CEO Report

SEPTEMBER 25, 2024

MHMR CONCHO VALLEY

EXECUTIVE LEADERSHIP TEAM

Greg Rowe, CEO

John Wyatt, CFO

Debbie Penaluna, CFO

Annette Hernandez, CAO

Monica Tello, Chief HR Officer

Melinda McCullough, COO

Gana Brazeal-Huff, Chief IDD Services

Eddie Wallace, Chief BH Services

Jared Baran, CIO

INSIDE THE REPORT

Legislative Update—89th Session

On **September 16, 2024**, HHSC posted its Legislative Appropriations Request (LAR) for FY2026 -27. In the Administrator's Statement, HHSC Executive Commissioner Cecile Young highlighted Improving Access to Behavioral Health (BH):

"HHSC continues to expand the BH care continuum through state & local partnerships, providing solutions for specific local issues. Through more than $2 billion in investments made by the Legislature, HHSC constructed mental health facilities, modernized & expand state hospitals & provided additional services.

These investments have increased inpatient capacity across the state, reduced waitlists for inpatient services, provided options to divert individuals away from the criminal justice system, & provided resources to reduce recidivism rates.

HHSC is also developing the first of its kind, HHSC Children's MH Strategic Plan, to focus on the full continuum of care needed to support children & their families. With the submission of this request, the agency included a placeholder exceptional item to be finalized after the HHSC Children's MH Strategic Plan is completed."

HHSC's LAR consolidates Community MH Services – Adults, Community MH Services – Children, & Community MH Crisis Services into a single budget strategy titled Community MH Services.

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Behavioral Health Needs Assessment

Working with Angelina Torres & her company, Jelly Nonprofit Consulting, we have completed our most recent **Community BH Needs Assessment for the Concho Valley.** As a CCBHC we are required to conduct this Needs Assessment every three years to identify the gaps between the current state & desired state of the local BH system & determine what is needed to reach the desired state. Data was collected & analyzed from key stakeholders, community members, and various sources including the U.S. Census Bureau, County Health Rankings, Health Resources and Services Administration, and more. The outcomes of the Needs Assessment are utilized to aid the Center in the development of our 3-Year Strategic Plan & 3-Year Center Staffing Plan.

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QUALITY MANAGEMENT

Internal Reviews

Mental Health QM

FY2024 Crisis Respite Record Review

On **July 29, 2024**, QM conducted a Crisis Respite chart review encompassing the electronic medical records of 59 Crisis Respite residents from **January 5, 2024, through July 11, 2024**. The HHSC Crisis Respite Review Tool & Information Item V from our Local MH Authority Performance Contract were used to create the local review instrument utilized for this review. Review elements included: TB screening was conducted for each client at the time of intake; daily progress note/informational note is present for each resident; Respite Assessment/Respite Facility Guidelines is present & has appropriate signatures, recovery plan is present & signed by the resident, discharge plan is present & is signed by the resident & meets the requirements of Information Item V.

Compliance score = 95%.

IDD Quality Assurance

FY2024 PASRR, HCS, & IDD QA Corrective Action Plan (CAP) Review, July & August 2024

IDD Quality Compliance staff completed their monthly General Revenue (GR), Home & Community-Based Services (HCS), TX Home Living (TxHmL), & Pre-Admission Screening Resident Review (PASRR) chart review **on July 30, 2024 & August 30, 2024**. These reviews were accomplished with the aid of a survey audit tool provided by HHSC.

Three records were selected at random in each program each month per our HHSC accepted corrective action plan from the September 2023 audit.

July Scores : PASRR – 100%, HCS = 98.63%, TxHmL = 100%, GR/CFC = 96.77%

August Scores: PASRR = 100%, HCS = 98.70%, TxHmL = 100%, GR/CFC = 95.31%

As a reminder our scores in all programs from the September 2023 audit were above 90% allowing IDD Authority Services to "skip" a year with these audits.

External Reviews

TDCJ TCOOMMI Program Compliance Review

The Texas Department of Criminal Judice performed a compliance review of our Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) program **May 13 – 17, 2024**. The purpose of the review was to verify MHMRCV's compliance with the terms of contract, required Program Guidelines & Processes (PGPs), & applicable statutes.

Review Period – **Feb/Mar/Apr 2024**

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Center Strategic Plan Update

A proposed Center Strategic Plan update for Fiscal Years 2025-2027 will be presented at our Board meeting this Thursday for consideration & approval. The ELT along with Dr. Joel Carr have worked to update objectives & strategies; the Center goals remain valid. As a reminder, Center goals are based on the 5 Pillars of Excellence: People, Service, Quality, Finance, & Growth as outlined in Quint Studer's book, "Hardwiring Excellence".

1. To be the employer of choice for prospective and current employees (People).
2. To be an innovative and proactive Behavioral Health and IDD Center (Service).
3. To improve quality across all Center functions (Quality).
4. To promote growth and access to Behavioral Health and IDD services (Growth).
5. To pursue efficiencies & revenue growth opportunities for the Center (Finance).

August 2024 Financials

Financial Highlights

The Center experienced a negative margin of $28,391 for the month of August. This contributes to an end of Fiscal Year 2024 negative margin of $13,418.

Month	Revenue	Expenses	Margin-Actual	Margin-Budget
August	$1,507,636	$1,536,027	($28,391)	($174,498)

Division Breakdown	August
Mental Health	$(14,254)
IDD	$39,008

Financial Recap

Variances

Many variances continued to be attributed to the Crisis Diversion Center (CDC) funding. Specifically related to start-up of the program & being able to utilize the funding by the end of the fiscal year.

Revenues

HHSC Allocations – $33,943 over budget. **1.** Crisis Diversion Center was over budget by $83,190 as several large purchases & renovations to the diversion center building were recognized (budgeted $173,382, spent $256,573), **2.** Clubhouse was under by $12,323 as State funding has been exhausted. We worked to utilize Crisis Diversion Center funding for start-up activities that would produce meaningful work for members & develop peer supports to assist with clubhouse revenues. However, percentage of dedicated staff time for Diversion Center activities turned out to be very low. **3.** Community MH Grant (HB13) was under budget by $50,000 as it too has exhausted all funding for the year.

Medicaid/Medicare – $9,129 over budget due to the Youth Empowerment Services (YES) payment catch up.

Other Federal - $39,467 under budget. This relates to the City of San Angelo housing support. Prior months estimates for this grant funding was over estimated.

Expenses

Benefits – $35,319 under budget due to the Crisis Diversion Center (CDC) no being fully staffed & health insurance was under budget due to turnover & less employees being covered, $28,078.

Consumable Supplies – $22,752 under budget due to the CDC program not up and running.

Equipment/Furniture >$5,000 – $77,740 over budget due to the purchase office equipment, furniture, & van for the CDC.

Facility Costs - $96,023 over budget due to renovations to the building that will house the CDC. *Update: A walkthrough of the building with our contractor occurred on 9/24. Minor touchups are to occur this week & CDC staff will begin moving into the facility next week. A few staff remain to be hired including peer support & a psychiatric nurse practitioner. We hope to have services begin to be provided by mid-October.*

Vehicle Operating Expenses - $8,741 under budget due to insurance proceeds recognized for a Center vehicle that was totaled in a wreck.

Contracted Services – $54,026 overall under budget. **1.** CDC under by $42,662. **2.** Inpatient hospitalization funding under by $28,327.

Client Support – $5,801 over budget due to housing support expenditures associated with the CDC budget**.** The CDC has both rental/housing assistance & rapid housing assistance in its budget.

Computer Services/Maintenance - $13,340 under budget due to timing of projects. Year to date this line item is over budget by $17,252

Other Expenses – $10,392 under budget due to the CDC.

Annual Employee Appreciation Luncheon

We held our annual End of the Fiscal Year / Staff Appreciation Lunch on Friday, **August 30th**. As usual we had a great turnout for an awesome BBQ lunch, door prizes, & photo booth. After the lunch the Center closed early to allow those staff who work regular M-F, 8-5 hours start their Labor Day weekend early.

Veteran Recognition

Richard Rodriguez, MHMRCV's Military Veteran Peer Network Coordinator was selected to receive the **Outstanding Training Partner 2024** in appreciation for his contributions to suicide prevention. This award was presented by the Texas Suicide Prevention Collaborative at the 2024 Texas Suicide Symposium.

Leadership Development Institute

Friday, **August 22nd** MHMRCV Supervisors attended our quarterly Leadership Development Institute at the West Texas Training Center. Supervisors had the opportunity to learn about various topics within our organization along with different chapters from "The Busy Leader's Handbook: How to Lead People & Places That Thrive" by Quint Studer. The theme of this training was the 1980's where many of us dressed for the period.

Suicide Prevention Awareness Month

September is National Suicide Prevention Month – a time to remember the lives lost to suicide, acknowledge the millions more who have experienced suicidal thoughts, & the many individuals, families & communities that have been impacted by suicide. It's also a time to raise awareness about suicide prevention & share messages of hope.

The Center planned several activities this month that included a social media campaign on suicide awareness/prevention, members of MHMRCV's Zero Suicide Implementation Team attending & accepting a proclamation from the TGC Commissioner's Court and coordinating & hosting a Prevention Awareness Walk at Unidad Park Friday, **September 27th from 6pm-8pm**. The walk invites the community to participate & will have a speaker, refreshments, & resources.

Behavioral Health Needs Assessment cont...

Attached to the Board Report is the full BH Needs Assessment report for your review. However, below is a brief summary of top 5 BH system of gaps in order of priority. Note I emphasize the use of the term "system" as results reflect the BH system of care in the Concho Valley, not specifically MHMR Concho Valley.

Community Input from Stakeholders & Consumers/ Caregivers

1. Access to Services (Psychiatric Rehab, Housing, Employment, Transportation, Screening/ Assessment/Diagnosis

2. Barriers to Services (Out of Pocket Expenses, Length of Time Between Appointment Request & Actual Appointment, Staffing – High Turnover, Unreliable Transportation, Hours/Days of Operation, Lack of Insurance, Medication Policies)

3. Consumer Involvement (Serves as Policy Maker - Lead on Board, Coalition, Taskforce, Hired for Leadership Role, Participate on Board, Coalition, Taskforce, Hired as Employee, Submit Satisfaction/ QA Survey)

BH System Gaps

1. Limited Access to Support Services (housing, transportation, employment)

2. Access to Timely Treatment Services (obtain MH/SUD care within an appropriate timeframe)

3. Access to Appropriate BH Services (limited capacity to meet demand, accessibility for rural & underserved areas)

4. BH Workforce Shortages (lack of sufficient qualified staff & turnover)

5. Linguistic Competency & Stigma

External Reviews cont…

TCOOMMI cont…

Areas Reviewed:

Intake Process – 38%

Continuity of Care – 86%

Intensive Case Management/Transitional Case Management – 35%

Residential Program Services (those we provide at the Concho Valley Community Supervision & Corrections Department Men's & Women's Community Corrections Facilities – 75%

Special Need Diversionary Program (Juvenile Justice) – 75%

Overall Score – 63%

A Corrective Action Plan was required & submitted to TDCJ.

It is important to note that instructions provided by TCOOMMI regarding how specific functions should change at MHMRCV in order to be in compliance are not included in the written PGPs. ***Verbal instructions provided by TCOOMMI are not supported by the PGPs.***

Unannounced Substance Use Disorder License Inspection

The Substance Use Disorder Compliance Unit within HHSC conducted an unannounced inspection of our SUD services on **September 4, 2024**. This was in response to our request to revise our Chemical Dependency Treatment Facility license to, **1.** add additional slots to accommodate a full caseload & have room to expand services if the need occurs, & **2.** Remove ambulatory detoxification services as this is no longer a requirement for CCBHC & it not a service that has been sought after by potential clients.

The result of the inspection required our, SUD Outpatient Treatment Director, to submit a written response detailing the corrective action the Center has taken to achieve compliance with the Texas Administrative Code, Title 26, Chapter 564, Standard of Care Rules for Chemical Dependency Treatment Facilities. This response that is due **October 10, 2024**.

Findings to be addressed include:

- Standards of Conduct policy did not include the contact information for the Commission's investigations division.
- Client Bill of Rights, the client grievance procedure, & the Commission's current poster on reporting complaints, violations, & current contact information, & in a second language was not posted.
- SUD staff needed additional training required by licensing standards.
- Policies addressing restraint & seclusion and client searches needed to be created.
- The clinic had emergency numbers posted by reception but nowhere else.
- Authorization & consent to treatment did not include all required SUD information.
- 4 treatment plans had missing signatures & dates and reviews, treatment levels, discharge plans did not occur within timeframes.
- Client education needed to occur on TB, HIV, Hepatitis B and C, STDs, & health risks of tobacco.

Legislative Appropriations Request cont...

While the budget strategies have been combined, separate performance measures are maintained for each program within the strategy. **The combined Community MH Services strategy shows a $76 million reduction from FY25 to FY26 due to the ending of federal funding related to the pandemic.**

HHSC's LAR includes 44 Exceptional Items (EI) across the agency. Below are highlighted EIs of particular interest to Community Centers including an EI submitted by Texas Department of Criminal Justice related to Texas Correctional Office on Offenders with Medical & Mental Impairments (TCOOMMI). A couple EIs reflect $1 placeholder requests with intent for the Legislature & HHSC to determine funding levels.

Exceptional Items (EI) Highlights

EI 1—Maintain Client Services Cost Growth

FY26 $186M HCS; $19M TxHmL; $15M BH Waiver Amendment (YES and HCBS-AMH)

FY27 $172M HCS; $19M TxHmL; $17.5M BH Waiver Amendment

Request to maintain Medicaid and CHIP cost growth provides for incremental cost increase in 2026-2027 over 2025 levels for all acute & Long-term Services & Supports (LTSS).

EI 12—Children's MH Strategic Plan

FY26 $30,000,003

FY27 $30,000,003

Currently allocated in Community MH Services with a placeholder in Substance Use Prevention, Intervention & Treatment & BH Waiver Plan Amendment.

This EI seeks funding to continue addressing recommendations from the MH Roadmap as well as the Children's BH Strategic Plan to further improve behavioral health services in Texas. This EI contains strategic behavioral health funding requests to improve the availability of BH services in Texas & is underpinned with the recognition that HHSC is responding to an increase in the number of Texans in need of BH services, at more access points (jails, emergency rooms, schools).

(a) This EI funds BH services & supports to expand programs designed for children & youth. The following initiatives support the children & youth population, including those with high acuity and complex needs, at imminent risk of relinquishment to the Department of Family Services, or in state conservatorship:

Youth Crisis Outreach Teams;

Youth Empowerment Services (YES Waiver);

Residential Treatment Centers; and

Children's Statewide Strategic Plan Recommendations.

(b) This request also expands crisis services through local mobile crisis outreach teams & crisis facilities, allowing services in the least restrictive environment & decreasing emergency department visits, inpatient hospitalizations, & number of arrests.

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Legislative Appropriations Request cont...

EI17 Increasing Services for People with Disabilities

FY26 $6.8M Non-Medicaid Developmental Disability Community Services (General Revenue-IDD)

FY27 $6.8M General Revenue-IDD

IDD Outpatient Mental Health: Texas can improve outcomes for people with IDD by expanding outpatient MH service sites to all 39 LIDDAs, allowing more children with IDD who also have MH or BH needs to remain in their communities & in their homes with loved ones.

Currently available at only five (5) Local IDD Authorities, IDD Outpatient MH: MH services play a crucial role in alleviating strain felt by providers & families alike in assisting children with IDD to live in the community successfully & reducing more costly institutionalization. These services are unique in nature & not funded in other IDD service arrays. The Texas Judicial Commission on Mental Health (JCMH) has indicated support for statewide implementation & the Children's MH Strategic Plan - which is being finalized – also recommends program expansion.

EI24 Consolidated Rate Request

FY26 $1 placeholder—FY27 $1 placeholder

HHSC has identified 5 categories of reimbursement rates where HHSC believes a reimbursement rate increase would positively impact client's access to high quality care. The top categories for reimbursement rates that HHSC has identified are:

Guardianship Services – The cost of guardianship has increased over the last several biennia and contractors have increasingly indicated an unwillingness to renew contracts at current rates.

Autism and Peer Support Services – Post-Implementation Utilization Reviews have shown lower than expected utilization growth.

Institutions for Mental Disease (IMD) Medicaid & Community Inpatient bed day rates – Medicaid rates have not been increased since 2007 & are significantly lower than rates for similar services.

Community-based Nursing Services, including Private Duty Nursing - Disparity across the community nursing services, including in the 1915(c) waivers, has resulted in providers reporting difficulty in retaining qualified staff to perform these functions.

Community Attendant Services – Although this service type did receive an increase to the minimum floor rate during the 88th Legislative Session (from $8.11 to $10.60), providers continue to report issues attracting additional staff to the workforce.

The Community Attendant Services category would impact the Direct Support Professionals within Community ICF and associated Community Medicaid Waivers (HCS & TxHmL).

E29 OIG – Increase Audit Staff Resources to Meet Requirements of TGC 531.1025

FY26 $1.4M—FY27 $1.4M

This item recommends increasing OIG staffing to enable complete audits of 8 LMHAs/LBHAs each year in accordance with SB26 (88R).

EI6 Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI)

FY26 $6M—FY27 $6M

Funding for TCOOMMI of $5.9 million for contracted local MH authorities to meet current demands. This funding would provide for 15 caseloads to serve approximately 890 clients within continuity of care, transitional case management, & intensive case management that were reduced in the current biennium due to increased costs.

2024 Concho Valley Behavioral Health Needs Assessment Report

MHMR Concho Valley
My Health My Resources

MHMR Concho Valley
1501 W. Beauregard
San Angelo, TX 76901

Phone: (325) 658-7750
www.mhmrcv.org

Facilitated and Prepared By:

Jelly NONPROFIT® CONSULTING
Nonprofits are our jam!

Table of Contents

Introduction

Purpose of the CBHNA

MHMR Concho Valley (MHMRCV) is a Texas Certified Community Behavioral Health Clinic (T-CCBHC) and the Local Mental Health Authority for Coke, Concho, Crockett, Irion, Reagan, Sterling, and Tom Green Counties. Congress established CCBHCs through Section 223 of the Protecting Access to Medicare Act of 2014 to improve community behavioral health services. CCBHCs:

- Treat the whole person through access to integrated, evidence-based mental health and substance use services, and primary care screenings;
- Meet stringent criteria regarding timeliness of access, quality reporting, staffing, and coordination with social services, criminal justice, and education systems; and
- Create federal grant and state Medicaid funding opportunities for CCBHC providers.

The CCBHC model integrates primary care screenings and substance use disorder care into mental health care settings clinically, financially, and administratively, with the goal of improving overall health outcomes. The Texas Health and Human Services (HHS) launched the T-CCBHC initiative in 2016 and by July 2022, all 39 local mental health authorities and local behavioral health authorities were certified as T-CCBHCs. CCBHCs must re-certify every three years and MHMRCV is due for re-certification in 2025.

Organizations pursuing their initial certification or re-certification must conduct a community behavioral health needs assessment (CBHNA) at least every three years. The purpose is to identify the gaps between the current state and desired state of the local behavioral health system and determine what is needed to reach the desired state. Data was collected and analyzed from key stakeholders, community members, and various sources including the U.S. Census Bureau, County Health Rankings, Health Resources and Services Administration, and more. The outcomes of the CBHNA are provided in this report, which will aid in the development of MHMRCV's next 3-Year Strategic Plan and 3-Year Center Staffing Plan.

Limitations

The findings in this report provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in Coke, Concho, Crocket, Irion, Reagan, Sterling, and Tom Green Counties of Texas but there were some limitations. A good faith effort was made to secure input from a broad base of the Concho Valley via two distinct surveys – one for stakeholders and the other for consumers/caregivers. The consumer/caregiver survey was also available in Spanish. Consumer/caregiver participation has proven more difficult to obtain when simply relying on promoting the survey (in English and Spanish) through social media and with flyers posted throughout MHMRCV locations. Responses significantly increased when surveyors were on site, with tablets in-hand, to invite consumers/caregivers to participate. As a result, most consumer/caregivers respondents represented Tom Green County, with minimal representation from rural counties.

About Jelly Nonprofit Consulting

The CBHNA was facilitated by Jelly Nonprofit Consulting ("Jelly"), a virtual business based in Tom Green County. Jelly was founded in 2017 and provides community needs assessment, grant writing, and grant prospecting services for 501(c)(3) nonprofit organizations across the U.S., particularly those that directly provide, or provide access to, the treatment of mental health and substance use disorders for underserved populations. To learn more about Jelly Nonprofit Consulting, please visit www.jellynpc.com.

Terminology

Data Terminology

- **Primary Data:** It is input gathered directly from key community stakeholders, consumers, and family members of and/or significant individuals who are involved in the consumer's life and/or care.
- **Secondary Data:** It is information from existing sources including U.S. Census Bureau, Texas HHS, etc. to illustrate the current state of the local behavioral health care system.

Health Terminology

- **Behavioral Health:** The term "behavioral health" (the primary focus of this report) utilizes the definition provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), which means the promotion of mental health, resilience, and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities. With this definition in mind, the term "behavioral health" will be used when both mental and substance use disorders are discussed collectively. (Behavioral Health Integration, n.d.)
- **Intellectual and Developmental Disabilities:** The National Institutes of Health (NIH) define intellectual and developmental disabilities (IDD) as disorders that are usually present at birth and that negatively affect the trajectory of the individual's physical, intellectual, and/or emotional development, many of which affect many body parts or systems. (National Institutes of Health, 2021)
- **Mental Health Disorders:** Mental health disorders, also known as "mental illness" and "mental disorders", are characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or development processes underlying mental functioning. Mental health disorders are usually associated with significant distress or disability in social, occupational, or other important activities. (American Psychiatric Association, 2013)
- **Substance Use Disorders:** Substance use disorders (SUDs) are treatable, chronic diseases characterized by a problematic pattern of use of a substance or substances leading to impairments in health, social function, and control over substance use. It is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite harmful consequences. Patterns of symptoms resulting from substance use (drugs or alcohol) can help a doctor diagnose a person with a SUD or SUDs. SUDs can range in severity from mild to severe and can affect people of any race, gender, income level, or social class. (Substance Use Disorders, 2022)

Service Terminology

- **Care Coordination:** The Agency for Healthcare Research and Quality defines care coordination as involving "deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care." Care is coordinated across the spectrum of health services, including access to high-quality physical health (both acute and chronic) and mental health and substance use care; social services; housing; educational systems; and employment opportunities as necessary to facilitate wellness and recovery of the whole person. (Care Coordination, 2018)
- **Evidence-Based Practice:** Per the American Psychological Association, an evidence-based practice is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. (Evidence-Based Practice in Psychology, 2008)

About MHMR Concho Valley

Locations

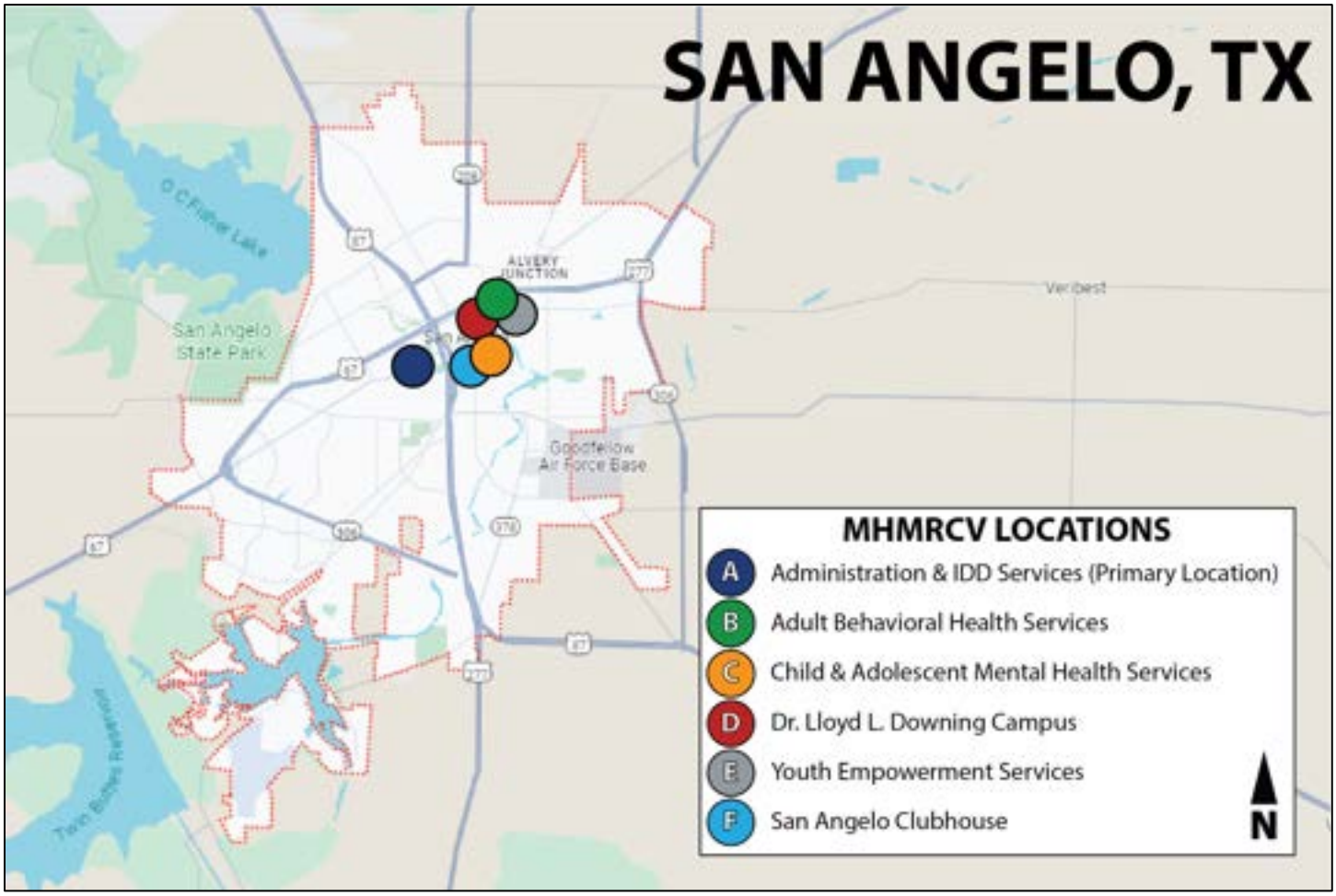


Figure 1. MHMR Concho Valley Locations

Administration and Intellectual & Developmental Disabilities
1501 W. Beauregard Avenue
San Angelo, TX 76901
Business Hours: M-F, 8am–5pm
Service Member, Veteran & Family (SMVF) Services: (325) 812-5241

Adult Behavioral Health Outpatient Services
202 N. Main Street
San Angelo, TX 76903
Business Hours: M-F, 8am–12pm & 1pm–5pm

Child & Adolescent Mental Health Services Family & Youth Guidance Center
424 S. Oakes Street
San Angelo, TX 76903
Business Hours: M-F, 8am–12pm & 1pm–5pm

Dr. Lloyd L. Downing Behavioral Health Campus
244 N. Magdalen Street
San Angelo, TX 76903
Business Hours: M-F, 8am–12pm & 1pm–5pm
Adult Crisis Respite Center: 24/7, 365 days/year

Youth Empowerment Services (YES) Family & Youth Guidance Center
902 Spaulding Street
San Angelo, TX 76903
Business Hours: M-F, 8am–12pm & 1pm–5pm
YES Waiver Inquiry Line: (833) 626-4426

San Angelo Clubhouse
404 S. Irving Street
San Angelo, TX 76903
Business Hours: M-F, 8am –4pm; Sat, 10am–2pm
Social Event Hours: Times will vary
Holidays: 9am – 1pm

Contact Numbers:
Phone: (325) 658-7750 • Toll Free: (833) 406-0857 • Crisis: (325) 653-5933 or (800) 375-8965

History

MHMR Concho Valley (MHMRCV) was established in 1966 and is the Local Mental Health Authority (LMHA) and Local Intellectual and Developmental Disability Authority (LIDDA) for Tom Green, Coke, Concho, Crockett, Irion, Reagan, and Sterling Counties in the Concho Valley. As the LMHA, MHMRCV has the responsibility for the development, management, and oversight of the behavioral healthcare system in the Concho Valley. "Behavioral health system" refers to a coordinated network of providers, services, and supports designed to promote the emotional, psychological, and social well-being of individuals.

In 2022, MHMRCV rebranded with an updated name, “My Health My Resources” (MHMR) Concho Valley, a new logo, and redesigned website.

Overview

MHMRCV operates as a unit of local government and has an eleven-member Board of Trustees who are appointed by its Sponsoring Agencies: Angelo State University, City of San Angelo, San Angelo ISD, and Tom Green County.

Mission Statement

“Working Together to Help People Help Themselves” To accomplish our mission, MHMRCV offers an array of services and supports which respond to the needs of people with mental illness, intellectual and developmental disabilities, autism, and substance use disorders, enabling them to make choices that result in lives of dignity and increased independence.

Vision Statement

“Creating Better Health & Wellness in Our Community” To achieve our vision, MHMRCV strives to:

- Provide quality services; customer-focused and accountable,
- Promote a safe and healthy environment,
- Foster a spirit of mutual respect, dignity, and cooperation, among the people served, their families, staff, Board, and all communities in our area,
- Advocate for those we serve,
- Educate the people we serve, their families and the community about mental illness and intellectual and developmental disabilities services and,
- Work with other agencies toward the provision of early intervention services to reduce the effects of mental illness and intellectual and developmental disabilities.

Values

R.I.S.E.

- **R**espect – Value and celebrate the unique & diverse talents, experiences & perspectives of everyone, and treat others with sensitivity and respect.
- **I**ntegrity – Accountable for performance by working towards open & honest dialogue with persons served & staff, while within & across organizations to deliver the most positive outcomes.
- **S**upport – Encourage, validate, and build up our staff, persons served, & community partners.
- **E**xcellence – commitment to continuous improvement in our systems & service delivery.

MHMRCV Services

Adult Behavioral Health Services

- **Case Management/Recovery Coach:** Routine Case Managers assist an adult or caregiver in gaining and coordinating access to necessary care and services appropriate to the individual's needs. Case Managers monitor recovery plans and adjust as needed to assist individuals in meeting their recovery goals.
- **Counseling:** Dedicated counselors collaborate with individuals offering individual, family, and group therapy focusing on the reduction or elimination of an individual's symptoms of mental illness and increasing the individual's ability to perform activities of daily living. Counselors work with the individual towards their identified goals to obtain their optimized wellness and recovery. MHMRCV often coordinates with community partner agencies to provide this service.
- **Eligibility Determination:** Individuals who are interested in requesting mental health services are welcome to walk-in or call any of our clinics to be screened and assessed by a Licensed Practitioner of the Healing Arts to determine their eligibility for services or to be linked to community support services based upon their needs.
- **Medication Management:** Our licensed physicians and nurse practitioners work in partnership with individuals, their support team, and our nursing team to promote safe and effective use of medications to treat the signs and symptoms of mental illness. We educate individuals and their support team on the importance of medication management and how, together, individuals can reach their recovery.
- **Peer Support Services:** Peer support is the process of giving encouragement or assistance to overcome a challenge in life by someone with lived experience. Peer support workers can be people who experience the challenges themselves, or family members with loved ones who experienced such challenges. Peers offer emotional support, share knowledge, teach skills, provide practical assistance, and connect people with resources, opportunities, and communities of support.
- **Psychosocial Rehabilitative Services:** Our therapeutic team assists individuals by building their strengths and restoring their ability to develop and maintain social relationships, occupational achievement, and educational goals.
- **Substance Use Disorder (SUD) and Co-Occurring Psychiatric & Substance Use Disorders (COPSD) Treatment:** MHMRCV provides outpatient services with an individualized focus within a program structure. Each person receives highly individualized treatment that enables persons to achieve stabilization of mental health conditions, maintain long-term sobriety, recovery, and positive life changes. The COPSD program provides services for adults who have been diagnosed with co-occurring psychiatric and substance use disorders. The individual will receive treatment for their mental health disorder and substance use disorder simultaneously. The outpatient program is designed to meet the needs of individuals who do not require the more structured environment of residual inpatient treatment to maintain sobriety. The program provides individual and group counseling, family sessions, and referrals to community support programs/inpatient residential treatment when needed.
- **Supported Employment:** Our program assists individuals with obtaining employment in their community.
- **Supported Housing:** Our program helps individuals choose, obtain, and maintain regular, safe, affordable housing. These supports are based on special needs of the individual, including locating low-cost housing, negotiating leases, acquiring household items, obtaining subsidies, moving into residences and successfully maintaining residences.

Child and Adolescent Mental Health Services

- **Case Management:** Case management services are available to children or adolescents receiving our services. The Case Manager will assess their needs, along with the family's needs, and assist in obtaining and coordinating access to necessary care and services appropriate to the youth's identified needs and priorities for services. Case Managers monitor recovery plans and adjust as needed to assist families and youth in meeting recovery goals.
- **Counseling Services:** MHMRCV utilizes Cognitive Behavioral Therapy (CBT), an evidence-based practice, that focuses on examining the relationships between thoughts, feelings, and behaviors. The therapist will help the youth explore patterns of thinking that lead to self-destructive actions and the beliefs that direct these thoughts. They will then help the youth learn ways of modifying their patterns of thinking to improve coping. CBT counseling is problem-focused, and goal-directed treatment where the person and therapist are addressing the challenging symptoms of mental illnesses.
- **Eligibility Determination:** Individuals who are interested in requesting mental health services are welcome to walk-in or call any of our clinics to be screened and assessed by a Licensed Professional of the Healing Arts to determine their eligibility for services or to be linked to community support services based upon their needs.
- **Family Partner Services:** The Family Partner is a formal member of the wraparound team whose role is to support the family and help them engage and actively participate on the team and make informed decisions that drive the process when receiving intensive case management services. The Family Partner can be a mediator, facilitator, or bridge between families and agencies.
- **Medication Management:** Our licensed physicians and nurse practitioners work in partnership with families and youth, and our nursing team to promote safe and effective use of medications to treat the signs and symptoms of mental illness. We educate individuals and their support team on the importance of medication management and how, together, individuals can reach their recovery.
- **Skills Training:** Our therapeutic team assists youth to learn skills they need to understand why they are feeling the way they feel; cope with those feelings in productive ways; and learn new ways of reacting to stressors. Parent education and training is an essential part of skills training as parents also need to learn why their child reacts or behaves the way they do, how to respond in a different way and to understand the skills that their child is learning.
- **Wraparound Services:** Wraparound is a process by which the needs and strengths of a youth and family are identified and used to drive the youth's treatment plan. The intent is to ensure services are family-centered and family-driven. The overall goal is to establish a plan for a successful life for both the youth and family.
- **YES Waiver:** MHMRCV provides Youth Empowerment Services (YES), a Medicaid waiver program. The YES waiver provides intensive community-based services to assist children and adolescents with serious emotional disturbances (SED) to live in the community with their families. YES waiver services are provided in combination with services available through the Medicaid State Plan, other federal, state, and local programs the individual may qualify for, and the natural support that families and communities provide. Some of the services and supports available through YES waiver are respite, community living supports, family supports, minor home modifications, supported employment, paraprofessional, and professional services.

Clubhouse Peer Supports

- **San Angelo Clubhouse:** The Clubhouse model is a program for adults living with mental illness, who have a desire to improve the quality of their lives through meaningful work and social relationships. Participants, called members, are volunteers and work alongside staff to ensure the well-being and growth of the Clubhouse. Members work in one of our four units: Culinary, Communication, Clubhouse Cafe, or Cultivation.

Crisis and Suicide Prevention

- **Community Based Inpatient Crisis Stabilization:** This is provided to individuals at the time of crisis as a last resort if a less restrictive option is not available. MHMRCV contracts with local behavioral health hospitals in San Angelo and the West Texas area. The goal is to assist a person through a crisis, when they are presenting as an imminent danger to self or others, or at risk of continued decline of mental health. It is our hope to keep people safe, provide services in the least restrictive environment, protect the individual's rights and help the person through the crisis based upon their needs.
- **Crisis Diversion Center:** Through this program, law enforcement diverts non-violent individuals with mental health needs, who are at-risk of arrest, from incarceration. The Crisis Diversion Center assists with deescalating the severity of a person's level of distress and/or need for urgent care associated with a substance use or mental disorder. Services are designed to prevent or improve a behavioral health crisis by providing continuous observation and supervision along with behavioral health treatment, and other community supports. Services are available 24 hours per day, 7 days per week, and 365 days per year.
- **Crisis Hotline:** The MHMRCV Crisis Hotline (1-800-375-8965; 1-325-653-5933) is answered by qualified mental health professionals 24 hours a day, 7 days a week. When calling our Hotline, you will receive immediate assessments, support services, and assistance connecting with a professional to address your needs.
- **Crisis Respite Unit:** A 12-bed voluntary Crisis Respite Unit is located at the Lloyd Downing Campus. Our well-trained staff assists individuals in crisis, through assessments and evaluations, to determine the most suitable care plan. The average length of stay for individuals is 7 days, which includes linking to resources, providing skills training, and psychiatric stabilization for individuals so they can return to their community successfully.
- **Mental Health Deputies:** Law enforcement is often the first to respond to a mental health crisis. MHMRCV proudly partners with six local counties (Tom Green, Reagan, Sterling, Concho, Coke, and Crockett) with deputies certified in Mental Health Officer Training, so they are better equipped to interact with individuals in behavioral health emergencies.
- **Mobile Crisis Outreach Team (MCOT):** Our team is made up of an array of qualified mental health professionals who are available for immediate response 24 hours a day throughout our 7 counties. MCOT services focus on providing timely crisis assessments and development of a crisis plan unique to the individual's needs. Our team provides services where the crisis is taking place; this can include your home setting, school, the local emergency room, places of business, or anywhere within the community.

Veteran Services

- **Military Veteran Peer Network:** This program provides FREE and CONFIDENTIAL services to veterans, soldiers, and their family members. We offer peer to peer support groups, peer mentorship, social groups, team services projects, and workshops led by other veterans and military family members. Each volunteer is a certified peer specialist who can provide support through some of the difficulties many faces while in the service and once they have begun life as a civilian. These groups are designed to not only provide support to those who may be in need but also to provide a sense of community among those who have served. We are continually looking to expand our network and create opportunities and activities that all veterans and family members can benefit from.

Section 1. About the Population

Geographic Catchment

MHMRCV serves Tom Green, Coke, Concho, Crockett, Irion, Reagan, and Sterling Counties in the Concho Valley. These counties are in the western region of Texas and cover 9,375 square miles, most of which are predominately rural.

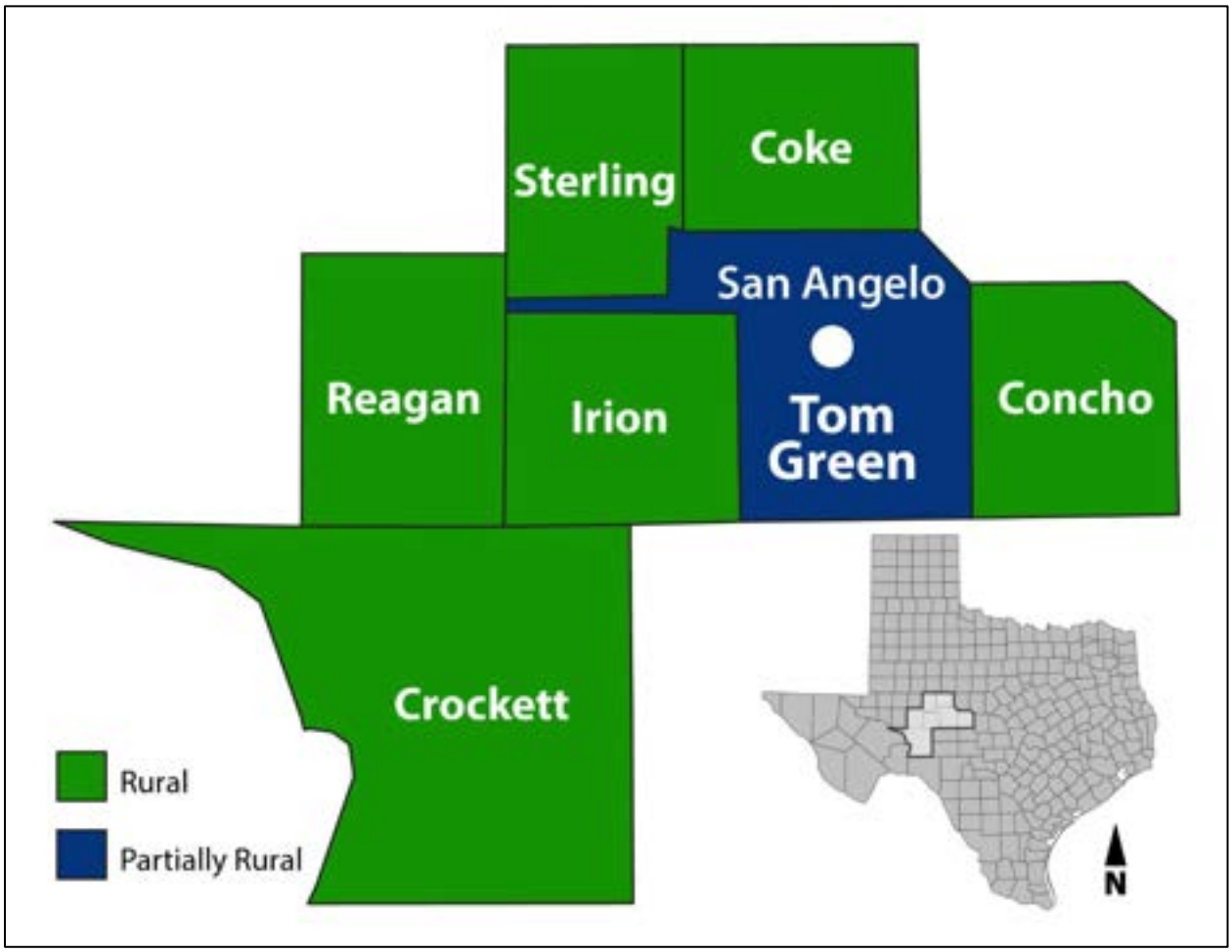


Figure 2. Concho Valley Map

The total population for the Concho Valley is 135,026 (Table 1). The City of San Angelo (58.6 square miles), located in Tom Green County, has a population of 99,422, which is 73.6% of the total Concho Valley population. San Angelo also serves as the urban hub for the region. The total population experienced a slight increase of 370 individuals from the total reported in the 2021 Concho Valley Behavioral Health Needs Assessment Report ("2021 Report").

Table 1. Total Concho Valley Population

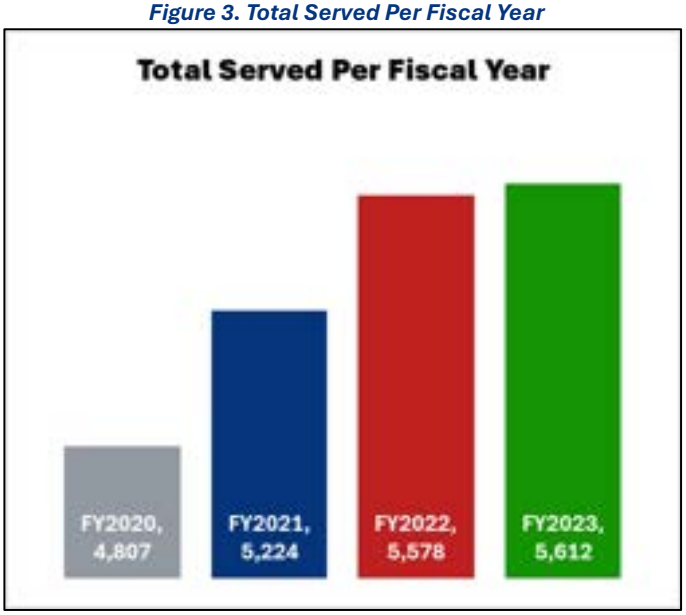
Coke	Concho	Crockett	Irion	Reagan	Sterling	Tom Green	TOTAL
3,305	3,235	2,949	1,561	3,308	1,392	119,276	**135,026**

Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Target Population and Individuals Served

MHMRCV's target population includes people from age three and up in the Concho Valley living with a variety of mental health and substance use disorders, and intellectual and developmental disabilities.

Figure 3. Total Served Per Fiscal Year



The total number of individuals served in Fiscal Year (FY) 2023 was 5,612, **an increase of 16.7%** from the total served in FY2020 (4,807), as reported in the 2021 Report (Figure 3). Almost 84% of those served received behavioral health services and over 16% received IDD services.

The majority of the those served originated from Tom Green County (69.4%), while 3.1% originated from the rural counties of the Concho Valley, which remained the same as reported in 2021. Additionally, MHMRCV served 13.8% individuals who originated from counties outside of the Concho Valley. Over 13% of consumers did not disclose their county of origin.

Regional Demographics

Race and Hispanic or Latino Origin

Based on the U.S. Census Bureau's 2022 American Community Survey (ACS) 5-Year Estimates, 68% of the Concho Valley population identifies as White (Figure 4) and of the total population, regardless of race, **42% identify as Hispanic or Latino**, which is **slightly higher than the state average** (Figure 5).

Figure 4. Race

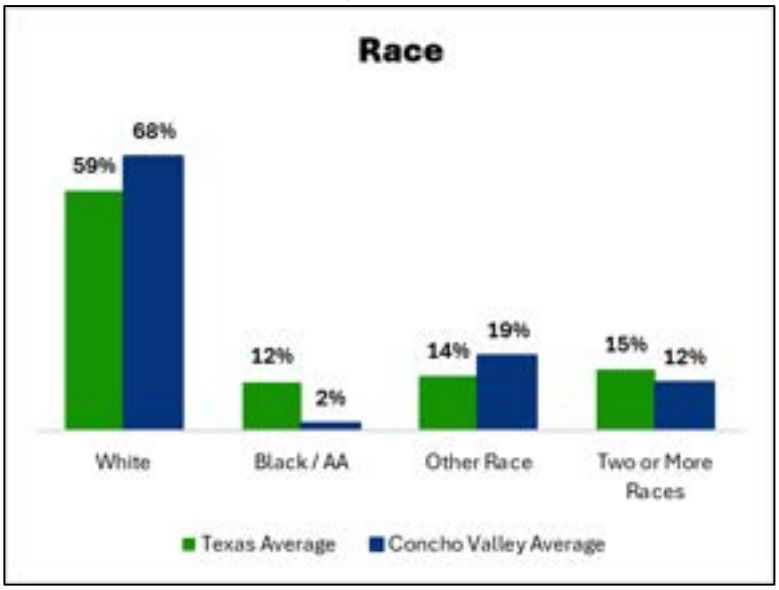
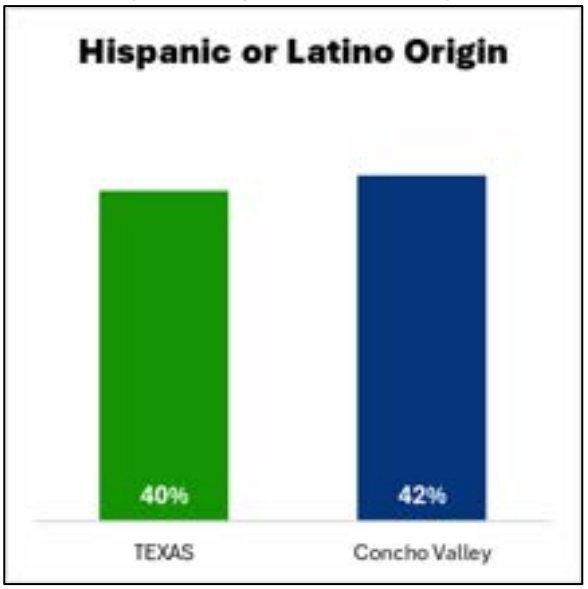


Figure 5. Hispanic or Latino Origin



Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates
AA = African American, Other Race Includes: American India, Alaskan Native, Native Hawaiian, Other Pacific Islander, and Some Other Race

Foreign Born

Eight percent of the Concho Valley population is foreign born (Figure 6) and of this group, **87% originate from Latin America**, which includes Mexico (Figure 7).

Figure 6. Foreign Born Population

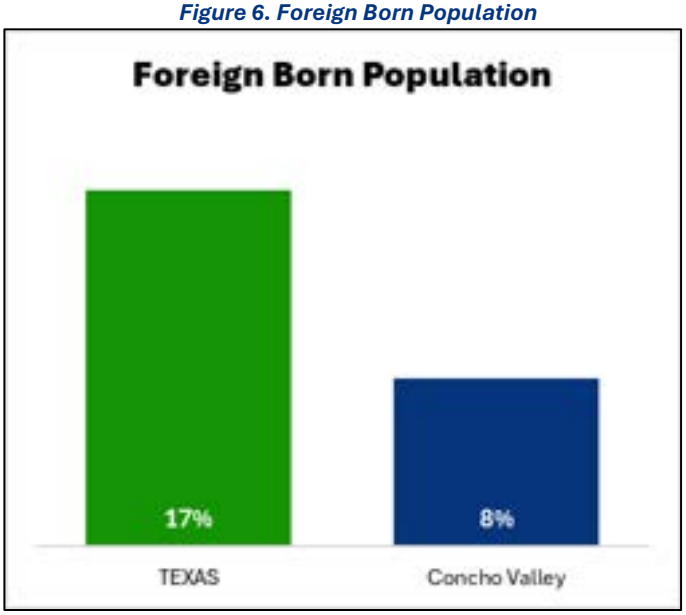
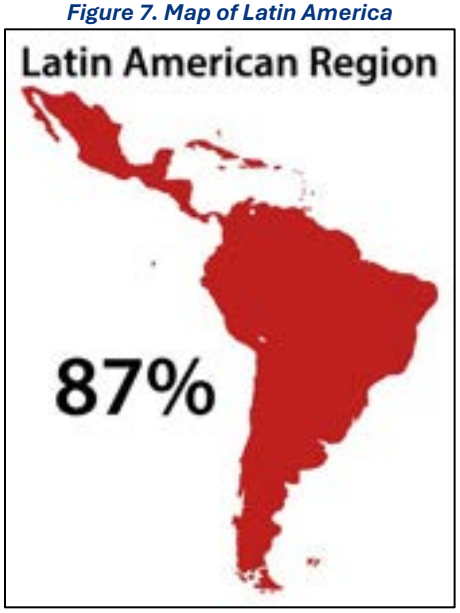


Figure 7. Map of Latin America

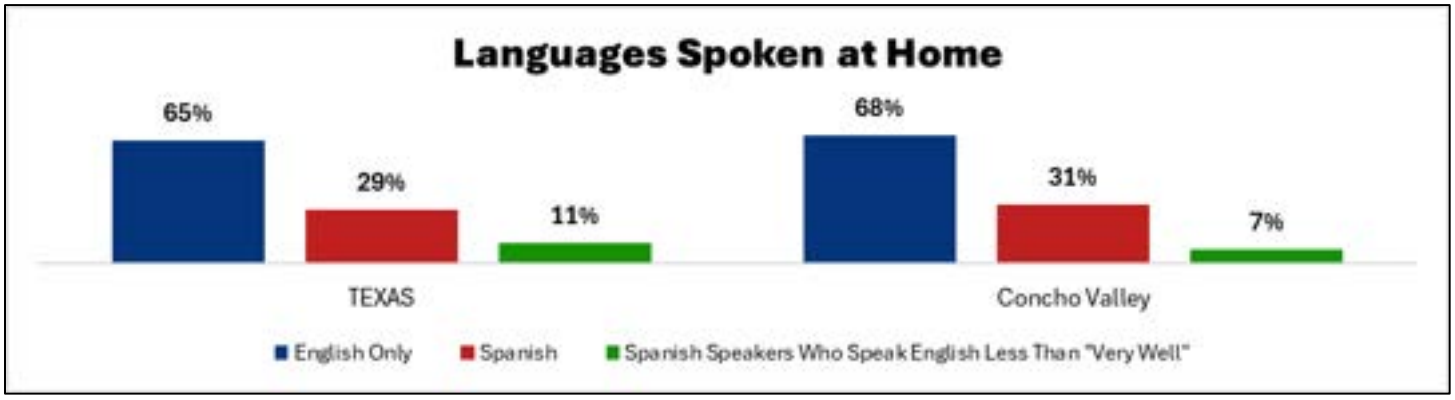


Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Language Spoken at Home

In 68% of Concho Valley households, English is the only language spoken, but in 31% of households, Spanish is either the only or predominate language spoken (Figure 8). Of the Spanish-speaking households, **seven percent self-describe as speaking English less than "very well"**. This indicates the need to demonstrate linguistic competency by ensuring language assistance (interpretation/translation), information, and documents are readily available in Spanish when accessing and receiving services.

Figure 8. Languages Spoken at Home

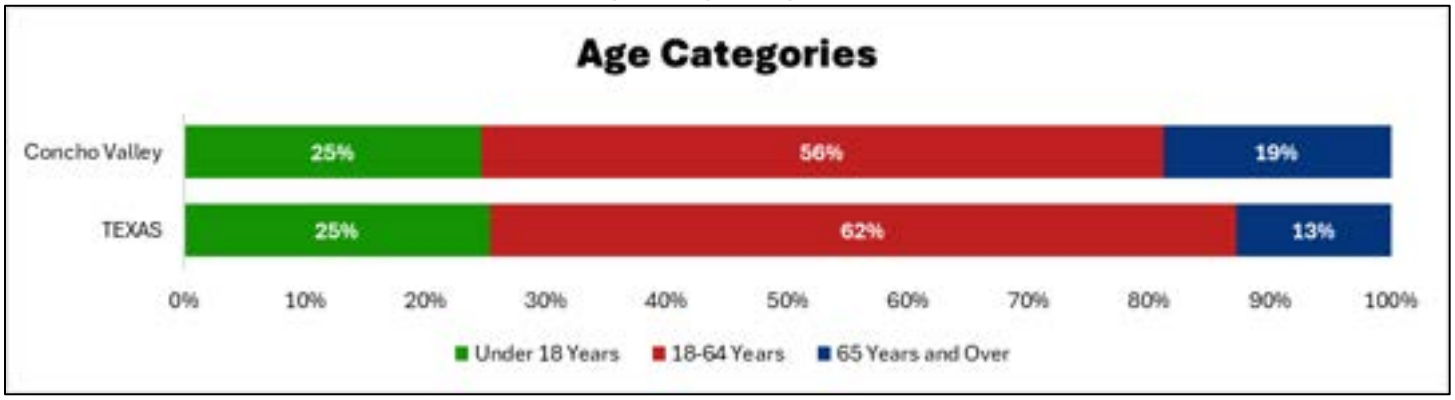


Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Age

The **median age** of the Concho Valley population **is 40.4**, which is **over five years older than the median age for Texas** (35.2). Additionally, the Concho Valley **has a larger senior population** (19%) – individuals aged 65 and older – than the state average of 13% (Figure 9). According to the Census Bureau, from 2020 to 2023, the number of Texans aged 65 and older increased by 11%. A growing senior population means higher use of health care services and a greater need for family and professional caregivers.

Figure 9. Age Categories

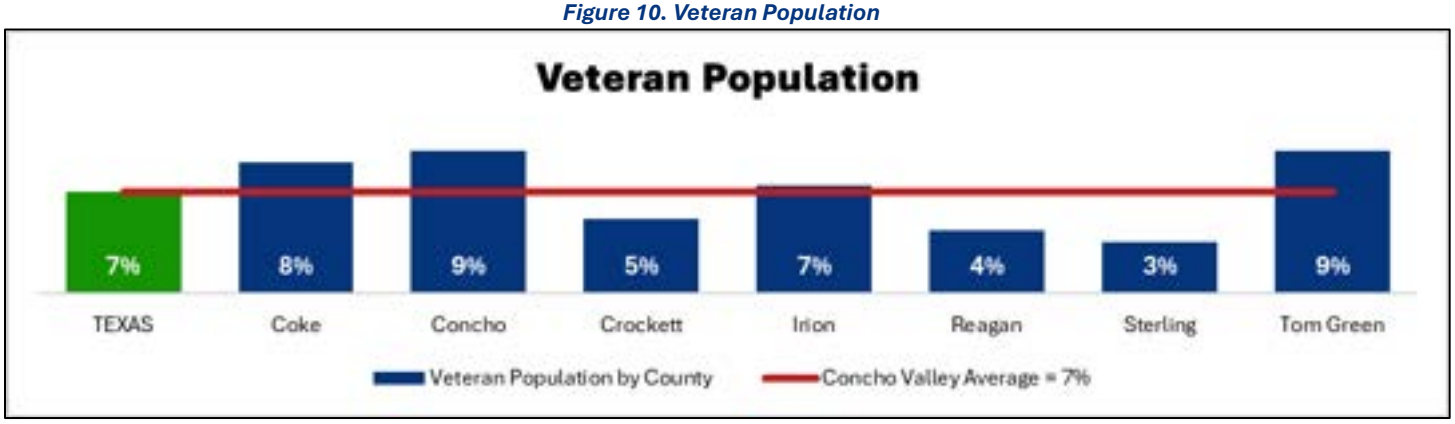


Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Veteran Population

Coke, Concho, and Tom Green Counties average **a higher Veteran population** (9%) than the state average of 7% (Figure 10), and there are several reasons why the location is attractive for Vets. The City of San Angelo is home to Goodfellow Air Force Base, a training installation subordinate to Air Education & Training Command with a population of approximately 5,500. San Angelo has been awarded the Altus Trophy three times for community support of Goodfellow and Angelo State University has been designated as a Military Friendly School. In August 2019, the Colonel Charles and JoAnne Powell Veterans Affairs (VA) Clinic opened in San Angelo.

Figure 10. Veteran Population



Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Socioeconomic Characteristics

Income and Unemployment

In the Concho Valley, the **median household income** for the past 12 months was over $59,000, which is **19% lower than the state average** of $73,000 (Figure 11). It is important to note that between the 2021 Report and this one, the median income for Texas increased 18%, while the Concho Valley experienced a smaller increase of 11%. On the other hand, the unemployment rate was 2.9%, while the Texas average was 5.2% (Figure 12). Both rates are lower than the average reported for both (6.8%) in the 2021 report.

Figure 11. Median Household Income

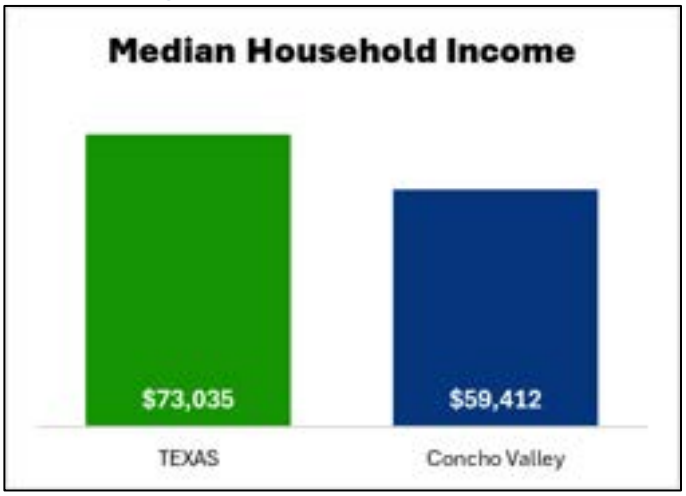
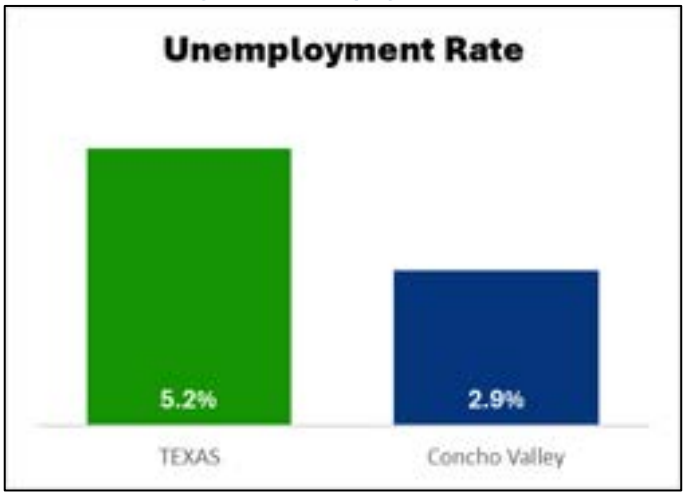


Figure 12. Unemployment Rate

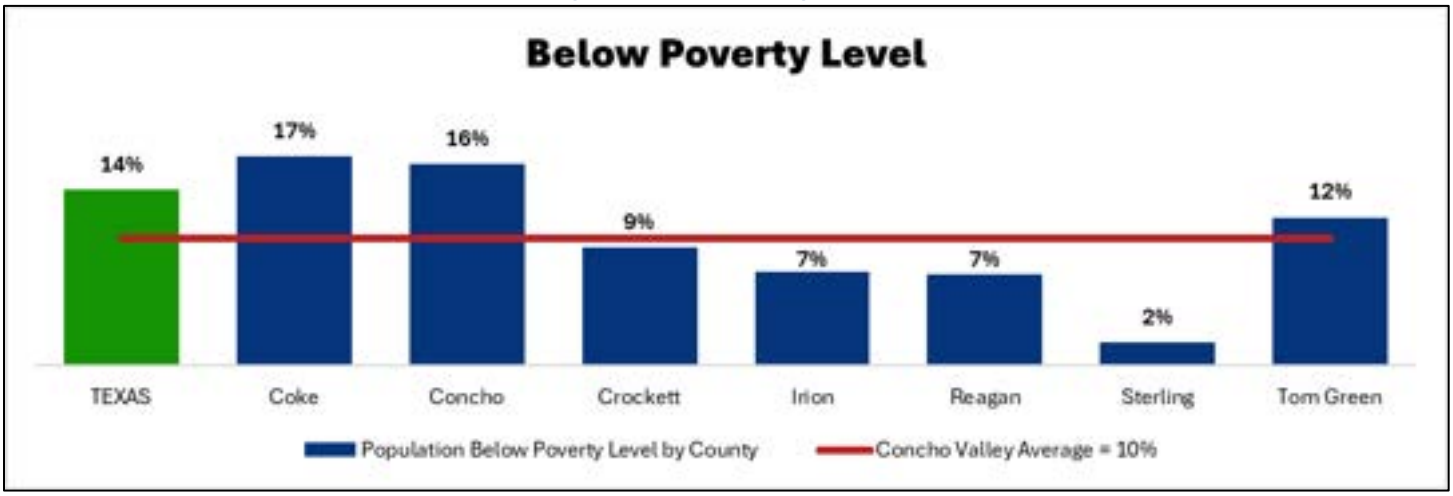


Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Percent Below Poverty Level

When averaged together, **10% of the Concho Valley lives below the poverty level**, two percent lower than reported in the 2021 Report, while the Texas average is 14%, roughly the same as last reported. Upon a closer look, there is some significant variance between the counties including both Coke and Concho Counties with rates that exceed the state average (Figure 13).

Figure 13. Below Poverty Level

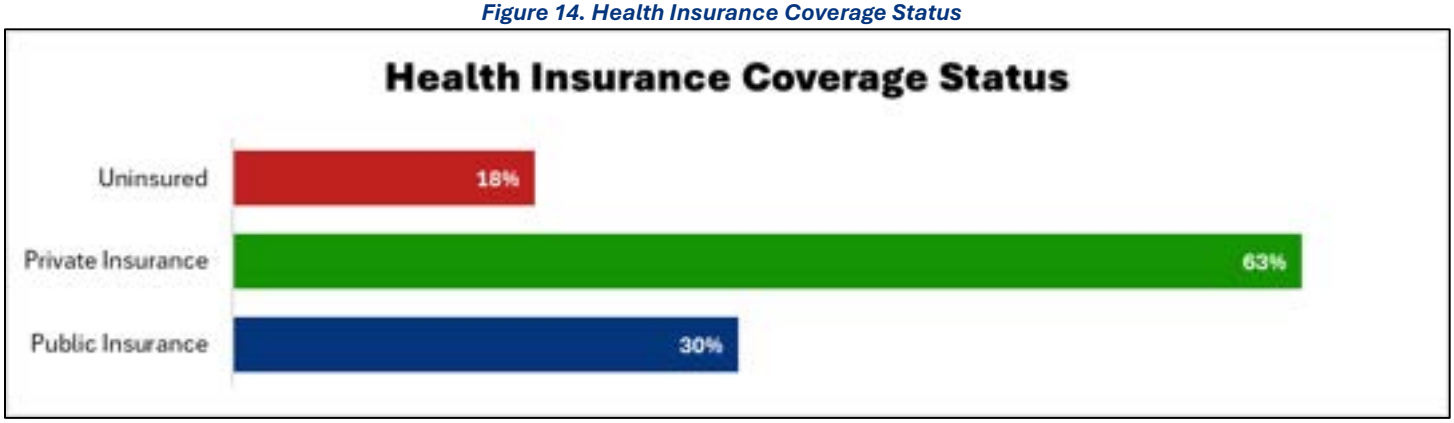


Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Health Insurance Coverage

The percentage of the population that is **uninsured** has stayed relatively consistent for both the **Concho Valley (18%)** and Texas (17%) – both were reported at 18% in the 2021 Report (Figure 14).

Figure 14. Health Insurance Coverage Status

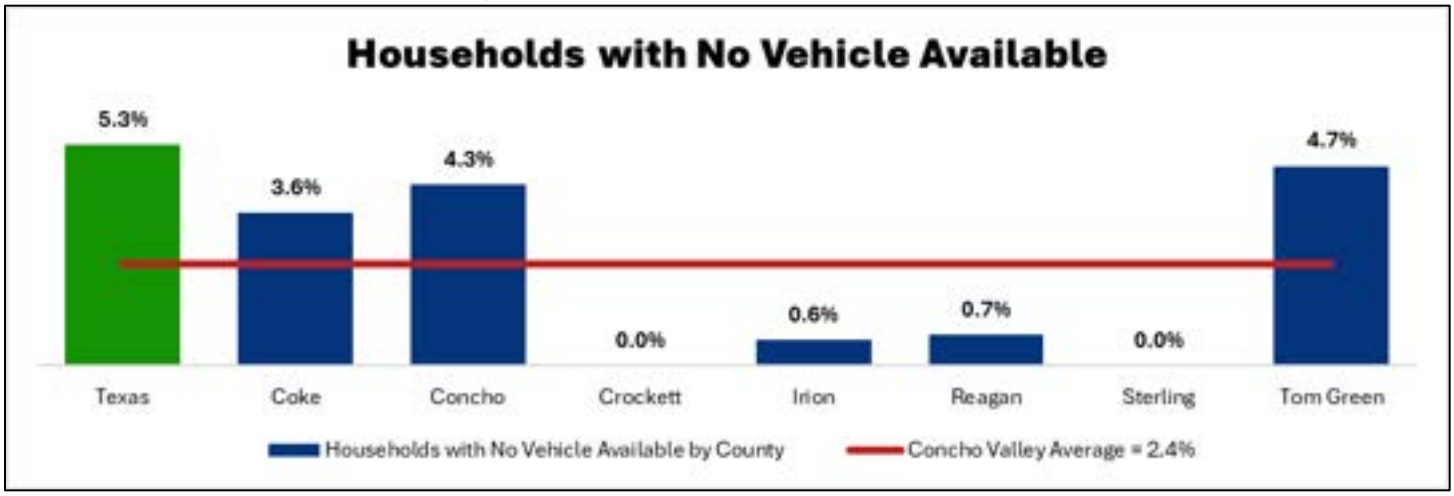


Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Households with No Vehicles Available

On average, **2.4% of the Concho Valley population live in households with no vehicle available**, which is lower than the state average of 5.3% (Figure 15). There are notable fluctuations between counties ranging from 0% to 4.7%, with Coke, Concho, and Tom Green Counties having a greater number of households without a vehicle.

Figure 15. Households with No Vehicle Available



Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

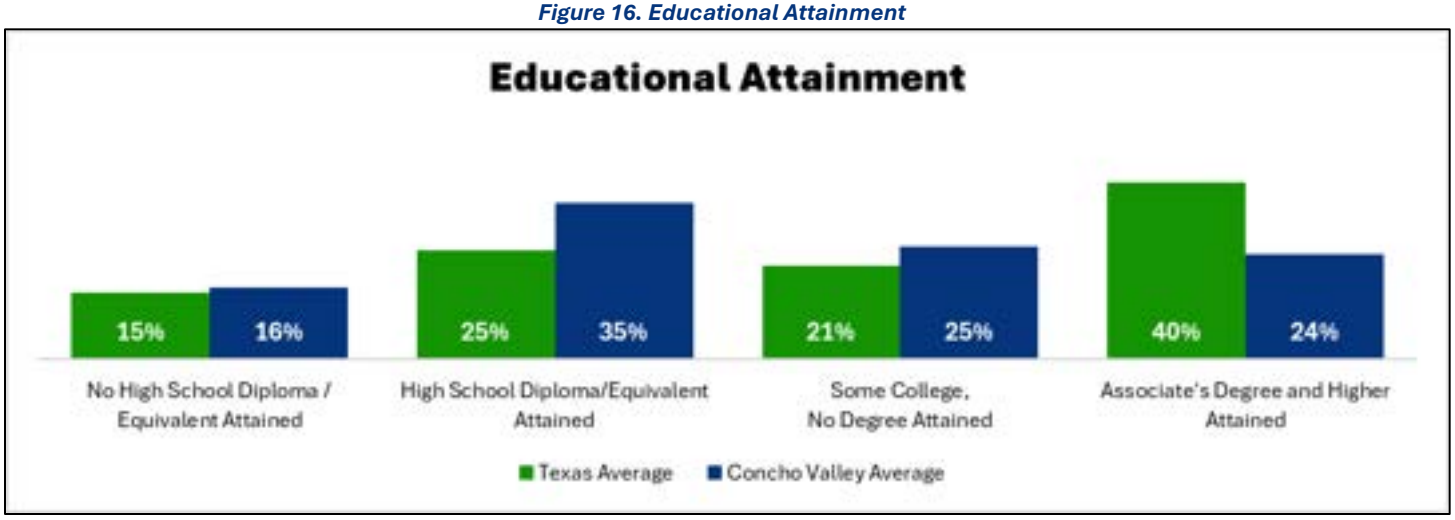
Homelessness

According to the Texas Homeless Network's 2024 Point in Time (PIT) Report, there were **175 homeless individuals in Tom Green County**. Of the total, **91% were adults** and **nine percent were under the age of 18**. Of the total adults, **23% reported living with a serious mental illness** and **16% with a substance use disorder**. **Eight percent identified as Veterans**. The Department of Housing and Urban Development (HUD) defines a Point-in-Time Count as "a count of sheltered and unsheltered homeless persons carried out on one night in the last 10 calendar days of January."

Educational Attainment

For the population aged 25 years and older, the Concho Valley ranks 10% higher than the Texas average for attaining a high school diploma or equivalent, but **16% lower on attaining a college degree** (Figure 16).

Figure 16. Educational Attainment

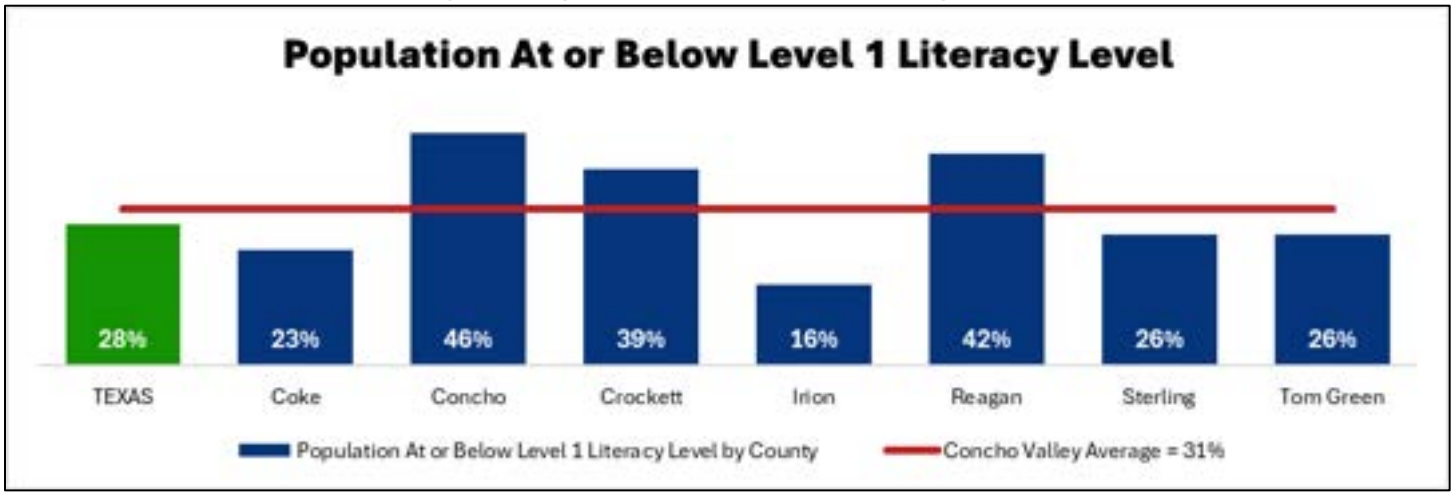


Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Literacy Levels

According to the Program for the International Assessment of Adult Competencies (PIAAC), also known as the Survey of Adult Skills, **31% of the Concho Valley population is at or below the Level 1 Literacy Level** – higher than the state average of 28% (Figure 17). Level 1 Literacy Level is defined as adults at risk for difficulties using or comprehending print material. Adults at the upper end of this level can read short texts, in print or online, and understand the meaning well enough to perform simple tasks, such as filing out a short form, but drawing inferences or combining multiple sources of text may be too difficult. Adults below Level 1 may only understand basic vocabulary or find specific information on a familiar topic. Some adults below Level 1 may struggle even to do this and may be functionally illiterate.

Figure 17. Population At or Below Level 1 Literacy Level



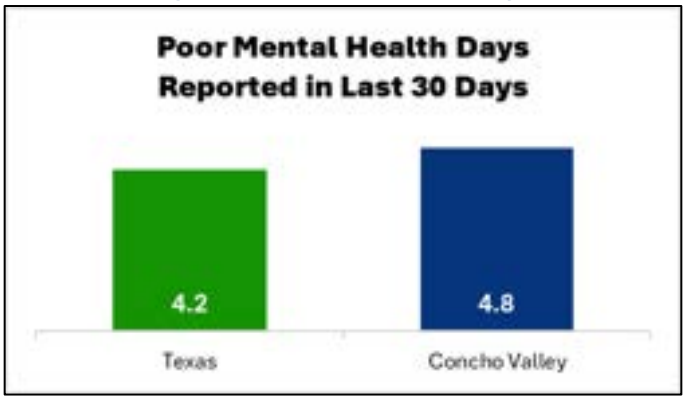
Source: Institute of Education Sciences - National Center for Education Statistics (NCES), Program for the International Assessment of Adult Competencies (PIAAC)

Section 2. Health Status of the Community

Behavioral Health

Poor Mental Health Days

Figure 18. Poor Mental Health Days

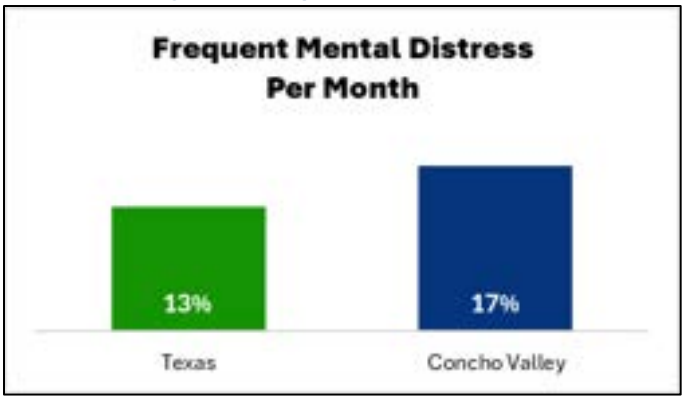


Source: County Health Rankings

Concho Valley adults reported **an average of 4.8 poor mental health days in the past 30 days** according to County Health Rankings, a program of the University of Wisconsin Population Health Institute (Figure 18). This is **one day more than the average in the 2021 Report**. Texas experienced a 0.4-day increase.

Frequent Mental Distress

Figure 19. Frequent Mental Distress

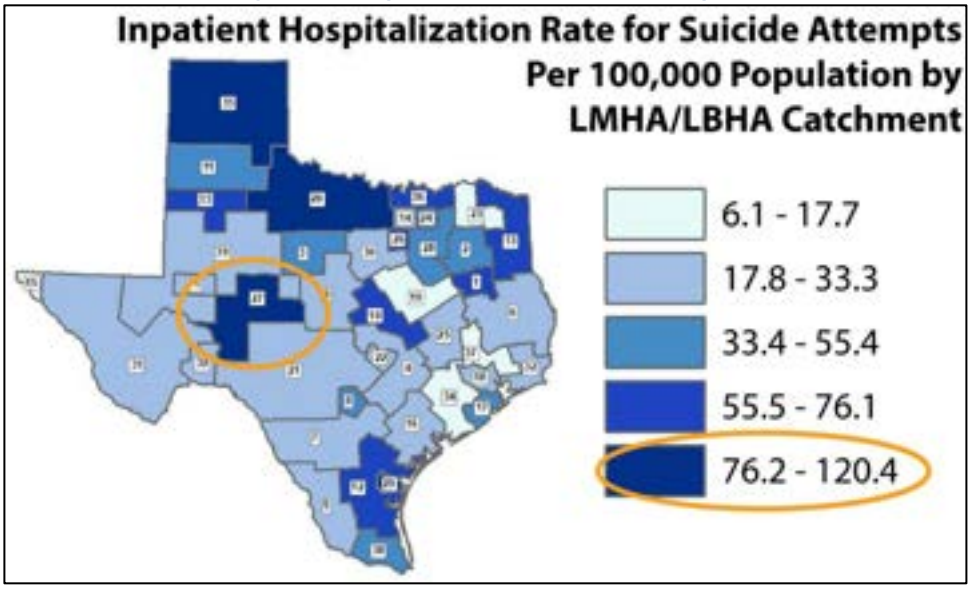


Source: County Health Rankings

Since the 2021 Report, there has been **a five percent increase**, from 12% to 17%, of adults reporting 14 or more days **of poor mental health per month** (Figure 19). The state average has remained practically unchanged.

Inpatient Hospitalization Rate for Suicide Attempts

Figure 20. Hospitalization for Suicide Attempts

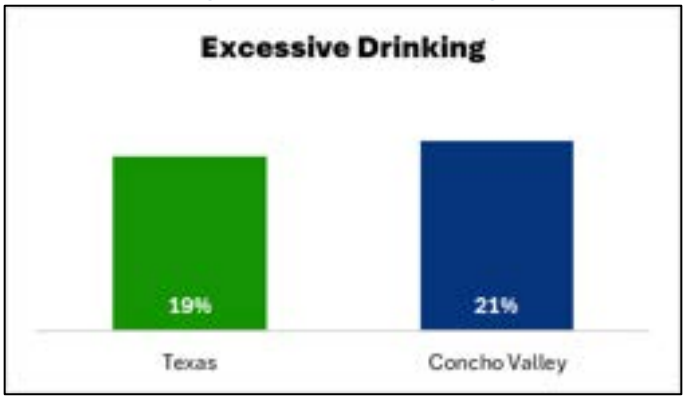


Source: Texas Suicide Prevention Collaborative

According to the latest data available from the Texas Suicide Prevention Collaborative, **the Concho Valley ranked as one of the top three regions in Texas for inpatient hospitalization for suicide attempts in 2020** (Figure 20). The range for hospitalizations was 76.2-120.4 per 100,000 population, which the Texas average was 44.7 per 100,000.

Adult Excessive Drinking

Figure 21. Excessive Drinking

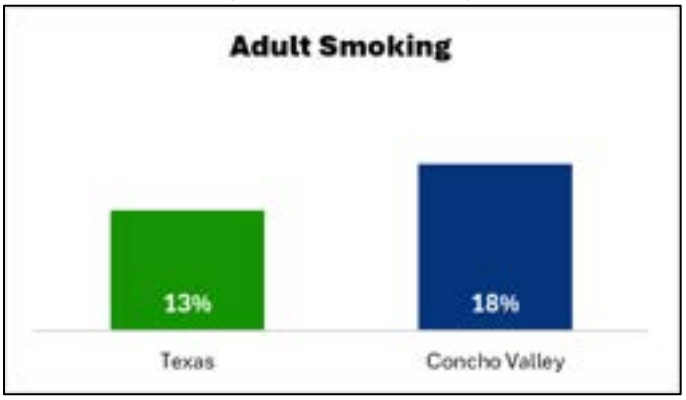


Source: County Health Rankings

Both the Concho Valley and Texas saw a **two percent increase**, between the 2021 Report and this one, of the percentage **of adults who reported binge or heavy drinking** (Figure 21).

Adult Smoking

Figure 22. Adult Smoking



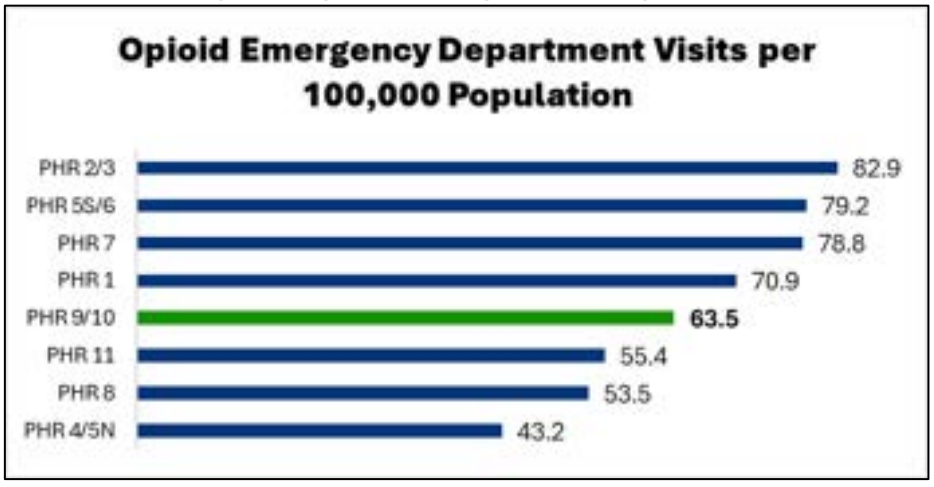
Source: County Health Rankings

Between the 2021 Report and this one, there appears to be an interesting trend taking place. The percentage of Concho Valley adults who are **current smokers increased three percent**, while the percentage of Texas adults decreased by two percent (Figure 22).

Opioid Emergency Department Visits

Figure 23. Texas Public Health Regions

Figure 24. Opioid ED Visits per 100,000 Population



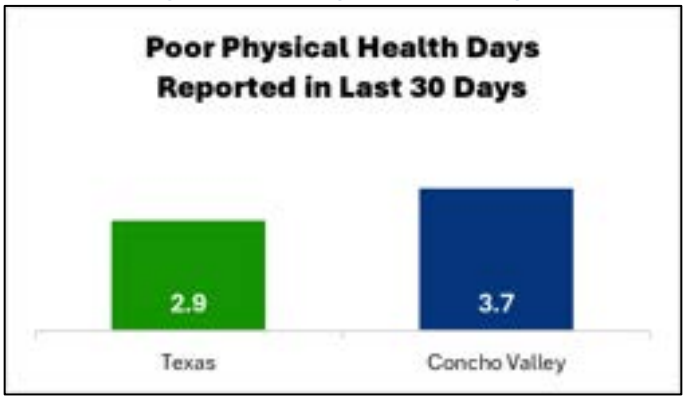
Source: Texas Department of State Health Services Center for Health Statistics

The Concho Valley is in Public Health Region 9/10 (Figure 23), and according to the Texas Department of State Health Services (DSHS), **there were 63.5 opioid emergency department (ED) visits per 100,000 population** (Figure 24). The term "opioid" includes Fentanyl, heroin, non-heroin opioid, and synthetic opioid. Of the total reported, 3.6 per 100,000 were Fentanyl-specific ED visits.

Physical Health

Poor Physical Health Days

Figure 25. Poor Physical Health Days

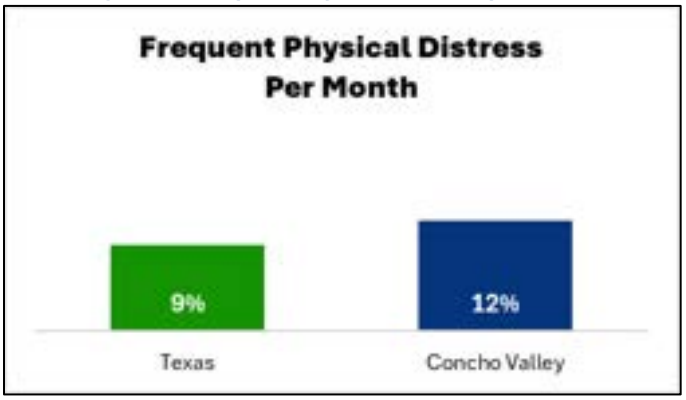


Source: County Health Rankings

On average, Concho Valley adults reported **3.7 physically unhealthy days in the past 30 days**, which is **almost one day more than the Texas average** (Figure 25).

Frequent Physical Distress

Figure 26. Frequent Physical Distress per Month

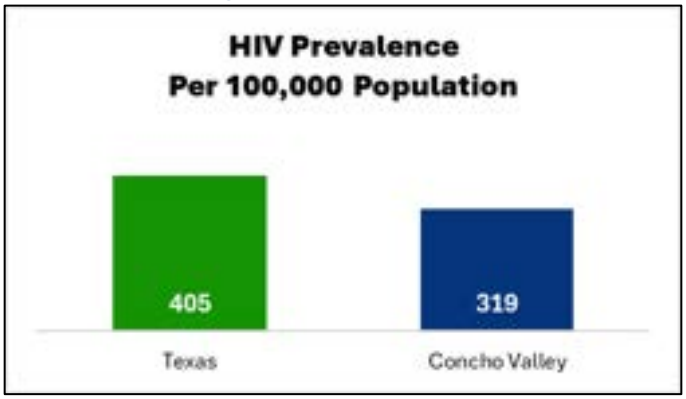


Source: County Health Rankings

Twelve percent of Concho Valley adults reporting **14 or more days of poor physical health per month**, while Texas averaged nine percent in comparison (Figure 26).

HIV Prevalence

Figure 27. HIV Prevalence

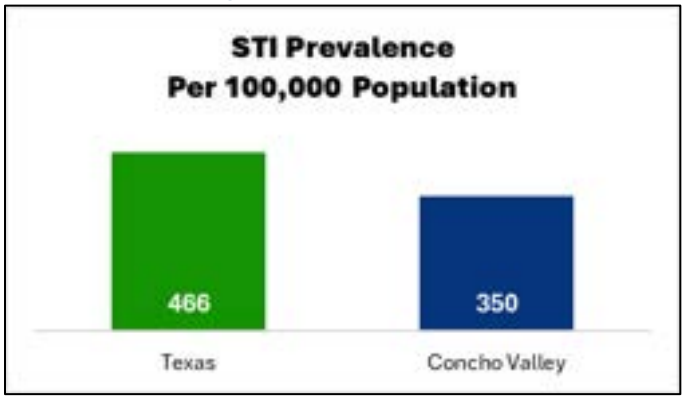


Source: County Health Rankings

The Concho Valley reports a lower prevalence of people, **319 per 100,000 population**, aged 13 years and older **living with a diagnosis of HIV** than Texas (Figure 27).

STI Prevalence

Figure 28. STI Prevalence

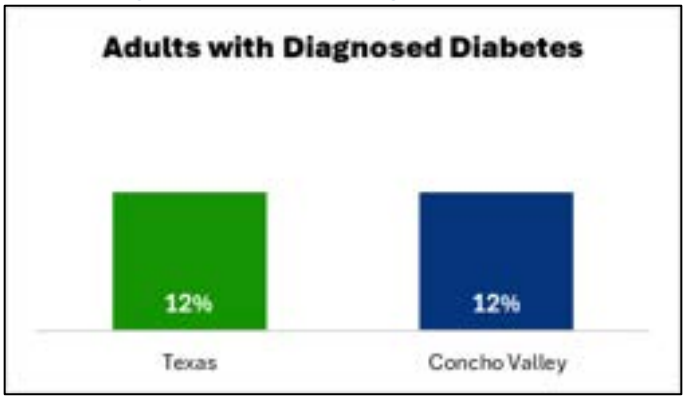


Source: County Health Rankings

The prevalence of sexually transmitted infections (number of newly diagnosed chlamydia cases per 100,000 population) in the Concho Valley is also lower than the state average (Figure 28).

Adults with Diagnosed Diabetes

Figure 29. Adults with Diagnosed Diabetes

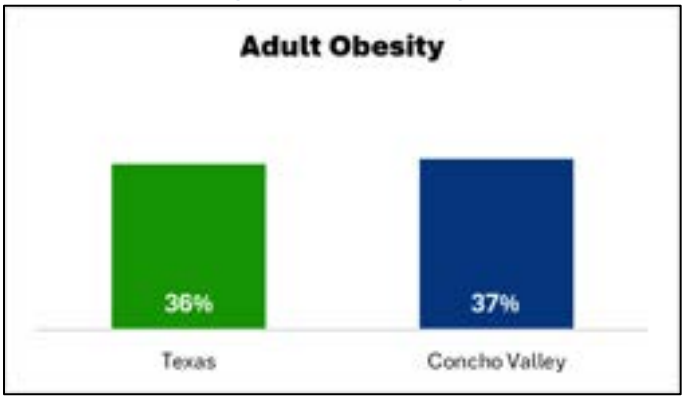


Source: County Health Rankings

Both the Concho Valley and Texas average **12% of adults aged 20 and above with a diagnosis of diabetes** (Figure 29).

Adult Obesity

Figure 30. Adult Obesity



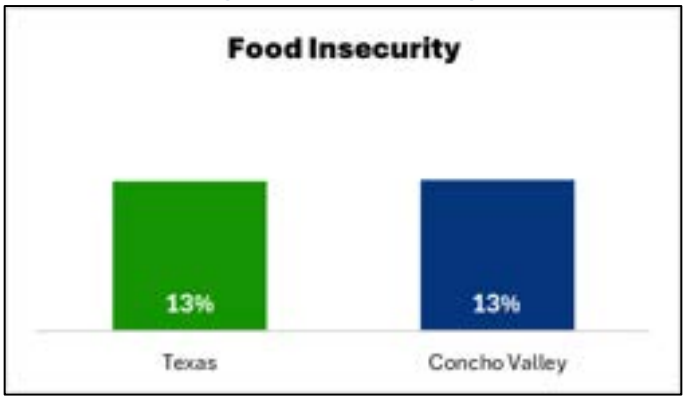
Source: County Health Rankings

Adult obesity rates have increased by 10% for the Concho Valley, and six percent for Texas, when comparing County Health Rankings data collected in 2021 (Figure 30).

Diet and Exercise

Food Insecurity

Figure 31. Food Insecurity

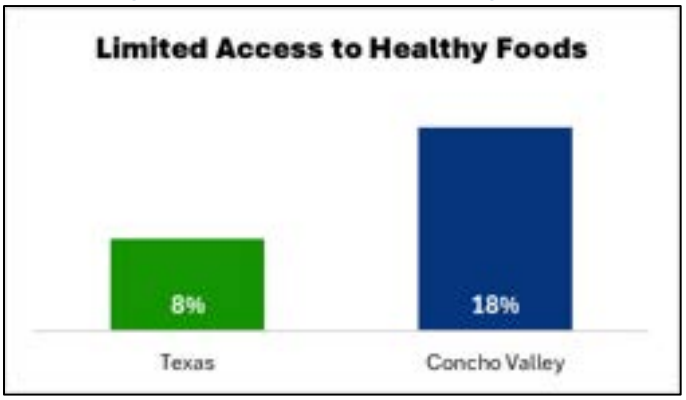


Source: County Health Rankings

Thirteen percent of the Concho Valley, and Texas, **population lack adequate access to food** (Figure 31). In addition to asking about having a constant food supply in the past year, the measure also addresses the ability of individuals and families to provide balanced meals, including fruits and vegetables, further addressing barriers to healthy eating.

Limited Access to Healthy Foods

Figure 32. Limited Access to Healthy Foods

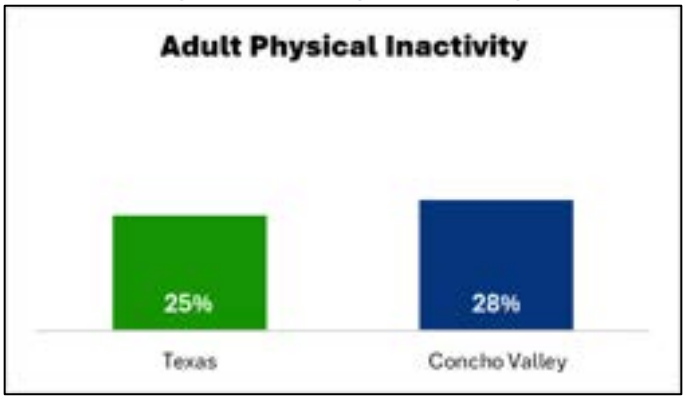


Source: County Health Rankings

Residing in a food desert is correlated with a high prevalence of obesity and premature death. According to County Health Rankings, in comparison to Texas, **10% more of the low-income Concho Valley population have limited access to healthy food** due to not living close to a grocery store, which traditionally provide healthier options than convenience stores or smaller grocery stores (Figure 32).

Adult Physical Inactivity

Figure 33. Adult Physical Inactivity

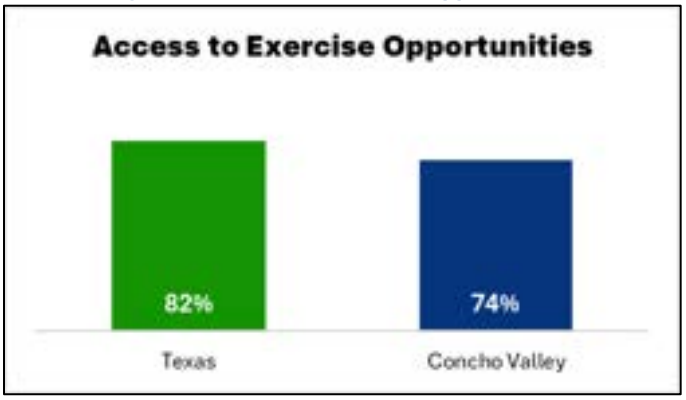


Source: County Health Rankings

There has been little change in the percentage of Concho Valley **adults reporting no leisure-time physical activity** between the 2021 Report (29%) and this report **(28%)**, but Texas saw a four percent drop indicating a positive change for this measure (Figure 33).

Access to Exercise Opportunities

Figure 34. Access to Exercise Opportunities



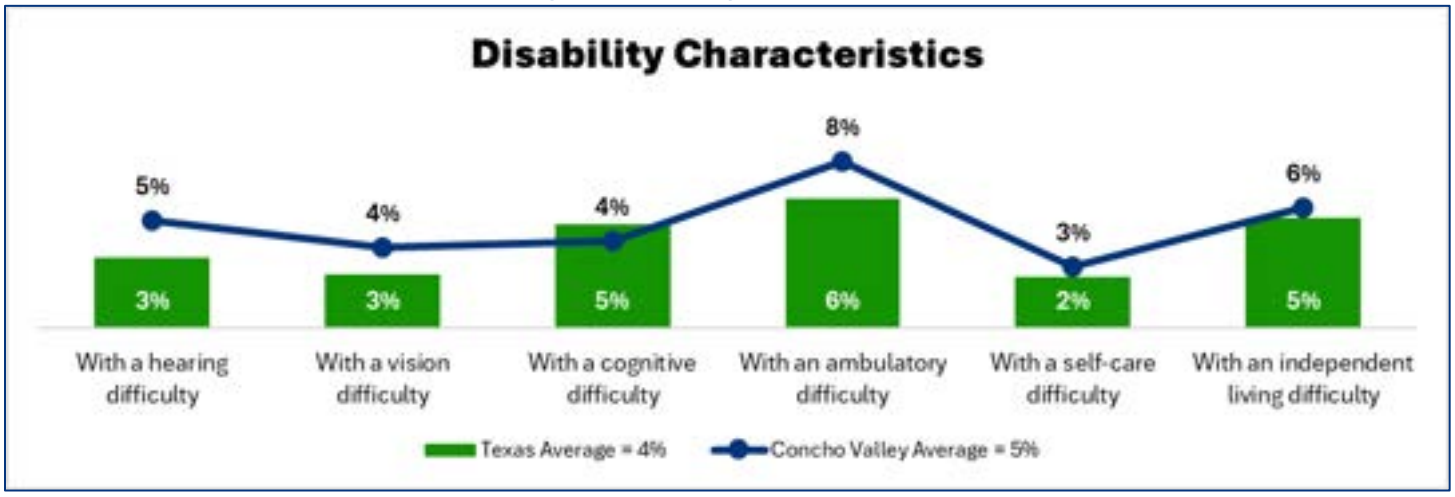
Source: County Health Rankings

On average, **74% of the Concho Valley population has adequate access to locations for physical activity** (i.e., live closer to sidewalks, parks, and gyms) – an eight percent increase from data collected in 2021 (Figure 34). On the other hand, the Texas average remained relatively the same.

Disability Characteristics

Overall, **the Concho Valley averages a slightly higher percentage of the population with a disability (5%)** when compared to Texas (4%). Figure 35 provides a more detailed breakdown of the disability characteristics. This information helps to highlight potential barriers (i.e., language-based disabilities) to accessing information and services.

Figure 35. Disability Characteristics

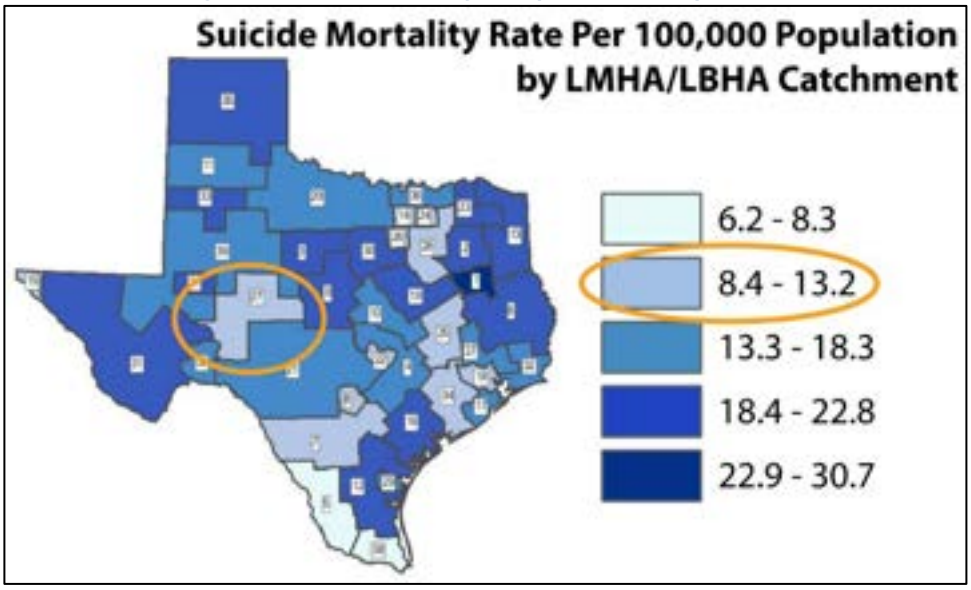


Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Deaths of Despair

Suicide Mortality Rate

Figure 36. Suicide Mortality Rate per 100,000 Population

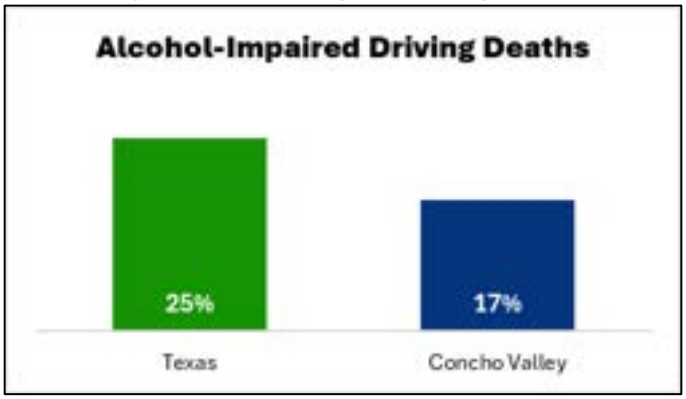


Source: Texas Suicide Prevention Collaborative

According to the latest data available from the Texas Suicide Prevention Collaborative, **the 2020 suicide mortality rate ranged between 8.4-13.2 per 100,000 population for the Concho Valley**, while the Texas average was 13.4 per 100,000 (Figure 36).

Alcohol-Impaired Driving Deaths

Figure 37. Alcohol-Impaired Driving Deaths

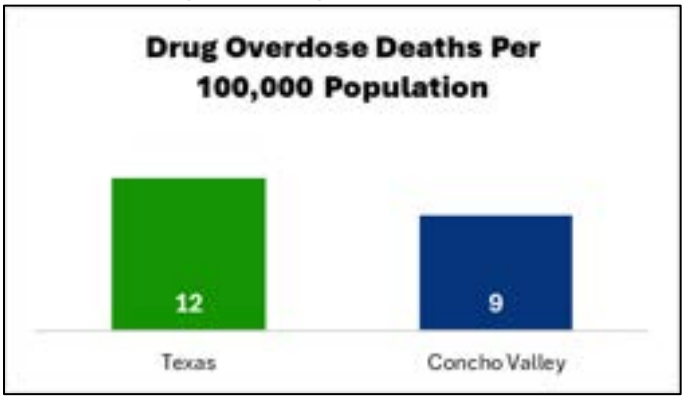


Source: County Health Rankings

In the Concho Valley, the **percentage of driving deaths with alcohol involvement was 17%, an increase of three percent from the 2021 Report**, while Texas saw a one percent decrease over the same timeframe (Figure 37).

Drug Overdose Deaths

Figure 38. Drug Overdose Deaths



Source: County Health Rankings

Both Texas and the **Concho Valley reported an increase of one drug poisoning death per 100,000 population** from 2021 data reported by County Health Rankings (Figure 38).

Section 3. Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are areas that have a shortage of primary, dental, or mental health care providers. HPSA scoring ranges between 0-26 – a higher score makes the HPSA a greater priority. Scoring criteria includes:

- Population-to-provider ratio,
- Percent of population below 100% of the Federal Poverty Level (FPL), and
- Travel time to the nearest source of care (NSC) outside the HPSA designation area.

There are two types of HPSA designations:

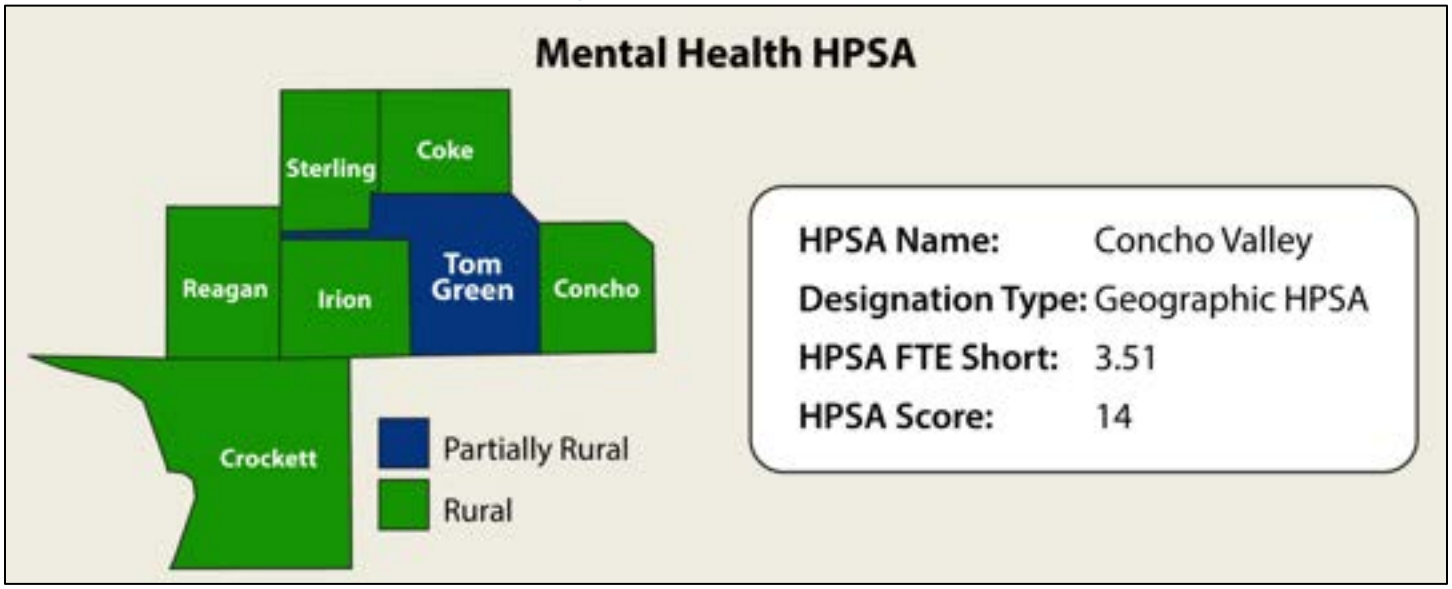
1. **Geographic:** Provider shortage for an **entire population** within a defined geographic area.
2. **Population:** Provider shortage for a **specific population** (i.e., low income) within a defined geographic area.

Mental Health HPSA

The Concho Valley is assessed and scored per Local Mental Health Authority (LMHA) / Local Behavioral Health Authority (LBHA), instead of by county, for mental health HPSA purposes. The region was originally designated as a Geographic HPSA for mental health on November 19, 2019, and as reported in the 2021 needs assessment report, the mental health HPSA score was 17 and the region was 4.46 short of the number of full-time equivalent (FTE) practitioners needed to achieve the population-to-practitioner target ratio.

On September 10, 2021, the **mental health HPSA score was lowered to 14** and the **number of FTE practitioners needed to achieve the target ratio was reduced to 3.51**. While this seems to indicate that the Concho Valley has made some strides in closing the gap, **staff shortages remain a consistent issue in the behavioral health sector** (Figure 39).

Figure 39. Mental Health HPSA

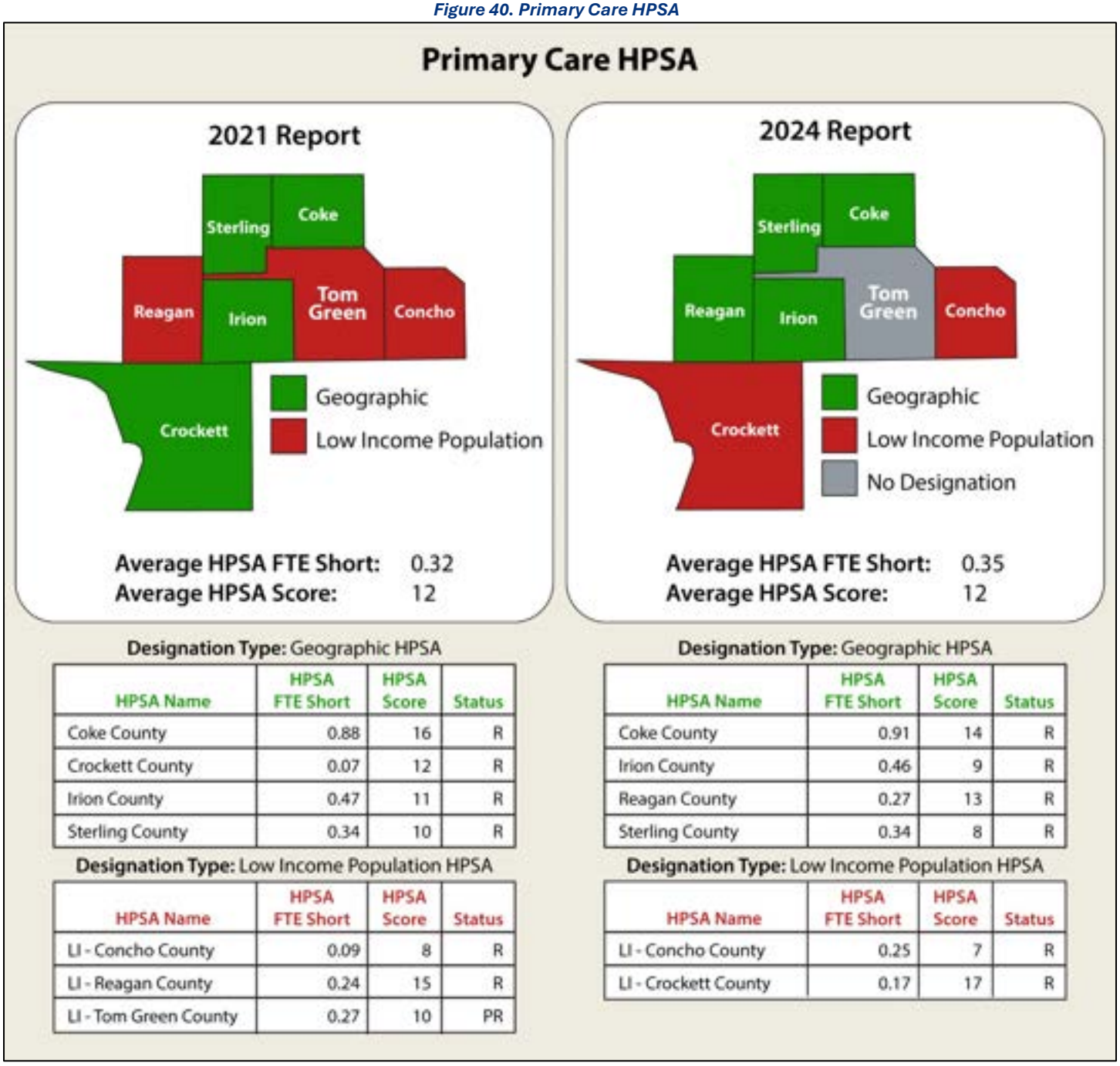


Source: Health Resources and Services Administration

Primary Care HPSA

Unlike the mental health HPSA, the primary care HPSA assessment and scoring is determined per county. Between May through September of 2021, the Concho Valley designations were updated, and **the most notable change was Tom Green County losing its primary care low income HPSA designation**. Despite the many designation shifts, this report shows that the average FTE shortage (0.35) and score (12) remained almost the same as reported in 2021 (Figure 40).

Figure 40. Primary Care HPSA



Designation Type: Geographic HPSA

HPSA Name	HPSA FTE Short	HPSA Score	Status
Coke County	0.88	16	R
Crockett County	0.07	12	R
Irion County	0.47	11	R
Sterling County	0.34	10	R

Designation Type: Low Income Population HPSA

HPSA Name	HPSA FTE Short	HPSA Score	Status
LI - Concho County	0.09	8	R
LI - Reagan County	0.24	15	R
LI - Tom Green County	0.27	10	PR

Designation Type: Geographic HPSA

HPSA Name	HPSA FTE Short	HPSA Score	Status
Coke County	0.91	14	R
Irion County	0.46	9	R
Reagan County	0.27	13	R
Sterling County	0.34	8	R

Designation Type: Low Income Population HPSA

HPSA Name	HPSA FTE Short	HPSA Score	Status
LI - Concho County	0.25	7	R
LI - Crockett County	0.17	17	R

Source: Health Resources and Services Administration

Section 4. Community Input

Participant Profiles

Although the secondary data gathered and analyzed in Sections 1-3 of this report provide significant insight, it is critically important to collect community input (primary data) to assess the public's perceptions and identify gaps within the Concho Valley's behavioral health system. Furthermore, this process provides the opportunity to incorporate meaningful engagement from individuals with lived experience of mental and/or substance use disorders and their families, including youth. Two distinct participant profiles were identified to gather input:

- **Stakeholders:** They are defined as individuals who know about and regularly engage in the community. Examples include representatives from city and county governments, healthcare and behavioral health providers, religious leaders, education, youth-serving organizations, law enforcement, judicial system, economic/community development, and grant making organizations. Stakeholders were identified by using MHMRCV's existing distribution list and through research conducted by Jelly Nonprofit Consulting.
    - 105 responses collected (377% increase from the 2021 Report).
    - 56% either identified as, or know someone close to them, who identified as a consumer or caregiver.
    - 63% of respondents represented organizations serving all seven Concho Valley Counties.
- **Consumers/Caregivers:** A consumer is a person receiving treatment, experiencing recovery, and/or has lived experience with mental health and/or substance use disorders. A caregiver is a person (family, friend, or paid professional) who provides care for a consumer.
    - 46 responses collected (2% increase from the 2021 Report).
    - 76% identified as consumers and 24% identified as caregivers.
    - 91% of respondents identified Tom Green as their county of residence and 9% identified Coke, Concho, or Crockett County. There were no respondents from Irion, Reagan, or Sterling Counties.
    - 80% live with mental health disorders, 4% live with substance use disorders, and 13% with both.
    - 20% were under the age of 18 and 9% were aged 65 and older.
    - 24% were uninsured, 17% had private insurance, and 59% had Medicaid/CHIP, Medicare, or both.
    - 70% identified as White or Caucasian, 7% as two or more races, 4% as Black / African American, and 4% as American Indian / Alaska Native.
    - 24% identified as of Hispanic/Latino origin.

Methodology to Gather Community Input

A distinct survey was developed for each participant profile, and specifically for consumers / caregivers, a Spanish version was also created. The surveys were made available online and each one could be accessed by a unique direct link or QR code. Marketing materials were designed based on the promotional method for each participant profile. Consumers / caregivers were invited to provide input by posting flyers throughout MHMRCV's locations and at the sites of partner organizations. Graphics were created to post on MHMRCV's website and social media channels. Stakeholders were invited to share their insights via email only and were also encouraged to forward the survey to other stakeholders as they saw fit to encourage their participation. The decision to limit the stakeholder invitation to email only was made to help prevent participants from responding to the wrong survey.

Surveys were administered for a 5-week period beginning May 8 and closing June 14, 2024. Almost immediately, stakeholders started sharing their input and consistently did so during the survey window. On the other hand, consumer / caregiver engagement was minimal. After a couple of weeks, the decision was made to have a dedicated person on site to encourage participation by inviting people to scan the QR code and complete the survey on their mobile device, or to submit a survey using a tablet provided by MHMRCV. These efforts proved successful in boosting consumer / caregiver responses.

Access to Services

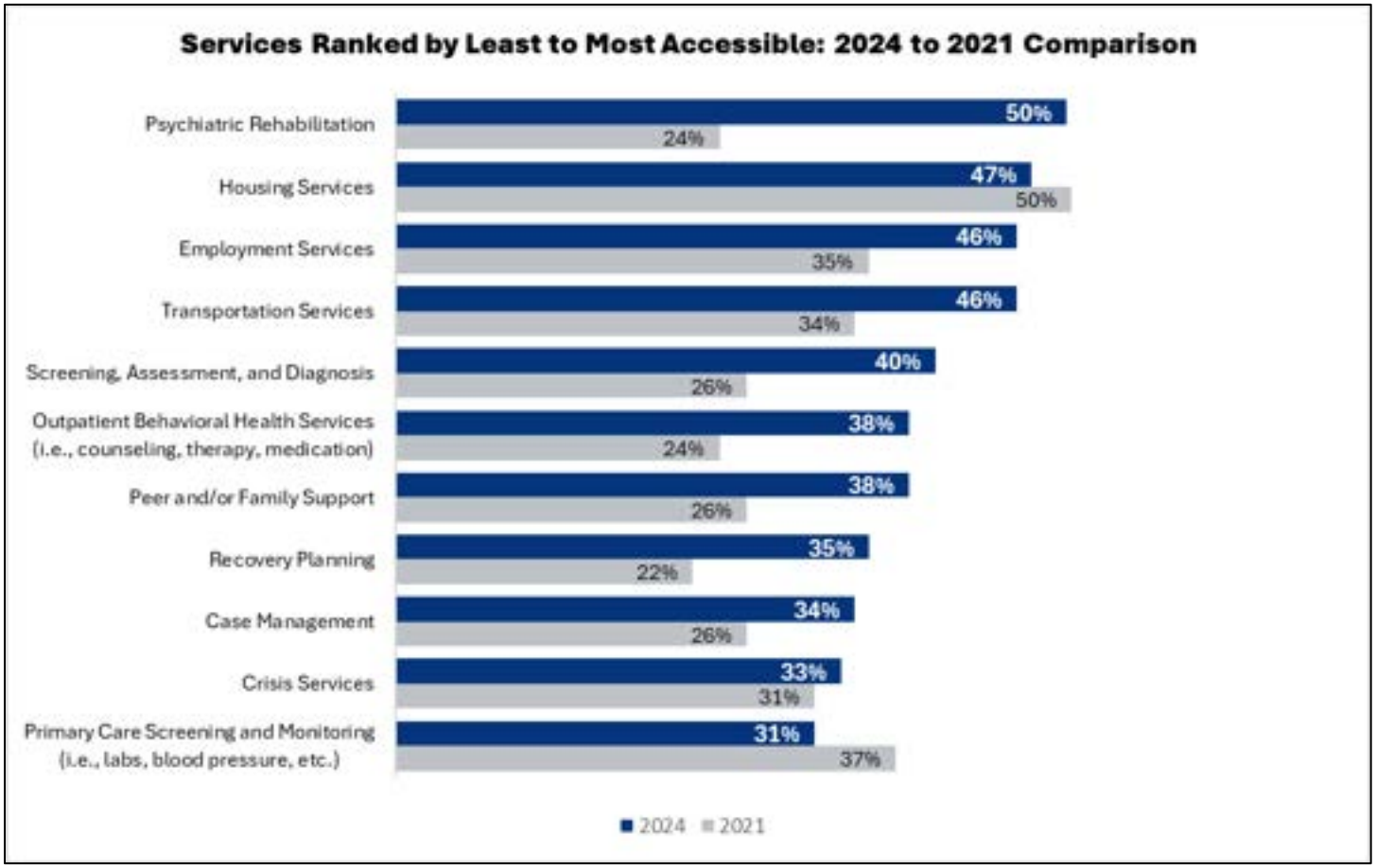
Accessibility is defined as how easy it is for an individual to access, use, or obtain a service when it is needed. Respondents were asked to rate accessibility for each service is by selecting one of the following options:

- "Poor Access"
- "Some Access"
- "Great Access"
- "Not Applicable / Never Sought"

To rank accessibility issues, the responses for "Poor Access" and "Some Access" were combined because both indicate services with limited access. The totals were converted into percentages based on the total number of responses and then ranked from highest to lowest recurrence. Services with higher percentages indicate they are less accessible, and therefore, are determined to be greater needs.

Stakeholders and consumers / caregivers identified "psychiatric rehabilitation" as the least accessible service in the Concho Valley, a significant change from the 2021 Report. Psychiatric rehabilitation services help individuals develop skills and access resources that promote recovery, community integration, and improved quality of life for persons with any diagnosed mental health condition that seriously impairs their ability to lead meaningful lives. Housing, employment, and transportation services remain top needs in the Concho Valley (Figure 41).

Figure 41. Services Ranked by Least to Most Accessible: 2024 to 2021 Comparison



Barriers to Services

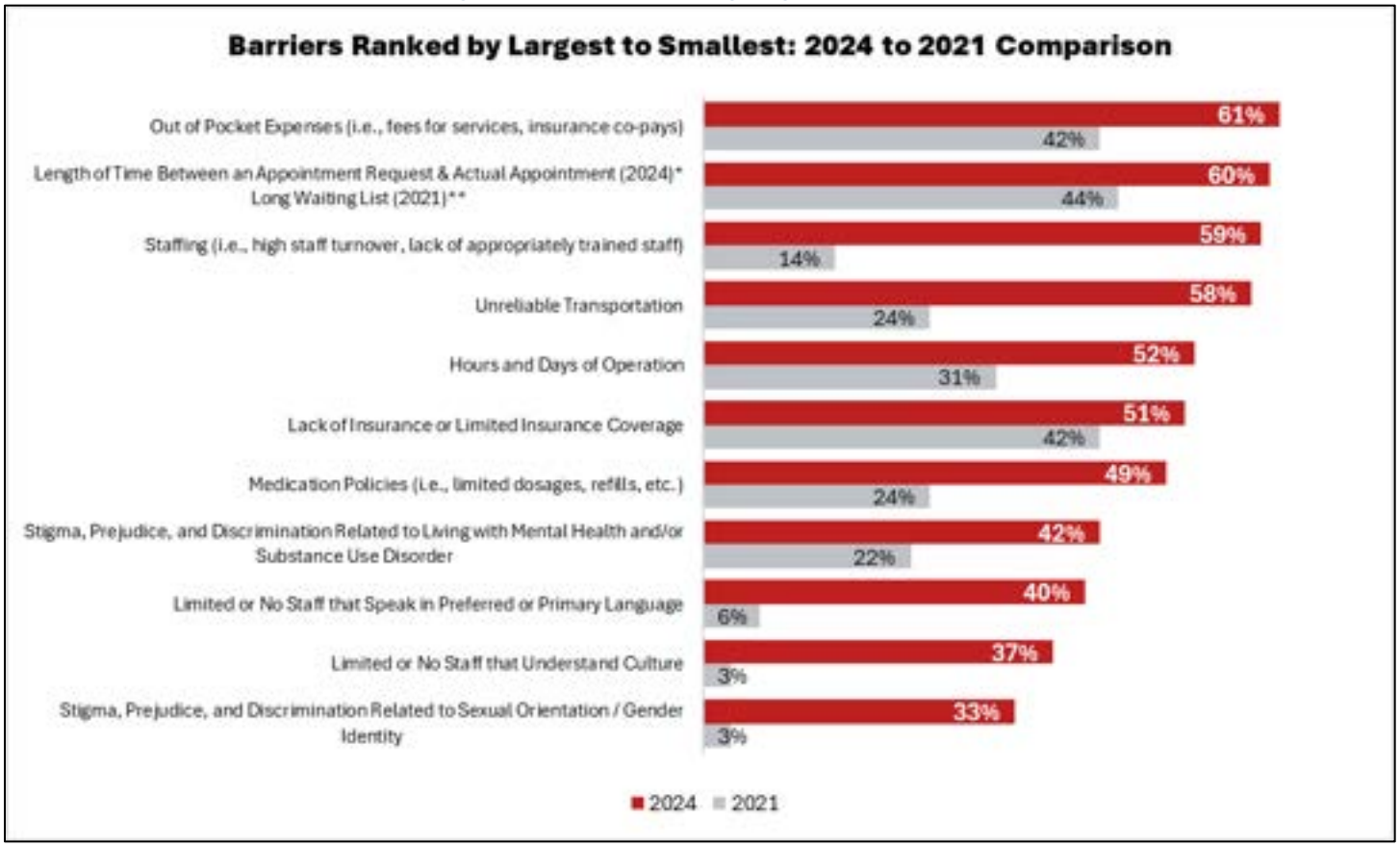
A barrier is defined as something that prevents the consumer from receiving the appropriate treatment. Respondents were asked to rate accessibility for each service is by selecting one of the following options:

- "Often / Always a Barrier"
- "Sometimes a Barrier"
- "Rarely / Never a Barrier"

To rank barriers, the responses for "Often / Always a Barrier" and "Sometimes a Barrier" were combined because both indicate notable encounters with barriers. The totals were converted into percentages based on the total number of responses and then ranked from highest to lowest recurrence. Those with higher percentages are determined to be greater barriers to services.

Stakeholders and consumers / caregivers identified "out of pockets expenses" to be the largest barrier, which also ranked as one of the top barriers in 2021. In short succession, wait time between the request and actual appointment, staffing issues, and unreliable transportation round out the top barriers to services (Figure 42).

Figure 42. Barriers Ranked by Largest to Smallest

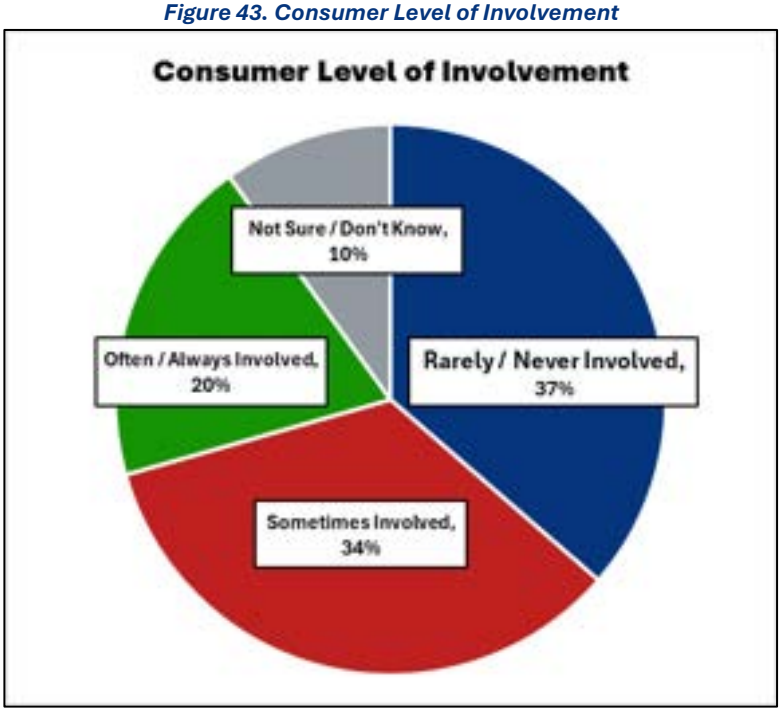


**This verbiage was added to the 2024 surveys to replace "Long Waiting List" from 2021 as it more clearly defines the barrier.*
***This was the verbiage used in 2021 but was removed and replaced with "Length of Time Between Appointment Request & Actual Appointment" in 2024.*

Consumer Involvement

Consumer involvement is defined as incorporating meaningful participation from people with lived experience of mental health and/or substance use disorders and their families, including youth.

Figure 43. Consumer Level of Involvement

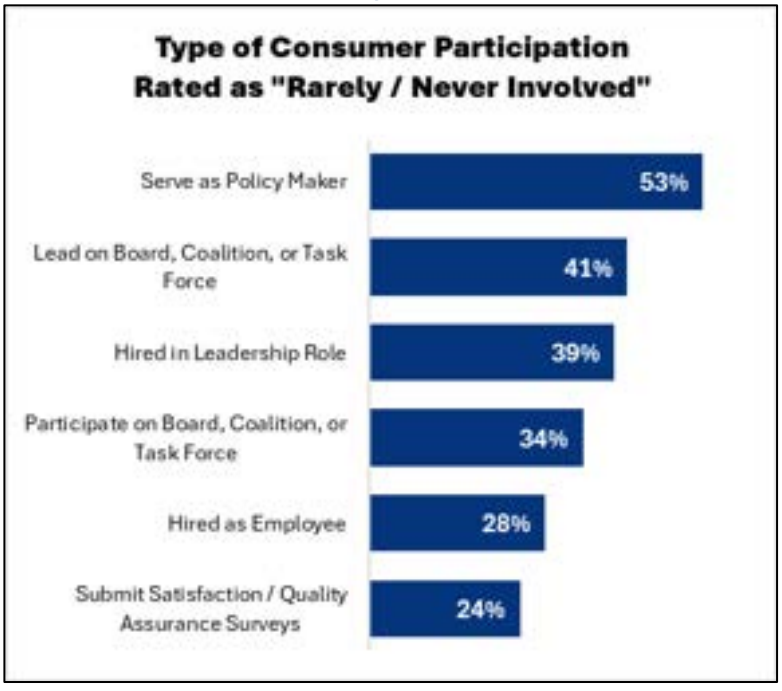


Respondents were asked to rate the level of active involvement from consumers in shaping the local behavioral health system by selecting one of the following options:

- "Rarely / Never Involved"
- "Sometimes Involved"
- "Often / Always Involved"
- "Not Sure / Don't Know"

Most respondents indicated that consumers are rarely or never involved in developing initiatives; identifying community needs, goals, and objectives; providing input on service development and continuous quality improvement processes; and budget development and fiscal decision making (Figure 43).

Figure 44. Type of Consumer Involvement Rated as "Rarely / Never Involved"



The types of consumer participation were defined as follows:

- Submit Satisfaction / Quality Assurance Surveys
- Participate on Board, Coalition, or Task Force
- Lead on Board, Coalition, or Task Force
- Hired as Employee
- Hired in Leadership Role
- Serve as Policy Maker (i.e., elected officials, government executives, and legislators who develop laws, regulations, and guidelines)

Respondents indicated that roles in leadership and with more influence had the least amount of consumer participation (Figure 44).

Section 5. 2024 Behavioral Health System Gaps

Methodology to Prioritize Gaps

To fully understand the behavioral health system gaps specific to the Concho Valley, primary (community surveys) and secondary (other data sources) data were collected and analyzed. The primary data was used to identify the most prevalent behavioral health system needs by asking stakeholders and consumers/caregivers to rate accessibility to services, barriers to services, and by providing feedback pertaining to their ratings.

Once needs were identified, they were then categorized by type of gap. Gaps were defined by using terminology similar to that used in the Texas Statewide Behavioral Health Strategic Plan. Each gap was counted by occurrence in the ratings and comments, converted into percentages, and then ranked from highest to lowest prevalence. The larger the percentage indicated a greater gap. Table 2 helps to illustrate the methodology used.

The secondary data was used to fill information gaps that could not be identified through the primary data, validate trends identified in the primary data, serve as benchmarks for comparison, and illustrate the demographics of the Concho Valley.

Table 2. Methodology to Prioritize Gaps

#	Gap Category	Access Rating	Barrier Rating	Comments	Average
1.	Limited Access to Support Services	33%	11%	25%	**23%**
2.	Access to Timely Treatment Services	25%	21%	17%	**21%**
3.	Access to Appropriate Behavioral Health Services	26%	9%	13%	**16%**
4.	Behavioral Health Workforce Shortage	16%	10%	15%	**14%**
5.	Linguistic Competency and Stigma	0%	29%	11%	**13%**
6.	Out-of-Pocket Expenses	0%	20%	7%	**9%**
7.	Behavioral Health Needs for Youth	0.3%	0.6%	5%	**2%**
8.	Lack of Awareness of Services	0%	0%	6%	**2%**
9.	Behavioral Health Needs for IDD	0.3%	0%	0.5%	**0.3%**
10.	Limited Care Coordination and Continuity of Care	0%	0%	1%	**0.3%**

Top 5 Gaps Identified in 2021

A quick review of the top five gaps identified in the 2021 Concho Valley Behavioral Health Needs Assessment Report is listed below and includes notations on where they ranked for this report. Also, a notable change for this report is to list all the identified gaps instead of limiting them to the top five gaps.

1. Access to Appropriate Behavioral Health Services (Dropped to Gap 3)
2. Access to Timely Treatment Services (Remained the Same)
3. Prevention and Early Intervention Services (Did Not Appear)
4. Behavioral Health Workforce Shortage (Remained the Same)
5. Behavioral Health Needs of Public School Students (Dropped to Gap 7)

2024 Concho Valley Gaps in Order of Priority

The following outlines the Concho Valley behavioral health system gaps in order of priority, and comments are included to provide deeper insight. Due to the number of comments received, not all can be shared but a sampling for each gap is included. Some comments have been edited to protect respondent anonymity, assist with readability (i.e., corrections to grammar, spelling, and punctuation), and for brevity.

Gap 1

Limited Access to Support Services

23% of the needs identified included limited access to housing, transportation, and employment services, which are support services that can help individuals meet their treatment needs and achieve/maintain their recovery goals.

"[T]he majority of the clients that I see are struggling to pay rent, being evicted, homeless, etc. There are no immediate funds available to help pay rent, and the organizations that did have the funds lost the funding or had very limited funds."

"[Providers] offer very few transportation, housing, and employment services."

"I think our consumers really struggle with transportation and housing the most, accessing, knowing how to seek assistance, receiving public transportation training, etc."

"Overall, housing is, by far, the area of biggest concern for my clients. I often have clients getting out of jail who have nowhere to go and need something relatively quickly. Sober living is about the only option but that's not always the most appropriate setting and is sometimes too expensive for our indigent clients."

"We see many patients who do not make their appointments due to transportation issues, lack of computer or cell phone to do telemed, or may not have access to a bus pass or bus stop."

"[I]'ve been denied access to services because I missed too many appointments, which was due to no transportation and disorganization from my mental illness."

Gap 2

Access to Timely Treatment Services

21% of the needs identified referred to the inability of individuals to obtain necessary mental health and substance use care within an appropriate timeframe. This concept emphasizes minimizing delays between when a person seeks or is referred for help and when they actually receive the services.

"When I have tried to get crisis services for an individual, I have run into a series of questioning before I am able to get assistance for the individual and even then, sometimes the crisis team is not able to assist the individual because I do not have the answers to their questions. Meanwhile, the individual, in crisis, is getting worse and we are left to have to do something ourselves."

"[W]hen it comes to mental health care there is a very long process and waiting list which often becomes unmanageable for individuals who are struggling with mental health."

"We participate with re-entry out of incarceration, rehabilitation, detox, homelessness and our clients struggle significantly getting meds and services in a timely matter. We have had several clients relapse due to anxieties they face receiving help."

"The length of time to get an appointment as a new patient is months out, and when dealing w/ mental and behavioral health, prolonged wait times lead to worsening behaviors."

"Biggest issue is prolonged wait times to have initial appointment with a provider."

Gap 3

Access to Appropriate Behavioral Health Services

16% of the needs identified referred to the inability of individuals to obtain care that is suitable for their specific needs and circumstances due to a limited range of services, limited capacity of available services to meet the demand, and geographic accessibility for those in rural and underserved areas.

"Access is limited for those experiencing a mental health crisis and there are not enough inpatient and outpatient psych beds in the Concho Valley."

"[I]n Tom Green County, consumers have great access to a lot of the services, however, the surrounding counties are very limited. I feel [providers] should have personnel traveling to each County.

"We have little to no access to emergency mental health services. We have reached out to San Angelo for support and received none. We are very far from San Angelo and getting to and from is difficult."

"There is also very little opportunity for peer and family support."

Gap 4

Behavioral Health Workforce Shortages

14% of the needs identified included workforce turnover and shortages. Turnover describes the rate at which employees leave the workforce and are replaced (if possible). Shortages refer to a lack of sufficient qualified professionals to meet the demand for services.

"Case Managers tend to have an excessive number of cases, are overwhelmed, and unable to receive the help they need."

"Employee turnover is a huge issue in this overall field. It leads to lack of consistency and lack of experienced, personnel."

"The only issue I have encountered is having a new Case Manager very frequently"

"There is poor access to obtaining Outpatient Behavioral Health Services due to lack of mental health providers and long wait list times."

"With limited resources [...], we do our best. It is difficult to get quality staff with lower pay scales and limited funds for retention incentives such as robust retirement."

"Clients struggles with having stability with case workers who can assist with getting them medication."

Gap 5

Linguistic Competency and Stigma

13% of the needs identified comprised of providers and staff with the limited ability to communicate in the consumer's preferred language, and stigma, prejudice, and discrimination related to behavioral health disorders, sexual orientation, and/or gender identity.

"Limited services could be [due to] clients who are only Spanish speaking, which can make it difficult but not impossible."

"We live in a relatively small community, the smaller the community, the greater perceived stigma around mental health."

"I marked stigma based on personal experience of facing stigma in the workplace by a staff member in the past. I was grateful to see the company support me in the matter."

"I want more equality and because there [are] still stigma and stereotypes. I want more fairness and not [to be] limited due to my disabilities. I want to be recognized for my abilities."

"I see many barriers regularly regarding discrimination on sexual identity and gender."

Gap 6

Out-of-Pocket Expenses

9% of the needs identified related to out-of-pocket expenses that arise for numerous reasons including the lack of insurance, being under-insured, or having insurance with co-pays and/or service that fall outside the scope of coverage.

"For individuals without insurance or whose income is limited, timely screenings, assessments, and access are almost nonexistent or there is so much red tape, that people quickly give up leaving [them] worse off than when they started."

"I know insurance copays can be high. This impacts our families who hold private insurance outside of Medicaid since some of our services are not covered by private insurances, which is out of the families' control."

"A lot of the clients are indigent and can't afford medications, labs, fees such as copays if they have insurance."

"[I]f a client comes in with an insurance that [the organization] cannot take, and the client needs residential treatment, there are no other options for them in town. Also, with insurance often comes large copays that the clients often cannot cover."

Gap 7

Behavioral Health Needs for Youth

2% of the needs identified signified limited availability and accessibility to mental health and substance use treatment options tailored specifically for children and adolescents.

"Adolescents on my caseload have had extreme wait times for counseling and medication management."

"Having had two children suffer from various forms of mental health issues, I have found that it is extremely difficult to get the assistance needed for their overall mental health, especially when they were still in school. It is a bit better since they are older, but our community still needs more access to these services."

"There are few treatment options for pediatric patients, and those who are treated, are months out. [W]hen it comes to Behavioral and Mental Health, many patients do not respond well to telemed, especially children."

"'[P]sychiatric rehabilitation for juveniles seem to be particularly difficult to access for those involved with our department."

"The crisis services we have used [...] wasn't very helpful. My daughter has been to the [ER] and they were compassionate in their care. However, there was an excruciating wait for [an] assessment [...] and then another long process to admit her into [a psychiatric hospital]. She has been twice to [the hospital] and the second experience was not good. There were so many patients, and I don't believe she received the best care. She had an even worse crisis once she got home than before she went in."

Gap 8

Lack of Awareness of Services

2% of the needs identified indicated that stakeholders, consumers/caregivers, and the overall community lack awareness of the services and programs available and/or having limited knowledge or understanding on how to access them.

"I believe the barrier for many [to] these programs is general education and knowledge of these programs. People do not know where to go to apply for or receive these services. Through conversations with people we serve, we hear often that it is difficult to receive addiction or behavioral services due to the "red tape"."

"I feel that there are services out there to assist consumers with but there is a problem with communication or understanding at times, [by] the individual, and also people are not aware of services offered in our community."

"While some services are available, they are often hard to find and hard to navigate in order to find the needed services."

Gap 9

Limited Care Coordination and Continuity of Care

0.5% of the needs identified showed there is a lack of seamless coordination among different providers and levels of care to maintain consistency in treatment and support long-term recovery.

"[C]ase management in our community tends to be very siloed (one org offers case management with mental health, another with education, another with financial services, etc.), but we know that these issues/needs are often overlapping and impact each other forcing consumers to work with multiple case managers or have holes in their care."

"[T]here is a need for follow up after inpatient stays. Children are the worst at risk. There is poor communication between the inpatient and the outpatient practices for children."

Gap 10

Behavioral Health Needs for Individuals with IDD

0.3% of the needs identified indicated that there is insufficient availability and accessibility of behavioral health treatment options tailored specifically for dually diagnosed individuals with intellectual and developmental disabilities and behavioral health disorders.

"There are slim to no crisis services available to individuals [individuals who are dually diagnosed with IDD and MI (mental illness)]. There is not enough funding to [...] provide psychiatric and counseling services to more individuals in the catchment area. They are provided excellent support from service coordinators, their program providers, and other medical professionals but individuals struggle to find counselors and psychiatrists that will work with these individuals.

There is a huge gap in crisis services for dually diagnosed individuals. Few in-patient psychiatric hospitals will accept an individual with IDD/MI. When they are accepted, they are there a short time with no real changes. The individual returns home and behaviors continue. Individuals will end up in jail if they are unable to reduce behaviors and/or providers are unable to handle situations. Law enforcement is ultimately contacted for assistance. There are instances in which they do not arrest the person and leave them in the home. It all depends on the officer responding and the severity of the incident. Most individuals who do get arrested are out that day or the next."

Notable Changes Since 2021

To address the gaps reported in 2021, MHMRCV implemented the following changes:

- Became a Certified Community Behavioral Health Clinic.
- Became licensed to provide adult outpatient substance use treatment services.
- Expanded hours of operations to include evenings and Saturdays.

Next Steps

This report will assist MHMRCV in developing the following plans:

- **3-Year Center Strategic Plan:** To identify goals and objectives that will best enable them to advance their mission by addressing the behavioral health system gaps that were identified.
- **3-Year Center Staffing Plan:** To define MHMRCV's staffing requirements to meet the behavioral health care needs of the region.

The community behavioral health needs assessment process takes place every three (3) years. MHMRCV's next needs assessment will take place in the spring of 2027.

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