

CAN Community Council

Meeting Minutes of Monday, May 15, 2017

Multipurpose Room B, Travis County Offices, 700 Lavaca

Community Council Members in Attendance: Sandra Castillo, Hunter Ellinger, Steven Fletcher, Nancy Gilliam, Laura Griebel, Monica Guzmán, Anne Harutunian, Kirsha Haverlah, Kent Herring, Carmen Luevanos, Elizabeth Moore, Laura Poskochil, Eileen Schrandt, Ara Merjanian, Blythe Plunkett, Leslie Puckett, Beverly Reeves, Caroline Reynolds, Gloria Souhami, Paulina Urbanowicz, Terry Wilt

Unable to attend: Aimee Finney, Aletha Huston, Michael Willard,

Guests in Attendance: Seanna Crosbie, Laura Peveto, Ellen Richards, Teri Wood

Staff in Attendance: Raul Alvarez, Mary Dodd, Carlos Soto

Call to order and Introductions: Ara Merjanian called the meeting to order at 6:00 p.m. Community Council members introduced themselves & shared announcements.

Approval of minutes from 03/20/17: Minutes were approved with a motion made by Nancy Gilliam, seconded by Blythe Plunkett

Chair's Report: Ara Merjanian said a Committee of the Community Council is being formed to consider how CAN should follow-up with its 2015-2016 work related to person centered care. Members who have agreed to serve on the Committee to date are: Nancy Gilliam, Beverly Reeves, Eileen Schrandt and Paulina Urbanowicz. A meeting of the Committee will be convened soon. Merjanian asked Council members to keep a personal record of the main takeaways they get from each of the Community Council meetings, so they can share this with each other and with CAN staff to help in assembling the Council's final year-end report to the CAN Board of Directors. Merjanian suggested that it would be helpful to have a recap of Texas Legislative action that impacts children and youth at a future Community Council meeting. Merjanian invited Hunter Ellinger, the Community Council's representative on the CAN Dashboard Steering Committee to share information about their latest meeting. Ellinger said the last meeting included a preview of the new CAN Dashboard report and website and also a presentation about the data reliability standards that are used by Travis County Health & Human Services. The Dashboard Steering Committee is working toward adopting data reliability standards for the Dashboard. He noted that American Community Survey data includes relatively small sample sizes and, when data is broken into sub-groups by geography or race, the data is less reliable. To overcome this obstacle, Travis County and the U.S. Census Bureau recommend using American Community Survey 5-year data. Also, when 1-year data is used, it is most helpful to consider trends over time, as smaller data sets will have fluctuations that are partly due to small sample sizes.

Executive Director's Report: Raul Alvarez gave a brief overview of CAN activities. He invited Community Council members to attend the CAN Dashboard press conference at 9 a.m. on May 18th at Austin City Hall. He said he has started a new Equity Blog and invited members to sign up to receive it by clicking "Subscribe" on the CAN home page www.canatx.org. Staff shared the new CAN website and Dashboard website with members. The Community Council pages can be accessed under "About Us" on the homepage.

We are healthy: How do we promote the emotional well-being of children and create systems that support their development as whole human beings?

Seanna Crosbie, Director of Program & Trauma-Informed Services at Austin Child Guidance Center and Chair of Trauma Informed Care Consortium, explained what "Trauma Informed Care" is and how it can improve systems of care. She said trauma may include major events, such as a family death, an accident,

or other major event, but trauma can also happen slowly and over time in cases such as neglect, poverty, and stress. She said social service workers and teachers who work with children who have experienced trauma may experience “secondary trauma.” The National Institutes of Health defines trauma as the experience of an event by a child or adult that is emotionally painful or distressful that often results in lasting mental and physical effects. Young children may exhibit behavior changes. Older kids may engage in risky behavior, such as sexual activity, drug use, and changes in academic behavior. One universal symptom for children and youth is not sleeping well.

Crosbie shared a video about Adverse Childhood Experiences (ACEs) which was explored in a 1990’s study of 17,000 people. The study revealed that people who had adverse childhood experiences were more likely to suffer with serious health and social problems, such as obesity, heart disease, cancer, and alcoholism. People with 6 or more ACEs have a life expectancy that is 20 years lower than average. Crosbie said ACEs are a tool for understanding health and social risks and can be used by service providers and others to understand and respond appropriately to behaviors that are caused by these traumatic experience and help to disrupt the cycle of adversity.

Trauma Informed Care is a system in which everyone within that system from the board member to the janitor has a knowledge of trauma and knows how to react in a way that does not re-traumatize the person. The six core values of a truly trauma-informed care system are safety, trustworthiness, choice, collaboration, empowerment, and cultural sensitivity. Systems that are trauma informed provide universal screening for trauma, they train all staff, they provide evidence based treatments, and have policies and procedures to help reduce traumatization of clients and to address secondary trauma of staff, and also solicit evaluation and client feedback on a regular basis.

The Trauma Informed Care Consortium is a collaboration of 70 organizations that share information and strategies and provide cross-trainings for organization staff.

Dr. Terri Wood, Elementary Counseling Facilitator for Austin ISD,

Many children experience trauma in their day-to-day life – abuse, hunger, lack of sleep, stress from home, and other issues. Teachers may not be prepared to deal with the extreme behavior that originates from trauma, and too often, the result is that children are disciplined and removed from the classroom. AISD implements Trust Based Relational Intervention (TBRI), with training by TCU, to provide teachers with hands-on strategies to help them respond to students’ underlying issues. AISD has trained every Pre-K teacher, 22 entire campuses, 5 District Departments, Elementary counselors, and a total of about 1200 staff so far. TBRI also encourages teachers to empower students by designing a classroom that is warm, welcoming and safe, where children will not be afraid to ask for food or help. Teacher and staff feedback about the training has been extremely positive and the District has now asked Wood and her staff to train all Pre-K through 2nd grade teachers, principals and counselors – an additional 1400 staff.

Ellen Richards, Chief Strategy Officer for Integral Care, said Integral Care is a quasi-governmental entity and a non-profit that provides mental health and developmental disability services to adults and children in Travis County. She provided an overview of Travis County’s Behavioral Health Framework. The top of the pyramid is the most intensive type of care and the base represents services that are provided to all people in the community. The more the community can provide preventative services, the less people will require services near the top of the pyramid.

1 in 5 children are currently experiencing a mental health issue. 13% of children aged 8 to 15 had a diagnosable mental disorder in the prior year. Half of all mental illness is diagnosable by the age of 14. The most common diagnoses are ADHD, mood disorders and major depression. Risk factors are: being in a low-income family, unemployed parents, teen parents, being in the child welfare system, living in a military family, and experiencing trauma. Also, parents with a mental health or addiction issue.

Half of all children aged 8 to 15 who suffer with mental illness do not receive mental health treatment. Teens are more likely to use mental health services than younger children. Early treatment improves lifelong outcomes and recovery. Raising awareness and reducing stigma to treatment is really important.

The Children's Mental Health Plan was developed several years ago. It includes four goals:

1. Promote wellness and support resilience
2. Provide a continuum of intervention services
3. Respond effectively to children and youth in crisis
4. Improve outcomes and accountability in the entire Travis County children's mental health system.

State of Travis County: Through this planning we have increased connections across agencies and providers and identified a matrix of all the work that is going on in the community. We have a dedicated effort to make changes and implement improvement.

Continuing challenges: There are many competing issues, for example, school is a good place to connect with children, but there is so much work that is competing with the focus on mental health. Integral Care will hire a planner to help Integral Care interface better with the systems, such as schools, healthcare providers, faith based communities and other systems. Another challenge is to remember to look at the children and families holistically – food, housing, other needs must be met if we hope to have successful mental health intervention.

Crisis Care: Too many kids were getting inappropriate referrals to Dell Children's Medical Center. There is a need to find the appropriate response. One issue identified is the need for data sharing so children can get the help they need in a more seamless way. The Plan also seeks to improve the process for responding to children in crisis by expanding the Mobile Crisis Outreach Teams, and outpatient services.

Prevention and Wellness: raise awareness, decrease stigma, encourage screening and treatment. However, that requires making sure there are adequate services available in the community. Also, use 211 and Aunt Bertha to help children and families access the care they need. We need to be sure we have adequate services and treatment options that are accessible to families and children. There are also reimbursement issues around making services available in the community.

School based opportunities include strengthening early identification and expanding access to mental health services in schools. We need more campus based services because it is more available to children and families and does not require them to miss school or their parents to miss work. Integral Care provides Mental Health First Aid for free, but it is difficult to get people to participate because there are so many other training demands and the training takes 8 hours.

70% of children in the juvenile justice system have a mental health issue. Our community as a whole bears the cost of not committing to these investments.

Q&A Discussion

Panelists were asked how the current political situation with immigration, name-calling, and changes in norms of what is "acceptable" in public discourse. Crosbie said researchers say Bruce Perry says the most important piece of the puzzle is making connections, yet American society is set up for isolation. The solution is building bridges to each other – identifying our similarities and also building community, rather than individualistic isolation. Block parties, neighborhood parties at fire stations, libraries, parks and building community. Dr. Wood said the school district's first charge is to make sure children and their families feel safe and supported in their school environment. Our schools try to do that, but it is difficult in the current political system. Laura Peveto said Travis County is hearing about many "no shows" due to the fear that the current immigration enforcement brings. The non-profits must continue to keep their doors

open and make families feel welcome to come back to the services. Crosbie said this is a traumatic event for families and children and it is important that we acknowledge that.

Dr. Wood was asked to share what community partners AISD is working with. She said they are working with the Family support services and also through their health departments. They also work closely with Communities in Schools. They have not partnered with the Family Resource Centers – Austin Voices and The Austin Project.

It is difficult to get insurance to fund behavioral health. How are you helping physical health doctors feel more comfortable expanding into social and emotional health and well-being? Ellen Richards said there are not enough psychiatrists and behavioral health providers to meet the need. They are trying to make integrated health and behavioral health available in all federally qualified health centers. They want to develop a true team approach with integrated practice units in which physicians and behavioral health providers work hand in hand as a team. There is also an effort to work with pediatricians in screening children in their early child visits and annual visits, so we can use all resources to the best extent possible. One of the biggest barriers to pediatricians not screening for trauma is that they are not reimbursed. California is doing it. Practitioners are developing standards for screening in a variety of settings – health, schools, and other settings. One of the biggest barriers to screening is us – what do we do with the knowledge once we have it? We need to create multiple intercept points where screening occurs in multiple settings.

How is AISD responding to recent incidents where children have committed suicide due to bullying? AISD counselors do have a bullying lesson they must follow. Ellen Richards said that at her child's school, if there is an outcry, the district responds quickly with a clear protocol. When there is a suicide Integral Care responds with counseling. AISD has an Expect Respect Program that targets bullying.