Bluebonnet Trails Community Services

2023

Community Strengths and Needs Assessment

ACCREDITED NCQA CASE MANAGEMENT FOR LONG-TERM SERVICES & SUPPORTS 3 YEARS

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EXECUTIVE SUMMARY

Top Health Priorities

- **Mental Health and Substance Use**
- **Youth**
- **Housing**
- **Aging Population**
- **Workforce**
- **Culturally Responsive Care**

Top Community Strengths

- **Economic Standing**
- **Access to Specific Resources**

INTRODUCTION

Bluebonnet Trails Community Services Overview

Bluebonnet Trails Community Services (BTCS) serves as the local mental health and intellectual developmental disability authority for eight counties in Central Texas: Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee, and Williamson. The eight counties have a population density of about 1,150,215 persons and a landmass of over 6,900 square miles. Center services are provided to adults with serious mental illness, chemical dependency, intellectual and developmental disabilities, and/or primary care needs; to children and adolescents with serious mental illness or emotional disturbances, chemical dependency, autism, intellectual or developmental disabilities, and/or primary care needs; and infants and toddlers with developmental delays and/or primary care needs. BTCS also provides substance use outreach, screening, referral, harm reduction, and prevention services.

BTCS conducted a comprehensive Community Strengths and Needs Assessment (CSNA) in 2023 encompassing our eight-county service area with the goal of identifying and prioritizing significant community needs, thereby enabling BTCS to enhance its services and best meet the unique needs of these communities. Recognizing the vital role of protective factors in bolstering community resilience, the CSNA also highlights each county's strengths.

METHODOLOGY

Community Strengths and Needs Assessment Approach

To determine the distribution of health outcomes and social determinants of health, BTCS utilized the community needs assessment methodology. A community needs assessment is a systematic approach to identify community strengths, needs, and determine program capacity to address the needs of the population served.[i] A community needs assessment gives organizations comprehensive information about the community's current health status, needs, and issues. In turn, this knowledge informs plans and strategies by justifying how and where resources should be allocated to meet community needs.[ii] The Substance Abuse and Mental Health Services Administration (SAMHSA) provides some key steps which were incorporated into the BTCS Community Strengths and Needs Assessment (CSNA).

Key Steps in a Needs Assessment [iii]

- Define the goals for the assessment.
- Articulate the purpose of the assessment.
- Identify the target populations for the assessment of needs and services.
- Determine how data will be collected and used.
- Determine the timeline for the process.
- Determine the strategic use of the findings.

Needs assessment results should be integrated as a part of an organization's ongoing commitment to quality services and outcomes. The findings can support the organization's strategic planning and ensure that its program designs and services are well-suited to the populations it services.[iv] BTCS proposes to use the findings from the community strengths and needs assessment to identify top priorities within each county and as a larger service area. The graphic below illustrates how BTCS utilizes the CSNA from data collection to evaluation as part of the strategic planning process.

Data Collection

One of the foundational components of a community needs assessment is the collection and analysis of data. Data comes from different sources in a variety of formats and typically includes both primary and secondary data to characterize the health of the community.[v] BTCS gathered and analyzed more than 100 health data indicators to provide a comprehensive assessment of the health status of our communities. A list of indicators and definitions can be found in **Appendix A**.

- **Secondary data** is county, state, or national data that has been collected by a large entity such as healthcare facilities, government institutions, or as part of organizational record keeping.
- **Primary data** is data that has been collected first-hand through internal organizational data, surveys, listening sessions, interviews, and observations.
- **Indicators** are data that have been categorized and analyzed in order to compare rates or trends of community health outcomes and determinants.

Secondary County Data

BTCS obtained data from many secondary sources at county and state levels. Significant community data sources include:

Source	Source Link
**American Community Survey (ACS)*	https://data.census.gov/
America's Health Rankings	https://www.americashealthrankings.org/
Center for Disease Control and Prevention (CDC)	https://www.cdc.gov/places/
County Health Rankings and Roadmaps	https://www.countyhealthrankings.org
Kids Count Data Center	https://datacenter.aecf.org/
SparkMap	https://sparkmap.org/
Texas Health and Human Services (HHSC)	https://etss.hhs.texas.gov/
Texas Education Agency (TEA)	https://rptsvr1.tea.texas.gov/adhocrpt/adspr.html

*The 5-year estimates from the ACS are "period" estimates that represent data collected over a period of time. This 5-year estimate increases statistical reliability of the data for less populated areas and small population subgroups.[vi]

Other Local Community Needs Assessments: Other local community needs assessments were used to capture primary data indicators and qualitative data. BTCS also included some regional assessments that encompassed one or more of our eight counties.

Secondary Data Limitations: There was limited county level data on certain indicators, such as mental health. Even when county level data was attainable, data was suppressed and/or limited for certain racial or ethnic groups due to small population sizes. In addition, there is often a lag in the release of data, leading to some variability in data analysis time ranges. For example, 2022 data for the American Community Survey (ACS) will not be released until fall of 2023. Further, certain indicators had only a count number and no percentage and vice versa, making it difficult to gauge magnitude.

Primary Data

BTCS obtained primary data from several sources including electronic health records and surveys from individuals served, staff, and community partners.

Electronic Health Records: BTCS uses Streamline HealthCare Solution's SmartCare electronic health record (EHR) for documentation of behavioral health services. This electronic version of an individual's medical history contains key clinical data related to their care and is maintained by the provider or clinicians providing services. EHR data was collected for fiscal year 2022, which began on September 1, 2021, and ended on August 31, 2022. Deidentified data was validated and unduplicated ensuring each person served was counted only once, even if they received multiple services at BTCS.

Client Satisfaction: A satisfaction survey is provided to individuals receiving services at BTCS. The satisfaction survey is found on the BTCS website at www.bbtrails.org and can be completed at any time. A total of 1,083 Client Satisfaction Survey responses were collected and analyzed for fiscal year 2022.

Nearly all respondents completed the survey in English (99.8%); two respondents completed it in Spanish. The satisfaction survey is currently available only in English, and all responses were submitted electronically. Approximately 73% of respondents had previously attended an appointment with BTCS, 21.8% reported that it was their first appointment, 4.3% had exited services with Bluebonnet Trails Community Services, and 0.74% reported that it was their final appointment. About 35% of respondents were seen at home or another community location, followed by the Bastrop clinic (12%), La Grange clinic (8.7%), Round Rock clinic (7%), a school setting (6%), Cedar Park clinic (5.8%), and other locations at less than 5% each. A copy of the survey template can be found in **Appendix B**.

- Overall, 84.6% of the respondents were "very satisfied" with BTCS services and staff, 2.9% were "very dissatisfied," and 10.1% "somewhat dissatisfied."
- Of those who were "somewhat dissatisfied" and "very dissatisfied," concerns were related to a lack of communication about the treatment process, appointment scheduling, medication refills, or change in personnel.
- Among those who reported being "very satisfied," many expressed gratitude for both the services received and the staff. Staff were frequently described as "professional," "understanding," "kind," and "nice," with respondents sharing statements like, "Bluebonnet always goes above and beyond to provide quality care!"

Community Partner Survey: The Community Partner Survey is a brief survey with an optional open comments section that is sent to our community partners. A total of 20 Community Partner Survey responses were collected and analyzed for fiscal year 2022. A copy of the survey template can be found in **Appendix C**.

Partners expressed the highest agreement that staff were responsive to inquiries or concerns and were courteous, knowledgeable, and helpful. Comments highlighted staff as solution-oriented, expressed appreciation for Bluebonnet Trails' services to a local school district, and reflected pride in partnering with BTCS. One constructive comment noted opportunities for improvement but did not provide specific details.

Community partners identified opportunities for improvement in timely appointment scheduling after referrals, prompt return of calls, and receipt of BTCS assessment and treatment information when an appropriate Release of Information was signed by the client.

BTCS Staff Cultural Competency & Diversity Survey: Comprised of thirty-two statements, the Staff Diversity Survey is sent annually to BTCS staff to appraise policies and procedures, leadership, and management practices. The most recent Staff Diversity Survey was conducted at the onset of fiscal year 2023. A total of 254 surveys were collected and analyzed.

Top statements that staff agreed or strongly agreed with are as follows:	Top statements that staff disagreed or strongly disagreed with are as follows:
The organization's policies and procedures discourage discrimination. (98.4%)	There is a career development path for all employees at this organization. (23.2%)
Discriminatory/biased jokes are not tolerated at this organization. (97.6%)	The leadership of this organization reflects the diversity of the communities it serves. (16.6%)
It is important that this agency continue providing equity and inclusion training on an ongoing basis. (97.2%)	This organization has done a good job of providing training programs that promote multicultural understanding. (10.71%)

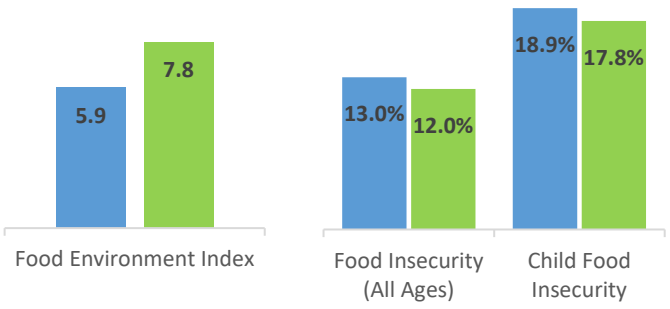
A copy of the survey template can be found in **Appendix D**.

Primary Data Limitations: Although Streamline HealthCare Solution's SmartCare EHR system partners with BTCS to identify more effective and efficient data collection methods, certain data elements are still collected in paper format, complicating data accessibility and analysis. Even with electronic data collection, there are certain primary data indicators for which a large percentage is unknown. Additionally, survey data collection had limitations. The Client Satisfaction Survey was only available in English, limiting feedback from individuals with an alternate preferred language. Surveys were all electronic, limiting the respondents to those who have access to the internet. In addition, due to the anonymity of the surveys, demographics were not collected; therefore, it is difficult to ascertain if the survey responses fully reflected our diverse community and underrepresented populations.

COUNTY STRENGTHS AND NEEDS

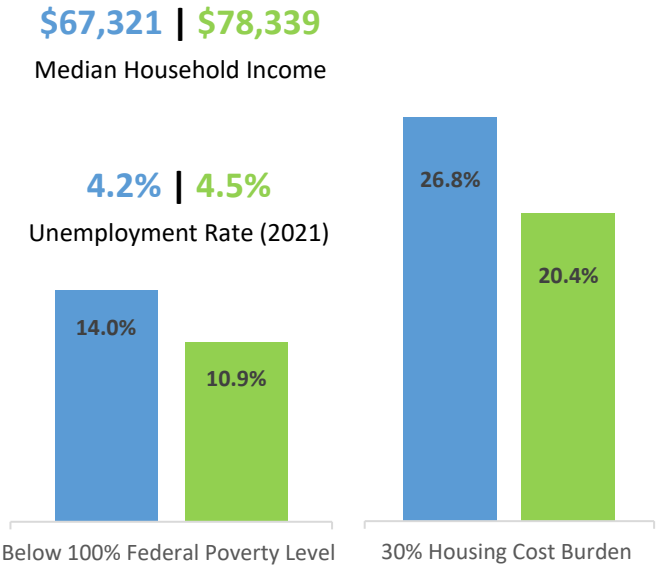
Bastrop Community Strengths

Key = **Texas** **County** **BTCS**



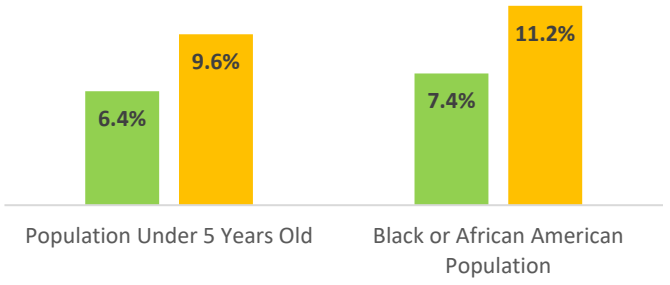
Food Security

Bastrop County has made an impact in reducing food insecurity and increasing food access through food pantries and community gardens. As a result of this focus, Bastrop County had a higher Food Environment Index than Texas and food insecurity was lower in Bastrop County than in Texas. For youth, child food insecurity was also lower in Bastrop County compared to Texas.



Economic Standing and Population Growth

Bastrop County had a higher median household income, and a higher percentage of individuals with a household income of $100,000 to $199,999. The county also had an overall lower poverty rate and a lower unemployment rate than the Texas average. Bastrop County had the highest positive percent population change among all eight counties. With its proximity to the city of Austin, people moving into Bastrop County are attracted to its affordability compared to the greater Austin area. This can be seen in the higher owner occupancy rate and lower housing cost burden compared to Texas. This influx of people creates diversity, new businesses, job opportunities, and infrastructure expansion.[vii]



Culturally Responsive Care

BTCS continues to demonstrate an ability to provide essential services to children under the age of 5, who comprise 6.4% of Bastrop County and 9.6% of those served by BTCS. Within this age group, those served at BTCS were primarily Hispanic and participating in Early Childhood Intervention Services with a primary diagnosis of delayed milestone in childhood. BTCS also demonstrates an ability to serve Black or African Americans, who comprise 7.4% of Bastrop County yet 11.2% of persons served by BTCS.

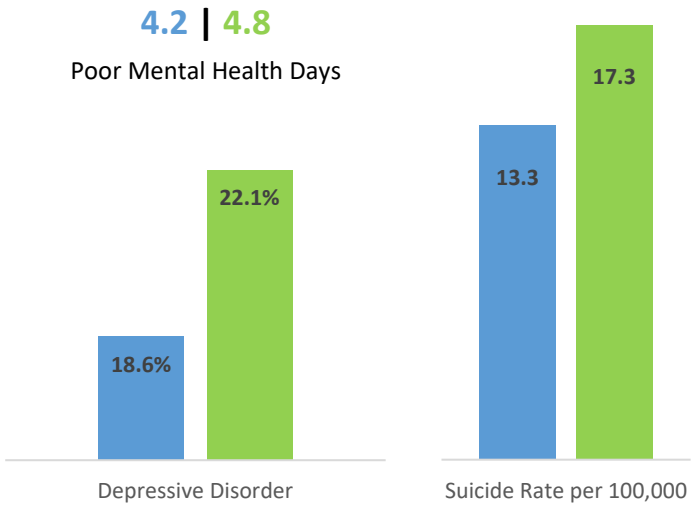
Strengths Identified by Community Partners

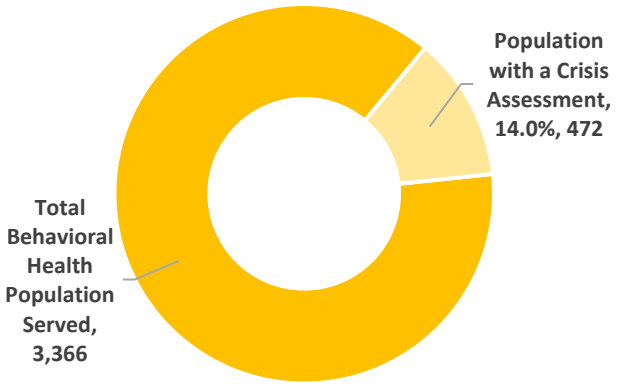
Several community needs assessments conducted in Bastrop County have highlighted its strengths and assets. 2021 Ascension Seton Community Health Needs Assessment (CHNA) focus group participants mentioned the

following as community assets: community is close-knit and has a strong sense of resiliency after natural disasters; churches and faith-based organizations that participate in community outreach, advocacy, and support of homeless population; numerous nonprofit organizations and community-based organizations that have been instrumental in promoting community reconciliation and providing pandemic resources; support and impact of strong school districts; and increasing population growth. Similarly, the 2022 St David's Foundation Bastrop County Community Needs Assessment (CAN) community members stated the following assets: a close-knit and resilient community; and churches, nonprofits, and school district are key players, often providing health care services and resources to community members.

Bastrop Community Needs

Key = Texas County BTCS



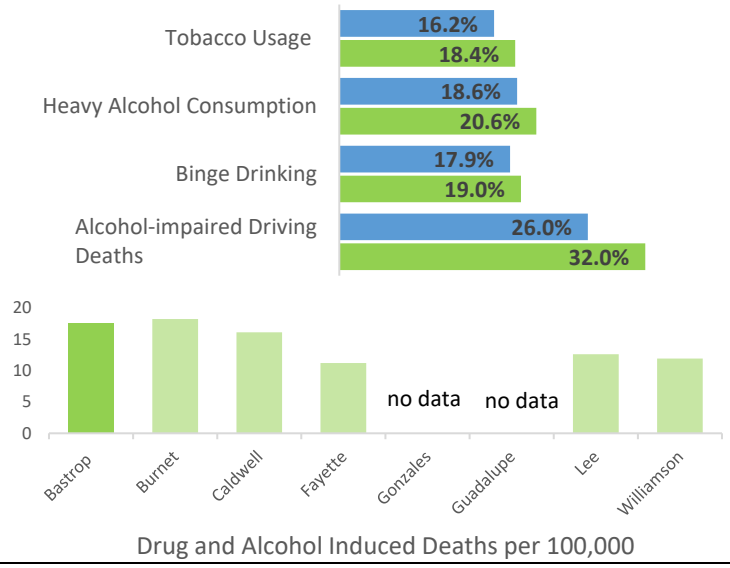


Mental Health

Individuals residing in Bastrop County had a higher average number of poor mental days reported in the past 30 days than Texas. In 2020, the percentage of adults over 18 years who have been told by a doctor, nurse, or other health professionals that they had a depressive disorder was 20.4% in Bastrop County compared to Texas at 17.7%. Of concern, Bastrop County had a higher age-adjusted suicide rate (17.3/100,000) compared to Texas (13.3/100,000).

Further, around 14.0% of individuals served in Bastrop County had a BTCS crisis assessment and of those, 24.6% experienced a psychiatric hospital admission. The highest number of crisis assessments (199) and psychiatric hospital admissions (46) were for individuals who identified as White, between the ages of 5 to 19. Among minority populations, individuals identifying as Hispanic or Latino had the highest number of BTCS crisis assessments and hospital admissions in Bastrop County.

The cost for Emergency Department Mental Health Utilization in 2021 for Bastrop County was $5,533,992 with 1,928 visits. In 2021, there were an estimated 1,084 incarcerations for individuals with mental illness that cost $2,893,132.

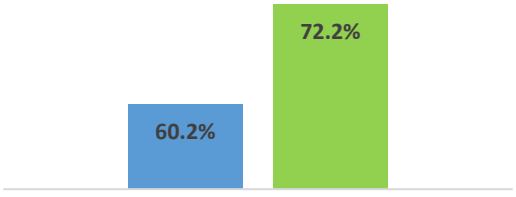


Drug and Alcohol Induced Deaths per 100,000

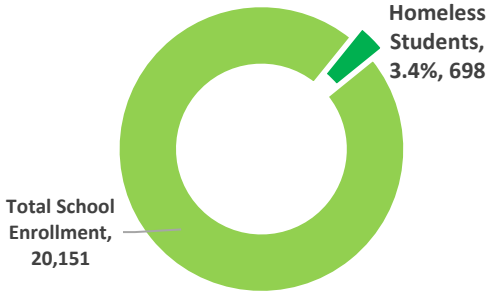
Substance Use

Bastrop County had higher rates of smoking, tobacco usage, heavy alcohol consumption and binge drinking compared to Texas, and as a result, higher rates of alcohol-impaired driving deaths compared to Texas. Bastrop County also had the second highest rate among all eight counties of drug and alcohol induced deaths.

For those served by BTCS in Bastrop County, the most common substance use diagnosis was severe Amphetamine-type substance use disorder followed by mild alcohol use disorder and other hallucinogen intoxication.



Economically Disadvantaged Students



Youth

In Bastrop County, the number of economically disadvantaged students in 2021 was 12% higher than Texas. The highest proportion of economically disadvantaged students and youth under 18 that live below the poverty line are concentrated north of Camp Swift, Rosanky, Stony Point, and west of Bastrop city. Texas Education Agency reported that 698 students (3.4%) were homeless in 2022 to 2023, which was the second highest among our eight counties.

For those aged 10 to 17 in Bastrop County, there were also higher juvenile arrest and disposition rates compared to Texas.

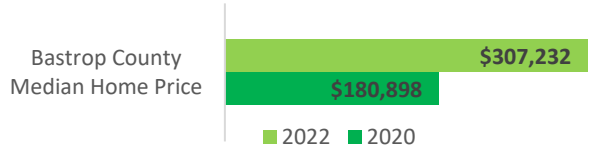
2019 & 2023 Fair Market Rent Comparison for Austin-Round Rock Area

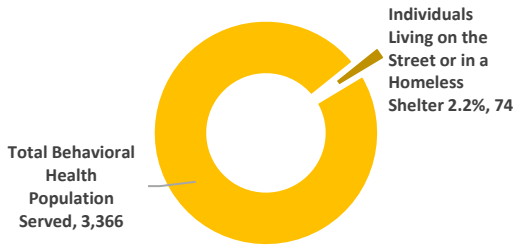
Year	Efficiency	1-Bedroom	2-Bedroom	3-Bedroom	4-Bedroom
2023	$1,253	$1,386	$1,626	$2,088	$2,416
2019	$931	$1,086	$1,315	$1,734	$2,099

Housing

According to the Texas Access Report for 2023, of Bastrop County residents and leaders that were interviewed or participated in a focus group, 46 stated the number one priority was housing affordability and availability.[viii]

In addition, focus group participants identified homelessness as a key concern in the 2022 St. David's Foundation Bastrop County Community Needs Assessment (CNA).

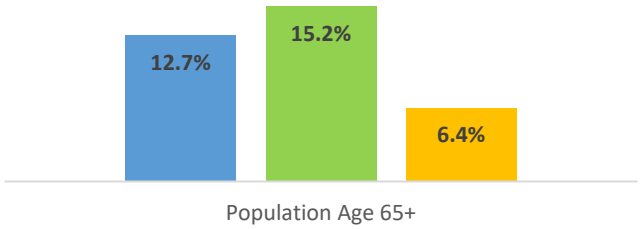


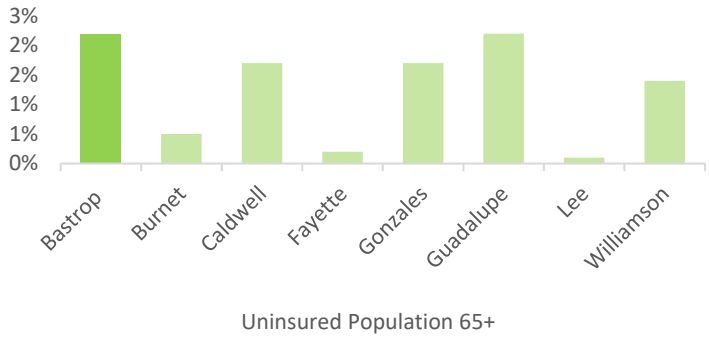


According to the Bastrop County Appraisal District, the median home price across all school districts was $180,898 in 2020. This increased to $307,232 in 2022.[ix]

Despite overall good economic standing, some parts of Bastrop have a high housing cost burden. About 36% of the housing units in north Bastrop city, Clearview, and Watterson have a housing cost burden exceeding 30% of household budgets.

While living arrangements for individuals in BTCS services were often unknown, at least 2.2% of those served were unhoused.



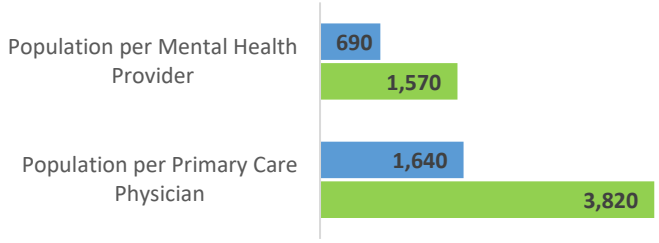


Aging Population

Although Bastrop County had a higher proportion of its population aged 65 and older than Texas, BTCS served a considerably lower percentage of individuals in this age group.

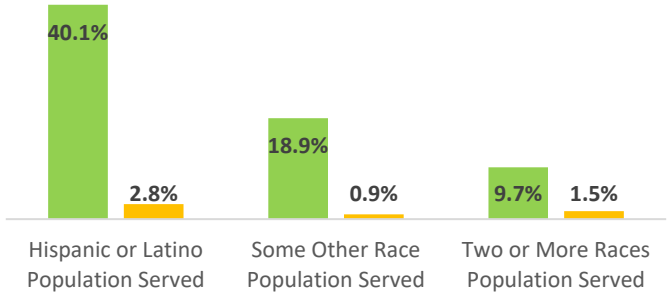
Those aged 65 and older displayed a higher prevalence of cognitive and hearing disabilities in Bastrop County, with ambulatory difficulty being the most common disability. Those aged 65 and older primarily reside in the eastern areas of Bastrop city around Bastrop State Park and in Paige.

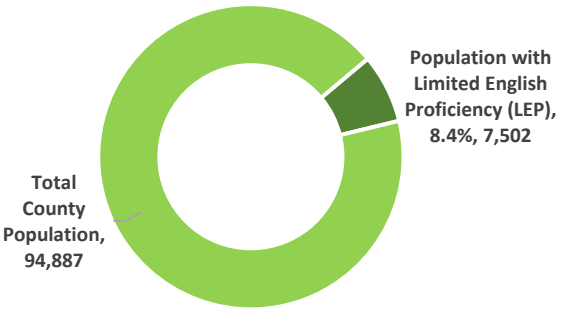
Further, Bastrop County had the highest percentage of individuals aged 65 and older that were uninsured of all eight counties.

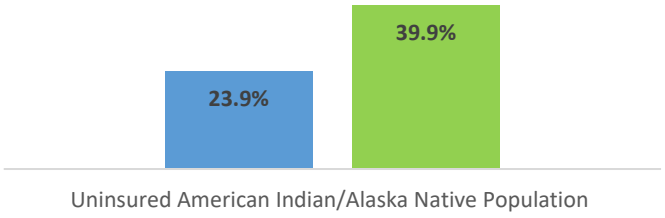


Workforce

2021 ratios of providers to population indicate a significant workforce need in Bastrop County. The primary care (3,820:1) and mental health provider ratio (1,570:1) were more than double the ratios for Texas.







Culturally Responsive Care

The percent of persons served by BTCS who identified as Hispanic, Some Other Race, or Two or More Races was lower than the respective population percentages for Bastrop County.

In Bastrop County, 8.4% had limited English Proficiency (LEP). There was a high percentage of people with limited English proficiency who speak either Other Languages (41.5%) and Spanish (28.3%). BTCS served 5.2% of individuals who chose Spanish as their preferred language and 0.1% of individuals that speak Other Languages. "Unknown" was documented for preferred language in the EHR for 25.4% of individuals served in Bastrop County, suggesting the number of persons preferring a language other than English may be higher.

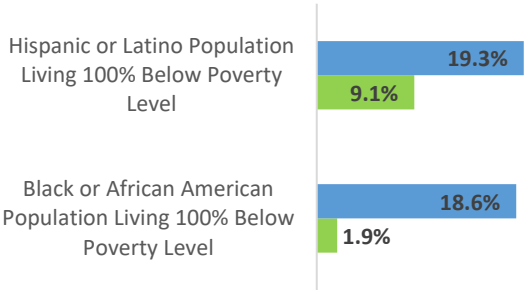
While the overall uninsured population in Bastrop County was nearly on par with Texas, Asian and American Indian or Alaskan Native populations made up a larger percentage of the uninsured population in Bastrop County.

Needs Identified by Community Partners

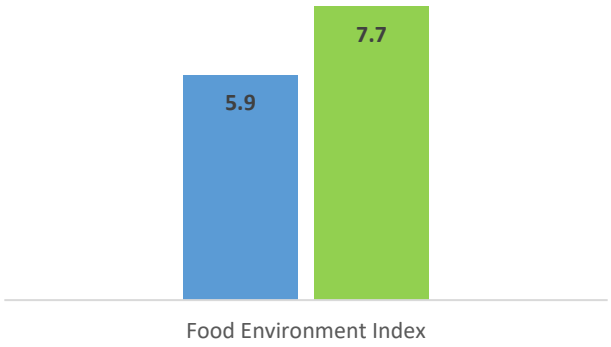
In the 2021 Ascension Seton Community Health Needs Assessment (CHNA), community members stated there are "issues of accessing care, particularly regarding affordability and insurance coverage for care; transportation - especially in the rural parts of Ascension's service area; telemedicine and access to sufficient broadband infrastructures; and navigation of the complex medical system and services." In the 2022 St. David's Foundation Bastrop County Community Needs Assessment (CNA), focus group participants identified "lack of access to mental health services as a major unmet need of Bastrop County." Key concerns also included affordability and accessibility, culturally appropriate services, homelessness, and mental health crisis training.

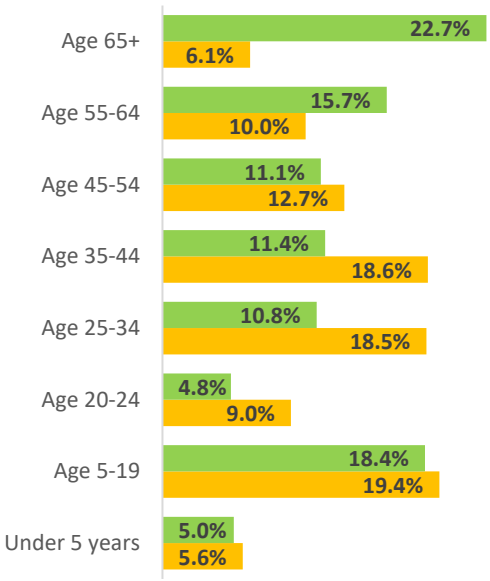
Burnet Community Strengths

Key = **Texas** **County** **BTCS**



Economic Standing
Burnet county had the lowest percentage (9.1%) of Hispanic or Latino individuals living below the poverty level compared to all eight counties and compared to Texas (19.3%). Burnet also had the lowest percentage (1.9%) of Black or African Americans living below poverty level compared to all eight counties and compared to Texas (18.6%).

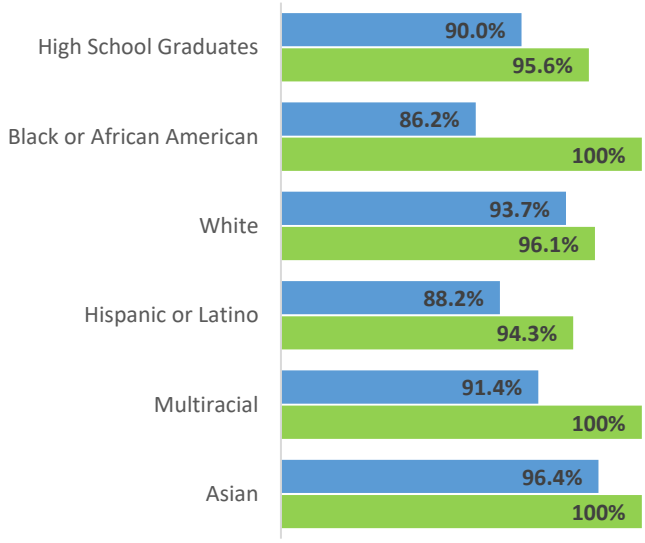




Access to Resources
Burnet County food pantries and organizations like the Burnet County Hunger Initiative provide food to the community. With leadership from the alliance and promotion of September as Hunger Awareness Month, food access is being positively impacted in the county. Burnet County had a higher Food Environment Index (7.7) than Texas (5.9), and food insecurity was lower in Burnet County (12.1%) than in Texas (13.0%). For youth, child food insecurity was also lower in Burnet County (16.0%) compared to Texas (18.9%).

Burnet County also had fewer homes with no motor vehicles (3.3%) compared to Texas (5.2%). There were also more homes with computers (95.2%) compared to Texas (93.9%).

BTCS served a higher percentage of individuals aged 20 to 24 (9.0%) than the county at 4.8%, a higher percentage of individuals aged 25 to 34 (18.5%) than the county make up of 10.8%, and a higher percentage of individuals aged 35 to 44 (18.6%) than the county make up at (11.4%). BTCS provided over 9,200 services to individuals aged 25 to 44 in Burnet County in FY2022. There are multiple factors that impact how individuals in each age category are served by BTCS. Disparities exist for the aging population and are analyzed further as it relates to county needs.



Education System

Burnet Consolidated ISD has been designated as a District of Innovation (DOI) since 2017, supporting innovation and local initiatives to improve educational outcomes benefiting students and the community.

Marble Falls ISD is working with Texas Tech University to implement Teach Across Texas. TechTeach is a teacher education program for students who wish to teach elementary school or middle school math (grades 4 – 8) at Marble Falls Independent School District.[x]

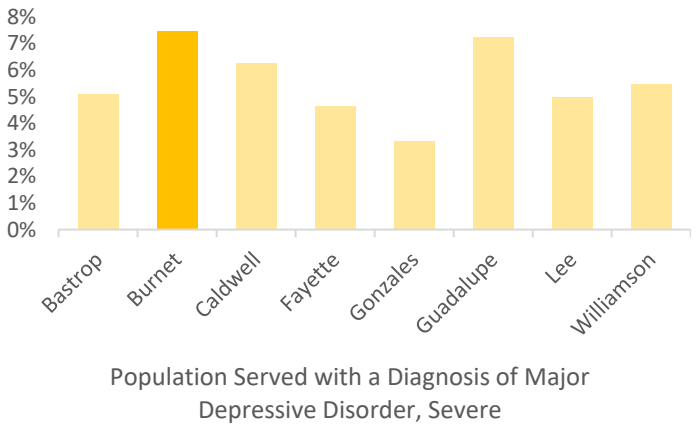
Notably, Burnet County had a higher high school graduation rate (95.6%) compared to Texas (90.0%) and 100% graduation rates for African Americans, Asians and those who identified as Multiracial (two or more races).

Strengths Identified by Community Partners

In the 2021 Ascension Seton Smithville Community Health Needs Assessment (CHNA), community members stated there is a strong sense of community and "…a strong set of connections that exist in these communities that promotes belonging, health, and active involvement. It also means people show up for each other. This is accentuated by the presence of many spaces in the community that people convene at - from Gem of the Hills and the community resource centers to the music & event venues and the state parks." Community members also stated that, "The providers and practitioners are all aware of the need for trauma-informed care and are doing what they can to provide it."

Burnet Community Needs

Key = **Texas** **County** **BTCS**

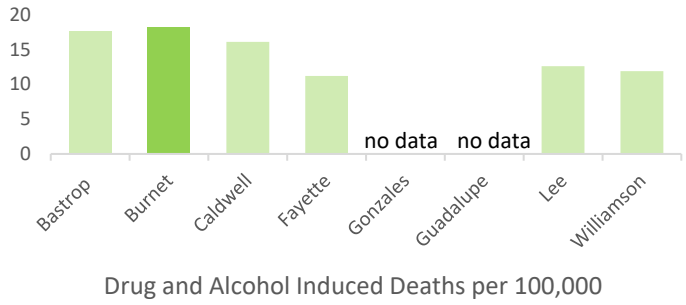


Population Served with a Diagnosis of Major Depressive Disorder, Severe

Mental Health

Of those enrolled in BTCS services, Burnet County represented the highest percentage of persons diagnosed with major depressive disorder (recurrent episode, severe) and generalized anxiety disorder amongst all eight counties served. Further illustrating mental health needs, Burnet County had 1,260 emergency department visits for mental health reasons, costing approximately $3,274,102.08.

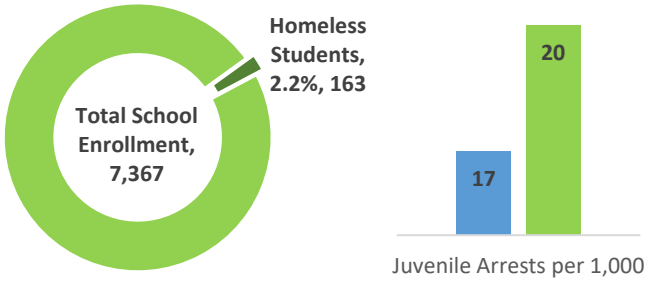
Burnet County also had the highest age-adjusted suicide rate (17.6/100,000) amongst all eight BTCS counties and compared to Texas (13.3/100,000).



Drug and Alcohol Induced Deaths per 100,000

Substance Use

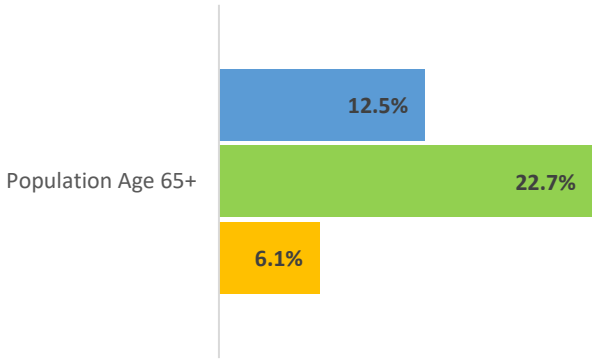
Out of the eight counties compared, Burnet County had the second highest rate of heavy alcohol consumption and the highest rate of binge drinking. Also, among the eight counties, Burnet had the highest percent of drug and alcohol induced deaths, which was also higher than Texas. Finally, alcohol-impaired driving deaths in Burnet County were 32.0% compared to Texas at 25.0%.



Juvenile Arrests per 1,000

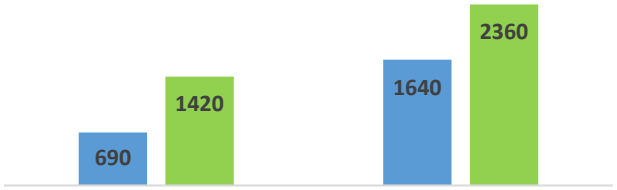
Youth

Burnet County had a higher percentage of youth aged 5 to 17 living with a disability at 7.5% compared to Texas at 5.7%. Burnet County also had a higher percentage of homeless students (2.2%) compared to Texas (1.3%). Additionally, the juvenile arrest rate in Burnet County (20/1,000) was higher than the Texas rate (17/1,000).



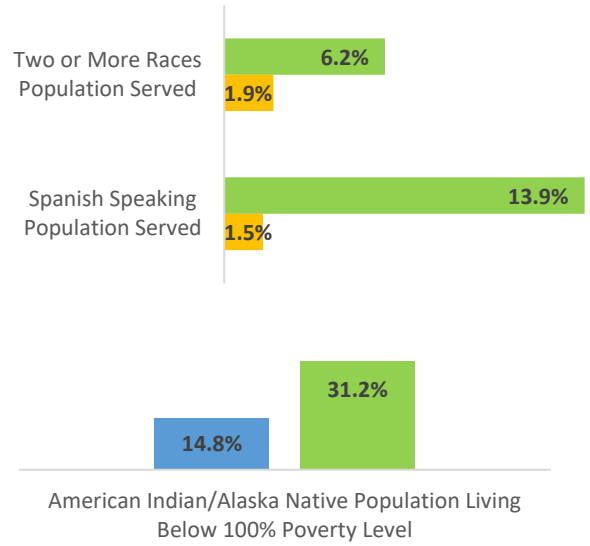
Aging Population

Compared to Texas (12.5%), Burnet County had a higher proportion of its population 65 and older (22.7%). While disabilities were more common among adults 65 years of age and older in the counties compared, individuals living in a rural county were 35% more likely to report a hearing disability. Among all eight counties, Burnet had the highest percentage of individuals with a hearing disability (6.8%), which is also higher than the Texas average (3.2%).

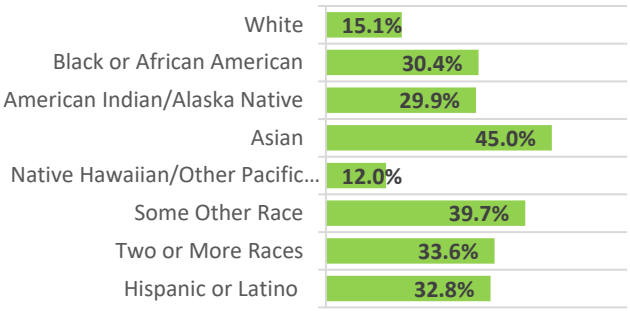


Workforce

In Burnet County, the population to mental health provider ratio (1,420:1) was more than double the ratio for Texas (690:1). There was also a significantly higher population to primary care physician ratio (2,360:1) than in Texas (1,640:1).



American Indian/Alaska Native Population Living Below 100% Poverty Level



Uninsured Populations by Race/Ethnicity

Culturally Responsive Care

Just over six percent of individuals in Burnet County identified as Multiracial (two or more races), whereas 1.9% of the BTCS service population is categorized as Two or More Races. Further, 13.9% percent of the community speaks Spanish, whereas our limited data indicates only 1.5% of the BTCS service population access services in Spanish. Burnet County had the highest rates of American Indians and Alaska Natives living below poverty level (31.2%) among all eight counties and compared to Texas (14.8%). It is well known that income levels can have a profound impact on physical and mental health and associated outcomes.

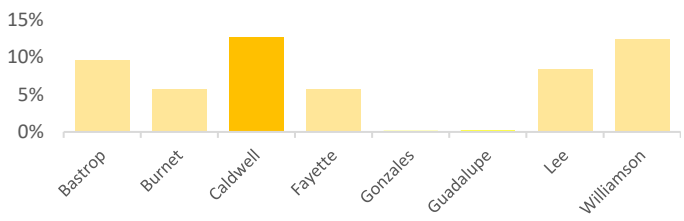
Similarly, lack of insurance is a barrier to accessing physical or mental health resources. There were higher uninsured rates in Burnet County for those aged 19 to 64 years old (28.9%) compared to Texas (23.7%). The highest uninsured rates in Burnet County and among all eight counties were seen among Asians (45.0%), Native Hawaiian and Other Pacific Islander (12.0%), Some Other Race (39.7%) and Hispanics (32.8%).

Needs Identified by Community Partners

Focus group respondents in the 2022 Baylor Scott and White Hill Country Community Health Needs Assessment indicated high mental health care needs, especially for the uninsured. Participants stated there is a high demand for mental health providers, especially since mental health and substance use issues have escalated during the pandemic. In addition, focus group participants scored poverty as one of the highest barriers in the community and also noted there is a need to expand poverty definitions to increase funding for indigent care.

Caldwell Community Strengths

Key = **Texas** **County** **BTCS**



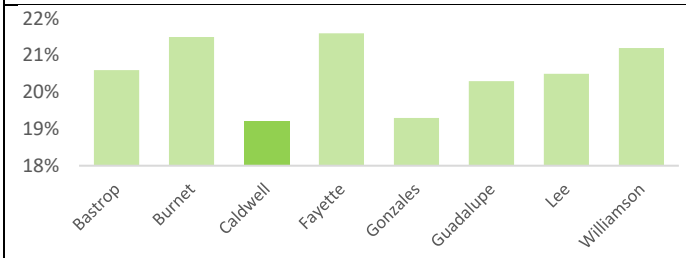
Population Under Age 5 Served

Culturally Responsive Care
In Caldwell County, BTCS served the highest percentage of persons under age 5 out of all eight counties. The majority of young people under age 5 received services through our Early Childhood Intervention Program.

"Yes" Response to Suicidal Thoughts on the Columbia Suicide Severity Risk Scale from Individuals Served

Bastrop	6.7%
Burnet	7.0%
Caldwell	5.0%
Fayette	6.1%
Gonzales	6.3%
Guadalupe	5.5%
Lee	7.6%
Williamson	8.4%

Mental Health
Caldwell County had the lowest suicide mortality rate at 12.8/100,000 among all eight counties. For those in BTCS services who received a Columbia Suicide Severity Rale Scale (C-SSRS) assessment in Caldwell County, the county had the lowest percentage of positive responses compared to all eight counties to the question, "Have you wished you were dead or wished you could go to sleep and not wake up?"



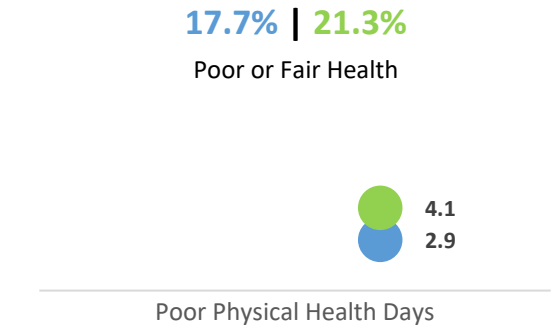
Heavy Alcohol Consumption

Substance Use
The lowest heavy alcohol consumption percentage amongst all eight counties was seen in Caldwell County at 19.2%. Caldwell County also had the lowest binge drinking percentage across all eight counties.

Strengths Identified by Community Partners
Focus group participants in the 2022 St. David's Foundation Community Needs Assessment mentioned that Caldwell County is home to multiple nonprofit and community organizations that play a vital role in building healthy communities by providing educational, health, and social services to community members. Another notable strength of Caldwell County is the network of churches from many denominations that often work together to meet community needs, including by distributing food and clothing and conducting home visits to struggling or isolated community members.

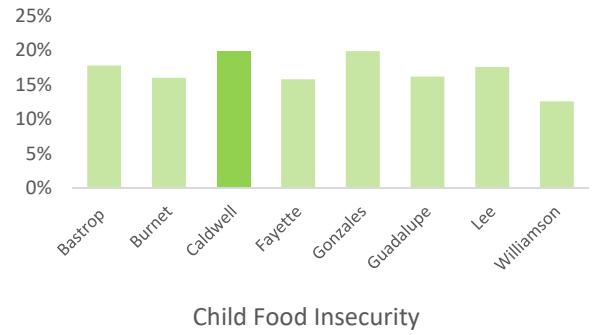
Caldwell Community Needs

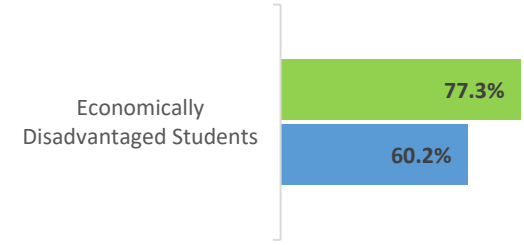
Key = **Texas** **County** **BTCS**

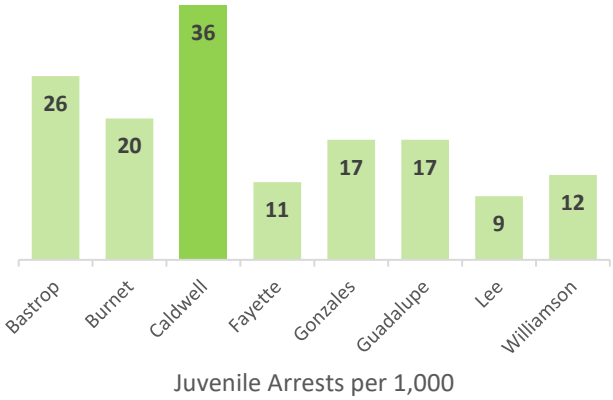


Physical Health

Caldwell and Gonzales Counties had the highest percentage of individuals indicating they had poor or fair health (21.3% in Caldwell County), and the highest number of poor physical health days in the last 30 days (4.6 days in Caldwell County). Given these risk factors for chronic illness, it is also noted that Caldwell County had the highest hospitalization rates across all eight counties for asthma (31.8/100,000) and diabetes (347.9/100,000).







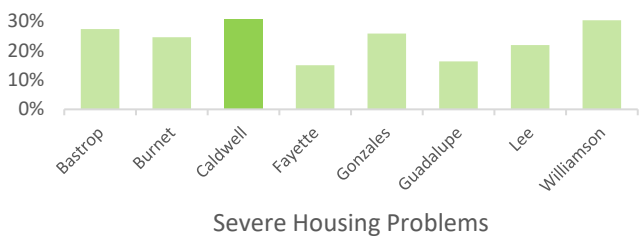
Youth

Caldwell County had the second highest percentage of child food insecurity (19.8%) among all eight counties, which is also higher than Texas (18.9%). Among all eight counties, Caldwell demonstrated the highest percentage of young people not in school and not working at 17.3%, which is also higher than Texas (8.1%). Additionally, Caldwell County had a higher percentage of economically disadvantaged students (77.3%) compared to Texas (60.2%).

Caldwell County had the lowest high school graduation rate (91.0%) among all eight counties. The rate was lowest for Hispanic (90.7%), White (92.4%), Asian (50.0%) and Multiracial (88.9%) students. Caldwell County also had a slightly higher percentage of homeless students (1.5%) than Texas (1.3%).

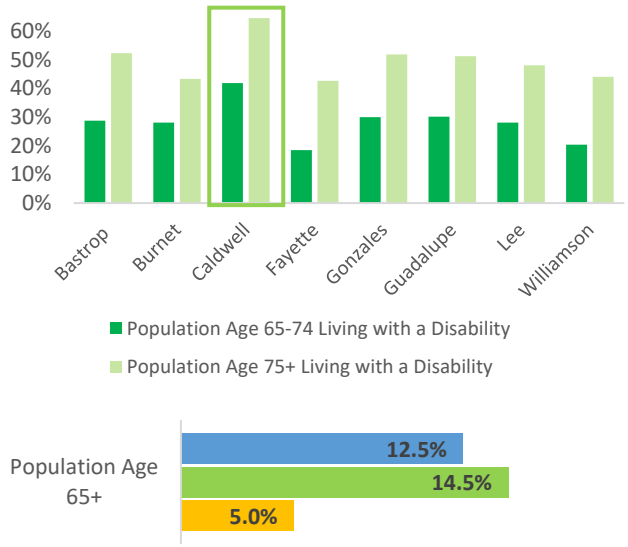
Caldwell exhibited the highest juvenile arrest rate (36/1,000) and the highest juvenile disposition rate (16.04/1,000) of the eight counties.

Those aged 5 to 19 made up the highest age category in Caldwell County at 21.0%. Notably, youth in Caldwell ages 5 to 17 faced the highest rates of disability across all eight counties.



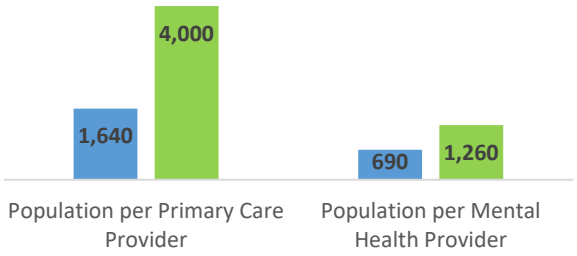
Housing

Caldwell County had the highest severe housing problems (30.6%) among all eight counites where housing costs exceeded 30% of residents' income in the cities of Lockhart and Luling.



Aging Population

Caldwell County had the highest percentage of adults aged 65 and older living with a disability among all eight counties and a higher percentage than Texas. 41.9% percent of those aged 65 to 74, and 64.6% of those aged 75 and older have a disability. Caldwell had the highest rates of hearing difficulty, vision difficulty, cognitive, ambulatory, and self-care difficulty among all eight counties. 14.5% of the Caldwell County population is aged 65 and older compared to only 5.0% of the BTCS population served.



Workforce

The 2021 ratios of population to providers indicates a significant workforce need in Caldwell County, with a population to mental health provider ratio (1,260:1) that is more than double the ratio for Texas. There was also a significantly higher population to primary care physician ratio (4,000:1) in Caldwell County than in Texas.

County	Black or African Population Living with a Disability	Some Other Race Population Living with a Disability
Bastrop	15.3%	6.2%
Burnet	20.2%	14.5%
Caldwell	31.4%	15.2%
Fayette	15.8%	1.9%
Gonzales	11.9%	9.6%
Guadalupe	13.6%	12.0%
Lee	22.4%	3.6%
Williamson	11.3%	8.8%

Culturally Responsive Care

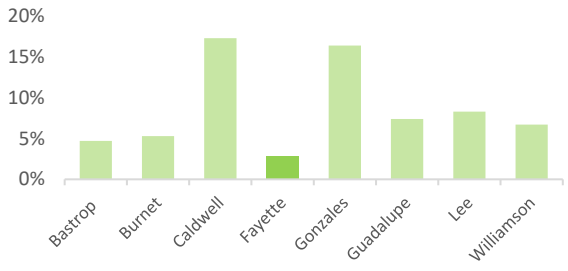
Among all eight counties, Caldwell County had the highest percentage of disabilities among Black and African Americans (31.4%) and Some Other Race (15.2%). Caldwell County also had the highest uninsured percentage (24.1%) among all eight counties, specifically for those who identified as White (20.3%), Black or African American (31.1%) and as Two or More Races (36.2%).

While those with Two or More Races made up 16.1% of the county population, only 2.7% of individuals served by BTCS identified with this category.

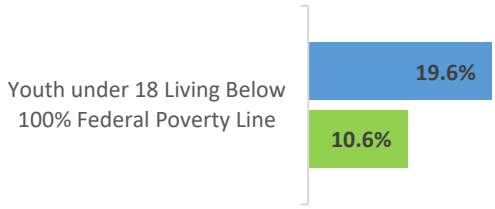
Needs Identified by Community Partners
The 2022 St. David's Foundation Community Needs Assessment (CNA) focus group participants and key informants described that there is a lack of affordable, culturally appropriate mental health care providers, especially for Black/African American and Hispanic/Latinx populations. Additionally, the 2021 Ascension Seton Community Health Needs Assessment (CHNA) survey participants ranked mental health and suicide, diabetes and high blood sugar, and employment and job skills as the most important factors to address to improve community health.

Fayette Community Strengths

Key = Texas County BTCS

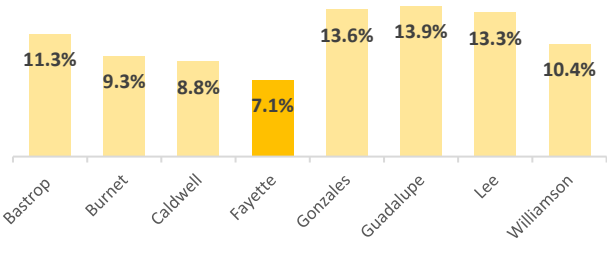


Young People Not in School and Not Working

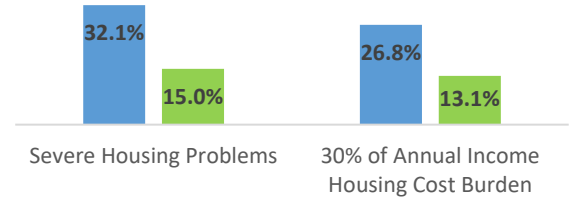


Youth
Fayette County had the lowest percentage of young people not in school and not working (2.9%) among all eight counties, and this was also lower than the Texas average (8.1%). The percentage of economically disadvantaged students in Fayette County (52.1%) was also lower than Texas overall (60.2%).

In addition, compared to Texas, Fayette County has a lower percentage of youth under age 18 who live below the poverty level, except in pockets of the county near Winchester, Rabbs Prairie, Rutersville, and Halsted where poverty rates were 33.0%, demonstrating a need for additional resources in these areas.

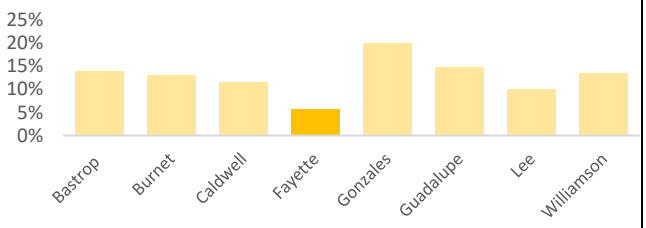


Individuals Unemployed, Seeking Work



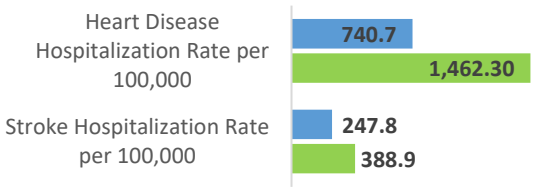
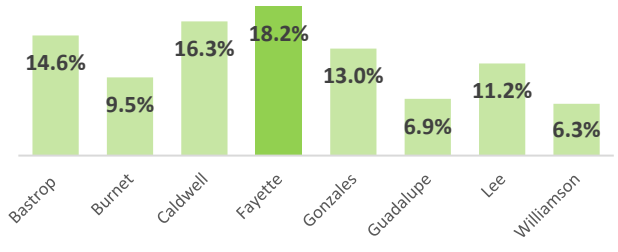
Economic Standing and Resource Access
Fayette County had the lowest percentage of persons "unemployment, seeking work" at 7.1% among all eight counties and the highest percentage of individuals indicating they were employed full time at 15.5%. The percentage of individuals ages 18 to 64 living below poverty level was 9.5% compared to Texas at 12.3%.

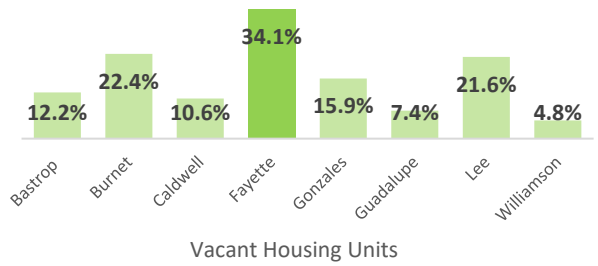
Fayette County had the highest owner-occupied housing rate at 82.9% of the eight counties and Texas (62.4%). Residents also had the lowest percentage of severe housing problems at 15.0% among all eight counties and compared to Texas (32.1%). Not surprisingly, Fayette County had the lowest housing cost burden (13.1%) among all eight counties and Texas (26.8%).

	Fayette County also had a lower uninsured rate at 11.7% compared to Texas at 17.6%. Of individuals served by BTCS, Fayette County had the highest percentage of individuals with an identified Primary Care Physician (62.4%) among all eight counties served.
 Individuals Served Who had a Crisis Assessment	**Mental Health** Fayette County had the lowest age-adjusted suicide rate (10/100,000) of all eight counties that had death by suicide data available. Fayette County also had the lowest percentage of residents requesting a BTCS crisis assessment (5.8%) compared to the other counties BTCS serves.
Strengths Identified by Community Partners The 2021 Ascension Seton Community Health Needs Assessment (CHNA) focus group participants mentioned: "Local networks tend to be strong, reliable, and functional ways to get things done – for instance, informal collaborations between the local pharmacies and school districts to get immunizations distributed." In addition, the CHNA expressed that, "In rural counties, the school nurses often become hubs of information, service provision, health knowledge, and relationship/network building."	

Fayette Community Needs

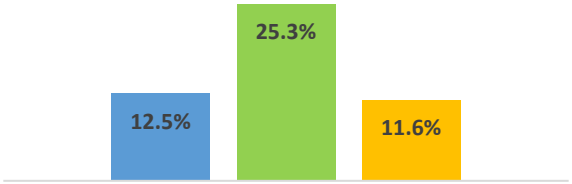
Key = **Texas** **County** **BTCS**

	**Physical Health** Fayette County had the highest rate of heart disease-related hospitalizations (1,462/100,000) and stroke-related hospitalizations (389/100,000) among all eight counties.
 Uninsured Population Under Age 19	**Youth** Among all eight counties, the highest uninsured percentage for those under 19 years old was in Fayette County at 18.2%.



Vacant Housing Units

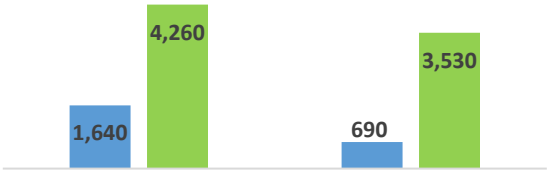
Housing
Fayette County had the highest vacant housing unit percentage among all counties at 34.1% and the highest rental vacancy rate at 7.4.



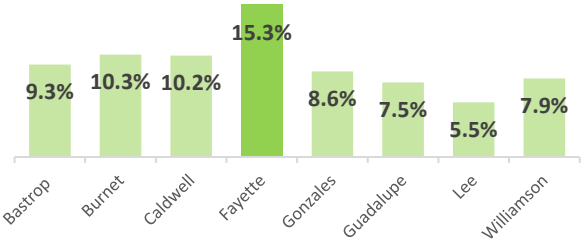
Population Age 65+

Aging Population
Fayette County had the highest median age of all eight counties at 47.7 years and the highest percentage of residents aged 65 and older (25.3%) compared to all eight counties and Texas (12.5%).

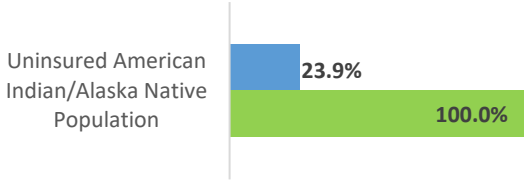
Although only 11.6% of those BTCS served in Fayette County were in the 65+ age group, this was the highest percentage served in this age category across all eight counties.



Workforce
Several of the counties in the BTCS service area were identified as health professional shortage areas, including Fayette County. The ratio of population to primary care provider (4,260:1) in Fayette was 2.5 times that of Texas. In addition, the ratio of population to mental health provider (3,530:1) was the most strained of the eight-county area.

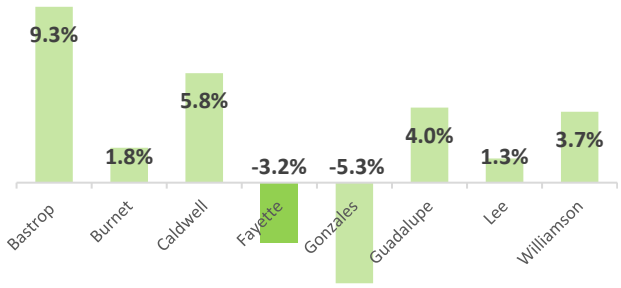


Population Age 18-34 Living with a Disability



Culturally Responsive Care
Fayette County had the highest percentage of those aged 18 to 34 living with a disability (15.3%) among all eight counties. Individuals identifying as American Indian/Alaska Native (100%) and Two or More Races (22.1%) had the highest disability rates. Fayette County also had the highest percentage of individuals with an independent living difficulty at 7.9%, higher than Texas (5.1%).

In Fayette County, American Indian and Alaska Natives also had the highest percentage of uninsured at (100.0%) among all eight counties and higher than Texas (23.9%).



Population Percent Change Estimate (2020-2021)

Economic Standing

While Fayette County had several positive indicators that point to a strong economic standing, certain challenges exist. Fayette County saw a population change of negative 3.2% between 2020-2021 and is one of only two counties in the BTCS service area that did not grow. In addition, Fayette County had the lowest population age 16 and older in the labor force at 55.0% compared to the eight counties, which was also lower than in Texas (65.1%).

Needs Identified by Community Partners

In the 2022 St. Mark's Medical Center Community Health Needs Assessment (CHNA) and Implementation Plan, community members stated their concerns regarding the aging population: "…[There is a] concern about the effect of loneliness and mental health issues with the elderly population… Lonely senior adults and their ability to get to their appointments [is an issue]. Is there anyone that checks up on them? If they don't have family or aren't associated with the church, who is checking up on them?" When asked about which specific groups are at risk for inadequate care, interviewees spoke about the elderly, obstetrics population, low income/working poor, racial/ethnic, youth, teenagers/adolescents, un/underinsured, and the Veteran population. In addition, comments about access to health care were also a community concern: "…[it's a] challenge for hourly employees in taking time off to get healthcare services and this is leading to delaying or foregoing care as well as cost barriers to care and medications…'The [low income] just don't go to the doctor. It's not like access isn't there, they just can't take off work and they can't afford the visit. If they can, they can't afford the medication."

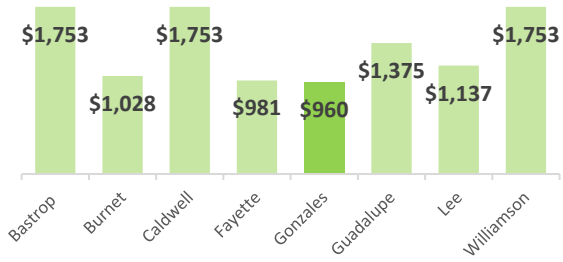
Gonzales Community Strengths

Key = **Texas** **County** **BTCS**

Emergency Department Mental Health Utilization Events

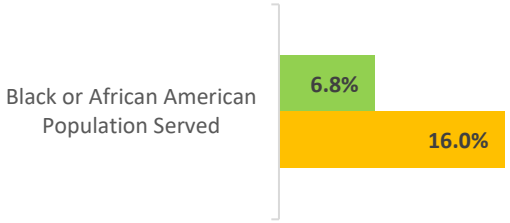
Bastrop	1,928
Burnet	1,260
Caldwell	322
Fayette	488
Gonzales	238
Guadalupe	1,020
Lee	no data
Williamson	8,512

Mental Health Crisis
Gonzales County experienced the lowest number of emergency department visits related to mental health needs and the lowest associated cost ($182,106) across all eight counties for which data was available.



Fair Market Average Rent Including Efficiency-Four Bedroom

Housing
Gonzales County had a higher owner occupancy rate and lower homeowner vacancy rate compared to Texas. The county also had lower severe housing problems and housing cost burden compared to Texas. Lastly, Gonzales County had the lowest fair market rent amongst the eight counties with an average rent of $960 across all rental types (efficiency to four-bedroom).



Culturally Responsive Care
Gonzales County's community makeup was 6.8% Black or African American. In comparison to the community, 16% of those served by BTCS identified as Black or African American, suggesting we are reaching this subpopulation.

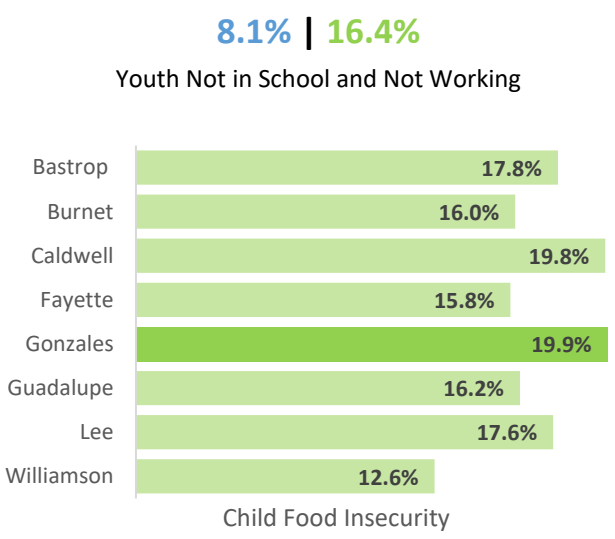
Gonzales Community Needs

Key = **Texas** **County** **BTCS**

Poor or Fair Physical Health

Bastrop	17.5%
Burnet	15.9%
Caldwell	21.3%
Fayette	16.3%
Gonzales	21.3%
Guadalupe	15.5%
Lee	19.0%
Williamson	11.9%

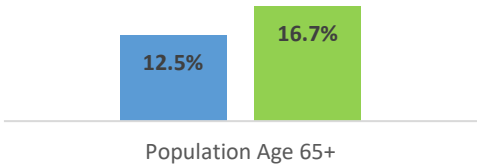
Physical Health
Among the eight counties served by BTCS, Gonzales and Caldwell Counties had the highest percentage of individuals reporting poor or fair physical health.



Youth

Gonzales County had double the rate of isolated youth, meaning youth not in school or working, compared to Texas. The county also had the highest percentage of economically disadvantaged students among the eight counties, primarily concentrated in Ottine and Waelder. The county also had the highest rates of vision and cognitive difficulty among youth under 18 years.

Food access was also a challenge with the county experiencing the lowest Food Environment Index among the eight counties. Children were especially vulnerable to food insecurity as child food insecurity was higher than Texas and highest among all eight counties.



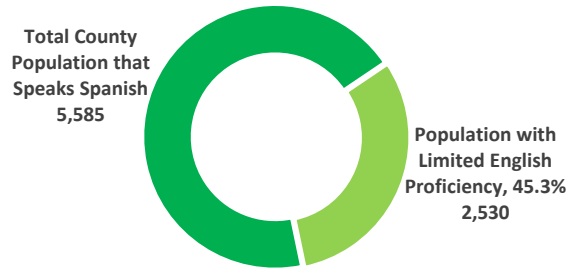
Aging Population

Gonzales County had a higher population of adults 65 and older compared to Texas. Within the county, the aging population had higher ambulatory, vision, hearing, and self-care difficulties compared to Texas.

	Households without Telephone Services	Households with No Motor Vehicles
Bastrop	1.4%	2.6%
Burnet	1.0%	3.3%
Caldwell	1.5%	4.9%
Fayette	0.8%	4.6%
Gonzales	1.6%	7.4%
Guadalupe	1.5%	2.6%
Lee	0.4%	4.8%
Williamson	1.1%	2.3%

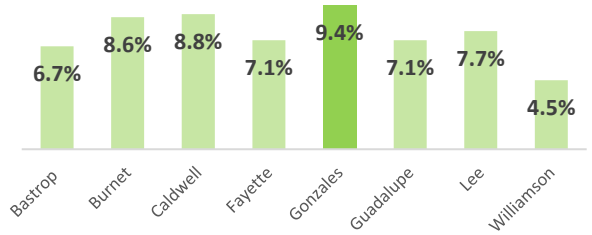
Housing

Gonzales had the highest percentage of households without telephone service or a motor vehicle. Moreover, there was little access to technology with only 87.2% of households possessing a computer and 70.7% carrying internet service compared to Texas (93.9% and 86.9% respectively). Within the city of Gonzales, 36% to 45% of households had one or more substandard conditions. For perspective, this was about 394 households in one city alone.



Culturally Responsive Care

30.5% of the county's population speaks Spanish (5,585 people), with 45.3% of these experiencing limited English proficiency (LEP). In addition, 82.2% of the 0.6% who speak an Asian or Pacific Island language also indicated an LEP.



Population with an Ambulatory Difficulty

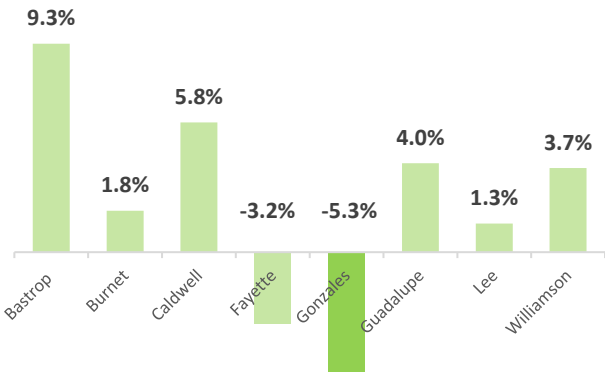
Population Below 100% Federal Poverty Line (All Ages)

Bastrop	10.9%
Burnet	7.2%
Caldwell	13.3%
Fayette	9.8%
Gonzales	13.9%
Guadalupe	9.2%
Lee	11.8%
Williamson	6.3%

Regarding disability rates, Gonzales County had the highest percentage of residents with an ambulatory or self-care difficulty.

Gonzales County also had the highest below poverty levels across all ages compared to all eight counties. Among various subpopulations in Gonzales County, the highest below poverty levels were seen among the Asian population, followed by the Black or African American population. These higher poverty levels were concentrated northeast of Gonzales City.

Moreover, Gonzales had the highest years of potential life lost related to premature deaths for those who identified as non-Hispanic White compared to the eight counties.



Population Percent Change Estimate (2020-2021)

Economic Standing

Gonzales County had the highest population decrease of -5.3% from 2020 to 2021 and the lowest population density across all eight counties.

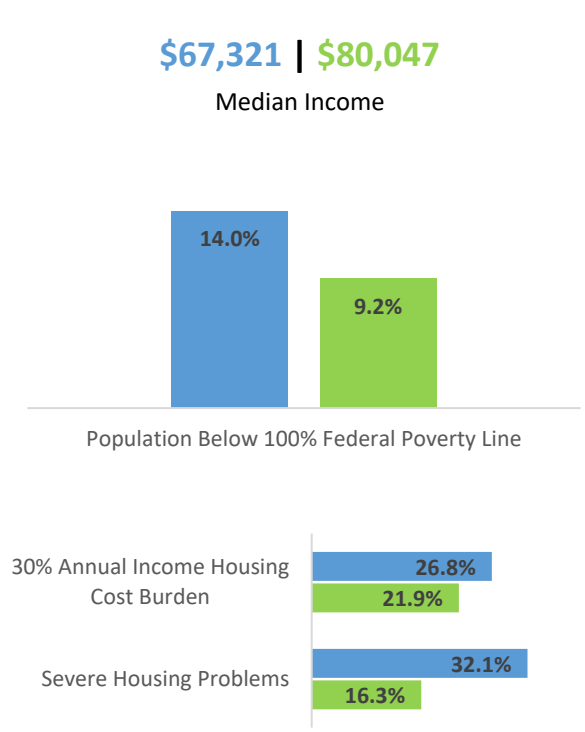
The highest population density within the county was concentrated in the city of Gonzales. While it is unclear the exact cause for the decline in population, dwindling employment opportunities in rural Texas have been leading young people to leave rural communities after high school in search of economic and social opportunities elsewhere.[xi]

Needs Identified by Community Partners

In the 2021 Ascension Seton Community Health Needs Assessment (CHNA), community members stated, “with such a rural and geographically dispersed region, providers are isolated from each other and therefore have to mostly be self-sufficient in their practice.” This was expressed as a desire for more inter-professional learning rather than a critical challenge. Respondents also expressed several factors that limit health care access such as “affordability of healthcare, provider shortages for residents who are either publicly insured or uninsured, and lack of culturally and linguistically appropriate care.”

Guadalupe Community Strengths

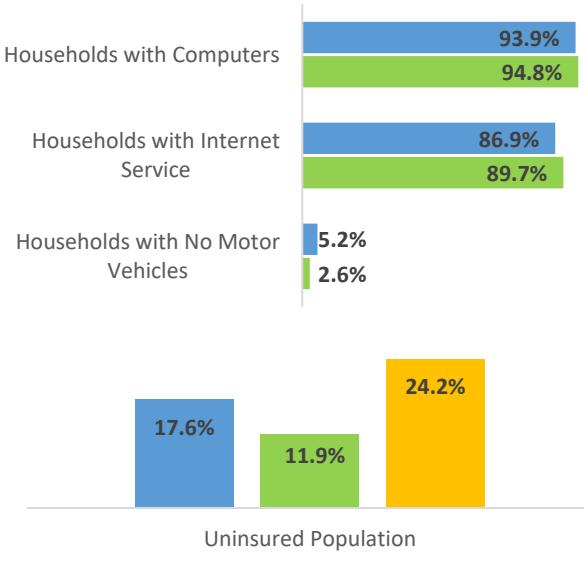
Key = **Texas** **County** **BTCS**



Economic Standing

Guadalupe County featured a higher median income ($80,047) and mean household income ($94,811) than Texas. Guadalupe County also had a lower poverty rate across all ages compared to Texas.

The county experienced lower housing cost burden and severe housing problems compared to Texas. However, some areas in the county experienced housing challenges. Severe housing problems were noted in the surrounding areas of Kingsbury, Seguin, and Staples with households having one or more substandard conditions such as incomplete plumbing facilities, incomplete kitchen facilities, one or more occupants per room, a monthly owner cost of 30% more than the household income, or gross rent as a percentage greater than 30% of household income.



Access to Resources

The county had higher rates of households with computers and broadband internet services compared to Texas. Additionally, the county had a lower rate of households with no motor vehicles compared to Texas.

In terms of food access, Guadalupe County exhibits higher food accessibility than Texas, with a Food Environment Index of 7.3. Guadalupe County also had lower uninsured rates compared to Texas.

24.2% of the Guadalupe County population served by BTCS were uninsured, suggesting BTCS is reaching this often underserved population.

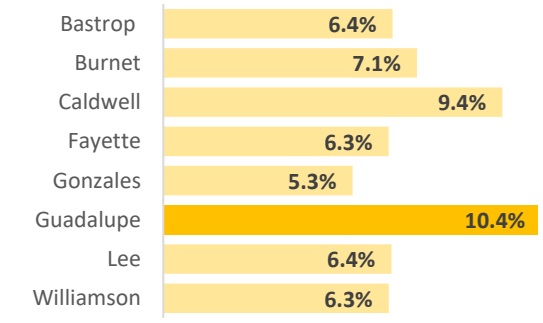
Strengths Identified by Community Partners

In the 2021 Community Council of South-Central Texas, Inc. (CCSCT) Community Needs Assessment (CNA), focus group participants mentioned the following as community assets: “local churches, schools and community organizations use their resources and volunteers to assist low-income families in the communities with food, utilities and emergency assistance.” In addition, community members

expressed there is a "strong community volunteer base with the CCSCT's service area. Local colleges and technical schools are available …local access to WIC, food stamps, Head Start, Education programs, Emergency Service providers and Texas Workforce Solution services are available…"

Guadalupe Community Needs

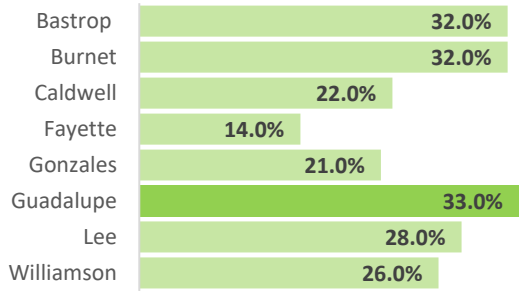
Key = Texas County BTCS



Individuals Served with a Diagnosis of Moderate Depression or Major Depressive Disorder

Mental Health

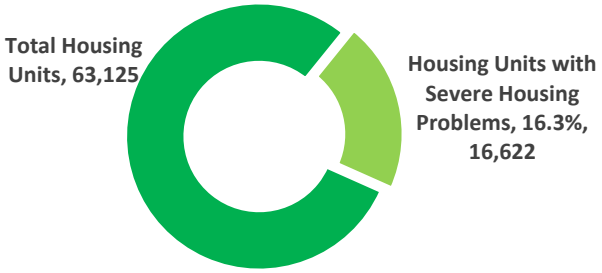
The three most common mental health diagnoses for individuals served by BTCS in Guadalupe were moderate depression, severe depression, and depression with psychotic features. Guadalupe had the highest percentage of individuals served at BTCS with major depressive disorder at 10.4%. Guadalupe also had accessed the second highest percentage of BTCS crisis assessments at 14.7% compared to the eight-county area (29% of which were followed by a hospital admission).



Alcohol-Impaired Driving Deaths

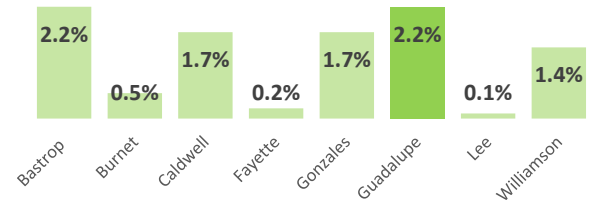
Substance Use

Among the eight counties, the percentage of alcohol-impaired driving deaths was highest in Guadalupe County at 33%.



Housing

Within Guadalupe County, there are pockets of severe housing problems. Those areas range from 34% to 40% of households with severe housing problems. Areas with the most severe housing problems include Kingsbury, Seguin, and Staples.

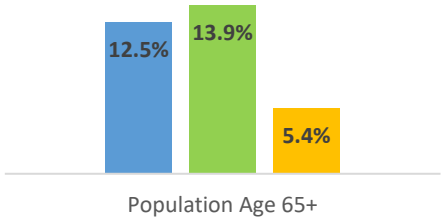


Uninsured Population 65+

Aging Population

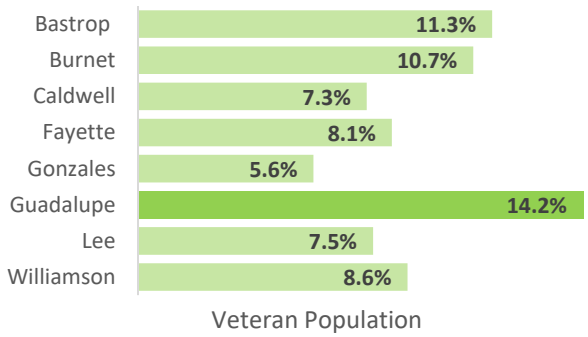
In Guadalupe County, those 65 and older had a 30.2% disability rate, while those over the age of 70 had the highest disability rate at 51.3%. Ambulatory difficulty was the most common disability type.

While uninsured rates were overall lower in the county compared to Texas, individuals age 65 and older in Guadalupe County had the highest



uninsured rates compared to the eight counties served.

Of those served by BTCS, only 5.4% were 65 and older, significantly lower than the county makeup.



Culturally Responsive Care

Among the eight counties, Guadalupe County had the highest veteran population at 14.2%, which was an estimated 17,815 individuals. The vast majority live west of the county in Schertz and Cibolo.[xii]

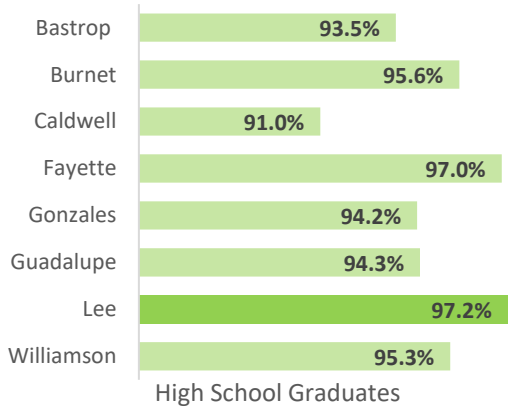
Across the eight counties, Native Americans in Guadalupe County had the highest uninsured rate at 26.6%.

Needs Identified by Community Partners

In the 2021 Community Council of South Central Texas, Inc. Community Needs Assessment (CNA), gaps in services and barriers identified by community members were: lack of transportation, lack of agencies in rural areas, lack of knowledge of available programs, lack of education, lack of ability to read and write, language barriers, lack of living wage jobs, poor health of individuals needing assistance, among others.

Lee Community Strengths

Key = **Texas** **County** **BTCS**

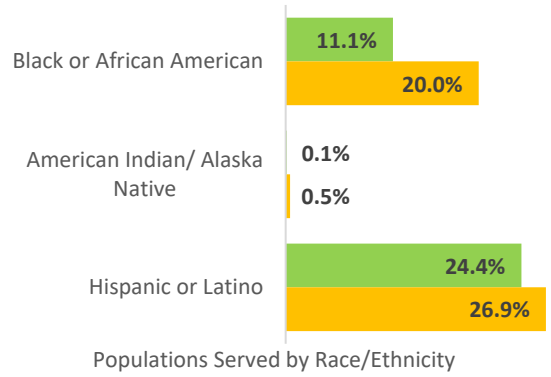


17.0 | 9.0

Juvenile Arrest Rate per 1,000

Youth

One of Lee County's strengths was fostering a supportive environment for youth. Lee County's second-highest age group was youth ages 5 to 19 at 18.6%. Among the eight counties, Lee had the highest high school graduation rate (including across all races and ethnicities) at 97.2% which was also higher than Texas. In addition, Lee County had a relatively low incidence of youth being arrested or involved in criminal activities, as evidenced by a juvenile arrest rate of 9/1,000, which was significantly lower than Texas (17/1,000).



Culturally Responsive Care

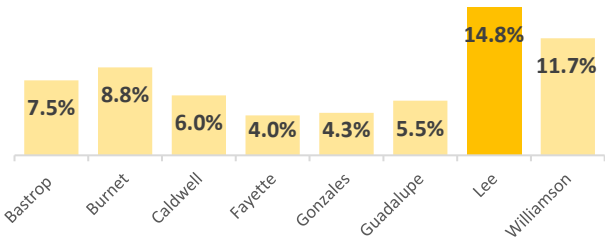
Across the eight counties, Lee had the largest Black or African American population at 11.1%. Of those BTCS served in FY2022, 20% identified as Black or African American, 26.9% identified as Hispanic or Latino, and 0.5% identified as Native American, representing the highest percentages served for these subpopulations across the eight counties.

Strengths Identified by Community Partners

In the 2022 St. Mark's Medical Center Community Health Needs Assessment and Implementation Plan, community members stated there are "…resources that educate and offer healthy lifestyle options in the area such as outdoor activities, sport programs, gyms, the Amen Food bank, Meals on wheels, the school district summer lunch program, Women, Infants and Children (WIC) as well as Agro-Life." Focus group participants also expressed their appreciation toward the "improved efforts that were made in regard to the integration of mental health care at local organizations; expansion of services through Bluebonnet Trails Community Services; improved access due to telemedicine; and services provided on a sliding fee scale at Tejas Health Care."

Lee Community Needs

Key = **Texas** **County** **BTCS**

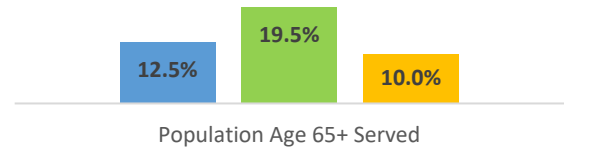


Youth who scored in the "Severe Depression" category on the Adolescent Patient Health Questionaire

Youth

When considering those served by BTCS, Lee County had the highest percentage (14.8%) of youth who scored in the "severe depression" category on the adolescent version of the Patient Health Questionnaire across the eight counties. Further, the county had the highest number of poor mental health days with an average of 5 mentally unhealthy days reported in the past 30 days.

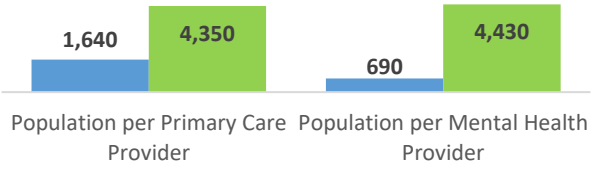
In the city of Giddings, 28.8% of youth were living in households with income levels below the Federal Poverty Level. In less dense areas surrounding Giddings, 21% to 38% of youths aged 18 to 19 were not enrolled in school and not employed.



Population Age 65+ Served

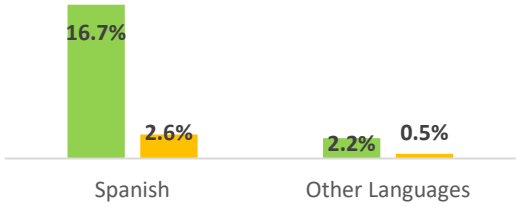
Aging Population

Lee County had a much higher percentage of individuals aged 65 and older (19.5%) compared to Texas. Within this population, those over 75 had the highest disability rates at 48.1%. Of individuals in this county served by BTCS, only 10% were adults ages 65 and older.



Workforce

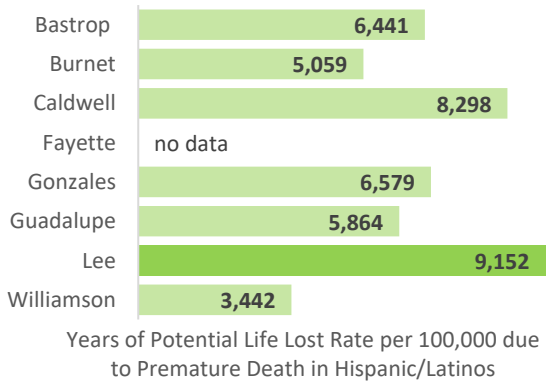
Unfortunately, lack of access to service providers compounds health issues. The 2021 ratio of population to mental health provider (4,430:1) was more than six times that of Texas, while the population to primary care ratio (4,350:1) was not much better.



Individuals Served by Language Spoken

Culturally Responsive Care

Access to services is a challenge for those who speak a language other than English. In Lee County, 16.7% of the population spoke Spanish and 2.2% spoke Other Languages including Indo-European and Asian and Pacific Island languages. Of those with Limited English Proficiency (6.8%), 52.1% spoke an Asian and Pacific Island language.

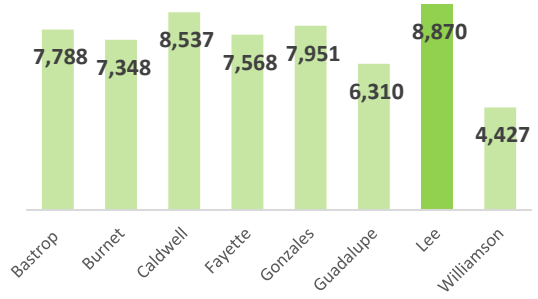


Years of Potential Life Lost Rate per 100,000 due to Premature Death in Hispanic/Latinos

The Asian community primarily identified as Chinese, Korean, and Japanese. BTCS served only 2.6% Spanish-speaking individuals and no one speaking another language in the county. However, "Unknown" was documented for language for 23.1% individuals served in Lee County.

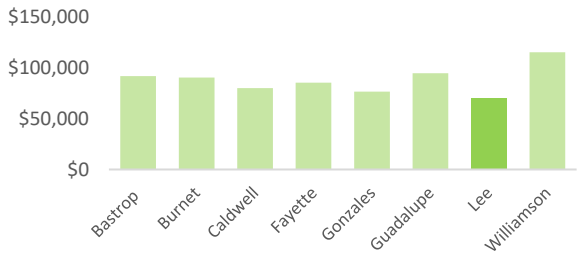
Across the eight counties, those who identified as Hispanic in Lee County had the highest rate of potential years of life lost at 9,152/100,000.

Lee County also had the highest below poverty rates for Black or African Americans, Two or More Races, and Hispanics.



Years of Potential Life Lost Rate per 100,000 Due to Premature Death

Physical Health
Lee County faces several health challenges highlighting a pressing need for healthcare. Premature death rates provide insight into overall health of the county. Lee exhibited higher rates of years of potential life lost related to premature deaths at 8,870/100,000 compared to Texas at 7,021/100,000. In addition, Lee had the highest tobacco usage, asthma rate, and hospitalization rates due to kidney disease and high blood pressure.



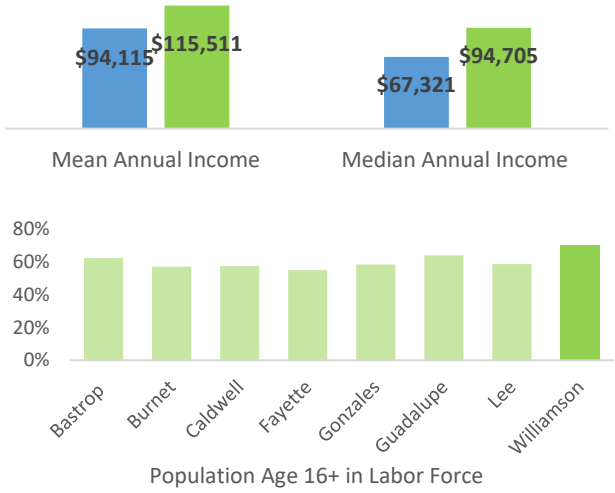
Mean Annual Income

Economic Standing
Across the eight counties, Lee County had the lowest mean income at $70,328, which was also lower than Texas. However, when considering those served by BTCS in Lee County, 36.6% reported a household income less than $25,000.

Needs Identified by Community Partners
In the 2021 Ascension Seton Community Health Needs Assessment (CHNA), community members stated that one of the challenges is provider isolation, "With such a rural and geographically dispersed region, providers are isolated from each other and therefore have to mostly be self-sufficient in their practice." In the 2022 St. Mark's Medical Center Community Health Needs Assessment and Implementation Plan, focus group participants identified *"…*overall lack of mental and behavioral health care facilities, resources, and services for the community, particularly the youth, elderly, the un/underinsured and low-income populations in the community…'The younger or middle age wealthy and middle class can probably find access pretty easily. The underserved have no access through this besides emergency department or law enforcement through crisis."

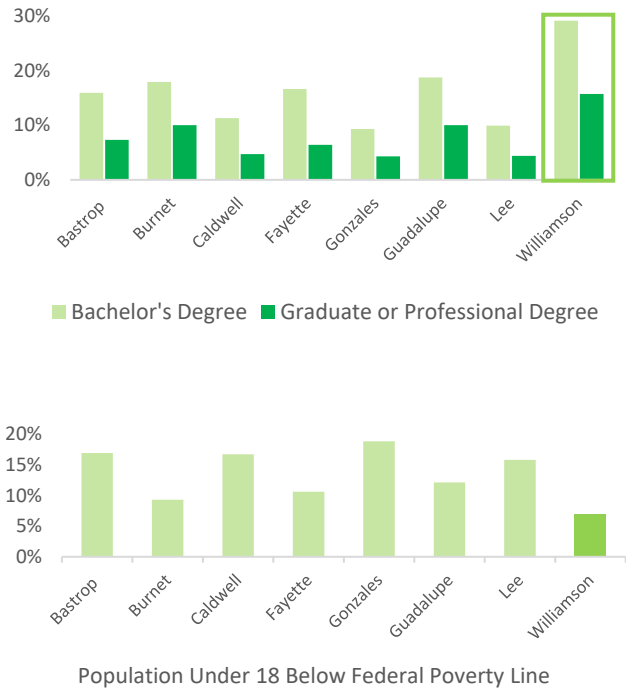
Williamson Community Strengths

Key = Texas **County** **BTCS**



Economic Status

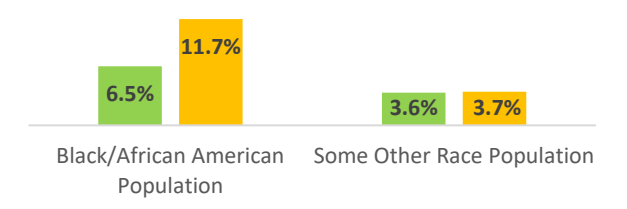
Not only was Williamson County the largest county in the BTCS service area and the county with the highest population density, it is also one of the fastest growing counties in the state of Texas. Among the eight counties, Williamson had the highest percentage of individuals with an annual household income over $100,000, which was higher than the Texas average. The county also had the highest mean income at $115,511 and median income at $94,705. It also had the highest population in the labor force at 70.5%.



Education & Youth

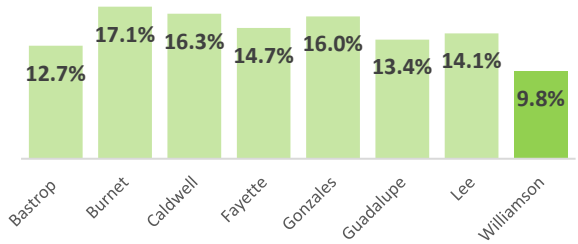
Schools in Williamson County had an average ranking of 8 out of 10, placing them in the top 30% of Texas public schools. Among all eight counties, Williamson had the highest percentage of individuals receiving a bachelor's degree at 29.1% and a graduate professional degree at 15.7%.

Considering persons served by BTCS, Williamson County had the highest rate with a higher education including 13.6% with some college and 1.5% with a graduate school degree. Additionally, Williamson County had the lowest rate of economically disadvantaged students at 26%, which was much lower than Texas (60.2%). Specifically for youth, the county had the lowest percentage of individuals under 18 (7%) who were below the poverty level, as well as the lowest child food insecurity at 12.6%.

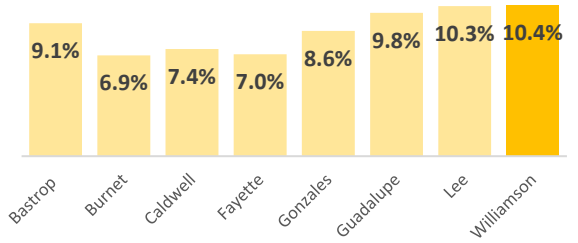


Culturally Responsive Care

Growth in diversity was evident in the demographic makeup of Williamson County. Williamson was made up of 6.5% Black or African Americans and 3.6% Some Other Race. BTCS served 11.7% Black or African American and 3.7% Some Other Race. Additionally,



Disability Rate

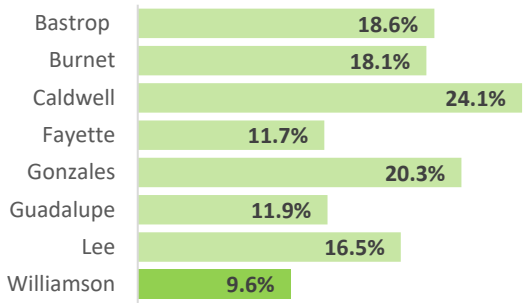


Individuals Served with an Intellectual and Developmental Disability Diagnosis

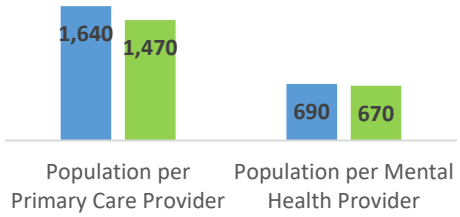
among the eight counties, Williamson had the lowest below poverty levels, with the lowest for White, Two or More Race, and Hispanic or Latino subpopulations.

Among the eight counties, Williamson had the highest makeup of young adults aged 25 to 34 at 13.9%, and 19.1% of the BTCS population was in this age group.

Williamson County had a lower disability rate (9.8%) compared to Texas and the lowest rate among all eight counties. Regarding disability within subpopulations across all eight counties, Williamson had the lowest disability rates for White and Black or African Americans. Disability rates for American Indian and Asian populations were also lower than rates in Texas. Among individuals served by BTCS, Williamson had the highest percentage of individuals with an intellectual or developmental disability (IDD) (10.4%) and autism spectrum disorder diagnosis (3.1%).



Uninsured Rates



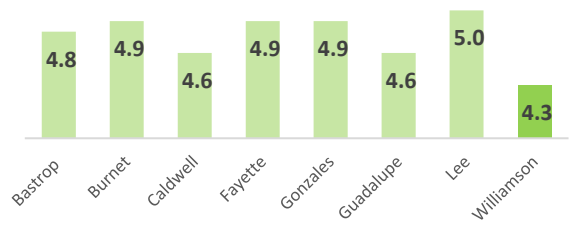
Access to Resources

Williamson County had the lowest uninsured rate among all eight counties at 9.6%, which is significantly lower than Texas at 17.6%.

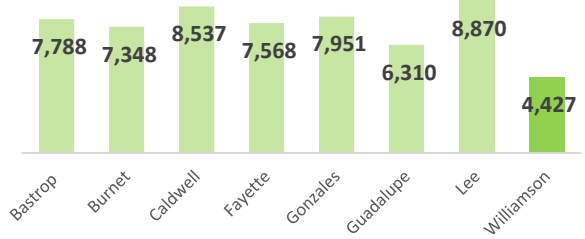
While seven counties in the BTCS service area were classified as professional health shortage areas, Williamson County had the lowest population to provider ratios for primary care and mental health.

Across all eight counties, Williamson County had the lowest food insecurity across all ages. In conjunction, the county also had a higher Food Environment Index (7.8) compared to Texas (5.9).

Williamson County had the most occupied housing units across all eight counties, with the highest rate of households with computers and internet access as well as the lowest percentage of households with no motor vehicle.



Poor Mental Health Days



Years of Potential Life Lost Rate per 100,000 Due to Premature Death

Physical & Behavioral Health

Williamson County continues to be ranked as the third healthiest place to live among ranked counties in Texas. Out of all eight counties, Williamson had the lowest percentage of individuals indicating they were in poor or fair health at 11.9%. Williamson also had the lowest poor physical health day average (2.8) and poor mental health day average (4.3).

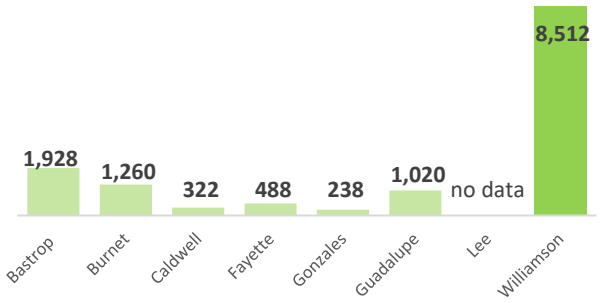
Again, when compared to all eight counties, Williamson had the lowest rates of asthma, diabetes, kidney disease, heart disease, stroke, high blood pressure hospitalization, and tobacco usage. The county also had the lowest years of potential life lost due to premature deaths at 4,427/100,000. Years of potential life lost due to premature deaths were also lowest across all races and ethnicity groups.

Strengths Identified by Community Partners

Through the 2022 Williamson County Community Health Assessment, residents and stakeholders identified the following strengths and assets. Williamson County is home to a network of hospitals, clinics, a Federally Qualified Health Center, a local mental health authority, and health professions universities. According to the Community Health Survey, access to healthcare was ranked as the fourth greatest strength in the county. In addition, participants mentioned a strong network of churches with resources for food distribution, utility support, COVID-19 support, dental care, and other social services. Furthermore, according to the Community Health Survey, 51.4% of survey respondents in Williamson County indicated they were prepared with at least three months of emergency funds for rent, utilities, groceries, and supplies.

Williamson Community Needs

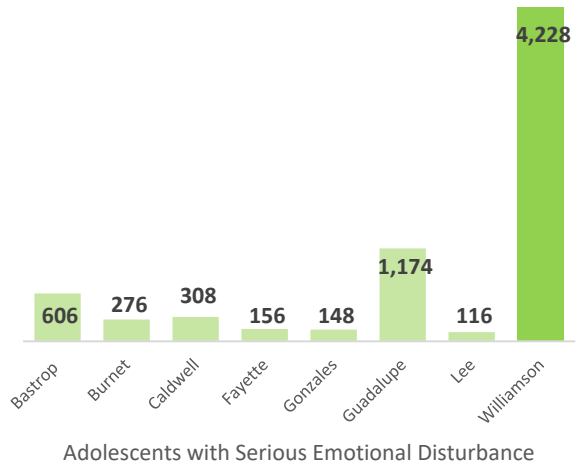
Key = Texas County BTCS



Emergency Department Mental Health Utilization Events

Mental Health

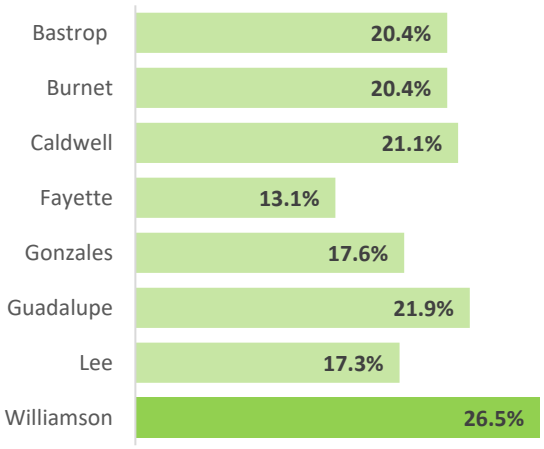
Among the eight counties, Williamson had the highest number of deaths by suicide and a higher suicide rate (13.5/100,000) compared to Texas (13.3/100,000). Furthermore, the county had the highest costs related to emergency department (ED) utilization due to mental health, incarcerations of individuals with mental illness, and adults with serious mental illness (SMI). BTCS conducted crisis assessments for individuals in Williamson County at a rate of 13.5%, wherein 20.3% of these individuals also had a hospital admission.



Adolescents with Serious Emotional Disturbance

Youth

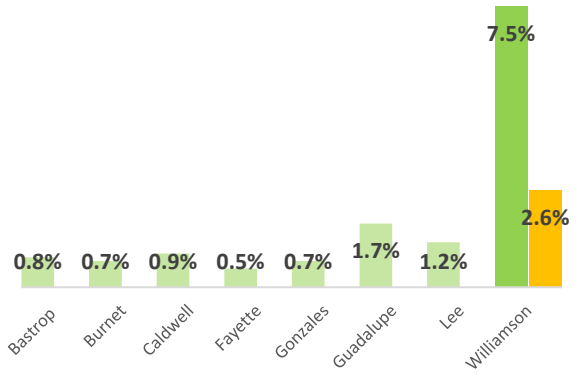
Williamson had the highest cost related to emergency department utilization for adolescents with serious emotional disturbances (SED). Despite overall positive indicators for youth, there were areas within the county with less than favorable outcomes. South Taylor, east of Georgetown, and near Rolling Oaks had 30% or more youth under 17 living below 100% of the poverty level. In addition, there were pockets surrounding the main cities of Georgetown, Cedar Park, and Round Rock with over 20% of youth aged 16 to 19 who were not enrolled in school and not employed.



30% Annual Income Housing Cost Burden

Housing

Williamson County has been one of the fastest growing counties in Texas over the past decade, and as more individuals look to make Williamson County their home, there is more disparity in home ownership. The county had the lowest owner-occupied rate of all eight counties at 67.8% but the highest renter occupied rate of 32.2%. About 26.5% of individuals in the county had a housing cost burden of 30% of their annual income which was the highest across the eight counties. Many pockets of substandard housing units exist around the cities of Georgetown, Leander, Cedar Park, Taylor, Round Rock, Hutto and Jollyville.



Asian Population Served

Culturally Responsive Care

Williamson County had a larger Asian population (7.5%) compared to Texas (5.0%) and the other counties BTCS serves. The population is comprised of persons identifying as Indian (3.9%), Chinese (1%), and Other Asian (0.9%). BTCS reached only 2.6% of persons identifying as Asian in Williamson County.

In addition, the Native Hawaiian and Other Pacific Islander population had the highest poverty levels (20.8%). Among the eight counties, Williamson County also had the highest Native Hawaiian disability rate (1.8%).

Needs Identified by Community Partners

According to the 2022 Ascension Seton Community Health Needs Assessment (CHNA), recent economic development and population growth has caused housing prices to skyrocket in Williamson County over the last few years. Key informants and focus group participants revealed that the lack of affordable housing available within the county is probably one of the most complicated issues for the community. Despite the existence of local housing authorities and Section 8 housing vouchers, people in need of low-income housing often experience long waiting lists. In addition, participants shared that emergency and transitional housing is unavailable in Williamson County. Furthermore, there is a growing population of people experiencing homelessness with untreated mental health issues. The 2022 Williamson County Community Health Assessment also identified the top health challenge as mental health problems and the top service need as affordable housing.

CROSS-COUNTY STRENGTHS AND PRIORITIES TO INFORM FUTURE STAFFING AND PLANNING

Bluebonnet Trails Community Services (BTCS) recognizes that each county has its own unique strengths and needs. However, the strengths and needs below were identified in at least four counties. These reflect common strengths across the BTCS service area, as well as key needs that should be addressed.
Some of these needs can be directly addressed through BTCS services, while others may be influenced more indirectly. The next BTCS strategic plan will be guided by these shared strengths and needs across the eight-county region, in accordance with the BTCS CSNA and Strategic Planning Process diagram on page 4.

Top Community Strengths

Strengths are indicators of areas performing better than Texas overall or across the eight-county region. They provide insight into the infrastructure and supports available to individuals in the communities served. It is important to examine these strengths both at a broad level across all eight counties and at a more detailed level within each individual county.

Housing Cost Burden – Housing cost burden is defined as spending 30% or more of total household income on housing. All counties in the BTCS service area, except Williamson County, had a significantly lower housing cost burden than the state of Texas. Williamson County's rate was only slightly below the state average, while Fayette County had the lowest housing cost burden among the counties.

Housing affordability affects many health outcomes and is closely linked to mental health. Research shows that long-term exposure to housing affordability challenges is associated with poorer mental health outcomes, even if those challenges are not recent.[xiii] Given this connection, it is important to continue monitoring housing costs and their potential impact on mental health. BTCS will track and review housing cost trends annually across all counties to monitor changes over time.

Food Access – The Food Environment Index measures both access to healthy foods and income, with scores ranging from 1 (lowest) to 10 (highest). Food insecurity is defined as limited or uncertain access to enough nutritious food due to economic or social conditions.

All eight counties in the BTCS service area scored higher on the Food Environment Index than the state of Texas. In addition, food insecurity rates across all age groups were lower than the state average in Bastrop, Burnet, Fayette, Guadalupe, Lee, and Williamson counties.

Food insecurity is a key social determinant of health and is strongly linked to mental health outcomes. A national study of 2,714 low-income individuals found that food insecurity was associated with a 257% higher risk of anxiety and a 253% higher risk of depression.[xiv] Given this connection, the region's relative strength in food access plays an important role in supporting and promoting positive mental health outcomes.

Serving the Black and African American Community – Across all counties, an average of 6.7% of residents identify as Black or African American. In comparison, individuals identifying as Black or African American represent 11.0% of those served by BTCS.

This difference highlights disparities in the prevalence of mental health and substance use conditions within this community. To better understand and respond to these needs, BTCS uses both primary and secondary data to identify specific challenges faced by this population. This approach helps ensure services are culturally responsive and tailored to meet the unique needs of Black and African American individuals.

Top Health Priorities

Aging Population – All counties, except Williamson County, had a higher percentage of individuals aged 65 and older compared to the state of Texas. Burnet, Fayette, and Lee counties had the highest proportions of residents in the 65 and older age group when compared to other age categories within those counties.

Across the eight-county region, an average of 17.5% of the population was aged 65 and older, while only 6.8% of individuals served by BTCS fell within this age group.

Looking ahead, the aging of the Baby Boomer generation is expected to significantly increase the older adult population in Texas. By 2030, the number of individuals aged 65 and older is projected to reach 5.9 million, representing 19.4% of the state's total population. At that point, nearly one in five Texans will be over the age of 64.[xv]

Analysis of the U.S. Census Bureau Household Survey released in 2023 found that 20.1% of adults aged 65 and older reported symptoms of anxiety and depression.[xvi] In Texas, 15.7% of adults in this age group reported being diagnosed with a depressive disorder in 2021, including depression, major depression, minor depression or dysthymia.[xvii]

Older adults are also disproportionately affected by chronic health conditions such as diabetes, arthritis, and heart disease. Nearly 95% have at least one chronic condition, and almost 80% have two or more.[xviii] Despite these needs, older adults are less likely to seek mental health treatment compared to younger populations. Barriers often include limited access to transportation and living arrangements that often depend on others, such as residing with family members, in nursing homes, or in assisted living facilities.[xix]

Substance use combined with chronic health conditions can further increase health risks for older adults. According to the National Survey on Drug Use and Health (2019), an estimated 11% of older adults with a mental illness in the past year also experienced a substance use disorder.[xx] In addition, fatal overdoses among adults aged 65 and older have increased significantly, rising from 1,060 deaths (3 per 100,000) in 2002 to 6,702 deaths (12 per 100,000) in 2021.[xxi]

Older adults in the eight-county region also experienced the highest rates of disability. On average, 28.3% of individuals aged 65 and older reported having a disability, increasing to 49.8% among those aged 75 and older. Among the different types of disabilities, difficulties with mobility (ambulatory) and vision were the most common for individuals aged 65 and older.

Youth Needs – Bastrop, Caldwell, Gonzales, Guadalupe, and Williamson counties had the highest percentages of individuals aged 5 to 19 compared to other age groups. Mental health and substance use challenges during this stage of life can significantly affect development and overall well-being. These challenges may also impact a young person's ability to lead a healthy and fulfilling life.

Research shows that 50% of all lifetime mental health conditions begin by age 14, and 75% begin by age 24.[xxii]

In the United States, mental health-related emergency department visits increased 24% among children aged 5 to 11 years and 31% among those aged 12 to 17 years between mid-March and October 2020 compared to the same time period in 2019.[xxiii] In 2021, across the eight counties served by BTCS, 7,012 adolescents were identified as having a serious emotional disturbance, with an associated cost of $1,543,072.[xxiv] The average rate of depression among individuals aged 18 or younger across the eight counties was 22.4%, which is higher than the Texas rate of 18.6%. Among BTCS clients, youth aged 16 to 20 had a higher rate of crisis assessments (20.2%) compared to all other age groups combined (13.9%).

Additionally, youth aged 16 to 20 served by BTCS reported higher rates on the Columbia Suicide Severity Rating Scale (C-SSRS), indicating greater incidence of suicidal thoughts and suicide attempts within the past three months compared to all age groups combined.

Cultural Responsiveness – Language barriers can make it more difficult for individuals to access behavioral health services, especially during times of stress. Providing services in a person's preferred spoken and written language can improve communication and strengthen trust between clinicians and those receiving care.

Across all eight counties, a higher percentage of residents reported speaking a language other than English compared to the percentage of individuals served by BTCS who reported the same. This gap highlights an opportunity for BTCS to expand culturally and linguistically responsive services to better meet community needs.

Economic Standing – While all counties in the BTCS service area had a lower percentage of individuals living below the poverty line compared to Texas overall, five counties reported a lower mean household income than the state average. In all counties except Williamson County, the largest proportion of households fell within the $50,000 to $99,999 income range.

According to the National Survey of Drug Use and Health (NSDUH), an estimated 9.8 million adults aged 18 or older in the U.S. had a serious mental illness (SMI), including 2.5 million adults living below the poverty line.[xxv] Poverty may intensify the experience of mental illness. Poverty may also increase the likelihood of the onset of mental illness. At the same time, experiencing mental illness may also increase the chances of living below the poverty line. Due to this relationship between poverty and poor mental health outcomes it is important to understand the impact income and poverty on individuals served by BTCS.

Among individuals served by BTCS, the largest proportion reported a household income of $25,000 or less, with a mean household income of $18,539.60 across the eight-county region. Income is a key social determinant of health (SDOH), influencing an individual or families' ability to afford housing, healthcare, and other basic needs. To better address these factors, BTCS plans to implement the American Academy of Family Physicians standardized SDOH screening tool in FY2024.

Provider and Workforce Shortages – As of 2022, County Health Rankings indicate that all counties in the BTCS service area, except Williamson County, fall below the Texas ratio of population to mental health providers and are designated as mental health shortage areas. This shortage is not expected to improve in the near term. The median age of many behavioral health professionals ranges from 47 to 59, meaning a large portion of the workforce is approaching retirement.[xxvi] In addition, the number of new graduates entering the field is not expected to meet growing demand for behavioral health services.

Access to integrated care is also a concern. All counties in the BTCS service area, except Williamson County, have fewer primary care providers per capita compared to the Texas average. Four of the counties are classified as

rural, which further limits access to care. Data from the Texas Department of State Health Services (DSHS) show that non-metropolitan counties had 36.7% fewer primary care physicians per capita than metropolitan counties in 2021.[xxvii]

To understand the magnitude of staff shortages, BTCS conducted an analysis of staff turnover for FY2022. Findings indicated that turnover was highest among bachelor's-level mental health professionals, followed by licensed professional counselors, marriage and family therapists, licensed clinical social workers, and, finally, licensed vocational nurses and registered nurses.

To improve access to behavioral health and primary care providers, BTCS completed a biannual staff compensation comparison with other community mental health centers and initiated monthly staff retention activities in FY2023. In FY2024, BTCS will implement a 5% cost-of-living increase. Additionally, the FY2024–2026 strategic plan will incorporate targeted recruitment strategies to attract new mental health professionals, as well as retention initiatives designed to support new staff and recognize the continued service excellence of existing employees.

A staffing plan was developed based on the findings of this CSNA and is included as **Appendix E.**

Appendix A:
Secondary Data Indicator Definitions

Data was collected and analyzed for the 8 counties, as well as for Texas. Indicator definitions provided in the table below.

Indicator	Indicator Definition
Below Poverty Levels	Defined as the use of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty.
Binge Drinking	When a female has had four or more drinks of alcohol in a row, a male has had five drinks of alcohol in a row, within a couple of hours, on at least 1 day during the past 30 days.
Columbia-Suicide Severity Rating Scale (C-SSRS)	An assessment tool that evaluates suicidal ideation and behavior.
Economically Disadvantaged Students	Students that are eligible for free or reduced-price lunch or other public assistance.
Educational Attainment	People 25 years old and over classified according to the highest degree or the highest level of school completed.
Food Environment Index	A measure that accounts for both proximity to healthy foods and income. This index ranges from 1 (worst) to 10 (best).
Food Insecurity	A household-level economic and social condition of limited or uncertain access to adequate food.
Heavy Alcohol Consumption	Defined as at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days.
Household Income	This includes the income of the householder and all other individuals 15 years old and over in the household during the past 12 months, whether they are related to the householder or not.
Housing Cost Burden	Households where housing costs are 30% or more of total household income.
Individuals with Disabilities	Serious difficulty with four basic areas of functioning – hearing, vision, cognition, and ambulation. This captures six aspects of disability: (hearing, vision, cognitive, ambulatory, self-care, and independent living); which can be used together to create an overall disability measure, or independently to identify populations with specific disability types.
Juvenile Arrests	The number of delinquency court cases per 1,000 juveniles in a county.

Juvenile Dispositions	Juvenile Disposition of a case may result from action taken by the juvenile department, the juvenile prosecutor, or the juvenile court.
Language Spoken at Home	The language currently used by respondents at home, either "English only" or a non-English language which is used in addition to English or in place of English. "Other Languages" for county data encompass Arabic, Hebrew, African or Afro-Asiatic and all other unspecified languages.
Limited English Proficiency (LEP)	Population 5 years or older who self-identify as speaking English less than "very well."
Patient Health Questionnaire	A multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression.
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).
Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).
Poor Physical Health Days	Average number of physically unhealthy days reported in the past 30 days (age-adjusted).
Population percent change estimate (2020-2021)	The difference between the total population estimate of an area from 2020 to 2021, expressed as a percentage of the beginning population.
Severe Housing Problems	The percentage of households with one or more of the following problems: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) one or more occupants per room, 4) monthly owner costs as a percentage of household income is greater than 30%, and 5) gross rent as a percentage of household income is greater than 30%.
Tobacco Use	The percentage of adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.
Veterans	A "civilian veteran" is a person 18 years old or over who has served (even for a short time), but is not now serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II.
Years of Potential Life Lost (YPLL)	Years of potential life lost before age 75 per 100,000 population (age-adjusted). Used as a measure of the rate and distribution of premature mortality.
Youths Not in School and Not Working	Youth ages 16-19 who are not currently enrolled in school and who are not employed.

Appendix B:
Client Satisfaction Survey

Client Satisfaction Survey

Thank you for choosing Bluebonnet Trails as your health care provider! We value your feedback on what we're doing well and where we need to improve. This survey is short and will take just a few minutes to complete.
Bluebonnet Trails Community Services does not monitor this survey 24/7. If you are experiencing a crisis, please contact our Crisis Hotline at 1-800-841-1255. If you may have any questions about services or appointments, please call our Appointment Line at 844-309-6385. * Required

1. Please choose the option that best describes you. *

- ◯ This is my first appointment with Bluebonnet Trails
- ◯ I have been to an appointment with Bluebonnet Trails before
- ◯ This is my final appointment with Bluebonnet Trails
- ◯ I have exited services with Bluebonnet Trails

2. Where did you go for your most recent service with Bluebonnet Trails? *

3. Which school district? *

4. How did your appointment take place? *

- ◯ Video Conference
- ◯ Phone Call
- ◯ Face to Face

5. How did your appointment take place?*

- ◯ Video Conference
- ◯ Phone Call
- ◯ A Bluebonnet Trails staff member came to my school

6. Which services did you receive at your most recent visit in the school?Please select all that apply*

- [ ] Counseling session
- [ ] Crisis
- [ ] Case management
- [ ] Visit with Doctor, Nurse Practitioner, or Nurse

7. What was the *main reason* for your most recent visit? *

- ○ Autism services
- ○ Adult: Meet with Mental Health Worker
- ○ Child and Youth: Meet with Mental Health Worker
- ○ Crisis Respite
- ○ Detox/Medication Assisted Treatment
- ○ Doctor, Nurse Practitioner, or Nurse appointment
- ○ Early Childhood Intervention (ECI) services
- ○ Extended Observation Unit (EOU) services
- ○ Family Partner/Peer Support/Groups
- ○ Help with employment
- ○ Help with housing
- ○ Intake appointment
- ○ Intellectual & Developmental Disabilities (IDD) services
- ○ Outreach, Screening, Assessment, & Referral (OSAR) for substance use treatment
- ○ Substance Use Disorder (SUD) treatment
- ○ Veteran services
- ○ Youth Empowerment Services (YES) Waiver
- ○ _____

8. I am satisfied with the length of time between requesting an appointment and the actual date of the appointment. *

- ◯ Very Satisfied
- ◯ Somewhat satisfied
- ◯ Somewhat dissatisfied
- ◯ Very dissatisfied

9. The amount of time I had to wait between my scheduled appointment and the time my provider started my appointment was: *

- ◯ (Not applicable)
- ◯ Less than five minutes
- ◯ 5-15 minutes
- ◯ 15-30 minutes
- ◯ More than 30 minutes

Quality of Care

Our goal is 100% customer satisfaction. Tell us how we did!

10. Overall, how satisfied are you with Bluebonnet Trails? *

- ◯ Very satisfied
- ◯ Somewhat satisfied
- ◯ Somewhat dissatisfied
- ◯ Very dissatisfied

11. Please rate your satisfaction with each of the following statements: *

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
I felt safe at Bluebonnet Trails.	◯	◯	◯	◯
I was treated with respect.	◯	◯	◯	◯
My care was designed around me, my needs, and my preferences	◯	◯	◯	◯

One last thing...

12. Please share any additional comments, compliments, complaints, or questions. Your honest feedback is really important to us!

Appendix C:
Community Partner Survey

Community Partner Survey

* Required

1. Referrals: *

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
When I have referred someone to this organization, I believe that they were given an appointment within a reasonable time.	◯	◯	◯	◯	◯

2. Communication: *

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
When I last telephoned, the call was answered in a courteous manner	◯	◯	◯	◯	◯
My calls to staff are returned promptly	◯	◯	◯	◯	◯
Staff are responsive to my inquiries or concerns	◯	◯	◯	◯	◯
Staff provide timely feedback regarding disposition of referrals or service contacts	◯	◯	◯	◯	◯
If an appropriate Release of Information was signed by the client, I receive a report regarding assessment and treatment recommendations	◯	◯	◯	◯	◯
After-hours calls are answered promptly	◯	◯	◯	◯	◯

3. Services *

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
Services received from the staff of this organization meet the needs of individuals being served.	◯	◯	◯	◯	◯

Staff help individuals that I have referred obtain the right kind of service for their problem(s)	◯	◯	◯	◯	◯
Staff have been courteous, knowledgeable, and helpful	◯	◯	◯	◯	◯

4. Overall Satisfaction *

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
In general, I have been satisfied with the services provided by this organization	◯	◯	◯	◯	◯

5. Comments:

Optional:

6. Name:

7. Organization:

8. Phone:

9. Email:

10. I would like to receive a follow-up phone call from the organization.
(Name and phone number must be provided above.)

◯ Yes

◯ No

Appendix D:

BTCS Staff Cultural Competency & Diversity Survey

Cultural Competency and Diversity Survey

Cultural competency for an organization is defined as an organization's ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs, and values that reflect an individual's racial, ethnic, religious, and/or social groups or sexual orientation.

* This form will record your name, please fill your name.

1. Today's Date

Format: M/d/yyyy

2. Organizational Environment and Leadership

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
The leadership of this organization reflects the diversity of the communities it serves.	◯	◯	◯	◯	◯
Management demonstrates that diversity is important through measurable actions.	◯	◯	◯	◯	◯
This organization demonstrates commitment to diversity in policy and practice.	◯	◯	◯	◯	◯
This organization respects individuals, acknowledges and values their differences.	◯	◯	◯	◯	◯
Leadership mirrors behavior I consider inclusive.	◯	◯	◯	◯	◯

3. Organization Culture

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
A fair workplace includes people of every race, ethnicity, religion, gender identity and sexual orientation.	◯	◯	◯	◯	◯
Employees who are different from most others are treated fairly at this organization	◯	◯	◯	◯	◯

At this organization, employees appreciate others whose race/ethnicity is different from their own.	◯	◯	◯	◯	◯
I believe diversity and inclusion is important for this organization	◯	◯	◯	◯	◯

4. Hiring and Recruitment

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
There is cultural diversity among the people a job candidate will meet/see on his/her/their first visit to the organization.	◯	◯	◯	◯	◯
The way the organization promotes and communicates job openings is equitable and inclusive.	◯	◯	◯	◯	◯
I feel comfortable in sharing open position announcements within my networks.	◯	◯	◯	◯	◯
I believe a diverse and equitable candidate pool will have the opportunity to be considered for open positions at this organization.	◯	◯	◯	◯	◯
I believe this organization promotes diversity and inclusion in its hiring practices.	◯	◯	◯	◯	◯

5. Career Development

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
Employees of different backgrounds are encouraged to apply for positions in leadership.	◯	◯	◯	◯	◯
There is a career development path for all employees at this organization.	◯	◯	◯	◯	◯

Professional development training opportunities in this organization are provided with equity and inclusion.	◯	◯	◯	◯	◯

6. Your Role

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
My experiences since coming to this organization have led me to become more understanding of racial/ethnic differences.	◯	◯	◯	◯	◯
Since joining this organization, I have gotten to know people with racial/ethnic backgrounds different from my own.	◯	◯	◯	◯	◯

7. Policies & Procedures

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
The organization's policies and procedures discourage discrimination.	◯	◯	◯	◯	◯
I believe the organization will take appropriate action in response to incidents of discrimination.	◯	◯	◯	◯	◯

8. Interaction

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
Employees of different backgrounds integrate well in this organization.	◯	◯	◯	◯	◯
Management of this organization demonstrates a commitment to meeting the needs of employees with differing abilities.	◯	◯	◯	◯	◯
Employees of different ages are valued equally by this organization.	◯	◯	◯	◯	◯

Discriminatory/biased jokes are not tolerated at this organization.	◯	◯	◯	◯	◯
This organization provides an environment for the free and open expression of ideas, opinions, and beliefs.	◯	◯	◯	◯	◯

9. Your Immediate Supervisors

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
My supervisor demonstrates a commitment to, and acceptance of, diversity.	◯	◯	◯	◯	◯
My supervisor recognizes and addresses racism, discrimination and bias.	◯	◯	◯	◯	◯
My supervisor handles issues about discrimination, racism and bias is an appropriate manner.	◯	◯	◯	◯	◯

10. Diversity Training Program

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
Education about diversity will enhance the organization's ability to best meet clients' needs in the community.	◯	◯	◯	◯	◯
This organization has done a good job of providing training programs that promote multicultural understanding.	◯	◯	◯	◯	◯
It is important that this agency continue providing equity and inclusion training on an ongoing basis.	◯	◯	◯	◯	◯
I feel confident that discrimination and bias will be appropriately addressed by this organization's leadership.	◯	◯	◯	◯	◯

11. I suggest the following for the organization's diversity training this year

12. Other Comments

Appendix E:

Staffing Plan

Staffing Plan: Fiscal Year 2023-2025

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Chief Executive Officer	12/12/2022 Date
Chief Human Resources Officer	12/12/2022 Date

Description

Bluebonnet Trails Community Services (BTCS) provides person-centered, trauma-informed, culturally responsive, and recovery-oriented care using a staffing model informed by the Community Needs and Strengths Assessment (CSNA) process and agency-wide strategic plan.

Purpose

The purpose of this procedure is to establish guidelines to support a staffing model that is appropriate in size and composition for the needs of the population and communities BTCS serves.

Procedure

I. Clinical Staffing

A. Bluebonnet Trails Community Services utilizes licensed and trained professionals in the following disciplines, as well as formal agreements with individuals and collaborating organizations to ensure adequate staffing for the population served:
   1. Psychiatrists
   2. Advanced Psychiatric and Family Nurse Practitioners (APNP & FNP)
   3. Physician Assistants (PA)
   4. Nurses (Registered Nurse RN and Licensed Vocational Nurse LVN)
   5. Medical technicians
   6. Certified Medical Assistants (CMA)
   7. Social Workers (Licensed Clinical Social Worker - LCSW, Licensed Master of Social Work - LMSW, Licensed Baccalaureate Social Worker - LBSW)
   8. Licensed Professional Counselors (LPC)
   9. Licensed Marriage and Family Therapists (LMFT)
   10. Qualified Mental Health Professional – Community Services (QMHP-CS)
   11. Care Coordinators
   12. Certified Peer Specialists
   13. Recovery Coaches
   14. Certified Family Partners
   15. Licensed Chemical Dependency Counselors (LCDC)
   16. Veteran Services Coordinators
   17. Veteran Counselors

B. Staffing needs are evaluated using a Clinical Staffing Model Calculator (**Attachment 1**) as well as an assessment of needs, stage of change and wraparound services using a team approach. Feedback is gathered through the following:
   1. Manager and leadership meetings;
   2. Individual and group supervision;
   3. Executive leadership meetings;
   4. New Employee Orientation and position onboarding;
   5. Strategic and sustainability planning meetings;
   6. Productivity meetings; and
   7. Regional Planning and Network Advisory Committee (RPNAC) meetings.

C. To provide services as outlined on individualized Person-and Family-Centered Recovery Plans, and to fully support all state contract, grant, CCBHC, Managed Care and BTCS-driven quality outcome measures, the following clinical staffing model and ratios are preferred:

Routine Care	Intensive Care
1 Care Coordinator / 250 people	1 Care Coordinator / 125 people
1 Skills Trainer / 200 people	1 Intensive Case Manager / 25 people
1 Counselor / 400 people	1 Counselor / 400 people
1 Prescriber / 400-500 people	1 Prescriber / 400-500 people
1 RN / 1000 people	1 RN / 1000 people
1 MA or LVN / 500 people	1 MA or LVN / 500 people

D. When a caseload exceeds the preferred ratio as indicated on the Clinical Staffing Model Calculator, the program manager will review and discuss this with the program director. If the director determines that additional staff are needed, the director will present a proposal to the Executive Leadership Team (ELT) member responsible for oversight of the program. Upon review, the ELT member may suggest strategies for meeting the need or may propose the addition of a new position to the Chief Executive Officer, Chief Human Resources Officer, and Chief Financial Officer through internal communications with supporting documents. All new positions must be approved by the Chief Executive Officer.

II. Management Staffing

A. Management staffing costs will remain under the administrative overhead or "indirect cost" target of less than or equal to the rate reported by the annual independent financial audit accepted by the Board of Trustees. The status of this strategic goal is reported to the Board of Trustees at each board meeting.
B. The ideal ratio target for managers to direct reports is no more than 1:8.
C. The latest version of the BTCS Organizational Chart is posted to the agency intranet site and details the management team structure.
D. When BTCS expands programming based on the CSNA process, including feedback received from staff and persons in services, BTCS will add management positions to support these programs, as approved by the Chief Executive Officer.
E. When a manager's direct reports exceed the preferred ratio, the manager will review and discuss this with the program's director. If the director determines that additional staff are needed, the director will present a proposal to the Executive Leadership Team (ELT) member responsible for oversight of the program. Upon review, the ELT member may suggest strategies for meeting the need or may propose the addition of a new position to the Chief Executive Officer, Chief Human Resources Officer, and Chief Financial Officer through internal communications with supporting documents. All new positions must be approved by the Chief Executive Officer.

III. Strategies to Address Workforce Shortages

A. Mental Health Provider Ratios
   1. According to 2020 census data obtained during the most recent BTCS CSNA, the ratio of mental health providers in Texas is 830 to 1. This is significantly better than 7 of 8 counties BTCS serves:

County	Mental Health Provider Ratio
Bastrop	1,740:1
Burnet	1,550:1
Caldwell	1,280:1

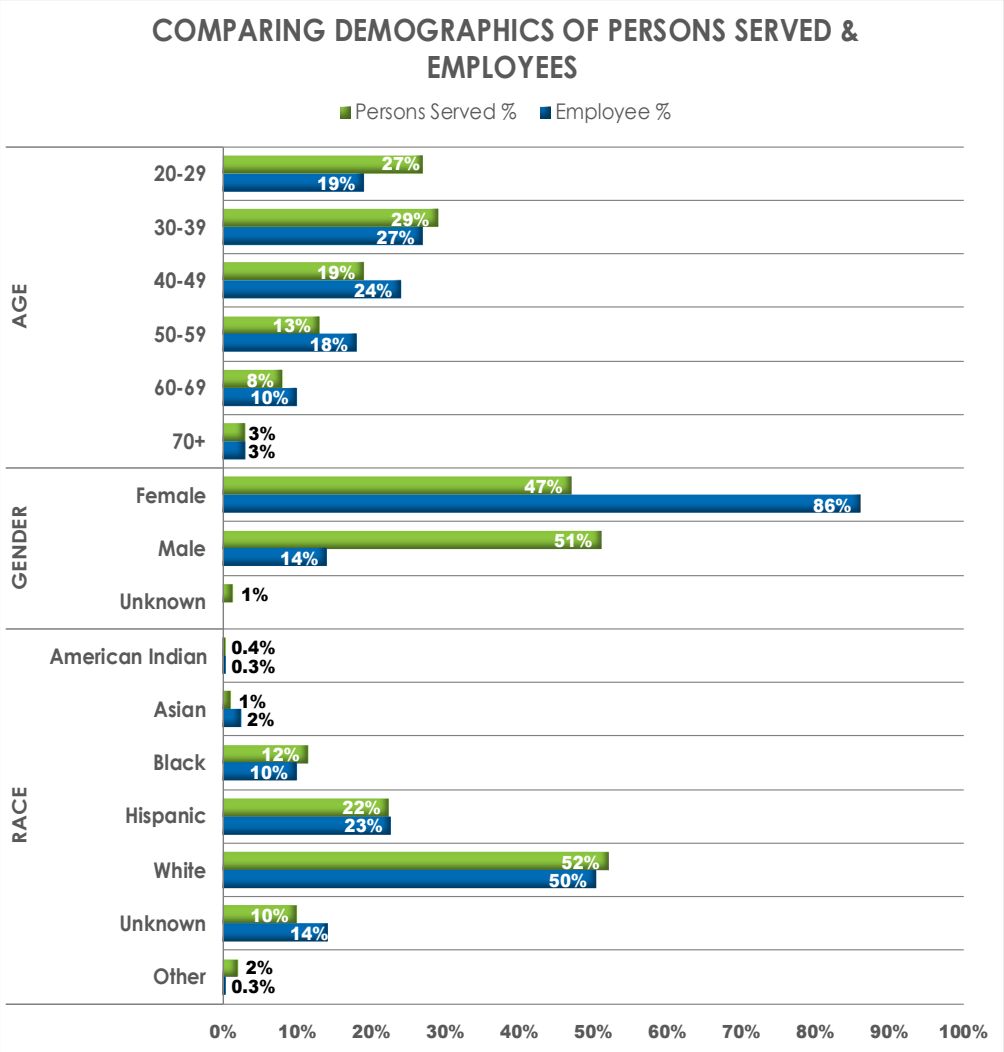
Fayette	3,620:1
Gonzales	2,980:1
Guadalupe	3,340:1
Lee	1,570:1
Williamson	830:1

B. Recruitment and Retention Strategies
   1. Given the shortage of mental health providers in our service area, BTCS implemented the following recruitment strategies in Fiscal Year 2022 in response to the CSNA:
      a. Expanded use of online job listing platforms to include sponsoring positions on LinkedIn and Facebook for greater visibility
      b. Utilization of the Indeed.com Easy Apply feature
      c. Hosting onsite Career Fairs with news media coverage
      d. Increasing partnerships with local universities to expand internship opportunities. BTCS now serves as an internship placement site for over 20 colleges and universities in Arizona, Colorado, Kentucky, Missouri, Nevada, Tennessee, Texas, and online through formal affiliation agreements. BTCS also continues to participate in a Nursing Pipeline Partnership with Texas A&M School of Nursing
      e. Creating a "Why Join Our Team" widget on an improved BTCS website Career Page to highlight benefits and job perks
      f. Increasing monetary awards for an existing Employee Referral Program
      g. Advertising public loan forgiveness programs
      h. Including links to contracting partners on our Career Page to boost visibility of open direct service positions
      i. Improving the readability of job postings
      j. Expanded use of televideo and remote work opportunities
   2. BTCS implemented the following retention strategies in Fiscal Year 2022 in response to employee turnover rates and feedback received through CSNA staff surveys and the Staff Suggestion Box:
      a. A 3% cost of living salary increase for all positions
      b. Implementation of a Career Ladder for positions paid under $23.00/hour to include tenure differentials and specialty differentials for difficult to fill positions
      c. Expanded pay differentials
      d. Expanded tuition reimbursement procedure to include licensure fee reimbursement
      e. Increased flexibility with remote working opportunities and work hours
      f. Increased use of temporary stipends for additional duties due to vacancies
      g. Impromptu staff appreciation activities
   3. BTCS continues to carry out the following retention strategies:
      a. Salary and benefit surveys comparing BTCS position salaries with local competitors leading to an increase in specific position salaries when appropriate
      b. Free internal, or reimbursement for external clinical supervision towards advanced licensure
      c. Professional development opportunities
      d. Stipends for providing internship supervision and/or advanced clinical supervision

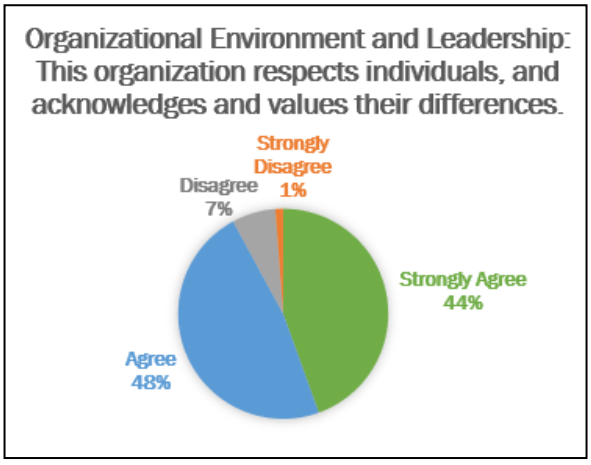
e. An annual paid floating day off for Staff Appreciation and one floating holiday to use at each staff member's discretion to support diversity, in addition to 11 holidays
f. Monetary staff awards twice a year (December and August)
g. BTCS-branded t-shirts delivered to staff at least once per year
h. Five-dollar premiums each pay period for employee health insurance coverage and 50% contribution to employee and family health insurance coverage
i. BTCS-sponsored life insurance coverage for employees
j. A 7% match to employee contributions through a 401A Plan
k. Consideration of new strategies on an annual basis, or more frequently as needed

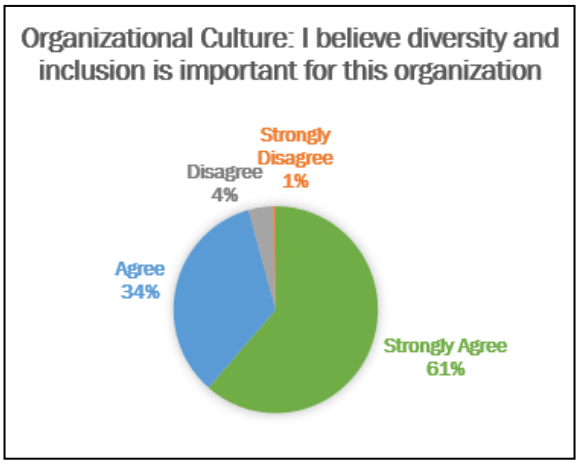
IV. Strategies to Ensure the BTCS Workforce is Representative of Persons Served

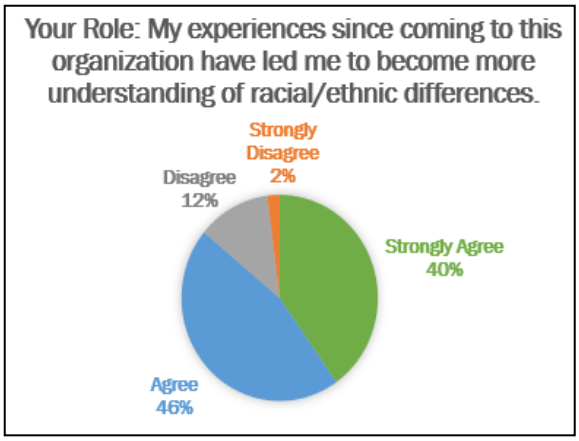
A. To ensure the BTCS workforce is representative of the persons BTCS serves, the Chief Human Resources Officer includes demographic comparison data in each report to the Board of Trustees to include combined demographic data for persons served in Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe and Williamson Counties across all programs, and agency-wide employee demographic data.
B. The latest report from October 2022 reflects the following:
    a. The age of persons in services is appropriately represented by working-age employees, with the greatest percentage gap for ages 20-29 which is time when many professionals are pursuing undergraduate and graduate school education.
    b. Females make up the majority of the workforce, which is not representative of individuals in services; however, several factors contribute to this, including a greater volume of female applicants than male applicants for BTCS positions.
    c. Identified race among staff and individuals in services is very similar and is within 2 percentage points for each race measured, except for the "unknown" category at a 4-point difference.
    d. A bar graph is included below for more details:



C. BTCS conducts a Cultural Competency and Diversity Survey as part of the CSNA process on an annual basis to obtain feedback from staff. The results from the November 2022 survey are as follows:







D. This demographic and survey information is considered in the development of:
   a. The BTCS Community Needs and Strengths Assessment
   b. New programs, services and initiatives as identified within the BTCS Strategic Plan
   c. Disparity Impact Statements and Care Coordination Efforts
   d. Grant Applications
   e. Trauma-Informed & Diversity Education (TIDE) Workgroup Webinars
   f. Training, and
   g. The BTCS Cultural Competency Plan

Appendix F:
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