



Williamson County Mental Health Task Force ***Success Through Partnership***

- John Bradley, District Attorney
- Sheriff James Wilson
- Dale Rye, Assistant County Attorney
- Annie Burwell, Mobile Outreach Director
- Kathy Grimes, Executive Assistant, Commissioner Precinct 2
- Betty Cobb, Consumer Representative
- Fred Eppright, Consumer Representative
- Lisa Birkman, County Commissioner, Precinct 1
- Valerie Covey, County Commissioner, Precinct 3
- Pat Berryman, Senator Ogden's Legislative Aide
- Nancy Gettlefinger, CEO, Bluebonnet Trails MHMR
- Hartley Sappington, Board Member, Bluebonnet Trails MHMR
- Camille Compton, Director of Emergency Services, Round Rock Hospital
- Will Davis MD, Emergency Room Physician, Round Rock Hospital
- Richard Elliot, Assistant Chief Deputy / Jail Administrator
- Mike Gleason, Lieutenant Williamson County Sheriff's Office
- Sean Newsom, Captain Williamson County Sheriff's Office
- Marty Griffith, Director of Adult Probation
- Willa Rosen, Round Rock ISD SSHA Coordinator
- Charly Skaggs, Director of Juvenile Services
- Tim Wright, County Court at Law #2, Presiding Judge
- Mike Sorenson, Unit Supervisor/Sergeant / Williamson County Sheriff's Office
- Billye Navarro, Social Worker, Williamson County and Cities Health District
- Dr. Lucius Ripley, Psychiatrist, Lone Star Circle of Care
- Sheila Clevenger, Administrative Assistant, County Attorney's Office

Current Projects

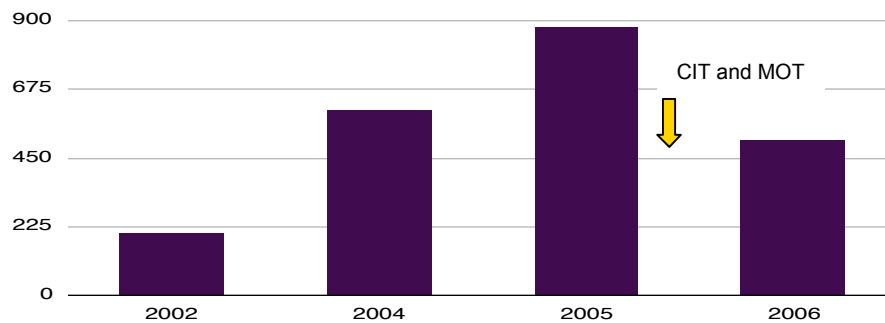
- Jail Diversion – pre-booking and post-booking
- Mobile Outreach Team
- Crisis Intervention Team
- Texas Health Institute Transformation Grant – Project Emerson and website
- Crisis Redesign – increasing Mobile Outreach and psychiatric services
- Respite Care Solutions
- School Based Mental Health
- Direct File System
- Resource Coordination

Emergency departments, Lone Star Circle of Care FQHC, Bluebonnet Trails MHMR, Mobile Outreach and Crisis Intervention Teams, Williamson County Jail

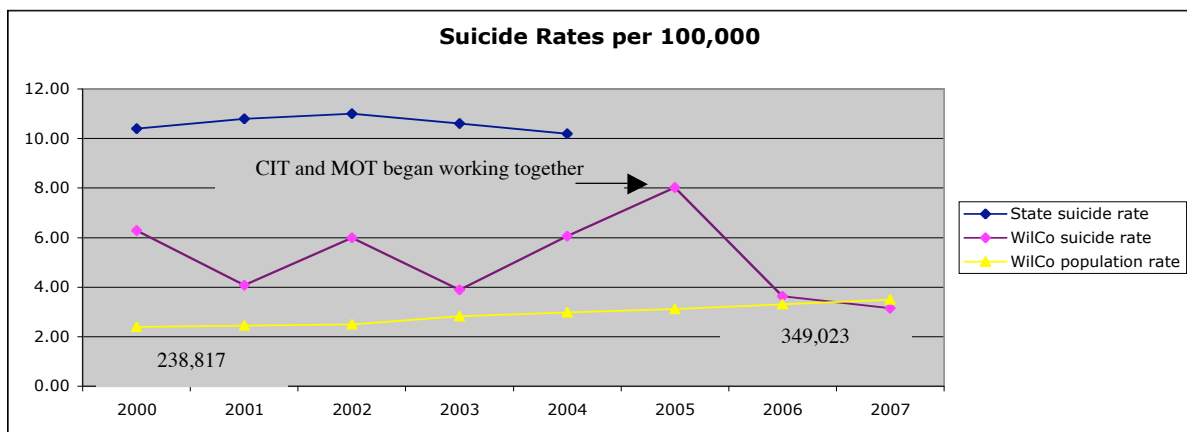
Community Resource Coordination Group, Adult Protective Services Special Task Force Unit, Eastern Williamson County Interagency Council, The Georgetown Project

Results

Reduction in EMS Mental Health Calls



Decrease in Suicide Rate



Bed Utilization Rates

- From 120% to 61%

Savings due to Diversions

- Approximately 3.2 million dollars since 2005
 - Jail – pre and post booking, psychotropic medication
 - Emergency Departments – call volume
 - EMS Calls – call volume
 - Bed utilization at state hospitals – 120% to 61%, transportation, court costs, officer time

Pending Projects

- Respite Care – Crisis Redesign Funding
- Formalizing / increasing consumer voice
- Workforce development
- More mental health services for Veterans
- Transportation for mental health consumers
- POEC / OPC conference

Texas Health Institute - Mental Health Transformation Grant

A. Project Emerson - Electronic Emergency Mental Health Records (EEMHR)

- a live, secure, web-based database
- accessed on a “need to know” or role defined basis
- Field personnel (CIT officers, EMS, MOT providers, MHMR caseworkers) will be able access the database via handheld devices and / or laptop computers. This will allow first responders to access information on-scene, when and where it is most helpful.
- The system will also allow certain Jail, emergency room, 911 dispatch, and MHMR personnel to access records via desktop computer. Rather than trying to acquire or interpret pages of disorganized handwritten notes at various locations, the EEMHR will have electronic features that organize information quickly to provide the practitioner with the most important and relevant facts.
- **Records will be limited to basic and critical information such as:**
 - emergency contact numbers
 - recently prescribed medications
 - mental health diagnosis
 - pertinent medical issues
 - history of violence towards others
 - history of suicide attempts
 - history of mental health commitments
 - primary healthcare provider contact information
 - primary caseworker or mental health treatment provider contact information
 - most recent contacts with emergency mental health personnel
- **an EEMHR protects both the consumer and the provider**
 - the record is secure and encrypted
 - access to the database will be tracked and supervised
 - the system will be HIPAA compliant
 - the consumer is informed of the record and its use (similar to electronic medical records and the sharing of medical data)
 - law enforcement officers are alerted to a consumer’s history of violent or threatening behaviors
 - emergency room personnel are alerted to medication concerns and diagnostic information
 - only pertinent information will be loaded into the database (no agency treatment records, progress notes, or financial information will be entered into the system)
 - inactive consumers will be removed from the system

B. Mental Health Website -THI Project Partners will design and launch a user-friendly website for mental health consumers, family members, and providers

Comprehensive information on all local mental health resources and social services in the community will be posted and frequently updated. Site users will be able to access a database of providers (public and private) searchable by geographic location, skill set, and payment options. The website will link users to the 211 system, national mental health sites, diagnosis specific sites, recovery and recovery education sites, and advocacy groups.

Internet-based peer-to-peer support programs for mental health consumers and family members are showing promising results in other communities. Williamson County has no public transportation system and many of our mental health consumers live in rural areas. Other consumers suffer from mental health disorders that make social gatherings or meetings difficult and some consumers and family members are unable to attend support groups due to scheduling conflicts. Web based support serves all of these groups by bringing the support to the person instead of the person having to travel outside the home for support. Web based support is consumer driven in that occurs around the clock, so it is available when people are most in need, not at the convenience of an agency or provider.