



CAN Board of Directors Meeting 5/14/21 Minutes

Location: Virtual Zoom Meeting

Present: **Tamara Atkinson**, Workforce Solutions; **Eric Bustos**, Capital Metro; **Chris Cervini**, Austin Community College; **Megan Cermak**, Central Health; **Nora Comstock**, CAN Community Council; **Amy Einhorn**, St. David's Foundation; **David Evans**, Integral Care; **Fang Fang**, Greater Austin Asian Chamber of Commerce; **Sherri Fleming**, (for Travis County Judge Andy Brown); **Trey Fletcher**, City of Pflugerville; **Simone Talma Flowers**, Interfaith Action of Central Texas; **Vanessa Fuentes**, Austin City Council Member; **Nancy Gilliam**, CAN Community Council; **Suchitra Gururaj**, UT Austin; **Patricia Hayes**, Greater Austin Black Chamber of Commerce; **Elizabeth Johnson**, St. Edward's University; **Dan Leal**, One Voice Central Texas; **Jeremy Martin**, Greater Austin Chamber; **Rudy Metayer**, Pflugerville City Council Member; **Walter Muse**, Precinct One Commissioner's Office; **Jo Anne Ortiz**, Capital Metro; **David Smith**, United Way for Greater Austin; **Dr. Tamey Williams-Hill**, Austin ISD

Other guests: Jimmy Flannigan, Immediate Past Chair; Ara Merjanian; LaRessa Quintana, District 2 Council Office; Emily Zhang, American Heart Association

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

Call to order and Introduction: Board Chair Suchitra Gururaj called the meeting to order at 1:06 pm and introduced the meeting.

Minutes: The 4/09/21 meeting minutes were approved, with edits, after a motion submitted by David Smith which was seconded by Nora Comstock. The minutes were approved unanimously.

Community Council Update: Nancy Gilliam reported that Community Council had the last in a series of meetings on housing, with a presentation by John Pollock on legal representation on the eviction court. They came with recommendations to the CAN board that include emergency rental assistance, support for legal representation at eviction court, an eviction history shield, and setting up a one-stop-shop. The one-stop-shop idea will be further elaborated as the Council starts its 3-part series on food insecurity and then mental health, and ways to coordinate with the CAN partners on building on the concept will be explored.

Executive Director report: Executive Director Raul Alvarez thanked Community Council for their work on the meetings and highlighted the fact that the issue regarding legal representation during evictions showing great potential in slowing down and mitigating the potential impact of evictions in our community. The release date for the 2021 CAN Dashboard Report is scheduled for June 23 at 1:00 pm. A lot of the data we are reporting this year is from 2019, so it is more of a baseline before the pandemic. There are some indicators with data from 2020. The Expanding Opportunity Summit is our regional event where we expand engagement to the 5-county region around issues such as economic development, housing affordability, transportation, and workforce development. It's timely for us to have the summit this year because we can focus on economic recovery and the re-opening process, with special attention to equity. We are going to have our first planning meeting this Tuesday May 18th at 2:00 pm. If anybody is available and would like to participate, send Raul an email.

Work plan priorities shifted at the beginning of the pandemic, towards supporting the pandemic response. We have focused our efforts on mental health, housing, and looking at things from a health equity standpoint. At this year's Butler Awards we recognized several collaborations who were effective in addressing issues relating to the the pandemic. Today's meeting will focus mainly on community healing, next meeting will focus more on economic recovery. CAN brings together folks from the nonprofit community, caregivers, the business community, faith

community, and school communities, providing a unique opportunity to engage around and support healing and recovering from the effects of the pandemic.

Dan Leal from One Voice mentioned that in the nonprofit community they are seeing a lot of fatigue, vicarious trauma (especially those serving in crisis), and other challenges resulting from the pandemic. As such, there exists the potential to model something, kind of like NAMI and Integral Care's toolkit. One Voice is also looking at the possibility of seeking funding targeted to needs identified through surveying efforts currently underway. If the nonprofits can model that, it could be something useful for other groups that are part of the CAN network.

Another thing to consider is that now that vaccination is more widespread, organizations are faced with a transition back into in-person work. David Evans of Integral Care mentioned we are close to what used to be called "recovery" but is better understood today as a new kind of hybrid workplace. Other things we will need to think about are how will folks access mental health resources in the future? One example: In July of '22 the new 3-digit phone number 9-8-8 will be rolled out nationally. Integral Care is currently engaged in building the system to support that resource as the calls will get rolled back here from the national call center located in New York. David also mentioned that May is Mental Health Month, with planned activities including sharing of a new Mental Health Toolkit and hosting of the Community Forum at lunchtime on the 19th with an all-Spanish panel.

Presentation & Discussion: Equity Issues Relating to Pandemic Outcomes and Response: Patricia Hayes and Megan Cermak shared a presentation on the Central Health Equity Policy Council Pandemic Equity Committee. The Council, which launched in 2015, includes more than 80 community partners working together to address health disparities in Travis County. The Pandemic Equity Committee formed last December as an effort to assess health outcomes related to the pandemic, particularly for People of Color, including Asian American, Black, Indigenous and Hispanic/Latino Communities, and other marginalized populations. The committee has met twice per month to evaluate re-entry/recovery and disaster planning & response from the standpoint of equity. As part of its work, the committee interviews front-line personnel from CommUnity Care, community health workers, leaders from the Emergency Operations Center, and other stakeholders. Following months of work, the Committee came up with several recommendations pertaining to disaster preparedness, disaster response, and post-disaster healing.

Megan Cermak began with the first disaster preparedness recommendation, which is to include equity and public health crises in the City of Austin Emergency Operations Plan and make it an evergreen document (meaning the plan and the recommendations are reconciled). To center the plan on equity, the Standard Operations Procedures need to ensure that the most vulnerable populations are accounted for in all future disaster planning. One way to do this is to develop or revise SOPs utilizing an equity lens and ensure those SOPs are developed with community input. Other recommendation relate to the use of data to inform the disaster response. With improved data collection, we can improve the response to people of color and other marginalized populations as well as to neighborhoods that are disproportionately affected. The recommendations for action from the committee call for developing a formal process by which to receive community feedback that is activated at the beginning of a disaster to inform the process at the highest level of the Incident Command System and the Emergency Operations Center. We also need to engage behavioral scientists through Central Health, APH, and the EOC to inform a unified public-facing education and communications. The post-disaster healing recommendations are to develop and implement a community-wide plan to address trauma and call for healing during re-entry and recovery, and to provide support for victims of domestic and family violence.

Small Group Breakout Conversations: Mental Health Challenges and Opportunities Relating to Community Pandemic Recovery - Report Out: For approximately 20 minutes, members talked about how they are addressing issues of mental wellness through their organizations to clients and team members. Agencies and non-profits face similar challenges at all levels of the organization, from leadership to the front-line. Even before the pandemic, burnout was an issue. Cost of living increases are also affecting nonprofits, as well as difficulties accessing economic supports that businesses sometimes have access too. There is also good work being done around addressing mental

wellness, but the challenge is getting the word out. CAN is most valuable when it serves as a hub of resources that are being provided, and when it can identify and/or expand the data around a problem (esp. mental health). Once the resources and data have been identified, how does CAN play a role in synthesizing those to then provide recommendations to our government partners where most of our resources tend to come from.

Raul mentioned that his group talked about the need for checking in with folks and really connecting with each other. Another broader theme was around the issue of how leaders in the organization could model the way they want others in their organization to behave. That group also talked about the importance of sharing, honesty, and the need to address our own personal challenges. Another important theme was around the issue of allowing and encouraging staff to take time off, communicating that folks should take time off for healing.

Liz Johnson reported that her group discussed the integration and acknowledgment of mental health and emotional processing in communications. Their group acknowledged that there exist many different populations of people who each CAN partner organization reaches, with vastly different needs/requirements. Thus, our efforts around community healing can have a broad impact given the reach of CAN partners. Members of this group also highlighted the need for flexibility in the approach to mental wellness and healing given each organization's unique context. This group also discussed the challenges for educational institutions who are in the process of returning to in-person instruction and the workforce implications of the childcare shortage and the stress that creates for caregivers who can't get back to work.

The mental wellness aspect will be long term proposition. What we do now will hopefully set the stage for healing recovery for the next 12-18 months. An important thing to think about is creating tools that will be there going forward and not utilizing on a one-time basis.

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