

# Access to Care – Mental & Behavioral Health

## COMMUNITY INVESTMENTS THEORY OF CHANGE

### Commitment to Health Equity

Methodist Healthcare Ministries of South Texas, Inc. believes that to improve the wellness of the least served and fully live out its mission of “Serving Humanity to Honor God,” it must recognize the inequities inherent in its communities that contribute to poor health outcomes. **Health Equity is both the process and goal by which Methodist Healthcare Ministries seeks to carry out that purpose.** Health Equity is a framework of thought and action that strives to reduce racial and socio-economic disparities and create fair and just opportunities for every person to reach their full potential.

### Current State

- In 2023, 36.8% of adults in Texas reported symptoms of anxiety and/or depressive disorder, compared to 32.3% of adults in the U.S.
- More than 80 percent of Texas counties are designated as Mental Health Professional Shortage Areas, with a majority being rural counties
- 61% of adult Texans who needed mental health treatment did not receive it, with 45.3% not seeking help due to cost
- 15,072,179 million people in Texas live in a community that does not have enough mental health professionals
- In 2020, suicide was the second leading cause of death among adolescents (ages 12-17) across the U.S.
- In 2021, more than 4 in 10 (42%) students felt persistently sad or hopeless and nearly one-third (29%) experienced poor mental health
  - 26.52% of individuals living within MHM’s 74-County Region live alone



### Desired Future State

All people in MHM’s service area have equitable access to holistic approaches to mental health care to achieve long term health

### Vision

To be the leader for improving wellness of the least served



### Objective 1

Increase Access to Services to achieve desired future state

#### PRIORITIES

- Expand rural M&BH services and programs
- Support for providers and trauma informed care
- Expand supervisory and licensure placement sites

### Objective 2

Improve Community Mental Health to achieve desired future state

#### PRIORITIES

- Expand evidence-based models
- Expand support for treating substance use disorder
- Support crisis receiving and stabilization

### Objective 3

Increase Youth Serving Mental Health Programs to achieve desired future state

#### PRIORITIES

- Expand School-Based M&BH Programs
- Expand community M&BH support

## OBJECTIVE 1: Increase Access to Services to Achieve Desired Future State

Increase amount of mental health services available in MHM service area

Priority	<b>Expand Rural Mental and Behavioral Health Services/Programs</b> New and existing programs, mobile care, provider recruitment and retention, faith communities, peer support, resource navigation, education and outreach
Priority	<b>Support for providers/trauma informed care</b> Sabbaticals, staff training, trauma informed care certification and implementation
Priority	<b>Expand Supervisory and Licensure Placement Sites</b> New and existing clinical student supervisory programs and locations.
Metrics	Number of events held, rural communities served, peers trained and certified, resources connected, number of staff participating, MOUs signed, placement sites created or expanded

## OBJECTIVE 2: Improve Community Mental Health to Achieve Desired Future State

Increase percent of mental health patients who receive mental health treatment

Priority	<b>Expand Evidence-Based Models</b> Programs should offer evidence-based therapy services by credentialed providers. Examples: Individual and group therapy, Integrated Behavioral Health (IBH), Trauma-Informed Care. Programs to develop new evidence-based models. Examples: Mental Health First-Aid, Spiritual First Aid, other.
Priority	<b>Expand Support for Treating Substance Use Disorder</b> Therapeutic services to support recovery.
Priority	<b>Support Crisis Receiving and Stabilization</b> Programs and facilities offering short-term (under 24 hours) observation and crisis stabilization services to all referrals in a non-hospital environment
Metrics	PHQ-9, GAD-7, RCADS-25, WHODAS improvement, clients served, discharge plans created, hours of care provided

## OBJECTIVE 3: Increase Youth Serving Mental Health Programs to Achieve Desired Future State

Increase number of youths in MHM service area receiving mental health support services

Priority	<b>Expand School-Based Mental and Behavioral Health Programs</b> Efforts should support improved short and long term mental health outcomes for school aged children and youth in partnership with public schools or districts.
Priority	<b>Expand Community-Based Mental and Behavioral Health Programs</b> Efforts should support improved short and long term mental health outcomes for school aged children and youth in partnership with community-based organizations.
Metrics	Numbers of mentorships, reduced disciplinary referrals, PHQ-9, GAD-7, RCADS-25

MHM investments prioritize efforts serving economically disadvantaged, geographically underserved, and historically disenfranchised populations.