



LHIC Family Health & Resiliency Work Group

March 9, 2021

Virtual Meeting

8:30-10:00AM

Welcome & Community Announcements

Shelby Graves welcomed the group and led introductions and community announcements section of the meeting. Please see the community announcements shared below.

Community Announcements:

- HCHD's Behavioral Health Bureau is currently offering telehealth services to youth, adolescents, and adults.
- Bari Klien shared that UMUH has a free diabetes prevention program coming up March 16th from 6:00-7:00PM on Zoom.
- Christina Claypool shared that the Community Health Needs Assessment (CHNA) is currently underway. The CHNA will be posted publicly this summer and will include family health and maternal and child health data.
- Jill Laterri shared that DSS is continuing to operate virtually, but also offers limited services in-home/in-person. She reported that DSS anticipates this to change to more in-person in-home cases.
- Lindsey Barclay from WIC shared that they are still operating remotely, using both telephone and video services. WIC recently hired three new breastfeeding support specialists.
- Silvana Bowker shared that County Employees are back in the office, but their offices are not open to community residents, other than the 220 main building. The Office of Disability Services will complete an expo for transitioning youth on April 24th. Registration is currently open.
- The EPICENTER food drive takes place the third saturday of the month form 10:00-1:00.

Introduction to SARC

Luisa Caiazzo, SARC

Luisa shared that the mechanism for reaching out to survivors has changed during COVID. SARC continues to offer in-person services within their offices. She shared that many victims of violence are not in the position to use teletherapy or seek additional services over the phone. SARC offers crisis intervention walk-ins or scheduled appointments using the help line. She shared that the help line was "very quiet" across the nation March-May of 2020. They currently offer chat as another mechanism for victim-survivors to reach out.

Priority Setting & Brainstorming

Shelby led the group in brainstorming for a temporary work plan to implement throughout COVID-19. The group decided to wait to create a 1-2 year work plan until this temporary work plan was well in place. Please see the questions and discussion comments below. This was a continuation of the original meeting. Previously we had a two-part priority setting session and openly discussed potential action items.

- **Recap from the previous brainstorming session:**
 - Please see the attached presentation for recap.
- **Common themes in the CHNA focus groups:**
 - We are not aware of all the services; Your agencies are not even aware of all the services; We just need help (e.g. financial support, transportation); Navigating the system is too difficult; Eligibility requirements are too strict; We want a safe space to come together as a community; Service providers and the community judge us; Same roadblocks in accessing services
- **What are our recommended priority groups? The following are comments and recommendations from group members:**
 - “Communication seems to be rising to the top. Being handed off through a phone tree - information has changed.”
 - Healthy Harford has Len Parish attend one of their regular meetings. Bari commented that public transportation is not going to change all that much in the near future. Healthy Harford is involved in the bike and pedestrian plan because vehicle ownership is so prohibitive in so many ways.
 - Mary Jo shared that “It almost sounds like we need a shared database in our community for resources. You don’t need to go to this website or that website - everyone in the community would be offered the same resources.”
 - Bari: The problem with this is maintenance, there needs to be a dedicated person for this or it falls apart.
 - Mary Jo: This could be a position. We have the community resource book that comes out. Suggesting one individual - all agencies in the community to pull funding for a position. We have funding through COVID - could they be hired for this? We could sustain it long-term through the organizations or our county. We could try this model and then continue another model.
 - Bari: Healthy Harford currently has a webpage for all food resources, links for access to childcare, child locate, scholarships. But they do not have anything as large or as comprehensive as what is being discussed here.
 - Lindsey shared that it feels like there is not a lot of attention paid to referrals completed via paper or an electronic form. “It really comes down to a conversation. How do we communicate these changes with staff?” She shared that, at WIC, if a repeated issue comes up with not understanding a program, they invite that person to our next staff meeting to understand this process.
 - Shelby reminded the group of the many comments made in the last meeting surrounding communications, coordinated messaging, social media. As well as technology and translation services.

- Mary Jo brought up healthy neighborhoods (e.g., biking, pedestrians, sense of community, safety, physical activity). Bari recommends that those interested in these topics join the existing group in Harford County.
- **Number of workgroups and recommended priorities:**
 - The group recommended multiple workgroups.
 - Recommended workgroups based on Community Communication, Collaboration, and Transportation.
 - No definite consensus reached.
- **What are our recommended action items?**
 - Web platform
 - Coordinated social media
 - Is there a query of how people are getting our information?
 - MEGAN's Place and HFA families have said they prefer to receive information via text and social media.
 - WIC currently texts more participants, rather than calling them or posting their information online (e.g., sending out Infographics on breastfeeding).
 - Send out information via an Emergency Operation Call Center (e.g., Bari Glassman Robocalls)
 - Push for calling 211 or push for calling our services (mass communications - low tech); Use COVID funding or other program funding; Coordinated messaging for 6 months to one year based on certain themes or problems.
 - Thinking of the Northern part of the county - connectivity is an issue (alerts, mailers, billboards, or something else low tech)
 - Who would be in charge of coordinating the mass messaging? Who would manage subscription to these messages? Who would be in charge of this?
 - Have we looked at using QR codes on public messaging (ads, social media)?
 - Are there any specific areas in the county that we would like to focus on if we want to get the messages out? Route 40, Northern, are all places of extreme need.

The group decided to conclude the meeting early and look into effective communications and community workgroup strategies prior to the next meeting. The priorities were not selected.

Follow-Up Tasks:

- Shelby will send out the minutes and this presentation to the group. She will also add new group members to the roster.
- Members can email flyers or other materials to Shelby if they would like them to go out with the minutes.
- Shelby will research additional effective strategies prior to the next meeting.

Attendance

SheTiel Coley-Winder	HCHD - MEGAN's Place
Shelby Graves	HCHD - HFA
Lindsey Barclay	HCHD - WIC
Sara Moore	HCHD - Family Health

Mary Jo Beach	HCHD- Family Health
Laura Schenk	HCHD - Family Health
Patricia Peterson	HCHD - HFA
Christina Claypool	HCHD - Administration
Andrea Pappas	HCHD – Behavioral Health
Judy Churn	HCHD - Family Health
Debbie Button	Harford County Council/Government
Stephanie Webb	The EPICENTER
Jill Latteri	DHS
Bonnie Mitrega	The Judy Center
Bari Klein	Healthy Harford
Silvana Bowker	Harford County Government