

Mental Health is defined by the U.S. Department of Health and Human Services as inclusive of emotional, psychological, and social aspects of well-being” (U.S. Department of Health & Human Service, 2020). Mental health and mental illness exist on a continuum, with a wide variety of classifications (examples include anxiety, depression, post-traumatic stress, schizophrenia, and bipolar disorder), duration (short- to long-term), and severity (mild to severe). In 2019, 20.6%, or 51.5 million, of the adult population in the U.S. reported having some degree of mental illness during the past year. Of those, 5.2%, or 13.1 million, reported having a serious mental illness (National Alliance on Mental Illness [NAMI], 2021a).

Anxiety Disorders are the most prevalent mental health concern among U.S. adults with 19.1% of the population affected annually. Major depressive disorder was the second most common mental disorder in the U.S. In 2019, an estimated 19.4 million people reported having at least one major depressive episode (MDE) (NAMI, 2021a).

Mental illness also affects children. The Centers for Disease Control and Prevention (CDC) describes mental disorders among children as “serious changes in the ways children typically learn, behave, or handle their emotions, causing distress and problems getting through the day” (CDC, 2021c). “1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder” (CDC, 2021b). In 2019, approximately 3.8 million children aged 12-17 had at least one major depressive episode and 2.9 million presented

with serious mental illness (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020b). The healthcare costs amount to an estimated \$247 billion annually to treat childhood mental disorders (CDC, 2021a).

CAUSES OF MENTAL HEALTH ISSUES

Mental health issues are thought to be caused by multiple factors including biological, environmental, negative life experiences, and brain chemistry. Biological factors include genetics, infections, brain defects, prenatal damage, poor nutrition and exposure to environmental toxins such as lead (Mayo Clinic, 2021). Gender is a major biological factor; it is well documented that women are more likely than men to have any mental illness (24.5% versus 16.3% respectively in 2019) (National Institute of Mental Health [NIMH], 2021), although men are more likely than women to have co-occurring mental illness and substance use disorder (4.1% versus 3.6% respectively in 2019) (SAMHSA, 2020d).

Adverse childhood events (ACEs) have been shown to contribute to mental illness in adulthood. These include physical, emotional, and/or sexual abuse; physical and/or emotional neglect; substance abuse in the household; mental illness in the household; witnessing domestic violence; parental separation or divorce; and incarceration of a household member. A study by the CDC and Kaiser Permanente found that as the number of ACEs increase, so does the risk for negative outcomes. The study found that 26% of participants had one adverse event and 12.5% had four or more (CDC, 2021a).

TREATMENT OF MENTAL HEALTH ISSUES

There is often no cure for most mental illnesses; however, almost all disorders may be effectively managed. The combination of medication and psychological care offer the most effective treatment for those suffering from a mental illness. Timely treatment of mental health issues contributes to improved well-being. The National Alliance on Mental Illness (NAMI) reported that “people with depression have a 40% higher risk of developing cardiovascular and metabolic diseases than the general population. People with serious mental illness are nearly twice as likely to develop these conditions” (NAMI, 2021a).

“Psychiatric medications influence the brain chemicals that regulate emotions and thought patterns. They’re usually more effective when combined with psychotherapy. In some cases, medicines can reduce symptoms so other methods of a treatment plan can be more effective. For example, a medication can ease symptoms of depression like loss of energy and lack of concentration, allowing an individual to engage more in talk therapy” (NAMI, 2021b).

The primary treatment for mental illness is psychotherapy, also known as “talk therapy” (NAMI, 2021c). Different types of psychotherapy include:

- *Cognitive Behavioral Therapy (CBT)* – focuses on exploring relationships among a person’s thoughts, feelings, and behaviors. “The core principles of CBT are identifying negative or false beliefs and testing or restructuring them” (NAMI, 2021c)
- *Dialectical Behavior Therapy (DBT)* – mostly used to treat people with borderline personality disorder. “The therapist’s role in DBT is to help the person find a balance between acceptance and change. They also help the person develop new skills, like coping methods and mindfulness practices, so that the person has the power to improve unhealthy thoughts and behaviors” (NAMI, 2021c)
- *Eye Movement Desensitization and Reprocessing Therapy (EMDR)* – used to treat PTSD. “EMDR replaces negative

emotional reactions to difficult memories with less-charged or positive reactions or beliefs. Performing a series of back and forth, repetitive eye movements for 20-30 seconds can help individuals change these emotional reactions” (NAMI, 2021c)

- *Exposure Therapy* -- type of CBT used to treat obsessive-compulsive disorder, PTSD, and phobias. “During treatment, a person works with a therapist to identify the triggers of their anxiety and learn techniques to avoid performing rituals or becoming anxious when they are exposed to them” (NAMI, 2021c)
- *Interpersonal Therapy* – focuses on the relationships a person has with others. “The therapist helps people evaluate their social interactions and recognize negative patterns, like social isolation or aggression, and ultimately helps them learn strategies for understanding and interacting positively with others” (NAMI, 2021b)
- *Mentalization-based Therapy (MBT)*-- people consciously perceive and understand their own inner feelings and thoughts. Helps people with borderline personality disorder learn to empathize with others (NAMI, 2021c)
- *Psychodynamic Psychotherapy* – “The goal of psychodynamic therapy is to recognize negative patterns of behavior and feeling that are rooted in past experiences and resolve them” (NAMI, 2021c)
- *Therapy Pets* – “Spending time with domestic animals can reduce symptoms of anxiety, depression, fatigue and pain for many people...For people with a mental health condition, research has shown that time with pets reduces anxiety levels more than other recreational activities” (NAMI, 2021c)

The scope of services provided by mental health professionals includes:

- Assessment and diagnosis
- Psychotherapy and group therapy
- Treatment planning and review
- Brief and solution-focused therapy
- Complementary health approaches

- Mental health medications
- Substance abuse treatment
- Education and prevention programs
- Crisis interventions
(NAMI, 2020)

Professionals in the mental health field (counselors, psychologists, psychiatrists, social workers, and therapists) receive licenses, certifications, and/or degrees to provide mental health counseling services. Mental health professionals often treat a spectrum of issues using a variety of treatments, but many also choose to specialize in fields such as loss (grief counseling), substance abuse, school and community issues, marriage and family issues, children's issues, and geriatric therapy (NAMI, 2020).

ACCESS TO MENTAL HEALTH CARE

Research indicates that the availability, utilization, and quality of mental health services in the United States are particularly disproportionate among minority and low-income people and rural versus urban areas. There is lower utilization of services among African American and Hispanic children compared with white children, while white children in rural areas are less likely to receive services than white children in urban areas (Zablotsky and Terlizzi, 2020).

In 2019, 26% of adults (18 & older) with any mental illness perceived an unmet need for mental health services in the past year (increased from 23.6% in 2018). "Among the 13.3 million adults aged 18 or older in 2019 with past year AMI [Any Mental Illness] and a perceived unmet need, 43.8 percent (or 5.8 million people) did not receive mental health services in the past year" (SAMHSA, 2020c, p.61).

THE MENTAL HEALTH CARE SYSTEM IN TEXAS

With the immense range of needs for mental health counseling, a tiered system of therapy and support services currently exists in Texas. Texas Health and Human Services Commission (HHSC) oversees all mental health services in the state of Texas, runs the state hospitals, and contracts with providers for community-based services (HHSC, 2021b).

"Texas mental health services exist on a continuum, from the least restrictive and least expensive to the most restrictive and most expensive" (HHSC, 2021a, p.38). Services include:

- *Prevention and early intervention services* are the most cost effective and can decrease the need for future services
 - Increase knowledge and skills of mental health risk factors and warning signs
 - Early intervention programs and services offered to children can "prevent or mitigate the effects of mental illness and positively affect a child's long-term development" (Texas Education Agency, 2021)
 - Examples include:
 - Blues Program – school-based prevention program for adolescents with depressive symptoms or who are at-risk of onset of major depression
 - Bounce Back – school-based group intervention for elementary students exposed to stressful and traumatic events
 - Mental Health First Aid – training individuals how to help someone experiencing a mental health or substance use crisis – "Almost 90,000 Texans have been trained in MHFA since 2014" (HHSC, 2021a, p.44)
- *Community-based services* are offered by a network of Local Mental Health Authorities (LMHA) and Local Behavioral Health Authorities (LBHA) (HHSC, 2021a, p.39)
 - 39 LMHAs/LBHAs in Texas
 - Primary responsibilities include:
 - Planning and coordinating mental health policy and resources
 - Serving as a provider of last resort for community mental health services in their respective regions
 - The Hill Country Mental Health and Developmental Disabilities Centers (Hill Country MHDD Centers) serves as the local mental health authority for Bandera, Comal, and Kendall counties, as well as sixteen other South Texas

counties. It “has 22 locations including 14 Mental Health Clinics and 8 Developmental Disability Centers serving a population of over 630,000 within a 22,593 square mile area” (Hill Country MHDD Centers, 2019)

- The Center for Health Care Services (2021) serves as the local mental health authority for Bexar County. It is also a Certified Community Behavioral Health Clinic providing integrated care to children, adults, and families. Its four clinics throughout the city provide services including adult behavioral health services, adult justice programs, support housing programs, CenterCare Health and Wellness Clinic for adults, children’s behavioral health services, outpatient mental health services for youth referred by Bexar County Juvenile Probation Department, children’s crisis services, children’s intensive mental health services, early childhood and adolescent mental health services, restoration & transformational services, and long term care services
- *Federally Qualified Health Centers (FQHCs)*
 - Primarily provide primary health care to underserved communities
 - Many “have started to partner with LMHA/LBHAs and other providers to offer behavioral health services in their clinics” (HHSC, 2021, p.45)
 - There are 73 FQHCs in Texas with over 300 service delivery sites statewide
- *State Psychiatric Hospitals*
 - Nine state psychiatric hospitals, one of which is located in San Antonio
 - One adolescent psychiatric residential treatment center
 - Provide inpatient hospitalization for people dealing with severe mental illness who need intense long- and short-term care (HHSC, 2021, p.59)
- *Other Mental Health Agencies* – In the San Antonio area, a wide variety of other hospitals, university-based programs, nonprofit agencies, and religious institutions serve as an additional mental

health safety net by providing services for those experiencing mental health issues. A listing of many of those programs is provided at the end of this brief. Individuals seeking services can search for local service providers on the Alamo Service Connection (2021) website. Additionally, they may refer to the *Texas Mental Health Resource Guide*. Newly published in 2019 by the Texas Court of Criminal Appeals, it is the first resource of its kind that includes all 254 Texas counties. “While this book is by no means a complete compilation of all the resources available in Texas, we have begun to gather as many resources as we can with a mind that this will be a living document to be continuously updated. We have included all types of programs and facilities from governmental agencies and organizations to private practitioners and all those in between in a combined effort to assist those in need” (Texas Court of Criminal Appeals, 2019, p.3).

The following table shows the number of individuals served by the Texas Mental Health Care System in fiscal year 2020:

NUMBER OF ADMISSIONS IN TEXAS, FY2020			
	Children	Adults	Total
Community Programs	92,410	320,718	413,128
State Psychiatric Hospital	1,152	15,208	16,360
Residential Treatment Centers	195	3	198
Other Inpatient	603	10,287	10,890

(SAMHSA, 2021b, p.12)

INITIATIVES TO IMPROVE SERVICES

“In Texas, the service delivery system for community-based mental health is the Texas Resiliency and Recovery (TRR) model. The TRR model uses an array of evidence-based practices (EBPs) to meet the needs of a person and build on their strengths” (HHSC, 2021a, p. 40). The Statewide Behavioral Health Coordinating Council (SBHCC) coordinates behavioral health services across state government agencies and produced the *Statewide Behavioral Health Strategic Plan (updated in 2019)*. The plan identifies 15 gaps in mental health services and outlines five strategic goals aimed at improving

services across the state. Examples of significant improvement in the system include “a focus on integrated health, increased treatment alternatives to incarceration, enhanced local community collaboration, and coordinated funding efforts” (SBHCC, 2019, p.21). Among these initiatives are:

- *Texas System of Care* – memoranda of understanding (MOUs) outline each agency’s roles and responsibilities: “in implementing a comprehensive plan to deliver mental health services and supports to children, youth, and their families using a system of care framework” (SBHCC, 2019, p.22). Member agencies include:
 - Department of State Health Services
 - Department of Family and Protective Services (DFPS)
 - Texas Education Agency
 - Texas Juvenile Justice Department
 - Texas Correctional Office on Offenders with Medical or Mental Impairments
- *Texas Building Bridges Initiative*—HHSC and DFPS partnered with Residential Treatment Centers “on the implementation of best practices including the elimination of level systems, reduction of restraint and seclusion, increased family involvement, and community collaboration” (SBHCC, 2019, p.23)
- *Community Resource Coordination Group (CRCG)*
 - “County-based groups comprised of public and private agencies that partner with individuals with complex multi-agency needs to identify and coordinate needed resources and services in their communities” (SBHCC, 2019, p. 23)
 - CRGCs collaborate with their local systems of care by identifying gaps in services and “are a conduit to inform local and state systems of gaps and barriers in order to find creative, innovative solutions” (SBHCC, 2019, p. 23)

The Bexar County Community Health Collaborative and City of San Antonio Metropolitan Health District published a *Community Health Improvement Plan for Bexar County* that included five goals, one of which

was to improve behavioral and mental well-being. The plan identifies key strategies to accomplish this:

- Promote building blocks for a community wide system of care
- Create a community wide awareness and education plan
- Facilitate telemedicine for behavioral health in Bexar County, including mental health and substance-related disorders in primary care settings
- Increase interest in behavioral health training and careers across professions

(City of San Antonio Metropolitan Health District [Metro Health], 2017)

In 2018 Metro Health conducted a health assessment survey in which each participant was asked to pick the top three health issues affecting their community. 4,147 individuals completed the survey. Metro Health selected the top four health priorities based on the survey results. *Access to Health Care* with a focus on preventing depression and anxiety, economic stability, and immigrant friendly services was priority number one (Metro Health, 2019, p.4).

State Mental Health Authorities report on National Outcome Measures using the Uniform Reporting System (URS). The following table represents the results of mental health services consumer surveys in Texas for the past two years.

CONSUMER SURVEY RESULTS			
PERCENT OF CONSUMERS REPORTING POSITIVELY			
	2019	2020	
Access to Care			
Children	87.4	83.8	
Adult	78.7	81.1	
Quality and appropriateness			
Children	--	--	
Adult	83.7	85.5	
Outcomes			
Children	59.4	63.2	
Adult	60.1	60.0	
Participation in Treatment Planning			
Children	89.6	87.7	
Adult	74.2	75.3	
High Cultural Sensitivity of Staff			
Children	94.2	91.4	
Adult	--	--	

CONSUMER SURVEY RESULTS		
PERCENT OF CONSUMERS REPORTING POSITIVELY (CONT)		
General Satisfaction with Services	2019	2020
Children	83.9	81.1
Adult	82.9	86.5
(SAMHSA, 2020a, p.38; 2021b, p.20)		

FUNDING MENTAL HEALTH SERVICES IN TEXAS

Funding for mental health services comes from various sources. The largest source of HHSC and LMHA/LBHA funding is non-Medicaid related general revenue funds appropriated by the Legislature. Over the last ten years, the Texas Legislature has increased community mental health funding 62% -- from \$559 million in 2010 to \$904 million in 2020 (HHSC, 2021, p.52).

The second-largest funding source is the Delivery System Reform and Incentive Payment (DSRIP) from Medicaid. “DSRIP is not a reimbursement for services, and therefore, funding has been used to provide services not historically billable under Texas Medicaid that could improve the health of Texans. Over time, DSRIP transitioned to paying for system-level improvements in Texas health, demonstrated through outcome and process measure achievement. DSRIP currently provides \$333 million to the Texas mental health System” (HHSC, 2021, p.52). DSRIP is not a permanent funding stream and ends in September 2021. LMHA/LBHAs and HHSC are looking at the potential impacts that the loss of DSRIP funding may have if alternate funding sources cannot be secured and are in the process of transition planning (HHSC, 2021 pp.52-53).

Additional funding is available through several recently initiated Texas grant programs. While not limited to LMHA/LBHAs, they can apply for funding from:

- *Community Mental Health Grant Program* – awarded grants of \$40 million in 2020 to 25 LMHA/LBHAs and 31 other entities; requires 100% match of local funds for urban areas and 50% match of local funds for rural areas
- *Mental Health Grant for Justice-Involved Individuals Program* – Awarded \$37.5 million in 2018-19 biennium to 14 urban and ten rural LMHA/LBHAs (\$50 million appropriated for the 2020-21 biennium);

requires 100% match of local funds for urban areas and 50% match of local funds for rural areas

- *Healthy Community Collaborative Program* – Five grants awarded of \$25 million appropriated for the 2020-21 biennium; requires 100% match of local funds for urban areas and 25% match of local funds for rural areas
- *Texas Veterans + Family Alliance Grant Program*—20 organizations awarded grants in 2018, five of which were LMHA/LBHAs; \$20 million appropriated in 2018/19 and \$20 million in 2020/2021; requires 100% match of local funds for urban areas and 50% match of local funds for rural areas (HHSC, 2021a)

Texas State Mental Health Agency (SMHA) controlled expenditures for mental health in FY 2020 totaled \$1,170,229,546 (SAMHSA, 2021b, p.26).

SMHA Controlled Expenditures, FY 2020	
State Hospital-Inpatient	\$416,239,300
Other 24-hour Care	\$135,410,080
Ambulatory/Community	\$607,089,175
Evidence-based Practices for Early Serous Mental Illness	\$7,439,860
Administration	\$4,051,131
Total	\$1,170,229,546
(SAMHSA, 2021b, p.26)	

CRISIS SERVICES

LMHA/LBHAs operate a variety of crisis programs that are available 24 hours/7 days a week. Services include:

- *Crisis Hotlines* – each LMHA/LBHA has a toll-free crisis number to connect with trained crisis staff who provide crisis screening and assessment, crisis intervention, referrals, and general information
- *Mobile Crisis Outreach Teams (MCOTs)* – comprised of two or more staff providing psychiatric emergency care including “emergent care (response within one hour), urgent care (response within eight hours), crisis follow-up, and relapse prevention to children, adolescents, or adults in the community 24/7” (HHSC, 2020, p.3). MCOTs collaborate with partners such as law enforcement and emergency departments to ensure psychiatric needs are addressed

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- *Mental Health Deputies* – an officer specially trained in crisis intervention works with crisis response teams to divert individuals in crisis from hospitals and jails to community-based alternatives

HHSC also funds crisis facilities through the Psychiatric Emergency Service Center contract. There are four types of HHSC-funded crisis facilities:

- *Crisis Respite* – “provides short-term, community-based crisis care for individuals who pose a low risk of harm to themselves or others and may have some functional impairment that necessitates direct supervision and care, but who do not require hospitalization” (HHCS, 2020, p.5); may be a few hours to a few days
- *Crisis Residential* – provides short-term community-based residential, crisis treatment up to 14 days
- *Extended Observation Units* – provide emergency services for up to 48 hours to individuals in psychiatric crisis. “Individuals seeking treatment in an EOU may pose a moderate to high risk of harm to themselves or others. Prior to the end of the 48-hour period, a determination is made regarding whether the individual has stabilized or requires a psychiatric hospitalization” (HHSC, 2020, p.5)
- *Crisis Stabilization Units* – provide short-term, residential treatment designed to reduce acute symptoms. “Although it is slightly less intensive than a full psychiatric hospitalization, this is one of the most intensive facility-based crisis options. CSUs are the only facility type in the crisis array that requires licensure” (HHSC, 2020, p.6)

Inpatient Psychiatric Beds are also contracted by LMHA/LBHAs to provide services to individuals

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with acute symptoms in need of psychiatric treatment and stabilization.

Crisis Hotlines and MCOTs are available in all 254 counties in Texas. Crisis facilities available vary by LMHA/LBHA. The Center for Health Care Services has an Extended Observation Unit and Private Psychiatric Beds available in Bexar County. The Hill Country Mental Health and Developmental Disabilities Centers provide a Crisis Stabilization Unit, Rapid Crisis Stabilization Beds, Private Psychiatric Beds, and a Mental Health Deputy to the counties it serves (HHSC, 2020, pp. 8-9).

COVID-19 RESPONSE

“In a statewide response to COVID-19, multiple local mental health authorities are providing crisis counseling services to all persons seeking mental health support and referral services” (Texas Health and Human Services [HHS], 2021). The COVID-19 pandemic has caused many Texans to be anxious about issues such as unemployment and financial circumstances, childcare, loss of a loved one and grief. A statewide mental health support line was launched on March 31, 2020. Through February 2021, over 12,400 calls were answered. Additionally, *Crisis Counseling Assistance* was implemented in May 2020 through LMHA/LBHAs with \$26.4 million funding from the Federal Emergency Management Agency (FEMA). As of February 2021:

- 21,818 individuals received crisis counseling
- 35,599 received group counseling/public education
- Over 2 million people were reached through media, education, email, and phone
- Over 4 million were reached through social media

(Gaines, 2021)

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**MENTAL HEALTH SERVICES PROVIDERS
IN THE KCF COUNTIES OF INTEREST
(NOT A COMPREHENSIVE LIST)**

Hospitals providing mental health services:

- Baptist Health System (adult inpatient psychiatric program)
- CentroMed (various locations; outpatient)
- Clarity Child Guidance Center (acute care program, residential treatment program, hospital program, outpatient services, psychology services for children and adolescents; sliding scale)
- CHRISTUS Santa Rosa: Child and Adolescent Behavioral Health (outpatient); Senior Behavioral Health Center (inpatient)
- Laurel Ridge Treatment Center (252 beds-provides acute, residential, and partial hospitalization)
- Methodist Health Care (inpatient and outpatient)
- Nix Specialty Health Center (acute care program, inpatient and outpatient, serving all ages)
- University Health System (emergency psychiatric care, inpatient and outpatient)

Universities providing mental health services:

- Our Lady of the Lake University
- St. Mary's University Family Life Center
- University of Texas at San Antonio

Nonprofit/religious counseling programs:

- Baptist Child Family Services (BCFS) (n.d.) – STAR Program youth ages 0-17 and their families (free)
- Catholic Charities (individual, couples, and family counseling; sliding scale)
- Center for Health Care Services (crisis and outpatient services)
- Children's Bereavement Center provides outpatient mental health counseling and therapy for children who have experienced a loss (sliding scale)
- ChildSafe (Alamo Area Child Advocacy Center) provides counseling to children and non-

offending family members dealing with sexual abuse (Medicaid, sliding scale)

- Communicare Health Centers (various locations; (Medicaid, sliding scale)
- Daughters of Charity (various locations; free)
- Depression and Bipolar Support Alliance (group therapy; free)
- Ecumenical Center for Religion and Health (sliding scale)
- Excel Rise Above the Rest (youth & their families; Medicaid recipients)
- Family Endeavors, Inc. (military family clinic providing comprehensive mental health care to veterans; free)
- Family Services (n.d.) (counseling)
- Family Violence Prevention Services (includes specialized services for battered women)
- Gifts from Within (specializing in PTSD treatment)
- Haven for Hope (counseling services provided by Center for Health Care Services; children's mental health care provided by Clarity Child Guidance Center)
- JOVEN (services for youth; free)
- Jewish Family Service (counseling; low cost or at no charge)
- Madonna Neighborhood Center (individual and group counseling; free)
- Methodist Healthcare Ministries (various locations; sliding scale)
- Presa Community Center (counseling; sliding scale)
- Rape Crisis Center (counseling; sliding scale)
- SLEW Cancer Wellness Center (counseling and support for disadvantaged women recovering from cancer; free)
- South Texas Veterans Health Care System (outpatient services for veterans)
- St. PJ's Children's Home (counseling and services for youth & families; sliding scale) (Alamo Service Connection, 2021)

