



SYSTEM MAPPING DATA

Twenty eight Behavioral Health Service System Mapping Surveys were analyzed, reporting the following information. A list of respondents is included in an Appendix to this report.

- ✚ There were a total of 77 behavioral health facilities reported. A geographic analysis of the locations of those facilities is pending.
- ✚ It was clear from our results that our community is quite diverse. Thirteen different languages were reported spoken by clients/and/or providers. There were no reported languages spoken by clients that were not also spoken by providers.
 - **English**
 - **Spanish**
 - **Bosnian**
 - **Hebrew**
 - **Korean**
 - **Vietnamese**
 - **Farsi**
 - **American Sign Language**
 - **Russian**
 - **Taiwanese**
 - **German**
 - **Chinese**
- ✚ The total number of behavioral health visits reported in 2006 was 347,969; an increase number of visits of 19,543 from 2005 (328,426).
- ✚ The total number of unduplicated behavioral health clients in 2006 was 29,565; a decrease of 4,785 (2005: 34,350).

It is unclear why the total number of behavioral health clients served decreased between 2005 and 2006. While this certainly could be due to differences in respondents between the two surveys, it also likely relates to differences in eligibility criteria for public mental health services dictated by the Texas Department of State Health Services and the initiation of a “wait list” for ATCMHMR services in 2006. In light of our growing population, this number is a bit troubling, resulting in a thumbs down rating on our Mentally Healthy Community Score Card.

BENCHMARK: According to the National Institute of Mental Health (NIMH), 26.2% of Americans will have a diagnosable mental illness in any one year. 26.2% of Austin's population is 393,000. According to the Surgeon General's Report on Mental Health, however, only 6% of behavioral health care is performed in specialty settings. 6% of Austin's population is 90,000 individuals, leaving a potentially un-served population of 60,000 individuals with serious mental illness. Although some of these individuals are probably receiving services from primary care sources, it is important to note that our data includes the E-Merge program that provides integrated behavioral health services in the Federally Qualified Health Clinics in Austin.

Adults Direct Face to Face Services

There was not a significant difference in the types of face to face services offered to adults by the respondents to our behavioral health service system mapping survey between 2005 and 2006.

SERVICE	# RESPONDENTS 2006	# RESPONDENTS 2005
Outpatient Screening	14	15
Outpatient Assessment	15	19
Individual Therapy	20	21
Group Therapy	15	15
Family Therapy	11	17
Medication Services	3	3
Pharmacy Services	3	2
Outpatient Substance Abuse Treatment*	11	10
Case Management	10	9
Non-Traditional (See Breakout)	5	2
Crisis Respite/Observation	3	1
Psychiatric Emergency	1	2
Home Based Services	1	0
Couples Therapy	1	0
Care Management	1	0

*Refers to outpatient substance abuse treatment/rehabilitation. No detoxification services reported as available


Non-Traditional Services Offered for Adults included:

- Weekend intensive outpatient substance abuse program
- In-home psychosocial rehabilitation
- Peer assistance
- Consumer and social activities

 **18 providers reported providing Community Prevention/Education Services for adults (2005: 13), including:**

- Parent coaching
- Skills training
- Seminars/Psycho-education
- Training re sexual/gender diversity
- Substance abuse education
- Law enforcement training
- Participation in collaborations
- Self-help groups
- Wellness programs
- Discharge planning
- Support groups
- Home parent educators
- Services to At Risk, Truant, Runaway Youths
- Outreach and education

OVERALL CAPACITY AND WAITING LISTS

 Virtually all providers who filled out the survey both years had an expansion of capacity between 2005 and 2006.

 **ATCMHMR waiting list information.**

- Monthly average clients on ATCMHMR waiting list in 2005: 394
- Monthly average clients on ATCMHMR waiting list in 2006: 487
- Monthly average clients on ATCMHMR waiting list in 2007: 555

See the spreadsheet under waiting list tab of this section of the report for more detailed information.

✚ Average Wait Time for New Appointments by Service: Adults

Adults: Average Wait Time For New Appointments

Service	Year	No Wait	1 day- 2 weeks	2 weeks- 2 months	3-6 months	6+ months
Screening	2006	3	6	2		0
	2005	2	4	2		1
Assessment	2006	0	7	1	0	
	2005	1	6	3	1	
Individual Therapy	2006	3	7	2		1
	2005	3	5	6		0
Group Therapy	2006	4	4	0		
	2005	3	4	4		
Family Therapy	2006	2	5	1		1
	2005	3	2	4		0
Medication Service	2006	0	1	1		
	2005	0	1	1		
Substance Abuse*	2006	1	2	0		
	2005	2	1	2		
Case Management	2006	2	3			
	2005	5	1	1		
Crisis Respite/Observation	2006	2	2			
	2005	1	0			

*Refers to outpatient substance abuse treatment/rehabilitation. No detoxification services reported as available.

- This data may be misleading as regards to substance abuse services. 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.

✚ **15 Respondents reported that they turned clients away in 2006 due to lack of capacity (2005: 17)**

✚ **12 Respondents reported that they turned clients away in 2006 due to inability to provide requested service. (2005: 18)**

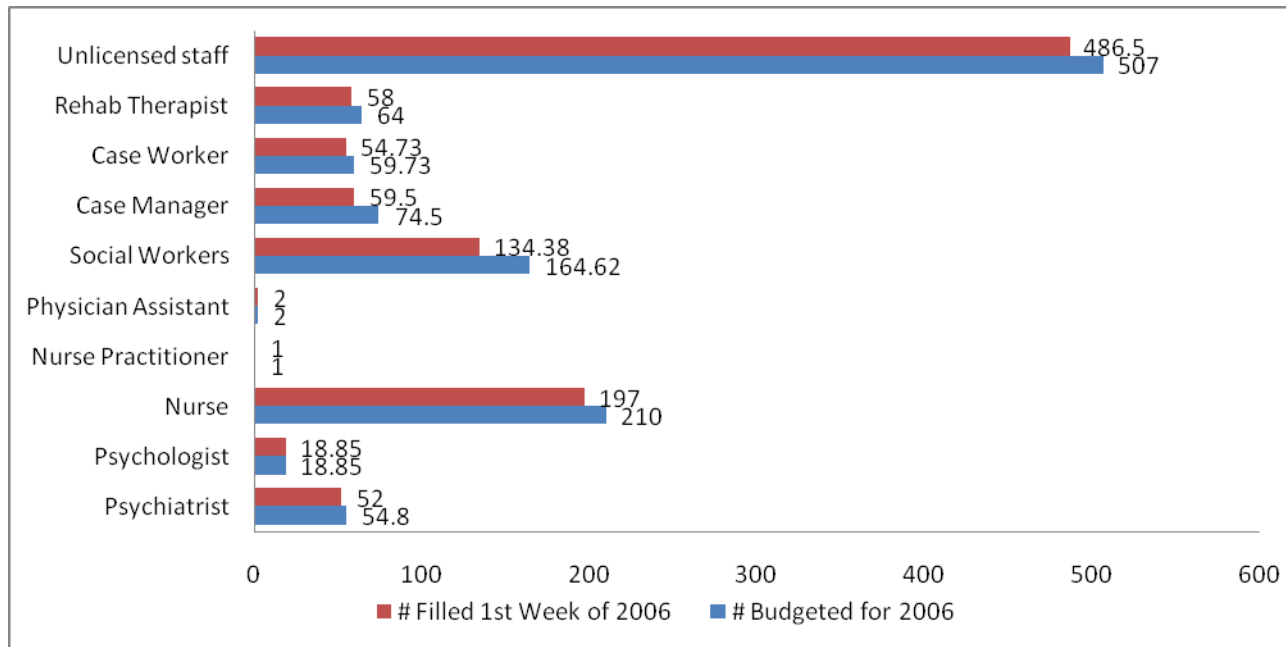
✚ **Biggest Challenges with maintaining or expanding services**

- Lack of funding: 19
- Reducing in funding 9
- Insufficient physical space 9
- Provider Recruitment 6
- High cost of drugs 3
- Maintaining Referral Stream 2
- High cost of addiction recovery 1
- Discharge options 1
- After hours services 1
- Time constraints 1

While many providers say funding is a barrier, many said they could expand if there were additional funding. This is a change from last year.

Behavioral Health Professional Positions—budgeted vs. filled first week in December 2006

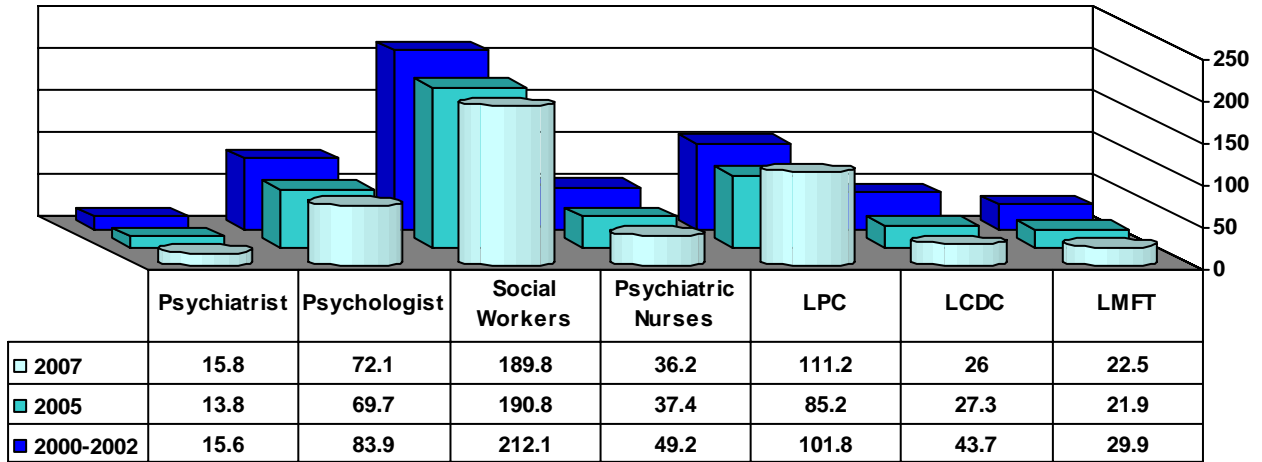
Chart 3: Behavioral Health Professional Positions: Budgeted vs. Filled First Week in December



Interestingly, while anecdotal evidence would suggest that psychiatrists and psychologists are in the shortest supply, our survey data suggests otherwise. From our survey data, it appears that social workers, case managers and psychiatric nurses are more an issue with regard to staffing shortages.

The Texas Department of State Health Services also publishes a periodic report with regard to per capita supply of mental health professionals. As Chart 4 suggests, Travis County has improved somewhat in terms of supply of psychiatrists and licensed professional counselors, but all other professions are still well below per capita rates in 2000.

Supply of Mental Health Professionals in Travis County—Rate per 100,000 (Source: Texas Department of State Health Services)



➤ **BENCHMARK:** 2007 Rates for Texas

Psychiatrists	Psychologists	Social Workers	Psychiatric Nurses	LPC	LCDC	LMFT
6.4	25.0	66.3	19.4	58.9	17.6	11.8

The per capita supply of mental health professionals in Travis County is higher than state averages, although these averages include rural areas, which clearly have more challenges with regard to supply.

➤ Austin State Hospital was on drive by status 21 times in 2006 (2005: 35).

Drive By Status: Austin State Hospital

