three quarters of FY20, CFK enrolled on average 211 new children into the program per month. The average enrollment of new children in the same time period in FY19 was 104 children, and 91 new children per month were enrolled on average in the first nine months of FY18. Even with significant dips in enrollments in the last quarter of FY20 (attributable to COVID-19) the program will close the year with 650 more children enrolled than in FY19.

Rapid increases in enrollment are putting pressure on the service network. Prior to the COVID-19 outbreak, School Based Health Centers were at or nearing capacity for CFK slots. During the pandemic, while School Based Health Centers are closed, the 1,400 CFK children who were assigned to school-based health as their medical home are being served by contracted providers. Furthermore, PCC anticipates increased need for pediatric specialty oral health as services were postponed due to COVID-19 related practice closures and closure of the DHHS operated dental clinics where CFK children receive primary dental care.

In May 2020, CFK faced a budget deficit which required DHHS to provide one-time additional funding in the amount of $276,000. While this enabled the program to maintain services for the rest of the fiscal year these funds were not an addition to the base budget and are not included in the FY21 budget.

Based on the population size, service utilization trends, and budgetary impact of a larger population of children assigned to contracted providers, PCC projects a shortfall between $230,000 and $300,000 in medical services in FY21. The unknown variable is the cost that will arise from delayed oral health treatment.

Sustainability of case loads

Program Need: $129,148 to hire 1.0 FTE Client Services Specialist and 1.0 FTE Medical Assistant to Support RN Case Manager (inclusive of fringe and indirect cost)

Children participating in Care for Kids come to the program with complex histories that require a high level of care coordination and navigation to ensure they are matched with the services they need. During the COVID-19 pandemic when practices are facing pressures and altering operations to support their infection control practices. The complexity of

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navigating services in this context difficult for any patient, but profoundly so CFK children and their families who experience psycho-social and socioeconomic barriers to care.

Exceptional client service and care coordination are integral to the effectiveness of the Care for Kids program; however, staffing levels have not kept up with the rate of program growth leading to unsustainable caseloads for program staff.

In FY19, the eligibility term for CFK was extended from one to two years. This briefly eased the burden on client services staff who process enrollments to keep up with the rapid growth in the number of new patients entering the program each year. FY21 will see the first year of renewals for children and families who joined the program with a two-year eligibility period—3,440 CFK children are expected to renew in FY21. This will manifest while program staff continue to manage the high rates of new entrants into the program, and will be exacerbated in FY21 because children whose eligibility was set to expire in the last quarter of FY20 received an automatic extension due to COVID-19 pushing their renewal period into the first part of FY21. CFK requires additional client services staff in order to process enrollments and ensure children are connected to care in a timely fashion.

With the rising program enrollment over the last several years, Care for Kids has seen increases in specialty care referrals, including greater need for long-term case management of children with complex medical needs. There has been no increase in clinical staffing to support these activities during this period. With an overall program population of more than 6,000 children CFK has only one RN Case Manager. There is a critical need to add capacity to support some of the care management and navigation by hiring a Medical Assistant to work with the RN Case Manager.

CFK provides case management for children requiring specialty or ancillary health care services or pharmacy services. Short-term case management helps families obtain services such as optometry, routine medication authorization, or ancillary services. Physical therapy after orthopedic treatment is the most frequently requested ancillary service. Long-term case management occurs when children require more complex or extended health care. The CFK Nurse case manager:

- Arranges specialty care appointments including delivery of relevant notes, labs, and diagnostic tests
- Follows-up with patients to ensure they fully understand the child's condition and how to care for the child at home
- Coordinates ancillary specialty needs
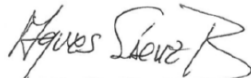- Continues to follow up until the child's health concerns are resolved

In addition to the points above, there are other pressing needs which we want to acknowledge but will defer in recognition of the County's fiscal situation. These include:

- Addressing pay equity for staff allocated 100% to the CFK contract with the county
- Addressing the per-encounter reimbursement rate for CFK providers

We greatly appreciate your recognition of the important role of primary care providers in supporting our community's response to the COVID-19 pandemic and the approval of a special appropriation to shore up primary care practices and the Montgomery Cares system. As the HHS committee continues its we request that you also consider the specific needs of the Care for Kids program based on the matters described above.

Wayne Swann
Chair, Montgomery Cares Advisory Board

Agnes Saenz
Chair, Health Centers Leadership Council

Dick Bohrer
Chair, External Affairs Committee
Primary Care Coalition

CC:

Tara Clemons, Contract Monitor, Healthcare for the Uninsured Programs, DHHS

Linda McMillan, Senior Analyst, Montgomery County Council

Montgomery Cares Annual Report Fiscal Year 2020

Elizabeth Arend, Director of Provider Services

Rose Botchway, Senior Montgomery Cares Administrator

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Fiscal Year 2020: A watershed moment for the Montgomery Cares Program

The year ushered in the implementation of the revised DHHS Eligibility Policy, Affordability Workgroup Recommendations, Public Charge Regulations, and the wrath of COVID-19.

These events brought many unexpected changes to some of the best laid plans; yet fostered opportunity for cooperation, collaboration, and transformation.

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Forging Forward

Collaboration, Cooperation, and Transformation

Montgomery Cares Reimbursement and Service Delivery

- PCC led initiative and DHHS approved block payments, which ensured clinic sustainability during COVID-19 pandemic
- DHHS approved telehealth encounters for Montgomery Cares reimbursement
- New visit type codes were added to document telehealth visits
- Greater Washington Community Foundation awarded PCC $90,000 for patient self-monitoring equipment to enhance telehealth and remote patient monitoring

Support of CDC and County Recommendations to Manage Pandemic

- PCC initiated bi-weekly Montgomery Cares COVID-19 meetings to track the changing landscape (public health guidance, county directives, supply chain, testing, funding, resources for mental health, etc.)
- PCC researched and monitored changing FDA approvals and CDC guidance for PPE

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Collaboration, Cooperation, and Transformation

Workforce Disruptors

- Mid-March: PCC and County government workers moved to a telework schedule for eligible employees; considered other social distancing and protective measures for employees having direct contact with the public; OESS staff continue to process individuals for eligibility.

- Clinic personnel adjusted work schedules for administrative staff, dental personnel, geriatric providers, and volunteers at various level of support

Policy Decisions impacting Eligibility and Expanded Coverage

- DHHS extended Montgomery Cares coverage to QHP-eligible patients who did NOT enroll in a QHP through December 31, 2020.

- DHHS waived the "two visit rule" for duration clinics receive block payments. All clinics allowed to bill Montgomery Cares for presumptively eligible patients for the duration of the public health emergency.

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Collaboration, Cooperation, and Transformation

Innovation to Organize Resources to Address Crisis Challenges

- Flexibility granted to DHHS contract monitors to make case-by-case decisions about FY20 budget deviations due to COVID-19.
- DHHS adjusted contract processes, which allowed for expenditure within budgets for COVID-related purchases
- DHHS approved expenditure of unspent funds from Primary Care, Preventive Services, Specialty Care, and Pharmacy for Personal Protective Equipment (PPE) purchases ($479,386)
- DHHS relaxed signature requirements for invoice approval as individuals work remote so as not to interfere with timely contract reimbursements
- PCC identified Asian sources to purchase essential PPE
- PCC contracted with logistics company to accept bulk shipments and process PPE for delivery

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FY 2020 Program Performance

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Program Challenges

- Fewer encounters per patient network-wide compared to prior years, fiscal impact of anticipated decrease in volume after block payments end
- Increase in self-paying patients; diminishing access to Community Pharmacy medication and specialty care
- Increased administrative burden for clinics with implementation of DHHS eligibility policy
- Increased complexity for patients to provide required eligibility documents
- Patients fear of sharing information with a government entity (Public Charge)
- Delays in data transfer between OESS via PHS to PCC to update the Montgomery Care Eligibility Database

Covid-19 Related Challenges
- Pharmaceutical Distribution
- Ability to retrieve consent, documents and information from patients
- Interpretation during virtual encounters; technical barriers for patients accessing virtual care
- Electronic patient signature platforms
- Staffing Changes (Paid and Volunteer)
- Delays or diminished preventive and specialty care services

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Select Clinic Highlights

- Space expansions and renovations (CCI/Mary Center)
- New Revenue Source (Cath Charities -Medicaid pending/CCACC credentialed with Amerigroup and United Health Care)
- Increased Outreach (Catholic Charities/Mobil Med/MCC/Proyecto Salud)
- Improved Patient Satisfaction Score (Holy Cross-AH – CG CAHPS)
- Improvement on specific QI scores (Kaseman/CCI/Proyecto Salud)
- Strategic Planning (Catholic Charities/CCACC/Mercy Health)
- Community Recognition Awards (Mary Center)
- New software initiatives (beyond telehealth) (Holy Cross/CCI/MCC)

Retrieved from Clinic Quarterly Narrative Reports

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Montgomery Cares FY2020 Expenditures (PCC Budget)

Budget Line	% FY 2020 Expenditure
Clinic Visits	48%
Sp/Prev Care – Project Access	8%
Community Pharmacy - Medbank	13%
Behavioral Health Program	8%
Information Technology/EHR	4%
Oral Health Program	4%
Comm/Homeless	1%
Provider Services	4%
Program Management/QA	2%
Indirect	8%
Total Expense	100%
FY 2020 Budget	$11,826,796.68
FY 2020 Actual	$11,441,378.18
Excess Returned to Montgomery County	$385,418.50

Montgomery Cares Expenditures FY2019 (PCC Budget)

- Program Mgmt/QA 2%
- Indirect 8%
- Provider Services 4%
- Comm./Homeless
- Dental 4%
- IT 4%
- BHP 8%
- Pharmacy 13%
- Sp/Prev Care 8%
- Clinic Visits 48%

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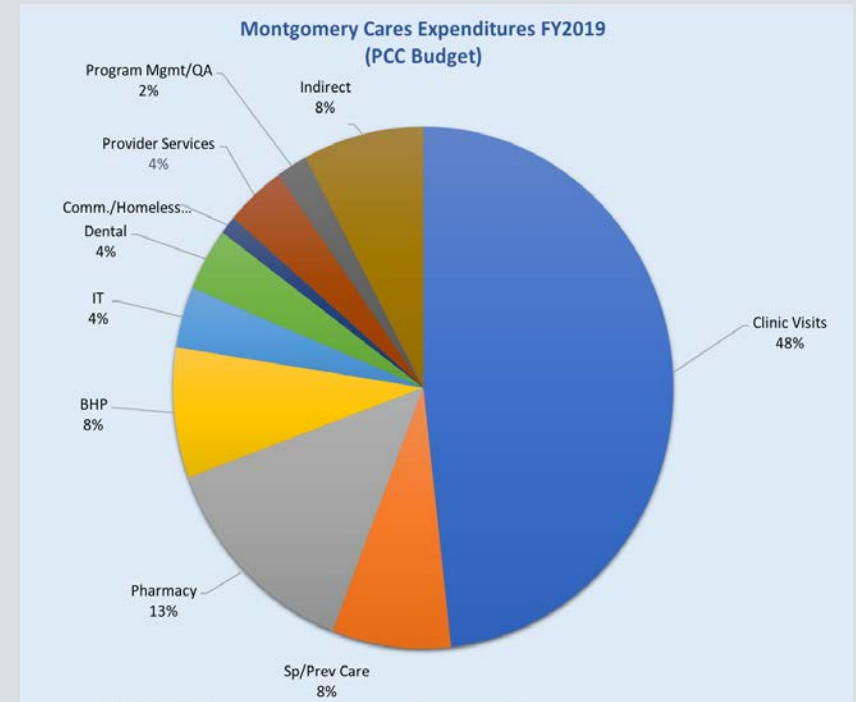
Montgomery Cares FY20 Patient Demographics

64.5% of Patients Report Incomes Below the Federal Poverty Level

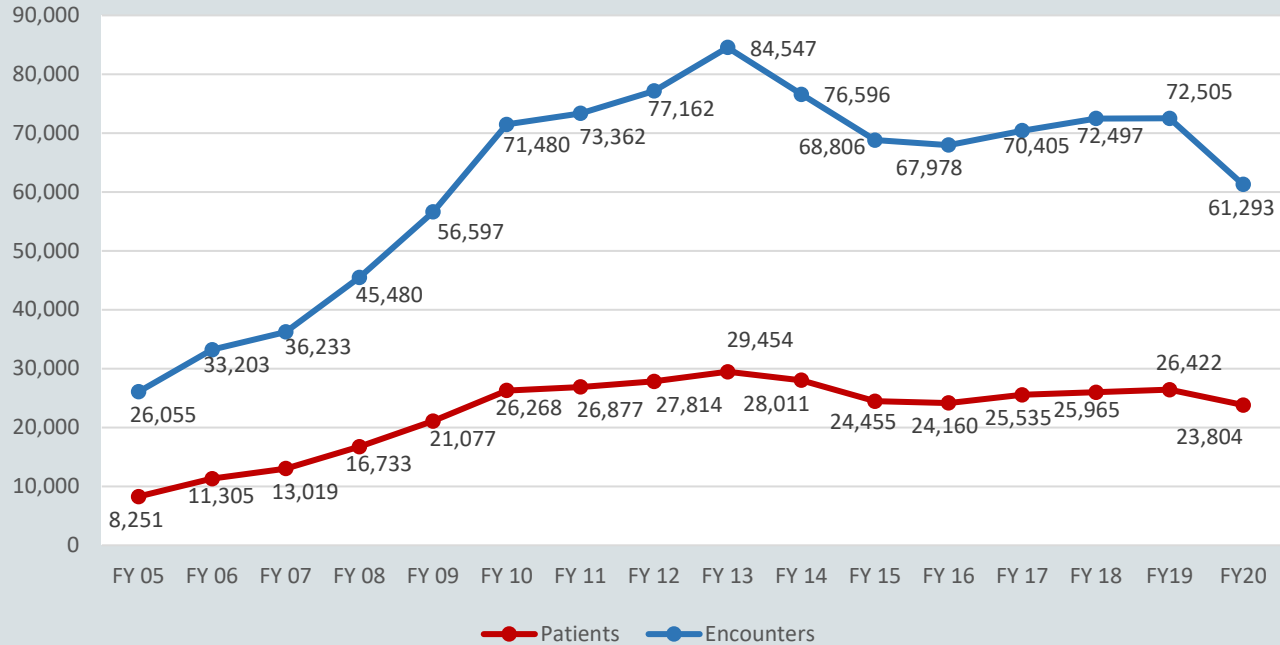76% of Patients are Between 30 – 64 Years of Age

64% of Patients are Female

Patients Speak 26 Languages 74% Speak Spanish

55.6% of Patients Identify as Hispanic/Latino

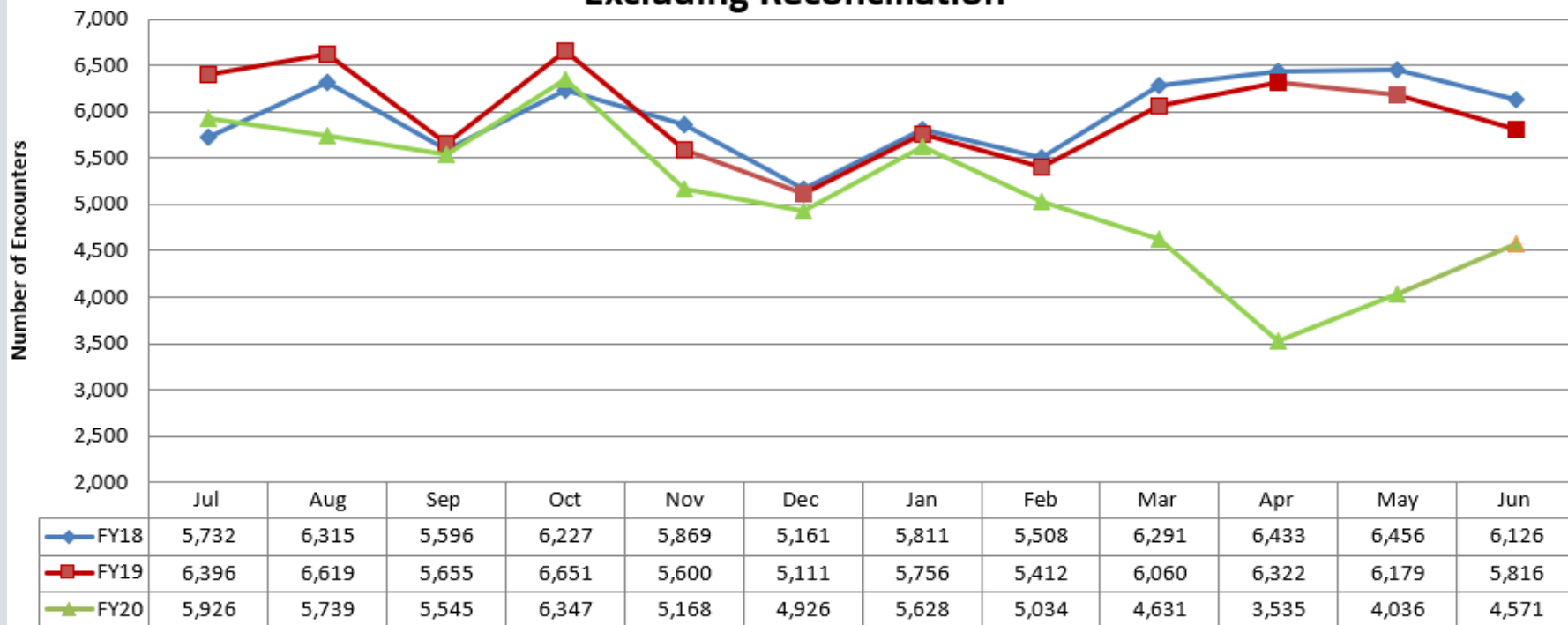primary care coalition

Montgomery Cares FY2005 – FY2020

FY2020 Patients and Encounters

The clinics met 85% of the original FY2020 budget for encounters

Year to Date	FY20 Unduplicated Patients			FY20 Encounters			Reimbursement
Clinic	Projected Patients	Unduplicated Patients	% of Projection	Projected Encounters	YTD Encounters	% of Target Met	MCares Payment $76.50/Visit
Catholic Charities Medical Clinic	1,628	789	48%	2,440	1,979	81%	$151,393.50
CCACC-PAVHC	350	273	78%	800	541	68%	$41,386.50
Community Clinic, Inc.	4,730	2,717	57%	8,988	5,856	65%	$447,984.00
CMR - Kaseman Clinic	1,300	1,014	78%	3,300	2,702	82%	$206,703.00
Holy Cross Hospital Health Centers	7,365	7,552	103%	14,730	15,130	103%	$1,157,445.00
Mary's Center	1,280	1,170	91%	3,541	3,339	94%	$255,433.50
Mercy Health Clinic	2,050	1,899	93%	7,200	6,356	88%	$486,234.00
Mobile Med	3,535	3,258	92%	13,464	11,216	83%	$858,024.00
Muslim Community Center Medical Clinic	2,000	1,744	87%	5,600	3,953	71%	$302,404.50
Proyecto Salud - Wheaton & Olney	4,680	3,388	72%	14,040	10,221	73%	$781,906.50
General Medical Clinic Totals	28,918	23,804	82%	74,103	61,293	83%	$4,688,914.50
Montgomery Cares FY20 Budget	28,000		85%	72,000		85%	$5,508,000.00

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Montgomery Cares Encounters: FY2018-FY2020
Excluding Reconciliation

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY18	5,732	6,315	5,596	6,227	5,869	5,161	5,811	5,508	6,291	6,433	6,456	6,126
FY19	6,396	6,619	5,655	6,651	5,600	5,111	5,756	5,412	6,060	6,322	6,179	5,816
FY20	5,926	5,739	5,545	6,347	5,168	4,926	5,628	5,034	4,631	3,535	4,036	4,571

Y-axis: Number of Encounters

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Unduplicated Patients & Encounters by Clinic FY2020

	Catholic Charities	CCACC	CCI	Kaseman	HCHC	Mary's Center	Mercy	Mobile Med	MCC	PS	Total
Encounters	1979	541	5856	2702	15130	3339	6356	11216	3953	10221	**61,293**
Patients	789	273	2717	1014	7552	1170	1899	3258	1744	3388	**23,804**
Ratio	**2.51**	**1.98**	**2.15**	**2.66**	**2.00**	**2.85**	**3.45**	**3.44**	**2.27**	**3.01**	**2.57**

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Community Pharmacy FY2020 Expenditures

Category	FY20 Budget Allocation	Q1	Q2	Q3	Q4	Total Expenditure
General Formulary	$928,923	$229,680	$165,194	$206,837	$251,298	$853,009
Diabetic Supplies/ H. Pylori	$303,058	$34,210	$58,417	$70,726	$111,756	$275,109
Flu Vaccines	$96,844	$96,506	$338	$0	$0	$96,844
Upton (Bridge Meds)	$3,710	$0	$0	$0	$0	$0
Vaccines	$92,200	$23,629	$23,568	$24,072	$25,417	$96,686
Reprogrammed Funds COVID/PPE					$103,087	$103,087
Total	$1,424,735	$384,025	$247,517	$301,635	$491,558	$1,424,735

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FY2020 PHARMACY EXPENDITURE BY CATEGORY

Category	Value
Reprogrammed COVID/PPE	103,087
Cardiovascular	240,023
Insulin	241,716
Pulmonary	171,431
Flu Vaccines	105,009
Diabetic Supplies/Hpylori	275,109
Endocrine	99,081
Immunizations	96,686
Mental Health	33,241
Antibiotics	30,393
Family Planning	26,659
Topicals	2,290

(Axis: -, 50,000, 100,000, 150,000, 200,000, 250,000, 300,000)
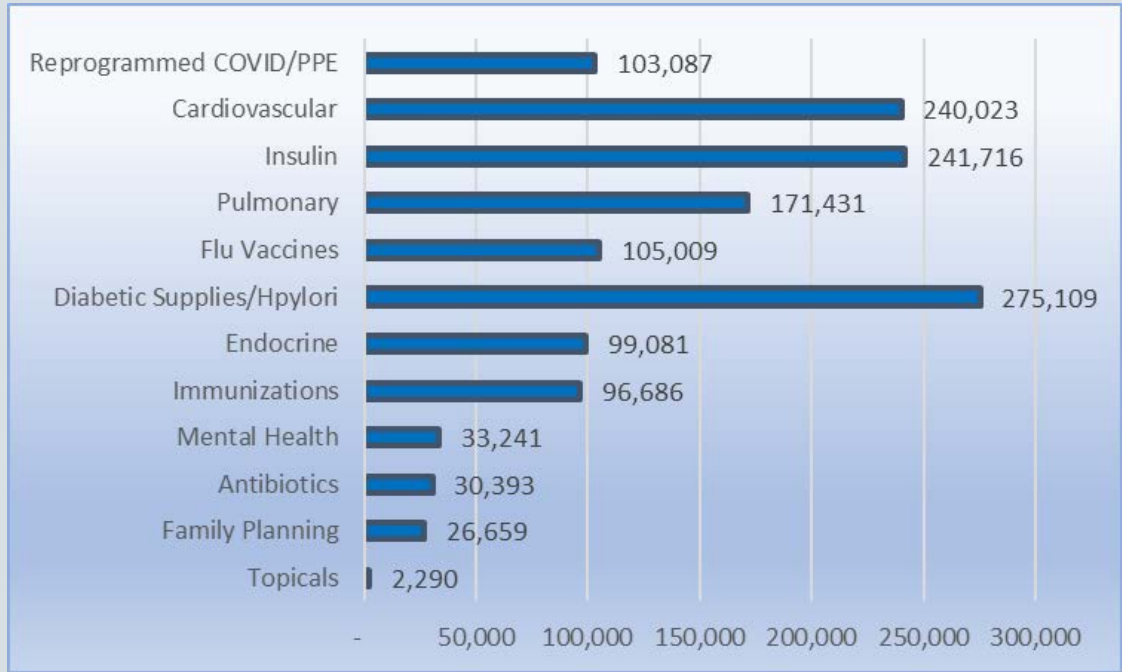
	FY2020 Expenditure
General Formulary	$853,009
Diabetic Supplies/ H. Pylori	$275,109
Flu Vaccines	$96,844
Upton (Bridge Meds)	$0
Vaccines	$96,686
Reprogrammed Funds COVID/PPE	$103,087
Total	$1,424,735

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Medbank Cumulative Value of Free & Discounted Meds Received

Results	
Medication Value Received	$6,122,234
Patients Assisted (active)	1,179
Prescriptions Processed	3,171
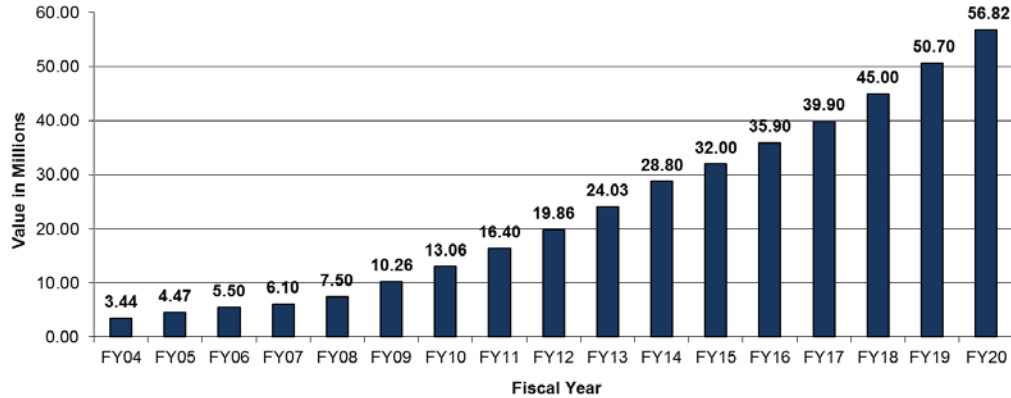
Fiscal Year	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20
FY Value (millions)	2.0	1.03	1.03	0.6	1.4	2.76	2.8	3.34	3.68	4.17	4.8	3.2	3.9	4.0	5.1	5.7	6.1

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Montgomery County Medbank FY 2020

Category	Q1	Q2	Q3	Q4	FY20 YTD	FY19 Total	FY18 Total
Value of Medications Received	$1,560,671	$1,819,474	$1,813,168	$928,921	$6,122,234	$5,565,161	$5,112,729
Applications Processed	839	944	865	523	3,171	3,138	3,108
Active Patients *	1,164	1,175	1,184	1,193	1,179	1,360	1,363
New Enrollees (captured in active patient volume)	73	64	77	32	246	198	230

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Montgomery Cares Pharmacy Program Overview

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Project Access Specialty Care Utilization

In FY 2020, Project Access:

- Received 3,451 referrals
- Documented 2,490 appointments kept or confirmed (under-reports pro bono visits)
  - 1,743 Montgomery Cares appointments
  - 372 Nexus Montgomery appointments
  - 29 Care For Kids appointments
- Served 978 unique patients
- Returned 881 referrals
  - Referred 67 patients to other programs (e.g. CCHCN, state funded screening/treatment)
- Coordinated 7 Maryland Cancer Fund applications

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Project Access Specialty Care Activities

- Strictly enforced use of Referral Guidelines prior to coordinating a specialty care consult
- Conducted quarterly Referral Coordinators Meetings and annual Refresher Training
- Assumed Provider Services/Recruitment & Retention responsibilities,
  - Provider visits to address concerns and maintain relationships
  - Successful recruitment of critical specialties including hematology/oncology and nephrology
- Successfully coordinated seven Maryland Cancer Fund applications to enable comprehensive cancer care for seven patients.
- Leveraged Pro Bono and State Services
  - $11,211.61 in discounted Quest labs (assisted 7 patients in applying for financial assistance)
  - $140,000 approved Maryland Cancer Fund grants
  - Community Specialty Services $ $407,276
  - In Hospital Services $ $832,938
  - Total PA donated Services: $1,240,214

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(26)

Project Access Specialty Care Network Challenges

- Loss of available paid and pro bono specialists and appointments
  - Practice closures due to the impact of COVID-19
  - Reduction in number of cases accepted
  - Referral challenges
- Specialty specific and diagnosis specific challenges
  - The Project Access Nurse Clinical Manager has identified and prioritized specialty care recruitment and retention needs
- Formal budget approval was not received from DHHS to transfer salary dollars from Provider Services to Project Access to support provider recruitment and retention responsibilities; will again seek approval in FY 21

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Montgomery Cares Behavioral Health Program Overview

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Montgomery Cares Behavioral Health Program Overview

<u>Covid-19 Challenges</u>:

- Patients report being highly impacted by COVID-19 with re-emerging or new symptoms of anxiety, panic, and loss of services (e.g. services for children with disabilities)
- In Quarter 4 of FY20, both crisis interventions and food referrals were up significantly from previous quarters; likely due to needs related to COVID-19.
- The most reported case management needs have been food and financial support (rent, payment for prepaid phones, etc.)
- Although COVID-19 has brought many challenges, patients share they find telehealth/telephonic support very helpful and decreases barriers to care
- MCBHP staff report challenges in connecting patients needing more acute care due to changes in operations at county behavioral health agencies. This was a challenge earlier in the year, but staff report COVID-19 has caused increased difficulty.

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Montgomery Cares Behavioral Health Program Overview

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Montgomery Cares Behavioral Health Program Overview

Operations and Staffing Updates:

- 3 staff left and 3 new care managers were hired (MCC Clinic, Proyecto Salud Olney and Wheaton, and Holy Cross Health Center Aspen Hill/Germantown) Care Manager at Holy Cross Silver Spring left at the end of June, and recruitment is underway for a replacement.

- 2 Bachelor level social work interns completed practicums.

- One supervisory behavioral health care manager was on maternity leave starting late April and returned mid-July. Director and another care managers provided coverage of supervisory and clinical duties.

- Due to COVID-19, MCBHP staff transitioned to telehealth services (video and telephone) in March, including collaborative care (including case management) and traditional behavioral health services.

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Montgomery Cares Behavioral Health Program Patients Served

|	Unique Patients Receiving services	% Unique Patients Receiving services
Holy Cross Health Centers	722	9.6%
-Aspen Hill	127	
-Germantown	115	
-Gaithersburg	188	
-Silver Spring	292	
Proyecto Salud	438	12.9%
-Olney	67	
-Wheaton	371	
Mercy Clinic	225	11.8%
Muslim Community Center Clinic	81	4.6%
Mansfield Kaseman	106	10.5%
Total	**1,572**	**10.1%**

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MCBHP Collaborative Care Activities

- MCBHP has 10 quarters of data (FY18 Q3 and Q4, and FY19 and FY20) after changing documentation practices to align with Medicare Collaborative Care service definitions. This involves tracking time spent by Care Managers, social work interns, the Community Resource Coordinator, and the Psychiatric Services Coordinator.
- Minutes can be face-to-face or telehealth, phone, consultation, home/community based for patient care activities.
- MCBHP tracks the number of times each service type is provided, and the amount of time spent.
- Services fall into two broad categories. Ratios have generally remained consistent throughout the last 10 quarters.
  - 1/3 of time has consistently been spent on traditional mental health services (e.g. initial evaluation; therapy session)
  - 2/3 of time was spent on collaborative care activities (e.g. case consultation with a psychiatrist and/or a primary care provider; case management; meeting with a patient to track treatment progress)
- FY20 Q4 had significantly higher ratio of collaborative care time, likely due to higher case management needs related to COVID-19

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MCBHP Program FY2020 Collaborative Care Activities

MCBHP Collaborative Care Model: Time Devoted to
Traditional and Collaborative Care Activities
FY20

■ Traditional BH   ■ Collaborative Care
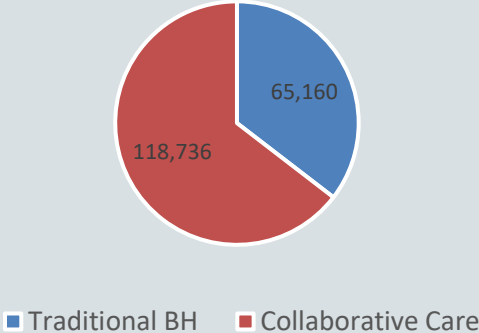
Montgomery Cares Quality and Clinical Services

o   CCI and Proyecto received gold level recognition

o   Human Trafficking/Chronic Kidney Disease/DHHS Public Health
o   Seasonal Influenza and Immunization Update

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Montgomery Cares FY 2020 Annual Report

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COVID-19 Supply Chain Coordination

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COVID-19 Supply Chain Coordination

Personal Protective Gear	Home Monitoring equipment for Care Delivery via Telemedicine
Surgical Masks (73,000)	BP Monitors (hypertension)
Gloves (15,000)	Body Weight Scales (hear t failure)
N95 Respirator Masks (31,500) and training	Glucose Monitors and Testing Supplies for Maternity patients (diabetes)
Isolation Gowns (15,000)	Nebulizers (asthma, acute ,and chronic respiratory)
Hand Sanitizers (4,000)	Thermometers (acute illness/COVID)
Goggles (600)	Pulse Oximeters (acute chronic/respiratory illness/COVID)
Face Shields (3,300)	Peak Flow Meters (asthma, acute, and chronic respiratory)
Disinfectant Wipes (1,104 packs)	
Fit Test Kits (4)	

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Information Technology FY2020 Summary

Communication Security and Enhancements

- Switched all email accounts to use Multifactor Authentication
- Implemented transport rules, and review processes to block Phishing email attacks
- Introduced Powershell based monitoring and communication security processes
- Provided 10 Lunch & Learn sessions for staff to understand email security
- Implemented Microsoft Teams from Skype for Business. Provided staff training.
- Made necessary changes to provide easy Remote Access for all staff members during Covid-19 work from home duration.
- Expanded SharePoint usage during Covid-19 work from home duration for enhanced security of shared data, effortless collaboration and Simplified Information Exchange.

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Information Technology FY2020 Summary (continued)

System Security Enhancements

- Security assessment for CHLCare, Care2care, CapitalConnectorTracking systems at Rackspace
- Restricted system access by using advanced SSL cipher and protocol suites
- Added new funding streams to support effective program management and data analysis
- System enhancement to support the large numbers of canceled and rescheduled appointments
- Custom reports for Nexus related Project Access referrals
- Modified FPL-based fee design to allow provider-specific fixed visit and procedure fees
- Modified status and scheduling report to improve PA appointment efficiency and for better coordination between clinic and providers
- Added functionality for CHLCare CCHCN specialty referrals collaboration and reports
- Phase 1 activities to accept electronic claims request from Project Access providers.
- Enhanced and expanded sFTP capabilities for PCC to received swift, secure and timely data directly from partner organizations. without manual inputs

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Information Technology FY2020 Summary (continued)

Care2care Behavioral Health and Medbank
- Implemented document upload capability to support clinic submission of required documents
- Modified and expanded database content to enhance data specificity for improved program management
- Added new custom utilization reports

Data Projects
- To improve reporting capabilities and data insight for the participating eCW clinics, PCC data team created 10 new reports and modified 25 existing reports in eCW's reporting platform known as eBO
- A new ETL tool (Talend) has been installed to import data daily.
- 14 New Computers were configured and distributed to users.
- 14 used Computers were cleaned and distributed to clinics

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Information Technology FY2020 Summary (continued)

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Montgomery Cares Program Transformation

- Historically, the Montgomery Cares program has only reimbursed for a face-to-face encounter. The COVID-19 pandemic transformed care delivery with a rapid shift to telehealth. DHHS, PCC, and a telehealth workgroup inclusive of clinic representatives are working on a plan to permanently provide telehealth/telemedicine through the Montgomery Cares contract.

- The Montgomery Cares Eligibility Policy has the potential for positive impact on the patient population by connecting patients to the highest levels of health coverage and social services for which they are eligible. DHHS and PCC are conducting purposeful, continuous process improvement to address the challenges of implementation to achieve the policy's objective.

- The new Public Charge rule, along with other immigration policy and language, created fear and confusion for existing and potential program participants and their families, which caused avoidance and/or abandonment of use of public benefit programs. DHHS and PCC's efforts, in conjunction with other collaborative efforts throughout the safety-net, are ongoing to craft effective messages and identify trusted messengers to work across the Montgomery Cares diverse population to educate and assist individuals apply for needed services.

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Montgomery Cares Program and System Transformation Challenges

- Development of a comprehensive Montgomery Cares Telehealth Policy
- Payment parity to reimburse telehealth at the same rate as a face to face encounter
- Infrastructure for telehealth implementation
- Telehealth interpreters and translation services
- Strong network for specialty care referrals
- Support for low-income patients who lack health and digital literacy
- Electronic capture of patient signatures for consent and other documents
- Network preservation through duration of unforeseeable end to pandemic
- Immigration status/fear of accessing resources due to new Public Charge rule
- Planning for next wave of COVID-19 and upcoming influenza season
- Surge in demand for Behavioral Health Care Services

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Environmental Challenges

- **Montgomery County Projected Pandemic-related Revenue Shortfall:** COVID-19 is just a much a health care crisis as it is an economic crisis. Montgomery county as others are balancing normal operations while enacting special appropriations to deal with the pandemic crisis. The County Executive has issued a directive for government agencies to cut 6% of their approved budgets for the current fiscal year and the next year as part of a revised savings plan.
- **Public Charge:** Public Charge can form the basis for denying admission to intending immigrants. Beyond the affordability of healthcare, a consequence of the Public Charge concern is fear of utilizing a possibly expanded list of programs that can make someone ineligible for legal permanent residency, to include: long-term care, TANF, SSI, the Earned Income Tax Credit, WIC, Food Stamps, Medicaid, MCHP, and subsidies for Qualified Health Plans.
- **Presidential Election Outcome:**
  Healthcare coverage and access were central issues in the 2020 presidential campaign before COVID-19. The 2020 presidential election is the most significant factor shaping the future of healthcare policy.
- **Accelerated development of a safe and effective coronavirus vaccine**

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Public Health Services Update

HHS Sub-committee

10.8.20

Overview

- Introductions
- Division overview, updates
  - Covid-19 response
  - Surveillance, epidemiology
  - Maternal and child health
  - School health
  - Licensing, regulatory services
  - Population health
  - Communicable diseases, disease control
  - Dental services
  - Montgomery Cares, affiliated programs

Organization chart updates

Department of Health and Human Services – Public Health Services
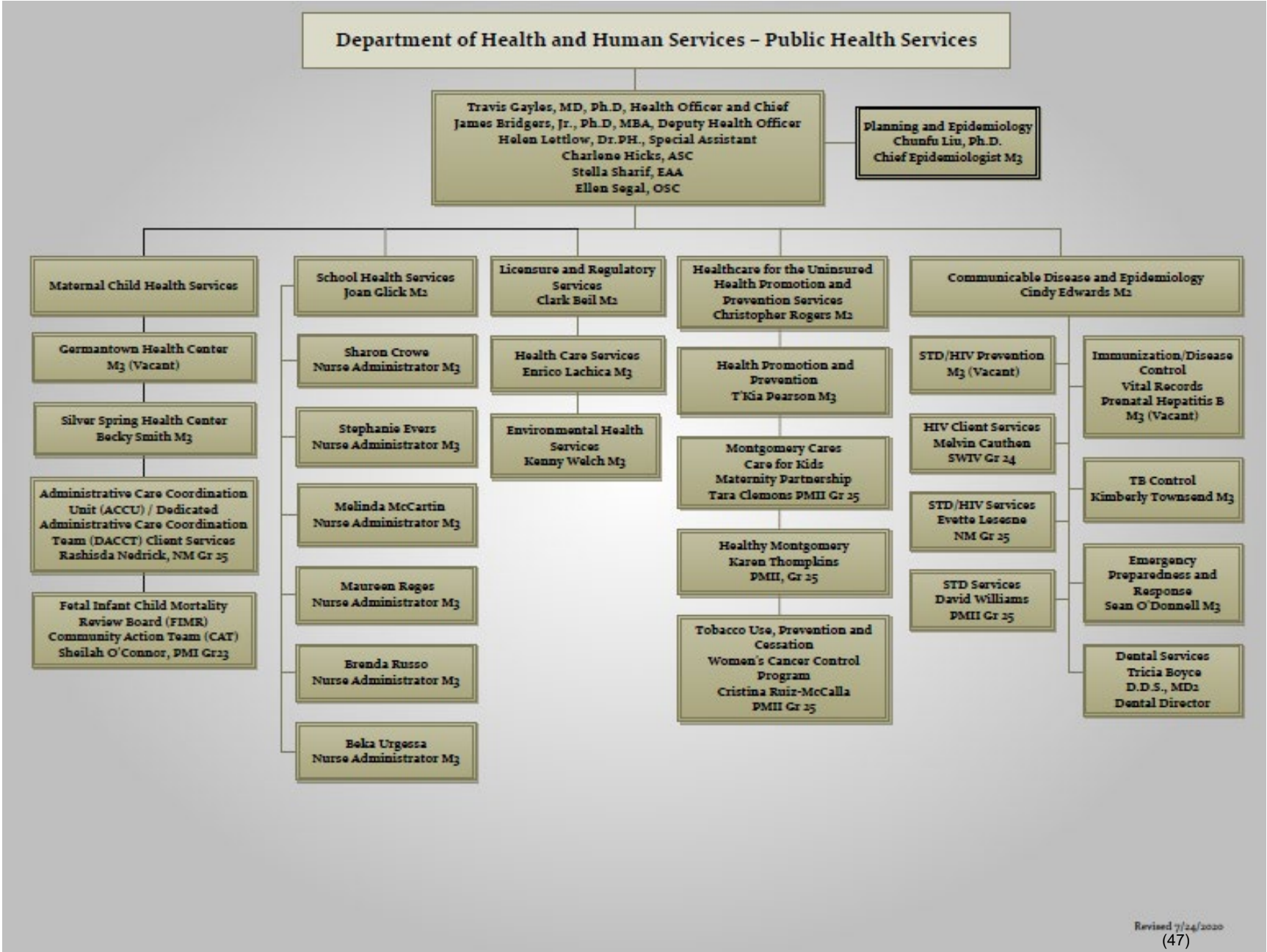
Challenges

- Cuts to grant funding for numerous programs
- Integration of new technology in an 'uncertain' setting
- Workforce capacity
- C-O-V-I-D-1-9
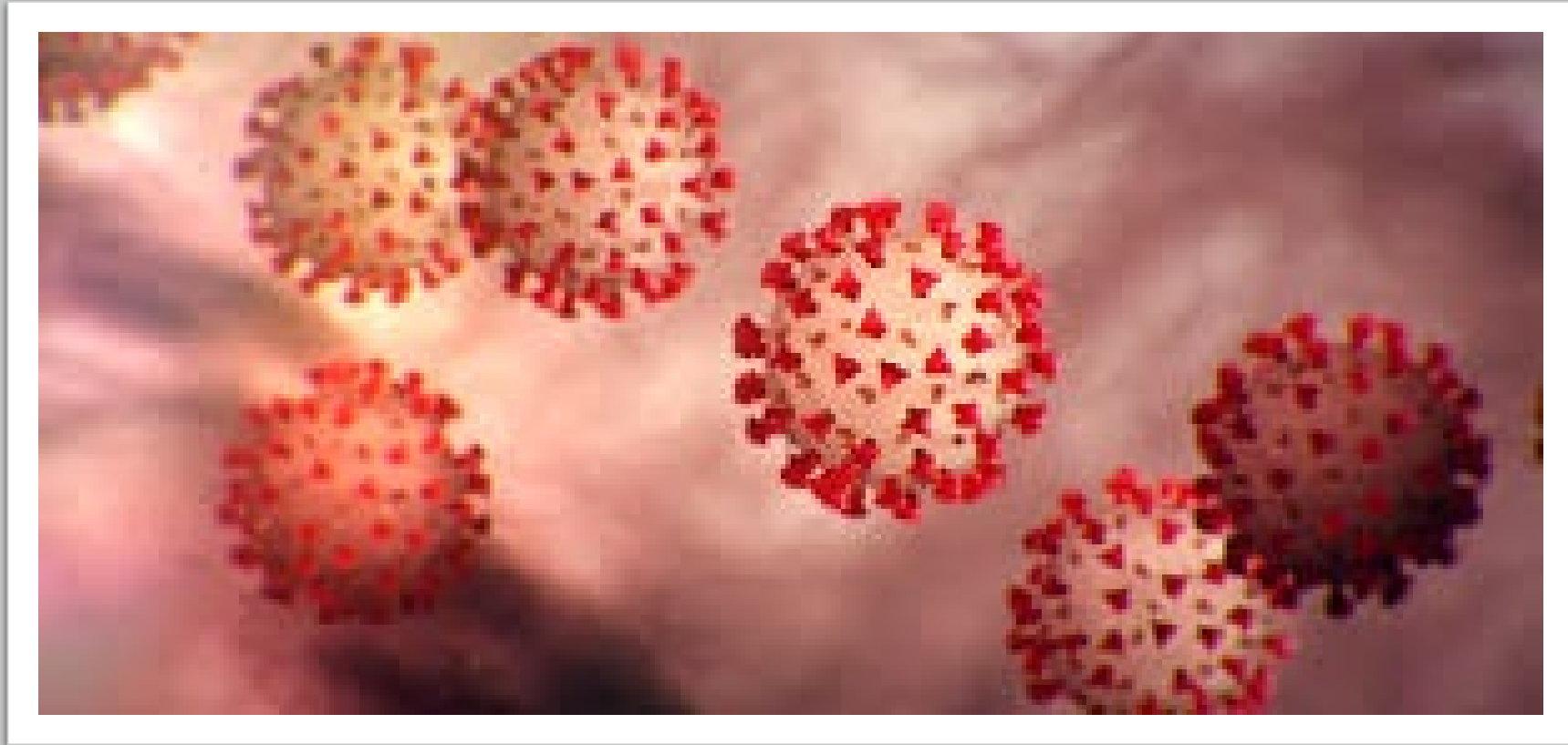
COVID-19

Public Health Emergency Preparedness

- **Stood up Public Health Incident Command in response to COVID-19.** Since February 5th, the PHEPR staff have organized and led the planning, operations, and logistics responsibilities of the Public Health response to this event. In that time, the team has produced more than 200 daily situational and surveillance reports, responded to more than 2,500 requests for Personal Protective Equipment - totaling more than 4 million items of PPE, stood up and surged the initial call center and contact tracing programs, conducted more than 300 individual COVID testing clinics, and produced countless public health guidance documents and supported educational forums for public and private partners.

- **Greatly expanded the Medical Reserve Corps volunteer program in the county.** On 6/1/19, this program had 256 volunteers. Since then more than *2,072 new* volunteers have been recruited and registered into the program. Many of these volunteers have contributed significantly to the county's COVID-19 response, including staffing the Disease Control call center, contact investigations, testing sites, PPE distribution, and supporting the team in planning, logistics, and epidemiology teams. Since the start of Montgomery County's COVID-19 response, 432 MRC volunteers have volunteered 11,230 hours for an economic value of $358,897 and continue to volunteer to support the response to the COVID-19 pandemic.

- **Tested mass vaccinations planning and operations in collaboration with the Immunization Program and School Health Services vaccine clinics.** Each year, the county operates simultaneous vaccination clinics to evaluate processes that could be needed for a larger scale vaccine response. In October of 2019, more than 800 children were vaccinated within 3 hours, across 3 sites. In April of 2019, PHEPR helped coordinate a rapid immunization clinic in response to concerns about Measles cases in Maryland and other states. The team is currently working on updating county plans to address federal and state direction on COVID-19 vaccination efforts.

- **Preparedness, Trainings, and Exercises.** The program developed a training and tabletop exercise program for preparing staff and volunteers to fill leadership roles at medical dispensing sites. In 2019, the team led a full-scale exercise of mass distribution of emergency antibiotic countermeasures and supported regional senior leadership tabletops of the same. This led to Montgomery County efforts to explore inter-agency support during a large scale Public Health disaster. The team also supported countywide Stop-the-Bleed trainings as equipment and supplies were positioned around the county.

Flu vaccination clinics, dissemination

- **Universities at Shady Grove** – October 28, drive thru in parking garage; 400 doses; appointments online 3p to 6p

- **White Oak Rec Center** – October 30; walk in 400 doses appointments online; 1p to 4p

- November 7 and November 21 – **VFC flu clinics** (will also vaccinate the adults accompanying the children); appointments only

FIGURE: A Phased Approach to Vaccine Allocation for COVID-19
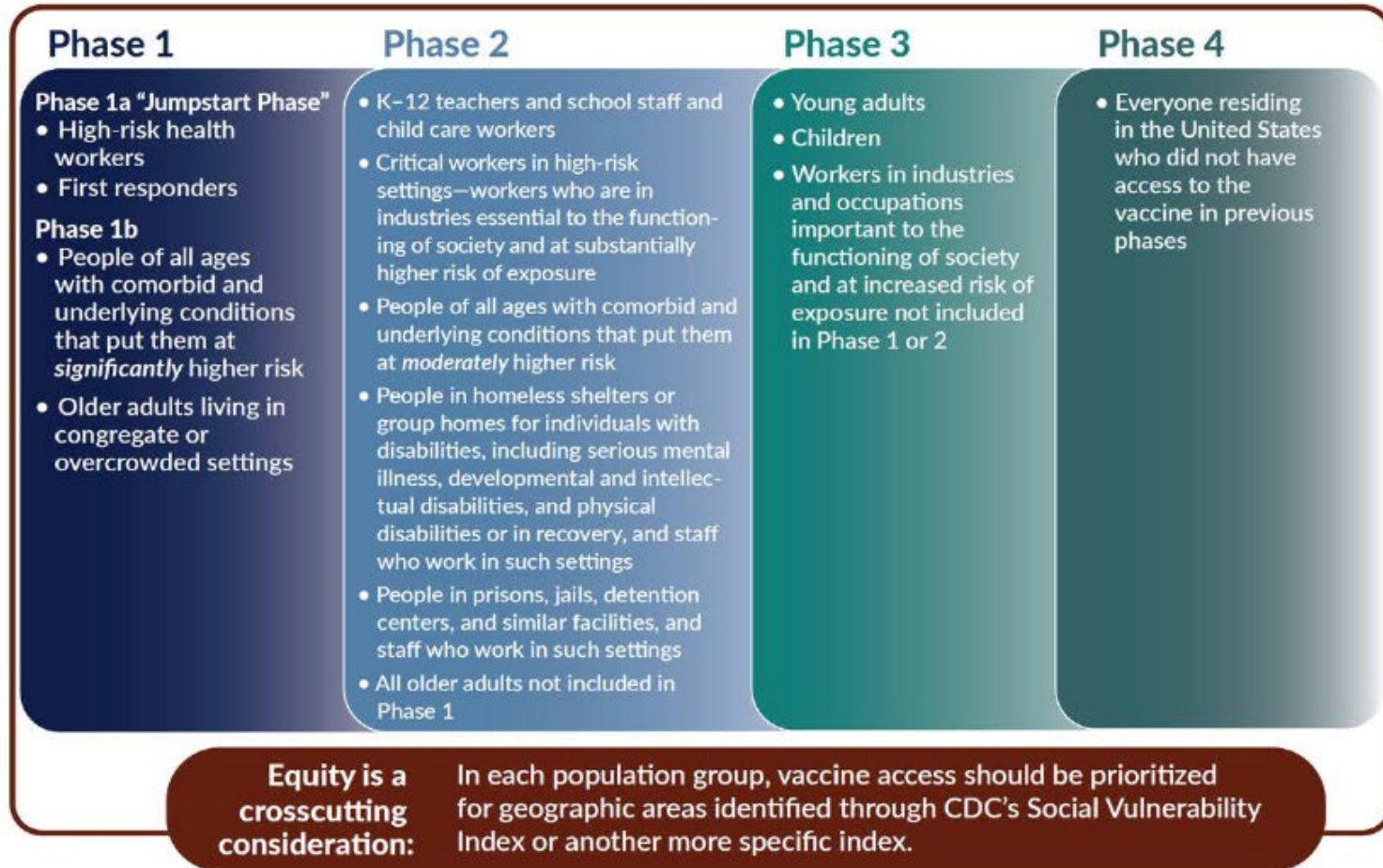
Surveillance Activities

- COVID-19 Activities

- Health Report Update
  - Include data update 2010-18
  - Include Healthy Montgomery 2023 Goals and Objectives where applicable
  - Include findings from Health Equity Report where applicable

- Health Equity Report Update
  - Include data update 2010-18
  - Include examination of health equity geographically

Other Data Activities

- CHRC Diabetes Grant

  - 240k for 2 years

  - Identify high-risk diabetic patients for ER visits through predictive analytics and collaborate with Fire & Rescue

- OMB/CountyStat Performance Measures

- Healthy Montgomery Community Health Needs Assessment (CHNA)

  - Support both quantitative and qualitative assessments

  - Collaborate with Westat to implement County's first Health Survey

Maternal and Child Health– BBH

The Babies Born Healthy Program is a new program in DHHS that provided care coordination and support to African American women residing in one of three zip codes (20903, 20904, 20906) to help decrease the disparity in birth outcomes for that high risk population. The program has worked with 134 women in its first two years and successfully improved birth outcomes for the women they served. The program can boast of a huge number of resources and events they provide for the participants including the following.

During COVID 19

- Delivering virtual tele-health visits via Zoom and/or Facetime to provide prenatal and postnatal education, referral resources, assisting with ordering breast pumps.

- Conducing physical distancing drop offs: diapers, Pack n Plays, sleep sacs, tee shirts, wipes, breastfeeding pillows and supplies.

- Providing transportation to Prenatal appointments via Uber and Barwood Taxi

- **Mom & Dads Zoom meet-up events: Every two weeks**

- Coronavirus-Prevention (hand washing, physical distancing, proper glove use and correct way to wear mask), Covid-19 and breastfeeding

- The importance of Vitamin D during pregnancy for African American women, and Postpartum Depression.

- Preterm labor, what to expect at hospital during Covid-19, Family Planning/Child Spacing

Maternal and Child Health programs

ACCU/DACCT

- The ACCU and DACCT provide services to clients eligible for the Maryland Medicaid HealthChoice Program. During FY20 ACCU and DACCT were able to assist 2551 pregnant and post-partum women – this includes assistance provided while teleworking during the fourth quarter due to the Covid-19 pandemic. In addition, we assisted 738 individuals referred to us that were eligible for Medicaid and county services.   New cases also took a steep decline in March, April and May, but seems to be taking an upward trend at this time.

Improving Pregnancy Outcomes Programs

- The Montgomery County Improved Pregnancy Outcomes Program is focused on addressing alarming racial disparities in birth outcomes as a way to ensure that *all* babies are born healthy in our community. Our two-front approach includes conducting direct outreach to obstetricians practicing in Montgomery County, and outreach to women of childbearing age. Recent efforts include distributing "Kicks Counts" and "Safe Infant Sleep" and "Signs of Pre-Term Labor" fridge magnets, a robust presence on Twitter and Facebook, an expanded Bereavement Support Group Resource List that includes online grief support resources during COVID-19, recruiting key new members for our Community Action Team, and retaining 24 returning members representing a wide range of agencies and community partners.

School health services

Status of School Based Health Centers to serve Care for Kids patients: Please update the HHS Committee on the status of gaining access to the two School Based Health Centers that DHHS has wanted to open. What is the impact on the program if these resources continue to be unavailable?

PHS has requested MCPS to allow PHS access to **two high school wellness centers.**

- These 2 locations can serve the enrolled children at all 13 SBHWC's which includes 1,300 Care for Kids clients also enrolled in SBHWCs.

Telehealth

PHS/SHS is working on implementing Telehealth services to be provided by all SBHWC sites

- Once Telehealth is fully implemented, it will continue to be used at the SBHWCs.

- Comprehensive annual exams and immunizations etc must be done in person.

- Telehealth can meet many other needs for addressing parent concerns, assessing illnesses as well as rashes, bruises, assessing of cuts/scrapes/injuries, needs for referrals.

Licensing and Regulatory Services

Nursing homes

- On March 4, 2020, Centers for Medicare & Medicaid Services (CMS) suspended all routine nursing home survey activities and prioritized infection control surveys and abuse related complaints. On June 3, 2020, the Maryland Department of Health authorized County nursing home surveyors to perform infection control surveys at the 34 nursing homes in Montgomery County. From June 3 to August 6, infection control surveys were conducted at all 34 nursing homes in Montgomery County. 12 of 34 nursing homes were issued citations related to noncompliant infection control practices, which required the facilities to create and submit a plan of correction to address the noncompliance.
- On March 30, 2020, creation of 'strike teams'. The inspectors functioned as a local "action team" that assisted facilities with contact tracing, provided the latest guidance from Federal and State agencies, coordinated testing and State National Guard strike team visits, answered technical questions, and facilitated communication between County HHS and facilities regarding needs such as PPE, testing, and critical staffing needs.
- At this time, County nursing home surveyors have not been authorized to perform routine annual Medicare recertification surveys. Ongoing high priority complaint investigations and repeat infection control surveys directed by CMS are being conducted while awaiting further guidance from the Maryland Department of Health.

Health care facilities

- The COVID-19 pandemic has greatly affected the licensing of healthcare facilities in Montgomery County. On March 16, Governor Hogan issued an Executive Order suspending the expiration of healthcare facility licenses until the State of Emergency is lifted.
  - Licensing for group home bed increases and change of ownership have been suspended due to suspension of required inspections.
  - Since April 2020, 9 new assisted living facilities have applied for a license to operate. 3 of the 9 facilities have been issued licenses. 6 of 9 facilities are still pending a State license before a County license may be issued.
  - The last mailing of renewal applications was April 1, 2020 for group homes that expired in June 2020. The County has been unable to process renewal applications for over 127 small group homes, 11 large assisted living facilities, and now 1 hospital due to their need for fire permits from permitting services and environmental health inspections. The restrictions set to protect patients and County Environmental health inspectors combined with the shortage and prioritization of PPE to primary health care workers/first responders have ceased inspections.
  - Licensing application late fees have been waived during the State of Emergency.

Licensing and Regulatory Services

- As of October 1, 2020, Environmental Health received and investigated 901 COVID complaints for violation of the State of Maryland and/or Montgomery County Executive Orders. Due to an antiquated database and inadequate staffing, actual violation numbers for the complaints are unable to be extracted.

- As of October 1, 2020, thirty-eight (38) citations, seven (7) food service facility license suspension, and two (2) Health Officer Orders were issued.

- Citations are only issued for consecutive violations unless an unwillingness to immediately comply. Citations and/or suspension of a food service facility license may occur while on weekend task force detail without previous warnings which demonstrates an obvious disregard of the order was observed and which it is found to be unsafe and reasonable to prevent further spread of COVID-19 .

- Normal process for investigating complaints: Educate first time violators and if the facility shows a willingness to correct. A second violation and willingness to comply would result in a warning. Third violation would result in a citation and if a food service facility, potential suspension of the facilities food service license. Subsequent violations may result in a second citation, suspension of food service facility license or a Health Officer Order. Health Officer Orders are only issued as a last resort to prevent further spread of COVID-19 after repeat citations and found to disregard Executive Orders.

Population health approaches

- Four lenses
  - Social determinants of health
  - Equity
  - Access to care
  - Use of surveillance, epidemiologic data

HIV/STI program

Ending the Epidemic (EHE)

- Creation of the EHE plan for Montgomery County is in process and is due to the CDC by the end of December.

- Emily Brown is coordinating selection of the EHE plan work group members and the work group is scheduled to have their first meeting on October 13th.

- Five focus groups have been held via zoom with HIV+, HIV- and at-risk residents as part of our community engagement effort for the EHE plan.

Successes

- Testing, treatment and support services in the HIV and STD units have continued during COVID without interruption

- HIV medical and client services staff (Nurse Manager, Evette Lesesne, RN, Jessica Rosen, MD and Melvin Cauthen, Client Services Program Manager) were a part of the working group to create a draft telehealth policy for the county to be presented to Dr. Crowell.

Disease Control

- In spite of all activity related to COVID 19, since January the four Disease Control nurses conducted surveillance and/or investigated 985 cases not related to COVID19. These cases include aseptic meningitis, gastroenteritis cases including shiga toxin-producing E coli (STEC), shigellosis, strep pneumonia, salmonella paratyphi, pertussis, measles, listeriosis, legionellosis, acute hepatitis A, Dengue, cryptosporidiosis, ciguatera, and more. The nurses are also working closely with the COVID – link team to make sure contacts are reached, and quarantine/isolation guidelines are explained and adhered to.

- The Immunization program has been vaccinating school-aged children since June to assure the students are up to date with vaccines required for school entry. Currently, we are holding clinics at Dennis Avenue and Germantown.

- The Immunization Program is working closely with OMS to offer flu shots to employees. The Immunization Program is also vaccinating VFC children with flu, and offering vaccine to the parents who bring them to the clinic. We are planning several flu clinics and partnering with the Food Security team, the COVID testing team, and several other clinics (locations to be determined).

Tuberculosis

- **MDH reports that TB disease cases are down 40% compared to this time last year. In Montgomery County, we are down 20% compared to this time last year (our case rate is also typically ` twice that of the state, so this is consistent).  As of the most recent TB COG group meeting Chair's statistical report on 9/3/2020, Montgomery accounted for `39% of the TB disease cases in MD.** Overall, things are starting to pick-up; we see an <u>increase in suspect case referrals over the last 1-2 months</u>. It is noted that clients are sicker and have more advanced disease than previously when referred. Possible factors for the decrease in numbers and more advanced disease upon referral: client delay in seeking care due to sheltering at home for the pandemic; delayed diagnosis due to the pandemic (we have seen that COVID infection is ruled out first and clients are later screened for TB).

- The screening room schedule remains closed for routine screenings except for shelter/APS/CPS/Foster Placement/Pregnant women for delivery/public and private school clearances in order to maintain social distancing in the clinic.

- **35 confirmed TB disease cases (including one MDR);** 7 of which were confirmed in September as opposed to 2 confirmed in August

- **8 suspect cases receiving treatment pending laboratory and/or clinical confirmation** (not formally reported via RVCT);

- **5 Interjurisdiction confirmed TB disease cases transferred to Montgomery County**

Dental Program- successes

- Four of our five dental clinics are open to serve clients throughout the county although some may provide limited elective services, all open clinics may provide emergency and urgent dental care

- Covid improvements to Rockville Dental Clinic almost complete, final installation Oct 13, 2020

- Pediatric Dentist (clinic faculty from UMD School of Dentistry) providing services one-day per week, mentoring dental providers in delivery of patient care and are exploring options for expansion of pediatric services

- Added second Oral Surgeon to staff increasing availability of specialty appointments

- Senior clients continue to receive dentures through the Senior Denture Program

- Dental Department has partnered with Immunizations to provide dental exams for children receiving vaccines needed to enter into school, vaccines and dental exam are completed on same visit

- Respiratory Fit-Testing Program established (quantitative and qualitative), open for other departments and community dental clinics

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Dental Program- challenges

- Covid improvements not completed at all clinics, completion dates TBD
- Covid related staffing issues, fewer staff available to work
- School-Based Sealant Program initiation delayed due to school closures, will reapply for grant in spring and hope to begin discussions soon with MCPS about launching in 2021
- Patient count is lower due to seeing less patients during COVID but we are improving
- Working to improve the quality assurance of our data collection for more accurate reporting
- Working to improve our denture program so more clients can be served

Montgomery Cares- Impact of COVID-19

- Montgomery Cares Reimbursement and Service Delivery - HHS approved block payments, which ensured clinic sustainability (through the pandemic only, not a permanent change) and approved telehealth visits.

- Collectively, PCC, DHHS PHS, and clinical leadership worked together to identify, analyze, and act upon opportunities to address and mitigate the impact of COVID-19 upon the safety network. Coordination of best practices, trainings, and protocols were shared and disseminated across the network to optimize operations.

- MCares PPE: DHHS approved expenditure of unspent funds from Primary Care, Preventive Services, Specialty Care, and Pharmacy for Personal Protective Equipment (PPE) purchases in the amount of $479,386 during FY20. Personal Protective Equipment - Surgical Masks (57,500), N95 Respirator Masks (31,500) plus Fit Test Kits to assure proper seal, Gloves (30,000), Isolation Gowns (13,900), Goggles (600), Face Shields (2325), Hand Sanitizers (9,000) , Packs of Disinfectant Wipes (1100).

- Clinics are currently seeing patients in-person and via telehealth. DHHS and PCC are working avidly with clinic partners to establish a permanent telehealth infrastructure including finalizing a shared platform, developing a policy, communication and change management.
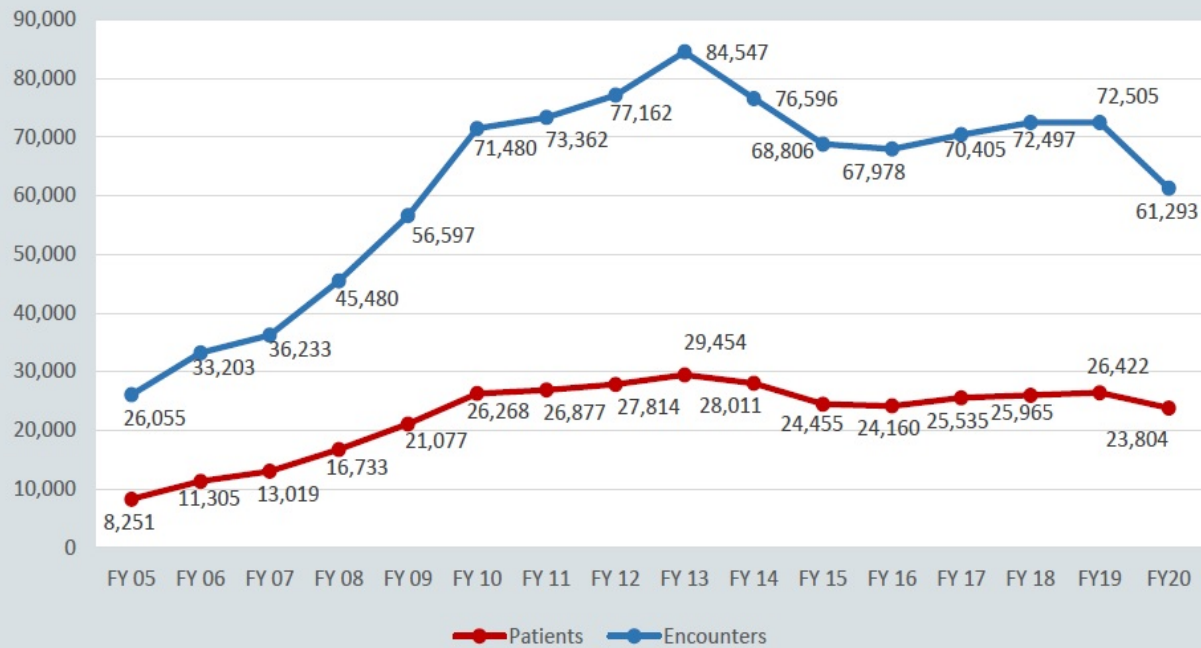
Montgomery Cares	FY 18	FY19	FY20
Expenditures	$10,992,736	$10,845,201	$10,845,637

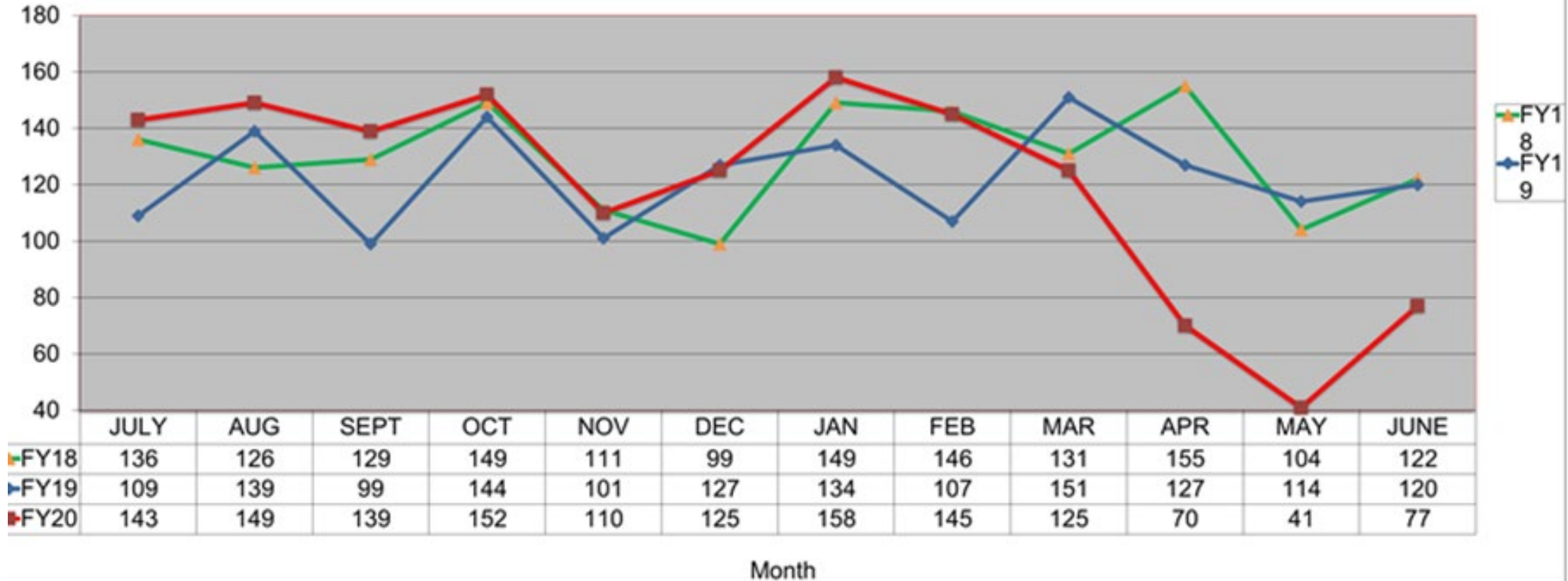| Montgomery Cares	FY 18	FY19	FY20
Patients	25,965	26,422	23,804
Encounters (In-person)	72,497	72,505	54,367
Encounters (telehealth)	N/A	N/A	6,926
Total Encounters	72,497	72,505	61,293

Care for Kids– Impact of COVID-19

- Historically, utilization of services during summer months are low. This trend has continued this year.

- Getting CFK immunized is a priority. DHHS has opened immunization clinics and immunizations are being provided through community providers.

- School Based Health Centers are closed due to school closure. We are hopeful that at least two sites will open, one down county and one up county. Currently, two contracted SBHWC health care provider groups are reaching out by phone to all CFK patients enrolled to evaluate health needs, chronic care management, medication management, and identify and address social needs. Delivery of services at SBHWCs via telehealth is being explored and will be utilized.

- The remaining CFK community providers are delivering services in-person or via telehealth.

CFK Utilization	FY 18	FY19	FY20
Unduplicated # of Pts	5,531	5,580	6,230

Care for Kids	FY18	FY19	FY20
Total Expenditures	$1,081,537	$1,124,262	$1,387,323

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Maternity Partnership Program

Maternity Partnership Enrollment By Month FY18 through FY20

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
FY18	136	126	129	149	111	99	149	146	131	155	104	122
FY19	109	139	99	144	101	127	134	107	151	127	114	120
FY20	143	149	139	152	110	125	158	145	125	70	41	77

Month

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Maternity Partnership- cont.

- The COVID-19 pandemic contributed to historic low enrollment/utilization April 2020 through June 2020 which resulted in lower overall enrollment in FY 20 compared to the previous two years. Staff and community partners are conducting outreach to provide information to let women know that program services remain available and that women should get prenatal care. Enrollment appears to be picking back up, however, staff is closely monitoring utilization. Concerns are that some women may not be seeking prenatal care due to concerns over contracting COVID-19, federal immigration policies, or the changes in the application process to online are impacting literacy.

- Telehealth: Since the onset of the pandemic, the County MPP staff have been doing telephone encounters with patients instead of home visits. Delivery of services via telehealth is being explored and will be utilized. Video visits are recognized by evidence-based home visiting models to be a reasonable substitute for a home visit.

Fiscal Year	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
FY18	136	126	129	149	111	99	149	146	131	155	104	122	1,557
FY19	109	139	99	144	101	127	134	107	151	127	114	120	1,472
FY20	143	149	139	152	110	125	158	145	125	70	41	77	1,434

Maternity Partnership	FY 18	FY19	FY20
Expenditures	$1,222,245	$1,161,315	$1,160,715