



**MEETING NOTES
ANNUAL RETREAT
January 25, 2008**

Participants: Ed Calahan, Joe Colvin, Kitty Hicks, Nancy Hohengarten, Reenie Collins (on behalf of Alan Isaacson), Princess Katana, Selia Servin-Lopez, Melissa Long, Nancy Neavel, Ollie Seay, Beth Peck, Angela Vickery (on behalf of Bill Wigmore), Becky Pastner, David Lurie, Dianna Grove and Susan Stone.

ATCMHMR Staff: Eric Blumberg, Kathleen Casey, Abraham Minjarez, Mildred Vuris, David Evans and Iliana Gilman.

Other participants: Marcia Toprac.

I. REVIEW OF VISION/MISSION/MEMBERS

Susan provided an overview of the background of the MMHTF, formation of the MMHTFMC and the decisions and roles that have evolved over the first two and ½ years of existence. Participants reviewed the vision/mission statements developed last year, as well as a list of members of the MMHTFMC. ([attached](#))

Participants discussed that the Committee is charged for five years, and that sustainability/transition plans must be primary concerns over the next 2 years so that valuable work that has taken place will continue.

II. EXECUTIVE COORDINATOR REPORT

Susan provided an overview of the recent Criminal Justice/Mental Health forums hosted by the MMHTFMC. Participants agreed that this is a role that should be expanded in the coming year, and that these forums should reach out to a variety of members of the community, including churches, schools, etc. Iliana Gilman agreed to work with the Community Awareness Subcommittee to develop a Communication Plan for the MMHTFMC.

Susan and other MMHTFMC members provided information about the recent Suicide Postvention Activities that took place recently through a collaborative effort of the Austin Travis County Suicide Prevention Coalition, ATCMHMR and the MMHTFMC. This endeavor was designed to address and refine community responses to a recent increase in the number of completed suicides in our community.

Marcia Toprac, consultant to the MMHTFMC, ATCMHMR and the ATC Suicide Prevention Coalition presented a draft of recommendations related to the development of a new system to collect real time data regarding completed suicides in our community. [Summary attached.](#)

Participants also suggested the development of a tracking system, through the area hospitals, to begin collecting data about suicide attempts in our community.

Mildred Vuris provided an overview of the upcoming Central Texas African American Family Support Conference, to be held on February 15th and 16th. The MMHTFMC will have a table at that conference, and participants were urged to sign up to help provide information about the Committee.

III. SYSTEM MAPPING/COMMUNITY SCORE CARD

Participants reviewed this document and suggested changes, which will be included in report planning.

IV. MEMBERSHIP SURVEY

Participants filled out a membership survey to evaluate the effectiveness of the MMHTFMC.

V. ANNUAL REPORT PLANNING

Participants provided guidance and suggestions for information to be included in the Third Annual Report. They agreed that this year's report should have more concrete suggestions about not only what we do have in the community, but what we SHOULD have, starting with a recommendation that the community should continue to push for having psychiatric hospital beds in general medical hospitals, as most other communities have. Based on a recommendation by Becky Pastner, they also expressed a desire to add a section to the report that describes "Issues on the Horizon."

VI. NOMINATION/MEMBERSHIP COMMITTEE REPORT

Mildred Vuris provided an overview of recommendations of the Nomination/Membership Committee (attached). Participants then discussed ways to more effectively involve membership in planning, including a more formalized system of subcommittee membership. Susan agreed to poll members as to interest in subcommittee membership, and the Nomination/Membership Committee agreed to draft new recommendations regarding subcommittee roles for presentation to the full committee at the February meeting.

Participants also agreed that having presentations about local community events, as has taken place over recent months, is helpful and informational. They also agreed, however, that this would mean that the MMHTFMC will have to resume monthly meetings, rather than bi-monthly, as was attempted during the past year.

Because a large amount of follow up information is anticipated for the next meeting, all agreed that it should be extended to two hours, from 12-2PM on February 29th, 2008. Please also mark your calendars for the other dates in the upcoming year:

**February 29
March 28
April 25
May 30
June 27
July 25
August 29
September 26
October 31**

In light of the holidays, we will delay scheduling meetings in November and December, for now. Unless otherwise noted, all meetings will be held at the ATCMHMR Large Training Room from 12-1:30PM. Please mark your calendars!!



VISION STATEMENT

The Mayor's Mental Health Task Force Monitoring Committee (MMHTFMC) envisions Austin/Travis County as a national model of a mentally healthy community.

MISSION STATEMENT

The role of the MMHTFMC is to document and assist coordination of behavioral health planning needs and take actions to fill gaps in behavioral health service system planning in an effort to promote accountability and maximize funding strategies.

MEMBER ORGANIZATIONS

ATCMHMR

City of Austin

Travis County

Travis County Healthcare District

Austin Police Department

Travis County Sheriff's Department

Austin Independent School District

Austin State Hospital

Seton Shoal Creek Hospital

Travis County Juvenile Probation

Austin Recovery

Hogg Foundation for Mental Health

St. David's Community Health Foundation

City of Austin Neighborhood Housing Community Development Department

United Way Capital Area

Huston Tillotson University

St. Edward's University

Consumers

Family Members

Faith Based Community

Judges

Attorneys

Psychologists

Psychiatrists

Suicide Data Project
Summary of Preliminary Report
Submitted by Marcia G. Toprac, Ph.D. (1/15/08)

Background and Purpose

Current and accurate data on the occurrence of suicide are necessary for suicide prevention efforts, as well as for research and evaluation of prevention programs. Austin/Travis County has had the highest rate of suicide among the major metropolitan areas in Texas for the past several years for which data are available (2000-2004). These data, available through the Department of State Health Services, have raised many “whys”, but have done little to elucidate the problem in Austin and are too dated for use in suicide response and prevention planning. The Austin/Travis County Suicide Prevention Coalition, Mayor’s Mental Health Task Force Monitoring Committee and the Austin/Travis County Mental Health and Mental Retardation Center **initiated this project to investigate and recommend ways in which timely and accurate data on deaths by suicide in the Austin/Travis County area might be made available for local use to:**

- (1) Identify emerging clusters of suicides in order to inform and initiate efforts to decrease the likelihood of additional suicides and to help those in the community affected by the tragedies (often referred to as “postventions”);
- (2) Identify groups of individuals in the community at highest risk of suicide and circumstances most likely to lead to suicide in order to target prevention efforts; and
- (3) Assess the effectiveness of community-wide suicide prevention programs and community mental health initiatives.

Findings

Information for this report were collected through interviews with key informants, as well as examination of pertinent state laws, handbooks and other governmental documents, relevant agency/organization websites, and published and unpublished articles.

While there are numerous local sources of data on suicides, this report focuses upon obtaining and using data from “official” sources of death data for targeted or community-wide prevention and postvention efforts.

There are two official sources of data on deaths by suicide in the local area:

- (1) **Office of Vital Records (OVR), Austin/Travis County Health and Human Services Department (ATCHHSD)** – coordinates collection of and is the repository of death certificates for deaths that occur in Austin.
- (2) **Travis County Office of the Medical Examiner (TCOME)** – responsible for determining the cause of death (and doing the medical certification) for all deaths

occurring in Travis County that require inquests, which by law includes all suicides or suspected suicides. The TCOME is also required to keep records on all inquests.

OVR/Death Certificates (DCs)

In Texas, the funeral director, or person responsible for disposition of the body, has overall responsibility for timely and accurate completion of the DC, including obtaining the medical certification, and then filing the DC with the local registrar (OVR for Austin). The OVR Registrar is then responsible for submitting the DC data to the Department of State Health Services. The DC data is subject to a comprehensive quality assurance process to ensure the completeness and accuracy of data for each death occurring in Texas. DSHS releases the unidentified DC data set for reporting, statistical analysis and research only after all certificates for deaths occurring in that year are completed and certified, usually two years or more after the end of the year.

DCs have two sections, a Demographic section completed by the funeral director and a Medical section completed by the individual responsible for certifying the time and cause of death, which in the case of suicides and other unnatural deaths, is the TCOME (for deaths that occurred in Travis County). Both sections of the DC have many items that would be relevant and useful for suicide prevention (and postvention) activities.

The funeral director is obligated by law to file the DC with the local registrar (OVR) within 10 days of the death. However, in the case of unnatural deaths, such as suicide or suspected suicide, a lengthy investigation including an autopsy, is likely to be done. In such cases, the DC is initially filed with the manner and cause of death “pending investigation” and then an amendment is submitted when the investigation and certification is completed. It generally takes 6-8 weeks to certify a death by suicide because final autopsy results must await toxicology reports from the testing laboratories.

The Public Information Act places restrictions on local registrars release of DCs to the public. With the exception of designated family members, DCs are not available to the public for 25 years after the death of an individual. While there are clear restrictions on provision of DCs to the public, restrictions on use of DC data within local governmental agencies are considerably less clear. DC data are regularly used (with some confidentiality restrictions) within local health agencies (before “release” of the unidentified annual data set by DSHS).

Within ATCHHSD, DC data are used to comply with federal (CDC) reporting requirements and are also part of the department’s comprehensive surveillance system. The OVR Registrar regularly surveys the DCs and notifies the Medical Director’s Public Health Response, Epidemiology and Surveillance Unit (ESU) of deaths due to particular diseases or causes. The OVR also provides routine (weekly or monthly) summary mortality reports to the CDC and ATCHHSD Medical Director/ESU. The ESU reviews the mortality data to identify unusual clusters or trends, which may prompt more detailed epidemiological investigation to determine the source of exposure and risk factors.

Currently, DC data are reviewed manually and summarized by the OVR. However, an electronic DC system is being implemented, which will provide ATCHHSD the capability of accessing near real-time mortality data when completed (est. Spring, 2009).

TCOME/Death Inquest Data

TCOME records include demographic and cause of death data that overlap with that on DCs, as well as autopsy reports, toxicology reports, interviews with informants, and other data collected to determine cause of death. The TCOME recently completed installation of a new electronic database that includes not only the demographic and medical cause information included on the DCs, but also narrative information summarized from these other sources.

By statute, data at the TCOME is not subject to the same confidentiality constraints as the DC data maintained at the OVR. Data maintained at the TCOME is not “excepted” from the requirements of the Public Information Act, therefore the public can request identified data.

Personnel at the TCOME do not regularly survey the death data and notify external authorities of particular types of deaths, as do personnel at the ATCHHSD. They do supply identified inquest/autopsy reports and prepare summary data reports when requested by members of the public or external governmental agencies.

General Recommendations and Rationale

Recommendation 1: The primary source of data for regular review and analysis of suicide deaths that occur in the Austin/Travis County area should be the death certificates collected and retained by the OVR.

Recommendation 2: The project should be one part of a collaborative suicide prevention and response endeavor (“the Collaborative”) involving ATCHHSD, the Austin/Travis County Mental Health and Mental Retardation Center (ATCMHMR), the Mayor’s Mental Health Task Force Monitoring Committee (MMHTFMC), Austin/Travis County Suicide Prevention Coalition, and other agencies and stakeholders including (but not limited to) the Austin Police Department, the Austin Independent School District, TCOME, mental health advocacy groups, private mental health professionals, and funeral directors.

Recommendation 3: ATCHHSD should take the lead in implementing the work of the suicide data project described in this report, with continued planning input and assistance provided by representatives of ATCMHMR, MMHTFMC, and the Austin/Travis County Suicide Prevention Coalition.

Recommendation 4: Data available at TCOME should be accessed as a secondary source when more detailed information is necessary for in-depth analyses or for specific surveillance investigations or postventions that require the release of identified data.

Recommendation 5: Other sources of timely information about suicides, such as those noted in Recommendation 2 as potential members of the suicide prevention Collaborative, should be involved, along with ATCHHSD, in a collaborative notification process to quickly identify suicide clusters.

Rationale:

- The DC data are already collected, stored, regularly reviewed and used for reporting and analysis by offices within ATCHHSD (OVR and ESU).
- Creating a system that calls upon already existing data and processes decreases costs and increases the likelihood of success of implementation of the project.
- The data available on deaths by suicide from the DC are sufficiently detailed, accurate, and timely to serve as the primary source of information for the stated purposes of this project.
- The public health/disease prevention focus of the project falls within the mission of the ATCHHSD (as contrasted with the mission of the TCOME).
- With the exception of specific knowledge pertaining to suicide and its prevention, considerable technical knowledge and expertise necessary to oversee and carryout the work of the project already exists at ATCHHSD.
- The Director of ATCHHSD, expressed interest in and enthusiasm for involving his agency in carrying out the project, as did the managers of the OVR and ESU. All three provided information and ideas that significantly influenced this report. The Director offered suggestions for how the project might fit into agency processes and viewed the project as an opportunity to bring mental health expertise into general health investigations and preparedness response planning. Support and interest by top level and implementation level personnel of ATCHHSD also increase the likelihood of successful implementation.
- Designating ATCHHSD as the lead agency for this phase of the Suicide Data Project could logically extend to ATCHHSD's involvement in the next (tentatively planned) phase that involves collection and use of data on suicide attempts. TCOME does not have a role related to suicide attempts.
- It may be possible to integrate other aspects of the broader collaborative suicide response and prevention initiative into ATCHHSD's Public Health Emergency Preparedness and Response programs and processes.
- The Interlocal Cooperation Agreement between ATCHHSD and ATCMHMR might be amended to include the collaborative effort and data sharing for this project. However, it should be noted that the current draft implementation plan does not necessitate sharing of identified DC data outside ATCHHSD.

Resource Requirements

The primary resource requirements necessary to accomplish the Suicide Data Project tasks outlined in this report are additional staff time in the OVR and ESU, as well as behavioral health and suicide epidemiology expertise in the ESU. The managers of those units suggested the addition of an epidemiologist with behavioral health/suicide-related knowledge and experience.

There are benefits of adding behavioral health expertise to the ESU that extend beyond the value to this project. Behavioral health expertise within the ESU can expand epidemiological and surveillance activities to additional behavioral health disorders (mental disorders and substance use disorders), as well as bring an integrated health/mental health perspective to all of their investigations and prevention efforts.

Next Steps (prior to final report due April 30th):

- (1) Circulate this document to key stakeholders to obtain approval for the overall approach and feedback regarding the recommendations and draft implementation plan. Make adjustments to the overall plan and recommendations based on input from the key stakeholders.
- (2) Work collaboratively with ATCHHSD, particularly staff of the OVR and ESU, to further specify the Implementation Plan (not included in this summary).
- (3) Assist ATCHHSD staff in carrying out a 1-2 month trial of the surveillance, analysis and reporting steps, and make adjustments to the Plan, as needed.
- (4) Get further clarification on ethical or legal constraints regarding the proposed use of DC data within ATCHHSD, as well as on the content of reports that might be shared with agency partners outside ATCHHSD (e.g. ATCMHMR and others).
- (5) Draft any MOUs necessary to implement the project and/or assist with amending the Interlocal Cooperation Agreement between ATCHHSD and ATCMHMR, if necessary.
- (6) Obtain a sample of data from TCOME's electronic database to get a better understanding of the additional information available there on suicides.
- (7) If time and resources are available within ATCHHSD and this project budget, assist ATCHHSD staff in compiling, analyzing, and reporting upon data available on suicides that occurred in 2007.

Mayor's Mental Health Task Force Monitoring Committee

- ❖ Conversations with three members to identify any membership issues and propose possible recruitment strategies.
- ❖ Agreement that increased diversity, i.e., African Americans, Hispanics, Asians, etc persons of color, is was a high priority area to strengthen. Additionally, college students, older adults and corporate interests could provide important input within the MMHTFMC.
- ❖ Recommend the following:
 - Recruitment at the Central Texas African American Family Support Conference by providing a booth, succinct readable information and applications with member attendance at the booth.
 - Secure commitment from two to three current members to personally recruit for each agreed upon category.
 - Consider targeted recruitment with specific organizations, e.g. Urban League, ethnic social organizations (Links), fraternal/sorority, etc.
 - Accept new members only in agreed upon categories for the next six months.
 - Reevaluate membership status in September 2008.