



**2009 Mayor's Mental Health
Task Force Monitoring Committee**

Fifth Annual Report



The Mayor's Mental Health Task Force Monitoring Committee is a subcommittee of Austin Travis County Integral Care's Board of Trustees, and significant support is provided by ATCIC to the activities described in this report.

Executive Summary



The Mayor's Mental Health Task Force Monitoring Committee (MMHTFMC) is a broad based collaborative working since May of 2005 to move Austin/Travis County, Texas toward becoming a national model of a "mentally healthy community." In their work over the past five years, Committee members have identified five focus areas around which to guide the community's progress: Schools and Youth; Criminal Justice; Access; Housing; and Community Awareness. The Committee was originally charged for five years by then Mayor Will Wynn, but has continued support from current Mayor, Lee Leffingwell. This report presents a Community Status Report that reflects progress and continued challenges across these focus areas over the past five years, as well as future directions.

The roles and functions of the MMHTFMC have evolved since its inception. In addition to participation in and coordination of planning activities, the MMHTFMC has hosted a number of community awareness activities. In January of 2008, the MMHTFMC hosted a public forum at City Hall about the wide variety of criminal justice initiatives related to individuals with severe mental illness. In October of 2008, the MMHTFMC invited Dr. Libby Doggett to facilitate a public forum on early childhood interventions in our community. In October of 2009, the MMHTFMC worked with a variety of community groups to host Mr. Bill Hobson, from Seattle, Washington, to discuss efforts in that city's nationally recognized best practice regarding homeless individuals with behavioral health needs.

The MMHTFMC has also embarked on a number of data development projects of its own. In 2005 and 2006, Community System Mapping Reports attempted to capture currently existing behavioral health services, both private and public, in the Austin/Travis County area. Follow up reports, done in conjunction with Austin Travis County Integral Care (ATCIC), analyzed unmet needs with regard to both public inpatient and outpatient service system capacity in our area. In 2007, through a joint application from the MMHTFMC and the Travis County Mental Health Jail Diversion Committee, Austin was chosen as the beta testing site for a Mental Health Jail Diversion Cost Simulation Tool.

Since the inception of its work in 2005, the MMHTFMC has been researching and refining community behavioral health indicators to answer the question: "How will we know how we are doing?" These indicators, which have received both local and national recognition, have been incorporated into a number of community planning documents.

In the fall of 2009, an ad hoc committee of community leaders was invited to consider the future of the MMHTFMC. The consensus was that the MMHTFMC would continue for two more years, working to move from efforts to simply measure system change, to effectuating system change, using nationally recognized strategies. This new direction has received indirect support from the Hogg Foundation for Mental Health, and direct support from the St. David's Community Foundation, the Bazelon Center for Mental Health Law, Travis County, the City of Austin and ATCIC. The MMHTFMC will conclude this last two years of work with a series of four community action plans around specifically chosen behavioral health indicators. The MMHTFMC will conclude its work in January of 2012.

Susan Stone, M.D., J.D.
MMHTFMC Executive Coordinator

Community Indicators

Since its inception in 2005, the MMHTFMC researched ways to measure community progress with regard to behavioral health issues in our community. In 2008, the Committee adopted a final set of Behavioral Health Community Indicators, although adjustments will be made to reflect community changes. A variety of planning groups utilized these indicators in the past year and they are registered with the National Community Indicators Collaboration. A full list of indicators is available at mmhtfmc.org (listed under reports) but key measures are scattered throughout this report.

SCHOOLS AND YOUTH

The original Mayor's Mental Health Task Force Report, published in January of 2005, was relatively silent with regard to issues in our community affecting children and adolescents. The MMHTFMC recognized this as a weakness in community planning, as a mentally healthy community certainly begins with its children. Over the past five years, the Schools and Youth subcommittee, working in conjunction with the Child and Youth Mental Health Planning Partnership, has been very active in moving the community forward related to issues for children and families.

While specific areas of progress have been documented in our prior four annual reports, some key highlights include the implementation of an Austin Independent School District (AISD) School Safety Plan, High School Redesign, expansion of Positive Behavior Supports throughout AISD, sustained funding for the Children's Partnership, and the successful application and implementation of a large planning and implementation grant under the Safe Schools/Healthy Students federal funding program.

Continued challenges remain. Staffing patterns and funding shortages continue to result in school counselors being relegated to more administrative functions rather than much needed behavioral health counseling functions.

ACCESS

Access to behavioral health services was extensively addressed in the original Task Force Report, with specific recommendations around inpatient, outpatient, and dual diagnosis treatment, as well as access to case management and psychiatric emergency services. This focus area has also met with successes and challenges over the past five years. With funding from the Department of State Health Services, financial match from New Milestones Foundation, ATCIC and the Travis County Healthcare District, psychiatric emergency services and funding for public psychiatric inpatient beds has expanded significantly. Substance use service system capacity has also grown, with help from the St. David's Community Foundation. Austin has been recognized as a national model with regard to integrated behavioral health, with counselors and psychiatrists providing consultation in every community health clinic in town.

Perhaps due to all of these efforts, the numbers of individuals served through crisis and emergency services continues to grow. The waiting list for public behavioral health services at ATCIC, instituted in 2005, has also grown. It is impossible not to assume a correlation between these two statistics, but the direct relationship is, as of yet, unclear. This will almost certainly be an area of study over our next two years of work.

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The community now seems poised to move its focus from crisis and emergency services to the more cost effective forms of outpatient and preventive care. This must necessarily involve a larger group of planning partners, including private sector behavioral health providers, the faith based community, and private businesses.

HOUSING

The original Mayor's Mental Task Force Report was also relatively silent with regard to housing. While it recommended training on how to access and modify housing, development of data driven systems, and a comprehensive city wide housing plan, there were few details in the report about how those auspicious goals would be accomplished.

Nevertheless, of all of the five focus areas studied over the past five years, perhaps most planning has taken place related to affordable housing for vulnerable populations. Through a memorandum of understanding between the MMHTFMC, ECHO and the Austin/Travis County Reentry Round Table, the community contracted with the Corporation for Supportive Housing to conduct financial modeling around filling gaps in capacity of permanent supportive housing for individuals with disabilities.

Research has clearly demonstrated that permanent supportive housing is critical to getting people with disabilities "off the streets."

For the past year, ECHO has been working with the community on a ten-year plan to end community homelessness. The Austin/Travis County Reentry Round Table received a grant from CSH to develop a plan to implement supportive housing models for individuals with disabilities who are returning to our community from jails and prisons. In September of 2009, the Austin Downtown Alliance sponsored a trip for community leaders to visit San Antonio's "Haven for Hope," a congregate transitional housing model for individuals who are homeless.

Research has clearly demonstrated that permanent supportive housing is critical to getting people with disabilities "off the streets." For perhaps the first time, multiple planning groups with quite varied interests are working together in an effective and coordinated effort to solve the complex problem of homelessness for individuals with disabilities. There is significant synergy and coordination in these planning efforts that gives all of us great hope for system change.

While there is not yet a comprehensive plan as envisioned in the original Task Force report, many planning groups have begun to coalesce ideas and actions suggesting community progress in this area over coming years. This has been possible much to the credit of the Corporation for Supportive Housing which has studied planning in Austin/Travis County through research funded by ATCIC, the City of Austin and the Austing Travis County Reentry Round Table.

CRIMINAL JUSTICE

The City of Austin and Travis County have also become national models in the interface between behavioral health and criminal justice systems. Over the past five years, progress in our community has been substantial. Both the Austin Police Department and the Travis County Sheriff's Office have fully implemented specialized Crisis Intervention Teams for behavioral health cases. The Travis County Jail has implemented a state of the art screening and assessment process to identify individuals with severe mental illness who come through the jail. ATCIC has a full time Criminal Justice Administrator who links justice-involved individuals to behavioral health services, and helps coordinate planning efforts.

Travis County was the first in the nation to implement a Mental Health Public Defender's Office dedicated to individuals with behavioral health disorders. This office addresses both the legal and social support needs of individuals coming through the justice system. In addition to the Mental Health Public Defender's Office, several members of the Austin Defense Bar have volunteered to preferentially accept criminal court cases involving individuals with mental illness. Both the Travis County Attorney's Office and the Travis County District Attorney's Office have appointed prosecutors with specialized expertise in mental health matters.

The Austin/Travis County Court system has implemented specialized court dockets for both misdemeanor and felony charges for persons with mental illness. The Austin/Travis County Reentry Round Table has been active in addressing a variety of needs for individuals returning to our community from jails and prisons, including those with mental health needs. Funded jointly by Travis County and the City of Austin, and operated by ATCIC, Project Recovery is a residential treatment program providing rehabilitation services to individuals with multiple arrests for public intoxication.

ATCIC was one of several pilot programs chosen by the Department of State Health Services to implement an outpatient restoration of competency program for some of the most severely ill individuals coming through our justice system. There has been significant progress in the juvenile justice system, as well. Initially funded through a Bureau of Justice System grant, Project COPE—a pre-adjudication juvenile mental health court—has been sustained through local funding.

Despite all of these developments over the past five years, the number of individuals with serious mental illness who are involved in the justice system continues to increase. The hypotheses for this increase will be a focus of attention for the remaining two years of the MMHTFMC.

COMMUNITY AWARENESS

One of the early community successes after the original Task Force report was the implementation of the Austin/Travis County Suicide Prevention Plan. This collaborative report was followed over the next five years with community strategies for response to suicides when they occur, called Suicide Post-vention, and a local suicide data plan that will allow our community to collect and respond with “real-time” data to suicide trends. The Austin/Travis County Suicide Data Plan became the model for statutory law passed in the 2009 Legislative Session.

The continued success of the Central Texas African American Family Support Conference (CTAAFSC) is another highlight of progress in community awareness. For the tenth consecutive year, the CTAAFSC continues to grow and received national recognition from the Substance Abuse and Mental Health Services Administration and the National Council for Community Behavioral Healthcare, as one of the leading conferences in the nation that disseminates information on behavioral health and developmental disabilities to the community.

ATCIC also began to offer Mental Health First Aid training, which was introduced in 2008 by the National Council for Community Behavioral Healthcare. This evidence-based training teaches members of the public key skills to help someone experiencing a mental health crisis or experiences mental health problems. Another significant development over the past five years is the growth of data matching projects that attempt to capture the magnitude and characteristics of individuals with behavioral health needs who are accessing multiple systems of care, in an attempt to coordinate those efforts.

Future Directions

The MMHTFMC has been collecting and refining data around behavioral health indicators since 2005, so we now, as a community, have ways to measure system change. The question we have been asked to address as a community collaborative over the next two years is how to effectuate system change; that is, how to use the study of behavioral health indicators to inspire community efforts to solve identified problems. While admittedly an ambitious goal, the MMHTFMC will serve as an Advisory Board to just such an effort, the Indicator Improvement Initiative, between January 2010 and January 2012.

This new direction has been embraced and supported by the Austin Travis County Integral Care Board of Trustees, the Hogg Foundation for Mental Health, the St. David’s Community Foundation, the Travis County Commissioner’s Court, and the City of Austin. Based upon these efforts, Travis County has also been chosen as one of five national grantees by the Bazelon Center for Mental Health Law around parallel efforts.

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We are invigorated by this new direction and the community support we have received in embracing it. We are confident that our end products will move the community forward in modeling broad based system changes by using nationally recognized data driven processes.

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