Community Health Needs Assessment

clarity child guidance center

healing young minds & hearts

November 2015

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Introduction

IRC Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the Affordable Care Act, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- Conduct a community health needs assessment (CHNA) every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how it is addressing the needs identified in the community health needs assessment (CHNA) and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The CHNA must take into account input from persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge or expertise in public health. The hospital facility must make the CHNA widely available to the public.

The CHNA, which describes both a process and a document, is intended to document Clarity Child Guidance Center's compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that Clarity Child Guidance Center (Clarity CGC) may adopt an implementation strategy to address specific needs of the community.

The process involved:

- Collection and analysis of data specifically related to children's mental health, as we are a unique, specialty care hospital serving the needs of children with severe mental illnesses, representing ages 3 to 17.
- Meetings with key contacts that have specific knowledge and/or responsibility to the well-being of our community in relation to mental health care.
- Circulation of a community health research study that gathered information which is contained within this report which was shared with key stakeholders and is widely available to the community.

This document represents a summary of all the available information collected during this newly added IRS requirement. It will serve as a compliance document as well as a resource until the next assessment cycle in 2019.

Both the process and document serve as the basis for prioritizing the community's mental health needs and will aid in planning to meet those needs.

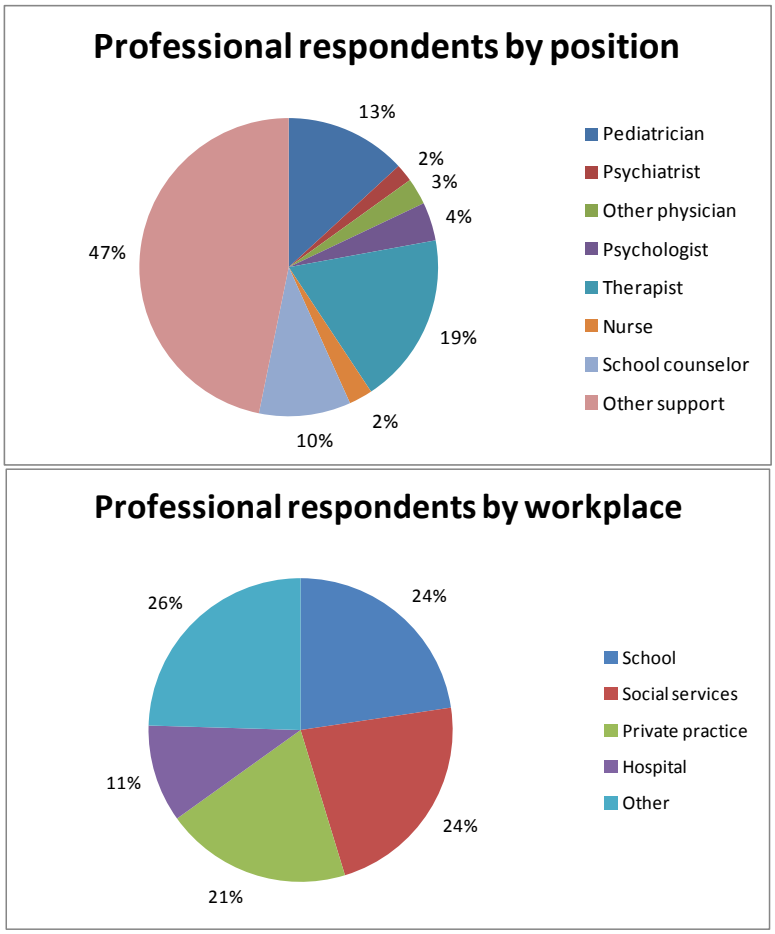
Summary of Community Health Needs

Clarity CGC engaged Core Research to conduct a formal CHNA. Core Research, in business for over 24 years in the San Antonio area, was founded by Dr. Susan Korbel. The CHNA is an annual process for Clarity CGC, and commenced in 2012.

Based on guidance from the treasury and IRS, as well as the expertise from Core Research, the following steps were conducted as part of Clarity CGC's community health needs assessment:

- The "community" served by Clarity CGC was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in "Community Served by Clarity CGC", but can be summarized as children and adolescents ages 3 to 17, along with their legal guardian who would make decisions on their care.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various annotated sources.
- An inventory of mental health facilities and resources was prepared and demand for physician and hospital services was estimated through a third-party resource. This data was then evaluated for unmet needs.
- Community input was provided through Clarity CGC's participation on several boards, collaboration groups, and community meetings. Results and findings of this data, along with our annual research study are described in the "Key Stakeholder Feedback and Surveys" section of this report.

  Professionals Research Study
  - A research study was distributed to over 2,900 professional contacts in our community. The sample used for this survey was a mix of several lists: the largest one was Clarity CGC's email list of professional recipients (1,800 contacts), and a list compiled by Core Research of almost 300 school counselors and social workers. Also included in the list were 100 members of the San Antonio Pediatrician Society and a purchased mailing list of over 700 MDs from the Bexar County Physicians Society. From these lists, email addresses were obtained to submit an online survey to the pool of candidates selected to participate. In total, 304 responses were received.
    - The respondent mix to the professional survey was as follows:



- Of the 304 respondents to the professional survey, 65.9% had personally referred a child or a teenager with serious mental health problems to a treatment facility in the area.

Parent/Legal Guardian Research Study

- Included in the research study was a separate research effort targeted to parents/legal guardians, with a child under the age of 18 living in the household. 400 phone interviews and 224 online surveys were conducted within Bexar County.
- The end result primarily reflected our community population, with respondents being 58% Hispanic, 25% Anglo, 9% African American, and 2% Asian.
- Females were slightly over represented (64.5%). However, females tend to be the decision makers on a child's health care needs.
- Age groups 35-44 and 45-54 made up 68% of the sample, 25-34 23% and 18-24 only 8%. The latter tend to be more difficult to poll and fewer have children.

- The sample also represented every geographic areas of the city, with a somewhat lower response rate in the South (10% of respondents).
- An important fact about the results is that only 23% of the people interviewed said they knew someone who had to seek treatment for a child or teen with mental health problems. This further demonstrates the stigma associated with mental illness. Far more than 23% should have been aware of, or known, a child or teen that needed treatment, since we know that 1 in5 children experiences a mental or emotional or behavioral issue.

General Description of Hospital

Clarity Child Guidance Center's legacy in San Antonio, Texas dates back to 1886 when thirteen caring and industrious women founded an orphanage for children who had been left behind by society. Over the years, the children who most often lived at the orphanage throughout their entire childhood years were children experiencing mental, emotional, and behavioral (MEB) disorders. The agency evolved over decades, eventually merging Southwest Mental Health Center and Child Guidance Center to become Clarity Child Guidance Center, the premier resource for children in need of mental health treatment.

Clarity CGC's 22-member volunteer board of directors creates the strategies for providing mental health services to the children of Bexar County and the surrounding counties where care is often not available. Leadership and staff at Clarity CGC execute the strategies and ensure successful operations. Clarity CGC is staffed with over 250 professionals dedicated to the mission of helping children and families experiencing mental illness. Our treatment team consists of psychiatrists, psychologists, licensed professional counselors, caseworkers, therapeutic recreation specialists, and nurses. Southwest Psychiatric Physicians is our onsite team of doctors providing outpatient and inpatient care. They represent the largest group of psychiatrists specialized in children and adolescents in South Texas as well as the largest group of bilingual psychiatrists in all of Texas.

Internally, we have a Quality Assurance Council made up of our President and CEO, Frederick W. Hines, and the senior officers, which is comprised of the Vice Presidents of each functional area of the organization. This group meets weekly to discuss hospital operations and concerns and to ensure we are meeting treatment and development goals. We are Joint Commission Accredited as a hospital and in behavioral health meaning; we pass rigorous standards set by the Joint Commission to ensure we offer safe and effective care at the highest quality possible.

Today, Clarity CGC is the only nonprofit providing a continuum of mental health care exclusively for children ages 3-17. Clarity CGC services include assessments (psychiatric, developmental, and neuropsychological) and individual, family and group therapy. A new assessment service added in late 2015 was the availability of six observation beds; to not only provide a deeper level of assessment but also to serve as crisis stabilization. Intensive services day treatment and acute inpatient care at our children's 66-bed psychiatric hospital. Wraparound supports include case management for families as well as education continuation for our patients via our on-campus school. Art, music and play therapy are also integrated into our treatment plans. Our mission is to help children, adolescents, and families cope with the disabling effects of mental illness and improve their ability to function successfully at home, at school, and in the community. We never turn away a family regardless of their ability to pay. As a result of our services, we help heal young minds and hearts.

Community Served by Clarity CGC

Clarity CGC is located in San Antonio, Texas, the county seat for Bexar. San Antonio is widely reported as the 7th largest city in the nation, but its population is spread over a wide area, creating rural pockets within a metropolitan base. San Antonio is 75 miles from the state capital in Austin, Texas, 190 miles from Houston and 208 miles from the Dallas/Ft. Worth metroplex.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. The criteria established to define the community is as follows:

- A zip code area must represent two percent or more of Clarity CGC's total discharges and outpatient visits.
- Clarity CGC's market share in the zip code area must be greater than or equal to 20 percent.
- The area is contiguous to the geographical area encompassing the Hospital.

Based on the patient origin of acute care discharges and outpatient services for fiscal year 2015, management has identified the community to include the cities, relevant counties and primary zip codes listed in Exhibit 1. Exhibit 1 presents Clarity CGC's patient origin, which is primarily comprised of San Antonio, Texas (75%). Within the San Antonio area, several zip codes are provided that demonstrate the top 12 areas of service, as well as outlying areas that comprise the remaining share of location service based on patient origin.

Exhibit 1

Clarity CGC Patient Data by ZIP code (FY2015, Inpatient and Outpatient)

Summary of Inpatient Discharges and Outpatient Services by City, County and Zip Code

City/County	Discharges (Outpatient & Inpatient Combined)	Percent of Total Discharges
San Antonio (Bexar County)	**2926**	**75%**
78228	*146*	*3.76%*
78245	*142*	*3.66%*
78227	*137*	*3.53%*
78250	*135*	*3.48%*
78254	*113*	*2.91%*
78251	*110*	*2.83%*
78207	*104*	*2.68%*
78240	*94*	*2.42%*
78253	*89*	*2.29%*
78237	*87*	*2.24%*
78249	*85*	*2.19%*
78201	*83*	*2.14%*
All other zips	*1601*	*41.23%*
New Braunfels (Comal County)	**40**	**1.03%**
Other Texas Zips*	**328**	**8%**
No ZIP information	**578**	**15%**
Total	**3883**	**100%**

*Comprised primarily of outlying surrounding counties.

Community Details

Identification and Description of Geographical Community

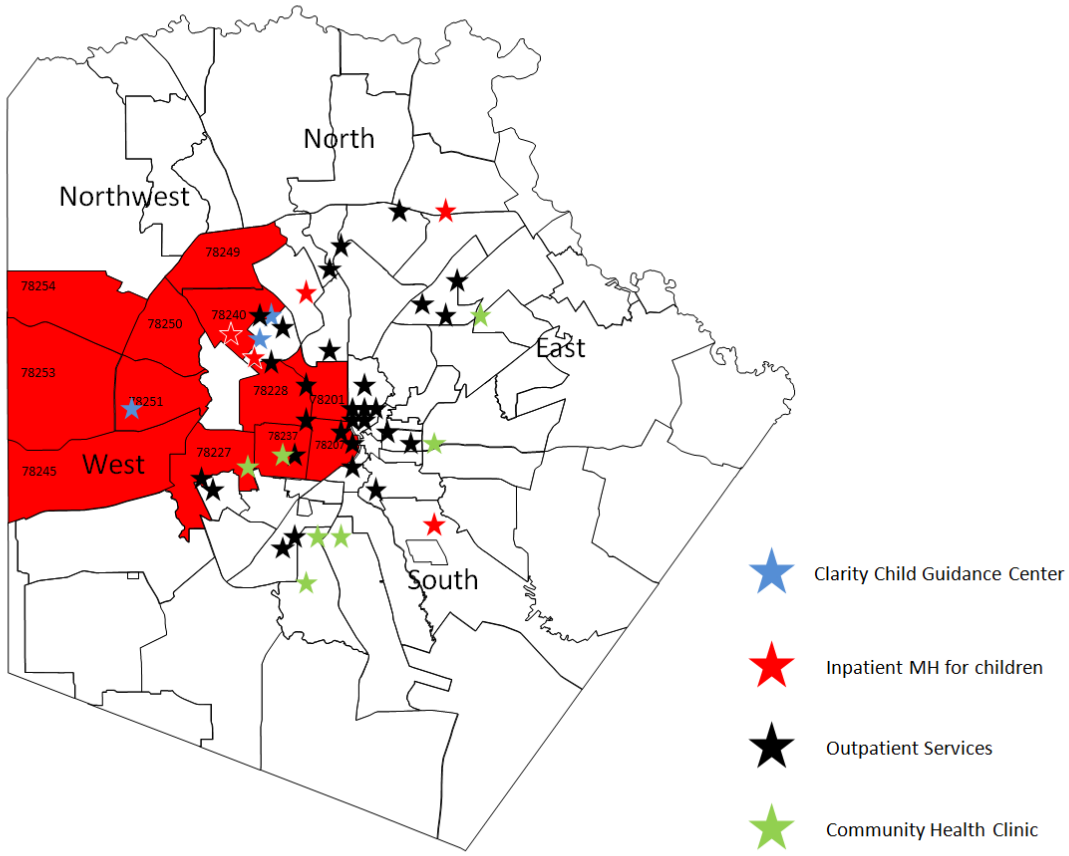
The following map (Exhibit 2) geographically illustrates Clarity CGC's location and other community mental health resources. This visual illustration of mental health services, grouped by category of service demonstrates where gaps in care exist. San Antonio is the county seat and the largest portion of Bexar County, where 75% of Clarity CGC patients reside. The top 12 zip codes are highlighted in red, representing 34% of where Clarity CGC patients reside. Notice the addition of three facilities helping children in the past 18 months: the Nix added a facility in the Medical Center (Babcock Road, zip code 78229); Clarity CGC opened a clinic at Westover Hills and Hwy 151 (zip code 78251), and San Antonio Behavioral Health opened its door in 2015 (zip code 78240) with 32 beds for teenagers with mental and chemical dependency needs.

Exhibit 2

Clarity CGC Internal Research and Data

Geographic View of Defined Community, with 83% of Patients Residing in San Antonio

San Antonio & Bexar County



Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data based on the 2010 census, while projections for 2020 were from the Texas State Data Center and other annotated sources.

Exhibit 3 illustrates that the overall population is projected to increase over the five-year period from 2015 to 2020. The age category that utilizes our mental health services "Under 18 Years" is projected to increase from 2015 to 2020.

Also included in Exhibit 3 is a comparison of our projected population growth to that of the State of Texas and the United States for comparison purposes. The data in the table reflects children under the age of 18.

Exhibit 3

Estimated 2015 Children's Population vs. Projected 2020 Population Percent Difference

Area	Projected 2015	Projected 2020	Difference
Bexar County	496,981	527,600	6.2%
Comal County	28,014	29,683	6.0%
Texas	7,311,923	7,753,883	6.0%
U.S.	77,018,411	80,299,806	4.3%

Sources: Bexar, Comal and Texas: Texas State Data Center http://txsdc.utsa.edu/Data/TPEPP/Estimates/Index.aspx; Source for U.S.: CDC http://wonder.cdc.gov/population-projections.html

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. Exhibit 4 shows the children's population of the community by ethnicity along with projected changes by 2020 as compared to the State of Texas and the United States. Note that the percentage of Hispanic children in Bexar County is much greater than the percentage of Hispanic children in Texas or the U.S.

Exhibit 4

Estimated '14 Population vs. Projected '20 Population Percent Children's Ethnicities

Area	2014			Projected 2020			Difference		
Ethnicity	Anglo	Hispanic	Black	Anglo	Hispanic	Black	Anglo	Hispanic	Black
Bexar County	98,116	322,717	30,796	101,024	325,064	31,721	3%	.73%	3%
Comal County	14,354	9,221	332	13,231	9,489	294	-7.8%	2.9%%	-11.4%
Texas	2,302,403	3,400,397	789,595	2,271,449	3,504,329	771,913	-1.3%	3%	-2.2%
U.S.	38,264,774	17,942,620	10,135,662	36,933,204	19,038,111	10,026,104	-3.5%	6.1%	1%

Sources: County and State: Texas State Data Center http://txsdc.utsa.edu/Data/TPEPP/Estimates/Index.aspx U.S.: Childstats.gov http://www.childstats.gov/americaschildren/tables.asp

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access mental health care services and perceive the need for services within society. The following exhibits and statistics are a compilation of data that are specifically indicators and factors related to mental health care. Key factors include income levels and poverty, trauma from abuse, children in foster care, single-parent homes and insurance availability.

Income Levels and Poverty Rates

The number of children living in poverty in Bexar County has increased 6%, from 105,805 in 2003 to 112,621 in 2013. Income levels in Bexar County are consistently below that of the U.S. general population and of Texas, as shown in Exhibit 5. Poverty rates among Bexar County families with children and Bexar County children are consistent with the levels found in Texas but significantly higher than the U.S. rates, as noted in Exhibit 6.

Exhibit 5
Household Income Comparisons

	2013	
Income	Median	Mean
Bexar County	$ 49,655	$ 65,341
Comal County	$ 70,322	$ 87,153
Texas	$ 51,714	$ 70,777
U.S.	$ 52,762	$ 72,555

Exhibit 6
Poverty Rate Comparisons

	2014	
Poverty rate	Families with children	Children (under 18)
Bexar County	20%	25.1%
Comal County	11.3%	14%
Texas	20%	25%
U.S.	18%	22%

Source by County: US Census Bureau / American Fact Finder.
Note: Comal County is a higher income county with much fewer families in need.

Other Critical Factors

Trauma from abuse, obesity, children in foster care without family infrastructure and the stress of single parent homes are also factors that drive the need for mental health care among youth.

Child abuse and neglect is a major factor for mental health problems. It is not by accident that over 20% of the children who are treated at Clarity CGC are in the foster care system.

Exhibit 7 demonstrates that the policy efforts to prevent child abuse in Bexar County are paying off with a stronger decrease in rate than Texas and the U.S., but still higher prevalence.

Exhibit 7
Incidence of Child Abuse Comparisons

	Victims		Rate per 1,000 children age 0-17		Change between 2011 and 2014	
Area	2011	2014	2011	2014	Victims	Rate change
Bexar County	5,915	5,434	13.5	11.1	-8.1%	-2.4
Comal County	315	435	12.6	15.7	38.1%	3.1
Texas	65,948	66,572	9.9	9.2	0.94%	-0.7
U.S.	676505	678,932 (2013	9.2	9.1 (2013)	-0.4%	-0.1

Source: Child's Maltreatment 2013 by the Children's Bureau, Administration for Children and Families.

The number of Bexar County children in foster care is stable but the rates are still much higher than the Texas population and the U.S. population, as shown in Exhibit 8.

Exhibit 8
Children in Foster Care Comparisons

	Children		Rate per 1,000 children age 0-17		Change between 2011 and 2013	
Area	2011	2013	2011	2013	Children	Rate change
Bexar County	3,475	3,473	7.9	7.2	0%	-0.7
Comal County	151	146	6.0	5.4	-3.3%	-0.6
Texas	30,347	30,740	4	4	-2.0%	0
U.S.	377,332	380,639	5	5	0.88%	0

Source for Bexar and Comal County: KidsCount Data Center

In Bexar County, the number of single-parent households has grown by 41% between 2000 and 2013. In comparison, between 2000 and 2010, the number of husband-wife households has grown by 14%, far lower than the growth rate of single-parent households. The rate of children growing up in these more fragile households in San Antonio is higher than the rates in Texas and in the U.S. (Exhibit 9). There is more poverty among single-parent families. Single-parent families make up 64% of the Texas households with kids living in poverty (vs. 11% from two-parents families). Poverty comes with a number of potential issues for the child: "Children living in poverty tend to have worse health than children who do not live in poverty. Low-income children also tend to perform less well on standardized tests of math and reading. They are also at higher risk for abuse and neglect." (State of Texas Children 2015 by the Center for Public Policy Priorities)

Exhibit 9

Children Living in Single-Parent Homes Comparison

	Children in single family households		Rate		Change between 2011 and 2013	
Area	2011	2013	2011	2013	in # of Children	Change in rate
San Antonio	148,000	147,000	44%	43%	-0.68%	1%
Texas	2,363,000	2,383,000	36%	36%	0.85%	0%
U.S.	24,718,000	24,647,000	35%	35%	-0.29%	0%

Source: Source: Annie E. Casey Foundation: http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?loct=3&by=a&order=a&ind=106&dtm=430&tf=18

As nutrition and fitness play a role in mental health, the rates of obesity among children can have an effect on the needs for help. During the past 30 years, the number of overweight young people in the United States has more than tripled among children 6 to 11 years old and more than doubled among adolescents 12 to 19 years old. In Bexar County, 23% of children on the Women, Infant, Child (WIC) program are overweight or obese (Metro Health, 2008). These children are more likely to have depression.

Medicaid, CHIP and the Uninsured Children of our Community

In 2013 13.4% of Texas children 0-18 were uninsured, down from 18% in 2008. Early estimate show that about 200,000 Texas kids enrolled in CHIP and Medicaid through large efforts related to awareness in the market place. Among the uninsured kids, 62% live in families 200% of the federal poverty line, which translates into 550,000 Texas children who qualify for Medicaid or CHIP right now but are not enrolled (Center for Public Policy Priorities). Based on the population size of Bexar county and its overall uninsured rate (same as the State of Texas), we can estimate that 40,710 children in this county are not enrolled. Texas has summarily rejected Medicaid expansion, leaving thousands without access to care. If and when Texas does allow Medicaid expansion, projections revealed that the number of children covered would increase 20%, for a total Medicaid population of 241,000 children.

Exhibit 9

Children Enrolled in Medicaid Comparison

	Enrollment		% rate of all children		Change between 2009 and 2013	
Area	2009	2013	2009	2013	Change in enrollment	Change in % rate
Bexar County	146,337	203,647	31.5%	40%	21.3%	8.5%
Comal County	4,985	7,121	18.5%	25.3%	19.1%	6.8%
Texas	1,982,696	2,772,479	28.6%	37.3%	28.4%	8.7%
U.S.	28,696,245	34,441,217 (2011)	38.9%	46.5%	20.0%	7.6%

Source: Source: Annie E. Casey Foundation for County data and Georgetown University Health Policy Institute for State and U.S. data http://ccf.georgetown.edu/wp-content/uploads/2012/10/Uninsured-Children-2009-2011.pdf

The table in Exhibit 10 illustrates the percentage of uninsured children ages 17 and under in Bexar County as of 2008. The rate in Bexar County is actually slightly lower than the rate in Texas overall. While Texas has made progress, the uninsured rate of children is one of the highest in the U.S.

Exhibit 10
Uninsured Children Rates Comparison (ages 17 and under)

	Number of uninsured children		% rate of all children		Change between 2009 and 2013	
Area	2009	2013	2009	2013	in # of uninsured	in % rate
Bexar County (2008)	64,692	52,230	13.6%	10.5%	-19.3%	-3.1%
Comal County (2008)	4,132	3,869	14.0%	13.6%	-6.4%	-0.4%
Texas	1,205,354	975,000	16.9%	13.4%	-19.1%	-3.5%
U.S.	6,369,023	5,527,657	8.6%	7.5%	-13.2%	-1.2%

Health Status of the Community

This section of the assessment reviews the mental health status of Bexar County residents with comparisons where possible.

Prevalence of Mental Illness and Treatment Rates

Almost one in five young people have one or more Mental, Emotional or Behavioral (MEB) disorders, and one in 10 youth has mental health problems that are severe enough to impair how they function at home, school, or in the community. (Source: Preventing Mental, Emotional and Behavioral Disorders Among Young People, 2009. National Research Council and Institute of Medicine.)

Applying this rate to Bexar county results in an estimated 40,000 to 80,000 children 0-17 suffering from MEB problems in this county. (2013: 482,300 is the total population of 0-17 years old in Bexar County).

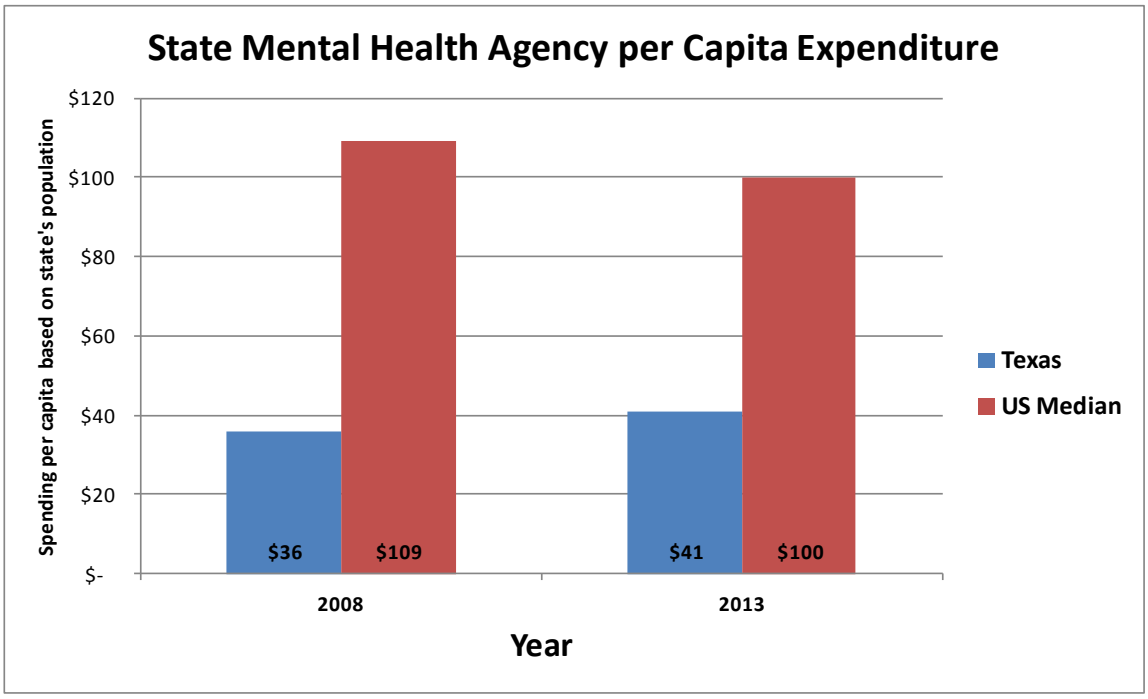
Only 20% of the children who need treatment receive it, according to a 2003 report by the Mental Health Association of Texas. The Meadows Foundation reported in 2009 that only 24% of the Texas children with serious mental illness were served by the public mental health system. The 2015 Mental Health America report shows that 40% of Texas children who needed services received it. Methods of measuring this data varies but in general, a large share of those who need care don't receive it. Sometimes, the fear and stigma surrounding mental health is a barrier to treatment, and more often than not, it's a lack of funding, especially in our community where over 110,000 children live in poverty.

State of Texas Funding for Mental Health

While other states spent a median of $100 per capita for mental health, Texas ranked among the lowest for many years. In the past three years, significant budget efforts have been made to revamp the public mental health systems and improve education and prevention. These efforts have resulted in an increase in the per capita spending from $36 to $41 in 2013, and an estimated $46 in the 2014-2015 budget. However, Texas is still ranking among the lowest states as far as public support of mental health services. This lack of funding must be compensated with private providers like Clarity CGC or for-profit organizations. This is illustrated in Exhibit 11.

Exhibit 11

Texas Children's Mental Health Spending Comparison



Source: The Henry J. Kaiser Family Foundation http://kff.org/other/state-indicator/smha-expenditures-per-capita

Outpatient Treatment – Delays

Bexar County and South Texas also lack providers to adequately treat children with MEB disorders. San Antonio only offers 7.53 child and adolescent psychiatrists for every 100,000 children, below the woefully inadequate 9.45 child and adolescent psychiatrists in the U.S for every 100,000 children. As a result, the wait time in order to obtain an initial appointment with a child psychiatrist is typically 3 to 6 months.

Emergency Room "Boarding"

Another unintended consequence of the lack of care in our community is the increase of emergency room (ER) visits by children and teens with an MEB diagnosis. This is the most expensive and ineffective option for the children of our community, but it's happening every single day. Between 1992 and 2001, ER encounters for suicide attempt and self injury of all ages increased by 47% in the U.S. A 2008 study with Medical Directors of ER departments nationwide shows that:

- 99% reported admitting psychiatric patients every week and 64% reported admitting psychiatric patients daily
- 79% said psychiatric patients are boarded (from 4 to 24 hours) in their emergency department, because 62% offer no psychiatric services at their hospital

Source: Larkin GL, Smith RP, Beautrais AL. Trends in U.S. emergency room visits for suicide attempts, 1992-2001

An ER setting is particularly not suited for such patients. Diagnosis and intervention must wait for a specialist's arrival following an initial general physician's evaluation. ER staff may be undertrained in mental health treatment resulting in more complications. The emergency setting is likely to extend the problems as it is not offering the nurturing, calming setting required for such patients. In Bexar County, over 1,300 estimated children were admitted to a local ER for psychiatric reasons, often with no care provided at the hospital for their needs. Further, this does not include all the children who may have not been accurately diagnosed in this report because of the absence of specialists in the ER.

Source: Health Care Access San Antonio data report, 2014

According to a study published in the February 2012 Journal of the American Academy of Child & Adolescent Psychiatry, "a substantial proportion of young Medicaid beneficiaries who present to ERs with deliberate self-harm are discharged to the community and do not receive emergency mental health assessments or follow-up outpatient mental health care". The article is based on a study of over 3,000 cases of youth 10-19 admitted to ER for self harm:

- 73% of the youth in the study were discharged in the community
- 39% of the discharged patients received an assessment in the ER
- 43% received follow-up outpatient mental healthcare

Acute Treatment – Delays due to Lack of Inpatient Beds

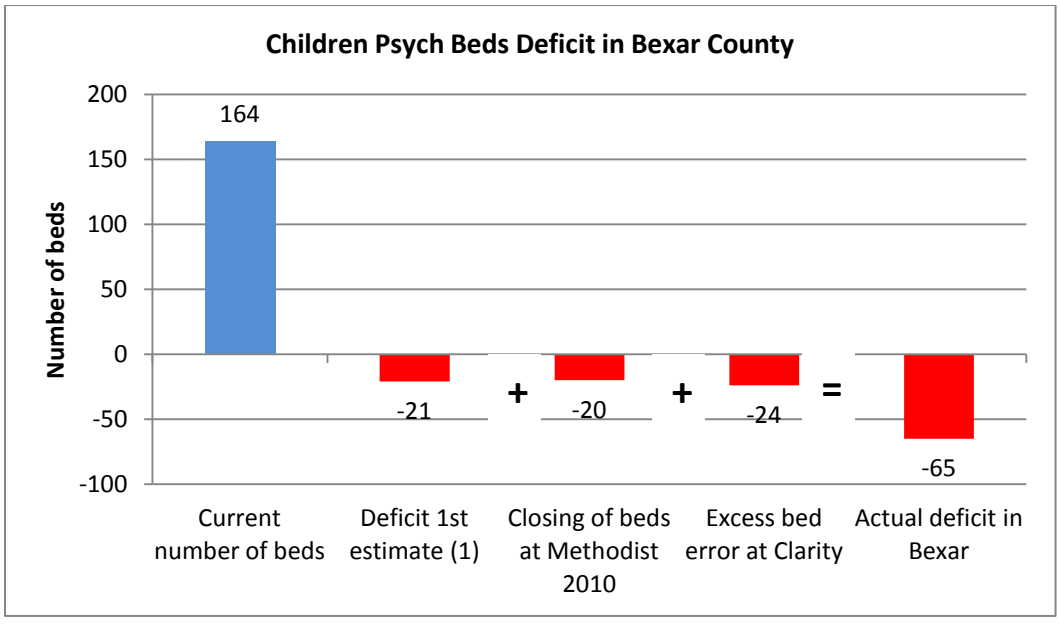
From 1955 to 2005, a significant change has occurred with mental health access – while needs increased, the number of psychiatric beds decreased significantly. As evidence, for every 20 public psychiatric beds that existed in the United States in 1955, only one such bed existed in 2005. And, Texas continues to be one of the worst offenders in providing access to care. With 12 beds per 100,000 population, Texas was listed second to last among the states with "severe bed shortage", when it's recommended to have 50 beds per 100,000 population.

Further, in 2010 Methodist Healthcare Ministries estimated that there was a deficit of 21 child and adolescent psychiatric beds in Bexar County based on occupancy rates at local psychiatric hospitals. This number was based on a total of 245 beds. The following changes affect this estimate:

- In this number Clarity CGC's occupancy rate was under-evaluated at 38% instead of an actual 77%, which resulted in a "24-bed" extra capacity did not exist.
- At the end of 2010 Methodist Hospital closed their child and adolescent unit eliminating 20 beds in 2010.
- As a result the actual deficit for the next 10 years is actually not 21 beds but at least 65 beds (21 plus 24 plus 20), as illustrated Exhibit 12.

Exhibit 12

Clarity CGC; Source: Methodist Healthcare Ministries 2010 data, updated by Clarity CGC



Note[1]: included in the data were 120 beds at Laurel Ridge: the actual number of beds for acute children is 40 expandable to 60, the rest being dedicated to residential and substance abuse treatment. It doesn't affect the deficit, as their occupancy rate overall remains the same. Also, while several children's hospitals are planned to be built over the course of a few years in Bexar County, thus far, none have indicated an interest in offering children's psychiatric beds, instead they are deferring services to Clarity CGC.

Since 2013, new bed capacity has been built in San Antonio, which should bring some relief to an overworked system of care. It includes the following:

- Clarity Child Guidance Center: addition on 14 acute care beds and six 23-hour observation beds (November 2015)
- San Antonio Behavioral Health: added 32 beds for teenagers (summer 2015), but excludes pre-adolescents
- The Nix: added a new unit in the medical center with 31 beds for children and adolescents, which is 11 more than they had previously.

Based on these additions, we have now a total of 57 more beds in the community, and a total of 219 beds if we count that all Laurel Ridge beds are used for acute. The deficit for children's psychiatric care based on current trends appears to have been addressed, with the only potential shortfall being bed capacity for low-income and uninsured children, since The Nix and San Antonio Behavioral Health are both for-profit organizations.

We also know that needs are increasing. A national study reported a 24% increase in inpatient mental health and substance abuse admissions among children during 2007–2010.(Source: Health Care Cost Institute 2012. Children's health care spending report: 2007–2010. Washington, DC)

Health Outcomes and Factors

Ripple Effects of Non-Treatment

Absence of treatment harms children and their families and often leads to more trauma:

- Nationally, 50 percent of children with serious emotional disturbances drop out of high school, as do 30 percent of all students with disabilities. High school attrition rates in Bexar County, which compares the number of students who start in 9th grade with how many finish 4 years later, was 27% in 2014-2015, an significant improvement from 2009 (37%) and closer to the Texas average of 24%. Hispanic students and Black students are twice as likely to drop out. (Source IDRA, 2015 Texas Attrition Study)

- A 2005 national study showed that youth with a major depressive episode were about twice as likely to start using alcohol or an illicit drug as youth who had not experienced a major depressive episode in the past year. In Bexar County, the number of deaths due to drugs has grown by 67% in the last 10 years (as noted by SAMHSA's 2005 National Survey on Drug Use and Health).
- Between one half and three fourths of youth in the juvenile justice system nationally are estimated to have a diagnosable mental health disorder according to the Texans Care for Children, 2009 report. The population in juvenile facilities in Bexar County has grown by 39% between 2000 and 2010.

Observations

The following quote from the book The Premature Demise of Public Child and Adolescent Inpatient Psychiatric Beds by authors Dr. Jeffrey Geller and Dr. Kathleen Biebel summarizes the situation we are experiencing.

> "The expectation that the range of interventions offered by inpatient facilities would be effectively replaced by community based services has not been fulfilled". This error has led to "children and adolescent with serious emotional disturbance being 'warehoused' in juvenile detention centers, stuck in emergency rooms, inappropriately placed in child welfare."

Health Care Resources

Other Mental Health Care Facilities and Providers

The Bexar County Mental Health Consortium publishes the resources available to the community and specifies children's resources, which are noted in Exhibit 13.

Exhibit 13

Source: Bexar County Mental Health Consortium 2013 Publication of Resources and updates

Organization	Non-profit	Assess-ments	Case Manage-ment	Outpatient Therapy (with Therapist, Psychologist or Psychiatrist)	Partial Hospital	Acute Care Hospital-ization
Any Baby Can	X		X			
Baptist Child & Family Services	X		X	X		
Blossom Center for Children	X	X				

Clarity CGC	X	X	X	X	X	X
Center for Health Care Services	X	X	X	X		
Excel… Rise Above the Rest	X		X			
Laurel Ridge Treatment Center		X	X	X	X	X
San Antonio Youth Mental Health Assoc.	X		X			
St. Peter St. Joseph Children's Home	X		X			
Nix Hospital		X	X			X
San Antonio Behavioral Health Center		X	X			X
Roy Maas	X	X	X	X		
Children's Shelter	X	X	X	X		

Observations

With so few providers in our community, it is difficult to think of fellow nonprofits and the three for-profit entities as "competition". The two largest providers of outpatient therapy are Clarity CGC with over 40,000 therapy visits annually and the Center for Healthcare Services. The three largest providers of acute inpatient care are Clarity CGC, with over 16,000 inpatient days annually, Laurel Ridge, who treats both adults and children and have the capability to flex beds to either population, based on need, and the Nix, which has increased its capacity in the past 2 years. San Antonio Behavioral Health also recently entered our market as a for-profit mental health and substance abuse acute care treatment center for adults, but within a few months added an adolescent unit. Rural access in counties adjacent to Bexar are not listed because there are literally no acute care services and few outpatient services available, forcing this population to access care in the San Antonio area.

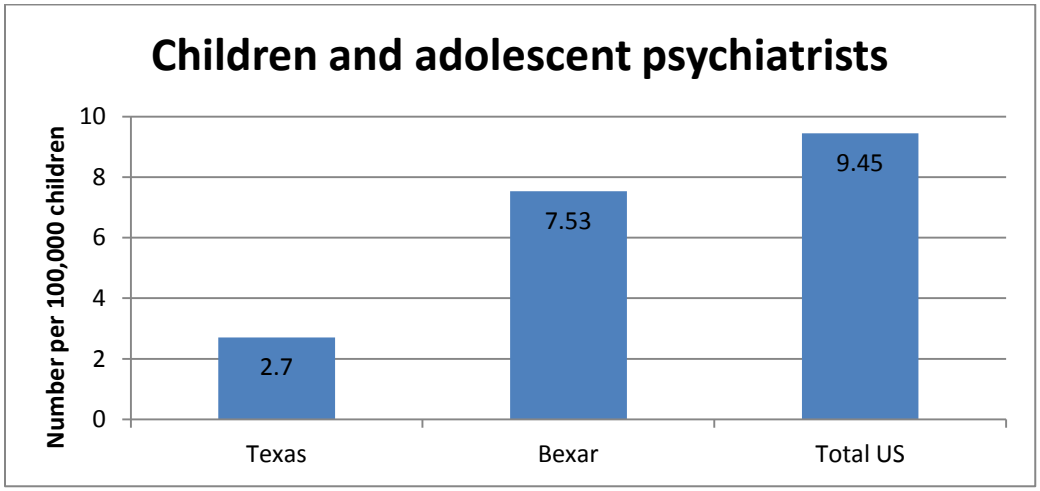
Demand for Mental Health Care

As noted, there are significant delays in obtaining an outpatient therapy appointment and a lack of beds for acute care in our community. Not only are there not enough facilities to accommodate demand, but there is a shortage of child and adolescent psychiatrists. Clarity CGC is proud to be affiliated with The University of Texas Health Science Center at San Antonio (UTHSC-SA), where residents and fellows from the Department of Child and Adolescent Psychiatry receive their training onsite at our campus. This affiliation has helped Bexar County

to improve upon its per capita rates of providers, although we still fall below the United States per capita, as shown in Exhibit 14. A 2014 report from the Texas Medical Association shows that in 2012 the ratio in Texas was actually down to 6.2 per 100,000 patients, vs. 9.1 in the US, which reflects that the supply is not meeting the growth of our state's population.

Exhibit 14

Texas DSHS, The supply of Mental Health Professional in Texas 2010



Clarity CGC also realizes that an onsite child and adolescent psychiatry team and the partnership with UTHSC-SA is not enough to fill the ever growing need. As a result, Clarity CGC has embarked upon a partnership with the Baylor School of Medicine for first-year pediatric residents to rotate on our campus for mental health training. Clarity CGC also routinely offers continuing education credits, records and publishes them on a YouTube channel that receives thousands of views and minutes watched annually. Further, Clarity CGC hosts an annual conference for professionals called Claritycon that offers education and training over 1.5 days to hundreds of attendees.

Key Stakeholder Interviews and Surveys

Interviewing key stakeholders (represent the interests of the community, with knowledge of or expertise in mental health) is a technique employed to assess public perceptions of the county's mental health status and unmet needs. These interviews are intended to ascertain opinions amongst individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Methodology

Clarity CGC aligns its leadership resources to community meetings, board and collaborations to ensure effective two-way communication. Our previous CHNA covered a time period of 2012-2013, so this updated CHNA will cover 2014-2015. A select listing of stakeholder meetings is noted in Exhibit 15; whereby a large group of leaders and/or the strategic nature of the meeting warranted notation.

Exhibit 15
Stakeholder Meetings

Date(s) of Meeting	Attendees	Stakeholder Area of Interest	Purpose of Meeting
1/30/15, 3/27/15, 5/29/15, 7/31/15, 9/25/15, 11/13/15	Multiple representatives from Bexar County's mental health system of care	Strategic Planning	Bexar County Mental Health Consortium
2/04/14, 3/06/14, 9/30/14, 12/08/14, 2/09/15, 7/20/15	Multiple system of care leaders from across South Texas	Knowledge sharing	Learning Collaborative for Region 6 of the 1115 Waiver
10/06/14, 10/24/14, 8/24/15	Emergency Department Operations leaders across South Texas	Knowledge sharing	South Texas Regional Advisory Council
1/28/15, 3/26/15, 5/04/15, 5/11/15, 6/02/15	Select members of the Bexar County mental health system of care	Document the system of care and process for accessing care	Flow Committee of the Bexar County Mental Health Consortium
July & August 2015	Clarity CGC Staff & Representatives from Meadows Mental Health Policy Institute	Site visit and survey of operations for strategic planning	Meadows Mental Health Policy Institute was commissioned to study Bexar County's MH Services

Survey Responses - Parents

As noted on page 3, a survey of parents and professionals was conducted in December of 2014 to ascertain stakeholder feedback. A common issue with hospitals is the realization that the patient is the customer; therefore their feedback is crucial to strategic planning. Since our patients are minors, parents and legal guardians become their voice.

The first need identified in the parent survey is education-based. This is based on the finding that 33% of parents had no idea where they would send a child suffering from mental health

problems. 43% of parents would refer the child to a local general hospital. It shows a lack of familiarity with the field which is not a surprise. Clarity CGC's primary source of patient flow is referrals from professionals. However, when parents bypass their professional, they have no knowledge of where to seek treatment.

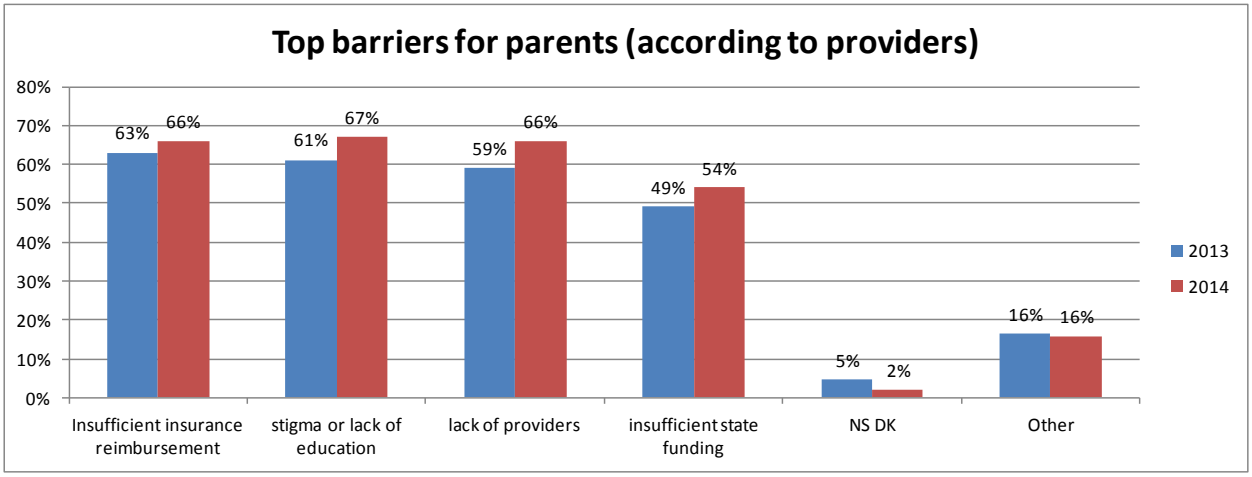
Parents were also asked if they had anything to add concerning mental health facilities or professionals in San Antonio. While many of the respondents had no comments, 24 (6%) commented about access challenges, including a lack of providers, or insurance issues.

Sample comments regarding the lack of services in San Antonio from parent respondents are as noted:

> *"Mental health services should be more affordable and accessible in the whole city."*
>
> *"The State of Texas should dedicate more funds to mental health facilities."*
>
> *"There are not enough centers. There is a shortage of psychiatrists, especially for children."*
>
> *"There should be more. Clarity is the only one available closest to my zip code. It is a 30-minute drive going there. There needs to be more in this zip code. The need more stuff in this side of town."*

Survey Responses - Professionals

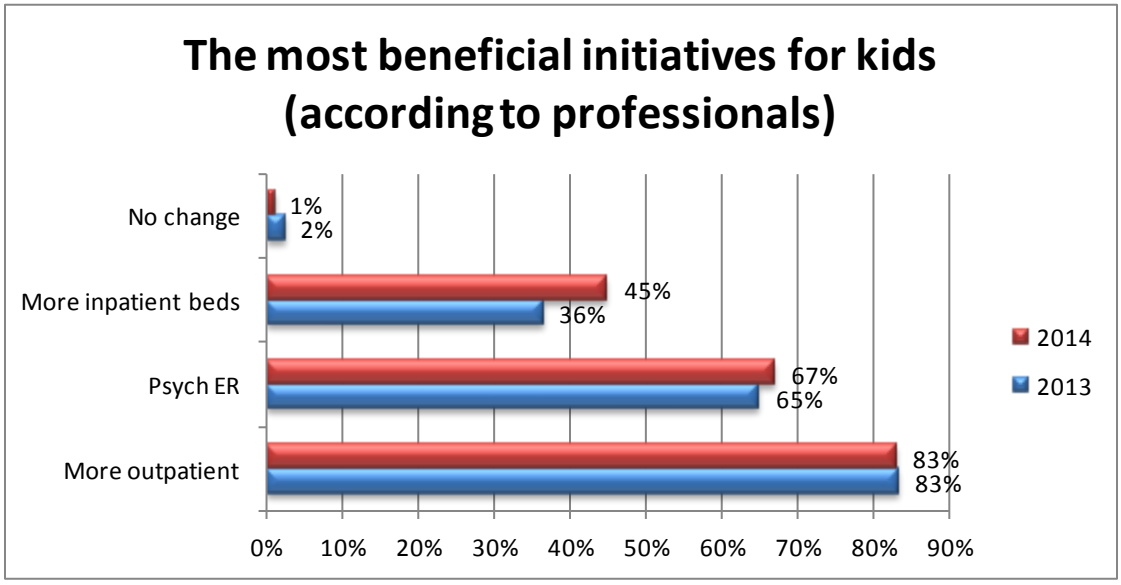
We asked professionals what the main barriers were for parents when it comes to getting help for a child with mental health problems. Professionals responded that insufficient insurance, stigma and lack of providers are top of mind for them.



We then asked them what would be the most beneficial initiative for children with mental health problems in our area. Multiple answers were possible. Here is the response in order of preference, along with a visual representation:

1. Increase the availability of outpatient clinical services (83%)
2. Create a regional psychiatric ER for children (67%)
3. Increase the number of psychiatric inpatient beds (45%)
4. Only 2% said no changes were needed.

Note that the rate of people who mentioned the need for more beds has increased in the past years: in 2012, only 33% said we needed more beds, vs. 45% in 2014. It shows that the deficit is felt more acutely in our community.



Professionals also had an opportunity to comment on the topic of mental health. Of the 96 comments, 68 were suggestions to improve care, including:

- Increase capacity of services (28)
- Increase education and/or awareness (16)
- Improve funding/insurance coverage or number of providers who take insurance (12)
- Improve or add new types of services (11)
- Improve communications/collaboration among providers (7)

These findings clearly support our initiatives in the area of awareness and increased services.

Key Findings

A summary of themes and key findings provided by key stakeholder interviews and the parent/professionals surveys revealed the following (specifically related to mental health):

- Lack of funding to meet community mental health care needs.
- Lack of medical providers specialized in the child and adolescent treatment.
- Local hospitals have eliminated psychiatric acute care services, creating an emergency room bottleneck.
- Gaps in levels of care – community is missing an after school intensive outpatient program and respite care for mentally ill children and their families when school is not in session.
- Significant delays in outpatient care and acute inpatient care due to lack of resources, both personnel and facilities.
- Significant stigma that prevents conversations at the parent, family and neighborhood levels.
- Lack of "pathways" or access points for parents and legal guardians to navigate the disconnected care models, or to follow-up on care.

Prioritization of Identified Health Needs

Clarity CGC has been the premier resource for children's mental health care in South Texas. Much work remains to be done and steps are being taken by Clarity CGC Leadership and its Board of Directors to close as many gaps as is feasible. In evaluating the results of our key stakeholder interviews and survey respondents, as well as survey respondents, we ranked the opportunities identified in the following manner:

- Does the opportunity align with our values, our mission and our vision?
- Is it a core competency currently? If not, is it a complementary core competency that strengthens our value proposition?
- Is there another organization or entity that would be better served to address the opportunity versus Clarity CGC?
- Is there a viable funding stream for sustainability purposes?
- Does the opportunity impact improvements in other areas of need, if implemented?
- What are the benefits in quantifiable terms of implementing the opportunity? Conversely, what consequences occur if it's not implemented?

Leadership and staff evaluated the opportunities revealed in the Community Health Needs Assessment and with the guidance of the Board of Directors, developed a strategic plan to address gaps in the community. Items prioritized were the following:

1. Continue investing in development to enable systemic and repeatable funding streams to our existing business model of billing insurance companies.
2. Explore methods to increase access to care, knowing that a severe shortage of psychiatrists has been an ongoing societal issue.
3. Expand levels of care and types of care in the community.
    a. Deployment of neighborhood based clinics over a period of several years to expand access to mental health care, alleviating wait times for initial care and transportation issues.
        i. Expand traditional longer-term outpatient therapy to include a brief psychotherapy model.
        ii. Include medication management at the clinic, when feasible.
        iii. Offer day treatment, or more formally known as partial hospitalization when feasible.
    b. Deploy brief therapy options beyond the neighborhood clinics.
    c. Evaluate non-medical based levels of care, such as intensive outpatient, respite beds, etc.
    d. Evaluate addition of substance abuse services and support.
    e. Evaluate home and school based partnerships for services.
4. Deepen the relationships and outreach related to *One in Five Minds*, Clarity CGC's signature campaign to end the stigma of mental illness.
5. Implement care coordination to create more effective utilization of health services for children at high-risk.

From our last published CHNA, we have implemented the following initiatives:

- A 5,000 sft. "urgent help for young minds" clinic located in the Westover Hills area (January 2014) which includes outpatient therapy, medication management, and day treatment.
- Opening of a Crisis Assessment Center on our main campus that is comprised of 14 additional acute, inpatient care beds and six observation beds for extended assessments and crisis stabilization (November 2015).
- Implementation of a telepsychiatry relationship with a Houston-based organization to add additional psychiatry support to our assessment and admitting processes.

- We also added a new level of clinician at Clarity CGC – a psychiatric, pediatric nurse practitioner to continue addressing the severe psychiatrist shortage.

Clarity CGC remains committed to serving the needs of the children of our community. Providing treatment to children when their illnesses begin to present provides the opportunity for greater education attainment, lowered incidence of alcohol/drug abuse and can reduce incarceration rates. As a result of our mission, vision and values, we help heal young minds and hearts.