October 21, 2026 SHAC Meeting

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Opening and introductions

[00:00:00] Francina Hollingsworth: Okay, you can

[00:00:00] Leah Kelly: Okay, there we go. So, uh, thank you for joining us tonight. We're here for the October 21st meeting of the Austin ISD School Health Advisory Council. Thanks

[00:00:16] Francina Hollingsworth: start.

[00:00:16] Leah Kelly: everybody for taking time out of your evening to be here with us. and we are going to call our meeting to order at 6:02 p.m. Um, we do not currently have quorum, so we will continue to move through our agenda and items that we have on the agenda for vote um will will be held until we can verify that we have quorum. So, um, with that, I will turn it over to Miss Hollingsworth. She has an announcement to make about

[00:00:44] Francina Hollingsworth: Okay, good evening. The

[00:00:44] Leah Kelly: meeting logistics.

[00:00:48] Francina Hollingsworth: Austin ISD School Health Advisory Council is an advisory body of parents, community members, and district staff established according to Texas Education Code 28004. The chat provides recommendations to superintendent and the board of trustees regarding health education, physical activity, nutrition, mental health and wellness programs to ensure local uh community values are reflected in student health uh strategies. Um, this meeting is uh open to the public in compliance with the Texas Open Meetings Act. The proceedings uh is conducted and recorded live via Google Meet and will be archived as part of the public records as required by state law. To ensure an effective and transparent meeting, all attendees and members must adhere to the following virtual protocols. When rec uh when recognized to speak, uh state your full name and affiliation. Um so for instance, uh James Smith, uh AISD parent, use the Google Meet raise hand feature to uh request a floor. Please wait for um a co-chair or coordinator to recognize you before uh unmuting your microphone. Keep your microphone muted and cameras can be turned off when you're not actively speaking to minimize background noise and signal delay. When recognized, please turn on your camera and speak clearly. Um former votes will be conducted using the raise hand feature in Google Meet. Only appointed shack members present in the call may cast votes. The agenda begins with the public's uh comments. Speakers must adhere to a lot of time limits and remain respect uh respectful uh decorum. Uh please avoid acronyms, district jargon, and um disclosing uh confidential student or staff information. Uh thank you. And um Leah, I'm handing it back over to you.

[00:03:28] Leah Kelly: All righty. So, um, moving on, the next item on our agenda is the approval of the October 21st, 2026 meeting agenda. Um, that was all sent out to SHAK members ahead of time. Can we do a quick update to see if we've established quorum in the

[00:03:52] Francina Hollingsworth: Yes.

[00:03:52] Leah Kelly: chat?

[00:04:04] Leah Kelly: Okay. Do not believe that we have

[00:04:24] Leah Kelly: Okay. So, we will not make a motion yet to approve our agenda for tonight because we do not have quorum established. Um, so we will review that at our next meeting. And for tonight, we will move on to introductions and recognitions of guests. And we can begin with SHAK members. For our community members that are joining us tonight, um we like to start our meetings by briefly going around the room when we're in person, the virtual room, and we're together like this. Um, and if you could just state your name and your if you're a Shack member, the district that you represent and your affiliation to the district. And so, um, I will begin. My name is Leah Kelly. I was appointed for Trustee Deio's at large representation for district 8. I am a previous Austin ISD parent. My daughter graduated from Austin High in 2025 and um I will turn it over. I have a limited view of everybody that's in the room. So I will turn it over if we can begin with our shack members and then move to AISD staff and then our guests that are joining us from the community tonight. So if you are sh please feel free just come off mute and

[00:05:52] Speaker not identified: I'll go first. Hi everybody. My name is Michelle

[00:05:52] Leah Kelly: we'll go around.

[00:05:56] Speaker not identified: Gallas. I'm a pediatrician in the community. I'm uh the healthc care representative for the shack. I have two children at Mac uh Macllum and I have one child at Lamar. Hi. Um, this is Amy Tyler. I can go next. I'm sorry I'm off camera. I'm in transit getting my daughter to a choir concert. Um, but I'm for district 7 and I'm a parent. Um, I have a middle schooler and I also have a high schooler in AISD.

[00:06:40] Nina Miller (Good Food Fighter): Hi, I'm Nina Miller and I have one kid that was at Lawson, now he's at college and I'm a health and wellness coach. Um, and a good food advocate. Um, and I was appointed by uh Ailia Zapato for district three. Thanks,

[00:07:20] Leah Kelly: Thanks, Nina. Uh, Principal

[00:07:24] Matthew Kenny: Hi

[00:07:24] Leah Kelly: Kenny, would you like to

[00:07:28] Matthew Kenny: y'all. Sure thing. My name is Matthew Kenny. I live in district 1. Uh I have two children at Blandon Elementary in prek and first grade. And I am the

[00:07:36] Leah Kelly: go?

[00:07:40] Matthew Kenny: principal at Blandon Elementary. I'm the admin representative here on the chef. Thanks y'all.

[00:07:44] Leah Kelly: Thank you. And then we have a nonvoting trustee member to the shack. Um, so I'd like to take a minute to recognize that trustee Deiosi takes time out of his very busy schedule being a trustee to devote to attending SHAK meetings. So really appreciate you being here with us. Trusty deoste. Um if you'd like to take a minute to introduce

[00:08:12] Fernando De Urioste: Sure. I'm Fernando Deioce. I'm a at large trustee. Thanks everybody for having me. Thanks to the shack for the good work that you guys do. I'm looking forward to the meeting.

[00:08:24] Leah Kelly: yourself. All righty. And I think that forgive me if I'm missing anybody. Feel free to correct me, but I believe that that is all of our shack voting members that are able to be in attendance for tonight. So, we will move on to Austin ISD staff

[00:08:44] LaShanda Lewis: I'll go

[00:08:44] Alana Bejarano: Good evening. My name is Elena Bear. Oh, sorry. My name is Elena Beharano. Sorry, Dr. Lewis. I'm the executive director of health services and

[00:08:52] LaShanda Lewis: first. And my name is Luchanda Lewis. I am

[00:08:52] Alana Bejarano: nursing.

[00:08:56] LaShanda Lewis: the excuse me, the executive director of student support

[00:08:56] Leah Kelly: members.

[00:09:00] LaShanda Lewis: services.

[00:09:00] Nissa Roark: Hi, my name is Nisa Roark. Um, I'm a licensed social worker and I am the health and social services specialist for the Austin ISD Head Start program.

[00:09:12] Yvette Cardenas: Good evening. My name is Evette Gardinas and um I support academics for Austin ISD.

[00:09:20] Francina Hollingsworth: Good evening everyone. I'm Francina Hollingsworth, the admin supervisor for physical education and coordinated school health and I'm also the SHAP coordinator.

[00:09:36] Leah Kelly: I believe that is all of our Austin ISD staff that are with us tonight. So, if you are a presenter from the community that is joining us, um we would love to meet you at this time. And then I also see some names in the chat of people that I'm not familiar with. So I'm wondering if we have some community guests that are signed up for public comment. But if our um community members could take a moment to introduce themselves, feel free to come off mute

[00:10:12] Speaker not identified: Hi, I'm Gabriela Mas. I have a

[00:10:12] Leah Kelly: now.

[00:10:16] Speaker not identified: first grader in AISD. Um, I'm here for public comment. Um, and I also serve on the MAK committee and the ESAC committees. Good evening you all. My name is Stacy Spencer and I'm here with Integral Care, but I'm also an AISD parent. I have a child at Boone Elementary and Small Middle School. Hi everyone, I am Puja Patel and I am representing Dell Children's and Dell Medical And my name is Mary School. Dodd. I'm a senior planner at Integral Care and I'm here to in support of Stacy Spencer and Dr. Patel. Hi everyone, I'm Kavita Gajar and the medical director of pediatrics from Lonear School of Care. Thanks for having us. Hi, I'm Angela Gonzalez Paige. Um, I'm a parent. My kids go to Boone Elementary and I'm here for public testimony. Hi everyone. My name is Ashley Wild. I'm the director of communications and marketing at Lonear Circle of Care.

[00:11:40] Leah Kelly: All right, I think we may have gotten everybody. If we have not, please please feel free to interrupt me. I'll give it just a couple more seconds. Going once. Going twice. All right, we're going to move on. So, the next item on our agenda is community communications. Um, I did put a link in the chat if you are here and would like to sign up for community communications. Um, please note the process for public comments on video conference meetings. Persons wishing to provide public comments will be asked to state their name and acknowledge that they have read the note about public comments that is listed below. If more than five people wish to speak, the co-chair will draw names randomly. Um, and I I don't have the um comments that are listed below, but I did put a link in the chat if anybody would like to provide public comment. You have two minutes for speaking. And if you will give me just a moment, I will open my timer. And Miss Hollingsworth, I believe you have access to the people who have submitted to provide public

Public comments

[00:13:08] Francina Hollingsworth: Yes, I do. And I also have a a timer ready for us. Um uh we have uh two parents

[00:13:12] Leah Kelly: comment.

[00:13:16] Francina Hollingsworth: that submitted uh inerson virtual comments and um and if someone uh if I miss someone, please forgive me. Um, the first person that I have is um, Miss uh, is it Garcia? Gabrielis, excuse me.

[00:13:40] Speaker not identified: Hi. Uh, Gabriela Messias, I'm not sure if you I think you might have read it wrong. Um, can I start? Oh, actually, I did I did read the uh acknowledgement for public comments yesterday when I submitted the

[00:13:56] Francina Hollingsworth: Okay, thank you and thank you for correcting me.

[00:13:56] Speaker not identified: form.

[00:13:56] Leah Kelly: Thank you. And are you ready for her to begin, Miss Hollingsworth? Thank you.

[00:14:04] Speaker not identified: Sure. Okay. On September 23rd,

[00:14:04] Leah Kelly: Go ahead.

[00:14:08] Speaker not identified: 2025, about a year ago, the United Nations formally recognized clean indoor air as a basic human right essential to health and well-being. Many of us never think of the air we breathe because because it is an invisible part of us, but the issue of indoor air quality is now being discussed on a global stage. I would like to see more school district administrators prioritize clean indoor air in our schools and our office buildings. There are items in most schools and office buildings which emit fragrances. Things such as plug-in air fresheners, aerosolized air fresheners, scented candles, scented school supplies, scented decorations, etc. Air fresheners are not allowed in AISD properties. However, they can be readily found everywhere. One example of this would be a plug-in air freshener. A one example of this would be quote a plug-in air freshener or Fbreze airspray which was a required item on my son's first grade school supply list this year. A clear violation of district policy. These items are emitting chemicals into the air which are unlike which are likely undisclosed and unregulated are some and some are even known to be endocrine disruptors. Fragrances are known to cause asthma exacerbations. the number one reason for school absenteeism nationwide. Given that there is low public awareness around fragrances and the impact on indoor air quality, ESAC, the Environmental Sustainability Action Advisory Committee will be creating more awareness around this topic this school year by educating, providing guidance to schools and promoting a culture change around fragrances. The end goal of this project is to improve indoor air quality that our children and employees breathe in all day long. thus creating a healthier environment for those affected by chemical sensitivities or asthma. Along the same lines, AISD currently distributes a hand soap that is fragranced to all schools and office buildings. In the medical literature, it is reported that 10 to 20% of school children are affected by as eczema and AIDS needs to change their soap to a non-fragrance

[00:16:16] Francina Hollingsworth: Thank you. Time is up.

[00:16:16] Speaker not identified: product.

[00:16:44] Leah Kelly: Miss Hollingsworth, I'm not sure if you are looking, but may you share the name of our second guest that has signed up for public

[00:16:56] Francina Hollingsworth: Okay. You You have

[00:16:56] Leah Kelly: comment.

[00:17:00] Francina Hollingsworth: it. I'm looking. I'm sorry. I'm moving my uh tabs and screens, but I think it's uh is it um Angelica

[00:17:08] Speaker not identified: I think it's it's

[00:17:12] Francina Hollingsworth: Gomez? Okay. Sorry, Angelique. So, I'm getting all the names wrong this evening. So, please forgive me. I have too many tabs and I don't have my

[00:17:20] Speaker not identified: Angelique. No, it's

[00:17:24] Francina Hollingsworth: readers on. So, forgive me. Sorry.

[00:17:28] Speaker not identified: tricky.

[00:17:28] Leah Kelly: All righty. And we're ready with the timer. So, please go

[00:17:32] Speaker not identified: Oh, yes. I'm sorry. Yes. My name is Angela Gonzalez Paige and

[00:17:32] Leah Kelly: ahead.

[00:17:36] Speaker not identified: I have read the community comment guidelines. Um I am actually here today to talk about the human sexuality and responsibilities curriculum. Um actually I I love it. I my only complaint is that I wish I don't know if this is like everywhere in AISD but for our campus it is done usually like April, so it's almost like the end of the school year. And I would like to move that to the beginning of the school year. And um for me, it's a little bit personal cuz one of my children who attended Boone Elementary in kindergarten was sexually assaulted by a classmate. And I feel like if the, you know, HSR curriculum was taught earlier in the school year, you would catch more cases of sexual abuse because it sucked. This happened to my child. But when I thought about it, I realized there were two victims in this case. And so I was just, you know, I think that if um we teach it earlier, we can just catch more cases of these instead of at the end of the year right before we send our kids off to summer school. And then as like parents, teachers, and other children can't really see anything or hear anything or see any signs. So that's it.

[00:18:52] Francina Hollingsworth: Thank

[00:18:52] Speaker not identified: Thanks. Be it.

[00:18:52] Leah Kelly: Thank you to both of our public commenters and thank you for sharing um such personal information and um you know things that are important to you and your children and we are not able to respond to them in the meeting um but we keep a log of comments that are made and um can discuss them at future meetings. So, thank you both for being here tonight. All righty. Um the next item on our agenda is the reading and approval of September 16th, 2026 meeting minutes. Um however, we do not have a quorum this evening to make a motion to amend or approve those minutes. So, we will move that to our agenda for next month. Um, and we will move on to district updates. And I will turn it over to Miss Baharano to share an update with us about medical services in Austin

District updates: Medical Services

[00:20:00] Alana Bejarano: Good evening everyone. My name is Elena Beharano. I'm the executive director of health

[00:20:00] Leah Kelly: ISD.

[00:20:04] Alana Bejarano: services and nursing. So happy to see everyone here tonight. Um I have worked closely with um parent MSAS and and Dr. Jiar. So it's like an evening kind of coming full circle here, but um we are working hard on on some of those projects. and just know that they move a little slowly through the system, but I think they're important topics that will be brought up tonight. And I'm definitely all in about um maybe merging our two committees and finding a subcommittee um environmentally um you know to help some of some of what been brought up tonight. So I wanted to give an update on immunizations and screenings. Um we are all in it for the screenings we are doing besides second and fourth grade. We do all levels of our hearing, vision, scoliosis, and aanthosis. It is a major undertaking. We are just so on track this year. It's great because we want to get it done before December, you know, before we're let out. And that way we get any vision, we get any hearing issues out of the way before star testing and way before the new semester. So they have the best, you know, uh, lay of the land as far as study. So, we're doing great. Lions Club has partnered with us again to do our littles, our prek three and four, and they make it fun and interesting for the kids, and they've been a great partner. So, shout out to them. immunizations. You know, it's it's not magic. It's the fact that our trustees on down, our superintendent have made this a priority. And that I get a lot of requests for interviews from the newspapers and news stations and and that's what I tell them. It's not magic. It is such hard work on the ground level from our admin on down to our nurses and health room assistants that are keeping track of these immunizations. And so 90% of our campuses are a 95 or above rate for our DTP and and um you know for our immunizations our measles ms rebella like it's vericella we're we're doing an amazing job and that's kudos to our team for doing these evening clinics. We're doing 12 or 13 um each year and we meet them where they live and we have these nighttime clinics and we get a fairly good response. We've done it for a couple years, but I think slowly we're getting more response to those free immunizations as well as doing just some general outreach effort. So, I'm not going to take much time tonight, but I just kudos out to the team for keeping these immunizations up and then also for parents for participating in Shaq. You guys are doing an amazing job. I don't know if anyone has any questions, but I'm here for it.

[00:22:44] Speaker not identified: Elena, you said that um you were looking at merging an ESAC subcommittee with a shack committee. Did I understand that

[00:22:52] Alana Bejarano: I think the two committees are separate but I think we could merge a common goal um because we do cover health and wellness. So I know there might

[00:23:04] Speaker not identified: right?

[00:23:04] Alana Bejarano: be a subcommittee already of environmental and uh I think we can maybe as a shock even come up with some initiative that matches that or we're mirroring it not to recreate the wheel but to get two of these committees that are health focused uh together to maybe even present you know so the trustees know how important this is as a general topic. So, I don't know if we'll it won't be a physical, you know, merge, but it'll be a a version of that that we're both interested in the same health topics, if you

[00:23:36] Speaker not identified: nothing.

[00:23:36] Leah Kelly: Sure. And if I can just add uh we do not current currently have an environmental subcommittee but um in the past in years past when I have been serving on SHAC

[00:23:48] Alana Bejarano: will.

[00:23:48] Leah Kelly: um one way to move that joint effort together is the environmental subcommittee I mean ESAC has brought a recommendation that they had to the forward to one of our SHAK meetings and we would be happy to make time on our agenda if this is something that ESAC would be interested in and they have presented the recommendation that they were sending to the board and the superintendent to ask if we would like to sign off and um collaborate in that way. Also happy to put something together and spend some time working on it ahead of time if there's interest in that. Um, but we don't currently have an environmental subcommittee, but I wanted to throw that out there as a possible option of a way to go forward and something that I've seen us do in the

[00:24:36] Alana Bejarano: My commitment was also to um do an update on a leadership weekly just to remind principles that you know these things are not allowed in AISD. We can't have them on any of our supply list. kind of just general air

[00:24:48] Leah Kelly: past.

[00:24:52] Alana Bejarano: quality health um stipulation. So that is in the works.

[00:24:56] Leah Kelly: Great. Well, thank you. Thank you for that update, Miss

District updates: Student Support Services

[00:25:00] Alana Bejarano: Sure. Thank you.

[00:25:00] Leah Kelly: Behrano. You're so welcome. Um, next on our agenda, we will hear from Dr. Lewis, the AISD executive director of student support services. Thank you for joining us, Dr. Lewis. I'll turn it over

[00:25:12] LaShanda Lewis: Yes, thank you. Thank you. Um, so I don't have many

[00:25:12] Leah Kelly: to you.

[00:25:16] LaShanda Lewis: updates. Um, but just to catch you up from what I mentioned at our last SHAK meeting. So I mentioned that we had for the month of September, we offered our staff across the district opportunities to engage in um, some workplace and mental health um, training sessions. And so uh we had a few faux paws as we pushed that out. So we didn't get the information out to as many people as we wanted just because of some timing issues with us but also with the national council. But we did have over 120 staff members attend our sessions. So we are hoping that we can bring this back to the district um at another time. Funding is always an issue um concern. This was funded through a grant that we received this past um school year. So, we were able to provide our staff with the opportunities to learn about suicide awareness, um, workplace mental health, um, as well as mental or maintaining their work life balance. So, we're really excited that we were able to get to, you know, over 120 individuals, but of course, we would make we would like to have more of our staff able to join. Um, a few other things that I mentioned in our last meeting was we were looking at a partnership with Hope Squad. um we were kind of um learning a little bit more about them um looking at the possibilities of bringing them to campuses and so we are um going to move forward with that. Um we have a wonderful um sponsor from the Matt Harbin Foundation um which brings um information about suicide awareness to communities um and they're willing to fund our programs for us. And so we're looking at three to four schools um to bring this to for the next actually for this school year. We're being really ambitious and hoping that we can launch in the springtime with um a few of our schools. And so we're actively working on that now. Um and then I also mentioned and I know that we have integral here, interval care here today. Um we are working on anou with interval care to bring in community- based um mental health services to our students. So in interval care staff will be on our campuses and working with our children. Um when I met with you the last time I talked about where thatou was in the process and so it has moved a little bit down the road towards where we would like it. Um so it has left our legal department and is now sitting with interval cares legal department and we also hope to have that up and running pretty soon as well. So that those are all my updates right now. Thank you'all so much.

[00:27:48] Leah Kelly: Thank you for those updates. Um, I don't know if anybody else has any questions. I was wondering if you could tell us a little bit more about Hope Squad. I think that I recall from last month that Hope Squad, the premise of that program is

[00:28:04] LaShanda Lewis: It

[00:28:04] Leah Kelly: that it is a peer-led program. Is that

[00:28:08] LaShanda Lewis: is. Yes, it is a peerled program. So, each campus that hosts a hope

[00:28:08] Leah Kelly: correct?

[00:28:12] LaShanda Lewis: squad and this could be um elementary, middle, or high. Um with elementary, they start with fourth graders. Um so, not our youngest of kids. Um but it is a peer-led group. And so for at each campus there will be at least two adviserss that kind of help um to um support the students as they go through this. And so um just basically what happens is that we um there is a curriculum that the um adviserss teach to the hope squad members. Um and it is really about um being a good friend. Um recognizing when um a friend is in need of being connected to a um an adult in the building um preferably our counselors or um licensed mental health professionals if integral care is on our campuses. Um and so it's we know that students um oftent times um disclose a lot of information to their peers and we have a lot of students across our district that will now that now um hear something from their peers and will take it to a trusted adult. We have had many instances of that um over the years and we want that to continue. But we also know that a lot of times um students may hear something from their peers and not know whether they should take it to um a trusted adult. And so Hope Squad is going to empower all of our students that are in that hope squad with this information. And there's also additional curriculum that the school dis or the school the campus could do for all students on the campus to learn about um how to keep themselves safe and how to go to a trusted

[00:29:48] Leah Kelly: I'm I'm curious and and please I'll we'll try to be quiet in case other people also have questions.

[00:29:56] LaShanda Lewis: adult.

[00:29:56] Leah Kelly: Um, but I'm curious if there is potential for opportunity to expand that beyond the initial handful of campuses that will be receiving it. And then my second question is um will student participation in Hope Squad have a requirement of having that Senate Bill 12 parent permission? Yes.

[00:30:24] LaShanda Lewis: questions component as well. So students have to be recommended for the program. Now you can recommend themselves, teachers can recommend them, parent recommend them. But before students are brought together. Um there is a parent session as well. So parents understand exactly what their students are going to be engaging in and the parents give approval for their students to be a part of hope squad. Now that is for the general um hope squad group. Now, if campuses do decide to do lessons for their students, they will also have to comply with SB12 and get parent consent um for their students to engage in those lessons as well. As for the expansion, I mean, if I'm going to dream big, I would say, you know, in a few years, we have hopes go squad on every single one of our campuses. Um there is a small financial piece there. We don't know how long the Matt Harbin Foundation will be able to support um us doing this work. Um, so we are planning to um set aside some funds and I say planning because we we never know exactly what the money is going to look like to be able to set aside some funds so that in future years um as these hope squads have to renew that we can have some funds available for them. Now once um we launch a hope squad, the renewal for each campus is rel relatively small. Um so for elementary campuses is about $2,500 per year. for uh middle school and high school campuses is $3,000 per year. Um in talking to the um representatives from Hope Squad and how do campuses tend to fund that, they say that it usually comes through fundraising. Um so students will often do like a a hope walk um in um recognition of suicide awareness. Um and so there's very other various other activities that students can do to help raise those funds to keep their hope squad going.

Fentanyl poisoning awareness

[00:32:20] Leah Kelly: Please, if anybody else has questions, um, now is the opportunity to ask them. I I did want to mention that Stacy Spencer put a link in the chat. If anybody is interested in learning more about Hope Squad, I am sure it will come as no surprise to anybody that I'm very excited to hear that. Um, thank you so much, Dr.

[00:32:44] LaShanda Lewis: Yes, absolutely.

[00:32:44] Leah Kelly: Lewis. All righty. And then I am going to turn it over to Miss Hollingsworth now to talk to us about fentanyl poisoning awareness month.

[00:32:56] Francina Hollingsworth: Yes. So, uh good evening once again. So, So the month of October is uh fentanyl poison poisoning awareness month and there's also a week the week of the 11th through the 17th and the uh governor avid has designated this um this month and um the designated week um uh and we also have uh a Texas education code that is also in effect which is 29074. And so um um local um advisory councils or shacks also have a duty uh to recommend that the lo uh to the local board of trustees the appropriate grade level and curriculum um for instruction in the dangers of opio opioids including uh addiction to and abuse of synthetic OP. opioids such as fentanyl. And one thing um our um uh with the adoption of our uh health curriculum uh several years ago, um our SHA did a great job of um making sure that this was included in the curriculum that we adopted. Um next um and all of this is forformational so that we as a shack are aware of what uh TEA is asking um school districts dealing with um um dealing with this. Uh each school system is required to annually provide students from um grades 6 through 12 researchbased instruction on fentanyl abuse prevention and drug poisoning awareness. Um the required instruction in fentanyl prevention and drug poisoning awareness must include the following. And um you see the uh bullets that I have and because we have a very strong um mental health department uh led by Dr. Lewis. Um um a lot of the uh suicide prevention information is also um given out um uh at various times during the uh year especially uh for suicide awareness month. Also, our um our um health services department has um um put in a lot of work on making sure our campuses have the supplies that they need. or um just in case students go through some type of experience with fentanyl or drug poisoning on campus. So there has been training done in the past and there's resources available on campuses. And then um um here I supplied the code that TEA um has sent out this year on a communication toolkit. We did make this available for our health teachers on our internal website if they wanted to use some of these tools. We also made it available for our um um our um coordinated school health leads so that they will have some resources to use for uh for this month to bring awareness um to students on their campus or staff members. And so once again, I just wanted to give you guys this update so um that members of Shaq will be in the um in the know about what's going on with fitnol uh poisoning and awareness in our district.

[00:37:16] Alana Bejarano: Francine, if I can just piggyback just um to remind everyone, we

[00:37:20] Francina Hollingsworth: Please

[00:37:20] Alana Bejarano: do have a Narcan grant and so that's in every AED cabinet that we have on campuses. And the second issue on the horizon is carfettanyl. It's a 100 times more potent. Um so we are sometimes having to use eight Narcan um to try to revive someone. So this is a very unfortunate situation in our community if our Narcan no longer u will work you know and so we're trying to keep one step above this but this awareness that Francine is doing is super important so we have the the uh Narcan available but what we want is for students not to have the issue in the first place so we're trying to make this awareness known and we appreciate your work Francina

[00:38:04] Francina Hollingsworth: Thank you. And the work that your um your department has put in to supply Noran on these campuses, that's really, you know, uh important as well.

[00:38:20] Leah Kelly: May I ask a clarifying question, Elena? Um, when you say that we are having to use eight doses of Narcan, um, I I'm curious if you mean is that we the medical community or are we having instances on our campuses of uh need for use

[00:38:44] Alana Bejarano: It's a good question. Sometimes,

[00:38:44] Leah Kelly: of Naran?

[00:38:48] Alana Bejarano: regardless if it's the newer, you know, drug or or fentanyl, it takes several doses to bind to the opioid receptors. But in this case, the mut medical community in a whole is is seeing that it's using six to eight or more doses of Narcan. So to try to be prepared to have more Narcan, you know, on hand just in case this new drug is is, you know, more potent or more readily available than we're seeing. So with the grant, they've always been very generous with giving us, you know, quite a few. Our police have it. We've stocked some trainers with it. We have them in our our AEDs, but it's more of a just a community response that you may need more narcan and we need to make kiddos aware. If we didn't think fentanyl was bad, this car fentanyl, it is 100 times more potent than, you know, the edge of a pental lead is what fentanyl it takes to kill someone, um, it won't take very much. So, we've really got to get that message out to our kiddos.

[00:39:56] Speaker not identified: Elena, can I ask a question? This is Dr. Gallas. Um, so if teachers wanted Narcan for their classroom, can they request it or would you direct them? I know there's a lot of places where you can ask

[00:40:08] Alana Bejarano: Sure.

[00:40:12] Speaker not identified: online um for Narcan if you want it like through different awareness

[00:40:20] Alana Bejarano: We we have we have a wonderful previous student who's a

[00:40:24] Speaker not identified: organizations.

[00:40:24] Alana Bejarano: UT student. He sets up a popup shop. He gets direct um Narcan. So, he's willing to supply it. We just ask whoever wants it. They have to go through the Narcan training and I'm happy to supply that to them. That's our only caveat. But anyone who wants it, I'm happy to give it.

[00:40:48] Leah Kelly: Are we keeping u This is Leah again. I'm sorry I'm not adhering to the speaking my name and um before I start going but this is Leah again. Are are we um keeping information about where those are we seeing instances on our campuses where we are having to use Narcan and if so are we keeping information about where that

[00:41:16] Alana Bejarano: Yes. So, I partnered with a UT student because I'm all about

[00:41:16] Leah Kelly: is?

[00:41:20] Alana Bejarano: this. They have extra time and need projects, but they did a whole fentanyl um reporting form. So, that's a Google sheet. Now, we don't always know that's what we're dealing with. They could mirror a diabetic situation or epileptic situation. We don't always know when we find someone unconscious. But if the fentanyl brings them, you know, back to awareness and we're able to recover them, they go ahead and submit that Google form. It's washed of any any personal data. But we know that fentanyl was given, I'm sorry, that Narcan was

[00:41:52] Speaker not identified: What are

[00:41:52] Alana Bejarano: given.

[00:41:56] Speaker not identified: you spelling?

Kids Living Well presentation

[00:42:00] Leah Kelly: All righty. Does anybody else have any more questions um about fentanyl poisoning awareness month? Righty, we will move on. So with that, I would like

[00:42:24] Speaker not identified: I think you're muted,

[00:42:28] Leah Kelly: Thank you. I just muted myself when I started speaking. Um uh so I I just was saying that I want to welcome our first presenters. We have a kids living well with us tonight and I have had the personal pleasure of working

[00:42:44] Speaker not identified: Leah.

[00:42:44] Leah Kelly: with Dr. Patel and Stacy Spencer and Mary Dodd um over the last several years and um they are here with us tonight to present an update to the Travis County Children's Mental Health Awareness Plan. And um I just so appreciate all of the work and time and effort and community outreach and engagement with families and children. Um, I know the amount of time that was spent in this and and I appreciate you guys so much and thank you for joining us tonight um to share this information with us

[00:43:20] Speaker not identified: Yay. Thank you

[00:43:20] Leah Kelly: and I will turn it over to

[00:43:24] Speaker not identified: so much for having us. Um, like I said, my name is Stacy Spencer and I oversee school-based mental health services at Integral Care and I'm a member of the steering committee for this plan, Connecting the Dots for Children's Mental Health. Um, and I'm here with Dr. Puja Patel, which you can introduce yourself. Hi everyone. Um really excited to be here to tell they're saying um at Dell Children's but also um with Dell Medical School. And I apologize there's soccer in home soccer going on so in my house right now. Great. If we can Can I switch the slide or do you all switch the

[00:44:04] Francina Hollingsworth: Um I I switched aside but if you want to present from your computer I can um

[00:44:08] Speaker not identified: slide?

[00:44:12] Francina Hollingsworth: stop sharing. Okay. Yes. Yes.

[00:44:12] Speaker not identified: No, this works. I if I can just say next slide. Yeah, next

[00:44:16] Francina Hollingsworth: side.

[00:44:16] Speaker not identified: slide. Okay, so great. The children's mental health plan for Austin Travis County um we have been working on it for the last two years and it's been guided by a steering committee of many members um listed here. Don't worry, I'm not going to read like everybody's name, but as you can see by the list, it's a wide variety of community members coming from kind of a wide sector of areas of individuals working with young people, parents of young people. Um, they have a depth and breath of experience um in our community to kind of help develop this plan. And as you can see, Leah Kelly was on there. I'm on there. Um. Okay, so Kids Living Well, um hopefully you've heard of us. We are a network of health and behavioral health care providers, social workers, peer support specialists, educators, and others working together to promote the mental health of Travis County children and youth. So thisly known as the Travis County Child and Youth Planning Partnership, and it's been around for 30 years, so well before my time. But in 2016, after our very first children's community mental health plan was developed, Kids Living Well agreed to oversee the um oversee this plan. So, this is the third five-year plan for the community. Um, and don't worry, we did not develop it on our own. We had a really great steering committee, but we saw a lot of feedback. Um we got feedback from um 95 participants via focus groups. We interviewed um families in NAMI. We talked with young people through the African-American youth harvest and a project fatherhood through Austin public health. We talked with the mayor ID counseling department and all the kids living well members. Um we did a parent and caregiver survey. We looked at local data and we did a literature review. We wanted to make sure that the plan that we were making for our community included a lot of um input from young people, from families, from youth serving professionals, as well as um the data that we're seeing. So, the next slide, I'm going to share a couple slides of data. I don't think a lot of this is going to be shocking to you, so I'll kind of go over it briefly, but I did want to share it a little bit because this did help guide some of our planning. Um the first one is a map and I know it's a little hard to see because it's kind of small but it's looking at the um rates of poverty in our community. So the areas that have a high rate of poverty um in areas that have lower rates of poverty and so this is not surprising that you know the community has different rates of poverty in different areas. But the thing that may be interesting to you is that this map looks very similar to a map of life expectancy in Travis County. So this really speaks to the social determinance of health. And so I think that that concept may be familiar to some of you with the idea that it's not just our actual physical health that kind of determines our life expectancy, but a lot of it is our zip code, where we grow up, because that determines some sometimes access to um health services. It determines access to food. It determines a lot of things that play a role in our health. So that was something we definitely considered when developing this plan. You can go to the next slide again. Um, disparities in childhood poverty. This will not surprise you. Um we do have um you know rates of childhood poverty in Travis County and it's not distributed equitably among um young people based on race and ethnicity. So the next slide the other data making this plan is looking at emergency department visits um for mental health, behavioral and emotional issues. So this is excluding every, you know, young people going to the emergency department for physical health issues. We're looking very specifically at mental health issues. And as you can see, the number was quite high in 2019, and it has gotten a bit smaller in 2020, but it's really kind of stayed steady um in the last several years. And emergency departments are definitely an important piece of our system of care and much needed, but we also don't want it to be the first place that people go when they're having a mental health um concern. We want to make sure it doesn't get to that point of crisis. Um we want to make sure that young people have access to preventative support so it doesn't become an emergency. Next slide. Um this is also looking at data of mental health crisis calls. Um and we pulled this data from the calls that integral care gets. You may or may not know but of course all the calls we get from our helpline. Um also when people call 988 um it's routed to integral care if they're calling from Travis County. And if they call 911 and ask for the mental health option it's also routed through integral care. So again, if we kind of look at these numbers, um we're glad that people are reaching out for support when there's a mental health crisis, and it's a lot. It's a lot of young people having a mental health crisis, which we want to make sure we have support for that in our community, but we also want to make sure that we have services in place to hopefully prevent crisis. Next slide. And this is again another piece of kind of that crisis response looking at our psychiatric emergency services. This is our kind of like brickandmortar urgent care that people can go to if they're having a psychiatric emergency. Um the numbers vary, but something you can see is that the numbers are kind of back up in 2025. Um so we're happy that people are coming out and getting support, but we also have to wonder could we have supported them beforehand? Um, and if we look at the mobile crisis outreach team, I know this is a team that Austin ISD does utilize, um, if there is a mental health emergency on campus. Um, and again, if you look at the data, the good thing is the numbers have gone down slightly. So, it looks like there has been some work or there has been some maybe a lot of extra support on campus to manage crisis as a district themselves. Um but is worth including and then the next slide. Oh, and then go one back. Okay. So, using all of our input from the focus groups, from the surveys, from um the data, we created our plan and it is envision a community that supports children's mental health and well-being. And we developed four goals. um strengthening the resilience of children, youth, and families, ensuring services are financially, geographically, and culturally accessible, expanding services for children with youth and youth with complex needs, and then clearly communicate how to access care. So, I'm happy to pass this over to um Puja to share in detail about each of these Thanks Stacy. goals. So in the next slide we're talking about the first goal which is strengthening resilience. And this came from something we heard in nearly every focus group. Families and young people are really under stress. And if we look at the data, it backs that up. It's no surprise that recent shifts in funding and government policies have challenged our ability to have housing and food

insecurity. And so we'll see a third of housing costs or cost burdened. There's a 25% increase in evictions from 2023 to 24. Five-fold increase in homelessness and families. And one in four children are food insecure. Um when we look at the other piece that we noticed that is that technology and research backs us up the increase in technology use has also been correlated to levels of depression and anxiety and stress especially for youth. So I put that together the recommendations work on two levels. first when we help families meet their basic needs because it's really hard for children to feel well when their home is unstable and that is you know starting there and then second we want to help build children's skills. So really teaching them pro-social learning skills to understand their own feelings and how to regulate their behavior empowering youth to have an active voice in their communities. Um, and I got to be a part of the youth focus group and that was really amazing to hear all of their voices and in that really recognizing that recreation and leadership opportunities for them um and job skills development are really vital and so really wanting to bolster that. Next slide. Goal two is about access. So even though our community has made progress, families have still told us that there are three main barriers that keep them from getting the mental health care they need. Cost, lack of services, especially in our outlying areas, and a shortage of providers who are culturally accessible to them. So one we think about how to support this need. We had um put together the recommendations and one is really just meeting families where they are and how do we do this right? So we're thinking about collaborative care and primary care clinics really where kids are in schools. So school-based mental health services utilizing our mobile clinics to also go to where families are and expanding the use of teleaalth when it makes most sense. also helping get support from our certified family partners and children system navigators because they've been through this and they can really understand what it's like to stand in these family shoes and connect with them. Um, it also means helping community organizations build Medicaid and join provider networks so that providers can then serve more kids. And we'd like to see making greater use of our existing services like the Texas Child Mental Healthc Care Consortium programs that are through our schools and our pediatric providers. Next slide. So goal three focuses on children and youth with complex needs. And when we say that, we mean children with significant um mental or behavioral challenges with co-occurring conditions or also involvement in multiple systems, healthcare systems. And so, for example, those are youth that have substance use and challenges with mental health concerns or youth that might have a developmental disability who are also experiencing suicidal thoughts. Right now, our community has limited services for these kids, especially when it comes to substance use services. And when the right help isn't there, as we saw in what CC presented, children end up in traumatic emergency department visits or psychiatric hospitals. um they also in and out of home pla in out of home placements um with CPS or involvement in the juvenile justice system which doesn't have to be necessary if we could help support their needs from the beginning. And so with that, our recommendations are to fund intensive mental health services. Let's put money into crisis services where these kids are receiving that help. but also thinking about how we expand evidence-based practices included in Texas Medicaid state benefits. Right? So, we're reimbursing this care, working with the Texas Health and Human Services to explore ways to expand access to services and then going back to thinking about how we just think of prevention and treatment for youth, right? How do we expand that within our systems? And also the training of professionals on how to work with children with these complex needs and dual diagnosis. Because even though we might have the provider providers that are available if they don't always have feel comfortable or have the training that they need to take on some of these these cases and support these kids. Next slide. So the fourth goal is to clearly communicate how families can access care. Right? Travis County is fortunate to enough to have a wide arrange of services available, but families have reported not knowing how to find what they need. And one parent um involved with National Alliance on Mental Health Illness through NAMI summarized the challenge really well by saying it would be helpful to be able to bypass the emergency departments altogether and go directly to the care you need which is what we all want. Um so working on this goal you know thinking about how we create a roadmap for local system of care. How do we share those resources once we have that with parents, caregivers in the community and then also within the organizations that are helping serve these families like That and CPAN and also 211. So creating a larger network of connection to increase that communication. Next slide. So the good news is we haven't we're not pausing implementation has already begun. Um, and so when we think about resilience, Mayor Watson's Gen ATX initiative aims to make Austin the best place to grow up in America. Um, and R raising Travis County is putting together the county 5-cent tax towards affordable child care and after school care. So that's kind of taking making that initiative. Um, on access we have, and Stacy can talk more about this, um, the Travis County Animal Care Sansa grant to expand access to mental health services in Lago Vista and Jamestown to create a single point of Yeah, I'm happy to share a little bit more about that. That's a new grant that we recently received with Travis County and Integral Care and it does two things. One, it locates some mental health providers out in Leander, Jonestown, and Lago Vista, which is access. our furthest reaching area. Um but also um then the part that will impact Austin ISD is creating a single point of access. So really helping make sure that whoever the single point of access is going to be, whether it's going to be 2011 or what whatnot, make sure they have everything most updated and that we market it so that everyone knows how to find it so that families don't have to wonder, you know, how should I find counseling for my child or my child has some has a diagnosis of autism but is also having mental health concerns but is also having this. Who can I talk to to get support? Um, so it's helping to kind of like solidify all the programming and supports in our community so that someone can call one place or look at one website and get the information they need. so exciting. I think as a mental health provider, I still also feel challenged. So, I think having this would be incredibly wonderful. Um, when we talk about goal

three, there is um and that's on supporting kids with complex needs. And actually this Friday, um, Kids Living Well is hosting a summit, which is just two days away, um, awareness to action, and it's supporting children with neurodedevelopmental disabilities and mental health challenges. And so we'd love to have you come and and participate. Um, but it is just kind of expanding knowledge and connections and services um, for these very complex kids. And then finally for communication, the kids living well system task force is developing. Um I actually got to attend the first meeting today. Um but the initiative is really meant to build mental health road mapaps um for parents, schools and communities, doctor's offices, you know, just like we were talking about connecting all the dots, child serving organizations with that um so they can come together to create that resource for how we know when we know we have need help, where do we go? All right. So, the very last slide, as you're sitting there, you're wondering, what can I do? And um how can I get involved? And truly, it is just helping spread the word because we know that this is just as important to you as it is to us and to all the families and kids that we serve. Um so, talk about what we've t, you know, the plan as you've heard it, but also invite us. Um, if you think of a group, a committee, an organization that might you think that it would be helpful to have this presentation be shared, we are more than happy to do that just to spread spread the word. Um, I don't know, Stacey, is there anything else that you'd like to No, if people want to, Mary Dodd is here. You can reach out to Mary if you want more information. Any questions? Or Mary, do you want add? have anything you want to add? No, I'm good. Thank you. I feel I think you did a great job. I guess I Awesome. Well, thanks would like to say I'll just do one quick plug for Kids Living Well. Um, you know, it's a group that meets monthly and um we represent so many different organizations in Austin that that um that have that um care about children's mental health and y'all. many of our sessions also include CEUs. So, if you're Okay. interested in just getting the notices of future meetings and activities that Kids Living Well does, you can um sign up on this link in the chat.

[01:02:56] Leah Kelly: Thank you. Thank you, Stacy and Dr. Patel and Mary. um for sharing this information with us. I I really appreciate it. I appreciate you taking the time out of your night and being here with us. And then I just wanted to add for our members and um anybody that is on the call tonight that these slides will be shared after the meeting. So, if anybody is interested in sharing this presentation or any of the previous QR codes that have been on the slides in our meeting so far, if you haven't had a chance to scan them or bookmark them or take a picture, um they will be shared out through email after this meeting. So, if anybody else has questions, um please feel free to come off

[01:03:40] Francina Hollingsworth: Leah, I also put a

[01:03:40] Leah Kelly: mute.

[01:03:44] Francina Hollingsworth: a link in the chat earlier that has all the meeting links and um the uh link to the uh QR code is uh also on

[01:03:56] Leah Kelly: Thank you. Thank you, Miss Hollingsworth. Alrighty. So, if nobody has

[01:04:04] Speaker not identified: Leah, I have it's Dr. Gillis. I have a question.

[01:04:04] Leah Kelly: any questions, um we will

[01:04:08] Speaker not identified: Um, so, um, can you just

[01:04:08] Leah Kelly: Yes, please.

[01:04:12] Speaker not identified: clarify, um, first of all, thank you for the presentation. Very helpful information. Can you clarify exactly how this, um, intersects or overlaps with Genatx and Kirk, uh, Mayor Watson's Kirk Watson's initiative? Sure. Um there you know there is not a direct connection of kids living well and genatx. Um the only connection is that you know when we think about our this is a community plan and so kids living well is a you know a group of people who are volunteers um and they cannot do a lot of the implementation themselves. So in you know in addition to having a system task system navigation task force that's looking into how do how to do that better and um a summit planning team that is putting on Friday's summit. We also keep track of big initiatives that are happening in our community and that we believe will help to further the goals of our plan. And we are very excited about the GatX. It includes a brain health um pillar and that effort is co-chared by the executive director of Austin Child Guidance Center, Annie Miller, and also the CEO of Integral Care, Jeff Richardson. So, we're just really glad that um the mayor's GatX um initiative is is considering and taking into account brain health. And then with the raising Travis County, um this is something that Travis County voters approved several years ago and it's finally really getting started and we think that it will will again have a tremendous impact, positive impact on the children in our community. And so we just wanted to highlight that. Awesome.

Lone Star Circle of Care presentation

[01:06:08] Leah Kelly: Anybody else? All right. Thank you again, Stacy and Dr. Patel and Mary. Appreciate you guys being here tonight so

[01:06:20] Speaker not identified: Thank you for joining us. Thank you.

[01:06:20] Leah Kelly: much and and and we will move on to our next presenters from Lonear Circle of Care. Um so please forgive me if I am mispronouncing your name. Dr.

[01:06:36] Speaker not identified: It's perfect. Thank

[01:06:36] Leah Kelly: Dr. Gajar and and Ashley Wild are here to talk to us about the services that are available from their organization. And you know, similarly, we appreciate you taking time out of your evening and being here with us

[01:06:52] Speaker not identified: you.

[01:06:52] Leah Kelly: tonight to share. Um, and with that, I will turn it over to you

[01:06:56] Speaker not identified: Well, thank you. Um, thank you very much uh

[01:06:56] Leah Kelly: guys.

[01:07:00] Speaker not identified: for allowing us the opportunity to share a little bit about our organization. Um, I'm going to kind of dive into a little bit of a general overview and um hopefully tie in a little bit of what um our speakers prior to us, Dr. Patel and Stacy um were talking about mental health, something we do as well. Um, next slide. So, in case anyone on this call has not heard of us, not familiar with us, um, Lonear Circle of Care is a federally qualified health center, one of three in central Texas and one of the largest ones in central Texas. Um, we span several counties and our uh main mission is to provide exceptional and accessible patient care. Um we aim and have uh dreams of eliminating health you know inequities and really to facilitate um wellness and optimal living and just basically build strong communities around us. So our values compassion, integrity, respect, service, innovation and excellence is really um the bread and butter of what we do and in everything that we do. Um next slide please. So a little bit of an overview. Uh we were founded in Georgetown in 2001. We are a nonprofit um as I said earlier, federally qualified um health center and we have 22 active geographic clinical uh clinic locations. Um we're in four counties and we also have a mobile momography service, the Big Pink Bus, if anyone is familiar with it. Um we just had our annual benefit uh this past Saturday. So, um, if you're not, um, I urge you to kind of go and take a look at what we do with the Big Pink bus. It's it's quite touching and moving, um, and amazing, uh, the lives that we've touched with that initiative. Um for our last fiscal year, we don't have the numbers uh completed yet for this year, but for 2025, we saw 330 um almost just under 331,000 patient encounters. So um very busy. Um in terms of the type of patients that we have, next slide. Um before we get into that, I guess the different service lines you can see we we we do a lot. Um we have behavioral health. So we do have therapists and do we we do have prescribers as well, psychiatrists, uh convenient care, we have dental, vision, um we just added specialty care, endocrinology and are slated to add some more specialty care down the road hopefully in 2027. Um family medicine, I talked about the big pink bus, OBGYN. Um we have pediatric and family medicine or adult medicine primary care. Um we do have a school linked clinic um up in Georgetown and we've had some in the past. We do senior care virtual visits as well too. So we do uh quite a big breath of different types of uh services mostly you know around primary care. Uh next slide. So um this is what I was talking I guess I started talking about a couple of slides up. Um in terms of the patient encounters we have as you can see pediatrics is our largest service line followed uh closely by uh I guess a second um highest or busiest service line is family medicine and then obgyn u behavioral health um follow suit. So pediatrics being our largest service line um that's my service line um we do a lot of work um and are always looking for ways to kind of provide not only excellent care but a little bit more of a holistic look at um the kids that we see and the families that we see next. So um I'll touch a little bit on our uh BH integrated model. Um so as we you know just heard how important mental health is um and how increasingly difficult it is to get access. Um we are keenly aware of this and um one of the things we do in primary care obviously we do all the wellchild visits. Each wellchild visit that we do um starting at age appropriate um uh intervals or age appropriate wellchild visits uh we start doing screens for mental health. um whether it's depression screens, whether it's you know uh internalizing externalizing um factors like you know anxiety or depression or um ADHD stuff like that you know different types of diagnoses. So we do screening. It is regular. It is standard. It is not an option. It is built into our wellchild um model. Um we also provide real-time BH services within our medical clinic. So we do have um certain clinics that have embedded uh therapists and um uh psychiatrists or nurse practitioners that do prescribe um certain medications. Um and then our system even though we have all these different service line really acts as one big hole. So there's a lot of uh connecting and integrating of our different service lines. For example, if I see a patient that's in my clinic and I, you know, do a screen and I'm like, "All right, you know, there whether they answer a question about suicidal ideation being positive or I'm seeing there's something going on and there is a kid in crisis or about to be in crisis or somebody that's I'm really worried about." Um, it's like phone a friend. So, everyone is we have a internal PH hotline. We also have community members that we can kind of reach out with uh as well. Um, but we do have a lot of resources just within our system. Um, and folks that are willing to help. Um, next slide. All right. So, how do you become a Lonear patient? Um, it's very easy. Make an appointment, come see us. If there's any kind of um, issues in terms of you're not sure about, you know, families that, you know, may not be in uh, you know, uh, may not be eligible for certain plans or they cannot. We do have a program registration. Basically, these are patient benefit specialists. Um, so you'll, you know, call, we can make an appointment if you don't have insurance or if you're not sure. Um, and these folks will oftentime sit down with you and be able to see what you qualify for, whether it's Medicaid or something else, and really help them with the enrollment process, which has gotten um, more tedious and more complicated. Um, if a patient does not qualify for any of the programs, um, we have a sliding fee scale based on the federal p poverty level. So we go from level one to level five. Um and so you know not being able to afford is really not um a deterrent for patients to be seen and taken care of under at Lone Star Circle of Care. Uh next slide. So pediatric clinics we have about 16 PD clinics out of the 22 23 physical locations. So um we're all over the place. We're in um Austin, South Austin, I guess, North Austinish area, and then we also have some clinics outside in Williamson County um and beyond as well, too. So, many many pediatric locations um for our uh kiddos to kind of get seen. Next, um all right, so any questions? I'm happy to kind of um answer. The few things that I did want to touch touch on and kind of really emphasize is that um and I'll talk about pediatrics. I can talk about different areas of Lonear as well, but we really really do try to offer not just you know vaccines and height and weight and all the regular stuff that you do in a regular uh wellchild visit or an acute visit. Um we really try to do holistic care and then if a kid needs something, you know, we try to kind of help them navigate. So, it's really nice to be able to be in an organization that values that. Um, I know somebody had mentioned a little bit earlier about SDOH, social determinance, um, or drivers of

health, depending on who you're talking to. That is something that we also work on in our world health visits, especially in certain clinics that are a little bit more centrally located. They're all in Austin. Um, so we screen families for that. And then we have our uh social work team uh patient navigation team that kind of helps link those patients up uh with whatever needs they have um in in the community. So there's a lot of work we're doing. This is a very very bird's eye kind of view, but if you have any questions, I'm happy to answer them. Or anything that you're curious about, I'm happy to answer

[01:15:28] Speaker not identified: them. Okay, I think that sounds sounds good. Questions?

[01:15:36] Leah Kelly: Thank you. I I have a question. Um but I'm gonna direct my question to Miss Hollingsworth and Miss Behano um if I may. So, I um want to make sure that I am appropriately understanding that for the next portion of our agenda, one of the items that we're discussing, and bear with me because these will tie in together, um is the program review evaluation. And I want to make sure that I'm appropriately understanding that the ask is that we share the QR code for the SHAK members to go through the review for the process for Lonear Circle of Care. Um, is there an opportunity for Austin ISD and Lonear Circle of Care to partner on an initiative? Um or is the purpose of our information sharing tonight um just for broadening awareness of resources that are available in our

[01:16:48] Alana Bejarano: Yes, I think first and foremost it's to make everyone aware of what's out there um until I spoke to to some of the providers. I didn't even know some of what existed out there. So, I think

[01:16:56] Leah Kelly: community?

[01:17:00] Alana Bejarano: the main initiative is to to definitely spread awareness. All of us can use these resources and they're all on our list um that the nurses use. So, so that's a good indication to SHAK members that you know they're vetted members of the community. You know, we're lucky to have partners, that kind of thing. Um overarchingly I think the district is always trying to find resources and further initiate mental and physical health goals. So along the lines of that hopefully in the future many of these partners that have spoken tonight will have a piece of that puzzle. Uh, so I I think they're, you know, um they're equal in their task of giving knowledge and providing resources and I think they just want Shaq to be more aware of what's out there and unless Francina has a a different take on

[01:17:48] Francina Hollingsworth: No, that's exactly right. And the uh the evaluation was brought up the uh during the first meeting. So I wanted uh uh members to have an opportunity to look at the form

[01:18:00] Alana Bejarano: that

[01:18:04] Francina Hollingsworth: and you know have any discussions about it

[01:18:04] Leah Kelly: Okay.

[01:18:08] Francina Hollingsworth: um before we actually go through a process. I didn't think this presentation was a um about a program if correct. It was just a presentation about uh their services.

[01:18:20] Leah Kelly: Thank you so much for that clarity. that that was my understanding too. But I just wanted to make sure before I you know presented it as you know please go through this evaluation process um because that was my understanding as well. Um so I appreciate Lonear Circle of Care Dr. Kajar and um Ashley I appreciate you guys sharing with us tonight. It it truly really does take all of the members of our community being able to come together and knowing what is out there and what is available is so very helpful to us as shack members, to district staff, and just to the broader community. Um, I just want to put in a plug. I am uh when I have two older children that were not students in Austin ISD um that are 33 and 31 now and when I was a young single mother with my two older children um we definitely used the services at Lonear Circle of Care. So appreciate that you guys have have been there um established in the community for a long time. We won't say how long. um so that I'm not giving away my age, but I I appreciated you as a young single mother. So, thank you for coming and

[01:19:44] Speaker not identified: That's that's uh

[01:19:44] Leah Kelly: sharing with us

[01:19:48] Speaker not identified: I love hearing stories like that. Um thank you for

[01:19:52] Francina Hollingsworth: I do have a quick question. The pediatric planets is there age cut

[01:19:56] Leah Kelly: tonight.

[01:20:00] Francina Hollingsworth: off? I know you know there's a age cut off when we talk about uh pediatrics you know in the um in the medical field but for

[01:20:08] Speaker not identified: sharing

[01:20:12] Francina Hollingsworth: your clinical services is there a cuto off and if so what what is the cut off cut off

[01:20:20] Speaker not identified: So, we see we see all kids from birth, so right out of the hospital. Um, at Lonear, we see them up until the 18-year wellchild visit. Um, the 19-year visit, we transition them to family medicine. Um, and it's a good transition point. you know, you have a few years where they're still kind of in the system until they kind of are off into the world on their own, even though 18 they're technically adults. Pediatrics in general covers up to the age of 21. Um, in terms of credentiing and what we can do, but at Lonear, at this organization, we see kids up until 18. Um, every once in a while, I'll have, you know, an 18 year and a couple of months old and they still don't want to go to family medicine. Like, can we see you one more time? I have a cold and sure but at that 19 year wellch child visit we really do transition them. Um the needs are different right there are different things that are happening in their lives so they need something a little bit more. Um but it's really nice to have those partners where we can kind of transition them and still keep them in the same system and if there's any questions especially if there's a complex kid um uh or other issues kind of going on. It's a It's really nice to be able to have that transparency and that level of collaboration where we can kind of still work with our family medicine or adult medicine

[01:21:36] Francina Hollingsworth: Thank you.

[01:21:36] Speaker not identified: providers and there's no age limit on the family medicine. It's forever. Anything

[01:21:52] Francina Hollingsworth: Thank

[01:21:52] Speaker not identified: else? All right. Well, thank you guys for having us.

[01:21:56] Francina Hollingsworth: Yeah.

[01:21:56] Leah Kelly: Thank you so much for joining us. Um and so we will move on to the next item on our agenda is the program review evaluation um and discussion. So um Miss Hollingsworth, are you able to share the QR code for the program review

Program review evaluation discussion

[01:22:20] Francina Hollingsworth: Yes, it's also

[01:22:20] Leah Kelly: evaluation?

[01:22:24] Francina Hollingsworth: on the um the um meetings link

[01:22:24] Leah Kelly: Um

[01:22:28] Francina Hollingsworth: document, but if you give me just a couple of seconds, I can um reshare the link.

[01:22:36] Leah Kelly: Okay. Um, by the meetings link document, do you uh are you referring to our

[01:22:44] Francina Hollingsworth: Um, no. Um, I put a document link in the chat and I I'll put it in there again. It

[01:22:52] Leah Kelly: agenda?

[01:22:56] Francina Hollingsworth: um it has all the

[01:22:56] Leah Kelly: Yes.

[01:23:00] Francina Hollingsworth: um links for uh that was discussed

[01:23:00] Leah Kelly: Oh,

[01:23:04] Francina Hollingsworth: during the meeting. So the agenda, the uh minutes and other links um pertaining to this. So I just put it in the chat and the link to the uh Google form should be there. If

[01:23:16] Leah Kelly: the

[01:23:20] Francina Hollingsworth: not, then I could um go through my tabs to get it real quick.

[01:23:28] Leah Kelly: There we go. I got it. Here is the link um directly to the Google form. So just to share for awareness so everybody has seen this form and the first time that we do a program evaluation program review evaluation it will not be the first time that you have seen this form. Um, I just would like to make sure that everybody has access to the link that's in the chat to take a look at it to see what it is that we will be considering as part of the presentation when we're reviewing a program for consideration to partner with the district. Um and this is part of the recommendation process when we are considering a recommendation for the board and superintendent if part of that recommendation is partnering with the program. Um so what I have found to be helpful for me is in the past it has been difficult for me to move through the program evaluation link as we're hearing the presentation in person. I personally prefer to be fully present while I am hearing the presentation and um you know knowing that our meetings are recorded and they are posted on the district website. So, what I have found to be useful is to have the link to review the evaluation form prior to the meeting so I kind of know what it is that I'm listening for as I'm hearing the presentation. And then, excuse me, sorry, my ringer was not off my phone. I don't know if you guys could hear that. Um, and then after the presentation to go back and re take time and review the recorded meeting um to more thoughtfully go through the evaluation and be able to pause and um, you know, look for answers to the questions so that I'm not doing it quickly during our meeting. So, I just wanted to make sure that everybody had access to that link and I will send it out in um our follow-up email that contains the slides for the two programs that we heard from tonight. But, you know, just for confirmation and clarity for everybody, we will not be reviewing those programs. I just am um sharing this so that you have it in the event that we do evaluate a program in the near future. Does anybody have any questions about the program review evaluation form? All righty. If not, then

[01:26:48] Francina Hollingsworth: Um

[01:26:48] Leah Kelly: we will move on to

[01:26:52] Francina Hollingsworth: Leah, I have one quick thing. I I do well, I did receive a request

[01:26:56] Leah Kelly: um

[01:27:00] Francina Hollingsworth: um for a potential um um evaluation. Um, and unfortunately they they possibly won't be able to present during the shack meeting. So, we might have to send a message out to the members to see if there's a time that they can um um meet or a small group can meet um with a a potential partner um so that she could go over the eval uh the program and we could record it so the rest of the members can have access to it and evaluate it um on their own Time.

[01:27:48] Leah Kelly: Yeah. Yeah, that sounds great. I would be happy to do that. We could put together a workg group um to do that. Um and and you know that that was how we reviewed a couple of programs at the end of the year last year. I would like to be um you know deliberate in not letting them um stack up and then doing them all at once. I am curious. I have a question. Um, based off some of the previous conversations that we have had about some interpretations of the bylaws limiting uh, shacks ability to present recommendations to the larger shack for consideration and then to the board and the superintendent. and the requirement to consult with the board and the superintendent before making a recommendation um and only being able to do that in the annual report in September. And I know we had had some conversation about um you know considering if we would be able if if there was room for discussion to be able to submit recommendations at more frequent intervals but maybe predictable inter intervals. Um and I I just don't think that um we had settled on a a firm understanding of that. So, I'm curious if we are reviewing a potential partner. Um, you know, this is kind of where that delay that I was concerned about could come in and not being able to act timely if we're waiting until that annual report. So, I'm curious if there has been um any confirmation that we would be able to submit recommendations at uh you know more predictable but frequent timeline like quarterly. Do we have we heard an answer

[01:30:04] Francina Hollingsworth: Um, Aette, do you

[01:30:04] Leah Kelly: back about that?

[01:30:08] Francina Hollingsworth: want to um share? I'm not sure if she's still here with us. Okay.

[01:30:16] Yvette Cardenas: I I'm still here with y'all. Yes. Listening to everything. Uh so Leah, I do not have an update yet, but I am writing that down to make sure to follow up

[01:30:28] Leah Kelly: Okay. Thank you. I appreciate that. Um just because you know I

[01:30:28] Yvette Cardenas: again. Thank

[01:30:32] Leah Kelly: appreciate that if if Miss um Hollingsworth is suggesting that there's a potential program for review. I just would like to have an understanding of you know the timeline of that process. So I appreciate it kind of. Thank you.

[01:30:44] Yvette Cardenas: you. Absolutely. Yeah, absolutely. It is a it is a conversation that we've had and um and I'll follow

[01:30:52] Leah Kelly: Thank you. And it

[01:30:52] Yvette Cardenas: up.

[01:30:56] Nina Miller (Good Food Fighter): Yeah. I mean, I I I was

[01:30:56] Leah Kelly: looks like Yeah. Did you have a

[01:31:00] Nina Miller (Good Food Fighter): just um I I wanted to point out to the powers that be that the body project in full measure could have been implemented this school year so

[01:31:08] Leah Kelly: question?

[01:31:12] Nina Miller (Good Food Fighter): easily because they were sort of like grassroots sort of pilots. And I feel like the fact that now we're probably going to have to wait like a whole year and the kids will move on and graduate or go to the next thing. I mean, these kids came up with these ideas because they were relevant, topical, and affected the kids who presented to us. And so, I feel like to let a whole year lapse makes me feel like we're really not serving the kids. So, I wonder if there's any way to convey that to the people who are making these rules that I feel like are to the grotesque detriment of the students that we are supposed to be

[01:31:52] Francina Hollingsworth: Thank you so much uh Nia

[01:31:52] Nina Miller (Good Food Fighter): serving.

[01:31:56] Francina Hollingsworth: for sharing um sharing that and we can add that when we do have uh further conversations on you know that thought especially when we have u uh studentled projects that we like to recommend And um if students move on um or they're doing this as a service project then we would like to support them. There might be a a small window of time. So thank you for

[01:32:24] Nina Miller (Good Food Fighter): Thank

[01:32:28] Leah Kelly: Yeah, I I really appreciate you bringing that up too, Nina. And um I was thinking that when we were talking about the hope squad program because it is similar to um Zayn and Dia's presentation a

[01:32:44] Nina Miller (Good Food Fighter): you.

[01:32:44] Leah Kelly: peer le effort um and I just appreciate any opportunity to expand peer work but particularly have so much admiration for Dia and Zayn. And I wish I had a link and I tried to look real quick just now and I wasn't able to put my hands on it. But since you brought up the body project and project full measure, um I just wanted to put a little plug in for those guys that integral care recently produced a video um highlighting youth in the community um and the importance of including their voice and conversations about the services that they receive. and I I couldn't put my hands on it, but I saw it on Integral Care's LinkedIn and and both of the presenters from the Body Project and from Project Full Measure were included in that video and I was just so happy um to see them finding ways to use their voice in the community and I agree with you completely and I would have loved to have seen those initiatives move forward this year. um and similarly am also very appreciative appreciative um of the efforts with hope

[01:34:04] Nina Miller (Good Food Fighter): I I I I would like

[01:34:04] Leah Kelly: squad. Um so thank

[01:34:08] Nina Miller (Good Food Fighter): to just suggest that when we vote on something that it moves directly to the next school board meeting because we're talking about mental illness and we keep on talking about suicide but here we have two

[01:34:16] Leah Kelly: you

[01:34:20] Nina Miller (Good Food Fighter): interventions. People love youthled, peer-led initiatives because there's, you know, I don't know what you guys read, but we're at a point of the highest distrust of our medical authorities and institutions like ever. So when you have somebody who's like your peer leading something that probably is going to be more promising at actually moving the needle on mental illness. So this should get piloted like immediately and then rolled out if it's successful. So, I just feel like we all are like on a slow turning ship that's turning so slowly that it seems to me having been on this council for 3 years that almost nothing gets done. And I'm just like beside myself because I see so many good things happening. I feel like Dr. Lewis just jumped and like circumvented an obstacle to make something happen. I feel like when you have to go through like all the levers in bureaucracy, it's like, you know, passing a bill at the legislature, it's like takes so long that it's more likely to die than not. So, I apologize for my outcry, but I just feel like I'm here to serve the kids and I just feel like we could be doing so much better and and not be not through any fault of yours. It's definitely the fault of the system. So, Okay, I'm

Member items, bylaws, and adjournment

[01:35:52] Leah Kelly: Thank you. So I I um had something you know if we can move on to our portion from items for members something that I wanted to mention just because I want to make sure that I am providing you know

[01:36:08] Nina Miller (Good Food Fighter): done.

[01:36:08] Leah Kelly: full transparency about like efforts that I'm doing in between our meetings. Um and I believe I had sent out an email about this and if at any time anybody would ever like to join I'm I'm happy to have people join us. But I did spend some time meeting with Miss Michelle Smith of Texas Shack Network. And I think a lot of what you are um expressing, you know, concern around, Nina, is like h having really clear processes in place. Um you know, not just for recommendations, but for a lot of the things that we do. um like making appointments. I mean, we're still in a position where we have I don't even want to count them. I have the document open, but I don't want to go and count them, but several um open appointment seats. And I think for us to really be truly operational and reflective of the community and having, you know, diverse representation um that it's important for those um open appointments to be made and I realize that we have a trustee election and new trustees will um be taking their seats and so I am viewing that as an opportunity for outreach to new trustees to hopefully fill some of those appointments. but with the understanding that uh they will be new to their community. So if if you have a relationship with a trustee, if you could just please maintain those connections and be having those conversations with the trustees that appointed you or even, you know, if it's not the trustee that appointed you, if it's a trustee that's coming onto the board with the new election, um just work to help them feel welcome and share the important work that Shaq is doing. and um encourage them to, you know, stay connected to the work that Shaq is doing and help to fill those open seats. Um so, in meeting with Michelle, she had suggested that our bylaws should be um reviewed annually and so they have not been updated since 2023. And I really think that we have an opportunity to address some of these um you know differences and interpretations to really just shore things up and um codify what our processes are. uh you know even the program evaluation review process um or some of the uh you know information that Francina was sharing at the beginning of the meeting. So, there is a document that is put out by the Department of State Health Services that beginning on page 10 makes recommendations about um what should be included in the bylaws. And so, I am putting that link in the chat. And I am hopeful that we can put together a workg group where we can collaborate to review what we currently have in our bylaws and maybe make some recommendations that will address some of the things that you know I have heard from Nina and other community members um and myself about the appointment process. Um so if anybody is interested and I'll put this in an email because I realize you know we didn't make warm tonight. We don't have everybody here, but so that everybody gets the same information um with this Department of State Health Services Shack document with the recommendations about what to include in the bylaws and you know just all of the information that we've shared tonight. But you can email me, text me, call me anytime if there's anybody that's interested in working on updating the bylaws. I would like to take that on. I will be rolling off the shack at the end of the this year and um it is difficult to get the heart of the work that I would like to focus on when we are um it sometimes does feel like an uphill battle with administrative tasks. So maybe if we can address codifying some of that in the bylaws, it will improve the process for SHAK members that come in the future. And so that's all I have to

[01:40:48] Francina Hollingsworth: Thank you,

[01:40:48] Nina Miller (Good Food Fighter): Thank you, Leah.

[01:40:48] Leah Kelly: bring up

[01:40:52] Francina Hollingsworth: Leah. Uh, and just to let everyone know, we do have um four applications that uh I have reviewed and um they're in the queue for

[01:41:00] Leah Kelly: tonight.

[01:41:04] Francina Hollingsworth: uh the trustees to uh appoint. So, I'm just waiting on those appointments and they are from um various uh districts and so they will help um cover some of the gaps that we have in um districts that have no representation. But we still do h um need um um more applications in because uh those four do not cover all the um the um the gaps that we have in um in our district

[01:41:44] Leah Kelly: That's excellent news. Thank you, Miss

[01:41:48] Francina Hollingsworth: representation. You're welcome. And um Leah, thank you for uh bringing up the um the uh work group for the bylaws. And I truly agree that I think uh

[01:41:56] Leah Kelly: Hollingsworth.

[01:42:00] Francina Hollingsworth: with some of um some of the work that we're wanting if we look at the bylaws, look at the wording and make some updates that might help um with some of the things that we want to get accomplished. Um after the work group puts in you know the uh recommendations the shaq will have to vote on those recommendations and then um we'll move it to um um to our uh governance um that um that monitors all of our district councils for them to review and make um any suggestions or u any um recommendations. sat to us and then once we finish uh that process then we can move it up to the board of trustees and unfortunately once again there's a lot of steps I know but you know uh once we get through the steps hopefully the process that we're uh we're wishing to have will be a little bit smoother.

[01:43:08] Leah Kelly: Definitely. That's That's the goal.

[01:43:12] Nina Miller (Good Food Fighter): I'm wondering if anybody on this

[01:43:12] Leah Kelly: Nina, go

[01:43:16] Nina Miller (Good Food Fighter): call has ever done anything specific to their district while representing the shack because I haven't and I don't recall us ever discussing breaking out into groups per district and doing any kind of district specific work. And because of that, it seems

[01:43:32] Leah Kelly: ahead.

[01:43:36] Nina Miller (Good Food Fighter): maybe that the district requirement is maybe obsolete or holding us up because if we're trying to find people, you know, in specific districts to have appropriate representation, but we're not actually representing our district, which I know I'm not, then maybe that could be one of the bylaws that's changed.

[01:44:04] Francina Hollingsworth: Unfortunately, that bylaw can't be changed because that is the requirement of SHAK that uh members are uh board appointed. Um we do have some members that can be like members at large but we need to have uh board appointed members.

[01:44:20] Leah Kelly: And we can have um community members. So like for example, if anyone was interested in inviting a community organization to serve as a non-voting member on Shaq

[01:44:36] Nina Miller (Good Food Fighter): Okay.

[01:44:36] Leah Kelly: and attend regularly just to provide like consultation or input. um like you know members of Kids Living Well could come and be community non- voting members or members of you know African-American youth harvest foundation could come and be non- voting community members. Um the and I think that when we have um you know those appointed positions more fully filled owned. that also um you know the intention is to have 51% parent representation so that it is truly the will of the community for the children who are currently students in the district. Having said that, if there is a fam if there is a family member who would like to co-chair with me, I would love to have a family member because we currently need a family member serving as a co-chair. And I'm a previous family member. Um, but I would I would love to have somebody have that experience so that um, you know, whoever fills the co-chair positions next year um, you know, just kind of gets the lay of the land between now and then. So, just putting that out there for anybody who is still hanging around on the call. And then if anybody else has any other um announcements or suggestions for future topics or anything specific that you'd like to shout out or recognize, um now is the

[01:46:20] Francina Hollingsworth: Uh Leah, I also want to share that um the um

[01:46:24] Leah Kelly: time.

[01:46:28] Francina Hollingsworth: uh special ed department and the um um discipline office, we've been meeting with them um and uh they are looking at their schedule and they're um planning to uh attend and present during our December meeting, but they want to know exactly what uh the SHAK members would like for them to cover like data wise or key points they uh uh members would like for them to uh to present during that meeting. And also um well I'll I'll stop there and then I'll come back with the rest.

[01:47:12] Leah Kelly: Thank you. That's good news. I appreciate it. Um, and if it's okay for that information about like the specifics of what we would like to learn from them, um, I if it's all right, I can communicate with you offline, maybe through email about that just because I know if I was, you know, going off of the top of my head right now, it would it would not be what we really wanted.

[01:47:40] Francina Hollingsworth: Okay, no problem. And also I want to

[01:47:40] Leah Kelly: Um, so

[01:47:44] Francina Hollingsworth: share with members that we are also looking at uh collaborating with um other uh uh advisory committees that um also kind of do the similar work that we do but is more um um they do the work more for spe special education and making it a collaborative effort. be because there are some um district well state policies and district policies that are uh that kind of govern uh special education. And we want to make sure that we know what those policies are when we're doing the work dealing with restraints and is um isolation. And so um um so we want to make sure that you know um um TEA also sent out uh recently a update in the policy. So we just wanted to have all the fresh information. So there's going to be a potential partnership or a collaboration. We're just trying to figure out what that looks like and how that will look moving forward.

[01:49:00] Leah Kelly: That would that would be great. I think Are you referring

[01:49:04] Francina Hollingsworth: Yes, thank you. Because I did

[01:49:04] Leah Kelly: to

[01:49:08] Francina Hollingsworth: have a little brain fog, so I appreciate

[01:49:08] Leah Kelly: CFAC? I

[01:49:12] Francina Hollingsworth: it.

[01:49:12] Leah Kelly: have. Yeah. Yeah, that's great. I have, you know, just again for the sake of transparency, um already talked to a couple of members of SEFAC, so I look forward to that. And then um just you know again want to let everybody know that the social social and emotional learning subcommittee does have a community listening session um for caregivers whose children have experienced restraint and seclusion on October 28th. So uh you know wanted to just acknowledge that I had misnamed the subcommittee and sent something out in correction for that. So, thank you for catching that, Miss Hollingsworth. I appreciate it. Um, and that's all that I had for tonight. So, I appreciate everybody coming and um, hanging on until the end. Our next meeting will be November 18th. We'll be meeting on virtually on Google Meet like this. And I look forward to seeing you guys there. Thanks everybody. We will adjourn the meeting at

[01:50:20] Francina Hollingsworth: Thank

[01:50:20] Nina Miller (Good Food Fighter): Thank you.

[01:50:20] Leah Kelly: 7:52.

[01:50:24] Matthew Kenny: Exhale.

[01:50:24] Mary Renfro: Thank you.