



**Mayor's
Mental Health Task Force
Monitoring Committee**



**2006
Annual Report**

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	iv
I. INTRODUCTION AND OVERVIEW.....	1
II. FOCUS AREA REPORTS.....	3
A. Schools and Youth.....	3
1. Community Progress in 2006.....	3
a. Positive Behavior Support (PBS).....	4
b. Character Education.....	5
c. Comprehensive Developmental Guidance and Counseling Program.....	5
d. Suicide Action Plan.....	5
e. Suicide Prevention Initiative: Question, Persuade, and Refer (QPR)	5
f. “Break the Silence” Mental Health Initiatives.....	6
g. AISD Crisis Manual.....	6
h. High School Redesign	6
2. Community Challenges.....	7
B. Criminal Justice Prevention/Diversion.....	7
1. Community Progress.....	7
2. Planning and Policy.....	8
a. Testing Site for Cost Simulation Tool.....	8
b. National Institute on Corrections Learning Site.....	8
c. Refining Assessment Process.....	8
d. ATCMHMR Office of Criminal Justice Planning.....	9
e. Outpatient Restoration of Competency to Stand Trial.....	9
3. Jail Diversion Programs.....	10
a. Adult.....	10
i. Specialist Judges and Lawyers.....	10
ii. Project Recovery.....	11
b. Juvenile.....	12
i. Juvenile Mental Health Court.....	12
ii. TCOOMMI Program for Juvenile Offenders.....	12
4. Community Challenges.....	13
C. Access to Mental Health Services.....	14

1.	Community Progress.....	14
a.	Crisis Services Report and Incremental Plan.....	14
b.	Expansion of Substance Abuse Services.....	16
c.	Expansion of Integrated Behavioral Health Care.....	16
2.	Community Challenges.....	17
a.	Necessary Balances.....	17
b.	Refining Roles and Responsibilities.....	17
c.	Closure of Resiliency Clinic.....	17
d.	Behavioral Health Service System is a Community Responsibility.....	18
D.	Safe, Accessible, and Affordable Housing.....	18
1.	Community Progress.....	18
a.	Affordable Housing Bonds.....	18
b.	City Support of Transitional Housing.....	18
c.	Data Systems Regarding Available Housing.....	19
2.	Community Challenges.....	19
E.	Community Awareness/Prevention.....	19
1.	Community Progress.....	19
2.	Community Challenges.....	21
F.	Faith Based Activities.....	22
1.	Community Challenges.....	22
III.	REPORT ON MMHTFMC 2006 GOALS AND PLANNING ACTIVITIES.....	23
A.	Behavioral Health Service System Mapping.....	23
B.	Housing.....	24
C.	Community Scorecard.....	26
D.	Suicide Prevention.....	26
E.	Psychiatric Emergency Services.....	26
F.	Necessary Balances.....	27
IV.	SUMMARY OF MMHTFC GOALS AND PRIORITIES FOR 2007.....	28
A.	Analysis of Criminal Justice Program and Activities.....	28
B.	Analysis of Impact of Crisis Services Re-design.....	28
C.	On-line Resource Tool Kit.....	28
D.	Training Curriculum for Religious and Faith Based Entities.....	29
E.	Schools and Youth.....	29
F.	Modeling and Promoting Integration of Behavioral, Physical, and Spiritual.....	29

G.	Increase Diversity of Membership.....	30
H.	Increased Focus on Employment Issues	31
I.	Follow Up on Behavioral Health Service System Mapping.....	31
1.	Annual Updates.....	31
2.	Geo-mapping.....	31
3.	Individual Practitioner Survey.....	31
4.	Analysis of Gaps and Needed Services.....	32
J.	Follow Up on Housing.....	32
K.	Housing for Foster Children/Youth with Mental Health Issues, Particularly Those in Transition Between Systems.....	33
L.	Conclusion.....	34
V.	APPENDIX.....	35
A.	List of Presentations/Coordination Activities.....	35
B.	Action Plans.....	37
C.	Consumer Housing Survey Results.....	48
D.	Mentally Healthy Community Scorecard.....	57



EXECUTIVE SUMMARY

In August of 2004, Austin Mayor Will Wynn created the Mayor's Mental Health Task Force. Creation of this Task Force was the culmination of several years of community concern over the challenges facing Austin and Travis County residents with mental health needs. These concerns became particularly acute as a result of the tragic shooting by an Austin Police Officer of a young woman with mental illness in our community. The charge given was to develop recommendations that would move Austin to a national model of a mentally healthy community. The final report of that Task Force was presented to the Mayor in January of 2005.

The Mayor's Mental Health Task Force Monitoring Committee (MMHTFMC) is a subcommittee of the Austin Travis County Mental Health Mental Retardation Center Board of Directors. The Monitoring Committee was charged with serving a five-year term and reporting to the Mayor annually. This is the second of such reports.

The role of the MMHTFMC is to document and assist in coordination of behavioral health service system planning and to fill unmet planning needs. The Committee has identified six specific focus areas considered essential for a mentally healthy community:

- ❖ **Schools and Youth**
- ❖ **Criminal Justice Prevention/Diversion**
- ❖ **Faith Based Activities**
- ❖ **Safe, Affordable and Accessible Housing**
- ❖ **Access to Mental Health Services**
- ❖ **Community Awareness / Prevention**

This report documents community progress and challenges during 2006 in each of these focus areas.

In the First Annual MMHTFMC report, a number of priority areas and goals were identified for 2006. This second report provides an update with regard to each of areas:

- ❖ **Behavioral Health Service System Mapping**

The MMHTFMC Behavioral Health Service System Mapping Report, which was produced in collaboration with the City of Austin, Travis County, Austin Travis County Mental Health Mental Retardation Center (ATCMHMR) and the Travis County Healthcare District, was distributed widely in November of 2006. This document was developed to address the need for a comprehensive analysis of our

current behavioral health delivery system, including public, private and non-profit service providers. Yearly updates will help our community to analyze changes in the behavioral health service delivery system over time.

❖ **Housing**

Significant progress was made by the MMHTFMC towards our overall goal of developing a comprehensive housing plan for individuals with behavioral health needs in Austin and Travis County. First, with the assistance of the ATCMHMR Consumer Council, a housing survey was distributed to consumers. Key findings included in this report help us to better appreciate housing needs of individuals with behavioral health issues in our community. The MMHTFMC also conducted a survey of unlicensed board and care facilities, and, in conjunction with the Austin Travis County Re-Entry Round Table, distributed a housing provider survey.

❖ **Community Scorecard**

Another identified goal for the MMHTFMC in 2006 was the development of empirically based indicators that allow us to monitor the community's progress toward becoming a mentally healthy community. We are pleased to report that, as a result of that effort, we have developed a "Mentally Healthy Community Scorecard," which not only contains indicators specific to mental health services, but also positive indicators of a mentally healthy community. We will be updating it yearly in an effort to monitor areas of progress and/or areas of regression.

❖ **Suicide Prevention**

Suicide prevention was also identified as priority for the MMHTFMC in 2006. As noted in our first report, the Austin Travis County Suicide Prevention Coalition published Guidelines for Suicide Prevention in 2005. As a follow up to that report, the MMHTFMC formed a joint committee with the Austin Travis County (ATC) Suicide Prevention Coalition to examine ways to improve our community's ability to gather "real time" data about suicide trends in our community.

❖ **Psychiatric Emergency Services**

One very critical component of the original Task Force dealt with psychiatric emergency services in our community. The MMHTFMC monitored progress made by the community in that area in 2006, and will continue to do so as a supplemental effort to our system mapping.

❖ **Necessary Balances**

Throughout 2006, across all focus areas, the MMHTFMC has attempted to serve as an objective neutral body looking at the impact of service system changes upon

other aspects of the system. We hope that this approach is seen throughout this report, and it will continue to be a significant component of our ongoing goals and priorities.

GOALS AND PRIORITIES FOR 2007

This Second Annual MMHTFMC Report also identifies goals and priorities for 2007.

❖ Analysis of Criminal Justice Programs and Activities

A great deal of activity took place in our community in 2006 with regard to mental health jail diversion. One of the goals for the MMHTFMC in 2007 is to examine the impact of these activities. We will be looking at numbers and types of offenders diverted, outcomes of diversion efforts, jail census, and overall costs of and cost savings from diversion activities.

❖ Analysis of Impact of Crisis Services Re-Design

Similarly, we believe that the objective nature of our Committee provides us with the opportunity to evaluate changes to the service system in light of the upcoming crisis service redesign in our community. This will include analysis of patterns of law enforcement utilization, impact on emergency room patterns, jail census, outpatient service system capacity, and utilization of crisis services.

❖ On-Line Resource Tool Kit

One of the specific products that the MMHTFMC will be developing in 2007 is an on-line resource tool kit to provide community education on behavioral health issues. This tool kit, which will be available on our website, as well as the websites of member agencies, will contain links to resource documents related to prevention and treatment of behavioral health issues, as well as a list of potential speakers on various topics that may be available to present prevention and treatment information to community groups.

❖ Training Curriculum for Religious and Faith Based Entities

There is strong interest in increasing education for leaders of religious and faith based entities about how to recognize mental health issues, specific interventions that might be helpful when they are recognized, guidance about when to refer to behavioral health professionals, and referral resources. In 2007, the MMHTFMC will examine previous work in the development of training curricula for church leaders, and take the lead in furthering these efforts.

❖ **Schools and Youth**

In the focus area of schools and youth, the MMHTFMC will be working in 2007 to identify ways to integrate services and supports for children and families, and expand our partnership and representation with other entities in our community interested in these issues.

❖ **Modeling and Promoting Integration of Behavioral, Physical and Spiritual**

Working with complex issues related to mentally healthy communities requires a delicate mix of focus and integration. The MMHTFMC will work in 2007 to address ways within our own organization to maintain both focus and integration. It is our hope that this will provide us some insight and recommendations with regard to how to address this balance in the community at large.

❖ **Increase Diversity of Membership**

The MMHTFMC made great strides in expanding its membership in 2006 to include members of the service system community integral to a mentally healthy community. We note, however, that significant efforts are still needed to increase diversity among our members. Goals of membership in 2007 include recruiting more consumer representation, increased cultural and racial diversity among members and involvement of the corporate community in our activities.

❖ **Increased Focus on Employment Issues**

While not a particular emphasis of the Mayor's Mental Health Task Force Report, the MMHTFMC has noted that stable employment is a critical component of a mentally healthy community. Successful employment is critical, for example, to maintaining stable housing and members of our community being able to access mental health services. The MMHTFMC will look across our focus areas in 2007 to examine the impact of stable employment, and to examine employment trends in our community as a whole.

❖ **Follow Up on Behavioral Health Service System Mapping**

In 2007, the MMHTFMC will follow up on the information gathered in our behavioral health service system mapping report by performing an annual update, developing a geographical map of service system availability, conducting surveys of individual behavioral health practitioners to determine capacity and availability of those providers, and further analyzing our system mapping information in an effort to articulate gaps and needed services.

❖ **Follow Up on Housing**

Safe, affordable and accessible housing will continue as a priority planning area for the MMHTFMC in 2007. While we have taken the first steps toward our Comprehensive Housing Report through our Consumer Housing Survey and initial housing provider analysis, more work will be needed in the coming year to develop more specific analyses of the availability of affordable housing in our community for individuals with behavioral health needs, an articulation of unmet need and recommendations about priorities for filling those needs. Other goals for the MMHTFMC with regard to housing in 2007 include educating our own membership about the intricacies of housing issues, policies and funding strategies, and promoting the implementation of a database regarding the availability of affordable housing for individuals with behavioral health needs.

❖ **Housing for Foster Children/Youths with Mental Health Issues, Particularly those in Transition Between Systems**

It has long been acknowledged that children and youth being served in our behavioral health service systems find themselves lost as they transition from the youth serving agencies to adult status. This is particularly critical for youths involved in our foster care system. In 2007, the MMHTFMC will work in collaboration with a wide array of community stakeholders to develop a public policy document that will allow us better to address this problem in a data driven and empirically based way.

We believe that this Second Annual Report of the MMHTFMC will help to articulate progress and challenges across the wide array of service sectors related to a mentally healthy community, and continue that progress by articulating goals and priorities for Austin and Travis County in coming years.

INTRODUCTION AND OVERVIEW

In August of 2004, Austin Mayor Will Wynn created the Mayor's Mental Health Task Force. Creation of this Task Force was the culmination of several years of community concern over the challenges facing Austin and Travis County residents with mental health needs. These concerns became particularly acute as a result of the tragic shooting by an Austin Police Officer of a young woman with mental illness in our community. The charge given was to develop recommendations that would move Austin to a national model of a mentally healthy community. The final report of that Task Force was presented to the Mayor in January of 2005.

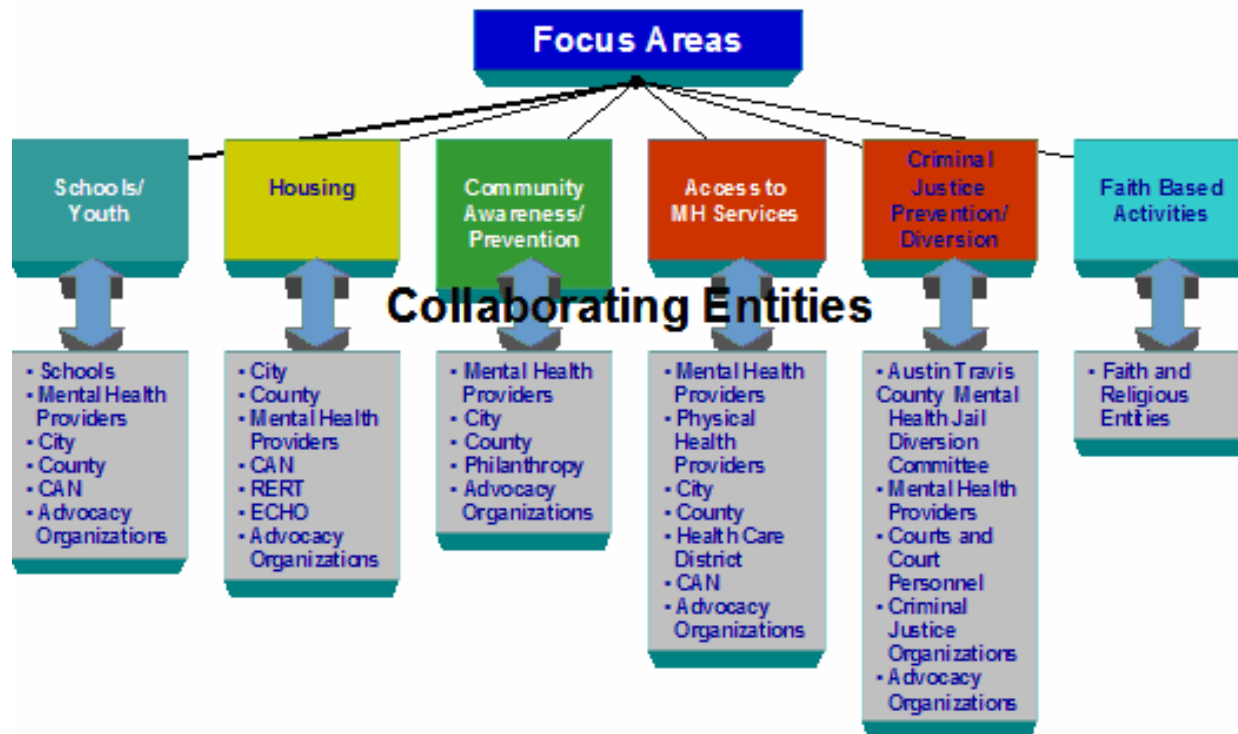
The Mayor's Mental Health Task Force Monitoring Committee (MMHTFMC) is a subcommittee of the Austin Travis County Mental Health Mental Retardation Center Board of Directors. The Monitoring Committee was charged with serving a five-year term and reporting to the Mayor annually. This is the second of such reports. The membership of this collaborative is broad based and diverse, and several new members were added to the Committee in 2006. A complete list of Committee membership with biographical information can be found on our website at <http://www.mmhtfmc.org/Profiles.htm>.

The role of the MMHTFMC is to document and assist in coordination of behavioral health service system planning and to fill unmet behavioral health service system planning needs. The Committee six specific focus areas toward making Austin a mentally healthy community:

- ❖ **Schools and Youth**
- ❖ **Criminal Justice Prevention/Diversion**
- ❖ **Faith Based Activities**
- ❖ **Safe, Affordable and Accessible Housing**
- ❖ **Access to Mental Health Services**
- ❖ **Community Awareness / Prevention**

Throughout 2006, the MMHTFMC has worked diligently to coordinate and assist a variety of other collaborating entities surrounding our six focus areas. The following diagram depicts our vision of the role of the MMHTFMC with regard to these other coordinating bodies:

Mayor's Mental Health Task Force Monitoring Committee



This Second Annual Report of the MMHTFMC will provide an update on community progress and challenges in each of our identified six focus areas in 2006. Specific activities and goals are included in our action plans, which are included in Appendix B to this report, with cross-reference indicators to the original Task Force Report. We will also update specific planning activities undertaken by the MMHTFMC in 2006, as well as goals and priorities identified by the Committee for the Austin/Travis County community for 2007.

FOCUS AREA REPORTS

SCHOOLS AND YOUTH

The following section reports community progress and challenges with regard to the MMHTFMC Schools and Youth Focus Area in 2006.

❖ COMMUNITY PROGRESS IN 2006

Schools and youth were identified as priority areas by the MMHTFMC in 2006, for a number of reasons. First, a mentally healthy community begins with its children. It is well established that prevention and early intervention are key to the emotional well being of children in later life. Sadly, schools and youth are often under-represented in collaborative and planning efforts. This is evident from the relative lack of attention given to schools and youth in the original Task Force report.

The Schools and Youth Subcommittee of the MMHTFMC, in coordination with the Children's Mental Health Planning Partnership, has been very active in 2006 in addressing planning and coordination issues for our community. Their first task was a revision of our Action Plan in this area. It was noted that the original Action Plan that came out of the Task Force report no longer reflected the specific needs of our community with regard to schools and youth. As such, the Subcommittee met several times over the year to update this Action Plan, which is attached to this report in Appendix B.

We are pleased to report that a number of positive developments have taken place in Austin surrounding schools and youth in 2006. A detailed list of these activities is included in the Action Plan, but a few items bear specific reference here.

In the MMHTFMC First Annual Report, we noted that a weakness in our collaborative process was the lack of representation on the Committee by Austin Independent School District (AISD). We are pleased to report that AISD has been very active in our collaborative process in 2006, in a number of ways. First, they have designated a specific member to join our Committee, which was one of our goals for 2006. This development has been very helpful in coordinating the numerous activities taking place in AISD related to mental health issues with other activities occurring in the community with regard to our schools and youth. AISD staff also made several presentations to the MMHTFMC this year for input and consideration surrounding prevention efforts they are making to address mental health needs of our youth. The Schools and Youth Subcommittee also made a



presentation to the full Board of AISD to build awareness about children's mental health issues and to garner support for the issues and strategies identified by the MMHTFMC.

As noted in our first report, the Children's Partnership (CP) is a nationally recognized system of care initiative in Travis County, in its eighth year of existence. One of the key components of the CP is utilization of parent liaisons in conjunction with care coordinators to partner with families in implementing the Wraparound process. This process is a holistic intervention approach that forms child and family teams that are individualized, strength based, and family driven. Parent liaisons are parents of children who have experience navigating the child-serving systems, and have first hand knowledge of what it means to parent a child with special needs. Parent liaisons work directly with families to educate, advocate, support and enhance their ability to effectively partner with service providers to meet their families' individual goals. Upon expiration of federal funding for the Children's Partnership, the Travis County Health and Human Services Division took the lead in supporting continuation and expansion of this critical function with an investment of more than \$250,000.

The Austin Independent School District also has a number of integrated evidence-based practices in the areas of social, emotional and mental health. Although describing all of these is beyond the scope of this report, several deserve highlighting.

Positive Behavior Support (PBS)

AISD was recognized in 2006 for its successes in implementing and expanding Positive Behavior Support. Positive Behavior Support is a district wide initiative that is a behaviorally based systems approach to enhance the capacity of schools, families and communities to design effective environments that improve campus learning environments. Attention is focused on creating and sustaining school-wide, classroom and individual systems of support that improve lifestyle results for all children and youth by making problem behavior less effective, efficient, and relevant and desired behavior more functional. As noted in the Schools and Youth Action Plan, expanding PBS tenets across AISD is a priority area for our community. In 2006, Austin/Travis County was selected by the Bazelon Center for Mental Health Law for a study on Positive Behavior Support, and was subsequently chosen to provide technical assistance to communities across the nation about how to implement similar systems.

Character Education

Character education is a district-wide policy to provide every student with the character skills they need to put forth maximum sustained effort to achieve and the resiliency to succeed. These ten AISD Touchstone Character traits will be taught to every student:

- Respect
- Responsibility
- Courage
- Integrity
- Caring
- Fairness
- Honesty
- Self-Discipline
- Perseverance
- Trustworthiness

Comprehensive Developmental Guidance and Counseling Program

The comprehensive developmental guidance and counseling program in grades pre-k through 12th promotes student success through a focus on academic achievement, prevention and intervention activities, advocacy and social/emotional and career development. The counseling program model covers these strands:

- Self-knowledge and acceptance
- Interpersonal and communication skills
- Responsible behavior
- Conflict resolution
- Decision making/problem solving
- Motivation to achieve
- Goal setting
- Career Planning

Suicide Action Plan

AISD has implemented a Suicide Action Plan to insure that proper and immediate actions are followed to ensure the safety of youth who are at risk of suicide. The Action Plan includes a safety checklist, an individual safety agreement, procedure for emergency notification to parents, and specific steps for school personnel to follow to obtain the necessary intervention for the student as well as a transition plan for re-entry back to school.

Suicide Prevention Initiative: Question, Persuade and Refer (QPR)

Question, Persuade and Refer, or QPR, is a program specifically designed and developed to raise public awareness about suicide and better identification and referral of people at risk for suicide. QPR was developed by Dr. Paul Quinnett, a clinical psychologist and trainer for more than thirty-five years. The program

enhances general awareness, teaches warning signs of suicidal thinking and behavior and teaches three basic interventions skills that can help avert the tragedy of suicide. Seven AISD counselors are certified QPR Gatekeeper trainers and many staff members in various professional areas have been trained.

“Breaking the Silence” Mental Health Initiative

AISD Middle and High School Counselors have also been trained in the “Breaking the Silence” curriculum/program designed to teach and provide information on the facts about mental illness and replace stigma with compassion and action. This program helps identify common fears and misconceptions, stereotypes on mental illness and awareness of the role family, friends, community, and government can play in recovery. NAMI Austin donated all the training materials to the AISD counselors.

AISD Crisis Manual

AISD Department of Guidance and Counseling recently developed a manual to provide quickly accessible, appropriate tools for counselors facing crisis in the schools. Crisis intervention in the schools requires a team effort. The manual is compiled utilizing some of the latest research in the field. The manual covers a variety of topics including how to organize for a crisis on campus, dealing with the death of a student or adult, information for teachers on how to handle a death at school and activities for trauma and grief. Also covered are tools for working with suicidal students, working with abused children, and care for the caregiver and sample communication to staff and parents in the different areas of crisis.

High School Redesign

AISD is redesigning its eleven comprehensive high schools to better prepare its students to succeed in college and future careers and to become active, responsible citizens in their communities. Each high school will engage students by offering several choices of aligned courses related to broad ranges of college and career interest. Every student will be part of a smaller learning community in which he or she will develop strong academic relationships with a small group of teachers and students. Every student will be assigned an advisory teacher and will meet with that teacher throughout their high school career. Teachers will receive advanced staff development to improve instruction and will work in teams to continually raise the bar for teaching and learning in all classes. Every high school will be a small universe in which there are interdependent planets of academic, cultural and social activity.

❖ COMMUNITY CHALLENGES

AISD continues to struggle with reviving schools designated academically as low performing. Suggestions of school closings and reorganizations have created a great deal of concern in our community. While not directly related to mental health, this increased focus on academic performance tends to perpetuate an over-emphasis on testing and performance. This results in school counselors dedicating increased portions of their time to these issues, and less to emotional and mental health needs of our community's students.

There were a number of tragic accidental deaths of AISD students in 2006. While the community mobilized rapidly to respond to these deaths, these events highlighted the fact that there is no coordinated de-briefing process currently in place to respond to such tragedies. While AISD has developed printed information to assist in these circumstances, we feel that a more formal responses system is needed. For this reason, development and formalization of community supports to provide debriefing opportunities to partner organization staff after critical incidents is a priority area in the Schools and Youth Subcommittee Action Plan.

CRIMINAL JUSTICE PREVENTION/DIVERSION

The following section reports community progress and challenges with regard to the MMHTFMC Criminal Justice and Prevention Focus Area in 2006.

❖ COMMUNITY PROGRESS:

Much attention has been given to the interface of criminal justice and behavioral health systems in Austin and Travis County in 2006. This expands on the recognition over recent years that funding reductions and eligibility restrictions have resulted in an influx of individuals with severe mental illness into the criminal justice system. Data collected between June of 2005 and January of 2007 reflects that 2,106, or 14%, of all felony court cases in Austin were identified as involving *significant* mental health issues; 2,891, or 9% of misdemeanor cases were similarly identified.

While this problem is not unique to Austin, several innovative approaches have been implemented in our community to address it.

❖ **PLANNING AND POLICY**

Testing Site for Cost Simulation Tool

Based upon a joint application between the MMHTFMC and the Austin Travis County Mental Health Jail Diversion Committee, our community was selected by the National GAINS Center to become a testing site for the Health Services Research Institute Mental Health/Jail Diversion Cost Simulation Planning Tool. This computerized model projects the per person costs and the effectiveness of implementing a mental health jail diversion program planned by the local jurisdiction. The model is a strategic planning tool intended to provide program planners and stakeholders with information for prioritizing and choosing options for jail diversion programs and planning resource allocation strategies.

National Institute on Corrections Learning Site

Travis County was also chosen as a National Institute of Corrections Learning Site in 2006. This will allow our community to benefit from technical assistance and research related to best practices with regard to the interface between mental health and criminal justice settings. Technical assistance is needed to set a cohesive planning group that can review all initiatives within the Travis County justice system and make recommendations to: a) clearly identify target populations to prevent overlapping services; b) identify processes and data collection procedures that need to be modified to accomplish this goal; c) identify shared outcome goals; and, d) establish the mechanism to monitor the results of the policies. The Learning Site will also serve as a mechanism to test court processes and data collection tools to improve diversion and treatment outcomes for mentally ill offenders. The end result will be a report produced by the Council on State Governments for wide dissemination across the country highlighting Travis County experiences regarding this issue.

Refining Assessment Processes

One of the key components of an effective interface between mental health and criminal justice systems is a valid assessment process for identification of individuals with mental health needs entering the justice system, and devising strategies to most efficiently and safely address those needs. Both the adult and the juvenile justice systems are currently addressing this issue.

In the Travis County Jail, a complete overhaul of the mental health assessment process was implemented in October of 2006. While still being refined, this assessment system is particularly innovative, in that it adopts many of the functional assessment parameters used in the ATCMHMR system. This allows for a common

language between the two systems about level of functioning and the more coordinated management of needs identified.

In the juvenile justice system, the probation department will be revising their assessment process in early 2007. They will be implementing the Global Assessment of Individual Need (GAIN), which is a semi-structured interview to assess mental health and substance use issues. This allows for a comprehensive assessment that addresses both issues, and the interface between the two.

ATCMHMR Office of Criminal Justice Planning

Another significant development in the policy and planning arena is the interface between the behavioral health system and the criminal justice system. In 2006 ATCMHMR created a Criminal Justice Administrator position. The creation of this position has greatly assisted communication and planning efforts between the two systems. In addition, having one point person within the local mental health authority that criminal justice system staff can approach with issues and questions helps to eliminate confusion and enhance continuity of care.

Outpatient Restoration of Competency to Stand Trial

During 2006, the MMHTFMC was asked to play a coordinating role in the development of a pilot project proposed by ATCMCMHR and Advocacy, Inc., related to outpatient restoration of competency. This proposed pilot program was designed to address the statewide problem of individuals being retained in jails after having been found incompetent to stand trial.

Here are some examples of defendants in the Travis County Jail who were impacted by this impasse in 2006:

- Defendant Number 1 was charged with resisting arrest and possession of marijuana, both Class B Misdemeanors. This defendant was found incompetent to stand trial on February 27, 2006, and was not transferred to a state hospital for restoration of competency until April 12, 2006.
- Defendant Number 2 was charged with criminal trespass, a Class B Misdemeanor. He was found incompetent to stand trial on March 10, 2006, but was not transferred to a treatment facility until May 11, 2006.
- Defendant Number 3 was charged with possession of a controlled substance, a state jail felony. He was found incompetent to stand trial on April 18, 2006, but was not transferred to a treatment facility for restoration of competency until June 16, 2006.

- Defendant Number 4 was charged with Criminal Trespass, a Class B Misdemeanor. He was found incompetent to stand trial on July 24, 2006, but not transferred to a setting for restoration of competency until October 27, 2006.
- Defendant Number 5 was charged with Theft of Service, a Class B misdemeanor. He was found incompetent to stand trial on October 16, 2006, but was not transferred to a treatment setting until November 14, 2006.

While the Texas Code of Criminal Procedure allows release on bail for restoration to competency on an outpatient basis, this is not currently being practiced anywhere in the state.

In an attempt to address this problem, the MMHTFMC convened a group of stakeholders to design a pilot program in Austin of outpatient restoration of competency. While it was hoped that the Texas Department of State Health Services (DSHS) would provide the funding to implement this program, that never occurred. As a result, a lawsuit was filed by Advocacy, Inc. against DSHS in early 2007. This lawsuit, and proposed legislation in this area, has resurrected interest in the proposed pilot project developed by the MMHTFMC, and we will continue to monitor and coordinate this effort, as deemed appropriate.

❖ JAIL DIVERSION PROGRAMS

ADULT

Specialist Judges and Lawyers

It is becoming increasingly clear across the nation that criminal court cases involving defendants with mental illness require special expertise on the part of court personnel, including knowledge about mental health diagnoses and treatments, familiarity with laws and statutes related to these cases, and jail diversion options. A number of initiatives addressed this issue in Travis County over the past year.

- Twenty-five defense attorneys are appointed to the mental health rotation to represent defendants with mental illness. These attorneys receive three hours per year of special training.
- The County Attorney's Office has assigned a prosecutor, paralegal and administrative assistant to work with cases involving individuals with mental illness. The District Attorney's Office has yet to designate any special prosecutor.

- Two judges in the County Courts and one judge in the District Court have taken special interest in addressing the problems of individuals with mental illness gravitating to the criminal justice system.
- A Mental Health Docket was developed in 2006 that streamlines court processes for misdemeanor defendants who have been identified to have mental illness. Processing these cases quickly helps to minimize the time these defendants wait in jail.
- In 2006, the Texas Indigent Defense Fund provided funding to Travis County to support the development of a Mental Health Public Defender's Office. This is a special defense unit that will work exclusively with individuals who have mental illness who are justice system involved. This office is unique both in the state and in the nation.

Project Recovery

Over the last couple of years there has been concern expressed about a small group of offenders with long histories of substance abuse and dependence and repeated contacts with the criminal justice system, including repeated convictions for public intoxication and other alcohol-related offenses. In 2004, the Downtown Austin Community Court (DACC), working with Travis County, identified 199 repeat offenders whose public intoxication convictions have resulted in their being enhanced from Class C misdemeanor violations to Class B violations. Of this group of 199 there were 715 charges filed in 2004. These filings represent 9,486 days of confinement in the Travis County Jail. On average, in 2004 each offender spent a total of 13 days in jail on these charges, and jail costs alone are projected at \$626,076.

In response to this issue, the Travis County Commissioner's Court provided funding in 2006 to create Project Recovery. Project Recovery is a ninety day residential program with the City of Austin and Travis County for adult male residents who have been arrested multiple times for public intoxication offense, and who have co-occurring mental health and substance use disorders. Clients are chosen by the County Courts and may choose services as an alternative to incarceration. The treatment program utilizes best practice clinical models, residential services, and significant supports, including a detailed aftercare plan, in an effort to improve positive outcomes for this very difficult to manage population.

JUVENILE

Juvenile Mental Health Court

Also in 2006, the Travis County Juvenile Probation Department received a \$246,662 planning and implementation grant from the United States Department of Justice for the formation of a juvenile mental health court. One of only a handful of such programs in the country, the goal of this program is to divert youth with mental health disorders from deeper involvement in the justice system by connecting them to appropriate services and providing accountability for participation. The objectives of this initiative are to:

- Improve access to community mental health services for juveniles and their families;
- Facilitate collaboration between the juvenile justice and mental health treatment systems;
- Provide cross-training on mental health topics to justice system and treatment professionals; and
- Reduce recidivism and increase successful outcomes for the youth who participate in the program.

TCOOMMI Program for Juvenile Offenders

Another innovative program for juvenile justice is an intensive, community based program funded by the Texas Correctional Office on Offenders with Medical or Mental Impairments. This program is a collaborative effort between the Travis County Juvenile Probation Department and ATCMHMR that provides:

- Individual and family counseling, often taking place at the family home;
- Specialized supervision by a juvenile probation officer;
- Frequent contacts each week, most of which are in the home;
- Improved access to psychiatric services; and
- Assistance in obtaining other services through schools and other agencies.

Unlike the Juvenile Mental Health Court program described above, this program is designed for youths who have already been adjudicated by the Travis County Juvenile Justice system.

❖ COMMUNITY CHALLENGES

While all of this activity in Austin and Travis County reflects community commitment the issue of migration of individuals with behavioral health issues into the justice system, caution is also warranted. Criminal justice diversion is a very complex issue that spans across multiple systems and issues. In attempting to accomplish system change with regard to such issues, even minor shifts in one area can result in significant responses in others. The amount of activity in Austin on so many different levels and in so many different systems could potentially “backfire” in that some changes may negate or even detract from others. Monitoring this will be a priority area for the MMHTFMC in 2007, as will be elaborated below.

At the present time, there is no clear system to prioritize our criminal justice/mental health planning activities. The Austin Travis County Mental Health Jail Diversion Committee has been working diligently to build community consensus in this regard, but the issue has yet to be resolved. While we believe that the research and information being provided to our community through the Learning Site, Cost Simulation Tool Beta Testing will help, it remains an issue that will need to be monitored by our committee over time.

Similarly, the work on refining assessment processes in both the juvenile and adult justice systems is a welcome change. In the adult system, however, it has already created as many questions as answers. It is still not clear, for example, which offenders truly need additional attention in the court system. It is expected that refinements in assessment processes in the juvenile justice system will raise similar issues.

As noted in our first report, a very clear “necessary balances” issue in this focus area is: “Divert to What?” If inadequate treatment resources are available in our community, as they are in most others in our state, questions must be asked about the true effectiveness of our jail diversion efforts. A significant community challenge in this area is the fact that there is no real “triage” system currently established to ensure that the most appropriate existing treatment resources are being used for the most appropriate detainees.

From a more concrete perspective, all of these activities also require a significant amount of staff time and dedication among the various agencies in gathering the requested information. While involved agencies are to be commended for their dedication to all of these initiatives, it must be noted that too many planning activities

can actually detract from the overall level of services available to individuals with behavioral health service needs.

ACCESS TO MENTAL HEALTH SERVICES

The following section reports community progress and challenges with regard to the MMHTFMC Access to Mental Health Services Focus Area in 2006.

❖ COMMUNITY PROGRESS

Crisis Services Report and Incremental Plan

The Austin/Travis County community has faced a growing challenge in meeting the needs of individuals experiencing mental health crises. Individuals, families and community systems, e.g. criminal justice, hospital emergency rooms, and law enforcement, are negatively affected by the lack of capacity to meet these urgent needs. A comprehensive report commissioned by the Travis County Healthcare District (TCHD) stated “Forging a solution requires a collaborative community approach” and recognized that myriad factors “have contributed to the situation addressed by community leaders in 2006.” The need for additional psychiatric inpatient capacity and strengthened mental health crisis services is based upon factors evolving over more than a decade.

In order to confront the serious problem faced in this community the Travis County Healthcare District led a coalition of representatives from the Austin Travis County MHMR Center, City of Austin, Travis County Commissioners Court, Seton Family of Hospitals and St. David's Community Health Foundation released an Interim Crisis Services Plan to address the gaps in crisis mental health services in Travis County. The group began meeting in December 2005 when it became evident that erosion in State and National funding was unduly burdening resources in Travis County and leaving many citizens with no viable means of emergency psychiatric treatment. Collaboration resulted in each entity contributing both effort and resources to build an interim crisis service system over the next three to five years aimed at avoiding or diminishing unnecessary incarceration, hospitalization, homelessness and family disruption and separation.

The following describes the major collaborative elements for the Mental Health Crisis Interim Plan for Travis County.

- **Crisis Prevention Services**
Entity Responsible: St. David's Community Health Foundation
Description: Provided grants to 12 local non-profit groups, some who will use the money to provide mental health services in primary care settings, others will expand existing services.
- **24-Hour Crisis Services**
Entity Responsible: ATCMHMR
Description: Additional direct service resources for Psychiatric Emergency Services with increased physician, nurse and licensed therapist coverage. Additional investments in expanded inpatient capacity.
- **Mobile Crisis Outreach Team**
Entity Responsible: Travis County
Description: A team which functions as a link between individuals in crisis, law enforcement and the mental health services needed.
- **Psychiatric Inpatient Capacity**
Entity Responsible: Travis County Healthcare District
Description: Funding for the equivalent of 8 inpatient beds serving approximately 585 individuals per year. Additional investments in mental health services in the Community Health Centers.
- **Seton Shoal Creek**
Entity Responsible: Seton Family of Hospitals
Description: In-kind donation of floor space. Will assist with costs of implementation and management of Seton Shoal Creek operations. Will use Psychiatric Residents & Faculty through the Medical Education Program to provide services to patients.
- **Transitional Housing**
Entity Responsible: City of Austin
Description: Will provide capital funds to provide a place for those individuals discharged from the hospital who do not have a stable housing environment with a capacity for 12 people.

While clearly only an incremental plan that will serve as a first step in solving a very large problem, the commitment on the part of multiple agencies and stakeholders represents true collaboration. As described below, the MMHTFMC will monitor implementation and expansion of this plan as it evolves.

Expansion of Substance Abuse Services

Sadly, Texas is 50th among the states in supporting alcohol and drug treatment services. As a result, area agencies that provide these services have seen state funding shrink by more than half in recent years. Perhaps most critically, Austin is the largest city in Texas without state funded detoxification services.

Five years ago, one of the substance abuse providers in our community, Austin Recovery, began a self-funded program to fill beds that were no longer being purchased by the state. This was part of an overall strategy to provide revenue to the agency as the state funded rate of \$69 a day did not meet the costs of providing those services.

The MMHTFMC wishes to highlight in this report the success of that program. Austin Recovery now has sixty of their one hundred twenty beds devoted to self-funded clients. In anticipation of further restrictions of state funded services, Austin Recovery has also begun a capital campaign for \$5 million to add one hundred new beds to their facilities, including:

- Expansion of detoxification beds from sixteen to thirty two;
- Expansion of men's residential beds from sixty to one hundred and ten; and
- Expansion of women's residential beds from thirty seven to around sixty.

This will assure that those who rely on state funding will continue to have access to critically needed services as those resources diminish. The level of funding raised thus far is \$3.2 million and it is the hope that the campaign will be completed by year's end.

Expansion of Integrated Behavioral Health Care

As noted in our first annual report, the E-Merge program of integrated behavioral health services has received national attention as part of a growing trend across the country. This program, which utilizes behavioral health consultants in the Federally Qualified Health Care Clinics across our community, has greatly eased the increasing burden of providing this kind of care in primary care settings.

Seen as an overall success, the Health Care District in 2006 significantly expanded the scope and coverage of E-Merge, expanding to virtually all clinics in the City. The program now has staffing of twelve behavioral health consultants and two full time psychiatrists.

Also in 2006, People's Community Clinic, through funding from the Hogg Foundation for Mental Health and St. David's Community Health Foundation developed and implemented a similar integrated behavioral health care model. While different administratively and clinically, this program is based upon the same concepts and tenets as E-Merge.

Both programs are seen as very positive developments that are consistent with national efforts to ease an ever-growing and under-funded health care system.

❖ **COMMUNITY CHALLENGES**

Necessary Balances

The significant amount of time, attention and funding dedicated by the Austin/Travis County community on crisis services in 2006 raises the question of how these changes will impact the rest of the behavioral health service system. Will these efforts, for example, result in a decrease in availability of more effective, and more cost effective, community based prevention and intervention based services, leading to continued expansion of the need for crisis care? Likely a result of decreasing availability of community outpatient care, Psychiatric Emergency Services at ATCMHMR experienced a 48% increase in demand between October of 2005 and October of 2006. This is an issue that will be monitored by the MMHTFMC in 2007 and subsequent years.

Refining Roles and Relationships

While the creation of the Travis County Healthcare District has been a very positive development for our community, work still must be done in refining the roles and relationships between the Healthcare District, ATCMHMR, the City of Austin and Travis County. While significant progress was made in this regard in 2006, more work must continue to determine the best and most efficient roles and relationships of these entities.

Closure of Resiliency Clinic

The ATCMHMR Resiliency Clinic was highlighted in our first annual report as community progress in 2005. This clinic, funded with a grant from the Hogg Foundation for Mental Health, was designed to provide services for adult mental health consumers who no longer qualify for access to Texas Department of State Health Services funded care because of recent eligibility restrictions. Unfortunately, when the grant funding that established this clinic expired, the Clinic was not

sustainable, and thus closed. As of the writing of this report, the current waiting list for adult behavioral health services at ATCMHMR stands at 529.

Behavioral Health Service System is a Community Responsibility

Although progress is being made, the responsibility of behavioral health services in our community is still seen as a public sector, rather than a community responsibility. Despite the fact that everyone in Austin/Travis County is impacted in one way or another by behavioral health needs, our community has not wholly embraced the solution.

The MMHTFMC Behavioral Health Service System Mapping Report made an effort to change this perception by including not only public, but also private and non-profit organizations in our service system capacity analysis. More work must be done to engage the entire Austin and Travis County community in the solution to the growing problem of our unmet behavioral health needs.

SAFE, ACCESSIBLE AND AFFORDABLE HOUSING

The following section reports community progress and challenges with regard to the MMHTFMC Safe, Accessible and Affordable Housing Focus Area in 2006

❖ COMMUNITY PROGRESS

Affordable Housing Bonds

In November of 2006, Austin voters passed a proposition to provide \$55 million for the creation of more affordable housing in our community. The bond money will be allocated over seven years and will allow the Department of Neighborhood Housing and Community Development (NHCD) to create housing for a wide range of income levels. The MMHTFMC was active in promoting the passage of this proposition. This funding, along with the proposal of a number of new affordable housing developments in our community, signals an increasing commitment and focus to housing needs.

City Support of Transitional Housing

As part of the overall crisis services interim plan described above, the City of Austin has committed \$1 million dollars for a physical structure to house a transitional or respite facility for individuals leaving the Austin State Hospital. This initiative addresses the fact that individuals being discharged from the hospital, especially

those with multiple past admissions, often do not have stable housing. This greatly increases their risk of relapse during this fragile time. ATCMHMR will seek funding for staffing and other operational costs from the Department of State Health Services DSHS crisis services request to the 80th Legislature.

Data Systems Regarding Available Housing

One very specific recommendation in the original Mayor's Mental Health Task Force Report was the development of data driven, collaborative systems to improve access to available housing options. Key stakeholders from the community continued to work over 2006 and early 2007 to investigate existing software options to achieve this goal.

❖ COMMUNITY CHALLENGES

While the Austin/Travis County community is to be commended for an increasing awareness of the need for affordable housing, there remains inadequate attention to the housing needs for individuals with behavioral health issues. This population will continue to compete with other individuals with low income and/or disabilities to access whatever affordable housing becomes available. Highlighting this issue will remain a focus of the MMHTFMC in coming years, as highlighted below.

Further complicating the housing situation in Austin is that, while home prices are falling nationwide, real estate prices in Austin continue to rise. This has resulted in individuals with relatively low incomes to move to areas that have, in the past, been reserved for individuals with very low incomes. This, in turn, leads to individuals with very low incomes being forced even farther from the center of town, to locations with little transportation, behavioral health services and social supports.

COMMUNITY AWARENESS/PREVENTION

The following section reports community progress and challenges with regard to the MMHTFMC Community Awareness and Prevention Focus Area in 2006.

❖ COMMUNITY PROGRESS

A number of positive developments also took place with regard to community awareness and prevention in Austin and Travis County in 2006:

- Children's Mental Health Summit Day was held at City Hall on May 8, 2006. This major advocacy event was well attended by city leadership and our community at large. Mayor Will Wynn provided opening remarks. In conjunction with that event, a bookmark campaign was launched to provide special bookmarks to children and youth who attend schools that have adopted the PBS tenets described above.
- Casey Family Programs has launched a major initiative to highlight issues faced by children in foster care, including children with mental health needs. This foundation enlisted the assistance of the MMHTFMC, and we will be working with them as one of our priority areas for 2007, as will be described below.
- In an effort to increase community awareness of the issues related to a mentally healthy community, the MMHTFMC has been an invited participant/presenter in many community events and meetings. To illustrate our coordination efforts, a list of these presentations is included as Appendix A to this report.
- The MMHTFMC is also monitoring media exposure in our local area to issues related to a mentally healthy community. In calendar year 2006, the MMHTFMC staff noted 36 local media articles related to mental health issues. We will update this on an annual basis, in addition to promoting increased coverage, as appropriate.
- In 2006, the MMHTFMC created an on-line calendar of events related to a mentally healthy community. This calendar is available on our website, mmhtfmc.org. It is our hope that members of our community who are interested in events and trainings related to a mentally healthy community will find this calendar helpful and informative.
- Also in 2006, the Austin/Travis County Suicide Prevention Coalition sponsored a special showing of the Austin produced film: "Jumping Off Bridges." This film has been greatly praised in its efforts to improve community awareness of suicide.
- The *Main Interlocal Agreement* for 2006 and 2007 designates a portion of City funds to Prevention and Education and Awareness Activities. This reflects the importance of these issues from the City's perspective.
- The New Milestones Foundation (NMF) was founded in 1982 to oversee fundraising efforts to promote and support the programs of ATCMHMR. It is a separate 501(c) (3) organization with an independent Board of Directors and a membership including a number of community leaders. In the fall of 2006, the NMF presented its Fifth Annual Champions' Event featuring Christopher

Kennedy Lawford who shared his experiences in recovery from a substance use disorder. The event honored five community leaders and organizations that have affected change in the field of mental health or developmental disabilities: The purpose of this annual event is to provide education, increase awareness, reduce stigma and develop additional resources.

- Also in 2006, the NMF proudly announced its first ever film festival, “We Don’t Talk about Chris, A Film Festival from the New Milestones Foundation.” This unique film festival was designed to help raise awareness about the stigma and struggles of living with mental illness. The movie screening will be on Thursday, April 19, 2007 at the Arbor Cinema in the Arboretum.
<http://www.newmilestonesfilmfestival.com/>
- The 6th Central Texas African American Family Support Conference (CTAAFSC), held in February 2006, was offered free to the community. Its mission is to strengthen family and individual awareness of available health care services, both behavioral and physical, through culturally sensitive education, supports and partnerships. This event is hosted by the ATCMHMR and underwritten by community partners from the public and private sectors. This innovative undertaking is the first of its kind in the Southwest.
- One of the charges put forth in the First Annual Report of the MMHTFMC was the identification and review of current marketing, communications or public relations plans that have been developed by community organizations to better address the issue of stigma. As a member of our Committee, ATCMHMR has taken the lead in reviewing anti-stigma initiatives at the local, state and national levels and results will be analyzed and released in 2007.

❖ **COMMUNITY CHALLENGES**

While all of these developments are encouraging, our community still has many challenges regarding to reduction of stigma for individuals with behavioral health needs. The MMHTFMC will continue to monitor and track this kind attention given to our issue areas, and compare and contrast them to other communities of similar size. We have also begun to examine behavioral health insurance benefits for the major employers in our area, and will be working with other advocates to promote parity over the coming year.

FAITH BASED ACTIVITIES

The following section reports community progress and challenges with regard to the MMHTFMC Faith Based Activities Focus Area in 2006.

Research indicates the importance of clergy and faith communities for both consumers and families in dealing with issues of mental health. Being welcomed into a house of prayer by a concerned and caring community can make a critical difference for consumers with mental illnesses and their families, who may find no other welcome in the larger community. While we acknowledge that faith based activities truly span across all of the above focus areas, the MMHTFMC wants to build upon the significant momentum established by these activities to help build awareness and develop interventions.

For example, at the sixth and seventh African American Family Support Conferences, a great deal of interest was expressed in mental health issues. Religious or faith based entities are often the first places people turn when they have mental health needs. For these reasons, faith based activities were added as a specific focus area to MMHTFMC action planning in 2006. As outlined below, a number of activities planned in 2007 will attempt to build upon this interest.

❖ COMMUNITY CHALLENGES

While all of these activities are encouraging, our community still has many challenges regarding the willingness of the faith based community to embrace and actively participate in such activities in an effort to understand and remove the stigma of mental illness. We believe that training is a critical need to improve recognition of the signs and symptoms of mental health issues, and appropriate and effective referral of individuals to professional treatment alternatives.

REPORT ON MMHTFMC 2006 GOALS AND PLANNING ACTIVITIES

BEHAVIORAL HEALTH SERVICE SYSTEM MAPPING

In the 2005 MMHTFMC Annual Report, it was noted that, while there are a number of planning activities taking place around behavioral health services in Austin/Travis County, there is not a good appreciation for the current service delivery system. There is no one document, for example, that outlines what kinds of services are offered, capacity, eligibility and funding streams available. As such, the MMHTFMC took on a Behavioral Health Service System Mapping project in an effort to address this planning gap.

The MMHTFMC Behavioral Health Service System Mapping Report, which was produced in collaboration with the City of Austin, Travis County, ATCMHMR and the Health Care District, was distributed widely in November of 2006. It is important to note that the information contained in this report is not restricted to the public mental health service system, but also includes private and non-profit behavioral health service providers.

Key findings of the report:

- Many providers in Austin and Travis County provide screening, assessment and therapy, but few provide crisis and emergency services.
- There was a wide array of services identified as “prevention/community education,” but no clear definition emerged.
- Many clients were turned away from services in 2005 because of lack of capacity and/or inability to provide the requested services.
- The supply of mental health professionals, across all disciplines, has not kept up with the growth of our community.
- Similarly, inpatient service system capacity has not kept pace with the need.
- Only 50% of funding comes from state sources.
- The wide array of funding sources reported by respondents implies many complications for service system providers.
- Law enforcement and emergency departments in our community have become part of the overall “safety net” for behavioral health services.

Perhaps the most important aspect of this report will be an annual update, allowing us to analyze changes in the behavioral health service delivery system over time.

HOUSING

Significant progress was made by the MMHTFMC towards our overall goal of developing a comprehensive housing plan for behavioral health issues in Austin.

First, with the assistance of the ATCMHMR Consumer Council, a housing survey was distributed to consumers. Council members spent a good deal of time assisting consumers in filling out the surveys, which makes us confident about the results. In the end, one hundred and eleven surveys were analyzed. Key findings include:

- There was a broad array of housing options among consumers who responded. Most were renting, owned their own home, or lived with family.
- 40% of respondents indicated that they were not happy with their current living situation.
- 21% of respondents indicated that they do not feel safe in their current housing situation; 71% of those respondents indicated that the reason for feeling unsafe was the level of crime in the area.
- When asked about positive factors in their current living situation, the most highly noted were companionship, neighborhood and independence.
- When asked about negative factors in their current living situation, the most highly noted were living conditions, taxes/bills, dependency and neighborhood.
- Items noted as extremely important to the consumers surveyed included safety, independence, transportation and companionship.
- Items noted as not important included caseworkers on site, doctors on site, supervision, and help with chores.
- Roughly half of the consumers surveyed felt that employment and education support were important; the other half did not.
- 31% of respondents indicated that they have had trouble getting housing in the past, mostly because of financial issues, lack of options and waiting lists for the options that do exist.

A full analysis of the results of this survey is included as Appendix C to this report.

These results were edifying in several regards. First, it was clear that consumers of behavioral health services need a variety of options with regard to housing. This confirms that “housing” for these individuals is not a “building” or “facility,” but a continuum of options and choices that responds to different needs at different times.

In an effort to assess the current housing capacity for individuals with behavioral health needs, we also conducted and compiled information on housing options currently available in Austin. In conjunction with the Austin Travis County Re-Entry Round Table, the MMHTFMC participated in the distribution of a survey to housing providers in our community about their willingness and availability to provide housing for our populations. Unfortunately, not enough responses were received to truly analyze the data. In the end, it was concluded that interviews with housing providers will be necessary to provide this information. This will be a priority area for the MMHTFMC in 2007, as noted below.

While clearly not an optimal situation, many individuals with severe mental illness and/or substance use disorders live in licensed or un-licensed board and care homes. A survey conducted by the MMHTFMC received information about 15 board and care facilities in Austin, revealing the following information:

- Only two of the fifteen respondents were state certified; ten were city licensed or regulated (e.g. health, fire and/or building);
- The average monthly cost for living at one of these facilities was \$430, roughly the equivalent of the average amount of monthly disability payment for individuals with mental illness;
- Of the total of 1,635 residents in the responding entities, 398, or roughly 24% were reported as having “mental health issues”; all of those were reported as being in treatment;
- Very few of the respondent facilities provided transportation, employment, education, medication or living skills support.

While this information is only preliminary, it confirms that individuals with behavioral health needs face an uphill battle with regard to finding safe, affordable and accessible housing in Austin and Travis County, as well as around the country. In fact, the problems related to housing for people with psychiatric disabilities is the focus of a report issued in February of 2007 by the Substance Abuse and Mental Health Services Administration, entitled, “Transforming Housing for People with Psychiatric Disabilities Report.” This report, in addition to other information, will serve as reference to future



work of the MMHTFMC with regard to our focus area of housing for individuals with behavioral health needs.

COMMUNITY SCORECARD

Another identified goal for the MMHTFMC in 2006 was the development of empirically based indicators that allow us to monitor the community's progress toward becoming a mentally healthy community. We are pleased to report that, as a result of that effort, we have developed a "Mentally Healthy Community Scorecard," which is attached to this report as Appendix D. This scorecard not only contains indicators specific to mental health services, but also positive indicators of a mentally healthy community. The attached scorecard reports on information for 2005. We will be updating it yearly in an effort to monitor areas of progress and/or areas of regression.

SUICIDE PREVENTION

Suicide prevention was also identified as priority for the MMHTFMC in 2006. As noted in our first report, the Austin Travis County Suicide Prevention Coalition published Guidelines for Suicide Prevention in 2005. As a follow up to that report, the MMHTFMC formed a joint committee with the ATC Suicide Prevention Coalition to examine ways to improve our community's ability to gather "real time" data about suicide trends in our community. As it currently stands, suicide trends are often not identified until years after they occur. In fact, the most recent data available from the Texas Department of State Health Services about suicide rates across our state covers data from calendar year 2004. Recognizing trends in suicide rates as they happen can greatly enhance community response.

Our joint data committee met several times in 2006, and identified the Travis County Medical Examiner's Office as a key source of information about completed suicides. While we discussed putting new procedures in place to regularly examine that data, many changes in leadership in that office over the past year hampered our efforts in that regard. Continuation of our work in this area will again be identified as a goal and priority area for 2007.

PSYCHIATRIC EMERGENCY SERVICES

One very critical component of the Mayor's Mental Health Task Force Report addressed psychiatric emergency services in our community. That report had some very specific recommendations, including adding psychiatric beds and coverage at our local general medical hospitals.

As noted above, much community work took place in 2006 to address this issue. While the MMHTFMC was not invited to be a part of the stakeholder group that formed the recommendations to redesign our crisis service system, we were able to observe the process and review the plans as they emerged. While these plans fall short of the recommendation of adding psychiatric hospital beds in our general hospitals, they do expand our crisis emergency service system in a number of ways that are well accepted and evidence based.

We will continue to monitor the implementation of this interim plan, as well as the ramifications of its implementation in 2007, and the years beyond, as will be noted below.

NECESSARY BALANCES

Throughout 2006, across all focus areas, the MMHTFMC has attempted to serve as an objective neutral body looking at the impact of service system changes upon other aspects of the system. We hope that this approach is seen throughout this report, and will continue to be a significant component of our goals and priorities for 2007.



SUMMARY OF MMHTFMC GOALS AND PRIORITIES FOR 2007

Activities and strategies across all six of the MMHTFMC focus areas are outlined in the Action Plans attached to this report as Appendix B. Here we would like to highlight some of our specific planning goals and priorities for 2007.

ANALYSIS OF CRIMINAL JUSTICE PROGRAMS AND ACTIVITIES

As outlined above, a great deal of activity took place in our community in 2006 with regard to mental health jail diversion. One of the goals for the MMHTFMC in 2007 is to examine the impact of these activities. We believe this goal will be facilitated by the expertise we have gained in 2006 through the Learning Site and the Cost Simulation Tool. We will be analyzing numbers and types of offenders diverted, outcomes of diversion efforts, jail census, and overall costs of and cost savings from diversion activities.

ANALYSIS OF IMPACT OF CRISIS SERVICES RE-DESIGN

Similarly, we believe that the objective nature of our Committee provides us with the opportunity to evaluate changes to the service system in light of the crisis service redesign described above. This will include analysis of patterns of law enforcement utilization, impact on emergency room patterns, jail census, outpatient service system capacity, and utilization of crisis services.

ON-LINE RESOURCE TOOL KIT

One of the specific products that the MMHTFMC will be developing in 2007 is an on-line resource tool kit to provide community education on behavioral health issues. This tool kit, which will be available on our website, as well as the websites of member agencies, will contain links to resource documents related to prevention and treatment of behavioral health issues, as well as a list of potential speakers on various topics that may be available to present prevention and treatment information to community groups.

TRAINING CURRICULUM FOR RELIGIOUS AND FAITH BASED ENTITIES

As evidenced by very strong support and attendance of the faith based community at recent African American Family Support Conferences, there is a great deal of interest in behavioral health issues. Often, religious and faith based entities are the first places individuals turn when they are having mental health issues. There is strong interest in increasing education for leaders of these entities about how to recognize mental health issues, specific interventions that might be helpful when they are recognized, guidance about when to refer to behavioral health professionals, and referral resources. In 2007, the MMHTFMC will examine previous work in the development of training curricula for church leaders, and take the lead in furthering these efforts, where feasible.

SCHOOLS AND YOUTH

While we are pleased to report all of the progress made in 2006 in our community regarding schools and youth, we believe this needs to remain a priority focus area for 2007. Specifically, we need to identify ways to integrate services and supports for children and families and expand our partnership and representation with:

- All School Districts in Travis County;
- ATCMHMR;
- Juvenile Court;
- Travis County Health and Human Services; and
- City of Austin.

We plan to address this by working in partnership with the Children and Youth Planning Partnership of the Community Action Network.

MODELING AND PROMOTING INTEGRATION OF BEHAVIORAL, PHYSICAL AND SPIRITUAL

In February of 2007, the MMHTFMC held an all day retreat. During part of the day, we broke out into our six focus areas for brainstorming and planning. As we came back together from those small groups, we noted an interesting phenomenon. While we all agreed that maintaining focus on each issue area was critical to accomplishing change as a community, we also noticed that no one focus area could function without the

others. Access to mental health services depends intrinsically upon housing. Community awareness must work hand-in-hand with the faith based community. Successful jail diversion for individuals with behavioral health needs is totally dependent on all of the other issue areas.

Working with complex issues related to mentally healthy communities requires a delicate mix of focus and integration. While our focus areas have been critical to “getting things done,” they have also created the very same silos that exist in our community which detract from true integration of behavioral, physical and spiritual needs. As noted above, integration of behavioral health services into physical health care systems is increasingly becoming a best practice in the medical field. Austin and Travis County are keeping in step with this movement, as evidenced by the recent expansion of the E-Merge program, and implementation of a collaborative care model at People’s Community Clinic. That said, true integration must go well beyond just health care. A mentally healthy community requires integration across all social service systems. The MMHTFMC will work in 2007 to address ways within our own organization to maintain both focus and integration. It is our hope that this will provide us some insight and recommendations with regard to how to address these issues in the community at large.

INCREASE DIVERSITY OF MEMBERSHIP

The MMHTFMC made great strides in expanding its membership in 2006 to include members of the service system community integral to a mentally healthy community. Noted additions include representation of:

- Austin Independent School District;
- Seton/Shoal Creek Hospital;
- Austin State Hospital;
- Travis County Juvenile Probation; and
- St. David’s Community Health Foundation.

We have also expanded our membership to include more advocacy representation and behavioral health providers. We note, however, that significant efforts are still needed to increase diversity among our members. Goals of membership in 2007 include recruiting more consumer representation, increased cultural and racial diversity among members and involvement of the corporate community in our activities.

INCREASED FOCUS ON EMPLOYMENT ISSUES

While not a particular emphasis of the Mayor's Mental Health Task Force Report, the MMHTFMC has noted that stable employment is a critical component of a mentally healthy community. While we do not intend, at this time, to add another focus area to our structure, we will focus in 2007 on the impact that successful employment has on all of our other focus areas. Successful employment is critical, for example, to maintaining stable housing and members of our community being able to access mental health services. The MMHTFMC will look across our focus areas in 2007 to examine the impact of stable employment, and to examine employment trends in our community as a whole.

FOLLOW UP ON BEHAVIORAL HEALTH SERVICE SYSTEM MAPPING

We were very pleased with the information gathered in our behavioral health service system mapping effort in 2006. This kind of data is critical to determining the extent and capacity of our service system array. In 2007, we intend to expand upon this effort in the following ways:

❖ ANNUAL UPDATES

The MMHTFMC will be providing annual updates to our 2006 Behavioral Health Service System Mapping Report. While the information in the report is critical, perhaps more enlightening is the changes in our service system array and capacity over time. These annual updates will allow us to examine the changes and to hypothesize about potential reasons for those changes.

❖ GEO-MAPPING

While our System Mapping Report contains a significant amount of information about what kinds of services are available, we have also gathered information in our survey about locations of behavioral health services. In 2007, we will be developing a geographical map about locations of behavioral health services. This will help our community identify physical areas that may have shortages in availability.

❖ INDIVIDUAL PRACTITIONER SURVEYS

The MMHTFMC Behavioral Health Service System Mapping Report dealt mostly with agencies and organizations that provide behavioral health services in our community. One of the highlights of the report, however, was data developed by the

Texas Department of State Health Services regarding availability of individual behavioral health providers. That data showed, in aggregate, that the availability of mental health providers in Austin and Travis County has not kept pace with the growth of our population.

In 2007, the MMHTFMC will be conducting surveys of individual providers in our area in an effort to identify numbers of providers of each capacity, availability of new client/patient slots, funding accepted, and times to new appointments. This is important information that will help us to document that access to mental health services is an issue in our community that goes well beyond our public behavioral health service system.

❖ **ANALYSIS OF GAPS AND NEEDED SERVICES**

While it is important to know what we currently have in our behavioral health service system, it is also important to attempt to estimate what a community of our size and demographic makeup should ideally have. While the MMHTFMC has attempted to identify national benchmarks in this regard, none have been easily identified. This work will continue in 2007, in our efforts to make recommendations to policy leaders about our community's needs.

FOLLOW UP ON HOUSING

Safe, affordable and accessible housing will continue as a priority planning area for the MMHTFMC in 2007. While we have taken the first steps toward our Comprehensive Housing Report through our Consumer Housing Survey and initial housing provider analysis, more work will be needed in the coming year to develop:

- More specific analyses of the availability of affordable housing in our community for individuals with behavioral health needs;
- An analysis of unmet needs and gaps for our population; and
- Recommendations about priorities for filling those gaps.

Other goals for the MMHTFMC with regard to housing in 2007 include educating our own membership about the intricacies of housing issues, policies and funding strategies, and promoting the implementation of a data base regarding the availability of affordable housing for individuals with behavioral health needs.

HOUSING FOR FOSTER CHILDREN/YOUTHS WITH MENTAL HEALTH ISSUES, PARTICULARLY THOSE IN TRANSITION BETWEEN SYSTEMS

It has long been acknowledged that children and youth being served in our behavioral health service systems find themselves lost as they transition from the youth serving agencies to adult status. This is particularly critical for youths involved in our foster care system. While various aspects of this issue have been addressed in a variety of different forums, one component of success for these youths that is frequently not addressed is the availability of stable housing to support this transition.

In early 2007, the MMHTFMC convened a group of stakeholders to address this problem in our community. That group agreed to work collaboratively in 2007 to develop a public policy document that will allow us better to address this problem in a data driven and empirically based way. This document will highlight:

- the number, and increasing number of youths in our foster care system with serious mental health needs;
- diagnoses of those youths and changes in diagnosis over time;
- medications administered, changes over time, and hospitalizations;
- housing status of youths while in foster care, including instability of housing;
- housing issues while transitioning out of foster care; and
- treatment and programming challenges facing those youths who do not have stable housing.

It is our hope that by gathering some of this data, hypotheses may emerge that will lead to recommendations, which will, in turn, lead to recommendations for public policy changes. While the MMHTFMC will take the lead in the preparation of this report, the group of convened stakeholders expressed strong commitment to developing the data and assisting in report preparation.

CONCLUSION

This Second Annual Report of the MMHTFMC highlights a significant amount of community progress across all six of our identified focus areas. It also highlights, however, significant challenges facing our community with regard to becoming a model for mental health. We believe that the goals and priorities identified in this report will help our community to address those challenges and continue to measure our progress toward our overall goal.

APPENDIX

APPENDIX A: LIST OF PRESENTATIONS/COORDINATION ACTIVITIES

**MMHTFMC
COMMUNITY PRESENTATIONS/COORDINATION EFFORTS**

DATE	MEETING/PRESENTATION
1/9/06	Community Action Network Staff—Planning and Coordination
1/31/06	City Council HHS Subcommittee—Preliminary System Mapping
2/2/06	City Council—Presentation of First Annual Report
2/17/06	ICC Staff—Planning and Coordination
3/1/06	AMHPP—Planning and Coordination
3/23/06	ATC Suicide Prevention Coalition—Planning and Coordination
3/23/06	Re-Entry Round Table/ECHO—Planning and Coordination
3/23/06	ESPN Radio Show—Community Awareness
3/29/06	Austin American Statesman—Community Awareness
3/30/06	CYMHPP—Planning and Coordination
4/4/06	Ready by 21—Planning and Coordination
4/18/06	Children's Partnership Board—Planning and Coordination
4/27/06	CHDO Round Table—Community Awareness
5/8/06	Children's Advocacy Day—Community Awareness
5/22/06	ATCMHMR Consumer Council—Planning and Coordination
6/14/06	TCHCD Consultants—Planning and Coordination
7/7/06	New Milestones Board of Directors—Planning and Coordination
7/14/06	District and County Court Judges—Planning and Coordination
7/28/06	Re-Entry Round Table—Planning and Coordination
8/1/06	Travis County Sheriff's Office—Planning and Coordination
8/15/06	Travis County CSCD—Planning and Coordination
8/22/06	CAN Staff—Planning and Coordination

DATE	MEETING/PRESENTATION
8/31/06	CYMHPP—Planning and Coordination
9/4/06	KMFA Radio Program—Community Awareness
9/7/06	Council on State Governments –Planning and Coordination
9/27/06	National CIT Conference—Presentation on Collaborative Efforts
10/2/06	Health Care District Staff—Planning and Coordination
10/9/06	SAGE Presentation—Community Awareness
10/9/06	CSG/Learning Site—Planning and Coordination
10/9/06	Mayor's Disability Task Force—Community Awareness
10/12/06	GAINS Cost Simulation Tool Site Visit- Planning and Coordination
10/13/06	GAINS Cost Simulation Tool Site Visit- Planning and Coordination
10/13/06	Capital Area Psychology Association—Community Awareness
10/16/06	NAMI Texas Conference—Presentation on Collaborative Efforts
10/16/06	Physicians for Social Responsibility—Planning and Coordination
10/16/06	CAN Community Council—Presentation on Collaborative Efforts
10/28/06	PLAN Board of Directors—Presentation on Collaborative Efforts
10/30/06	NIC Learning Site—Planning and Coordination
10/31/06	NIC Learning Site—Planning and Coordination
11/8/06	Women's League of Voters—Presentation on Collaborative Efforts
11/13/06	AISD Board of Directors—Presentation on Collaborative Efforts
12/11/06	Corporation for Supportive Housing—Planning and Coordination
12/11/06	Cost Simulation Tool Site Visit—Planning and Coordination
12/12/06	Cost Simulation Tool Site Visit—Planning and Coordination

APPENDIX B: ACTION PLANS

MAYOR'S MENTAL HEALTH TASK FORCE MONITORING COMMITTEE ACTION PLAN/STATUS REPORT FEBRUARY 2007

FOCUS AREA: SCHOOLS/YOUTH
LIAISON: PRINCESS KATANA

COLLABORATING ENTITIES: SCHOOLS, MENTAL HEALTH PROVIDERS, CITY, COUNTY, HEALTH CARE DISTRICT, CAN, ADVOCACY ORGANIZATIONS

A. EXPAND POSITIVE BEHAVIOR SUPPORTS (PBS) TENETS TO DEVELOP A COMMUNITY INVOLVEMENT COMPONENT

MMHTF INDICATORS: H9, T4, J2, J6, T7, T8, E10, E11, E12

TARGET DATES: 12/2007

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- Presentation by Schools and Youth Subcommittee on PBS to MMHTFMC
- Selection of Austin/Travis County by the Bazelon Center for Mental Health Law study on Positive Behavior Supports and Systems of Care
- "Way to Go" report from Bazelon Center for Mental Health Law highlighting successes in Austin/Travis County related to schools and youth
- Selection of Austin/Travis County to provide Technical Assistance to other communities across the nation related to Positive Behavior Supports and Systems of Care

B. DEVELOP AND FORMALIZE COMMUNITY SUPPORTS TO PROVIDE DEBRIEFING OPPORTUNITIES TO PARTNER ORGANIZATION STAFF AFTER CRITICAL INCIDENTS

MMHTF INDICATORS: H9, T4, J2, J6, T7, E10

TARGET DATES: 12/2007

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- Dissemination of MMHTFMC Behavioral Health Service System Mapping Report

C. DEVELOP A COMMUNITY/SCHOOL CAMPAIGN TO REDUCE STIGMA AND PROMOTE SCHOOL BASED MENTAL HEALTH SUPPORTED BY ENHANCED PARTNERSHIPS AMONG FAMILIES, SCHOOLS AND COMMUNITY

MMHTF INDICATORS: H9, T4, J2, J6, T7, E10

TARGET DATES: 5/2008

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- Children's Mental Health Summit Day, May 8, 2006 and call to action
- Community Action Network release of Spanish language document on children's mental health in Travis County and Texas
- Family participation in media interviews and dialogued with elected officials and community leaders
- Educational Awareness Bookmark Campaign
- Presentation by Schools and Youth Subcommittee to MMHTFMC and other attendees regarding Positive Behavior Supports
- Presentation by AISD to MMHTFMC and other attendees regarding High School ReDesign initiative
- Presentation by Schools and Youth Subcommittee of the MMHTFMC to the AISD Board of Directors to build awareness
- Presentation by AISD to MMHTFMC and other attendees to obtain input on AISD Strategic Plan
- Casey Family Programs presentation to MMHTFMC on the Casey Foster Care Clinical R&D Project—Enhancing Mental Health Treatment for Youth in Foster Care

D. SUPPORT THE COLLECTION OF AGGREGATE DATA REGARDING THE PREVALENCE OF SUICIDE RED FLAGS, IDEATION AND ATTEMPTS, AS WELL AS SELF INJURIES TO THEN DEVELOP TARGETED PREVENTION APPROACHES

MMHTF INDICATORS: H9, T4, J2, J6, T7, E6, E8

TARGET DATES: 5/2008

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- During the 2006-2007 school year, data is being collected by school nurses and counselors who are reached out to by students presenting with suicide red flags, ideation and attempts

E. EXPLORE SUPPORTING HIRING OF TESTING COORDINATORS IN ORDER TO RE-DIRECT SCHOOL COUNSELORS' TIME TO PREVENTION, PROMOTION OF RESILIENCE, AND THE PROVISION OF INDIVIDUAL, GROUP AND CLASSROOM INTERVENTIONS

MMHTF INDICATORS:H9, T4, J2, J6, T7

TARGET DATES: 12/2008

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- Presentation by Schools and Youth Subcommittee of the MMHTFMC to the AISD Board of Directors to express interest in moving forward the recommendations of the Safety Task Force Report regarding school counselors.

MAYOR'S MENTAL HEALTH TASK FORCE MONITORING COMMITTEE
ACTION PLAN/STATUS REPORT FEBRUARY 2007

FOCUS AREA: CRIMINAL JUSTICE PREVENTION/DIVERSION

LIAISON: JUDGE NANCY HOHENGARTEN

Collaborating Entities: Austin Travis County Mental Health Jail Diversion Committee, Mental Health Providers, Courts and Court Personnel, Criminal Justice Organizations, Advocacy Organizations

A. FORM A WORKING GROUP OF STAKEHOLDERS

MMHTF INDICATORS: H9, T4, J2, J6, T7, J9, J7, J3, J8, J10, J4, T5, J5, E5

TARGET DATE: 7/06

STATUS: COMPLETE

ACTIVITIES:

- Formation of Austin Travis County Mental Health Jail Diversion Committee

B. DEVELOP A NEW UNIFORM ASSESSMENT TOOL FOR IDENTIFICATION OF INDIVIDUALS APPROPRIATE FOR DIVERSION

MMHTF INDICATORS: H9, T4, J2, J6, T7, J9, J7, J3, J8, J10, J4, T5, J5, E5

TARGET DATES: 12/2007

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- TCSO Assessment Process re-vamped and funded to parallel ATCMHMR Assessment Process
- Travis County selected as Beta 2 Testing Site for Cost Simulation Tool—examining assessment processes
- Travis County selected as NIC Learning Site—examining assessment processes
- Cross Training on Assessment processes between ATCMHMR and TCSO

C. IDENTIFY EXISTING JAIL DIVERSION PROGRAMS TO WHICH PERSONS CAN BE REFERRED

MMHTF INDICATORS:H9, T4, J2, J6, T7, J9, J7, J3, J8, J10, J4, T5, J5, E5

TARGET DATES: 3/08

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- MMHTFMC Behavioral Health Service System Mapping Report
- Beta 2 Testing of Cost Simulation Tool—examining service availability
- NIC Learning Site—examining service availability
- Project Recovery
- APD Cadet Mental Health Training Program
- Mental Health Reduction Docket in Misdemeanor Courts
- Specialized Mental Health Case Load for Judge Kocurek in District Court

D. DEVELOP PROGRAM ELIGIBILITY CRITERIA

MMHTF INDICATORS:H9, T4, J2, J6, T7, J9, J7, J3, J8, J10, J4, T5, J5, E5

TARGET DATES: 12/2007

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- MMHTFMC Behavioral Health Service System Mapping Report
- Beta 2 Testing of Cost Simulation Tool—examining eligibility
- NIC Learning Site—examining service eligibility

E. DEVELOP PSYCHIATRIC EMERGENCY ROOM OR TRIAGE CENTER

MMHTF INDICATORS: H9, T4, J2, J6, T7, J1, T1

TARGET DATES: 12/2007

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- Travis County Stakeholder Group examining mental health crisis services
- Travis County Health Care District Mental Health Crisis Services: Stakeholder Process and Plan, 12/2006

F. DEVELOP A DIVISION OF DA AND CA OFFICES WITH SPECIALIST PROSECUTORS

MHTF INDICATORS: H9, T4, J2, J6, T7, J9, J7, J3, J8, J10, J4, T5, J5, E5

TARGET DATES: 10/2007

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- Complete as to the County Attorney's Office

G. DEVELOP SPECIALIZED STRATEGIES TO ADDRESS JUVENILE DEFENDERS WITH BEHAVIORAL HEALTH ISSUES

MMHTF INDICATORS:H9, T4, J2, J6, T7, J9, J7, J3, J8, J10, J4, T5, J5, E5

TARGET DATES: 7/07

STATUS: COMPLETE

ACTIVITIES:

- Receipt of federal funding for development of a Juvenile Mental Health Court, 10/06
- Implementation of a new assessment tool
- TCOOMMI Program
- Co-location of MHMR

H. DEVELOP A MENTAL HEALTH PUBLIC DEFENDER'S OFFICE

MMHTF INDICATORS:H9, T4, J2, J6, T7, J9, J7, J3, J8, J10, J4, T5, J5, E5

TARGET DATES: 1/07

STATUS: COMPLETE

ACTIVITIES: Contract approved, positions funded and posted and office space found and equipped.

I. DEVELOP AND IMPLEMENT A SUBSET OF HIGHLY TRAINED JUDGES OR MENTAL HEALTH COURT

MMHTF INDICATORS: H9, T4, J2, J6, T7, J9, J7, J3, J8, J10, J4, T5, J5, E5

TARGET DATES: Ongoing

ACTIVITIES:

- Training and site visit for specialized felony court judges
- Mental Health Reduction Docket in misdemeanor courts

J. RESEARCH COMMUNITY STANDARDS RELATED TO JAIL DIVERSION EFFORTS AND OTHER COMMUNITY APPROACHES AND MAKE RECOMMENDATIONS FOR NEW APPROACHES IN TRAVIS COUNTY

MMHTF INDICATORS:H9, T4, J2, J6, T7, T5, J5, E5

TARGET DATES: 12/2007

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- Site Visit by Community Stakeholders to Dallas County Jail Diversion programs
- Cost Simulation Tool—examining best practices and making recommendations about compatible models
- Learning Site—examining best practices and making recommendations about compatible models



- MMHTFMC attendance and presentation at National CIT Conference
- Site Visit to Bexar County, Texas to investigate jail diversion efforts

MAYOR'S MENTAL HEALTH TASK FORCE MONITORING COMMITTEE
ACTION PLAN/STATUS REPORT FEBRUARY 2007

FOCUS AREA: FAITH BASED ACTIVITIES
LIAISON: REV. ED CALAHAN

Collaborating With: Faith and Religious Entities

K. CONVENE CHURCH LEADERS TO INCREASE AWARENESS OF MENTAL HEALTH ISSUES AND STRATEGIC PLANNING TO COORDINATE EFFORTS

MMHTF INDICATORS:H9, T4, J2, J6, T7, J10, E2, E3

TARGET DATE: Ongoing

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- Convening of Church Leaders at the Central Texas African American Family Support Conference, February 2006
- Planning for 2007 Central Texas African American Family Support Conference: "Transforming Healthy Communities—Mind, Body and Soul"
- Planning for 2007 Cornerstone Baptist Church Conference: "Reclaiming, Restoring and Unifying Families"
- White House Faith-Based and Community Initiative Conference, July 25, 2006
- Huston Tillotson University Training, July 2006: "Community Health Advocate"

L. DEVELOP BEHAVIORAL HEALTH RESOURCE LIST FOR DISTRIBUTION TO CHURCH LEADERS

MMHTF INDICATORS:H9, T4, J2, J6, T7, J10, E2, E3

TARGET DATES: 8/2007

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- MMHTFMC Behavioral Health Service System Mapping Report

M. DEVELOP BEHAVIORAL HEALTH TRAINING CURRICULUM FOR CHURCH OFFICIALS ON RECOGNITION OF MENTAL HEALTH ISSUES AND INTERVENTIONS

MMHTF INDICATORS: H9, T4, J2, J6, T7, J10, E2, E3

TARGET DATES: 2/08

STATUS: INCOMPLETE

N. DEVELOP INVENTORY OF FAITH BASED ACTIVITIES RELATED TO BEHAVIORAL HEALTH

MMHTF INDICATORS: H9, T4, J2, J6, T7, J10, E2, E3

TARGET DATES: Ongoing

STATUS: Partially Complete

ACTIVITIES:

- Convening of Church Leaders at the Central Texas African American Family Support Conference, February, 2006
- Planning for 2007 Central Texas African American Family Support Conference: "Transforming Healthy Communities—Mind, Body and Soul"
- Planning for 2007 Cornerstone Baptist Church Conference: "Reclaiming, Restoring and Unifying Families"
- White House Faith-Based and Community Initiative Conference, July 25, 2006
- Huston Tillotson University Training, July 2006: "Community Health Advocate"
- Inventory questionnaire in development for distribution to faith based organizations

**MAYOR'S MENTAL HEALTH TASK FORCE MONITORING COMMITTEE
ACTION PLAN/STATUS REPORT FEBRUARY 2007**

FOCUS AREA: SAFE, AFFORDABLE AND ACCESSIBLE HOUSING

LIAISON: PAUL HILGERS

O. GATHER AND INVESTIGATE CURRENT HOUSING PLANS

PARTNERS: Travis County, City of Austin, Re-Entry Round Table

MMHTF INDICATORS: H9, T4, J2, J6, T7, H10, H5, H8, H1, H2, H6, H7, H11

TARGET DATE: 12/05

STATUS: COMPLETE

P. DEVELOP INVENTORY OF CURRENT HOUSING UNITS SERVING PERSONS WITH MENTAL ILLNESS PARTNERS: Travis County, City of Austin, ECHO, Re-Entry Round Table

MMHTF INDICATORS:H9, T4, J2, J6, T7, H10, H5, H8, H1, H2, H6, H7, H11

TARGET DATES: 2/2007

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- Survey of Board and Care Facilities
- Consumer Housing Survey
- Survey of Housing Providers (Partially Complete)

Q. DEVELOP ESTIMATE OF UNMET NEED PARTNERS: Travis County, City of Austin, ECHO, Re-Entry Round Table

MMHTF INDICATORS:H9, T4, J2, J6, T7, H10, H5, H8, H1, H2, H6, H7, H11

TARGET DATES: 3/07

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- Survey of Board and Care Facilities
- Consumer Housing Survey
- Survey of Housing Providers (Partially Complete)

R. IDENTIFY SUCCESSFUL STRATEGIES FOR FILLING UNMET NEED PARTNERS: Travis County, City of Austin, ECHO, Re-Entry Round Table

MMHTF INDICATORS:H9, T4, J2, J6, T7, H10, H5, H8, H1, H2, H6, H7, H11

TARGET DATES: 5/2007

STATUS: INCOMPLETE

S. DEVELOP PLAN AND PRIORITIES FOR FILLING UNMET NEED PARTNERS: Travis County, City of Austin, ECHO, Re-Entry Round Table

MMHTF INDICATORS:H9, T4, J2, J6, T7, H10, H5, H8, H1, H2, H6, H7, H11

TARGET DATES: 9/2007

STATUS: INCOMPLETE

T. DEVELOP DATA DRIVEN, COLLABORATIVE SYSTEMS TO IMPROVE ACCESS TO AVAILABLE HOUSING OPTIONS PARTNERS: Travis County, City of Austin, ECHO, Re-Entry Round Table, ATCMHMR

MMHTF INDICATORS:H9, T4, J2, J6, T7, H10, H5, H8, H1, H2, H6, H7, H11, H3

TARGET DATES: 12/2007

STATUS: INCOMPLETE

ACTIVITIES:

- Discussion in progress to implement software package that provides instant access to available housing resources

MAYOR'S MENTAL HEALTH TASK FORCE MONITORING COMMITTEE
ACTION PLAN/STATUS REPORT FEBRUARY 2007

FOCUS AREA: ACCESS TO MENTAL HEALTH SERVICES

LIAISON: MILDRED VURIS

U. CLARIFY NEEDED RESOURCES FOR A FULL RANGE OF BEHAVIORAL HEALTH SERVICES

PARTNERS: Travis County, City of Austin, ATCMHMR, TCHD

MMHTF INDICATORS: H9, T4, J2, J6, T7, J8, T2, H1, J1, T1, T2, T3, T9

TARGET DATE: 2/07

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- MMHTFMC Behavioral Health Service System Mapping Report, 11/06
- TCHD Mental Health Crisis Services: Stakeholder Process and Plan, 12/06
- Geographical Mapping of Behavioral Health Services, 5/07
- Individual Provider Capacity Analysis, 5/07

V. IDENTIFY GAPS IN SERVICES AND PRIORITIES FOR FILLING GAPS

PARTNERS: Travis County, City of Austin, ATCMHMR, TCHD

MMHTF INDICATORS: H9, T4, J2, J6, T7, J8, T2, H1, J1, T1, T2, T3, T9

TARGET DATES: 5/2007

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- Analysis of estimated need vs. current capacity, 5/2007
- ICC Primary Care Capacity Initiative Recommendations, early 2007

W. ESTABLISH AN URGENT CARE CLINIC WITH EVENING AND WEEKEND HOURS

PARTNERS: Travis County, City of Austin, ATCMHMR, TCHD

MMHTF INDICATORS: H9, T4, J2, J6, T7, T9

TARGET DATES: 2/2007

STATUS: INCOMPLETE

X. EXPAND INTEGRATED HEALTH CARE IN PRIMARY CARE CLINICS

PARTNERS: City of Austin, Travis County, ATCMHMR, TCHD



MMHTF INDICATORS:H9, T4, J2, J6, T7, E9, T9

TARGET DATES: 2/2007

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- Expansion of E-Merge Program
- Integrated Behavioral Health Model implemented at People's Community Clinic

Y. EXPAND OUTPATIENT MENTAL HEALTH CAPACITY TO DECREASE WAIT TIMES AND CASE LOADS

PARTNERS: Travis County, City of Austin, ATCMHMR, TCHD

MMHTF INDICATORS:H9, T4, J2, J6, T7, H1, T3

TARGET DATES: ONGOING

STATUS: PARTIALLY COMPLETE

ACTIVITIES:

- Analysis of estimated need vs. current capacity, 2/2007
- Dissemination of Behavioral Health Service System Mapping Report
 - ❖ 34,350 unduplicated behavioral health clients served in 2005 (system-wide)
 - ❖ 328,426 outpatient behavioral health client visits reported (system-wide)
 - ❖ Update for 2006, 4/2007
- ATCMHMR Waiting List Information
 - ❖ January of 2007: Behavioral Health Services---529
 - ❖ January of 2007: Child and Family Services—19
 - ❖ January of 2007: Developmental Disability Services—1,131

MAYOR'S MENTAL HEALTH TASK FORCE MONITORING COMMITTEE

ACTION PLAN/STATUS REPORT FEBRUARY 2007

FOCUS AREA: COMMUNITY AWARENESS

LIAISON: OLLIE SEAY

COLLABORATING ENTITIES: Mental Health Providers, City, County, Health Care District, Philanthropic Community, Advocacy Organizations

Z. DEVELOP AND IMPLEMENT A SUICIDE PREVENTION PLAN

MMHTF INDICATORS:H9, T4, J2, J6, T7, E8

TARGET DATE: 12/07

STATUS: COMPLETE

ACTIVITIES:

- Formation of a joint data development subcommittee between the MMHTFMC and the ATC Suicide Prevention Coalition

AA. IDENTIFY AND TRACK COMMUNITY EDUCATION AND AWARENESS ACTIVITIES, EVALUATE EFFECTIVENESS, AND SUPPORT ACTIVITIES THAT PROMOTE BEST PRACTICES

MMHTF INDICATORS:H9, T4, J2, J6, T7, E1, H4, J10, E2, E4, T10, J4, H6

TARGET DATES: ONGOING

ACTIVITIES:

- Wide dissemination of Task Force Report
- Wide dissemination of 2005 Annual Report
- Dissemination of Behavioral Health Service System Mapping Report
- Online Calendar of Events related to a mentally healthy community
- Development of Mentally Healthy Community Scorecard
- Development of quarterly Skyline MMHTFMC Newsletter
- Yearly tracking of media coverage for community scorecard

BB. PROMOTE PARITY OF PHYSICAL AND MENTAL HEALTH INSURANCE COVERAGE IN THE CITY AND THE COUNTY BENEFITS SYSTEMS

PARTNERS: CITY OF AUSTIN, TRAVIS COUNTY

MMHTF INDICATORS:H9, T4, J2, J6, T7, T6

TARGET DATES: 12/2007

STATUS: INCOMPLETE

ACTIVITIES:

- Investigation into current benefits

CC. DEVELOP A RESOURCE TOOLKIT TO PROVIDE COMMUNITY EDUCATION ON BEHAVIORAL HEALTH ISSUES

MMHTF INDICATORS:H9, T4, J2, J6, T7, E1, H4, J10, E2, E4, T10, J4, H6

TARGET DATES: 12/2008

STATUS: INCOMPLETE (Item added to Action Plan in February of 2007)

APPENDIX C: CONSUMER HOUSING SURVEY RESULTS

CHART 1: CURRENT LIVING SITUATION: NUMBER OF RESPONSES

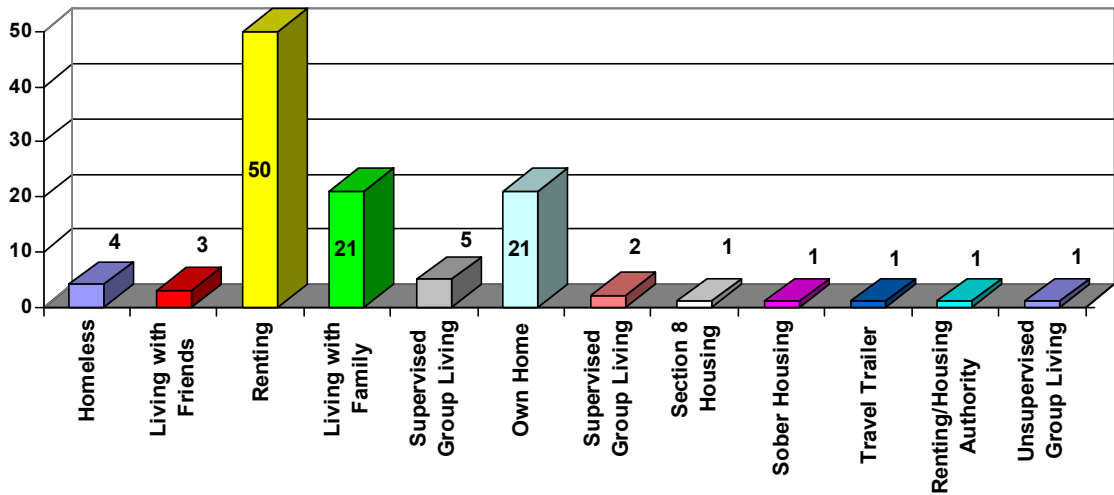


CHART 2: CURRENT LIVING SITUATION: PERCENTAGE UNHAPPY

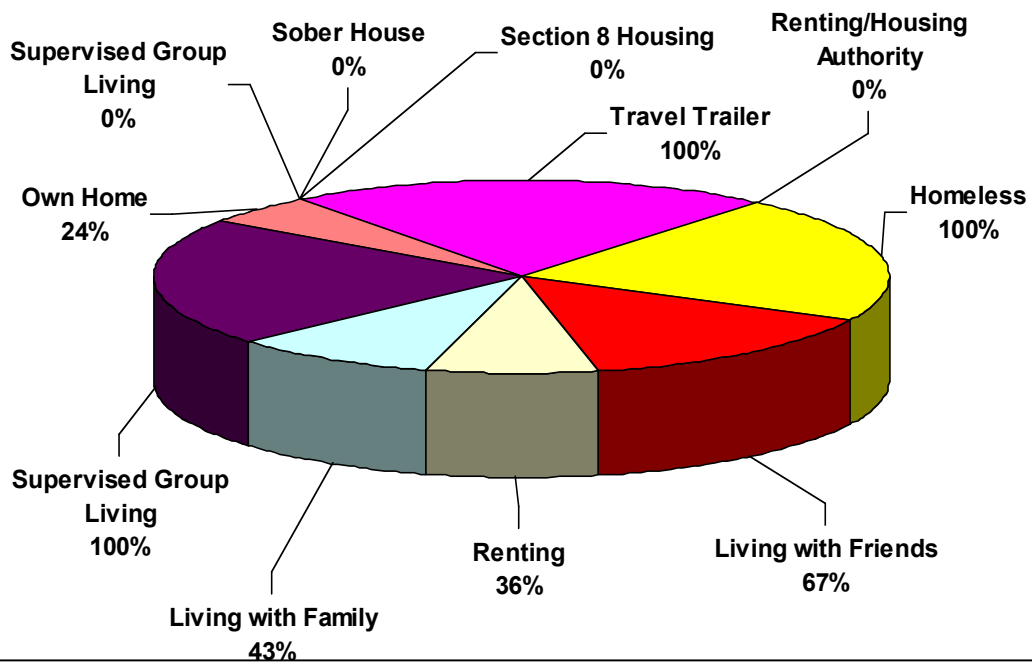


CHART 3: DO YOU FEEL SAFE IN CURRENT HOUSING?

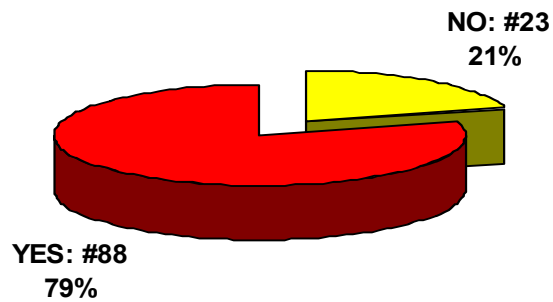


CHART 4: REASONS FOR FEELINGS OF UNSAFETY

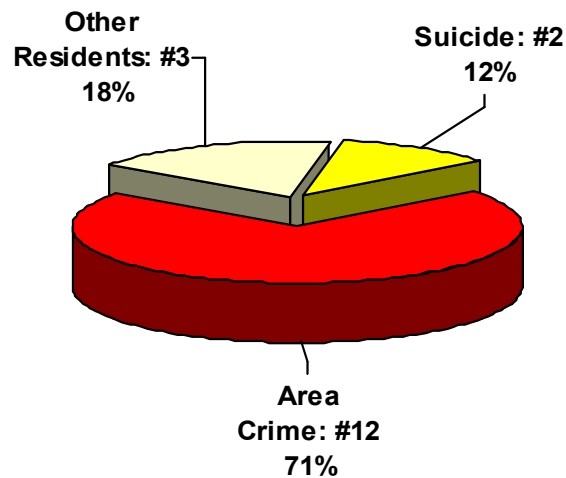


CHART 5: CURRENT LIVING SITUATION: POSITIVE FACTORS

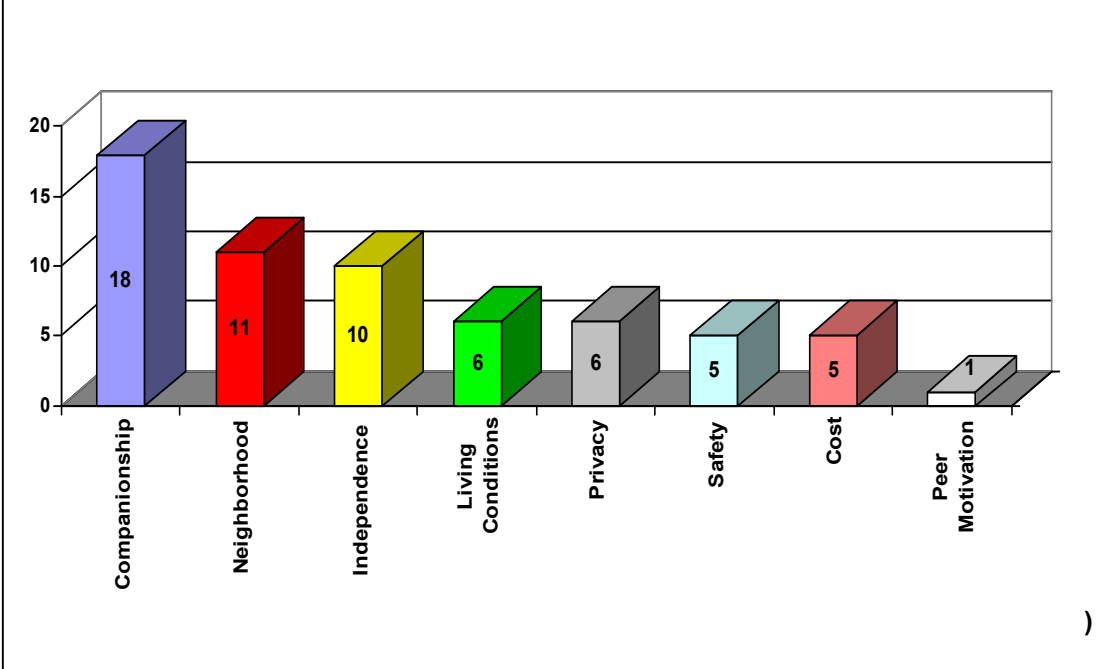


CHART 6: CURRENT LIVING SITUATION: NEGATIVE FACTORS

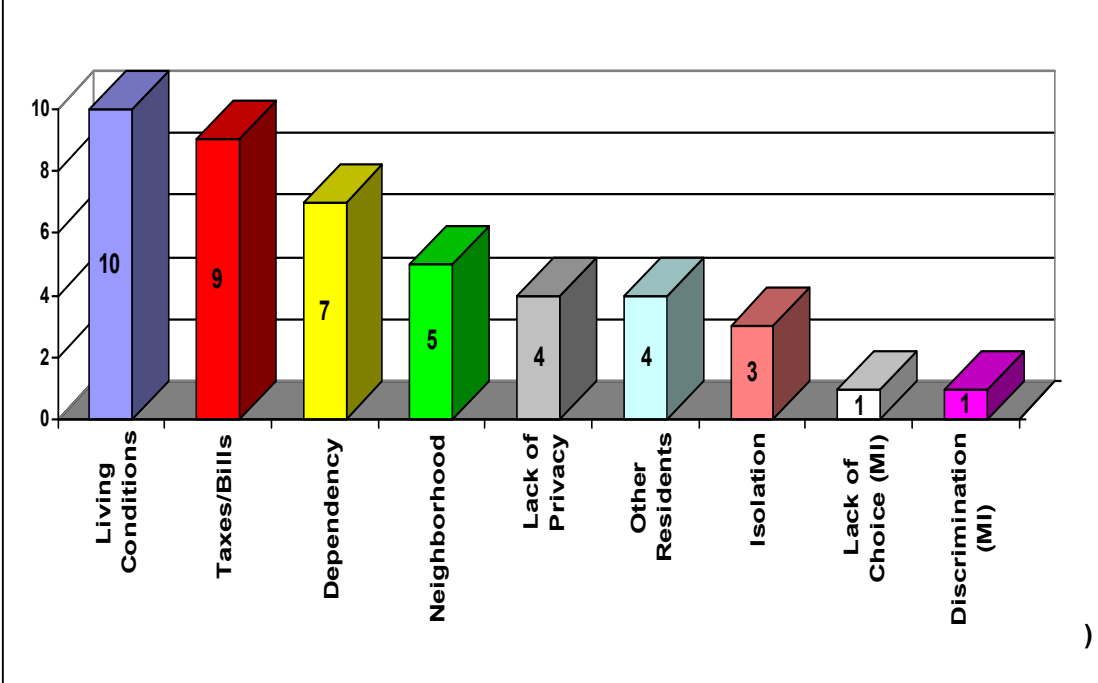


CHART 7: ITEMS NOTED AS EXTREMELY IMPORTANT

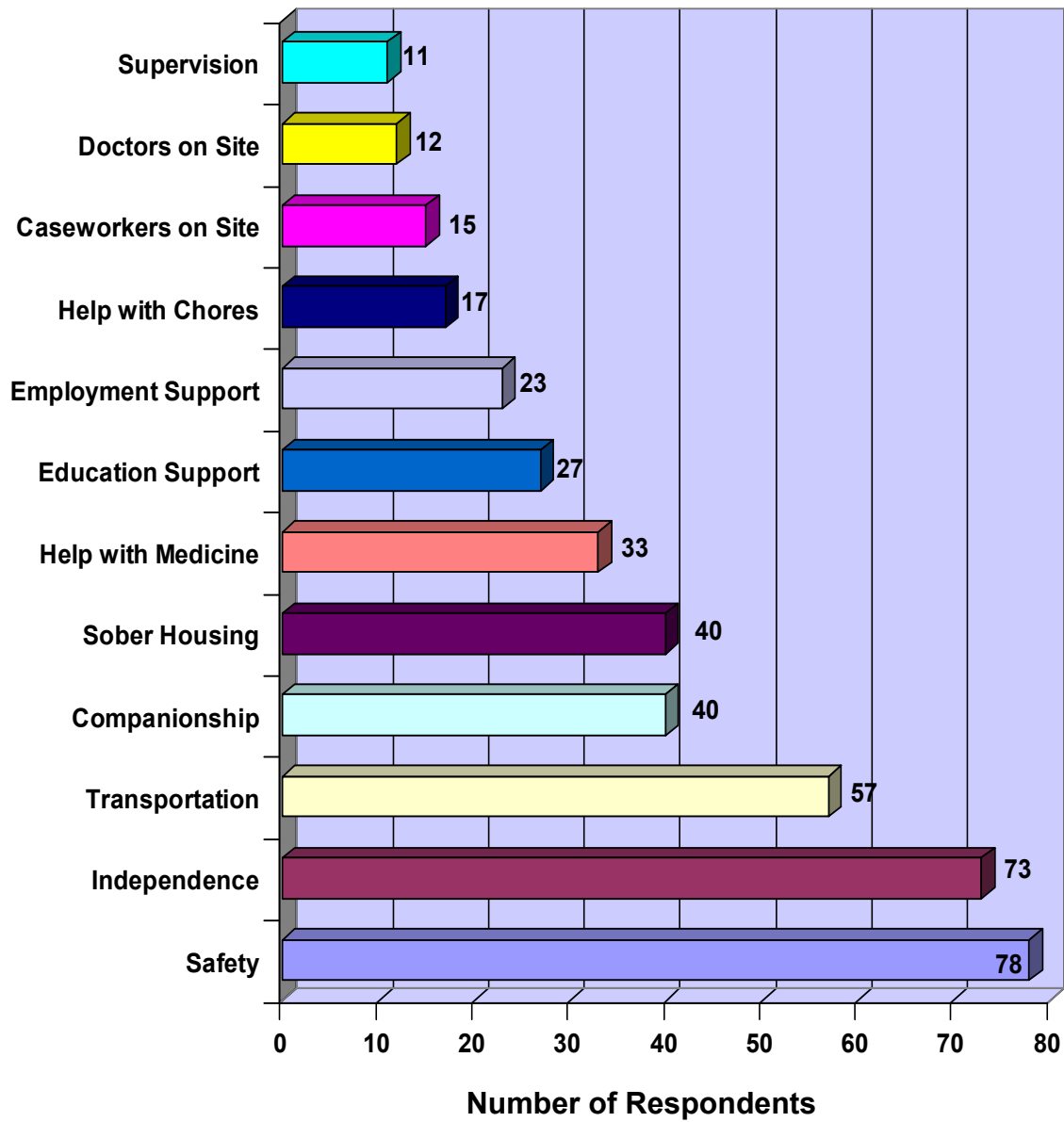


CHART 8: ITEMS NOTED AS VERY IMPORTANT

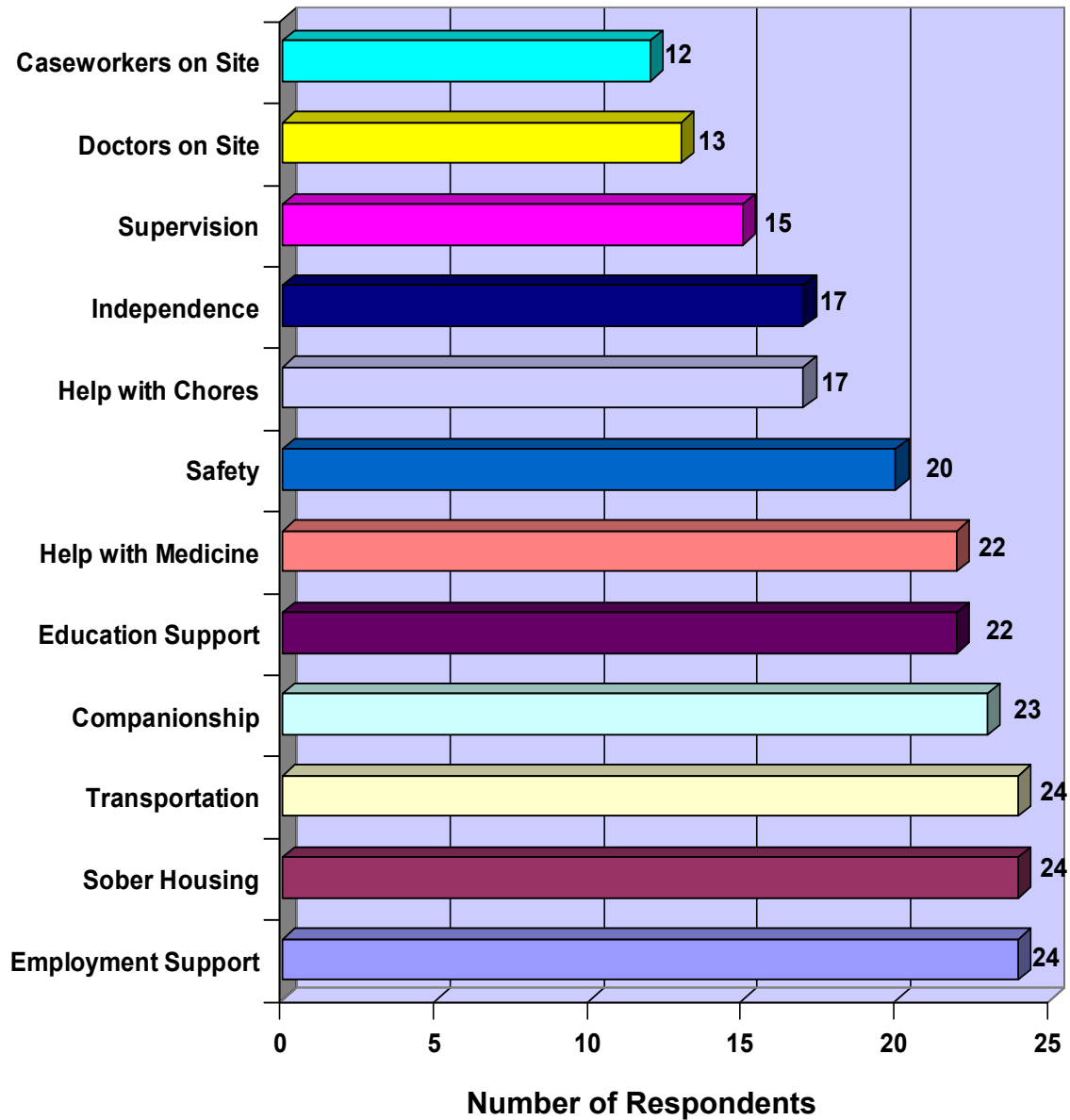


CHART 9: ITEMS NOTED AS IMPORTANT

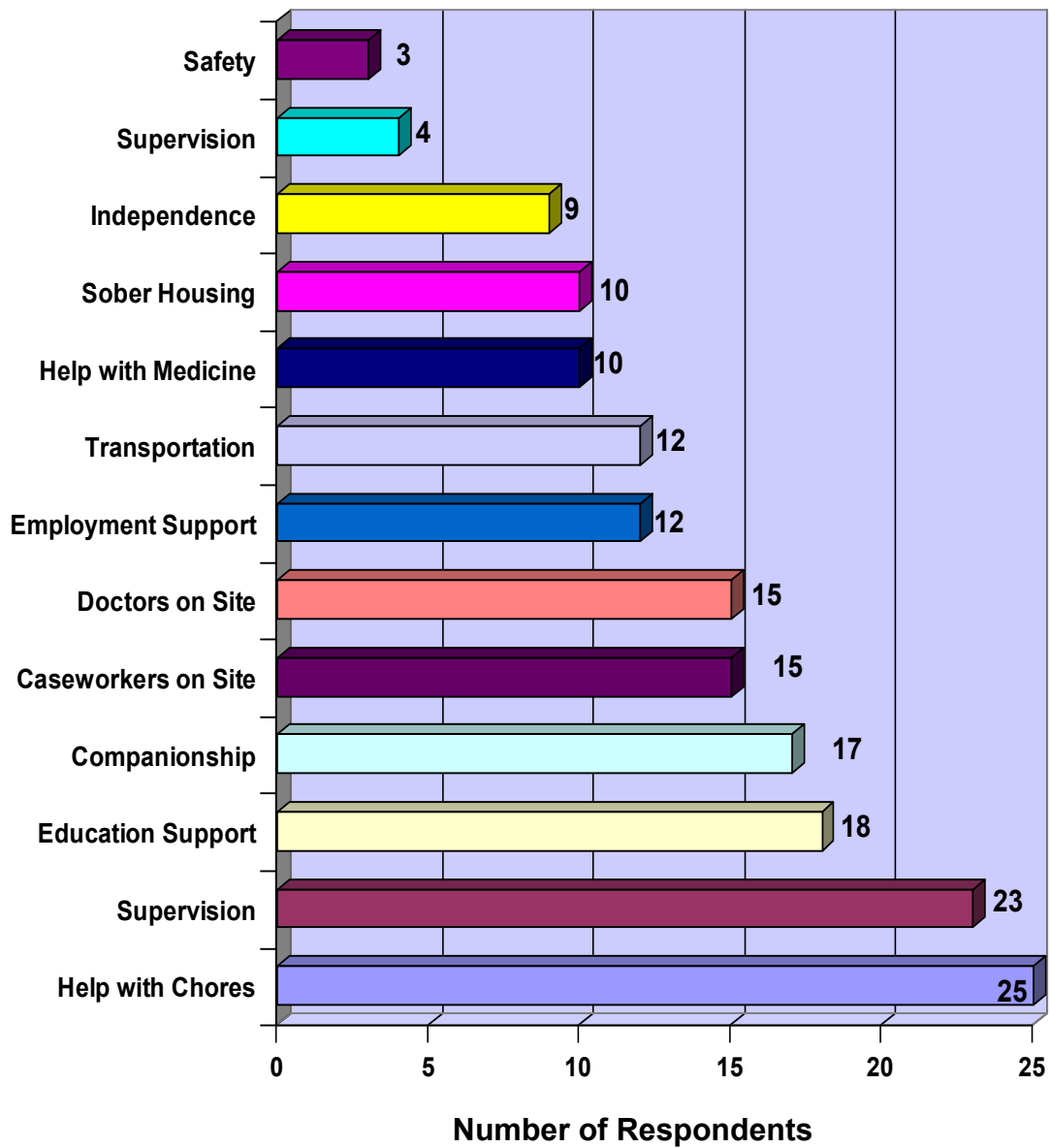


CHART 10: ITEMS NOTED AS NOT IMPORTANT

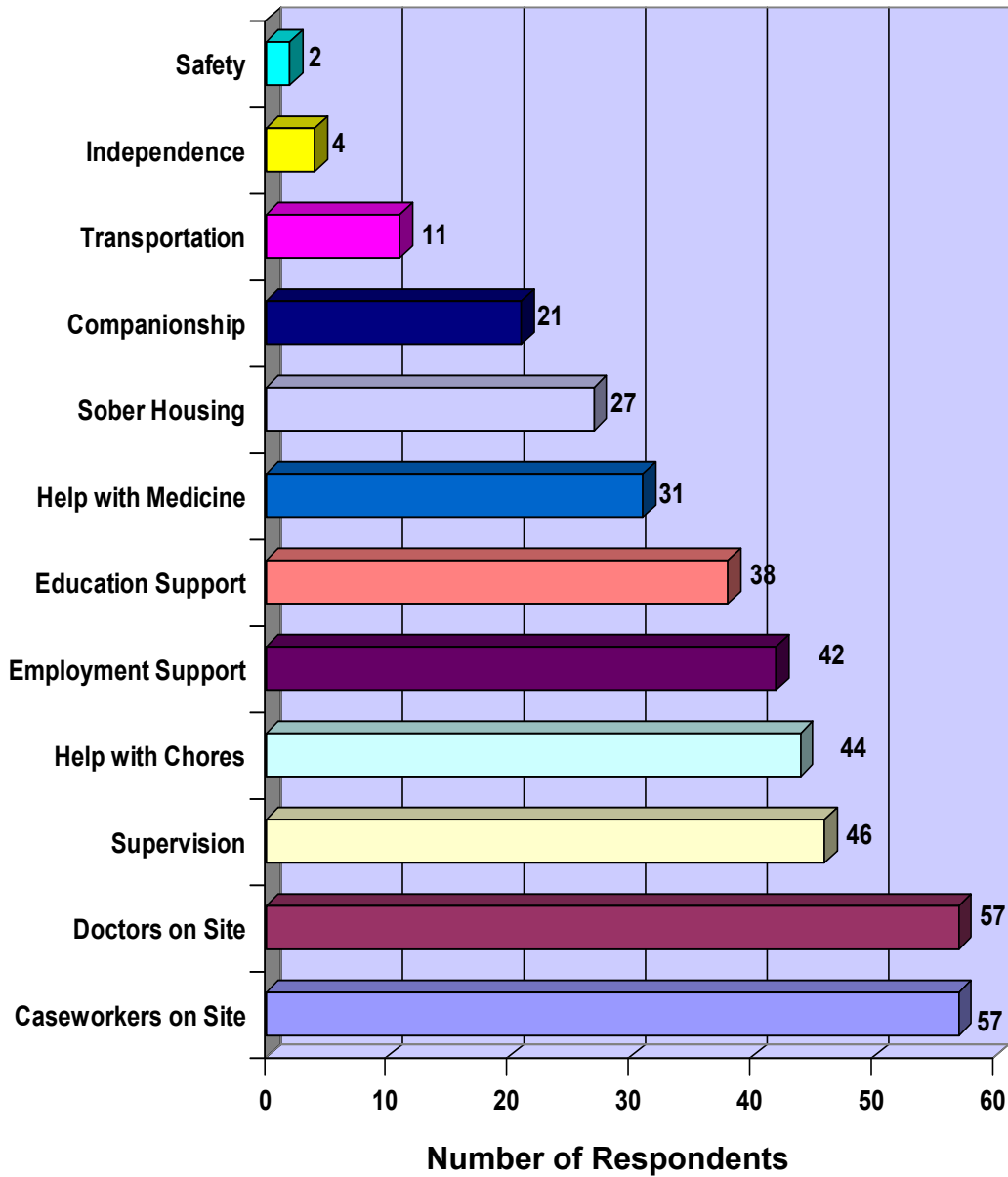


CHART 11: RANGE OF IMPORTANCE FROM NOT IMPORTANT TO EXTREMELY IMPORTANT:

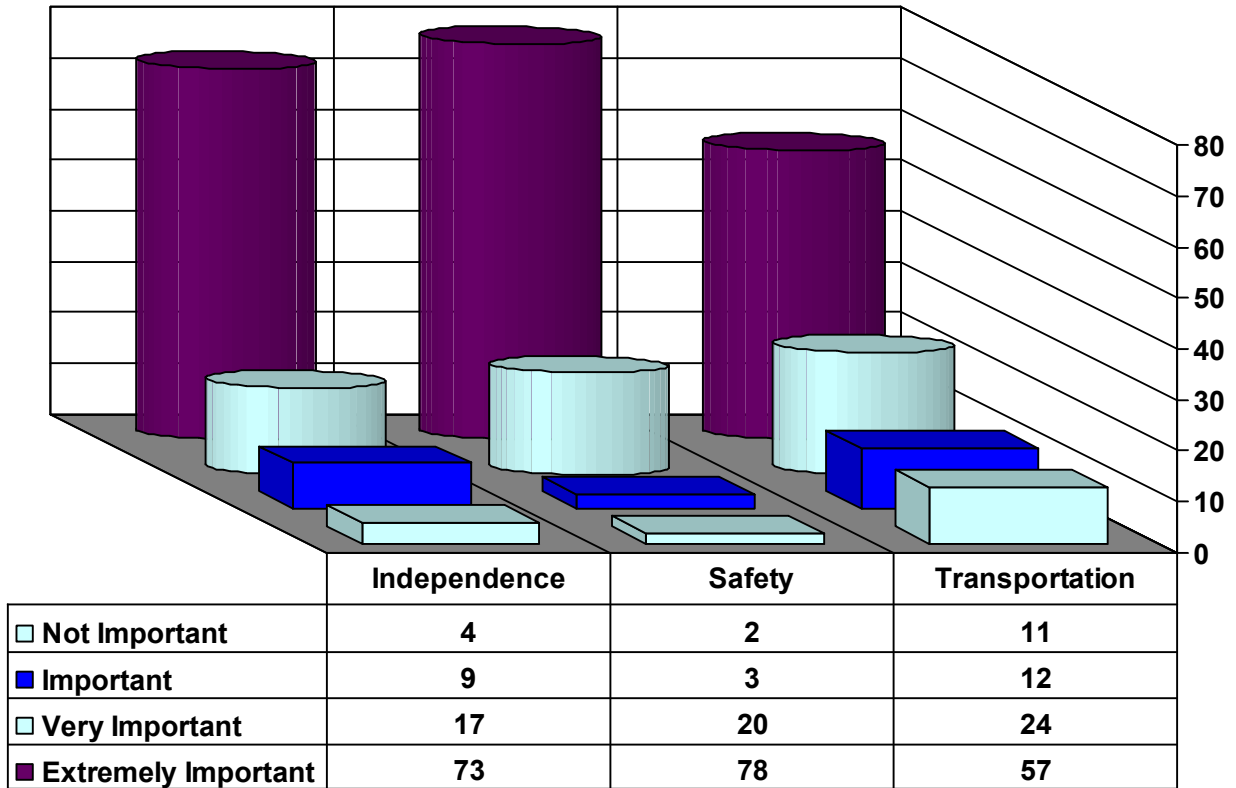


CHART 12: TROUBLE GETTING HOUSING IN THE PAST?

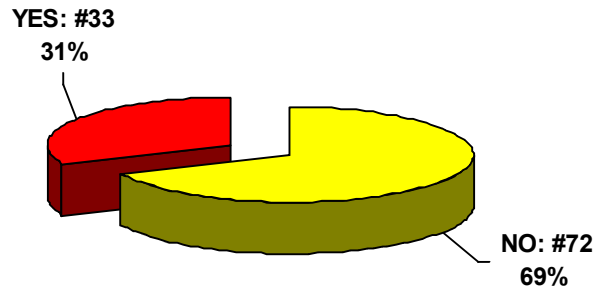
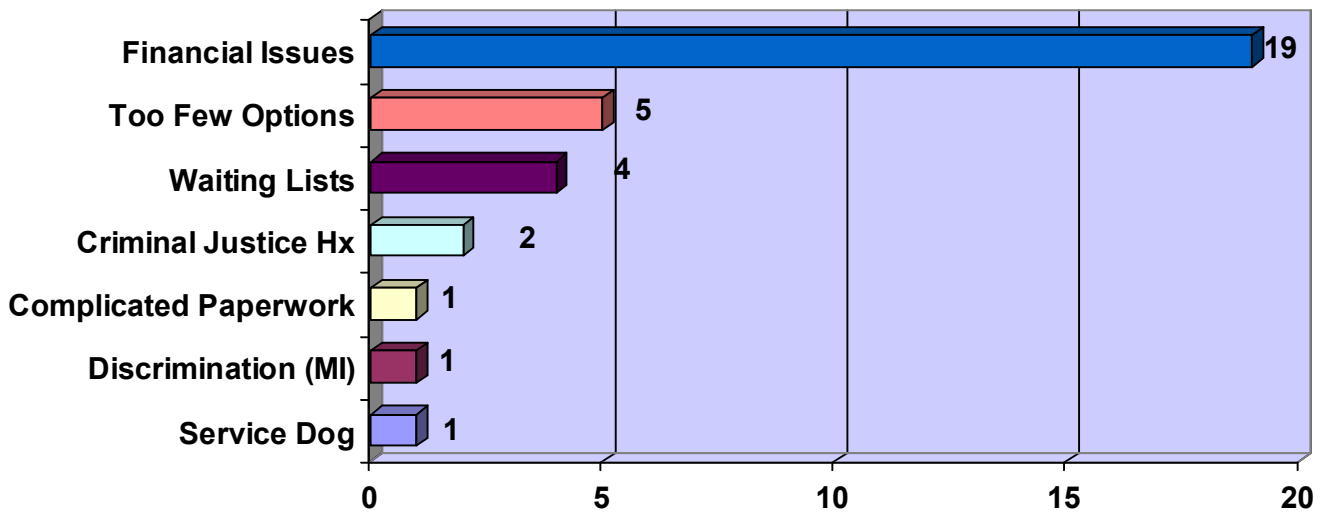


CHART 13: REASONS FOR HAVING TROUBLE GETTING HOUSING IN THE PAST



APPENDIX D: MENTALLY HEALTHY COMMUNITY SCORECARD

Mayor's Mental Health Task Force Monitoring Committee 2005 MENTALLY HEALTHY COMMUNITY SCORECARD*

POSITIVE COMMUNITY MENTAL HEALTH INDICATORS		
Employment Rate 96.5% Data Source: Travis County	National Employment Rate 94.9% Data Source: US Bureau of Labor Statistics	Health Promotion Activities To be added in 2006 report Data Source: Media/relevant agencies
Fitness Index Ranking 23rd in US Data Source: Austin Fitness Ranking	Self-Reported Positive Mental Health To be added in 2006 report Data Source: Surveys (to be distributed in conjunction with ATC HHS Surveys)	
CHILDREN/YOUTH		
School Attendance/Truancy (2004-2005) 94% Data Source: TEA Website	Alternative Education Placements for SED: (2004-2005) 9,623 Data Source: TEA Website	
Out of Home Placements		
Abuse/Neglect 3,033 Data Sources: DFPS	Juvenile Justice 475 Data Source: TC Juvenile Probation/ ATCMHMR	
ACCESS		
Suicide Completion* 10.4 per 100,000 Data Sources: DSHS/Suicide Prevention Coalition *2004 Data is most recent available	Texas 10.2 per 100,000	National* 2003: 10.8 per 100,000 *2003 Data is most recent available
Travis County 2003: 10.7 per 100,000	Texas 2003: 10.6 per 100,000	
Housing Availability for consumers of mental health services To Be Added in 2006 Report Data Source: CAN, ARCH, ATCMHMR, MMHTFMC housing survey	Employment rate of mental health consumers 23% Data Source: ATCMHMR	Clients receiving mental health services ATCMHMR: 14,240 Other: 20,110 Data Sources: ATCMHMR/ MMHTFMC System Mapping Survey
Emergency Room Visits with MH Codes 15,493 Data Source: ICC, St. David's Health Care System		

CRIMINAL JUSTICE: Law Enforcement (LE) Mental Illness Contacts		
<p># Law Enforcement Contacts with MI Clients APD: 5943 TCSO: 2279 TOTAL: 8222</p> <p>Data Sources: APD/TCSO/National Estimates</p>	<p>Outcomes of LE Contacts</p> <p>Commitments: 885 (APD) + 596 (TCSO) 1481 (26%) Voluntary Admissions: 710 (APD) + 109 (TCSO) 819 (14%) Arrests: 247 (APD) + 26 (TCSO) 273 (5%) Other Interventions: 1913 (APD) + 1187 (TCSO) 3100 (55%)</p>	<p>Comparison with other communities Akron , Ohio (2000-2004) Commitments: 2.3% Voluntary Admissions: 46% Arrests: 7% Other Interventions: 44.3%</p> <p>Data Source: Teller, et.al., Crisis Intervention Team Training for Police Officers Responding to Mental Disturbance Calls, Psychiatric Services, February, 2006, Vol. 57, No. 2</p>
<p>Felony CSCD Revocations for Individuals MI</p> <p style="text-align: center;">121</p> <p>DATA SOURCE: Travis County Probation Department</p>	<p>Jail Diversion Mental Health Wheel</p> <p># Felony Cases (5/05-12/05): 592 # Misdemeanor Cases (5/05-12/05): 806 # Felony Defendants: 452 # Misdemeanor Defendants: 697 Personal Bond Releases (10/05-12/05): 14</p> <p>Data Source: Austin Travis County Mental Health Jail Diversion Committee</p>	
COMMUNITY AWARENESS/CULTURAL COMPETENCE		
<p># and Scope of Training and Events related to MH and related issues To be added in 2006 report</p> <p>Data Sources: Austin American Statesman, relevant agencies/entities</p>		

*As noted, some data sources are from different time periods than calendar year 2005