Allegany County Health Planning Coalition
Meeting Minutes
May 12, 2026

This meeting was held via Google Meets.

INDIVIDUALS PRESENT

Melissa Nething, ACHD
Dr. Jennifer Corder, ACHD
Jim Raley, Archway
Michelle McDougal, ACHD
Karen Howsare, UPMC
Rhonda Pick, FCRC
Trish Evix, ACHD
Diane Donham, Carepoint Response
Mike Bice, ACHD
Jennifer Lee-Steckman, ACHD
Theresa Stahl, ACHD
Mindy Shaw
Jordan Harman, ACHD
Wendolyn McKenzie, HRDC
Maureen Lauder, ACHD
Tara Wetherell, MPC
Lydia Yoder, AHEC West
Corey Edmonds, Mountain Laural Medical Center
Michele Walker, PHUW
Ellie Folk, ACHD
Nicole Brant, HRDC (speaker)
Laura Lee Wight, MDH (speaker)
Bronte Nevins, MDH (speaker)
Carrie Duckworth, ACHD
Julie Teter, AHEC West
Lindsay Butler, Pinnacle Strategies
Cross Ritchey, Pinnacle Strategies

I. INTRODUCTIONS/WELCOME/ANNOUNCEMENTS

Melissa Nething is facilitating today's meeting.

II. ADOPT MINUTES OF March 10, 2026

Melissa asked if there were any changes or additions to the March 10, 2026 minutes. There was no response, so meeting minutes will stand as final and will be posted on the Allegany Speaks website under our Coalition group.

III. PRESENTATIONS

Achieving Healthcare Efficiency Through Accountable Design (AHEAD) and Maryland's Rural Health Transformation Program (RHTP)
Bronte Nevins, Senior Health Policy Analyst, Maryland Department of Health

Bronte discussed the AHEAD model and the Rural Health Transformation Program, including how strategic initiatives are defined as key focus areas across MDH's administration and other state agencies, including AHEAD, RHTP, food security work, workforce initiatives and the firearm violence prevention and intervention center. The work in these areas is focused on making transformational changes by breaking down silos and sharing resources. States and communities are stepping into leadership roles trying to center community-driven solutions rather than building systems around what's available from an external funding source.

As a quick background on the AHEAD model, it is a CMS model (Centers for Medicare & Medicaid Services) that allows the state to manage healthcare costs and quality from 2026 to 2035. This model builds on the successes of the Maryland Total Cost of Care model, which has reduced healthcare cost growth and improved care quality. Maryland is the first and only state in the first cohort of AHEAD, as other states are adapting Maryland's previous work under the Total Cost of Care model.

- The Maryland Total Cost of Care model, active from 2014 to 2025, reduced healthcare costs below national trends and improved care quality in areas like readmissions and timely follow-up. Maryland has also invested in modernizing rural hospitals, maintaining better access to care, and emphasizing prevention with an expanded primary care program.

The transition from the Total Cost of Care model to AHEAD shifts the focus toward population health outside the hospital system, emphasizing prevention and building upon primary care work. The Maryland Commission on Health Equity (MCHE) serves as the model's governance structure, and the state must develop a Population Health Accountability Plan (PHAP), as required by federal guidelines. PHAP includes six key measures at the population level, and failing to meet the biennial targets can trigger enforcement actions.

- The six required PHAP measures that Maryland is focusing on are:

    1. Self-reported health status
    2. Colorectal Cancer Screenings
    3. A1C control
    4. Follow-up after hospitalization for mental illness
    5. Unplanned readmissions
    6. Food insecurity

For self-reported health status and food insecurity, the current goal is to stabilize the declining trends. The local health departments will lead the development of local action plans for all six measures to serve as implementation roadmaps for healthcare and public health collaboration.

Hospitals are required to create their own PHAPs that must align with the local action plans. Currently, a template from the federal level for hospital planning is still not available. MDH will align funding to support priorities identified in the local action plans. Other groups, such as Medicaid and the Health Services Cost Review Commission (HSCRC), could also design incentives and programs to encourage progress on the measures.

AHEAD provides a new tool, the Population Health Improvement Fund (PHIF), which was funded by a one-time adjustment of $25 million from the rate-setting process. The initial adjustment will fund Food As Medicine initiatives due to their evidence-based nature, potential for cost savings, and alignment with several PHAP measures, including food insecurity and diabetes control. The 2026 plan includes the launch of the “Medically Tailored Meals” program for high-risk patients, which is being evaluated for short-term savings and improved A1C control.

- The Medically Tailored Meals program officially launched at the end of April and accepts referrals directly from providers and via "bulk referral" through CRISP targeting patients hospitalized multiple times for uncontrolled diabetes. MDH is also planning to release a request for applications for produce prescriptions, which is a preventative measure tied to the “ENOUGH” communities in high child poverty areas. A dedicated PHIF subcommittee advises on the request for application development and includes individuals with lived experience, community organizations, and academic experts.

Bronte moved on to discuss the Rural Health Transformation Program, which was created by H.R.1 (H.R. 1 is officially known as the "One Big Beautiful Bill Act”) and funded by the Centers for Medicare & Medicaid Services to focus on making rural America healthy, promoting sustainable access, workforce development, and innovation. Maryland's plan includes all 18 of its designated counties considered rural, based on input from 17 local listening sessions and a survey. Maryland received $168 million for the first of five budget periods for rural health transformation.

- The plan has three pillars: transforming the rural health workforce, promoting sustainable access and innovative care (the largest pillar), and empowering rural Marylanders to eat for health. Funds are categorized into immediate impact funds for projects with quick priority needs and transformation funds, which are more competitive opportunities recognizing that needs and solutions vary by region. The

budget has been approved, and MDH is proceeding quickly with implementation, urging parties to check the dedicated website for competitive opportunities.

Bronte will share her slide show in the chat for anyone who wants to download it.

Building a Healthier Maryland: State Health Improvement Plan (SHIP)
Laura Lee Wright, Strategic Initiatives and Engagement Manager, Maryland Department of Health
Laura Lee Wight presented updates on the 2024 State Health Improvement Plan (SHIP), which is a community-owned, five-year plan that leverages statewide and local community health data. SHIP provides an organizing framework and a menu of evidence-based strategies to address five key priority areas: chronic disease, access to care, women's health, violence, and behavioral health.

The SHIP was updated in March 2026 to align with the AHEAD program, resulting in 16 updated objectives, one removed objective, which leads to a total of 31 objectives across the five priorities. Four SHIP objectives were specifically updated to align with the AHEAD PHAP measures: A1C control for patients with diabetes, colorectal cancer screening, follow-up after hospitalization for mental illness, and food insecurity. The updated document, which includes an expanded list of evidence-based strategies, is now available on the "Building a Healthier Maryland" website.

SHIP serves as a "compass" and a broader framework for population health, while AHEAD's PHAP is centered on the six specific measures mentioned earlier. The document helps inform local planning partners by providing clear performance metrics, including baseline, target, and target-setting methods, which are noted for shared objectives with the PHAP. The SHIP can strengthen grant proposals and support advocacy efforts by demonstrating alignment with statewide priorities and data-informed needs.

Nicole Brant, Director of Housing and Community Resources, HRDC
Nicole started her presentation by mentioning that HRDC celebrated 60 years of service to the local community in 2025! She went on to provide an overview of HRDC's services departments which include elderly and disabled, child and family services, and adult services. Nicole's department oversees the Section 8 voucher choice program, emergency services for people experiencing homelessness or fleeing domestic violence, and applications for food grants and emergency food services. HRDC also manages the weatherization program, provides free tax services in different locations (Oldtown, Frostburg, Lonaconing, Westernport and Cumberland), and offers housing counseling services, including foreclosure and pre-purchasing assistance.

- HRDC's housing counseling services offer monthly budgeting classes and can provide presentations to other community agencies, with pre-purchasing and budgeting sessions also held quarterly at local libraries on Saturdays. They have received grants this year to assist homeowners with property taxes and mortgage assistance, which has been crucial in preventing foreclosures. Additionally, HRDC partners with the Allegany County Health Department and the local YMCA to conduct home inspections. HRDC holds a monthly meeting for Allegany County landlords to bring them together and provide guest speakers that discuss best practices, making sure landlords are staying up-to-date on all of the rules and regulations and new laws that are coming forth.

IV. Community Health Improvement Plan (CHIP)

- The CHIP work group is actively meeting, with the next session scheduled for 3:00 PM on May 19.

V. LHIC Updates

- A poll was taken during this meeting regarding the nomination of Corey Edmonds for the LHIC co-chair position, resulting in 19 votes to 1 out of 20 votes in favor of the co-chair candidate. Melissa will be in touch with Corey, with the goal of having a co-chair for the next coalition meeting in July.
- Based on survey feedback, LHIC attendees are asked to be mindful of time when providing updates to make the meetings more efficient. Melissa also discussed plans to explore ways to share flyers and resources more regularly within the coalition.

- Melissa discussed a suggestion that was made to have the LHIC group meeting once per year in person. She provided another instant poll, and it was decided by vote of 16 to 3 to have an in-person meeting in the fall.

- **Ellie Folk, Director of Cancer & Tobacco Cessation Programs, ACHD**

  - Ellie reported that the grant application for fiscal year 2027 was mostly level funded, though there was a minor reduction to the CPEST grant. This grant covers colorectal, lung, and skin cancer screenings, and supports workups for breast cancer clients under 40.
  - Ellie stated that her department is review our local cancer statistics using the Maryland Comprehensive Cancer Control Plan, which is a 129-page document that serves as a guide for planning and evaluating cancer control in Maryland and provides educational resources for residents.
  - ACHD conducted outreach at the UPMC Western Maryland breast cancer event in April and the Rocky Gap employee health fair.
  - May is "Skin Cancer Awareness Month" and Ellie encourages everybody to get skin checks, wear sunscreen with at least 30 SPF and reapply frequently, seek shade, and use protective clothing and hats. Also, avoid tanning beds. It is good to establish these routines with young children.
  - Dr. Jennifer Corder and Ellie are collaborating with people at Johns Hopkins on a new initiative starting in July focused on ovarian cancer education and outreach. This year-long initiative, funded by $100,000 from cigarette restitution funds (CRF), targets Allegany County where the ovarian cancer incidence rate is twice the state average.
  - Dr. Corder mentioned that cancer prevention is a core focus in their application for rural health transformation funds. Consequently, there will be upcoming discussions on HPV-related cancer prevention, in addition to the ovarian cancer prevention starting in July.

- **Corey Edmunds, Manager, Business Development & Community Relations, Mountain Laurel Medical Center**
  - Corey gave an update about the free Cardiac Climbers 100 program, which is in partnership with the Healthy Together program and AHEC West. This program, which starts on Thursday, May 14th, aims to promote physical activity by encouraging residents of Garrett and Allegany counties to complete 100 miles of any activity in 100 days, ending on August 21st. Participants who complete the 100 miles will receive a free t-shirt. Corey Edmonds will send registration details to Melissa Nething to distribute via email.

VI. NEXT MEETING

The next meeting will be held on Tuesday, July 14, 2026 at 1:30 p.m.

VII. ADJOURNMENT

The meeting was adjourned at 2:40 p.m.
Submitted by: Maureen Lauder