



Mayor's Mental Health
Task Force Monitoring Committee

Annual Report 2005



EXECUTIVE SUMMARY

The Mayor's Mental Health Task Force was appointed by Austin Mayor Will Wynn in August of 2004. Creation of this Task Force was the culmination of several years of community concern over the challenges facing Austin and Travis County residents with severe mental illnesses. The final report of that task force was published in January of 2005. It recommended the formation of a Monitoring Committee to "take a lead role in monitoring and facilitating the implementation of Task Force recommendations and coordinating the assistance of existing groups and organizations in that effort." The Mayor's Mental Health Task Force Monitoring Committee (MMHTFMC) was appointed in March of 2005. The membership of the MMHTFMC is composed of community leaders from a wide array of organizations, expertise and constituencies. The MMHTFMC operates as a subcommittee of the Austin Travis County Mental Health Mental Retardation Center Board of Directors, charged with serving a five-year term and reporting to the Mayor annually. This is the first of such reports, and we are pleased to describe a number of positive activities that have taken place in our community toward the goal of becoming a national model for a "mentally healthy community."

While the majority of this report will focus on substantive issues and progress, it must be noted that a good deal of activity during this first seven months of work focused on the development of infrastructure to support the Committee. We had extensive discussions about the role of the Committee, as well as policies and procedures that would support its work. We also addressed some more logistical infrastructure items, such as the development of a web site, with the intended goal of creating an identity within the community for the MMHTFMC.

Ultimately, it became obvious that the enormous amount of work required to accomplish the roles and functions articulated for the MMHTFMC would require some dedicated staff. As such, a "facilitation team," was recruited to assist the MMHTFMC in achieving its stated goals. We believe that the expertise and experience of this staff are well suited to assist us in our continued efforts.

One of the charges in the final report to the Monitoring Committee was the development of a long-range action plan. We utilized the thirty nine criteria included in the report to arrive at five distinct strategies, focused on subject matter expertise:

- ☐ **Strategy 1: Criminal Justice Prevention and Diversion**
- ☐ **Strategy 2: Safe, Affordable, Accessible, and Integrated Housing**
- ☐ **Strategy 3: Access to Mental Health Services**
- ☐ **Strategy 4: Schools**
- ☐ **Strategy 5: Community Awareness**

We used these strategies to develop a detailed action plan, which delineates specific activities, responsibilities for those activities, target dates for completion, and status.

Another important MMHTFMC effort during 2005 was an extensive analysis of measurable indicators of a mentally healthy community. Development of these indicators is important to measuring our community's success toward reaching our goals. We conducted national research about indicators used in other local, statewide and national efforts; data sources to support those indicators; and ways to compare the data we retrieve with other similar communities.

The MMHTFMC is delighted to report that positive strides have been made by the Austin-Travis County community in 2005 toward the goals, values, and specific action items included in the

MMHTF Final Report. This progress, which will be detailed in the body of this report, spans across virtually all of the strategies identified in our Action Plan.

One other significant development with regard to mental health in our community in 2005 revolves around the arrival of hurricane survivors who turned to our city for help and shelter. The mental health community rose to action to respond to both the acute and long-term mental health needs of these new Austinites. Given that most of these needs will be ongoing, the community has developed a coordinated and collaborative response.

While we will continue our work across all strategies in the coming year, we have identified eight specific goals for 2006 that we believe are consistent with our diverse expertise and interests. These goals include:

➤ **System Mapping**

In early 2006, the MMHTFMC will work with a variety of agencies and other organizations to develop a "system map" of mental health services in our communities. This map will provide clear, objective documentation of our current system and inform policy decisions about the most effective, and cost effective, allocation of mental health resources.

➤ **Comprehensive Housing Plan**

Safe, affordable, and accessible housing is a critical support necessary for individuals with mental illness to live successfully in the community. While there are clearly entities, both public and private, in Austin that address various aspects of this issue, there is no one constituency group representing persons with mental illness who have housing needs. The MMHTFMC will develop a comprehensive housing plan in 2006 that documents the current inventory of housing resources for persons with mental illness in our community, as well as unmet need. This will assist us in developing some priorities and strategies to utilize existing resources and expand resources to fill the identified gaps.

➤ **Schools**

Much of the mental health literature indicates that prevention, starting at very early ages, is a prime component of an effective mental health service system. Schools, therefore, are a pivotal component of any system change toward a mentally healthy community. While the Austin Independent School District has made great academic strides in 2005, one of our goals in 2006 is to advocate for increased focus on mental health issues in our schools.

➤ **Psychiatric Emergency Services**

Crisis psychiatric services in Austin became a pivotal issue in 2005. Reductions in funding for mental health services, restrictions in eligibility for those services, and statewide shortages in psychiatric hospital beds have created acute problems for health care providers in our community. This crisis is not easily remedied, but the MMHTFMC has identified the monitoring of this situation as an additional goal for 2006.

➤ **Suicide Prevention**

The Guidelines for Suicide Prevention in Austin/Travis County, Texas, published in July of 2005, specifically request assistance from the MMHTFMC in implementation of the strategies contained in that plan. The MMHTFMC has already completed some work in this regard, but significant expansion of our efforts will take place in 2006.

➤ **Necessary Balances**

Another clear role identified in 2005 for the MMHTFMC is analysis of decisions and policies that span various agencies and interest groups. We believe that our broad array of expertise makes the MMHTFMC an ideal body to monitor these changes, highlight shifts that occur because of even minor changes in policy, and make recommendations to policy makers about ways to navigate both intended and perhaps unintended consequences of policy decisions.

➤ **Cultural Competence and Elimination of Stigma**

One of the major issues identified in the MMHTF Final Report was continued stigma and cultural disparities with regard to individuals with mental illness in our community. Much work has been done in 2005 on this issue, and much more is planned for 2006. Again, we believe that the MMHTFMC is well poised to assist in these efforts.

➤ **Fleshing Out Concrete Indicators**

Our final goal in the coming year is to utilize the scientific research conducted in our first year of work to identify a set of indicators that are measurable and empirically valid to gauge the status of Austin as a mentally healthy community.

We are pleased to commend the Austin community for positive achievements in 2005 toward the goals and recommendations contained in the Mayor's Mental Health Task Force Final Report, and we anticipate great strides in the mental health of our community in the years to come.

TABLE OF CONTENTS

	<i>PAGE NUMBER</i>
I. Background and Overview.....	6
II. Refining the Role of the Committee	6
III. Development of an Action Plan and Priorities	8
IV. Indicators of a Mentally Healthy Community	9
V. Community Progress in 2005.....	10
> Strategy 1: Criminal Justice Prevention and Diversion	10
> Strategy 2: Safe, Affordable, Accessible and Integrated Housing	12
> Strategy 3: Access to Mental Health Services	12
> Strategy 4: Schools	13
> Strategy 5: Community Awareness	14
VI. Hurricane Relief.....	16
VII. Goals and Priorities for 2006	17
VIII. Conclusions.....	20
APPENDIX A: Committee Members	21
APPENDIX B: MMHTFMC Staff.....	28
APPENDIX C: Action Plan	30

I. BACKGROUND AND OVERVIEW

The Mayor's Mental Health Task Force was created by Austin Mayor Will Wynn in August of 2004. Creation of this Task Force was the culmination of several years of community concern over the challenges facing Austin and Travis County residents with severe mental illnesses. More than eighty individuals representing over forty organizations worked together for months to develop a report that documented strengths and gaps in mental health services in the community and made recommendations for future action.

Thirty-nine criteria for a mentally healthy community were identified in that report, covering such areas as infrastructure, marketing, policies and plans, programs, training and education. The final report was published in January 2005, and it recommended the formation of a Monitoring Committee to "take a lead role in monitoring and facilitating the implementation of Task Force recommendations and coordinating the assistance of existing groups and organizations in that effort."

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 first of such reports, and we are pleased to reflect that positive strides have been made by our community over a very short period of time. We believe that the efforts of the MMHTFMC, and the community at large, will advance the goal of becoming a nationally recognized "mentally healthy community."

After publication of the final report of the Task Force, a Monitoring Committee was appointed. This Committee has diverse and broad-based membership with a wide variety of expertise. A complete list of Committee membership, with biographical information, is attached to this report as Appendix A. In addition to these impressive members, we had a wide array of visitors and observers during our six meetings this first year. We believe this reflects significant interest on the part of our community, and other communities, in the efforts we are making to establish a "mentally healthy community." The first meeting of the MMHTFMC was in April of 2005, and the Committee met six times between April and December.

While the majority of this report will focus on substantive issues and progress, a good deal of activity during this first year of Committee work focused on several areas of infrastructure. We had extensive discussions about the role of the Committee, and discussed policies and procedures, such as governance structures, Committee membership, Committee attendance policies, and functions and commitment of individual Committee members. We also addressed some more logistical infrastructure items, such as the development of a logo, implementation of a web site, with links to other community organizations and events, and designing letterhead. While these kinds of activities are always time-consuming at the beginning of a process, we believe that the time spent will facilitate smoother functioning in our longer term efforts.

II. REFINING THE ROLE OF THE MMHTFMC

The role of the MMHTFMC was articulated in the final Task Force report, as follows:

- Take a lead role in monitoring and facilitating the implementation of Task Force criteria;
- Assist existing groups and organizations that accept ownership for implementing Task Force criteria;
- Take a lead role in establishing new approaches and teams to address Task Force criteria that cannot be accomplished by an existing group or organization;
- Oversee the development of a long term strategic plan for gaps that have been identified;

- Act as a resource to identify possible funding and other resources.

While the Committee agreed that this was a good start, we spent a significant amount of time during these first months discussing and refining that role. During the first two meetings, we agreed on the following, more in-depth statement of the role and function of the Committee.

The role of the Mayor's Mental Health Task Force Monitoring Committee is to provide leadership in monitoring and facilitating implementation of the criteria delineated by the Task Force. The Committee will oversee the implementation process, providing guidance and direction to the various entities in the community that accept ownership for it. This will be accomplished through the development of a communication process that identifies existing activities within the community that relate to the criteria, monitors progress of those activities, and identifies points of interception. It will also identify gaps in the implementation process, and provide recommendations as to filling those gaps. The Committee will provide an accountability component to the implementation process to ensure that the Task Force report does not simply sit on a shelf.

The Monitoring Committee will also develop a mechanism of communicating to the community the real needs of consumers of mental health services and to what degree those needs are being met. This will be accomplished through the development of concrete indicators that can be measured over time. The Committee will seek to quantify the costs of inefficiencies, gaps and duplication of services, and will assist in linking resources to efforts to reduce those costs. The Committee will also facilitate collaborative funding requests to bring new resources to the community to address identified needs.

Further discussion also revolved around the role of individual Committee members. Because members of the Committee are very busy individuals, it was unclear at the outset as to whether this would be a "working committee" or more of an "advisory committee." To facilitate that discussion, a survey of individual committee members was distributed. From the limited number of surveys returned, it was clear that there were varied expectations as to the role of committee members themselves.

Ultimately, it became obvious that the enormous amount of work required to actually accomplish these roles and functions would require some dedicated staff. A "facilitation team" was subsequently recruited to assist the MMHTFMC in accomplishing its goals. Dr. Susan Stone, has been serving as Executive Coordinator of the Committee since October 15, 2005. Dr. Stone is both an attorney and a psychiatrist, and she has extensive experience in assisting with community collaboration. Eric Blumberg serves as Community Liaison to the MMHTFMC. Mr. Blumberg has significant experience in communications and in depth knowledge of the Austin community. Mildred Vuris is Director of Governmental and Community Relations for ATCMHMR. While not specifically dedicated to the MMHTFMC, her expertise in planning and policy development has played, and will continue to play a pivotal role in Committee activities. Lisa Quinn serves as Community Relations Specialist for ATCMHMR. She provides input and executive support, as well as maintenance of the MMHTFMC web site. Biographical sketches for these team members are attached to this report as Appendix B.

We believe that having such qualified staff with diverse qualifications will greatly assist us in accomplishing the important goals identified in our role statement.

III. DEVELOPMENT OF AN ACTION PLAN AND PRIORITIES

One of the charges in the final report to the Monitoring Committee was the development of a long range action plan based around the thirty nine criteria. The MMHTFMC originally attempted to do this through the development of subcommittees corresponding to the criteria, as listed by category, in the report. Several things became clear as we began to approach our tasks in this fashion.

➤ Values and Goals Instead of Action Items

Many of the criteria contained in the report were not really action items, but statements of goals or values. Examples include:

- ❖ Austin-Travis County will become a model for a mentally healthy community.
- ❖ Mentally healthy lifestyles and a mentally healthy community will become a norm of shared values.
- ❖ All individuals in Austin-Travis County will be treated with dignity and respect, despite challenges and/or disabilities.
- ❖ Consumers and family members will be utilized as partners to promote hope, recovery and self-determination.
- ❖ Care for persons with mental illness will be enhanced by the timely sharing of information, whenever possible.
- ❖ Parity should be accomplished between physical and mental health resources within our community.
- ❖ A broad based, community wide structure will enhance education and awareness about mental health issues.
- ❖ Policy makers will understand the positive fiscal impact of prevention and treatment and dedicate adequate resources and funding for all aspects of the mental health system.

While Committee members agreed that these are all valid and important goals, they do not lend themselves well to action planning and concrete efforts toward achieving them. As such, the Committee agreed to adopt these criteria as "Goals of the MMHTFMC."

➤ Categories Span Across Systems and Areas of Expertise

While the categories articulated in the Task Force final report were helpful in terms of system analysis, they tended to span across systems in such a way that expertise needed for implementation of system change would be difficult, if not impossible. The "Infrastructure" category, for example, contains recommendations about psychiatric emergency services, housing, residential treatment, and dual diagnosis services. The "Policies and Plans" criteria contains recommendations about community standards in the areas of jail diversion, crisis intervention and law enforcement, educational criteria, housing, insurance benefits, suicide prevention, and information sharing.

After significant consideration, the Committee decided to refine these criteria into an action plan that contains five distinct strategies, focused on subject matter expertise, to best use the skills and training of Committee members and staff.

- ❑ **Strategy 1: Criminal Justice Prevention and Diversion**
- ❑ **Strategy 2: Safe, Affordable, Accessible and Integrated Housing**
- ❑ **Strategy 3: Access to Mental Health Services**
- ❑ **Strategy 4: Schools**
- ❑ **Strategy 5: Community Awareness**

We next used these five strategies to develop an Action Plan, which is included as Appendix C to this report. This Action Plan contains specific activities, specific responsibilities for those activities, target dates for completion and status. It also contains some baseline indicators to assist us in assessing whether activities related to these strategies are accomplishing desired system change. Some of these activities fall under the responsibility of other individual agencies or collaborative efforts in Austin-Travis County, and some are the responsibilities of the MMHTFMC itself. Since its development, the Action Plan has guided and focused MMHTFMC activities, with the community using it as a living, breathing document updated each month to reflect community activities and progress.

➤ **Need for Prioritization**

One other significant challenge in our first eight months of operation has been the overwhelming breadth and volume of recommendations contained in the final Task Force report. In response, the MMHTFMC agreed that some priorities must be set, year to year, in order to effectively promote progress toward our end goals. As a start, the Committee set the first three priorities for 2005, as follows:

- ❖ The Guidelines for Suicide Prevention in Austin-Travis County, Texas were completed in July 2005 by the Austin Suicide Prevention Community Coalition, and submitted to the Mayor's Office. We agreed that the timely publication of this report creates an opportunity for the Committee to assist in its implementation and monitor its impact on the community.
- ❖ Implementation of the Plan to End Chronic Homelessness, prepared in late 2004, is also moving forward, creating another opportunity to examine impact and changes in the community as a result.
- ❖ There are numerous initiatives related to jail diversion in the community, with a great deal of community momentum to support them. This was also seen to be a priority area for the Committee's first efforts.

Despite the establishment of these first year priorities, it must be noted that system change toward developing a national model of a mentally healthy community is occurring across virtually all of the five strategies, as will be documented below.

➤ **Development of a Communication Plan**

In addition to our Implementation Action Plan, we recruited a subcommittee of experts to design a Communication Plan for the MMHTFMC. The subcommittee will assist us in disseminating necessary information to impact community awareness about mental illness and eradicate stigma.

IV. INDICATORS FOR A MENTALLY HEALTHY COMMUNITY

Another important effort during our first eight months of work has been an extensive analysis of measurable indicators of a mentally healthy community. We acknowledged, at the outset, that development of these indicators would be very important to measuring our community's success toward reaching our goals. Such indicators can be difficult to find and refine, so we conducted national research about indicators used in other local, statewide and national efforts, data sources to support those indicators, and ways to compare the data we retrieve with other similar communities.

The specific process for identifying indicators began with an empirical approach to the literature on the social indicators movements both nationally and internationally, as well as the healthy

cities/healthy communities initiatives worldwide. We then re-examined the body of research on key indicators of mental health and mental illness and explored community initiatives in Austin relevant to mental health.

The scientific and community development literature informed the selection criteria we developed for deriving the indicators. The criteria include: appropriateness to mental health, validity and reliability of local data, feasibility of obtaining data, and availability of comparison data related to set standards or communities of similar size and nature. Finally, the list of indicators is designed to collectively reflect and balance the following issues:

- Access - getting into mental health services
- Process - what happens during services
- Outcome - results of services
- Mental health/mental illness continuum
- Development - children, adults and the elderly

The selection of indicators also tracks with parallel data collection efforts currently underway in Austin by organizations like the Substance Abuse and Mental Health Services Administration (SAMHSA), the Community Action Network, the Jail Diversion Task Force, and the Central Texas Sustainability Project.

V. COMMUNITY PROGRESS IN 2005

The MMHTFMC is pleased to report that many positive activities have taken place in the Austin-Travis County community in 2005 toward the goals, values and specific action items included in the MMHTF Final Report. This progress will be detailed below according to strategies in our Action Plan. It is important to note, however, that this list is not intended to be a complete inventory of important activities, but rather a sampling of activities taking place to address this important need.

➤ Strategy 1: Criminal Justice Prevention and Diversion

Many exciting developments took place in 2005 with regard to criminal justice prevention and diversion. These developments included several collaborative planning processes, and specific diversion programs.

◆ ATCMHMR GOALS Jail Diversion Plan

In March of 2005, Austin Travis County Mental Health Mental Retardation Center published a jail diversion plan entitled GOALS: Gain, Ownership, Accountability, Life, Services. This plan documented the scope of the problem in Travis County of migration of persons with severe mental illness into the criminal justice system, current prevention and intervention efforts in place to curtail this migration, and recommendations for future jail diversion activities in the area. A copy of this report is available both on the ATCMHMR web site: www.atcmhmr.com, as well as the MMHTFMC website: www.mmhtfmc.org.

◆ Travis County Jail Diversion Plan

Another comprehensive, county-wide jail diversion plan was developed through a cooperative planning effort between Travis County Administration and ATCMHMR staff. This broad based plan, which spanned from psychiatric emergency services to specific jail diversion efforts, was well received by County Commissioners, and is being incrementally funded.

◆ **Jail Overcrowding Task Force/Community Jail Diversion Committee**

As documented above, the Travis County Jail is severely over-crowded, with an increasing number of detainees with mental illness. To address this problem, an ad hoc Jail Overcrowding Task Force Committee was formed in 2005. That Committee worked with members of the MMHTFMC to help refine its efforts, and eventually it developed into a Community Jail Diversion Committee, which is attempting to implement many of the recommendations included in the MMHTF final report, as is demonstrated in the attached Action Plan.

◆ **Specialized Criminal Justice Programs**

Several of the recommendations included in the final Task Force report relate to the development of specialist approaches to the interface between mental health and criminal justice issues. We are pleased to highlight several such approaches that have been developed in 2005.

□ **Specialized Judges, Defense Attorneys and Prosecutors**

In June of 2005, Travis County Criminal Court judges began appointing attorneys from a specialized rotation to represent mentally ill persons with bipolar disorder, schizophrenia, major depression and schizoaffective disorder. Judges, prosecutors, and the specialized defense attorneys have received mental health training on two occasions for a total of five hours. All parties participate in the Mental Health Jail Diversion Committee.

All five County Court at Law judges hear mental health cases. The District Court judges elected to have two judges, Judge Kennedy and Judge Kocurek to handle felony cases that involve mental health issues. The County Attorney has established a mental health prosecution team which includes one prosecutor, a paralegal and a secretary. This team meets on a regular basis to discuss particular aspects of cases involving defendants with mental illness.

□ **Expansion of Jail Liaison Capacity**

Travis County funded two Court/Jail Liaison positions for the 2006 fiscal year. Austin Travis County MHMR and Travis County are in the process of finalizing the *Interlocal Cooperation Agreement* that will fund these positions. The positions should be filled by January of 2006. These two new positions, along with our current Court/Jail Liaison will work closely with Travis County and District Court judges, County Attorney's staff, District Attorney's staff, and defense attorneys on identifying and assessing individuals with a possible behavioral health issue. These positions will be an integral part of the ATCMHMR GOALS Jail Diversion Plan that focuses on diverting individuals from pre and post incarceration to more suitable treatment options.

□ **Expansion of Funding for Dual Diagnosis and Community Court Services**

Leaders in the Travis County criminal justice arena took specific notice of individuals who are arrested frequently for minor offenses and found that many had mental health issues. Specifically, they gathered data about individuals who are arrested repeatedly for public intoxication and found that many of these individuals are dually diagnosed with mental illness and substance abuse problems. They also found that a significant amount of money was being spent in processing criminal cases related to these individuals. In one case, for example, an single individual was arrested twenty times and incarcerated for 248 days in one year, at a total cost to

Travis County of \$174,331. In response to this problem, the Austin City Council approved special funding in 2005 for treatment in lieu of incarceration for these dually diagnosed individuals. The Council also approved additional mental health treatment funding for individuals charged with minor offenses and processed through Community Court.

❑ **Expansion of Pre-Trial Services**

In the past, Travis County Pre-Trial Services has not been specifically involved in mental health cases. In 2005, two additional positions were created in the Travis County Pre-Trial Services Division to provide oversight and supervision for defendants released from the jail on mental health personal bonds.

❑ **Proposal for the Development of an Indigent Defense Mental Health Program**

In another effort to promote jail diversion for individuals with mental illness, Travis County submitted a grant proposal in late 2005 for an Indigent Defense Mental Health Program. The goal of this program is to create a contract attorney system staffed by lawyers who are trained and have a history of effectively representing indigent MH clients in the criminal justice system. If funded, two mental health advocates will be assigned to work exclusively with these attorneys and their indigent clients. MMHTFMC members submitted letters of support for this proposal.

➤ **Strategy 2: Safe, Affordable, Accessible, and Integrated Housing**

Finding safe and affordable housing continues to be a major problem for individuals with mental illness in our community. While, as noted below, there have been recommendations for expansion of affordable housing in 2006, we believe that this will only go a short way toward solving a very critical problem. Because of this, housing issues are a focus of our attention in the coming year.

◆ **Affordable Housing Bonds**

The Bond Election Advisory Committee is currently in the process of making its final recommendations regarding the planned May, 2006 bond election. One of the recommendations revolves around expansion of affordable housing in Austin. The proposal for this component came directly from a consortium of non-profit housing agencies called Housing Works. It calls for bonds to be used to construct new housing and rehabilitate existing stock to assist families with limited incomes. This issue has become ever more critical in light of the acute housing needs of hurricane survivors who have decided to remain in Austin. Importantly, there have already been recommendations that some of this funding, if approved, will be directed specifically to Austin residents with mental health issues.

➤ **Strategy 3: Access to Mental Health Services**

Several positive developments have also taken place in 2005 with regard to access to mental health services for both children and adults. Access will clearly be a continuing focus of the MMHTFMC in the years to come.

◆ **Resiliency Clinic**

The ATCMHMR Resiliency Clinic was opened in May of 2005. Funding for the Clinic was provided through a \$100,000 grant from the Hogg Foundation for Mental Health. The purpose of the clinic, located at 3205 South First Street, is to provide services for mental health consumers who no longer qualify for access to other ATCMHMR services due to recent changes in state eligibility requirements. Among the services provided are

psychiatric assessment, therapy, assistance in applying for free or discounted medications, and assistance in obtaining community health services.

- ◆ **E-Merge Program**

The E-Merge Program, operated by ATCMHMR, is an innovative new strategy for providing behavioral health services in the Community Health Clinics. The E-Merge program integrates Behavioral Health Consultants (BHC) into the primary care clinic's medical team. The BHC work directly with medical providers in a team approach to improve the quality of patient care. Services provided by the BHC include psychosocial education, medication management, provider consultation, and brief treatment planning to address specific behavioral changes to improve patients' compliance with treatment. While the program was established in 2003 (with additional funding from the Hogg Foundation for Mental Health and ATCMHMR), it was significantly expanded in 2005, and further expansion is expected in 2006.

- ◆ **Community Voice Mail**

In May of 2005, Impact Austin provided start up funding to ATCMHMR to establish a Community Voice Mail system. This program will establish 1,000 voice mail boxes for the use of clients of Travis County social services agencies. The system will give these individuals a means to stay in touch with family, physicians or potential employers. Not only will those in need be placed in touch with social services designed to help them, but also local non-profit service providers will be able to devote more time to providing critical services to their clients rather than trying to locate them. Adults or runaway children will no longer miss opportunities for housing, medical appointments, and other social services. Job applicants will receive messages from potential employers about interview schedules and status of their candidacy. The Community Voice Mail program is designed to be a tool to help people work their way out of a temporary crisis and back into a more normal, productive life. While not yet fully implemented, the Community Voice Mail system provided significant assistance to Hurricane Katrina survivors who needed help connecting with families and service providers after arriving in Austin.

There is great excitement and anticipation within the Austin social services agencies about this project. At this time, Life Works and the Homeless Task Force have committed to providing voice mail boxes for their consumers, in addition to consumers of ATCMHMR. Several other community agencies have expressed serious interest in participation, as well. The Community Voice Mail program is expected to be fully implemented and operational in early 2006.

- ◆ **Children's Partnership**

Systems of Care are defined as a "comprehensive spectrum of mental health and other necessary services that are organized into a coordinated network to meet the multiple and changing needs of children and their families. As partners of the Children's Partnership, families, community organizations, state and federal agencies, and mental health care providers have joined the national and statewide movement that allows families and community partners to coordinate traditional and non-traditional services for children with complex mental health needs.

- **Strategy 4: Schools**

Although not specifically focused on mental health issues, there are a number of promising practices taking place within the Austin Independent School District related to children with

special needs. As prevention is a key component to an effective mental health service delivery system, we will also focus on children and youth in our schools in the coming year.

- ◆ **Impact Teams**

IMPACT Teams are utilized on most AISD campuses. Led by the Assistant Principal at each school, the team identifies students who need special assistance and connects them and their families with the appropriate community resources.

- ◆ **Positive Behavioral Support (PBS)**

PBS is a function based approach toward reducing challenging behaviors by replacing them with pro-social skills. Its widespread use decreases interventions such as expulsions, suspensions and punishments leading to both individualized and systemic change. Currently implemented in over 20 AISD campuses, PBS blends behavioral science, empirically validated procedures and durable systems change, emphasizing socially successful outcomes. PBS does not focus exclusively on the student, but includes changing environmental variables, task demands, curriculum, instructional pace and individualized reinforcements.

- ◆ **Youth and Family Assessment Center (YAFAC)**

The Youth and Family Assessment Center is a collaboration between Communities in Schools, ATCMHMR, Travis County HHS&VS, City of Austin and AISD. YAFAC receives referrals from IMPACT Teams and utilizes a wraparound process to address barriers and challenges that impact a youth's functioning in school, home and the community.

- ◆ **Community Partners for Children (CPC)**

CPC is the single point of community collaboration for children, youth and families with complex needs. AISD representatives join other community partners in bi-weekly CPC meetings in which an innovative strength-based plan of care is developed linking families to appropriate resources and supports.

- ◆ **Communities in Schools (CIS)**

CIS provides full-time, campus based social work to assist educators in identifying the most critical needs of students and their families that are preventing children from succeeding in school and in life. Services range from individual counseling to assisting families in finding community resources. CIS is currently supporting 48 Central Texas schools.

- **Strategy 5: Community Awareness**

While much work has yet to be done to improve community awareness about mental illness and eradicate stigma, there have been some positive developments in 2005, and much planning is under way for community awareness efforts in 2006.

- ◆ **Guidelines for Suicide Prevention**

One of the first successes related to the MMHTF criteria was the publication of the Guidelines for Suicide Prevention on July 20, 2005. These guidelines, which were prepared by the Austin Suicide Prevention Community Coalition, were submitted to the Austin Mayor's Mental Health Task Force. They call for a coordinated, community-wide response across disciplines and levels involving diverse groups of all age levels in both the public and private sectors of Austin and Travis County. The local plan addresses

suicide prevention with eleven goals and thirty-nine objectives grouped into three component areas: awareness, intervention and methodology. The guidelines contain a specific request for assistance from the MMHTFMC in implementation, which is one of our goals for 2006, as will be described below.

- ◆ **Out of the Darkness Community 5K Walk**

On November 13, 2005, the American Foundation for Suicide Prevention sponsored a 5K walk to support suicide prevention efforts in our community. This walk, which was very well attended, had the stated goal of breaking the silence surrounding suicide.

- ◆ **Community Forum on Suicide Prevention**

On December 6, 2005, ATCMHMR, the ATCMHMR Consumer Council, NAMI Austin and the MMHTFMC presented "Keeping More than Dreams Alive: A Panel on Suicide Prevention." The panel featured one of our Committee Members, The Reverend H. Ed Calahan, Pastor, AGAPE Baptist Church, as well as John Hellsten, Ph.D., Texas Department of State Health Services, and Elizabeth Robuck, President of the Central Texas Chapter/American Foundation for Suicide Prevention. The forum was well attended and well received.

- ◆ **6th Central Texas African American Family Support Conference**

Significant planning has been under way for much of 2005 for the 6th African American Family Support Conference. This Conference, which will take place on February 10-11, 2006, provides information and education to consumers, families and the community about mental health and mental retardation, chemical dependence, co-occurring disorders, and physical health issues. The ultimate goal of the conference, which has many supporters, is to increase individual and family awareness of available behavior and physical health care services, reduce stigma, and eliminate health disparities. This conference also deals with stigma and cultural disparities and highlights the importance of cultural competence services within the MHMR system and the community.

- ◆ **Hispanic Health Festival**

The City of Austin Health and Human Services Department, through the Health Promotion/Disease Prevention Unit, has sponsored the Hispanic Health Festival over the past eleven years. It originally began as a small event and most recently, due to the linkage to the Univision/La Invasora Partnership, the event has grown and attracted approximately 40,000 persons this past year. The health department has spearheaded the event, using the opportunity to link entertainment to health in order to provide a venue for health education, awareness, and information to the Spanish-speaking Hispanic community.

The event is coordinated by two umbrella organizations/agencies: 1) Univision/La Invasora; and 2) the Hispanic Task Force of the American Heart Association. The event consists of a health festival and a celebratory event called "Fiestas Patrias." Both events occur simultaneously in the Convention Center in Austin. The radio station brings in popular bands that appeal to a broad Hispanic audience. This attracts thousands of Hispanics to the event, which is then used to link them to the health fair activities, which include immunizations, blood pressure screenings, cholesterol checks, information sessions, HIV counseling and testing, and many more services.

- ◆ **African American Quality of Life Report**

The Austin City Council heard a report October 27, 2005, on recommendations of the African American Quality of Life Project Implementation Team. This report was developed through facilitated community discussions between April and October 2005. The presentation was the culmination of more than four months of work that outlined disparities in several key areas between African Americans and others in Austin. One of the recommendations in that report was development of a mental health strategy that works to improve access to services and physician level treatment, provides support to families, minimizes abuse and exploitation of persons with mental illness, and addresses the disparity in care for African Americans in our community.

- ◆ **Information Sharing**

In 2005, the Community Action Network sponsored an information sharing review funded by six CAN partners. The result was a report produced by Copia Consulting that explored the information sharing potential and community wide usefulness of the "Medicaider" program, utilized by the Indigent Care Collaboration, and the Service Point software, managed by ATCMHMR. The conclusion was that both software packages would be useful, and further actions will be taken in 2006 to further explore this issue.

- ◆ **New Milestones Foundation Film Festival**

The New Milestones Foundation, Inc., is a non-profit organization started in 1982 in collaboration with ATCMHMR to expand awareness, eradicate stigma and raise funding to address the needs of those in our community affected by mental illness, developmental disabilities or substance use disorders. Significant planning has taken place in 2005 to develop a unique film festival, "We Don't Talk About Chris," to help raise awareness about the stigma and struggle of living with mental illness. The goal of this festival is to recruit a diverse range of films that tell stories of living with mental illness.

VI. HURRICANE RELIEF

The entire Austin community swung into action when hurricane survivors turned to our city for help and shelter. The mental health community was no exception, with a constant presence in all of the shelters across the city. While the influx of survivors presented acute needs, the community has acknowledged that the needs will be ongoing, as many of the survivors have opted to stay in Austin.

The Community Action Network has worked to develop a coordinated response to the ongoing mental health needs of hurricane survivors who have relocated to the Austin area. On November 8, 2005, a group of more than seventy individuals met to begin this planning process. They divided into four separate groups to focus on a variety of specific issues related to this population. These groups have continued to meet to address the challenges. One end product of these efforts has been a collaborative grant application in an effort to meet these ongoing mental health needs.

VII. GOALS AND PRIORITIES FOR 2006

While the MMHTFMC will continue to work across all five strategies contained in our Action Plan in the coming year, we have identified eight goals that deserve our specific focus. These goals were chosen based upon three criteria. First, they are multi-faceted, and we believe that they require the diversity of expertise and experience that is contained on our Committee. Second, while there are agencies involved in various aspects of these activities, there is no one entity that has full responsibility for the complicated issues involved in these areas. Finally, they require an objective, neutral body such as the MMHTFMC to bridge across political lines and turf issues. These eight goals will be described below.

➤ System Mapping

While the final report of the Mayor's Mental Health Task Force chronicled strengths, weaknesses, and gaps in existing mental health services, it has been noted over the past year that it did not contain an overall inventory, or "system map," of mental health services in our community. Development of system maps is increasingly recognized as a best practice. The maps offer the advantage of distilling information across agency strategies and interests and providing clear, objective documentation of the current state of mental health services. The MMHTFMC is an ideal body to take the lead in developing such a system map, as most of the relevant agencies are represented, and the overall Committee is unbiased and objective. The MMHTFMC will take the lead in developing such a system map. This effort, which will take place in early 2006 and beyond, will include various major stakeholders, including law enforcement, the city, the county, hospital representatives, community providers, school representatives, private providers, and others. We believe that the development of this system map will influence critical policy decisions that will be necessary during the early months of 2006 about how to allocate resources in the most effective and cost-efficient manner.

➤ Comprehensive Housing Plan

While there are clearly entities, both public and private, in Austin that have responsibility for providing mental health services and those that have responsibility for providing housing services, there is no one constituency group representing persons with mental illness who have housing needs. Furthermore, it is well established that safe and affordable housing is a critical component to recovery for individuals with mental illness. Consequently, another goal in 2006 of the MMHTFMC is the development of a comprehensive housing plan related to the needs of individuals with mental health problems. The first step in the development of this plan will be an inventory of current housing developments available to persons with mental illness in our community, including congregate housing facilities, apartments, group homes, board and care facilities, and shelters. The next step will be arriving at an estimate of unmet housing needs in Austin for persons with mental illness. While this is a challenging task, we believe that we can arrive at an estimate based upon local data, extrapolation of statewide and national data, and administration of surveys to consumers and family members as to current living situations and unmet needs. The final step will be development of recommendations to policy makers about prioritization in filling unmet needs, and research about funding strategies available to do so. We believe that this plan will be invaluable to advancing current local efforts to expand necessary housing capacity for persons with mental health needs in Austin.

➤ Schools

The Austin Independent School District (AISD) made significant strides in 2005 with regard to academic achievement, but we believe that more focus is needed with regard to interventions for youths with mental health needs in our schools. That said, we have

identified as a distinct weakness in our process that we have not had representation from AISD in this first year of work. Two important developments at the end of 2005 lead us to identify school based mental health services as an additional priority for the MMHTFMC in 2006. First, the Bazelon Center for Law and Mental Health chose AISD as a national site for review of school based mental health services. Their site visit was conducted in October of 2005. While the report is still pending, we believe it will greatly assist our community in planning about future efforts. Second, the Substance Abuse and Mental Health Services Administration recently released new national standards for school based mental health services. We believe that both of these developments create great opportunities to achieve the focus that we believe is necessary. For all of these reasons, we have identified as goals for 2006 to recruit membership to our Committee from AISD, and to utilize the national guidelines and expertise to further the action items included in Strategy Four of our Report.

➤ **Psychiatric Emergency Services**

Crisis psychiatric services in Austin became a pivotal issue in 2005, for a variety of reasons. This past year saw very significant reductions in funding for public mental health that greatly impacted the array of services available. Accompanying those reductions were severe changes in eligibility criteria for services that do exist, resulting in many people who had previously been receiving services no longer being eligible. Finally, there have been statewide shortages in psychiatric hospital beds, both public and private. All of these factors have created a crisis situation for mental health providers all over Austin, and across the state.

This is a problem that has impacted virtually every sector of our mental health "service system." Law enforcement officers were forced to transport fragile mental health patients over long distances simply to find an available psychiatric hospital bed. ATCMHMR psychiatric emergency services were full to overflowing, and outpatient services were so limited that the agency was forced to establish a waiting list for the first time in its thirty year history. Local emergency rooms were also acutely feeling the problem, as many mental health consumers were arriving at their facilities, either by their own volition or through law enforcement, because there were no other alternatives. Sadly, this problem also resulted in an acute crisis in our jails, as many mental health consumers were unnecessarily incarcerated because of the lack of available alternatives.

This crisis is not easily solved, as noted below, but the MMHTFMC has identified the monitoring of this situation as an additional goal for 2006. While all of the entities described above have specific roles and sets of interests with regard to this problem, we believe that our Committee can provide a "bird's eye view" of the consequences of various shifts in the crisis service system delivery that will inevitably take place in 2006.

➤ **Suicide Prevention**

The Guidelines for Suicide Prevention in Austin/Travis County, Texas specifically requested that the MMHTFMC take action in three areas:

- ❑ Working with the Austin Suicide Prevention Coalition and other key local and state stakeholders to establish an expert panel to study why Austin has had the highest rate of suicide of major Texas metropolitan areas for the past four years
- ❑ Working with our Coalition to develop strategies and implement the local plan for suicide prevention; and
- ❑ Working with key stakeholders to establish a timely surveillance and a best practice community response system for suicide attempts and completions.

The MMHTFMC has already accomplished some work related to this request, but significant expansion of efforts in this regard will take place in 2006.

➤ **Necessary Balances**

Another clear role identified in 2005 for the MMHTFMC is an analysis of decisions and policies that span across various agencies and interest groups. Examples of such analyses are, as follows:

- ✓ Much progress has taken place in 2005 with regard to jail diversion on a number of levels, including court and jail diversion processes. Still, the question raised by members of the community continues to be: "divert to what?" If support services, such as housing, medications, and therapy are not available to individuals diverted from criminal justice settings, diversion efforts will ultimately be unsuccessful. This Moreover, numerous "unintended" consequences will arise from a lack of services to support alternatives to criminal justice placements. Criminal justice officials will be less likely to divert individuals with mental illness if they see that those efforts have not been successful in maintaining public safety. On the consumer level, it is increasingly clear that being incarcerated numerous times for minor crimes decreases any deterrent power that incarceration may bring in early phases of criminal justice engagement.
- ✓ While it is clearly important to provide crisis care for psychiatric emergencies, the literature clearly indicates that community outpatient services are more effective, and more cost effective than crisis services. Designing a service system that revolves around crisis services has failed in other communities, in that it pulls resources away from community outpatient services, resulting in an increased number of crises. If our community's response to the acute crisis in psychiatric emergency services is simply to create more crisis "beds," diverting funding from more effective and cost effective care, we will simply be contributing to the long-term problem.
- ✓ Expansion of housing capacity for persons in our community with mental health problems is crucial, but there are also important balances that must be managed in this regard. Most mental health consumers value independence and the ability to live in the community free of restrictions and requirements. Yet, some mental health consumers require supervision to live successfully in the community. These issues must be carefully considered when contemplating expansion of housing for persons with mental health needs.

The MMHTFMC believes that our broad based constituency, breadth of expertise, and objectivity make us an ideal body to monitor these balances. One of our ongoing goals will be to highlight shifts that occur because of changes in policies, and to make recommendations to decision-makers about ways to navigate both intended and unintended consequences of those policy decisions.

➤ **Cultural Competence and Elimination of Stigma**

One of the major issues identified in the Mayor's Mental Health Task Force Final Report was continued stigma and cultural disparities faced by persons with mental illness in our community. Significant work has been done in 2005 to reduce stigma, and more is planned for 2006 to continue those efforts. The Central Texas African American Family Support Conference, for example, will highlight the importance of culturally competent services

within the MHMR system and the community. Again, we believe that the MMHTFMC is well positioned to assist in these efforts.

➤ **Fleshing Out Mental Health Indicators**

As noted above, the "Indicators" Subcommittee of the MMHTFMC conducted a significant amount of research during our year of work about national standards with regard to scientifically proven indicators regarding mentally healthy communities. One of our priorities for 2006 is the identification of empirically based indicators that allow us to monitor the community's progress toward our stated goals. While we have included some very basic baseline indicators in the Action Plan (attached as Appendix C to this report), we will establish a final list of indicators by the middle to end of next year.

VIII. CONCLUSIONS

While much of the first year of MMHTFMC activities dealt with refining roles and relationships, we are pleased to commend the Austin community for significant positive action in 2005 toward the goal of becoming a national model for a "mentally healthy" community. Much work has been done across most of the five strategies in our Action Plan. While we will continue our work across all strategies in the coming year, we have identified eight specific goals for 2006 that we believe are best matched to the diversity of our expertise and interests, as well as our objectivity and neutrality as a Committee. We look forward to significant progress in coming years toward the goals and values articulated by the Mayor's Mental Health Task Force.



APPENDIX A: COMMITTEE MEMBERS

The MMHTFMC is composed of twenty-one community leaders from a wide array of organizations and constituencies. We feel fortunate that so many important leaders would donate their valuable time to our collaborative efforts. As detailed below, the wide array of expertise on the Committee is impressive, and has certainly been helpful in coordinating complex activities.

➤ **The Reverend H. Ed Calahan, AGAPE Baptist Church**

H. Ed Calahan, M.Ed., is Pastor of the Agape Baptist Church in Austin, Texas, where he has served faithfully for eleven years. He retired April 30, 2004 from the State of Texas after twenty years of service with the TDMHMR system. During this period of time, Mr. Calahan had several directorships that brought about significant change within the TDMHMR system and has over 30 years experience within the Mental Health field. He served as the President of the National Association for Rural Mental Health. He recently finished a survey for the Austin Travis County MHMR Center for the Pastoral Care Project. Currently, he is a volunteer facilitator with the Austin Police Department on Perspectives on Profiling and a volunteer for the American Cancer Society.

➤ **Joe C. Colvin, Education Specialist**

Dr. Colvin retired from the Houston Independent School District Special Education Department on January 29, 2002, after twenty years of working with students with disabilities. He received degrees from the University of Texas at Austin, Sam Houston State University and the University of Houston with a doctorate in Curriculum and Instruction. His experience in curriculum writing began in the Aldine Independent School District at Aldine Contemporary Education Center the year it opened in 1978. There he supervised the writing of the social studies individualized curriculum modules and taught all social studies classes. From there he went to North Forest Independent School District where he designed and implemented the special education program for emotionally disturbed students at Smiley High School. His work in curriculum continued in the Houston Independent School District special education program where he chaired the special education program at Sterling High School, an inner city mostly minority school. There he held the official annual review and dismissal meetings with parents and monitored the students and teachers in the classroom. Dr. Colvin was promoted to special education administration in the 1980's where he wrote social skills curriculum, and trained and monitored the progress of teachers in the Crane-Reynolds Level Management System behavioral strategies. He also placed severely

emotionally disturbed children of all ages in private programs outside of the school district when the school district did not have the appropriate program in the district.

➤ **Betty Jo Crayton, Community Member**

Betty Jo Crayton has 30 years of life experience in the mental health field and is an active community volunteer. Ms. Crayton has worked with special populations in alcohol and drug dependency, penal control, direct care and teaching life skills. Her volunteer efforts include outreach for the Self Help Advocacy Center (SHAC), the Austin Travis County MHMR Center's Network Advisory Committee and Consumer Council. In 2005 she founded the Info Depo. Other work experience includes the Austin State School, Austin State Hospital, Texas Department of MHMR, the Texas School for the Visually Impaired, and Austin Recovery.

➤ **Pennington Davis, Community Member**

Pennington Davis is a member of the Network Advisory Committee of the Austin Travis County MHMR Center. Ms. Davis is retired from a career in marketing and has experience working with other volunteer boards and is an active member of the 1st Presbyterian Church in Austin.

➤ **David Evans, Austin Travis County Mental Health Mental Retardation Center**

Executive Director David Evans has 30+ years experience as a leader in the mental health, mental retardation, and chemical dependence fields. He has a Bachelor of Science Degree in Social Science and a Master of Arts Degree in Education. Mr. Evans also serves as the Executive Director of the Center's affiliated non-profit New Milestones Foundation, Inc. He is currently an adjunct faculty member at the University of Texas at Austin, and a member of the Austin Wellness and Prevention Committee, Community Action Network Administrative Council, the Executive Director's Consortium of the Texas Council of Community Mental Health Mental Retardation Centers, Hispanic Chamber of Commerce, NAMI, and a Board Member of Tejas Behavioral Health Services.

Past Experience includes National Association of State Mental Health Directors, Georgia Planning Council for Developmental Disabilities, Georgia's Initiative for Children and Families Leadership Council, Trustee for the Commission on the Accreditation of Rehabilitation Facilities, Past President of the National Association for State Mental Retardation Program Directors, State Commissioner for Mental Health, Mental Retardation and Substance Abuse, State of Georgia, and State Director of Mental Retardation Services, State of Nebraska.

➤ **Sherri E. Fleming, Travis County Health and Human Services**

Sherri E. Fleming is the Executive Manager for Travis County Health and Human Services and Veterans Service, a position she has held since October 2004. Ms. Fleming has also served as Director of Detention Services and Director of Court Services at Gardner Betts Juvenile Justice Center and at Travis County Health and Human Services and Veterans Services as Division Director for Family Support Services, a position she held for three years prior to her appointment as Executive Manager.

Sherri holds a bachelor's degree in Communications from the University of Louisiana at Monroe and a master's in training and development from the University of Texas at Tyler. She has been a licensed chemical dependency counselor since 1992 and has worked in private practice for 13 years. Ms. Fleming is most proud of her work with the Basic Needs Coalition of Central Texas, a local collaboration involving government and the non-profit community. Ms. Fleming served as the chair of the Coalition from 2002 to 2003. Sherri is a native of New Orleans and has two sons.

➤ **Deborah Fowler, Texas Appleseed**

Deborah Fowler is the Senior Attorney for Texas Appleseed. Deborah coordinates Texas Appleseed's efforts to aid implementation of the Texas Fair Defense Act, works to improve representation of persons with mental illness or mental retardation in the criminal justice system, and oversees production of Appleseed's attorney and family handbooks. She has extensive experience working with the judiciary, both as a judicial clerk and supervising attorney, and developed an interest in public interest law through pro-bono work. Deborah holds a Bachelor of Arts degree from Tulane University and a Juris Doctor from Lewis & Clark College's Northwestern School of Law.

➤ **Lynda Frost, Hogg Foundation for Mental Health**

Lynda E. Frost is the Associate Director for Mental Health Policy and Law at the Hogg Foundation for Mental Health, The University of Texas at Austin. After graduating with high honors from the University of Iowa with a joint J.D./Ph.D., she clerked on the U.S. Court of Appeals for the Eighth Circuit and worked as a law professor at the University of Richmond and the University of Virginia (UVA). As the Director of the Forensic Evaluation Training and Research Center at UVA's Institute of Law, Psychiatry & Public Policy, she provided policy consultation to various state agencies; taught mental health law to medical, psychology, and law students; and organized and led training programs on forensic mental health evaluations for attorneys, judges, and mental health professionals. Her various publications include a co-edited volume, "The Evolution of Mental Health Law," published by the American Psychological Association Press.

➤ **Donetta Poole Goodall, Ph.D., Austin Community College**

Dr. Donetta Goodall is Vice President for Academic Transfer, General and Developmental Education for Austin Community College (ACC). She is responsible for the development, evaluation and leadership of all academic-university parallel programs. She has also served as Associate Vice President, Executive Assistant to the President, Interim Executive Vice President and Interim Campus Vice President. Goodall began as a nurse, later taught nursing, and then became the Director of Nursing for the largest Home Health Agency in the state. After joining ACC, Goodall served as Director of the Nursing Program, Division Chair in Allied Health Sciences, Assistant Coordinator of Business, Industry and Government Programs, Campus Manager of three ACC campuses and Director of Continuing Education.

Goodall received her Bachelor's degree in Nursing from Prairie View A & M University, her Masters of Science in Nursing from Texas Woman's University, and her Doctorate in Educational Administration at the University of Texas at Austin. She is a 1992 graduate of the Leadership Texas program. Goodall has been active in educational, community and civic organizations, serving as President of the Rotary Club of East Austin, Chair of the Texas Common Course Numbering System and Past President of the Texas Community College Instructional Administrators. She served on the Board of Directors of the American Red Cross-Central Texas Chapter, Board of Directors of the Texas Alliance of Black School Educators and is a member of many professional associations and organizations. Goodall is married, has one daughter and one grandson.

➤ **Paul Hilgers, City of Austin Neighborhood Housing Community Development Dept**

Paul Hilgers joined the City of Austin in August 1997 as Director of the Neighborhood Housing and Community Development Office (NHCD). NHCD serves as the administrator of U.S. Department of Housing and Urban Development (HUD) Community Development

Block Grant (CDBG) funding allocation for the City of Austin as well as carries out a variety of programs related to affordable housing and economic development.

Mr. Hilgers' department provides service to more than 44,000 Austinites annually and since becoming Director he has been instrumental in the creation of the City's S.M.A.R.T. Housing™ program, the redevelopment of the East 11th and 12th Street Corridor and the newly constructed Homeless Shelter. Before joining the City in this latest capacity, he served as Federal Relations Coordinator and Customer/Community Relations Representative with the Lower Colorado River Authority, Coordinator of Employment and Training, Governor's Office of Economic Development under Governor Mark White, and as District Director of Congressman J. J. Pickle's office.

- **H. Nancy Hohengarten, Travis County Criminal Court**
Judge Nancy Hohengarten presides over Travis County Court at Law 5 which hears adult misdemeanor criminal cases. She is a former Assistant Attorney General, Assistant Travis County District Attorney and criminal defense attorney. She is also a member of the Travis County Mental Health Jail Diversion Committee.
- **Barbara Tucker Humphrey, Travis County Housing Authority**
Barbara Tucker Humphrey is the current Director of Housing Operations for the Housing Authority of Travis County. Previously, Ms. Humphrey served as Regional Coordinator at the Texas Department of Housing and Community Affairs and Housing Counselor at the Austin Housing Authority. Ms. Humphrey has a B.A. in social psychology from Park College in Austin, Texas.
- **Princess Katana, Children's Partnership**
Princess Katana, M.D., M.Ed., is Director of The Children's Partnership, a multi-agency collaboration implementing the System of Care best practice model in Travis County, Texas. Princess has eleven years of experience in Texas, managing and implementing programs dedicated to prevention, early intervention and the transformation of mental health support services for under-served communities, especially Latino children, adolescents and their families. Princess has extensive national experience training on Systems of Care, the Wraparound approach and culturally competent service delivery.
- **Rudy Landeros, Austin Police Department: Biography Not Available**
- **David Lurie, City of Austin Health and Human Services**
David Lurie is Director of the Austin/Travis County Health and Human Services Department. This combined City/County Agency provides public health services, animal services, workforce development, day labor, youth development, child care, and services for the homeless; along with a comprehensive range of contracted community-based health and social services including basic needs, mental health and substance abuse prevention and treatment. Lurie has served in various other community health leadership positions including Director of Public Health for Seattle/King County, Commissioner of Health for the City of Minneapolis, Deputy Director of Health and Human Services in Marin County, California, and Mental Health Administrator for Stanislaus County, California.

He is President-elect of the Texas Association Local Health Officials and serves on state and national public health committees focusing on health promotion, disease prevention, legislation, tobacco, and emergency preparedness. David is a former President of the U. S. Conference of Local Health Officers.

➤ **Clifford Moy, Community Member**

Clifford K. Moy, M.D. is Associate Medical Director of the Texas Medicaid and Healthcare Partnership. Dr. Moy was Clinical Director of the Austin State Hospital from 1995-2005. A board-certified psychiatrist, Dr. Moy serves in a variety of professional and community positions. He led quality and performance improvement initiatives in patient care services in the Texas Department of Mental Health and Mental Retardation and the Department of State Health Services. At Austin State Hospital, he was an integral participant in JCAHO and Medicare accreditation/certification inspections and compliance with the RAJ settlement agreement. Dr. Moy served for six years on the JCAHO Professional and Technical Advisory Committee for Behavioral Health.

An active participant in his professional organizations, Dr. Moy is a Delegate to the American Medical Association House of Delegates and served on the Governing Council of the Minority Affairs Consortium. He served on the American Psychiatric Association's Council on National Affairs. He was appointed to numerous Texas Medical Association groups. Dr. Moy graduated from Trinity University and the University of Texas Medical School at Houston. He completed his psychiatric residency at Parkland Hospital/University of Texas Southwestern Medical Center.

➤ **Debra Murphy, Huston-Tillotson University**

Debra L. Murphy, Ph.D., M.P.H., is an Associate Professor of Psychology at Huston-Tillotson University; Advisor for the Psychology Major Area; and Principal Investigator/Director of the HT Health Connection AIDS Awareness/Risk Reduction. Dr. Murphy received her Ph.D. in Social Psychology from Texas Christian University and a postdoctoral M.P.H. from the Columbia University School of Public Health. She has taught at Columbia University and conducted research with the New York State Division of Substance Abuse Services/Narcotic Drug Research Incorporated in the area of substance abuse and HIV. Her career has expanded to include all areas of racial disparities in health with various state, federal, academic, and private agencies and organizations. She has worked with the American Health Foundation/Harlem Health Connection, the Minority Task Force on AIDS, the Federal Centers for Substance Abuse Treatment and Prevention (CSAT and CSAP), and other federal grant project initiatives.

Since relocating to Austin, she spearheaded the implementation of the first major in psychology in the history of Huston-Tillotson College, and served as Head of the Department of Behavioral Sciences at Huston-Tillotson College prior to the reorganization of the college. Dr. Murphy has continued her work in the areas of racial disparities in HIV/AIDS and other health areas by writing and obtaining a HIV/AIDS awareness and risk reduction grant targeted at the students at HTC.

➤ **Lieutenant Ronald Potts**

Lieutenant Ronald Potts is a United States Marine Corps veteran and a 26 year veteran of the Austin Police Department. Lt. Potts is currently assigned to Crimes Against Persons II (CAPSII). He oversees Sex Crimes, Child Abuse, Child Exploitation, Family Violence, Domestic Violence Emergency Response Team and Critical Incident Team also known as the Mental Health Unit. Lt. Potts worked four years in the Downtown Area Command (DTAC), which is the only Command in the City of Austin where every Officer is a Mental Health Officer. He spent 15 years as a Patrolman and also served as a Crime Prevention Specialist. As a Detective for 4 years, Lt. Potts worked in the Assault Unit and also in Northeast Investigations. As a Sergeant, Lt. Potts served as a Patrol Sergeant and as Sergeant over the

K9 Unit. Lt. Potts has received training as an Instructor for Violence in the Work Place, and has conducted Violence in the Workplace and Rape Seminars for 20 years. Lt. Potts has been at his current rank of Lieutenant for 4 years. Among numerous awards, Lt. Potts has a Master Peace Officer Certificate and was awarded the Police Medal of Valor. He is a single father of two boys.

➤ **Ollie Seay, Texas State University**

Ollie J. Seay, Ph.D., Private Practitioner and Director of the Master's in Health Psychology Program at Texas State University-San Marcos, is a Licensed Psychologist and graduate of the University of Texas at Austin. She has worked for over thirty years within the field of mental retardation and has specialized in forensic evaluation, diagnosis, and treatment of individuals with multiple disabilities. She is currently on the Boards of Directors for the Texas Association on Mental Retardation (TAMR), *Capacity FOR JUSTICE*, and the Council of Families for Children. In addition, she serves as Chair of the Legislative and Social Issues Committee for TAMR and as Federal Advocacy Coordinator and Social Justice Committee member for the Texas Psychological Association.

➤ **Armin Steege, Seton Shoal Creek Hospital**

Armin Steege serves as administrator for Seton Shoal Creek Hospital, Austin's largest private provider of in-patient psychiatric care. He is also an adjunct faculty member at St. Edward's University where he teaches courses in abnormal psychology and counseling techniques and at Austin Presbyterian Theological Seminary where he teaches courses to help pastors deal effectively with drug and alcohol abuse in parish settings. Steege is a Licensed Professional Counselor and a Licensed Marriage and Family therapist.

➤ **Mike Turner**

Sergeant Mike Turner is currently the Austin Police Department Crisis Intervention Team Supervisor. An 18-year veteran of the department, Turner has served as Night Shift Patrol Supervisor in the Southwest Austin Sector, served with the Southwest Area Command Detectives, APD Training Academy and the Central East Austin Response Unit. He is a graduate of Sam Houston State University.

OTHER PARTICIPANTS

➤ **Kathleen Casey, Hogg Foundation for Mental Health**

Kathleen Casey, M.A. is a Doctoral Research and Policy Fellow at the Hogg Foundation for Mental Health and a Doctoral Candidate at the University of Texas at Austin. Ms. Casey completed a B.S. with Honors in Psychology from Loyola University in Chicago and a M.A. in Clinical Psychology from Xavier University in Cincinnati. She is currently in her final year for completion of an Inter-Disciplinary Ph.D. in Mental Health, which combines a program of study from social work, clinical psychology, and public affairs.

Kathleen is a former Program Director with United Nations Children's Fund in Central America and a Senior Research Analyst with the National Committee for Prevention of Child Abuse. Prior to her being awarded a Fellowship at the Hogg Foundation, Ms. Casey served as a Project Director for the Center for Social Work Research at the University of Texas at Austin where she managed research and evaluation studies for a number of state and federal demonstration projects, including the Children's Partnership and the Texas Integrated Funding Initiative.

➤ **Marietta Bell Noel**

Marietta Bell Noel is Senior Planner at Austin Travis County Mental Health Mental Retardation Center, where she provides direction and coordination to Center-wide strategic and annual planning processes and serves as a planning liaison for various community planning entities involving Center services. Additionally, she serves as Staff Liaison to Center citizens' advisory committees and as Coordinator of the Central Texas African American Family Support Conference. Ms. Noel, who graduated with honors from Lane College and attended the University of Chicago, has a B.A. in Sociology. She has worked in health and human services in both the private and public sectors and has more than 30 years of successful experience in program management, case management, and consumer and family relations. She is currently a member of the Center's Cultural Diversity Committee.

➤ **Sharon Taylor, Austin Travis County Mental Health Mental Retardation Center**

Sharon Taylor is the Executive Manager for the Austin Travis County MHMR Center and has been working for the Center for 24 years. As Executive Manager, Ms. Taylor is responsible for Executive Office operations and serves as the Board of Trustees Liaison and as the Center parliamentarian. She holds a Bachelor of Science degree in Business Administration with a minor in Office Administration. Ms. Taylor is the co-Chair of the 2006 Central Texas African American Family Support Conference; Chair of the Employee Excellence Committee; and the facilitator for the Administrative Professionals Committee. Ms. Taylor is a Registered Parliamentarian and a member and past President of both the Austin Parliament and Austin Unit #1 of the National Association of Parliamentarians. She is currently serving as Chairman of the Scholastic and Convention Music Committees for the Texas State Association of Parliamentarians.

➤ **Willie Williams, City of Austin**

Willie G. Williams currently serves as Liaison and Contract Manager for the City of Austin Health and Human Services Department. He has a Master's Degree in Social Psychology, and has multiple other certifications, including licensure as a Chemical Dependency Counselor, Dual Diagnosis certification, and Case Management certification. Mr. Williams has more than fifteen years experience in the development, direction and implementation of mental and behavioral health policies and programs to meet the needs of critical target populations, and is skilled in developing strategic business plans, policies and budgets that meet the needs of culturally diverse populations.



APPENDIX B MMHTFMC STAFF

Susan Stone, Executive Coordinator

Dr. Stone graduated from the University of Texas at Austin with a B.A. with Honors in History. She then went on to attend the University of Texas Law School, and then the University of Texas Medical School to earn her law and medical degrees. She completed her residency in psychiatric medicine also at the University of Texas, and served as Chief Resident in her final year. She is the former Associate Medical Director for the Texas Department of Mental Health and Mental Retardation, and former Ethics Advisor for the Texas Department of Criminal Justice. She has been a member of the State Bar of Texas since 1986, and is Board Certified in both General and Forensic Psychiatry.

Dr. Stone is currently a practicing psychiatrist, but she spends the majority of her time providing consultation to communities trying to accomplish system change. She has worked extensively in the development of a variety of community collaborative efforts related to mental health issues, and has done a significant amount of work in the Austin area to address these issues. Dr. Stone joined the facilitation team on October 15, 2005.

Eric Blumberg, Community Liaison

Eric Blumberg has a B.A. in Media Studies from Hunter College in New York City, and attended two years at the University of Texas Graduate School of Journalism. He has taught media studies at Austin Community College and ran for the Austin City Council in 1996. He was a talk show host and news reporter for two Austin radio stations, KLBJ-AM and KVET-AM, and was New Director for KSCJ-AM radio in Sioux City, Iowa. He also served as Communications Director for the Siouxland Mental Health Center in Sioux City, IA. In addition to serving as Community Liaison for the MMHTFMC, Mr. Blumberg serves as Program Coordinator for NAMI Austin.

Mildred Vuris, Director of Governmental and Community Relations, ATCMHMR

Mildred Vuris holds a Master's Degree in Educational Psychology from the University of Texas at Austin and a Bachelor of Arts in Psychology from Trinity University in San Antonio. Currently, she is the Director of Governmental and Community Relations at the Austin Travis County Mental Health Mental Retardation Center. She is responsible for planning and policy development in a managed care environment, consumer rights, and public relations. Ms. Vuris has been employed at the Center for over 30 years and has extensive experience in management of behavioral health services for children and adults, as well as program development, including residential and housing. In 1986, she received the prestigious Austin Mental Health Association Professional of the Year award. Ms. Vuris has served as a member of the National Advisory Committee of the Robert Wood Johnson Foundation's Program, Building Health System for People with Chronic Illnesses and participated in site visits nationwide. She is currently a member of the Community Action Network Administrative Team, the Indigent Care Collaboration and a Board Member of Tejas Behavioral Health Management Association.

Lisa Quinn, Community Relations, ATCMHMR

Lisa Quinn graduated with Honors from Upper Iowa University with a Bachelor's Degree in Human Services, with a minor in psychology. Ms. Quinn has been employed by ATCMHMR for the past five years. She is the co-editor of the Center's FOCUS newsletter, writer/designer of the Center's monthly employee newsletter, maintains Center's website and does graphic design for many Center publications. Lisa also has extensive experience with personnel transitioning out of the military, and has worked locally in the legal department of AMD and in the executive offices of Time Warner Cable. Ms. Quinn will maintain the MMHTFMC website, as well as providing executive administrative assistance and coordination to the Monitoring Committee.



**APPENDIX C:
MMHTFMC ACTION PLAN**

**MAYOR'S MENTAL HEALTH TASK FORCE MONITORING COMMITTEE
ACTION PLAN
December 1, 2005**

STRATEGY 1: CRIMINAL JUSTICE PREVENTION AND DIVERSION

Criteria A. Development of pre- and post- booking jail diversion system			
Activities	Who?	Target Dates	Status
Form a working group of stakeholders	MMHTFMC in conjunction with Community Jail Diversion Committee	2/06-7/07	1) Working group on jail overcrowding for several years—now the Community Jail Diversion Committee 2) County Jail Diversion Committee
Develop systems to respond to need through funding and implementation of specialized programs	MMHTFMC in conjunction with JOTF	2/06-7/07	1) SAMSHA Grant application—not funded; 2) Presentations to County Commissioners and Hospital District 3) Broad Based, \$12 million county plan 4) Community-Based Problem Solving Criminal Justice Initiative submitted by Travis County Juvenile Probation 5) Addition of treatment dollars to Community Court 6) City funding for public intoxication offender treatment
Specialized training		Ongoing	1) ATCMHMR Clinical Training University
Development of uniform assessment tool for identification of individuals appropriate for diversion	Team of professionals with expertise in child and adult assessment	7/2005-7/2006	Volunteers?
Identify existing programs to which persons can be diverted	Stakeholders, MHMR	7/2005-7/2006	1) Publication of GOALS Jail Diversion Plan
Develop program eligibility criteria	Team of consumers, advocates, professionals, administrators	9/05-1/07	Volunteers?
Develop psychiatric ER or triage center	FQHCs, Hospital District ATCMHMR, CJDC	7/2005-7/2007	1) Proposal to create or enhance and co-locate within a Comprehensive Psychiatric Emergency Program developed by CJDC

Criteria B. Development of mental health and mental retardation docket with specialists

Activities	Who?	Target Dates	Status
Develop a division of DA and CA offices with specialist prosecutors	DA, CA	2/2005-7/2006	1) DA's office working to establish a MH unit; 2) CA seeking funding to continue their unit 3) CA staffs MH criminal cases with ATCMHMR weekly
Develop a division of the juvenile public defender's office staffed with specialists	District Courts in conjunction with juvenile public defenders	9/2005-7/2007	
Specialized training	All stakeholders	Ongoing	1) June 2005: Judges attended a training session on mental health courts 2) MH presentation at Bench Bar Conference
Develop a mental health public defender's office, or equivalent, with teams of specialist lawyers and social workers	Stakeholders, Criminal Court, judges, juvenile public defender	2/2005-1/2007	1) Funding request for two additional MHMR court liaisons---approved 2) Pretrial services requesting funding to work with MH defendants 3) June 2005: implementation of specialist attorney wheel 4) Indigent Defense Mental Health Program Proposal
Develop and implement subset of highly trained judges or MH court		2/05-12/06	1) Four judges taking the lead in MH cases 2) June 2005: Judges attended a training session on mental health courts

Criteria C. Expansion of Community Standards related to jail diversion efforts

Activities	Who?	Target Dates	Status
Research current standards	MMHTFMC CJDC APD TCSO	12/05- 7/06	
Research other community approaches	MMHTFMC CJDC APD TCSO	7/6-12/6	
Recommendations about modifications to community standards	MMHTFMC CJDC APD TCSO	1/7-7/7	

Baseline Indicators:

Mental Health Felony Appointments (June 2005 – October 2005): 332
 Mental Health Misdemeanor Appointments (June 2005 – October 2005): 512
 Clients Served by ANEW in FY 2005: 305
 Snapshot Jail Census: November 2, 2005:
 Total Number of Detainees: 2,784
 Total Number Identified as Having Mental Illness: 500
 Total Number in Specialized Mental Health Housing: 200

STRATEGY 2: SAFE, AFFORDABLE, ACCESSIBLE AND INTEGRATED HOUSING

Activities	Who?	Target Dates	Status
Gather and investigate current housing plans (e.g. city)	MMHTFMC/ City of Austin	12/05	1) Plan to End Chronic Homelessness 2) 2005-2009 Consolidated Plan 3) 2005-2006 Action Plan
Develop inventory of current housing units serving persons with mental illness	MMHTFMC/ City of Austin/ Housing Providers	4/06	
Develop estimate of unmet need (i.e. homeless, underhoused)	MMHTFMC/ City of Austin	7/06	
Identify successful strategies for filling unmet need	MMHTFMC/ City of Austin/ Austin Tenant's Council/ MHMR/Homeless Network	9/06	
Develop plan and priorities for filling unmet need	MMHTFMC/ City of Austin/ Austin Tenant's Council/ MHMR/Homeless Network	12/06	
Data driven, collaborative systems to improve access	MHMR, Austin basic needs council, TCHHS	10/5-10/11	1) Application for funding for Community Voice Mail—received 2) Two HUD 811 grants for 35 units awarded to ATCMHMR and New Milestones Foundation 3) Disaster Relief Center 4) Expansion of housing bonds 5) October 2005 Austin Networks recommendations to implement Medicaid/CHASSIS

STRATEGY 3: ACCESS TO MENTAL HEALTH SERVICES

Activities	Who?	Target Dates	Status
Clarify needed resources for a full range of mental health services via community mapping/needs assessment, etc.	Directors TCHHS&VS, Austin HHS, Austin Tenant's Council, MHMR, Hospital District	2/05-2/07	1) United Way 211 database 2) Youth Advisory Group Ready 21 initiative conducting resource mapping 3) CAN Adult and Children's Planning Groups 4) ATCMHMR Waiting List Management initiated
Identify gaps in services and priorities for filling gaps	Directors TCHHS&VS, Austin HHS, Austin Tenant's Council, MHMR, Hospital District, Community Planning Partnerships	2/05-2/07	1) RFP to be released by Hogg Foundation on December 1 2) Community Mental Health Strategic Planning Meeting, November 8, 2005
Establish an urgent care clinic with evening and weekend hours and expand integrated health care in primary care clinics	Directors TCHHS&VS, Austin HHS, Austin Tenant's Council, MHMR, Hospital District	2/05-2/07	1) E-Merge program 2) Expansion of E-Merge into People's Community Clinic
Expand outpatient mental health capacity to decrease wait times and caseloads	Directors TCHHS&VS, Austin HHS, Austin Tenant's Council, MHMR, Hospital District	2/05-2/07	1) April 2005: establishment of Resiliency Clinic 2) Implementation of Community Voice Mail (Impact Austin grant)
Explore the feasibility of developing a common process for assessment/intake and a linked system	Directors of ATCMHMR and ATC HHS	2/05-2/07	1) CPC currently serves as single point of entry for children—uniformity of assessment and linkages 2) Service Data Point Entry System

Continued on Next Page

STRATEGY 3: ACCESS TO MENTAL HEALTH SERVICES (continued from Page 35)

Activities	Who?	Target Dates	Status
Specialized Training		Ongoing	<p>1) Children's Partnership and Huston-Tillotson University awarded a grant to create System of Care Training Institute</p> <p>2) ATCMHMR compilation and publication of best practices list and Diversity Plan</p> <p>3) Suicide Prevention Gatekeeper training</p> <p>4) African American Family Support Conference, February 2006</p>

Baseline Indicators:

Number of Austin/Travis County MH Clients Served FY 2005: 33,700
 ATCMHMR: 14,240
 Other Agencies: (19 total): 19,440

Gender/Ethnicity/Age of ATCMHMR Consumers (FY 2005)

Gender
 53% Male/47% Female

Ethnicity
 Asian: 1% Black: 21% Hispanic: 26% Native American: 0% Other: 2%
 Unknown: 1% White: 49%

Age:
 0-18: 22%
 19-29: 20%
 30-39: 20%
 40-49: 22%
 50 and older: 16%

Suicide Rate:
 2000-2004: 460 suicides

STRATEGY 4: SCHOOLS

Criteria A. Mental Health Education in Schools

Activities	Who?	Target Dates	Status
Meet with Partners in Education leadership to persuade them of the need to focus on mental health issues	MHMR, CAN, MH Provider Groups	1/05-7/06	
Provide Partners in Education with appropriate educational material to recruit sponsors	MHMR, CAN, MH Provider Groups	12/05-12/06	
Implement program in selected schools	MHMR, CAN, MH Provider Groups	12/06-12/07	1) CIS provides AISD-based mental health care—natural vehicle to promote mental health education
Evaluate program and make recommendations regarding continuation	MHMR, CAN, MH Provider Groups	12/07-1/2010	

Baseline indicators:

District Level attendance rate for 2004-2005: 94.4%

District Level # of arrests on campuses 2004-2005 (and turned over to school administration): 3,656 (to date)

STRATEGY 5: COMMUNITY AWARENESS

Activities	Who?	Target Dates	Status
Suicide Prevention Plan	Austin Suicide Prevention Coalition	9/05-12/07	1) Plan Complete 2) ASPC plans to pursue grant opportunities to establish a structured intervention program in primary health programs and schools
Identify and review current marketing, communication, or public relations plans that have been developed by other organizations		9/05-8/07	1) ATCMHMR FOCUS newsletters 2) ATCMHMR Consumer Gazette 3) New Milestones Foundation 4) Hogg Foundation Pastoral Training Feasibility Study 5) Twice monthly radio show on mental health issues 6) Updating ATCMHMR website consumer and volunteer information 7) Anti-stigma film festival 2006
Evidence based, culturally appropriate training for working with special populations	Community	Ongoing	Ongoing
Training for support network members in the community		2/05-2/06	1) ATCMHMR Consumer Initiative Plan to engage consumers 2) ATCMHMR System of Care Core Values
Determine viable education, communication and awareness plans to be advanced in the community		9/05-12/06	1) Communication Plan developed in September, 2005: <input type="checkbox"/> Press conference to celebrate first report <input type="checkbox"/> Education of businesses <input type="checkbox"/> Working with church leaders <input type="checkbox"/> Interface with AISD
City and County parity of physical and mental health resources; cost benefit analysis and barriers	City/County	9/05-9/06	
Contact media outlets in an effort to keep community abreast of education and awareness campaign; track and record relevant media coverage			1) Dissemination of MMHTF Final Report 2) Dissemination of MMHTFMC First Annual Report

