



# Mental Health Providers Serving Texas Hill Country

*A Landscape Assessment*

Create Healthy Mental Health Summit / **Summer 2025**

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## FINDINGS

**While school personnel and law enforcement have long dealt with mental health issues, both groups emphasize that more resources and community-based providers are needed.**

### The Frontline of Care

**School personnel and law enforcement are frequently the first to see or respond to mental health or substance use needs of residents in Create Healthy communities (referred to as the ‘Study Area’).** Because of their frequent and ongoing contact with students, school personnel are in a good position to notice changes in student behavior, mood, or academic performance that could indicate a mental health issue. Law enforcement is often engaged when individuals are in crisis and pose a risk to themselves or others. While dealing with mental health issues is not new for schools or law enforcement, becoming more proactive to address mental health needs has become more of a priority over the past twenty-five years as cases of school violence and bullying have become more frequent and extreme, and the negative impacts of social media and COVID are resulting in increases in anxiety, depression, violence, and suicide.

**Within the Study area, there is a growing concern about the rising mental health issues being experienced by youth.** Surveys completed by staff at Mason and Fredericksburg High Schools report that in the 2023 – 2024 academic year, between 6% and 7% of high school students exhibited warning signs of mental health issues and between 2% - 4% of high school students had been disciplined for a substance use issue. The Fredericksburg Police Department (PD) reports that students vaping THC is becoming a serious issue, bringing police to campus a couple of times a week, especially given the high concentration of THC that is in each pen. Perhaps more alarmingly, between 3% - 4% of high school students had been identified as being at risk for suicide.

**TABLE 1**  
**Incidence of Mental Health Among High School Students in the Study Area**

	Fredericksburg ISD High School		Mason ISD High School	
	‘23 Enrollment: 1,024	%	‘23 Enrollment: 210	%
Students with Warning Signs	68	7	10-12	6
Students Disciplined for Substance Use	39	4	3-4	2
Students Who Received Some MH Services	116	11	45	21
Students Identified as at Risk for Suicide	44	4	5-6	3

“Students are struggling with issues—either inside or outside of school—and turning to destructive coping mechanisms, such as self-harm and substance use.”

—FISD Staff

Leadership of the Fredericksburg and Mason ISD high schools have done some work to address students’ mental health needs. Teachers and administrative staff have received training on Mental Health First Aid and how to recognize the warning signs of suicide. Additionally, the schools have designated specific staff—including the school counselor, nurse, and school officer—to handle student issues. However, school staff report that more resources and support are needed to meet the increasing, and more severe needs.

Similarly, officers with the Fredericksburg Police Department (PD) are well-equipped to handle situations involving mental illness and/or substance use distress, having received mental health and crisis intervention training. That training is needed as the Fredericksburg PD encounters about 500 drug- and alcohol-related incidents each year. Due to the many popular attractions in the region, more than 50% of these cases are from adult non-residents. The volume of incidents, together with limited mental health and substance use resources in the area, places significant strain on officers and stretches the capacity of the police department.

**Both school districts and law enforcement are critical players in addressing the mental health and substance use needs of residents in the Create Healthy community. While both groups have established strong partnerships with some local mental health providers, they report that more resources and more community-based behavioral health providers are needed.**

## Who is Providing Care and the Services they Offer

To increase awareness of behavioral health providers in the Study Area and clarity about the nature of services they offer, agencies that participated in the study were grouped into one of three groups; those offering **Referral and Education services**, those offering **Primarily Mental Health services**, and those offering **Primarily Substance Use treatment**. The following sections provide information about the agencies operating in each category of service and the nature of the services they offer.

**Referral and Education services are essential entry points into the behavioral health system and can play an important role in reducing barriers to accessing care.**

### Referral and Education Services

Seven (7) organizations in the Study Area provide mental health referral and education services. Four (4) providers participated in the study, providing detailed information about their services. Information for the remaining three was collected through a website review.

**FIGURE 1**  
Referral and Education  
Providers Operating in  
the Study Area

**Caritas Family Assistance Network**

**Community Resource Centers of Texas**

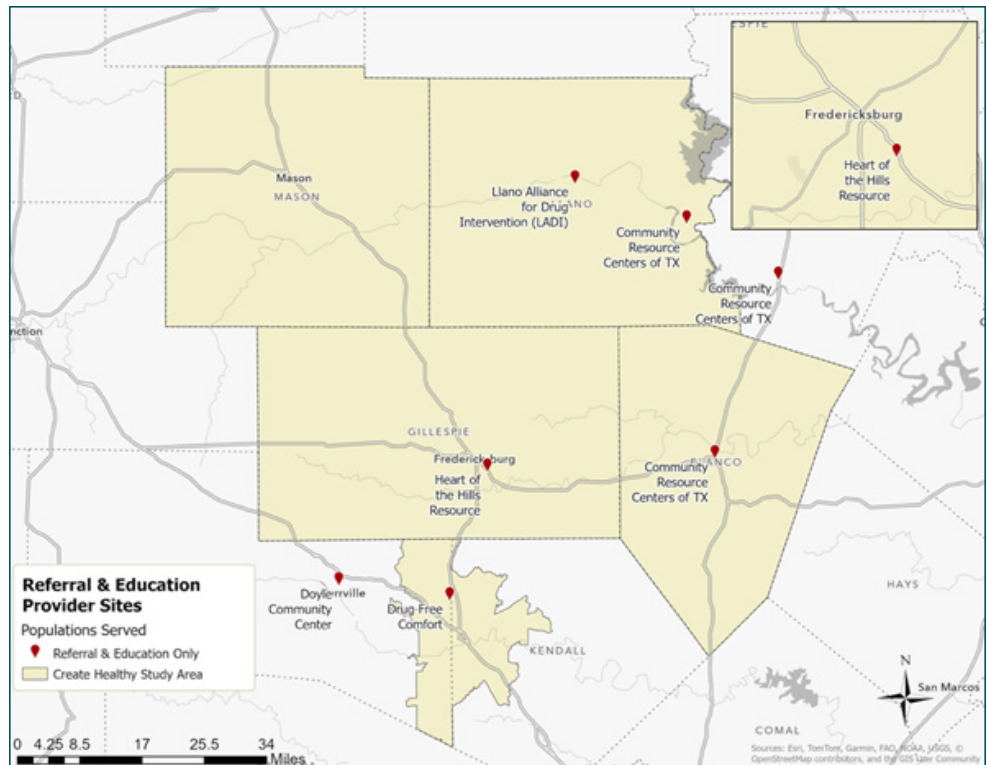
**Morning Hope Ministries**

**NAMI Greater Fredericksburg**

**Drug Free Comfort**

**Heart of the Hills Resource**

**Llano Alliance for Drug Intervention**



**Community Resource Centers of Texas (CRC)** is the largest provider among referral and education agencies that serve a general population. CRC is a non-profit organization that works with behavioral health providers to connect their clients to needed community resources and provides valuable space for behavioral health providers to deliver services locally. CRC has two locations inside the study area and one just outside in Burnet County.

Four agencies—including **Morning Hope Ministries, Caritas Family Assistance Network, NAMI of Greater Fredericksburg, and Drug Free Comfort**—focus on serving youth and/or their families in schools. Generally, these agencies do not have a physical location but instead work with or in schools to provide education and referrals to the services they need. Notably, three of these providers are relatively new, perhaps in recognition of the growing need for mental health services in the area, and specifically among youth.

**Heart of the Hills Resource Center** serves women with unplanned pregnancies and the **Llano Alliance for Drug Intervention** is a volunteer driven organization that assists people affected by substance use with education and awareness programming.

In addition to providing referrals to mental health and other needed community services, all these organizations offer educational programming of some sort. However, none utilizes a set curriculum, and so the content of their programming is unknown and any gaps in educational programming cannot be identified.

**Mental health providers play a central role in the behavioral health continuum of care, and are a critical link between early education and treatment or crisis care.**

**FIGURE 2**  
**Mental Health Providers Operating in the Study Area**

**SERVING A GENERAL POPULATION**

**Health Center Offering Counseling**  
Frontera Healthcare Network, Good Samaritan

**Hospital Offering Counseling**  
Methodist Hill Country Hospital

**Social Service Provider**  
Hill Country Needs Council

**Private Counseling**  
JH Legacy Counseling, Cynthia Swope, Ron Rickerhouser

**SERVING A SPECIFIC POPULATION**

**Local Mental Health Authority**  
Hill Country MHDD

**Domestic Violence Services**  
Hill Country Crisis Center

**Domestic Violence Shelter**  
The Grace Center of Fredericksburg

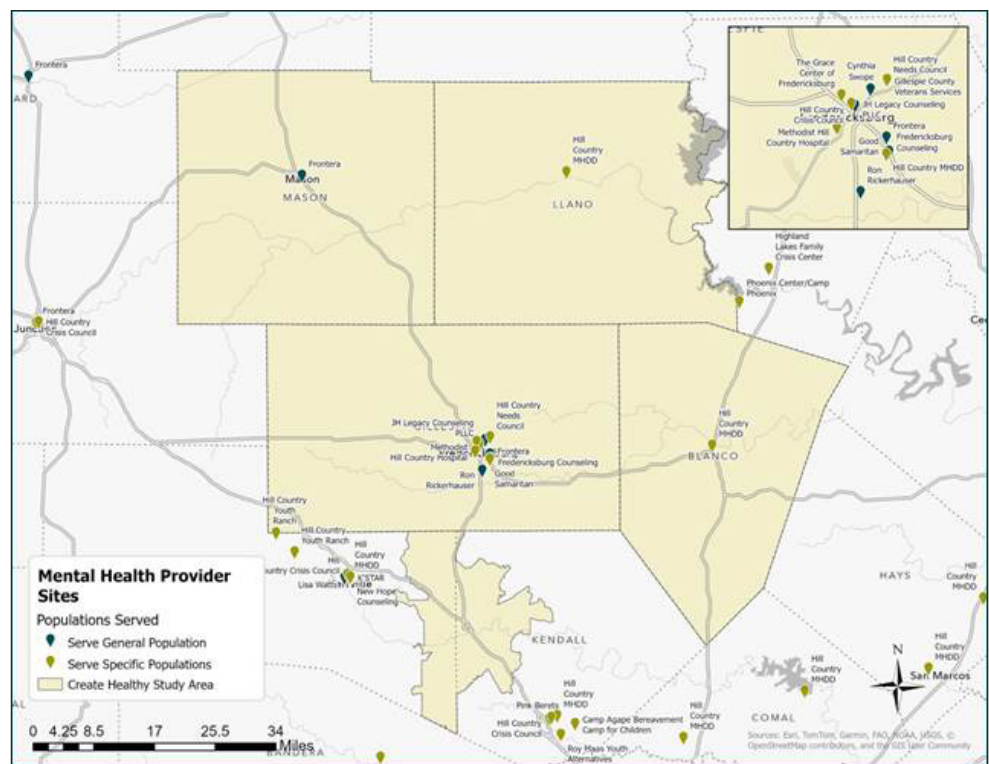
**Foster Care and Adoption**  
SJRC Texas

**Veterans Service Office**  
Gillespie County Veterans Service

While referral and education providers are collecting data about the clients they serve, several providers are just getting established and have low numbers that do not reflect their full capacity and others do not count clients with behavioral health needs separately. As a result, it is unclear how many residents of the Study Area were served by these providers in 2023. Given the size and staffing of most referral and education providers, it is likely that many have limited capacity.

**Mental Health Providers**

Thirteen mental health providers were identified as providing services in the Study Area. Eight (8) participated in the study, while information for the remaining five was collected through website reviews.



Most of these mental health providers serve residents in the Study Area and beyond and have at least one physical location where clients can go to receive care. Several agencies—including the Hill County Mental Health and Developmental Disabilities Centers, Frontera Healthcare Network, and the Hill Country Crisis Council—have more than one location.

The type of mental health providers is diverse, which shapes who they can serve and the depth of mental health services they are able to offer. **Of the 13 mental health providers operating in the Study Area, eight (8) serve a general population, i.e., anyone with a non-persistent mental health need. The other five (5) providers serve specific populations only, which include people with severe and persistent mental health issues, survivors of domestic abuse, youth and families in foster care settings, or veterans.**

## Providers who Serve a General Population

The three healthcare organizations—**Frontera, Good Samaritan, and Methodist Hill Country Hospital**—provide mental health services to their patients who ask for, or are identified as needing, behavioral health services. Generally, these providers provide education, early intervention programming, and outpatient mental health services that includes group and individual therapy, and wraparound supports.

**Hill Country Needs Council** is a prominent social service provider in the Study Area that is available to anyone in need. They offer mental health and substance use education, early intervention programming, mental health counseling, case management, and wraparound services for children, families, and seniors. The Council also hosts an interagency council that brings social services together to network and share resources.

**Fredericksburg Counseling**, a relatively new provider in the area, is a faith-based program that offers mental health education and individual and group counseling. Also, they are one of the few providers that offers education and outpatient services for those undergoing substance use treatment.

Three private, for-profit counselors based in Fredericksburg offer individual and group counseling including **JH Legacy Counseling, Cynthia Swope, and Ron Rickerhauser**. While these counselors are available to a general population, many do not accept insurance due to the administrative burdens related to accepting insurance. As a result, their cost of care might be beyond the means of a low-to-moderate income population.

## Providers who Serve a Specific Population

**Hill Country MHDD** is the state-designated Local Mental Health Authority, serving 19 counties in the Hill Country,<sup>1</sup> and as such provides behavioral health services to individuals who have been assessed with mental illness, regardless of their ability to pay. While Hill Country MHDD tries to serve as many people as they can, their mandate is to serve people experiencing severe and persistent mental illness and so have less capacity to serve people whose needs do not meet the criteria for a serious condition. Given the population that they serve, Hill Country MHDD offers robust services that include mental health and substance use education, group and individual counseling, outpatient and inpatient mental health and substance use clinical care, intensive services, and wraparound supports.

**Hill Country Crisis Council** is a state-designated Children’s Advocacy Center (CAC) and family crisis center that offers shelter, mental health supports, and case management to children and families experiencing domestic abuse.

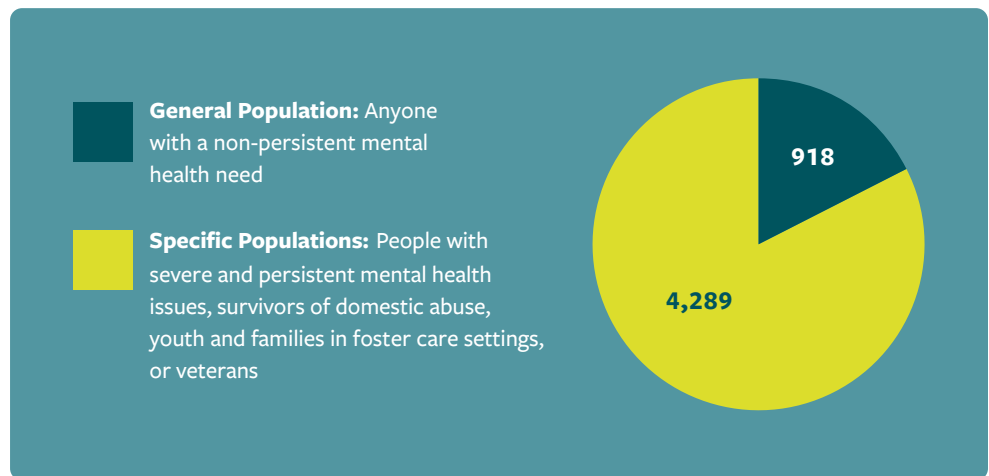
<sup>1</sup> Hill Country MHDD’s geography includes the following counties: Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde, and Val Verde.

**The Grace Center of Fredericksburg** is also a shelter for families fleeing abuse. While they have the capacity to handle crisis intervention, their primary services are case management, social service referral, legal advocacy, community education. They also offer a teen dating violence program.

**SJRC Texas** serves children and families in the foster care system and is the lead provider of Community-Based Care for the Texas Department of Family and Protective Services’ South Central and Hill Country regions. Their services include group education, early intervention programming, outpatient mental health services for people with more serious mental illness that includes counseling and group therapy, and wraparound supports.

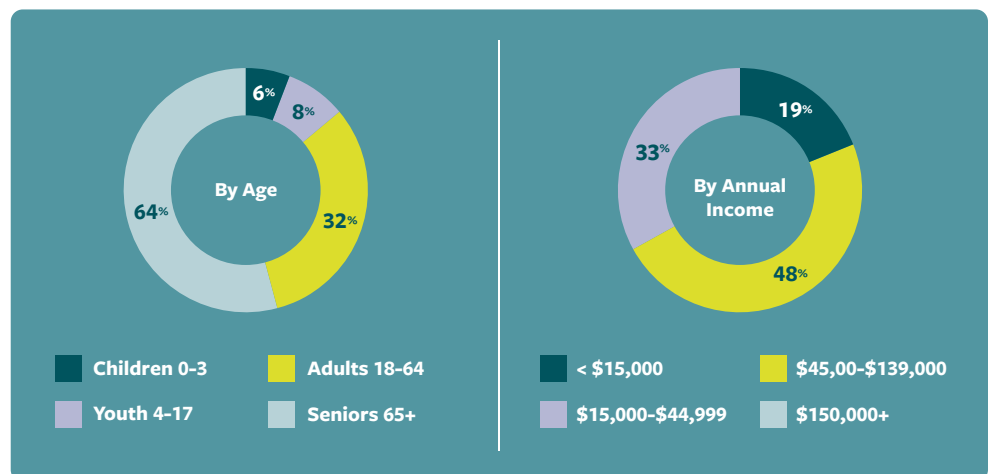
### Clients Served

**FIGURE 3**  
Total Clients Served by Mental Health Providers 2023 by Population



Based on survey results, the eight mental health providers who participated in the study served over 5,200 clients in the Study Area in 2023. Because the larger providers—including Hill Country MHDD and SJRC Texas—are mandated to serve a specific population, the vast majority of these clients served (82%) were special populations.

**FIGURE 4**  
Total Clients Served by Mental Health Providers 2023 by Age and Annual Income



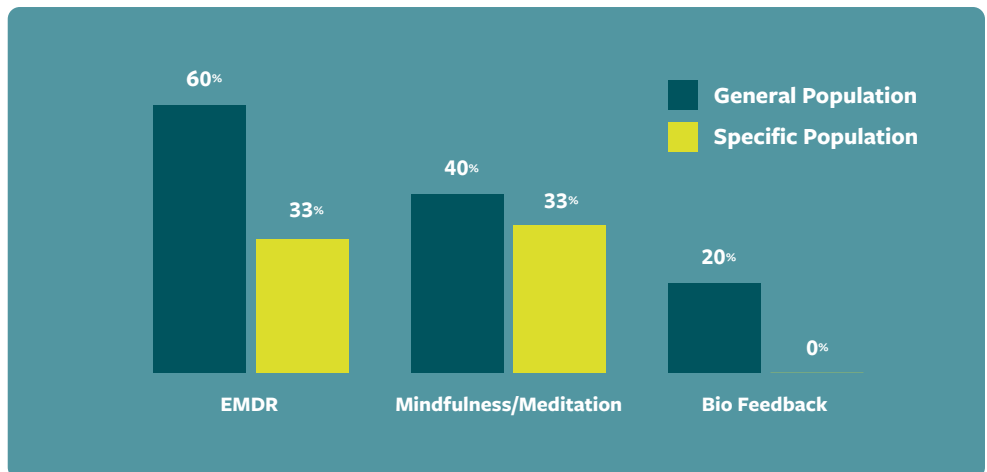
Based on data from providers who were able to report client demographics, the majority of clients receiving mental health services were low-income adults.

**FIGURE 5**  
**Top Diagnoses-Percentage**  
**of Agencies Listing the Top**  
**5 Diagnoses**



**Among all mental health providers, the top diagnoses being addressed include depression, anxiety, and PTSD.** Agencies that serve specific populations also address more severe and complex disorders that include bipolar disorder, opposition defiant disorder, trauma, attachment disorder, schizophrenia or schizoaffective disorder, sexual violence, and substance abuse. **It bears noting that when people delay seeking mental health care, their issues can become more complex and symptoms can worsen, leading to self-harm and declines in performance at school, work, or in relationships.**

**FIGURE 6**  
**Percentage of Mental**  
**Health Agencies that Offer**  
**Innovative, Non-Talk**  
**Therapies**



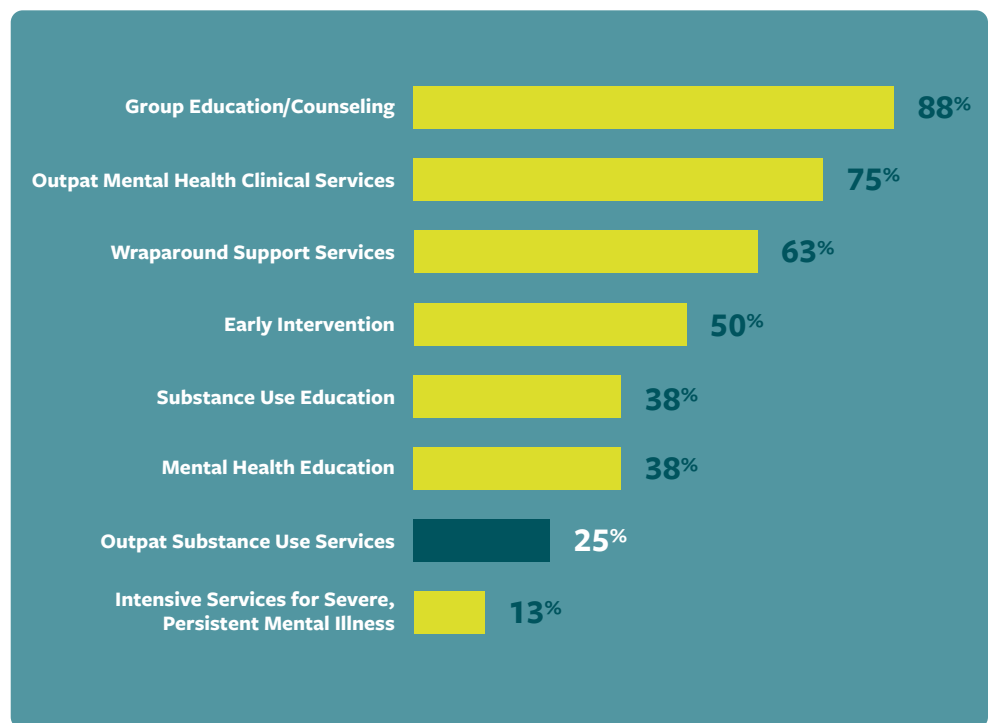
**While most providers that offer counseling utilize Cognitive Behavioral Therapy (CBT) as a key practice, many agencies are incorporating more non-talk therapies into their toolkits. Eye Movement Desensitization and Reprocessing (EMDR), a useful approach for serving clients with trauma, is used by the majority of agencies serving a general population. Mindfulness and meditation are also being incorporated, either as a stand-alone practice or integrated into the overall practice approach used with clients.**

## Substance Use Treatment Providers

**No substance use providers participated in the study, leaving an important gap in understanding about the services that are available to those struggling with substance use in the Study Area.** While a few of the mental health providers included in the study provide some substance use treatment services, their capacity is limited.

To offer some insight to the services that are offered by substance use providers identified to be operating in the broad area, an extensive website review of six substance abuse providers with websites found only two substance use providers operating in the study area.

**FIGURE 7**  
**Percentage of Mental Health Providers that Offer These Services at their Practice**



“When an officer encounters a person in a substance use or mental health crisis, they often have to drive a long way to take them to a crisis center and stay with them until they are released into an appropriate setting. This places a big strain on our officers and reduces the number of officers who can be out on patrol.”

— **Fredericksburg Police Chief**

As indicated in the Table below, nearly all providers conduct screening and assessment, but only one (Hill Country Council on Alcohol and Drug Abuse) offers educational programming, suggesting that substance use education is a gap in the Study Area. Four providers offer outpatient treatment and five offer inpatient residential treatment. Private providers appear to offer more extensive service offerings than others, though it is difficult to know how accessible those private services are to the general population.

**TABLE 2**  
**Services Provided by Substance Use Providers in the Broad Region**

Services	The Fullbrook Center (Private)	Serenity House (Private)	Hill Country Council on Alcohol & Drug Abuse	Retreat Home for Children	Open Door Recovery House (Women Only)	Starlite Recovery Center (Private)
Screening & Assessment	X	X	X	X		X
Substance Use & Mental Health Education			X			
Detox		X		X		X
Medication Assisted Treatment (MAT)				X		
Outpatient Treatment	X		X			X
Inpatient Residential Treatment	X	X	X	X		X
Psychiatry	X					
Individual or Group Counseling	X	X				X
<b>Other Services</b>						
CBT	X					X
12-Step	X				X	X
Equine-Assisted Treatment	X					
Brainspotting Therapy	X					
EMDR	X					
Narrative Therapy	X					
Faith Based Therapy					X	

## Assessment of Providers

To illustrate the services and capacities of each provider, providers who participated in the study were placed into a revised version of the SAMHSA Four Quadrant Clinical Integration Model. This adaption reflects where agencies fall along two continuums of care: mental health and substance use. In regard to mental health (x-axis), agencies on the left side of the continuum have an emphasis on education and early intervention, where agencies on the right side have capacity to provide counseling or treatment to more severe/persistently mentally ill clients in an outpatient and/or inpatient setting. Similarly, on the substance use continuum (y-axis), agencies that are in the bottom half of the continuum have an emphasis on education and early intervention. Agencies on the top half of the continuum have the capacity to provide counseling or treatment to clients who are dealing with addiction or experiencing legal or other problems related to substance use.

**TABLE 3**  
**Provider's Placement along**  
**Mental Health & Substance**  
**Use Continuums**

↑ High  Severity—Substance Abuse  ↓ Low	Treatment & Rehabilitative services for <b>addiction</b>				Hill Country MHDD
	Counseling & other intermediate services for <b>abuse</b> that causes legal or other problems				
	Education, <b>prevention</b> , and early intervention			Fredericksburg Counseling Hill Country Needs Council Frontera	
	No direct substance use services	NAMI Fredericksburg Community Resource Centers Morning Hope Ministries	Caritas	Good Samaritan JH Legacy Counseling	SJRC Texas Hill Country Crisis Council
	No direct mental health services	Education, <b>prevention</b> , and early intervention	Counseling & other intermediate services for <b>non-persistent mental health</b> issues	Intensive treatment for <b>severe, persistent</b> mental illness	
		Low	Severity—Mental Health	High	

As might be expected, Referral and Education providers are at the low end of the mental health spectrum, with a primary capacity to connect residents to needed services and provide some education, mainly around mental health. The Caritas Family Assistance Network reports capacity to go further into prevention and early intervention services.

Among mental health providers, the primary capacity is to provide counseling and other intermediate services to people with non-persistent mental health disorders. Fredericksburg Counseling, the Needs Council, and Frontera also have some capacity to do education, prevention, and early intervention around substance use. Given their focus on populations affected by abuse and trauma, the Crisis Council and SJRC Texas have capacity to provide intensive treatment for severe and persistent mental illness. Hill Country MHDD has capacity to offer intensive treatment for mental health and substance use.

It is important to note that this is not a full picture of resources and capacity in the Study Area. While there are just a few mental health providers not included in the model, it is the lack of substance use providers that creates a significant gap in the overall picture of resources.

“It’s hard to get people to say ‘yes’ to accepting services.”

—Provider

## Barriers to Care

**Providers identified several barriers that limit access to behavioral health services. Four barriers were cited by the majority of respondents.**

### Stigma and a Lack of Knowledge about Available Services

Stigma surrounding mental health and substance use is a powerful deterrent to seeking care. Mental illness is still widely viewed as a sign of weakness or personal failure. This stigma is further reinforced by unique local dynamics, including:

**Cultural norms:** *Fredericksburg’s German-rooted culture emphasizes privacy, particularly around mental health issues, which are often kept within the family.*

**Tourism-driven image:** *The area’s reliance on tourism has created a sense of denial around local behavioral health challenges. Fredericksburg Police noted that some visitors contribute to crises, yet public discourse remains muted to preserve the town’s image.*

**Perceived affluence:** *Although the region includes many low-income residents, the visible wealth of retirees and second-home owners obscures local needs and limits access to public resources.*

“Many families in the area have insurance, but they can’t afford to use it for mental health because of the high co-payments.”

—Provider

“Telehealth meetings with mental health providers can be as effective as meeting in person, but many of our patients are reluctant to use it.”

—Provider

## Cost to Families

Affordability is a barrier. Only one of the eight participating providers access public funding (such as state or federal grants) and six do not accept health insurance due to the administrative burden. As a result, many clients often pay out-of-pocket for services, which could be unsustainable for many families.

## Transportation

Although most rural households have at least one car, transportation remains a barrier due to several contributing factors:

*Families may share a single vehicle, prioritized for employment.*

*There is limited public transportation.*

*Long travel distances increase both cost and time burden.*

These challenges have led more providers to utilize telehealth services. However, not all clients are comfortable with or willing to use virtual platforms.

## Organizational constraints

Three issues related to organizational operations create challenges to accessibility: Staffing, hours of service, and facilities.

In regard to staffing, every provider reported a challenge to recruit and retain qualified staff, especially Spanish-language speakers who can provide culturally competent care. Staffing shortages limit the number of clients agencies can serve. Schools are similarly affected, with counseling staff declining even as student needs grow.

In terms of seeking appointments, clients prefer to get care during evenings and weekends - times when providers often are not available. Parents are hesitant to pull students out of school for daytime appointments and many adults want appointments after work. As a result, scheduling constraints can delay or prevent individuals from receiving needed care.

Finally, the size and conditions of facilities and funding limitations contribute to service constraints. Half of the mental health providers reported that their physical space is insufficient to meet community demand. Additionally, while fundraising is critical, many providers lack the capacity to secure needed financial resources.

## RECOMMENDATIONS

### **In light of these findings, the following recommendations are offered to meet the mental health needs of residents in the Create Healthy region:**

- 1. Increase the availability of prevention and early intervention services, especially for youth.** Most referral and education agencies offer education but do not provide early intervention programming, and only half of mental health providers serving a general population have early intervention programming. Increasing prevention and early intervention programs can help to reduce stigma, increase awareness of resources, and catch issues in their early stages, having the potential to significantly improve short and long term results.
- 2. Explore strategies to improve mental health and substance use supports and resources in schools.** In addition to increasing mental health resources in schools through increased funding and more partnerships with mental health providers in the area, some school staff suggested that new approaches be taken. For example, schools can reduce their focus on disciplinary approaches and embed mental health education into the school day, such as utilizing social and emotional learning approaches that help youth develop skills to understand and manage their emotions, build healthy relationships, and navigate social environments effectively. Regarding substance use, given the increasing incidence of substance use on campuses, more substance use education and early intervention programming will be important.
- 3. Encourage partnerships between mental health providers and other service agencies to increase access to providers.** Most mental health providers offer care only at their service locations. By integrating their services into other social service locations, mental health providers can improve access by being closer to where people are and increase awareness about services that are available.
- 4. Engage substance use providers in the Study Area and explore strategies to increase awareness and access to these services.**

## APPENDIX

### Purpose of the Study

Good mental health is essential for our emotional, physical, and social well-being. However, the mental health of U.S. communities has declined, especially since the onset of the COVID pandemic. Over the course of the pandemic, four in 10 adults in the US reported experiencing symptoms of anxiety and depression, and drug overdose deaths increased.<sup>2</sup> While the share of adults reporting symptoms of anxiety or depression declined some since the end of COVID, in 2023 more than 30% of adults continue to deal with issues relating to poor mental health and well-being. Young adults have been more deeply affected, with 50% of young adults ages 18-24 reporting symptoms of anxiety and depression in 2023.<sup>3</sup>

These sentiments were echoed in a series of community meetings hosted in 2023 by leadership of Create Healthy, a foundation whose mission to invest in the wellness of the Texas Hill Country community they serve. Based on input from the community and data showing that accessing mental health services in rural Texas communities is a significant challenge, in 2024 the leadership of Create Healthy commissioned a landscape assessment of behavioral health services<sup>4</sup> available to residents of their community, which includes the counties of Gillespie, Blanco, Llano, and Mason, and the Town of Comfort, TX (referred to here as the 'Study Area'). **The purpose of the assessment is to identify agencies that provide behavioral health services to residents within the Study Area and describe the services they offer, the population they serve, their organizational capacity, and the barriers they experience in trying to meet those needs.**

### Methodology

Behavioral health providers included in the study were identified through an iterative process. Recognizing that residents living in rural communities often must travel to access services that may not be available in their immediate community, the research targeted a broad region that included the Study Area and areas within a 25 mile radius of the Study Area (referred to as the "broad region"). Providers serving the region were identified through a search of provider databases kept by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), the Texas Department of State Health Services (TX DSHS), and the Texas Mental Health and Mental Retardation Authority (TX MHMRA). Several other agencies were identified using the Candid non-profit database and through recommendations provided by leaders engaged with Create Healthy's Mental Health Coalition.

<sup>2</sup> The Implications of COVID-19 for Mental Health and Substance Use. Nirmita Panchal et al. Published March 20, 2023, in Kaiser Family Foundation website accessed at [https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/?utm\\_source=chatgpt.com](https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/?utm_source=chatgpt.com)

<sup>3</sup> Ibid

<sup>4</sup> Behavioral health services are understood to include mental health services, substance use treatment and prevention, and integrated healthcare.

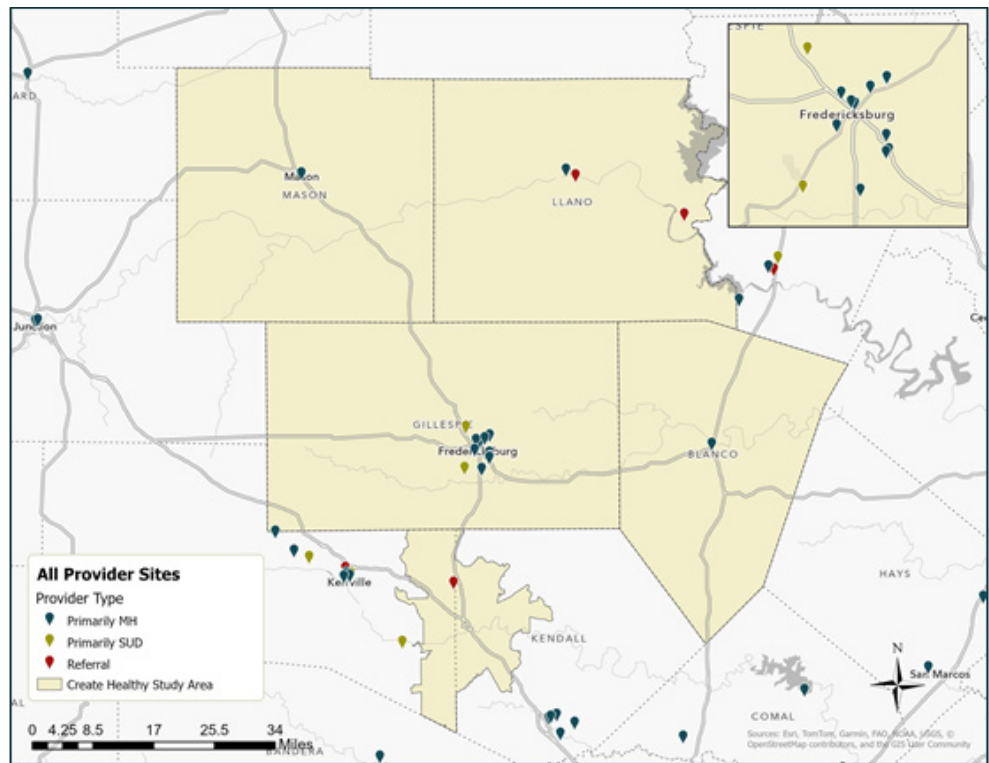
Upon conclusion of this process, a total of 42 agencies were identified as serving the broad region. A subsequent website review and outreach effort found four providers to have closed or merged with other organizations. Of the remaining 38 agencies, 22 (58%) offer primarily mental health services, 7 (18%) provide primarily substance use treatment services, and 9 (24%) provide only referral and education services.

**TABLE 5**  
**Behavioral Health Organizations**  
**Operating in the Broad Region**

Primarily Mental Health (MH) N=22	Primarily Substance Use (SUD) N=7	Referral & Education N=9
<b>In the Study Area</b>		
<ul style="list-style-type: none"> <li>• Fredericksburg Counseling</li> <li>• Frontera Healthcare Network</li> <li>• Good Samaritan</li> <li>• Hill Country Crisis Council</li> <li>• Hill Country MHDD</li> <li>• Hill Country Needs Council</li> <li>• JH Legacy Counseling</li> <li>• SJRC Texas</li> <li>• Gillespie County Veterans Services</li> <li>• Methodist Hill Country Hospital</li> <li>• Cynthia Swope</li> <li>• Ron Rickerhauser</li> <li>• The Grace Center of Fredericksburg</li> </ul>	<ul style="list-style-type: none"> <li>• The Fullbrook Center (Private)</li> <li>• Serenity House (Private)</li> </ul>	<ul style="list-style-type: none"> <li>• Caritas Family Assistance Network</li> <li>• Community Resource Centers of TX</li> <li>• Morning Hope Ministries</li> <li>• NAMI Greater Fredericksburg</li> <li>• Drug Free Comfort</li> <li>• Heart of the Hills Resource</li> <li>• Llano Alliance for Drug Intervention (LADI)</li> </ul>
<b>Operating within 25 Miles of the Study Area</b>		
<ul style="list-style-type: none"> <li>• Hill Country Youth Ranch</li> <li>• New Hope Counseling</li> <li>• Camp Agape Bereavement Camp for Children</li> <li>• Highland Lakes Family Crisis Center</li> <li>• K'STAR</li> <li>• Phoenix Center / Camp Pheonix</li> <li>• Pink Berets</li> <li>• Private Counseling-Lisa Watts</li> <li>• Roy Maas Youth Alternatives</li> </ul>	<ul style="list-style-type: none"> <li>• 720 Club Inc</li> <li>• Hill Country Council on Alcohol &amp; Drug Abuse</li> <li>• Open Door Recovery House</li> <li>• Retreat Home for Children</li> <li>• Starlite Recovery Center (Private)</li> </ul>	<ul style="list-style-type: none"> <li>• NAMI Kerrville</li> <li>• Doyle Community Center</li> </ul>

Collectively these 38 agencies operate 58 service delivery sites in the broad region. Most agencies operate only one site, but five agencies – the Hill County Mental Health and Developmental Disabilities Centers, Frontera Healthcare Network, the Hill Country Crisis Council, the Hill Country Youth Ranch, and Community Resource Centers of Texas – operate more than one site in the broad region. Five agencies do not have a brick-and-mortar service delivery site but offer education or services in other settings, mostly in schools.

**FIGURE 8**  
**Behavioral Health**  
**Organizations Operating in**  
**the Broad Region**



Although it is desirable to include all 38 providers in the study, the research team was able to find valid contact information for only 27 (71%) of the agencies. Accordingly, these 27 agencies were invited to participate in the study, which included a comprehensive survey about services offered, populations served, and basic organizational data, and a brief follow-up interview. Agencies that participated in the process were given a \$500 incentive payment in appreciation of the time and expertise they shared.

Finally, once all data was in, a revised version of SAMHSA's 4 Quadrant Clinical Integration Model was developed to understand where the behavioral health providers' services fall along mental health and substance use continuums of care: from prevention and early intervention, to counseling for non-persistent issues, to intensive treatment for severe or persistent issues. The intention of placing agencies in the model is to highlight where agency strengths lie on the continuums so that referrals to agencies can be targeted effectively.

The model illustrated below provides a description of the nature of services offered at key points along the mental health and substance use continuums. Initially the research team placed participating agencies into the revised model based on what was learned about agency services and capacity through the surveys and interviews. Agencies were subsequently offered the opportunity to review and confirm their placement in the model. The chart on page 11 shows where agencies are placed into the completed model.

**TABLE 6**  
**SAMHSA's 4 Quadrant**  
**Clinical Integration**  
**Model, Revised**

<b>Severity—Substance Abuse</b> ↑ High ↓ Low	<b>FOCUS IS ON</b> treatment & rehabilitation services for addiction; little/no mental health efforts	<b>FOCUS IS ON</b> treatment & rehabilitative services for addiction & some early intervention in mental health	<b>FOCUS IS ON</b> treatment & rehabilitative services for addiction & counseling for non-persistent mental health disorders	<b>FOCUS IS ON</b> treatment & rehabilitative services for addiction & intensive outpatient treatment for <b>severe</b> and/or persistent mental illness
	<b>FOCUS IS ON</b> counseling & other intermediate services for substance abuse causing legal/other problems; little/no mental health efforts	<b>FOCUS IS ON</b> counseling & other intermediate services for substance abuse causing legal/other problems and early intervention on mental health	<b>FOCUS IS ON</b> counseling & other <b>intermediate</b> services for non-persistent mental health disorders & for substance abuse causing legal/other problems	<b>FOCUS IS ON</b> intensive outpatient treatment for <b>severe</b> and/or persistent mental illness & counseling for substance use
	<b>FOCUS IS ON</b> substance use education, prevention, and early intervention; little/no mental health efforts	<b>FOCUS IS ON</b> substance use education, prevention, and early intervention for both mental health & substance use	<b>FOCUS IS ON</b> counseling & other <b>intermediate</b> services for non-persistent mental health disorders & education, prevention, & early intervention for substance use	<b>FOCUS IS ON</b> intensive outpatient treatment for <b>severe</b> and/or persistent mental illness & education, prevention, & early intervention for substance use
	<b>PROVIDES</b> no direct services for mental health or substance use; Provide referral to resources	<b>FOCUS IS ON</b> counseling & other intermediate services for non-persistent mental health disorders; little/no substance use efforts	<b>FOCUS IS ON</b> counseling & other <b>intermediate</b> services for non-persistent mental health disorders; little/no substance use efforts	<b>FOCUS IS ON</b> intensive outpatient treatment for <b>severe</b> and/or persistent mental illness; little/no substance use efforts
	<b>Low</b>	<b>Severity—Mental Health</b>		<b>High</b>

## Who is Included in the Study

Of the 27 agencies invited to participate in the study, 15 (56%) agencies participated fully. Of these 15, 12 (80%) are providers that operate in the communities served by Create Healthy, which includes the counties of Gillespie, Blanco, Llano, and Mason, and the Town of Comfort. Given the robust response from providers in the Study Area and the limited response from providers operating within 25 miles of the Study Area, this report shares the findings only for the mental health and referral and education providers operating in the Study Area. Due to the relative size and scope of these organizations, study findings are likely representative of mental health and referral and education services available in the Study Area.

**TABLE 7**  
**Organizations the**  
**Participated in the Study**

Mental Health Services	Referral & Education	Law Enforcement & Schools
<ul style="list-style-type: none"> <li>• Fredericksburg Counseling</li> <li>• Frontera Healthcare Network</li> <li>• Good Samaritan</li> <li>• Hill Country Crisis Council</li> <li>• Hill Country MHDD</li> <li>• Hill Country Needs Council</li> <li>• JH Legacy Counseling</li> <li>• SJRC Texas</li> </ul>	<ul style="list-style-type: none"> <li>• Caritas Family Assistance Network</li> <li>• Community Resource Centers of TX</li> <li>• Morning Hope Ministries</li> <li>• NAMI Greater Fredericksburg</li> </ul>	<ul style="list-style-type: none"> <li>• Fredericksburg ISD</li> <li>• Fredericksburg Police Dept.</li> <li>• Mason ISD</li> </ul>

In addition to soliciting information from behavioral health providers, key leadership with law enforcement and Independent School Districts (ISDs) in the Study Area were also invited to complete a survey and interview. Their participation was important given that law enforcement and school personnel often are the first to encounter and support people dealing with mental health issues. For these stakeholders, the survey solicited information about the prevalence of mental health issues they encountered in 2023 and the resources they have available to address mental health needs.

## Limitations

While the study had a good response from providers in the study area, the reported findings have some important limitations.

- 1. Most notably, no substance use providers participated in the study.** Within the Study Area, only two substance use providers were identified and both are private, for-profit agencies, which might explain their lack of participation. Several other substance use providers operate in the broad region, however valid contact information could not be found for three of the five providers, and one provider is private, for-profit. Lacking participation from substance use treatment providers, the research team conducted extensive website reviews of all substance use treatment providers inside and outside the Study Area to provide some basic information about the nature of substance use services available in the broad region. However, information provided here is limited and is accurate to the extent that provider websites are kept up to date.
- 2. Many of the participating agencies serve residents across the broad region.** To get a more accurate count of the number of clients served within the study area, for clients of Hill Country MHDD and Frontera Health Network – two of the larger providers that have detailed client data - the research team calculated the number of their clients served in the study area by using client ZIP Codes. The Hill Country Crisis Council, the Hill Country Needs Council, and SJRC Texas also serve clients throughout the broad region, but data was not available to identify how many of their clients are in the Study Area. As a result, the number of clients served reported here is likely an over-estimate of the number of people served in the study area.
- 3. Among the agencies that participated, not all have capacity to rigorously report their data, and not all collect the same data.** As a result, information about organizational capacity at some organizations was either incomplete or incomparable, which limited the ability to aggregate and report totals regarding organization's financial strength. As such, the results presented in this report represent a best estimate based on the data agencies were able to provide accurately.