



Agenda

AMENDED: CHILDREN AND YOUTH COMMISSION COMMITTEE

**Tuesday, September 25, 2018
Railyard Offices, Conference Room
500 Market Station, Suite 200
6:00 p.m. - 7:00 p.m.**

1. Call to Order
2. Approval of Agenda
3. Approval of Minutes:
 - a. July 31, 2018
4. New Business/Action Items:
 - a. Innovation Fund Presentation: PMS We Count Program (PMS Development Staff)
 - b. Innovation Fund Presentation: Black Health NM SF Public Art, Health and Wellness (Black Health NM Staff)
 - c. Discuss and Approval: 2019 CYC Meeting Calendar (Julie Sanchez, Program Manager, jjsanchez@santafenm.gov, 955-6678)
 - d. Discuss and Approval: 2019 CYC Strategic Plan and Appendices (Julie Sanchez)
 - e. Discuss and Approval: Innovation fund deadline and public outreach (Julie Sanchez)
 - f. Innovation Fund Applicants:
 - i. PMS We Count Program
 - ii. Black Health NM SF Public Art, Health and Wellness
 - iii. Santa Fe Botanical Gardens Nature and Science Exploration program
5. Old Business:
6. Comments from the Chair and Committee Members
7. Report from Staff:
8. Matters from the Floor
9. Adjournment

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DATE: 09/20/18

TIME: 5:13 PM



Agenda

CHILDREN AND YOUTH COMMISSION COMMITTEE

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Railyard Offices, Conference Room
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6:00 p.m. - 7:00 p.m.**

1. Call to Order
2. Approval of Agenda
3. Approval of Minutes:
 - a. July 31, 2018
 - b. September 13, 2018
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 - c. Discuss and Approval: 2019 CYC Meeting Calendar (Julie Sanchez, Program Manager, jjsanchez@santafenm.gov, 955-6678)
 - d. Discuss and Approval: SEL Data Collection System (Julie Sanchez)
 - e. Discuss and Approval: Innovation fund deadline and public outreach (Julie Sanchez)
 - f. Innovation Fund Applicants:
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DATE: 09/19/2018

TIME: 4:01 PM

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SEPTEMBER 25, 2018

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CALL TO ORDER	The Chair, Joanne Lefrak called the meeting of the Children and Youth Commission to order at 6:09 pm at the Market Station, Santa Fe, New Mexico. A quorum was not confirmed by roll call.	Page 1
APPROVAL OF AGENDA	<i>No action, lack of quorum.</i>	Page 1
APPROVAL OF MINUTES: July 31, 2018	<i>No action, lack of quorum.</i>	Page 1
NEW BUSINESS/ACTION ITEMS a. Innovation Fund Presentation: PMS We Count Program (PMS Development Staff) b. Innovation Fund Presentation: Black Health NM SF Public Art, Health and Wellness (Black Health NM Staff) c. Discuss and Approve: 2019 Meeting Calendar d. Discuss and Approve: 2019 CYC Strategic Plan and Appendices e. Discuss and Approve: Innovation fund deadline and public outreach f. Innovation Fund Applicants: i. PMS We Count Program ii. Black Health NM SF Art, Health and Wellness iii. Santa Fe Botanical Gardens Nature and Science Exploration Program	<i>a and b – Presentations, no formal action</i> <i>c through e: Not heard, no action, lack of quorum.</i>	Page 1-5
OLD BUSINESS	None	Page 5
COMMENTS FROM THE CHAIR AND COMMITTEE MEMBERS	Chair will communicate with CYC members to discuss next meeting, a) possible special meeting or discuss action items at October meeting.	Page 5
REPORT FROM STAFF	None	Page 5
MATTERS FROM THE FLOOR	None	Page 5
ADJOURNMENT	There being no further business to come before the Children and Youth Committee, the Chair called for adjournment at 6:40 pm	Page 5

**CHILDREN AND YOUTH COMMISSION
COMMITTEE MEETING
MINUTES**

**Tuesday, September 25, 2018
6:09 p.m. to 6:40 p.m.**

1. Call to Order

The Chair, Joanne Lefrak called the meeting of the Children and Youth Commission to order at 6:09 pm at the Market Station – Suite 200, 500 Market Station, Santa Fe, New Mexico. Roll call reflects a lack of quorum.

Roll Call – Present

Joanne Lefrak, Chair
Tommy Rodriguez
Joe Berenis

Not Present:

Allegra Love, Excused
Dr. Lisa Salazar, Excused
Gus Martinez

Others Present

Larry Martinez, Director of North Central Region for PMS
Ruth Center, Administrator for School Based Health Centers for PMS
Sage Bird, Black Health NM
Magdalena Karlick, Black Health NM
Sunshine (telephonically) – Black Health NM
Julie Sanchez, Staff Liaison
Fran Lucero, Stenographer

2. Approval of Agenda

No action, lack of quorum.

3. Approval of Minutes: July 31, 2018

No action, lack of quorum.

4. New Business/Action Items:

- a. Innovation Fund Presentation: PMS We Count Program (PMS Development Staff)

The Chair explained that without a quorum action would not be taken tonight and expressed her thanks to the representatives for coming to the meeting in response to some open questions that the committee had.

Questions: Who are the participants that would use the tablets; is it every student at Capital and Santa Fe High or students who come in to the PMS program specifically?

Answer: Teens who come in to the PMS Teen Health Center specifically.

Question: How many teens are those and how did they find their way in to the program?

A: Word of mouth, PMS gives presentations in the health classes. Every once in a while teachers will ask us to make a presentation. Either our Medical Provider or Behavioral Health representative or both will provide a presentation and explain our services and what confidentiality means and let them know they are welcomed to come in to the program. Mr. Martinez added that the Teen Health Center is located in prominent areas of the high school. There are about 3,000 students at both schools combined, we serve approximately and we serve 55-60% of the care for behavioral health or medical care.

Teen Health Questionnaire (Exhibit A): We use this as a history and the IPAD is a much more friendly device. We feel we would get a better response, as the IPAD is easier for them to answer the questions in a more complete way. Plus the IPAD can, there are behavioral health questions and if you answer a question in a certain way if you are at high risk it asks you additional questions. If you are not at high risk you don't have to answer those question. It is more user friendly than filling out a paper questionnaire.

Question: When you give the presentations in the school the students learn what the services are and they self select if they want to participate?

Answer: Yes. We would use the IPADs for the teen health questionnaires and at the end of the year we would do the teen end of year satisfaction survey. The information that is generated from the IPADs would be used for data collection, and reports. Most importantly we would know what is happening in our schools for students that we are seeing. We would be able to use trends in the school.

Question: When a student answers the question about suicide, does the IPAD then move to another question?

Answer: Yes, if there is a suicide flag, our therapist is notified immediately. We do provide same day suicide intervention immediately in both schools and we also operate the mobile crisis response team.

Question: The idea of the IPAD helps to generate more detailed data real time. The Innovation Fund Grant is about prevention and would help you get this information to be responsive.

Answer: With a paper process it creates more error or lack of answers.

Mr. Martinez stated they he has been with PMS for 19 years and they have been operating the Teen Health Centers since 1986; we were the first Teen Health Centers in the state. We have received letters from students who said they were

grateful for the services they received, they have experienced trauma and they talked about the behavioral health services and the Teen Health Center helped them tremendously. The students were able to complete their scholastic part of their life. PMS has a great relationship with SFPS because we have been doing this for so long. The use of the IPADs is going to be reaching a milestone and we can streamline the services.

The Chair and CYC members were grateful for the PMS staff answering these questions.

- b. Innovation Fund Presentation: Black Health NM SF Public Art, Health and Wellness (Black Health NM Staff)

Q: If you have done a mural project before and if so, can you talk about it and why?

A: Magdalena: Not exactly, in the format that we are doing right now. I am a Professor at Southwestern College of Art Therapy and Counseling program and twice a weekend we do a mural process with the soon to be art therapy interns. I have a lot of experience doing mural work with graduate students and I have also worked with other agencies that have done mural projects.

Q: Would this project be new for your organization?

A: Yes, we are partnering with local artists who have had experience in public art and we are partnering with a filmmaker too, fresh out of the Santa Fe Community College program. He will do a short film documenting the process and interviewing the participants.

Q: You mentioned an afterschool program that we didn't know about. Are all the kids that you are working with coming from that one afterschool program? Where are the other kids coming from?

A: This particular community is 52 Camino de Jacobo, there is an after school program and it is an apartment complex where low income families live. We want to reach out to the residents there and work with youth from the afterschool program. There is a lot of wall space to work on.

Q: Have you gotten permission to work on the walls?

A: Mr. Montoya works at that Public Housing location and he is all for it. We have coordinated with him to secure the location. We have also spoken to the people from the afterschool program, which are expecting a donation from Home Depot to work on the playground. This would be perfect timing, simultaneously we could work on the wall and perfect the space.

Q: In terms of the mural itself, will you be doing a teaching session for the mural project and what would the lesson entail?

A: We want to make it an educational experience and deliver a message; the goal was to decide with the community what they would like to see.

Added Comment: From my perspective working with the community to create the mural is the most important part. The idea would be to have a couple of gathering to start out to develop the idea. Some of the subjects we would talk about would be the thought process of working with cross generations, community development. Messages that we want to be surrounded by, and that is probably the most developmentally appropriate for the age ranges that will be there. The idea is that it would be a community collaboration, education on how to paint and use the materials and how to work together. We would develop some rules and so important to talk about the space that we take up and how we share space, how we use materials, not painting over other peoples work, and being respectful.

We want to hire a couple of local muralist who can help us make the piece of art, be able to promote the image and teach community wellness.

Q: 52 people come from the Afterschool Program; will you have more people?

A: We want to do flyers, have a community event to invite more.

Q: What is your target number, 52 seems like allot? What would be ideal for you as far as participants?

A: Magdalena has a plan with her interns to do three sessions and Kevin and Israel have at risk youth who would like to be involved. We could have the 52 kids in after school program but we can't guarantee they will all show up. With three different sessions it wouldn't normally be the same individuals.

Q: When will you start, will the cold weather prohibit you?

A: Depending on funding we will start and we would work around the weather.

Q: Will there be an unveiling of the mural?

A: Yes there will be a big celebration.

We are working with Sunshine who knows a data analyzer who will collect data from our gatherings. Excited about making it happen. Public art promotes public wellness and we encourage you to decide in our favor.

The hope is to have older adults and parents who live in the housing complex to participate so there is mentorship and the inspiring connection between the young and old, art, food and time outside together can encourage that.

Chair stated that CYC was excited to learn about your organization. It was nice to learn about your organization, thank you.

Sunshine: Thank you for giving us time. We are a non-profit established February 2018. We work on community health initiatives to improve communities of color across NM. We recently received funding from the Con Alma Foundation specifically around a birth equity initiative we are leading and it is statewide inter-disciplinary. Mostly those meetings take place in Albuquerque but are partners include; medical providers, DOH staff, members of the office of African American Affairs and community members. Adding this to our offerings would be tremendous, working with a specific community in Santa Fe on merging art with improved health outcomes. We are a 501(C) 3 and so far the largest amount we have received is \$10,000. We also have recently have received \$2,000 from the March of Dimes to work on another small project.

The Chair expressed her thank you for the added information.

- c. Discuss and Approve: 2019 Meeting Calendar
- d. Discuss and Approve: 2019 CYC Strategic Plan and Appendices
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5. Old Business

6. Comments from the Chair and Committee Members

Chair will communicate with CYC members to discuss next meeting, a) possible special meeting or discuss action items at October meeting.


7. Report from Staff

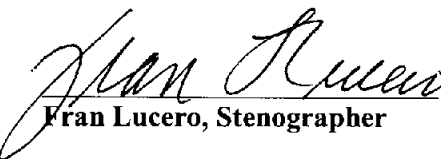
8. Matters from the Floor

9. Adjournment

There being no further business to come before the Children and Youth Commission, the Chair called for adjournment at 6:40 pm

Signature Page for Children & Youth Commission


Joanne Lefrak, Chair


Fran Lucero, Stenographer

TEEN HEALTH QUESTIONNAIRE

Name: _____ Date of Birth: _____
Last First Middle Initial

Age: _____ Grade: _____ Male or Female: _____ Today's Date: _____

What is your race? (Check all that apply.)

Are you Hispanic or Latino? Yes No

American Indian or Alaskan Native White Native Hawaiian or other Pacific Islander

Black or African American Asian

NOTE: The information you provide on this form is CONFIDENTIAL and will not be shared outside of this clinic without your permission. The only exceptions to this are if you are thinking about harming yourself or someone else or if you are being abused. By law, our staff has to report this information. We will also assist you in getting the help that you need. We would like you to fill this form out completely, but you can choose to skip questions you do not want to answer. This form will help us give you the best care possible.

HOME/SCHOOL

1. Who do you live with? (check all that apply)

<input type="checkbox"/> Two mothers	<input type="checkbox"/> Two fathers	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Step-Father	<input type="checkbox"/> Mother's boyfriend/partner	<input type="checkbox"/> Father's Girlfriend/partner
<input type="checkbox"/> Foster parent	<input type="checkbox"/> Sister	<input type="checkbox"/> Brother	<input type="checkbox"/> Grandparent(s)
<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/> Cousin	<input type="checkbox"/> Friend
<input type="checkbox"/> Other _____			

2. Who do you feel you can really talk to? (check all that apply)

<input type="checkbox"/> Friend	<input type="checkbox"/> Parent	<input type="checkbox"/> Other adult _____
<input type="checkbox"/> Brother/Sister	<input type="checkbox"/> Teacher	<input type="checkbox"/> Online friend _____
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other relative _____

3. Are you having any of the following issues at home or school?

<input type="checkbox"/> Grades worse than last year	<input type="checkbox"/> Bullying	<input type="checkbox"/> Homework	<input type="checkbox"/> Suspension in last year
<input type="checkbox"/> Not getting along with teachers	<input type="checkbox"/> Missing School	<input type="checkbox"/> Fighting	<input type="checkbox"/> Concerns with a family member
<input type="checkbox"/> Parent/guardian out of work	<input type="checkbox"/> Violence at home	<input type="checkbox"/> I do not have any of these issues	
<input type="checkbox"/> Other _____			

HEALTH BEHAVIORS

4. Do you usually participate in physical activities, such as walking, skateboarding, dancing, swimming, or playing basketball, for a total of 1 hour every day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you usually watch TV, play video games, or spend time on the computer for more than 2 hours per day (not including computer time for school or work)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you usually eat 5 or more servings of vegetables and fruits every day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you usually get 8 or more hours of sleep every night?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. In the last 12 months, have you seen a dentist or gone to a dental clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SAFETY/INJURIES

9. Do you always wear a seatbelt when driving or riding in a car, truck or van?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you always wear a helmet when rollerblading, biking, motorcycling, skateboarding, ATV, skiing or snowboarding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
11. Do you text, talk or surf the internet on your cell phone while you are driving?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
12. Have you ever been physically, sexually or emotionally abused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. In the past 12 months did your boyfriend/girlfriend ever hit, slap or hurt you on purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you ever carried a weapon (gun, knife, club, etc.) to protect yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you ever been in foster care, a group home, or homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you ever been in jail or in a detention center?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FEELINGS/WELL-BEING

17. Do you often worry about or feel like something bad might happen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are you often tense, stressed out, and/or have difficulty relaxing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Over the past 2 weeks, have you noticed feeling down, depressed, irritable or hopeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Over the past 2 weeks, have you noticed less enjoyment or interest in doing things?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Have you ever seriously thought about killing yourself, made a plan and/or actually tried to kill yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Have you ever cut, hit, burned or done anything else to hurt yourself on purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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RELATIONSHIPS/SEXUAL ACTIVITY

23. Are you, or do you ever wonder if you are gay, lesbian, bisexual, or transgender? Yes No
24. Have you ever had sex (including vaginal, oral or anal sex)? Yes No
- If you answered "Yes" to question 24, please complete questions a-e**
- a) Do you and your partner(s) *always* use condoms when you have sex? Yes No
- b) Are you using a method to prevent pregnancy? which types Condoms Pills Depo (the shot) Patch Implanon Foam Sponge Withdrawal Ring IUD Yes No
- c) Have you ever been pregnant or gotten someone pregnant? Yes No
- d) Have you had sex with both male and female partners? Yes No
- e) Do you think you or your partner could have a sexually transmitted infection? Yes No

HEALTH BEHAVIORS/SUBSTANCE USE

25. In the past three months, have you smoked cigarettes or used any other form of tobacco (like chew, dip, cigars, hookah and/or e-cigarettes)? Yes No
26. Have you ever ridden in a car driven by someone (including yourself) who was high or was using alcohol or drugs? Yes No
27. Have you ever:
- a) drunk alcohol (more than a few sips)? Yes No
- b) taken things to get high, stay awake, calm down, or go to sleep? Yes No
- c) used marijuana? Yes No
- d) used other drugs (cocaine, crack, heroin, ecstasy, meth, pills, or inhalants)? Yes No
- If you answered "Yes" to questions 27, please complete questions 27 a-e**
- a) Do you ever use alcohol and drugs to relax, feel better about yourself or fit in? Yes No
- b) Do you ever use alcohol or drugs while you are by yourself, alone? Yes No
- c) Do you ever forget things you did while using alcohol or drugs? Yes No
- d) Do your family or friends ever tell you that you should cut down on your drinking or drug use? Yes No
- e) Have you ever gotten into trouble while you were using alcohol or drugs? Yes No

DEVELOPMENT/FUTURE PLANS

28. Do you have any concerns or questions about the size or shape of your body or your physical appearance?
If yes, please describe: _____ Yes No
29. What are your future plans for both having a family and career goals?

30. On the whole, how much do you like yourself? Not much 1 2 3 4 5 A lot

How can we contact you if we need to talk to you privately (for test results, etc.) besides through school? Choose one:

e-mail: _____ cell phone: _____ friend's number?: _____

THANKS!

Reviewed By: _____ Date: _____

Referred To: _____

This survey was developed by the Colorado Department of Health Care Policy & Financing in collaboration with the New Mexico Human Services Department, The Colorado Department of Public Health and Environment, the New Mexico Department of Health, the Cincinnati Children's Hospital Medical Center, AcademyHealth, the University of New Mexico, Parametrix Group, LLC, and Apex Education. This survey was developed for a School-Based Health Center Improvement Project under a federal grant from the U. S. Department of Health and Human Services and its Centers for Medicare and Medicaid Services (CMS), Grant Award Number 1Z0C30559-01-00. However, this survey and the contents of the survey do not necessarily represent the policies of the U. S. Department of Health and Human Services, and you should not assume endorsement by the federal government.

The States of Colorado and New Mexico are parties to a School-Based Health Center Improvement Project designed to integrate school-based health care into a medical home approach to improve the health care of underserved school-aged children and adolescents. The overarching goal of the project is to markedly improve the quality of children's health care delivered at School-Based Health Centers. This survey will be made available to School-Based Health Centers in the States of Colorado and New Mexico.

Some of the questions included in this survey were adapted from the following sources:

- Bright Futures (American Academy of Pediatrics)
- Kaiser Permanente Division of Research
- Rapid Assessment for Adolescent Preventive Services (RAAPS, Regents of the University of Michigan)
- Youth Risk Behavior Survey (YRBS, Centers for Disease Control & Prevention)
- CRAPPT (Children's Hospital Boston)
- Guidelines for Adolescent Preventive Services (American Medical Association)

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The Colorado Department of Health Care Policy and Finance, the Colorado Department of Public Health and Environment, and the New Mexico Human Services Department also have a royalty-free, nonexclusive or irrevocable right to reproduce, publish or otherwise use and authorize others to use this survey for their School-Based Health Center Improvement Project as extended or renewed. This survey may be revised and updated by the Colorado Department of Health Care Policy and Financing and the New Mexico Human Services Department in their discretion at any time and for any reason, subject to the rights of the U. S. Department of Health and Human Services and its Centers for Medicare and Medicaid Services.