



CAN Board of Directors Meeting 6/8/18 Minutes

Location: Boards & Commissions room, Austin City Hall

Present: **Marina Bhargava**, Greater Austin Asian Chamber of Commerce; **William Buster**, St. David's Foundation; **Chris Cervini**, Austin Community College; **Kelly Crook**, Del Valle ISD; **Tiffany Daniels**, Workforce Solutions; **David Escamilla**, Community Justice Council member; **David Evans**, Integral Care; **Simone Talma Flowers**, Interfaith Action of Central Texas; **Juan Garza**, (for Mike Geeslin) Central Health; **Laura Griebel**, CAN Community Council; **Stephanie Hayden**, Austin Public Health; **Patricia Hayes**, Greater Austin Black Chamber of Commerce; **Peter Kretzchmar**, United Way for Greater Austin; **Jeremy Martin**, Greater Austin Chamber of Commerce; **Nick Solórzano**, (for Sabino Rentería, District 3, City of Austin); **Ann Teich**, Austin ISD; **Jeffrey Travillion**, Travis County Precinct 1 Commissioner.

CAN staff in attendance: Raul Alvarez, Carlos A Soto, and Jelina Tunstill

Other guests: **Ara Merjanian**, CAN Community Council; **Stephanie Rainbolt**, Youth Substance Abuse Prevention Program; **Zamira Rodriguez**, Travis County Precinct 1 Commissioner's Office; **Murphy Roland**, President, Disability Chamber of Commerce; **Vanessa Sarria**, Cardea Associates; **Terry Wilt**, Underage Drinking Prevention Task Force, **John Woodley**, Advocate for Disability Access;

Call to order and Introductions: Dr. Crook called the meeting to order at 1:13 pm and members introduced themselves.

Citizens Communication: Murphy Roland, Disability Chamber of Commerce President; spoke about the value the Disability Chamber of Commerce adds to the City of Austin and State of Texas. The program is geared towards connecting disabled people with employment or with business startup guidance and support. The Chamber invests the time and effort to determine the needs, skills, abilities, and capacities of the person. It's an excellent program for veterans or individuals who have been incarcerated. For more information please visit www.dccctexas.org. John Woodley, advocate for disability access; continued by highlighting that many people with disabilities are underrepresented in the business world and that there aren't many programs designed to help people with disabilities access funding to start their own businesses.

Approval of minutes from 5/11/18 meeting: The 5/11/18 meeting minutes were approved as submitted. Jeremy Martin submitted the motion, Simone Talma Flowers seconded. The motion was approved unanimously.

Community Council Report: Laura Griebel began her report with a brief update on the person-centered committee and its connection to other concurrent efforts such as community schools and two-gen. The May Community Council meeting featured speakers from United Way, Workforce Solutions, and Integral Care, who discussed quality childcare, and subsidized childcare. The Community Council is working hard to support the Workforce Regional Plan as well as address this year's issue area of child poverty, recognizing that the lack of affordable and quality access to childcare is a barrier to workforce entry. The June meeting will focus on committee work. The marketing and community engagement committee will reach out to ensure the work the community council is doing gets shared.

Executive Director's Report: Raul Alvarez mentioned that CAN will be moving offices. The new location is at Metz Elementary School. In a few weeks CAN will begin the 2018 CAN Book Study. The selected book is The New Jim Crow, by Michelle Alexander. The first session is scheduled towards the end of the month. This summer

planning will continue for the Regional Summit which will take place in San Marcos. Due to a scheduling conflict with CAPCOG's monthly meeting, the date was changed to the week after Thanksgiving. CAN hosted another meeting to plan for the Deliberative Dialogues on Addressing the Opioid Crisis. There are dates scheduled for October, and we are working to secure one or two more. CAN's slots for the Beyond Diversity training have been filled. We would like to thank Leadership Austin, who are coordinating 5 of these trainings. Leadership Austin's willingness to coordinate the trainings has made it much easier for interested entities to coordinate efforts and leverage resources. By the end of the trainings, there should be over 400 people trained in this model in addition to the over 300 that have already been trained. Finally, regarding the CAN website, as part of our Language Access work we will be translating the website into a number of languages to increase accessibility, as well as updates to increase accessibility in terms of disabilities.

Discussion and possible action: Addition of Austin LGBT Chamber of Commerce as a CAN partner: Kelly Crook called attention to the handout with more information on the CAN Bylaws. The Executive Committee reviewed the recommendation of the Executive Committee. The Executive Committee found that the Chamber meets the requirements. After Dr. Crook opened the floor for a motion and discussion, Ann Teich moved to add the Chamber as a CAN Partner. Juan Garza seconded the motion. All members voted in favor.

CAN Priority Presentation: Addressing the Opioids Epidemic for Adolescents in Austin/Travis County: Vanessa Sarria, Vice-President of Cardea Services, introduced herself and provided a brief overview of her and Cardea's work. Stephanie Rainbolt, Travis County Youth Substance Abuse Prevention Coalition Chair, introduced herself and provided a brief overview of her work in the community. Sarria began the presentation with a slide from Dr. Holleran Steiker, from the UT Steve Hicks School of Social Work, highlighting that drug use starts early and peaks in adolescence. Sarria continued with an overview of adolescent brain biology & development, which we now know doesn't completely reach maturity until about age 25. Rainbolt added that delaying the age at which access to substances is allowed could result in a decrease in youth first starting to use. Sarria mentioned a State level opioid-related data dashboard being developed by Dr. Jessica (Duncan) Cance. She shared handouts with data on accidental poisoning deaths among 15-24 year olds in Texas from 1999-2015 showing that cases involving opiates far outnumber other substances. In 2015-2016, of overdose deaths occurring in Austin, 12% were individuals between the ages of 15-24, 34% were between ages 25-39, 30% were between ages 40-54, 18% were between ages 55-64, and 6% were age 65 or more. At this point, there are slightly more deaths from overdoses than from traffic accidents. These numbers result in a lot more attention focused on adults in their 20's through 40's, which inspires us to bring attention to the youth population.

Youth Risk Behavior Survey data shows that more than 1 in 4 students were offered, sold, or given an illicit drug on school property in the past 12 months, a rate which has remained steady despite decreases in drug use. In Texas, 14.9% (about 1 in 7) high school students took opioids without a prescription or differently than how they were prescribed. There's a lot of focus on prescription drugs, but for every 1 person that dies from prescription opiates, 4 people die from opioid laced street drugs, resulting in two epidemics: misuse of prescription drugs, and street drugs laced with opioids like fentanyl. Often the two are interrelated, where improper use of prescribed medication leads to abuse which may result in street drug use.

Commissioner Travillion asked, in terms of best practices, where is the best point to intervene? Mentioned what he has seen is a number of counselors at school who children actually talk to, but there aren't enough of them and need more support to make more meaningful interventions. Rainbolt responded that substance abuse prevention incorporates a very comprehensive, wide-ranging approach with a growing body of research supporting intervention at all ages and stages.

Saria continued, presenting findings from the Office of Women's Health 2017 Field Report on opioid use, misuse, and overdose in women that show that adolescent girls age 12-17 were more likely than boys from the same

age group to use medication for nonmedical reasons, and more likely to become dependent. Between 1999 and 2010 overdose deaths from prescription painkillers increased more than 400% among women, compared to an increase of 237% among men. Women who are caregivers may face additional barriers to treatment.

Together with the YSAPC Cardea is working with a group of partners to build a Community of Practice (CoP). A CoP is a network of health professionals in schools and clinics, who are trying to learn about this topic and figure out what practices they need to employ in their settings. On the YSAPC website, interested parties can sign up for the CoP. Saria shared a list of topics of interest that was developed through work with partners. Some topics include: understanding addiction, data and trends, evidence-based prevention interventions. Sarría described their work as launching the CoP that has webinars, face-to-face meetings, and technical assistance calls so they can touch on all of these topics in the next 3 years, and shared an organizational chart showing the group structure.

Discussion: Patricia Hayes asked about accidental overdose prevention and types of interventions. Rainbolt briefly discussed a variety of best practices such as discouraging the sharing of medication as well as increasing availability of naloxone, and fentanyl test kits. Another question pertained to the kind of initiatives or incentives that exist to encourage folks to dispose of prescriptions that are expired or otherwise aren't necessary anymore. Rainbolt mentioned drug takeback days hosted by local law enforcement agencies, drug disposal pouches, and safe disposal sites. Safe disposal is a key part of prevention. There was also a question about data that is available on the specific impact on the children who are being affected, geographically, age wise, etc.. Saria mentioned YRBS (survey) data, but that's voluntary and self-reported & thus subject to the limitations of that type of data. Anecdotally, the opioid issue is not front and center in clinical settings. We have to be careful about this, from clinicians we hear that we may not be asking the right questions. We know about deaths, but the data on active users is more difficult to access. We may not be seeing the rates of use of the Northeast, but we need to put prevention measures in place to avoid reaching crisis level.

2018 CAN Dashboard Presentation: Raul Alvarez thanked everybody who attended the press conference the day prior to the board meeting, and mentioned that the Austin-American Statesman highlighted the CAN Dashboard on the front page. Alvarez directed attention to the copy of the 2018 dashboard in each board member's meeting packet, and briefly discussed the design of this year's report. The first pages highlight improvements in several indicators, such as the rate of the population covered by health insurance, crime rate, and food security, while noting aspects that could be improved. On pages 3-4 is the dashboard itself, with trends and targets clearly identifiable for each indicator. In the Basic Needs section, although we have improved overall housing cost burden, we see that 85% of renter households earning less than \$35,000 are housing cost-burdened. Another issue that stands out in Basic Needs is that food security is improving but obesity is stagnant. Access to food is there, but the food may not be healthy. Commissioner Travillion also mentioned that when we take a closer look, we see how child food security has decreased. This might be an opportunity to work through schools and after-school programs to try to address third meals where possible. In his response, Alvarez called attention to the handout included with each dashboard, with information specific to children. Dr. Crook added that Dell Valle already offers breakfast, lunch, and dinner at each one of its campuses. The bigger issue they are finding, she said, is weekends, summer, and families having access to healthy foods, and culturally appropriate & engaging instruction on ways to cook and prepare foods.

In the We Are Healthy Section, there's been a significant decline (improvement) in Travis County in the percent under the age of 65 with no health insurance. The issue of adult mental health stands out because economic indicators show that conditions are improving, but we do not see an improvement in the percentage of people reporting poor mental health. Commissioner Travillion expressed concern about the resistance in some populations to discuss mental health topics, and the need to be able to comfortably & productively talk about these issues. Simone Talma Flowers mentioned iACT partnerships during Mental Health Month with Integral Care, and the Ann

Richards School, as well as events like Red Bench during which participants talk openly and freely about these topics in a stigma-free environment. David Evans mentioned Mental Health First Aid, a training that provides people basic tools to help someone showing signs of mental illness or substance use disorder or experiencing a mental health crisis. William Buster mentioned how there has been observed a growing problem around mental health and the aging population.

Raul continued with the We Achieve Our Full Potential section, containing the three education indicators and unemployment indicator. High School graduation rates in Central Texas improved significantly, but college persistence rates have not, and the kindergarten readiness rate decreased. These three indicators are interrelated: changes in kindergarten readiness, if not adequately addressed, can have an impact on high school graduation and, subsequently, college persistence and success. Commissioner Travillion mentioned asset maps as a useful tool to identify gaps that need funding for proven, successful solutions.

Next, Raul called attention to the Equity Section and map, on pages 5-6. The map shows the difference between the 2010 low-income population and the 2016 low-income population in each census tract, representing the change in the numbers of this population during this period. When we look at the numbers for each county, we find that Williamson and Travis saw decreases in the number and percent of low-income population, while Hays County saw an increase. The increase in Hays, however, is much less than the sum of the decreases in Travis and Williamson counties and cannot simply be attributed to migration from those counties. The Equity by Goal Area section on pages 7-8 highlights challenges where disparities in the disaggregated data were found, including disproportionality in Travis County jail bookings, voter turnout, poverty, homelessness, obesity, health insurance rates, school readiness, and college success.

Discussion: David Evans commented on the importance to support the CAN Dashboard Report, whether it be references, grant requests, or other ways to encourage use of this report. Alvarez mentioned that part of the idea why he walked through the report today was to ensure board members would get a broad, full view of the report before having a chance to zero in on sections of specific interest. Alvarez then thanked everyone for their support, including the Dashboard Steering Committee, and CAN staff.

Adjournment: Dr. Crook adjourned the meeting at 3:00 pm.