FY 2024 NEEDS ASSESSMENT REPORT

Community Healthcore

Needs Assessment

Cycle 3

Summary Report

March 2024

Submitted to:
Community Healthcore
107 Woodbine Pl
Longview, TX 75601

Prepared by:
Trebuchet Research
P.O. Box 150904
Austin, TX 78756

Introduction

For 54 years, Community Healthcore has served some of the most vulnerable populations in North East Texas, such as children and adults with mental health conditions, intellectual and developmental disabilities, and substance use disorders. Community Healthcore's 465 employees serve approximately 16,400 individuals[1] across thirty counties in Texas. Community Healthcore is the Local Mental Health Authority (LMHA) and Local Intellectual and Developmental Disabilities Authority (LIDDA) for nine counties: Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk, and Upshur.

The Needs Assessment Project supports Community Healthcore's commitment to continuous improvement by gathering data to improve the system of care and by identifying needs that are not met. Additionally, the data collected on this project will be used to explore enhancements for future growth of service areas. Most importantly, the Needs Assessment is essential to meeting Community Healthcore's goals for maintaining the Certified Community Behavioral Health Clinic (CCBHC) certification.

Community Healthcore contracted with Trebuchet Research, LLC to conduct the Needs Assessment Project. For this project, Trebuchet worked closely with Community Healthcore to collect quantitative and qualitative data to gain greater understanding of the people Community Healthcore serves and their needs. The data collected may also be used to inform enhancements to future services. Quantitative data was gathered through three surveys (Quality Improvement, Workforce, and Community Partners). Qualitative data was gathered through key informant interviews (KIIs) and small focus groups.

In the following sections we summarize the data gathered and the outcomes outlined in the CCBHC Needs Assessment administrative procedure 1.07.01.

---
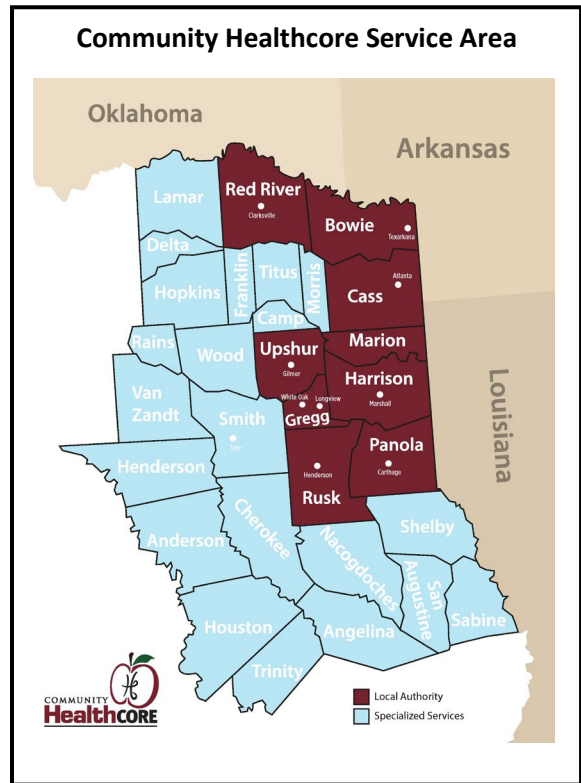
[1] Community Healthcore Center Profile FY23

Needs Assessment Approach

CCBHC context

In August 2019, Community Healthcore achieved a state certification as a Certified Community Behavioral Health Clinics (CCBHCs). The CCBHC framework is designed to improve service delivery and efficiency to support vulnerable populations through coordinated services.

The CCBHC program criteria span six areas:

1. Staffing
2. Availability and accessibility of services
3. Care coordination
4. Scope of services
5. Quality and other reporting
6. Organizational authority, governance, and Accreditation.

An important aspect of CCBHCs, and the impetus for the Needs Assessment Project, is that CCBHCs are required to demonstrate that they have identified and considered the needs of the population, as well as community stakeholder input, in the planning process for service delivery design and implementation. The Needs Assessment is essential for CCBHCs to understand the people in their service area, their needs, and the challenges they face, so that the organization may align services and staffing to meet their needs.

Specifically, the Needs Assessment is referenced in CCBHC program requirements 1-4. For instance, program requirement 1.a.1 specifies that "CCBHCs have a needs assessment process, including a process for gathering community input." Similarly, program requirement 4.b.2 specifies "CCBHC have protocols in place to use needs assessments to ensure services are culturally appropriate."

To meet these requirements, the Needs Assessment Project gathered input from persons receiving services, Community Healthcore workforce, and community partners.

Implementation

For this project, we collected primary data and examined secondary data. Primary data was gathered through surveys and qualitative interviews, which consisted of key informant interviews (KIIs) and focus groups. Surveys were designed for three populations: Persons in areas served by Community Healthcore (Quality Improvement Survey), Employees at Community Healthcore (Workforce), and Organizations that partner with Community Healthcore (Community Partners)

Secondary data consisted of publicly available, external data including US Census Bureau data and aggregate client data provided by Community Healthcore to summarize the services they provide.

Primary Data

Surveys

We worked closely with Community Healthcore to develop three questionnaires to survey persons in areas served by Community Healthcore, Community Healthcore workforce, and partners in the community. The Quality Improvement Survey included validated items from publicly available surveys, such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The Quality Improvement Survey was also offered in Spanish.

> **Web Surveys**
>
> 1. Developed the surveys using online survey software (SurveyMonkey)
>
> 2. Optimized survey display for mobile devices
>
> 3. Flexible outreach
>
> 4. Response tracking and follow-up to encourage participation

The questionnaires were designed for electronic self-administration via web survey. The surveys were programmed using Survey Monkey, a robust platform for online data collection.

Using survey software offered important methodological enhancements for this project. For instance, skip patterns and instructions in the questionnaire were systematically and consistently implemented. As a result, the web surveys presented the appropriate question on the screen based on the respondent's answers.

Additionally, using online survey software allowed for flexibility in outreach efforts and each effort was tracked distinctly. The surveys were accessed through web links (URLs). Individuals for whom Community Healthcore had email addresses received personalized invitations with their own personal link to the survey. Personalized invitation emails included a button to "Start Survey" which would launch the web survey. Exhibit 1 illustrates each survey and the outreach modes.

Exhibit 1: Surveys and outreach modes

Survey Type	Direct Emails	Community Healthcore Website	Facebook	LinkedIn	On-site Kiosks	QR codes posted on-site	QR codes at special events
Quality Improvement	✓	✓	✓	✓	✓	✓	✓
Workforce	✓						
Community Partners	✓						

In addition to direct emails, the Quality Improvement Survey was promoted on social media, the Community Healthcore website, and on-site at various Community Healthcore locations. An

important enhancement implemented this year was leveraging the team of participants in the Behavioral Health Academy Internship (BHAI) at Community Healthcore. The interns were equipped with tablets and visited multiple Community Healthcore locations to encourage participation in the survey. This was particularly helpful to promote participation among those who may not have a device or internet access.

Exhibit 2 illustrates samples of social media posts. The Quality Improvement Survey was promoted in English.

The Workforce Survey was distributed internally within the organization by email.

Exhibit 2: Sample social media posts English
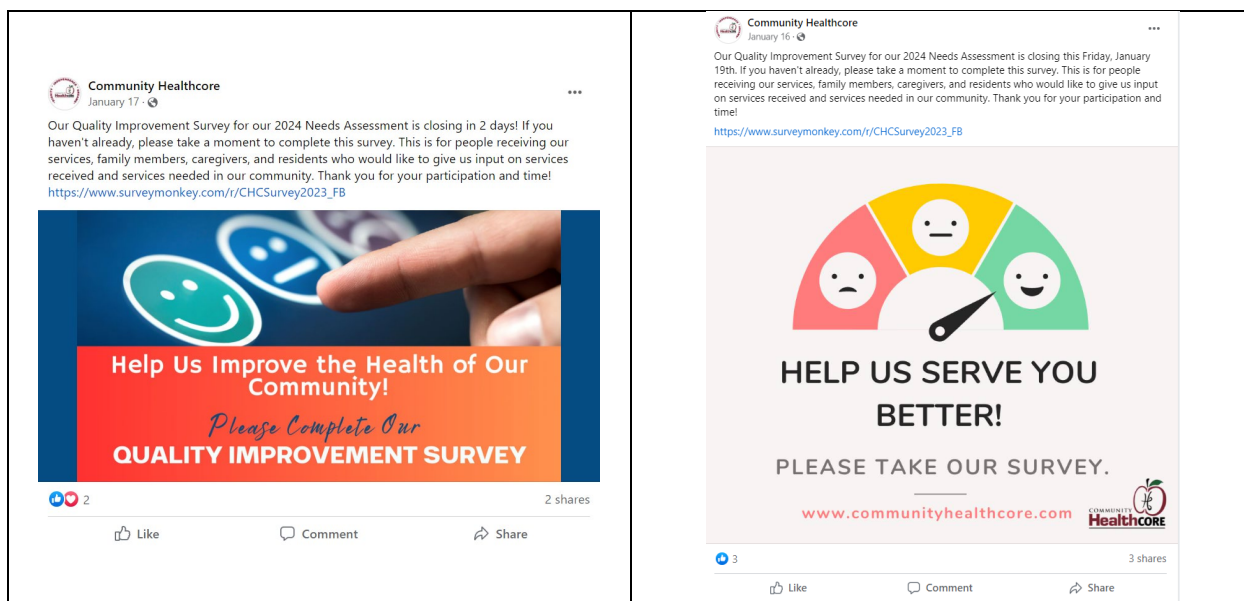
The survey was available in English and Spanish. Upon launching the survey, respondents could select the language they preferred. Exhibit 3 and Exhibit 4 illustrate the introduction screen in English and Spanish.

Exhibit 3: Introduction Screen-English
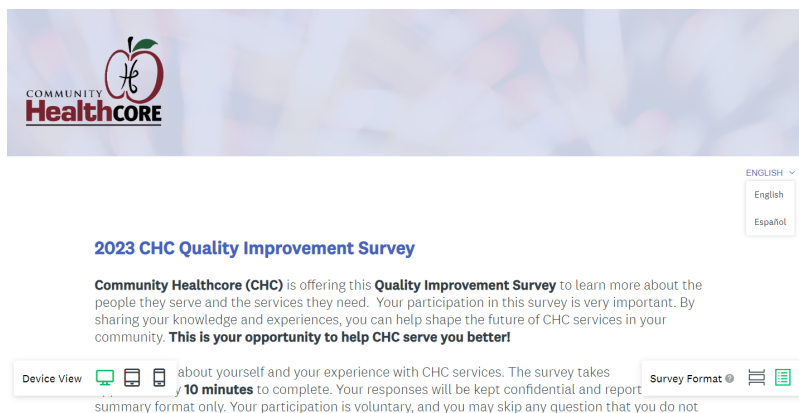
Exhibit 4: Introduction Screen--Spanish
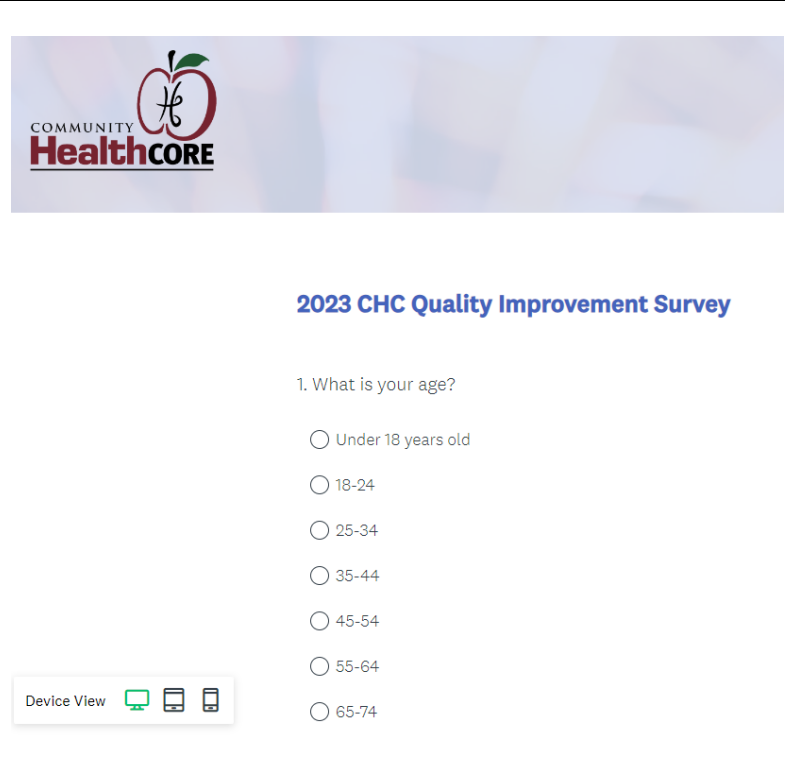
Outreach methods included the QR codes prominently displayed in each Community Healthcore location, so that a respondent could scan the QR code and launch the survey. Exhibit 5 illustrates the QR code example.

Exhibit 5: Example QR code

The links could be accessed across multiple devices (desktop computer, tablet, or smartphone). Using survey software ensured that the surveys were optimized for viewing on mobile devices. Exhibit 6 illustrates how Question 1 of the Quality Improvement Survey appeared on a mobile device and a computer.

Exhibit 6: Mobile and computer view of Quality Improvement Survey

Questionnaire Development

Questionnaire development began after receiving input from the Comprehensive Planning Advisory Community (CPAC) and CHC Leadership Team in August 2023. The team expressed interest in adding suicide-prevention and access to care-related topics to the surveys. The research team engaged the Community Healthcore team (including members in Peer Services, Mental Health, Substance Use, Intellectual and Developmental Disabilities) on an interactive process to revise the questionnaires.

Keeping respondent burden in mind, the team discussed which questions to keep and which to remove from the prior survey. Additionally, the team developed new items that would be relevant to groups they led. For the Quality Improvement Survey, new questions were added to capture information to inform the development of suicide prevention awareness campaigns and measures for access to care. Similarly, questions were added to explore the needs and barriers experienced by those receiving services from Community Healthcore. The team leveraged validated data collection instruments, such as the Center for Mental Health Services (CMHS) National Outcome Measures (NOMs) questionnaires, to develop new items for the Quality Improvement Survey.

An important enhancement in this year's questionnaire development was the inclusion of equivalent items across surveys (Quality Improvement, Workforce, and Community Partners). This supported assessment of the perceived barriers to healthcare from three audience perspectives.

For the Workforce Survey, the team developed items to gather input that could be used for recruitment to address staffing shortages resulting from the pandemic. New questions included items to understand the kind of employment benefits the organization could offer to attract well-qualified, diverse staff. For the Community Partners Survey, the team added questions to gauge interest in participation in a focus group session.

The questions for each survey are listed in the Survey Summaries section. New items are asterisked.

Timeline

The survey start dates were staggered in November so that data collection could begin as each questionnaire was approved and finalized with Community Healthcore. Treating each survey independently avoided inefficiencies in fielding that would be associated with holding all surveys until they were all finalized. All surveys were closed on January 29, 2024. Exhibit 7 illustrates the timeline for survey data collection.

Exhibit 7: Timeline 2023-2024

Quality Improvement Survey (10/9) · Workforce Survey (11/8) · Community Partners Survey (11/15) · All Surveys Close (1/29)
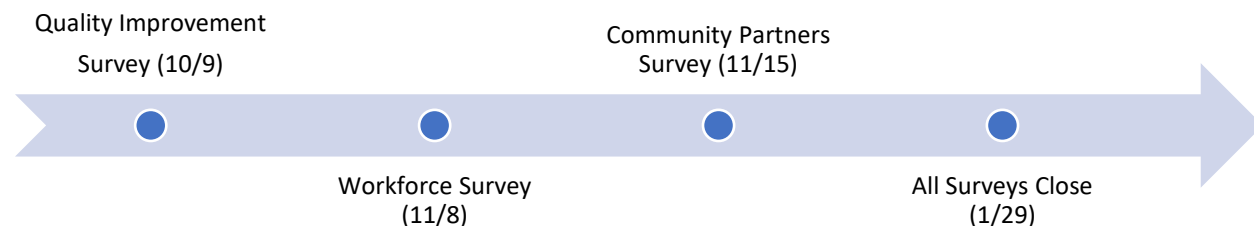
Overall response (English)

There were **961** survey responses collected in total **957** were in English, **4** were in Spanish. For analysis, English and Spanish responses were combined.

Exhibit 8 (next page) summarizes the total number of responses by survey type.

The average time spent by respondents is summarized in Exhibit 9. The Quality Improvement Survey was the longest of the three surveys and contained 47 questions. The Workforce Survey contained 33 questions and the Community Partners Survey consisted of 23 questions.

Exhibit 8: Responses by survey type (English)

Survey	Responses
Quality Improvement	534
Workforce	357
Community Partners	70
Total	961

Exhibit 9: Average time spent by survey type

Survey	Average time spent
Quality Improvement	10m:21s
Workforce	9m:51s
Community Partners	8m:7s

Response by Outreach

The surveys were promoted in a variety of outreach modes, including the Community Healthcore website, social media (for instance, Facebook, LinkedIn,), and direct email invitations. Exhibit 10 summarizes responses by outreach mode for each survey type. Outreach via email yielded the greatest number of responses (217) to the Quality Improvement Survey. For the Community Partners Survey, outreach through direct emails to subscribers resulted in 70 responses.

The Workforce Survey was distributed through Survey Monkey. The personalized invitation was configured to display an internal Community Healthcore email address, to emphasize the legitimacy of the survey. To address phishing concerns, Community Healthcore sent Center-wide messages assuring employees of the legitimacy of the survey invitation prior to distributing the Workforce Survey. Additionally, announcements were made during all-staff meetings to encourage participation and allay concerns of phishing.

Exhibit 10: Responses by outreach mode

Outreach Mode	Quality Improvement	Workforce Survey	Community Partners	Total
Community Healthcore Website	121			121
Facebook	12			12
LinkedIn	5			5
Direct emails to CHC-provided emails	217	357	49	623
Tablets/kiosks on-site	47			47
QR codes posted on-site	68			68
QR code special events	64			64
Personalized message from staff			21	21
Total	**534**	**357**	**70**	**961**

Overall Response Rates by Survey Type

Community Healthcore provided a list of **2,611 email addresses** for the **Quality Improvement Survey**. The list consisted of individuals (or their guardians/legal representatives) who had received services from Community Healthcore, Board Members, and members of the community who had expressed interest in hearing updates from CHC by signing up on the website. After the initial email invitation, weekly email reminders were sent to encourage their participation. **217** individuals from the list that Community Healthcore provided responded to the Quality Improvement Survey, for an overall response rate of 8.3%.

For the Workforce Survey, Community Healthcore provided a list of **467 Community Healthcore employees**. **357** individuals responded for an overall response rate of 76.4%

For the Community Partners, Community Healthcore provided a list of **343 Community Partners**. 70 individuals on the list completed the survey for an overall response of 20.4%.

Exhibit 11 summarizes response rate by survey type.

Exhibit 11: Response Rate by Survey Type

Survey	Completed	Partial	Total Responses	List	Overall Response Rate
Quality Improvement	155	62	217	2,611	8.3%
Workforce	344	13	357	467	76.4%
Community Partners	53	17	70	343	20.4%

Qualitative Interviews

Key Informant Interviews

Key informant interviews (KIIs) are a form of in-depth interviews with key stakeholders who have deep knowledge of the group they represent or substantial "lived experience." Sessions were held individually and lasted 30 minutes. Participants were asked to share their experiences to help Community Healthcore learn about what has worked well and what could be done differently in the future. Questions were open ended and designed to learn about the aspects of their experience with Community Healthcore that they have found valuable; as well as additional services or enhancements that would benefit persons who may have needs similar to the participant's needs.

Community Healthcore invited informants to share their experiences about the services they have received. The services ranged from intellectual & developmental disabilities (IDD), mental health (adult and child), and Veterans services.

Key informant interview sessions were recorded and transcribed for thematic analysis. The major themes that emerged are presented in the Outcomes section.

About the Participants

Ten key informant interviews were held remotely by telephone. Individual interviews were audio recorded and lasted 30 minutes. Sessions were held throughout the month of December 2023. Exhibit 12 summarizes the geography and the type of services each participant referenced.

Exhibit 12: Key Informant Interviews--Participants

ID#	Key Informant Interview Date	County	Services Received
Respondent 1	12/14/23	Bowie	Veterans
Respondent 2	12/14/23	Red River	Mental Health (Children)
Respondent 3	12/15/23	Gregg	Mental Health (Children)
Respondent 4	12/15/23	Upshur	Mental Health (Adults)
Respondent 5	12/15/23	Rusk	Family and Youth Success
Respondent 6	12/18/23	Cass	Intellectual and Developmental Disabilities
Respondent 7	12/18/23	Gregg	Early Childhood Intervention
Respondent 8	12/18/23	Harrison	Intellectual and Developmental Disabilities
Respondent 9	12/19/23	Cass	Mental Health Adults
Respondent 10	12/19/23	Upshur	Mental Health Adults

Topics

The goal of the Key Informant Interviews was to gather additional feedback to help Community Healthcore understand the needs of people with lived experience. Discussion topics in the key

informant interviews were similar to the focus groups topics. They explored three key areas, summarized in Exhibit 13.

Exhibit 13: Key Informant Interviews--Discussion topics

Area	Sample questions
Current state	What has your experience with Community Healthcore been like? How long have you been receiving services? What county are you in? What kind of services do you receive? How satisfied are you with the services you've received?
Positive aspects	What do you value most about your experience with Community Healthcore? What is the highlight of your experience with Community Healthcore? What do they get right? What would you like Community Healthcore to retain/hope doesn't change about CHC?
Opportunities for enhancements (services, needs, barriers)	How would you describe the most significant barrier that prevents people in your area from getting the healthcare they need? What is an area where you would like to see change? What would you like to see done differently? What kind of additional services would you like to see CHC offer? Blind spots? What is something you think CHC may not be aware of? Any final comments? What would you like Community Healthcore to know?

Focus Groups

Four focus groups (two morning, two afternoon) were held to gather qualitative feedback for the Needs Assessment Project. Focus groups are guided discussions designed to gather feedback on a variety of topics. The focus groups lasted 90 minutes and were held remotely using video conference software (Zoom).

Like the key informant interviews, focus group sessions were recorded and transcribed for thematic analysis. The major themes that emerged are presented in the Outcomes section. Participants provided their verbal consent to participate in the recorded session. The sessions were held on November 29 and 30. One of the sessions was dedicated to gathering feedback from law enforcement/police in the areas Community Healthcore serves.

About the Focus Groups

Community Healthcore invited specific community organizations that they had previously collaborated with, to hear diverse perspectives from various key stakeholders in the counties they serve. Participants included representatives from law enforcement, schools, and community organizations.

Exhibit 14 summarizes the geographic diversity of the participants in each session. Some participants had experience in multiple counties. Additionally, some organizations served multiple counties in the region.

Exhibit 14: Focus group participants

Focus group date	Counties	Participants	Type of Community Partner
11/29-AM	Harrison, Bowie, Gregg	9	Local nonprofits, universities, city partners
11/29-PM	Upshur, Panola, Bowie, Rusk, Gregg, Marion, Harrison	9	Law enforcement (police departments, sheriff's offices, jails)
11/30-AM	Smith, Henderson, Harrison, Panola, Harrison, Upshur, Bowie, Gregg	7	Local nonprofits, community engagement organizations, school district, University, Multi-county organizations
11/30-PM	Cass, Marshall, Harrison, Bowie Anderson, Camp, Cherokee, Gregg, Harrison, Henderson, Marion, Panola, Rains, Rusk, Smith, Upshur, Van Zandt, Wood	4	County judge, Early childhood program, adult education organization, Multi-county resource line
	Total	29	

Discussion Topics

The goal of the focus groups was to gather feedback to help Community Healthcore better understand the needs in the community, with emphasis on learning about potential gaps and barriers to the services that Community Healthcore offers and explore enhancements in the future. Exhibit 15 summarizes the discussion topics covered in each session.

Exhibit 15: Focus group discussion topics

Area	Sample questions
Current state	Establish as is: How would you describe Community Healthcore's current role in your community? What is your community's perception of Community Healthcore? How has the COVID-19 pandemic affected your community? How would you describe your post-pandemic experience with Community Healthcore?
Positive aspects	What do you value the most about Community Healthcore? What is one thing you would hope doesn't change about Community Healthcore?

Area	Sample questions
Opportunities for enhancements (services, needs, barriers)	Who needs the most help in your community? How would you describe the greatest health-related needs in your community? How would you describe the barriers that prevent people in your area from getting the healthcare they need? In general, what could prevent these issues from being so challenging in your community? Community Healthcore is developing a suicide prevention initiative for the nine counties it serves. What would be the best way to increase awareness about suicide prevention in your community? What kind of additional services would you like to see Community Healthcore offer in your community? How would you enhance the services that Community Healthcore provides? Any final comments? What would you like CHC to know? Blindspots?

Secondary Data

To examine secondary data, the Needs Assessment Project explored data published by external sources. Specifically, we focused on the U.S. Census Bureau's American Community Survey (ACS). The ACS is a nationwide survey that provides "reliable and timely social, economic, housing, and demographic data every year.[2]" Unlike the decennial census, which is conducted every 10 years, the ACS is conducted every month to provide annual information. The ACS surveys 3.5 million addresses across the country, and the U.S. Census Bureau publishes 1-year and 5-year estimates based on the data gathered. In addition to ACS data, this year's needs assessment includes data from the Health Resources & Services Administration (HRSA) and the Texas Department of State Health Services to examine needs in the community. Specifically, the HRSA data was used to identify Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA) in the counties served by Community Healthcore. The Texas Department of State Health Services data was used to identify suicide deaths in the nine counties served by Community Healthcore.

Additionally, Community Healthcore provided aggregate service data to explore services provided, and demographics of the people served.

U.S. Census Bureau Data

To examine the data, we used **Social Explorer**, an online tool that links various publicly available data sources and offers robust mapping capabilities[3]. Data on Social Explorer is available at the national, state, county, and census-tract level.

We present the 2022 ACS 5-year estimates data for the nine counties for which Community Healthcore is the mental health authority, and summarize population aspects relevant to the Needs Assessment Project. We focused on the following aspects to understand the region:

- Population
- Gender
- Age
- Race
- Hispanic Origin
- Language
- Education
- Unemployment
- Income
- Insurance coverage
- Veteran status
- Poverty
- Disability status
- Health professional shortage areas
- Suicide-related deaths

This section contains tables for each aspect. Each table contains subtotals for each county and the grand total for the nine-counties combined. When possible, subtotals for the state and the country were also included.

---

[2] Social Explorer; U.S. Census Bureau; 2020 ACS 1-year and 2016-2020 ACS 5-year Data Releases : Technical Documentation.

[3] Social Explorer, www.socialexplorer.com

Population and Population Density

Community Healthcore serves nine counties that encompass nearly 7,000 square miles with a total population of more than 450,000 people. Some counties are more densely populated than others. For instance, Red River County has 11.1 people per square mile, while Gregg county has 454.5 people per square mile. Exhibit 16 and Exhibit 17 summarize the population and population density for the nine counties in map and table format.

Exhibit 16: Population density map
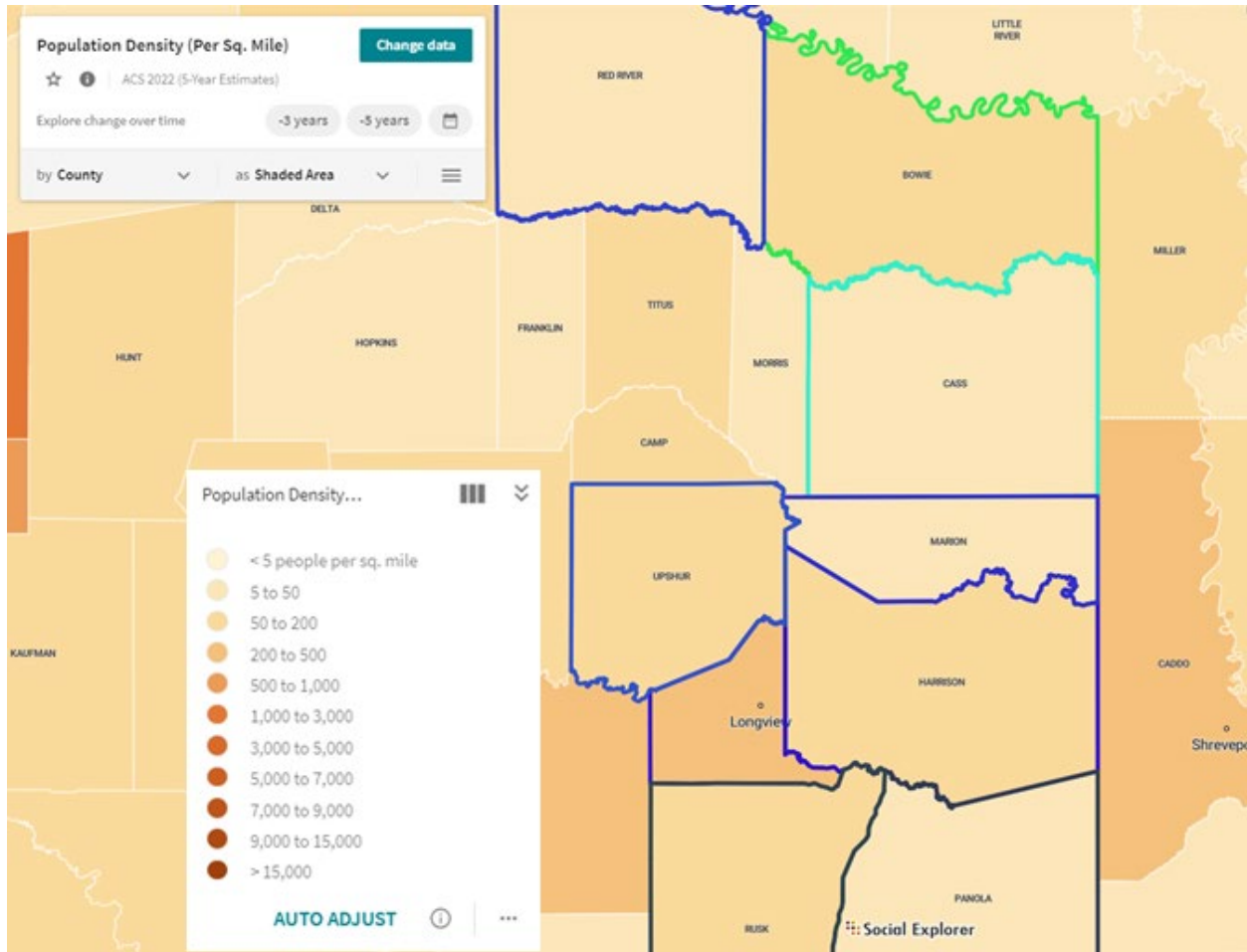
Population and Population Density

Exhibit 17: Population density table

County	Total Population	Area (land) Sq. mile	Population Density (per Sq. mile)
Bowie	92,747	884.94	104.8
Cass	28,637	936.95	30.6
Gregg	124,245	273.38	454.5
Harrison	69,098	900.06	76.8
Marion	9,668	380.90	25.4
Panola	22,540	811.36	27.8
Red River	11,627	1,043.90	11.1
Rusk	52,755	924.20	57.1
Upshur	41,261	582.98	70.8
TOTAL 9 counties	452,578	6,738.66	67.2
Texas	29,243,342	261,269.76	111.9
US	331,097,593	3,537,296.43	93.6

Gender

Exhibit 18 summarizes the gender distribution for the nine counties Community Healthcore serves. For all counties combined, the gender of the population is roughly evenly split (49.9% male, 50.1% female). Rusk county has a slightly higher percentage of males in the population (53.9%).

Exhibit 18: Gender

Gender	Male	Female	Total
Bowie	46,884	45,863	92,747
	50.6%	49.5%	
Cass	13,896	14,741	28,637
	48.5%	51.5%	
Gregg	60,840	63,405	124,245
	49.0%	51.0%	
Harrison	33,790	35,308	69,098
	48.9%	51.1%	
Marion	4,724	4,944	9,668
	48.9%	51.1%	
Panola	11,276	11,264	22,540
	50.0%	50.0%	
Red River	5,656	5,971	11,627
	48.7%	51.4%	
Rusk	28,432	24,323	52,755
	53.9%	46.1%	
Upshur	20,514	20,747	41,261

Gender	Male	Female	Total
	49.7%	50.3%	
TOTAL 9 Counties	226,012	226,566	452,578
	49.9%	50.1%	
Texas	14,624,638	14,618,704	29,243,342
	50.0%	50.0%	
US	164,200,298	166,897,295	331,097,593
	49.6%	50.4%	

Age

Exhibit 19 and Exhibit 20 summarize the age distribution for the region. 6.0 % of the total population in the nine counties is under 5 years old and 10.5% is 65 to 74 years old. Red River has a higher percentage of 65-74 year olds (14.8%)

Exhibit 19: Age, part 1

	Total Population	Under 5 Years	5 to 9 Years	10 to 14 Years	15 to 17 Years	18 to 24 Years	25 to 34 Years
Bowie	92,747	5,698	6,403	6,086	3,755	8,106	12,329
		6.1%	6.9%	6.6%	4.1%	8.7%	13.3%
Cass	28,637	1,613	1,852	1,822	1,140	2,173	2,957
		5.6%	6.5%	6.4%	4.0%	7.6%	10.3%
Gregg	124,245	8,232	8,154	10,174	5,404	12,155	16,564
		6.6%	6.6%	8.2%	4.4%	9.8%	13.3%
Harrison	69,098	3,983	4,784	4,940	3,054	6,784	8,274
		5.8%	6.9%	7.2%	4.4%	9.8%	12.0%
Marion	9,668	342	581	492	246	774	707
		3.5%	6.0%	5.1%	2.5%	8.0%	7.3%
Panola	22,540	1,291	1,416	1,533	978	2,030	2,642
		5.7%	6.3%	6.8%	4.3%	9.0%	11.7%
Red River	11,627	699	353	901	385	820	988
		6.0%	3.0%	7.8%	3.3%	7.1%	8.5%
Rusk	52,755	2,917	3,186	3,635	2,061	4,855	6,734
		5.5%	6.0%	6.9%	3.9%	9.2%	12.8%
Upshur	41,261	2,365	2,926	2,715	1,818	3,162	4,917
		5.7%	7.1%	6.6%	4.4%	7.7%	11.9%
TOTAL 9 Counties	452,578	27,140	29,655	32,298	18,841	40,859	56,112
		6.0%	6.6%	7.1%	4.2%	9.0%	12.4%
Texas	29,243,342	1,923,422	2,027,737	2,169,603	1,275,366	2,936,266	4,224,194
		6.6%	6.9%	7.4%	4.4%	10.0%	14.4%
US	331,097,593	19,004,925	19,938,148	21,433,148	12,837,484	31,282,896	45,388,153
		5.7%	6.0%	6.5%	3.9%	9.5%	13.7%

Exhibit 20: Age, part 2

	Total Population	35 to 44 Years	45 to 54 Years	55 to 64 Years	65 to 74 Years	75 to 84 Years	85 Years and Over
Bowie	92,747	12,019	11,182	11,330	9,224	4,806	1,809
		13.0%	12.1%	12.2%	10.0%	5.2%	2.0%
Cass	28,637	2,966	3,621	4,144	3,551	1,985	813
		10.4%	12.6%	14.5%	12.4%	6.9%	2.8%
Gregg	124,245	15,391	13,860	14,832	11,531	5,551	2,397
		12.4%	11.2%	11.9%	9.3%	4.5%	1.9%
Harrison	69,098	8,842	7,635	9,073	7,204	3,218	1,307
		12.8%	11.1%	13.1%	10.4%	4.7%	1.9%
Marion	9,668	1,112	980	1,813	1,588	817	216
		11.5%	10.1%	18.8%	16.4%	8.5%	2.2%
Panola	22,540	2,424	2,669	2,993	2,727	1,357	480
		10.8%	11.8%	13.3%	12.1%	6.0%	2.1%
Red River	11,627	1,177	1,607	1,681	1,724	1,157	135
		10.1%	13.8%	14.5%	14.8%	10.0%	1.2%
Rusk	52,755	7,348	6,312	6,819	5,325	2,296	1,267
		13.9%	12.0%	12.9%	10.1%	4.4%	2.4%
Upshur	41,261	5,090	4,657	6,071	4,534	2,373	633
		12.3%	11.3%	14.7%	11.0%	5.8%	1.5%
TOTAL 9 Counties	452,578	56,369	52,523	58,756	47,408	23,560	9,057
		12.5%	11.6%	13.0%	10.5%	5.2%	2.0%
Texas	29,243,342	4,046,302	3,597,088	3,274,387	2,297,666	1,068,603	402,708
		13.8%	12.3%	11.2%	7.9%	3.7%	1.4%
US	331,097,593	42,810,359	41,087,357	42,577,475	32,260,679	15,966,862	6,510,107
		12.9%	12.4%	12.9%	9.7%	4.8%	2.0%

Race

Exhibit 21 summarizes the race in the region. The total population in the nine counties is predominantly White (69.6%) or Black/African Americans (18.6%).

Exhibit 21: Race

	Total Population	White Alone	Black or African American Alone	American Indian and Alaska Native Alone	Asian Alone	Native Hawaiian and Other Pacific Islander Alone	Some Other Race Alone	Two or More Races
Bowie	92,747	61,938	23,462	477	1,250	104	2,121	3,395
		66.8%	25.3%	0.5%	1.4%	0.1%	2.3%	3.7%
Cass	28,637	22,273	4,312	148	744	0	169	991
		77.8%	15.1%	0.5%	2.6%	0.0%	0.6%	3.5%
Gregg	124,245	79,841	24,244	300	1,402	74	2,242	16,142
		64.3%	19.5%	0.2%	1.1%	0.1%	1.8%	13.0%
Harrison	69,098	46,326	14,215	281	421	0	2,427	5,428
		67.0%	20.6%	0.4%	0.6%	0.0%	3.5%	7.9%
Marion	9,668	6,901	2,117	71	58	14	151	356
		71.4%	21.9%	0.7%	0.6%	0.1%	1.6%	3.7%
Panola	22,540	17,138	2,829	14	160	0	246	2,153
		76.0%	12.6%	0.1%	0.7%	0.0%	1.1%	9.6%
Red River	11,627	8,995	1,816	215	38	2	176	385
		77.4%	15.6%	1.9%	0.3%	0.0%	1.5%	3.3%
Rusk	52,755	36,902	8,205	29	211	65	1,005	6,338
		70.0%	15.6%	0.1%	0.4%	0.1%	1.9%	12.0%
Upshur	41,261	34,598	3,091	56	213	25	924	2,354
		83.9%	7.5%	0.1%	0.5%	0.1%	2.2%	5.7%
TOTAL 9 Counties	452,578	314,912	84,291	1,591	4,497	284	9,461	37,542
		69.6%	18.6%	0.4%	1.0%	0.1%	2.1%	8.3%
Texas	29,243,342	17,293,460	3,552,579	169,576	1,511,069	27,350	2,281,525	4,407,783
		59.1%	12.2%	0.6%	5.2%	0.1%	7.8%	15.1%
US	331,097,593	218,123,424	41,288,572	2,786,431	19,112,979	624,863	20,018,544	29,142,780
		65.9%	12.5%	0.8%	5.8%	0.2%	6.1%	8.8%

Hispanic Origin

Exhibit 22 summarizes Hispanic or Latino origin. Among the total population in the nine counties, the majority identified as Not Hispanic or Latino (86.8%). In Marion County, 95.4% identified as Not Hispanic or Latino.

Exhibit 22: Hispanic or Latino Origin

	Total Population	Not Hispanic or Latino:	Hispanic or Latino:
Bowie	92,747	85,226	7,521
		91.9%	8.1%
Cass	28,637	27,131	1,506
		94.7%	5.3%
Gregg	124,245	99,854	24,391
		80.4%	19.6%
Harrison	69,098	59,501	9,597
		86.1%	13.9%
Marion	9,668	9,221	447
		95.4%	4.6%
Panola	22,540	20,431	2,109
		90.6%	9.4%
Red River	11,627	10,725	902
		92.2%	7.8%
Rusk	52,755	43,326	9,429
		82.1%	17.9%
Upshur	41,261	37,427	3,834
		90.7%	9.3%
TOTAL 9 Counties	452,578	392,842	59,736
		86.8%	13.2%
Texas	29,243,342	17,578,062	11,665,280
		60.1%	39.9%
US	331,097,593	269,341,727	61,755,866
		81.4%	18.7%

Hispanic or Latino Origin—Race detail

Exhibit 23 details race selections for those who identified as *Not* Hispanic or Latino.

Exhibit 23: Not Hispanic or Latino Origin-Race Detail

	Not Hispanic or Latino:	White Alone	Black or African American Alone	American Indian and Alaska Native Alone	Asian Alone	Native Hawaiian and Other Pacific Islander Alone	Some Other Race Alone	Two or More Races
Bowie	85,226	57,694	23,294	439	1,250	104	90	2,355
	91.9%	62.2%	25.1%	0.5%	1.4%	0.1%	0.1%	2.5%
Cass	27,131	21,522	4,305	38	735	0	88	443
	94.7%	75.2%	15.0%	0.1%	2.6%	0.0%	0.3%	1.6%
Gregg	99,854	69,369	23,899	137	1,402	66	145	4,836
	80.4%	55.8%	19.2%	0.1%	1.1%	0.1%	0.1%	3.9%
Harrison	59,501	42,427	14,212	155	421	0	94	2,192
	86.1%	61.4%	20.6%	0.2%	0.6%	0.0%	0.1%	3.2%
Marion	9,221	6,806	2,117	71	58	14	0	155
	95.4%	70.4%	21.9%	0.7%	0.6%	0.1%	0.0%	1.6%
Panola	20,431	16,289	2,829	14	118	0	37	1,144
	90.6%	72.3%	12.6%	0.1%	0.5%	0.0%	0.2%	5.1%
Red River	10,725	8,508	1,816	94	38	2	24	243
	92.2%	73.2%	15.6%	0.8%	0.3%	0.0%	0.2%	2.1%
Rusk	43,326	32,965	8,205	29	208	65	0	1,854
	82.1%	62.5%	15.6%	0.1%	0.4%	0.1%	0.0%	3.5%
Upshur	37,427	32,638	3,091	47	213	25	66	1,347
	90.7%	79.1%	7.5%	0.1%	0.5%	0.1%	0.2%	3.3%
TOTAL 9 Counties	392,842	288,218	83,768	1,024	4,443	276	544	14,569
	86.8%	63.7%	18.5%	0.2%	1.0%	0.1%	0.1%	3.2%
Texas	17,578,062	11,732,834	3,449,557	49,329	1,487,200	23,212	86,899	749,031
	60.1%	40.1%	11.8%	0.2%	5.1%	0.1%	0.3%	2.6%
US	269,341,727	194,886,464	40,146,392	1,826,286	18,873,442	561,561	1,418,481	11,629,101
	81.4%	58.9%	12.1%	0.6%	5.7%	0.2%	0.4%	3.5%

Race among those who identified Hispanic or Latino

Exhibit 24 details the race selections for those who did identify as Hispanic or Latino.

Exhibit 24: Hispanic or Latino Origin-Race Detail

	Hispanic or Latino:	White Alone	Black or African American Alone	American Indian and Alaska Native Alone	Asian Alone	Native Hawaiian and Other Pacific Islander Alone	Some Other Race Alone	Two or More Races
Bowie	7,521	4,244	168	38	0	0	2,031	1,040
	8.1%	4.6%	0.2%	0.0%	0.0%	0.0%	2.2%	1.1%
Cass	1,506	751	7	110	9	0	81	548
	5.3%	2.6%	0.0%	0.4%	0.0%	0.0%	0.3%	1.9%
Gregg	24,391	10,472	345	163	0	8	2,097	11,306
	19.6%	8.4%	0.3%	0.1%	0.0%	0.0%	1.7%	9.1%
Harrison	9,597	3,899	3	126	0	0	2,333	3,236
	13.9%	5.6%	0.0%	0.2%	0.0%	0.0%	3.4%	4.7%
Marion	447	95	0	0	0	0	151	201
	4.6%	1.0%	0.0%	0.0%	0.0%	0.0%	1.6%	2.1%
Panola	2,109	849	0	0	42	0	209	1,009
	9.4%	3.8%	0.0%	0.0%	0.2%	0.0%	0.9%	4.5%
Red River	902	487	0	121	0	0	152	142
	7.8%	4.2%	0.0%	1.0%	0.0%	0.0%	1.3%	1.2%
Rusk	9,429	3,937	0	0	3	0	1,005	4,484
	17.9%	7.5%	0.0%	0.0%	0.0%	0.0%	1.9%	8.5%
Upshur	3,834	1,960	0	9	0	0	858	1,007
	9.3%	4.8%	0.0%	0.0%	0.0%	0.0%	2.1%	2.4%
TOTAL 9 Counties	59,736	26,694	523	567	54	8	8,917	22,973
	13.2%	5.9%	0.1%	0.1%	0.0%	0.0%	2.0%	5.1%
Texas	11,665,280	5,560,626	103,022	120,247	23,869	4,138	2,194,626	3,658,752
	39.9%	19.0%	0.4%	0.4%	0.1%	0.0%	7.5%	12.5%
US	61,755,866	23,236,960	1,142,180	960,145	239,537	63,302	18,600,063	17,513,679
	18.7%	7.0%	0.3%	0.3%	0.1%	0.0%	5.6%	5.3%

Language

Exhibit 25 summarizes the languages spoken at home for the population 5 and over. The estimates for the region reflect English (89.5%) and Spanish (9.1%) are the most prevalent languages spoken, accounting for 98.8% of the population 5 and over. Languages identified for the remaining 1.4% include: Other Indo-European languages 0.3%, German or Other West Germanic Languages 0.2%, Vietnamese 0.2%, Chinese (Inc. Mandarin, Cantonese) 0.2%.

Exhibit 25: Language spoken at home for population 5 years and over (English and Spanish only)

		Total:	Speak Only English	Spanish	Speak English "Very Well"	Speak English Less Than "Very Well"
Bowie	Estimate	87,049	81,553	3,953	2,321	1,632
			93.7%	4.5%	2.7%	1.9%
	Std. Error	33.33	359.39	255.76	213.94	206.06
Cass	Estimate	27,024	25,571	715	496	219
			94.6%	2.7%	1.8%	0.8%
	Std. Error	7.27	263.03	155.15	123.03	62.42
Gregg	Estimate	116,013	96,233	17,485	11,890	5,595
			83.0%	15.1%	10.3%	4.8%
	Std. Error	24.85	570.91	527.88	572.73	333.33
Harrison	Estimate	65,115	58,663	5,865	3,511	2,354
			90.1%	9.0%	5.4%	3.6%
	Std. Error	39.39	475.76	469.70	344.85	199.39
Panola	Estimate	9,326	8,993	237	92	145
			96.4%	2.5%	1.0%	1.6%
	Std. Error	39.39	93.33	68.48	49.09	65.45
Red River	Estimate	21,249	19,423	1,550	1,051	499
			91.4%	7.3%	5.0%	2.4%
	Std. Error	0.00	203.64	181.21	160.61	76.36
Rusk	Estimate	10,928	10,385	448	178	270
			95.0%	4.1%	1.6%	2.5%
	Std. Error	66.67	83.64	75.15	53.94	63.03
Smith	Estimate	49,838	42,870	6,533	4,210	2,323
			86.0%	13.1%	8.5%	4.7%
	Std. Error	16.97	344.85	333.33	330.91	265.45
Upshur	Estimate	38,896	36,895	1,779	1,166	613
			94.9%	4.6%	3.0%	1.6%
	Std. Error	17.58	295.76	287.27	223.64	151.52
TOTAL 9 Counties	Estimate	425,438	380,586	38,565	24,915	13,650
			89.5%	9.1%	5.9%	3.2%
	Std. Error	98.27	1,005.32	907.19	833.94	551.14
Texas	Estimate	27,319,920	17,737,503	7,790,925	4,833,485	2,957,440
			64.9%	28.5%	17.7%	10.8%
	Std. Error	752.73	20,135.15	17,118.79	14,293.33	13,177.58
US	Estimate	312,092,668	244,232,103	41,434,050	25,258,199	16,175,851
			78.3%	13.3%	8.1%	5.2%
	Std. Error	2,344.85	119,097.00	76,566.66	37,276.36	51,983.64

Education

Exhibit 26 illustrates the educational levels in the area for those 25 and over. About a third of the population in the area are high school graduates (33.1%)

Exhibit 26: Highest educational attainment for population 25 years and over

|	Population 25 Years and Over:	Less than High School	High School Graduate	Some College	Bachelor's Degree	Master's Degree	Professional School Degree	Doctorate Degree
Bowie	62,699	6,283	22,138	20,327	8,817	3,799	883	452
		10.0%	35.3%	32.4%	14.1%	6.1%	1.4%	0.7%
Cass	20,037	2,475	8,466	5,645	2,473	738	110	130
		12.4%	42.3%	28.2%	12.3%	3.7%	0.6%	0.7%
Gregg	80,126	10,874	22,991	28,294	12,208	4,301	1,053	405
		13.6%	28.7%	35.3%	15.2%	5.4%	1.3%	0.5%
Harrison	45,553	4,861	14,935	15,645	6,889	2,581	320	322
		10.7%	32.8%	34.3%	15.1%	5.7%	0.7%	0.7%
Marion	7,233	959	2,927	2,171	977	178	6	15
		13.3%	40.5%	30.0%	13.5%	2.5%	0.1%	0.2%
Panola	15,292	2,490	4,455	5,877	1,796	503	73	98
		16.3%	29.1%	38.4%	11.7%	3.3%	0.5%	0.6%
Red River	8,469	1,260	3,391	2,635	786	313	42	42
		14.9%	40.0%	31.1%	9.3%	3.7%	0.5%	0.5%
Rusk	36,101	5,721	11,897	12,767	3,771	1,720	74	151
		15.9%	33.0%	35.4%	10.5%	4.8%	0.2%	0.4%
Upshur	28,275	3,802	9,348	10,311	3,463	1,100	199	52
		13.5%	33.1%	36.5%	12.3%	3.9%	0.7%	0.2%
TOTAL 9 Counties	303,785	38,725	100,548	103,672	41,180	15,233	2,760	1,667
		12.8%	33.1%	34.1%	13.6%	5.0%	0.9%	0.6%
Texas	18,910,948	2,792,334	4,626,129	5,390,698	3,919,003	1,598,654	341,512	242,618
		14.8%	24.5%	28.5%	20.7%	8.5%	1.8%	1.3%
US	226,600,992	24,599,698	59,741,825	64,508,122	47,391,673	21,693,046	5,119,987	3,546,641
		10.9%	26.4%	28.5%	20.9%	9.6%	2.3%	1.6%

Unemployment

Exhibit 27 and Exhibit 28 illustrate the unemployment rate for the civilian population in the labor force 16 years and over. Although the overall unemployment rate for the nine counties is 4.7%, there are counties with substantially higher unemployment rates (for instance, Marion county has 10.7%).

Exhibit 28: Unemployment Rate for Civilian Population in Labor Force 16 Years and Over

	Civilian Population in Labor Force 16 Years and Over:	Employed	Unemployed
Bowie	39,714	38,137	1,577
		96.0%	4.0%
Cass	11,762	10,920	842
		92.8%	7.2%
Gregg	59,030	56,862	2,168
		96.3%	3.7%
Harrison	32,926	30,925	2,001
		93.9%	6.1%
Marion	3,863	3,450	413
		89.3%	10.7%
Panola	9,906	9,616	290
		97.1%	2.9%
Red River	4,521	4,350	171
		96.2%	3.8%
Rusk	22,712	21,454	1,258
		94.5%	5.5%
Upshur	18,051	17,269	782
		95.7%	4.3%
TOTAL 9 Counties	202,485	192,983	9,502
		95.3%	4.7%
Texas	14,674,135	13,908,128	766,007
		94.8%	5.2%
US	167,857,207	158,913,204	8,944,003
		94.7%	5.3%

Exhibit 27: Civilian Population in the Labor Force Chart

Civilian Population in Labor Force 16 and Over

4.70%

95.30%

■ Employed ■ Unemployed
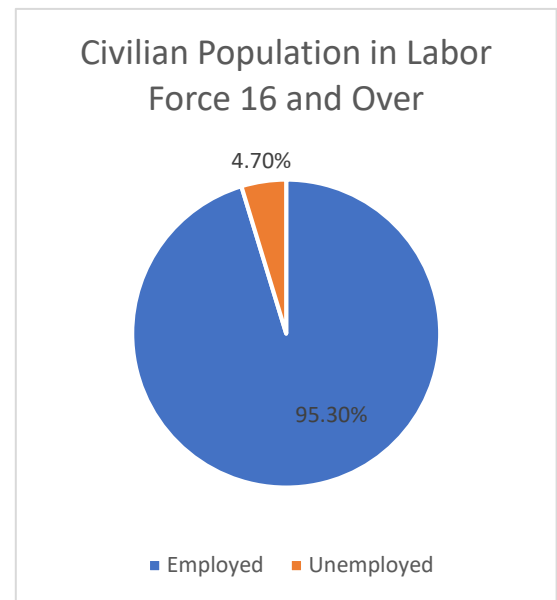
Income

Exhibit 29, Exhibit 30, and Exhibit 31 summarize household income in the area for 2018 and 2020. Although the average household income increased overall (6.7%), average household income in Marion County decreased 7.2%. Similarly, median income increased overall (6.4%) but decreased in Red River 2.2%.

Exhibit 29: Average and Median household income (In 2020 and 2022 Inflation Adjusted Dollars)

	2020 Average Household Income	2022 Average Household Income	% Change	2020 Median Household Income	2022 Median Household Income	% Change
Bowie	$72,639	$78,971	8.72%	$51,796	$56,628	9.33%
Cass	$62,065	$71,369	14.99%	$47,539	$54,303	14.23%
Gregg	$73,022	$84,850	16.20%	$52,027	$63,811	22.65%
Harrison	$71,393	$81,428	14.06%	$54,234	$63,427	16.95%
Marion	$56,147	$63,070	12.33%	$39,093	$48,040	22.89%
Panola	$68,947	$84,446	22.48%	$51,297	$58,205	13.47%
Red River	$52,872	$58,759	11.13%	$37,135	$44,583	20.06%
Rusk	$74,851	$84,856	13.37%	$56,223	$61,661	9.67%
Upshur	$71,874	$80,248	11.65%	$54,330	$60,456	11.28%
TOTAL 9 Counties	$70,735	$80,523	13.84%	$51,740	$59,265	14.54%
Texas	$89,506	$102,197	14.18%	$63,826	$73,035	14.43%
US	$91,547	$105,833	15.61%	$64,994	$75,149	15.62%

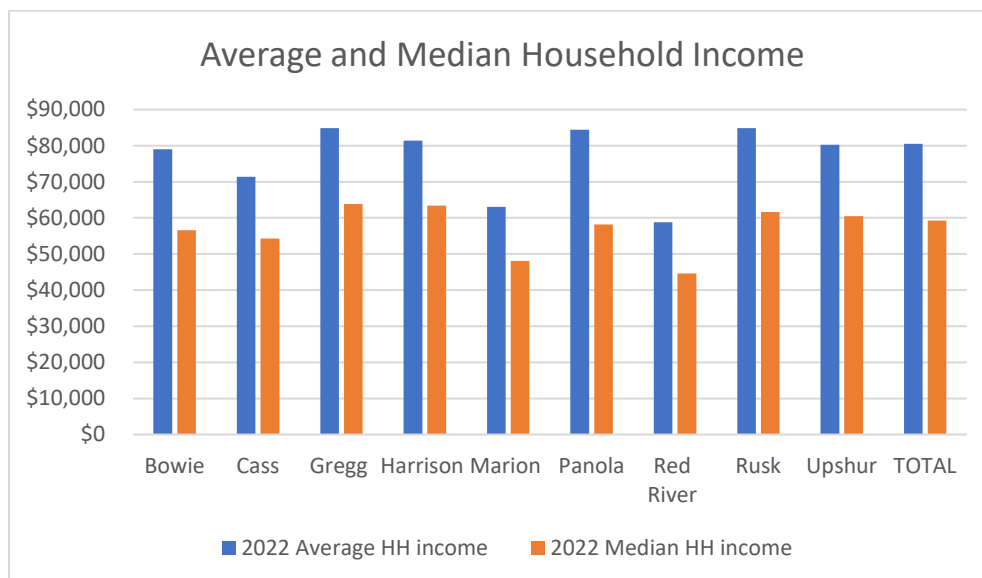*Exhibit 30: Average and median household income, chart*

Exhibit 31: Household Income (In 2022 Inflation Adjusted Dollars) (Collapsed Version)

	Households:	Less than $25,000	$25,000 to $49,999	$50,000 to $74,999	$75,000 to $99,999	$100,000 or More
Bowie	34,486	8,386	7,092	6,207	4,082	8,719
		24.3%	20.6%	18.0%	11.8%	25.3%
Cass	11,530	2,755	2,496	2,304	1,416	2,559
		23.9%	21.7%	20.0%	12.3%	22.2%
Gregg	47,008	8,495	10,051	9,000	5,736	13,726
		18.1%	21.4%	19.2%	12.2%	29.2%
Harrison	24,993	5,489	4,650	4,490	3,462	6,902
		22.0%	18.6%	18.0%	13.9%	27.6%
Marion	4,014	1,099	1,075	680	510	650
		27.4%	26.8%	16.9%	12.7%	16.2%
Panola	8,062	1,867	1,786	1,057	1,014	2,338
		23.2%	22.2%	13.1%	12.6%	29.0%
Red River	4,662	1,333	1,190	974	390	775
		28.6%	25.5%	20.9%	8.4%	16.6%
Rusk	17,792	2,918	4,561	2,697	2,753	4,863
		16.4%	25.6%	15.2%	15.5%	27.3%
Upshur	14,969	3,077	3,244	2,656	1,792	4,200
		20.6%	21.7%	17.7%	12.0%	28.1%
TOTAL 9 Counties	167,516	35,419	36,145	30,065	21,155	44,732
		21.1%	21.6%	18.0%	12.6%	26.7%
Texas	10,490,553	1,643,249	1,970,921	1,751,944	1,334,619	3,789,820
		15.7%	18.8%	16.7%	12.7%	36.1%
US	125,736,353	19,758,878	22,773,348	20,228,418	16,085,302	46,890,407
		15.7%	18.1%	16.1%	12.8%	37.3%

Health Insurance

Exhibit 32 summarizes health insurance coverage in the area. 17.6% of the total population in the area has no health insurance coverage. In Panola county, 19.9% of the population has no health insurance coverage.

Exhibit 32: Health insurance coverage

	Total	No Health Insurance coverage	With Health Insurance Coverage:	Public Health Coverage	Private Health Insurance
Bowie	87,122	13,476	73,646	30,953	53,596
		15.50%	84.50%	35.50%	61.50%
Cass	28,276	3,863	24,413	11,528	17,226
		13.70%	86.30%	40.80%	60.90%
Gregg	121,984	20,695	101,289	42,909	70,567
		17.00%	83.00%	35.20%	57.90%
Harrison	68,373	11,128	57,245	25,247	39,992
		16.30%	83.70%	36.90%	58.50%
Marion	9,565	1,110	8,455	4,621	5,819
		11.60%	88.40%	48.30%	60.80%
Panola	22,289	4,442	17,847	8,591	11,560
		19.90%	80.10%	38.50%	51.90%
Red River	11,437	2,165	9,272	5,247	5,723
		18.90%	81.10%	45.90%	50.00%
Rusk	47,941	7,589	40,352	17,049	29,124
		15.80%	84.20%	35.60%	60.80%
Upshur	40,751	6,694	34,057	14,852	24,123
		16.40%	83.60%	36.50%	59.20%
TOTAL 9 Counties	437,738	71,162	366,576	160,997	257,730
		16.30%	83.70%	36.80%	58.90%
Texas	28,764,407	5,056,008	23,708,399	8,248,668	17,979,420
		17.60%	82.40%	28.70%	62.50%
US	326,147,510	28,315,092	297,832,418	116,976,142	220,467,865
		8.70%	91.30%	35.90%	67.60%

Veterans

Exhibit 33 summarizes the veteran status for the civilian population and their age. The total veteran population for the region is 8.0%. There are more Veterans in Marion county (11.3%).

Exhibit 33: Veteran Status for the Civilian Population

	Civilian Population 18 Years and Over:	Veteran:	18 to 64 Years	65 Years and Over	Non-veteran:	18 to 64 Years	65 Years and Over
Bowie	70,785	6,145	3,037	3,108	64,640	51,909	12,731
		8.7%	4.3%	4.4%	91.3%	73.3%	18.0%
Cass	22,205	2,160	813	1,347	20,045	15,043	5,002
		9.7%	3.7%	6.1%	90.3%	67.8%	22.5%
Gregg	92,165	6,495	3,106	3,389	85,670	69,580	16,090
		7.1%	3.4%	3.7%	93.0%	75.5%	17.5%
Harrison	52,320	3,991	2,036	1,955	48,329	38,555	9,774
		7.6%	3.9%	3.7%	92.4%	73.7%	18.7%
Marion	8,007	905	433	472	7,102	4,953	2,149
		11.3%	5.4%	5.9%	88.7%	61.9%	26.8%
Panola	17,294	1,547	628	919	15,747	12,102	3,645
		9.0%	3.6%	5.3%	91.1%	70.0%	21.1%
Red River	9,289	822	374	448	8,467	5,899	2,568
		8.9%	4.0%	4.8%	91.2%	63.5%	27.7%
Rusk	40,956	2,695	1,210	1,485	38,261	30,858	7,403
		6.6%	3.0%	3.6%	93.4%	75.3%	18.1%
Upshur	31,437	2,832	1,402	1,430	28,605	22,495	6,110
		9.0%	4.5%	4.6%	91.0%	71.6%	19.4%
TOTAL 9 Counties	344,458	27,592	13,039	14,553	316,866	251,394	65,472
		8.0%	3.8%	4.2%	92.0%	73.0%	19.0%
Texas	21,737,391	1,416,973	835,988	580,985	20,320,418	17,132,426	3,187,992
		6.5%	3.9%	2.7%	93.5%	78.8%	14.7%
US	256,649,167	17,038,807	8,636,019	8,402,788	239,610,360	193,275,500	46,334,860
		6.6%	3.4%	3.3%	93.4%	75.3%	18.1%

Poverty

Exhibit 34 summarizes the ratio of total family income to the poverty level. The U.S. Census Bureau uses poverty thresholds that account for differences in family size/composition. 37% of the total population in the area is identified as poor or struggling. In Red River county, the rate is higher (43.7%).

Exhibit 34: Ratio of Income to Poverty Level (Summarized)

	Population for Whom Poverty Status Is Determined:	Under 2.00 (Poor or Struggling)	2.00 and Over (Doing Ok)
Bowie	86,991	32,611	54,380
		37.5%	62.5%
Cass	28,219	11,138	17,081
		39.5%	60.5%
Gregg	120,323	44,122	76,201
		36.7%	63.3%
Harrison	66,994	24,503	42,491
		36.6%	63.4%
Marion	9,565	3,926	5,639
		41.1%	59.0%
Panola	22,030	7,634	14,396
		34.7%	65.4%
Red River	11,429	4,992	6,437
		43.7%	56.3%
Rusk	47,796	16,763	31,033
		35.1%	64.9%
Upshur	40,525	14,966	25,559
		36.9%	63.1%
TOTAL 9 Counties	433,872	160,655	273,217
		37.0%	63.0%
Texas	28,615,931	9,219,804	19,396,127
		32.2%	67.8%
US	323,275,448	93,118,710	230,156,738
		28.8%	71.2%

Disability

Exhibit 35 summarizes the prevalence of disability. The US Census Bureau captures six disability types in the ACS: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficultly. 15.6% of the population I the area identified at least one disability. In Marion county, the percentage of the population with at least one disability was higher (22.3%).

Exhibit 35: Disability status

	With A Disability	No Disability	Total
Bowie	10,961	76,161	87,122
	12.6%	87.4%	
Cass	5,937	22,339	28,276
	21.0%	79.0%	
Gregg	15,937	106,047	121,984
	13.1%	86.9%	
Harrison	11,927	56,446	68,373
	17.4%	82.6%	
Marion	2,131	7,434	9,565
	22.3%	77.7%	
Panola	3,738	18,551	22,289
	16.8%	83.2%	
Red River	1,925	9,512	11,437
	16.8%	83.2%	
Rusk	7,390	40,551	47,941
	15.4%	84.6%	
Upshur	8,130	32,621	40,751
	20.0%	80.0%	
TOTAL 9 Counties	68,076	369,662	437,738
	15.6%	84.4%	
Texas	3,358,382	25,406,025	28,764,407
	11.7%	88.3%	
US	41,941,456	284,206,054	326,147,510
	12.9%	87.1%	

Suicide/death data, most recent year available (2020)

https://healthdata.dshs.texas.gov/dashboard/births-and-deaths/deaths

Data suppression are indicated with "- -" for both counts and rates. Suppression occurs for counts that are 9 or less, or for rates that have fewer than 21 cases in the numerator.

Geographic Level	Row Variable	Demographic	Deaths
Bowie	Intentional Self-Harm	All Deaths	22
Cass	Intentional Self-Harm	All Deaths	---
Gregg	Intentional Self-Harm	All Deaths	23
Harrison	Intentional Self-Harm	All Deaths	11
Marion	Intentional Self-Harm	All Deaths	---
Panola	Intentional Self-Harm	All Deaths	---
Red River	Intentional Self-Harm	All Deaths	---
Rusk	Intentional Self-Harm	All Deaths	13
Upshur	Intentional Self-Harm	All Deaths	---

Mental health professional shortage area designation

https://data.hrsa.gov/tools/shortage-area/hpsa-find

Discipline	HPSA ID	HPSA Name	Designation Type	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	148458 7253	Cass County	Geographic HPSA	Cass County, TX	2.40	11	20	Designated	Rural	10/12/2010	07/02/2021
Primary Care	148295 5640	Marion County	Geographic HPSA	Marion County, TX	2.83	16	18	Designated	Rural	07/02/2021	07/02/2021
Primary Care	148354 5384	FCI - Texarkana	Correctional Facility	Bowie County, TX	1.21	12	0	Designated	Non-Rural	05/18/2021	05/18/2021
Dental Health	648449 8738	FCI - Texarkana	Correctional Facility	Bowie County, TX	0.95	12	NA	Designated	Non-Rural	05/18/2021	05/18/2021
Mental Health	748724 8274	FCI - Texarkana	Correctional Facility	Bowie County, TX	0.71	12	NA	Designated	Non-Rural	05/18/2021	05/18/2021
Mental Health	748152 3692	Cass County	High Needs Geographic HPSA	Cass County, TX	1.97	18	NA	Designated	Rural	10/28/1994	07/28/2021
Mental Health	748829 6160	LI - Upshur County	Low Income Population HPSA	Upshur County, TX	0.93	18	NA	Designated	Partially Rural	08/17/2020	08/04/2021
Mental Health	748410 4578	LI - Bowie County	Low Income Population HPSA	Bowie County, TX	1.208	14	NA	Designated	Partially Rural	03/19/2019	08/04/2021
Primary Care	148170 4468	LI - Gregg County	Low Income Population HPSA	Gregg County, TX	3.931	11	15	Designated	Partially Rural	09/06/2019	08/06/2021
Mental Health	748866 3991	Marion County	High Needs Geographic HPSA	Marion County, TX	0.66	16	NA	Designated	Rural	06/02/2008	08/06/2021
Dental Health	648403 9239	LI - Marion County	Low Income Population HPSA	Marion County, TX	1.15	17	NA	Designated	Rural	08/06/2021	08/06/2021
Primary Care	148624 2236	LI - Rusk County	Low Income Population HPSA	Rusk County, TX	2.84	14	19	Designated	Partially Rural	10/26/2018	09/10/2021
Primary Care	148832 6465	LI - Bowie County	Low Income Population HPSA	Bowie County, TX	2.401	13	17	Designated	Partially Rural	11/19/2019	09/10/2021
Primary Care	148214 9216	LI - Harrison County	Low Income Population HPSA	Harrison County, TX	5.624	15	16	Designated	Partially Rural	03/18/2020	09/10/2021
Primary Care	148969 1965	LI-Upshur County	Low Income Population HPSA	Upshur County, TX	4.02	17	17	Designated	Partially Rural	04/27/2020	09/10/2021

Discipline	HPSA ID	HPSA Name	Designation Type	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	14844 19861	Red River County	Geographic HPSA	Red River County, TX	2.52	17	15	Designated	Rural	12/31/2019	09/10/2021
Mental Health	74820 71538	Red River County	Geographic HPSA	Red River County, TX	0.60	15	NA	Designated	Rural	10/28/1994	09/10/2021
Mental Health	74862 76903	Panola County	Geographic HPSA	Panola County, TX	1.14	17	NA	Designated	Rural	07/15/2008	09/10/2021
Mental Health	74844 59305	LI - Rusk County	Low Income Population HPSA	Rusk County, TX	1.14	17	NA	Designated	Partially Rural	04/27/2020	09/10/2021
Mental Health	74871 53141	Harrison County	Geographic HPSA	Harrison County, TX	3.25	19	NA	Designated	Partially Rural	03/18/2020	09/10/2021
Primary Care	14847 43494	Panola County	Geographic HPSA	Panola County, TX	0.61	8	17	Designated	Rural	01/17/2012	09/10/2021
Mental Health	74856 33558	LI - Gregg Co	Low Income Population HPSA	Gregg County, TX	2.92	18	NA	Designated	Partially Rural	08/17/2020	09/10/2021
Primary Care	14899 948C5	LONGVIEW WELLNESS CENTER, INC.	Federally Qualified Health Center	Gregg County, TX		17	18	Designated	Non-Rural	10/31/2006	09/11/2021
Mental Health	74899 9484J	LONGVIEW WELLNESS CENTER, INC.	Federally Qualified Health Center	Gregg County, TX		19	NA	Designated	Non-Rural	10/31/2006	09/11/2021
Dental Health	64899 948H9	LONGVIEW WELLNESS CENTER, INC.	Federally Qualified Health Center	Gregg County, TX		25	NA	Designated	Non-Rural	10/31/2006	09/11/2021
Primary Care	14899 948H6	Special Health Resources For Texas, Incorporated	Federally Qualified Health Center	Gregg County, TX		15	18	Designated	Non-Rural	06/21/2007	09/11/2021
Mental Health	74899 9484Y	Special Health Resources For Texas, Incorporated	Federally Qualified Health Center	Gregg County, TX		22	NA	Designated	Non-Rural	06/21/2007	09/11/2021
Dental Health	64899 948L3	Special Health Resources For Texas, Incorporated	Federally Qualified Health Center	Gregg County, TX		25	NA	Designated	Non-Rural	06/21/2007	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	14899948E6	East Texas Border Health Clinic	Federally Qualified Health Center	Harrison County, TX		19	22	Designated	Rural	09/30/2007	09/11/2021
Mental Health	748999484P	East Texas Border Health Clinic	Federally Qualified Health Center	Harrison County, TX		20	NA	Designated	Rural	09/01/2007	09/11/2021
Dental Health	64899948J7	East Texas Border Health Clinic	Federally Qualified Health Center	Harrison County, TX		23	NA	Designated	Rural	09/30/2007	09/11/2021
Primary Care	14899948J4	MT. ENTERPRISE COMMUNITY HEALTH CLINIC	Federally Qualified Health Center	Rusk County, TX		15	17	Designated	Rural	03/01/2009	09/11/2021
Mental Health	74899948A6	MT. ENTERPRISE COMMUNITY HEALTH CLINIC	Federally Qualified Health Center	Rusk County, TX		19	NA	Designated	Rural	03/01/2009	09/11/2021
Dental Health	64899948M2	MT. ENTERPRISE COMMUNITY HEALTH CLINIC	Federally Qualified Health Center	Rusk County, TX		25	NA	Designated	Rural	03/01/2009	09/11/2021
Primary Care	14899948G3	Health Opportunities For The People Of East Texas Inc	Federally Qualified Health Center	Shelby County, TX		19	22	Designated	Rural	12/27/2007	09/12/2021
Mental Health	74899948M1	Health Opportunities For The People Of East Texas Inc	Federally Qualified Health Center	Shelby County, TX		21	NA	Designated	Rural	12/27/2007	09/12/2021
Dental Health	64899948K9	Health Opportunities For The People Of East Texas Inc	Federally Qualified Health Center	Shelby County, TX		17	NA	Designated	Rural	12/27/2007	09/12/2021

Medically Underserved Area designations:

https://data.hrsa.gov/tools/shortage-area/mua-find

Discipline	MUA/P ID	Service Area Name	Designation Type	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	14833 41162	Cass County	Medically Underserved Area	Cass County, TX	52.2	Designated	Rural	10/06/1992	04/23/2019
Primary Care	14883 38247	De Kalb Service Area	Medically Underserved Area	Bowie County, TX	51.7	Designated	Rural	06/05/1995	05/13/2019
Primary Care	14827 99904	Harrison County	Medically Underserved Area	Harrison County, TX	61.5	Designated	Partially Rural	11/01/1978	04/23/2019
Primary Care	14875 75652	Marion County	Medically Underserved Area	Marion County, TX	46.6	Designated	Rural	11/01/1978	05/13/2019
Primary Care	14878 70993	Panola County	Medically Underserved Area	Panola County, TX	60.8	Designated	Rural	11/01/1978	05/13/2019
Primary Care	14897 99630	Red River County	Medically Underserved Area	Red River County, TX	51.6	Designated	Rural	11/01/1978	05/13/2019
Primary Care	03414	RUSK SERVICE AREA	Medically Underserved Area	Rusk County, TX	49.6	Designated	Partially Rural	11/01/1978	11/01/1978
Primary Care	14899 87744	Texarkana	Medically Underserved Area	Bowie County, TX	59.7	Designated	Non-Rural	09/05/2019	09/05/2019
Primary Care	14835 40210	Upshur County	Medically Underserved Area	Upshur County, TX	59.3	Designated	Partially Rural	11/01/1978	05/13/2019
Primary Care	03460	Pov - Gladewater Service Area	Medically Underserved Area – Governor's Exception	Gregg County, TX	0	Designated	Non-Rural	03/18/1993	02/01/1994
Primary Care	03461	Pov - West Kilgore Service Area	Medically Underserved Area – Governor's Exception	Gregg County, TX	0	Designated	Rural	03/18/1993	02/01/1994

Aggregate Data Community Healthcore Service Data

Community Healthcore provided aggregate information about individuals who received services between September 1, 2022 to August 31, 2023. A total of **15,059**[4] individuals received services in that period. The following tables summarize their demographics:

- Age
- Gender
- Education
- Marital status

- Employment
- County of Residence
- County of Service

Age

Exhibit 36: Center Data, Age

Age	Individuals	%
<25	6,297	41.82%
25-34	2,464	16.36%
35-44	2,286	15.18%
45-54	1,719	11.42%
55-64	1,413	9.38%
65-74	609	4.04%
>75	271	1.80%
Grand Total	**15,059**	**100%**

---
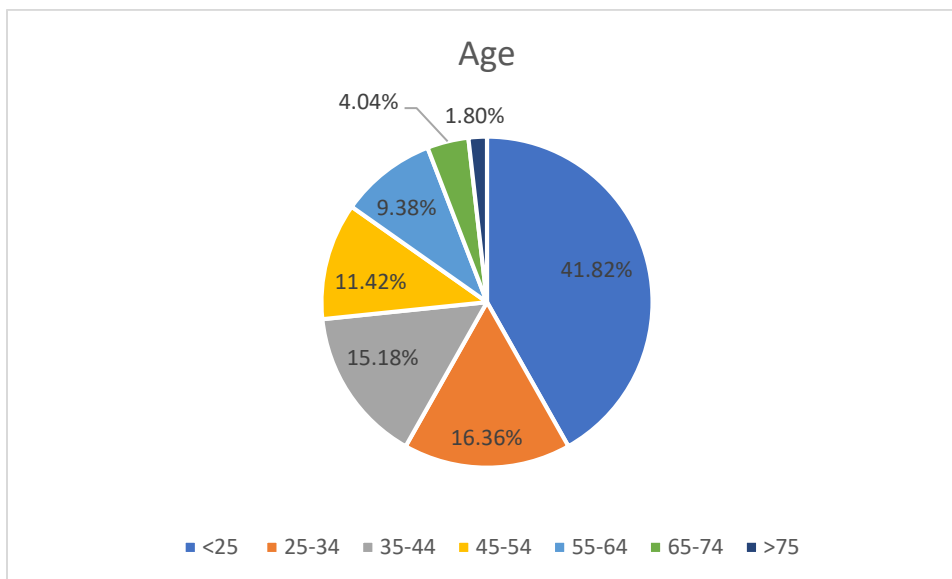
[4] Total does not include Aging and Disability Resource Center (ADRC)

Gender

Exhibit 37: Center Data, Gender

Gender	Individuals	%
Female	7,467	49.6%
Male	7,544	50.1%
Unknown	48	0.3%
Grand Total	**15,059**	**100.0%**

Education

Exhibit 38: Center Data, Education

Grade level	Individuals	%
03rd Grade	1	0.0%
05th Grade	1	0.0%
09th Grade	1	0.0%
10th Grade	1	0.0%
12th Grade	2	0.0%
Assoc. Degree	286	1.9%
Bach Degree	179	1.2%
GED	796	5.3%
Grad Degree	43	0.3%
Graduate Sch	15	0.1%
HS Grad	2,785	18.5%
No HS Diploma Earned	4,674	31.0%
None	1,211	8.0%
Some College	1,343	8.9%
Tech School	208	1.4%
Unknown	1,075	7.1%
(blank)	2,438	16.2%
Grand Total	**15,059**	100.0%

Marital Status

Exhibit 39: Center Data, Marital Status

Marital status	Individuals	%
Divorced	1,467	9.7%
Married	1,172	7.8%
Never Married	8,664	57.5%
Other	2	0.0%
Separated	617	4.1%
Single	541	3.6%
Unknown/NA	670	4.4%
Widowed	336	2.2%
(blank)	1,590	10.6%
Grand Total	**15,059**	100.0%

Employment

Exhibit 40: Center Data, Employment Status

Employment status	Individuals	%
Employed - Full time	1,350	9.0%
Employed - Part Time	411	2.7%
Full-Student	3,135	20.8%
None	6,855	45.5%
Part-Student	31	0.2%
Trans/Sheltered Employment	16	0.1%
Unemployed but wants to work	773	5.1%
(blank)	2,488	16.5%
Grand Total	15,059	100.0%

County of Residence

Exhibit 41: Center Data, County of Residence

County	Individuals	%
ANDERSON COUNTY	50	0.3%
ANGELINA COUNTY	9	0.1%
BELL COUNTY	1	0.0%
BEXAR COUNTY	1	0.0%
BOWIE COUNTY	2,888	19.2%
BRAZORIA COUNTY	1	0.0%
BRAZOS COUNTY	1	0.0%
CAMP COUNTY	27	0.2%
CASS COUNTY	732	4.9%

County	Individuals	%
CHEROKEE COUNTY	53	0.4%
COLLIN COUNTY	4	0.0%
COMAL COUNTY	2	0.0%
DALLAS COUNTY	21	0.1%
DELTA COUNTY	1	0.0%
ECTOR COUNTY	1	0.0%
ELLIS COUNTY	1	0.0%
FORT BEND COUNTY	1	0.0%
FRANKLIN COUNTY	14	0.1%
GREGG COUNTY	4,954	32.9%
HARRIS COUNTY	12	0.1%
HARRISON COUNTY	1,410	9.4%
HEMPHILL COUNTY	1	0.0%
HENDERSON COUNTY	114	0.8%
HILL COUNTY	1	0.0%
HOPKINS COUNTY	7	0.0%
HOUSTON COUNTY	4	0.0%
HUNT COUNTY	1	0.0%
JEFFERSON COUNTY	1	0.0%
KAUFMAN COUNTY	12	0.1%
LAMAR COUNTY	13	0.1%
LEON COUNTY	1	0.0%
LIBERTY COUNTY	1	0.0%
LIMESTONE COUNTY	1	0.0%
LUBBOCK COUNTY	1	0.0%
MARION COUNTY	237	1.6%
MCCULLOUGH COUNTY	1	0.0%
MCLENNEAN COUNTY	1	0.0%
MONTGOMERY COUNTY	1	0.0%
MORRIS COUNTY	71	0.5%
NACOGDOCHES COUNTY	25	0.2%
NEWTON COUNTY	1	0.0%
NUECES COUNTY	2	0.0%
OUT OF STATE	1	0.0%
PANOLA COUNTY	549	3.6%
POLK COUNTY	1	0.0%
RAINS COUNTY	16	0.1%
RED RIVER COUNTY	305	2.0%
RUNNELS COUNTY	1	0.0%
RUSK COUNTY	974	6.5%
SAN AUGUSTINE COUNTY	2	0.0%
SHELBY COUNTY	24	0.2%

County	Individuals	%
SMITH COUNTY	393	2.6%
TARRANT COUNTY	7	0.0%
TAYLOR COUNTY	2	0.0%
TITUS COUNTY	21	0.1%
TOM GREEN COUNTY	1	0.0%
TRAVIS COUNTY	2	0.0%
TRINITY COUNTY	3	0.0%
TYLER COUNTY	1	0.0%
UNKNOWN	965	6.4%
UPSHUR COUNTY	962	6.4%
VAN ZANDT COUNTY	68	0.5%
WISE COUNTY	1	0.0%
WOOD COUNTY	79	0.5%
Grand Total	**15,059**	**100.0%**

County of Service

Exhibit 42: Center Data, County of Service

County	Individuals	%
Bowie	1,832	12.2%
Cass	249	1.7%
Gregg	7,689	51.1%
Harrison	538	3.6%
Panola	232	1.5%
Red River	177	1.2%
Rusk	389	2.6%
Smith	188	1.2%
Upshur	360	2.4%
(blank)	3,405	22.6%
Grand Total	**15,059**	**100.0%**

County Profiles (Center Data by County of Residence)

In the next section we present Center data grouped by county of residence. As in the prior section, the information is for individuals who received services in FY 2023 (September 1, 2022 to August 31, 2023).

Bowie County

2,888 residents of Bowie County served

Age	#	%
<25	1,066	36.9%
25-34	542	18.8%
35-44	452	15.7%
45-54	367	12.7%
55-64	290	10.0%
65-74	125	4.3%
>75	46	1.6%
Grand Total	2,888	100.0%

Gender	#	%
Female	1,478	51.2%
Male	1,410	48.8%
Grand Total	2,888	100.0%

Education	#	%
03rd Grade	0	0.0%
05th Grade	1	0.0%
09th Grade	0	0.0%
10th Grade	0	0.0%
12th Grade	0	0.0%
Assoc. Degree	49	1.7%
Bach Degree	38	1.3%
GED	166	5.7%
Grad Degree	3	0.1%
Graduate Sch	3	0.1%
HS Grad	726	25.1%
No HS Diploma Earned	1,056	36.5%
None	39	1.3%
Some College	257	8.9%
Tech School	24	0.8%
Unknown	243	8.4%
(blank)	283	9.9%
Grand Total	2,888	100.0%

Marital Status	#	%
Divorced	359	12.4%
Married	255	8.8%
Never Married	1,738	60.2%
Other		0.0%
Separated	151	5.2%
Single	104	3.6%
Unknown	8	0.3%
Unknown/NA	82	2.8%
Widowed	82	2.8%
(blank)	109	3.8%
Grand Total	2,888	100.0%

Employment	#	%
Employed - Full time	316	10.9%
Employed - Part Time	99	3.4%
Full-Student	725	25.1%
None	1,192	41.3%
Part-Student	7	0.2%
Trans/Sheltered Employment	7	0.2%
Unemployed but wants to work	254	8.8%
(blank)	288	10.0%
Grand Total	2,888	100.0%

County of Service	#	%
BOWIE	1606	55.6%
CASS	6	0.2%
GREGG	623	21.6%
RED RIVER	7	0.2%
UNKNOWN	645	22.3%
UPSHUR	1	0.0%
Grand Total	2,888	100.0%

Cass County

732 residents of Cass County served

Age	#	%
<25	240	32.8%
25-34	125	17.1%
35-44	130	17.8%
45-54	101	13.8%
55-64	88	12.0%
65-74	36	4.9%
>75	12	1.6%
Grand Total	732	100.0%

Gender	#	%
Female	393	53.7%
Male	339	46.3%
Grand Total	732	100.0%

Education	#	%
03rd Grade	0	0.0%
05th Grade	0	0.0%
09th Grade	0	0.0%
10th Grade	1	0.1%
12th Grade	1	0.1%
Assoc. Degree	15	2.0%
Bach Degree	9	1.2%
GED	33	4.5%
Grad Degree		0.0%
Graduate Sch	1	0.1%
HS Grad	218	29.8%
No HS Diploma Earned	246	33.6%
None	13	1.8%
Some College	57	7.8%
Tech School	8	1.1%
Unknown	65	8.9%
(blank)	65	8.9%
Grand Total	732	100.0%

Marital Status	#	%
Divorced	90	12.3%
Married	87	11.9%
Never Married	402	54.9%
Other	0	0.0%
Separated	50	6.8%
Single	29	4.0%
Unknown	1	0.1%
Unknown/NA	19	2.6%
Widowed	30	4.1%
(blank)	24	3.3%
Grand Total	732	100.0%

Employment	#	%
Employed - Full time	80	10.9%
Employed - Part Time	25	3.4%
Full-Student	155	21.2%
None	323	44.1%
Part-Student	0	0.0%
Trans/Sheltered Employment	1	0.1%
Unemployed but wants to work	77	10.5%
(blank)	71	9.7%
Grand Total	732	100.0%

County of Service	#	%
BOWIE	112	15.3%
CASS	227	31.0%
GREGG	199	27.2%
HARRISON	11	1.5%
RED RIVER	1	0.1%
UNKNOWN	166	22.7%
UPSHUR	16	2.2%
Grand Total	732	100.0%

Gregg County

4,954 residents of Gregg County served

Age	#	%
<25	1846	37.3%
25-34	891	18.0%
35-44	825	16.7%
45-54	588	11.9%
55-64	483	9.7%
65-74	222	4.5%
>75	99	2.0%
Grand Total	4,954	100.0%

Gender	#	%
Female	2,448	49.4%
Male	2,504	50.5%
Unknown	2	0.0%
Grand Total	4,954	100.0%

Education	#	%
03rd Grade	0	0.0%
05th Grade	0	0.0%
09th Grade	0	0.0%
10th Grade	0	0.0%
12th Grade	0	0.0%
Assoc. Degree	125	2.5%
Bach Degree	65	1.3%
GED	313	6.3%
Grad Degree	21	0.4%
Graduate Sch	3	0.1%
HS Grad	970	19.6%
No HS Diploma Earned	1637	33.0%
None	357	7.2%
Some College	557	11.2%
Tech School	91	1.8%
Unknown	324	6.5%
(blank)	491	9.9%
Grand Total	4,954	100.0%

Marital Status	#	%
Divorced	526	10.6%
Married	380	7.7%
Never Married	3,093	62.4%
Other	0	0.0%
Separated	220	4.4%
Single	179	3.6%
Unknown	15	0.3%
Unknown/NA	212	4.3%
Widowed	118	2.4%
(blank)	211	4.3%
Grand Total	4,954	100.0%

Employment	#	%
Employed - Full time	534	10.8%
Employed - Part Time	148	3.0%
Full-Student	981	19.8%
None	2,520	50.9%
Part-Student	12	0.2%
Trans/Sheltered Employment	4	0.1%
Unemployed but wants to work	236	4.8%
(blank)	519	10.5%
Grand Total	4,954	100.0%

County of Service	#	%
BOWIE	17	0.3%
CASS	3	0.1%
GREGG	3,762	75.9%
HARRISON	11	0.2%
PANOLA	1	0.0%
RUSK	41	0.8%
SMITH	2	0.0%
UNKNOWN	1,089	22.0%
UPSHUR	28	0.6%
Grand Total	4,954	100.0%

Harrison County

1,410 residents of Harrison County served

Age	#	%
<25	664	47.1%
25-34	217	15.4%
35-44	213	15.1%
45-54	158	11.2%
55-64	105	7.4%
65-74	41	2.9%
>75	12	0.9%
Grand Total	1,410	100.0%

Gender	#	%
Female	677	48.0%
Male	733	52.0%
Grand Total	1,410	100.0%

Education	#	%
03rd Grade	0	0.0%
05th Grade	0	0.0%
09th Grade	0	0.0%
10th Grade	0	0.0%
12th Grade	0	0.0%
Assoc. Degree	30	2.1%
Bach Degree	24	1.7%
GED	73	5.2%
Grad Degree	3	0.2%
Graduate Sch	1	0.1%
HS Grad	246	17.4%
No HS Diploma Earned	508	36.0%
None	114	8.1%
Some College	136	9.6%
Tech School	19	1.3%
Unknown	123	8.7%
(blank)	133	9.4%
Grand Total	1,410	100.0%

Marital Status	#	%
Divorced	109	7.7%
Married	93	6.6%
Never Married	923	65.5%
Other		0.0%
Separated	39	2.8%
Single	51	3.6%
Unknown	4	0.3%
Unknown/NA	113	8.0%
Widowed	20	1.4%
(blank)	58	4.1%
Grand Total	1,410	100.0%

Employment	#	%
Employed - Full time	105	7.4%
Employed - Part Time	49	3.5%
Full-Student	401	28.4%
None	660	46.8%
Part-Student	4	0.3%
Trans/Sheltered Employment	1	0.1%
Unemployed but wants to work	54	3.8%
(blank)	136	9.6%
Grand Total	1,410	100.0%

County of Service	#	%
BOWIE	6	0.4%
CASS	1	0.1%
GREGG	721	51.1%
HARRISON	401	28.4%
PANOLA	4	0.3%
RUSK	2	0.1%
UNKNOWN	273	19.4%
UPSHUR	2	0.1%
Grand Total	1,410	100.0%

Marion County

237 residents of Marion County served

Age	#	%
<25	83	35.0%
25-34	36	15.2%
35-44	34	14.3%
45-54	24	10.1%
55-64	35	14.8%
65-74	13	5.5%
>75	12	5.1%
Grand Total	237	100.0%

Gender	#	%
Female	116	48.9%
Male	121	51.1%
Grand Total	237	100.0%

Education	#	%
03rd Grade	0	0.0%
05th Grade	0	0.0%
09th Grade	0	0.0%
10th Grade	0	0.0%
12th Grade	0	0.0%
Assoc. Degree	8	3.4%
Bach Degree	2	0.8%
GED	12	5.1%
Grad Degree	1	0.4%
Graduate Sch	1	0.4%
HS Grad	40	16.9%
No HS Diploma Earned	82	34.6%
None	15	6.3%
Some College	24	10.1%
Tech School	6	2.5%
Unknown	27	11.4%
(blank)	19	8.0%
Grand Total	237	100.0%

Marital Status	#	%
Divorced	29	12.2%
Married	13	5.5%
Never Married	133	56.1%
Other	0	0.0%
Separated	8	3.4%
Single	7	3.0%
Unknown		0.0%
Unknown/NA	31	13.1%
Widowed	9	3.8%
(blank)	7	3.0%
Grand Total	237	100.0%

Employment	#	%
Employed - Full time	12	5.1%
Employed - Part Time	4	1.7%
Full-Student	61	25.7%
None	135	57.0%
Part-Student	0	0.0%
Trans/Sheltered Employment	0	0.0%
Unemployed but wants to work	6	2.5%
(blank)	19	8.0%
Grand Total	237	100.0%

County of Service	#	%
BOWIE	4	1.7%
CASS	3	1.3%
GREGG	119	50.2%
HARRISON	60	25.3%
UNKNOWN	49	20.7%
UPSHUR	2	0.8%
Grand Total	237	100.0%

Panola County

549 residents of Panola County served

Age	#	%
<25	210	38.3%
25-34	80	14.6%
35-44	76	13.8%
45-54	63	11.5%
55-64	71	12.9%
65-74	32	5.8%
>75	17	3.1%
Grand Total	549	100.0%

Gender	#	%
Female	253	46.1%
Male	296	53.9%
Grand Total	549	100.0%

Education	#	%
03rd Grade	0	0.0%
05th Grade	0	0.0%
09th Grade	0	0.0%
10th Grade	0	0.0%
12th Grade	0	0.0%
Assoc. Degree	9	1.6%
Bach Degree	7	1.3%
GED	43	7.8%
Grad Degree	3	0.5%
Graduate Sch	1	0.2%
HS Grad	109	19.9%
No HS Diploma Earned	192	35.0%
None	40	7.3%
Some College	53	9.7%
Tech School	11	2.0%
Unknown	39	7.1%
(blank)	42	7.7%
Grand Total	549	100.0%

Marital Status	Individuals	%
Divorced	68	12.4%
Married	53	9.7%
Never Married	320	58.3%
Other	0	0.0%
Separated	30	5.5%
Single	15	2.7%
Unknown	2	0.4%
Unknown/NA	24	4.4%
Widowed	18	3.3%
(blank)	19	3.5%
Grand Total	549	100.0%

Employment	#	%
Employed - Full time	49	8.9%
Employed - Part Time	11	2.0%
Full-Student	109	19.9%
None	315	57.4%
Part-Student		0.0%
Trans/Sheltered Employment	0	0.0%
Unemployed but wants to work	23	4.2%
(blank)	42	7.7%
Grand Total	549	100.0%

County of Service	#	%
BOWIE	1	0.2%
GREGG	226	41.2%
HARRISON	1	0.2%
PANOLA	201	36.6%
RUSK	5	0.9%
SMITH	1	0.2%
UNKNOWN	114	20.8%
Grand Total	549	100.0%

Red River

305 residents of Red River County served

Age	#	%
<25	71	23.3%
25-34	59	19.3%
35-44	48	15.7%
45-54	41	13.4%
55-64	50	16.4%
65-74	20	6.6%
>75	16	5.2%
Grand Total	305	100.0%

Gender	#	%
Female	166	54.4%
Male	139	45.6%
Grand Total	305	100.0%

Education	#	%
03rd Grade	1	0.3%
05th Grade	0	0.0%
09th Grade	1	0.3%
10th Grade	0	0.0%
12th Grade	1	0.3%
Assoc. Degree	3	1.0%
Bach Degree	5	1.6%
GED	9	3.0%
Grad Degree	2	0.7%
Graduate Sch	0	0.0%
HS Grad	57	18.7%
No HS Diploma Earned	61	20.0%
None	9	3.0%
Some College	27	8.9%
Tech School	4	1.3%
Unknown	61	20.0%
(blank)	64	21.0%
Grand Total	305	100.0%

Marital Status	#	%
Divorced	36	11.8%
Married	40	13.1%
Never Married	124	40.7%
Other	1	0.3%
Separated	19	6.2%
Single	19	6.2%
Unknown	6	2.0%
Unknown/NA	30	9.8%
Widowed	6	2.0%
(blank)	24	7.9%
Grand Total	305	100.0%

Employment	#	%
Employed - Full time	25	8.2%
Employed - Part Time	10	3.3%
Full-Student	41	13.4%
None	134	43.9%
Part-Student	1	0.3%
Trans/Sheltered Employment	2	0.7%
Unemployed but wants to work	26	8.5%
(blank)	66	21.6%
Grand Total	305	100.0%

County of Service	#	%
BOWIE	25	8.2%
GREGG	53	17.4%
PANOLA	1	0.3%
RED RIVER	140	45.9%
UNKNOWN	86	28.2%
Grand Total	305	100.0%

Rusk County

974 residents of Rusk County served

Age	#	%
<25	421	43.2%
25-34	127	13.0%
35-44	143	14.7%
45-54	113	11.6%
55-64	104	10.7%
65-74	41	4.2%
>75	25	2.6%
Grand Total	974	100.0%

Gender	#	%
Female	501	51.4%
Male	473	48.6%
Grand Total	974	100.0%

Education	#	%
03rd Grade	0	0.0%
05th Grade	0	0.0%
09th Grade	0	0.0%
10th Grade	0	0.0%
12th Grade	0	0.0%
Assoc. Degree	21	2.2%
Bach Degree	14	1.4%
GED	57	5.9%
Grad Degree	4	0.4%
Graduate Sch	3	0.3%
HS Grad	177	18.2%
No HS Diploma Earned	361	37.1%
None	74	7.6%
Some College	88	9.0%
Tech School	17	1.7%
Unknown	70	7.2%
(blank)	88	9.0%
Grand Total	974	100.0%

Marital Status	#	%
Divorced	97	10.0%
Married	94	9.7%
Never Married	601	61.7%
Other	0	0.0%
Separated	45	4.6%
Single	31	3.2%
Unknown	3	0.3%
Unknown/NA	44	4.5%
Widowed	18	1.8%
(blank)	41	4.2%
Grand Total	974	100.0%

Employment	#	%
Employed - Full time	77	7.9%
Employed - Part Time	32	3.3%
Full-Student	254	26.1%
None	474	48.7%
Part-Student	2	0.2%
Trans/Sheltered Employment	0	0.0%
Unemployed but wants to work	45	4.6%
(blank)	90	9.2%
Grand Total	974	100.0%

County of Service	#	%
BOWIE	1	0.1%
GREGG	451	46.3%
HARRISON	1	0.1%
PANOLA	8	0.8%
RUSK	320	32.9%
SMITH	1	0.1%
UNKNOWN	191	19.6%
UPSHUR	1	0.1%
Grand Total	974	100.0%

Upshur County

962 residents of Upshur County served

Age	#	%
<25	465	48.3%
25-34	121	12.6%
35-44	131	13.6%
45-54	100	10.4%
55-64	89	9.3%
65-74	42	4.4%
>75	14	1.5%
Grand Total	962	100.0%

Gender	#	%
Female	495	51.5%
Male	467	48.5%
Grand Total	962	100.0%

Education	#	%
03rd Grade	0	0.0%
05th Grade	0	0.0%
09th Grade	0	0.0%
10th Grade	0	0.0%
12th Grade	0	0.0%
Assoc. Degree	21	2.2%
Bach Degree	9	0.9%
GED	63	6.5%
Grad Degree	2	0.2%
Graduate Sch	1	0.1%
HS Grad	149	15.5%
No HS Diploma Earned	364	37.8%
None	90	9.4%
Some College	101	10.5%
Tech School	23	2.4%
Unknown	48	5.0%
(blank)	91	9.5%
Grand Total	962	100.0%

Marital Status	#	%
Divorced	103	10.7%
Married	99	10.3%
Never Married	593	61.6%
Other		0.0%
Separated	36	3.7%
Single	37	3.8%
Unknown		0.0%
Unknown/NA	27	2.8%
Widowed	27	2.8%
(blank)	40	4.2%
Grand Total	962	100.0%

Employment	#	%
Employed - Full time	94	9.8%
Employed - Part Time	24	2.5%
Full-Student	265	27.5%
None	454	47.2%
Part-Student	4	0.4%
Trans/Sheltered Employment	0	0.0%
Unemployed but wants to work	27	2.8%
(blank)	94	9.8%
Grand Total	962	100.0%

County of Service	#	%
BOWIE	1	0.1%
GREGG	495	51.5%
HARRISON	5	0.5%
RED RIVER	1	0.1%
SMITH	1	0.1%
UNKNOWN	172	17.9%
UPSHUR	287	29.8%
Grand Total	962	100.0%

Outcomes

This section is designed to address the outcomes listed in Community Healthcore's Administrative Procedure For Needs Assessment Procedure 1.07.01.

The questions in the Quality Improvement Survey and the Workforce Survey have been mapped to the outcomes in the procedure, as illustrated in Exhibit 43 and Exhibit 44.

Quality Improvement Survey

Exhibit 43: Quality Improvement Survey mapping to Procedures

Question	Text	Outcome from Procedure 1.07.01
1	What is your age?	Cultural, language, economic and other environmental factors of the people served
2	What is your gender?	Cultural, language, economic and other environmental factors of the people served
3	How would you describe your race or ethnicity? (Select all that apply)	Cultural, language, economic and other environmental factors of the people served
4	What is the highest degree or level of schooling you have completed? If you are currently enrolled in school, please indicate the highest degree you have received.	Language and literacy levels
5	Which of the following best describes your current employment status?	Cultural, language, economic and other environmental factors of the people served
6	Please select the county in which you currently live.	Cultural, language, economic and other environmental factors of the people served
7	What is your zip code?	Cultural, language, economic and other environmental factors of the people served
8*	Thinking about the health challenges in your area, how important is it to address the following issues?	Health challenges
9*	Community Healthcore is developing a suicide prevention initiative for the nine counties it serves. What would be the best way to increase awareness about suicide prevention in your community? (Select all that apply)	Suicide prevention
10*	Please rate your awareness of the following suicide prevention resources:	Suicide prevention

11*	To learn more about suicide prevention resources in your area, who would you talk to? (Select all that apply)	Suicide prevention
12	In the last 12 months, did you receive any services from Community Healthcore?	Needs of the population
13	How did you hear about the services provided by Community Healthcore? (Select all that apply)	Needs of the population
14	Please select the services you received from Community Healthcore (Select all that apply):	Needs of the population
15	How did you receive these services?	Accessibility of services
16	Please rate your satisfaction with the services you received:	Needs of the population
17	How would you describe the overall quality of the care you received?	Needs of the population
18	Please describe the reason for your selection	Needs of the population
19	Community Healthcore offers telehealth services (for example, virtual visits). In the last 12 months, did you receive any telehealth services from Community Healthcore?	Telehealth
20	Please rate your overall satisfaction with telehealth services from Community Healthcore. Were you...	Telehealth
21	Please select the county in which you generally receive services. If you receive services in more than one county, please select the county where you receive the most services.	Location of services
22	In general, is the location of the services offered by Community Healthcore convenient for you?	Accessibility of services
23	Please identify the main reason the location is not convenient for you:	Accessibility of services
24	Please rate your satisfaction with the current hours of operation offered by Community Healthcore (8 a.m.-5 p.m.):	Accessibility of services
25	Do you agree or disagree with the following statements? The hours of operation offered by Community Healthcore meet my needs I am interested in receiving services before 8 a.m. I am interested in receiving services after 5 p.m. I am interested in receiving services on weekends (Saturdays and Sundays)	Accessibility of services

26	In what language do you prefer to receive services?	Language and literacy levels
27	Did Community Healthcore provide services in the language you prefer?	Language and literacy levels
28	Does your language, race, religion, ethnic background or culture make any difference in the kind of services, counseling or treatment you need?	Cultural, language, economic and other environmental factors of the people served
29	In the last 12 months, was the care you received responsive to those needs?	Cultural, language, economic and other environmental factors of the people served
30	Please describe how Community Healthcore could be more responsive to those needs:	Cultural, language, economic and other environmental factors of the people served
31	Please rate your overall satisfaction with the following aspects: Availability of materials in a language I can understand Availability of services in a language I can understand Availability of the types of services I need	Needs of the population
32	In the last 12 months, how often were you seen within 15 minutes of your appointment or scheduled start time for your service?	Needs of the population
33	In the last 12 months, overall how often did the people who provided services, counseling or treatment… Spend enough time with you? Show respect for what you had to say? Listen carefully to you? Explain things in a way you could understand?	Needs of the population Accessibility of services
34	In the last 12 months, how much were you helped by the services, counseling or treatment you got?	Needs of the population
35	Please describe the reason for your selection	Needs of the population
36	In the last 12 months, how often were you involved as much as you wanted in the services you received from Community Healthcore?	Needs of the population
37	In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?	Needs of the population
38	Thinking about the services you received in the last 12 months, to what extent would you agree with the following statements…	Needs of the population

39	If you have a complaint about services received from Community Healthcore, who do you talk to? (Select all that apply)	Needs of the population
40	Would you recommend the services at Community Healthcore to a friend or family member?	Needs of the population
41	In the last 6 months, in general how often was it easy to get the care, tests or treatment you needed?	Accessibility of services
42	In the last 12 months, have any of the following barriers prevented you from getting the healthcare you needed? (Select all that apply)	Needs of the population
43	In the last 12 months, were there any services or supports that you needed, but did not receive?	Needs of the population
44	Please describe the services or supports you needed, but did not receive:	Needs of the population
45	What would you say is the main reason you did not receive the services you needed?	Needs of the population
46	What kind of medical insurance or coverage do you have? (Select all that apply)	
47	In the last 12 months, approximately how many times did you go to an emergency room or crisis center to get mental health or substance use services, counseling or treatment for yourself?	Needs of the population
48	In the last 12 months, approximately how many times did you go to an emergency room or crisis center to get primary care services for yourself?	Needs of the population
49*	In the last 12 months, did you need mental health or physical health services right away? (Select all that apply)	Needs of the population
50*	In the last 12 months, when you needed mental health or physical health services right away, how often did you see someone as soon as you wanted?	Accessibility of services
51*	In the last 12 months, not counting times you needed services right away, did you make any appointments for mental health or physical health services? (Select all that apply)	Needs of the population
52*	In the last 12 months, not counting times you needed services right away, how often did you get an	Accessibility of services

	appointment for mental health or physical health services as soon as you wanted?	
53*	In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition(s)?	Accessibility of services
54	In general, how would you rate your overall health now?	Needs of the population
55*	Approximately how far do you typically have to travel in order to receive the services, counseling or treatment you need?	Accessibility of services
56*	Please rate your satisfaction with the distance you typically have to travel in order to receive the services, counseling or treatment you need:	Accessibility of services
57	Did someone help you complete this survey?	Cultural, language, economic and other environmental factors of the people served
58	How did that person help you? Select all that apply.	Cultural, language, economic and other environmental factors of the people served
59	Do you have any additional comments for Community Healthcore?	Needs of the population
60	Please enter your comments:	

* New item in the survey for this iteration of the Needs Assessment

Workforce Survey

Exhibit 44: Workforce survey mapping to procedures

Question	Text	Outcome from procedure 1.07.01
1	What is your age?	Makeup of the workforce
2	What is your gender?	Makeup of the workforce
3	How would you describe your race or ethnicity? (Select all that apply)	Makeup of the workforce
4	What is the highest degree or level of schooling you have completed? If you are currently enrolled in school, please indicate the highest degree you have received.	Degree/license
5	Which of the following best describes your current employment status?	Makeup of the workforce
6	Approximately how many years in total have you been working for Community Healthcore?	Makeup of the workforce
7	Which of the following best describes your role in the organization?	Makeup of the workforce
8	Please select the credentials you have (select all that apply):	Degree/license
9	How many staff do you directly manage?	Organizational management

10	Do you provide direct services, counseling or treatment to those served by Community Healthcore?	Makeup of the workforce
11	Please select the services you provide (select all that apply):	Makeup of the workforce
12	Community Healthcore offers telehealth services (for example, virtual visits). In the last 12 months, did you provide any telehealth services for people served by Community Healthcore?	Telehealth
13	To what extent would you agree that telehealth services improved your ability to provide services?	Telehealth
14	Please select the county or counties in which you provide services. If you provide services in more than one county, please select all the counties in which you provide services.	Makeup of the workforce
15	Are you a credentialed substance abuse specialist? This includes substance use professionals.	Makeup of the workforce
16	Do you have expertise in addressing those with primary or co-occurring substance use?	Makeup of the workforce
17	Do you have expertise in addressing trauma and promoting the recovery of children and adolescents with serious emotional disturbance (SED) and adults with serious mental illness (SMI)?	Makeup of the workforce
18	Can you prescribe and manage medications used to treat opioid and alcohol use disorders (For example: buprenorphine, naltrexone)?	Makeup of the workforce
19	Are you a peer staff member? This includes peer specialists/providers.	Makeup of the workforce
20	Approximately how many years have you been a peer staff member?	Makeup of the workforce
21	In what language(s) do you generally provide services?	Makeup of the workforce
22	In the last 12 months, have you used language line or other language interpreter services to provide services, counseling or treatment?	Workforce development
23	In the last 12 months, have you attended training on cultural competence? Cultural competence programs promote positive and effective interactions with diverse cultures. Please include online training sessions.	Workforce development
24	To what extent would you say that cultural competence training has helped you meet the needs of people receiving services from Community Healthcore?	Workforce development
25	Community Healthcore currently offers a variety of employee benefits. How important is each benefit to you?	Benefits
26	Are there any new or additional benefits that Community Healthcore could offer in order to attract a well-qualified, diverse workforce?	Benefits
27	Please describe the benefit	Benefits

28*	To what extent would you agree that Community Healthcore provides its workforce with the tools and resources to support their health and wellbeing?	Benefits
29*	Please describe the reason for your selection	
30*	Thinking about the health challenges in Community Healthcore's service area, how important is it to address the following issues?	Needs of the community
31*	Community Healthcore is developing a suicide prevention initiative for the nine counties it serves. What would be the best way to increase awareness about suicide prevention? (Select all that apply)	Suicide prevention
32*	To what extent would you agree that the following barriers prevent people in your area from getting the healthcare they need…	Needs of the community
33*	How would you describe the most significant barrier that prevents people in your area from getting the healthcare they need?	Needs of the community
34	Do you have any suggestions for additional services that could improve the experience for people receiving services from Community Healthcore?	Additional services
35	Please enter your comments:	

* New item in the survey for this iteration of the Needs Assessment

Summary data is grouped by topic, as illustrated in Exhibit 45 and Exhibit 46.

Exhibit 45: Procedures mapping to summary-Quality Improvement

Quality Improvement Survey	Section
a. Identify the acuity of symptoms/needs of the population served	Demographics
b. Identify cultural, language, economic and other environmental factors of the people served and the service area	
c. Identify appropriate methods, language(s), and literacy levels in accordance with the people served and the local service area	
d. Compare locations of services to locations of persons served to determine accessibly of services	Satisfaction and Needs
e. Assess community needs to determine the adequacy of the needs provided	
f. Identify other consumer needs such as housing, transportation, employment and the like	Barriers

g. Identify potential barriers to services including cultural, linguistic, treatment, staffing needs, transportation, income, culture, and other barriers.	
h. Payer source of the population served	Satisfaction and Needs

Workforce Survey

Exhibit 46: Procedures mapping to summary--Workforce

Workforce Survey	Section
a. Identify the makeup of the workforce compared to persons served and need to ensure that the Center has the needed staff disciplines to address the individual's needs. This will include medically trained health care providers for opioid and alcohol disorders; credentialed substance abuse specialists; workforces with trauma-informed care and promoting recovery in children with and adolescents with serious emotional disturbance, and adults with serious mental illness; Peers; expertise in providing primary and co-occurring substance use disorder; and other disciplines needed in persons served.	Demographics of the workforce
b. Clinical decision making and workforce development provided by the Center.	
c. Determine degreed, licensed and non-degreed positions are based on the scope of services	
d. Assess the caseload size of the workforce to the acuity of persons served	Expertise
e. Compare organizational management levels across the workforce to determine the adequacy of supervision and support	
f. Identify any workforce shortages in the system of care such as specific licensed positions, language or cultural background, or comparison to nationally accepted ratios.	
g. Identify inpatient psychiatric bed needs and any other residential treatment needs within the system of care	Suggestions for additional services

Although the Community Partners Survey was not directly tied to the Outcomes in Procedure 1.07.01, it gathered valuable information about the needs that partner organizations have

observed in their communities. Exhibit 47 summarizes the questions and topics to which they align.

Exhibit 47: Community Partners Survey Summary

Question	Text	Topic
1	Which of the following best describes your organization's structure?	Demographics
2	Which of the following best describes your type of organization?	Demographics
3	What is your organization's zip code?	Demographics
4	Approximately how many employees, in total, currently work for your organization? Please include all full-time and part-time employees.	Demographics
5	Please select the services your organization provides (Select all that apply):	Demographics
6	Does your organization provide any of the following specialty services?	Demographics
7	Does your organization provide services for... (select all that apply)	Demographics
8	Which of the following special populations does your organization serve? (Select all that apply)	Demographics
9	How has your organization collaborated with Community Healthcore? (Select all that apply)	Interaction with Community Healthcore
10	Approximately how many years has your organization worked with Community Healthcore?	Interaction with Community Healthcore
11	Please identify your local service area (select all that apply):	Demographics
12	Does your organization provide virtual services (for example: virtual visits)?	Telehealth
13	To what extent would you agree that virtual services improved your ability to provide services?	Telehealth
14	Thinking about the health challenges in your local service area, how important is it to address the following issues?	Needs and barriers
15	How would you describe the greatest health-related need in your area?	Needs and barriers
16*	Community Healthcore is developing a suicide prevention initiative for the nine counties it serves. What would be the best way to increase awareness about suicide prevention in your community? (Select all that apply)	Suicide prevention
17	To what extent would you agree that the following barriers prevent people in your area from getting the healthcare they need…	Needs and barriers
18	How would you describe the most significant barrier that prevents people in your area from getting the healthcare they need?	Needs and barriers
19	Who are the people who need the most help in your area?	Needs and barriers

Question	Text	Topic
20	Please describe one way in which Community Healthcore could improve the health and well-being for people in your area:	Needs and barriers
21	Would you recommend the services at Community Healthcore to a friend or family member?	Interaction with Community Healthcore
22	Would you like someone from Community Healthcore to contact you about... (select all that apply)	Interaction with Community Healthcore
23	Please enter your contact information and preferred method of contact:	Interaction with Community Healthcore
24	Preferred method of contact:	Interaction with Community Healthcore

Survey Summaries

For each survey, we present question text, most selected response (key takeaway), and the number of people who responded to the question.

Appendix A contains the **Detail question summaries** for each survey (Question number and text, data table with subtotal of responses by category, graph illustrating the distribution of responses, and the number people who responded or skipped the question).

Quality Improvement Survey

Q#	Question Text and Key Takeaways	Respondents
1	What is your age?	531
	60.83% under 45 years old	
2	What is your gender?	528
	70.45% Female	
3	How would you describe your race or ethnicity? (Select all that apply)	523
	67.3% White	
4	What is the highest degree or level of schooling you have completed? If you are currently enrolled in school, please indicate the highest degree you have received.	517
	29.21% High school graduate	
5	Which of the following best describes your current employment status?	511
	39.73% Working for an employer, 30+ hrs.	
6	Please select the county in which you currently live.	504
	Gregg (27.18%) and Harrison (14.29%)	
7	What is your zip code?	495
	Highest mentions: 75657 (Jefferson, TX), 75605 (Longview), 75604 (Longview)	
8*	Thinking about the health challenges in your area, how important is it to address the following issues?	487
	Highest percentage of Extremely Important: Access to mental health practitioners (82.78%), Access to primary health care (85.89%), Suicide (67.15%)	

9*	Community Healthcore is developing a suicide prevention initiative for the nine counties it serves. What would be the best way to increase awareness about suicide prevention in your community? (Select all that apply)	479
	Collaborate with schools (80.79%) Social media (72.86%)	
10*	Please rate your awareness of the following suicide prevention resources:	475
	Most "Very aware": Community Healthcore Crisis Hotline (1-800-832-1009) 38.98%. Most "Not aware at all": Trevor Project (1-866-488-7386) 74.89%	
11*	To learn more about suicide prevention resources in your area, who would you talk to? (Select all that apply)	468
	Primary care doctor (55.56%), Friend or family member (53.63%)	
12	In the last 12 months, did you receive any services from Community Healthcore?	471
	Yes 59.45%	
13	How did you hear about the services provided by Community Healthcore? (Select all that apply)	270
	State agency (28.89%)	
14	Please select the services you received from Community Healthcore (Select all that apply):	267
	Mental health services (Adult) 48.31%, Intellectual/Developmental Disability (IDD) services 23.60%, Mental health services (Children) 21.35%	
15	How did you receive these services?	267
	In person, outside my home (for example: office or school) 59.93%	
16	Please rate your satisfaction with the services you received:	263
	Satisfied: Mental health services (Adult) 78.74%%, Intellectual/Developmental Disability (IDD) services 83.61%, Mental health services (Children) 79.24%	
17	How would you describe the overall quality of the care you received?	263
	91.64% met or exceeded expectations	
18	Please describe the reason for your selection	18
	(Only asked if below expectations). Sample comments: *-Limited communication with adult case worker and hard to know who to contact.* *-Lack of staff members leading to appointments too far out, no follow ups, no communications* *-They always change my appointments 2 to 3 days before the appointment and I have only seen my case worker once in the last 6 months*	
19	Community Healthcore offers telehealth services (for example, virtual visits). In the last 12 months, did you receive any telehealth services from Community Healthcore?	264
	Yes 42.05%	
20	Please rate your overall satisfaction with telehealth services from Community Healthcore. Were you...	111
	81.08% satisfied	
21	Please select the county in which you generally receive services. If you receive services in more than one county, please select the county where you receive the most services.	261
	Gregg 43.68%, Bowie 14.56%	

22	In general, is the location of the services offered by Community Healthcore convenient for you?	260
	Location where I receive services is convenient for me 91.54%	
23	Please identify the main reason the location is not convenient for you:	22
	Too far from where I live 86.36%, Costs too much to get to location 31.82%	
24	Please rate your satisfaction with the current hours of operation offered by Community Healthcore (8 a.m.-5 p.m.):	267
	76.27% Satisfied	
25	Do you agree or disagree with the following statements?	258
	The hours of operation offered by Community Healthcore meet my needs (78.52% agree, 3.91% disagree)	
	I am interested in receiving services before 8 a.m. (11.74% agree, 58.30% disagree)	
	I am interested in receiving services after 5 p.m. (35.08% agree, 35.08% disagree)	
	I am interested in receiving services on weekends (Saturdays and Sundays) (33.20% agree, 36.0% disagree)	
26	In what language do you prefer to receive services?	260
	English 99.23%	
27	Did Community Healthcore provide services in the language you prefer?	260
	Yes 98.85%	
28	Does your language, race, religion, ethnic background or culture make any difference in the kind of services, counseling or treatment you need?	258
	Yes 22.09%	
29	In the last 12 months, was the care you received responsive to those needs?	57
	Yes 84.21%	
30	Please describe how Community Healthcore could be more responsive to those needs:	6
	Sample comments: *-Getting access to and help from someone that is emphatically honest and also someone who is of the same race as us.* *-Nonbinary people and people who don't go by their first names, should really be considered more*	
31	Please rate your overall satisfaction with the following aspects:	255
	Availability of materials in a language I can understand 83.08% Satisfied	
	Availability of services in a language I can understand 86.11% Satisfied	
	Availability of the types of services I need 80.24% Satisfied	
32	In the last 12 months, how often were you seen within 15 minutes of your appointment or scheduled start time for your service?	249
	78.72% Usually or always	
33	In the last 12 months, overall how often did the people who provided services, counseling or treatment…	252
	Spend enough time with you? (90.44% usually or always)	
	Show respect for what you had to say? (92.37% usually or always)	
	Listen carefully to you? (89.16% usually or always)	
	Explain things in a way you could understand? (91.6 usually or always)	

34	In the last 12 months, how much were you helped by the services, counseling or treatment you got?	250
	66.80% a lot	
35	Please describe the reason for your selection	56
	(not at all - somewhat) Sample comments: *-We didn't have parents as teachers in home any longer. Over the phone is not as effective since it's harder to do exercises with the kids through video chat.* *-I do not like tele-health. But I have to use it. I like my Dr. So I will use it for my appointments with her.* *-Prefer in person visits instead of through telecommunication*	
36	In the last 12 months, how often were you involved as much as you wanted in the services you received from Community Healthcore?	247
	85.02% usually or always	
37	In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?	243
	75.31% Yes	
38	Thinking about the services you received in the last 12 months, to what extent would you agree with the following statements…	239
	I felt comfortable asking about my treatment and medications (87.56% agree or strongly agree)	
	I, not staff, decided my treatment goals (73.36% agree or strongly agree)	
	I was given information about my rights as a patient (88.51% agree or strongly agree)	
	I felt free to complain (82.90% agree or strongly agree)	
39	If you have a complaint about services received from Community Healthcore, who do you talk to? (Select all that apply)	241
	61.00% Case manager	
40	Would you recommend the services at Community Healthcore to a friend or family member?	243
	Yes 93.42%	
41	In the last 6 months, in general how often was it easy to get the care, tests or treatment you needed?	420
	72.62% Usually or always	
42	In the last 12 months, have any of the following barriers prevented you from getting the healthcare you needed? (Select all that apply)	407
	No barriers 57.00%, Financial hardship 19.90%, lack of health insurance 14.74%, lack of personal transportation 11.79%	
43	In the last 12 months, were there any services or supports that you needed, but did not receive?	422
	23.22% Yes	
44	Please describe the services or supports you needed, but did not receive:	79

	Sample comments: *-Dental services-we have insurance but insurance only covers partial services. Psychological services-my husband needed to be seen by someone other than his primary care doctor and the closest place for our insurance they would refer him to was in Tyler, but that is hard to do without missing work and that would have a larger effect on our financial situation.* *-Foodstamps health insurance*	
45	What would you say is the main reason you did not receive the services you needed?	92
	Cost of services (34.78%), Types of services I needed were not available (28.26%)	
46	What kind of medical insurance or coverage do you have? (Select all that apply)	417
	Medicaid 34.29%, Employer sponsored 23.02%, Medicare 19.42%	
47	In the last 12 months, approximately how many times did you go to an emergency room or crisis center to get mental health or substance use services, counseling or treatment for yourself?	411
	None (80.05%), 1-5 times (16.30%)	
48	In the last 12 months, approximately how many times did you go to an emergency room or crisis center to get primary care services for yourself?	408
	None (62.99%), 1-5 times (33.09%)	
49*	In the last 12 months, did you need mental health or physical health services right away? (Select all that apply)	403
	Mental health services 19.60%, Physical health services 25.06%	
50*	In the last 12 months, when you needed mental health or physical health services right away, how often did you see someone as soon as you wanted?	149
	Usually or always-Mental health services (53.56%), Physical health services (67.34)	
51*	In the last 12 months, not counting times you needed services right away, did you make any appointments for mental health or physical health services? (Select all that apply)	396
	Mental health services 34.36%, Physical health services 45.45%	
52*	In the last 12 months, not counting times you needed services right away, how often did you get an appointment for mental health or physical health services as soon as you wanted?	250
	Usually or always-Mental health services (80.00%), Physical health services (76.41%)	
53*	In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition(s)?	395
	62.03% Yes	
54	In general, how would you rate your overall health now?	395
	75.44% Good-Excellent	
55*	Approximately how far do you typically have to travel in order to receive the services, counseling or treatment you need?	392
	Less than 10 miles 39.03%	
56*	Please rate your satisfaction with the distance you typically have to travel in order to receive the services, counseling or treatment you need:	390
	Very satisfied 42.82%	
57	Did someone help you complete this survey?	395

	Yes 16.71%	
58	How did that person help you? Select all that apply.	66
	Answered the questions for me on my behalf (For example: Guardians and Legal Representatives) 69.70%	
59	Do you have any additional comments for Community Healthcore?	392
	11.22% Yes	
60	Please enter your comments:	41
	Sample comments: *-We need healthcare & disability services in Marion County!* *-Keep up the good work. Thank y'all for helping me save my life!* *-Make appointment reminder calls or emails or texts!* *-When an appointment is at 8 and the doors aren't even open and no one is ready to receive you it looks very unprofessional...*	

* New item in the survey for this iteration of the Needs Assessment

Workforce Survey

Q#	Question text and key takeaways	Respondents
1	What is your age?	354
	53.67% under 45 years old	
2	What is your gender?	355
	89.01% Female	
3	How would you describe your race or ethnicity? (Select all that apply)	353
	59.21% White or Caucasian	
4	What is the highest degree or level of schooling you have completed? If you are currently enrolled in school, please indicate the highest degree you have received.	355
	40.56% Bachelor's degree (for example: BA, BS)	
5	Which of the following best describes your current employment status?	354
	92.09% Working for Community Healthcore, 30 hours or more per week	
6	Approximately how many years in total have you been working for Community Healthcore?	353
	Less than 1 year (20.11%), 1-3 years (26.06%)	
7	Which of the following best describes your role in the organization?	350
	Case management (For example: Case managers, care coordinators) 31.71%	
8	Please select the credentials you have (select all that apply):	220
	Qualified mental health professional (QMHP) 32.73%	
9	How many staff do you directly manage?	352
	0 (No direct reports) 81.53%	
10	Do you provide direct services, counseling or treatment to those served by Community Healthcore?	352
	Yes 55.68%	
11	Please select the services you provide (select all that apply):	196
	Mental health services (Adult) 32.14%, Mental health services (Children) 26.53%, Intellectual or Developmental Disability (IDD) services (14.80%)	
12	Community Healthcore offers telehealth services (for example, virtual visits). In the last 12 months, did you provide any telehealth services for people served by Community Healthcore?	195
	Yes 57.95%	
13	To what extent would you agree that telehealth services improved your ability to provide services?	114
	74.56% Agree	
14	Please select the county or counties in which you provide services. If you provide services in more than one county, please select all the counties in which you provide services.	194
	Gregg 67.53%, Harrison 46.39%, Bowie 42.27%	

15	Are you a credentialed substance abuse specialist? This includes substance use professionals.		194
	No 91.24%		
16	Do you have expertise in addressing those with primary or co-occurring substance use?		192
	No 72.92%		
17	Do you have expertise in addressing trauma and promoting the recovery of children and adolescents with serious emotional disturbance (SED) and adults with serious mental illness (SMI)?		193
	No 66.32%		
18	Can you prescribe and manage medications used to treat opioid and alcohol use disorders (For example: buprenorphine, naltrexone)?		194
	No 96.91%		
19	Are you a peer staff member? This includes peer specialists/providers.		193
	No 94.82%		
20	Approximately how many years have you been a peer staff member?		10
	Less than 3 years, 50%		
21	In what language(s) do you generally provide services?		194
	English 98.97%		
22	In the last 12 months, have you used language line or other language interpreter services to provide services, counseling or treatment?		192
	No 72.92%		
23	In the last 12 months, have you attended training on cultural competence? Cultural competence programs promote positive and effective interactions with diverse cultures. Please include online training sessions.		193
	Yes 82.90%		
24	To what extent would you say that cultural competence training has helped you meet the needs of people receiving services from Community Healthcore?		160
	Agree 80.63%		
25	Community Healthcore currently offers a variety of employee benefits. How important is each benefit to you?		340
	Extremely important: Paid time off PTO 95.86%, Retirement benefits 89.85%, Health insurance individual 86.39%		
26	Are there any new or additional benefits that Community Healthcore could offer in order to attract a well-qualified, diverse workforce?		334
	60.78% No		
27	Please describe the benefit		118

	Pay and compensation frequently mentioned (higher pay, bonuses, paid holidays and paid time off). Sample comments: -*Instead of us always using our PTO for Holidays, the company should pay us and let us use our PTO for our own personal time.* -*Mental health days that are outside of PTO*	
28*	To what extent would you agree that Community Healthcore provides its workforce with the tools and resources to support their health and wellbeing?	344
	74.41% Agree	
29*	Please describe the reason for your selection	222
	Sample comments: *I think they provide the tools and resources, but without guidance on how to properly utilize them.* -*Community Healthcore values its employee's health and well-being by providing insurance benefits, assistance programs, and PTO.* -*I feel supported and prepared.*	
30*	Thinking about the health challenges in Community Healthcore's service area, how important is it to address the following issues?	338
	Suicide (94.01%), Access to mental health practitioners (93.18%), Access to primary health care (92.26%)	
31*	Community Healthcore is developing a suicide prevention initiative for the nine counties it serves. What would be the best way to increase awareness about suicide prevention? (Select all that apply)	341
	Collaborate with schools (91.79%), Social media (83.87%)	
32*	To what extent would you agree that the following barriers prevent people in your area from getting the healthcare they need…	340
	Financial hardship (81.47%), Lack of personal transportation (78.10%), Lack of health insurance (74.04%)	
33*	How would you describe the most significant barrier that prevents people in your area from getting the healthcare they need?	274
	Sample comments: -*Transportation---they have been working with the transit to get better bus schedules, and buses that are placed in areas of great needs.* -*I would describe the most significant barrier as access to reliable transportation, especially for those in the more rural areas that we serve where public transportation is not an option.* -*Lack of knowledge about what assistance is out there for them as there is a lot.* -*Transportation and financial difficulties. Even with the MAP and Sliding Scale some clients can't afford to be seen* -*Financially affording it but also being impacted by insurance fee's or deductibles once a person obtains insurance*	

34	Do you have any suggestions for additional services that could improve the experience for people receiving services from Community Healthcore?	337
	No 81.31%	
35	Please enter your comments:	64
	Sample comments: -Monthly Food Pantry in low income areas, transportation assistance, housing assistance. -Transportation services to bring the client and LAR to and from their appointments. Many people have trouble getting to and from appointments due to financial instability to get gas or their car breaking down and them being without transportation of any kind. -More ways for people to know of all the services that are offered. Not everyone has access to or get on social media. -Would be nice to have a mobile unit that could house supplies and things needed to provide care in the communities we serve. -I wish we had an onsite food pantry- we know where to send people to get food- but they may not be able to get anything until the 3rd Tuesday of the month from 9a-1p. That won't help them feed their children tonight.	

* New item in the survey for this iteration of the Needs Assessment

Community Partners Survey

Q#	Text	Respondents
1	Which of the following best describes your organization's structure?	70
	Public non-profit (30.00%)	
2	Which of the following best describes your type of organization?	68
	Government agency (26.47%)	
3	What is your organization's zip code?	67
	Most mentions 75601 (Longview), 75670 (Marshall), 75602 (Longview)	
4	Approximately how many employees, in total, currently work for your organization? Please include all full-time and part-time employees.	65
	1-99 63.08%	
5	Please select the services your organization provides (Select all that apply):	64
	Other services 45.31%, Education services 32.81%	
6	Does your organization provide any of the following specialty services?	46
	Emergency services 41.30%, Other specialty services 30.43%	
7	Does your organization provide services for... (select all that apply)	61
	86.89% Adults	
8	Which of the following special populations does your organization serve? (Select all that apply)	51

	Low-income 78.43%, Individuals with intellectual or developmental disabilities 62.75%	
9	How has your organization collaborated with Community Healthcore? (Select all that apply)	59
	Referred clients to Community Healthcore 69.49%	
10	Approximately how many years has your organization worked with Community Healthcore?	49
	0-5 years 34.69%	
11	Please identify your local service area (select all that apply):	60
	Gregg 68.33%, Harrison 63.33%	
12	Does your organization provide virtual services (for example: virtual visits)?	58
	No 58.62%	
13	To what extent would you agree that virtual services improved your ability to provide services?	24
	50% Agree	
14	Thinking about the health challenges in your local service area, how important is it to address the following issues?	58
	Access to mental health practitioners 93.10% Access to primary health care 92.86% Drug addiction or abuse (including opioid) 83.93%	
15	How would you describe the greatest health-related need in your area?	47
	Frequently mentioned: mental health, lack of insurance Sample comments: *-Poverty and the physical and mental health impact of poverty* *-I believe that the greatest health related need for our area is mental health and drug abuse related.* *-The need for more Naloxone in our area is high. In addition, the need for Counselors that serve families/youth is great.* *-Limited access to mental health providers that take insurance (especially Medicaid, Medicare, and marketplace plans for those that are self-insured). Especially psychiatry services.*	
16	Community Healthcore is developing a suicide prevention initiative for the nine counties it serves. What would be the best way to increase awareness about suicide prevention in your community? (Select all that apply)	56
	Collaborate with schools (83.93%), social media (82.14%)	
17	To what extent would you agree that the following barriers prevent people in your area from getting the healthcare they need…	54
	Financial hardship (75.47%), Lack of health insurance (75.92%), lack of personal transportation (74.08%)	
18	How would you describe the most significant barrier that prevents people in your area from getting the healthcare they need?	47

	Frequently mentioned Financial resources, transportation, insurance. Sample comments: *-Lack of knowledge on what is available to them and prioritizing health care needs.* *-High costs. Long wait times to see a medical care provider.* *-Transportation to services* *-Lack of resources in Upshur county* *-Qualified providers at reasonable prices*	
19	Who are the people who need the most help in your area?	53
	Individuals with mental health issues 41.51%, Uninsured 16.98%	
20	Please describe one way in which Community Healthcore could improve the health and well-being for people in your area:	39
	Sample comments: *-Continue fostering partnerships within the community (schools, hospitals, law enforcement, local libraries, Marshall-Harrison County Health District, etc.) to push information out to the public.* *-Mobile check-ins for illness, prescriptions, wellness checks, etc., by going where the people are (i.e., Newgate, Hwy 80, One Love, Salvation Army)* *-Transportation to services* *-A possible health fair. A time people in the community could come and get free evaluations or checkups to see if there are any problems that need to be addressed. I feel like lack of knowledge is the biggest obstacle!*	
21	Would you recommend the services at Community Healthcore to a friend or family member?	53
	Yes 93.34%	
22	Would you like someone from Community Healthcore to contact you about... (select all that apply)	46
	Opportunities for collaboration in your community (41.30%)	
23	Please enter your contact information and preferred method of contact:	27
24	Preferred method of contact:	27
	Email 96.30%	

* New item in the survey for this iteration of the Needs Assessment

In this section, we summarize the themes that emerged during the focus groups and the key informant interviews.

- **Lack of awareness of what Community Healthcore offers**

*"I think if you're talking about what the community sees, the general population don't really know about Community Healthcore unless they are referred. So those of us that, that, uh, anyone who works in the mental health or with anybody that might…they would refer 'em there and they, it would probably be the first time they ever heard of them…We know that they're gonna be great for them, but in the general public, they wouldn't think to go to Community Healthcore, they would probably wonder what it is…
So in the general population, um, people may have driven by and seen a sign, but they don't know what it is, what it does. It's the professionals that refer them that know what it does."*

"I'm aware just because of reaching out to them, some of the services they provide, but your common community individual lacks that information in Marion County. I think just doing more reach out within each of our respective locations would increase that knowledge to begin with. Um, more educational material definitely will help. Uh, just more involvement in the community. And I've seen that already a little bit as it's picking up throughout the last two years. Um, but just definitely more when here in Marion County."

"…the community didn't know about it [Community Healthcore], especially those in Panola County, and they're like the, the lower county of, uh, the Community Healthcore service area. And, uh, so we were hoping that they could do more outreach there, but the, the perception was that it was very much needed. More services were needed…"

"You know, just the other day I found out they [Community Healthcore] had, they had a IDD program that I never knew they had. Uh, when I had a 16-year-old, a nonverbal, autistic kid, I, I could have put him in that placement, but never knew about it until it was already said and done and over with."

"…I just sit here and am just realizing how many layers to Community Healthcore there is. It's like a huge onion. And, uh, you know, just when you think, oh, well, they probably can't help with this, I hear, oh, yes, they can. Never in my mind did I ever imagine that they had a housing navigator that would just not have been something that was on my radar…"

- **Stigma about mental health and misconceptions about Community Healthcore**

"…And just to piggyback off of that, usually in, in our community, um, people don't like word mental health. They don't like talking about that. Especially our parents. Our parents usually don't want nothing associated with mental health because they, there's a stigma around that word. And so a lot of, not all,

but a lot of Community Healthcore services, um, deal with mental health. So it's not like our parents are Googling mental health and Community Healthcore popup. They're not looking for that. Um, even if they know something is, um, something that's going on with their child, they don't want to acknowledge that it may be something due to mental health. So for a lot of our parents, Community Healthcore, anything like that is not even on their radar to, um, begin with."

"And I think that's, you know, what I was saying earlier about the fear, you know, there's a lot of fear surrounding that. Um, I think a lot of our parents that we work with have either struggled with it in the past on their own or are dealing with it currently. And, um, having a label for their child, especially at such a young age, when you're talking three, four, and five, it's very scary for a parent to be approached and say, you know, Hey, I think you would really benefit from these services. And so that fear is definitely apparent. And, um, there's definitely a lack of awareness about what Community Healthcore offers. Even as somebody that is aware with Community Healthcore, there are so many things that I don't even know exist because they have so many things going on at one time, which is great, but it can be overwhelming when you're trying to find one specific resource for a parent and not know like, where to start."

"…maybe it is that Community Healthcore has always been seen as the indigent care…I believe that there's probably a misconception that it's indigent care that, um, it, you know, that, and I understand there's a sliding scale for things like that, but, um, just in talking with different people at different times, uh, oh, well, I don't think I would qualify for Community Healthcore or things like that. So I'm not sure that people do not need to be made more aware of how available it is to all people."

"I think the Community Healthcore is perceived within the community as possibly being something that only has services for intellectual disabilities. Yeah, I do not believe that the general public is educated enough of all the resources that it offers, whether it's healthcare, mental healthcare, um, you know, intellectual disability support."

"…the social stigma of, you know, trying to get help and people kind of looking down on you because you receive services that, that stops a lot of people from wanting to get help... just not knowing that, that there are services in our area. You know, I don't think it's very well publicized. Um, I think that that might be, you know, a, a little better. If, if you could get the name out there and what y'all do, that would probably help a lot of people a lot more."

- **Importance of meeting basic needs of housing, food, transportation**

"Definitely food. And also safe in affordable housing. Mm-Hmm. Um, I feel like when our families don't have safe housing and they don't have food, nothing else can be accomplished. And so, talking about mental health, it's certainly something that's very important. But when they don't even have those basic two things, they're not worried about their mental health. They're worried about where their next feel, you know, food's gonna come from, 85% of our families are single moms, um, that have, you know, one, two, we've got single moms that have four kids. And so they're not concerned with their own mental

health. They're concerned with feeding their children, making sure that they're safe. And so without those two things, I mean, there's, there's nothing that can be done."

"So we have a lot of kids that are suffering. Um, our, our students come back from serving in the schools, and their hearts are broken because there was these kids that didn't get, they, you know, they just don't have, they don't have, and they're, the kids are suffering. And it's hard to learn when you're hungry or you were up all night 'cause your mama had to work all night. And she's the only parent. And I mean, the stories are heartbreaking. Um, but our nonprofits are getting to the point where they are overwhelmed and Community Health Corps is helping with that. Um, it's difficult in our counties in this area."

"The four biggest things that people call about are utilities, food, rent, and prescription assistance. That's the four. And so, um, every once in a while we'll get mental health counseling Every once in a while, we'll, we'll, we'll get some money, but if you were to rank the top four, it's that, and, and the, the two, I mean, the, the, the, the top two getters that flip back and forth, uh, every month is rent and utilities... so that safe and affordable housing piece is, is critical. 'cause we just don't have it."

"I think it housing, [and]um, food because a lot of where our kids live, especially in Marshall, the majority of our kids are high poverty. Um, they don't have even quality food. Um, we always have the joke...there's always a donut shop or a liquor store or chicken opening up. So that's what our kids, our people usually have. Well, that leads to other problems."

"I want to tie into that, um, you know, the whole concept of food deserts and, you know, where you actually have access to address some of these nutritional needs. I know in some of our more rural communities, their options aren't great, so they're, they're going with what they've got, um, you know, in terms of what they have access to just to even build their meal plans. Um, so scarcity of, of available nutritional food, transportation is absolutely a tie in...but when you're worried about keeping the roof over your head, you're not necessarily, you know, [going to be] prioritizing the mental health needs."

- **Law enforcement needs-greater coordination between law enforcement CHC and hospitals, transportation support, and expanded hours**

"And so here in Longview, what I have tried to do was be that, try to bridge that gap. In other words, go in there and try to mend the relationships, because sometimes the ER don't know what the, uh, PDs responsibility is. And then PD doesn't know exactly what Community Health is doing, and then nobody knows what each other's doing. So it makes for kind of a recipe, you know, for a disaster."

"Marion County's a very rural county. Uh, there is no community Healthcore site here. Uh, there is no hospital here. So we have to transport into either, uh, Harrison or, uh, Gregg County for a hospital. Uh, we do, which also puts the patients who are needing treatment in a predicament where they have to travel, uh, to get that counseling. And it does make it difficult for them to actually receive that treatment that's necessary."

"Yes. And I, I concur with, well, everyone who's inputted on this, and then also needs to be noted that, uh, in the law enforcement community we're experiencing mass shortage. Um, so it's really pulling ties

74

on us trying to accommodate transportation along."

"…now that the hospitals have to look for these places to send these patients to, what the hospital don't realize, they take the first person that calls back, whether it's five hours away, whether it's 12 hours away or whatever. What they don't understand is it takes a deputy off the road…Community Healthcore was trying to find the closest place where they could define the easiest access… now we have to go a longer distance and longer mileage…As of today, I've transported, uh, 87 people since January the first of a range of 20 or more thousand miles. And that's, that's here in Panola County. Now, I can't speak for any other counties, but that is the problem. When you have the hospital and Community Healthcore not wanting to work well together and try to help when they get a person placed to help get us places closer."

"… it never fails when we take one to the ER, they sit there for six or eight hours and next thing you know, once they finally get screened, they say, well, they don't meet the criteria. We need to take 'em back home. That would've saved us a lot of time and a lot of step, if we could have done that right there on, on the call itself. And also, uh, if they would help out on some transport sometime, it would be a whole lot of help with a lot of us."

"… I know they have some individuals that can be contacted after hours. Uh, but we're dealing with law enforcement 24/7 entity, uh, a hospital 24/7 entity and Community Healthcore, which in my experience has been an eight to five, Monday through Friday. And sometimes during business hours and Saturday and Sunday. Um, if there was more of a 24/7 structure for them, I think they may help with a response time. Um, I know staffing is a concern there, but I know that would assist us if we were all on the same page… We do see a rise after eight through five … Monday through Friday of individuals needing to go to the hospital, uh, or needing treatment. So I know for some reason I never understood why we're maintaining a business style timeframe for Community Healthcore entity."

- **On raising awareness about suicide prevention: focus on schools, recognizing the early signs, be mindful of denial/stigma**

"Absolutely. Get in the schools… Early, as early as possible to start teaching that. As soon as it's understandable. Because it starts, you know, people that are suicidal, I don't believe start at the age of 16. It's stuff that happens way before then. So if you're waiting until they're in their teen years to start educating 'em, that's almost too late, in my opinion."

"…some of those kids, they don't have beds to sleep in. They don't have food to eat, they don't have, you know, and they're lashing out. They may have stolen something and, but it's because they're hungry. You know, those, those, but that all leads into the suicide because then they're in this stigma that they're these bad kids, when really they just need help. And so, as far as suicide goes, education within those, doing some life skills, some suicide prevention type educational things within the DAEPs and the ISS and things like that would be a beneficial place to look that is often overlooked."

"I know that's obviously like the definition of what suicide prevention is, but having the ability to separate what is teenage melodrama from what is actually a cry for help is harder than it sounds… So there are times where kids are trying to tell you something, but they're not necessarily coming right out

and saying, hi, I have self-harm, you know, self-harmed, and I'm thinking about making it worse, right? So you kind of have to know what to listen for. And so we have found a partner … in Tyler, but also in, in other areas that's been really helpful in providing like a one hour training that is kind of a condensed version of, Hey, here's the important things to listen for if you are a youth serving volunteer."

"I know one of our nurses…she's reached out to Marshall ISD, she's interested in forming together, um, a faith-based support group for adolescents es especially if, uh, suffering from, you know, depression, maybe suicidal ideations and addiction recovery. And so I, you know, …what really strikes me is at the core of this is just the, uh, so much isolation, uh, in our community. And, and the Covid pandemic only exacerbated, you know, exacerbated that. And so, um, whether it's elderly or young people, we had, you know, two and a half years of much more limited in-person contact. And, and I think for young people, … for young people, um, I see it, and I have several kids, like teenagers [need], just the need to develop just normal social skills to be able to interact face-to-face with people, um, is a, it is just a fundamental need. And I know that goes beyond Community Healthcore, uh, but I see that as the, as as a key piece of, of, you know, suicide and depression, um, and would like to see us all collaborate"

"Like, mental health turns them off. Suicide automatically turns them off… they don't want anything. It scares them off. But it is a huge deal because our students don't have coping strategies. And so the majority of them, if things aren't going their way, the first thing they're gonna resort to is I'm gonna kill myself… [Parents] They don't wanna admit, they don't want people in our business, their business. Um, a lot of our Hispanic community is like, they're not telling you anything because they're scared. They're scared. Um, they think somebody's gonna take their kids from 'em. They're not here, um, legally and they're scared and, you know, they need help."

- **Suggestions/Enhancements:**
  - Cross agency meeting/collaboration

"So having somebody in person come by and, and talk and find out what the real concerns of hospitals and, uh, the law enforcement entities are around here would probably go a long ways for, uh, Community Healthcore… Even at the hospital or if we were all to meet at, you know, if, if it's here in this county, the sheriff and I and the, the hospital and Community Healthcore meet, if it was quarterly, but right now, I mean, at that this point, if it was once a year, it'd be great."

"…because a lot of times when something goes wrong, it's never just one thing. It's not just a housing issue, it's not just a mental health issue… and a lot of times with our nonprofits, we'll silo it out, okay, you handle the mental health side, but then you have to go over here to handle the basic needs side, then you have to go over here for the education component…So I think we really have to watch out for, um, not trying to silo our solutions. And that is such an unfortunate buzzword that I just used, but there it is. So, um, we have to try and figure out, uh, where there can be a holistic approach that is gonna try and solve more than one problem at one time. And I think given some of the resources the Community Healthcore has, they could be real leaders in that department…."

- o Grass roots efforts

"Um, the thing that came to my mind in terms of like, engagement, getting the information out slowly chipping away at the generational issue. I'm thinking of something similar to like small groups that you'll typically see in church models where you have individuals who are already a part of community, already plugged into community that are helping get the word out. They're going to be able to know how to reach people. Um, they're going to be able to know what the effective ways and things, um, are to, to overcome some of these. And that they're gonna be the ones that give you the information and say, Hey, they're not gonna receive it that way. You, you need to do it this way. Or, Hey, these are some of the events. I mean, just brainstorming it. If there's an apartment complex that's being targeted, maybe there are five residents within an apartment complex that you could connect with. They would say, Hey, I'll, I'll help to get the word out…"

- o App/technology

"…it may be beneficial to have an app, a Community Healthcore app, that we could connect directly with the assessor and they could see in the field how this person is acting and maybe assess 'em right on the spot. Um, we do that with translators and all kinds of things. So why not do an assessment right there?"

"…And it was a sheriff in West Texas somewhere. It built this facility when he joined with the surrounding counties. And it was a facility that officers would just transport the, the, the client to there. They would take 'em in where they had, uh, a bunch of screens set up and they could instantly be screened. The officer would release 'em there if they were to stay, and they would hold them there until they're transported to another facility. And it, he said it streamlined the whole process. 'cause the officers could get in and out. Uh, they, they transported to the, the hospital they were needed to from there. And that, that would be helpful, um, because that would alleviate a lot of the stress everyone's having of the shortages."

- o Mobile clinic type of service

"[Respondent described similar example for their prior experience with a mobile clinic, before the pandemic, which they thought could be implemented again] I had partnered with, and this was in 2018 and 2019, the East Texas Food Bank's mobile pantry. And what they were doing was setting up they in their mobile truck, setting up some, um, internet extensions so that when we took in the mobile pantry, we could provide like six to eight laptops for people to come and apply for different programs. And then we had several different community partners who would actually be at the food distribution to help share information about what was happening and what was available in that community. And we were having some really nice success with that. And then, of course, you know, Mar by March of 2020, we were like, oh,. So that's something that we haven't actually had the opportunity to get started again. But that was, um, you know, a small way to help start making those inroads into some of the barriers there, especially in our rural communities."

- o Specialized classes:

"I think senior activity, I think I mentioned that earlier, but senior activity, um, for, for anyone would be

helpful. They may already have this, but I think practical parenting classes for young moms. Mm-Hmm. , um, or, and dads, they need a little bit of it too. Um, practical parenting for them. Um, and, you know, nutrition and health. Uh, I, yes, does do something, but, and based on the prices of food now, just, just the economic way to, to navigate that…"

"…one thing that I'm constantly surprised by is the lack of nutritional education and, and basic nutrition stuff. I know, like, we cover that in public schools, but it somehow doesn't translate to what actually happens at home. And so, especially on the kids' side, the stuff that parents give their kids floors me on a regular basis."

Key Informant Interviews:
- **Individuals generally satisfied, but some have had negative experiences with psychiatrist. Help with basic necessities is appreciated.**

"I don't think I could be any more satisfied. I mean, it's just not knowing that there's, um, organizations out there that, uh, really care. uh, not just [for] veterans, but I mean, just everybody. And knowing that, uh, not every tunnel has to have a, you know, dark ending there, there is light at the end of the tunnel. and just have to keep going forward until you, you know, get there."

"I haven't found anything that I'm dissatisfied with at all. I mean, I can't come up with anything negative. It's all been a highlight, all been positive."

"They are, as far as, um, far as the counselors, they're really good, but far as, uh, as the psychiatrist…we kind of bump heads…"

"The people are really good to me. Um, I've got a good medical provider. I've got a good relationship with the nurse, uh, that, that I see, um, that checks my vitals and everything. Uh, the counselor, I've got a really good counselor. I'm thankful to have her to talk to…"

"…We're satisfied with the services. Uh, like I said, uh, the counselor that she sees now, um, [she] absolutely loves her. She looks forward to her, um, visits every week."

"We'll say a thousand percent. We're extremely happy…. And we just got really, really close with them [two counselors]and they became more like family then just our therapist. And I mean…she would come to the house once a week. We saw her all the time and she just really grew with our family."

"Well, in, in the past, uh, I have been, it's been okay. I've had a couple of, uh, uh, things that were, I was not satisfied with at all… well, first of all, the psychiatrist is an hour and a half from, from Marshall. But I, I drove to Longview. I don't know, you're probably not familiar with this area, but I drove in a different direction, 30 minutes, 30, 40 minutes to do, uh, Teladoc. That's what, how we, how he [psychiatrist] saw her. And it, it didn't work for her…And it, you know, a 15 minute interview with a psychiatrist…it wasn't working for her…"

"I'm very satisfied. I get my medication on time and everybody, uh, they, uh, try to set their appointments where they be on time. And, uh, the therapist hasn't been absent. They there when, uh, they're supposed to be."

"…they give us a box of food, you know? Uh, so I mean, I, I really can't, you know, they offer, uh, bus passes. So, I mean, transportation's taken out of the equation. I really don't, I just really can't think of anything [more] off the top of my head…."

"…they do provide, I think there's, um, like $500 a year where we can, they will help with utility bills and groceries and stuff like that."

Individual Suggestions
- **Expanded hours and outreach**

"I'm a eight to five. My job is eight to five. And so most doctor's office, most, uh, facilities, psychiatrists, so on and so forth are eight to five. Well, as a working mom, eight to five doesn't work for me. And then you've got your child that's in school from eight to three. You know, that's hard. So if I have to pick her up from school, I have to leave an hour extra before I can be at an appointment at three o'clock, because it's a drive for 20 minutes. Then you gotta get, you know, go through the whole rigamarole at school, which usually takes 20 minutes, and then you got 10, 15 minutes to the doctor's appointment. You know, uh, some evening hours for those working parents who are trying to get their children or even themselves the help they need, but still have to work as well."

"I'll go back to the time, uh, uh, when we were there, they didn't have very many appointments for after five o'clock or five o'clock itself, you know?... it's any medical facility, they are an eight to five, and I get that. But, you know, I, I work eight to five too. , my boss doesn't like me to take off work either, so…"

"I don't think they have a outreach where they go into the community and, uh, get the people to come in… They just wait for the people to come to them…"

- **Additional providers or facilities**

"They need to have more than one psychiatrist. They need, it don't need to be just one. They need to have at least two or three."

"…from what I understand, the psychiatrist is spread really, really thin. And he has a, a lot of patients. But…we can't find a psychiatrist, you know…but he, 15 minutes of, of Teladoc with a person [in an] acute state is, it is not helpful."

"I don't know if this is something they could do, but, uh, you know, like I said, the nearest hospital for children for mental issues is Shreveport, which is across the state line. So if you live in Texas then, then you have an out network if you're in insurance. So a fac an in-house facility for children over on in East Texas."

"[Drop-in care for people with intellectual disabilities] I'd love Community Healthcore to have a, uh, almost a, I don't know whether to call it, this is something will never happen, but I wish they had

something almost like a daycare where you could, if you had a doctor's visit, you could actually make arrangements to place them there while you went, you know?... And even if it were a, uh, one that we had to pay for, you know, uh, that, that would be great. … if you have to go outta town, you're outta luck, you know, there's no place here to, to do anything."

- **Physical enhancements**

"[Red River county location] There are only four chairs in there in the waiting room… [when it's full] Um,I usually just stand up against the wall. Or yesterday, when we were waiting, I went out, stepped outside [during son's appointment]"

"[Cass county location] They used to do a lot of, uh, television, video dancing, that type of stuff, bowling. They don't have the room for that anymore. They moved to a new building and they're all kind of cramped in a little itty bitty building now."

"[Handicap accessible van] so I was then told that the van that they have in Atlanta is not, doesn't accommodate a wheelchair. So they put his wheelchair in the back and they put him in the front because he can't get into the back. Hmm. And when the front, they said that he messes with the radio and things on the dash and causes problems for the driver. Oh, well, he shouldn't be up there in the first place."

- **Healthcare options for low income patients/no insurance**

"I wanna say a medical, you know, a medical clinic for low-income patients. Um, but that might be good, but that may be something that they already offer. I don't know."

"Mental health services where they, uh, offer, uh, some kind of free service. I think they do offer, uh, well you, if you don't have insurance, I don't know if they offer that or not."

- **Remove age caps for services and income qualification**

"Well, in the future, I wish we could go up past three because a lot of our communities around here for like, okay, so [child] aged out at three, so you have to go to the school. [Child] did pass her test and didn't need it. But let's just say that [child] did need the services. My husband makes too much money for us to be able to go to pre-K or do anything like that. Like we have to wait until kindergarten. And so I think it's great for low income families and I'm really glad that they're able to get services, but I wish that there was more for people that weren't, I guess you could say the middle class, because we are not rich by any means, but we also aren't on the assistant side either. So I wish there was more that we could do."

- **Include self-pay/general revenue individuals in all the services**

"I would just, I would like for general revenue to be, to be included in absolutely all the services that Medicaid clients are entitled to."

- **Transportation to appointments**

"That's one thing I need, for them them to come pick me up to my appointments and take me right back"

- **Specialized services**
  - **Employment services**

"I think more help in trying to help people find jobs. And I understand they, you know, like the, uh, got a good contact with the Texas workforce, but, uh, sometimes the Texas workforce is, uh, you know, more,

uh, uh, let's see, group of focused instead of, um, individual focused. So a little bit more individual focused and helping people find employment would be, you know, something I would recommend"

- o **Services to help children with incarcerated parent or Services to help children cope with death in family**

"[services to] help them cope with death? Because, uh, my dad died about a year ago and my children, uh, they still ain't especially the oldest one as we got over that. That's, that's hard. I understand that mental health is everything and they're trying to help them through their daily life, but also try to help them cope with death. A lot of children can't cope with death. I've noticed a lot of children, grandparents or something die and they, they don't wanna face the world no more. Like some of them end their life suicide."

- o **Reading and writing skills**

"To teach me how to read…I do have problems reading and spelling."

- • **Additional training for front desk about reminder calls**

"…the only problem that I've had is recently they've changed the, the front desk lady at the office has changed. And the only problem I've had is, uh, she wasn't doing the reminder calls. Um, she was getting my name mixed up, and I mean, she was new, so I had a lot of issues with her, um, when she first started. That made it hard getting services. Um, it caused me to miss an appointment, uh, which I take very seriously…"

Limitations and Future Enhancements for Data Collection

It is important to note some of the limitations in the data collected:

- **Lack of email-addresses**. The majority of the persons receiving services did not have an email address listed, which prevented them from receiving a personalized invitation to participate in the survey.
- **Small numbers**. Due to the limited responses, the summary data presented reflects descriptive statistics, not predictive. They can offer initial insights and highlight areas for future examination but are not intended to offer population projections.

Enhancements for the future include:

- **Explore additional modes of survey outreach**. Although web surveys are cost effective and offer important advantages of electronic survey administration, future efforts may benefit from additional modes of outreach.
- **Consider text messaging**. Prior iterations of the Needs Assessment included outreach via text messages using Community Healthcore's systems. However, since the organization updated systems, the option for texting was not available this year. Text messages yielded nearly 200 survey responses last year.
- **Explore outreach to Spanish-speaking populations**. Although the Quality Improvement Survey was available in English and Spanish, there were only 4 surveys collected in Spanish. To gain insights on Spanish-speaking population, targeted outreach to promote the survey in Spanish could encourage future participation and comparison. An area of opportunity to consider could be the use of postcards or printed flyers at locations with higher concentration of Spanish-speaking populations.
- **Collect email addresses.** Additional email addresses for persons served by Community Healthcore would benefit future implementation of web surveys. This would support tracking of responses and improve follow-up and reminders to encourage participation.
- **Subgroup analysis and longitudinal trends.** Having three rounds of Needs Assessment data, it would be feasible to examine changes over time and study longitudinal trends. Similarly, subgroup analysis could yield insights on differences in experiences for specific groups (for instance, by type of service received or by county in which the service is received).

Recommendations

The following recommendations were made following the Comprehensive Planning Advisory Community (CPAC) meeting on March 7, 2024:

1. **Identify Transportation Services and Promote Awareness.** In reviewing the data, transportation as both a direct need (I don't have transportation to get to my medical appointment) or as a root need (I need food but don't have transportation to go to the Food Bank) was identified. It was felt that the lack of transportation was impacting persons served access to basic needs that exist in the community, they just can't access them. Alliances should be strengthened with existing community partners and determine how to transfer that awareness to appropriate Center staff so they can share in the field. Simple resources describing the available area options would support this recommendation.

2. **Examine if virtual visits for In-Home Adult Mental Health services are feasible.** If a person did not need to go into a clinic to see a Psychiatrist who is often virtual already, this removes the transportation need.

3. **Determine if there is a need for additional psychiatric services in the system.** Comments regarding long waits for appointments indicate that there may be a resource shortage.

   Quotes from KIIs:

   "They need to have more than one psychiatrist. They need, it don't need to be just one. They need to have at least two or three."

   "…from what I understand, the psychiatrist is spread really, really thin. And he has a, a lot of patients . But…we can't find a psychiatrist, you know…but he, 15 minutes of, of Teladoc with a person [in an] acute state is, it is not helpful."

   Quote from Quality Improvement Survey re: wait time:
   "Appt with a specialist for a significant health condition and the first available appointment is 10/08/24 so my primary care doctor will attempt to manage an autoimmune disease until then"

4. **Initiate and Coordinate at least quarterly meetings between Hospitals, Law Enforcement, and Center staff.** It was noted by several comments from the Law Enforcement Focus Group that there was an opportunity to educate, identify and improve service delivery across these three groups. Although this may already exist in some areas, a strategy needs to be employed to include all local police departments and county sheriff's departments.

Focus group quote: "So having somebody in person come by and, and talk and find out what the real concerns of hospitals and, uh, the law enforcement entities are around here would probably go a long ways for, uh, Community Healthcore… Even at the hospital or if we were all to meet at, you know, if, if it's here in this county, the sheriff and I and the, the hospital and Community Healthcore meet, if it was quarterly, but right now, I mean, at that this point, if it was once a year, it'd be great."

5. **Continued education of the public and community partners regarding the <u>depth</u> of the services Community Healthcore provides.** Where great efforts have gone into improving the Website, only 8% of persons reported that they learned about Community Healthcore form that site. More often people who received services from Community Healthcore learned about the Center from State Agency (29%), Friend or Family Member (21%), and Referral from doctor (20%). Comments also reflect that community partners were sometimes surprised by the depth of services (*I didn't know they provided that service*). So, communication strategies about services should target education of doctors and clinics as well.

6. **Expand working with schools and use of social media to increase awareness regarding suicide prevention.** Suicide prevention is one of Community Healthcore's initiatives. Results from the three surveys (Quality Improvement 81% and 73%), (Workforce 92% and 84%) and Community Partners 84% and 82%) consistently identified working with schools and social media as the top avenues to increase awareness.   Exhibit 48 summarizes the responses to the question about suicide prevention in each survey.

Exhibit 48: Suicide Prevention Outreach

What would be the best way to increase awareness about suicide prevention in your community?	Quality Improvement Survey (Q9)	Workforce Survey (Q31)	Community Partners Survey (Q16)
Collaborate with schools	81%	92%	84%
Collaborate with law enforcement	59%	83%	64%
Collaborate with hospitals	62%	82%	57%
Partnerships with local businesses	47%	60%	45%
Flyers/printed materials	44%	53%	45%
Social media	73%	84%	82%
Other	9%	6%	18%

7. **Conduct a more thorough analysis of the data to isolate which group(s) expressed interest in having expanded hours (35%) or weekend hours (33%).** Once identified, consider a field test at one location to see if utilization of those times is warranted. The committee noted that expanding hours does not necessarily mean exceeding a 40 hour work week. A clinic might open at 10 am and close at 7 pm with an hour lunch. Exhibit

49 summarizes the responses to the question in the Quality improvement survey about hours of operation.

Exhibit 49: Quality Improvement Survey Question 25

Do you agree or disagree with the following statements?	Agree		Neutral		Disagree		Total
The hours of operation offered by Community Healthcore meet my needs	78.52%	201	17.58%	45	3.91%	10	256
I am interested in receiving services before 8 a.m.	11.74%	29	29.96%	74	58.30%	144	247
I am interested in receiving services after 5 p.m.	35.08%	87	29.84%	74	35.08%	87	248
I am interested in receiving services on weekends (Saturdays and Sundays)	33.20%	83	30.80%	77	36.00%	90	250

Appendix A

Detailed Question Summaries

This section contains the **detailed question summaries** for each of the surveys. For each survey, the accompanying PDF lists the question number and text, data table with subtotal of responses by category, chart/graph illustrating the distribution of responses, and the number people who responded or skipped the question.

Appendix A-1 Quality Improvement Survey (see PDF)

Appendix A-2 Workforce Survey (See PDF)

Appendix A-3 Community Partners Survey (See PDF)

Q1 What is your age?

Answered: 531   Skipped: 3
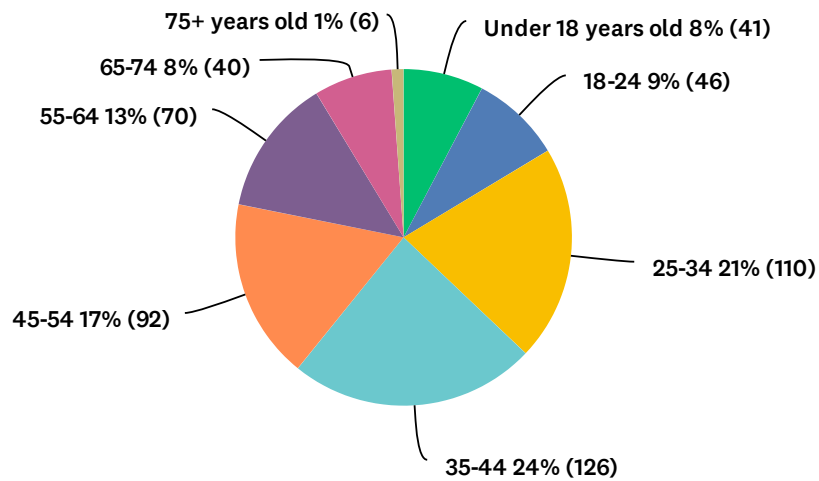
ANSWER CHOICES	RESPONSES	
Under 18 years old	8%	41
18-24	9%	46
25-34	21%	110
35-44	24%	126
45-54	17%	92
55-64	13%	70
65-74	8%	40
75+ years old	1%	6
TOTAL		531

Q2 What is your gender?

Answered: 528   Skipped: 6

Prefer to self describe: 0% (2)

Prefer not to say 1% (7)

Male 28% (147)
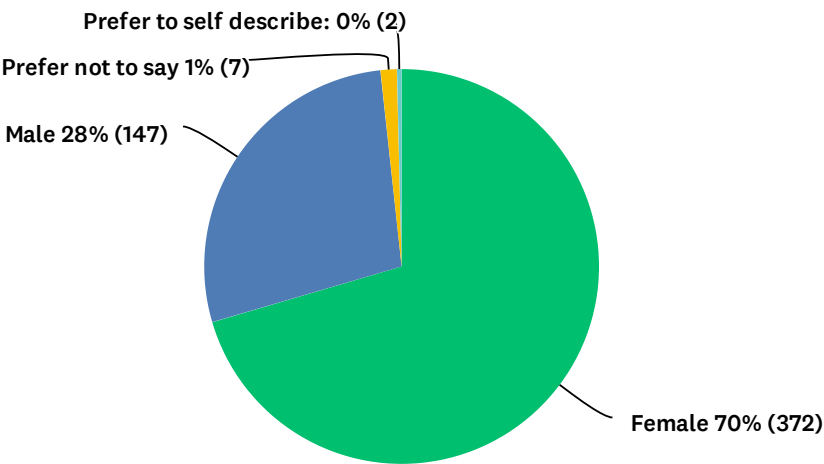
Female 70% (372)

ANSWER CHOICES	RESPONSES	
Female	70%	372
Male	28%	147
Prefer not to say	1%	7
Prefer to self describe:	0%	2
TOTAL		528

Q3 How would you describe your race or ethnicity? (Select all that apply)

Answered: 523   Skipped: 11
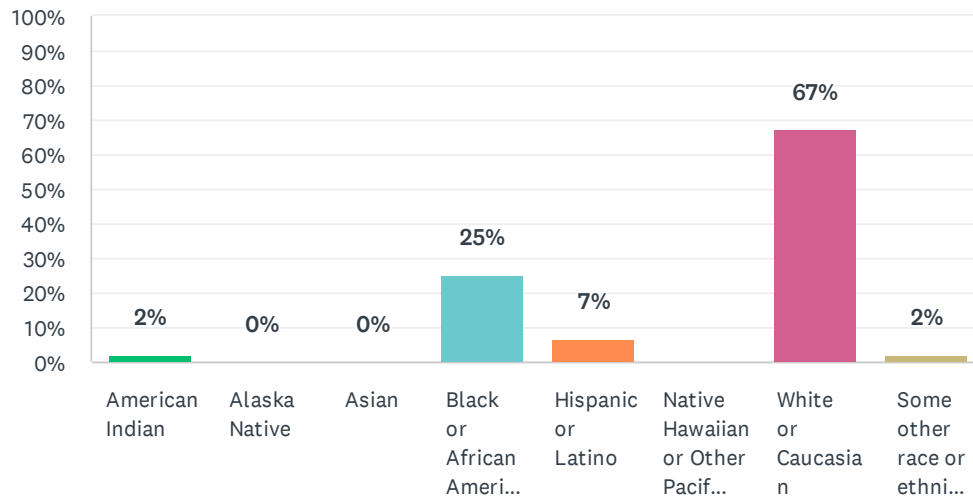
ANSWER CHOICES	RESPONSES	
American Indian	2%	12
Alaska Native	0%	1
Asian	0%	1
Black or African American	25%	131
Hispanic or Latino	7%	36
Native Hawaiian or Other Pacific Islander	0%	0
White or Caucasian	67%	352
Some other race or ethnicity, please specify:	2%	11
Total Respondents: 523		

Q4 What is the highest degree or level of schooling you have completed? If you are currently enrolled in school, please indicate the highest degree you have received.

Answered: 517   Skipped: 17
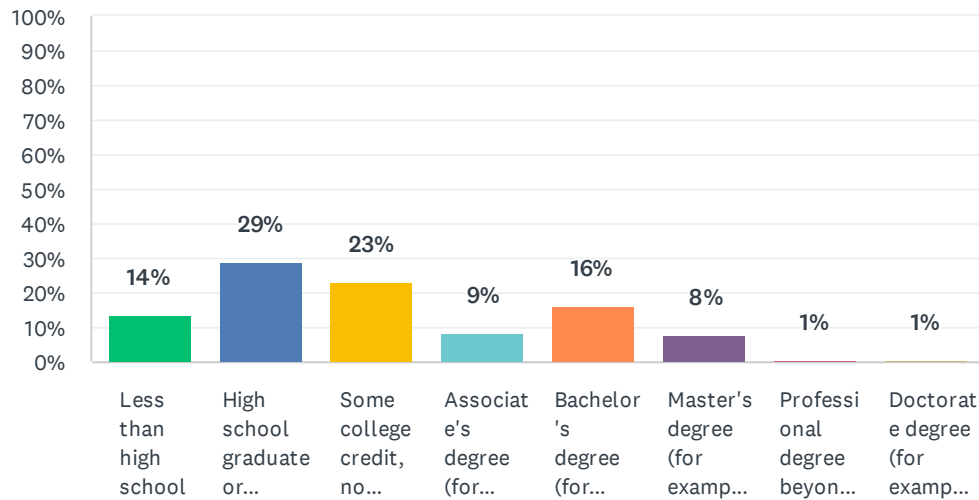
ANSWER CHOICES	RESPONSES	
Less than high school	14%	71
High school graduate or equivalent (for example: GED)	29%	151
Some college credit, no degree	23%	120
Associate's degree (for example: AA, AS)	9%	44
Bachelor's degree (for example: BA, BS)	16%	83
Master's degree (for example: MA, MS)	8%	41
Professional degree beyond bachelor's degree (for example: JD, MD, DDS)	1%	4
Doctorate degree (for example, PhD, EdD)	1%	3
TOTAL		517

Q5 Which of the following best describes your current employment status?

Answered: 511   Skipped: 23
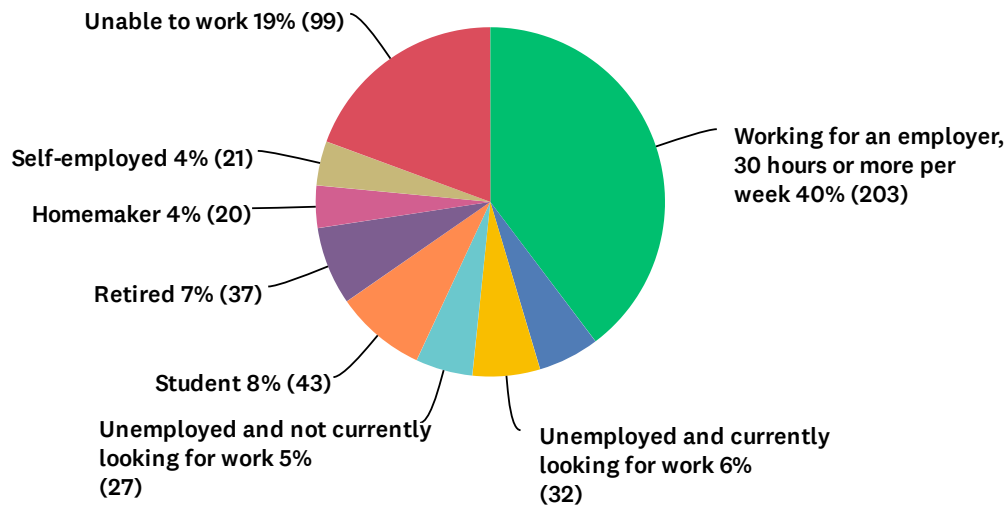
ANSWER CHOICES	RESPONSES	
Working for an employer, 30 hours or more per week	40%	203
Working for an employer, under 30 hours per week	6%	29
Unemployed and currently looking for work	6%	32
Unemployed and not currently looking for work	5%	27
Student	8%	43
Retired	7%	37
Homemaker	4%	20
Self-employed	4%	21
Unable to work	19%	99
TOTAL		511

Q6 Please select the county in which you currently live.

Answered: 504   Skipped: 30
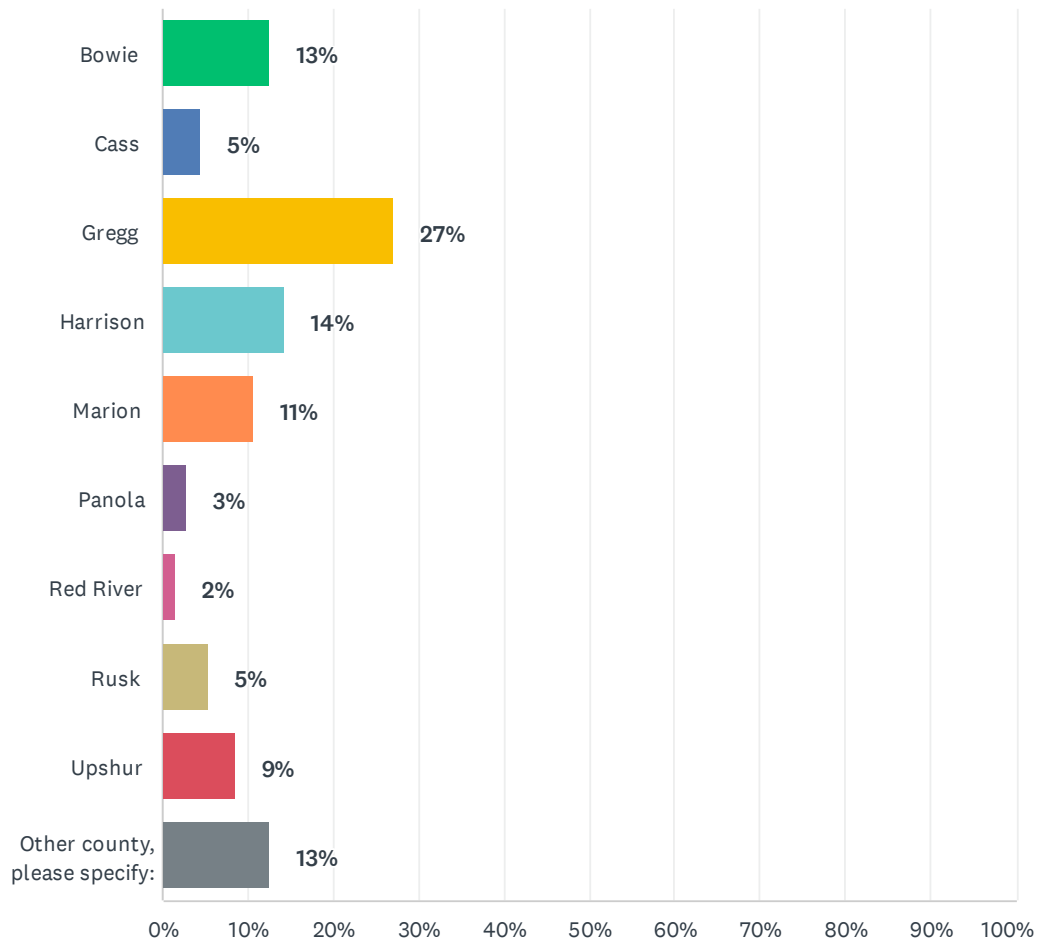
2023 CHC Quality Improvement Survey

ANSWER CHOICES	RESPONSES	
Bowie	13%	63
Cass	5%	23
Gregg	27%	137
Harrison	14%	72
Marion	11%	54
Panola	3%	14
Red River	2%	8
Rusk	5%	27
Upshur	9%	43
Other county, please specify:	13%	63
TOTAL		504

ANSWER CHOICES	RESPONSES

Q7 What is your zip code?

Answered: 495   Skipped: 39

Q8 Thinking about the health challenges in your area, how important is it to address the following issues?

Answered: 487   Skipped: 47
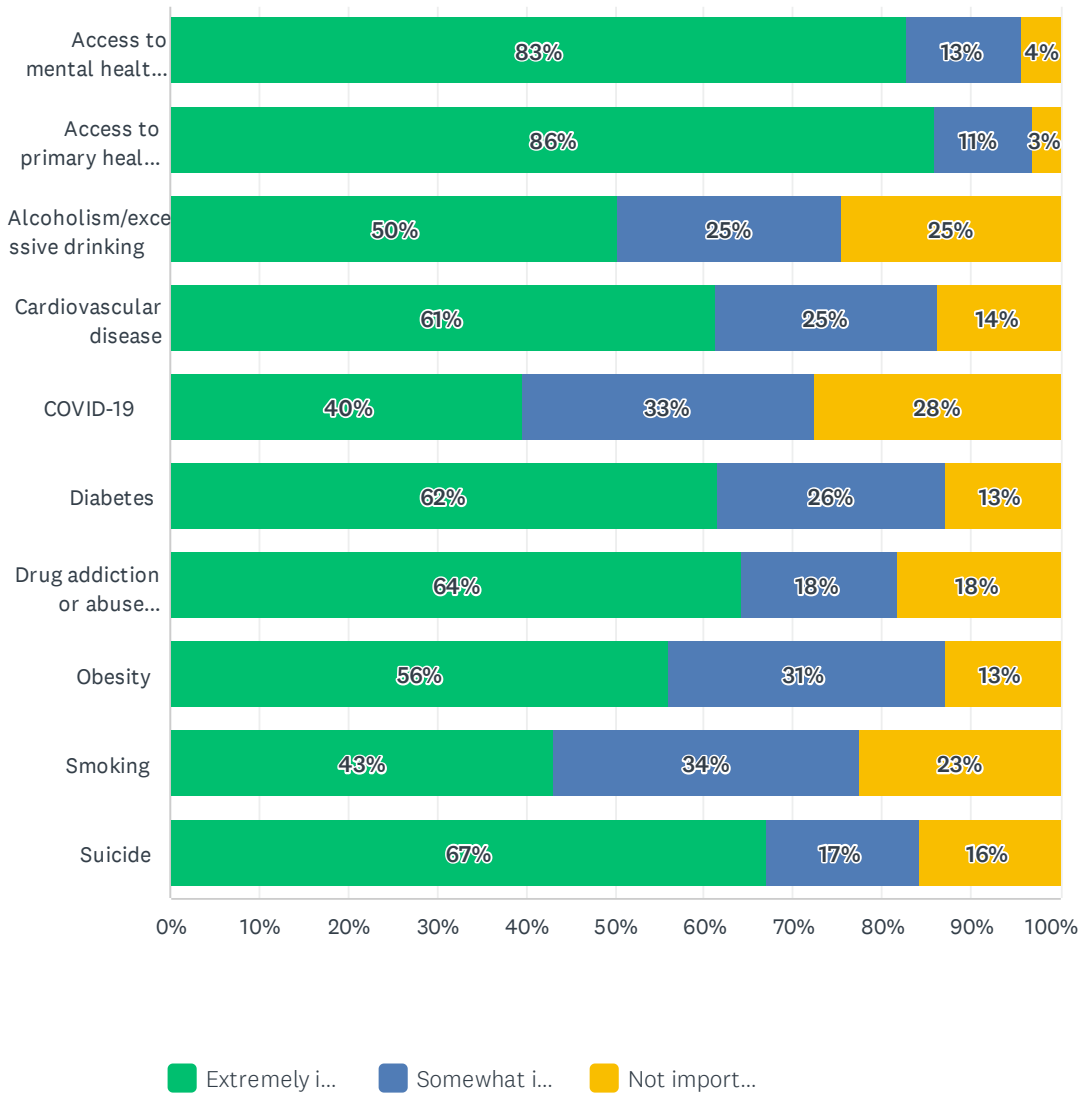
Issue	Extremely important	Somewhat important	Not important
Access to mental healt...	83%	13%	4%
Access to primary heal...	86%	11%	3%
Alcoholism/excessive drinking	50%	25%	25%
Cardiovascular disease	61%	25%	14%
COVID-19	40%	33%	28%
Diabetes	62%	26%	13%
Drug addiction or abuse...	64%	18%	18%
Obesity	56%	31%	13%
Smoking	43%	34%	23%
Suicide	67%	17%	16%

Legend: ■ Extremely i... ■ Somewhat i... ■ Not import...

	EXTREMELY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT	TOTAL
Access to mental health practitioners	83% 399	13% 62	4% 21	482
Access to primary health care	86% 408	11% 52	3% 15	475
Alcoholism/excessive drinking	50% 239	25% 119	25% 117	475
Cardiovascular disease	61% 291	25% 119	14% 65	475
COVID-19	40% 188	33% 156	28% 131	475
Diabetes	62% 293	26% 122	13% 61	476
Drug addiction or abuse (including opioid)	64% 306	18% 84	18% 87	477
Obesity	56% 268	31% 149	13% 62	479
Smoking	43% 205	34% 162	23% 107	474
Suicide	67% 321	17% 82	16% 75	478

	EXTREMELY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT	TOTAL

Q9 Community Healthcore is developing a suicide prevention initiative for the nine counties it serves. What would be the best way to increase awareness about suicide prevention in your community? (Select all that apply)

Answered: 479   Skipped: 55
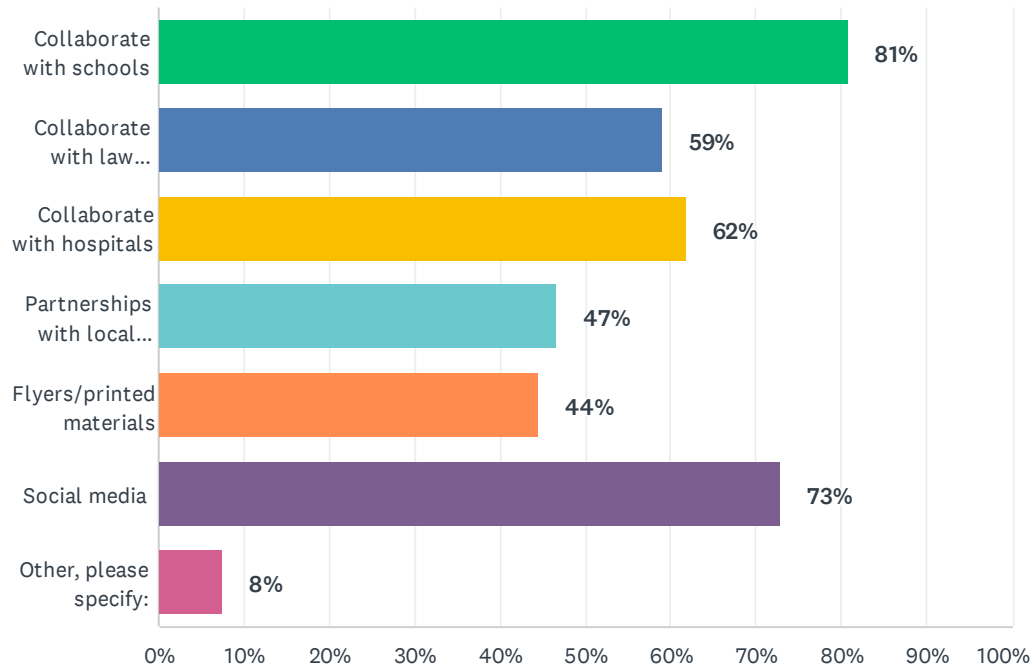
ANSWER CHOICES	RESPONSES	
Collaborate with schools	81%	387
Collaborate with law enforcement	59%	283
Collaborate with hospitals	62%	296
Partnerships with local businesses	47%	224
Flyers/printed materials	44%	213
Social media	73%	349
Other, please specify:	8%	36
Total Respondents: 479		

Q10 Please rate your awareness of the following suicide prevention resources:

Answered: 475   Skipped: 59
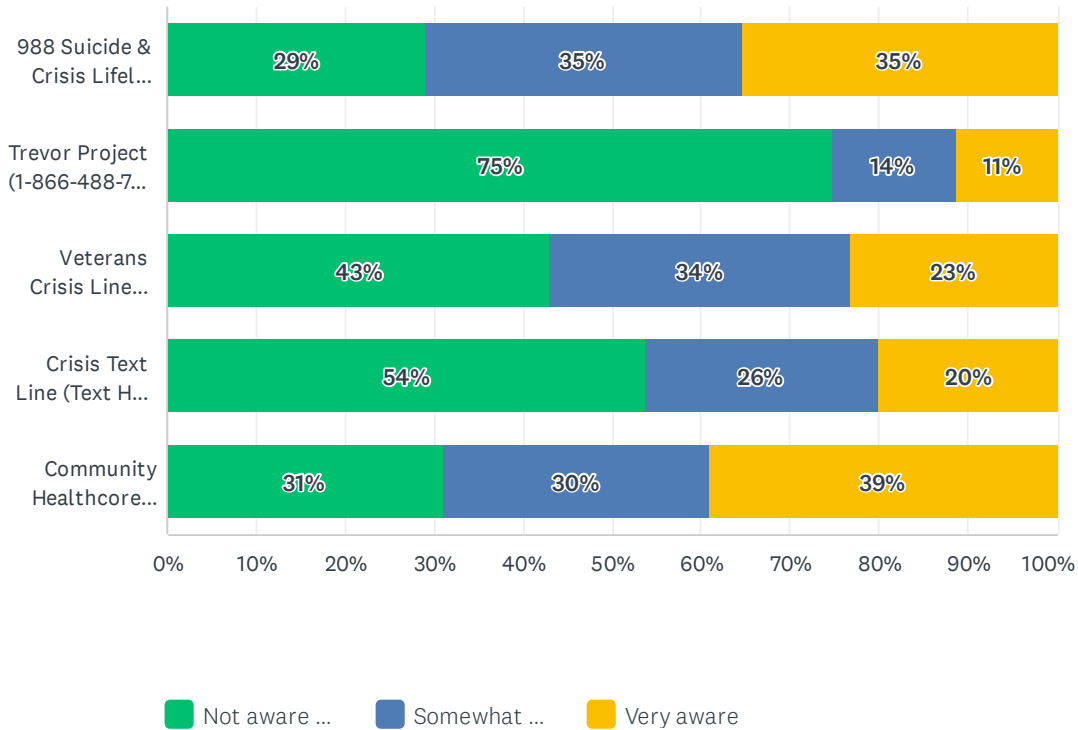
	NOT AWARE AT ALL	SOMEWHAT AWARE	VERY AWARE	TOTAL
988 Suicide & Crisis Lifeline (Call or Text 988)	29% 136	35% 166	35% 166	468
Trevor Project (1-866-488-7386)	75% 346	14% 64	11% 52	462
Veterans Crisis Line (988 and press 1)	43% 200	34% 158	23% 108	466
Crisis Text Line (Text HOME to 741741)	54% 251	26% 122	20% 93	466
Community Healthcore Crisis Hotline (1-800-832-1009)	31% 147	30% 141	39% 184	472

Q11 To learn more about suicide prevention resources in your area, who would you talk to? (Select all that apply)

Answered: 468   Skipped: 66
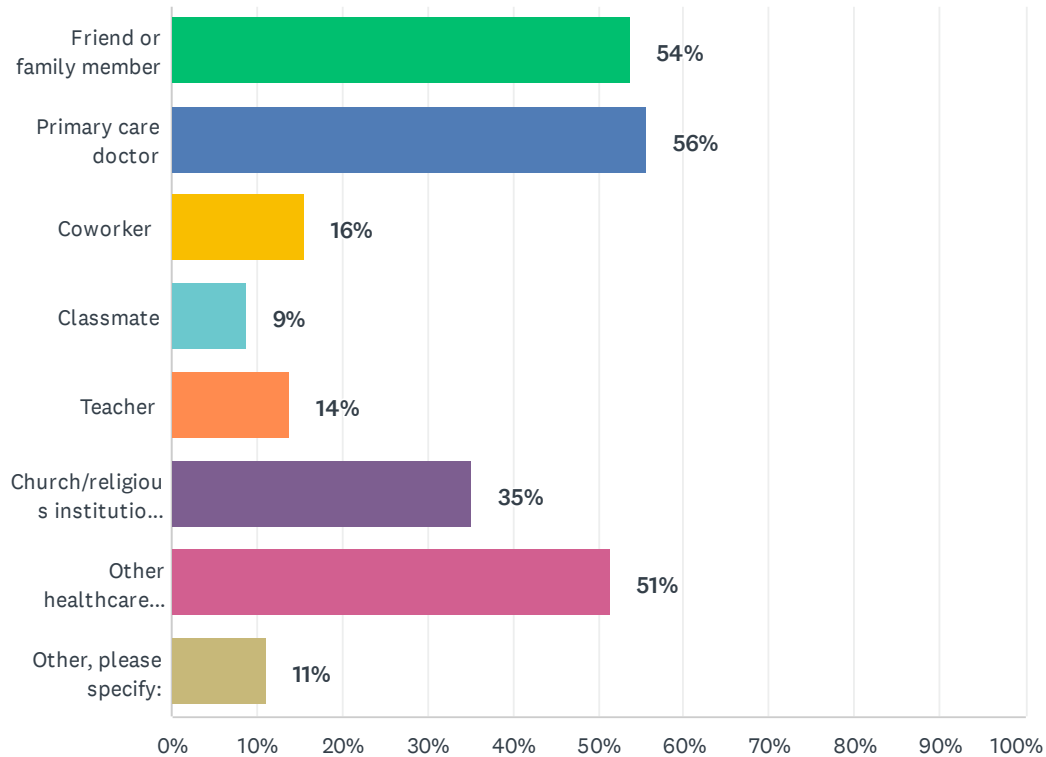
ANSWER CHOICES	RESPONSES	
Friend or family member	54%	251
Primary care doctor	56%	260
Coworker	16%	73
Classmate	9%	41
Teacher	14%	65
Church/religious institution member	35%	165
Other healthcare professional	51%	240
Other, please specify:	11%	52
Total Respondents: 468		

Q12 In the last 12 months, did you receive any services from Community Healthcore?

Answered: 471   Skipped: 63
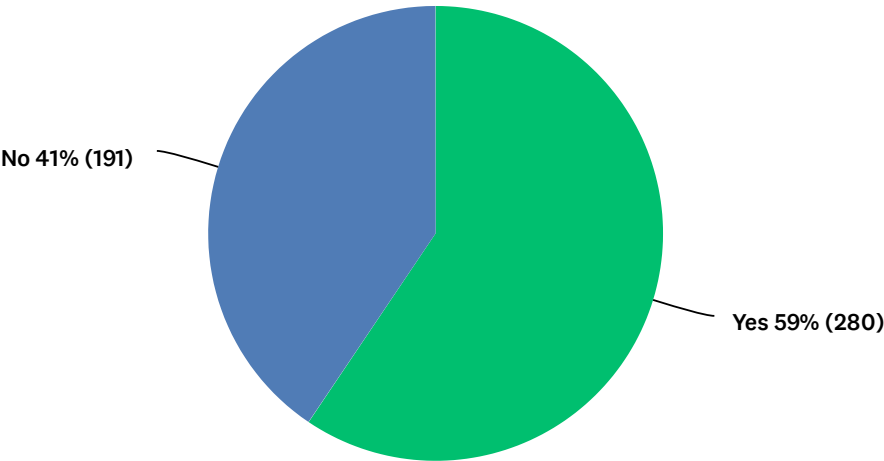
No 41% (191)

Yes 59% (280)

ANSWER CHOICES	RESPONSES	
Yes	59%	280
No	41%	191
TOTAL		471

Q13 How did you hear about the services provided by Community Healthcore? (Select all that apply)

Answered: 270   Skipped: 264
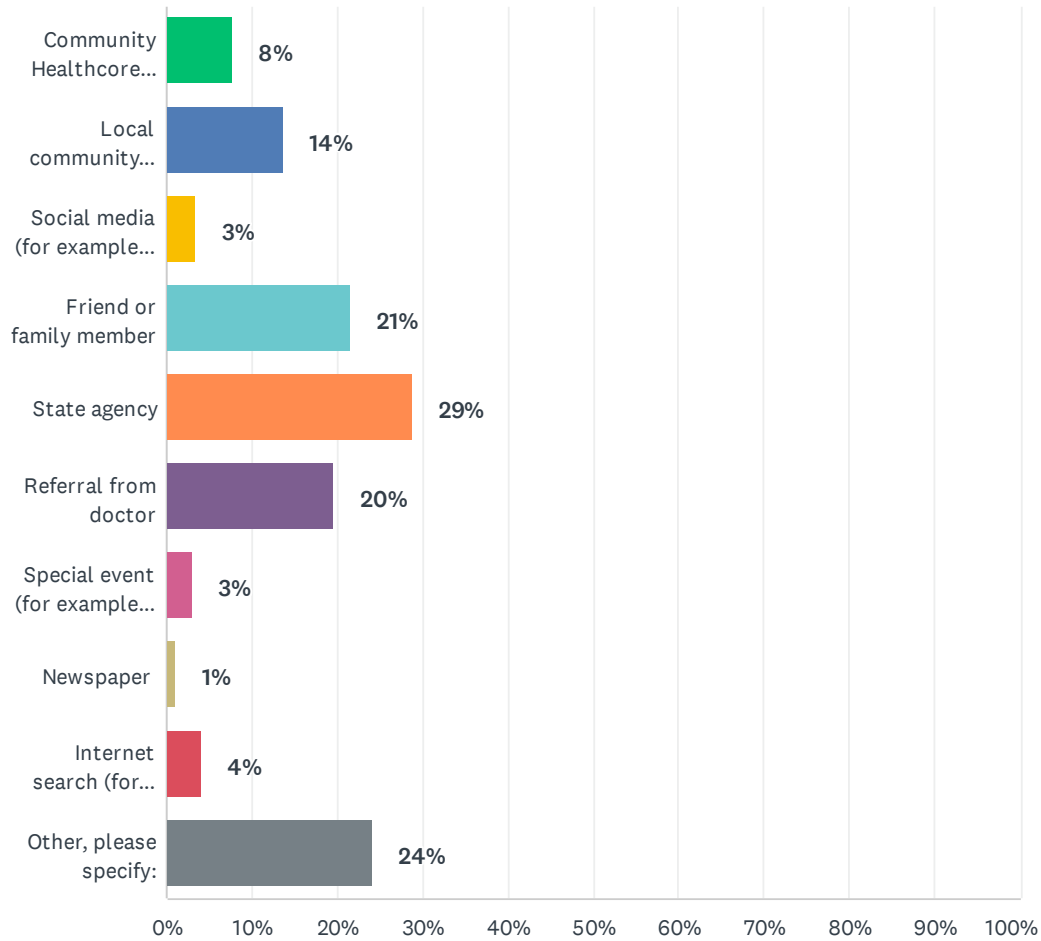
ANSWER CHOICES	RESPONSES	
Community Healthcore website	8%	21
Local community resources (for example: emergency shelter, food bank)	14%	37
Social media (for example: Facebook, LinkedIn)	3%	9
Friend or family member	21%	58
State agency	29%	78
Referral from doctor	20%	53
Special event (for example: Resource fair or Health fair)	3%	8
Newspaper	1%	3
Internet search (for example: Google, Yahoo)	4%	11
Other, please specify:	24%	65
Total Respondents: 270		

Q14 Please select the services you received from Community Healthcore (Select all that apply):

Answered: 267   Skipped: 267

Service	Percentage
Intellectual/Developmental...	24%
Early childhood...	9%
Mental health services...	48%
Mental health services...	21%
Crisis services	12%
Substance use disorder...	16%
Peer services	8%
Veterans services	2%
Housing services	4%
Texas Parents as Teachers...	4%
Family and Youth Succes...	3%
Primary Care	10%
Care Coordination	13%
Respite services	10%
Other services,...	12%
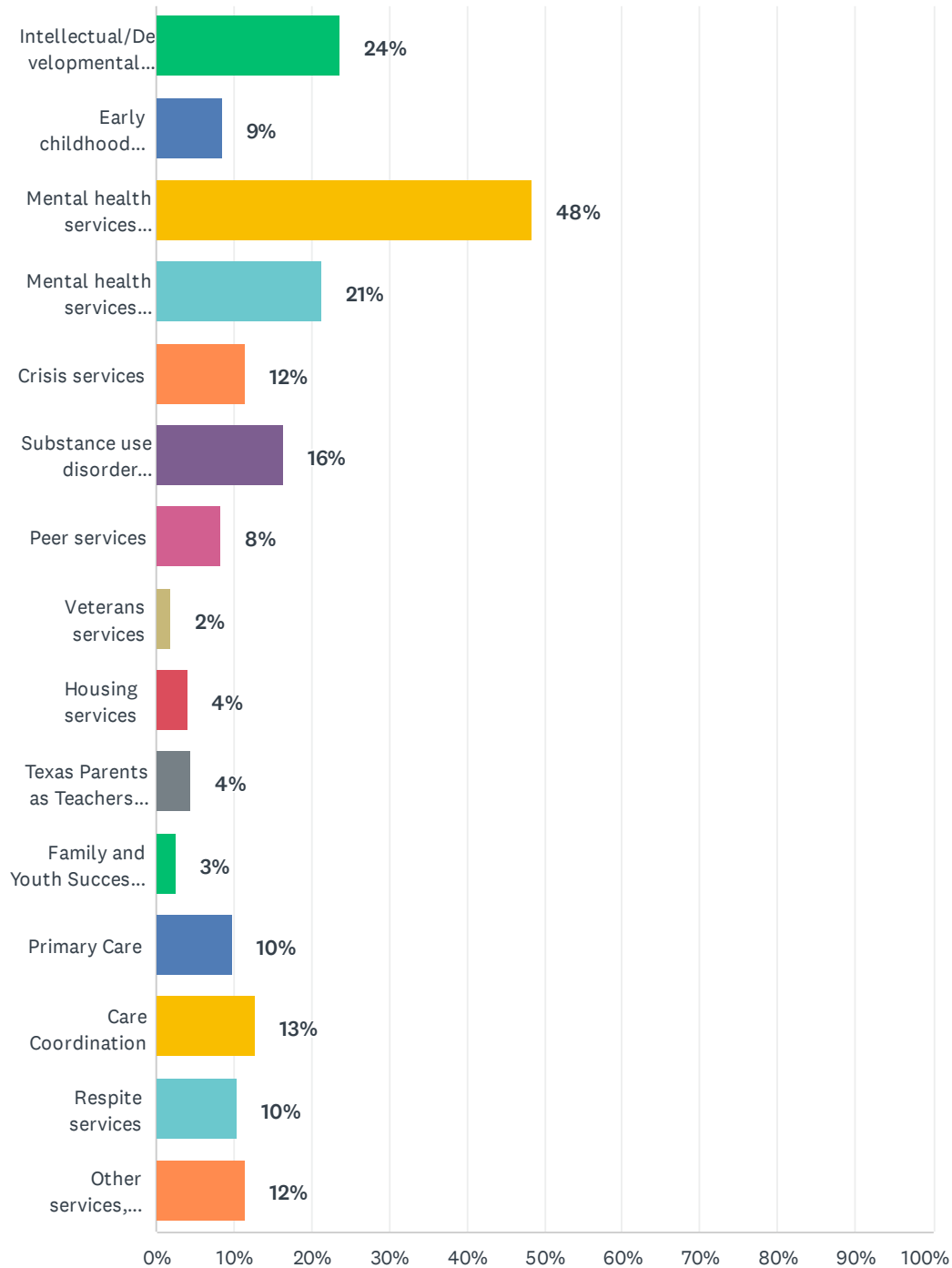
ANSWER CHOICES	RESPONSES	
Intellectual/Developmental Disability (IDD) services	24%	63
Early childhood intervention (ECI) services	9%	23
Mental health services (Adult)	48%	129
Mental health services (Children)	21%	57
Crisis services	12%	31
Substance use disorder services	16%	44
Peer services	8%	22
Veterans services	2%	5
Housing services	4%	11
Texas Parents as Teachers Program (TXPAT)	4%	12
Family and Youth Success (FAYS)	3%	7
Primary Care	10%	26
Care Coordination	13%	34
Respite services	10%	28
Other services, please specify:	12%	31
Total Respondents: 267		

Q15 How did you receive these services? (Select all that apply)

Answered: 267   Skipped: 267
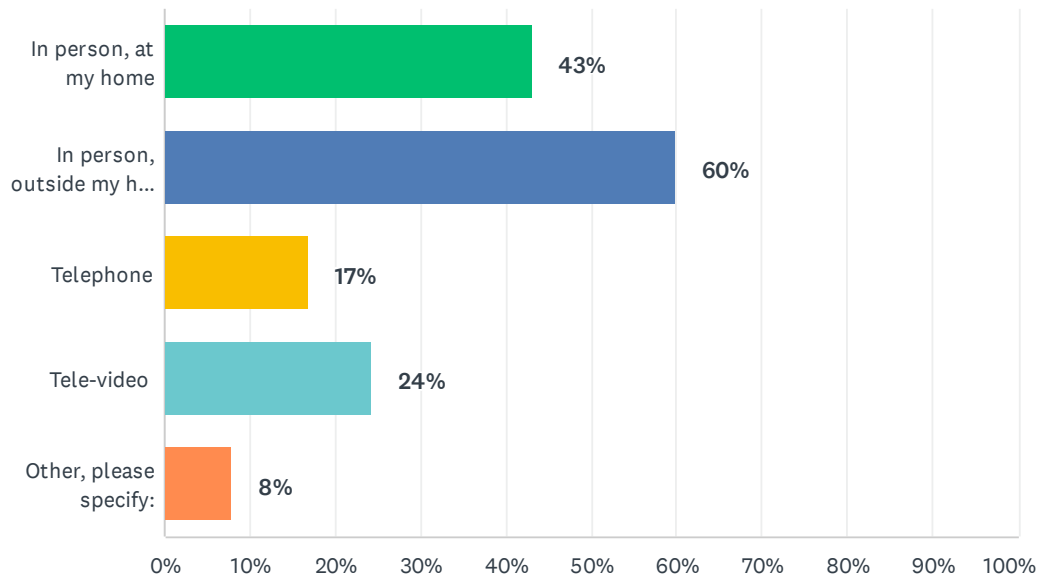
ANSWER CHOICES	RESPONSES	
In person, at my home	43%	115
In person, outside my home (for example: office or school)	60%	160
Telephone	17%	45
Tele-video	24%	65
Other, please specify:	8%	21
Total Respondents: 267		

Q16 Please rate your satisfaction with the services you received:

Answered: 263   Skipped: 271

Service	Very dissati...	Somewhat ...	Neither sat...	Somewhat ...	Very satisfi...
Intellectual/Developmental...	7%	5%	5%	11%	72%
Early childhood...	5%	9%	5%	14%	68%
Mental health services...	5%	9%	8%	13%	66%
Mental health services...	6%	6%	9%	23%	57%
Crisis services		13%	13%	23%	50%
Substance use disorder...	9%		7%	16%	67%
Peer services	5%		10%	29%	57%
Veterans services					100%
Housing services				11%	89%
Texas Parents as Teachers...					100%
Family and Youth Succes...		14%	14%	14%	57%
Primary Care	4%	12%	15%	8%	62%
Care Coordination	9%		12%	12%	67%
Respite services	7%		7%	4%	81%
Other services,...			10%	20%	70%

Legend:
- Very dissati...
- Somewhat ...
- Neither sat...
- Somewhat ...
- Very satisfi...

2023 CHC Quality Improvement Survey

	VERY DISSATISFIED	SOMEWHAT DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SOMEWHAT SATISFIED	VERY SATISFIED	TOTAL	WEIGHT AVERAG
Intellectual/Developmental Disability (IDD) services	7% 4	5% 3	5% 3	11% 7	72% 44	61	1
Early childhood intervention (ECI) services	5% 1	9% 2	5% 1	14% 3	68% 15	22	1
Mental health services (Adult)	5% 6	9% 11	8% 10	13% 16	66% 84	127	1
Mental health services (Children)	6% 3	6% 3	9% 5	23% 12	57% 30	53	1
Crisis services	0% 0	13% 4	13% 4	23% 7	50% 15	30	1
Substance use disorder services	9% 4	0% 0	7% 3	16% 7	67% 29	43	1
Peer services	5% 1	10% 2	0% 0	29% 6	57% 12	21	1
Veterans services	0% 0	0% 0	0% 0	0% 0	100% 4	4	2
Housing services	0% 0	0% 0	0% 0	11% 1	89% 8	9	1
Texas Parents as Teachers Program (TXPAT)	0% 0	0% 0	0% 0	0% 0	100% 11	11	2
Family and Youth Success (FAYS)	0% 0	14% 1	14% 1	14% 1	57% 4	7	1
Primary Care	4% 1	12% 3	15% 4	8% 2	62% 16	26	1
Care Coordination	9% 3	0% 0	12% 4	12% 4	67% 22	33	1
Respite services	7% 2	0% 0	7% 2	4% 1	81% 22	27	1
Other services, please specify:	0% 0	0% 0	10% 3	20% 6	70% 21	30	1

Q17 How would you describe the overall quality of the care you received?

Answered: 263   Skipped: 271

Below expectations 8% (22)

Exceeded expectations 47% (123)

Met expectations 45% (118)
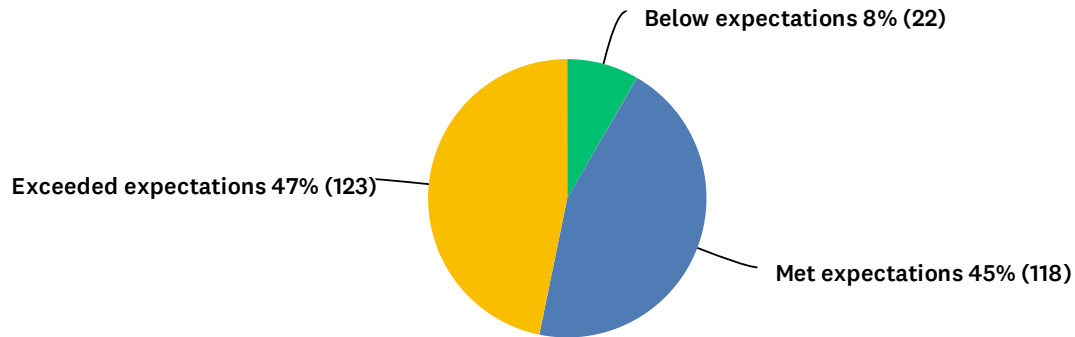
ANSWER CHOICES	RESPONSES	
Below expectations	8%	22
Met expectations	45%	118
Exceeded expectations	47%	123
TOTAL		263

Q18 Please describe the reason for your selection

Answered: 18   Skipped: 516

Q19 Community Healthcore offers telehealth services (for example, virtual visits). In the last 12 months, did you receive any telehealth services from Community Healthcore?

Answered: 264   Skipped: 270
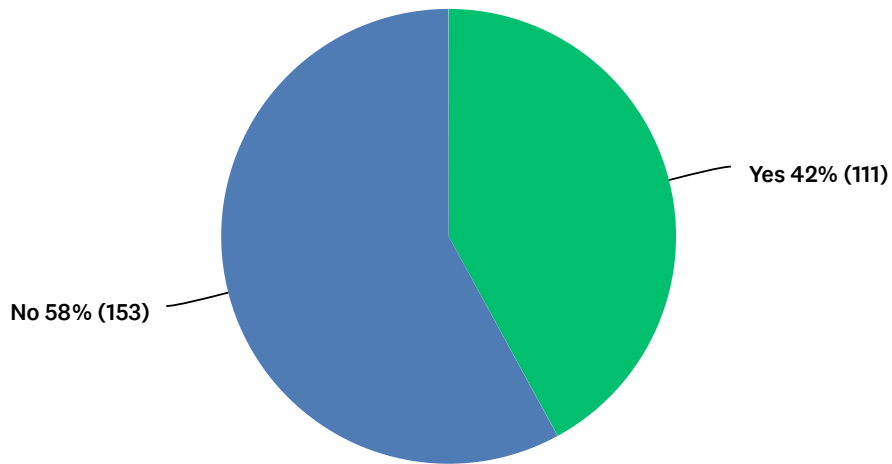
Yes 42% (111)

No 58% (153)

ANSWER CHOICES	RESPONSES	
Yes	42%	111
No	58%	153
TOTAL		264

Q20 Please rate your overall satisfaction with telehealth services from Community Healthcore. Were you...

Answered: 111   Skipped: 423
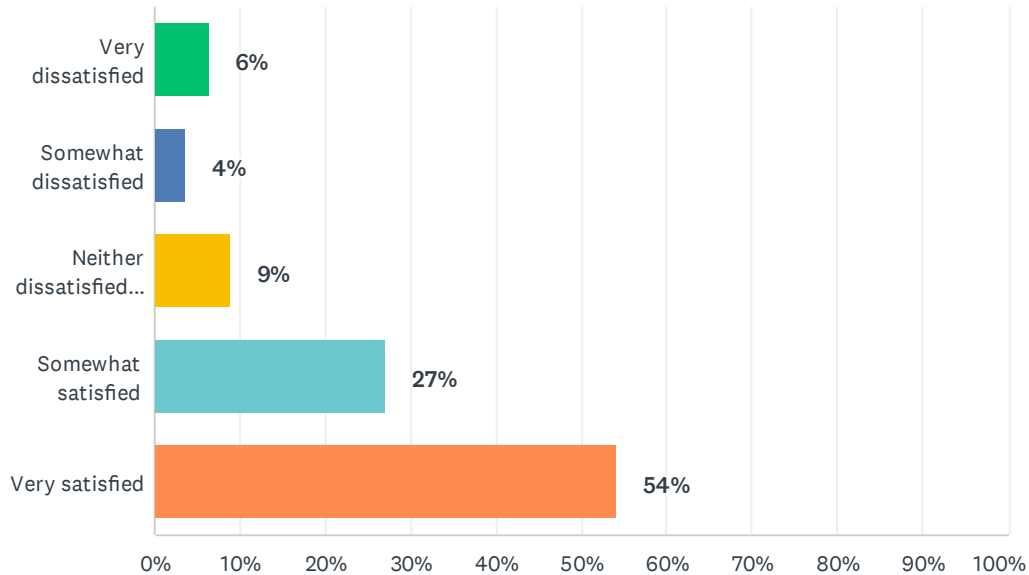
ANSWER CHOICES	RESPONSES	
Very dissatisfied	6%	7
Somewhat dissatisfied	4%	4
Neither dissatisfied nor satisfied	9%	10
Somewhat satisfied	27%	30
Very satisfied	54%	60
TOTAL		111

Q21 Please select the county in which you generally receive services. If you receive services in more than one county, please select the county where you receive the most services.

Answered: 261   Skipped: 273

County	Percentage
Bowie	15%
Cass	5%
Gregg	44%
Harrison	8%
Marion	1%
Panola	3%
Red River	3%
Rusk	5%
Upshur	9%
Other county, please specify:	8%
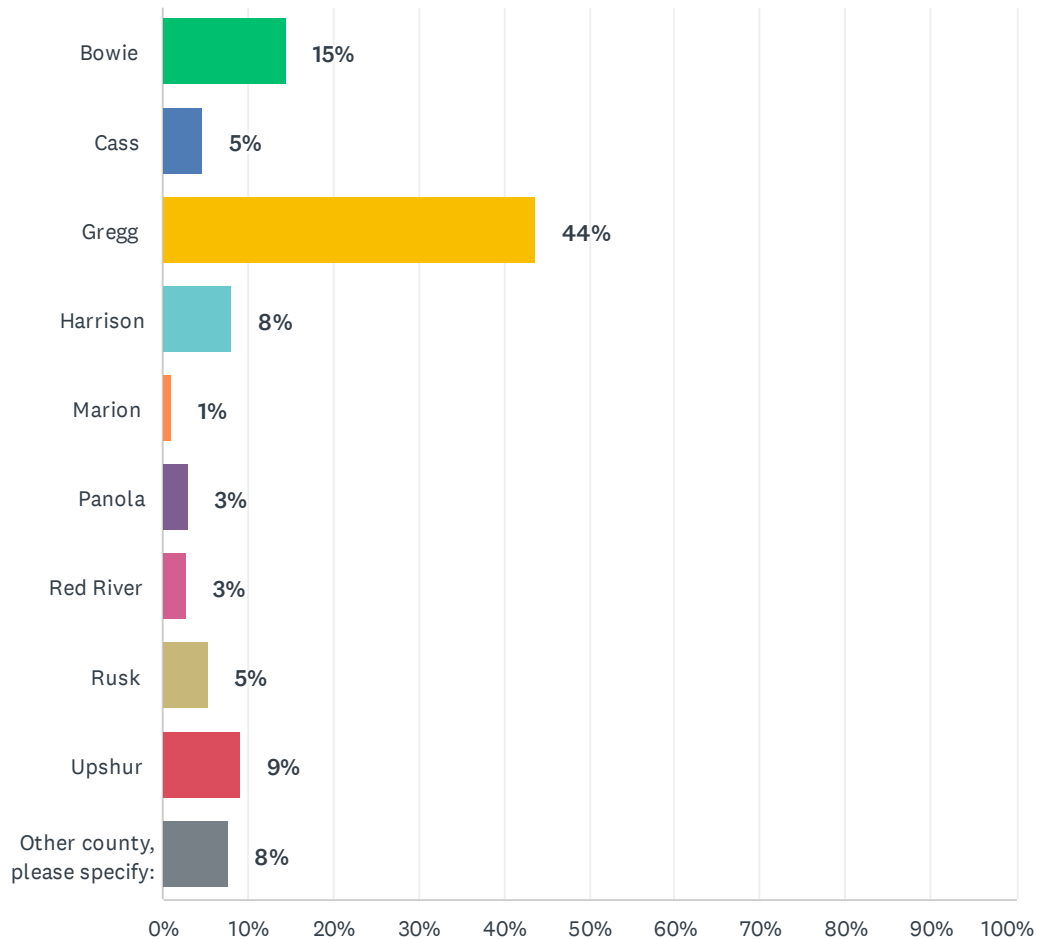
2023 CHC Quality Improvement Survey

ANSWER CHOICES	RESPONSES	
Bowie	15%	38
Cass	5%	12
Gregg	44%	114
Harrison	8%	21
Marion	1%	3
Panola	3%	8
Red River	3%	7
Rusk	5%	14
Upshur	9%	24
Other county, please specify:	8%	20
TOTAL		261

ANSWER CHOICES	RESPONSES	

Q22 In general, is the location of the services offered by Community Healthcore convenient for you?

Answered: 260   Skipped: 274

Location where I receive services is not convenient for me 8% (22)

Location where I receive services is convenient for me 92% (238)
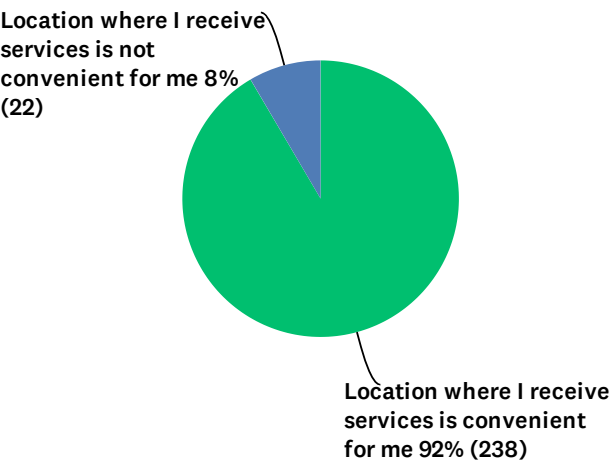
ANSWER CHOICES	RESPONSES	
Location where I receive services is convenient for me	92%	238
Location where I receive services is not convenient for me	8%	22
TOTAL		260

Q23 Please identify the main reason the location is not convenient for you:

Answered: 22   Skipped: 512
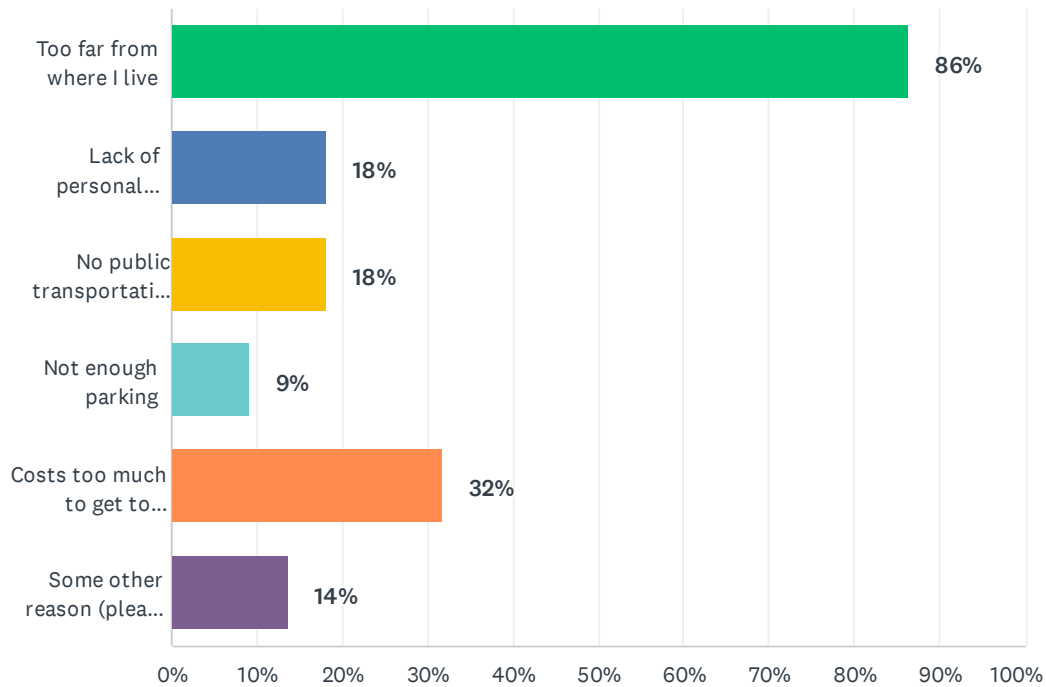
ANSWER CHOICES	RESPONSES	
Too far from where I live	86%	19
Lack of personal transportation	18%	4
No public transportation available	18%	4
Not enough parking	9%	2
Costs too much to get to location	32%	7
Some other reason (please specify)	14%	3
Total Respondents: 22		

Q24 Please rate your satisfaction with the current hours of operation offered by Community Healthcore (8 a.m.-5 p.m.):

Answered: 257   Skipped: 277
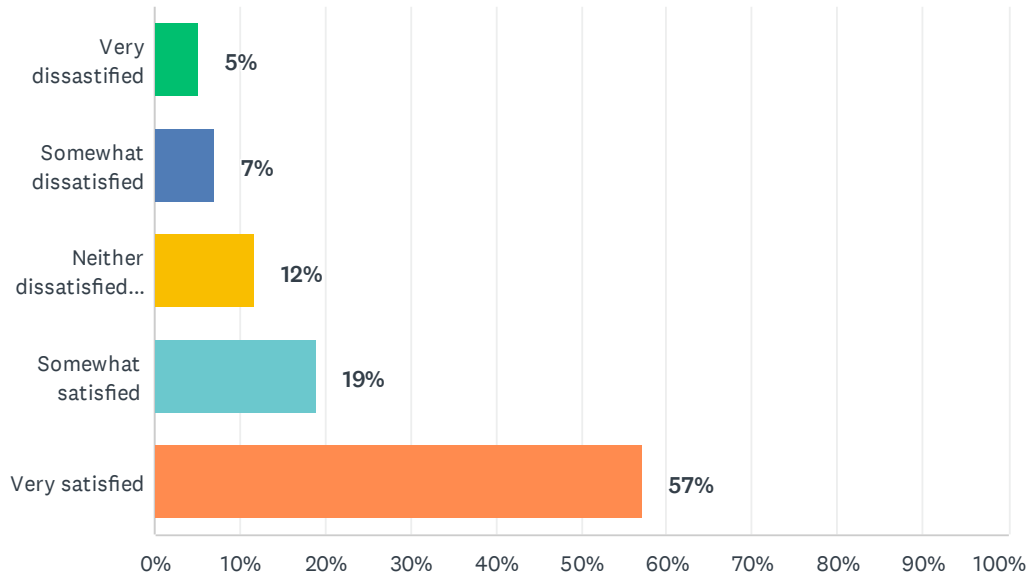
ANSWER CHOICES	RESPONSES	
Very dissastified	5%	13
Somewhat dissatisfied	7%	18
Neither dissatisfied nor satisfied	12%	30
Somewhat satisfied	19%	49
Very satisfied	57%	147
TOTAL		257

Q25 Do you agree or disagree with the following statements?

Answered: 258   Skipped: 276
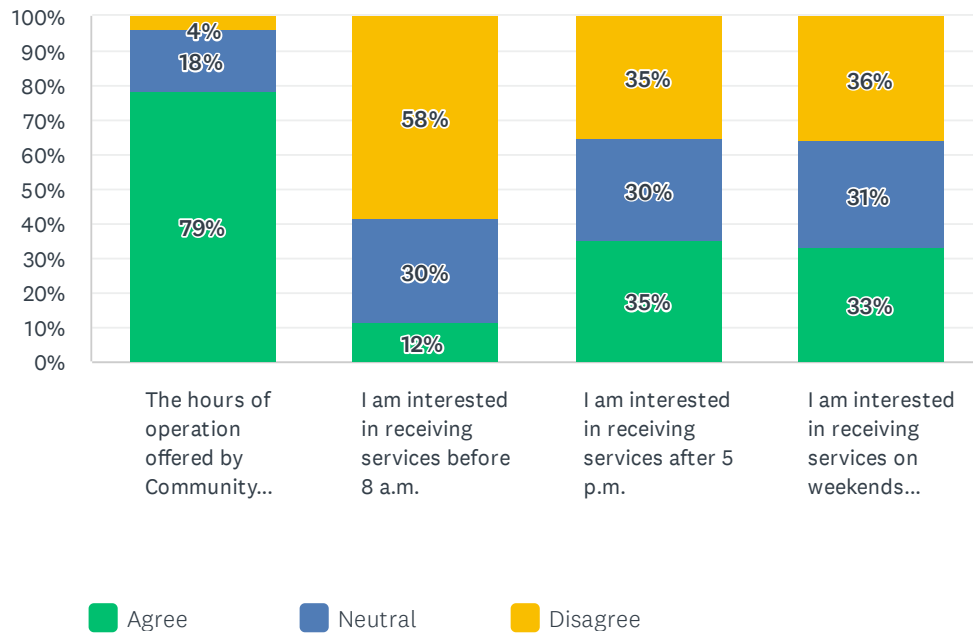
	AGREE	NEUTRAL	DISAGREE	TOTAL	WEIGHTED AVERAGE
The hours of operation offered by Community Healthcore meet my needs	79% 201	18% 45	4% 10	256	0.75
I am interested in receiving services before 8 a.m.	12% 29	30% 74	58% 144	247	-0.47
I am interested in receiving services after 5 p.m.	35% 87	30% 74	35% 87	248	0.00
I am interested in receiving services on weekends (Saturdays and Sundays)	33% 83	31% 77	36% 90	250	-0.03

Q26 In what language do you prefer to receive services?

Answered: 260   Skipped: 274
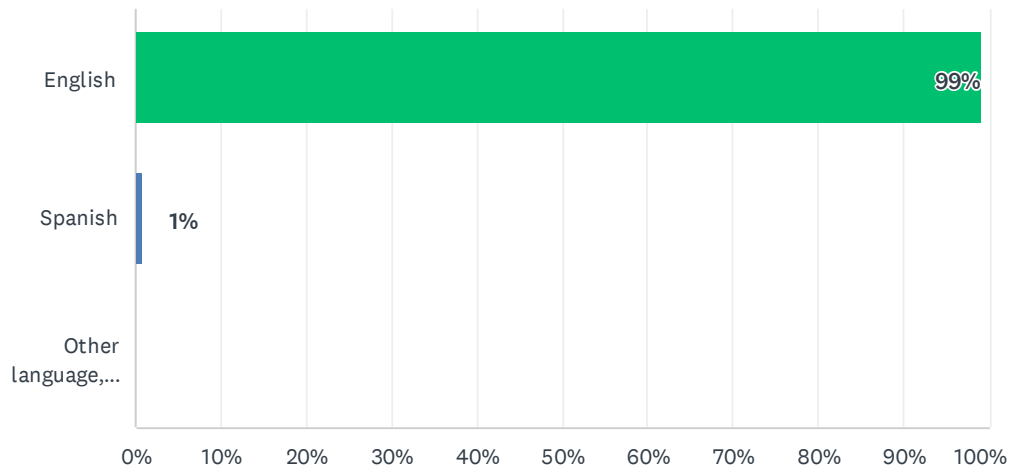
ANSWER CHOICES	RESPONSES	
English	99%	258
Spanish	1%	2
Other language, please specify:	0%	0
TOTAL		260

Q27 Did Community Healthcore provide services in the language you prefer?

Answered: 260   Skipped: 274
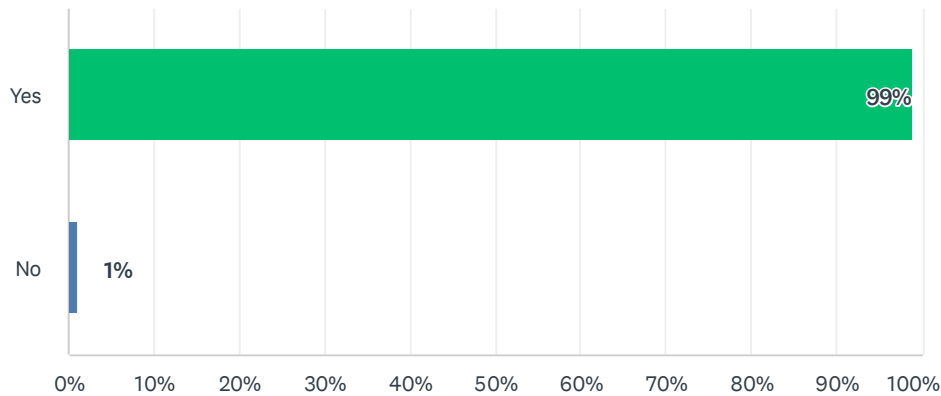
ANSWER CHOICES	RESPONSES	
Yes	99%	257
No	1%	3
TOTAL		260

2023 CHC Quality Improvement Survey

Q28 Does your language, race, religion, ethnic background or culture make any difference in the kind of services, counseling or treatment you need?

Answered: 258   Skipped: 276
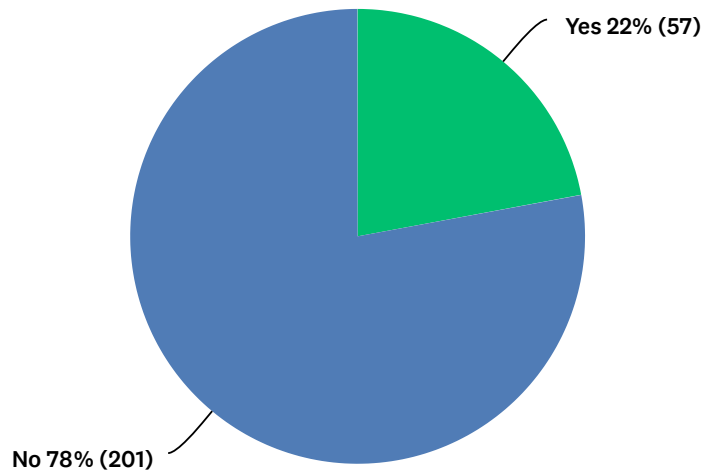
Yes 22% (57)

No 78% (201)

ANSWER CHOICES	RESPONSES	
Yes	22%	57
No	78%	201
TOTAL		258

Q29 In the last 12 months, was the care you received responsive to those needs?

Answered: 57   Skipped: 477
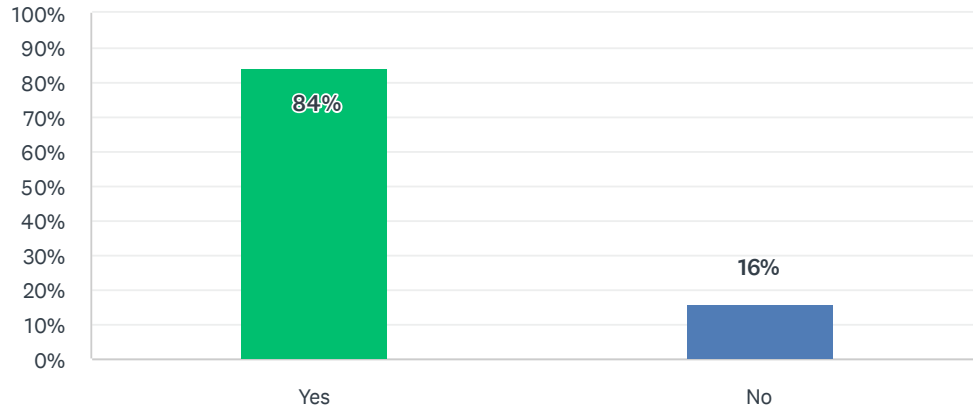
ANSWER CHOICES	RESPONSES	
Yes	84%	48
No	16%	9
TOTAL		57

Q30 Please describe how Community Healthcore could be more responsive to those needs:

Answered: 6   Skipped: 528

Q31 Please rate your overall satisfaction with the following aspects:

Answered: 255   Skipped: 279
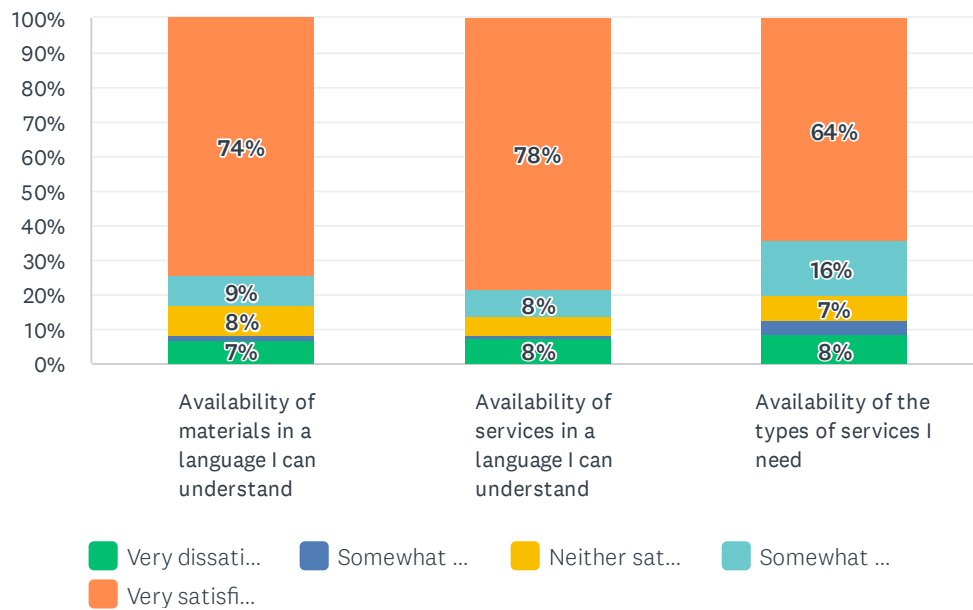
	VERY DISSATISFIED	SOMEWHAT DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SOMEWHAT SATISFIED	VERY SATISFIED	TOTAL	WEIGHTED AVERAGE
Availability of materials in a language I can understand	7% 18	2% 4	8% 21	9% 23	74% 188	254	4.41
Availability of services in a language I can understand	8% 19	1% 2	6% 14	8% 20	78% 197	252	4.48
Availability of the types of services I need	8% 21	4% 11	7% 18	16% 40	64% 163	253	4.24

Q32 In the last 12 months, how often were you seen within 15 minutes of your appointment or scheduled start time for your service?

Answered: 249   Skipped: 285
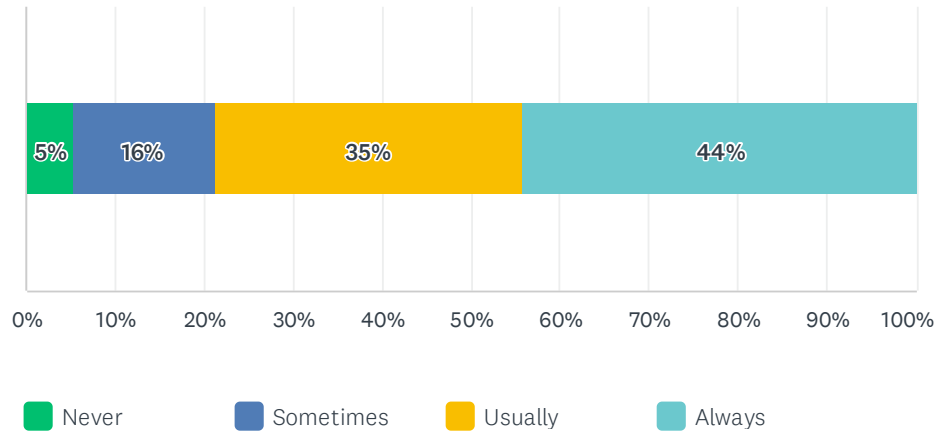
ANSWER CHOICES	RESPONSES	
Never	5%	13
Sometimes	16%	40
Usually	35%	86
Always	44%	110
TOTAL		249

Q33 In the last 12 months, overall how often did the people who provided services, counseling or treatment…

Answered: 252   Skipped: 282
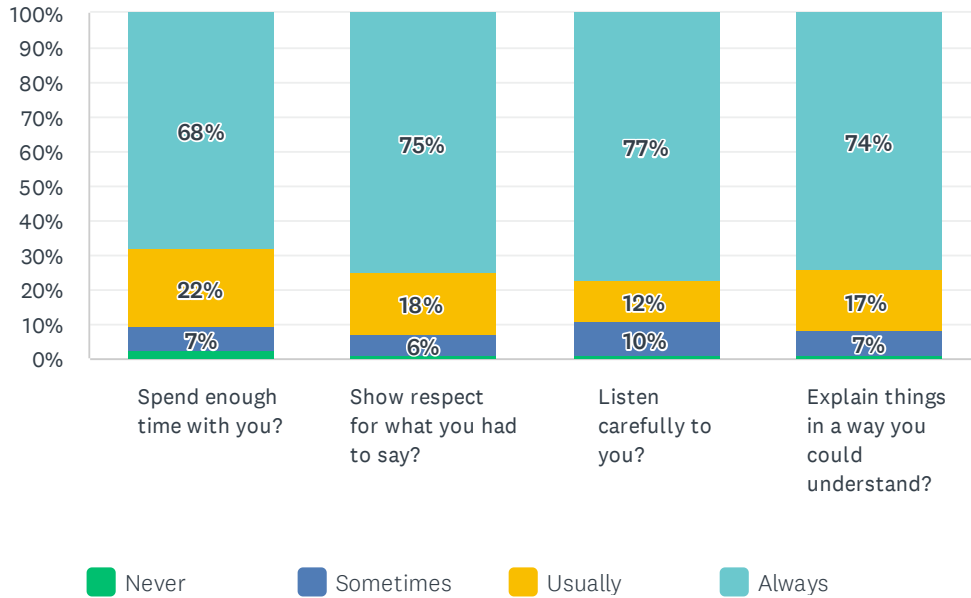
	NEVER	SOMETIMES	USUALLY	ALWAYS	TOTAL	WEIGHTED AVERAGE
Spend enough time with you?	2% 6	7% 18	22% 56	68% 171	251	1.47
Show respect for what you had to say?	1% 3	6% 16	18% 44	75% 186	249	1.58
Listen carefully to you?	1% 3	10% 24	12% 30	77% 192	249	1.54
Explain things in a way you could understand?	1% 3	7% 18	17% 43	74% 186	250	1.56

Q34 In the last 12 months, how much were you helped by the services, counseling or treatment you got?

Answered: 250   Skipped: 284
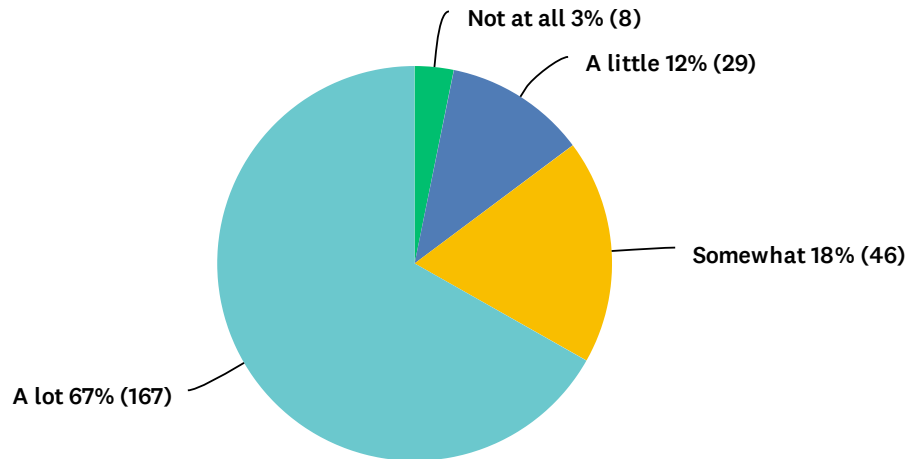
ANSWER CHOICES	RESPONSES	
Not at all	3%	8
A little	12%	29
Somewhat	18%	46
A lot	67%	167
TOTAL		250

Q35 Please describe the reason for your selection

Answered: 56   Skipped: 478

Q36 In the last 12 months, how often were you involved as much as you wanted in the services you received from Community Healthcore?

Answered: 247   Skipped: 287
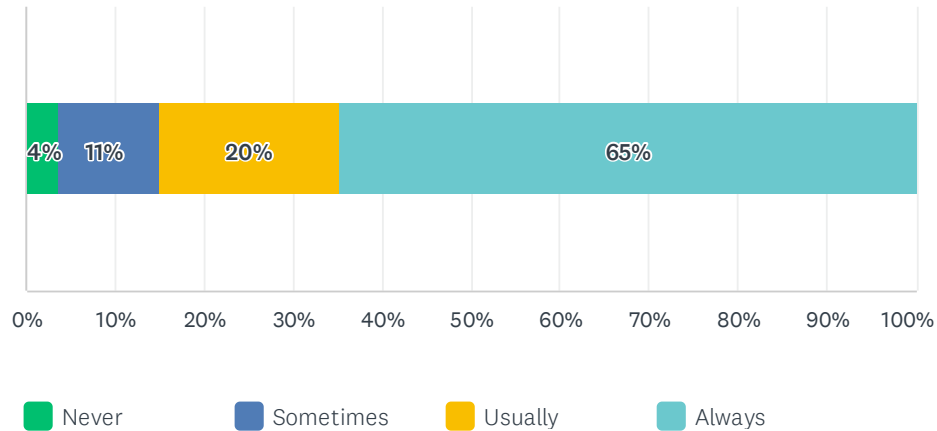
ANSWER CHOICES	RESPONSES	
Never	4%	9
Sometimes	11%	28
Usually	20%	50
Always	65%	160
TOTAL		247

Q37 In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?

Answered: 243   Skipped: 291
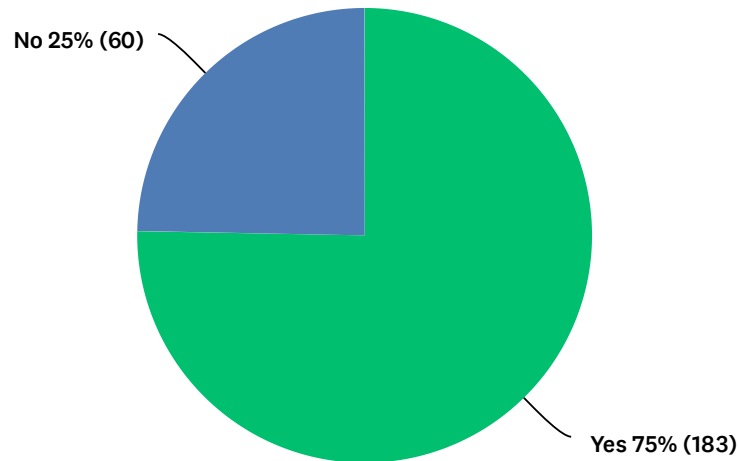
No 25% (60)

Yes 75% (183)

ANSWER CHOICES	RESPONSES	
Yes	75%	183
No	25%	60
TOTAL		243

Q38 Thinking about the services you received in the last 12 months, to what extent would you agree with the following statements…

Answered: 239   Skipped: 295
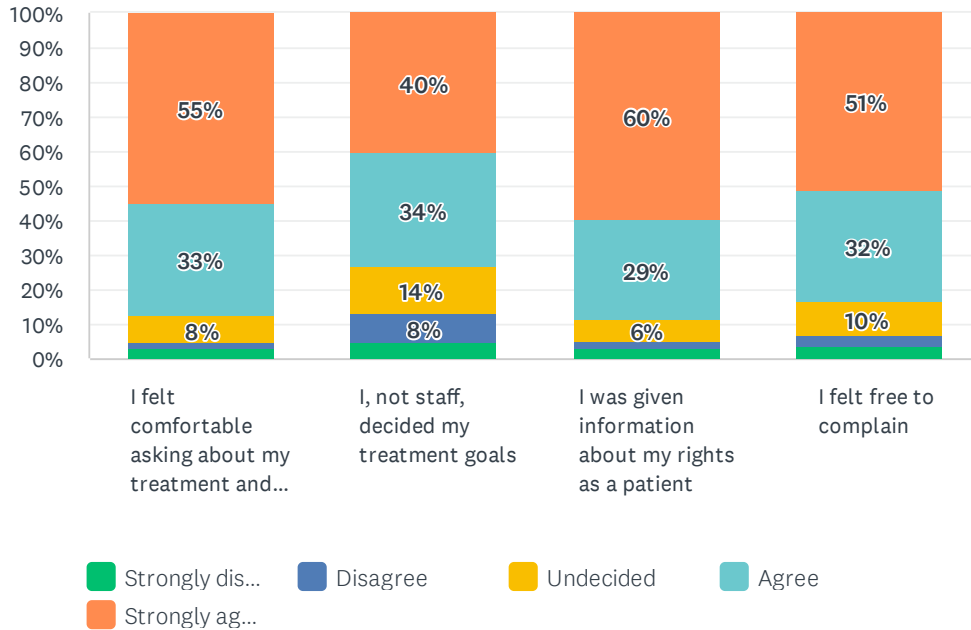
	STRONGLY DISAGREE	DISAGREE	UNDECIDED	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I felt comfortable asking about my treatment and medications	3% 7	2% 4	8% 18	33% 76	55% 128	233	1.35
I, not staff, decided my treatment goals	5% 11	8% 19	14% 31	34% 77	40% 91	229	0.95
I was given information about my rights as a patient	3% 7	2% 5	6% 15	29% 68	60% 140	235	1.40
I felt free to complain	4% 9	3% 7	10% 24	32% 75	51% 119	234	1.23

Q39 If you have a complaint about services received from Community Healthcore, who do you talk to? (Select all that apply)

Answered: 241   Skipped: 293
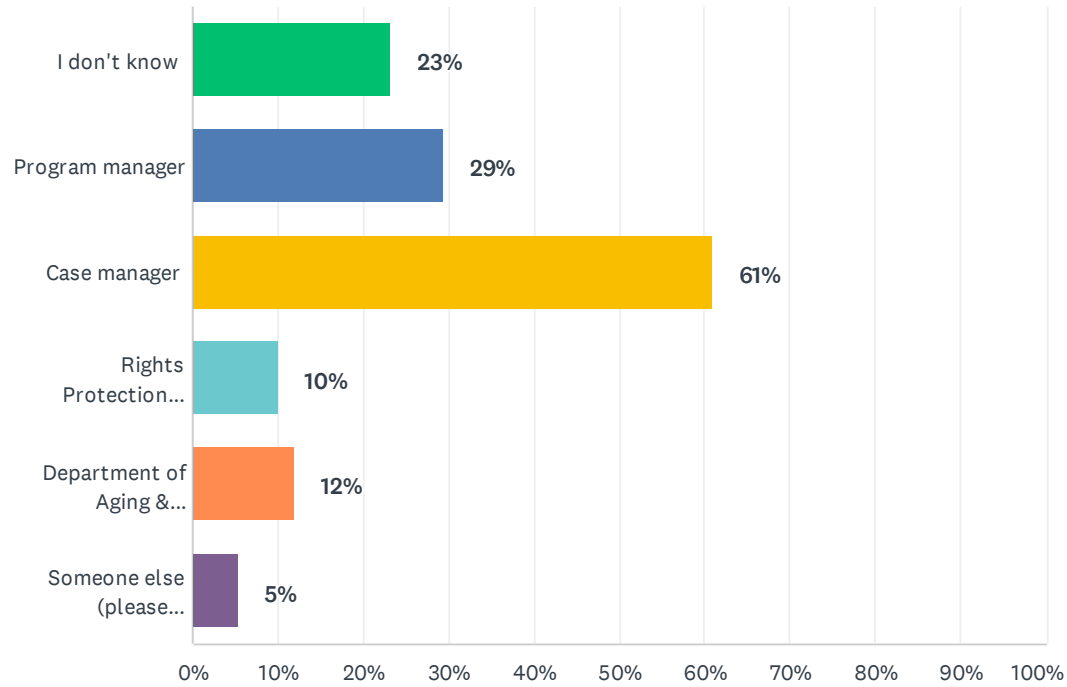
ANSWER CHOICES	RESPONSES	
I don't know	23%	56
Program manager	29%	71
Case manager	61%	147
Rights Protection Officer	10%	24
Department of Aging & Disability Services	12%	29
Someone else (please specify)	5%	13
Total Respondents: 241		

Q40 Would you recommend the services at Community Healthcore to a friend or family member?

Answered: 243   Skipped: 291
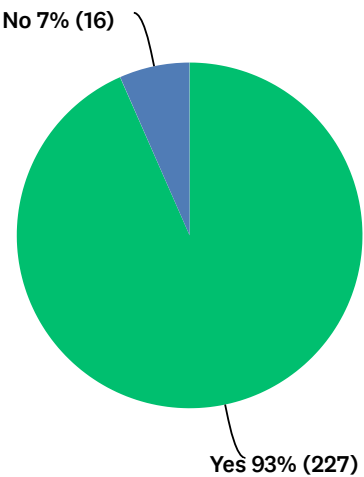
No 7% (16)

Yes 93% (227)

ANSWER CHOICES	RESPONSES	
Yes	93%	227
No	7%	16
TOTAL		243

Q41 In the last 6 months, in general how often was it easy to get the care, tests or treatment you needed?

Answered: 420   Skipped: 114
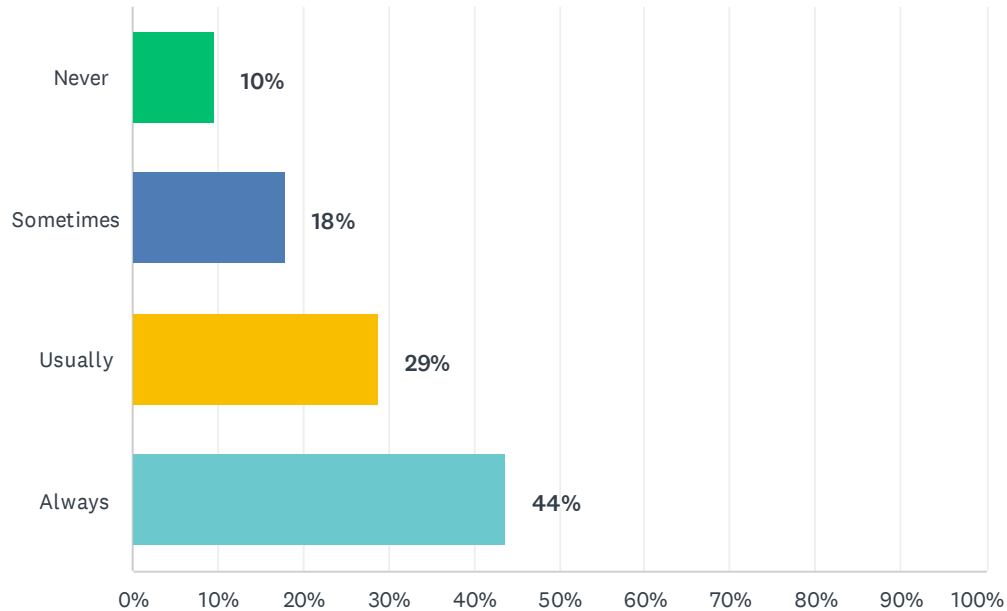
ANSWER CHOICES	RESPONSES	
Never	10%	40
Sometimes	18%	75
Usually	29%	121
Always	44%	184
TOTAL		420

Q42 In the last 12 months, have any of the following barriers prevented you from getting the healthcare you needed? (Select all that apply)

Answered: 407   Skipped: 127

Barrier	Percentage
No barriers experienced	57%
Lack of affordable...	8%
Lack of personal...	12%
Lack of public transportation	6%
Lack of health insurance	15%
Lack of employment...	6%
Food insecurity...	7%
Cultural barriers (fo...	2%
Financial hardship	20%
Something else (please...	8%
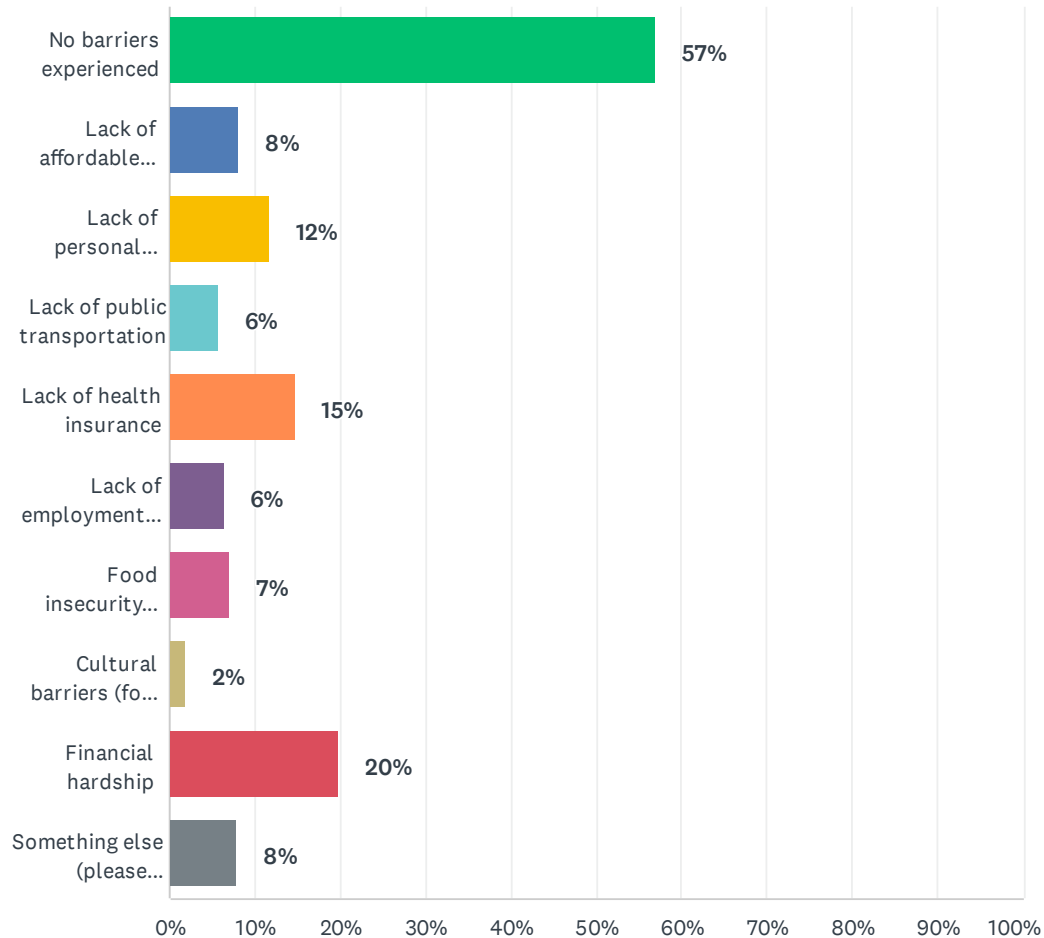
ANSWER CHOICES	RESPONSES	
No barriers experienced	57%	232
Lack of affordable housing	8%	33
Lack of personal transportation	12%	48
Lack of public transportation	6%	23
Lack of health insurance	15%	60
Lack of employment opportunities	6%	26
Food insecurity (access to enough food)	7%	29
Cultural barriers (for example, language or religion)	2%	8
Financial hardship	20%	81
Something else (please specify)	8%	32
Total Respondents: 407		

Q43 In the last 12 months, were there any services or supports that you needed, but did not receive?

Answered: 422   Skipped: 112
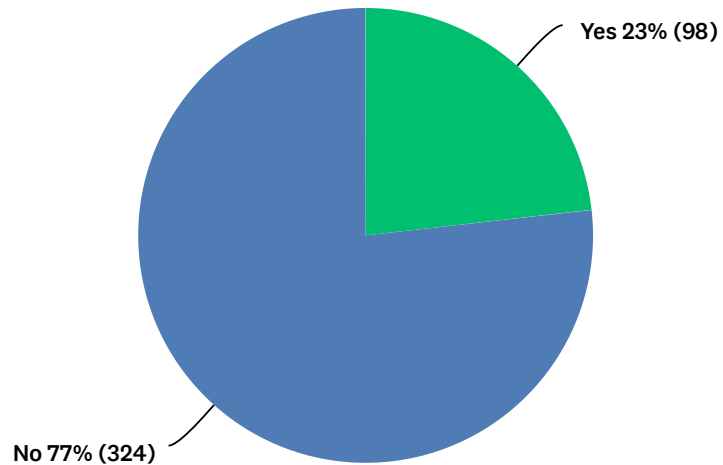
ANSWER CHOICES	RESPONSES	
Yes	23%	98
No	77%	324
TOTAL		422

Q44 Please describe the services or supports you needed, but did not receive:

Answered: 79   Skipped: 455

Q45 What would you say is the main reason you did not receive the services you needed?

Answered: 92   Skipped: 442
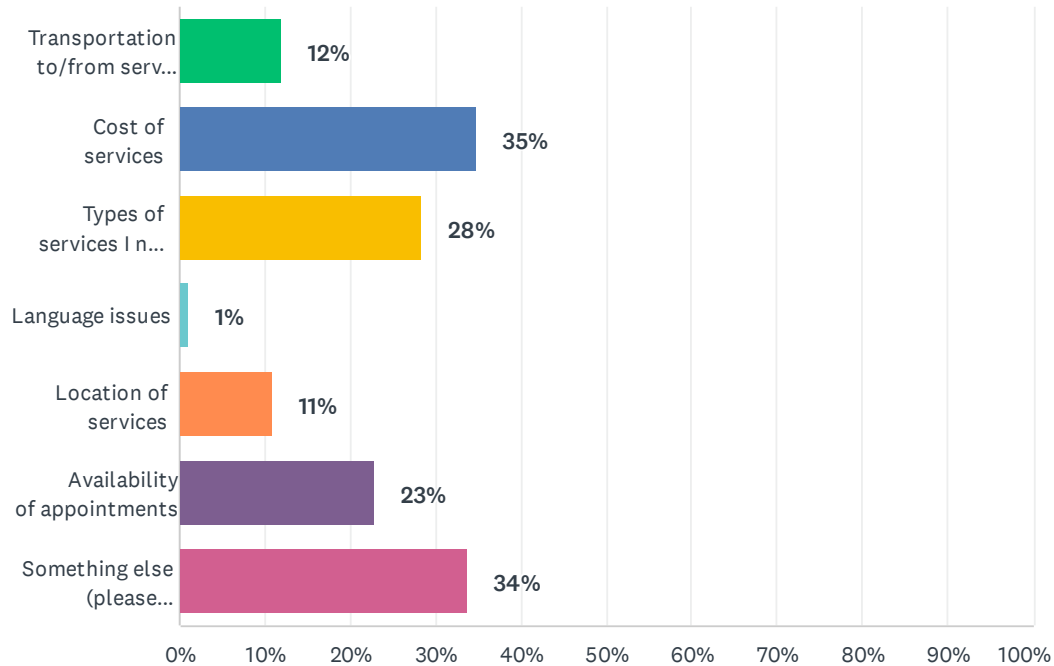
ANSWER CHOICES	RESPONSES	
Transportation to/from service location	12%	11
Cost of services	35%	32
Types of services I need were not available	28%	26
Language issues	1%	1
Location of services	11%	10
Availability of appointments	23%	21
Something else (please specify)	34%	31
Total Respondents: 92		

Q46 What kind of medical insurance or coverage do you have? (Select all that apply)

Answered: 417   Skipped: 117

Category	Percentage
No insurance	12%
Private/individual	14%
Employer-sponsored	23%
Medicaid	34%
Medicare	19%
Tricare/Veterans	1%
CHIP (Children's...	2%
Marketplace plan	6%
I don't know	6%
Other, please specify:	3%
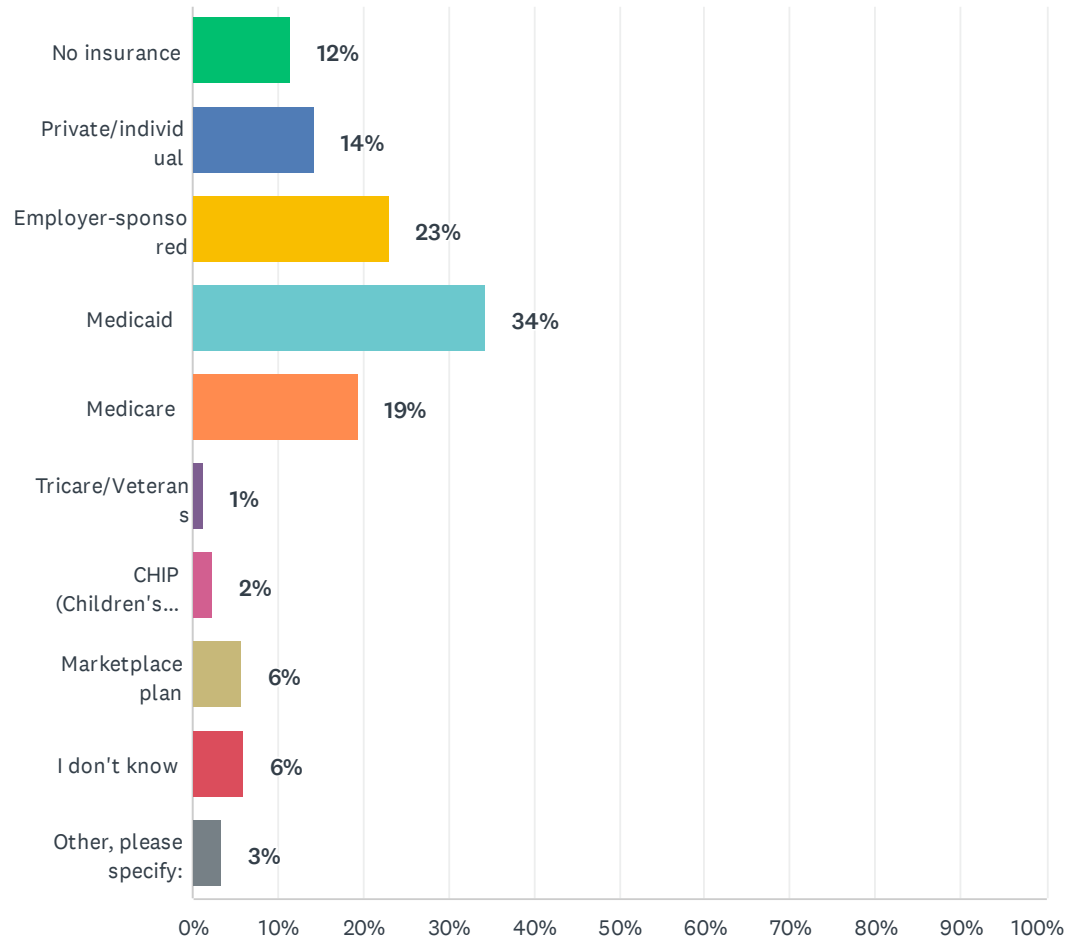
ANSWER CHOICES	RESPONSES	
No insurance	12%	48
Private/individual	14%	60
Employer-sponsored	23%	96
Medicaid	34%	143
Medicare	19%	81
Tricare/Veterans	1%	5
CHIP (Children's Health Insurance Program)	2%	10
Marketplace plan	6%	24
I don't know	6%	25
Other, please specify:	3%	14
Total Respondents: 417		

2023 CHC Quality Improvement Survey

Q47 In the last 12 months, approximately how many times did you go to an emergency room or crisis center to get mental health or substance use services, counseling or treatment for yourself?

Answered: 411   Skipped: 123
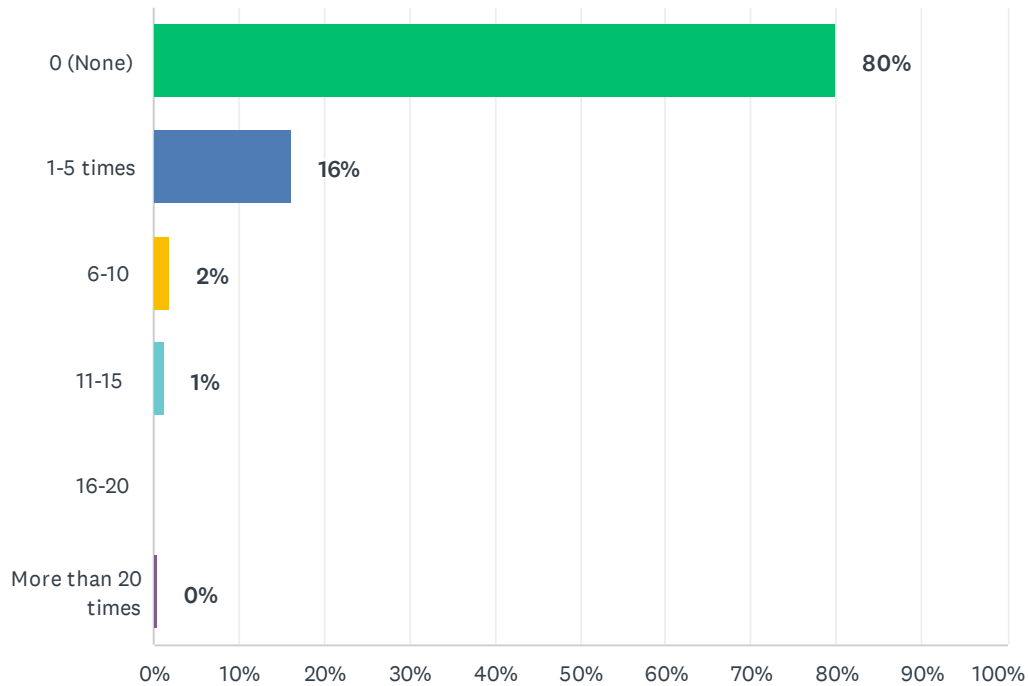
ANSWER CHOICES	RESPONSES	
0 (None)	80%	329
1-5 times	16%	67
6-10	2%	8
11-15	1%	5
16-20	0%	0
More than 20 times	0%	2
TOTAL		411

Q48 In the last 12 months, approximately how many times did you go to an emergency room or crisis center to get primary care services for yourself?

Answered: 408   Skipped: 126
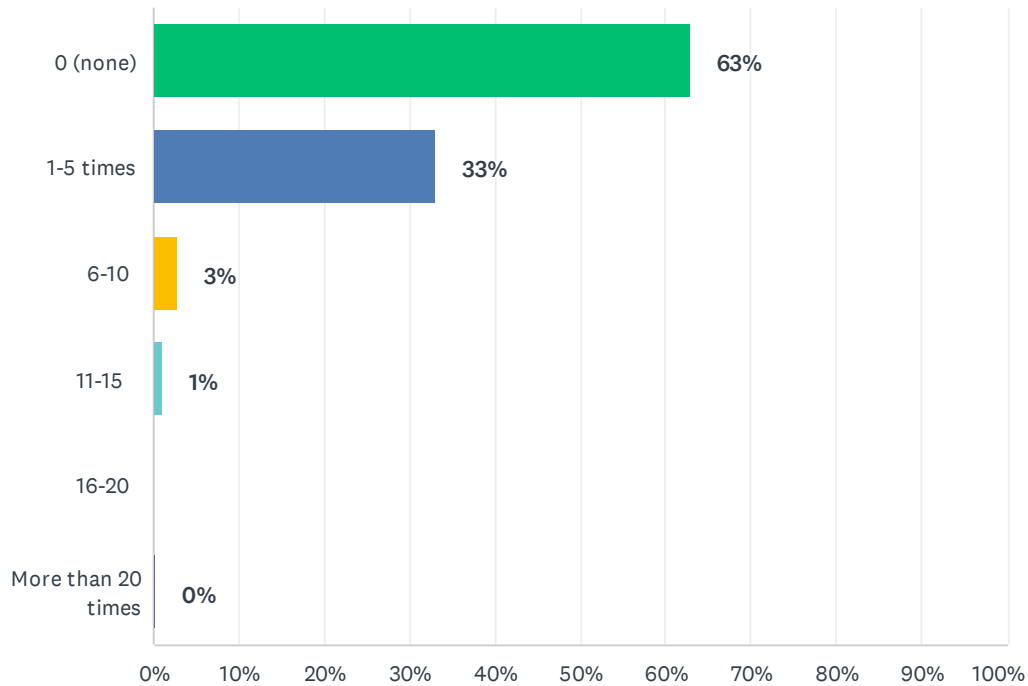
ANSWER CHOICES	RESPONSES	
0 (none)	63%	257
1-5 times	33%	135
6-10	3%	11
11-15	1%	4
16-20	0%	0
More than 20 times	0%	1
TOTAL		408

Q49 In the last 12 months, did you need mental health or physical health services right away? (Select all that apply)

Answered: 403   Skipped: 131
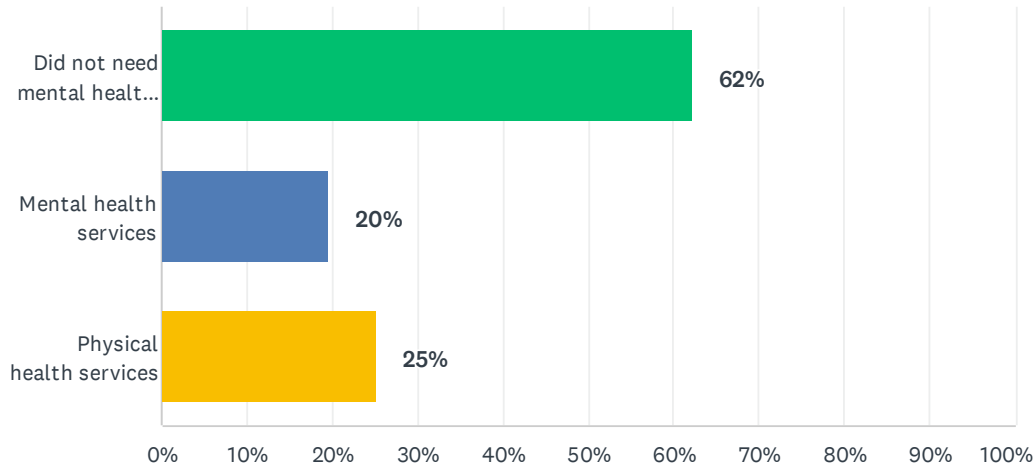
ANSWER CHOICES	RESPONSES	
Did not need mental health or physical health services right away	62%	251
Mental health services	20%	79
Physical health services	25%	101
Total Respondents: 403		

Q50 In the last 12 months, when you needed mental health or physical health services right away, how often did you see someone as soon as you wanted?

Answered: 149   Skipped: 385
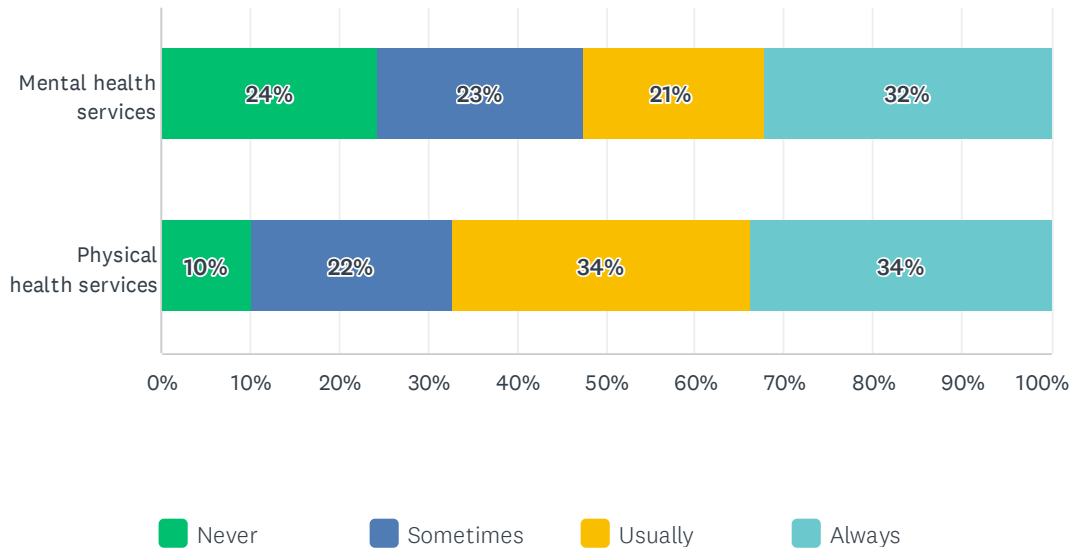
	NEVER	SOMETIMES	USUALLY	ALWAYS	TOTAL	WEIGHTED AVERAGE
Mental health services	24% 19	23% 18	21% 16	32% 25	78	2.60
Physical health services	10% 10	22% 22	34% 33	34% 33	98	2.91

Q51 In the last 12 months, not counting times you needed services right away, did you make any appointments for mental health or physical health services? (Select all that apply)

Answered: 396   Skipped: 138
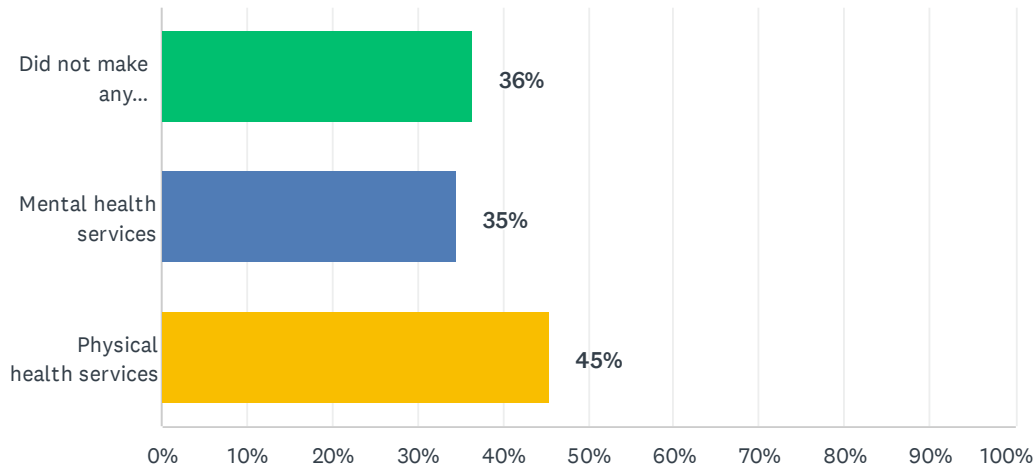
ANSWER CHOICES	RESPONSES	
Did not make any appointments for mental or physical health services	36%	144
Mental health services	35%	137
Physical health services	45%	180
Total Respondents: 396		

Q52 In the last 12 months, not counting times you needed services right away, how often did you get an appointment for mental health or physical health services as soon as you wanted?

Answered: 250   Skipped: 284
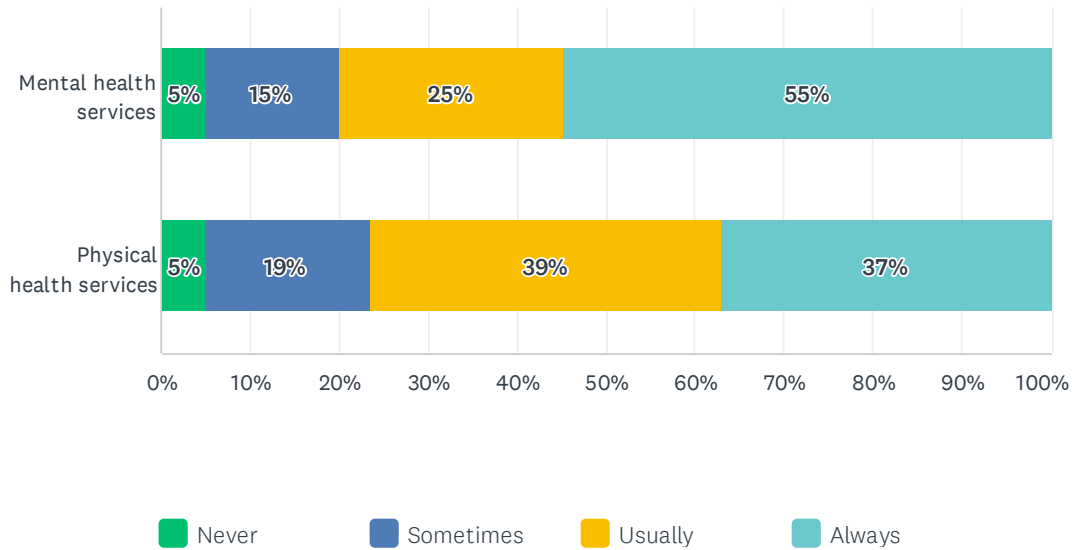
	NEVER	SOMETIMES	USUALLY	ALWAYS	TOTAL	WEIGHTED AVERAGE
Mental health services	5% 7	15% 20	25% 34	55% 74	135	3.30
Physical health services	5% 9	19% 33	39% 70	37% 66	178	3.08

Q53 In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition(s)?

Answered: 395   Skipped: 139
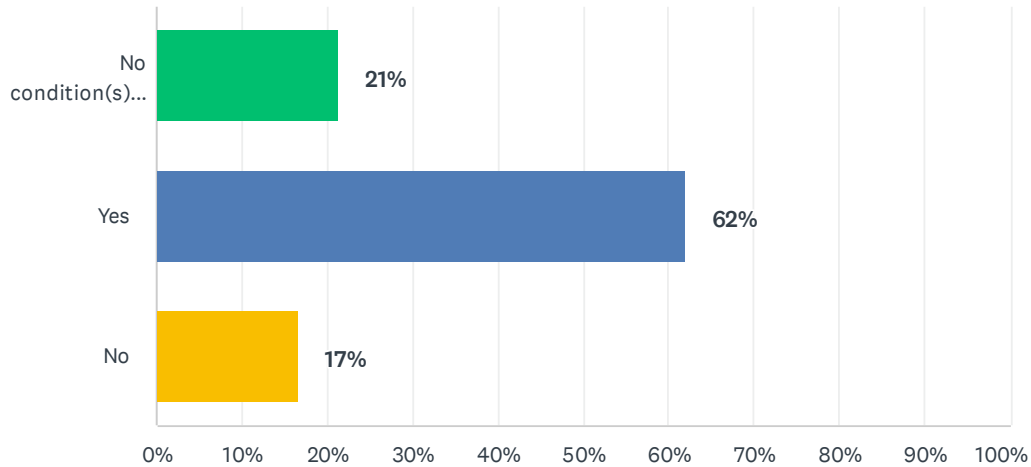
ANSWER CHOICES	RESPONSES	
No condition(s) to manage	21%	84
Yes	62%	245
No	17%	66
TOTAL		395

Q54 In general, how would you rate your overall health now?

Answered: 395   Skipped: 139
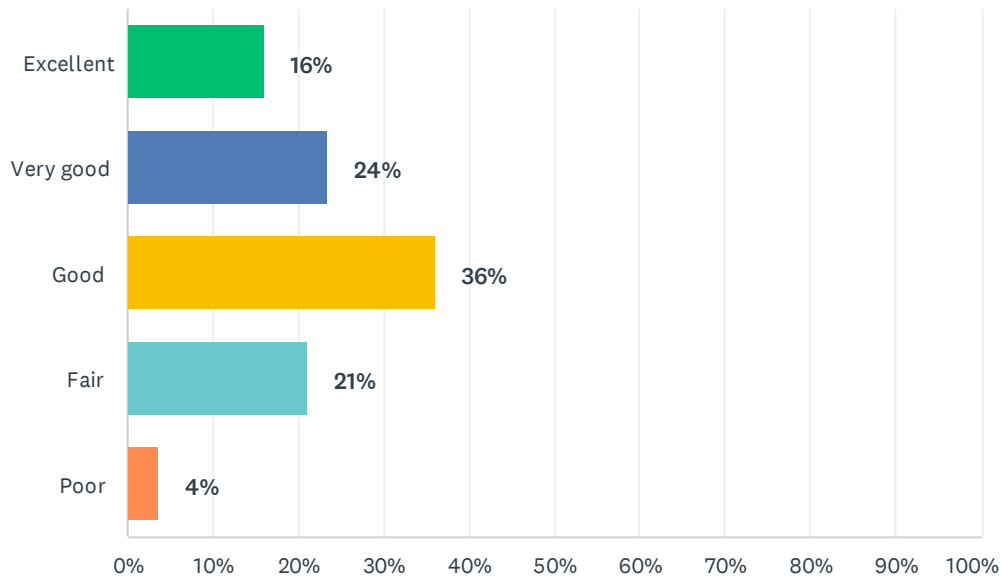
ANSWER CHOICES	RESPONSES	
Excellent	16%	63
Very good	24%	93
Good	36%	142
Fair	21%	83
Poor	4%	14
TOTAL		395

Q55 Approximately how far do you typically have to travel in order to receive the services, counseling or treatment you need?

Answered: 392   Skipped: 142

More than 40 miles 8% (31)

31-40 miles 11% (42)

21-30 miles 18% (69)

11-20 miles 25% (97)

Less than 10 miles 39% (153)
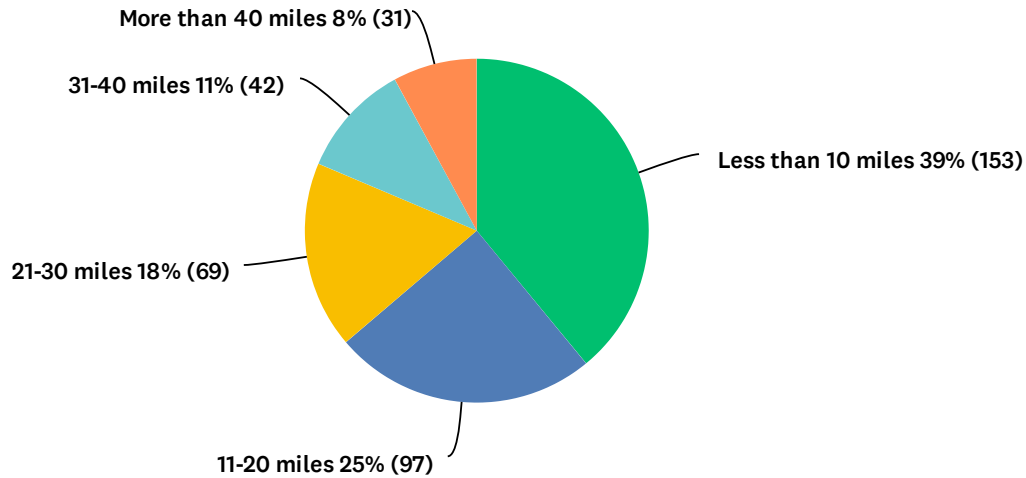
ANSWER CHOICES	RESPONSES	
Less than 10 miles	39%	153
11-20 miles	25%	97
21-30 miles	18%	69
31-40 miles	11%	42
More than 40 miles	8%	31
TOTAL		392

Q56 Please rate your satisfaction with the distance you typically have to travel in order to receive the services, counseling or treatment you need:

Answered: 390   Skipped: 144
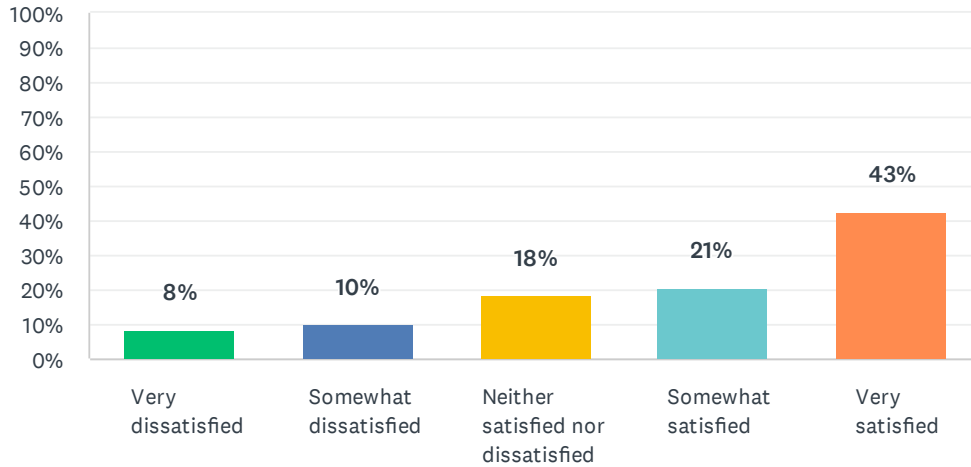
ANSWER CHOICES	RESPONSES	
Very dissatisfied	8%	32
Somewhat dissatisfied	10%	39
Neither satisfied nor dissatisfied	18%	71
Somewhat satisfied	21%	81
Very satisfied	43%	167
TOTAL		390

Q57 Did someone help you complete this survey?

Answered: 395   Skipped: 139
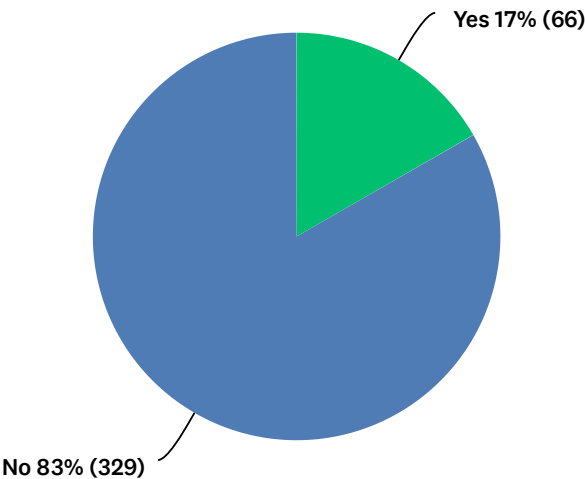
ANSWER CHOICES	RESPONSES	
Yes	17%	66
No	83%	329
TOTAL		395

Q58 How did that person help you? Select all that apply.

Answered: 66   Skipped: 468
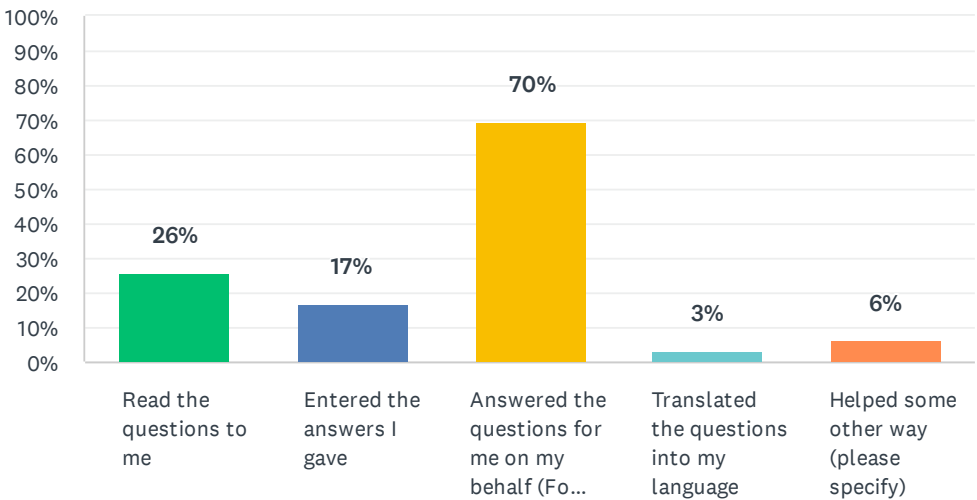
ANSWER CHOICES	RESPONSES	
Read the questions to me	26%	17
Entered the answers I gave	17%	11
Answered the questions for me on my behalf (For example: Guardians and Legal Representatives)	70%	46
Translated the questions into my language	3%	2
Helped some other way (please specify)	6%	4
Total Respondents: 66		

Q59 Do you have any additional comments for Community Healthcore?

Answered: 392   Skipped: 142
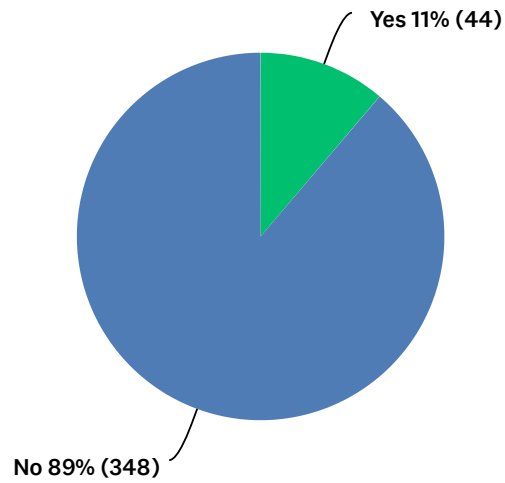
Yes 11% (44)

No 89% (348)

ANSWER CHOICES	RESPONSES	
Yes	11%	44
No	89%	348
TOTAL		392

Q60 Please enter your comments:

Answered: 41   Skipped: 493

Q1 What is your age?

Answered: 354   Skipped: 3
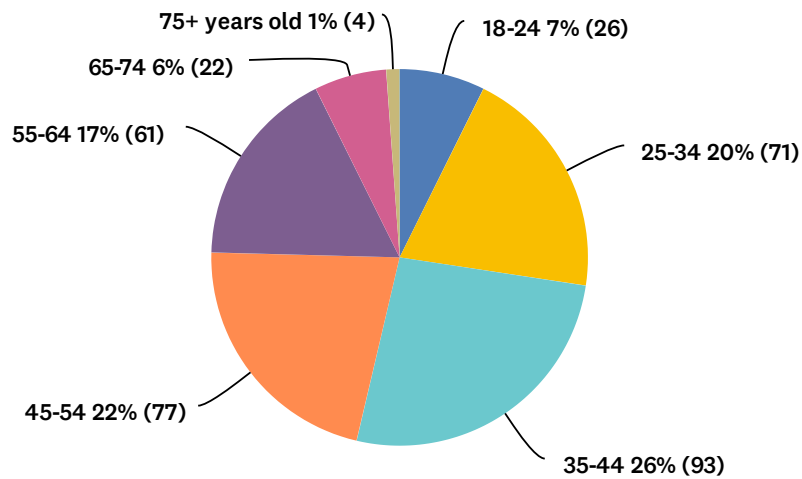
ANSWER CHOICES	RESPONSES	
Under 18 years old	0%	0
18-24	7%	26
25-34	20%	71
35-44	26%	93
45-54	22%	77
55-64	17%	61
65-74	6%	22
75+ years old	1%	4
TOTAL		354

Q2 What is your gender?

Answered: 355   Skipped: 2

Prefer not to say 1% (5)

Male 10% (34)
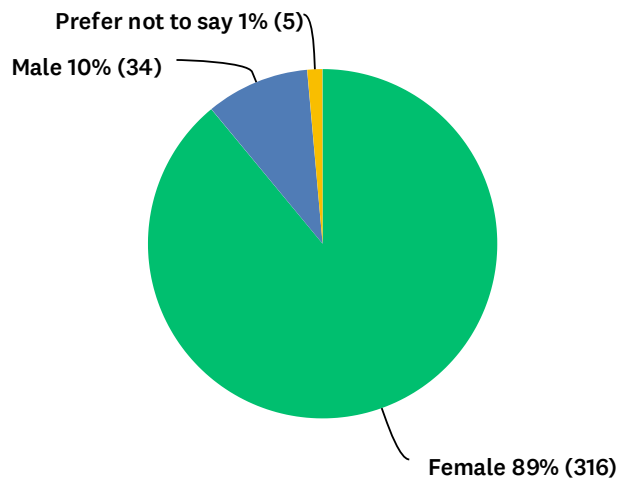
Female 89% (316)

ANSWER CHOICES	RESPONSES	
Female	89%	316
Male	10%	34
Prefer not to say	1%	5
Prefer to self describe	0%	0
TOTAL		355

Q3 How would you describe your race or ethnicity? (Select all that apply)

Answered: 353   Skipped: 4
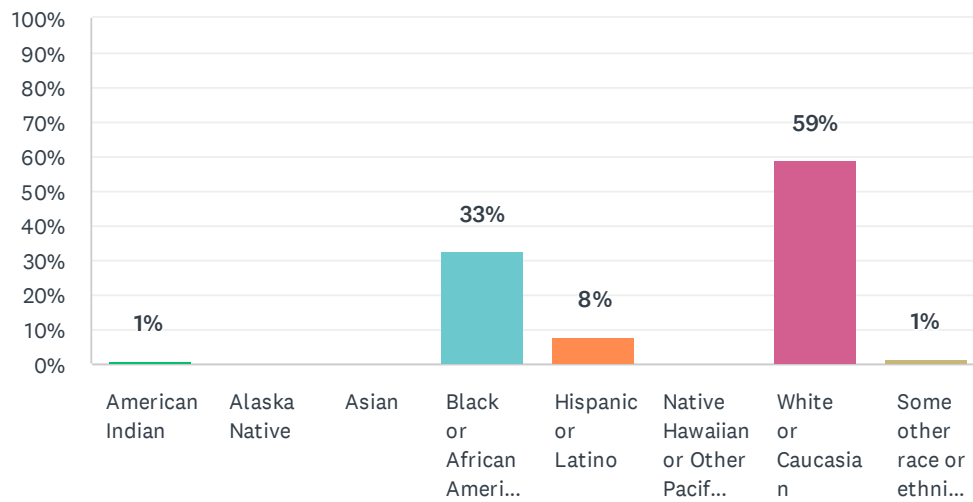
ANSWER CHOICES	RESPONSES	
American Indian	1%	4
Alaska Native	0%	0
Asian	0%	0
Black or African American	33%	116
Hispanic or Latino	8%	27
Native Hawaiian or Other Pacific Islander	0%	0
White or Caucasian	59%	209
Some other race or ethnicity, please specify	1%	5
Total Respondents: 353		

Q4 What is the highest degree or level of schooling you have completed? If you are currently enrolled in school, please indicate the highest degree you have received.

Answered: 355   Skipped: 2
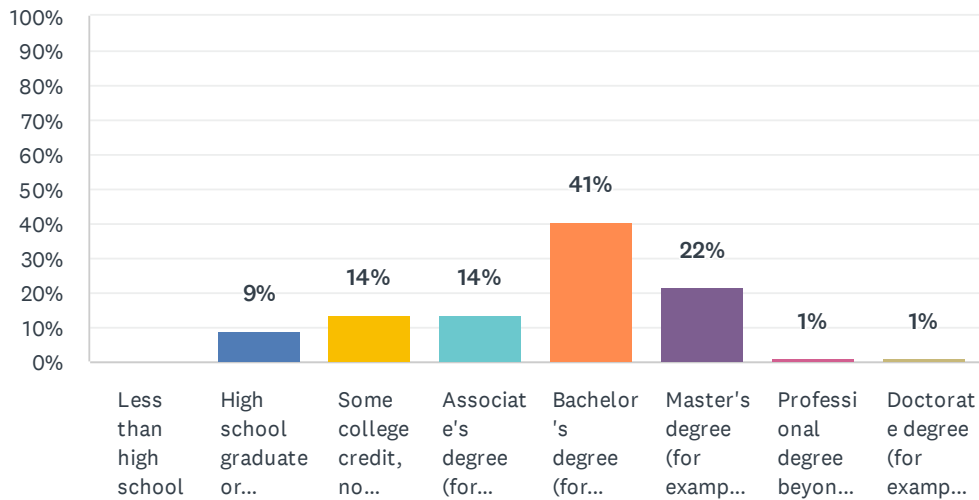
ANSWER CHOICES	RESPONSES	
Less than high school	0%	0
High school graduate or equivalent (for example: GED)	9%	31
Some college credit, no degree	14%	48
Associate's degree (for example: AA, AS)	14%	48
Bachelor's degree (for example: BA, BS)	41%	144
Master's degree (for example: MA, MS)	22%	77
Professional degree beyond bachelor's degree (for example: JD, MD, DDS)	1%	3
Doctorate degree (for example, PhD, EdD)	1%	4
TOTAL		355

Q5 Which of the following best describes your current employment status?

Answered: 354   Skipped: 3

Working for Community
Healthcore, under 30
hours per week 8%
(28)

Working for Community
Healthcore, 30 hours
or more pe... 92%
(326)
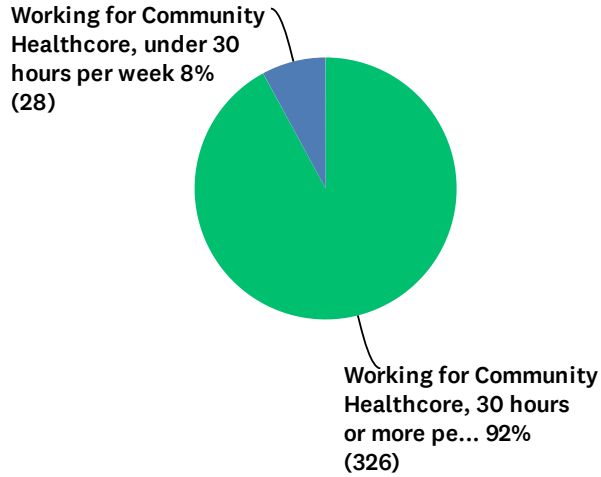
ANSWER CHOICES	RESPONSES	
Working for Community Healthcore, 30 hours or more per week	92%	326
Working for Community Healthcore, under 30 hours per week	8%	28
TOTAL		354

Q6 Approximately how many years in total have you been working for Community Healthcore?

Answered: 353   Skipped: 4
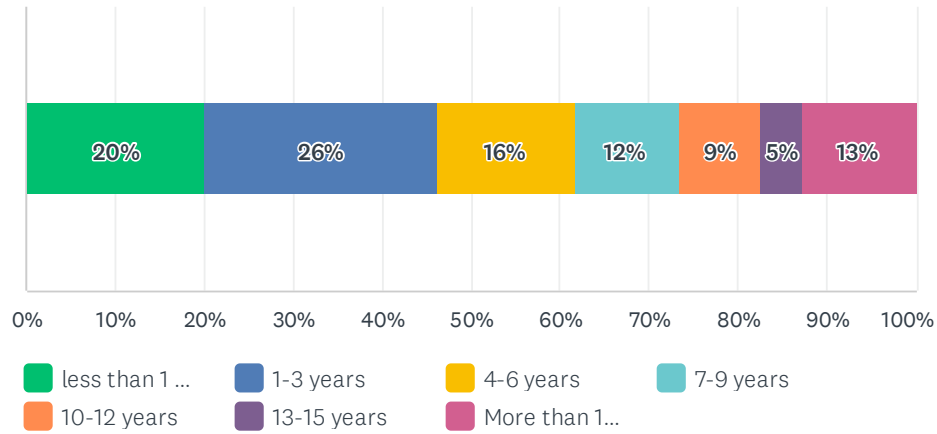
ANSWER CHOICES	RESPONSES	
less than 1 year	20%	71
1-3 years	26%	92
4-6 years	16%	55
7-9 years	12%	41
10-12 years	9%	33
13-15 years	5%	16
More than 15 years	13%	45
TOTAL		353

Q7 Which of the following best describes your role in the organization?

Answered: 350   Skipped: 7
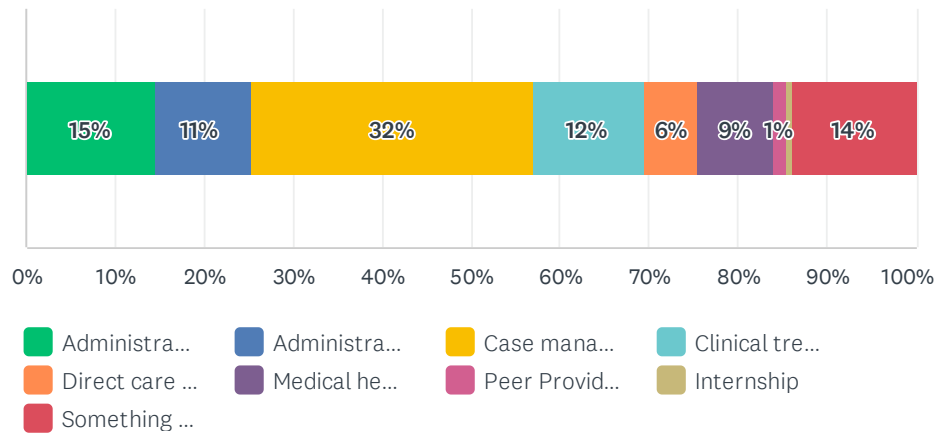
ANSWER CHOICES	RESPONSES	
Administration and support (For example: Accounting, human resources, information technology)	15%	51
Administrative (For example: Admin tech, clinical support)	11%	38
Case management (For example: Case managers, care coordinators)	32%	111
Clinical treatment providers (For example: Substance use disorders professionals, counselors, therapists)	12%	43
Direct care (For example: Program tech, support specialist)	6%	21
Medical healthcare providers (For example: Doctors, nurses)	9%	30
Peer Provider or Family Partner	1%	5
Internship	1%	2
Something else (please specify)	14%	49
TOTAL		350

Q8 Please select the credentials you have (select all that apply):

Answered: 220   Skipped: 137

Credential	Percentage
Doctor of medicine (MD)	1%
Licensed chemical...	7%
Licensed clinical soc...	
Licensed marriage fam...	0%
Licensed professional...	8%
Licensed vocational...	5%
Nurse practitioner...	2%
Occupational therapist (OT)	1%
Physical therapist (PT)	1%
Physician assistant (PA)	1%
Qualified individual...	7%
Qualified mental healt...	33%
Registered nurse (RN)	5%
Speech language...	1%
Something else (please...	35%
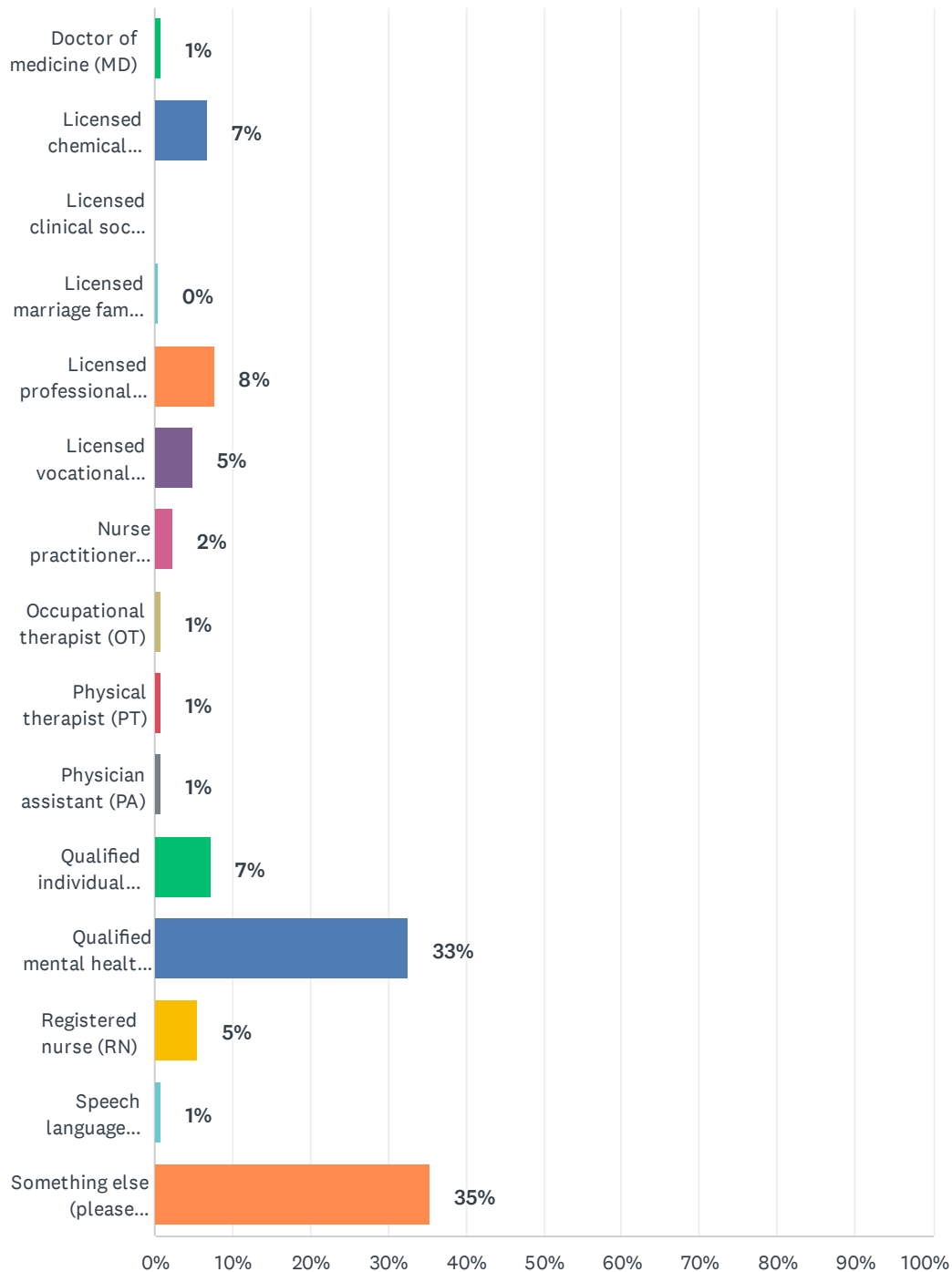
ANSWER CHOICES	RESPONSES	
Doctor of medicine (MD)	1%	2
Licensed chemical dependency counselor (LCDC)	7%	15
Licensed clinical social worker (LCSW)	0%	0
Licensed marriage family therapist (LMFT)	0%	1
Licensed professional counselor (LPC)	8%	17
Licensed vocational nurse (LVN)	5%	11
Nurse practitioner (NP)	2%	5
Occupational therapist (OT)	1%	2
Physical therapist (PT)	1%	2
Physician assistant (PA)	1%	2
Qualified individual disability developmental professional (QIDDP)	7%	16
Qualified mental health professional (QMHP)	33%	72
Registered nurse (RN)	5%	12
Speech language pathologist (SLP)	1%	2
Something else (please specify)	35%	78
Total Respondents: 220		

Q9 How many staff do you directly manage?

Answered: 352   Skipped: 5
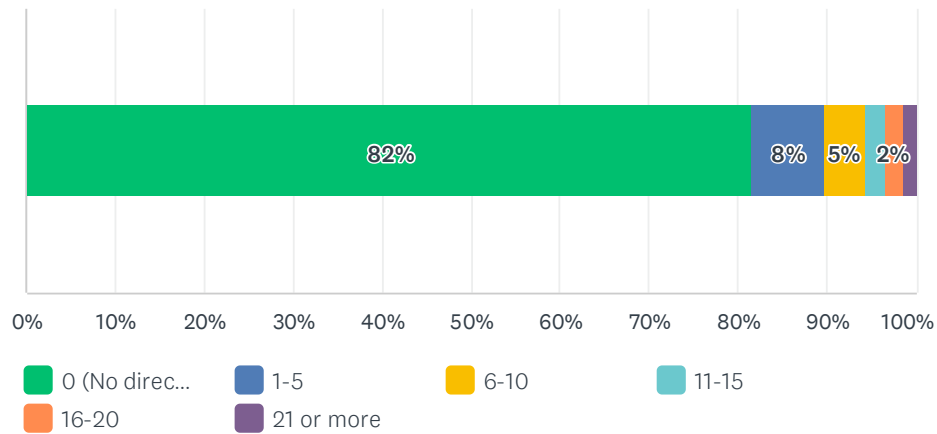
ANSWER CHOICES	RESPONSES	
0 (No direct reports)	82%	287
1-5	8%	29
6-10	5%	16
11-15	2%	8
16-20	2%	7
21 or more	1%	5
TOTAL		352

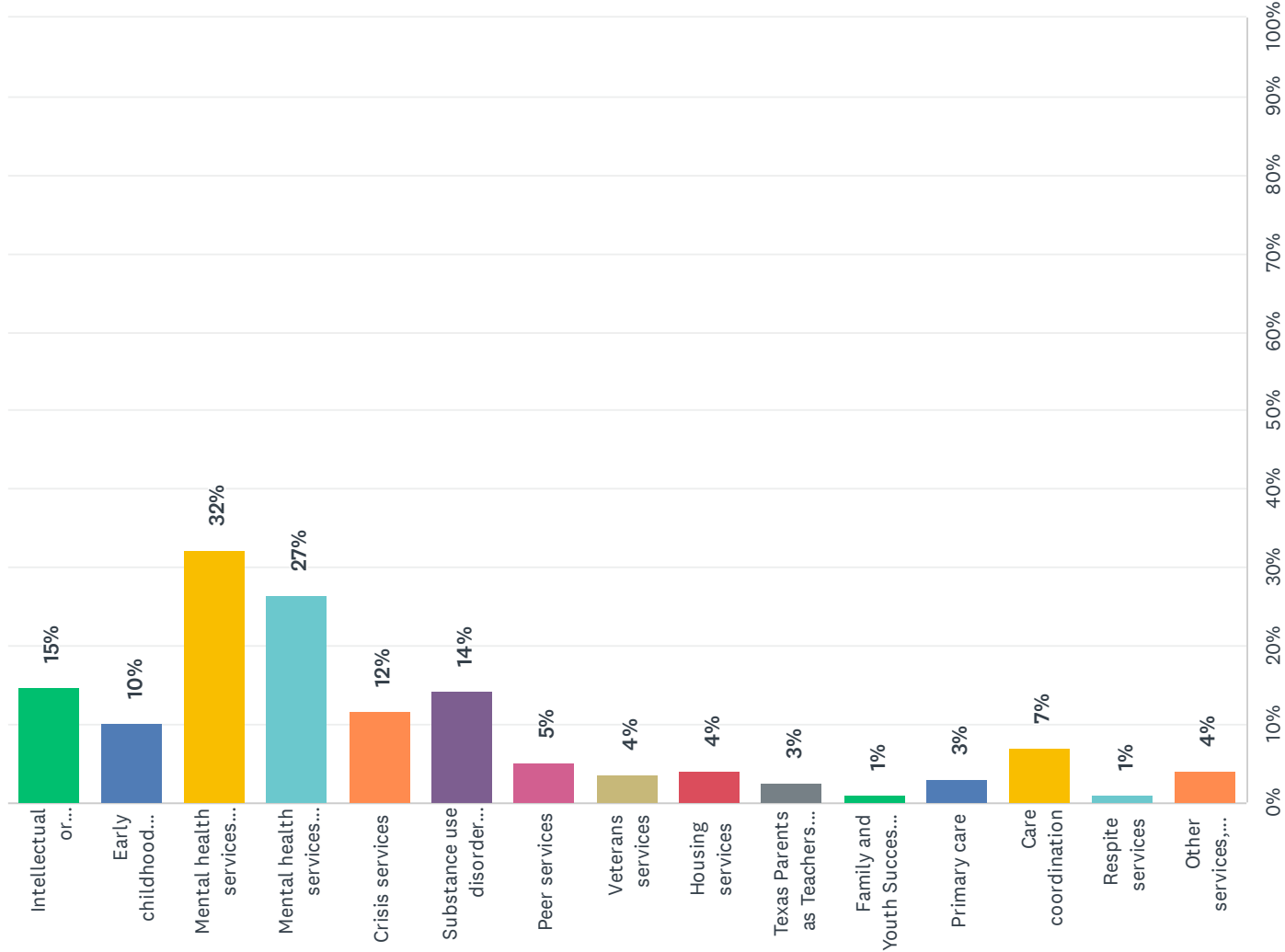# Q10 Do you provide direct services, counseling or treatment to those served by Community Healthcore?

Answered: 352   Skipped: 5
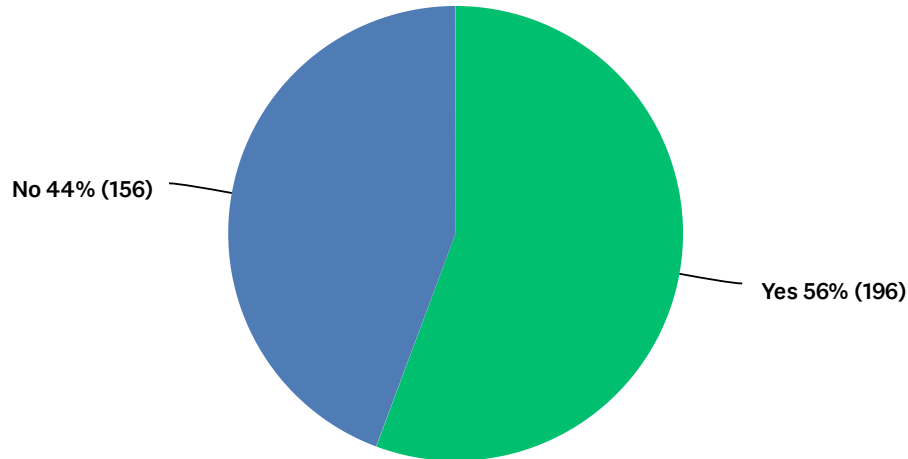
No 44% (156)

Yes 56% (196)

ANSWER CHOICES	RESPONSES	
Yes	56%	196
No	44%	156
TOTAL		352

Q11 Please select the services you provide (select all that apply):

Answered: 196   Skipped: 161

ANSWER CHOICES	RESPONSES	
Intellectual or Developmental Disability (IDD) services	15%	29
Early childhood intervention (ECI) services	10%	20
Mental health services (Adult)	32%	63
Mental health services (Children)	27%	52
Crisis services	12%	23
Substance use disorder services	14%	28
Peer services	5%	10
Veterans services	4%	7
Housing services	4%	8
Texas Parents as Teachers Program (TXPAT)	3%	5
Family and Youth Success (FAYS)	1%	2
Primary care	3%	6
Care coordination	7%	14
Respite services	1%	2
Other services, please specify:	4%	8
Total Respondents: 196		

Q12 Community Healthcore offers telehealth services (for example, virtual visits). In the last 12 months, did you provide any telehealth services for people served by Community Healthcore?
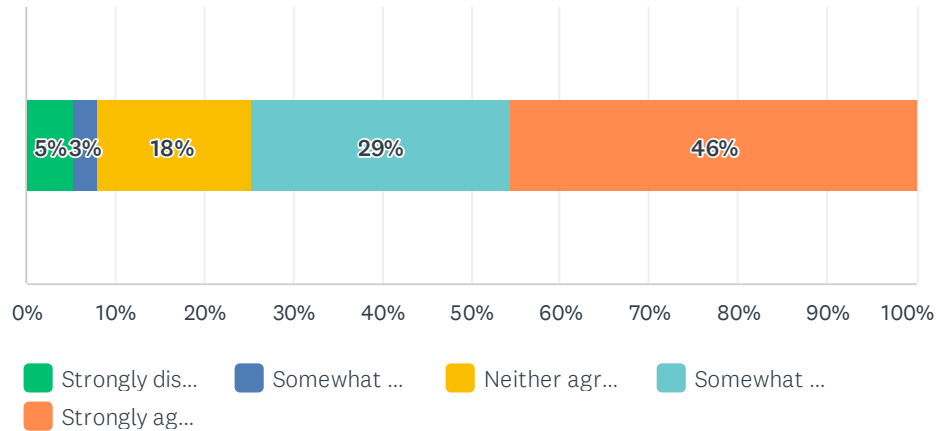
Answered: 195   Skipped: 162
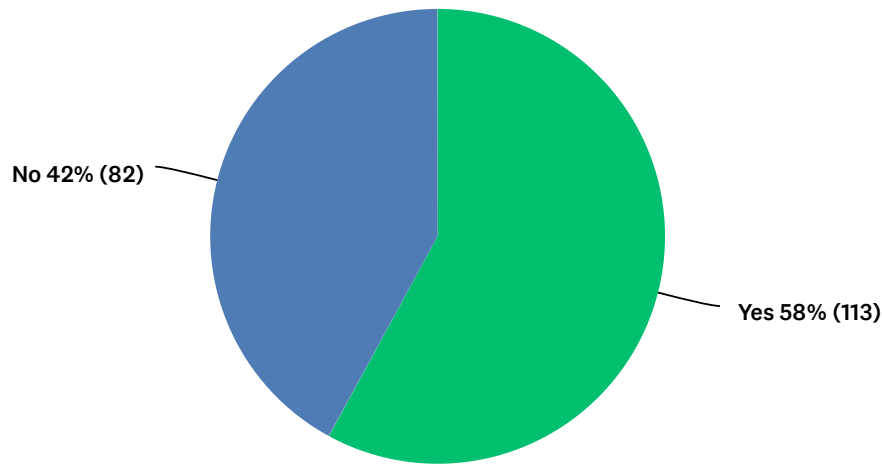
No 42% (82)

Yes 58% (113)

ANSWER CHOICES	RESPONSES	
Yes	58%	113
No	42%	82
TOTAL		195

# Q13 To what extent would you agree that telehealth services improved your ability to provide services?

Answered: 114   Skipped: 243

ANSWER CHOICES	RESPONSES	
Strongly disagree	5%	6
Somewhat disagree	3%	3
Neither agree nor disagree	18%	20
Somewhat agree	29%	33
Strongly agree	46%	52
TOTAL		114

Q14 Please select the county or counties in which you provide services. If you provide services in more than one county, please select all the counties in which you provide services.
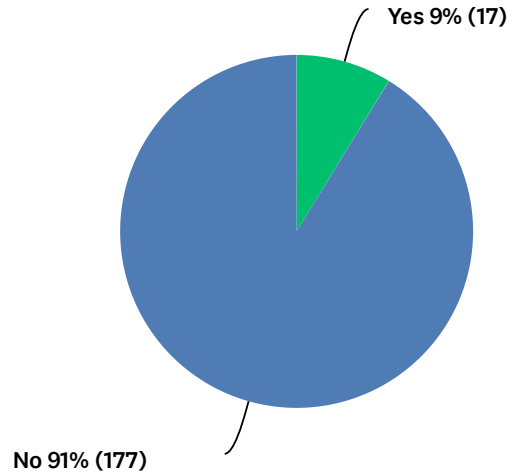
Answered: 194   Skipped: 163
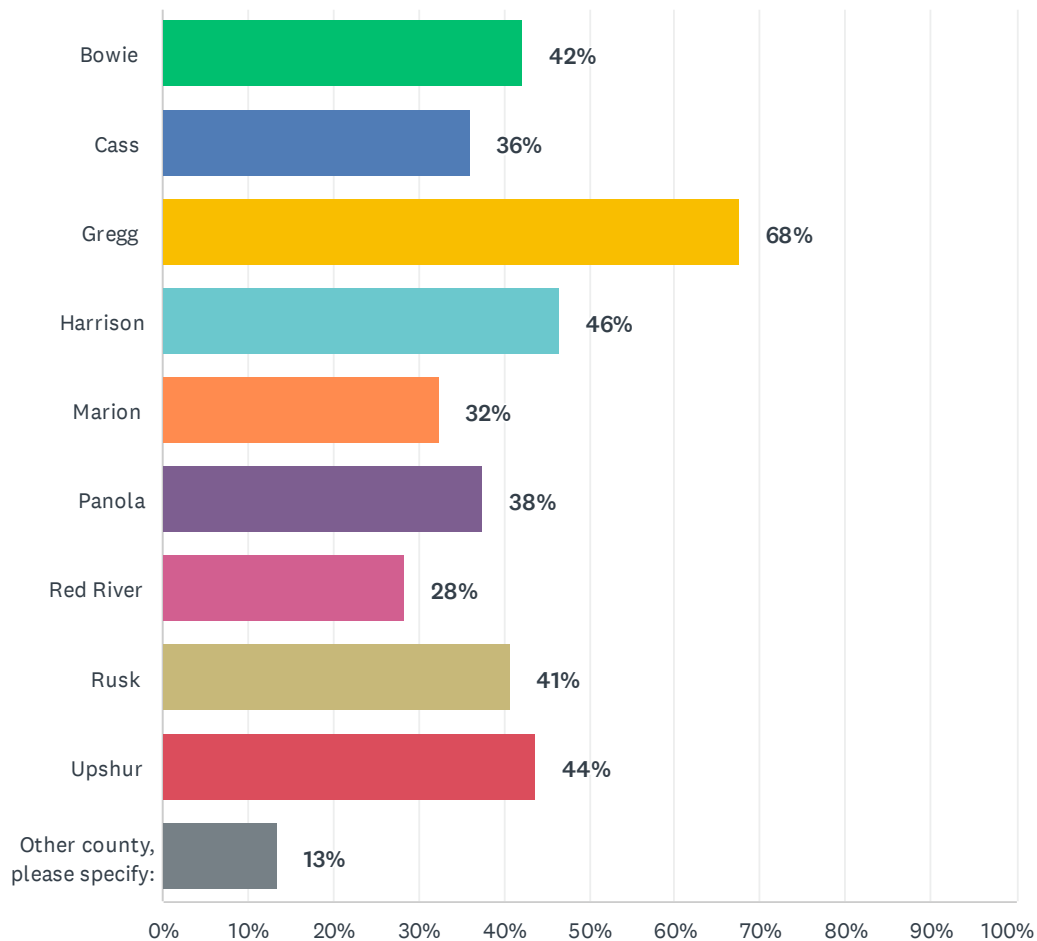
ANSWER CHOICES	RESPONSES	
Bowie	42%	82
Cass	36%	70
Gregg	68%	131
Harrison	46%	90
Marion	32%	63
Panola	38%	73
Red River	28%	55
Rusk	41%	79
Upshur	44%	85
Other county, please specify:	13%	26
Total Respondents: 194		

ANSWER CHOICES	RESPONSES	

Q15 Are you a credentialed substance abuse specialist? This includes substance use professionals.

Answered: 194   Skipped: 163

Yes 9% (17)

No 91% (177)

ANSWER CHOICES	RESPONSES	
Yes	9%	17
No	91%	177
TOTAL		194

Q16 Do you have expertise in addressing those with primary or co-occurring substance use?

Answered: 192   Skipped: 165
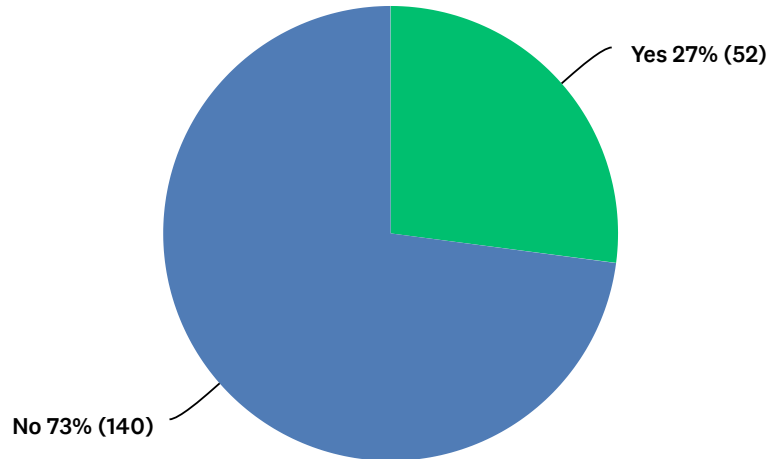
Yes 27% (52)

No 73% (140)

ANSWER CHOICES	RESPONSES	
Yes	27%	52
No	73%	140
TOTAL		192

Q17 Do you have expertise in addressing trauma and promoting the recovery of children and adolescents with serious emotional disturbance (SED) and adults with serious mental illness (SMI)?
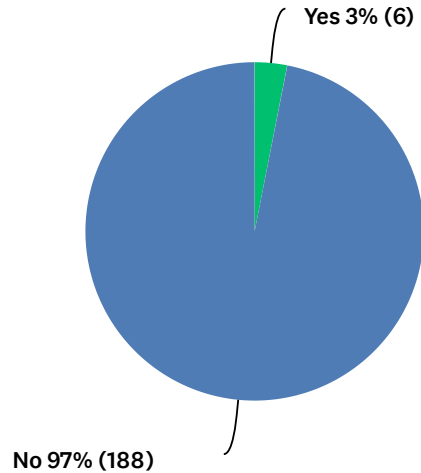
Answered: 193   Skipped: 164
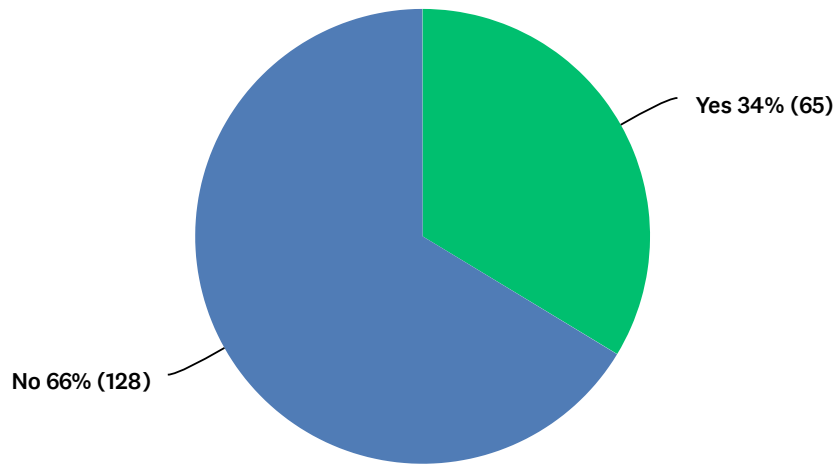
ANSWER CHOICES	RESPONSES	
Yes	34%	65
No	66%	128
TOTAL		193

Q18 Can you prescribe and manage medications used to treat opioid and alcohol use disorders (For example: buprenorphine, naltrexone)?
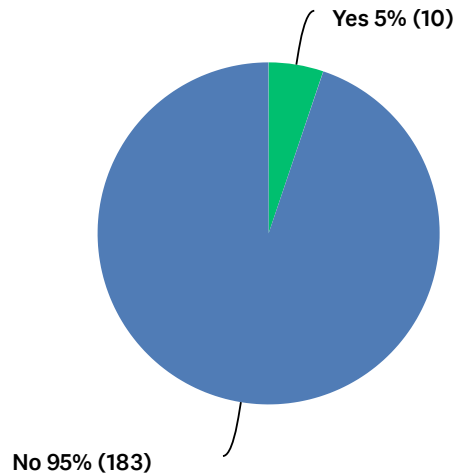
Answered: 194   Skipped: 163

Yes 3% (6)

No 97% (188)

ANSWER CHOICES	RESPONSES	
Yes	3%	6
No	97%	188
TOTAL		194

Q19 Are you a peer staff member? This includes peer specialists/providers and family partners.

Answered: 193   Skipped: 164

Yes 5% (10)

No 95% (183)

ANSWER CHOICES	RESPONSES	
Yes	5%	10
No	95%	183
TOTAL		193

Q20 Approximately how many years have you been a peer staff member?

Answered: 10   Skipped: 347
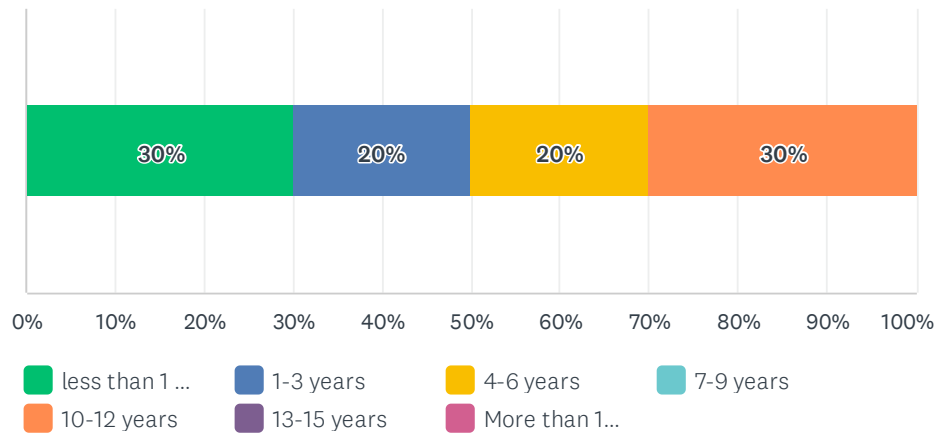
ANSWER CHOICES	RESPONSES	
less than 1 year	30%	3
1-3 years	20%	2
4-6 years	20%	2
7-9 years	0%	0
10-12 years	30%	3
13-15 years	0%	0
More than 15 years	0%	0
TOTAL		10

Q21 In what language(s) do you generally provide services?

Answered: 194   Skipped: 163
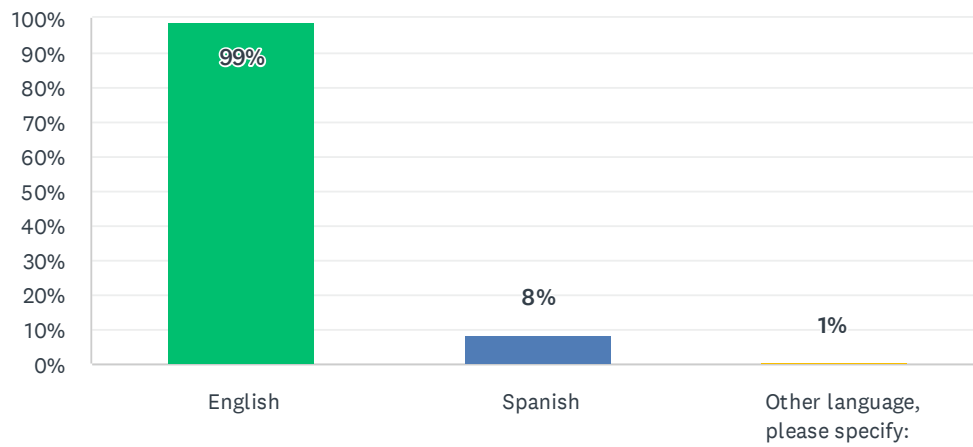
ANSWER CHOICES	RESPONSES	
English	99%	192
Spanish	8%	16
Other language, please specify:	1%	1
Total Respondents: 194		

Q22 In the last 12 months, have you used language line or other language interpreter services (for example: Propio) to provide services, counseling or treatment?
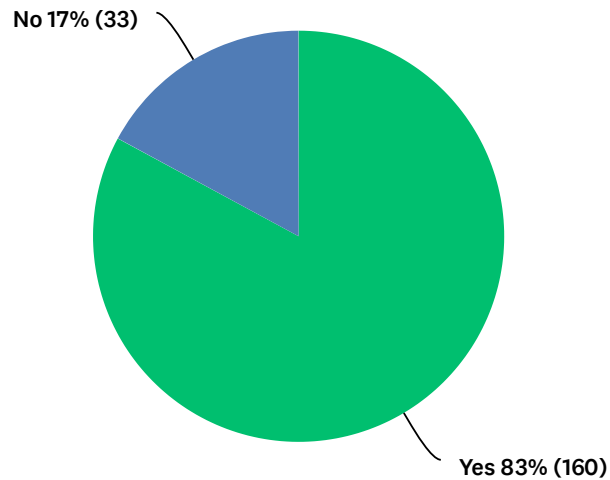
Answered: 192   Skipped: 165
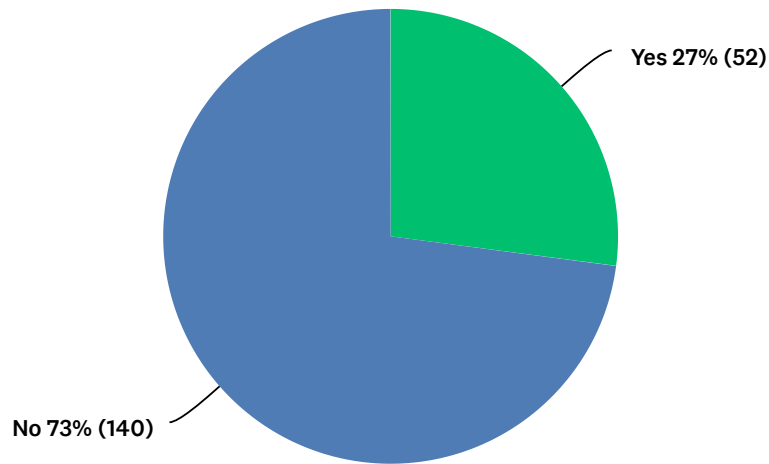
Yes 27% (52)

No 73% (140)

ANSWER CHOICES	RESPONSES	
Yes	27%	52
No	73%	140
TOTAL		192

Q23 In the last 12 months, have you attended training on cultural competence? Cultural competence programs promote positive and effective interactions with diverse cultures. Please include online training sessions.
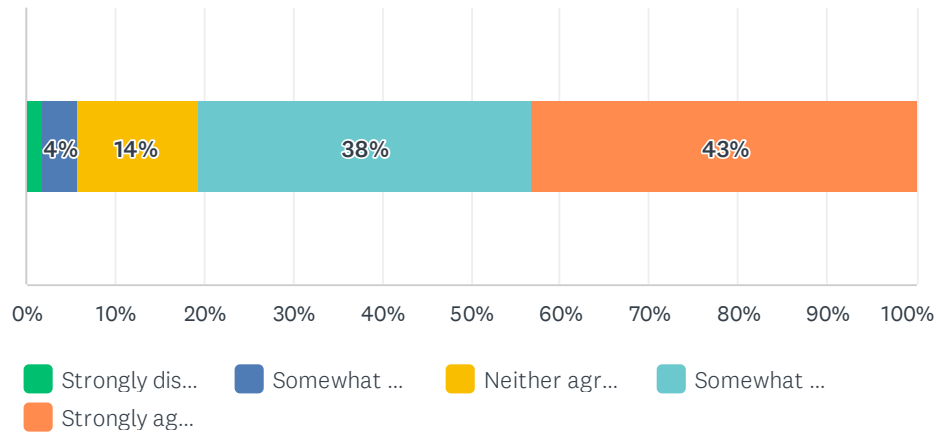
Answered: 193   Skipped: 164

No 17% (33)

Yes 83% (160)

ANSWER CHOICES	RESPONSES	
Yes	83%	160
No	17%	33
TOTAL		193

Q24 To what extent would you say that cultural competence training has helped you meet the needs of people receiving services from Community Healthcore?

Answered: 160   Skipped: 197

Strongly dis...	Somewhat ...	Neither agr...	Somewhat ...

Strongly ag...

ANSWER CHOICES	RESPONSES	
Strongly disagree	2%	3
Somewhat disagree	4%	6
Neither agree nor disagree	14%	22
Somewhat agree	38%	60
Strongly agree	43%	69
TOTAL		160

Q25 Community Healthcore currently offers a variety of employee benefits. How important is each benefit to you?

Answered: 340   Skipped: 17

	Extremely i...	Somewhat i...	Not import...
Health insurance...	86%	7%	6%
Health insurance...	46%	19%	35%
Long-term disability...	64%	26%	10%
Retirement benefits	90%	7%	3%
Paid time off (PTO)	96%		2%
Educational assistance	54%	29%	17%
Employee discounts (f...	51%	34%	14%
Employee assistance...	61%	28%	11%
Wellness Challenge	36%	39%	25%
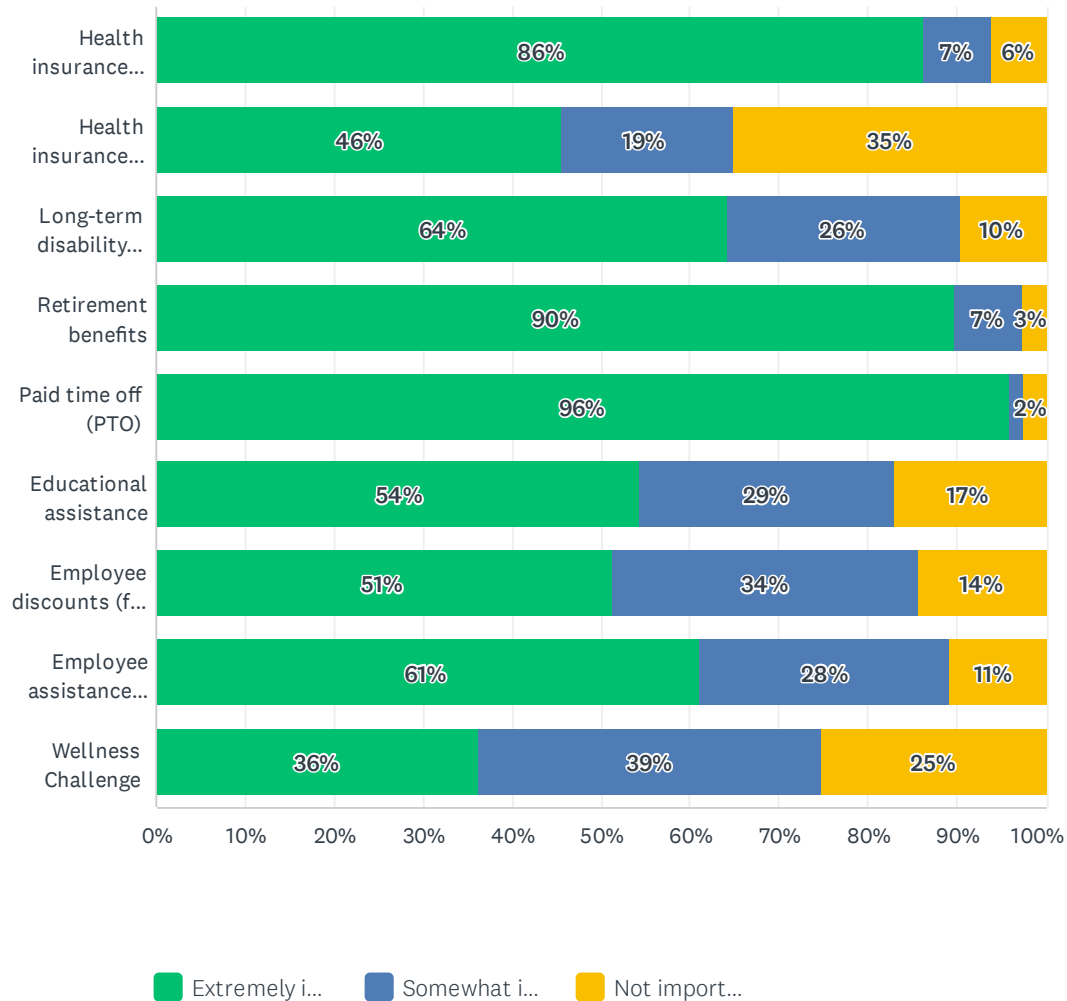
2023 CHC Workforce Survey

	EXTREMELY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT	TOTAL	WEIGHTED AVERAGE
Health insurance (individual)	86% 292	7% 25	6% 21	338	1.80
Health insurance (dependents)	46% 142	19% 60	35% 110	312	1.10
Long-term disability insurance	64% 212	26% 86	10% 32	330	1.55
Retirement benefits	90% 301	7% 25	3% 9	335	1.87
Paid time off (PTO)	96% 324	2% 6	2% 8	338	1.93
Educational assistance	54% 177	29% 93	17% 55	325	1.38
Employee discounts (for example, corporate discount benefits at retailers)	51% 168	34% 112	14% 47	327	1.37
Employee assistance program (EAP)	61% 202	28% 92	11% 36	330	1.50
Wellness Challenge	36% 118	39% 126	25% 82	326	1.11

	EXTREMELY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT	TOTAL	WEIGHTED AVERAGE

Q26 Are there any new or additional benefits that Community Healthcore could offer in order to attract a well-qualified, diverse workforce?
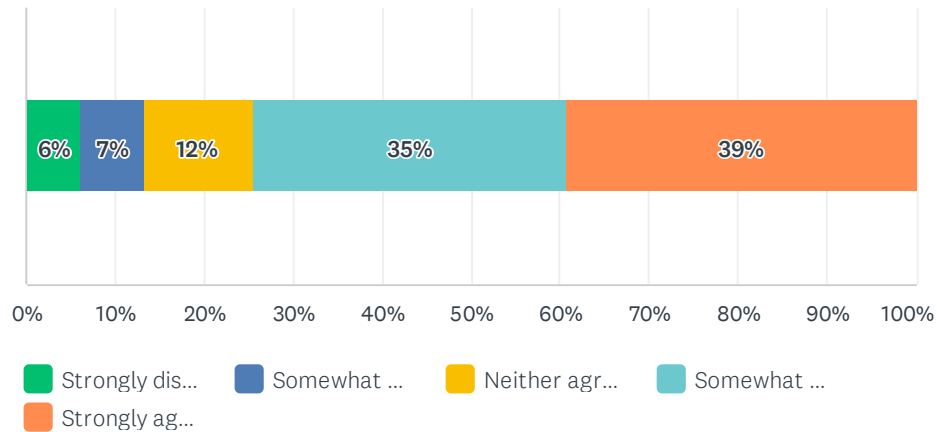
Answered: 334   Skipped: 23
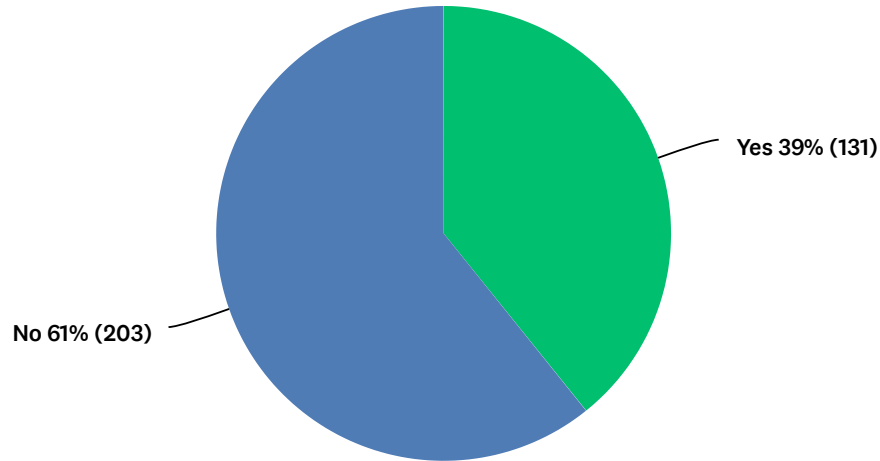
ANSWER CHOICES	RESPONSES	
Yes	39%	131
No	61%	203
TOTAL		334

Q27 Please describe the benefit:

Answered: 118   Skipped: 239

Q28 To what extent would you agree that Community Healthcore provides its workforce with the tools and resources to support their health and wellbeing?

Answered: 344   Skipped: 13

6% 7% 12% 35% 39%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Strongly dis… ■ Somewhat … ■ Neither agr… ■ Somewhat …
■ Strongly ag…

ANSWER CHOICES	RESPONSES	
Strongly disagree	6%	21
Somewhat disagree	7%	25
Neither agree nor disagree	12%	42
Somewhat agree	35%	121
Strongly agree	39%	135
TOTAL		344

Q29 Please describe the reason for your selection

Answered: 222   Skipped: 135

Q30 Thinking about the health challenges in Community Healthcore's service area, how important is it to address the following issues?

Answered: 338   Skipped: 19
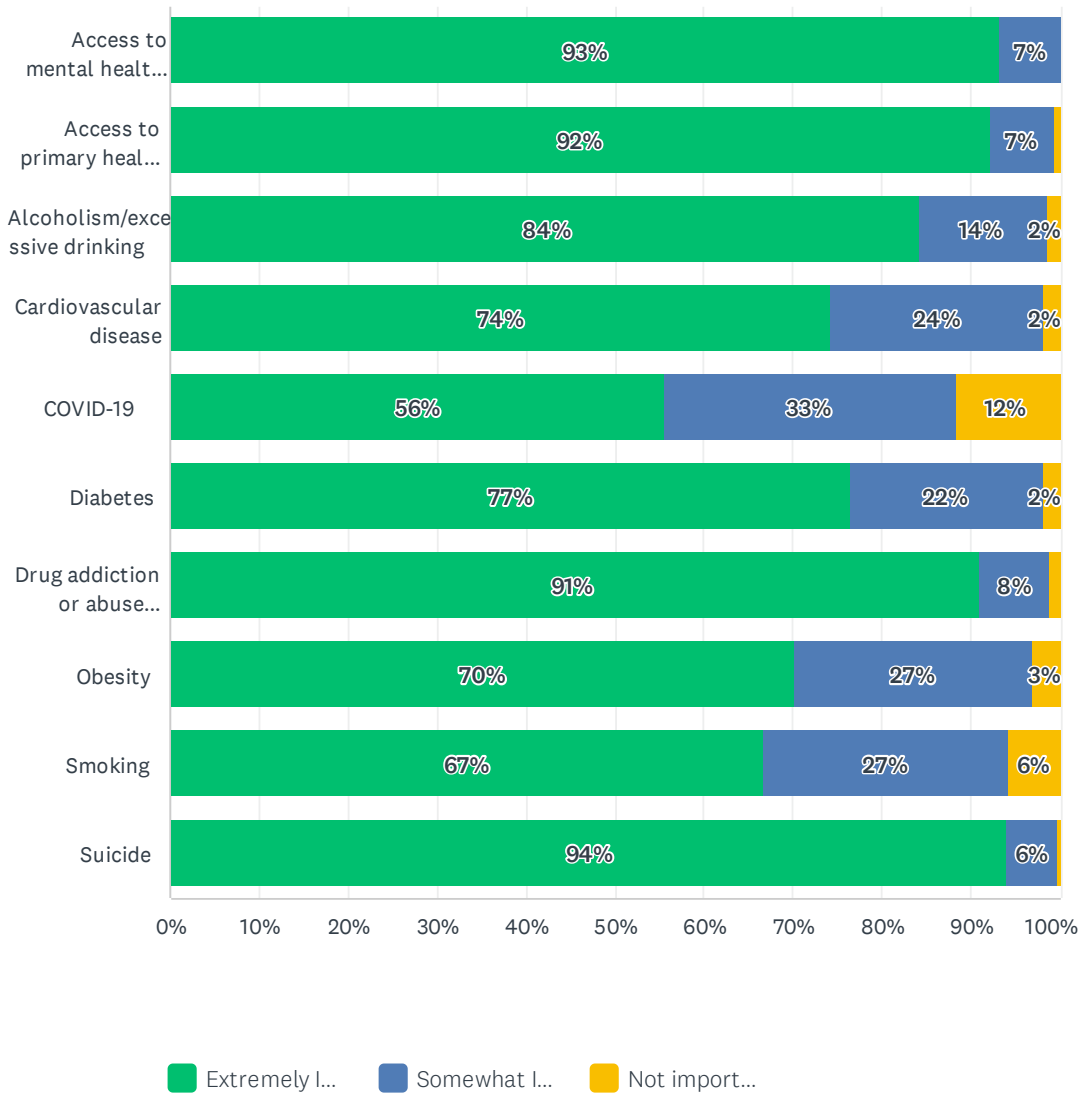
	Extremely I...	Somewhat I...	Not import...
Access to mental healt...	93%	7%	
Access to primary heal...	92%	7%	
Alcoholism/excessive drinking	84%	14%	2%
Cardiovascular disease	74%	24%	2%
COVID-19	56%	33%	12%
Diabetes	77%	22%	2%
Drug addiction or abuse...	91%	8%	
Obesity	70%	27%	3%
Smoking	67%	27%	6%
Suicide	94%	6%	

	EXTREMELY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT	TOTAL
Access to mental health practitioners	93% 314	7% 23	0% 0	337
Access to primary health care	92% 310	7% 24	1% 2	336
Alcoholism/excessive drinking	84% 278	14% 47	2% 5	330
Cardiovascular disease	74% 246	24% 79	2% 6	331
COVID-19	56% 185	33% 109	12% 39	333
Diabetes	77% 251	22% 71	2% 6	328
Drug addiction or abuse (including opioid)	91% 305	8% 26	1% 4	335
Obesity	70% 234	27% 90	3% 10	334
Smoking	67% 221	27% 91	6% 19	331
Suicide	94% 314	6% 19	0% 1	334

	EXTREMELY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT	TOTAL

Q31 Community Healthcore is developing a suicide prevention initiative for the nine counties it serves. What would be the best way to increase awareness about suicide prevention? (Select all that apply)

Answered: 341   Skipped: 16
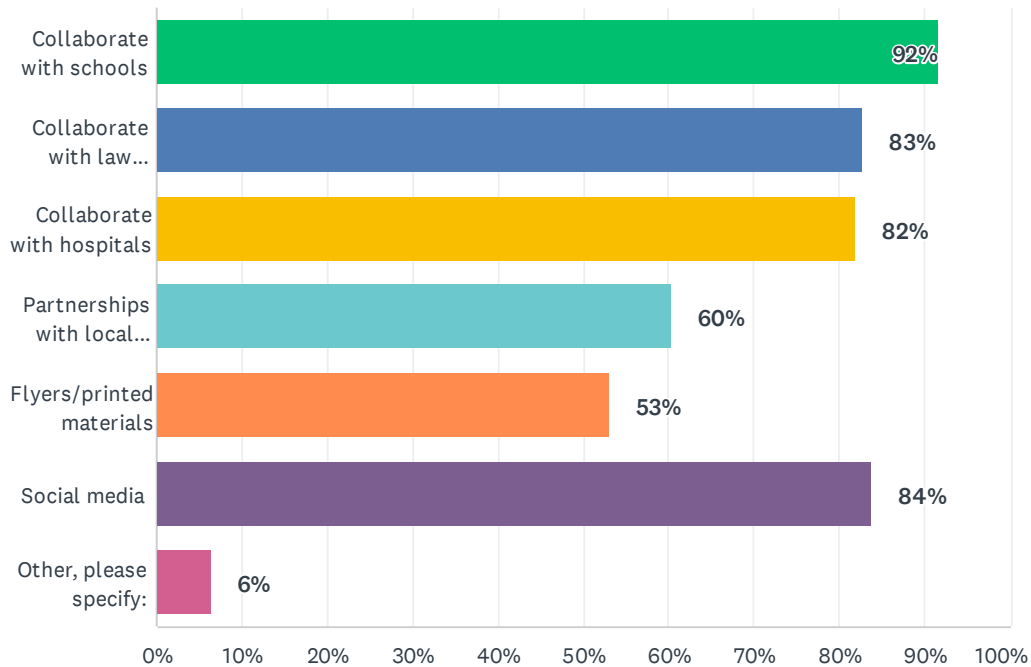
ANSWER CHOICES	RESPONSES	
Collaborate with schools	92%	313
Collaborate with law enforcement	83%	282
Collaborate with hospitals	82%	279
Partnerships with local businesses	60%	206
Flyers/printed materials	53%	181
Social media	84%	286
Other, please specify:	6%	22
Total Respondents: 341		

Q32 To what extent would you agree that the following barriers prevent people in your area from getting the healthcare they need…

Answered: 340   Skipped: 17
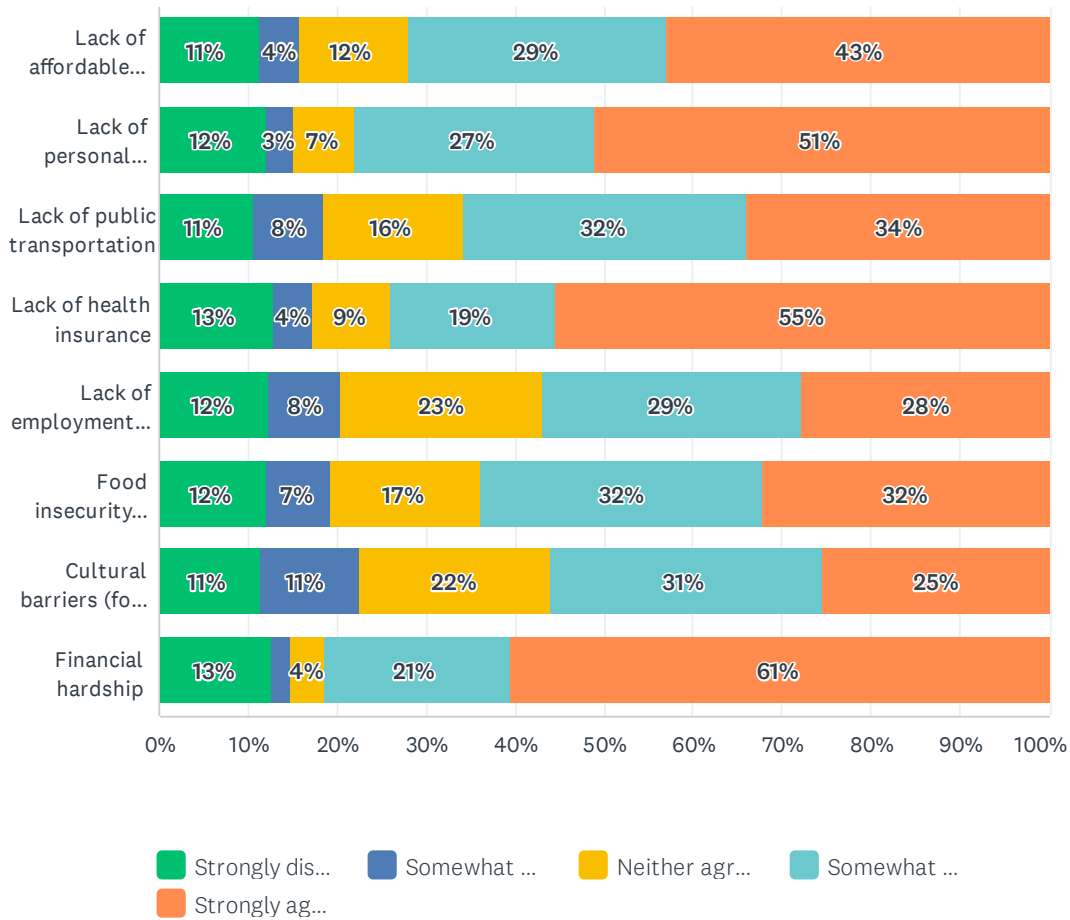
	Strongly dis…	Somewhat …	Neither agr…	Somewhat …
	Strongly ag…			

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Lack of affordable housing	11% 38	4% 15	12% 41	29% 97	43% 144	335	0.88
Lack of personal transportation	12% 41	3% 10	7% 23	27% 91	51% 173	338	1.02
Lack of public transportation	11% 36	8% 26	16% 53	32% 107	34% 114	336	0.71
Lack of health insurance	13% 44	4% 14	9% 30	19% 63	55% 188	339	0.99
Lack of employment opportunities	12% 41	8% 27	23% 75	29% 97	28% 92	332	0.52
Food insecurity (access to enough food)	12% 41	7% 24	17% 57	32% 107	32% 108	337	0.64
Cultural barriers (for example, language or religion)	11% 38	11% 37	22% 72	31% 102	25% 85	334	0.48
Financial hardship	13% 43	2% 7	4% 13	21% 71	61% 206	340	1.15

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE

Q33 How would you describe the most significant barrier that prevents people in your area from getting the healthcare they need?

Answered: 274   Skipped: 83

Q34 Do you have any suggestions for additional services that could improve the experience for people receiving services from Community Healthcore?
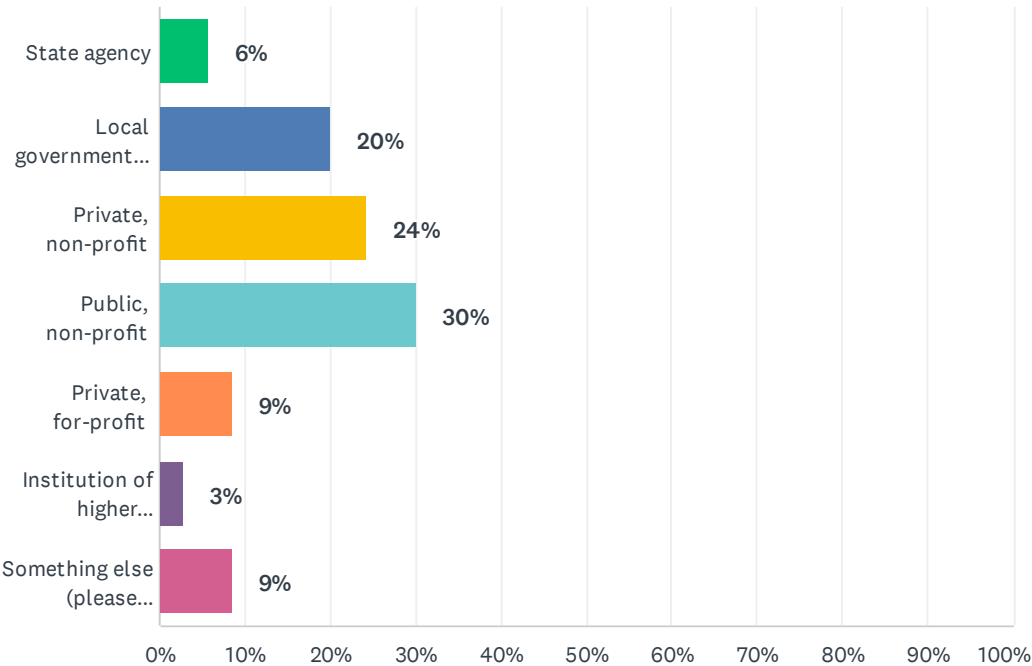
Answered: 337   Skipped: 20
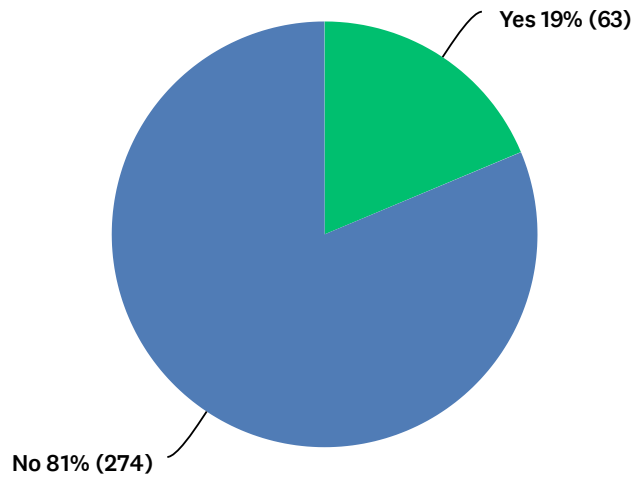
ANSWER CHOICES	RESPONSES	
Yes	19%	63
No	81%	274
TOTAL		337

Q35 Please enter your comments:

Answered: 64   Skipped: 293

# Q1 Which of the following best describes your organization's structure?

Answered: 70   Skipped: 0

ANSWER CHOICES	RESPONSES	
State agency	6%	4
Local government agency	20%	14
Private, non-profit	24%	17
Public, non-profit	30%	21
Private, for-profit	9%	6
Institution of higher education	3%	2
Something else (please specify)	9%	6
TOTAL		70

Q2 Which of the following best describes your type of organization?
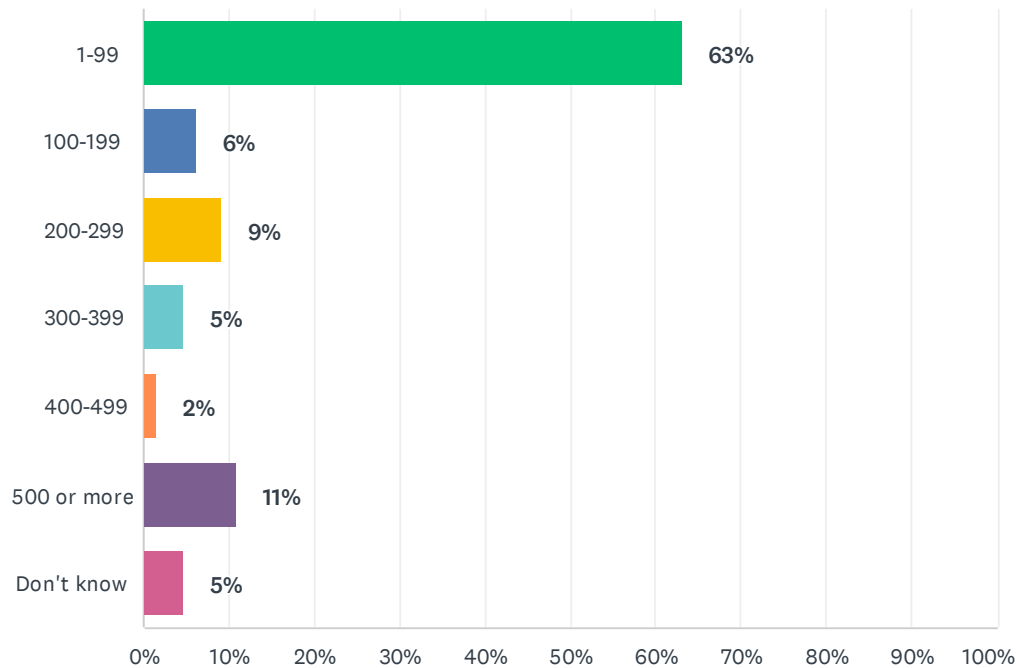
Answered: 68   Skipped: 2
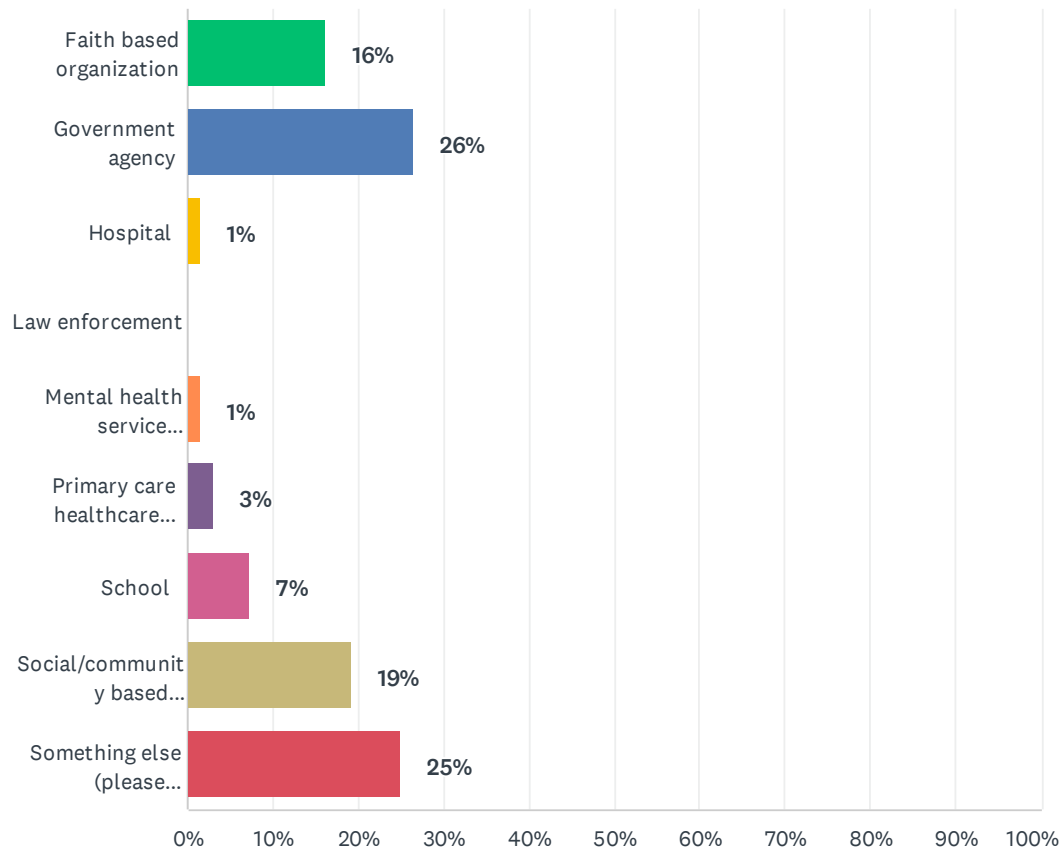
ANSWER CHOICES	RESPONSES	
Faith based organization	16%	11
Government agency	26%	18
Hospital	1%	1
Law enforcement	0%	0
Mental health service provider	1%	1
Primary care healthcare provider	3%	2
School	7%	5
Social/community based organization	19%	13
Something else (please specify)	25%	17
TOTAL		68

Q3 What is your organization's zip code?

Answered: 67 Skipped: 3

Q4 Approximately how many employees, in total, currently work for your organization? Please include all full-time and part-time employees.
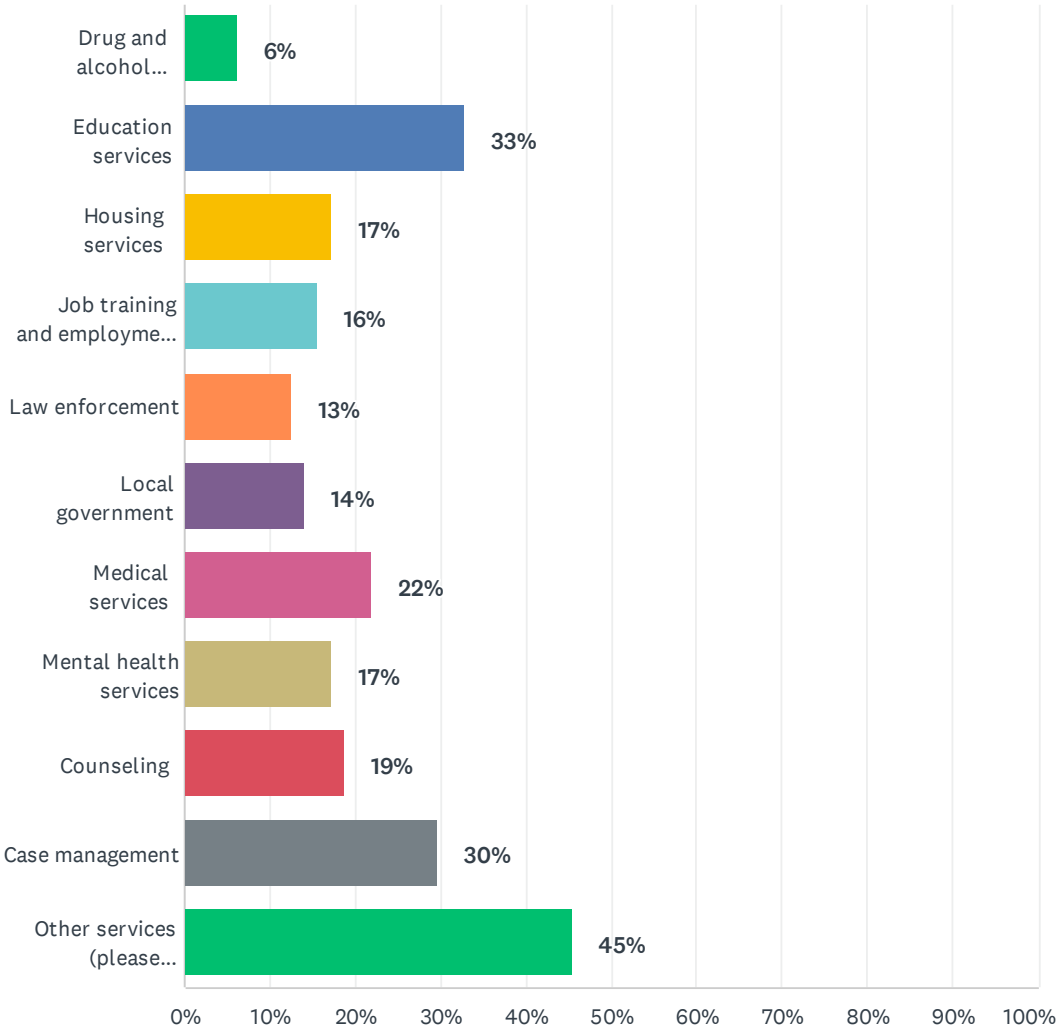
Answered: 65   Skipped: 5

ANSWER CHOICES	RESPONSES	
1-99	63%	41
100-199	6%	4
200-299	9%	6
300-399	5%	3
400-499	2%	1
500 or more	11%	7
Don't know	5%	3
TOTAL		65

Q5 Please select the services your organization provides (Select all that apply):

Answered: 64   Skipped: 6

Service	Percentage
Drug and alcohol...	6%
Education services	33%
Housing services	17%
Job training and employme...	16%
Law enforcement	13%
Local government	14%
Medical services	22%
Mental health services	17%
Counseling	19%
Case management	30%
Other services (please...	45%

ANSWER CHOICES	RESPONSES	
Drug and alcohol treatment	6%	4
Education services	33%	21
Housing services	17%	11
Job training and employment services	16%	10
Law enforcement	13%	8
Local government	14%	9
Medical services	22%	14
Mental health services	17%	11
Counseling	19%	12
Case management	30%	19
Other services (please specify)	45%	29
Total Respondents: 64		

# Q6 Does your organization provide any of the following specialty services?

Answered: 46   Skipped: 24
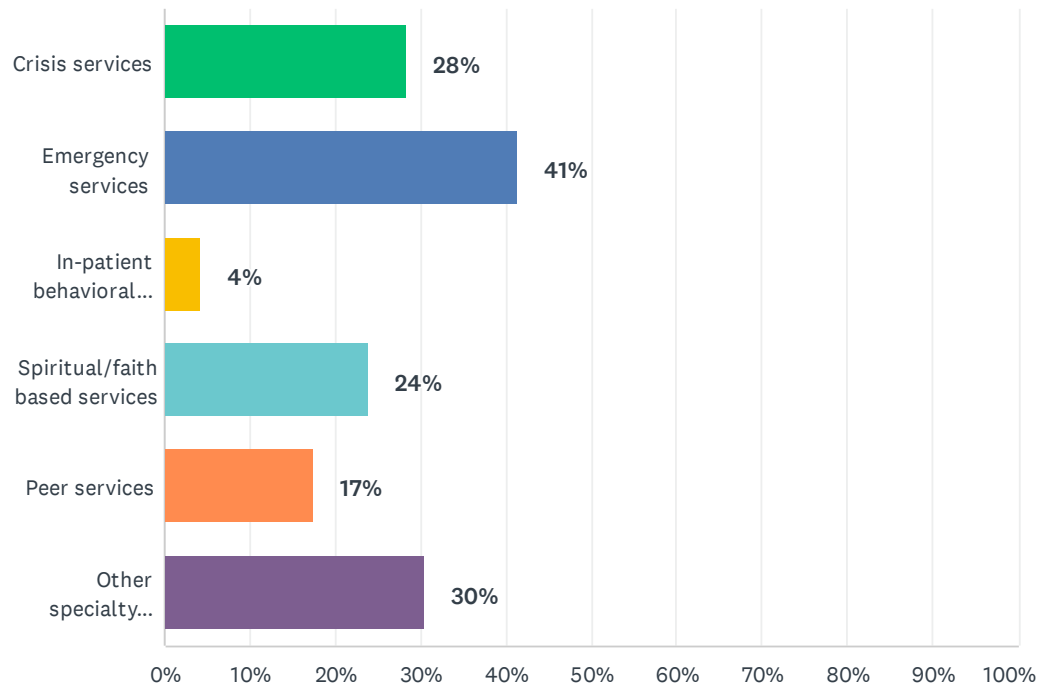
ANSWER CHOICES	RESPONSES	
Crisis services	28%	13
Emergency services	41%	19
In-patient behavioral health services	4%	2
Spiritual/faith based services	24%	11
Peer services	17%	8
Other specialty services (please specify)	30%	14
Total Respondents: 46		

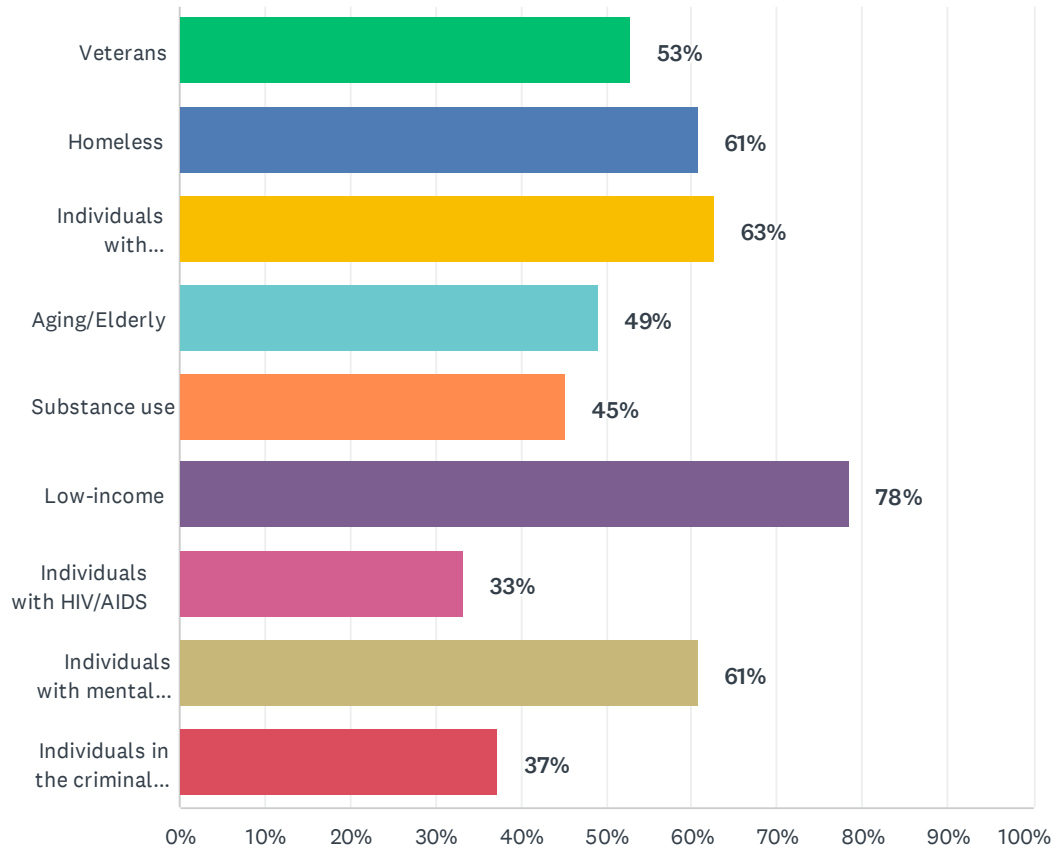# Q7 Does your organization provide services for... (select all that apply)

Answered: 61   Skipped: 9
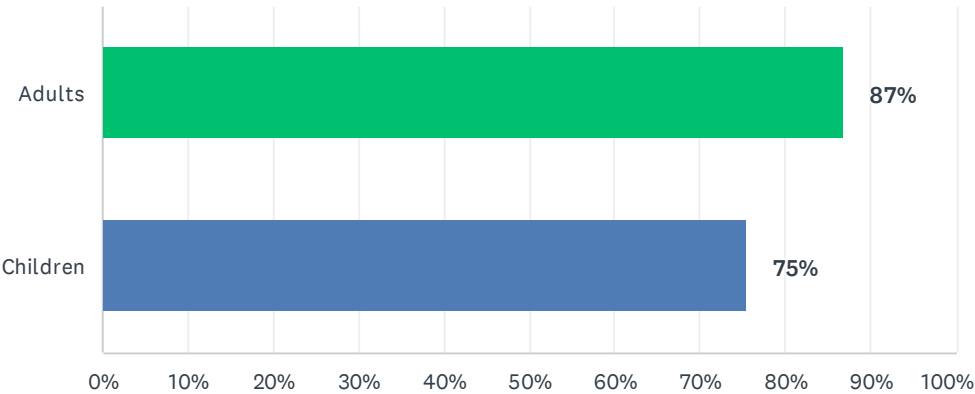
ANSWER CHOICES	RESPONSES	
Adults	87%	53
Children	75%	46
Total Respondents: 61		

Q8 Which of the following special populations does your organization serve? (Select all that apply)

Answered: 51   Skipped: 19

ANSWER CHOICES	RESPONSES	
Veterans	53%	27
Homeless	61%	31
Individuals with intellectual or developmental disabilities	63%	32
Aging/Elderly	49%	25
Substance use	45%	23
Low-income	78%	40
Individuals with HIV/AIDS	33%	17
Individuals with mental health issues	61%	31
Individuals in the criminal justice system	37%	19
Total Respondents: 51		

# Q9 How has your organization collaborated with Community Healthcore? (Select all that apply)

Answered: 59   Skipped: 11
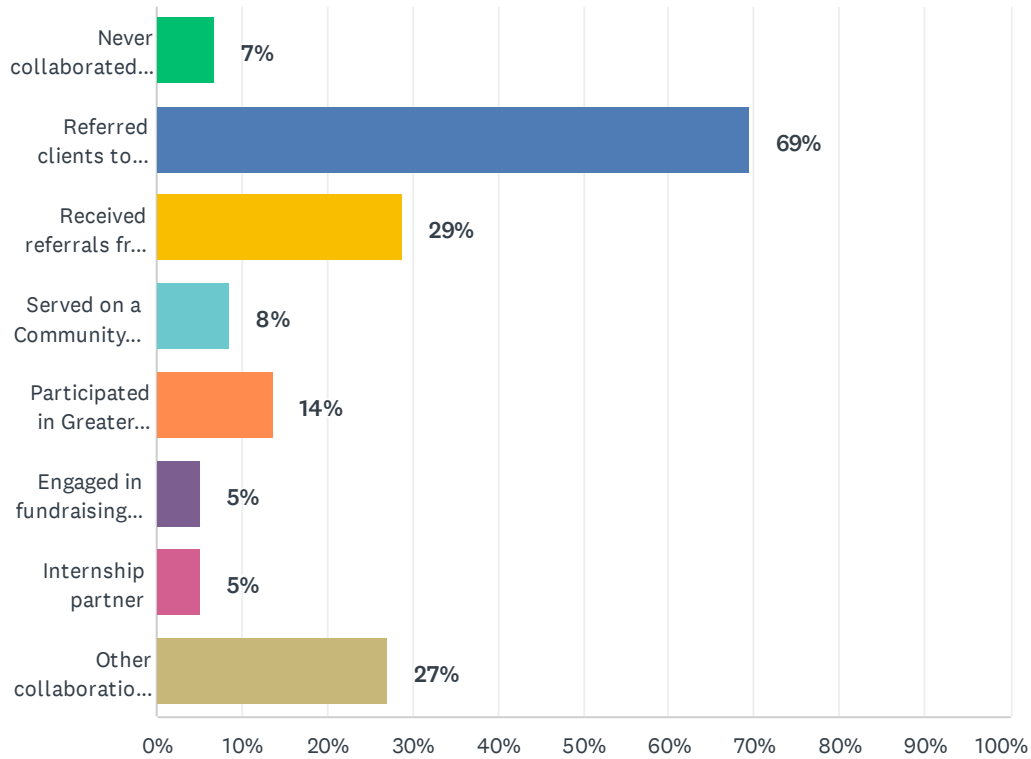
ANSWER CHOICES	RESPONSES	
Never collaborated with Community Healthcore	7%	4
Referred clients to Community Healthcore	69%	41
Received referrals from Community Healthcore	29%	17
Served on a Community Healthcore Board (Foundation, Board of Trustees, CORE Health Systems)	8%	5
Participated in Greater Longview Optimal Wellness (GLOW)	14%	8
Engaged in fundraising events with Community Healthcore	5%	3
Internship partner	5%	3
Other collaboration (please specify)	27%	16
Total Respondents: 59		

Q10 Approximately how many years has your organization worked with Community Healthcore?

Answered: 49   Skipped: 21
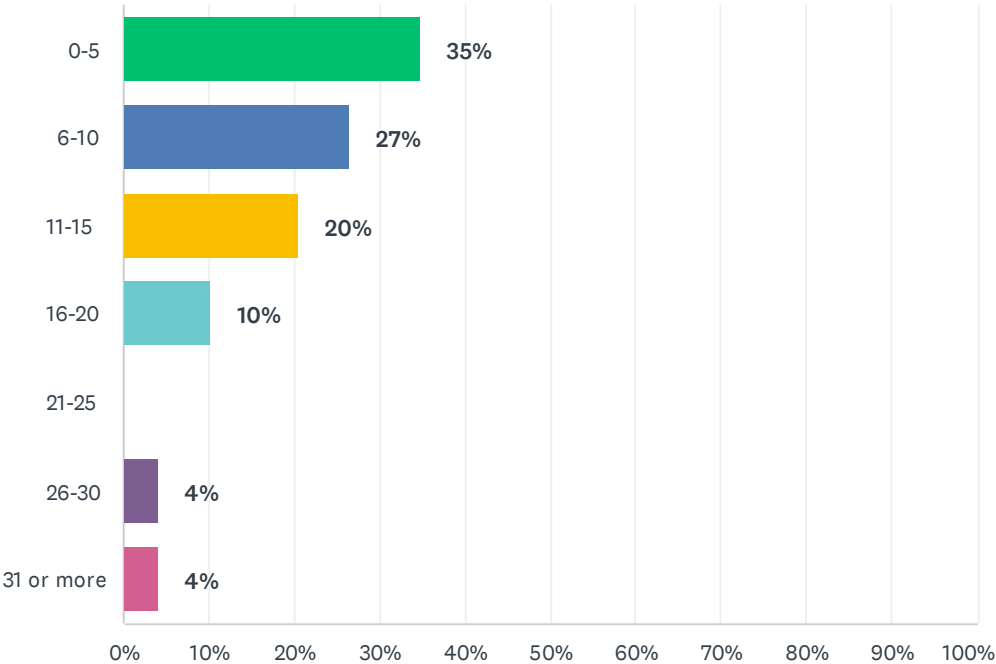
ANSWER CHOICES	RESPONSES	
0-5	35%	17
6-10	27%	13
11-15	20%	10
16-20	10%	5
21-25	0%	0
26-30	4%	2
31 or more	4%	2
TOTAL		49

Q11 Please identify your local service area (select all that apply):

Answered: 60   Skipped: 10

Service Area	Percentage
Bowie	15%
Cass	20%
Gregg	68%
Harrison	63%
Marion	32%
Panola	32%
Red River	13%
Rusk	28%
Upshur	30%
Other (please specify)	10%
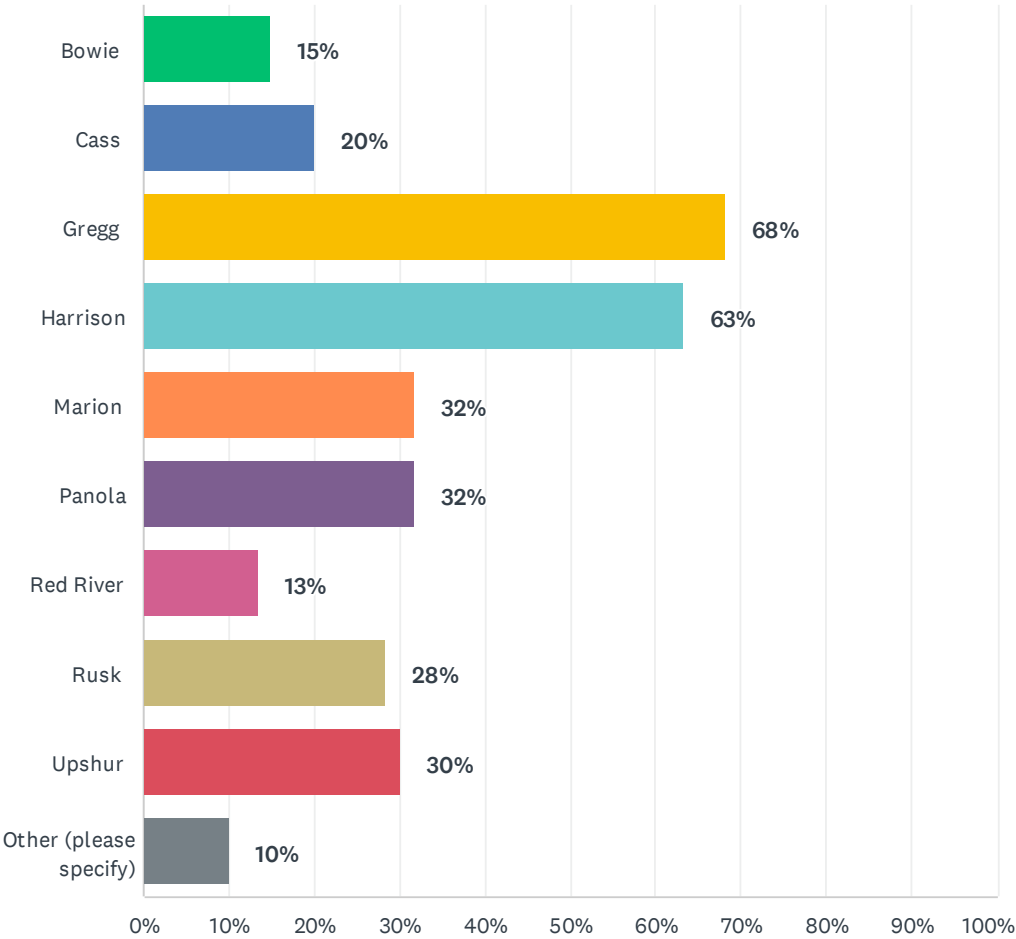
ANSWER CHOICES	RESPONSES	
Bowie	15%	9
Cass	20%	12
Gregg	68%	41
Harrison	63%	38
Marion	32%	19
Panola	32%	19
Red River	13%	8
Rusk	28%	17
Upshur	30%	18
Other (please specify)	10%	6
Total Respondents: 60		

Q12 Does your organization provide virtual services (for example: virtual visits)?

Answered: 58   Skipped: 12
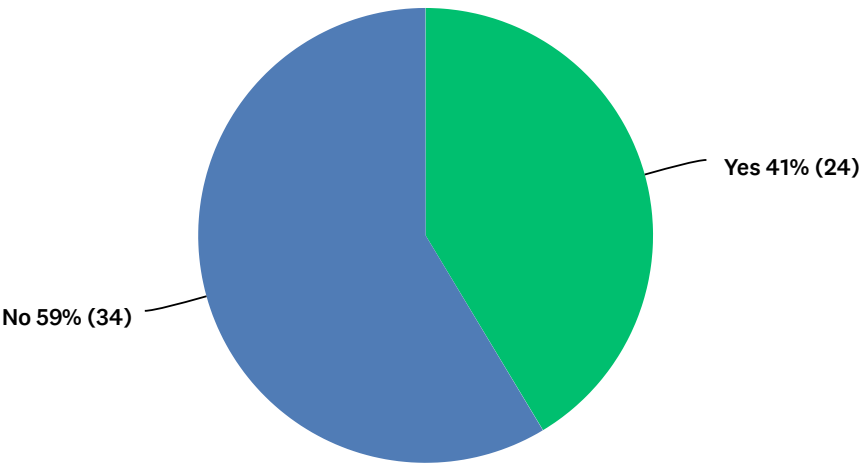
Yes 41% (24)

No 59% (34)

ANSWER CHOICES	RESPONSES	
Yes	41%	24
No	59%	34
TOTAL		58

Q13 To what extent would you agree that virtual services improved your ability to provide services?

Answered: 24   Skipped: 46
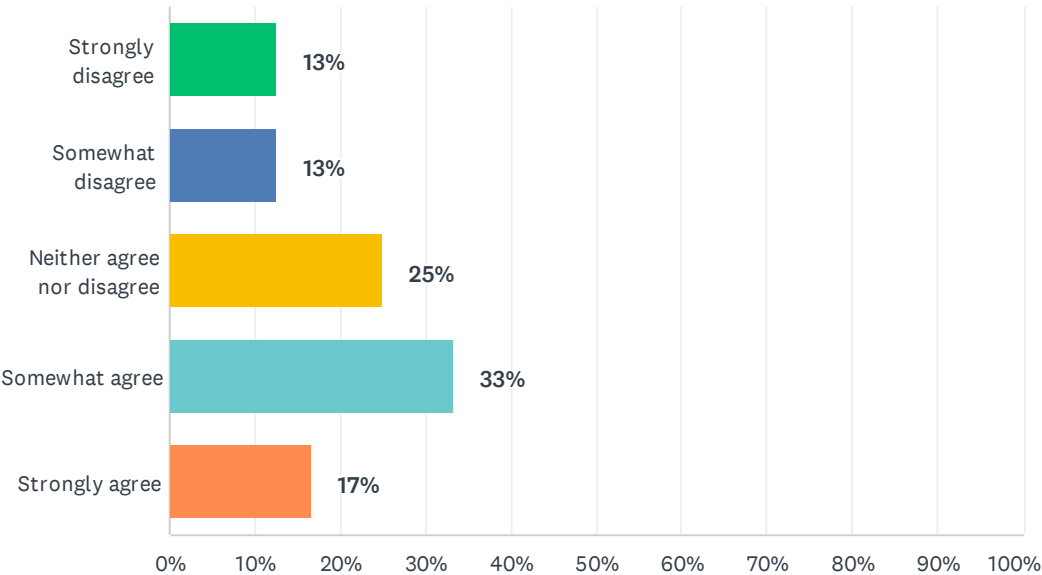
ANSWER CHOICES	RESPONSES	
Strongly disagree	13%	3
Somewhat disagree	13%	3
Neither agree nor disagree	25%	6
Somewhat agree	33%	8
Strongly agree	17%	4
TOTAL		24

Q14 Thinking about the health challenges in your local service area, how important is it to address the following issues?

Answered: 58   Skipped: 12

	Extremely i...	Somewhat i...	Not import...

Access to mental healt...: 93%, 7%
Access to primary heal...: 93%, 7%
Alcoholism/excessive drinking: 69%, 31%
Cardiovascular disease: 61%, 37%, 2%
COVID-19: 35%, 51%, 14%
Diabetes: 67%, 31%, 2%
Drug addiction or abuse...: 84%, 16%
Obesity: 63%, 33%, 4%
Smoking: 44%, 48%, 8%
Suicide: 79%, 17%, 4%
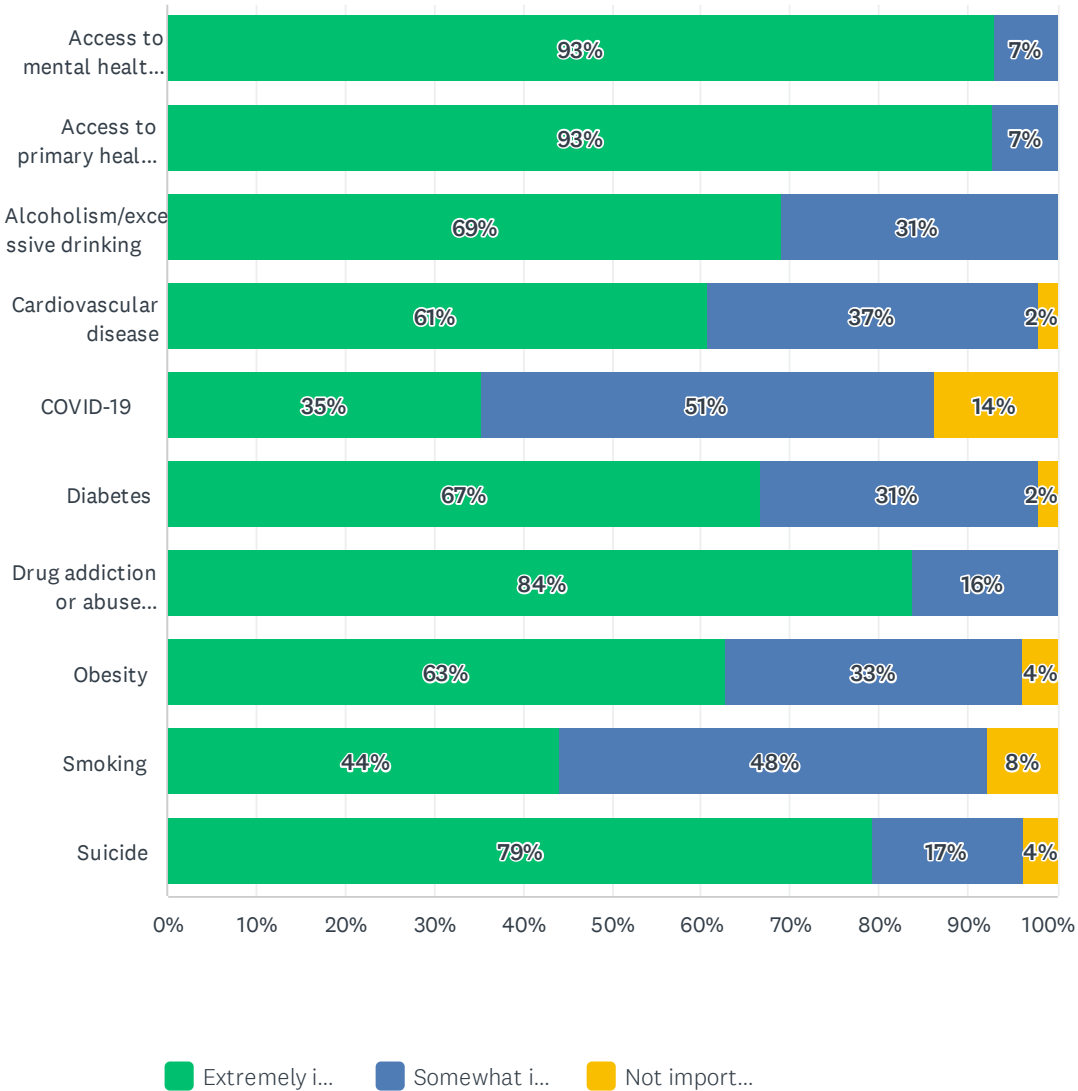
2023 CHC Community Partners Survey

	EXTREMELY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT	TOTAL	WEIGHTED AVERAGE
Access to mental health practitioners	93% 54	7% 4	0% 0	58	0.93
Access to primary health care	93% 52	7% 4	0% 0	56	0.93
Alcoholism/excessive drinking	69% 38	31% 17	0% 0	55	0.69
Cardiovascular disease	61% 31	37% 19	2% 1	51	0.59
COVID-19	35% 18	51% 26	14% 7	51	0.22
Diabetes	67% 34	31% 16	2% 1	51	0.65
Drug addiction or abuse (including opioid)	84% 47	16% 9	0% 0	56	0.84
Obesity	63% 32	33% 17	4% 2	51	0.59
Smoking	44% 23	48% 25	8% 4	52	0.37
Suicide	79% 42	17% 9	4% 2	53	0.75

	EXTREMELY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT	TOTAL	WEIGHTED AVERAGE

Q15 How would you describe the greatest health-related need in your area?

Answered: 47   Skipped: 23

Q16 Community Healthcore is developing a suicide prevention initiative for the nine counties it serves. What would be the best way to increase awareness about suicide prevention in your community? (Select all that apply)

Answered: 56   Skipped: 14
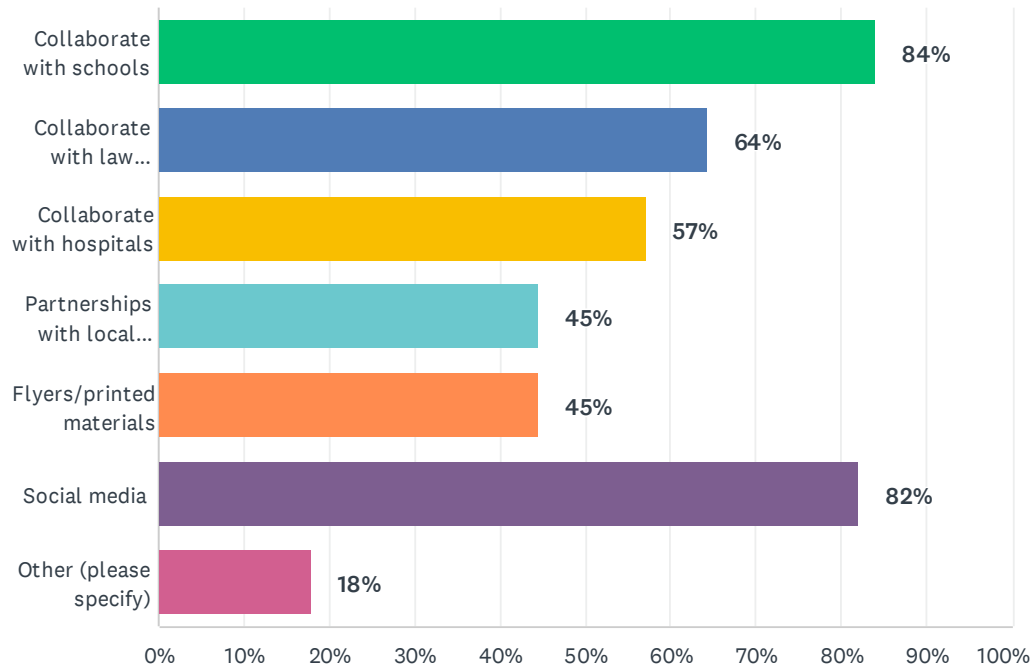
ANSWER CHOICES	RESPONSES	
Collaborate with schools	84%	47
Collaborate with law enforcement	64%	36
Collaborate with hospitals	57%	32
Partnerships with local businesses	45%	25
Flyers/printed materials	45%	25
Social media	82%	46
Other (please specify)	18%	10
Total Respondents: 56		

Q17 To what extent would you agree that the following barriers prevent people in your area from getting the healthcare they need…

Answered: 54   Skipped: 16
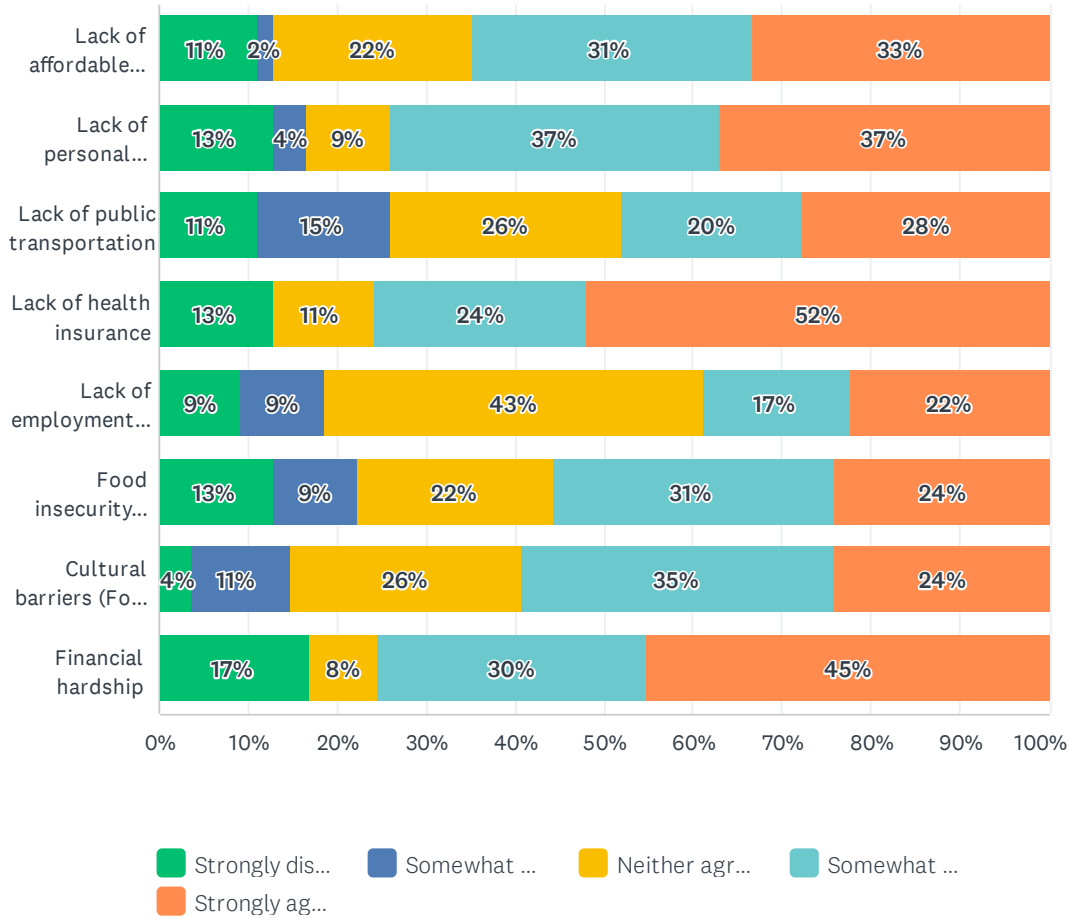
Barrier	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Lack of affordable…	11%	2%	22%	31%	33%
Lack of personal…	13%	4%	9%	37%	37%
Lack of public transportation	11%	15%	26%	20%	28%
Lack of health insurance	13%		11%	24%	52%
Lack of employment…	9%	9%	43%	17%	22%
Food insecurity…	13%	9%	22%	31%	24%
Cultural barriers (Fo…	4%	11%	26%	35%	24%
Financial hardship	17%		8%	30%	45%

Legend: Strongly dis… Somewhat … Neither agr… Somewhat … Strongly ag…

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Lack of affordable housing	11% 6	2% 1	22% 12	31% 17	33% 18	54	0.74
Lack of personal transportation	13% 7	4% 2	9% 5	37% 20	37% 20	54	0.81
Lack of public transportation	11% 6	15% 8	26% 14	20% 11	28% 15	54	0.39
Lack of health insurance	13% 7	0% 0	11% 6	24% 13	52% 28	54	1.02
Lack of employment opportunities	9% 5	9% 5	43% 23	17% 9	22% 12	54	0.33
Food insecurity (access to enough food)	13% 7	9% 5	22% 12	31% 17	24% 13	54	0.44
Cultural barriers (For example: language or religion)	4% 2	11% 6	26% 14	35% 19	24% 13	54	0.65
Financial hardship	17% 9	0% 0	8% 4	30% 16	45% 24	53	0.87
	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE

Q18 How would you describe the most significant barrier that prevents people in your area from getting the healthcare they need?

Answered: 47   Skipped: 23

Q19 Who are the people who need the most help in your area?

Answered: 53   Skipped: 17
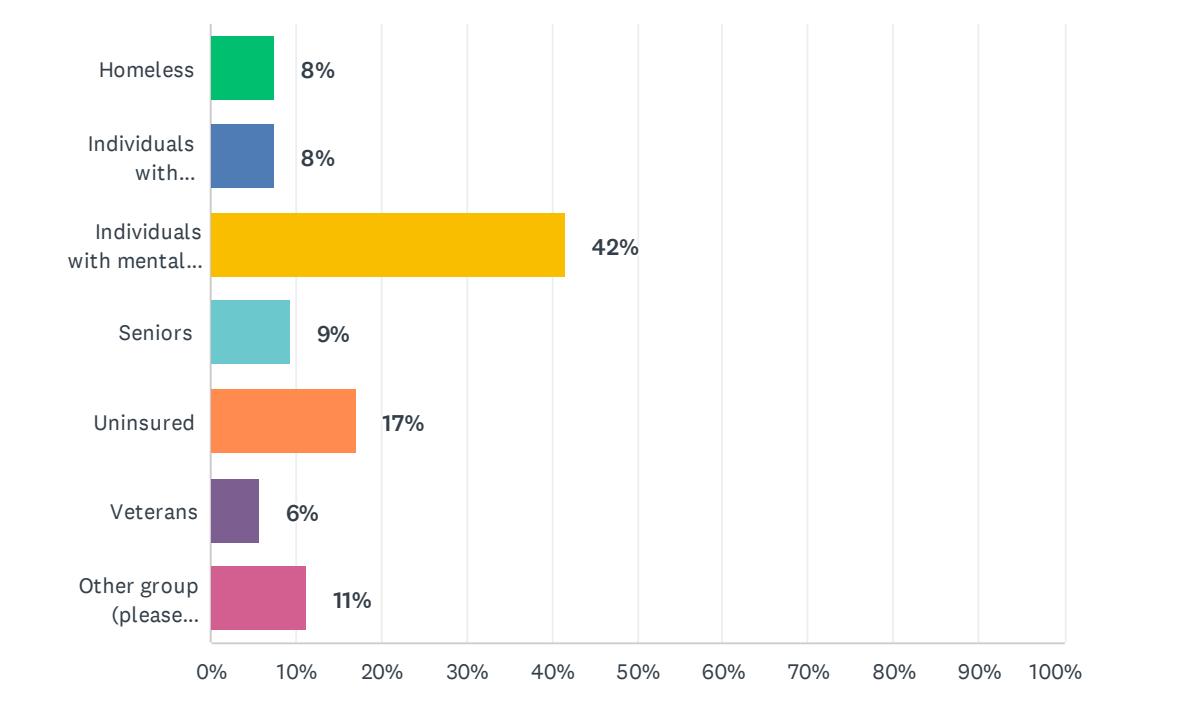
ANSWER CHOICES	RESPONSES	
Homeless	8%	4
Individuals with intellectual or developmental disabilities	8%	4
Individuals with mental health issues	42%	22
Seniors	9%	5
Uninsured	17%	9
Veterans	6%	3
Other group (please specify)	11%	6
TOTAL		53

Q20 Please describe one way in which Community Healthcore could improve the health and well-being for people in your area:

Answered: 39   Skipped: 31

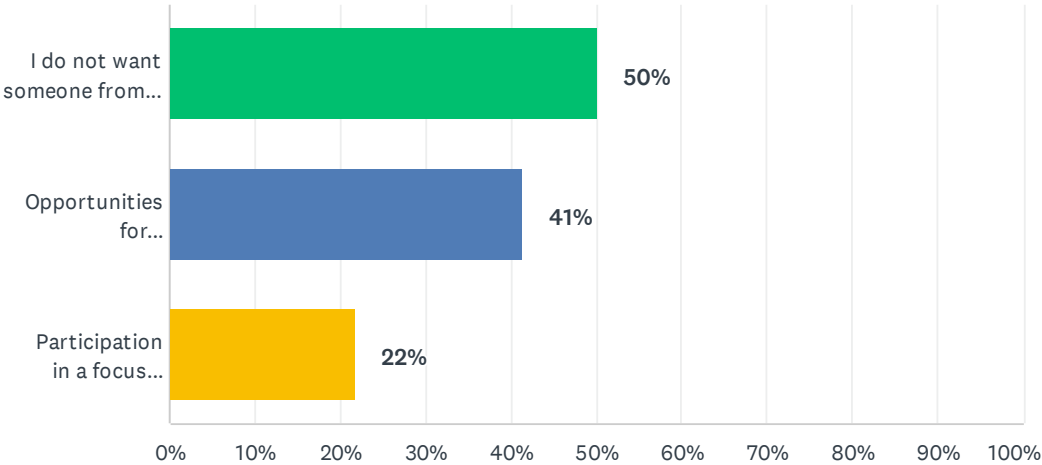# Q21 Would you recommend the services at Community Healthcore to a friend or family member?

Answered: 53   Skipped: 17
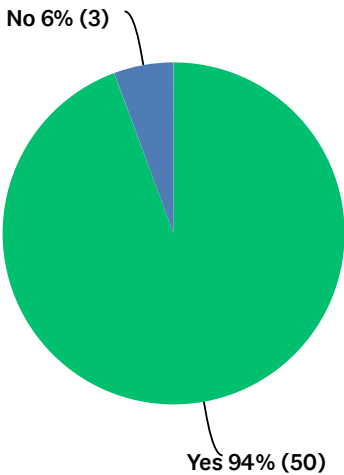
No 6% (3)

Yes 94% (50)

ANSWER CHOICES	RESPONSES	
Yes	94%	50
No	6%	3
TOTAL		53

Q22 Would you like someone from Community Healthcore to contact you about... (select all that apply)

Answered: 46   Skipped: 24

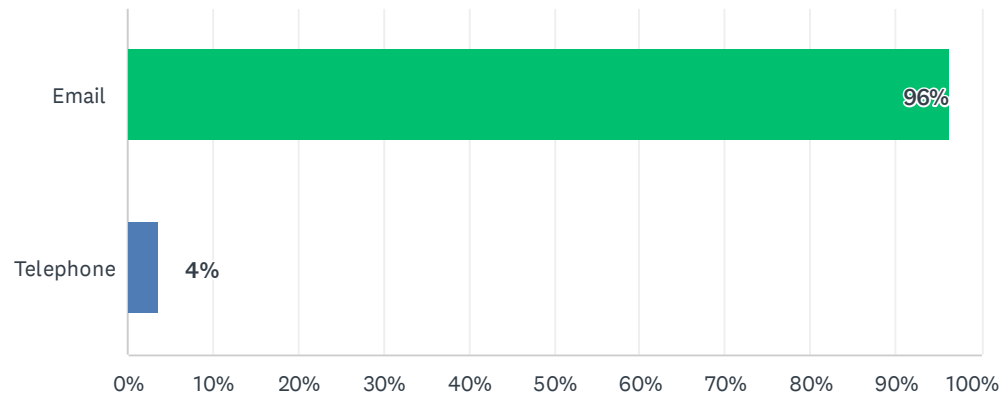| ANSWER CHOICES	RESPONSES	
I do not want someone from Community Healthcore to contact me.	50%	23
Opportunities for collaboration in your community.	41%	19
Participation in a focus group to talk about your experiences with Community Healthcore. Focus groups are guided discussions to gather feedback and explore diverse topics. Sessions are confidential and respondents are not identified in any report.	22%	10
Total Respondents: 46		

Q23 Please enter your contact information and preferred method of contact:

Answered: 27   Skipped: 43

ANSWER CHOICES	RESPONSES	
First Name	100%	27
Last Name	100%	27
Organization	96%	26
Email	100%	27
Telephone (XXX-XXX-XXXX)	96%	26

2023 CHC Community Partners Survey

Q24 Preferred method of contact:

Answered: 27   Skipped: 43

ANSWER CHOICES	RESPONSES	
Email	96%	26
Telephone	4%	1
TOTAL		27