



Wicomico County Local Health Improvement Coalition Meeting Minutes

Friday, February 3, 2023 @ 9:00 a.m.

Meeting Name:	<i>Wicomico Local Health Improvement Coalition</i>	Meeting Location:	<i>United Way of the Lower Eastern Shore</i>
	<i>Friday, February 3, 2023</i>	Minutes Recorder:	<i>Cathey Insley</i>
Meeting Time:	<i>9:00 a.m.</i>	Minutes Reviewer:	<i>Group</i>
Meeting Attendees and Organizational Representation:	<i>Doug Wilson (Community), Habacuc Petion (Rebirth), Lisa Renegar (WiCHD), Paula Erdie (MAC, Inc), Donna Clark (HOPE), Tammy Griffin (WiCHD), Christina Gray (WiCHD), Ellen Willingham (JHHC), Josh Boston (CHC), Tuesday Trott (Holly Center), Shawn Johnson (John B Parsons), Kasey Schlack (UWLES), Cristi Richardson (WPL), Anthony Dickerson (Christian Shelter), Roosevelt Touissant, Julia Scheu (TidalHealth), Courtney Aley (WDSS), Lena Seidenberg (TidalHealth intern), Rochelle Tyler (TidalHealth), Michele Ennis (Tri Community Mediation), Joe Ruffo (City of Sby), Brett Sanders (City of Sby), Brittany Young (MD Physician's Care), Emily Patterson (MPC), Eddline Petion (Rebirth), Michelle Hardy (WLBHA), Cathey Insley (WiCHD), Roosevelt Toussant (HDCD)</i>		

TOPIC	DISCUSSION	ACTION
WELCOME	Habacuc called the meeting to order at 9:06 am and self introductions were made.	
Approval of Minutes	Ellen requested that December minutes be changed to add that Johns Hopkins HealthCare works with all MCOs, not just Maryland Physicians Care. Doug Wilson made a motion to approve with this addition, seconded by Donna Clark and carried.	Cathey will update and post to LHIC website.
Co-Chair Elections	<ul style="list-style-type: none"> ● Donna nominated Habacuc Petion, who accepted his nomination. ● Doug nominated Kat Rodgers, who notified Lisa Renegar before the meeting that she would accept if she were nominated. ● Tammy Griffin seconded both nominations. ● Doug made a motion to vote to continue with Kat and Habacuc as co-chairs in 2023, seconded Josh Boston. No objections, and carried. ● Co-Chairs for 2023 are Kat Rodgers (TidalHealth) and Habacuc Petion (Rebirth, Inc.) 	
Medical Respite for Homeless Population	<ul style="list-style-type: none"> ● Michelle Ennis of TriCommunity Mediation was present to initiate a discussion on appropriate shelter for vulnerable, homeless individuals needing assistance with medical issues once they are discharged from a hospital setting. She added that it is particularly difficult for males to find shelter. ● The group discussed that the issue is that local shelters are staffed with volunteers that are not medical professionals, and not able to provide specialized medical care. ● Kat shared that there have been instances where unhoused individuals being released from the hospital were sent to shelters based on an initial referral, that are subsequently turned away upon 	

	<p>arrival to a shelter that cannot meet their medical needs, causing emergency situations for these individuals.</p> <ul style="list-style-type: none"> ● Kat agreed that there is a strong need for warm handoff to shelters from the hospital setting. ● Ellen asked what the licensing regulations are for group homes/homeless shelters and medical respite. <ul style="list-style-type: none"> ○ There are no licensing requirements for private shelters. Prior to the meeting, Lisa Renegar did a quick search for medical respite and there are fewer than 100 in the country. ○ Joe and Brett shared that shelters receiving COC funding, such as Hands and Hearts Ending Homelessness (HHEH) in Salisbury, are subject to equal access compliance. ● Lisa shared that NPR published an article addressing the need for medical respite. <ul style="list-style-type: none"> ○ Article link: Medical respite offers refuge for homeless people recovering from illness ● Donna Clark reported that she has been speaking on the need for medical respite for many years, and she feels that the issues are not with the shelters, but an access issue due to the limited resources in our rural area, and the fact that due to staff being volunteers, individuals on dialysis or with COPD or receiving cancer treatment aren't shelter candidates due to their medical needs, she is aware of individuals that needed to have a colonoscopy but had no place to complete their prep. ● Donna also feels that an open line of communication between shelters and the hospital is needed to allow non-medically trained volunteers a way to access skilled staff, as well as specific training for volunteer shelter staff. ● Lisa Renegar asked Michele if the topic has been discussed with the Homeless Alliance of the Eastern Shore. The group is coordinated by Shannon Frey in Somerset County, and the group meets regularly. <ul style="list-style-type: none"> ○ Donna stated that HOPE has an Americorp volunteer that attends these meetings. ● Sherri Johnson, Social Worker at TidalHealth, joined the discussion by phone and added that TidalHealth would like to put handoff guidance in writing to ensure care for individuals on oxygen, etc. ● Cristi Richardson was concerned that the Christian Shelter would not accept a transgender woman. ● Anthony Dickerson stated that Christian Shelter rules are established based on their beliefs and values, and the shelter has a large population of minor children. Anthony shared that many experiencing homelessness have mental health or substance abuse issues. ● The Christian Shelter has a good success rate in finding housing when individuals leave their shelter. ● Cristi asked if staff at the Christian Shelter would be receptive to sensitivity training, which Anthony stated they would be. ● Ellen stated that larger cities have many resources that we do not have in our area. ● Brittany added that there is hesitance when moving statewide programs to the shore. ● Ellen wants to propose a task force to continue the discussion. <ul style="list-style-type: none"> ○ Lisa suggested waiting until discussion with COC has happened. 	
<p>LBHA Goals and Objectives</p>	<ul style="list-style-type: none"> ● Michelle Hardy shared the LBHA plan that will be submitted to the state. ● Moving to a three year plan, with reports submitted to the state annually. ● Draft strategic plan was reviewed. Currently 7 domains; State revising to 6 domains. 	<p>Michele Ennis to share Dr Pubill's contact info with Michelle Hardy.</p> <p>cxpubill@salisbury.edu</p>

Goal 1: Improve access and quality of services throughout continuum of care

- Objective 1.1: Address cultural competency and health equity
 - Strategic plan revision
 - Annual update of Tri-County Resource Guide
 - Update of Multilingual Tri County Consumer Index of services (Habacuc helped with this)
 - Maintain a list of interpreters and make available to the community
- Objective 1.2: Support and promote tobacco education and smoking cessation in Wicomico for consumers of the behavioral health system.
 - Collaboration with LHD, Lower Shore Friends, consumers, providers, stakeholders.
 - Update tobacco cessation groups when updating Resource Guide
- Objective 1.3 Support harm reduction/opioid intervention
 - Conduct regular LOFRT meetings
 - Provide and engage in harm reduction services
 - Engage in education on legalization of cannabis
 - Compile list of harm reduction services in the county
 - Work with Opioid Intervention Team to address opioid epidemic
 - New regulation requires methadone clinics as well as inpatient/outpatient programs to now provide their own Narcan and be their own Opioid Response Program. State will be providing guidance on this. The Health Dept will provide technical assistance as needed.
 - Increase naloxone in the community at individual level (family members, etc.)
 - Donna shared that HOPE has an Americorp worker that provides Narcan training.
 - HOPE is willing to expand Narcan services at their site.

Goal 2: Build local infrastructure to support capacity to collect, analyze and track data to improve outcomes. (Christina Gray and Lisa Renegar are co-chairs of this committee.)

- Objective 2.1 Establish process of regular data collection/review
 - Work with local BH workgroup, OFR board, Drug Free Wicomico, Homeless Alliance, CIT, etc to maintain an index of data reviewed regularly.
 - Analyze data to identify trends, and use data to guide decision making.
 - Data analysis used to develop annual BH plan for the county
- Objective 2.2 Establish process for utilizing data sources for quality improvement.
 - Identify qualitative data from SWOT analysis

Goal 3: Develop and implement population based efforts to promote wellness and safety

- Objective 3.1 Provide education and outreach on integrated behavioral health disorders impacting youth and adults.
 - Continue MHFA for youth and adults.
 - Hearing Distressing Voices training.
 - Promote “Talk Saves Lives” educational campaign.
 - Provide funding and technical support for organizations that implement behavioral health

	<ul style="list-style-type: none"> education training and outreach. <ul style="list-style-type: none"> ○ Publish/disseminate mental health and addictions prevention and treatment materials. ● Objective 3.2 Provide COVID-19 education and outreach. <ul style="list-style-type: none"> ○ Disseminate education materials and offer training. ○ Monitor vaccination rates as supplied by BHA and share with providers. ● Objective 3.3 Support an integrated system of prevention, treatment and recovery for those who have or are at risk of behavioral health disorders. <ul style="list-style-type: none"> ○ Educate the public, pharmacies and somatic care providers on resources and topics. <p>Michele Ennis thanked Michelle Hardy for work with the Vulnerable Population Task Force. She also suggested that Dr. Corrine Pubill, chair of Salisbury University’s modern languages department, be included in resource updates.</p>	
<p>Subcommittee and Partner Updates</p>	<p>Lisa Renegar, Wicomico County Health Department</p> <ul style="list-style-type: none"> ● CHIP is in draft form. <ul style="list-style-type: none"> ○ BH is a priority area; areas Michelle Hardy discussed are included in the CHIP. ○ Will be re-sharing a link where members can share work in areas covered by the CHIP. ● Healthy Delmarva website being developed by TidalHealth. <ul style="list-style-type: none"> ○ Collaboration with the Health Department. ○ Site will include CHIP and links for the three lower county LHICs. ○ Kat will present the new website at the April meeting. <p>Donna Clark, HOPE Inc.</p> <ul style="list-style-type: none"> ● HOPE received \$90K from the Shatner Foundation. Trying to get Delta Dental to match. ● Collaborating with CHC for clients coming in for Dental care that have medical assistance being referred to CHC or Choptank Healthcare in the Cambridge area to utilize new dental health benefits. ● Received funds from Clarent (audio not clear) as well as the John B Parsons foundation, allowing more individuals to be served. <ul style="list-style-type: none"> ○ Yesterday HOPE saw three individuals, one of which was a former meth addict, one an elderly individual with only two teeth. Both very needy and appreciative of assistance ● Referrals: HOPE can help with individuals earning \$35K or less. ● Michele Ennis asked that Donna share this update by email so it can be shared with other partners. <p>Rochelle Tyler, TidalHealth Peninsula Regional</p> <ul style="list-style-type: none"> ● Correction requested for December minutes: Start time for HealthFest at Bennett High School is 8 am, not 9 am. Cathey will make the correction. ● TidalHealth will be sponsoring three HealthFest events: <ul style="list-style-type: none"> ○ HealthFest at Bennett High School is planned for 3/25. Cost for vendors is \$10 (nonprofit), \$100 (for profit). There is still space in the auditorium. Contact Rochelle to participate. ○ HealthFest in Smith Island coming in April. ○ HealthFest at Laurel High School on May 6th from 9-1. (Near TidalHealth Nanticoke). 	<p>Lisa will share link with partners.</p>

	<p>Contact for more information: rochelle.tyler@tidalhealth.org or (410) 912-5726.</p> <p>Habacuc Petion, Rebirth Inc.</p> <ul style="list-style-type: none"> ● Food pantry has distributed 63,788 lb of food in the last several months. The Food Bank is no longer giving out free food; now charging Rebirth for food distributed through the pantry at their site. Edelline shared that in the past year 800 individuals have been served, mostly pregnant women. Have had 30 new babies since last summer. ● Community baby showers are held and include a baby class in partnership with the LHD. Donations are used to make a baby welcome basket that include diapers, wipes, bottles, etc. ● Have already given out 5 baskets in 2023. ● Provide financial assistance, food assistance, medical assistance for those they serve. ● Also work with Worcester Co Health Dept in the Rebirth office. ● Many newcomers only have an I-94. ● Pregnant women still receive emergency assistance for childbirth and up to 18 months after birth of the baby. <p>Pastor Roosevelt Toussant would like to provide a presentation at a future meeting.</p>	
NEXT MEETING	<p>Friday, April 7, 2023 @ 9:00 a.m. LOCATION: TidalHealth Peninsula Regional Medical Center Avery Education Center Auditorium</p>	
ADJOURNMENT	<p>The meeting was adjourned at 10:40 a.m.</p>	