CAN COMMUNITY COUNCIL

COMMUNITY MENTAL HEALTH AND WELLNESS REPORT MARCH 2022

COMMUNITY ADVANCEMENT NETWORK (CAN)

CAN Community Council
Community Mental Health and wellness Report

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Introduction

Over the course of the pandemic, the mental health picture for our community has only gotten grimmer and grimmer. Death, safety concerns, loss of loved ones, financial stress, food insecurity, loss of housing, educational and social disruptions, political turmoil, etc. have piled on to the emotional burden of these difficult times. Managing the emotional (mental health) burden is key to resiliency, and currently we are sorely lacking in our ability to positively impact this situation. A major concern is that, in addition to those who experience mental health challenges today, children and young adults who live these traumas are very likely to carry them into their adult years, adding to the numbers of adults who are unable to function as healthy human beings in the future. Domestic violence also is on the rise.

There is much concern for our vulnerable populations–people of color, frontline workers, the elderly, etc.--who have been hardest hit by the effects of the pandemic as well those who make up the "essential" workforce or those who simply must work and cannot participate in remote work. An equity lens helps identify individuals who must deal with health issues and situations arising from complications where social determinants of health impact health outcomes. Additionally, Austin and Central Texas are home to people from all over the world and the many languages and cultures represented require providing information and services in their language and in culturally sensitive and appropriate ways.

In late 2019, the CAN Community Council selected mental health as a focus area for 2020. Mental health professionals had been warning about a mental health crisis in the country for some time, even before the pandemic. The Council wanted to understand the mental health situation in the Central Texas community and how we might participate in this important conversation. We broadened our perspective to the concepts of community health and included civic engagement and healthy behaviors to better understand how to improve health outcomes. Then in 2020, the COVID-19 pandemic brought this future into sharp focus and accelerated the need to both understand and act on the mental health impacts on all of us. Today, major mental health organizations and leaders are calling this situation a crisis of epic proportions. Every single day, a multitude of articles from different perspectives on the mental health situation are published by local, regional, national, and international news sources, including the Surgeon General and the American Academy of Pediatrics.

It is imperative to reduce the stigma of asking for and getting help to cope. Prevention and early intervention are key elements in building resiliency. Expanding access through peer-to-peer support, training health workers, tele-medicine, and the addition of technological tools, building community in our own communities (including schools, churches, etc.), reducing loneliness and isolation, and supporting each other and those in need of behavioral/mental health services are major ways in which we can face these human challenges. Additional concerns identified during our research include postpartum depression, family/children who have become orphans due to the loss of parents/loved ones due to Covid-19, and insurance. We must ask how health insurers, both Medicaid/Medicare and commercial insurers, are participating in payment for the services required to meet the needs of the underserved and uninsured and ordinary citizens who need more access to services than their insurance currently allows. With so much complexity in getting to the right resources, we must create some version of a one-stop center where knowledge and access to services is simplified. If it is too difficult to find information and access services, many will be left out and the situation will become even more untenable.

There may not be enough funding to do all that needs to be done but building community and support for each other is one overarching strategy we must reinforce. Some ways that our community has shown a commitment to community mental health include: the Travis County Children's Mental Health Plan, increased federal, state, and local funding, celebrities speaking openly about their mental health challenges (i.e. Naomi Osaka and Simone Biles), increased in-patient psychiatric beds at Dell Med, and the creation of a Sobering Center. Our community has also created more diversion and alternative adjudication programs (mental health crises intervention/diversion and cannabis possession diversion/adjudication), providing a fourth-choice intake for 911 in take/referral (e.g. mental health crises), and creation of a national "988" consolidated mental health hotline.

Confronted with the many mental health challenges facing our community in 2021, the Community Council created working groups to provide the CAN board recommendations for policy and action. This Mental Health Work Group's report focuses on the mental health concerns we have identified and researched. Recommendations are presented at the end of the report, including those involving children's mental health, trauma informed care, access to mental health, and a mental/behavioral health media campaign.

Background and Supporting Data

When selecting the Community Council's areas of focus for 2021, mental health became a clear choice due to the data presented in the CAN Community Dashboard and the need for action and collaboration to address the mental health issues in our community. The CAN Community Dashboard reports that in 2019, 22% of Travis County Adults reported poor mental health. In this indicator, with data collected from a self-report survey, mental health does not mean "suffering from a diagnosable mental illness," but instead is described as not feeling well emotionally, having too much stress, or feeling isolated. From 2014-2018, 23% of Black Travis County adults reported poor mental health, which is higher than both Hispanics (18%) and Whites (20%) and, in general, low-income residents report higher levels of poor mental health. Approximately 32% of Travis County residents with incomes below $25,000 experienced five or more days of poor mental health within the month prior to being surveyed, according to data from the Behavioral Risk Factor Surveillance System (BRFSS). An estimated 21% of Travis County residents with incomes greater than $75,000 reported experiencing five or more days of poor mental health.

After the beginning of the COVID-19 pandemic in 2020, members of the Community Council and Mental Health Workgroup felt that individual and community mental health would be severely impacted by the collective trauma of the pandemic and increasing civic unrest/ racial awareness and climate change disruptions and risks; and, although we didn't have updated statistics on mental health at the time, we knew the numbers would only get worse and that we needed to get ahead of the impending mental health crisis. We began to research other sources to find out more about mental health issues and narrow our workgroup's scope. We found that our community has a Children's Mental Health Plan and found multiple articles regarding technology and other strategies for addressing the mental health crisis, loneliness, isolation, and social connectedness.

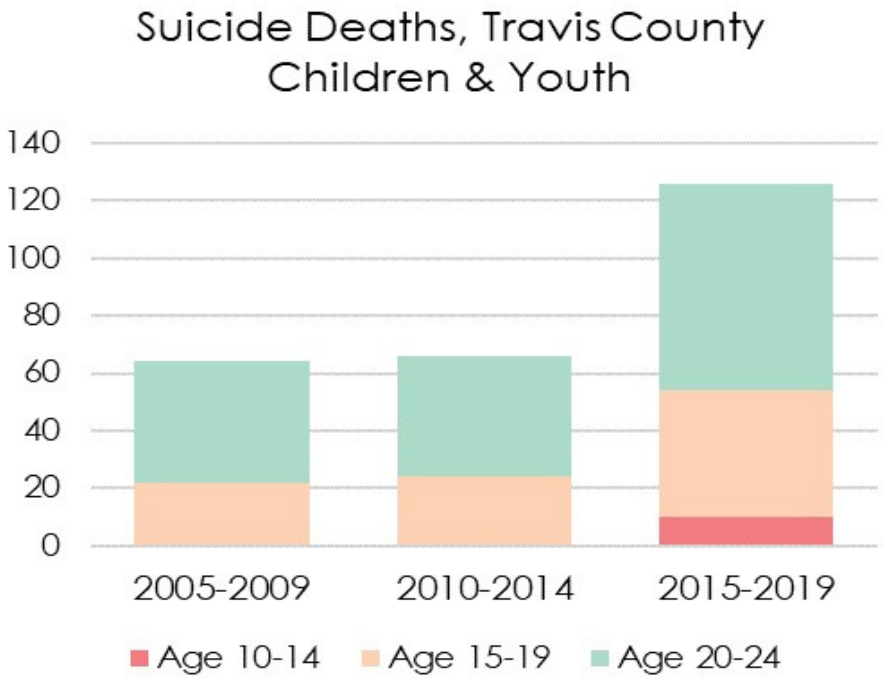
Children's Mental Health

The Travis County Children's Mental Health Plan is overseen by *Kids Living Well*, a collaborative group of mental health professionals and advocates addressing mental health issues in Travis County. They reported that 2020 impacted our community's mental health through the pandemic, economic recession, racial reckoning, and disproportionately impacted communities of color, essential workers, low-income families, and single mothers. The pandemic took a toll on parents with children under the age of 18 who were having to deal with teaching their children at home while trying to work and cope with their own mental health issues and stress.

- 47% of mothers and 30% of fathers who still have children at home for remote learning reported worse mental health
- 24% of parents of this group were diagnosed with a mental health disorder since the coronavirus pandemic began compared to 9% without children
- 48% of fathers reported drinking more alcohol to cope with stress

They also reported on the impact the pandemic had on children and youth. They found an increase in depression and anxiety, a rise in eating disorders, an increased sense of loneliness, a negative impact on social connections, and feelings of uncertainty about the future. One of the most concerning statistics presented is the increase in suicide rate per 100,000. For 15–19-year-olds there was a 75% increase, for

20-24 year old's there was an 89% increase, and for children 10-14 years old, they are now on the data chart, when in the past, they hadn't been. That means children are beginning to consider suicide as their only option earlier than they had in the past.



Source: Centers for Disease Prevention, WONDER Database, 2020

Just like adults who are trying to figure out how to cope with their mental health issues, children and youth are experiencing the same struggle. 30% – 45% of adolescents and young adults with mental health disorders also have a co-occurring substance use disorder and 65% or more of youth with substance use disorders have a mental health disorder. Even before the pandemic, there were mental health issues amongst youth, but they have consistently risen since then. From 2016 to 2020, there was a 379% increase in the number of children and youth who received crisis services through Integral Care's 24/7 Helpline. Between 2017 and 2019, there was a 46% increase in child emergency room visits for mental health or related issues and a 20% increase in youth visits.

Technology and Mental Health

Austin is known for being a pioneer in innovative solutions and as a rapidly growing technology-focused city. With resources and tech-savvy individuals in Austin, our workgroup investigated the possibility of technology filling the gaps in providing mental health services. We found that people are already considering how artificial intelligence (AI) can support youth mental health. In one report, we found that experts at the University of Texas at Austin are researching how AI can support young people who are dealing with mental health issues. They believe that AI can have a great impact due to the ubiquity of access via smartphones and other devices that youth use in these times.

Loneliness, Isolation, Civic Alienation, and Social Connectedness

Research in recent years has revealed that loneliness and social isolation are major social determinants of physical and mental health, with devastating effects on suicide, alcoholism-related liver disease, and addiction. Researchers at the T.H. Chan School of Public Health at Harvard University believe that loneliness may be the single greatest health factor in the U.S. and globally and that combating loneliness should be a public health priority.

The UnLonely Project at Harvard has called for continued media coverage of the topic and stronger efforts by medical and public health professionals to address loneliness both in research and in practice, noting that "the critical nature of social relationships should be included in national public health priorities, taking its place with obesity, substance abuse, and physical inactivity."

Just like many other topic areas, issues with loneliness, isolation, and social connectedness didn't spontaneously appear once the pandemic hit. They existed beforehand and, despite popular belief, Generation Z (adults ages 18-22) and Millennials (adults ages 23-37) are lonelier and claim to be in worse health than older generations. The pandemic worsened these feelings for the community. The 2018 CIGNA U.S. Loneliness Index Report found that social media use alone is not a predictor of loneliness and that students have higher loneliness scores than retirees. There is no major difference between men and women and no major difference between races, when it comes to average loneliness scores.

The most shocking loneliness statistic is that loneliness has the same impact on mortality as smoking 15 cigarettes a day, making it even more dangerous than obesity. Our community has come together to decrease the smoking indicator, and if loneliness has impacts just as bad as smoking, it warrants a community effort to address it. Regarding social connectedness, Texans ranked 24th in the country in doing favors for their neighbors, with only 13% reporting they do so frequently. While this is still low, it is slightly above the national average of 12%. Only 38% of Texans say they talk to their neighbors frequently – placing Texas 41st of 50 states and the District of Columbia.

Increasingly, the U.S. is a segregated and disconnected society. Austin is ranked as the most economically segregated large city in the nation. Our high mobility, many choices, atomized media, and evolving political landscape have left people isolated and families fragmented. We increasingly live cul de sac and "tribal" lives, separated from our neighbors and fellow citizens by race/ethnicity, income, and political ideology. As a rapidly growing and transient community with changing demographics, Austin and central Texas experience these conditions even more than other communities.

As part of America's Civic Health Assessment, the Annette Strauss Institute for Civic Life (Moody College of Communication, U.T. Austin) conducted 2013 and 2018 studies of Civic Life in America and Texas (www.txcivichealth.org), which provide a comprehensive look at civic and political engagement in Texas. In those studies, the U.S. as a whole ranked poorly and Texas ranked in the bottom half and generally near the bottom of the index, which looked at behaviors such as: political actions (contacting elected officials and discussing politics with family and friends); electoral participation (voter registration and

turnout rates); social connectedness (trust in neighbors, talking with neighbors, exchanging favors with neighbors); and social participation (volunteering and membership in groups and organizations).

People are influenced profoundly by their engagement in their communities, their civic associations, their networks, and the characteristics of their neighborhoods. Strong civic health is vital for a thriving democracy, social well-being, and quality of life. “Civic health” is defined as the way that communities are organized to define and address public problems. Communities with strong indicators of civic health have higher employment rates, stronger schools, better physical health, and more responsive governments. Civic Health Index partnerships have changed the way governments go about their work, reintroduced civics to their classrooms, redirected investments, influenced national and local conversations, and bolstered a network of civic leaders across the country.

Summary of Deliberations

Pre-2020, efforts to better understand, prioritize, and address public mental health and well-being were slowly increasing in our wider community. Since 2020, the COVID-19 pandemic has further catalyzed the focus on the mental health crisis, and whilst awareness around mental health concerns (including depression, suicide rates, loneliness, and stress) has gained significant traction, the social, economic and holistic burden continues to increasingly fall disproportionately on certain populations. With this awareness and sense of urgency, the Mental Health Workgroup set about to tackle this topic with the understanding that the realm of mental health is broad, requires nuance, and would also be closely interlinked with the work and findings of the housing and food security workgroups.

As our Community Council presentations and workgroup meetings progressed throughout 2021, the vast depth and breadth of the mental health realm became increasingly clear (albeit overwhelming so). During our workgroup meetings, we assessed and discussed not only the research and data we were coming across, but also how to approach community mental health with an inclusive and holistic lens. This included acknowledging:

- Stigma (even with increasing public awareness and discourse around mental well-being) remains a key barrier to advancing community mental health.
- There remain significant barriers to mental health care access (e.g. insurance, language access, information, resources etc).
- Mental health across the lifespan (from kids to seniors is inconsistent, spotty, and non-existent for some groups).
- Legacy mental health concerns worsened during the pandemic–loneliness and isolation, collective trauma, depression and stress, education and health care sector turnover, housing evictions, homelessness, and unemployment.
- That the economy and pandemic recovery are inextricably linked.
- Physical, emotional, and mental health are interrelated.
- Self care can be a powerful strategy–empowering and equipping community members to implement simple yet effective measures or lifestyle changes that can significantly help their mental wellbeing.
- There is a shortage of mental healthcare professionals and corresponding infrastructure. Community members are also taking on the burden of their community's mental health.
- There are other noteworthy concerns and pressures including, political tensions (particularly with socio-political divides in Texas and the U.S.), racism and discrimination (including but not limited to the surge in Asian hate crimes, attacks on LGBTQ community, police brutality etc), climate change (including the Texas snowstorm and associated consequences), and the increasing cost of living in Central Texas.
- Universal outreach is a critical strategy for ensuring those who need the information and resources and care are able to find it. This may include bridging and employing Austin's tech community and mental health care to find solutions.
- The importance of implementing strategies for mental health promotion in both the community and legislative contexts.
- The critical need for additional research and disaggregated data. Data invisibility and the lack of research and funding on mental health for particular groups or communities has resulted in less awareness and missed opportunities.

Our workgroup process included consulting with the following individuals and organizations:

David Evans (CEO, Integral Care)

Integral Care is our community's mental health and IDD authority. It provides community based mental health care services for Travis County residents , which includes psychiatric evaluations, 24-hour crisis interventions, medication treatment, inpatient treatment, employment and vocational services, service coordination, family support and respite care, housing, information and referral, supported living, and residential services. Integral Care also provides community services in homes, on the streets, and/or at other sites as needed. Furthermore, Integral Care's programs are administered through the following service areas: Adult Behavioral Health, Child and Family, Intellectual and Developmental Disabilities (IDD), Psychiatric Crisis Services, and Jail Diversion. As well, this summer, the U.S. will deploy a consolidated "988" call center number for suicide and mental health assistance and referrals. Integral Care is developing a local capability to respond to 988 calls. David Evans (who is also a former CAN Board Chairman), has decades of experience as a behavioral health leader and has been invaluable in providing insights regarding behavioral health in Austin.

1. Presentation on Children's Mental Health Plan by Ellen Richards (Integral Care) and Laura Peveto (Travis County)

During this presentation, Laura and Ellen discussed the 2021 Travis County Children's Mental Health Plan, which is overseen by *Kids Living Well.* They provided insights into what the community hoped to see regarding children's mental health and substance use.

The Children's Mental Health Plan focuses on the following 4 key areas:

1. **Wellness and resilience:** this focus area includes strategies to address race equity training for child serving systems, trauma informed environments, attention to social determinants of health, and mental health and substance use prevention.

2. **Interventions and treatment:** this focus area outlines strategies for collaborating with schools to connect students with treatment, engaging health care workers, expanding providers that accept insurance, and addressing racial and geographic disparities in services.

3. **Coordinated crisis services:** this focus area includes strategies that include a single point of entry, expanded community-based services, supports for caregivers with children dealing with severe mental illness or substance use issues, and informing the public of what to do in a crisis.

4. **System improvements:** this focus area recommends strengthening collaborations, creating integrated and responsive health systems, and tracking data to monitor progress. This also includes sharing the plan with the community, inviting local agencies to use the plan, and identifying top priorities and the appropriate people to work on them.

Laura and Ellen explained that there has been progress since the 2015 plan. While gaps remain, there has been an increase in school-based mental health initiatives, community awareness, and access to care. Other areas of progress included expanded coordination with mobile crisis response units (i.e., Mobile Crisis Outreach Teams–MCOT), the opening of Grace Grego Maxwell Mental Health Unit (2018), and the 2019 legislature passing 17 laws and appropriating $339 million to improve school safety and mental health.

During the presentation, Laura and Ellen provided robust sets of statistics pertaining to substance use, suicides, and the uptick in helpline calls. The data emphasized a rise in depression, anxiety, alcohol consumption, eating disorders, uncertainty regarding the future, and loneliness (despite social media activity) with children, teens, and young adults.
Other key takeaways included:

- Expanding mental health services in schools has been one of the best things the community has done. Earlier intervention and better-connected intervention are a key win.
- The rapid increase in tele-health services has been advantageous in reducing barriers like transportation.
- Integrating “play” into collaborative action plans is highly encouraged, as is creative action for socialization and engagement.
- Areas which need to be more fully measured including eating disorder data, hospitalization rates, suicide data, helpline contact rates, and MCOT utilization.
- There are better supports for parents seeking help. For example, Integral Care has created a toolkit about mental health and identifying concerns. Reducing stigma and normalizing these conversations is also key.
- Resources need to be made accessible in multiple languages.
- Trauma informed care information empowers educators and others in their respective system to improve their students’ experience.

<u>2. Presentation on Trauma Informed Care</u>

This presentation was led by Aimee Rachel and Aniela Brown from the Texas Association of Community Health Centers (TACHC). TACHC is a non-profit membership association committed to advancing equitable access to quality health care in Texas by supporting and advocating for community health centers.

Key takeaways:

- Aimee and Aniela emphasized that unaddressed trauma affects individuals, families, communities, and overall health.
- Individual trauma results from an event, series of events, or set of circumstances experienced or witnessed by an individual that are physically or emotionally harmful and that have a lasting effect on someone's functioning and mental, physical, social, emotional, or spiritual well-being.
- The 4 Rs of trauma are:
  a. **Realize:** we must acknowledge trauma is real and impacts many people.
  b. **Recognize:** we must recognize the symptoms of trauma.
  c. **Respond:** we must learn how to respond to individuals who have experienced trauma.
  d. **Resist re-traumatization:** we must assess policies, practices, and procedures in our organizations to make sure we aren't retraumatizing people and our community.
- They shared the degrees of stress: positive, tolerable, and toxic.
- **Adverse Childhood Experiences (ACE):** a key ACE study revealed the relationship between our experiences as children and the health issues we experience as adults. Aimee and Aniela explained the progressive nature of adversity throughout the lifespan. For example, if any trauma occurs pre-puberty, it escalates quickly and leads to other ACEs and related impacts. People at greater risk for adversity may not have the opportunity to participate in "protective factors". They shared the biology of our "freeze, flight, and fight" stress response.
- Responding in trauma informed ways ensures safety, trust, choice, collaboration, empowerment, peer support, and cultural competence for those involved.

3. Access to Mental Health Panel Discussion

For this council meeting, the workgroup decided that a panel discussion would provide for an insightful session with interactive discussions. During the meeting, we asked the panelists three key questions and then opened the discussion up to Q&As from our councilmembers. The 3 panelists were Cory Morris (Dell Medical School), Vicky Coffee (Hogg Foundation) and Vikas David (CEO, Mentegram).

Summary of the 3 questions and key takeaways:

1. What are the challenges/unmet needs in mental health care and the barriers which you see in your respective fields?
   - Care and service gaps in-between children and adult services, emerging adults don't have a "space". The emerging adult age range is a pivotal time for the onset of mental health diagnosis.

- A challenge is getting our traditional systems to think and operate with a wellness, prevention, and recovery mindset.
- Another gap is the availability of culturally/ linguistically relevant and appropriate services.
- Access to services is also a challenge because of the growth and gentrification of the city.
- Gaps in psychiatric support in the workforce.
- Clinicians can feel threatened when digital tools are suggested for fear that they may not be evidenced-based and may take their job. Messaging to clinicians is very important.

2. What are some examples of innovations/opportunities deployed or could be deployed to provide better mental health care?

- Start with acknowledging strengths existing within the community, such as the CAN Community Dashboard, where mental health is included in all elements of the dashboard. That said, improvements can be made by identifying areas to prioritize and narrowing scope. Create shared leadership and decision-making opportunities.
- Telehealth is a critical innovation especially in Texas. The ability to think through the linkage of telemedicine in schools ensures the gap in community connection is addressed.
- Dell Medical School is working with school districts to provide free telehealth counseling services (i.e. 3-4 sessions) to students.
- Dell Medical School is also working with local physicians to better assess mental health conditions for their patients.
- Innovation in this area requires a perspective/paradigm shift. Thinking through mental health in a participatory process and allowing youth and community into decision making and messaging is important.
- Working with mental health issues and patients requires a multi-faceted approach. The idea is to avoid solely focusing on utilizing clinicians–which are in short supply–for every issue, but rather to promote self-sufficiency and peer support strategies with appropriate follow-up.

3. What are some financial and other solutions to help fund mental health care for individuals and systems (nonprofits, schools etc.)?

- Austin was the first city in Texas to adopt a system of care. There is blended funding that comes with the system of care process. They bring stakeholders together, identify gaps, and create partnerships to help fund the work.
- Focus on decreasing duplication of services and combining multiple funding streams.
- Be cognizant that funding and support varies on the market and that clinicians typically won't invest unless there is a financial benefit for them.
- The concept of value/ return of investment-based health care is important.

Q&A summary and key takeaways:

- There is no such thing as too much peer support! Examples of peer support models include Via Hope and the Friendship Bench.
- The integration of behavioral care into primary care directly correlates with increased access to mental health care. The integration of physical and mental health services should be the norm.
- The more integrated services are, the easier it is for people to access mental health care.
- Pre-pandemic, there was a higher rate of reticence towards telemedicine; however, COVID encouraged patients and practitioners to increasingly utilize telemedicine, which has been advantageous.
- When addressing the need for more certified counselors, scalability can become an issue. Often, there are waiting lists for patients to be seen or access resources. Triaging and scalability is crucial.
- Additional support can be funneled via working with different faith communities to do education and stigma reduction. Mental Health First Aid, QPR (Question, Persuade, and Refer), and other training within the community can help community members identify mental issues early and how best to address those situations.

Recommendations

As this report has demonstrated, the scope of community mental health and wellness is a broad and complex topic, requiring a systems view and subject matter expertise (SME). While the workgroup has members involved in health care administration, we are not behavioral health professionals and have relied on SMEs and published reports and studies in making our recommendations. In addition to the Community Council presentations and consultations with SMEs previously mentioned in this report, the workgroup considered recent recommendations by the U.S. Surgeon General, American College of Pediatrics, U.S. Secretary of Education, and other cognizant organizations as well as the 2021 Travis County Children's Mental Health Plan. And President Biden's State of Union Speech included mention of the mental health crisis we face and has provided a *Fact Sheet* of strategies and resources to be employed by the federal government. In reviewing the extensive information available (references to which can be found in this report's bibliography), the workgroup found much convergence in these groups' recommendations. Accordingly, the recommendations contained herein hew closely to the recommendations by these groups.

Accordingly, our overarching recommendation is to use these reports and plans and to encourage and build upon the good work the community has done to date—crisis intervention teams on the street and in the home, improved school-based strategies, the Sobering Center and other diversion programs, and the increase in in-patient psychiatric beds. Foremost in continuing this commitment to community mental health is the need to support the implementation of the strategies in the Travis County Children's Mental Health Plan, many of which are included in our detailed recommendations below. Not all our recommendations are novel. Many restate long-standing goals for the community (e.g., in health care access). However, they are critical to our long-term success in improving community mental health and wellness.

Because of the great need and long-term commitment required for success in addressing the mental health challenges previously outlined, this report is divided into two sections. The first section includes short-term recommendations that involve vulnerable and dependent people, those with acute conditions that produce long-term impacts and costs, and those who are required for economic recovery. We believe that these recommendations can either be implemented relatively quickly, easily, and/or at a low cost.

Other recommendations that require longer lead times are also included in the short-term recommendations section, because they should begin immediately so they will be in place for the long-term. Even for those recommendations that are more difficult, costly, or take longer to implement, we recommend prioritizing resources for vulnerable people in crisis who are in most need and those which are required for the long-term health of our community because of the moral obligation to help vulnerable and dependent people and the high rates of return on such investments. The short-term recommendations are organized by "location" since that is a clear way to focus on key vulnerable groups, to wit: "In the Schools and Homes"; "In the Clinics", and "In the Community".

The second section focuses on more long-term, systemic, and broadly applied recommendations to continue the good work that is already being done in the community, address difficult, long-term, and intractable problems, and establish a firm foundation for the future. The long-term recommendations focus on the broader community as well as possible study topics for CAN and the Community Council.

We hope that the long-term recommendations and related study topics will be part of the CAN's work plan in 2022.

Underlining the short-term perspective of our recommendations, we have chosen to focus on the acute, immediate needs of vulnerable people, esp. children and youth and their caregivers. As has been noted, children and youth were already experiencing increased stress and pathologies before COVID and are particularly impacted by COVID and the other social, economic, and environmental conditions described in this report. In addition to physical abuse, homelessness, hunger, mental and physical illness, incarceration, unemployment, and poverty in general, there are thousands of children who are now orphaned by the death of one or more caregivers.

CAN generally, and the Community Council specifically, has a legacy of focusing on and prioritizing vulnerable populations (e.g., 2013-2014 Safety Net Forums, 2015-16 Person-Centered Community/Care Framework, and the 2017-18 Child Poverty report), all of which highlight and prioritize the needs of children and youth.

In addition to children and youth, other vulnerable, highly impacted and impactful groups of people bear consideration in our community's long-term strategies and are therefore included in our long-term recommendations for CAN's consideration this year and in the future. These groups include: those with language and cultural barriers, educators and related personnel (teachers, counselors, bus drivers, food service workers, librarians, parent support specialists, school nurses, social workers, and administrators etc.), public and private sector health care workers (including people working in critical care, morgues, medical examiner offices, cemeteries, and funeral homes), first responders/public safety/EOC workers, public health officials, front-line (and low income) workers, and women (esp. those with children and/or those who have dropped out of the workforce).

Finally, in addressing recommendations for our community, the mental health workgroup considers the following overarching principles essential in shaping our community's approach to community mental health and wellness:

1. Focus on vulnerable people, esp. children and youth and their caregivers
2. Ensure comprehensive coverage and early and timely identification of those most in need
3. Ensure rapid referral to comprehensive and appropriate services and interventions
4. Follow Person-Centered Care/Community Framework principles and practices, including 2-Gen, family friendly, wrap-around, and integrated/case managed service models
5. Promote equity, inclusion, and long-term sustainability principles

Recommendations were ultimately prioritized according to their urgency and impact.

Short-Term Recommendations for 2022

Consistent with CAN's focus on vulnerable people, our short-term recommendations center on the needs of children and youth. Youth have the highest mental illness prevalence rates and experience life-long and pervasive impacts (e.g., on life expectancy, education, employment, and happiness). They are also the least served and least able to help themselves. This includes very young and older youth, esp. 16-24, for which services are often the least available. And we also consider supports for the mental health needs of adults working with children and youth, such as parents, health care professionals, and educators.

In the Schools and In the Homes

Community Principles of Care. Using CAN Community Council's *Person-Centered Care/Community Framework*, we recommend that our community establish and follow the standards, principles, expectations set forth in this report to implement these recommendations:

1. **Early/Rapid Assessment and Referral.** We recommend that school districts adopt and employ a "Family Assessment Tool"—like the one developed and employed by Austin Voices for Education and Youth (AVEY) and The Austin Project (TAP) for many years, in their community schools—as soon as is practicable but no later than the beginning of the year, to identify all potential students/families needing mental health services and immediately refer and assign people to case managers, counselors, and other service providers. This recommendation is consistent with the CAN Community Council Child Poverty report, which noted that "The 'community schools' model is an approach that connects schools, parents, and community partners to ensure that children and families have what they need to succeed. Many of the needs highlighted in the Child Poverty report could be addressed if a robust community schools' model can be advanced. The model focuses on a comprehensive family needs/risk assessment and wrap-around services for the entire family, including early childhood education, expanded learning and enrichment time, student-centered learning, health and wellness, family stability and workforce development.
2. **Service Capacity and Capabilities.** We recommend that schools expand their capacity to provide comprehensive mental health counseling and related services (and special-ed and learning disabilities services) to serve 100% of the need, in a timely manner, consistent with effective practices and standards of care.
3. **Telehealth and Technology.** We recommend that school districts expand their tele-health services during in-school and out-of-school times, using Dell Med's program and others, and employ technology to help. There are literally thousands of mental health apps and systems. Accordingly, we do not recommend any specific software or system. While technology is not a panacea, it has the potential to reach larger numbers of people who might otherwise resist or avoid care for personal or cultural reasons and those who have transportation and other time and scheduling barriers.
4. **Tutoring/Mentoring.** We recommend that our community develop and deliver a long-term, sustained effort to provide high quality, evidence-based "high dosage/high intensity" tutoring and mentoring programs to ALL that need them, in in-school settings, summer school settings, and after- school settings. Besides addressing the well-publicized challenge of learning loss and disengagement (and in some cases dropping out) of our youth, tutoring and mentoring reduce stress and anxiety by helping students catch up to their peers. And, with many students lacking an available and resourceful parent, these programs provide students with the presence of a caring adult in their life at this critical time in their lives.

The Greater Austin Reading Coalition (managed by United Way for Greater Austin) has funded a summer extended learning pilot project for K-2 youth with the Literacy First and YMCA. This pilot should be carefully studied for lessons learned and opportunities to expand it. However, while summer and after-school tutoring can be effective, the most effective and comprehensive tutoring strategies are used during regular school hours. This is not a "one and done" strategy. Our community must make a long-term commitment to sustained, high quality tutoring and mentoring for all youth in need, esp. for students in all Title I schools. There are federal funds made available to the State of Texas under the Federal Rescue Plan Act. While those funds are significant, school districts wanting to access them must follow burdensome and limiting requirements that are preventing their timely and meaningful use. Unless and until the State streamlines and improves the process for allocation of those federal funds, our community must make a financial commitment to this strategy.

In the Clinics

Taking a Comprehensive Approach, we recommend reaching 100% of youth in healthcare settings, through:

1. **Pediatric Screening.** We recommend that health care professionals, esp. pediatricians, screen and assess for mental health and receive training in TIC and ACES, using U.T. Dell Med's program and working with local professional societies. This assessment for children and their caregivers for mental health is similar to the assessments pediatricians currently do for poverty.
2. **Access to Care.** We recommend doubling our community's efforts to ensure all children and youth have health insurance and access to care and that all children and youth have a medical home. Commensurately, we recommend advocating with the Texas Department of Insurance and Texas Legislature to maintain the current use of and health insurance reimbursements for telehealth techniques.
    a. **Health Insurance/Service Access.** This is an obvious and ongoing need, and our community has done much to overcome the lack of attention and support from the State of Texas. Travis County has some of the highest health insurance coverage rates in the state as well as many local options for coverage and care. However, we are including this recommendation in this report because it is central to recommendation 1 above and to the best practices idea of a "medical home" and "primary care physician". Children can't be assessed by doctors (and other health professionals) if they do not see doctors, and they will be more likely to see doctors on a periodic basis sufficient to identify latent and emerging needs if they have an established medical home with a primary care physician.
    b. **Advocate to Maintain Insurance Reimbursements for Telemedicine.** Tele-Med has been a very powerful, though imperfect, tool throughout the pandemic. It has proven to be one of the only ways to reach key groups and still serves as a strategy for serving large numbers of people and youth where they are (i.e., at home and/or in school). For now, some tele-med resources are available free of charge through the Dell Med, state funded program; however, this strategy must have a reliable funding source, either through insurance or other dedicated funding stream.

Long-Term Recommendations for 2022 and Beyond

In the Community

1.**Public Information.** We recommend the development and launch of a Public Information Campaign--drawing from national best practices, and state/local institutions (such as Meadows, Baylor University, Hogg Foundation) with local customizations to serve populations in greatest need but with the biggest barriers (e.g. financial, geographic, race/ethnicity/income, cultural/language), and incorporating lessons learned from successful models in Texas and elsewhere. The Mental Health Awareness and Behavioral Change Media Campaign under development is discussed in further detail in Attachment 2 of this report.

2. **Self-Care and Technology.** We recommend marketing self-care strategies and use of support groups and technology to connect people to services, tools, and other supports, working with faith based, community based, civic, health care, and other organizations to leverage and sustain efforts.

3. **Seamless System**. We recommend the development of a "one-stop shop", "integrated enrollment/referral", "no wrong door" coordinated approach to connecting people with community-based non-profit and governmental services, drawing upon existing tools such as 311, 211, 988 and other crisis/help lines, Family Resource Centers, etc.. The City, County, Central Health, Integral Care, and United Way can and do work together. United Way manages the 211 system, and such programs as Family Pathways and the Family Friendly Workplace Committee work (Early Matters Greater Austin) should be expanded to focus more on 2-Gen strategies for mental health in the home and in the workplace.

4. **Peer-Based and Community-Based Approaches.** We recommend the deployment of effective practices in community mental health care, including peer-to-peer counseling (like "Friendship Bench", "Rent a Friend", "Promotora" programs), community health workers (e.g. Promotoras), and other methods and modalities to expand the reach and impact of mental health information and strategies.

5. **Strategies to Promote Community Mental Wellness, Civic Engagement, and Social Cohesion.** We recommend that, for the long-term, our community identify ways to reduce loneliness and civic alienation (e.g., CAN's Deliberative Dialogues, IACT's Red Bench, U.T. DDCE's efforts, etc.) and encourage/facilitate civic engagement and social interactions ("Faces, Places, and Spaces").

6. **Data, Measurement, and Evaluation.** We recommend our community consider adding additional measures to the CAN Community Dashboard (e.g. Annette Strauss Center's measure on civic engagement and other MH indicators for priority populations/approaches) and develop/use other forms of data and measures that disaggregate data to allow for a better understanding of unique needs and to focus resources and strategies on key and underserved sectors/populations. And we must address the issues of data invisibility with some groups in mental Health.

In the CAN (cross-cutting core principles, collaboration notions, and areas of current and potential focus)

Align with CAN Values and Frameworks. The community mental health work should support CAN's framework of collaboration, equity, opportunity, and sustainability, using evidence-based and practitioner tested frameworks, methodologies, and tools.

Be Innovative but Don't Reinvent the Wheel. This work has been, and should continue to be, built on the goals and strategies from current state and national reports and studies and our existing community plans, councils, agencies, task forces, committees, etc.

Strive for Collective Impact. CAN should continue to highlight "Profiles in Collaboration" and develop collaboration tools, esp. among CAN partner organizations, to provide a focus on and methods for the systems-building, resource leveraging, and mutually reinforcing activities relevant to our community mental health and wellness collaboration.

Data, Dashboard, R&D&E. CAN should continue to build out and refine its data analysis and reporting capabilities, to better engage the community in conversations around objective measures and means of accomplishing our community's mental health and wellness goals. This includes: asset, resource, and geospatial mapping and disaggregation of data by demographic groups; outcomes-based measurement, root cause analysis, and continuous improvement strategies; and CAN Community Dashboard indicators and other public reporting and engagement modalities.

All Means All. While we have prioritized quick and comprehensive action for vulnerable populations in the short-term, we must also focus on the broader population in the long-term, by serving hard to reach populations, dispelling stigma generally, and providing a community-wide base of understanding to ensure sustained support for specific initiatives and broad self-care strategies. This can be done through the Mental Health Awareness and Behavioral Change Media Campaign already being planned and through the promotion of self-help, community-based, peer-to-peer, near-peer, and community mental health worker models.

The Big Picture. Ultimately, CAN must help the community address the broader and fundamental community-wide cultural and atmospheric issues, such as loneliness, social isolation, and civic alienation that underlie and drive our community's mental health and wellness.

Credits

About the CAN Community Council

The CAN Community Council is one of two Councils that guide the work of the Community Advancement Network. The CAN Community Council is a self-appointed body that is made up of up to 30 people who reflect the diversity of interests, concerns, organizations, issues and populations of the Central Texas community. The role of the Community Council is to provide a link between the community at large and the policy makers and elected officials who serve on the CAN Board of Directors.
If you are interested in joining the CAN Community Council, fill out a form at this site:
http://canatx.org/community-council/

About This Report

In 2021, the CAN Community Council focused its work on finding possible solutions to community needs that have presented unique and difficult to resolve challenges emerging from the pandemic. The Community Council selected three pandemic-related topics on which to focus. Specifically, these topics include addressing: the evictions crisis; food insecurity; and mental health and wellness. The aim is to identify policies and programs that elected officials, policy makers and other decision-makers can consider pursuing or implementing to improve access for and the well-being of individuals and families living in Austin, Travis County and Central Texas. The CAN Community Council Report on Evictions was published in July 2021. The CAN Community Council Report on Food Insecurity was published in January 2022.

2021 Community Council Members

Saatvik Ahluwalia	Kelly Crook	Rachel Hampton	Caroline Reynolds
Lydia Galvan	Donovon DePriest	Lou Serna	
Lisa Boyd	Hunter Ellinger	Gloria Vera-Bedolla	
Patricia Camacho-Longoria	Nancy Gilliam	James May	
Nora Comstock	Laura Goettsche	Anaami Pandit Haji	

CAN Staff

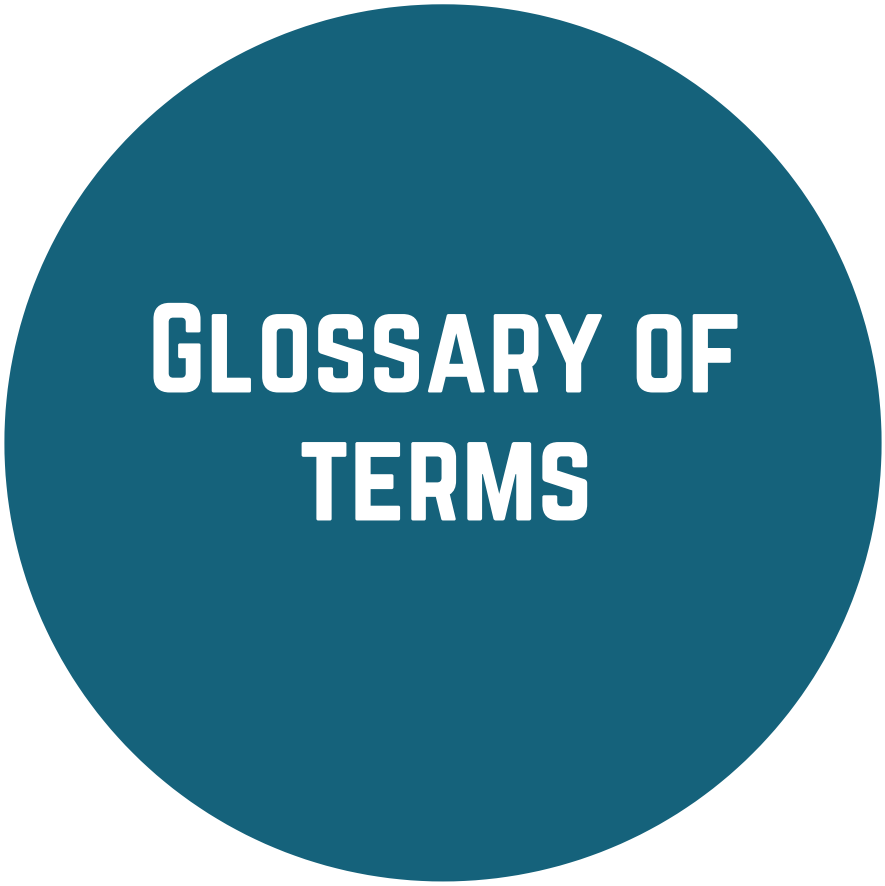
Raul Alvarez, Executive Director

Jelina Tunstill, Program Coordinator

Carlos Soto, Research Analyst

Attachment 1

CAN COMMUNITY COUNCIL
Community Mental Health and Wellness Report
March 2022



Glossary

Telehealth (Telemedicine)- the use of digital information and communication technologies, such as computers and mobile devices, to access health care services remotely and manage a person's health care. These may be technologies used from home or that a doctor (or other clinician) uses to improve or support health care services. Telehealth Uses in Behavioral Health include: Psychiatric assessments, Individual online counseling for anxiety and depression, Online group therapy, treatment related to substance use disorder, Telepsychiatry for prescription monitoring and refills
https://www.mayoclinic.org › telehealth › art-20044878

Telemedicine - Telemedicine (TM) is a component of TH [Telehealth] and is defined by Oxford's as 'the remote diagnosis and treatment of patients by means of telecommunications technology.
https://pmj.bmj.com › early › postgradmedj-2020-138742

Mental health: The emotional, psychological, and social well-being of an individual. It affects how an individual thinks, feels, and acts. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.
https://www.mentalhealth.gov › basics › what-is-mental-h...

Community health: Community health is the collective well-being of community members. In addition to living in the same neighborhood or region, these populations often share health characteristics, ethnicities, and socioeconomic conditions.

https://publichealth.tulane.edu ›

Mental illness: Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities.
https://www.psychiatry.org › patients-families › what-is-m...

Mental wellbeing: is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community."

https://www.health.state.mn.us › communities › mentalhea...

Trauma Informed Care: Trauma Informed Care is an approach, based on knowledge of the impact of trauma, aimed at ensuring environments and services are welcoming and engaging for service recipients and staff.

https://traumainformedoregon.org › 2016/01 › W...

Adverse Childhood Experiences (ACEs): ACEs are traumatic events that occur before a child reaches the age of 18. ACEs include all types of abuse and neglect, such as parental substance use, incarceration, and

domestic violence. ACEs can also include situations that may cause trauma for a child, such as having a parent with a mental illness or being part of a family going through a divorce.

https://www.childwelfare.gov › overview › framework

Peer-based approaches (interventions): peer-based interventions are a method of teaching or facilitating health promotion that asks people to share specific health messages with members of their own community.

https://www.ncbi.nlm.nih.gov › articles › PMC2804647

Person-centered care: Person-centered care—also known as patient-centered care—means consumers have control over their services, including the amount, duration, and scope of services, as well as choice of providers. Person-centered care also is respectful and responsive to the cultural, linguistic, and other social and environmental needs of the individual.

https://www.samhsa.gov › care-coordination › person-f...

Year-round school: year-round schooling, in which a single summer break is swapped out for a series of shorter breaks throughout the year.
https://www.edweek.org › leadership › 2015/12

Mental health media campaign: [to]...improve the impact of media on mental health through partnerships, collaboration, and projects aimed to enhance the prosocial, safe use of media in multiple forms. https://med.stanford.edu/psychiatry/special-initiatives/mediamh.html

Social Determinants of Health: Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Attachment 2

CAN COMMUNITY COUNCIL
Community Mental Health And Wellness Report
March 2022

Overview and Plan

Mental Health Media Campaign

A Plan to Destigmatize Mental Health, Build Self Resiliency and Community Wellness, and Reach Marginalized Communities

Mental Health Awareness and Behavioral Change

Public Information Campaign

Statement of the Problem

Mental health is a part of being human. There is also stigma associated with the term, and in these pandemic times, we have reached a critical juncture with respect to the mental health needs of our community. Non-English dominant language individuals in particular have difficulty understanding what is being communicated in English. Results can be confusion, lack of knowledge of what to do in each situation, fear, or some other stressful response that prevents individuals from seeking the care they need. To normalize the concept of mental health, we seek to address the stigma via education that supports physical AND mental health in language appropriate and culturally sensitive ways. The focus will be on individual self-management, understanding of the spectrum of mental health and where to go for help and resources. We must move the needle on getting help as soon as possible for the benefit of the individual, the family, and the community.

Goals of the Project

Develop a media plan to de-stigmatize mental health that will support individuals in taking the necessary steps toward sustainable solutions that create a more resilient and stable personal, family, and community environment in the following ways:

1. Identify messages and implement campaigns in the community to socialize/normalize mental health coping strategies.
2. Involve and support individuals in:
    - Becoming self-sufficient in learning about and utilizing mental health services, skills, tools
    - Understanding when mental health needs require professional attention, where to get help
    - Seeking the help of a professional when necessary
    - Sharing the information and help their families, friends, and community
3. Involve community stakeholders to support these efforts
    - Through collaboration identify and acknowledge existing resources and tools
    - Strengthen community ties among organizations with a vested interest in supporting their communities

Overview: https://drive.google.com/file/d/1PCW7-OfVb38RSlU8nab45e5p9RFzM98M/view?usp=sharing

Plan: https://drive.google.com/file/d/12vuTxSv-cQIZIJH5fNOo0tTimZA35s6h/view?usp=sharing