

Menninger Community Health Needs Assessment

June 2022



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Executive summary

Established in 1925, The Menninger Clinic is a leading psychiatric hospital that provides a variety of inpatient and outpatient treatment programs for adults and adolescents with mood, personality, anxiety and addictive disorders. The Clinic also conducts leading mental health research, trains tomorrow's expert mental health professionals and reaches the community with free programs and services. For more than 30 years, The Clinic has ranked among the top 10 psychiatric hospitals in U.S. News and World Report's annual list of "Best Hospitals."

Menninger is guided by values that help faculty and staff members provide high-quality care, research and training while creating a culture that attracts and retains the best faculty and staff.

- **Excellence:** The best people doing their best work
- **Teamwork:** Accountable to each other to do our best
- **Hope:** Inspiring people to reach their potential
- **Integrity:** Doing the right thing
- **Caring:** Respect and compassion for self and others

Key goals of this report

The purpose of this needs assessment is to gauge the needs and strengths of the community served by The Menninger Clinic, in compliance with the Patient Protection and Affordable Care Act of 2010 and federal tax-exemption requirements, and to improve overall mental health and reduce the burden of mental illness. The key goals of this report are:

1. Gain a better understanding of mental health care needs for patients served by Menninger.
2. Ensure alignment of mission and charitable resources with its services and expertise to address identified needs in the two communities identified in the CHNA.
3. Support the development of plans to improve mental health for the communities served by Menninger as well as the broader community.

How the assessment was conducted

The 2022 CHNA uses primary and secondary data to describe the mental health landscape of the community served by Menninger.

Defining the community

The community served by Menninger is broken out between patients served through Menninger's *inpatient* services and patients served through Menninger's *outpatient* services. Defining two distinct communities for this CHNA allows Menninger to more effectively gather input and focus its resources to address identified significant health needs, targeting areas of greatest need.

Inpatient community

The 2022 CHNA defines the inpatient community by focusing on the complex and unique mental health needs of the patients treated at Menninger as opposed to a geographic area. Menninger's inpatient programs serve patients from across the United States and internationally, with 52 percent of patients originating from outside the nine-county Greater Houston area. For patients who seek inpatient treatment at Menninger, the severity of their mental illness, as well as the types of disorders most commonly treated, provide a better definition for "community served by the hospital."

Efforts have been made to include primary input for specific treatment programs and services provided at Menninger, including research and education activities, which impact services provided at many organizations across the country and seek to improve mental health in the broader community.

Outpatient community

For the 2022 CHNA, the outpatient community will be defined as the Houston-The Woodlands-Sugar Land Metropolitan Statistical Area (MSA), also known as Greater Houston, where more than 76 percent of the outpatient population served by Menninger resides. Greater Houston consists of nine counties: Harris, Fort Bend, Montgomery, Brazoria, Galveston, Liberty, Waller, Chambers and Austin. The 2019 CHNA defined Harris County as Menninger's primary community. However, defining a broader region more accurately reflects the expanding geographic boundaries of the Houston area and allows Menninger to target resources to areas of greatest need and mental health disparities.

Data collection

Menninger surveyed current and former patients to gather input regarding barriers obtaining care and needs specific to the patient populations served by Menninger. The CHNA team also solicited input regarding changes Menninger should make to improve health of the inpatients served by the organization. In addition, Menninger obtained input from key stakeholders representing public health, mental health providers, universities, other hospitals providing psychiatric care, local government and state and national organizations focused on mental health. Community stakeholders provided input specific to inpatient or outpatient services. The 2022 CHNA includes an analysis of the following secondary data:

- Demographics of patients served by Menninger
- Socioeconomic indicators (household income, poverty, unemployment, educational attainment, housing)
- Community mental health statistics and indicators (rates for mental illness, severe mental disorders and substance abuse, access to mental health services, mental health expenditures, mental health workforce availability, etc.).
- Availability of health care facilities and resources

Based on the information gathered through this Community Health Needs Assessment, the Menninger CHNA team identified the health needs below as needs that impact persons with mental illnesses in the CHNA communities.

Identified needs

The needs identified by the 2022 CHNA resemble those in earlier reports, with access to care and quality of care often mentioned in patient surveys and stakeholder interviews. These data can easily be separated into needs for persons with acute, complex and serious mental illness who require the safety and structure of inpatient services and into needs of those residents who can benefit from early screening, diagnosis or treatment to those who can benefit from community-based programs for treatment and support.

Inpatient

- High cost of care and lack of insurance benefits
- Shortage of inpatient beds for children and adolescents
- Inconsistent access to services for populations due to socioeconomic and geographic factors
- Shortage of availability of and easy access to mental health screenings, diagnostic services and early treatment interventions
- Stigma prevents a majority of people from seeking services
- Shortage of mental health professionals, especially with Hispanic and African American heritage
- Lack of coordinated and integrated care
- Lack of education about mental health

Outpatient

- Lack of affordable services where people live and work
- Limitations for what insurance will pay for
- Barriers to treatment, including transportation, stigma and not knowing how to access mental health services
- Lack of leadership in mobilizing a system of services
- Long waits for medication and counseling services
- Demand for training among first responders to address needs of individuals in crisis
- Shortage of mental health professionals, especially with Hispanic and African American heritage
- Shortage of assessment and treatment for autism

Menninger reviewed existing community benefit and outreach programs as part of this process and explored opportunities for increased community collaboration.

Opportunities for health improvement exist in each area. Menninger's Leadership will work to identify areas where Menninger can most effectively focus its resources to have significant impact and develop an Implementation Strategy for 2022 through 2025.

Limitations and information gaps

Menninger designed this assessment to provide a comprehensive and broad picture of the mental health in the communities (inpatient and outpatient) served by The Clinic; however, a number of medical conditions are not specifically addressed in this report due to various factors, including lack of publicly available information or limited community input. In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless and institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. The Menninger CHNA team made efforts to obtain input from these specific populations through key stakeholder interviews.

General description of The Menninger Clinic

The Menninger Clinic is a freestanding 501(c)(3) nonprofit hospital governed by The Menninger Clinic Board of Directors. Day-to-day management is the responsibility of our executive team, while our clinical leaders have responsibility for ensuring high-quality patient care.

Areas of expertise

Our clinicians in mental health professions offer broad expertise and experience. They are devoted to caring for patients with mental illness, and they do so with professionalism, respect and dignity.

Menninger offers many areas of expertise here, including but not limited to:

- **Anxiety** – One of the top diagnoses among all age groups treated at Menninger, we have decades of experience helping patients with anxiety.
- **Depression** – Depression comes in many forms, and we treat it all: major depressive disorder, persistent depressive disorder, postpartum depression, depression with psychosis and more.
- **Bipolar disorder** – Another top diagnosis among Menninger patients, bipolar disorder can be tough to diagnose and treat. Our interdisciplinary teams are equipped to do both.
- **Trauma** – Menninger has a long history of treating patients with trauma, especially complex attachment trauma.
- **Addiction** – At Menninger, approximately 65 percent of patients have an addiction – including alcohol, drugs and behavior addictions like gambling, sex and Internet – or substance use disorder, which we treat simultaneously with psychiatric conditions. This approach reflects our philosophy of holistic treatment for issues affecting the mind, body and spirit. Several recovery pathways are offered, allowing each person to select a pathway that aligns with his/her values.
- **Personality disorders** – From borderline personality disorder and narcissistic personality disorder to avoidant personality disorders, obsessive-compulsive personality disorder and more, Menninger clinicians have years of experience successfully treating these challenging disorders.
- **LGBTQ+ mental health** – Menninger has long treated LGBTQ+ youth, often on our Compass Program for Young Adults. Our teams understand and respect patients who struggle living in a world that can lack compassion for their unique circumstances.
- **Sleep issues** – Our Sleep Medicine Service specializes in the assessment and

treatment of sleep issues that are co-existing problems for many individuals with a mental health issue.

- **Suicide attempts, suicidal thoughts and self-harm** – All of our treatment teams have had extensive training in treating individuals with a history of suicide attempts, thoughts about suicide and self-harming behaviors. They know how to connect with patients who struggle with these difficult issues.

Support services

Addictions Services: At Menninger, we integrate treatment for the co-occurring disorders simultaneously rather than treating the disorders sequentially. Our master's- prepared addictions counselors are an integral part of each program's interdisciplinary treatment team. They help develop individualized treatment plans and counsel adolescents and adults with co-occurring disorders, following patients from assessment through discharge planning for substance-related, gambling, sexual, spending, technology and other addictions. Peer counselors work throughout our programs to support patients pursuing recovery and sober living.

Eating Disorders Services: Our Eating Disorders Services are designed to support Menninger adult patients who have a co-existing eating disorder that is secondary to other symptoms, or whose eating disorder behaviors have resurfaced during inpatient treatment another mental illness.

Exercise and rehabilitation activities are important aspects of treatment and sustained recovery, as it's been proven to reduce stress, improve mood, improve sleep habits and influence self-esteem. To encourage patients to engage in exercise, Menninger offers trained recreational therapists and a Wellness Center with an array of features that offers something for everyone. The Wellness Program also offers lectures on healthy eating, stress management, cardiac care and other topics related to mental and physical health. Rehabilitation therapy support individuals in regaining interest in avocations they previously enjoyed and to discover new interests that enrich their health, creativity and satisfaction with a life worth living.

Spiritual Services: Pastoral counseling for individual patients, groups for exploring spiritual values and meaning, services in the Menninger Interfaith Chapel and an outdoor labyrinth and garden for meditation are available to inpatients at Menninger.

Training and research

Menninger is a training hospital of Baylor College of Medicine, teaching future mental health professionals in psychiatry and psychology. In addition, Menninger offers the Betty Ann Stedman Nurse Residency Program and social work internships and fellowships and an associate fellowship for licensed professional counselors. We also offer a summer research fellowship for undergraduates, and chaplaincy and pharmacy internships. These programs help address the community's needs for mental health practitioners.

For its clinical staff and trainees as well as licensed professionals in the community, Menninger provides continuing education programming.

Menninger is actively engaged in a variety of collaborative research projects designed to advance effectiveness of patient care. Our researchers collaborate with leading scientists in brain imaging, genetics, microbiology and other disciplines to uncover new knowledge in mental health. The unique patient population at Menninger makes it essential to measure our patients'

progress while they are being treated at Menninger and post-discharge. In addition to these gold-standard outcomes measures, the Research department is studying how improvements in sleep makes a positive impact on suicide risk. The Menninger Clinic's website (www.menningerclinic.org) provides the most up-to-date treatment outcomes as well as published research.

Menninger's response to 2019 CHNA

In the past three years, Menninger has:

- Added an adolescent intensive outpatient program.
- Reduced stigma by sharing the mental health stories of our patients, with their permission, to our social media platforms.
- Boosted our educational programming to the mental health professionals and community members through free, regular webinars on current topics in mental health.
- Expanded outpatient therapy and groups through telehealth, making 10,502 telehealth visits.
- Renovated and expanded The Gathering Place, Menninger's psychosocial clubhouse, including a new exercise room and gym, expanded computer lab and teaching kitchen where members with serious mental illness will learn to prepare healthy meals and hone vocational skills.
- Created Mind Dive, a podcast for mental health professionals.
- Added the following training programs:
 - ✓ Licensed Professional Counselor (LPC) Fellowship
 - ✓ Addiction Psychiatry Fellowship
 - ✓ Expanded the number of fellows accepted into Menninger's Social Work Fellowship
- Collaborated with KHOU-TV in Houston on four BeMindful campaigns to educate the community about mental health treatment, where to find services and to reduce the stigma surrounding mental illness.
- Developed a community resource list that is accessible year-round on KHOU's website, which is also utilized by Menninger's Care Coordination Center for inquiries it receives when callers seek services not available at Menninger.
- Annual sponsorship and participation in the NAMI Walks Houston event to raise awareness to overcome stigma about mental illness, as well as sponsorship of other activities organized by mental health organization.
- Continued community education at the annual Menninger Signature luncheon, featuring a keynote speaker who shares their mental health journey.
- Through collaboration with the Harris County Sheriff's Office (HCSO), Menninger has served hundreds of new deputies and detention officers by providing free mental health crisis intervention training. The presentations are designed to help deputies respond to people with mental illness and to become more aware of the value of self-care.

These services have, in part, expanded the continuum of care for the community as well as for patients from outside of Houston who seek mental health assessment and treatment at Menninger.

The number of outpatient encounters (sessions) has steadily increased from 11,996 in fiscal year 2019 to 15,570 through fiscal year 2021 (77% increase), improving access to meet some of the demand in the Houston area.

Through its community benefit dollars, Menninger invested almost \$5.2 million in programs that

directly and indirectly benefit the community. These investments include charity services for individuals for which no payment is anticipated. In FY2021, Menninger provided more than \$2.7 million in uncompensated care to more than 120 patients.

For adults with serious mental illness, The Gathering Place community clubhouse provides free vocational skills training, a wellness program, employment assistance, and recreational and social activities for more than 300 members.

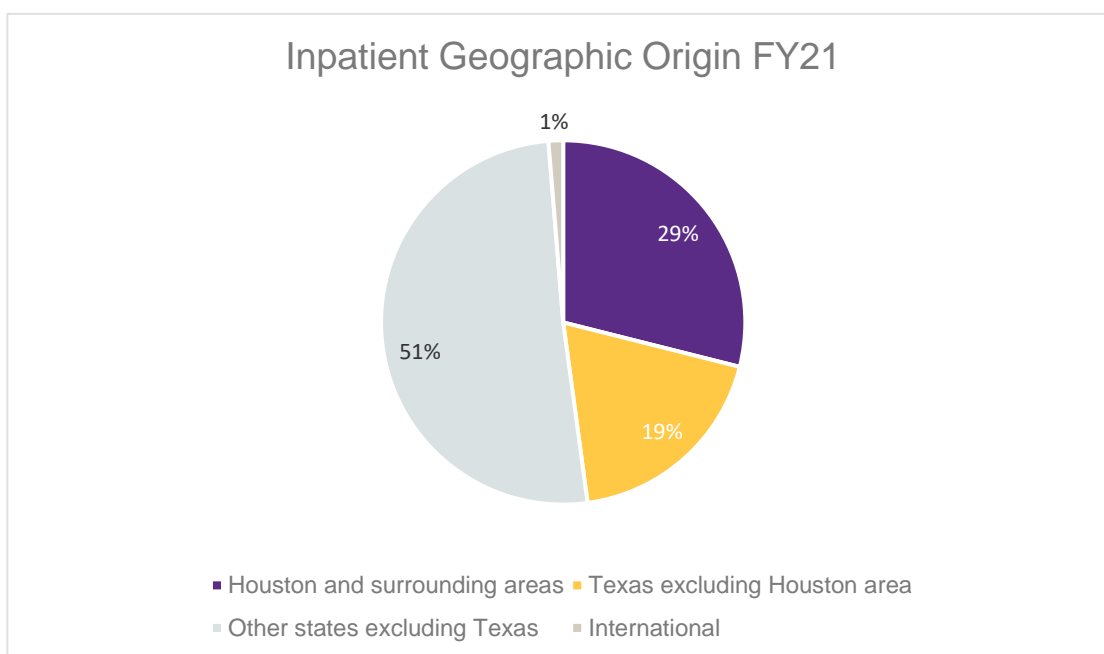
In addition, Menninger has collaborated with local nonprofits on activities to benefit the community including the National Alliance on Mental Illness, The Hope and Healing Center and Institute, Mental Health America and The Council on Recovery.

In at-risk communities, BridgeUp at Menninger partnered with grantees to help more than 40,000 vulnerable adolescents gain essential social and emotional skills and more than 5,000 students access mental health care. The BridgeUp Model introduced behavioral health supports and treatment to improve the well-being of adolescents experiencing extreme stress and mental health difficulties. Some of these individuals have been assessed and treated at Menninger while others have received services provided by the grantees.

Menninger's medical education and training, community education and research activities also have elevated the skills of mental health and related professionals as well as advanced the effectiveness of patient care.

Communities served by The Menninger Clinic

As previously discussed, Menninger defined its “CHNA community” by focusing on the unique patient population served by Menninger as well as its specialized services and strategic priorities. This resulted in the community served by Menninger being comprised of two primary segments. The community served by Menninger will be broken out between patients served through Menninger’s inpatient services and patients served through Menninger’s outpatient services. The inpatient community will be defined by focusing on the complex and unique mental health needs of the patients treated at Menninger as opposed to a geographic area. Although 29% of the inpatients reside in Greater Houston, Menninger’s inpatient programs serve patients from across the United States and internationally.



For patients who seek inpatient treatment at Menninger, the severity of their mental illness as well as the types of disorders most commonly treated provide a better definition for “community served by the hospital.” Efforts have been made to include primary input for specific treatment programs and services provided at Menninger, including research and education activities which impact services provided at many organizations, and seeks to improve mental health in the broader community.

The outpatient community will be defined as the Houston-The Woodlands-Sugar Land Metropolitan Statistical Area (MSA), also known as Greater Houston, as more than 76% of the outpatient population served by Menninger reside in this area. While Menninger serves outpatients across a broader region, defining Greater Houston as its primary community will allow Menninger to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need and health disparities.

Inpatient community

Menninger's inpatient programs serve patients from across the United States and internationally. Texas is the most common state of origin; although in fiscal year 2021, 52% of patients came from outside of Texas. The primary markets for The Menninger Clinic's inpatient and step-down programs are adolescents ages 12 to 17 and adults ages 18 and older with severe mental illnesses and/or addictions who have a substantially compromised quality of life to the extent that they require intensive inpatient care. It is estimated that fewer than 5% of all psychiatric hospital beds nationwide are devoted to lengths of stay beyond the typical three- to seven-day hospitalization at acute psychiatric treatment facilities. Menninger's inpatient programs serve a unique national population that includes individuals who experience treatment-resistant psychiatric conditions that have been unable to respond to previous treatment efforts and can benefit from a longer length of inpatient treatment.

| Summary of Inpatient Programs (FY2021) | | | | | |
|--|---------------|---------------|---|--|----------------|
| | International | Outside Texas | In Texas (excluding 9-county Greater Houston MSA) | In 9-county Greater Houston area | Total Patients |
| ATP (12-17) | 3 | 72 | 29 | 79 | 183 |
| Compass (18-30) | 5 | 85 | 26 | 19 | 135 |
| CPAS (18+) | 0 | 82 | 42 | 70 | 194 |
| Hope (18+) | 1 | 75 | 25 | 28 | 129 |
| Professionals (30+) | 1 | 88 | 24 | 27 | 140 |
| Total | 10 | 402 | 146 | 223 | 781 |
| % | 1% | 51% | 19% | 29% | 100% |

| Summary of Inpatient Programs (FY2021) <i>Clinic Patients Age and Gender</i> | | |
|---|-------|---------|
| Age | # pts | % |
| Less than 18 | 133 | 17.3% |
| 18-29 | 288 | 37.4% |
| 30-39 | 135 | 17.5% |
| 40-49 | 76 | 10.0% |
| 50-59 | 56 | 7.3% |
| 60+ | 83 | 10.8% |
| Total | 771 | 100.00% |
| | | |
| Female | 380 | 49.3% |
| Male | 390 | 50.6% |
| Other | 1 | 0.1% |

Individuals who admit to an inpatient program at Menninger are typically quite severely ill; in fact, on average, 80 percent have at least three psychiatric disorders and more than 50 percent have both a substance use issue or behavioral addiction and at least one psychiatric disorder. Menninger's outcomes data show that adult patients reported significant improvement in mental health symptoms while they were being treated at Menninger and that they maintained these gains throughout their first year after discharge. This data represents 1,823 adult patients from 2019–2021.

Prior to arriving at Menninger these inpatients:

- Averaged three prior psychiatric hospitalizations.
- Had been treated by an average of three prescribing psychiatrists.
- Had been in psychotherapy with the same or different therapist an average of four times.

Top three diagnoses for inpatient adults at The Menninger Clinic:

- Major Depression Disorder
- Alcohol Use
- Generalized Anxiety Disorder

Top three diagnoses for inpatient adolescents at The Menninger Clinic:

- Attention Deficit Hyperactivity Disorder
- Parent/Child Relational Problem
- Post-Traumatic Stress Disorder

Menninger's treatment outcomes data and quality indicators demonstrate the type of individual who is best served in its *inpatient* programs. Admissions coordinators assess each potential admission to ensure they meet admissions criteria.

- Since the treatment involves significant group and individual therapy within a patient community, all patients must admit voluntarily to Menninger. Adults under involuntary commitment or guardianship are not appropriate for admission. Likewise, patients who are unwilling to participate in treatment are not appropriate for admission.
- Cognitive functioning is important because the treatment at Menninger is group based and individuals must be able to interact within a community. Patients must have an IQ of 80 or above.
- Patients with a history of physical aggression toward others, including sexually threatening behaviors or a history of violence towards staff in other treatment facilities, will not be admitted.
- Pending felony charges can lead to exclusion from the programs.
- Menninger physicians and nursing staff are able to handle a wide array of medical issues. However, because The Clinic is licensed as a psychiatric hospital and not a general medical facility, patients must be medically stable (e.g., may have chronic or mild medical conditions that are managed with medications and minor treatments; not at risk of physical deterioration without acute medical interventions such as IV fluids, IV medications, surgical interventions, or 1:1 physical assistance). The Clinic can manage many detoxifications from addictive substances for medically stable patients, with the

exception of detox requiring IV fluids.

- Patients who have active suicidal or homicidal ideation, or who are at risk of severe self-harm, may be referred to a secure acute-care setting for stabilization or may be admitted with an appropriate level of monitoring to minimize risk for harm.
- An unstable eating disorder may require treatment in a primary eating disorder program.

Outpatient community

Based on the patient origin of outpatient visits from July 1, 2020 to June 30, 2021, management has identified the CHNA community for outpatient services to be the 9-county Greater Houston area, as more than 76% of the outpatient population served by Menninger lives in this area, as reflected in the following chart. Other counties in Texas comprise an additional 11% of outpatient visits.

| Summary of Outpatient Visits (FY2021) | | |
|---------------------------------------|-------------------|-------------|
| 9-County Greater Houston Area | Outpatient Visits | % of Visits |
| Harris | 9661 | 62.05% |
| Fort Bend | 1196 | 7.68% |
| Montgomery | 241 | 1.55% |
| Brazoria | 410 | 2.63% |
| Liberty | 4 | 0.03% |
| Waller | 0 | 0 |
| Galveston | 220 | 1.41% |
| Chambers | 0 | 0 |
| Austin | 56 | 0.36% |
| Total 9-County Greater Houston MSA | 11,786 | 75.71% |
| | | |
| Other TX Counties | 1,767 | 11.35% |
| | | |
| Other States | 2,015 | 12.94% |
| | | |
| Total | 15,570 | 100% |

Population and demographics for both communities served by Menninger

As previously described, Menninger's inpatient programs serve a unique national population that includes individuals who have severe mental illness that experience treatment resistant psychiatric conditions that have been unable to respond to previous treatment efforts and can benefit from a longer length of inpatient treatment. The approximate numbers of adults with mental illness and adults with serious mental illness is summarized below.

- Adults in America suffering with mental illness 52.9 million *
- Adults in America with serious mental illness 14.2 million *
- Adults in Texas with mental illness 3.8 million**
- Adults in Texas with serious mental illness 930,000 ***
- Children/Youth in Texas (ages 6-17) with serious emotional disturbance 380,000***
- Adults in Greater Houston MSA, TX with serious mental illness 210,000 ***
- Children/Youth in Greater Houston MSA, TX (ages 6-17) with serious emotional disturbance 95,000***

* National Institutes of Health, National Institute of Mental Health. (n.d.). Retrieved May 26, 2022, citing data from the 2020 National Survey on Drug Use and Health, retrieved from <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

** Substance Abuse and Mental Health Services Administration. (2022, January 5). 2019-2020 National Surveys on Drug Use and Health: Model-Based Estimated Totals in Thousands) (50 States and the District of Columbia). Retrieved June 27, 2022, from <https://www.samhsa.gov/data/sites/default/files/reports/rpt35344/2020NSDUHsaeTotals01102022/NSDUHsaeTotals2020.pdf>

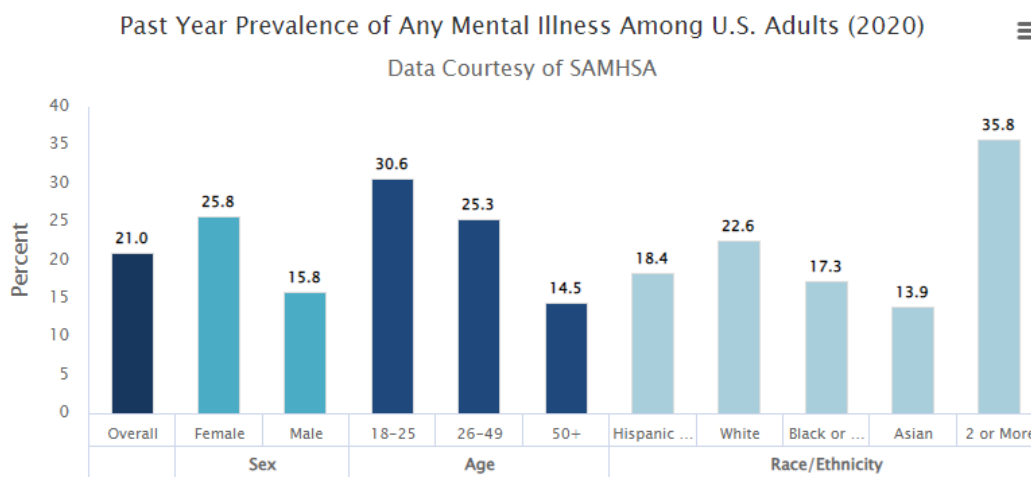
***The Meadows Mental Health Policy Institute. 2022. Prevalence of Serious Mental Illness and Serious Emotional Disturbance in the Great Houston Metropolitan Statistical Area (2020). Available upon request.

Prevalence of any mental illness (AMI)

- In 2020, there were an estimated 52.9 million adults aged 18 or older in the United States with AMI. This number represented 21.0% of all U.S. adults.
- The prevalence of AMI was higher among women (25.8%) than males (15.8%).
- Young adults aged 18-25 years had the highest prevalence of AMI (30.6%) compared to adults aged 26-49 years (25.3%) and aged 50 and older (14.5%).
- The prevalence of AMI was highest among the adults reporting two or more races (35.8%), followed by White adults (22.6%). The prevalence of AMI was lowest among Asian adults (13.9%).

Prevalence of serious mental illness (SMI)

- In 2020, there were an estimated 14.2 million adults aged 18 or older in the United States with SMI. This number represented 5.6% of all U.S. adults.
- The prevalence of SMI was higher among women (7.0%) than men (4.2%).
- Young adults aged 18-25 years had the highest prevalence of SMI (9.7%) compared to adults aged 26-49 years (6.9%) and aged 50 and older (3.4%).
- The prevalence of SMI was highest among the adults reporting two or more races (9.9%), followed by American Indian/ Alaskan Native (AI/AN) adults (6.6%). The prevalence of SMI was lowest among Native Hawaiian/Other Pacific Islander (NH/OPI) adults (1.2%).



*Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic. Note: Estimates for Native Hawaiian / Other Pacific Islander and American Indian / Alaskan Native groups are not reported in the above figure due to low precision of data collection in 2020.

Demographic data for Greater Houston

The Houston-The Woodlands-Sugar Land Metropolitan Statistical Area (MSA), also known as Greater Houston consists of the following nine counties: Harris, Fort Bend, Montgomery, Brazoria, Galveston, Liberty, Waller, Chambers, and Austin. Houston is the fifth most populous metro in the nation and spans an area larger than five states.

Map of Greater Houston Metropolitan Statistical Area



SOURCE: Greater Houston Partnership website, accessed June 2022.
<https://www.houston.org/houston-data/houston-metropolitan-statistical-area-profile>

Methodology

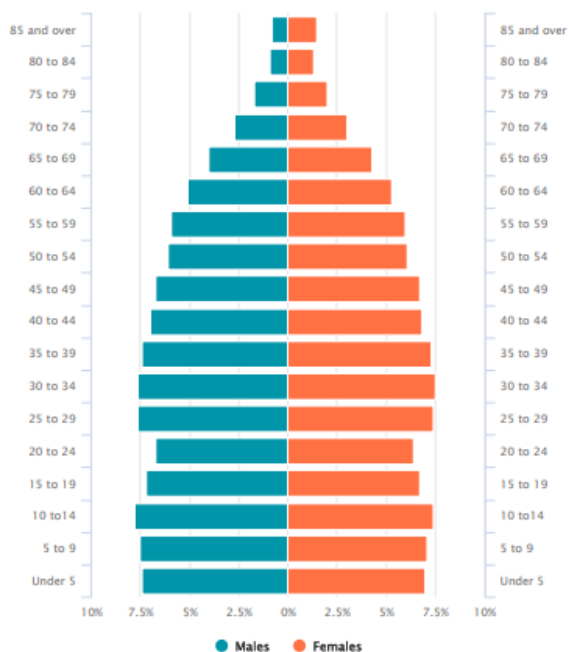
Secondary data for this assessment was collected from the 2016-2020 American Community Survey (ACS), the Bureau of Labor Statistics, and Understanding Houston, a collaborative initiative led by the Greater Houston Community Foundation. Within the Greater Houston Area, Understanding Houston focuses on the three most populous counties in the Houston metro region - Fort Bend, Harris and Montgomery.

Population

- According to data collected from the 2016-2020 American Community Survey (ACS), in 2016-2020, The Houston Woodlands-Sugar Land, Texas Metro Area had a total population of 7 million.
- Texas and the Houston area have grown over the past decade. The Texas population added more than 4 million residents, for a total for 29.1 million in 2020. Houston's three county region - Fort Bend, Harris and Montgomery – accounted for one-fourth of Texas' population growth, due to natural increase and net migration.

Gender and age

Population by Age and Sex for Houston-The Woodlands-Sugar Land, TX Metro Area in 2016-2020



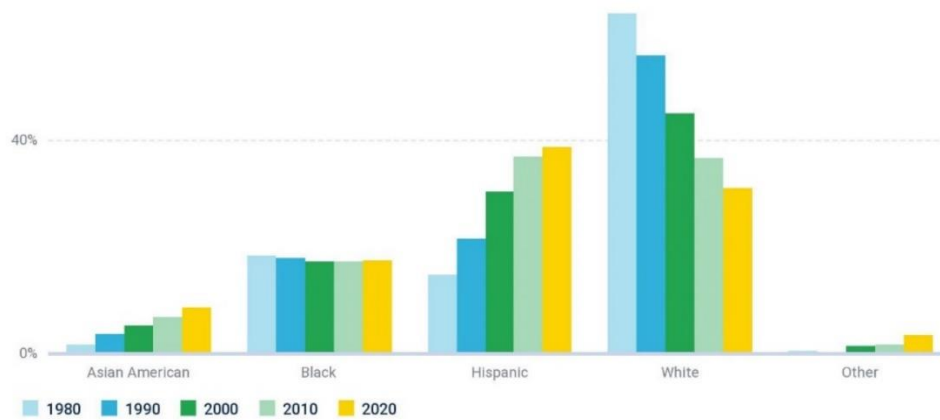
Source: American Community Survey Narrative Profiles, accessed June 2022, <https://www.census.gov/acs/www/data/data-tables-and-tools/narrative-profiles/2020/report.php?geotype=msa&msa=26420>

- The representation of males and females was 50% for males and 50% for females.
- The average age for Greater Houston residents was 34.5 years. An estimated 26.6 percent of the population was 18 years, 38.3 percent was 18 to 44 years, 24 percent was 45 to 64 years, and 11.1 percent was 65 years and older.

Race/ethnicity

- The data reveals a higher representation of Hispanic (37.4%), Black (17.2%) and Asian (7.9%) residents in the Greater Houston Area when compared to the nation. In contrast, White residents account for a lower proportion of the Greater Houston area (35.5%) compared with the state and the nation.
 - Texas: Hispanic (39.4%), Black (12.1%), Asian (4.9%) and White(41.4%)
 - U.S: Hispanic (18.2%), Black (12.6%), Asian (5.6%) and White(60.1%)
- The racial/ethnic composition of residents in the Greater Houston area continues to diversify. Currently, more than two-thirds of Fort Bend, Harris and Montgomery counties is made up of people of color, according to an analysis by Understanding Houston.

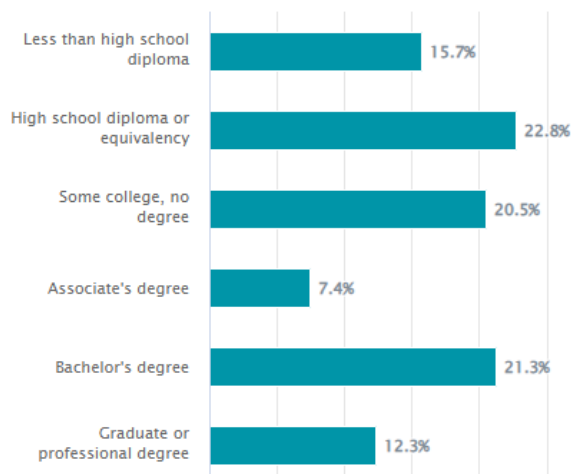
Percent of Population by Race/Ethnicity, 1980-2020
3-County Region



Source: U.S. Census Bureau, Decennial Census
Note: Totals may not sum to 100% due to rounding. "Hispanic" includes all races.

Education

Educational Attainment of People in Houston-The Woodlands-Sugar Land, TX Metro Area in 2016-2020



Source: American Community Survey Narrative Profiles, accessed June 2022, <https://www.census.gov/acs/www/data/data-tables-and-tools/narrative-profiles/2020/report.php?geotype=msa&msa=26420>

- In the Greater Houston area, 15.7% of residents have less than a high school education, which is similar to the state average of 15.6% and greater than the national average of 11.5%. Additionally, 33.6% of Houston area residents have a bachelor's degree or higher, which is higher than the state average of 30.7% and the national average of 32.9%.

Unemployment rate, household income and poverty level

- The unemployment rate in the Greater Houston Area for May 2022 was 4.3%, higher than Texas (3.8%) and the national rate of 3.4% (Woellner, 2022).
- The median household income in the Greater Houston area was \$69,328, which is higher than Texas (\$63,826) and the national median income of \$64,994.
- In the Greater Houston area, the percentage of people below the poverty line was 13.5%, compared with 14.2% for Texas and 12.8% nationally (ACS, 2016-2020).

Accessibility to healthcare

- Being insured opens the door to receiving health services, an improved quality of life and decreased poor health outcomes.
- The Greater Houston area has a higher percentage of uninsured residents (18.2%), compared with the state (17.3%) and the nation (8.7%) (ACS, 2016-2020).

Health outcomes and factors

Health status

- The percentage of adults with fair or poor health was 23% in Harris, 16% in Fort Bend, 19% in Montgomery, 19% in Brazoria, 20% in Galveston, 27% in Liberty, 24% in Waller, 20% in Chambers, and 22% in Austin (*County Health Rankings & Roadmaps*, 2022).
- Life expectancy in Texas was an average of 78.4 years. County averages were 79.2 in Harris, 82.3 in Fort Bend, 79.5 in Montgomery, 79 in Brazoria, 77.6 in Galveston, 74.2 in Liberty, 78.7 in Waller, 77.3 in Chambers and 78.2 in Austin.

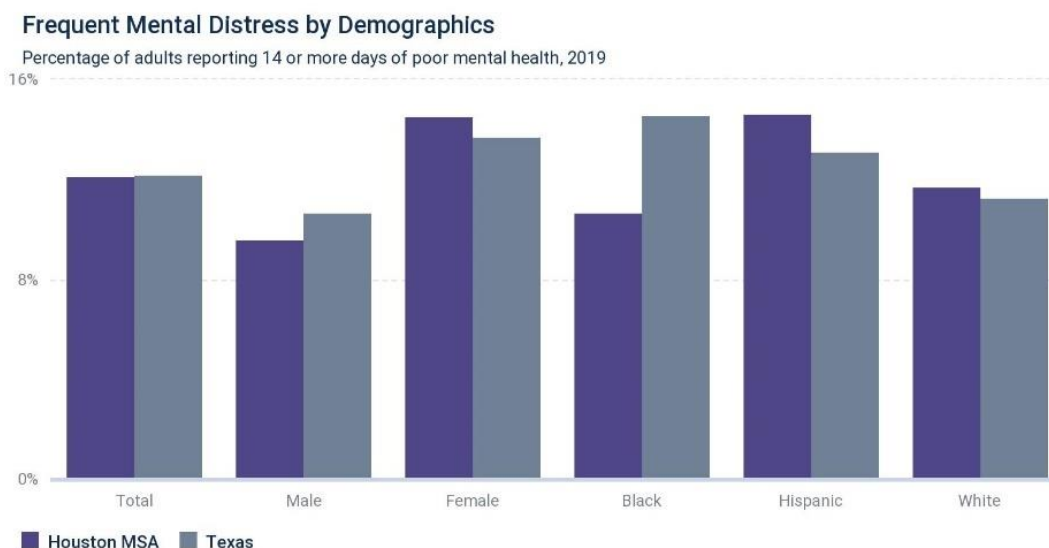
Health behaviors

| Health Behaviors | Texas | Harris | Fort Bend | Montgomery | Brazoria | Galveston | Liberty | Waller | Chambers | Austin |
|--|-------|--------|-----------|------------|----------|-----------|---------|--------|----------|--------|
| Food Insecurity | 14% | 14% | 10% | 12% | 11% | 14% | 16% | 13% | 13% | 13% |
| Drug Overdose Deaths | 12 | 15 | 7 | 15 | 11 | 19 | 14 | 9 | 14 | |
| Motor Vehicle Crash Deaths | 13 | 11 | 6 | 12 | 13 | 14 | 31 | 17 | 17 | 19 |
| Insufficient Sleep | 34% | 38% | 35% | 35% | 37% | 39% | 39% | 38% | 37% | 36% |

Behavioral health outcomes and contributing factors

Mental health

- More adults experiencing frequent mental distress in Texas in 2019 (12.1%) than in 2016 (10.6%), with women and Hispanic survey respondents reporting the highest frequency of mentally unhealthy days in the Greater Houston area.



Source: Houston MSA: Centers for Disease Control and Prevention, SMART; BRFSS; Texas: Centers for Disease Control and Prevention, SMART; BRFSS Prevalence & Trends Data

Note: Houston MSA includes the nine-county region; Retrieved 11/29/21 from https://www.cdc.gov/brfss/smart/smart_2019.html. Texas data retrieved 12/2/21 from <https://www.cdc.gov/brfss/brfssprevalence/>.

Substance use

- More than one in four adults with mental health problems also has a substance use problem, also known as a co-occurring disorder.
- In the Houston area, residents reported similar levels of binge drinking as the national average in 2019, on average between 17% and 18%. In comparison, about 15.5% of adults in Fort Bend reported binge drinking in the last month.
- In Texas, Illicit drug use is lower for all ages than the national average. Between 2017-18 and 2019-20, illicit drug use increased among adults 25 and older from 6.5% to 8.5% and from 6.1% to 6.3%. among the children 12 to 17. Illicit drug used declined among young adults aged 18 to 25 years old from 16.9% in 2017-2018 to 15.7% in 2019-2020.

Suicide

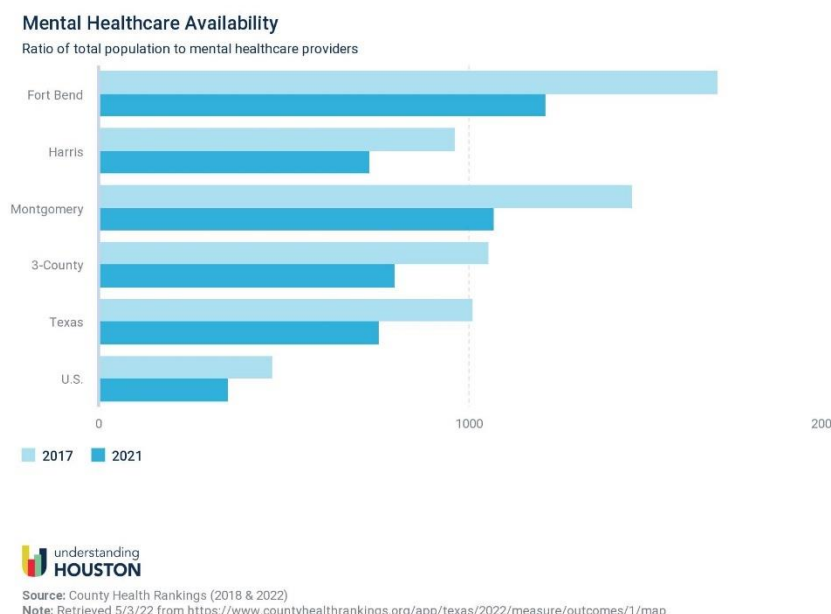
- About every 11 minutes, someone in this country dies by suicide. In 2020, suicide was among the top nine leading causes of death for people ages 10-64, and the second leading cause of death for people ages 10-14 and 25-34 (CDC, 2020).

- Even more people think about or attempt suicide. An average of 12.2 million American adults seriously thought about suicide, 3.2 million planned a suicide attempt and 1.2 million attempted suicide in 2020. (CBC, 2020)
- In 2020, an estimated 1.2 million people attempted suicide in the United States. Another 45,979 lost their lives to suicide (CDC, 2020).
- The suicide rate increased 30% in the United States and Texas between 2000 and 2020.(Understanding Houston, 2022). About 4.1% of adults reported serious thoughts on suicide in Texas, lower than the national average.
- Of Houston's three-county region, Montgomery County's suicide rate in 2017-2020 is the highest at 16.3 suicides per 100,000 residents —higher than Fort Bend (10.4) and Harris (10.7) counties. Harris County has the highest total number of suicides in the region, claiming 2,009 lives (Understanding Houston, 2022).

Barriers to access and gaps in services

Access to providers

- Mental health impacts physical health and vice versa. The ease in which a population accesses physical and mental health care has a direct correlation to the health of the overall community. A population with adequate access to quality services that are both readily available and culturally competent is more likely to experience better health outcomes when presented with illnesses.

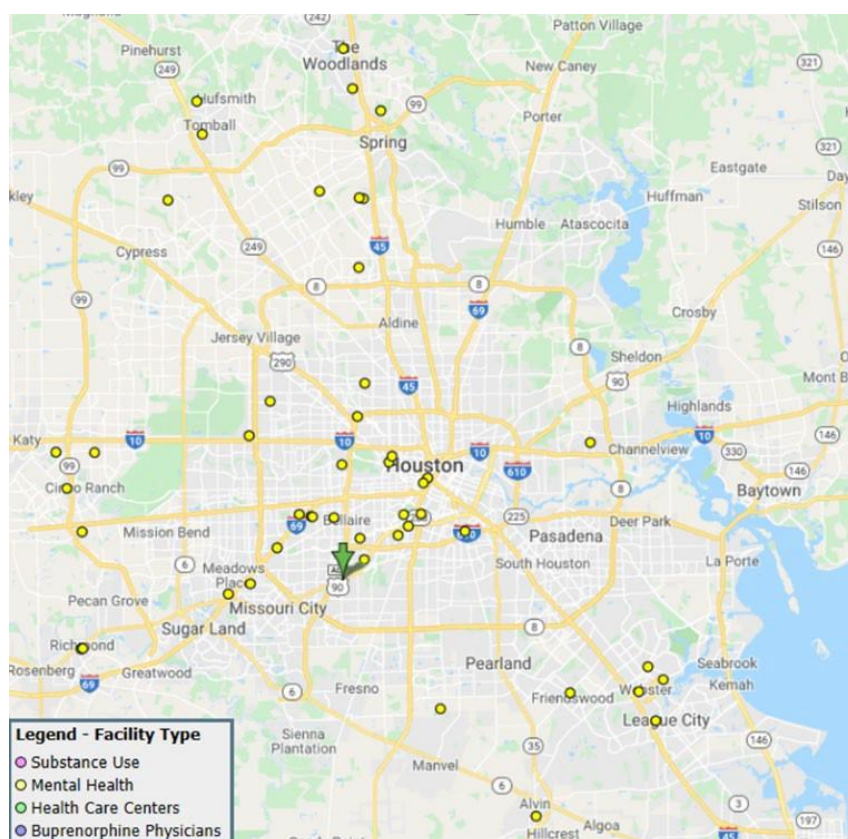


- However, there is unmet need for mental health care providers in Texas. As of March 2022, more than 15 million people lived in mental health professional shortage areas (HPSAs), with only 32.9% of the need being met (Understanding Houston, 2022). A whole county or smaller service area is designated as a primary care HPSA if it falls below a ratio of one primary care physician per 3,500 population and a mental health HPSA if it falls below one psychiatrist per 30,000 population (HRSA, 2019).

- The current ratio of mental health provider in Texas is one per 760 population (County Health Rankings, 2022). Harris is one per 731, Montgomery is one per 1,069 and Fort Bend was one per 1,208.
- In 2021, about 7,700 registered mental health providers were practicing in Houston's three-county area in 2021, a 39% increase from 2017. However, Texas ranks at the bottom nationally for access to mental health treatment. Access to mental health providers is better in Harris County than Fort Bend or Montgomery counties. In general, health care providers are more prevalent in urban areas than rural areas.

Behavioral health treatment services location

The following map displays Behavioral Health Treatment Providers within the Greater Houston area designated by SAMHSA.



Note: Green arrow on map is location of The Menninger Clinic

Source: <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

Providers are located within the west central, south central, and northern parts of the nine county Houston Metro area. While the other HPSAs seem to have many behavioral health providers, the Aldine and Pasadena HPSAs are lacking (located in the north central and east central part of the county).

Pandemic's effect on mental health and substance use

National impact

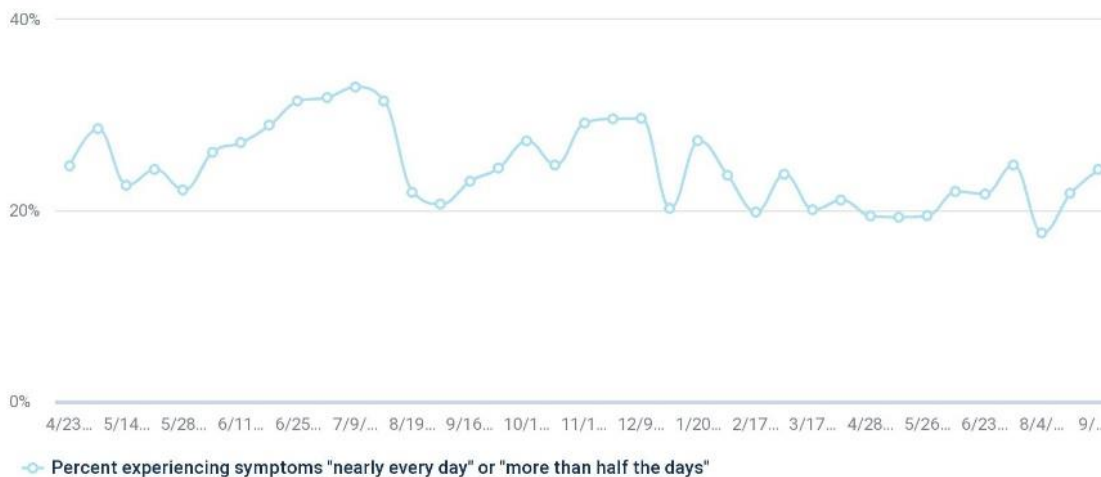
- The pandemic only deepened the mental health crisis. Research in JAMA Pediatrics covering 80,000 youth globally found that symptoms of depression and anxiety doubled during the pandemic, with 25.2% of those surveyed reporting depression and 20.5% survey respondents reporting anxiety.
- Researchers at The Menninger Clinic found that teens admitted for inpatient treatment at The Clinic reported significantly greater anxiety, depression and sleep problems during the pandemic compared to adolescents who were admitted before the pandemic.
- Throughout the COVID-19 pandemic youth ages 11-17 have been more likely than any other age group to score for moderate to severe symptoms of anxiety and depression in Mental Health America's online survey (Mental Health America, 2020).
- In early 2021, emergency department visits in the United States for suspected suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys compared to the same time period in early 2019, according to a 2021 Centers for Disease Control report (Yard, 2021).
- Overdose rates among U.S. adolescents almost doubled in 2020, the first year of the COVID-19 pandemic, and rose another 20% in the first half of 2021 compared with the 10 years before the pandemic (Friedman, et. al, 2022). Friedman reported that fake versions of prescription drugs such as Xanax, Percocet and Vicodin, some contaminated with fentanyl and other synthetic opioids, have likely contributed to the dramatic rise in overdose deaths.
- According to the 2021 Monitoring the Future Study, declines in adolescent use of illicit drugs were the largest ever recorded in the study's 46 years. The percentage of youth who had ever used any illicit drug other than marijuana decreased by more than 25% in 2021.
- One fourth to one third of substance users reported having used substances with peers in person, online, and/or shared via social media, even during the pandemic (Dumas, 2020).
- Adverse childhood experiences (ACE) were a risk factor for substance use during the COVID-19 pandemic. While Asian, Black and multiracial youths reported greater COVID-19-related distress and experienced COVID-19-related discrimination compared with non-Hispanic White youths. Non-Hispanic White youth reported worse mood (Stinson, 2021).
- Pandemic-related uncertainty, material hardship, parental alcohol or drug use and depression or anxiety increased likelihood of substance use (Pelham, 2021).

Houston area impact

Throughout the pandemic, adults in the Houston MSA have reported elevated symptoms of anxiety during COVID. Nearly a quarter of adults reported feeling nervous, anxious or on edge for a least more than half the days of the week during the pandemic, according to a Census Bureau survey conducted at the end of the Summer 2021.

Anxiety During COVID

Percent of adults who reported feeling nervous, anxious, or on edge for more than half the days in the last 7 days (4/23/20 -- 6/23/21) and in the last 2 weeks (7/21/21 -- 9/1/21), Houston Metropolitan Statistical Area (MSA)



Source: U.S. Census Bureau, Household Pulse Survey

Note: Because of a change in the cadence of the HH Pulse Survey, the Census Bureau changed the format of the question from symptoms in the last week to symptoms in the last two weeks; the answer choiced remained the same. Houston MSA includes the 9-county region. Retrieved 12/14/21 from <https://www.kinderdp.org/#/datasetCatalog/I05p25wwqm5y>

Other stressors

Natural Disasters:

- Natural disasters can be a contributing factor to mental health distress. While they can impact individuals at all levels, natural disasters impact the most vulnerable more severely.
- Post-Harvey, the frequent mental distress (FMD) rate [14 or more reported days of poor mental health over the last 30 days] increased to 17.2%, which is nearly 5 percentage points higher than the average FMD for the area before Harvey (HHS, 2017-2018).
- In February 2021, people in the Houston area had to contend with a new type of natural disaster: Winter Storm Uri. According to a survey conducted by the University of Houston (UH) Hobby School of Public Affairs more than two out of three, or 69 percent, of Texans lost power at some point during Feb. 14-20, and almost half, or about 49 percent, had disruptions in water service (University of Houston Hobby School of Public Affairs, 2021s). The storm also contributed to at least 210 deaths. In addition, Harris County residents were significantly more likely than other Texans to lose electrical power, lose internet service, lose access to drinkable water, be without running water, lose cell phone service, have food spoil, suffer economic damages, and experience difficulty

finding a plumber, according to a subsequent report (University of Houston Hobby School of Public Affairs, 2021b).

Representation and language factors

- The current shortage of mental health professionals in the United States is severe for Hispanics and other minorities, who face barriers of language and culture that can make it hard to seek and get help. These language issues also prevent many Hispanics from being able to express themselves or discuss their symptoms with their healthcare providers.
- The composition of Texas' population was estimated to be 41.4% Whites, 39.4% Hispanics, 12.1% African-Americans and 4.9 Asian% from other ethnicities. Yet in 2020, 55.1% of the psychiatric workforce was White, with just 7.2% African-American and 9.4% Hispanic representation (DSHS, 2021).
- Given these outcomes, the low rates of diversity in the mental health workforce should be considered as minority practitioners are more likely to see minority patients than are white practitioners.

It has also been shown that health care consumers have better therapeutic relationships and stronger retention rates when using a practitioner of their own race/ethnicity.

- This lack of cultural and linguistic diversity in the workforce results in a shortage of providers with the knowledge, training and skills to serve people who speak languages other than English or of racial/ethnic minority populations.

Mental health status of communities served by Menninger

Mental health refers to positive emotional and psychological well-being that allow individuals to contribute to their community, work and cope with normal stresses of life. On the other hand, mental illnesses are health conditions that are characterized by changes in thinking, mood or behavior that are associated with distress and/or impaired functioning. Mental illnesses can cause severe impairment in one's ability to cope with daily life and can impact physical health, ability to work and have enriching social and family relationships. Some mental illnesses, such as depression and eating disorders, may lead to death. According to the Centers for Disease Control, mental and emotional illnesses rank among the top 10 causes of disability in the United States. Indicators and statistics relevant to mental health of the communities served by Menninger are reported below at the national, state and county level in order to assess needs for the inpatient and outpatient communities.

Primary data assessment-patient survey

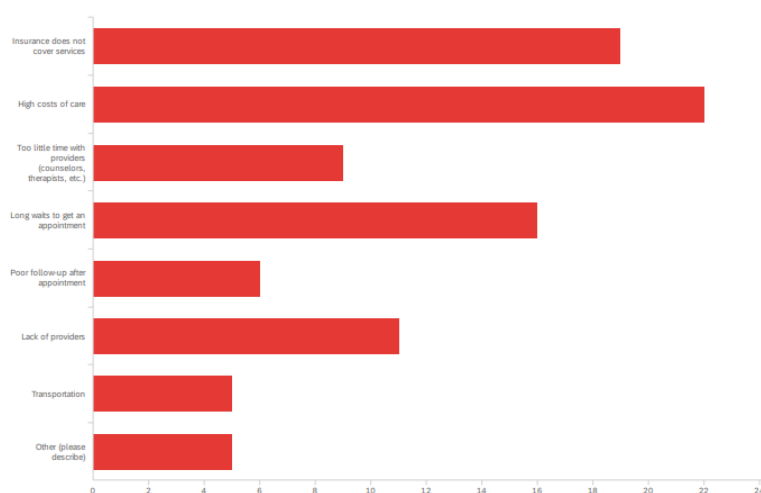
Menninger conducted a patient survey to obtain input regarding barriers to obtaining care and needs specific to the national inpatient population served by Menninger, as well as the predominately more local outpatient population. Input was also solicited regarding improvements Menninger should make to improve health of the patients served.

For the inpatients a total of 10 surveys were gathered and for the outpatients there were 20 surveys. Patients were asked what barriers they faced in obtaining quality health care in their home community (both physical and mental). Patients indicated that the high cost of treatment, insurance barriers and long waits were the primary barriers with obtaining quality health care in their community.

Barriers to mental health

Q2 - What barriers do you and others in your community face in obtaining quality health

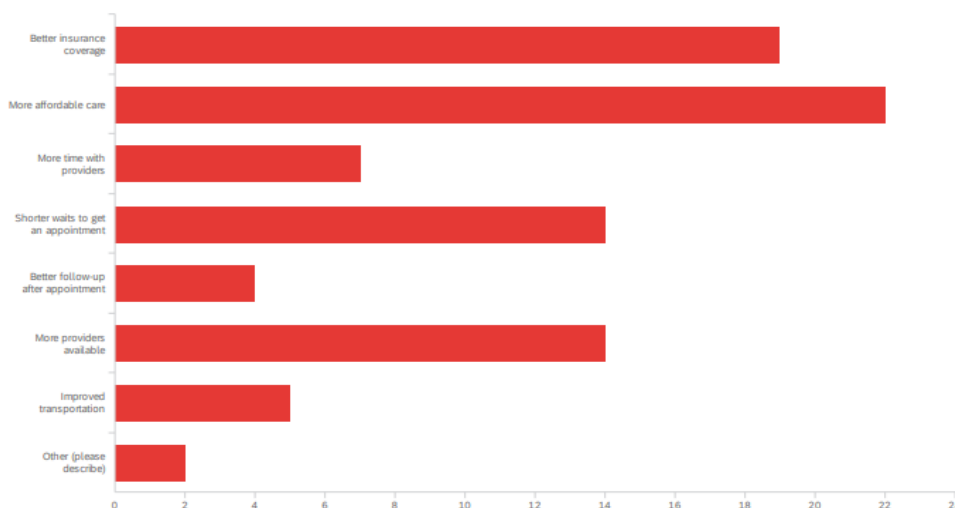
care (physical and mental) in your home community? (select top 3)



Patients were also asked to provide input regarding how Menninger could improve mental health in the community. They recommended better insurance coverage, more affordable care, shorter waits to make appointments and making more providers available.

Suggested improvements to mental health

Q3 - What might improve mental health care in your community? (select top 3)

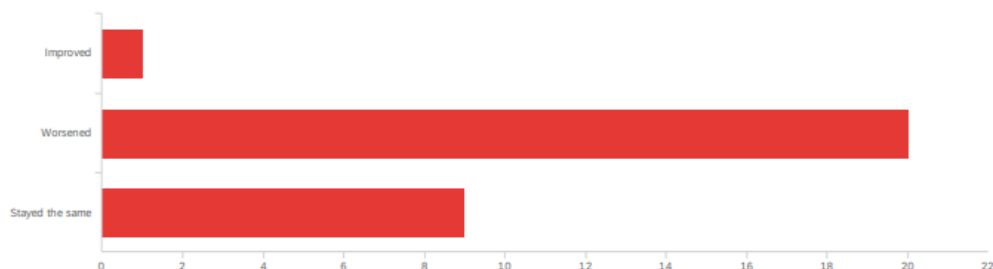


In addition, the COVID-19 pandemic had a profound impact on the people in the communities served by The Menninger Clinic, with both survey respondents and stakeholders reporting that mental health had worsened during the pandemic primarily due to isolation and increased anxiety and uncertainty over health and societal events.

Mental health during the pandemic

Q4 - Since COVID-19 pandemic began, would you say your mental health has improved,

worsened, or stayed about the same?



“People became more isolated, anxious and depressed.”

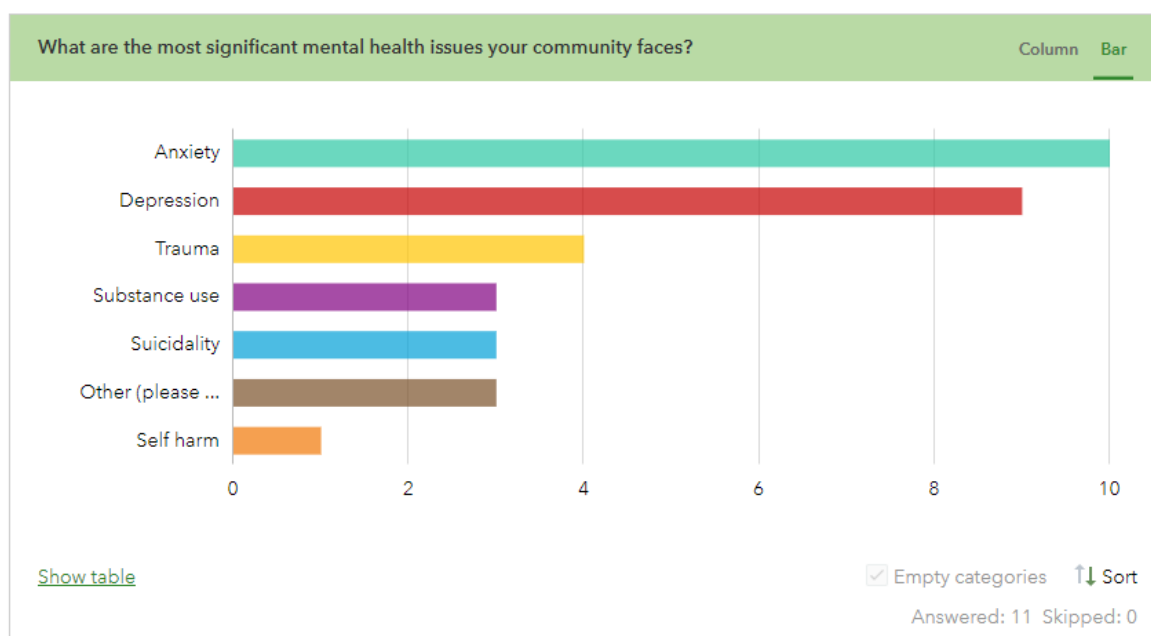
“Lots of friends have isolated causing connections to wane.”

“Lots of people regardless of income level are struggling.”

Primary data assessment-key stakeholder interviews

Interviews were performed with 11 key stakeholders (See top of Appendix for a list of organizations.) All interviews were conducted by Anissa Anderson Orr, philanthropy communications specialist for The Menninger Clinic and a graduate student in public health at The University of Texas Health Science Center at Houston (UTHealth) School of Public Health. The stakeholders provided insight into the mental and behavioral health needs of the CHNA communities through an eight-question survey. Stakeholders were identified to provide input for the inpatient community or outpatient community.

Key mental health issues



Findings for each community informed the identified needs, with insurance coverage for mental health, affordable care and trained mental health providers, ranking among the most cited needs.

“Access and care for communities of color are significantly lacking.”

“There is definitely a need for really good, really effective residential treatment for teens and adults.”

“We have a major shortage of trained, licensed mental health professionals affecting access to mental health services.”

“One of the overwhelming needs that we see is employment support for people with chronic mental illness. In the United States, most people’s insurance is tied to their employment. If someone can’t maintain employment, then they also lose access to mental health coverage.”

Stakeholder recommendations

Stakeholders were also asked to provide their opinions regarding how Menninger could improve mental health in the community. Their recommendations included focusing on educational opportunities in diverse communities to increase the mental health workforce; addressing affordability and access of mental health care; and leading the way in mental health education and combatting stigma.

"I think Menninger could help fight for (inclusion for people with mental illness). Because of their size, because of their reputation and their influence, I think the powers that be would listen, to a Menninger Clinic, talk about making room and space in our society with housing, significant work and socialization for people with mental health problems."

"It's about investing in our communities and ways that enhance a person's overall well-being because we know that is protective against having mental health problems and issues."

COVID-19 pandemic

The COVID-19 pandemic had a significant impact on communities in the Greater Houston area. Stakeholders reported a dramatic uptick in anxiety and depression in the people they served and increased barriers to accessing in-person services.

"We have seen a dramatic increase in suicidal behavior and also death from suicide is just way, way up. It's unbelievable, the rates are just skyrocketing. The requests for services are just growing dramatically, and I don't see any slowing down of that. People are feeling at the end of their rope."

"The protective factor that people used to use before (the pandemic), it was not there, because people were not seeing each other....So that sense of community, which they were used to having, they didn't have. So, people were getting depressed. People were getting very anxious. That's what I saw."

On a positive note, the switch to telehealth during periods of lockdown made it easier for some individuals and families to attend therapy sessions, and reduced client no-shows for providers. Even after restrictions eased, many stakeholders continued to offer telehealth, most opting for a hybrid model that combined both in-person and virtual therapy sessions.

Existing health care facilities and other resources

The availability of health care resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers not only impact the access to services but also the timely delivery of services.

Hospitals nationally

The following exhibit summarizes hospitals nationally which provide specialty programs similar to Menninger.

Summary of Psychiatric Facilities in U.S. with Inpatient Programs Similar to Menninger

| Facility | City, State | Bed Size |
|------------------------------|-----------------|----------|
| McLean Hospital | Belmont, MA | 219 |
| Sheppard Pratt Health System | Baltimore, MD | 337 |
| Silver Hill Hospital | New Canaan, CT | 39 |
| Lindner Center of Hope | Mason, OH | 32 |
| Austen Riggs | Stockbridge, MA | 74 |
| | | |

Source: American Hospital Directory, www.adh.com

Hospitals in the Greater Houston area

The primary service area has 1,226 licensed inpatient beds as seen in the exhibit below.

Freestanding Private Inpatient Psychiatric Facilities in Harris County

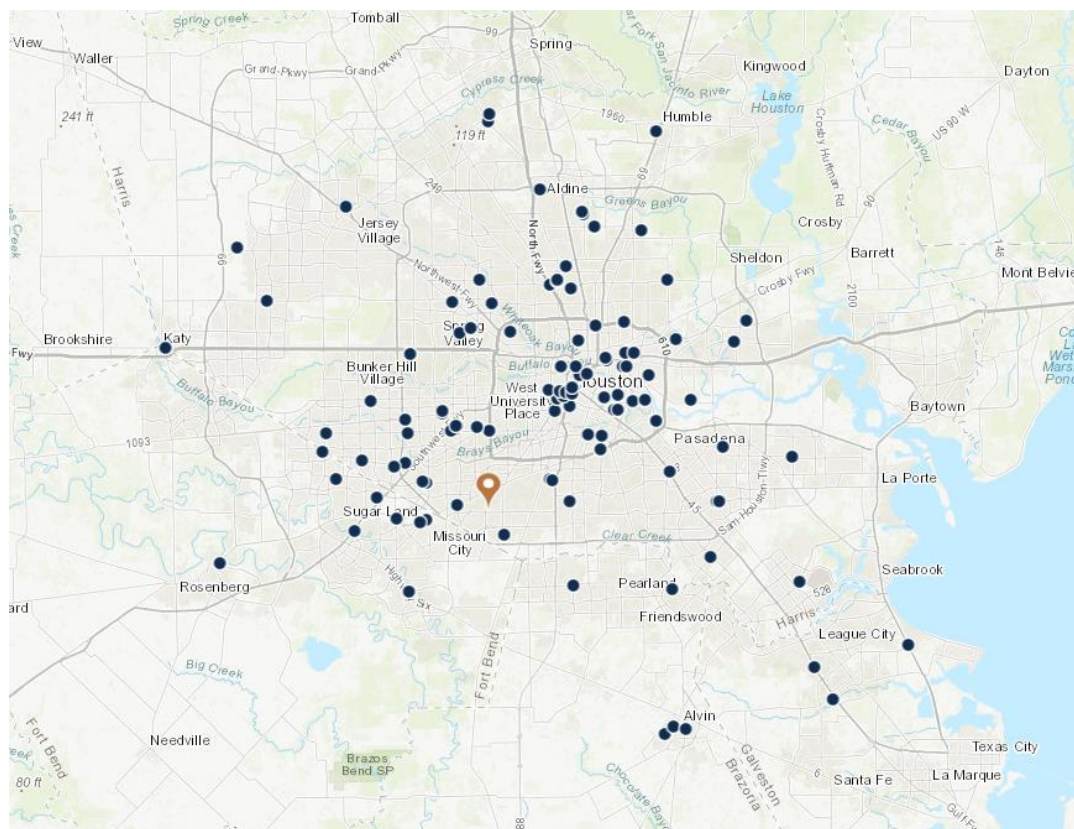
| Facility | Address | City | Beds |
|---|------------------------------|----------|------|
| Lone Star Behavioral Health Cypress | 16303 Grant Rd. | Cypress | 24 |
| Behavioral Hospital of Bellaire | 5314 Dashwood | Houston | 124 |
| Cypress Creek Hospital | 17750 Cali Drive | Houston | 96 |
| Harris County Psychiatric Center | 2800 South MacGregor Way | Houston | 208 |
| Houston Behavioral Healthcare Hospital | 2801 Gessner Road | Houston | 88 |
| IntraCare North Hospital | 1120 Cypress Station | Houston | 90 |
| Sacred Oak Medical Center | 11500 Space Center Blvd | Houston | 20 |
| Sun Behavioral Houston | 7601 Fannin | Houston | 148 |
| The Menninger Clinic | 12301 Main St. | Houston | 120 |
| West Oaks Hospital | 6500 Hornwood Dr. | Houston | 144 |
| Oceans Behavioral Hospital of Katy | 455 Park Grove Ln. | Katy | 48 |
| Kingwood Pines Hospital | 2001 Ladbroke Dr. | Kingwood | 116 |
| John S. Dunn Behavioral Sciences Center | 5615 H. Mark Crosswell Jr St | Houston | 264 |
| | | | |

Source: Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospitals Tracking Database

Prepared by: Hospital Survey Unit, Center for Health Statistics, DSHS, 07/2019

Federally Qualified Health Centers

There are more than 120 community Health Center's within 30 miles of Menninger as seen in the figure that follows.



<https://findahealthcenter.hrsa.gov/?zip=Menninger%2BClinic%252C%2B12301%2BMain%2BSt%252C%2BHouston%252C%2BTX%252C%2B77035%252C%2BUSA&radius=30&incrementalsearch=false>

Health departments

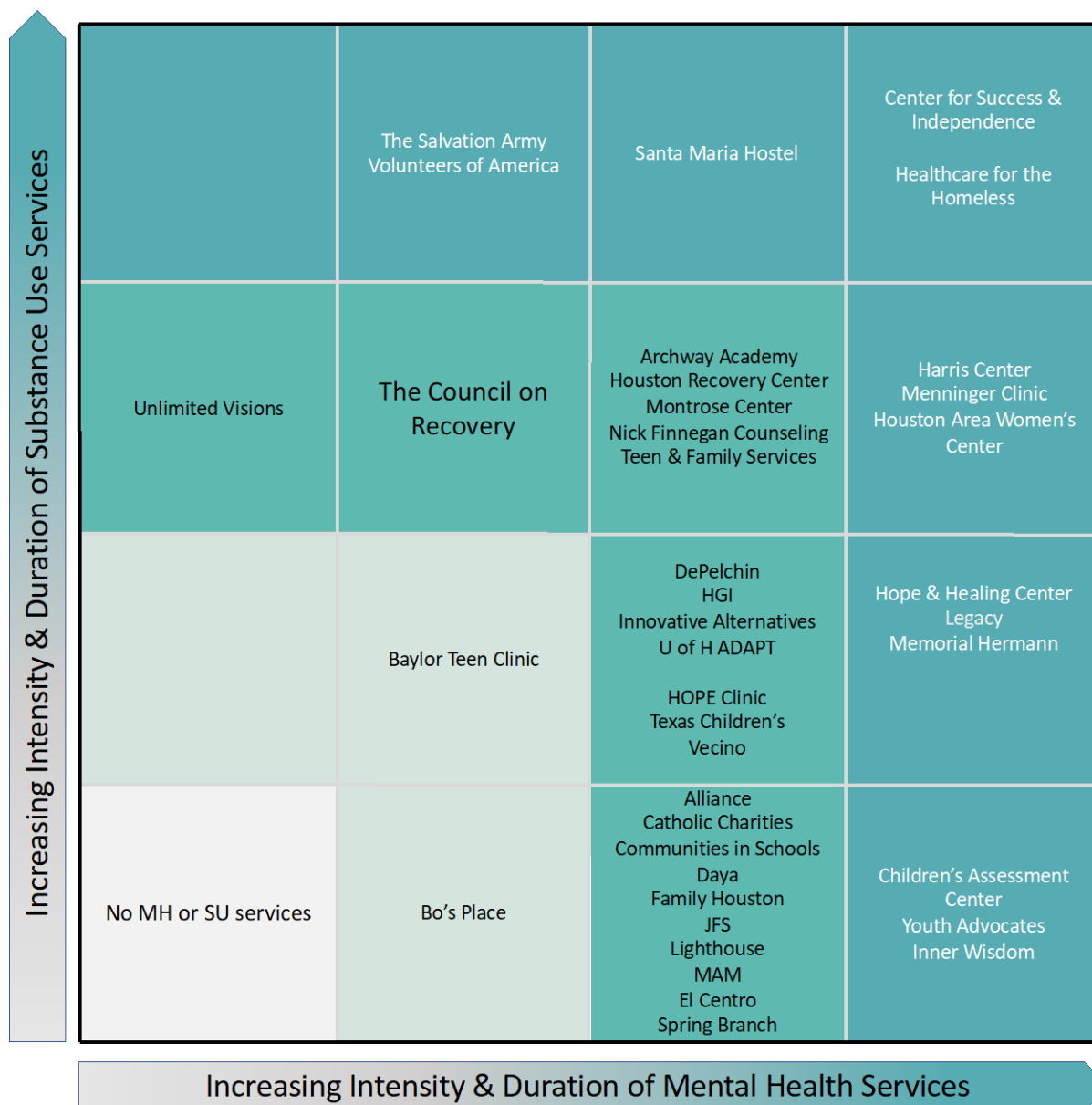
Texas Health and Human Services (HHS) offers mental health and substance use services for families and people of all ages, including:

- 9 state psychiatric hospitals (one with three campuses)
- HHSC also contracts with 37 Community Mental Health Centers (also known as Local Mental Health Authorities - LMHAs) to provide mental health services to adults with serious mental illness and children with severe emotional disturbance.

The Harris Center for Mental Health and IDD provides the following mental health services for adults residing in Harris County:

- Medication-related services
- Counseling and psychotherapy
- Medication training and support
- Employment-related skills services
- Housing-related skills services
- Coordination of services
- Other independent living skills services

The following chart illustrates the array of organizations serving the substance use and mental health needs of Harris County, as well as the focus of their services.



Pugil J, Bray P, McArthur K, Sinclair B. *Behavioral Health in Harris County: Who is Who and What They Do*. Houston: Houston Health Funders Collaborative 2019.

Identified health needs

Through the assessment of compiled data, the following health needs were identified.

Inpatient

- High cost of care and lack of insurance benefits
- Shortage of inpatient beds for children and adolescents
- Inconsistent access to services for populations due to socioeconomic and geographic factors
- Shortage of availability of and easy access to mental health screenings, diagnostic services and early treatment interventions
- Stigma prevents a majority of people from seeking services
- Shortage of mental health professionals, especially with Hispanic and African American heritage
- Void of coordinated and integrated care
- Lack of education about mental health

Outpatient

- Lack of affordable services where people live and work
- Limitations for what insurance will pay for
- Barriers to treatment and overall mental health, including safe and affordable housing, transportation, stigma and not knowing how to access mental health services
- Lack of leadership in mobilizing a system of services
- Long waits for medication and counseling services
- Demand for training among first responders to address needs of individuals in crisis
- Shortage of mental health professionals, especially with Hispanic and African American heritage
- Shortage of assessment and treatment for autism and low-IQ individuals
- Lack of education about mental health

Menninger's next steps include developing an Implementation Strategy to address these needs. Priorities will be based on the information gathered through this CHNA. Opportunities for health improvement exist in each area; however, Menninger Leadership will work to identify areas where Menninger can most effectively focus its resources to have significant impact and develop an Implementation Strategy for the remainder of 2022 through 2025.

Appendices

Acknowledgements

Thank you to the following organizations that participated in our key informant interview process: Baylor College of Medicine & Texas Children's Hospital, Communities in Schools, Cornerstone of Houston Team Counseling, Harris Center, Harris County Public Health, Jewish Family Services, National Alliance for Mental Illness Greater Houston, Network of Behavioral Health Providers, University of Houston College of Medicine – Community Health, Pasadena Independent School District.

Key stakeholder interview questions

1. In your opinion what are some of the significant mental health issues you are seeing in the community you serve?
2. What are the barriers to accessing or improving mental health care?
3. What needs to be done to address the issues identified in questions #1 and #2 above?
4. How could The Menninger Clinic better meet the mental health needs of the community?
5. How has COVID-19 affected mental health in your community?
6. If Menninger had to choose one issue that you have identified above to focus on, which one would it be?
7. What else should we know about the mental health challenges facing your community, that we haven't asked?

Patient Survey Questions

1. How would you rate the overall mental health of the people living in your community today?
2. What barriers do you face in obtaining quality health care (physical and mental health care) in your home community? (select top 3)
 - Insurance does not cover services
 - High costs of care
 - Too little time with providers (counselors, therapists, etc.)
 - Long waits to get an appointment
 - Poor follow-up after appointment
 - Lack of providers
 - Transportation
 - Other (please describe)
3. What might improve mental health care in your community? (select top 3)
 - Better insurance coverage
 - More affordable care
 - More time with providers
 - Shorter waits to get an appointment

- More providers available
 - Improved transportation
 - Other (please describe)
4. Since the COVID-19 pandemic began, would you say your mental health has improved, worsened, or stayed the same?
 5. From your experience, how do you think the COVID-19 pandemic has affected mental health in your community?
 6. What else would you like to add about mental health or mental health care that we haven't asked?

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