

**NAME:** KIDS LIVING WELL MEETING  
**MEETING DATE:** AUGUST 26, 2021  
**MEETING TIME:** 9:00 AM – 10:30 A.M.  
**MEETING LOCATION:** ZOOM VIDEO MEETING

**VOTING MEMBERS PRESENT:** LIZ SIDENER, LAURA ENDERLE, COURTNEY BALDWIN, COURTNEY LUCAS, SARAH KUYKENDALL, NICHOLAS KENDRICK, ANGELICA OSCOS, MUNA JAVAID, JELINA TUNSTILL, CHRISTY KUEHN, MARA WHALEN, MARLENE BUCHANAN, MAIA VOLK, MYRA CONSTABLE, DALIA TIRADO, CINDY TUCKER, IRMA VILLARREAL, MARY DODD, JAY SMITH

**KEY CONTACT:** SONIA HARTMAN/MARLENE BUCHANAN  
**MINUTES BY:** LISA HILL

**GUESTS:**

**MINUTES**

Item	Item	Discussion	Date Due
1.	<b>Call to Order</b>	9:01am by Marlene Buchanan	
2.	<b>Welcome, Introductions &amp; Announcements—Marlene Buchanan</b>	<p><b>Mary Dodd:</b> Back to school mental health tips sheet for parents in both English and Spanish</p> <p><b>LeShawn Arbuckle:</b> LifeWorks has an opening for a LCSW who is also a Board Approved Supervisor and a Family Peer Supporter, who will be working with TAY who are pregnant or parenting. Apply here: <a href="https://www.lifeworksaustin.org/careers">https://www.lifeworksaustin.org/careers</a></p> <p><b>Allison Baker:</b> The SAFE Alliance has many openings for licensed and unlicensed professionals! Please share with your circles as needed! <a href="https://www.safeaustin.org/get-involved/work-at-safe/">https://www.safeaustin.org/get-involved/work-at-safe/</a></p>	
3.	<b>Review and Approval of Minutes</b> from 8/29/21	Christy Kuehn motioned to approve the minutes; Nicholas Kendrick seconded. Minutes were approved as is.	
4.	<b>Chair Nominations</b>	Marlene asked for nominations for co-chair, a two-year commitment. Angelica is a new Oscos planning/steering committee member. Anonymous nominations: <a href="https://www.cognitofrms.com/IntegralCare13/KidsLivingWellCoChairNominations">https://www.cognitofrms.com/IntegralCare13/KidsLivingWellCoChairNominations</a>	
5.	<b>Travis County Plan for Children’s Mental Health and Substance Misuse</b>	<p>Help identifying Next Steps for turning the Travis County Plan for Children’s Mental Health and Substance Misuse Plan into action.</p> <p>From Courtney Lucas: Plan: <a href="https://kidslivingwell.org/wp-content/uploads/2021/05/210416-TravisCountyChildrensMentalHealthPlan2021-1-1.pdf">https://kidslivingwell.org/wp-content/uploads/2021/05/210416-TravisCountyChildrensMentalHealthPlan2021-1-1.pdf</a>            Breakout sessions:</p> <p>Marlene Buchanan said the focus of the meeting would be to identify priority next steps to implement the <a href="#">Travis County Plan for Children’s Mental Health and Substance Misuse</a>. She said the Children’s Mental Health Steering Committee, a subcommittee of Kids Living Well, oversees the development and implementation of the Plan. Mary Dodd provides facilitation support. Marlene said the newest member of the Steering Committee is Angelica Oscos with the Dell Children’s Medical Clinic’s specialty clinic.</p> <p>Mary Dodd shared information about the four Goal Areas of the Plan: 1) Prevention and Resilience, 2) Early and Effective Intervention, 3) Coordinated Crisis Response, and 4) System accountability. Participants were asked to vote on which Goal they thought was most important for Kids Living Well to focus on. The winner was <b>Goal 2: Early and Effective Intervention - Provide a continuum of intervention services and effective treatments for children and youth.</b></p> <p>Courtney Lucas reviewed the objectives and suggested tasks for achieving Goal 2 (page 23</p>	

of the [Plan](#)). She gave time for people to read the information and then invited participants to vote on which objective they thought was most important. Two objectives received the highest number of votes –

**Objective 1:** Encourage effective collaboration between schools and community providers to connect children and youth to mental health and substance use disorder treatment.

**Objective 4:** Address racial and geographic disparities in service accessibility and outcomes. Break out groups were created for both of the objectives with the most votes and participants were invited to choose the one they would like to work on. Once in a breakout group, participants decided which Task they wanted to focus on. Following are the notes from the three breakout groups.

**Breakout 1, Muna Javaid facilitator. Objective 1: Encourage effective collaboration between schools and community providers to connect children and youth to mental health and substance use disorder treatment. Task 3: Support the efforts of schools to develop training and policies addressing mental health and substance use, as specified by the Texas Legislature.**

**1. What are the steps needed to accomplish this task?**

- a. Identify legislative items, what passed
- b. What funding has been allocated to legislative items
- c. What are the current efforts by schools, where do they need training, where do they need support
- d. Exploring evidence based trainings and using funding to support them
- e. Utilizing existing community resources -- school counselors have large caseloads, partnerships and community provider collaborations would be helpful to schools. Having a list of providers and what services they offer would be helpful to schools
- f. Identify which schools will receive services (public, charter, etc) They have varying needs.
- g. Utilize an MOU -- allows for streamlined communication, bypasses a lot of barriers in this process
- h. Difficult to find counselors in treating IDD, Autism, need specialized services.
- i. Identify training programs that specialize training for treating IDD/Autism population. How to adjust services based on diagnosis.
- j. SEL and schools, increased protective factors for SUD, program called Resilient Scholars Program, goes into schools for 2yrs and does trainings. See lower rates in SUD, drop out rates, etc.
- k. Policies, what are needed, what is doable under lege? Identify that.

**2. Who has the expertise, skills, and/or responsibility to implement the task?**

- a. Schools are the experts! They know what barriers/gaps exist. Listening to them is important.
  - i. Teachers and administrators
- b. Utilize Education Service Centers, they already provide trainings.

- c. Students - asking what their needs are, what they would find helpful
- d. Community providers have expertise and skills to assist schools
- e. Parents/families
- f. Parent-teacher organizations on national and local levels
- g. Vela program that helps families/schools on what was passed in the lege, decode lege verbiage, interpretation of language etc.

**3. What specific resources would it take to implement this task?**

- a. Buy-in from schools, trainings are big commitments. Teachers are already overworked. Find ways to get them involved by asking schools what they need, rather than coming in and telling them what they aren't doing. Will be a culture shift/change in thinking.
- b. Funding!
- c. Adding to current curriculum (MOU would help in this). Easier to tackle when you feel you're part of a system.
- d. Time to break stigma around MH/SUD with public schools, particularly in IDD. Recognizing trauma/SUD rather than focusing on "behavior"
- e. Assessment/score, a way to track progress, with teachers AND students. Notice changes in culture of school?

**4. Discussion, Other?**

- a. A lot of children have Medicaid or un-insured, not private insurance. Having a list of MH providers and crisis resources would be helpful to parents.

**Breakout 2, facilitator Laura Enderle. Objective 1: Encourage effective collaboration between schools and community providers to connect children and youth to mental health and substance use disorder treatment. Task 1. Support the expansion of school-based mental health care services, especially in geographic areas where access to services is limited.**

**1. What are the steps needed to accomplish this task?**

- a. Normalizing social and emotional needs
- b. Develop skills of youth and families to enable ability to discuss
- c. Group leads to conversation
- d. Defining what Socio-emotional means for the families and individualizing it for practice and families
- e. Training for school and families – train everyone
- f. Training what next steps to take for families
- g. What is school climate and how it is different must inform the training and address the needs specifically
- h. Collaborate with community and resources and allow it to include on campus supports
- i. Collaborate with other organizations or administrators in the school and

connect to support additional support. Cold calling to parent support specialists

- j. Multi calls prior to going to the schools – what is happening.
- k. Needs to do a community agreement, MOU for specific schools, KIPP has additional processes, fingerprinting
- l. First Yr. is longer process. Just preparing as they go
- m. Prevention work in response – how can we be proactive rather than reactive. They don't reach out prior to something happening
- n. Training to administrator to be proactive knowing the signs and who is out there to do this type of work
- o. The convo continues as developing the initial contact

**2. Who has the expertise, skills, and/or responsibility to implement the task?**

- a. Integral Care has MOUs with 4 school districts to provide onsite services. Mental health first aid which goes to all districts, Suicide prevention, Gramercy has AISD contract.
- b. CIS, Gear-up, Integral Care prevention program, Phoenix house
- c. Local providers those in this breakout

**3. What specific resources would it take to implement this task?**

- a. Communication and connection with the schools. The point person in each school
- b. More trained professionals there is so much need. Prevention, socio-emotional understanding and sessions in how kids can cope with stress and anxiety.
- c. Health professionals, police officers, experts talking about consequences is needed in schools.
- d. Prevention dollars are needed- a RFP for one group of people do prevention. Right now, everything is fragmented
- e. Capacity is needed
- f. Youth Peer Support specialists need to be involved
- g. Pal program – is a great program older kids get college credit

**Breakout 3, Angelica Oscos facilitator. Objective 4: Address racial and geographic disparities in service accessibility and outcomes. Task 1: Support the expansion of school-based mental health care services, especially in geographic areas where access to services is limited.**

**1. What are the steps needed to accomplish this task?**

- a. Meet with each school, within every school district
  - i. make sure there is a mental health center on each campus
  - ii. ID - who would be the mental health providers (funding/ coordination (space))

		<ul style="list-style-type: none"> <li>iii. how can CIS support campus in a more holistic way</li> <li>b. <b>Look at prevention work by catching low (before crisis), to implement the 3 R's</b> <ul style="list-style-type: none"> <li>i. <b>working with families/ caregivers</b></li> <li>ii. <b>TBRI (Trust Based Relational Interventions)/ NME (Neurosequential Model in Education)</b></li> <li>iii. <b>is this in every school district?</b></li> </ul> </li> <li>c. Access to Internet <ul style="list-style-type: none"> <li>i. free hot spots within schools</li> <li>ii. <a href="#">ESSER- AISD</a></li> </ul> </li> <li>d. How are we defining mental health care <ul style="list-style-type: none"> <li>i. tier 1 or tier 2 (equity mindframe)</li> <li>ii. therapy/ psychiatry/ family support?</li> </ul> </li> </ul> <p><b>2. Who has the expertise, skills, and/or responsibility to implement the task?</b></p> <ul style="list-style-type: none"> <li>a. Key stakeholders <ul style="list-style-type: none"> <li>i. AISD district made a leadership position that started the TBRI/NME <ul style="list-style-type: none"> <li>1. Contact, Loree LaChance, DNP, MHA, RN, NCSN, Director, Ascension Seton Student Health Services @ Austin ISD</li> </ul> </li> <li>ii. Need to include community partners (parents/ caregivers/ community leaders) <ul style="list-style-type: none"> <li>1. market with flyers/ newsletters but also connect with counselor/ parent support spls</li> </ul> </li> </ul> </li> <li>b. Collaborative partnership to assess/ speak with every school- a committee within Kids Living Well? <ul style="list-style-type: none"> <li>i. 1 needs assessment to develop a list of questions that would be used 2 when contacting each school</li> </ul> </li> </ul> <p><b>3. What specific resources would it take to implement this task?</b></p> <ul style="list-style-type: none"> <li>a. St. David's? \$?</li> <li>b. staffing/ admin <ul style="list-style-type: none"> <li>i. create a committee with Kids living well members with rep from each school district</li> <li>ii. who is overseeing the work and keeping others accountable <ul style="list-style-type: none"> <li>1. 1 or 2 positions with \$ support and then interns/ volunteers</li> </ul> </li> </ul> </li> </ul> <p>Marlene Buchanan said the Children's Mental Health Plan Steering Committee will carefully review all feedback and will notify Kids Living Well about next steps moving forward. Co-Chair Sonia Hartman adjourned the meeting and announced that the October 28<sup>th</sup> meeting will include a legislative update by Josette Saxton with Texans Care for Children.</p>	
6.	Adjourn 10:30am	<p><b>Next Meeting:</b> September 30, 2021  <b>Next Meeting Location:</b> via Zoom</p>	

