

# CAN Community Council Meeting Notes

Monday, August 15, 2022

Zoom Video Conference

**Present:** Patricia Longoria Camacho, Rachel Hampton, Dulce Gruwell, Lydia Galvan, Caroline Reynolds, Jenzie Zane, Nancy Gilliam, Donovan DePriest, Nora Comstock, Kelly Crook

**Staff Present:** Jelina Tunstill, Raul Alvarez, Carlos Soto

**Guests:** Ara Merjanian, David West, Mary Dodd, Daniel Lopez, Teresa Williams, Stephanie Ryan

<b>Call to Order and Announcements</b>	Rachel called the meeting to order at 6:06 pm. A quorum was present.
<b>Approval of June 27, 2022 Minutes</b>	The June 27, 2022 minutes were approved unanimously on a motion by Nancy and second by Donovan.
<b>CAN Community Council Chair's Report</b>	<p><b>Summary:</b> Rachel stated that there will still be two workgroups one focusing on peer support and the other focusing on data and systems. Rachel stated that the Community Council Chairs created a speaker schedule for the rest of the year beginning with Integral Care's presentation. She reminded everyone that recruitment is coming up quick and encouraged everyone to think of one person to reach out to to recruit for next year. She stated they will also reach out to the CAN Board to see who they would recommend.</p>
<b>Executive Director's Report</b>	<p><b>Summary:</b> Raul stated there is another workgroup focusing on the Language Access part of mental health. One of the workgroups will meet tomorrow to establish goals for the project. We are trying to do the work we committed to in the grant. We just had our first committee meeting to select two additional languages for the project in addition to Spanish. Hopefully in the next couple of weeks we will pick a community partner that will focus on the Spanish engagement and rollout. We sent out an RFP and got 3 applicants.</p> <p>At the end of this week, we will reboot our podcast. In September, we will have our 100<sup>th</sup> episode and will have a get together at the CAN office to celebrate. The second series of race equity trainings will be in October. He also encouraged everyone to be signed up for the CAN newsletter to receive updates on all these events. He stated that the other priority area for CAN is "ensuring an equitable economic recovery". We had 3 Expanding Opportunity Forums in the spring and have one scheduled for November to speak about</p>

	<p>apprenticeships. This one will differ from the others we've held since we can hear from other cities and their experience with apprenticeships. He stated that the CAN Retreat is also in November and the Community Council is invited to that.</p> <p><b>Follow-up:</b> CAN Staff will send the retreat invitation to the Community Council.</p>
<p><b>Integral Care Presentation</b></p>	<p><b>Teresa Williams Presentation Summary:</b> Teresa shared a presentation on 988 and Integral Care mental health data. She stated that 988 is the new national suicide prevention lifeline number. In October 2020, the National Suicide Hotline Designation Act of 2020 passed. 988 is a network of 200 call centers. The original number is not going away, 988 will just be a new point of entry. Local crisis lines will still be the contact for local resources. Texas is already set up for this rollout. There are 5 call centers and 3 mental health authorities answering for 988. Integral Care covers 76 counties. Near Dallas the Suicide and Crisis Center answers as many calls as they can, but it is run by volunteers, so what they can't answer gets sent to Integral Care, Tarrant, Emergence, or the Harris Center. She shared the timeline of development of the local helpline which is different from 988. The helpline is connected to interpretation services for 15 languages. The helpline is 3 joined lines for appointments, crisis, and resources. In the first 3/4 of the fiscal year 39% of the calls received were for appointments, 26% for the crisis line, and 18% for intake and info. There were 1,454 Mobile Crisis Outreach Team dispatches, 23,176 calls on general information and intake, and 18,949 calls for scheduling appointments. The crisis calls breakdown includes 39% resource assistance, 19% anxiety, 19% suicidal / self-harm, 11% depression, 14% grief. 11% of the calls were related to children in crisis, 32% of calls were related to pharmaceutical support, and 15% of calls were related to substance treatment Q&amp;A.</p> <p><b>Q&amp;A: Is 988 only for suicidal ideation? Or are people using it for general mental health crises as well?</b> Specifically for suicide prevention but have people call for reasons other than suicide.</p> <p><b>Are calls to 1-800 routed automatically to 988 call centers or are they using a separate/parallel network of call centers?</b> Both numbers lead to the same exact network</p> <p><b>The business intelligence slide shows MCOT calls - is that calls coming into 988 or 472-HELP or both? 472-HELP</b></p>

**What are the other categories that are buckets for the AI system?** The setup of each bucket is complicated, and they have to build out what sentences and phrases to look for, listen to calls and put those phrases in buckets. They are currently building out the phrases for housing.

**Is the Integral Care phone line only for Travis County residents?** Intended for Travis County, but can get calls from anywhere and support anyone that calls

**David West Presentation Summary:** David presented over Integral Care's peer support programs. A peer support specialist is recovering from mental and/or substance use disorders or a family member of someone living with a behavioral health condition that builds connections with individuals and helps them navigate the road of recovery that they themselves experienced. Integral care has 46 peer positions. Integral Care strives to deliver Trauma Informed Care. David stated that when he thinks of peer support, he thinks of person-centered care which centers consumer voice, choice, and advocacy. 12 peer positions are open and more are planned. Reimbursement rates for peer services are low and it hinders recruitment. Expanding training and advocacy for higher reimbursement rates will allow for peer support expansion.

**Q&A: What's the biggest difference in having a program manager for peer support? You mentioned it was a big step forward, can you elaborate more?** They decentralized the central supervisor. In the past everyone would report to that supervisor who wasn't really related to each program. Now there is a supervisor for each program and a peer program manager for each program.

**Is there peer support available in Spanish?** Integral Care has some bilingual positions. Because of language line, most peer support should be available in other languages.

**Can you talk more about the reimbursement rate as a hinderance to hiring? How are those set and what is the impact that they have?** The reimbursement rate doesn't affect hiring, but it does influence sustainability. The reimbursement rate is \$8 for a 15-minute increment. He stated many of their peers are also qualified mental health professionals so that helps a bit.

**Can you explain how the 46 specialists do their work? That is, do they work with community-based organizations to help their clients and make referrals to and appointments for**

	<p><b>working with individual peers?</b> There is flexibility. They would consult with the treatment team and the work could look different depending on the role. They have also had a peer integrated into the lobby space for intake on E. Second St.</p> <p><b>Do you have a list of all of the organizations participating with IC's program and other community-based organizations that are also offering other peer support programs that may not be part of IC's network?</b> He will get together a list and follow-up.</p>
<b>Adjournment</b>	Rachel adjourned the meeting 8:03 pm.