



## Recovery Stakeholder Committee Meeting

Thursday, April 20, 2017

9:30 am – 3:00 pm

Hogg Foundation RLS Room, 4<sup>th</sup> Floor  
3001 Lake Austin Blvd., Austin, TX 78703

### AGENDA

- |       |                                    |
|-------|------------------------------------|
| 9:30  | Welcome, Introductions             |
| 10:00 | Resource mapping (continued)       |
| 10:30 | Committee Structure and Operations |
| 11:30 | Lunch                              |
| 12:30 | Transition Age Youth Discussion    |
| 2:30  | Debrief                            |
| 3:00  | Adjourn                            |

**Meeting minutes follow on the next pages.**

*Our Mission: We provide education, training, and consultation to empower individuals, families, and youth to develop resilience, achieve recovery, and further mental health system transformation.*



### **Welcome and Introductions**

The meeting was called to order at 9:30 by the Director of Via Hope who then turned the meeting over to the new chairperson, Wayne Gregory. Individuals in attendance then introduced themselves.

**Attendance:** The Committee members present were: John King, Wayne Gregory, Chris Laguna, Shea Meadows, Shane Delossantos, Shannon Carr, Robin Peyson, and Verlyn Johnson.

The Via Hope staff present were Dennis Bach, Jennifer Quraishi, Amanda Bowman, Kamala Joy, Sandra Smith, Darcy Kues, Liz Castaneda, Barbara Granger, Christina Carney, Michelle Emery, and Bobbi Duncan-Ishcomer.

Also present were Reese Carroll, Wendy Latham, and Jondell LaFont-Garcia from the Health and Human Services Commission.

### **Resource Mapping**

At the January meeting, the committee spent time developing a resource map – an illustration of the types of expertise the committee members share and the connections between members. There were new Via Hope staff and Stakeholder Committee members at the April meeting, so time was spent allowing these individuals to include information for the resource map. Committee members were also invited to update or add to the information they shared in January. The updated resource map is attached.

### **Recovery Stakeholder Committee Role and Operation**

Next the committee discussed the differences between an advisory committee and a stakeholder committee. Via Hope staff explained that a stakeholder means any person with an interest in the organization who can contribute to its' growth and success or who benefits from its success. Via Hope's Recovery Stakeholder Committee members are individuals who have been identified for their subject matter expertise. Their responsibility is to accurately represent their specific community and provide relevant real world validated service needs. Stakeholders are also expected to take back to their communities the information about Via Hope training and program services. This allows Via Hope to remain community informed throughout the state of Texas in an effort to provide relevant person-centered training and educational opportunities.

### **Committee Structure and Operation**

The group next discussed the current charter which states that officers are elected annually. This does not provide much opportunity for the chair to get used to the role before rotating off. A motion was made to amend the charter to make the term of the chair two years. The motion was seconded and unanimously approved.



There was further discussion about how Via Hope staff can best communicate with members between meetings. The Executive Director stated that they will send the agenda and any supporting materials approximately one week in advance of each meeting. The committee discussed how much time they would have available to work on things between meetings, but there was no consensus.

### **Via Hope's Transition Age Youth Program**

Following a break for lunch, the Executive Director briefly summarized the history of Via Hope's work related to youth. Via Hope Family and Youth Manager facilitated a discussion about issues related to Transition Age Youth, using a 1-2-4-all process. Committee members addressed the following three questions:

1. Does your organization identify Transition Age Youth (TAY) as a distinct population?
2. What services does your organization provide for Transition Age Youth (age 16 – 24)? What services provided by other organizations for the TAY population are you aware of? (What are some best practices you've seen or heard about for serving TAY in Texas or in other states?)
3. What do you believe are the greatest needs for this population? What are the potential consequences of not meeting these needs? What are the challenges in addressing these needs?

Most committee members indicated their organizations do not think of transition aged youth as a separate population. However, the Health and Human Services Commission has recently announced that they have created a new Level of care in the Recovery and Resiliency System for Transition Aged Youth. It is for individuals aged 16 to 21, and will allow youth over 18 to receive services they previously were not eligible for.

Members identify consistency, someone to listen to them and take them seriously as this population's most important needs. The most serious consequences of not having their needs met are that they will seek their own answers outside of professional help and that they will become disillusioned.

### **Debrief**

The meeting closed with a debriefing period during which committee members were encouraged to identify their personal highlights from the meeting. The comments included:

- I appreciate the sharing session and knowing who I'm working with.
- I appreciate that we stayed on topic throughout the meeting. What is the follow up to the meeting?
- Via Hope wants to be a change agent. We need to look at our old programs.



- I realized the importance of having youth at the table during policy discussions.
- I was impressed by some of the recovery stories I heard during the resource mapping discussion in the morning
- I appreciate having multiple voices and perspectives represented on the committee.

## Participants' Resources, Interests, and Loose Connections

Name	Topics
Meredith	Grant writing, ACC instructor, public presentations, 'alternative medicine, peer support, veterans' court, Head of COSP
John	Lived experience, CPS, recovery coach (drug court in Jefferson Co.), cake baker, chair of CPS Council
Shea	Peer services across the lifespan, TAY support, bridging CPS and CFPs, lived experience as a mom of children in the system, fierce school advocate, special education, collaborations between community agencies and schools, chair of CFP Council, Harris County
Chris	Psychologist, inpatient setting, children, homeless services, outpatient
Wayne	Advocacy, human rights, psychologist, VA experience, peer work, case management at LMHA in Waco, previously served as staff at Via Hope
Shane	LPC, substance use treatment, post adjudication for adolescents. Former LCDC, suicide prevention.
Shannon	Special education advocate, motivational speaker, business administration consultant, gospel singer, conference planner. Developed way for COSPs to bill Medicaid for peer rehab services.
Verlyn	Lived experience, support group for families (CPS), child protective services improvements, CFPs in schools, Disproportionality Coalition, drug and alcohol counseling, Children's Commission on Policy, building trust between law enforcement and community, working on SW degree, lots of family advocacy!!
Robyn	NAMI Texas, public health, substance abuse services, Bluebonnet MHMR, family member.
Wendy	Systems change (toward recovery model), midwife, military medic, FQHCs work, lived MH experience (trauma)
Reese	Private practice counseling, work with veterans. Work with LMHA and State agency.
Jondell	Health psychology degree; worked with eating disorders, self-harm, and early trauma. Family member.
Tammy	Lived experience, family support (for parents), Hogg Foundation, MH associations, MHAs on national, local and state level, WRAP facilitator, peer support program,



	Masters in Community Mental Health and Crisis, administration and leadership in community mental health, Alternatives Conference
Amanda	LCSW with lived experience, person centered planning, inpatient hospital experience - ASH, clinical supervision
Betsy	PCRP at Via Hope, LMSW, yoga instructor and passion for working with people experiencing eating disorders, degree in communications
Michelle	Restorative justice in schools and communities, support circles for people experiencing violence, "Life Anew" in Austin, crisis intervention for domestic violence, self care in social justice advocacy, storytelling, and anti racism
Jennifer	Crafting, youth and young adults, camps, educational fields, DBSA youth council, Youth Riverwatch (Board of Directors), networking, and bridging among organizations
Bobbi	Lived experience, patient advocacy (PAP programs), group facilitation for OCD support groups, OCD Texas (served as leader), studied linguistics and identities, on BOD of Campfire
Darcy	Reproductive justice work, education on LGBTQ. Impact policy lawyer for LGBTQ populations. Poverty law work. Lived experience. Work with youth around healthy beginnings.
Kamala	Work around the country around organizational change. Self-care techniques, meditation. Expert on municipal air quality standards.
Sandra	Higher education administration, PhD in human services. Dissertation on support services for young adults.
Christina	Nonprofit experience in New York. Advocacy work on sexual assault, domestic violence. Passion around trauma work. Worked with women's survivors support group. Created speakers' bureau.
Christie	Twenty years' experience with nonprofits. Worked for state agency. Family history of attempted suicide.
Liz	CPS/LMSW, HHSC Behavioral Health Advisory Committee, non-profit management area of study, intergenerational trauma, peri-natal MH issues, political science major, POLITICS
Barbara	CFP, special education, teacher, administrator in schools, lived experience as parent in MH and adoption, MH in faith based community, Systems of Care, national initiatives - Texas Family Voice Network
Dennis	Non profit leader, "recovering state bureaucrat", interest in children's health, connections at some state programs (elderly services)
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Michele	RN, public health (primary care, addiction services, HIV case management, MH), health education, organizational wellness and intentional organizational change, and food sovereignty as human right