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introduction

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545 PDF, hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

- Community Health Needs Assessment (CHNA) - Section 501(r)(3),
- Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
- Limitation on Charges - Section 501(r)(5), and
- Billing and Collections - Section 501(r)(6).

Section 501(r)(3)(A) requires a hospital organization to conduct a community health needs assessment (CHNA) every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA. Section 501(r)(3)(B) provides that the CHNA must:

- Take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and
- Be made widely available to the public.
- A hospital organization meets the requirements of Section 501(r)(3) with respect to a hospital facility it operates:
- If the hospital facility has conducted a CHNA in the taxable year or in either of the two immediately preceding taxable years, and
- An authorized body of the hospital facility has adopted an implementation strategy to meet the community health needs identified through the CHNA on or before the 15th day of the fifth month

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.
- Review of reports including extensive interviews with stakeholders that have specific knowledge and/or responsibility to the well-being of our community in relation to mental health care.

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 2027.

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

Based on guidance from the US Treasury and IRS, the following steps were conducted as part of Clarity Child Guidance Center's community health needs assessment:

- The “community” served by Clarity was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in “Community Served by Clarity,” but can be summarized as children and adolescents ages 3 to 17, along with their legal guardians who make decisions on their care.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various annotated sources, finding the newest reports available.
- An inventory of mental health facilities and resources was prepared and demand for physician and hospital services was estimated and evaluated for unmet needs.
- Community input was provided through the review of recent stakeholders and community studies showing the needs, challenges and opportunities in our region. It includes reports from the city of San Antonio, Bexar County, Texas Lyceum, Annie E. Casey Foundation, Child Stats, Kids County Data Center, AACAP, Texas Democratic Center and APA, among others.
- Information in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons minority groups, and the community's mental health needs as a whole.
- Recommendations based on this assessment have been communicated to Clarity's leadership and Board of Directors.

general description of hospital

Clarity Child Guidance Center’s mission is to support children and families in their pursuit of mental wellness. Its 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 suffered from mental, emotional and behavioral (MEB) disorders. The agency evolved over decades—changing its names and locations until merging with The Child Guidance Center to become Clarity Child Guidance Center, the premiere resource for children in need of mental health treatment.

We never turn away a family if they are unable to pay. Our financial representatives work with families to find ways to get the help they need. Clarity’s patient census is comprised of 65% low-income, state-supported children through Medicaid, CHIP, STARHealth, STARKids and low-cost contracts with area local mental health authorities. We accept all major insurance providers—including TRICARE for military families and Superior for low-income families—and accept payments on a sliding scale.

Clarity CGC’s 19-member volunteer board of directors creates strategies for providing mental health services to the children of Bexar County and the surrounding counties where no care is available. Leadership and staff at Clarity CGC execute the strategies and ensure successful operations. Clarity CGC is staffed with over 300 professionals dedicated to the mission of helping children and families suffering from mental illness. Our treatment team consists of psychiatrists, psychologists, licensed professional counselors, case workers, therapeutic recreation specialists, RNs, NPs, and LVNs. Southwest Psychiatric Physicians is our onsite team of doctors providing outpatient and inpatient care. Because of this onsite affiliation with Southwest Psychiatric Physicians and UT Health San Antonio, Clarity is training Psychology interns in both pre- and post-doctoral studies. Clarity offers the region’s largest concentration of child and adolescent psychiatrists in South Texas, as well as the largest group of bilingual psychiatrists in all of Texas. It also is a teaching hospital for esteemed nursing schools of UT Health San Antonio and University of Incarnate Word.

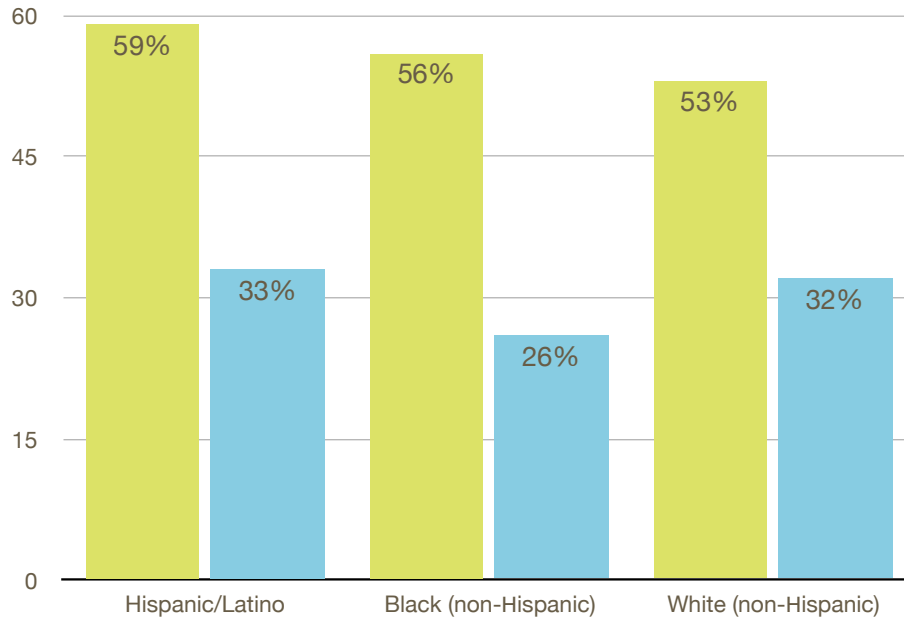
Internally, we have a Strategic Quality Council made up of our President and CEO, Jessica Knudsen, and the senior officers of the eight departments at Clarity. This group meets weekly to discuss hospital operations and concerns, and to ensure we are meeting treatment and development goals. We are Joint 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 of the highest quality possible.

Today, Clarity CGC is the only nonprofit providing a continuum of mental health care exclusively for children ages 3-17 in South Texas. From 2022-2024, Clarity provided mental health treatment to 12,476 youth ages 3-17, including over 1000 from 49 other counties across Texas. Intensive services, day treatment and acute inpatient care take place at our children’s 74-bed psychiatric hospital. Clarity CGC services and programs include:

- Inpatient treatment for children in crisis and/or children experiencing long-term complex problems;
- 24/7 crisis services offering a mental health emergency assessment for children who need immediate intervention—allows walk-ins to be seen by a licensed behavioral health professional within hours, keeping them safe until the appropriate level of care is determined;
- “First Step™” appointments with a psychological testing technician to help caregivers recognize when a child’s behavior escalates from age-appropriate challenges to mental health disturbances requiring professional help;
- Partial hospitalization (day treatment) during daytime; children return home in the evening to practice coping skills outside of the treatment setting;
- Outpatient therapy, including individual, group, and family sessions, and onsite pharmacy;
- Wraparound services such as case management, medication management and education support;
- Innovative “Play with A Purpose™” therapeutic art and active play program including gym; rock-climbing wall; art, yoga, and music therapy rooms; outdoor swimming pool; and playscape;
- “Next Step” program, where families receive rapid access appointments, urgent care assessments, and evaluations with a licensed clinician; includes brief therapy, bridge appointments, school referrals and care coordination;
- Care Coordination team helps families that are transitioning out of treatment by ensuring medications are filled; answering questions; helping with school re-entry; connecting families with resources, food and clothing; and making follow-up care appointments;
- Free online resources for teens, caregivers and professionals including blogs, videos and handbooks

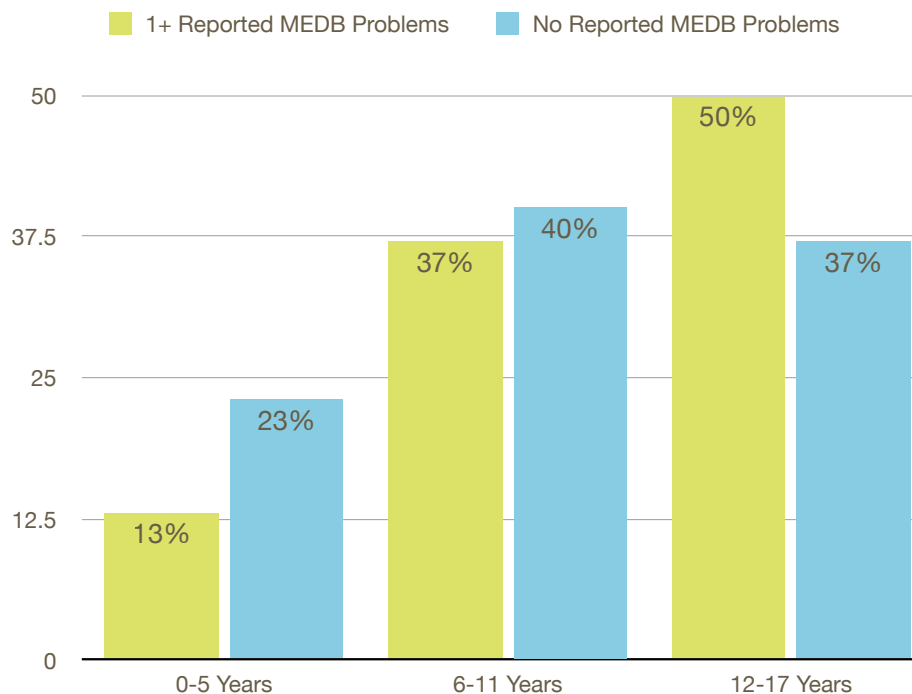
A “Kids Count 2023” study of Texans stated: “More than 1.2 million Texas children under 18 years report having at least one mental, emotional, developmental, or behavioral problem (MEDB). That is 17.2% of all Texans under 18 who are affected by a MEDB problem, or roughly 1-in-5 of all Texas youth. 31% of surveyed Texas youth reported feeling sad or hopeless every day for at least two weeks prior to the CDC’s 2021 Youth Risk Behavior Survey, in which the highest percentages were Hispanic youth (40%) and Black youth (31%). Adolescent girls are significantly more at-risk for feelings of hopelessness and poor mental health in comparison to adolescent boys.

student reporting feeling sad or hopeless
(for 2+ weeks) by gender and race/ethnicity



1 in 3 Texas children experience a mental health disorder in a given year. 50% of all mental health conditions fully manifest by age 14.

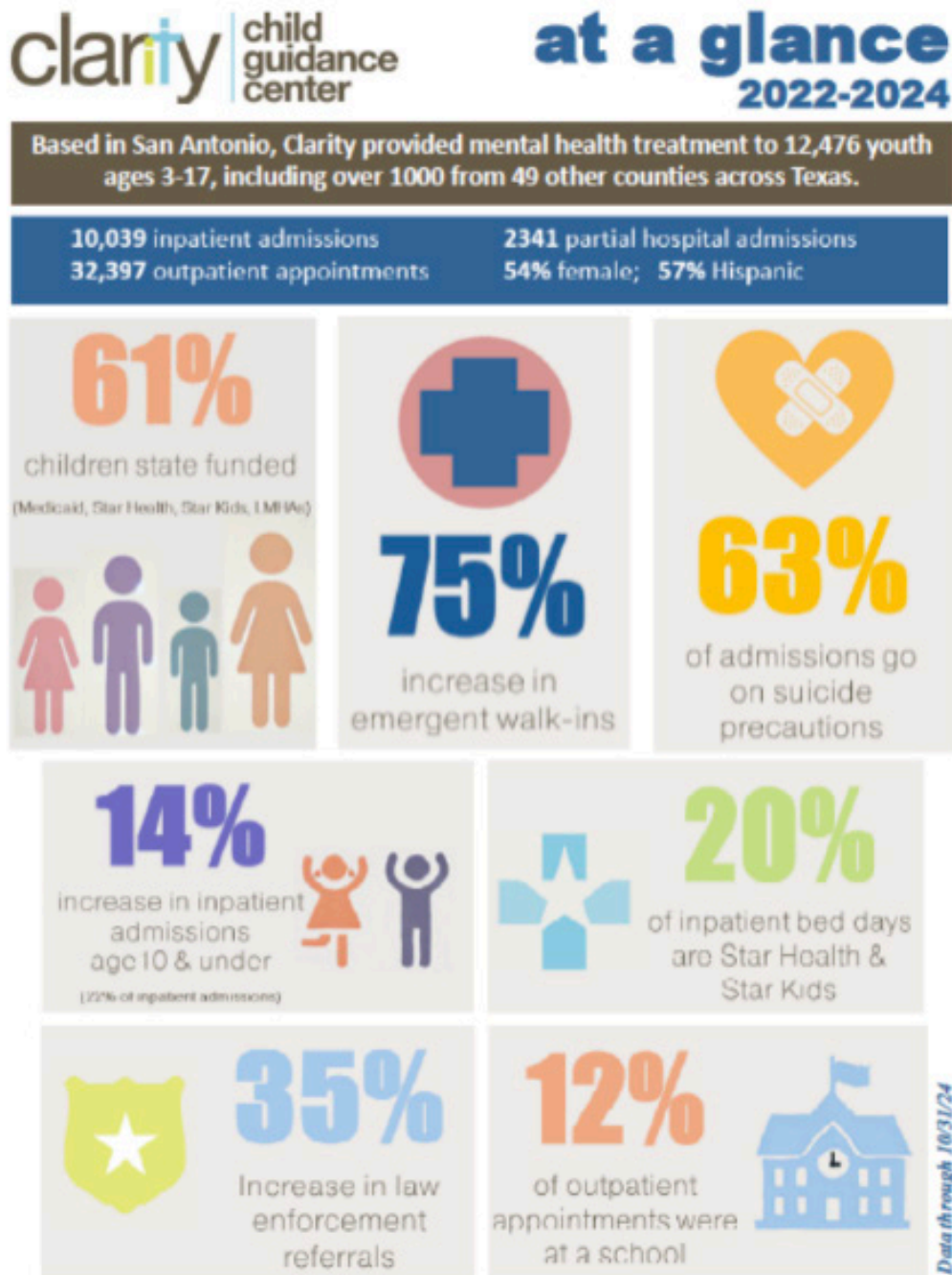
prevalence of MEDB problems among Texas youth by age



Source: Every Texan analysis of Center for Disease Control and Prevention Youth Risk Behavior Survey Data, (2021)
Note: Sum may not equal 100% due to varied sample sizes across sources.

Clarity has experienced those statistics in real time. The 2022-23 statistics at Clarity were stark, revealing the pressing demand for our services and programs:

- An unprecedented 86% increase in the number of patients admitted and placed on suicide risk precautions.
- A significant 65% increase in inpatient treatment for children previously unseen in the mental health system.
- A concerning 27% rise in inpatient hospitalizations.
- An alarming 89% surge in law enforcement referrals.



clarity initiatives since 2021 CHNA

In response to this unprecedented demand, Clarity took action by launching the following initiatives since our last published CHNA in 2021:

- In 2023 it launched “HEROES: The Campaign for Clarity,” a \$16 million, multi-phase capital campaign that—when finished—will allow Clarity to serve an additional 1,000 kids a year. The campaign will:
 - o Completely renovate an existing building into an 8-bed unit dedicated to children and teens with very complex issues, in a trauma-informed space, a secured courtyard and a dedicated space for programming—allowing Clarity to serve an additional 700 children per year.
 - This unit opened in September 2024.
 - o Update and expand the kitchen and dining room, originally built in 1986, to feed 125 patients.
 - The kitchen and dining room opened in September 2024.
 - o Establish a flexible living unit in Building 3 for any age or gender.
 - o Finish building out third floor of Building 10 to allow for 4,500 more outpatient appointments annually by therapists, psychiatrists and psychologists.
 - o Expand the Crisis Services Department to assess an additional 60 kids in crisis per month.
 - o Expand the Next Step Center to increase space and accessibility for families and children who need extended services.
- In the past three years, Clarity created two programs to lessen the current national predicament where most children have limited access to a mental health professional: First Step and Next Step. First Step is a one-time consultation for families who aren’t sure what their child needs or where to get it. The child goes through an assessment then a psychologist conducts an interview and reviews results with the family in order to identify areas of concern. A care coordinator then works with the family to connect patients to an appropriate level of care. The Next Step Center connects families to services in order to provide immediate, transitional outpatient therapy, including brief therapy, bridge appointments, school referrals and care coordination services.
- In 2024, Clarity and the Southside ISD Board of Trustees approved a first-of-its-kind partnership to have on-site mental health guidance center using Clarity mental health professionals, housed in the Southside High School building. Southside ISD is a mostly rural school district, so transportation and access to medical health is challenging because there are no psychiatrists and only two known therapists in the South San Antonio area codes. Clarity will provide onsite services (regardless of family ability to pay to Southside students including outpatient services; daily therapeutic sessions; group counseling; and individual and family therapy.
- Trauma-informed Care – Clarity’s counseling professionals estimate that 90% of Clarity’s patients have experienced trauma of some sort—whether it’s “Big T Trauma” like physical and/or sexual abuse, or “Little t trauma” i.e. witnessing domestic violence; lack of housing or food; neglect or verbal abuse; emotional detachment; and/or loss or separation from relative. Research has shown that child trauma survivors may experience learning problems, lower grades, more suspensions and expulsions;

increased use of health and mental health services; increased involvement with the child welfare and juvenile justice systems; and long-term health problems (e.g., diabetes and heart disease). 13 years ago, Clarity Child Guidance Center began the transition to trauma-informed care. Over the last year, it has taken it a step further, and all members of the Clarity staff have been going through an extensive, year-long “Level 1 Trauma Informed Certification” from The Ecumenical Center to “build resilience and empower individuals by providing physical, psychological, and emotional support through the principles of safety, trustworthiness and empowerment.”

- In response to the shooting tragedy at Robb Elementary School in Uvalde Texas in 2022, Clarity professionals traveled to Uvalde to offer free counseling. It also coordinated and still provides a three-prong program—underwritten by grant from H-E-B—offering:
 - o A telehealth assessment stations at Uvalde community partner locations: Children’s Bereavement Center in Uvalde. This will allow Clarity staff to complete a level of care assessment and determine if hospitalization is required, avoiding unnecessary trips to San Antonio and back to Uvalde.
 - o Trauma-informed transportation using Alternative Transportation Solutions to the hospital or treatment center of the parents’ choice. ATS utilizes behavioral health-trained drivers and aides that transport children in unmarked vans designed specifically for behavioral health transports.
 - o Offer gas cards to Uvalde families so that trips to San Antonio for in-person sessions and transportation back home after discharge are not a financial burden.
- Clarity is an original partner of The San Antonio Mobile Mental Wellness Collaborative with Jewish Family Service of San Antonio, Family Service Association, Rise Recovery and Children’s Bereavement Center of South Texas. The first of its kind in the nation, it is an upstream collaboration of nonprofits focusing on behavioral health prevention so that our public schools do not have to focus fully on intervention. Through each agency’s expertise, professionals are able to work with all student age groups and meet their behavioral health needs in their own learning environment, incorporating parents and guardians, teachers, and administrative staff into the mental wellness program. Services are offered on school district property or virtually to help eliminate the transportation barrier that often limits access to mental health services. Partners now include Clarity, Rise Recovery, Family Service Association, Joven and Endeavors.
- Clarity continues to host Claritycon, its annual children’s mental health conference that provides professional development (including CEUs and CNEs) by 40+ renowned experts to 500+ educators, therapists, physicians, nurses, social workers, mental health professionals and community members from the region. Offering Claritycon even during Covid as a virtual event, 2024 was the 11th anniversary, reaching a record number of attendees.
- In May 2024, Texas Public Radio and Clarity Child Guidance Center hosted a free screening for the general public of Screenagers—an award-winning documentary about raising teens in the scary world of social media. After the film, a panel of professionals answered mental health and social media questions. The film’s creator Delaney Ruston, MD, was the keynote speaker at the 2024 Claritycon.
- In 2023 and 2024, Clarity participated in the Texas Cavaliers River Parade, making Clarity visible to the 250,000+ people attend the parade and the additional 300,000 people watching the parade on TV. We will participate again in 2025.

- Clarity has continued these volunteer/donation initiatives: “Food for the Soul” allows volunteers to bring and serve a meal to the kids. “Bridge the Gap” and an onsite food pantry provide food and clothing for patients. Online Amazon wish list for clothing and educational supplies. Clarity continues to sponsor its annual “Giving Tree” campaign where churches, businesses or organizations host a Giving Tree during November and December to gather presents for the children receiving inpatient treatment at Clarity’s hospital over the holidays.
- Clarity executed a customized ad campaign in 2024 to reach target markets and community-at-large in San Antonio and central/south Texas to educate them about Clarity’s services, new programs, Claritycon and other events. Publications included main-stream media as well as communication vehicles for non-profit agencies.



community served by clarity

Clarity is located in San Antonio, Texas, the county seat for Bexar. San Antonio is widely reported as the 7th largest city in the nation and the 3rd largest city in Texas. Its population of 1.50 million is spread over a wide area, creating rural pockets within a metropolitan base. As of the 2020 census, Bexar County’s population was 2,009,324, making it the state’s fourth-most populous county. Bexar County is included in the San Antonio–New Braunfels, TX metropolitan statistical area. 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. From 2022-2024, Clarity provided mental health treatment to 12,476 youth ages 3-17, including over 1000 from 49 other counties across Texas.

EXHIBIT 1

Clarity CGC Internal Data

Summary of Patient Population by County and Zip for 2024

Based on the patient origin of acute care discharges and outpatient services for fiscal year 2024, Exhibit 1 shows the 10 ten zip codes of Clarity's patients within Bexar County (where San Antonio resides) and outside Bexar County.

BEXAR		OUTSIDE BEXAR	
zipcode	patient count	zipcode	patient count
78245	175	78108	63
78254	161	78130	46
78253	139	78154	38
78207	129	78006	38
78223	108	78155	35
78228	92	78132	24
78251	89	78028	22
78221	85	78016	19
78237	85	78002	15
78250	84	78009	11
Total of all zips	2966	Total of all zips	644

EXHIBIT 2

Identification and Description of Geographical Community

The following map (Exhibit 2) illustrates the geographic location of the top ten zip codes in the San Antonio area, with Clarity's campus marked with a star. San Antonio, which is the county seat and the largest portion of Bexar County, is home to 82% of our patients.

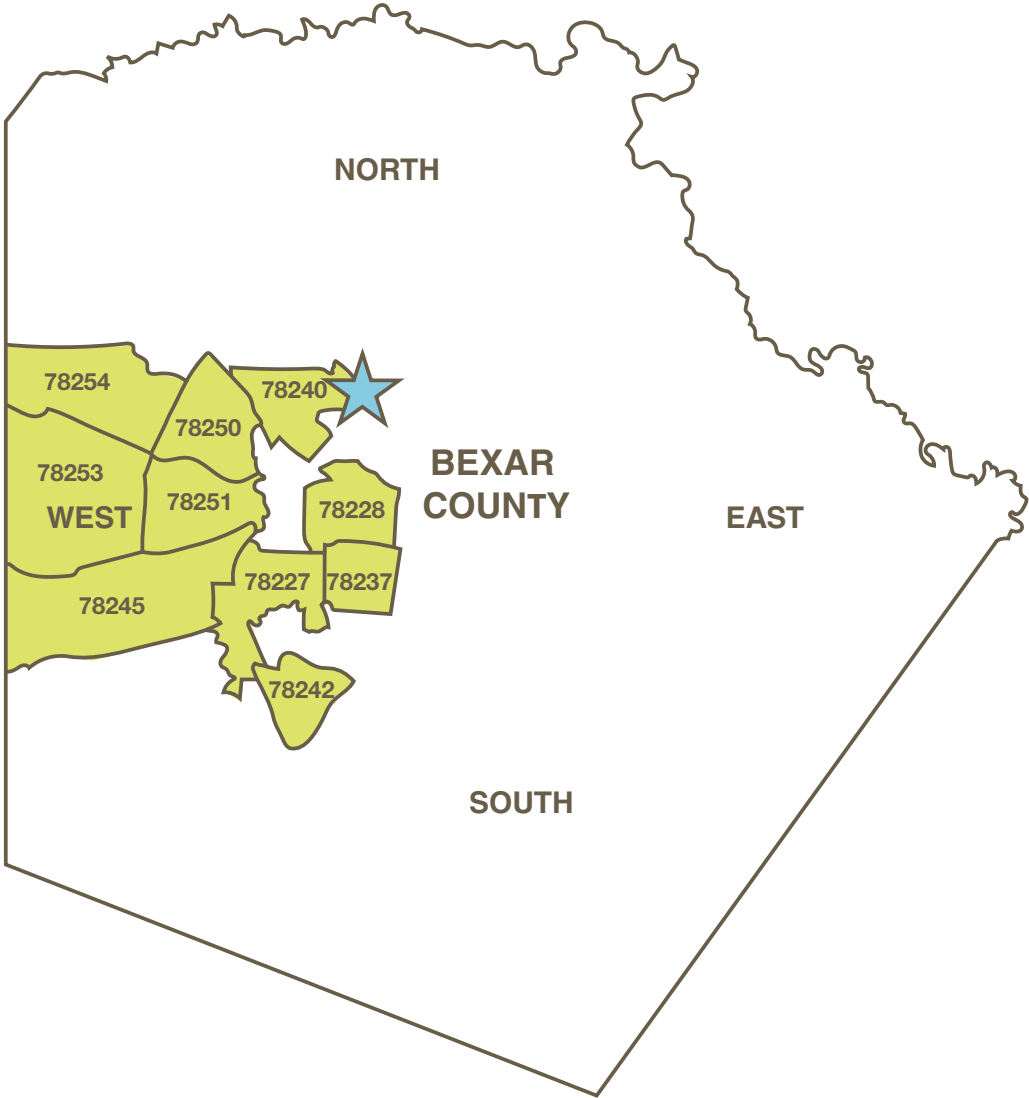


EXHIBIT 3

Population and demographic data contained in this Community Health Needs Assessment is based on the U.S. Census Bureau’s 2020 census, while population estimates projections were from the Texas State Data Center and other annotated sources. Exhibit 3 illustrates that the overall population stats from 2020 to 2023, comparing our population growth to that of the State of Texas, Bexar County (where San Antonio resides) and three surrounding counties of San Antonio.

estimated 2020 population vs. projected 2023 population change

Estimates of components of Resident Population change in four counties in Texas 2020-2023				
Geographic Area	Cumulative Change, April 2020 to July 2023			
	Total Population Change ¹	Vital Events	Births	Deaths
		Natural Change		
Texas	1,357,842	407,567	1,227,704	820,137
Bexar County	78,363	27,431	84,169	56,738
Comal County	32,435	306	5,740	5,434
Guadalupe County	15,743	1,246	6,107	4,861
Wilson County	4,430	-18	1,842	1,860

Source: U.S. Census Bureau, Population Division, Release Date: March 2024

EXHIBIT 4

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 for Bexar County.

2023 tx population estimates by ethnicity for bexar county, kids 3-10

Area Name	Age	Total Population	NH-White Population	NH-Black Population	Hispanic Population
Bexar	3-17 Years	262,410	49,460	17,388	178,612

percentage of u.s. children ages 0–17 by race and hispanic origin, 2020–2039

Race and Hispanic origin	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
White	71.2	70.9	70.6	70.9	70.7	70.5	70.3	70.1	69.8	69.6
Black	15.3	15.4	15.5	15.3	15.4	15.4	15.4	15.4	15.5	15.5
AIAN (American Indian or Alaska Native)	1.7	1.7	1.7	1.6	1.6	1.6	1.6	1.5	1.5	1.5
Asian	5.8	5.8	5.9	5.7	5.8	5.9	5.9	6.0	6.1	6.2
NHOPI (Native Hawaiian or Other Pacific Islander)	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Two or more races	5.8	5.9	6.0	6.2	6.3	6.4	6.6	6.7	6.8	6.9
Hispanic	25.6	25.7	26.0	25.9	25.9	26.0	26.1	26.2	26.3	26.4

SOURCE: U.S. Census Bureau, Population Division. These data are available on the U.S. Census Bureau website on the Population Estimates and Population Projections pages. The data for 2020 to 2022 are based on the population estimates released for July 1, 2022. Data beyond 2022 are derived from the national population projections released in September 2018.

socioeconomic characteristics of the community

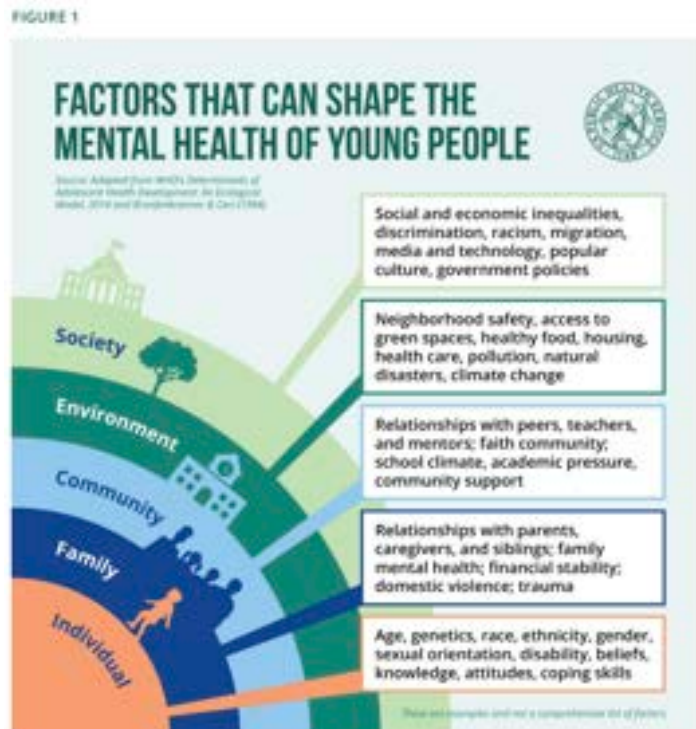


EXHIBIT 5

Household Income and Employment Comparisons

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

	Texas		Bexar County		Comal County		Guadalupe County	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent

income levels and benefits

Total households	11,260,645	11,260,645	758,070	758,070	75,234	75,234	69,236	69,236
Less than \$10,000	591,916	5.3%	37,778	5.0%	1,777	2.4%	2,605	3.8%
\$10,000 to \$14,999	368,608	3.3%	26,610	3.5%	954	1.3%	1,266	1.8%
\$15,000 to \$24,999	719,786	6.4%	50,120	6.6%	4,032	5.4%	3,014	4.4%
Median household income (dollars)	75,780		69,807		99,193		95,953	
Mean household income (dollars)	106,549		93,928		146,809		110,955	
Families	7,587,046	7,587,046	491,503	491,503	53,251	53,251	49,458	49,458
Less than \$10,000	265,057	3.5%	18,178	3.7%	1,323	2.5%	1,172	2.4%
\$10,000 to \$14,999	145,110	1.9%	9,664	2.0%	182	0.3%	325	0.7%
\$15,000 to \$24,999	344,244	4.5%	22,604	4.6%	1,344	2.5%	481	1.0%
\$25,000 to \$34,999	419,642	5.5%	32,631	6.6%	1,368	2.6%	1,728	3.5%
Median family income (dollars)	91,467		85,023		120,157	(X)	107,918	
Mean family income (dollars)	123,683		109,294		159,763	(X)	127,394	
Per capita income (dollars)	39,775		35,066		57,497	(X)	41,334	

employment status

Population 16 years and over	23,857,262	23,857,262	1,635,584	1,635,584	156,604	156,604	149,298	149,298
Employed	14,926,761	62.6%	1,007,264	61.6%	93,835	59.9%	96,770	64.8%
Unemployed	686,054	2.9%	48,622	3.0%	3,223	2.1%	3,022	2.0%
Armed Forces	122,987	0.5%	32,904	2.0%	909	0.6%	1,719	1.2%
Not in labor force	8,121,460	34.0%	546,794	33.4%	58,637	37.4%	47,787	32.0%
Civilian labor force	15,612,815		1,055,886		97,058	97,058	99,792	99,792
Unemployment Rate		4.4%		4.6%		3.3%		3.0%

Source: https://data.census.gov/table/ACSDP1Y2023.DP03?q=DP03&t=Income%20and%20Poverty&g=040XX00US48_050XX00US48029,48091,48187,48493

EXHIBIT 6 Poverty rate comparisons

Percentage of Families and People Whose Income in the Past 12 Months is Below The Poverty Level					
	Texas	Bexar County	Comal County	Guadalupe County	Wilson County
All families	10.3%	11.3%	4.9%	4.4%	6.4%
With related children of the householder under 18 years	14.8%	15.8%	6.6%	7.0%	8.9%
With related children of the householder under 5 years only	12.7%	15.8%	0.8%	12.0%	3.5%
Families with female householder, no spouse present	25.6%	24.6%	18.5%	8.2%	28.1%
All people	13.7%	14.7%	7.0%	7.7%	10.3%
Under 18 years	18.4%	19.5%	8.3%	8.8%	12.0%
Related children of the householder under 18 years	18.1%	19.3%	8.0%	8.4%	11.9%
Related children of the householder under 5 years	19.6%	20.3%	5.8%	13.3%	9.8%
Related children of the householder 5 to 17 years	17.6%	18.9%	8.6%	6.9%	12.5%

Source: Source: US Census American Fact Finder-
https://data.census.gov/table/ACSDP1Y2023.DP03?q=DP03&t=Income%20and%20Poverty&g=040XX00US48_050XX00US48029,48091,48187,48493

EXHIBIT 6A Poverty in San Antonio

POVERTY OVERVIEW Continued

- In 2018-2022, 74.4% of all households living in poverty were families with dependents.
- 62.2% of the families living in poverty are single-parent families; most of them (up to 52.7%) are families with a single female as the head of household with no spouse present.
- Multiple variables contribute to family households experiencing poverty at a higher rate than individuals living alone, including financial constraints that are intrinsic of supporting and providing for multiple dependents; this is extreme in the case of single mothers. Single-parent families are more likely to experience poverty, mostly among single mothers.
- In San Antonio 19% of all female residents live in poverty, compared to the 16.4% of men in the same situation.
- Women are more likely to live in poverty than men. Gender inequality happens not only in San Antonio, but across the entire Nation. Gender income disparities, limited care giving supports are among others some of the contributing factor to this reality.
- As the table below shows poverty affects more women than men in all the geographies analyzed. However, it is important to highlight that the gender poverty gap in San Antonio and Austin is slightly less acute than in Dallas, Houston and Fort Worth, and very similar to the National average.

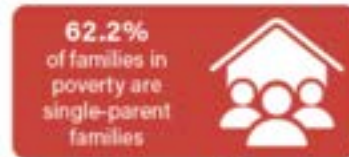


Table 5: Percent of Population Living in Poverty by Sex, Various Geographies, 2018-2022.

EXHIBIT 7

Incidence of Child Abuse Comparisons

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, as reflected in the fact that 10.5% of the children who are treated at Clarity are in the foster care system. While child abuse numbers in Bexar County were on the down trend between 2007 and 2015, they are now trending up. The number of victims was up 8.7%; at 10.2 victims per thousand children, the rate is above state and national rates.

Child Protective Services																							
Alleged Victims of Child Abuse/Neglect by Type in Completed Investigations - Monthly Summary																							
For Month of November 2024, Region 008, County BEXAR, COMAL, GUADALUPE and 1 more																							
Region	District Count of Investigations	Total Children	Alleged Victims	# Physical Abuse	% Physical Abuse	# Sexual Abuse	% Sexual Abuse	# Emotional Abuse	% Emotional Abuse	# Molestation	% Molestation	# Medical Neglect	% Medical Neglect	# Physical Neglect	% Physical Neglect	# Neglectful Supervision	% Neglectful Supervision	# Refuse Parent Responsibility	% Refuse Parent Responsibility	# Sex Trafficking	% Sex Trafficking	# Labor Trafficking	% Labor Trafficking
008	1,241	3,210	2,042	485	23.76%	401	19.64%	73	3.57%	2	0.10%	118	5.78%	164	8.03%	1,454	71.19%	17	0.83%	5	0.24%	2	0.10%
Total	1,241	3,210	2,042	485	23.76%	401	19.64%	73	3.57%	2	0.10%	118	5.78%	164	8.03%	1,454	71.19%	17	0.83%	5	0.24%	2	0.10%

Each alleged victim is counted for each unique type of alleged abuse/neglect, therefore total allegations is greater than total alleged victims.

Data Source: CAPS Investigation Data Warehouse
 Dashboard Name: rgs_rpt_31_08
 Report Name: RPT_CPS_31s.r
 Data As Of: 12/1/2024
 Report Run Date: 12/18/2024

EXHIBIT 8

Children in Foster Care in San Antonio Area in 2024

In these counties of Texas which include Bexar and surround Bexar (Comal, Guadalupe, Wilson, Kendall, Atascosa, Bandera and Medina Counties):

- 50% of foster families quit within the first year of fostering due to lack of support
- 44% of siblings end up separated, children are placed in facilities instead of families
- 49% of children who leave foster care, return within 5 years

Outcomes:

- 76% of sex trafficking victims spent time in foster care
- 45% of homeless population spent time in foster care
- 40% of aged out youth will be incarcerated by 19 years old
- 3% of aged out youth attend tuition free college



Source: <https://alliance4orphans.org/crisis/>

EXHIBIT 9

Children Living in Single-Parent Homes Comparison

Source: Center on Health and Families

According to the U.S. Census Bureau, Texas led the nation in numeric population growth between 2022 and 2023, adding 473,453 people (U.S. Census Bureau, 2023). More than 11 million families call Texas home. Nearly 49% of these are married-couple households, which is about 2% higher than the national average (American Community Survey, 2022). Texas also outperforms the nation in terms of the percentage of its population that is under 18 years old (24.8% versus 21.7%) and average family size (3.25 versus 3.11). However, since 1990, the annual number of marriages per thousand Texas residents has fallen by 45%, from 10.5 per 1,000 in 1990 to 5.8 per 1,000 in 2022. Approximately 54% of Texas children are being raised by married, biological parents. Children raised in non-intact families face numerous disadvantages, including higher poverty rates, poorer educational outcomes, and increased exposure to violence and substance abuse as compared to their peers with intact families. The proportion of children living with both parents falls as more couples separate or become divorced. It goes from 65% among the birth to 2-year-old group down to 54% among the 15-17-year-old group. The nationwide data, which is based on much larger samples, shows a similar pattern. They go from 66% to 53%. So, in Texas, where about 54% of children are now being raised by their married, biological parents, our state comes in close to the U.S. nationwide average in terms of family stability.

Location	Data Type	2023
Texas	Number	2,458,000
	Percent	34%
San Antonio	Number	147,000
	Percent	46%
Austin	Number	52,000
	Percent	32%
Dallas	Number	129,000
	Percent	45%
El Paso	Number	69,000
	Percent	44%
Houston	Number	233,000
	Percent	46%

EXHIBIT 10

Children Enrolled in Medicaid Comparison

Medicaid and CHIP provide health and long-term care coverage to 80 million low-income children, pregnant women, adults, seniors, and people with disabilities across the U.S. as of May 2024.

- Total Medicaid and CHIP enrollment in Texas was 4.2 million in June 2024.
- Total Medicaid spending in fiscal year 2022 was \$57.3 billion in Texas; the federal government paid 65.3% of these Medicaid costs.

Since March 2023 when the Medicaid continuous enrollment provision that paused disenrollments during the COVID-19 pandemic ended, Texas has disenrolled 2.5 million people from the program. Medicaid and CHIP enrollment is -0.4% lower than before the start of the pandemic in February 2020. Medicaid and CHIP income eligibility levels in Texas, as in most states, vary for different categories of people.

Texas State Medicaid programs provide medical coverage to millions of Americans, including children, pregnant women, and parents. The Children’s Health Insurance Program (CHIP) was introduced in 1997 to help uninsured children who were previously not eligible for Medicaid. The total number of individuals enrolled in Medicaid and CHIP was approximately 82.8 million in May 2021; the state of Texas had more than 2.5 million children enrolled in Medicaid and CHIP programs.

The Affordable Care Act established a new methodology to assess income eligibility for Medicaid and CHIP. The adoption of the Modified Adjusted Gross Income (MAGI) methodology helped to align eligibility rules that previously varied nationwide. In general, an individual’s eligibility is now determined by their MAGI and where it falls in relation to the federal poverty level (FPL). For Medicaid and CHIP plans across all states in 2021, the median upper income eligibility level for children was 255 percent of the FPL. As nutrition and fitness play a role in mental health, the rates of obesity among children can influence the need 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 Texas, the rates of child obesity have decreased since 2013 from 21.3% to 17.3% during 2018-2019.

Medicaid and CHIP Eligibility Limits (as a Percent of the Federal Poverty Level), As of May 1, 2024				
	Parents (in a family of three)	Other Adults (for an individual)	Pregnant women	Children
United States	138.0%	138.0%	214.0%	255.0%
Texas	15.0%	0.0%	207.0%	206.0%

Source: [KFF's Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies Survey](#)

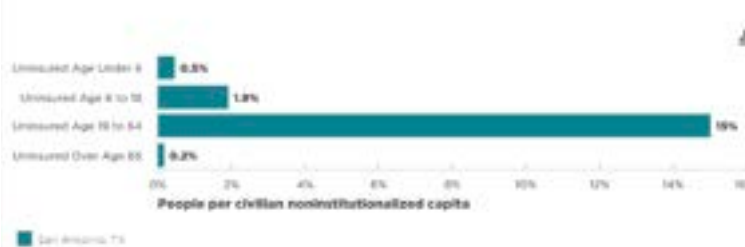
EXHIBIT 11

Uninsured Children Rates Comparison (aged 17 and under)

According to Texas 2036’s “Who Are the Uninsured?” study, 34% of uninsured individuals postponed obtaining mental health care support, and 37% postponed mental health care support for their children. Likewise, more than 16%, (nearly 5 million Texans) of the population is uninsured—the largest percentage of any state and more than double the national average.

Lack of Insurance - by Age Group

San Antonians age 18 to 64 years old are less likely to have health insurance compared to those in other age groups.



Sources: US Census Bureau ACS 5-year 2018-2022

Lack of Insurance

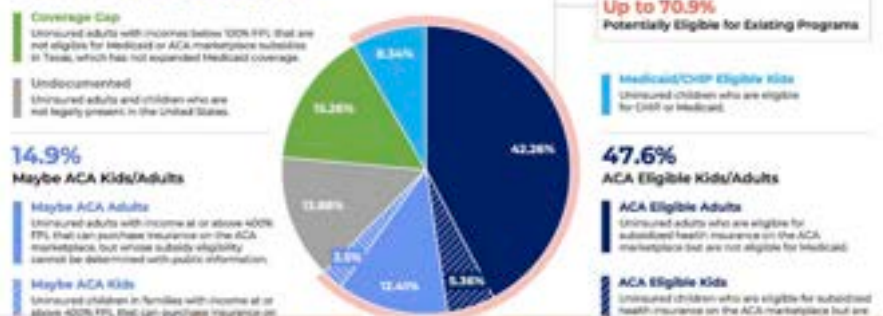
The proportion of people without health insurance in San Antonio is twice as high when compared with the proportion across the US overall.

Uninsured population



Sources: US Census Bureau ACS 5-year 2018-2022

Eligibility for Subsidized Health Insurance Among Uninsured Texans



health status of the community

EXHIBIT 12

Prevalence of Mental Illness and Treatment Rates

Source: The Texas Lyceum, 2024

According to The Texas Lyceum, 2024, one in five adults in Texas experience a mental health condition each year, according to the Substance Abuse and Mental Health Services Administration. Two million of 5.2 million Texas children/youth (ages 6-17) had a mental health need in 2022, reports the Meadows Mental Health Policy Institute. Like in many states, mental illness is not yet detected and treated — to the extent it is detected and treated at all — until 8 to 10 years after symptoms first emerge, according to the American Academy of Child and Adolescent Psychiatry. Mental illness is an illness of childhood; half of all mental health conditions manifest by age 14. By young adulthood, 75% of lifetime cases have presented, according to Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). The Meadows Institute reports that one in three Texas children experience a mental health disorder each year. It also reports:

- 75% of children with health issues who receive care today are treated in a primary care setting.
- 61% of children with depression receive no treatment
- 60% of youth who receive mental health care begin receiving services through school

Below is a summary of the findings of an April 2024 survey by the City of San Antonio with 22 high school students appointed by the mayor and city council members that analyzed: 1) mental health status; 2) mental health issues experienced; 3) who is used for mental health help; and 4) what affects your mental health. In addition, the following demographic characteristics were analyzed: gender identity, sexual orientation (heterosexual, gay, lesbian, bisexual, queer, asexual, or exploring or unsure), race and ethnicity:

- When asked about a variety of depressive traits, 25% stated an inability to perform day to day tasks, down from 37% in 2022; 36% stated feeling helpless, hopeless, numb, or like nothing matters, down from 49% in 2022; and 10% stated smoking, vaping, or using drugs, down from 24% in 2022.
- While a higher percentage of LGBTQ+ reported experiencing depressive traits than their straight/heterosexual counterparts, there was a decrease across all categories for LGBTQ+ youth, the percentages are higher than the heterosexual counterparts.
- When examining results by race/ethnicity, all categories reported a decrease in mental health struggles, except those who selected “Another option not listed here” or “I prefer not answer” which experienced an increase in feeling helpless, hopeless, or numb, like nothing matters.

EXHIBIT 12A
Population Breakdown and Percentage of Youth Experiencing Mental Health Struggles

	Number		Population Breakdown		Inability to complete		Feeling helpless, hopeless, or numb, like nothing matters		Smoking, vaping, drinking alcohol, or using drugs	
	2022	2024	2022	2024	2022	2024	2022	2024	2022	2024
Total (ages 12-19)	846	1,455	100%	100%	37%	25%	49%	36%	24%	10%
Sexual Orientation										
Straight/Heterosexual	434	619	51%	43%	25%	21%	39%	31%	19%	9%
LGBQ+	253	234	33%	12%	58%	43%	71%	57%	38%	17%
Ethnicity/Race										
Hispanic	542	735	64%	51%	38%	26%	52%	36%	27%	11%
NH-White	152	76	18%	5%	38%	36%	53%	50%	20%	8%
NH-Black or African American	50	80	6%	6%	38%	21%	48%	31%	22%	10%
NH-Asian or Asian American	29	22	3%	2%	45%	27%	59%	50%	28%	5%
Another option not listed here	13	12	2%	1%	46%	25%	31%	58%	23%	17%
I prefer not to answer	60	81	7%	6%	12%	9%	13%	23%	5%	0%

NH = non-hispanic

EXHIBIT 12B
Self-Harm and Suicidal Ideation

	Hurting oneself like cutting skin, pulling hair, burning skin		Suicidal ideation: thoughts or feelings about ending own life	
	2022	2024	2022	2024
Total (ages 12-19)	26%	11%	28%	14%
Sexual Orientation				
Straight/Heterosexual	11%	6%	14%	9%
LGBQ+	52%	24%	55%	30%
Ethnicity/Race				
Hispanic	28%	11%	30%	14%
NH-White	30%	21%	28%	29%
NH-Black or African American	20%	8%	28%	14%
NH-Asian or Asian American	28%	9%	45%	32%
Another option not listed here	23%	17%	15%	0%
I prefer not to answer	5%	6%	7%	2%

NH = non-hispanic

EXHIBIT 12C

Preferred Resources for Mental Health Help

	Friends		A trusted adult that is not a family member		A trusted adult that works in your school	
	2022	2024	2022	2024	2022	2024
Total (ages 12-19)	41%	42%	10%	10%	10%	14%
Sexual Orientation						
Straight/Heterosexual	36%	40%	9%	11%	10%	13%
LGBQ+	49%	56%	12%	10%	11%	13%
Ethnicity/Race						
Hispanic	44%	44%	10%	10%	11%	13%
NH-White	43%	53%	9%	13%	5%	18%
NH-Black or African American	48%	34%	14%	13%	14%	15%
NH-Asian or Asian American	38%	45%	10%	18%	10%	23%
Another option not listed here	15%	33%	0%	8%	0%	8%
I prefer not to answer	12%	21%	7%	7%	5%	11%

NH = non-hispanic

	Place of worship		Social Media		Internet Search	
	2022	2024	2022	2024	2022	2024
Total (ages 12-19)	5%	8%	8%	5%	12%	7%
Sexual Orientation						
Straight/Heterosexual	7%	10%	4%	4%	7%	5%
LGBQ+	4%	5%	15%	9%	21%	14%
Ethnicity/Race						
Hispanic	5%	8%	8%	5%	12%	7%
NH-White	8%	12%	12%	4%	16%	13%
NH-Black or African American	2%	6%	2%	8%	12%	8%
NH-Asian or Asian American	3%	9%	3%	14%	21%	18%
Another option not listed here	8%	8%	0%	8%	8%	0%
I prefer not to answer	0%	4%	3%	1%	2%	2%

NH = non-hispanic

EXHIBIT 12C *(continued)*

Preferred Resources for Mental Health Help

	I don't have anyone to go to		I don't feel comfortable talking to anyone	
	2022	2024	2022	2024
Total (ages 12-19)	4%	5%	17%	16%
Sexual Orientation				
Straight/Heterosexual	4%	6%	13%	16%
LGBQ+	15%	6%	23%	19%
Ethnicity/Race				
Hispanic	5%	5%	18%	16%
NH-White	5%	4%	16%	16%
NH-Black or African American	2%	9%	10%	18%
NH-Asian or Asian American	3%	9%	21%	23%
Another option not listed here	8%	8%	23%	17%
I prefer not to answer	2%	0%	13%	7%

NH = non-hispanic

EXHIBIT 12D

Percentage of Youth Reporting a Negative Impact by these Factors or Environments

	School		Work/job		Extracurricular/After-school activities		Family/home life		Social Media	
	2022	2024	2022	2024	2022	2024	2022	2024	2022	2024
Total (ages 12-19)	59%	63%	25%	22%	16%	23%	33%	36%	22%	36%
Sexual Orientation										
Straight/Heterosexual	49%	53%	18%	12%	16%	17%	27%	32%	23%	26%
LGBQ+	73%	68%	40%	14%	18%	30%	43%	56%	19%	35%
Ethnicity/Race										
Hispanic	60%	58%	25%	9%	16%	20%	34%	37%	19%	28%
NH-White	59%	67%	27%	14%	16%	25%	29%	46%	27%	32%
NH-Black or African American	47%	49%	14%	15%	6%	15%	21%	35%	18%	28%
NH-Asian or Asian American	68%	55%	15%	18%	27%	32%	67%	41%	32%	45%
Another option not listed here	N/A	67%	N/A	33%	N/A	50%	N/A	58%	N/A	33%
I prefer not to answer	55%	47%	50%	5%	21%	14%	23%	31%	30%	20%

NH = non-hispanic

Social Media and Stress

In May 2023 the United States Surgeon General Dr. Vivek Murthy released the Surgeon General’s Advisory on Social Media and Youth Mental Health <https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf> which stated that “While social media may offer some benefits, there are ample indicators that social media can also pose a risk of harm to the mental health and well-being of children and adolescents.” The Surgeon General issued a call for urgent action by policymakers, technology companies, researchers, families, and young people alike to gain a better understanding of the full impact of social media use, maximize the benefits and minimize the harms of social media platforms, and create safer, healthier online environments to protect children.

A higher percentage of teens reported social media as having a negative impact on their mental health in 2024 (36%) compared to 2022 (22%). School and comparing yourself to others were the highest rated stressors for the youth in 2024. As this survey shows the same as 2022, poorer mental health disproportionately affected LGBQ+ and gender diverse youth who even pre-pandemic experienced “higher rates of mental health challenges and increased health complications” compared to their heterosexual peers. Unlike their heterosexual counterparts, the LGBQ+ teens also show an increase in negative impact when around their family in 2024. In addition, LGBQ+ teens continue to more frequently report stress in these settings and situations compared to their straight and heterosexual peers.

Gender Diverse Youth

Between 2022 and 2024, the City of San Antonio elected to change the language of gender demographic questions. As a result, it analyzed gender diverse youth independently and did not compare results to the 2022 survey. Here it was looking at transgender (marked transgender as “yes” n=36) or diverse youth (marked not a girl or a boy, non-binary/third gender/two-spirit, exploring or unsure, or self-described their gender identity, n=71). When asked about a variety of depressive traits, 35% stated an inability to perform day to day tasks, 51% stated feeling helpless, hopeless, numb, or like nothing matters, and 10% stated smoking, vaping, or using drugs. 30% of gender diverse/exploring or unsure youth reported self-harm, and 34% reported suicidal ideation. Additionally, 75% indicated school had a negative impact on their mental health, while 58% said their family had a negative impact. Transgender youth reported even higher numbers: 53% stated an inability to perform day to day tasks, 58% stated feeling helpless, hopeless, numb, or like nothing matters, 22% stated smoking, vaping, or using drugs, 47% reported self-harm and 50% reported suicidal ideation. Furthermore, 72% of transgender youth reported that school had a negative impact on their mental health and 67% reported that family had a negative impact. These figures are more than double for every category when compared to cisgender youth.

The City of San Antonio opted to add additional questions to the 2024 survey to find what youth found most helpful for improving their mental health. Since these questions were not asked in 2022, the findings only look at 2024 data. 44% of youth reported that listening to music helped their mental health, 30% reported napping helped, 30% reported hanging out in person helped, 26% reported watching something on TV helped, and 25% reported video games helped. Only 2% of teens stated that nothing helped.

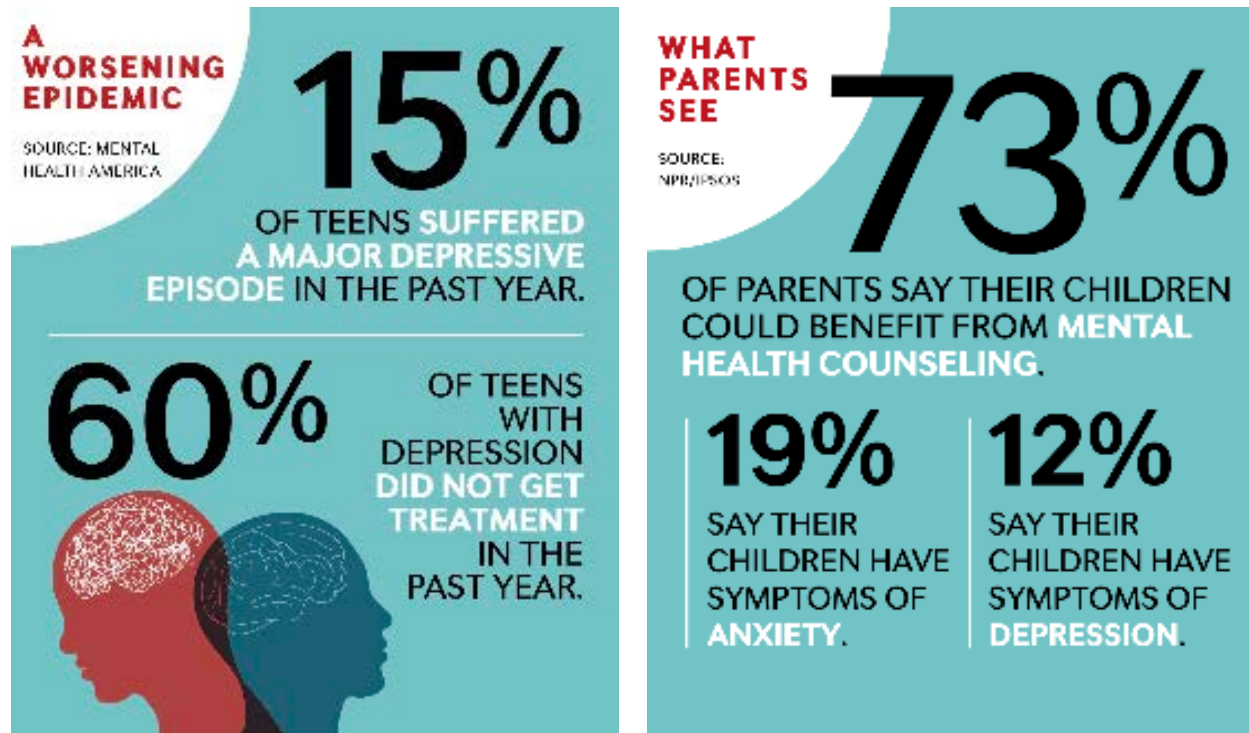
Conclusion of the city study: Young adults throughout San Antonio are continuing to face significant mental health challenges. LGBTQ+ and gender diverse youth in San Antonio show disproportionately higher percentages of mental health challenges compared to their peers. However, there are some improvements. The City utilized American Rescue Plan Act (ARPA) funding to invest in youth mental health. Funding and support created for youth mental health recovery will specifically address the unique needs of LGBTQ+ and gender diverse youth.

Lack of Education and Awareness

To quote a 2022 National Education Agency report on Mental Health in Schools: "The Kids Are Not All Right - As students' mental health needs rise, so do educators' demands for help. About 214,000 U.S. children have lost a parent to COVID-19. They're adrift, grieving. Many other parents and caregivers lost their jobs. Today, 17 million U.S. children struggle with hunger—about 6 million more than before the pandemic. On top of that, recent years have reinforced how much this nation still struggles with racism and anti-LGBTQ+ hatred."

From Bad to Worse:

In the past year, even as the nation has returned to “normal” life, the latest research shows that many students are still living in a state of mental health crisis. This data isn’t at all surprising to educators and parents. In an April poll, nearly three-quarters of U.S. parents said their child would benefit from mental health counseling—up from 68 percent in 2021. Additionally, about a third said their child has recently shown symptoms of mental health issues, including anxiety (19 percent) and depression (13 percent).



Among parents of students with disabilities—including learning, developmental, and physical challenges—almost a third said their child has anxiety, and rates of depression are higher as well.

Before the pandemic, between 2016 and 2019, the number of children diagnosed with anxiety rose by 27 percent, while depression diagnoses rose by 24 percent. But recently, it’s worse than ever.

In the past year, 15 percent of teens suffered at least one major depressive episode—that’s an additional 306,000 teens over the previous 12 months, according to the 2022 data from Mental Health America. On top of that, nearly two-thirds of teens with major depression say they haven’t gotten any help. Maybe the most alarming figure in recent mental health data is this: Nearly half of young LGBTQ+ people have considered ending their lives in the past 12 months, according to a survey of 34,000 young people by the Trevor Project.

state of texas funding for children’s mental health

The Texas Legislature on mental health

The 88th Legislature delivered a **record \$11.68 billion** for behavioral health, an increase of more than 30% from the previous session.

Leading up to the 88th Legislative Session, policymakers shared a strong resolve to do more for mental health in Texas, and state leadership made it a session priority.

Session	Medicaid Behavioral Health Budget	Total Behavioral Health Budget	Cumulative Increase	% Increase from 84th
85th (2017)	\$3.52 B	\$7.60B	\$1.01B	15%
86th (2019)	\$3.31 B	\$8.23B	\$1.64B	24%
87th (2021)	\$3.68 B	\$8.86B	\$2.27B	34%
88th (2023)	\$3.48 B	\$11.68B	\$5.09B	77%

Source: <https://mmhoh.org/topics/policy-research/texas-behavioral-health-rankings/>

shortage of mental health professionals

According to the Centers for Disease Control and Prevention (CDC), 75-80% of children, youth and young adults with serious mental health needs do not receive adequate treatment due to structural, financial or personal barriers to accessing high-quality mental health services. Additionally, a shortage in the children’s mental health workforce has resulted in a circumstance in which the need for services is often greater than the number of clinicians available to support the need.

The rise in mental health concerns is compounded further by a shortage of professionals choosing to work in the public sector, and specifically with adolescent mental health. The AACAP reports a severe nationwide shortage of child and adolescent psychiatrists. There are about 11,400 practicing child and adolescent psychiatrists (CAPs) in the U.S. In Texas, there are 853 CAPs, however 80% of the state’s counties have zero practicing CAPs. Bexar County has 91 CAPs with a ratio of about 18 CAPs per 100,000 children.

According to the Texas Department of State Health Services, 246 of 254 Texas counties are Mental Health Professional Shortage Areas (MHPSAs). There was one mental health worker for every 760 residents in 2023, according to Mental Health America’s Access to Care Data report.

Workforce Maps by State

AACAP Workforce Maps are best viewed on desktop.

[Download PDF version](#)



A 2023 report from the Health Professions Resource Center, which collects licensure data, shows that while the mental health workforce is growing, it's not evenly distributed around the state. Also, the workforce is aging fast and typically filled with mostly white, English-only speakers who live in the state's largest cities. In Texas, more than 40% of the state's more than 30 million residents are Hispanic, but its mental health provider population is more than 80% white, according to 2023 data. Also, less than 20% of the state's 10,440 mental health providers who responded to the 2023 workforce survey said they offer mental health services in a language other than English. In 2023, there were 2,651 psychiatrists in Texas, an increase of 31.7% from 2015, according to the Texas Department of State Health Services. Even so, there are 170 counties that have no licensed psychiatrist. Overall, there are about 11,758 residents for each psychiatrist.

The state has well-documented shortages of primary care physicians and other specialists, including psychiatrists. More than 80% of Texas counties are designated as mental health professional shortage areas, and about 40% of Texas counties' primary care health needs are not currently being met. Shortages of nurses and allied health professionals contribute to this problem.

The Texas Legislature has invested significant funds to increase the size of the health care workforce in Texas, but continued investment is required to combat the severe shortage of physicians, nurses and other health care professionals.

The Workforce Issue In 2023, more than 60% of hospitals were operating with fewer beds and reduced services due to lack of staff. These shortages are occurring not only because of a decrease in available physicians, nurses and other professionals at the end of the workforce pipeline, but also because of a bottleneck leading to it.

- It's projected that by 2032, demand for full-time registered nurses in Texas will outpace the supply by more than 57,000 positions, a 16% deficit.
- The registered nurse vacancy rate increased by nearly threefold between 2019 and 2022, from 6% to 17.6%.
- Texas nursing schools turned away 13,705 qualified applications in 2023 because of inability to accommodate the applicant demand, citing a lack of faculty and clinical space.

Burnout, the additional stressors in the hospital workplace during the COVID-19 pandemic, and workplace violence are all cited as causes for a recent exacerbation to a workforce shortage that already existed before the pandemic.

The data from the 2024 Workforce Supply and Demand Projection indicated a 27% unmet demand for social workers, a number expected to rise to 36% by 2036 if current trends continue (Texas Department of State Health Services, 2024). Texas was identified as one of the states with the highest projected social worker shortage by 2030 with an estimated deficit of 33,825 jobs in the state workforce. The number of licensed social workers in the state over the past five years has consistently fallen short of the target ratio of 185 social workers per 100,000 individuals needed to meet the population's demands. In 2023, the Texas social work workforce was operating at 56% of the required capacity. This state data primarily focuses on LCSWs, overlooking other critical segments of the workforce including BSWs and MSWs with and without entry level licensure, i.e., LMSWs, further demonstrating the limited scope of understanding of the social work workforce currently available.

numbers at a glance



emergency room “boarding”



In a recent study published in the *Journal of American Medical Association*, pediatric visits nationwide to the emergency room for mental health reasons have doubled. Of those visits, the proportion of visits for suicide-related symptoms increased five-fold. After arriving at the hospital, kids experiencing a mental health crisis are often kept in emergency department (ED) or inpatient beds not designed for mental health treatment, “boarded,” until they can be admitted into a psychiatric treatment program or transferred to another facility. While boarding keeps vulnerable patients physically safe from injury, waiting in an ED does not provide the specialized mental health treatment kids need to help them recover. In addition to delaying treatment and recovery, prolonged boarding also means extended absences from schools and communities, and puts undue stress on both kids and their caregivers. For providers, boarding that lasts weeks or even months drains resources and staff in overtaxed environments, making timely treatment challenging.

According to a study in December 2023 issue of *The Joint Commission Journal on Quality and Patient Safety*, emergency department (ED) boarding is a long-standing yet increasingly common quality and safety issue. ED boarding is associated with delayed and missed care, medication errors, delirium, higher morbidity and in-hospital mortality, and longer hospital length of stay as well as poor patient satisfaction. This cross-sectional survey with ED attending physicians, resident physicians, advanced practice providers and nurses reported that boarding highly contributed to the perception of burnout, as well as high rates of perceived verbal and/or physical abuse from boarding patients. Participants overwhelmingly felt that boarding patients received poorer care due to concerns of poor patient safety communication and a lack of training, resources and training.

Rising volume and acuity of pediatric mental health emergencies, coupled with reduced access to inpatient psychiatric care, have caused tremendous downstream pressures on EDs, resulting in long lengths of stay, or “boarding,” for youth awaiting psychiatric admission. The Joint Commission recommends boarding time frames not exceeding 4 hours in the interest of patient safety and quality of care. However, across hospitals, boarding times are highly heterogeneous, ranging from less than 2 hours up to several weeks, with medical/surgical patients experiencing much shorter boarding times compared to patients with primary mental health needs.

Acute Treatment – Few Facilities, High Utilization

In Bexar County, since the spring of 2020, both adult and child mental health units at the Center for Health Care Services (CHCS), Bexar County’s local mental health authority, are operating at 120% of capacity. There was a 172% increase in individuals accessing crisis services at CHCS, adding 25 new consumers per day.

Residents of San Antonio and Bexar County had uneven access to health care pre-pandemic. Financial barriers included lack of insurance, particularly among adults but also among moderate-income children and teens, and high out-of-pocket costs even for people with insurance. Moreover, although the availability of ACA Marketplace coverage and aggressive local enrollment efforts made a substantial dent in the uninsured rate, the majority of insurance for adults has been employer-sponsored and thus vulnerable to job loss, part-time status, and employer policy.

Geographic barriers can be substantial for those without a car, as healthcare facilities may be far from a person's home or work and require multiple bus transfers. Geographic barriers interact with temporal barriers. For example, many employers do not offer paid sick leave, and workers cannot afford to miss work for either sickness or preventive care. Although video- and telephone-based telehealth was already available, the pandemic forced widespread adoption among both health care providers and users.

Although much better than in surrounding rural areas, San Antonio and Bexar County already experienced a shortage of some types of health care providers, particularly mental health providers. Provider shortages translate into long appointment waits or an inability to find a provider accepting new patients and/or patients using a given insurance plan. Low wages, challenging work, and a growing and aging population already strained the supply of home health workers.

Health care staff may not be proficient in the language preferred by the client or patient, most commonly Spanish but also other languages. Low health literacy complicates care decisions and self-management, particularly coupled with basic literacy issues. Discrimination in health care and low trust in the health care establishment also presented barriers pre-pandemic, particularly for historically marginalized and currently marginalized populations like people of color, people with disabilities, women and girls, and members of the LGBTQ community. The pandemic appears to have further eroded overall trust in healthcare providers.

factors impacting health outcomes

Risk and Protective Factors

According to the American Mental Wellness Association, a variety of life experiences may put a child at risk of mental illness. Risk factors for mental illness include, but are not limited to:

- Familial history of mental illness
- Chronic medical conditions and traumatic brain injuries
- Alcohol or substance use
- Chronic stress
- Traumatic life experiences
- Childhood abuse or neglect
- Living in persistent poverty
- Discrimination

Ripple Effects of Non-Treatment

Absence of treatment harms children and their families, often leading to a higher risk of failure at school, substance abuse, contact with the criminal justice system, dependence on social services, and suicide.

- Young people who do not get treatment for mental illness are at higher risk for incarceration as adults; 60% of Texas youth entering state juvenile justice facilities have a moderate to severe mental health issue
- High school students with significant symptoms of depression are twice as likely to drop out of school.
- Half of people who experience a mental illness during their lives also experience a substance use disorder; the onset for substance use disorders is 15 years old.

According to the 2023 Kids County study of Texans, children with reported MEDB problems are more likely to “sometimes” or “never” have mental health coverage compared to kids without MEDB problems. More children without MEDB problems have coverage for mental health services than those with a reported MEDB problem.

trauma risk factors

Everyone has an alarm system in their body that is designed to keep them safe from harm. When activated, this tool prepares the body to fight or run away. The alarm can be activated at any perceived sign of trouble and leave kids feeling scared, angry, irritable, or even withdrawn. Trauma is a risk factor for nearly all behavioral health and substance use disorders. Experiencing trauma causes your body to produce cortisol and adrenaline, which activate your body’s processes of fight, flight or freeze. It is a response to a deeply distressing or disturbing event that is difficult to cope with and can cause feelings of helplessness, a lack of self-awareness, and the inability to effectively process emotions and experiences.

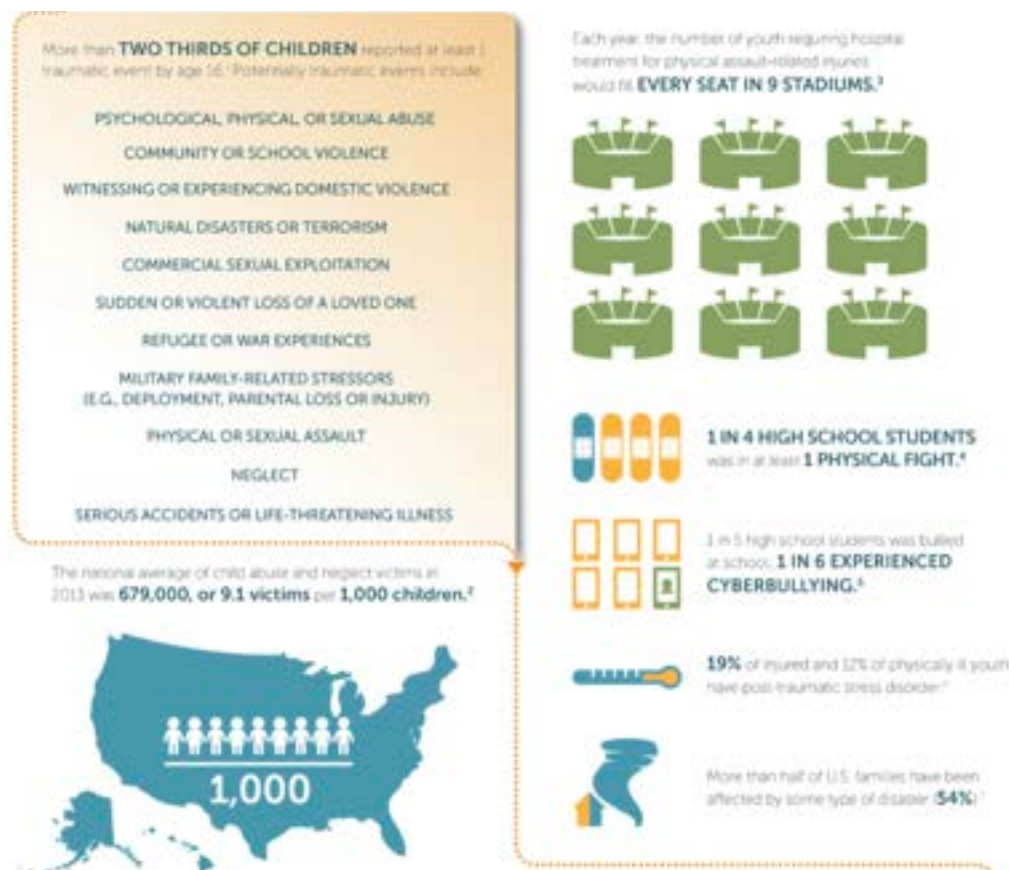
Trauma can have lasting effects on your physical, mental, behavioral, social and/or spiritual well-being. Examples of traumatic experiences are:

- Childhood neglect
- Living with a family member with mental health or substance use disorders
- Physical, sexual and emotional abuse
- Poverty
- Racism, discrimination and oppression
- Sudden separation from a loved one or death
- Community or school violence
- Witnessing or experiencing domestic violence
- National disasters or terrorism
- Military family-related stressors (e.g., deployment, parental loss or injury)
- Serious accidents or life-threatening illness

The impact of child traumatic stress can last well beyond childhood. In fact, research has shown that child trauma survivors may experience:

- learning problems, including lower grades and more suspensions and expulsions
- Increased use of health and mental health services
- Increased involvement with the child welfare and juvenile justice systems
- Long-term health problems (e.g. diabetes and heart disease)

child trauma occurs more than you think



The Adverse Childhood Experiences (ACE) study asked people to indicate the number of traumatic events they've experienced prior to the age of 18. It also provides an ACE score that consists of the sum of each traumatic experience question answered with "yes." Compared to people who scored a zero on this self-assessment, individuals with an ACE score of 4 or more were approximately:

- 2x as likely to smoke
- 2.5x more likely to have sexually transmitted diseases
- 4x more likely to have chronic obstructive pulmonary disease
- 7x more likely to consider themselves an alcoholic
- 10x as likely to have injected street drugs
- 12x as likely to have attempted suicide

Traumatic events during childhood, known as **adverse childhood experiences (ACEs)**, can disrupt a child's healthy development.

Trauma for children can occur when they experience or witness abuse, neglect, mental illness, family dysfunction, or violence at home or in their immediate surroundings.

prevalence of ACEs among adults surveyed in bexar county & texas, 2020

	bexar county	texas
Exposed to Mental Illness in Household	20.6%	14.2%
Exposed to Substance Abuse in Household	27.1%	24.2%
Experienced Parental Separation/Divorce	34.7%	29.8%
Exposed to Intimate Partner Violence in Household	20.9%	18.3%
Exposed to Household Member Incarcerated	10.3%	8.2%
Experienced Physical Abuse	29.7%	26.9%
Experienced Emotional Abuse	33.5%	25.6%
Experienced Sexual Abuse	20.4%	12.3%

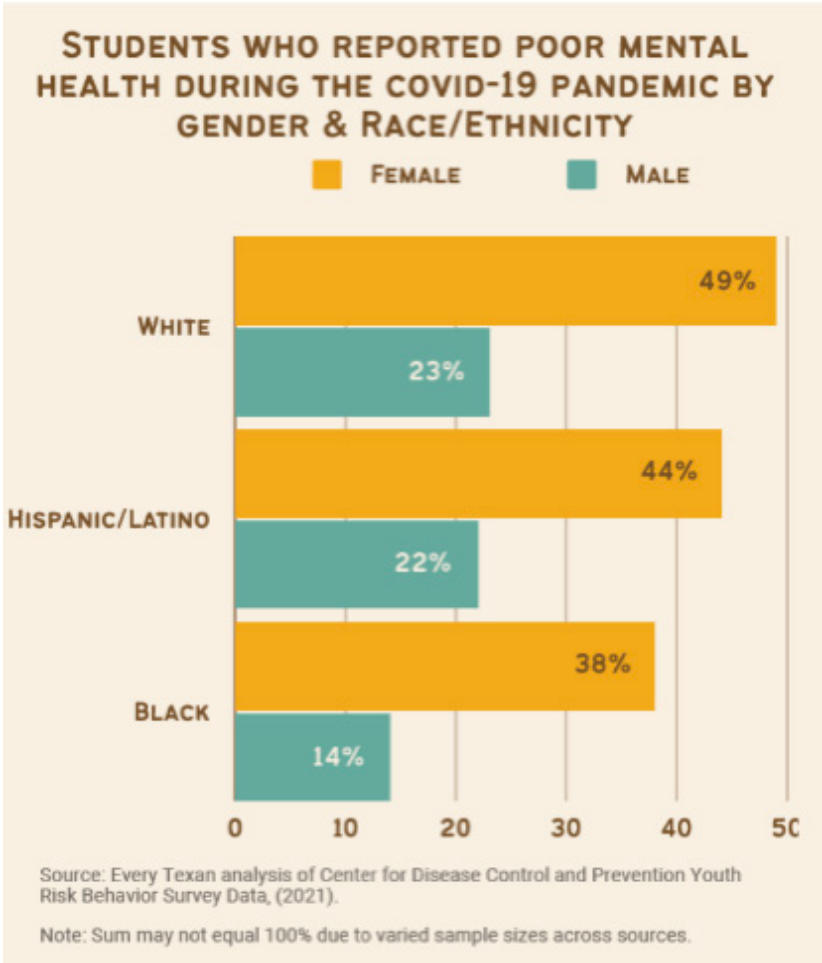
Source: SA Forward - SA Metropolitan Health District

Violence and abuse cause trauma, and the compounding of trauma without any intervention makes it more likely that those affected engage in violent or criminal behavior themselves. For example, the incarceration of a relative is formally considered an ACE, and in turn, incarcerated individuals themselves report that they experienced much higher ACEs compared to the general population. This is why interrupting and preventing violence requires being "trauma-informed" and addressing unacknowledged trauma in those who use violence.

According to a 2023 Kids Count survey, children who experience Adverse Childhood Experiences in their home are more likely to have a reported MEDB (mental, emotional, developmental, or behavioral) problem than children who did not. The largest percentage gap between children with MEDB problems and children without are between youth who have experienced racial or ethnic discrimination (~12%) and those who have not (~5%).

considerations during covid-19

To quote a 2023 study by United Way of Texas, the pandemic has disrupted longstanding patterns in how and where people live, work, study, save, and spend their time. The repercussions of the pandemic are still unfolding, amid an ongoing health crisis and an economic and public policy landscape that continues to shift. Competing forces have made it difficult to predict the net impact of the pandemic on household financial stability. When the pandemic hit, businesses, childcare providers, schools, and community services closed, some permanently; others went remote for months. The loss of jobs and wages was not experienced equally; those who could work remotely fared better than those who were required to be on-site. Initially, costs for many basics declined, but disruptions to the supply chain and higher wages to retain workers then pushed prices up — by 7.5% annually across the U.S. in 2021, compared to less than 3% annually in the prior 10 years — straining households even more.



On December 7, 2021, U.S. Surgeon General Dr. Vivek Murthy issued a strongly worded advisory on the urgent need to address the nation’s youth mental health crisis “further exposed by COVID-19 pandemic.” Key points from the advisory:

- “...the effect these challenges have had on their mental health is devastating.”
- “Even before the COVID-19 pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people, with up to 1 in 5 children ages 3 to 17 in the US with a reported mental, emotional, developmental, or behavioral disorder. In 2016, of the 7.7 million children with treatable mental health disorder, about half did not receive adequate treatment.”
- “From 2009 to 2019, the proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40%; those seriously considering attempting suicide increased by 36%; and those creating a suicide plan increased by 44%.”
- “...the pandemic dramatically altered young peoples’ experiences at home, school, and in the community.”
- “Mental health challenges in children, adolescents, and young adults are real, and they are widespread. But most importantly, they are treatable, and often preventable.”

BOX 1

RISK FACTORS CONTRIBUTING TO YOUTH MENTAL HEALTH SYMPTOMS DURING THE PANDEMIC

Note: Not a comprehensive list of risk factors.

Having **mental health challenges** before the pandemic^{63, 64}

Living in an **urban area** or an **area with more severe COVID-19 outbreaks**⁶⁵

Having parents or caregivers who were **frontline workers**⁶⁶

Having parents or caregivers at elevated risk of **burnout** (for example, due to parenting demands)^{67, 68}

Being **worried about COVID-19**⁶⁴

Experiencing **disruptions in routine**, such as not seeing friends or going to school in person^{69, 70, 71}

Experiencing more **adverse childhood experiences (ACEs)** such as abuse, neglect, community violence, and discrimination^{72, 73, 74}

Experiencing more **financial instability, food shortages, or housing instability**^{75, 76}

Experiencing **trauma**, such as losing a family member or caregiver to COVID-19⁷⁷

Response by the US Govt during Covid in regards to Medicaid: “The COVID-19 pandemic caused several changes in health care that raised new issues about health payment systems and insurance coverage and forced rapid policy changes, including restructuring of hospital services, expansion of intensive care units (ICU) and capacity, and swift transition to telehealth services.¹⁷ The federal public health emergency implemented ‘continuous Medicaid coverage,’ eliminating required re-enrollment and the income checks built into that re-enrollment process. The Centers for Medicare & Medicaid Services (CMS) updated reimbursement practices and expanded coverage of telehealth services nearly immediately and state and national organizations relaxed regulations and inflated temporary coverage. The Department of Health and Human Services also waived penalties for HIPAA violations as providing telehealth services became crucial for treating patients.”

there is hope: treatment works

Most Americans harbor positive views about mental health disorders and treatment, according to the results of a survey conducted by The Harris Poll on behalf of the American Psychological Association.



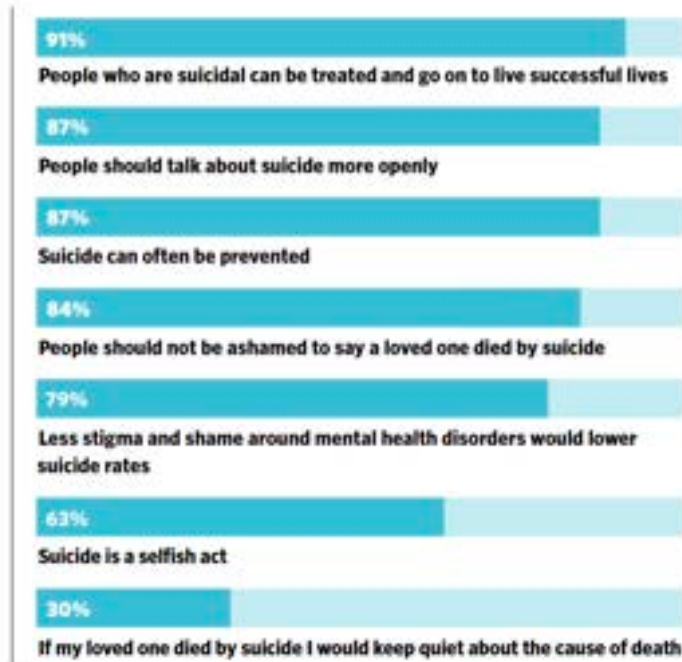
87% of American adults agreed that having a mental health disorder is nothing to be ashamed of.



86% of American adults said they believe that people with mental health disorders can get better.

ATTITUDES TOWARD SUICIDE

% strongly/somewhat agree



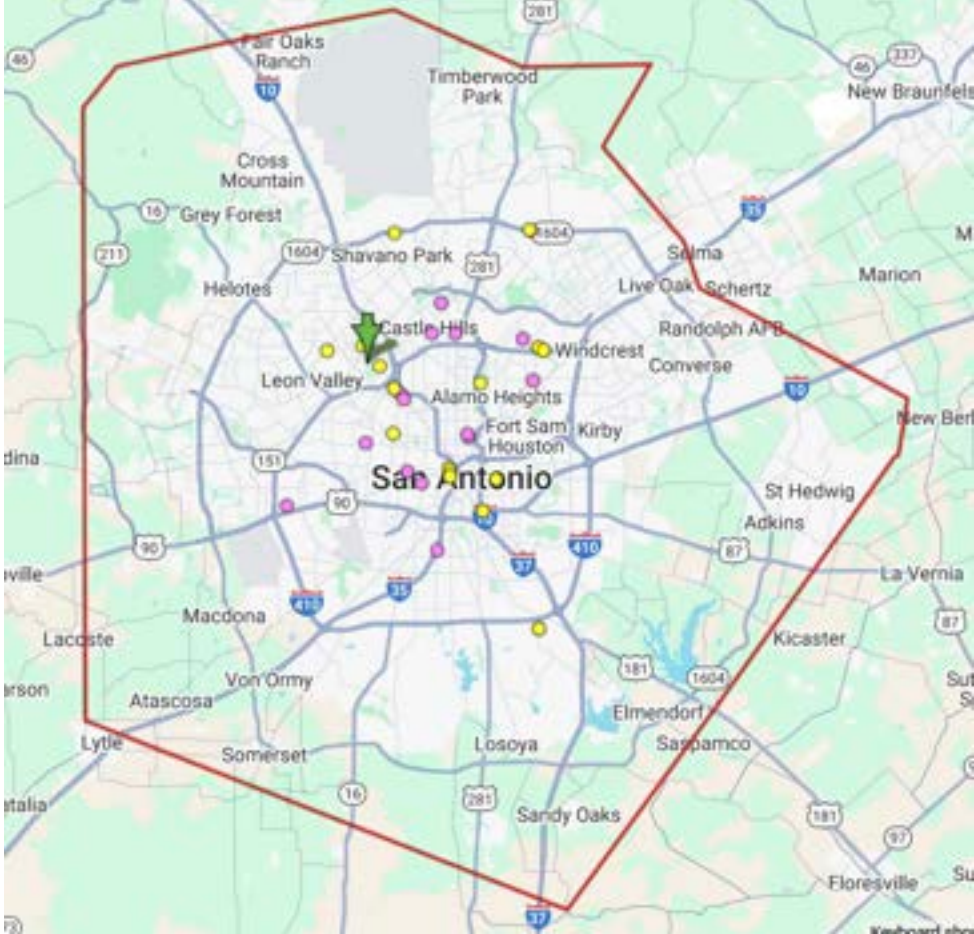
A NAMI/Ipsos poll of teens (ages 12-17) finds that while most teens report being comfortable talking about their mental health with those closest to them, fewer report actually doing so. Fewer than half say they talk to their parents about how they're feeling, and just one in five say the same about their friends. In the 2022-23 school year, most teens thought schools could be doing more to support mental health by teaching about what mental health is, providing information on treatment options, and providing days off for mental health support.

health care resources

EXHIBIT 13

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 on its website at <https://www.bexar.org/3380/Behavioral-Health>.



Legend: Facility Types

- Substance Use
- Mental Health
- Health Care Centers
- Buprenorphine Practitioners
- Opioid Treatment Programs

The three main providers of acute inpatient care are Clarity Child Guidance Center; Laurel Ridge (that treats both adults and children and have the capability to flex beds to either population, based on need); and San Antonio Behavioral Hospital with also the ability to flex beds for capacity. 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.

prioritization of identified health needs

Clarity Child Guidance Center has been the premier resource for children's mental health care in South Texas. Clarity's leadership and its Board of Directors are committed to closing as many gaps in successful mental health care for children as is feasible. In evaluating the results of our document research 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?

Clarity Child Guidance Center's leadership evaluated the opportunities revealed in the 2021 Community Health Needs Assessment. With the guidance of the Board of Directors, they developed a strategic plan to address gaps in the community, based on the center's four pillars: Access to Care; Financial Sustainability; Organizational Health; and Quality of Clinical Care. Initiatives prioritized for 2025 and each item's KPI (key performance indicator) as itemized in Clarity's 2025 Strategic Plan include:

- Capital Campaign and Expansion
 - o KPI – Successful completion of phase one of the capital campaign through philanthropic donations and grant funding
- Financial Sustainability
 - o KPI - Close the delta between revenue/expenditures
- Develop the next generation of hospital leadership
 - o KPI - Successful transition of current Operations team members into SQC roles upon retirement of current staff
- Determine the WHY for staff i.e. WHY is the drive or motivation behind WHAT you do and HOW you do it
 - o KPI – A 5% decrease in staff turnover
- Increased community profile
 - o KPI – Exceed annual inpatient ADC (average daily census)