

MMHTFMC


2006 MENTALLY HEALTHY COMMUNITY SCORECARD


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.

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.



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.



Of CIT calls, there was a decrease in the number of arrests. (2005: 273; 2006: 179)



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 one hundred thirty one 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.

OVERALL ASSESSMENT OF PROGRESS

Of the 14 scored indicators included above, 78% showed improvement between 2005 and 2006, which the MMHTFMC considers as

significant progress toward our goal of becoming a national model of a mentally healthy community.

