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Community-Based Collaboration: A Philanthropic Model for Positive Social Change

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A Tragic Catalyst for Change

On June 11, 2002, Sophia King, a 23-year-old African American woman diagnosed with schizophrenia, was shot and killed by an Anglo police officer in Austin, Texas. During the four days prior to the incident, King had exhibited erratic and disruptive behavior. Neighbors and apartment management filed several complaints with police about King's behavior and noise from her apartment, but community-based prevention services failed to ameliorate the situation. At the time of her death, King's behavior had escalated and she was threatening the housing manager of her complex with a knife.

The incident triggered shock and anger in the Austin community and across Texas. Community and state leaders questioned how such a tragic encounter could occur in a city seen by many as a relatively safe and progressive community. Service providers and advocates voiced their concerns about the growing number of children and adults falling through the gaps in the community's behavioral health care system.

At the time of King's death, public behavioral health services in Travis County were in crisis. The system of care was severely strained and grossly underfunded, forcing providers to make hard choices about which clients to serve and causing some consumers to choose between paying for medications and basic needs such as food and housing. The area's population was growing significantly, but funding for behavioral health services was not increasing accordingly.

Key Points

- A highly publicized incident served as a catalyst for the Austin, Texas, community, convened by the Hogg Foundation for Mental Health, to address gaps in the behavioral health system.
- The foundation worked with the local behavioral health authority, the mayor's office, police and sheriff's departments, and the city health department to design the Austin Mayor's Mental Health Task Force. The task force was succeeded by a monitoring committee that identified six focus areas in which to develop action plans and monitor community progress.
- This collaborative process aimed to strengthen public commitment to behavioral health services and create a cross-agency planning structure to make concrete improvements in the existing service delivery systems.
- Fourteen indicators were compiled into a Mentally Healthy Community Score Card, including indicators related to positive behavioral health, such as fitness, housing, and employment. Of the 14 scored indicators, 78 percent showed improvement between 2005 and 2006.
- System change outcomes included improved quality and access to data, greater public awareness of mental health issues, and the development of new programs, including funding for pilot programs.

The problems highlighted by King's tragic death and the resulting deep-seated anger and racial divisions in the community prompted the Hogg Foundation for Mental Health to search for a role that philanthropy could play in improving community conditions and healing significant rifts. The Austin-based foundation's grants and programs support mental health consumer services, research, policy analysis and public education projects in Texas.

Optimizing services for mental health consumers often means crossing traditional agency boundaries, because consumers frequently have multiple needs and may seek services through different avenues.

The foundation brought residents and stakeholders together at a community forum in October 2003 to identify and address deficiencies in the behavioral health care system. A professional facilitator from outside the community led the discussion. Participants raised concerns well beyond the community behavioral health system, highlighting problems with criminal and juvenile justice, housing, community education and short- and long-term treatment, among other concerns.

Texas has the highest rate of all the states of people without health insurance (Task Force on Access to Health Care in Texas, 2006), and many seek behavioral health services on an emergency basis only. Low levels of funding for public services have led to narrowly defined service populations, only a small percentage of whom actually receive services. Stigma and cultural barriers prevent significant segments of the local population from accessing publicly available services. Tension and misunderstanding between service recipients and providers magnify cultural differences in usage rates. And for people interested in receiving services, gaps in those services reduce their effectiveness and made the process very complex. Many receive behavioral health services for the first time only as a result of criminal or juvenile justice involvement.

These broad concerns reflected barriers to community-based mental health care created by fragmented social systems and policies (Goldman, 2003). The foundation started with the premise that steps could be taken to address the challenges facing the Austin community and resources could be identified to support positive change (Syme, 2000). It recognized that basic elements must be in place in the community to support a recovery process that enables individuals with mental illness to live fulfilling and productive lives. The foundation called together community leaders to identify key elements, examine the current system, delineate measures to improve services, and implement an action plan to strengthen Austin/Travis County's support of individuals and families struggling with severe and persistent mental illnesses.

Designing a Model for Community Collaboration

The Hogg Foundation has focused on improving mental health in Texas since 1940. Based on this history of experience, the foundation has developed key assumptions on how most effectively to promote positive change in mental health services in Texas. Optimizing services for mental health consumers often means crossing traditional agency boundaries, because consumers frequently have multiple needs and may seek services through different avenues (New Freedom Commission on Mental Health, 2003; Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services, 2005; Institute of Medicine, 2005). Consequently, collaboration is key in designing and implementing improvements that recognize real-life patterns of consumers' lives. Ongoing exchange of information among agencies is crucial to effectively planning and providing services, and identifying and address-

ing gaps in a continuum of services is a logical starting point.

Increasingly, researchers and scholars have recognized the significance of collaborative approaches to intractable public health problems. Meredith Minkler has encouraged community-based participatory research as a means to combine research and action to improve locally-identified health problems (Minkler, 2005; Minkler, Blackwell, Thompson & Tamir, 2003). Roz Lasker has detailed how successful partnerships develop a synergy that multiplies effectiveness (Lasker, Weiss & Miller, 2001a; Lasker, Weiss & Miller, 2001b; Lasker & Weiss, 2003). The advocacy coalition framework explains how collaborations facilitate policy-oriented learning that over time leads to significant policy change (Sabatier & Jenkins-Smith, 1993). Yet, despite these advantages, research shows that many health collaborations fail in their first year and even more struggle to develop and implement plans (Kreuter & Lezin, 1998; Kreuter, Lezin, & Young, 2000).

Working from this background, the foundation proposed to fund and sponsor a community-based collaborative planning process involving many different local sectors and agencies. The planning process proposed by the foundation would enable community representatives to develop a long-term policy agenda that local, state, and national funders could support from the start. This approach was different from the more typical philanthropic relationship in which foundations provide grants focused on short-term change, recipients attempt to persuade foundations to fund long-term change, and foundations partially adopt the new policy agenda (Silver, 2004).

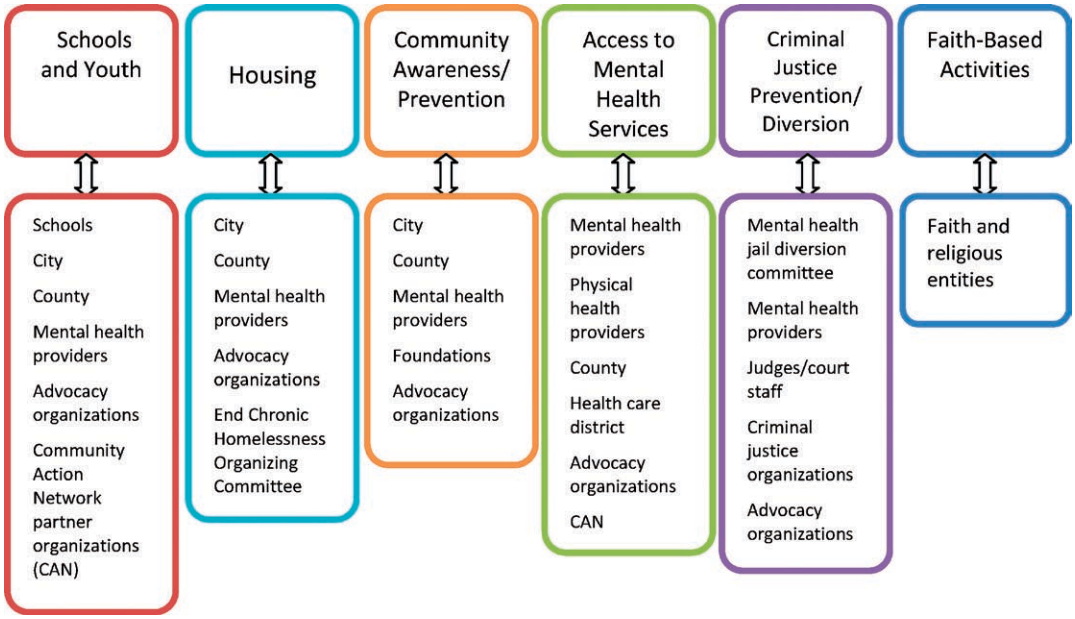
The Austin/Travis County community contributed multiple assets to the process and demonstrated a commitment to improving behavioral health services and deep concern over recent problems. A wealth of local nonprofits had experience with collaborative processes and were predisposed to address problems collectively. Many participants brought specific skills in strategic planning, fundraising, and other relevant areas. People came together in more meaningful ways than ever before through the convergence of several events, including the formation of a new health care district, changes in eligibility criteria for public behavioral health services, an affordable housing bond proposal, and creation of a re-entry roundtable for the effective reintegration of formerly incarcerated persons.

During the first half of 2004, the foundation worked with the local behavioral health authority, the mayor's office, police and sheriff's departments, and the city health department to design the Austin Mayor's Mental Health Task Force. Several local leaders — a former mayor and a former state senator, both of whom were greatly respected across racial lines — agreed to co-chair the task force. The planning group and the co-chairs identified individuals to nominate for the task force, and at the initial meeting, the nominated participants made additional suggestions. The planning group members also participated in the task force. The foundation and several local agencies pooled funds to hire professional facilitators and a report writer. This was the only expense, other than staff time, incurred by the foundation, as participating organizations donated meeting space and staff time.

The foundation hoped this collaborative process would strengthen public commitment to behavioral health services and create a cross-agency planning structure to make concrete improvements in the existing service delivery systems, thus providing support for consumers working toward recovery and more meaningful lives in the community.

Drawing on the concerns identified in the 2003 community forum and an understanding of local needs, the task force planning committee identified four critical areas and formed subcommittees to address each: (1) education and community awareness, (2) justice systems, (3) housing, and (4) short- and long-term treatment. Each subcommittee was asked to identify behavioral health needs, gaps, and sources of fragmentation in behavioral health services within its assigned area. Each was also asked to identify criteria to

FIGURE 1 Task Force monitoring committees and collaborating partners by focus area



measure the characteristics of a mentally healthy community and to recommend actions necessary to achieve those criteria through transformation of the region's behavioral health care service systems.

Applying the Community Collaboration

After an eight-month planning process, the task force held its first meeting in August 2004. During the next five months, 80 people representing more than 40 organizations gathered for an intensive series of task force working sessions. Participants labored through five plenary sessions and at least seven subcommittee meetings, lasting several hours each, to fulfill their mandate. The general public was invited to every meeting and also provided input through a community forum and survey.

Following this process, the task force issued a report that identified a number of strengths and challenges in local behavioral health services (Mayor's Mental Health Task Force, 2005). It reviewed infrastructure, policies, training, resources, attitudes, and programs and identified critical gaps. To address these challenges and gaps, the task force created 39 criteria that, when achieved, would define Austin/Travis County as a mentally healthy community. The criteria were grouped in five categories: infrastructure, marketing, policies and plans, programs, and training and education. A detailed action plan laid out next steps, including tasks, assignments, and completion dates.

Upon submission of the report, the mayor thanked the task force for its work and disbanded the group. The Mayor's Mental Health Task Force Monitoring Committee was formed to refine and implement the task force's action plan. The monitoring committee reports to the board of the local behavioral health authority, which also provides meeting space and administrative support and funds a half-time consultant to facilitate the meetings, analyze data, draft reports, and identify new opportunities for collaboration. The monitoring committee's members represent many sectors of the community, including behavioral health consumers, private providers, public providers, local judges, law enforcement, schools, faith-based organizations, attorneys, foundations, and nonprofit organizations. These organizations and individuals provide their time and energy on a voluntary basis. In the three

years since the completion of the task force report, the monitoring committee has met on a monthly basis and typically has about 30 people in attendance.

To better delineate areas of system change, the monitoring committee identified six focus areas around which to develop action plans and monitor community progress. Work in these focus areas revolves around coordination of planning activities within the community, as well as filling gaps in planning strategies. To avoid duplication, the committee identified a number of collaborating entities with whom to partner, as elaborated in Figure 1.

Philanthropic Strategies for Community Collaboration

The foundation used a variety of strategies to encourage community collaboration and to design and implement the task force process. These strategies reflected core approaches of the foundation, developed through decades of community-based work, to a range of issues, but were also honed in the specific context of this community process.

Start With Fundamental Concerns and Interests in the Community

Too often philanthropic initiatives begin with the concerns and interests of the foundation's board and staff. In this case, the Hogg Foundation focused first on the broad community concern over Sophia King's death and channeled those concerns through the task force process. Because of the heightened interest, the initial community forum and subsequent task force meetings were well-attended and tracked by a number of community organizations. Participants were more diverse than had been typical in prior behavioral health-related meetings.

Capitalize on Existing Initiatives

The healthy city/community movement began in the 1980s in Canada and Europe and spread to the United States in the 1990s as a community-based process for addressing problems and promoting health (Flynn, 1996). Austin's mayor initiated a local "Fit City" fitness campaign in February 2004, during the initial Mental Health Task Force planning phase that followed the Hogg Foundation's community forum in 2003. The task force planning committee linked its activities to the fitness initiative, pointing out that behavioral health is an important part of overall health, and no city is truly fit without being a mentally healthy community. The committee proposed integrating behavioral health issues into the physical fitness campaign, which was a new concept within the fitness movement.

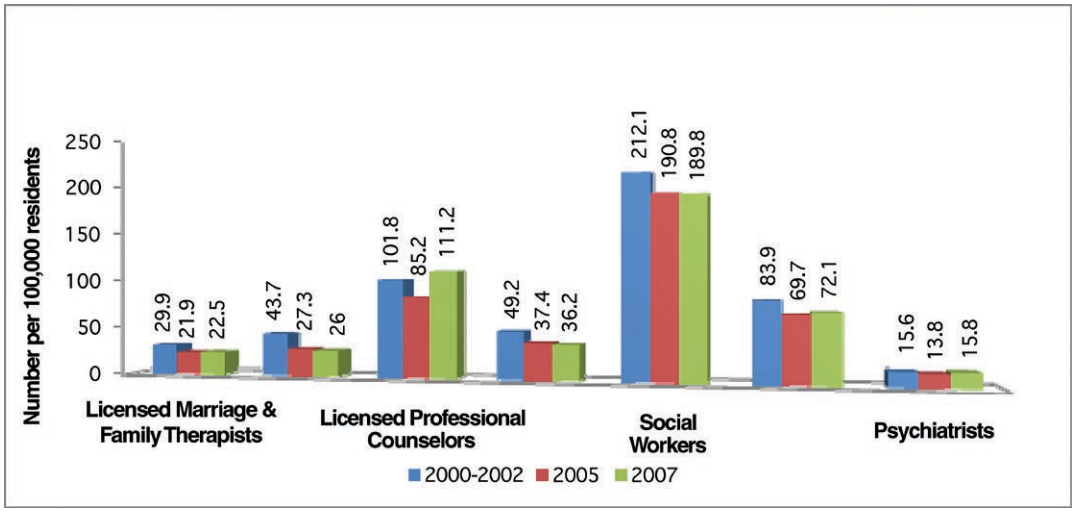
Use Broad Coalitions to Address Stakeholder Needs

Most challenges in health and human services bridge multiple systems. People and communities are highly interconnected, and resolving most health issues requires partnering between the public and private sectors (Grantmakers in Health, 2005a). Behavioral health consumers in Austin typically access multiple service systems, such as the local behavioral health center, emergency departments, law enforcement, schools, family and protective services, faith-based organizations, and emergency shelters. Consequently, the foundation believed it was essential to include representatives from all of these sectors to address fundamental causes, share information, and leverage resources.

Recognize Racial and Ethnic Disparities in Behavioral Health

The Austin/Travis County region reflects national trends in disparities of behavioral health status and access to services based on race and ethnicity (US Department of Health and Human Services, 2001). Cultures vary in their acceptance of mental health care. Recognizing how ethnic communities' perceptions of available services differed was essential to identifying effective ways to improve behavioral health in the community and address racial tensions around King's death. The composition of the task force leadership and members was designed to provide broad and diverse perspectives on the local situation. Such a coalition can be a particularly effective way to discuss policy and effect change around health disparities (Treadwell, 2008). The diversity of the foundation's staff — at the time over half of the senior administration and

FIGURE 2 Austin-Travis County behavioral health workforce availability



program staff were people of color — positioned it to play a key leadership role in this regard.

Seek Out and Involve Key Local Leaders

Though specific individuals and positions will vary with each locality, it is essential to involve leaders with decision-making authority from key stakeholders affected by the project (Grantmakers in Health, 2005b). The task force planning committee initially invited a large number of individuals and organizations to participate. The committee remained flexible and adjusted as needed to include additional key leaders identified during the first phase of convening the task force. As a result, the full task force had a broader and better perspective than originally conceived, and the additional participants proved to be immensely helpful to the process.

Measuring System Change

Data collection is key to developing and understanding health and health care (Guidice & Bolduc, 2004). While the original task force report identified 39 criteria that would define Austin as a mentally healthy community, the monitoring committee knew from the outset that there was no comprehensive baseline of behavioral health services in the community.

To address this, the monitoring committee developed a behavioral health service system mapping survey. This survey was distributed electronically to a wide array of service providers, including public, private, and nonprofit entities. The survey was designed by a group of stakeholders, including representatives from the city, county, local behavioral health authority, and area service providers. Its format paralleled a recent Primary Care Capacity Survey developed by a local nonprofit corporation in Austin called the Indigent Care Collaboration. Both surveys gathered data about direct services delivered, community education and prevention services, eligibility criteria, service system capacity, and funding streams. This survey is updated yearly to measure changes in the service system over time. Neither survey was specifically validated. Return rate on the survey was approximately 75%. Monitoring Committee staff analyzed the survey, including follow-up questions when responses were unclear.

Key Survey Findings

As shown in Figure 2, there was a decrease in per capita availability of behavioral health professionals in Austin/Travis County between 2002 and 2005, whereas availability rose slightly in 2007.

In 2006, virtually all reporting agencies responded that they were unable to fill budgeted slots for behavioral health professionals (Figure 3).

FIGURE 3 Austin-Travis County behavioral health workforce shortages, 2006

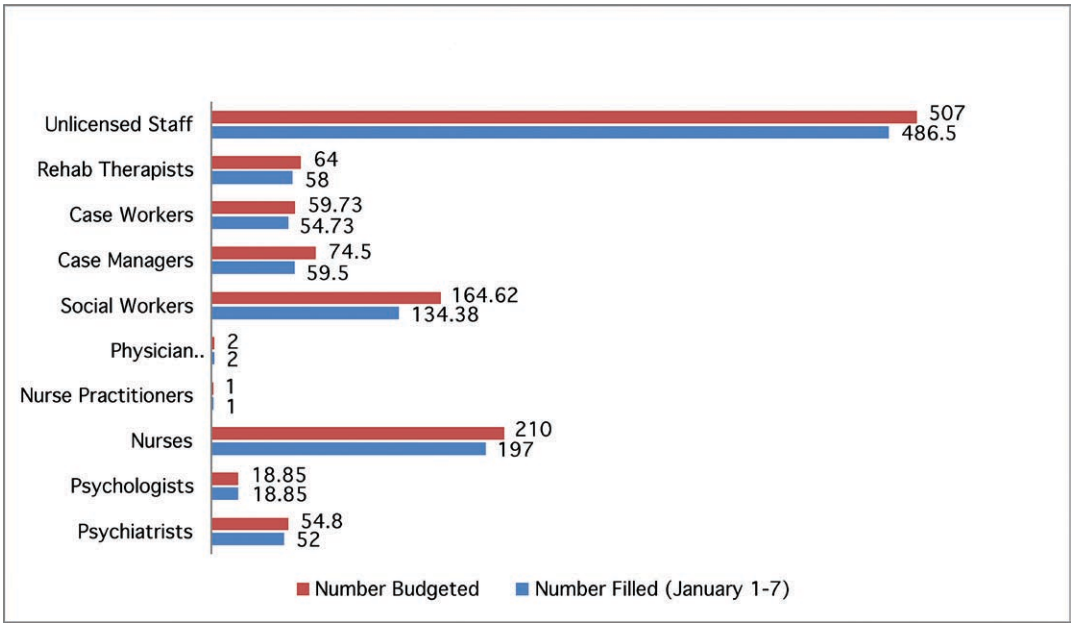
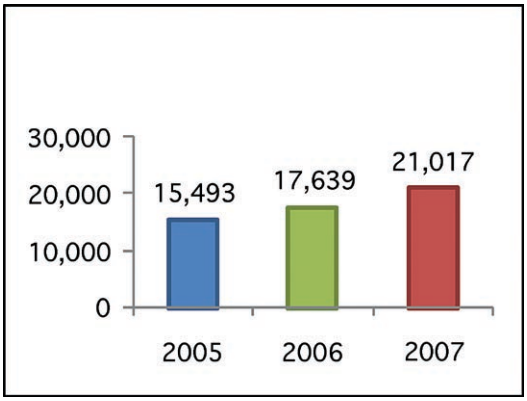


FIGURE 4 Behavioral health-related emergency room visits



There was a significant increase between 2005 and 2007 in the numbers of individuals with primarily behavioral health complaints presenting to emergency rooms and the psychiatric emergency services unit of the local behavioral health authority (Figures 4 and 5). This increase likely reflects the impact of new eligibility restrictions on public behavioral health services implemented by the Texas Department of State Health Services in 2004, but may also reflect growing public awareness of behavioral health issues, resulting in more individuals seeking help in times of crisis.

The numbers of individuals on waiting lists for public behavioral health services also increased (Figure 6).

Evaluating Progress Toward Goals

An important question that needed to be answered from the outset of the monitoring committee's activities was: "How will we know how we are doing?" To answer this question, a subcommittee identified a set of standardized indicators to reflect overall progress toward becoming a mentally healthy community. The 14 indicators were compiled into a Mentally Healthy Community Score Card. The score card was modeled after similar efforts developed around other "healthy cities" initiatives (Boonekamp, Colmer, Tomás, & Nuñez, 1999).

Where possible, the monitoring committee included indicators of overall factors related to positive behavioral health, such as fitness, housing, and employment. Of the 14 scored indicators, 78 percent showed improvement between 2005 and 2006, including:

- Fewer respondents reported turning clients away because of lack of capacity in 2006, compared with 2005.

- An increasing number of respondents reported community-based prevention/education services, and there was a broader array of these kinds of services available in 2006 compared to 2005.
- The overall employment rate in Travis County rose slightly in 2006 and is higher than the national average.
- The number of arrests of individuals with mental illness decreased.
- Health-related education and awareness activities and events increased.

Other indicators showed negative outcomes:

- For individuals found incompetent to stand trial, the number of days spent waiting in jail for transfer to hospital-based treatment and restoration services increased.
- The unduplicated number of behavioral health clients reported served decreased in 2006 compared to 2005, despite population growth.
- A full version of the monitoring committee's 2006 Mentally Healthy Community Score Card is attached in the Appendix.

Outcomes of the Collaboration Model

Collaboration generally is viewed as a process that leads to benefits and positive results. However, collaborative efforts such as the mental health task force and monitoring committee tend to require a significant commitment of leadership, time, and resources to be successful. A growing body of research evaluates the functioning and effectiveness of coalitions and partnerships — information that is necessary for ensuring success and justifying long-term functioning (Emshoff et al., 2007; Granner & Sharpe, 2004; Roussos & Fawcett, 2000).

The monitoring committee surveyed its members to gather feedback about its unique collaborative goals, activities, and areas of emphasis. The survey was administered at an annual retreat to the 15 committee members who most consistently participated in the committee's activities. The retreat was supported by local community partners, including the city and the local behavioral health authority. The survey responses were illuminating.

FIGURE 5 Behavioral health-related visits to psychiatric emergency services

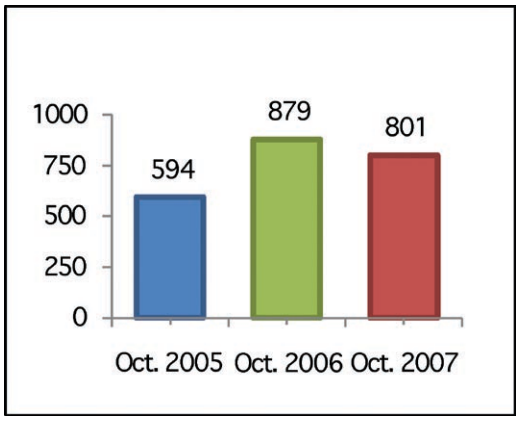
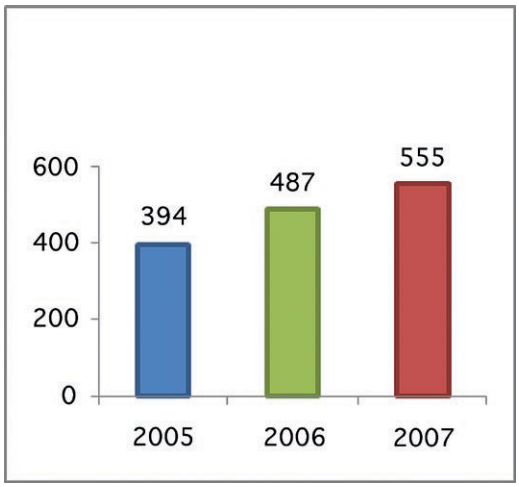


FIGURE 6 Waiting list for behavioral health services (monthly average)



- When asked about the importance of goals and activities, respondents indicated public awareness, shorter publications, and forums on specific focus areas as significant priorities.
- Oversight of local challenges and services was seen as the most important effective area of emphasis.
- 73 percent of respondents indicated satisfaction with the planning process for the committee's activities.
- Many strengths of the monitoring committee were reflected in the survey; the most reflected strengths were strong leadership, continuity of membership, and consistent participation.

- Most respondents identified insufficient funding among the top three barriers and increasing diversity of membership among the biggest challenges.
- Respondents varied widely in their opinions on whether key sectors in the community were adequately participating in collaborative activities.

Specific Accomplishments Through Collaboration

In addition to the coordination of long-term strategy and planning activities, the monitoring committee can point to some very specific accomplishments.

More In-Depth and Accurate Data About the Community

The monitoring community's service system mapping for children and adults in 2005, 2006, and 2007 has provided data never before available to the community. This data has for the first time established a baseline for measurement and has enabled the community to assess overall service-system capacity and changes in capacity. The next step to be addressed in 2008 is an analysis of national benchmarks to determine what a community of this size and with these demographics should have in terms of a behavioral health service system.

Greater Public Awareness and Education

The original Mayor's Mental Health Task Force Report was released in January of 2005. The monitoring committee has subsequently released three annual reports that have been presented to the mayor, the city council, and the Travis County commissioners, as well as original task force members, members of the legislative delegation, and a number of community consumer and advocacy groups. During the year, the committee also publishes newsletters that are widely distributed to inform the community about progress made and challenges encountered by the community. In addition to these publications, the committee occasionally hosts public forums to highlight developments and encourage discussion.

While there is no empirical data about how often and to what extent these publications are utilized, local organizations frequently refer to the Mayor's Mental Health Task Force Monitoring Committee as a major source of data and education related to behavioral health issues. Between July 15, 2008, and September 30, 2008, for example, the monitoring committee's Web site was accessed 1,366 times and had 804 unique visitors.

Online Public Information and Resources

The monitoring committee's Web site and electronic mailing list have proven to be a good source of information about the community's behavioral health services systems. In addition to the data provided by the committee, the Web site has an online calendar of community events related to behavioral health and links to other behavioral health resources across the city, county, and state.

Ability to Attract Innovative Pilot Programs

In late 2006, in response to a joint application from the monitoring committee and the Austin/Travis County Mental Health Jail Diversion Committee, Travis County was chosen as the beta testing site for a behavioral health jail diversion cost-simulation tool. This innovative software program assists communities in assessing the overall cost-effectiveness of behavioral health jail diversion programs. Working with this tool allowed a wide variety of stakeholders to analyze the cost implications of jail diversion efforts in the community.

Similarly, partly through the work of the monitoring committee, Travis County was chosen as a Mental Health Learning Site by the National Institute of Corrections. This allowed stakeholders to benefit from national expertise regarding the flow of individuals between behavioral health and criminal justice systems.

Better Understanding of Housing Needs

In 2006, with the assistance of the Austin Travis County Mental Health Mental Retardation Center Consumer Council, the monitoring committee conducted a survey of local behavioral health authority clients to determine their housing needs and desires. The results confirmed that

providing housing for this population does not revolve around a "building" or "facility," but rather requires a wide array of housing options to meet a variety of needs over time.

During 2007, the monitoring committee, in conjunction with the Travis County Reentry Roundtable and other housing planning groups, met numerous times to discuss housing issues for individuals with behavioral health needs, criminal justice backgrounds, or both. In December 2007, the committee invited the Corporation for Supported Housing, a nonprofit group in Washington, D.C., to help facilitate a community-wide forum on housing for individuals with behavioral health needs. After much discussion, participants agreed that the community would work with the corporation to develop a cost analysis and financial modeling plan to help prioritize housing development and financing for vulnerable populations.

Collaborative Efforts to Prevent Suicide

In 2005, the Austin Travis County Suicide Prevention Coalition released a local plan, in part in response to a recommendation in the task force report. Since then, the monitoring committee and the Suicide Prevention Coalition have worked in tandem to develop new and innovative ways to produce real-time data about suicide trends in the community.

Lessons Learned

Foundations and others seeking to initiate a community-based collaboration may benefit from reviewing the challenges and resolutions pursued during the Austin initiative.

Building A Network May Help Address the Tension Between Cost Control and Expectations of Adequate Services

Austin behavioral health service providers have struggled with lean budgets to provide the quantity and quality of services expected by the local community and consumers in particular. One community-based provider system found an interorganizational network with centralized administration to be an effective strategy to resolve conflicting institutional pressures (Provan, Isett, & Milward, 2004). Early indications are that a collaborative process can be an effective means to improve efficiencies in the system and attract supplemental funding.

Good Group Facilitation Is Essential to the Process

Bringing together diverse stakeholders can be tricky under the best of circumstances. In the context of racial divisions and scarce resources, it requires skillful facilitation and a focus on the ultimate goals of the collective. Logically, having strong diversity among the staff leading the process can be a tremendous boost to the process.

The Planning Process Serves a Key Educational Function

Originally, the task force and monitoring committee focused on the anticipated outputs and outcomes of the process. Over time, however, participants realized that the process itself fulfilled a crucial function: it served as a conduit for information across service systems and educated participants about the broad range of needs and activities in the community. This allowed sharing of different perspectives about behavioral health service system needs.

A Feedback Loop With the Broader Community Keeps the Process On Track

After the initial information-gathering stage, the task force and monitoring committee took care to provide feedback to the larger community and gather input about the evolving perspectives and needs of the region. Committee members have presented information and engaged in discussions with the city council, county commissioners, consumer groups and the broader community.

Institutionalizing the Collaborative Planning Process Can Be a Challenge

After the initial task force planning process funded by the foundation came to an end, the group found it difficult to identify a means to remain independent yet have stable staffing and funding. Eventually the monitoring committee was designed to report to the board of the local

behavioral health center, which also served as the administrative services organization. Though some members were concerned about this apparent affiliation with the center, it was the only apparent means to ensure sustainability over the medium term. As the monitoring committee nears the end of its five-year mandate, it once again struggles with how to ensure the continuation of a forum for broader community-based collaboration.

Conclusion

Foundations can support key local collaborations to the benefit of their communities, not only by funding the modest expenses of a community planning process, but also by using their standing as a neutral concerned party to convene key leaders in a broad participatory process. The longevity of the collaboration is perhaps the most crucial factor in insuring significant positive impacts resulting from the effort (Porter, Ross, Chapman, Kohatsu, and Fox, 2007). Foundations can provide the impetus and financial glue to initiate and sustain broad community partnerships.

An evaluation of the California healthy cities model showed that coalitions strengthened communities' infrastructure and promoted health by unifying participants behind a common vision, analyzing strengths and gaps in the existing health service system, and fostering new linkages across silos (Kegler, Norton, & Aronson, 2008). These changes led to new programs, policies, and practices and leveraged additional resources for the community.

The mental health task force and monitoring committee process led to the same results in Austin, showing that, even in the face of serious challenges, a collaborative community planning process funded by a philanthropic organization can spearhead significant changes and improvements in providing behavioral health services. While the collaborative model was used in this case to address community issues and concerns with behavioral health services, with a little creativity it can be applied toward a variety of community issues.

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APPENDIX

Mayor's Mental Health Task Force Monitoring Committee
2006 Mentally Healthy Community Scorecard

Overall assessment of progress

Of the 14 scored indicators below, 78 percent showed improvement between 2005 and 2006. The monitoring committee considers this score to demonstrate significant progress toward our goal of becoming a national model of a mentally healthy community.

Key  **Thumbs Up**  **Neutral**  **Thumbs Down**

Access

 Fewer respondents reported turning clients away because of lack of capacity in 2006, compared to 2005.

 There continue to be shortages in the supply of mental health professionals for a community our size, although there have been increases in the supply of Psychiatrists and Licensed Professional Counselors. The Travis County supply of mental health professionals exceeds statewide averages and rates reported by the Texas Department of State Health Services for other urban areas.

 Increasing numbers of respondents reported community based prevention/education services, and there was a broader array of these kinds of services available in 2006, compared to 2005.

 The total unduplicated number of behavioral health clients reported for 2006 was 29,565, which is lower than the number reported for 2005. This is despite overall population growth. This may, however relate to different respondents between the two years.

 Between 2005 and 2006, there was an increase in individuals presenting for Psychiatric Emergency Services at both the ATCMHMR PES and at local Emergency Rooms. This indicator is rated as "neutral" because it is unclear whether this relates to increased access to care or increased numbers of mental health crises.

 Between 2005 and 2006, there was a decrease in the number of days during which psychiatric hospitalization was unavailable in our community.

 Residential substance abuse waiting lists generally extend two months and beyond. It should be noted that due to the priority population rating system employed by the state, many on the waiting list never receive needed treatment, being continuously "bumped" by higher prioritized clients. In addition, these numbers only refer to substance abuse treatment/ rehabilitation. There was no reported availability of detoxification services.

Schools/youth

 School attendance rates were stable between 2005 (94.3%) and 2006 (94.4%), but lower than state averages.

 There was a slight decrease in the number of children under legal responsibility of the Department of Family and Protective Services. (2005: 8.7/1000; 2006: 8.4/1000)

 Alternative education placements were stable, but also lower than state averages. (2005: 2%; 2006: 2%)

 There was an increase in the number of confirmed allegations of abuse and neglect, but population change was not accounted for. (2005: 1294; 2006: 1543)

Employment

 The overall employment rate in Travis County rose slightly in 2006, and is higher than the national average. (2005: 95.5%; 2006: 96%; National: 95.4%)

 Between 2005 and 2006, there was an increase in the number of ATCMHMR consumers reporting employment stability.

Appendix continued on next page

APPENDIX *continued.*

Criminal justice interface	
 Between 2005 and 2006, there was an increase in the number of Crisis Intervention Team (CIT) calls involving mental health issues. (2005: 7576; 2006: 8275) This is rated neutral as it is unclear whether this relates to increased awareness or increased crisis related activity.  Of CIT calls, there was a decrease in the number of arrests. (2005: 273; 2006: 179)	 For individuals found incompetent to stand trial, there was an increase, between 2005 (50 days) and 2006 (60-90 days), in the wait time for transfer to a State Hospital for competency restoration.  Between 2005 and 2006, there was an increase in the number of felony probation revocations for individuals on mental health case loads. This is rated as thumbs neutral, as it is unclear whether this is due to increased numbers of people on specialized case loads, increased awareness and monitoring, or increased criminal activity.
Community awareness	
 There were 131 health-related education and awareness activities posted to the MMHTFMC web site between May of 2006 and December, 2006.	 There was a slight increase in the number of Austin American Statesman articles related to mental health issues between 2005 and 2006, and higher publicity than state comparisons. Although some of these articles were almost certainly not altogether positive, we still believe that it places mental health issues into a spotlight.