**Diversity & Inclusion Workgroup Meeting Minutes February 5, 2021**

**Welcome**

The FY22 MSPC *Draft* CLC Strategic Plan was sent prior to this meeting. If anyone has questions or concerns about the changes, please contact Sherone or anyone from the MSPC.

**Guest Speaker:**  Dr. Dionne Coker-Appiah, PhD, MaED Georgetown University School of Medicine, Rural Mental Health Initiative

Dr. Dionne shared a Power Point Presentation. She’s an Adolescent Psychiatrist and that her plan is to present the initiative and to have a brainstorming session for. Researcher re African American Mental Health and Adolescent Dating Violence (rural focus). She shared her *Why?-*mental health is real, it’s the right thing to do and now her son is her purpose for doing this work. Children’s mental health matters and there are people who care about them and they’re treated as important like everyone else. Mental health disparities in rural communities have a unique impact that exacerbate health disparities. Social Determinants of health compound the problem; affordability, availability, accessibility and acceptability. Double pandemic of COVID and racial injustice continues to compound the problem. Youth and families need a safe space to process feelings; RMHI goal will commit to addressing those issues.

August 2020-What could she do on the Eastern Shore to address mental health issues in specific rural communities. Passionate because she was born and raised in Cambridge. It’s always been her desire to return and to give back. Dr. Dionne met with Medstar Georgetown re funding for this initiative.

Overview, initial phase is for community connections and partnership building. To include local mental health providers, thought leaders, community organizers, youth and caregivers. Assess community needs with regards to mental health. Develop a culturally, linguistically and geographically appropriate plan to address identified needs. Subsequent phases: Service Provision focused on identifying culturally competent providers who can deliver telehealth services. Clinical services will play a role in helping to reduce barrier to treatment, address MH disparities. Long-term view: Partnership building, community assessment: Needs/Assets, Service Provision-telehealth model, provider recruitment, training, include geographically appropriate providers. Partners who live and work in the community are able to guide the program and to continue it in the future. The overall goal is a complementary step to addressing and eradicating mental health disparities, with hopes that this will be a model to serve rural AA communities across the country.

RMHI Brainstorming Session

Community Assets:

Eastern Shore Crisis Response is healthy, 24 hour hotline, MCT, staffed with Clinicians and Peers. Data from ESCR is housed with MSBH (Brigitte Kealey).

Maggie with QA Local Addictions Authority-active Wellness Coalition with private, staff from Detention, faith-based and law enforcement, school system. Feels that a central repository is important for RMHI.

Megan S.-Lower Shore Clinic and MTT; Director for Mid Shore ACT Team, in the area for 2 years. Serve Dorchester, Talbot, QA and Caroline clients. Parent organization is Lower Shore Clinic, serving Worcester, Wicomico and Somerset. RRP, PRP, a Senior program, co-occurring, youth program (18-26). A history of being in the community and partnerships with various entities. Planning to offer telehealth one day a week at Cambridge, Princess Anne and Newark. Primary care and MH at Lower Shore. Would love to be a resource for RMHI.

Andrea Kelley-Freeman, Life’s Energy Wellness, outpatient mental health and substance use with three locations-Cambridge, Easton and Salisbury. For children, adolescents, adults and families. Providing telehealth for mental health and MAT. Hybrid groups with consumers coming in or joining online for the past year. Telehealth MAT for the past 2.5 years and is successful. Adding PRP, Primary care as well; CARF accredited soon. MOU with Dorchester Public Schools, relationships with Health Departments, Parole and Probation and faith-based. Passionate about partnership and early education. Working with underrepresented minorities; Uninsured program for individuals and families. Case Manager and Peer Support in training (peer certification). Program with the jail at Talbot County, to help with insurance and reintegration with family. \*Follow up with engaging the faith-based communities and AA families.

Michelle Hammond, Resident Service Coordinator-would love to be in partnership. Residents inquire about services; 3 complexes in Caroline County (one is senior specific).

Brandy James-ESCR, Crisis Intervention Team Coordinator, working with law enforcement, Corrections, Parole & Probation-all those within the criminal justice system. Next training is Monday, February 8th, 40 hours. Participants learn to not go *hands on*, to refer individuals to. The training utilizes community partners to present information. The training has Role play scenarios and reenactments. Officers must deescalate and come up with conclusion without guns. Brandy refers them to the workgroups with MSBH. Arrest alternatives, implicit bias, cultural differences. Upcoming CLC training from MSBH. Hopeful to begin a LEAD program, to stay in contact with individuals and for them to stay in circle of care and treatment.

Brenna Fox from Kent County, Social Action Committee for Racial Justice, established in 2017. Rapid response team that raises awareness about treatment of students of color in the school system. Available to students and parents to resolve disputes. During pandemic, SACRJ has provided meals and for veterans.

Tom Gerni, music therapist Board Certified. Has been providing service since 2015 at Adventist Hospital in Cambridge (children and adolescents). Also affiliated with SUN Behavioral Health in DE. Working with UMES through grant from National Institutes from help to bring music therapy through School of Pharmacy, to adults in Assisted Living-affected by COVID restrictions. He’s seeing a lot more SI and SRD. It’s about talking to each other. Connected with legislation re availability and access. Music as an asset is with children, parents and adults who are “burned out” and don’t have the energy to get into therapy. Gives them a sense of empowerment. Email:

Tom is looking to educate, do an inservice and to invite other music therapists (5 on the Eastern Shore, more in DE). Tom shared how he used Precious Lord by Thomas Dorsey and the powerful lyrics of it.

**Needs with regards to mental health:**

Per Andrea Kelley-Freeman, transportation is always high on the list. Telehealth has addressed but consumer don’t have access to the internet or to devices. LEWC office is open for consumers utilize their *telehealth stations* to connect to providers, even if in a different counties. Kids are struggling and need Connectivity.

What are the Transportation options? Delmarva Community Services has the transit buses. There’s no options after 6pm, this isn’t sufficient for individuals who work at factories or the evening shifts. Brandy reached out to Uber re services in the region; they didn’t see a need at the time. Recently, if enough people show interest, Uber would become more available. Other services may come available as they see a need.

Music and art therapy are both culturally appropriate.

Brandy shared concern re lack of AA and culturally diverse teachers, lack of programming for youth and children. In the inner city, they have PALs for example.

Jennifer Berkman-we don’t have enough pediatric psychiatrists, access to care and length of time it takes for individuals to see clinicians.

The telehealth piece of the RMHI will reduce wait times and improve individual interest in seeking services. Must address the connectivity issues to support a substantial telehealth platform. Dr. Dionne has access to child psychologists who would love to provide services to people on the Eastern Shore. Some may be willing to travel once/month. Howard and other Institutions are also available.

Katie shared deep appreciation for this connection and opportunity. Dr. Dionne shared the same appreciation, to be able to give back.

Getting public/civic officials involved in community Initiatives. This works best through a collective voice (ex. RMHI) requesting their involvement. Jennifer will connect Sen. Eckardt and Delegate Sheree Sample Hughes who have been mental health champions and work with older populations.

Denae Spiering with For All Seasons, MH and Rape Crisis Center, serving all 5 mid-shore counties. Financial help for individuals without Insurance. FAS has provided telehealth since March 2020, removing their waitlist. Trauma informed classrooms and community outreach. Excited to partner with RMHI. It’s important to entice Providers to the area. Improving diversity at FAS with staff and Board members.

Other forms of service provision are important for rural areas; hybrid models for example. Providers have learned how to do play therapy online. Virtual is here to stay and we must utilize it to the greatest potential.

Next meeting re RMHI, February 24th, Katie suggested we use that date

Upcoming Workgroups in 2021: April, June…TBD