

Executive Summary: Rapid Mental Health Needs Assessment - Guiding Kerr County's Philanthropic Response

Immediate Priorities for Recovery, Training, and Strategic Investment

December 2025



COMMUNITY
FOUNDATION
of the
TEXAS HILL COUNTRY

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE



H.E. BUTT
FOUNDATION

Acknowledgements

The Meadows Mental Health Policy Institute is grateful to the Community Foundation of the Texas Hill Country for its generous support and thoughtful leadership on this initiative. We are also grateful to the members of the Foundation's Mental Health & Well-Being Advisory Council, who provided essential guidance, perspective, and thoughtful leadership throughout this project. We are similarly thankful to the H. E. Butt Foundation for their generosity and leadership on the trauma and grief informed training considerations in this report. We would also like to extend our heartfelt appreciation to the people of Kerr County for their openness, trust, and willingness to share with us. Their voices, insights, and lived experiences provided invaluable guidance, helping to shape the solutions spotlighted in this assessment.

Overview

In the aftermath of the July 4th floods, Kerr County and affected communities in the region face new and emerging mental health needs that require attention and coordinated action. In September 2025, the Community Foundation of the Texas Hill Country partnered with the Meadows Institute to conduct a rapid behavioral health needs assessment. The Foundation requested clear, actionable recommendations for strategic investments that address the region's most pressing and emerging mental health priorities stemming from the disaster. Additionally, the H. E. Butt Foundation generously supported an assessment of trauma and grief training needs.

We conducted this rapid assessment to better understand the behavioral health challenges that now face the communities of the region and to identify opportunities to ensure an effective mental health response. While every community experiences ongoing mental health needs, natural disasters can exacerbate existing conditions and create new ones. Assessing these changes is a vital step toward ensuring that the region has the local partnerships, tools, and resources necessary to help residents and their families heal and rebuild. Throughout this process, community leaders consistently emphasized the ways neighbors rallied for one another, providing immediate and ongoing support, stepping into first-responder roles, and demonstrating extraordinary leadership across faith communities, schools, volunteer groups, mental health providers, and public safety agencies. These strengths have been a bright light in recovery and continue to undergird the community's capacity to heal.

The following offers a practical framework for the Community Foundation of the Texas Hill Country to employ to inform immediate, impactful steps toward providing needed behavioral healthcare through 2026 to respond to the heightened needs of the communities it serves. Guided by the clear evidence that the best mental health care is delivered within an integrated system, and that early identification and treatment lead to better outcomes, we designed recommendations to help the Foundation leverage its philanthropic leadership to both meet immediate needs and foster a more resilient community going forward. Notably, these opportunities build on the community's demonstrated compassion, connection, and sustained commitment to showing up for one another well beyond the initial crisis, assets that will meaningfully support long-term recovery and strengthen the region's capacity beyond the period covered by these recommendations.

Regional Mental Health Landscape

Before the floods, Kerr County was medically underserved, with limited access to mental health services. Most residents relied on private practices, schools, the local mental health authority, or hospital emergency departments for behavioral health care. Geographic isolation, a lack of

local psychiatrists, stigma, and mistrust of government systems created barriers to care. Plus, coordination across towns was limited.

Strengths in the pre-flood landscape included school districts with mental health supports like Center Point Independent School District (CPISD) and familiarity with programs such as Hill Country MHDD's Mobile Crisis Outreach Team (MCOT). Some school districts, for example, prioritized student mental health by maintaining strong counselor-to-student ratios and partnerships with Hill Country MHDD and medical schools. However, many residents faced persistent barriers, including limited transportation, a lack of trauma-trained clinicians, and financial constraints. Gaps also persisted in accessibility for vulnerable populations, including disabled adults and low-income children. Public awareness of mental health needs was beginning to grow, but complex requirements for accessing state-funded services, limited provider training, and cultural stigma continued to prevent many from getting the mental healthcare they needed.

Mental Health Impacts of Disaster Exposure

The emotional and psychological toll of disasters, especially those resulting in the loss of life, is often profound and long-lasting.¹ Post-traumatic stress disorder (PTSD) is one of the most common and debilitating psychological conditions experienced by survivors as they cope with displacement, uncertainty, and loss.^{2,3,4} First responders and rescue workers, who operate under hazardous conditions and prolonged shifts, face heightened risks of burnout, compassion fatigue, and long-term mental health challenges above and beyond the elevated rates typically seen in this population.^{5,6}

Research has also shown that exposure to traumatic events, especially during childhood, is a strong driver of other psychological and behavioral health problems, including depression, maladaptive grief reactions, substance misuse and use disorders, violence,⁷ suicide, and even the intergenerational transmission of trauma and/or traumatic stress.^{8,9,10} Some studies have identified unresolved childhood trauma as a primary cause of society's most challenging social problems (e.g., domestic violence, community violence, and mass shootings).^{11,12} Moreover, research has demonstrated that the sudden death of a loved one is both the most distressing form of trauma among youth in the general population and the strongest predictor of school problems (e.g., lower grades, decreased school connectedness, problems learning, and increased drop-out),¹³ above and beyond any other form of trauma, including physical abuse, sexual abuse, and witnessing domestic violence.¹⁴

Baseline and Projected Increases in Cases of PTSD and SED

To estimate the number of additional PTSD and serious emotional disturbance (SED) cases that may present because of direct or indirect exposure to the floods, we projected the rates of new

PTSD and SED cases using post-disaster studies conducted after Hurricanes Katrina and Harvey.¹⁵ We have used this approach to project post-disaster needs for previous disasters in Texas. Prior to the July 2025 Hill Country floods, an estimated 380,000 Texas children and youth had a SED,¹⁶ and 920,000 Texas adults had PTSD¹⁷ in 2023. As shown in Table 1, below, we estimate that direct and indirect exposure to flood-related stressors, such as property damage, displacement, and the loss of family members or loved ones, will increase the number of statewide cases of serious emotional disturbances, or SED, cases among children and youth by 42,000 and adult PTSD cases by 190,000. In Kerr County, we estimate an increase to 2,100 total SED cases among children and youth and 8,000 PTSD cases in adults. For a detailed breakdown of cases by county, both within the CFTHC catchment area and more broadly in Texas, please see Appendix C.

Table 1: Statewide Prevalence Rates of Post-Traumatic Stress Disorder and Serious Emotional Disturbances Pre- and Post-Flood

Condition	Age(s)	Pre-Flood ^{19,20}	Estimated Additional Cases Due to Flood	Total Estimated Cases (Texas)
Post-Traumatic Stress Disorder (PTSD)	18+	920,000	190,000	1,100,000
Serious Emotional Disturbance (SED)	6-17	380,000	42,000	420,000

Table 2: Prevalence of Post-Traumatic Stress Disorder and Serious Emotional Disturbances Pre- and Post-Flood in Kerr County

Condition	Age(s)	Pre-Flood ^{21,22}	Estimated Additional Cases Due to Flood	Total Estimated Cases in Kerr County
Post-Traumatic Stress Disorder (PTSD)	18+	1,800	6,200	8,000
Serious Emotional Disturbance (SED)	6-17	500	2,000	2,500

Expected Timeline of Mental Health Needs

Research on disaster recovery consistently shows that mental and behavioral health needs often peak well after physical rebuilding begins. Evidence from prior Texas disasters, including Hurricane Harvey, shows that, for many people (approximately 25% of those exposed), symptoms of posttraumatic stress, maladaptive grief, depression, and anxiety may not peak until approximately six to 12 months after the event, with symptoms often lasting at least one to two years after their first emergence. It is only with appropriate and effective treatment that these impacted children, youth, and adults can return fully to pre-disaster baselines. Consistent with this, the projected trajectory for communities affected by the July floods is as follows:

- During 2026, communities across Texas are expected to see an initial surge in new PTSD and SED symptoms, marking the beginning of a multiyear rise in demand. This initial period is likely to include posttraumatic stress reactions, heightened grief responses,

and increased demand for evidence-based, trauma- and grief-informed interventions. For bereaved families of victims who lost their lives, as well as campers, tourists, and first responders, the emotional impact may be especially severe, with trauma and grief reactions intensifying over the first year rather than diminishing.

- By 2027, symptoms are expected to continue for many people, particularly those who lost loved ones in the floods. Through 2027, demand for services is expected to remain high, with many individuals requiring longer-term, evidence-based trauma and grief treatment. Youth may experience ongoing academic disruption, behavioral challenges, and heightened family stress, particularly in response to important life transitions or loss reminders (like birthdays, graduation, 4th of July). Adults may face compounding pressures related to economic strain, unstable housing, and prolonged grief. Without sustained investment in trauma- and grief-trained providers, communities may struggle to respond to the complexity of needs that tend to emerge in the second and third years after large-scale disasters.
- By 2028, needs are likely to shift toward long-term recovery. A subset of survivors will continue to experience chronic PTSD, prolonged grief, depression, or co-occurring substance use. Youth whose symptoms began in 2026 may require ongoing school supports, family therapy, or specialized clinical care. First responders may continue to experience cumulative effects of trauma exposure, including secondary traumatic stress and vicarious grief. While the overall volume of need may stabilize, specialized services and long-term supports will remain essential.

Taken together, these patterns suggest that the community should anticipate meaningful and sustained mental health needs for a minimum of three years, with the most significant demand likely occurring between six and 12 months post-disaster.

Post-Floods Mental Health Landscape

The floods brought the mental health landscape in Kerr County to the forefront, raising awareness of both existing gaps and emerging needs. In response, new mental health supports emerged. Partnerships with Schreiner University, faith groups, and local volunteers fostered trust and accessibility. Hill Country MHDD Centers established an Emotional Support Center modeled after the Uvalde Resiliency Center, providing no-cost, stigma-free counseling and community outreach.²³

Programs like Texas Child Health Access Through Telemedicine (TCHATT) and the Porchlight Project helped connect residents to care, while community events and school-based wellness activities offered spaces for recovery and connection. These efforts increased awareness of mental health needs and provided tangible resources for residents who might not otherwise seek help. The following figures spotlight some of the community led recovery efforts and strengths in the community's mental health response.

Figure 1: Community Led Recovery

Community Unity

- Immediate and ongoing support for neighbors
- The strength, compassion, and connection across the community have been a bright light in recovery

Extraordinary Leadership

- Many residents stepped into first-responder roles during the crisis
- Leaders from across the community—**first responders and volunteers, local government, mental health clinicians, faith leaders, and school staff**—took on critical roles in supporting the physical and mental health of their neighbors
- Community members continue to show up for one another well beyond the initial emergency

Figure 2: Strengths in Kerr County's Mental Health Response

Community Awareness & Navigation

- Several local mental health efforts and committed providers
- Community motivated to understand available supports

Trauma & Grief Knowledge

- Community is committed to helping others
- Clinicians eager to expand trauma/grief expertise
- Caregivers seeking tools to support children and youth
- Professionals aware of need for self-care and burnout prevention

Access to Mental Health Supports

- Schools, camps, faith communities, and local providers delivering critical support
- Local providers doing amazing work sustaining recovery

And yet, despite significant efforts to date, challenges remain in meeting local mental health needs. Kerr County lacks a coordinated strategy for long-term mental health recovery, leaving communication gaps and inconsistent access to mental healthcare. Residents want training to support their fellow community members and require support in identifying trained providers who can effectively treat their needs with evidence-based therapies. Also, the long-term financial sustainability of newly established services is uncertain.

While immediate disaster response efforts provided support and mitigated some crisis impacts, the county continues to face systemic challenges in access, coordination, and culturally competent care. Ongoing mental health support will be essential to recovery efforts, rebuilding infrastructure, and fostering emotional healing within the community. Although efforts to

mitigate the longer-term mental health impacts are currently in place for some higher-risk populations, including first responders,²⁴ evidence from prior national disasters indicates that broad, sustained, and population-level strategies are essential to mitigating long-term mental health impacts.²⁵ Sustained investment, workforce development, and community-engaged strategies are essential to meet ongoing and emerging mental health needs.

Opportunities Roadmap

Building on insights gathered through community engagement and interviews with key stakeholders, the following sections identify opportunities for philanthropy to make near-term investments that can be deployed immediately while supporting sustained impact over time. These recommendations prioritize addressing urgent post-flood mental health needs and establishing the foundation for a durable, coordinated continuum of mental health care across Kerr County.²⁶

Please note that this rapid needs assessment is intentionally limited in scope to identifying opportunities where private investment can fill critical gaps, rather than funding services or programs supported through state or federal resources. It is not a comprehensive community needs assessment and does not examine the full continuum of publicly funded systems, service capacity, workforce, infrastructure, and coordination across county and regional partners. The Foundation could consider such a comprehensive assessment to inform longer-term planning, both to support recovery from the floods and to strengthen community resilience ahead of future disasters. The following philanthropic roadmap highlights where private investment can have the most immediate and complementary impact.

To reflect the widespread impact of the floods and the diverse mental health needs that emerged across the community, we organized recommendations into four categories. Each captures a different layer of the local response and recovery needed — from the people tirelessly providing care and support to the entry points where community members can access mental health help.

- **Awareness and navigation supports** help community members understand what mental health services and supports are available and how to access them. These efforts bring together local partners, share clear information about resources, and guide individuals and families through the process of finding care.
- **Trauma and grief trainings** build community-wide capacity to recognize, respond to, and heal from trauma and loss, particularly for those serving children and youth.
- **Community access points** are places where residents can directly seek care, providing immediate and ongoing pathways to mental health services and supports.
- **Specialized care** is for bereaved families and those who care for others (first responders, staff at organizations leading recovery efforts, clinicians, educators, and faith leaders). Care for bereaved families, for example, includes providing grief-focused support and

connection to appropriate resources. For helpers, care will strengthen their capacity, wellbeing, and ability to meet rising and long-term community mental health needs.

Opportunities for Philanthropic Funding

Awareness and Navigation Supports

Help Community Members Understand Mental Health Needs, Services, and Supports

Supporting mental health awareness campaigns would improve the community's understanding of mental health needs and how to address them. Plus, funding locally based mental health care navigators would help community members find the mental healthcare they need when they do not know where to turn.

Trauma & Grief Capacity

Equip the Community to Identify and Treat Trauma and Grief

Consider providing trauma- and grief-informed training on early identification and referral information to parents/caregivers, local mental health providers, school staff, faith-based professionals, health care professionals, case managers, and others who provide support to the community. Many would also benefit from specialized training on how to best support recovery and wellbeing. It is also important to increase awareness and supports to help healing professionals recognize and address burnout, compassion fatigue, and secondary traumatic stress.

Community Access Points

Increase Access to Mental Healthcare, Leveraging Trusted Settings

Collaborate with local and regional providers able to expand capacity on the ground (like Hill Country MHDD's walk-in Emotional Support Center). Additionally, as needed to meet needs that go beyond local capacity, expand access through strategic partnerships with telehealth (such as trauma- and grief-informed treatment providers and state-funded psychiatry access programs). Consider also supporting schools and faith-based organizations to help people identify mental health needs and access programs available to meet those needs.

Specialized Care

Increase Mental Healthcare Access for Specific Groups of People

Support the mental health and wellbeing of bereaved Kerr County families by making counseling services and other supports readily accessible. Similarly, consider supporting the mental health and wellbeing of other community members such as first responders, those leading disaster response efforts, local clinicians, school staff, and faith leaders.

End Notes

¹ Galea, S., Nandi, A., & Vlahov, D. (2005). The epidemiology of post-traumatic stress disorder after disasters. *Epidemiologic Reviews*, 27(1), 78-91. 10.1093/epirev/mxi003

² Galea, S., Nandi, A., & Vlahov, D. (2005). The epidemiology of post-traumatic stress disorder after disasters. *Epidemiologic Reviews*, 27(1), 78-91. 10.1093/epirev/mxi003

³ Mao, W., Eboreime, E., Shalaby, R., Nkire, N., Agyapong, B., Pazderka, H., Obuobi-Donkor, G., Adu, M., Owusu, E., Oluwasina, F., Zhang, Y., & Agyapong, V. (2023). Post-traumatic stress disorder in Fort McMurray: Prevalence and correlates one year after the flood. *European Psychiatry*, 66, S477 - S477. 10.1192/j.eurpsy.2023.1021

⁴ McLaughlin, K. A., Fairbank, J. A., Gruber, M. J., Jones, R. T., Lakoma, M. D., Pfefferbaum, B., Sampson, N. A., & Kessler, R. C. (2009). Serious emotional disturbance among youth exposed to Hurricane Katrina two years post-disaster. *Journal of the American Academy of Child and Adolescent Psychiatry*, 48(11), 1069-1078. 10.1097/CHI.0b013e3181b76697

⁵ Jitnarin, N., Jahnke, S. A., Poston, W. S., Haddock, C. K., & Kaipust, C. M. (2022). Posttraumatic stress disorder (PTSD) and mental health comorbidity in firefighters. *Journal of Workplace Behavioral Health*, 37(3), 147-168. 10.1080/15555240.2022.2081172

⁶ Wagner, S. L., White, N., Fyfe, T., Matthews, L. R., Randall, C., Regehr, C., White, M., Alden, L. E., Buys, N., Carey, M. G., Corneil, W., Fraess-Phillips, A., Krutop, E., & Fleischmann, M. H. (2020). Systematic review of posttraumatic stress disorder in police officers following routine work-related critical incident exposure. *American Journal of Industrial Medicine*, 63(7), 600-615. 10.1002/ajim.23120

⁷ Baglivio, M. T., Wolff, K. T., DeLisi, M., & Jackowski, K. (2020). The role of adverse childhood experiences (ACEs) and psychopathic features on juvenile offending criminal careers to age 18. *Youth Violence and Juvenile Justice*, 18(4), 337-364. <https://doi.org/10.1177/1541204020927075>

⁸ Jones, T. M., Nurius, P., Song, C., & Fleming, C. M. (2018). Modeling life course pathways from adverse childhood experiences to adult mental health. *Child Abuse & Neglect*, 80, 32-40. <https://doi.org/10.1016/j.chab.2018.03.005>

⁹ Kaplow, J. B., Saunders, J., Angold, A., & Costello, E. J. (2010). Psychiatric symptoms in bereaved versus nonbereaved youth and young adults: a longitudinal epidemiological study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(11), 1145-1154. <https://doi.org/10.1016/j.jaac.2010.08.004>

¹⁰ Hornor, G. (2015). Childhood trauma exposure and toxic stress: What the PNP needs to know. *Journal of Pediatric Health Care*, 29(2), 191-198. doi:10.1016/j.pedhc.2014.09.006

¹¹ Maxfield, M. G., & Widom, C. S. (1996). The cycle of violence: Revisited 6 years later. *Archives of Pediatrics & Adolescent Medicine*, 150(4), 390-395. doi:10.1001/archpedi.1996.02170290056009

¹² Ardino, V. (2012). Offending behaviour: The role of trauma and PTSD. *European Journal of Psychotraumatology*, 3(1), 18968. <https://doi.org/10.3402/ejpt.v3i0.18968>

¹³ Kaplow, J. B., Saunders, J., Angold, A., & Costello, E. J. (2010). Psychiatric symptoms in bereaved versus nonbereaved youth and young adults: a longitudinal epidemiological study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(11), 1145-1154. <https://doi.org/10.1016/j.jaac.2010.08.004>

¹⁴ Oosterhoff, B., Kaplow, J. B., & Layne, C. M. (2018). Links between bereavement due to sudden death and academic functioning: Results from a nationally representative sample of adolescents. *School Psychology Quarterly*, 33(3), 372-380. <https://dx.doi.org/10.1037/spq0000254>

¹⁵ The studies of PTSD and SED from Hurricanes Harvey and Katrina were selected given that most of the research on floods has been international (Chen, L., & Liu, A. (2015). The incidence of posttraumatic stress disorder after floods: A meta-analysis. *Disaster Medicine and Public Health Preparedness*, 9(3), 329-333. 10.1017/dmp.2015.17). Given the variable disaster response and cultural factors across countries, we elected to use high-quality domestic research to estimate the number of people likely to experience flood-related challenges in this work.

¹⁶ Holzer, C., Nguyen, H., & Holzer, J. (2025). *National, state, and county-level estimates of the prevalence of severe mental health need in 2023*. Dallas, TX: Meadows Mental Health Policy Institute.

¹⁷ The Meadows Institute. (2025). *National, state, and county-level mental health prevalence estimates, 2023*. For more information, see: <https://data.mmhpi.org/MMHPI-Prevalence-Methods.pdf>.

¹⁸ All Texas population estimates are rounded to reflect uncertainty in the underlying American Community Survey estimates. Because of this rounding, row or column totals may not equal the sum of their rounded counterparts.

¹⁹ Holzer, C., Nguyen, H., & Holzer, J. (2025). *National, state, and county-level estimates of the prevalence of severe mental health need in 2023*. Dallas, TX: Meadows Mental Health Policy Institute.

²⁰ The Meadows Institute. (2025). *National, state, and county-level mental health prevalence estimates, 2023*. <https://data.mmhpi.org/MMHPI-Prevalence-Methods.pdf>.

²¹ Holzer, C., Nguyen, H., & Holzer, J. (2025). *National, state, and county-level estimates of the prevalence of severe mental health need in 2023*. Dallas, TX: Meadows Mental Health Policy Institute.

²² The Meadows Institute. (2025). *National, state, and county-level mental health prevalence estimates, 2023*. <https://data.mmhpi.org/MMHPI-Prevalence-Methods.pdf>.

²³ Hill Country Mental Health and Developmental Disability (MHDD) Centers is the local mental health authority (LMHA) that serves Kerr County and 18 other counties, including Uvalde County.

²⁴ MMHPI. (n.d.). *Texas Blue Chip Program*. <https://mmhpi.org/project/texas-blue-chip-program/>

²⁵ MMHPI. (2017, November 30). *Hurricane / Tropical Storm Harvey impact on child and youth mental health*. <https://mmhpi.org/wp-content/uploads/2020/09/HarveyImpactChildrenYouth.pdf>

²⁶ While this assessment focuses on Kerr County, people living in adjacent counties who experienced comparable levels of devastation likely require similar services and supports.