

# Rapid Mental Health Needs Assessment: Guiding Kerr County's Philanthropic Response

*Immediate Priorities for Recovery, Training, and Strategic Investment*

December 2025



# Contents

**Acknowledgements ..... 1**

**Executive Summary ..... 2**

**Regional Mental Health Landscape ..... 4**

    Mental Health Impacts of Disaster Exposure ..... 4

    Baseline and Projected Increases in Cases of PTSD and SED ..... 5

    Expected Timeline of Mental Health Needs ..... 5

    Post-Floods Mental Health Landscape ..... 6

**Opportunities Roadmap ..... 8**

    Awareness and Navigation Supports ..... 9

        Help the Community Better Understand Mental Health Needs and Services ..... 9

        Help the Community Access Mental Health Services ..... 10

    Trauma and Grief Capacity ..... 11

        Recognizing and Responding to Trauma and Grief ..... 12

        Clinical Skills: Evidence-based Care for Treating Trauma and Grief ..... 13

        Workforce Wellbeing and Sustainability: Helping the Helpers ..... 15

        Supporting Parents and Caregivers ..... 16

        Training for Camp Staff ..... 17

    Community Access Points ..... 19

        Hill Country Emotional Support Center ..... 20

        Primary Care ..... 22

        Schools ..... 23

        Faith Communities ..... 23

    Specialized Care ..... 24

        Bereaved Families ..... 24

        Frontline Community Helpers ..... 25

**End Notes ..... 33**

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## Executive Summary

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 these 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.

## 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.

## 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 and familiarity with programs such as Hill Country MHDD's Mobile Crisis Outreach Team (MCOT). 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.<sup>1</sup> 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.<sup>2,3,4</sup> 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.<sup>5,6</sup>

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,<sup>7</sup> suicide, and even the intergenerational transmission of trauma and/or traumatic stress.<sup>8,9,10</sup> 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).<sup>11,12</sup> 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),<sup>13</sup> above and beyond any other form of trauma, including physical abuse, sexual abuse, and witnessing domestic violence.<sup>14</sup>

**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.<sup>15</sup> 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,<sup>16</sup> and 920,000 Texas adults had PTSD<sup>17</sup> 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 23,000 and adult PTSD cases by 75,000. In Kerr County, we estimate an increase to 2,600 total SED cases among children and youth and 7,800 PTSD cases in adults.

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

Condition	Age(s)	Pre-Flood <sup>19,20</sup>	Estimated Additional Cases Due to Flood	Total Estimated Cases (Texas)
Post-Traumatic Stress Disorder (PTSD)	18+	920,000	75,000	995,000
Serious Emotional Disturbance (SED)	6-17	380,000	23,000	403,000

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

Condition	Age(s)	Pre-Flood <sup>21,22</sup>	Estimated Additional Cases Due to Flood	Total Estimated Cases in Kerr County
Post-Traumatic Stress Disorder (PTSD)	18+	1,800	6,000	7,800
Serious Emotional Disturbance (SED)	6-17	500	2,100	2,600

**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

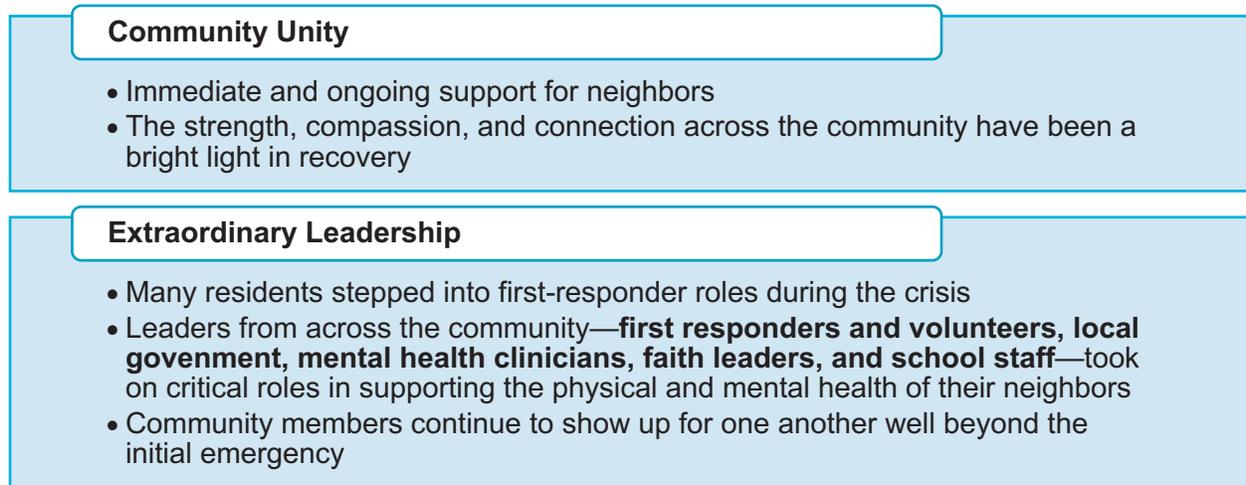
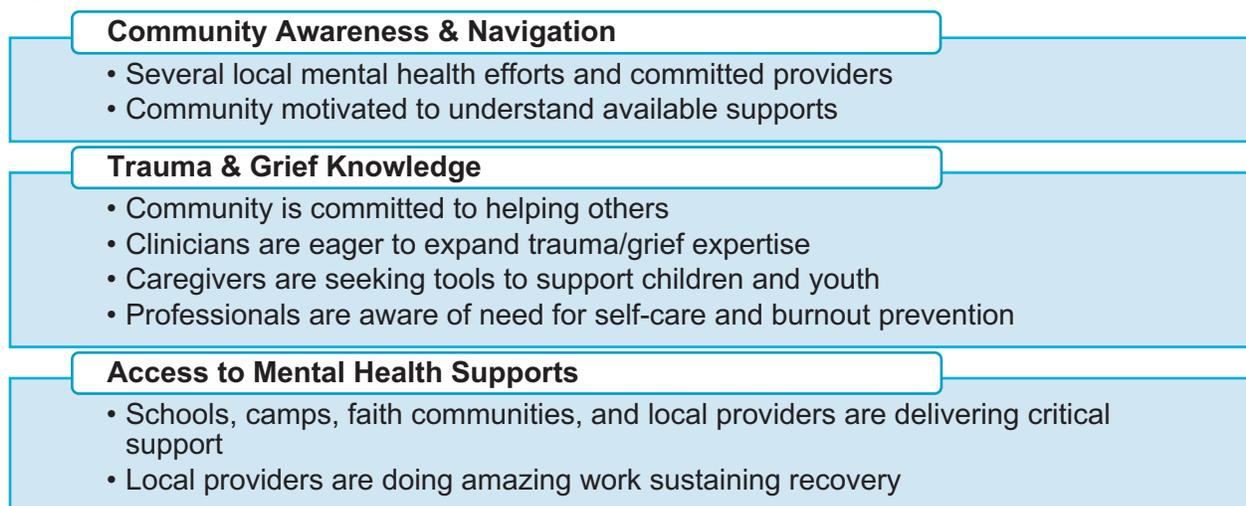
period is likely to include posttraumatic stress reactions, heightened grief responses, and increased demand for evidence-based, trauma- and grief-informed interventions. For bereaved families of victims who lost their lives, as well as campers, tourists, and first responders, the emotional impact may 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.<sup>23</sup> Programs like Texas Child Health Access Through Telemedicine (TCHAT) 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****Figure 2: Strengths in Kerr County’s Mental Health Response**

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,<sup>24</sup> evidence from prior national disasters indicates that broad, sustained, and population-level strategies are essential to mitigating long-term mental health impacts.<sup>25</sup> 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.<sup>26</sup>

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			
<b>Awareness and Navigation</b>	<b>Trauma &amp; Grief Capacity</b>	<b>Community Access Points</b>	<b>Specialized Care</b>
<ul style="list-style-type: none"> <li>• Awareness Campaign</li> <li>• Care Navigators</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness</li> <li>• Clinical Skills</li> <li>• Workforce Wellbeing</li> <li>• Parents and Caregivers</li> <li>• Camp Staff</li> </ul>	<ul style="list-style-type: none"> <li>• Emotional Support Center</li> <li>• Primary Care</li> <li>• Schools</li> <li>• Faith Communities</li> </ul>	<ul style="list-style-type: none"> <li>• Bereaved Families</li> <li>• Frontline Community Helpers</li> </ul>

### Awareness and Navigation Supports

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

Access to clear, accurate, and easily navigable information is essential for helping people connect with the mental health resources they need, especially in times of crisis and recovery. In Kerr County, many community members expressed that they did not know where to turn for help or where to find trusted information about available services. Many described feeling overwhelmed by the amount of information shared through various channels, noting that it was often unorganized or inconsistent. Communication about what services are available and how to access them, particularly for specialized supports such as counseling (provided by licensed clinicians), psychiatry, substance use treatment, or trauma-focused services, was also reported to be unclear.

### Help the Community Better Understand Mental Health Needs and Services

Many community members stepped up and are continuing to support their neighbors, from school staff to faith leaders to retirees. Broadly speaking, Kerr County community members want a better understanding of what their fellow community members’ mental health needs are and / or could be, as well as how to help connect them to care. Many expressed concerns that some county residents might not, for example, understand trauma signs, but rather, “chalk it up” to stress. They also report difficulty finding information about mental health needs, services, and supports.

As outlined in the following section on trauma and grief capacity, we are recommending several tailored trauma- and grief-related training sessions that will improve the community’s ability to support those in need (see the Trauma and Grief Trainings section below). Equally important is bolstering those efforts with a widespread awareness campaign, sharing how to recognize trauma and / or grief mental health signs, and what you can do when you see them.

Strengthening the organization and visibility of mental health resource information represents an important opportunity to better support residents and providers across the county.

<b>Opportunity 1</b>	<b>Using a variety of methods to meet community members where they are, conduct a mental health awareness campaign to improve the community’s understanding of mental health needs and how to address them.</b>
<b>Program Description and Value</b>	<p>A mental health awareness campaign reduces stigma, encourages help seeking behavior, and promotes mental health wellbeing in a community. The wellbeing campaign should create simple, instructive materials that help community members recognize mental health needs and understand how to find care. These awareness materials should be shared at community gatherings like school events and at community boards across the county (restaurants, primary care clinics, churches, libraries, etc.).</p> <p>The campaign should also create, collaborate, and / or expand existing community gathering opportunities. Spaces for storytelling and remembrance help counter isolation and foster resilience. It should also help expand and refine the local mental health information, including what sort of care might be best, where to receive care (vetted service providers and programs), and trauma- and grief-related training opportunities (for clinicians, faith leaders, teachers, etc.).</p>

**Help the Community Access Mental Health Services**

Community members are simultaneously confused about where to turn for information (“not sure who to trust”) and overwhelmed by the information they are receiving (“being inundated by it”). They need support making sense of options, in the same way disaster relief case managers are helping community members access relief services like getting a car replaced.

<b>Opportunity 2</b>	<b>Fund two locally based mental health care navigators able to help people find the care they need when they do not know where to turn.</b>
<b>Description</b>	<p>Beyond offering a human connection point for navigating service options and supporting overwhelmed or less tech-savvy community members, these care navigators would also support community engagement. For example, the navigators would visit churches (to help faith leaders understand resources available for their parishioners and themselves), host resource-sharing information sessions at libraries, and connect with local clinicians (like pediatricians).</p>

## Trauma and Grief Capacity

### *Equip the Community to Identify and Treat Trauma and Grief*

The experiences of both trauma and bereavement following the floods are widespread and can have lasting mental and behavioral health ramifications, particularly for children and youth who may have been directly or indirectly impacted. Thus, it is essential for all individuals serving children and youth across the region to utilize a trauma- and grief-informed lens when providing support. Our recommendations for trauma and grief education and training are designed to ensure that flood-impacted individuals have access to the targeted, evidence-based support that they need to recover and thrive. For consistency, “youth” refers to ages approximately five to 18 (children through adolescents).

Community stakeholders generously shared their experiences and insights, shedding light on wide gaps in trauma- and grief-informed knowledge and skills across multiple sectors serving flood-impacted youth. Specifically, stakeholders described a limited understanding of what trauma and grief look like in youth, uncertainty about how and when to refer youth for mental health care and growing concerns and lack of understanding of burnout among those providing support to impacted youth. These findings underscore the urgent need for training that strengthens both community awareness and professional capacity.

To address these needs, we recommend a tiered approach to building community capacity by equipping people at every level, from caregivers to licensed clinicians, with the tools and knowledge needed to recognize, respond to, and recover from the impacts of trauma and loss. This comprehensive training framework emphasizes both community-wide awareness of trauma and grief, as well as local workforce development. It ensures that those most impacted by the floods receive evidence-based, developmentally appropriate, and culturally responsive support throughout their recovery journey.

The recommended trainings are organized into five categories, each reflecting a distinct but interconnected layer of Kerr County’s mental health recovery system:

- **Community awareness and early identification** for educators, faith leaders, case managers, and community helpers to build a foundational understanding of trauma and grief reactions in children and adolescents, improve recognition, and strengthen referral pathways.
- **Clinical skill-building** to further equip mental health professionals and licensed clinicians focused on delivering evidence-based interventions for trauma and bereavement.
- **Workforce wellbeing and sustainability** to reduce burnout, secondary traumatic stress, and compassion fatigue among all helping professionals.
- **Caregiver education** to provide psychoeducation and practical strategies for parents, caregivers, and other caring adults to support youth impacted by trauma and loss.

- **Training for camp staff** to equip counselors and youth activity leaders with trauma- and grief-informed strategies that promote emotional safety among campers (particularly those impacted by the floods) and staff wellbeing.

Together, these trainings aim to improve local capacity. We recommend that most of the trainings / workshops below be disseminated within the first 12 months post-disaster, with booster sessions as needed in later months.

**Community Awareness and Early Identification: Recognizing and Responding to Trauma and Grief**

Following the flood, many educators, faith leaders, case managers, health care professionals, and other community helpers reported feeling ill-equipped to support youth and families through their experiences of trauma and loss. They consistently described uncertainty about how trauma and grief reactions can present in the aftermath of a natural disaster and unfold over time, how to distinguish between normative recovery versus concerning symptoms that signal a need for additional support, and when and where to refer accordingly. These challenges were compounded by a lack of information about available mental health resources and how to access them. Additionally, in response to concerns about high rates of youth suicide in the region, both prior to and following the flood, stakeholders also noted the need for training on suicide warning signs and how to support those impacted by suicide loss.

Building a community-wide awareness and early identification capacity is a crucial first step to establishing a strong foundation for sustainable recovery. When trusted adults across sectors understand how trauma, grief, and suicidality affect youth development, they are better able to recognize warning signs, provide quality support, and connect youth to the right level of care at the right time.

<p><b>Opportunity 1</b></p>	<p><b>Provide foundational trauma- and grief-informed training on early identification and referral information to local mental health providers, school staff, faith-based professionals, health care professionals, case managers, and others who provide support to the community.</b></p>
<p><b>Description</b></p>	<p>Increase community and provider awareness of how trauma and grief manifest in youth following natural disasters, including recognizing early warning signs of suicidality and knowing when and where to refer youth for specialized care. Example foundational trainings offered include:</p> <ul style="list-style-type: none"> <li>- <b>Certification for Trauma-Informed Organizations:</b> Guides agencies in developing safe, supportive, and trauma-informed environments. Offered as a 1- or 2-day training course, with ongoing implementation support and coaching.</li> </ul>

<p><b>Opportunity 1</b></p>	<p><b>Provide foundational trauma- and grief-informed training on early identification and referral information to local mental health providers, school staff, faith-based professionals, health care professionals, case managers, and others who provide support to the community.</b></p>
	<ul style="list-style-type: none"> <li>- <b>Trauma and Grief Symptom Overview:</b> General education on common trauma and grief reactions in youth.</li> <li>- <b>Supporting Students in the Aftermath of Tragedy:</b> Teaches how to recognize signs of distress in students and how to create trauma- and grief-informed classrooms.</li> <li>- <b>Ask About Suicide to Save A Life (AS+K):</b> One-hour online course that teaches how to recognize suicide warning signs and connect youth and adults to help.</li> <li>- <b>Counseling on Access to Lethal Means (CALM):</b> Three-hour workshop focused on supporting people at risk of suicide by safely reducing access to lethal means.</li> <li>- <b>Hope Squad:</b> Teaches core competencies known to reduce the risk of suicide among elementary and secondary school-aged youth including relationship building, self-awareness, and developing resilience.</li> <li>- <b>Youth Awareness of Mental Health (YAM):</b> Promotes classroom discussions about mental health and suicide prevention to foster coping skills and resiliency among high school-aged youth. Delivered across five one-hour sessions over three weeks.</li> </ul>

**Clinical Skills: Evidence-based Care for Treating Trauma and Grief**

High-quality recovery requires ensuring that flood-impacted people have access to effective, evidence-based interventions for trauma and grief. Although several local mental health agencies described their services as trauma-informed, the specific practices being used were often unclear, and formal training in evidence-based trauma treatment was reported to be limited. Importantly, grief-specific interventions for youth were almost entirely absent. As a result, few local clinicians are equipped with the specialized skills needed to address post-disaster traumatic stress and grief reactions among youth.

Faith-based organizations also emerged as a trusted point of contact for many to receive support and counsel, particularly with regard to grief and bereavement. Strengthening collaboration between faith-based organizations and clinical providers and equipping faith-based organizations with knowledge and tools grounded in evidence-based best practices will help meet the community where they are, reduce stigma, improve continuity of care, and ensure that culturally responsive services for trauma and grief reach those in need.



<p><b>Opportunity 2</b></p>	<p><b>Expand the availability of clinicians and helping professionals trained in evidence-based trauma and grief interventions, especially for children and youth.</b></p>
<p><b>Description</b></p>	<p>Provide trainings in evidence-based trauma- and grief-focused support strategies and interventions for local mental health providers, school-based clinicians, faith-based professionals, or others providing direct supportive care to impacted youth and adults. Example trainings include:</p> <p><b>Adult-Focused Trainings</b></p> <ul style="list-style-type: none"> <li>- <b>Cognitive Processing Therapy (CPT):</b> An evidence-based intervention designed to reduce distressing thoughts associated with traumatic events, leading to decreased PTSD symptoms and improved relationships in adults. Training is a 2-day workshop followed by 8 months of weekly consultation.</li> <li>- <b>Prolonged Exposure (PE) Therapy:</b> An evidence-based intervention designed to reduce fear through repeated exposure to trauma memories and avoided situations, leading to decreased PTSD in adults. Training is a 2-day workshop followed by 8 months of weekly consultation.</li> <li>- <b>Assessing and Managing Suicide Risk:</b> Training for clinicians to identify and address suicide risk in adults and youth.</li> <li>- <b>Spiritual First Aid Certificate Course:</b> Rooted in biblical studies and evidence-informed psychological insights, Spiritual First Aid is designed to provide clergy with the skills needed to provide spiritual and emotional care for adults in times of crisis (like after trauma and loss). The course contains six 90-minute sessions and can be taken individually, on-demand, or used as part of a group training.</li> <li>- <b>Spiritual First Aid Basics Mini Course:</b> An introductory training course for clergy designed to give a basic overview of the Spirituality First Aid framework in 1-2 hours (individually) or 2-3 hours (as a group).</li> </ul> <p><b>Youth-Focused Trainings</b></p> <ul style="list-style-type: none"> <li>- <b>Once Upon Our Time Capsule:</b> A trauma-informed, arts-based storytelling program that supports students (grades 3-8) coping with grief, traumatic events, and/or general stressors while strengthening identity, belongingness, meaning-making, and hope. Training for school staff to implement the program involves three, 90-minute virtual meetings.</li> <li>- <b>Bounce Back:</b> An evidence-based group intervention designed to teach trauma-exposed elementary school children (ages 5 to 11) how to cope with their traumatic experiences, designed to reduce PTSD and enhance school outcomes. Training to implement the intervention involves a 1 or 2-day in-person or virtual full-day workshop.</li> </ul>

<p><b>Opportunity 2</b></p>	<p><b>Expand the availability of clinicians and helping professionals trained in evidence-based trauma and grief interventions, especially for children and youth.</b></p>
	<ul style="list-style-type: none"> <li>- <b>Trauma and Grief Component Therapy for Adolescents (TGCTA):</b> An evidence-based, assessment-driven intervention for adolescents (ages 11 to 18) who have experienced trauma and bereavement, designed to reduce PTSD, maladaptive grief, depression, and suicide risk while improving school outcomes.</li> <li>- <b>Multidimensional Grief Therapy (MGT):</b> An evidence-based, assessment-driven intervention developed for children and adolescents (aged 7 to 18) experiencing bereavement, including traumatic loss, designed to reduce maladaptive grief and PTSD while promoting adaptive grief.</li> </ul> <p>These initiatives will expand the pool of local providers able to deliver high-quality, culturally responsive, and sustainable care to flood-impacted individuals.</p>

**Workforce Wellbeing and Sustainability: Helping the Helpers**

Helping professionals who support people impacted by trauma and loss often experience cumulative emotional and physical impacts from this demanding work. A critical step in minimizing these effects is providing education and training focused on recognizing and reducing burnout, compassion fatigue, secondary traumatic stress, and vicarious trauma among helpers across sectors.

There were consistent reports of increasing strain among those in both direct and indirect helping roles. This includes not only clinicians and other providers who work directly with clients, but also individuals in supportive roles such as case managers, resource coordinators, teachers, administrators, and community outreach staff. Many noted that they were unaware of how their work was already affecting them or how it might impact them over time. Stakeholders expressed strong support for training that raises awareness of these impacts and provides practical strategies for prevention, self-care, and resilience.

In addition, many non-clinical staff reported feeling ill-equipped to respond when encountering people in distress. Without tools to navigate these emotionally charged interactions, staff experience heightened stress, reduced confidence, and increased vulnerability to burnout and secondary traumatic stress. Equipping all staff, not only clinicians, with skills to respond sensitively and supportively can enhance confidence, improve interactions with the community, and strengthen workforce wellbeing and sustainability overall.



<p><b>Opportunity 3</b></p>	<p><b>Increase awareness and supports to help healing professionals recognize and address burnout, compassion fatigue, and secondary traumatic stress, while also promoting strategies for prevention and self-care.</b></p>
<p><b>Description</b></p>	<p>Provide regular, ongoing training for helping professionals that builds awareness of the emotional impact of this work and offers concrete tools to prevent and reduce secondary traumatic stress and burnout. We recommend implementing a combination of Tier 1 trainings focused on general awareness and reflection, and Tier 2 trainings that provide skills-based, structured curricula. This tiered approach ensures that all helpers receive foundational support, while those in high-exposure roles gain additional skills to sustain long-term wellbeing. Example trainings include:</p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- <b>Beyond Burnout: Exploring the Cost of Caring:</b> Explores the personal and professional impact of helping roles, and provides practical strategies to reduce compassion fatigue, vicarious trauma, secondary traumatic stress, burnout, and increase compassion satisfaction and resilience among helpers.</li> <li>- <b>Psychological First Aid (PFA):</b> Self-paced online course or 5-6 hours in-person that builds confidence, self-efficacy, and core skills to respond sensitively to people in distress, reducing stress and preventing burnout among helpers in non-clinical roles.</li> </ul> <p><b>Tier 2</b></p> <ul style="list-style-type: none"> <li>- <b>Stress First Aid (SFA):</b> Promotes peer support, leadership actions, and practical strategies to reduce burnout and secondary traumatic stress. Available as an asynchronous online course (30-minute and 4-hour options), SFA equips participants with tools to maintain wellbeing during and after critical events, including natural disasters.</li> <li>- <b>Components for Enhancing Clinician Experience and Reducing Trauma (CE-CERT), Reducing Burnout and Secondary Traumatic Stress with a Skills-Based, Evidence-Informed Approach:</b> Provides skill-based, evidence-informed strategies that reduce compassion fatigue, burnout, and vicarious trauma while enhancing satisfaction and efficacy in helping roles. Offered as a 1- or 2-day training course, with ongoing implementation support and coaching.</li> </ul>

**Supporting Parents and Caregivers**

Building caregiver awareness of how trauma and loss affect youth can foster more empathetic and supportive responses that decrease the likelihood of re-traumatization while strengthening resilience. Providing caregivers with psychoeducation helps them understand these impacts



and builds skills to create a safe space and communicate openly with their child to support their recovery.

Stakeholders consistently emphasized the need for parents and caregivers to better understand the impacts of trauma and grief on youth, especially following a natural disaster, and highlighted the value of offering education and practical tools to help them respond effectively and support their child’s recovery.

<p><b>Opportunity 4</b></p>	<p><b>Equip parents and caregivers with knowledge and practical tools to understand how trauma and grief affect children and to support their recovery.</b></p>
<p><b>Description</b></p>	<p>Provide opportunities for parents and caregivers to participate in psychoeducational workshops and support programs that address the impact of trauma and / or loss on children and youth. These trainings build caregiver confidence, enhance communication, and promote healing for the whole family. Example workshops include:</p> <ul style="list-style-type: none"> <li>- <b>Growing Through Grief (GTG) - How Caregivers Can Support Children Who Have Experienced Loss:</b> Explains what grief looks like in youth of different ages, common bereavement-related challenges that youth experience, and practical tools for caregivers to help support youth in the aftermath of a death. It also provides information about “red flags” to determine whether youth may need a higher level of support. Available in English or Spanish.</li> <li>- <b>Helping Hands, Healing Hearts:</b> Helps caregivers understand posttraumatic stress in youth, distinguish it from common stress reactions, and apply practical strategies to support youth who have experienced trauma. Guidance is also provided on when to seek additional mental health support. Available in English or Spanish.</li> <li>- <b>Resilient Parenting for Bereaved Families (eRPBF):</b> The online, self-paced eRPBF program provides practical tools to help bereaved parents support themselves and their children following a loss. It includes access to eRPBF coaches and two monthly virtual support groups.</li> <li>- <b>Parenting Matters:</b> Helps caregivers understand how posttraumatic stress and grief reactions manifest in youth of different ages, gain practical knowledge and skills to support youth, and learn how and when to refer children for additional support.</li> </ul>

**Training for Camp Staff**

Summer camp staff and counselors represent an important part of the broader network of adults who interact with youth across Kerr County. Stakeholder interviews with local camp leadership consistently highlighted the need to prepare staff to support campers and youth



volunteers returning after the floods, as well as to respond to questions and concerns from families. Camps reported a notable increase in calls from parents inquiring about how camps plan to support youth impacted by the floods. Camps – much like schools, faith communities, and youth-serving organizations – are positioned as frontline environments where adults may observe flood-related trauma and grief reactions or behavioral changes. Camps also provide structured routines, trusted peer and adult relationships, and extended time with youth, making camp staff important partners in early recognition of mental health needs and communication with families.

Camp leadership expressed strong interest in additional trauma- and grief-informed training to prepare staff not only to respond sensitively to distressed campers, but also to communicate effectively with concerned caregivers. In addition, the emotionally demanding nature of camp work and the expectation to maintain a constant supportive presence place staff at increased risk for burnout and secondary traumatic stress. Training that equips staff with practical strategies to support campers, provide families with appropriate information and resources, foster healthy peer interactions, and attend to their own wellbeing can strengthen camp environments and promote healthier recovery for youth, their families, and staff.

<p><b>Opportunity 5</b></p>	<p><b>Equip camp staff with trauma- and grief-informed knowledge, tools, and strategies to support youth mental health and sustain their own wellbeing.</b></p>
<p><b>Description</b></p>	<p>Provide trauma- and grief-informed training to camp staff at all levels to ensure safe, supportive environments for youth returning to camp after the floods. Trainings will equip staff to recognize trauma and grief reactions, support grieving youth and their families, and maintain their own wellbeing. Example trainings offered by local organizations and the TAG Center include:</p> <ul style="list-style-type: none"> <li>- <b>MESH Framework</b> (Alliance for Camp Health): Offers practical tools and guidance to promote mental, emotional, and social health in camp settings.</li> <li>- <b>CampWell</b>: A six-hour, skills-based, multi-tiered training (for frontline staff, program leaders, and executives) that builds staff capacity to promote wellbeing, strengthen self-awareness, and create safe and supportive camp environments.</li> <li>- <b>Supporting Youth Exposed to Trauma and Loss</b>: Provides an overview of trauma and grief reactions in children and adolescents and strategies for camp staff to support them.</li> <li>- <b>Beyond Burnout: Exploring the Cost of Caring</b>: Offers tools to reduce compassion fatigue, vicarious trauma, secondary traumatic stress, and burnout among camp staff.</li> <li>- <b>American Camp Association Mental Health and Trauma Resources</b>: Provides camps with trauma-informed webinars (e.g., Crisis Communications: All of the Accidents, Traumas, and Challenges of</li> </ul>

<p><b>Opportunity 5</b></p>	<p><b>Equip camp staff with trauma- and grief-informed knowledge, tools, and strategies to support youth mental health and sustain their own wellbeing.</b></p>
	<p>Summer) and mental health-focused courses (e.g., Mental Health Issues in Camp, Work-Life Balance and Support of Year-Round Staff).</p> <ul style="list-style-type: none"> <li>- <b>Parenting Matters:</b> Recommended for camps to advertise or share with caregivers of campers to help families understand and support youth experiencing trauma or loss. (See Opportunity 4 for full description.)</li> </ul>

## Community Access Points

*Increase Access to Mental Healthcare, Leveraging Trusted Settings*

Ensuring that residents can easily access mental health care is essential to strengthening Kerr County’s overall mental health system. Many people face barriers that prevent them from getting the help they need, including limited finances, lack of transportation, stigma surrounding mental health care, and the absence of nearby, licensed service providers. Community feedback emphasized the importance of bringing care to where people already seek support, such as schools, churches, and the local mental health authority. While family doctors and pediatricians are trusted sources of care, they were not commonly identified by community members as existing access points for mental health support. This suggests an opportunity to strengthen partnerships with these providers and better integrate mental health into primary care settings to reach more residents where they already receive medical care. Expanding local access points and integrating supportive services into trusted community settings can help ensure that mental health care is available, approachable, and responsive to the needs of all Kerr County residents.

These access challenges have become even more pronounced following the floods, which placed sudden and sustained pressure on an already limited behavioral health system. Many residents who had never sought mental health care before are now navigating new or intensified stress, grief, and uncertainty, making timely connection to care a central component of community recovery. Still, Kerr County faces the same reality seen across much of Texas: there are not enough clinicians, particularly those trained in evidence-based, trauma- and grief-informed treatments, to meet demand. Local providers are trusted but operating at or near capacity, and the behavioral health workforce shortage limits how quickly new staff can be added. As a result, meeting post-flood needs will require a blended approach that strengthens in-person services where feasible and leverages telehealth to ensure residents are not left waiting for care. Together, these pathways can support a more responsive and resilient system that can meet the wide-ranging mental health needs emerging after the floods.

<b>Opportunity 1</b>	<b>Identify local and regional providers able to expand capacity on the ground.</b>
<b>Description</b>	To expand community access points for mental health care, consider issuing a targeted request for proposals (RFP) to local and regional behavioral health providers who have the interest and capacity to scale their clinical teams with support from philanthropic funding. This opportunity would surface organizations already embedded in the community, as well as nearby providers with demonstrated experience delivering care. This could be structured as an invitation-only or open RFP, depending on the Foundation’s preferences.

<b>Opportunity 2</b>	<b>Expand access as needed to meet needs that go beyond local capacity through strategic partnerships with leading telehealth trauma- and grief-informed treatment providers.</b>
<b>Description</b>	We recommend partnering with and funding telehealth providers to rapidly expand trauma- and grief-focused care capacity for Kerr County residents. Telehealth partnerships offer a fast, scalable solution that can increase service availability immediately, without relying on the limited local clinical workforce. They help reduce long wait times, address provider shortages, and mitigate stigma-related barriers to in-person care. This approach allows the county to meet urgent post-crisis needs, ensure continuity of care across all ages, and significantly expands access to trauma- and grief-informed treatment while longer-term workforce solutions are developed. Recognizing that telehealth may not align with every resident’s preference provides a valuable option that can broaden access where in-person capacity is limited.

**Hill Country Emotional Support Center**

In response to the floods, Hill Country MHDD expanded its traditional mental health role by adding an emergency support hub to help meet the community’s needs. Recognizing that disaster can trigger emotional as well as material crises, they launched the Emotional Support Center in Kerrville where they offer free, licensed counseling for anxiety, grief, and trauma. The Center also integrated resource navigation into its services, offering help with insurance claims, temporary housing, referrals, and individualized action-planning assistance to support recovery. Aside from the Center, Hill Country MHDD’s mobile support vans brought licensed counselors and, when needed, tele-psychiatry access directly into the community, helping reduce transportation barriers.



The Center is a low-barrier and non-stigmatizing environment where residents can access immediate emotional support without cost or paperwork hurdles. It has been widely utilized and well received by the community, including first responders and other helpers. Between August and October 2025, the Center served nearly 700 individuals. Its positive impact is attributed to both its ease of access and its inclusive approach; as one community stakeholder noted, “It’s a model that we feel should be there with every disaster.” By absorbing some of the disaster-specific demand, the Center reduced strain on the broader behavioral health system, helping the local system maintain capacity while ensuring rapid, accessible care for individuals and families.

The Center currently operates through Hill Country MHDD’s internal reserve funds. While they are committed to keeping it open as long as the community needs support, reserve funds are not intended to sustain ongoing services like the Center provides, and continued reliance on reserve funds could impact the organization’s long-term financial stability. Although there is no set time limit for the funding, investment is needed to ensure continuity of care as trauma-related needs evolve. Key informant interviews also highlighted the need for family-centered services, including couples and family counseling, to address emerging post-flood mental health challenges such as increased family conflict, domestic violence, and substance use. The Center helps meet these needs by offering family counseling, emotional support, and resource coordination not typically available through traditional LMHA systems.

As Kerr County continues its long-term recovery, we know mental health needs will evolve, with new challenges surfacing months or even years after the initial disaster. PTSD rates among adults typically peak within five months after a traumatic event and can remain elevated up to three times higher than pre-flood levels for three years or longer.<sup>27</sup> For children and youth, rates of serious emotional disturbances also remain elevated for more than two years following the exposure. Sustainably funding the Center ensures that residents have a safe space to seek help, build resilience, and stay connected to the broader network of services supporting their healing and stability. The Center meets immediate needs and strengthens the county’s long-term capacity for community recovery and mental wellness.

<p><b>Opportunity 3</b></p>	<p><b>Invest in the Hill Country MHDD’s Emotional Support Center to sustain no-cost, low-barrier emotional support services.</b></p>
<p><b>Description</b></p>	<p>We recommend funding Hill Country MHDD’s Emotional Support Center, stabilizing operations to ensure continuity of and access to care for county residents. Currently, the Center allows everyone to receive immediate emotional support without cost or overwhelming paperwork.</p> <p>Without additional funds, Hill Country is uncertain how long they will be able to operate the Center; these services and populations are not currently eligible for state funding through LMHAs and legislative action would be</p>



<p><b>Opportunity 3</b></p>	<p><b>Invest in the Hill Country MHDD’s Emotional Support Center to sustain no-cost, low-barrier emotional support services.</b></p>
	<p>required to secure ongoing state support. In this context, philanthropic investment is critical.</p> <p>This investment would enable timely, local, in-person access to trauma-informed and family-centered services; expand the Center’s capacity to serve individuals beyond those typically covered by state funding; reduce strain on the broader behavioral health system; and strengthen Kerr County’s capacity for ongoing recovery and community mental wellness.</p>

**Primary Care**

*Use Integrated Behavioral Health to Treat Mild to Moderate Mental Health Needs*

Many people with mild-to-moderate mental health conditions can be successfully treated in primary care settings. However, early detection and treatment require supporting primary care providers (PCPs). One Texas-based, state-funded resource for children and youth on this front is the Child Psychiatry Access Network (CPAN); the related Perinatal Psychiatry Access Network (PeriPAN) serves pregnant and post-partum women. With CPAN and PeriPAN, patients can get access to mental health services and supports as a part of their regular in-person primary care check-ups or visits.

There are several physician practices in the area that could leverage CPAN or PeriPAN for their patients. If PCPs in the county identify mental health needs, they can use CPAN’s free “phone a friend” for psychiatric consultation services to help address the mental health needs of their pediatric patients (or PeriPAN for perinatal women). At no cost to the PCP, CPAN and PeriPAN provide psychiatric consultations, behavioral health intervention recommendations, medication suggestions, and referral assistance. For those with more complex psychiatric conditions, they also offer direct consultations in which the psychiatric consultant can see the patient or family for a one-time telehealth evaluation.

Universally, Kerr County stakeholders desire increased access to licensed, clinical mental healthcare. Ideally, they want the care for mental health needs related to the floods to be local, readily accessible, and comprehensive. Stakeholders also emphasized the lack of in-person psychiatric services, noting that some families prefer not to use telehealth and often travel outside the county to access needed care. Expanding the use of both programs can help close this gap by supporting local pediatricians and OB/GYNs to deliver mental health care where community members already receive services from trusted local providers. While uptake will likely vary by provider, strengthening awareness and relationships around CPAN and PeriPAN represents a practical, low-cost way to expand access through existing primary care touchpoints and complements other investments recommended in this report.



<p><b>Opportunity 4</b></p>	<p><b>Strengthen relationships between Kerr County primary care physicians and psychiatry access programs for primary care practices serving pediatric and perinatal populations to provide additional supports to their care for their patients with mental health needs.</b></p>
<p><b>Description</b></p>	<p>State funds cover CPAN and PeriPAN services, including engagement and training expenses, but state funds cannot be used for food or clinician training time. The Foundation could enrich Kerr County PCPs’ understanding of the program and foster rapport by, for example, covering catering expenses for lunch and learn sessions at clinics. The Foundation could also mitigate a key engagement barrier by paying for the clinicians’ time required for training and continuing education.</p>

**Schools**

Kerr County stakeholders consistently expressed a desire for increased access to licensed, clinical mental health care for children and youth. Ideally, flood-related mental health care would be free or low cost, locally available, easy to access, and comprehensive in scope. In conversations across the county, stakeholders noted that school districts have prioritized student mental health through strong counselor-to-student ratios and partnerships with Hill Country MHDD and medical schools, providing an important foundation on which to increase clinical capacity.

Kerr County schools – including families, students, and staff – would benefit from increased understanding of available services as well as help navigating those services.

<p><b>Opportunity 5</b></p>	<p><b>Fund school-based care navigators in Kerr County school districts to help families prioritize mental health needs and access programs available to meet those needs.</b></p>
<p><b>Description</b></p>	<p>Care navigators within each district would build awareness of mental health programming and help shepherd students to appropriate care. Depending on district preferences, a navigator that is also a parent peer could help explain how programs (like <u>Texas Child Health Access Through Telemedicine</u>) support children and youth, impacting any local stigma against mental health needs and services. Funding navigators in the district would enable tailored, district-specific outreach that addresses local concerns, fears, and cultural dynamics using language families recognize and trust.</p>

**Faith Communities**

Not everyone feels comfortable with or is familiar with formal mental health services, so following the floods many turned (and continue to turn) to their faith leaders and congregations for support. Research supports Kerr County’s experience, showing that clergy are



often the first point of contact for people experiencing mental health concerns, particularly for those who may not seek formal services,<sup>28</sup> which positions them as important gateways to care. Similarly, families often turn to religion and/or spirituality after experiencing a significant loss. Faith leaders help community members process trauma, restore hope, and make meaning of difficult experiences, supporting emotional recovery in ways that complement clinical care.<sup>29</sup> Additionally, partnerships between clergy and mental health providers have been shown to improve access to care when clergy are equipped with training and resources to coordinate referrals.<sup>30</sup> Since faith communities may not be fully equipped to address the broad spectrum of mental health issues (because they can lack formal training and the resources needed to manage clinically significant disorders), it is essential that they promote seeking professional help and foster strong partnerships with mental health professionals for parishioners seeking or needing care beyond their skill level.<sup>31</sup>

Locally, several churches expanded their outreach after the disaster by creating case management roles and hosting providers onsite. Kerr County community members are turning to churches and faith leaders for support, but access to mental health services within these settings is limited. The community would benefit from additional clinical and case management services within these settings.

<p><b>Opportunity 6</b></p>	<p><b>Support faith-based organizations as trusted access points for mental health care by funding ongoing onsite mental health programs and providing training for program staff and faith leaders in evidence-based trauma and grief support.</b></p>
<p><b>Description</b></p>	<p>Provide funding to continue and / or expand onsite programs at local faith communities, including case management and clinical services such as group therapy and support groups. These church-based team members can coordinate with mental health care navigators to connect people to additional services as appropriate.</p> <p><i>As noted above, we are also recommending several tailored trauma- and grief-related training sessions that will improve the faith community’s ability to support those in need. Clergy and faith leaders overwhelmingly agreed to needing additional training on trauma and grief to augment the spiritual support they are currently providing to the community.</i></p>

## Specialized Care

*Improve Mental Health and Wellbeing for Specific Groups of People*

### Bereaved Families

Families who lost loved ones in the flood, including the Kerr County residents who died, are navigating profound grief while managing ongoing practical and emotional demands. Exposure to such a sudden and devastating loss can lead to persistent mental health effects, including



depression, anxiety, prolonged grief, and substance use challenges. In fact, other tragedies have shown us that as trauma symptoms recede, maladaptive grief reactions (or those that significantly infringe on daily functioning) can last for years, particularly after the death of a child, and are likely to become exacerbated in times of stress, during important life transitions, or on remembrance dates (like the 4<sup>th</sup> of July).

<b>Opportunity 1</b>	<b>Support the mental health and wellbeing of bereaved Kerr County families by making counseling services and other supports readily accessible.</b>
<b>Description</b>	<p>Consider adapting the Unmet Needs Fund* to be inclusive of mental health needs, starting with funding, trauma-informed counseling services for bereaved families in the county. This would remove financial barriers to care, helping offset costs of therapy (either in person or virtually).</p> <p>We also recommend supporting respite needs (like bereavement camp attendance for children and youth). For example, while some camps are free, families may need funds to get their children to and from camp.</p>

*\*Disaster case managers across Kerr County are helping residents access CFTHC’s Unmet Needs Fund. The case managers help people access other available services/supports and can leverage the Fund to meet other unmet needs (like replacing medical equipment). As of December 2025, the disaster case managers had helped or were actively supporting 625 families.*

**Frontline Community Helpers (including First Responders)**

Those who dedicate their time and energy to supporting others—first responders, school staff, and faith leaders—play an essential role in Kerr County’s recovery and long-term wellbeing, but these community members often shoulder significant emotional and psychological burdens themselves. Many described feeling exhausted or stretched too thin. Although they are not always the first to ask for it, they also need support as they continue to care for their traumatized community. As noted above, we recommend offering them trauma- and grief-training opportunities, but we also recommend allocating funding for each of these key community caregiver groups to sustain both their wellbeing and the overall health of the community.

**First Responders**

Across Kerr County, first responders were essential during and after the flood, providing lifesaving care, maintaining public safety, and supporting neighbors and families in distress. Many of these community members balanced immense professional and personal stress while serving their community. Though informal debriefs and daily check-ins helped some responders cope in the immediate aftermath, the long-term emotional toll remains, in many cases, unaddressed. Exposure to large-scale crises can cause lasting mental health effects, including PTSD, depression, and sleep disturbances. These challenges are often overlooked, as first



responders may be hesitant to report symptoms due to stigma or professional culture.<sup>32</sup> A consistent theme throughout our community conversations was the importance of supporting the mental health and wellbeing of these essential workers.

The Texas Blue Chip Program<sup>33</sup> currently serves as the only statewide, centralized, and confidential access point for clinical mental health support for first responders. Operated by the Meadows Institute, the program provides free, anonymous counseling delivered by clinicians trained to work with responder populations. Following the flood, Blue Chip was expanded to include all first responders and secondary responders, including volunteer fire departments and others involved in the response, offering a clear and trusted “front door” for care and reducing confusion about where to seek help.

Local efforts complement this statewide resource and reflect meaningful progress. The Kerrville Fire Department’s Peer Support and Behavioral Health Committee (developed in partnership with STRAC) and the Sheriff’s Office’s emerging engagement in peer support signal a positive cultural shift toward wellness. Many departments are also adopting confidential wellness tools, indicating growing openness to mental health support. Still, stigma, limited funding, and the lack of structured, ongoing programs continue to pose barriers. First responders consistently emphasized the need for services that are flexible, trustworthy, easily accessible, and responsive to the realities of their work.

Building on both the statewide infrastructure and local momentum, the ideal system would have “no wrong door” – it would offer a single, streamlined point of entry, as well as multiple high-quality pathways to support. Blue Chip could help coordinate navigation and access, ensuring responders are matched to the option that best fits their needs when they do not know where to turn. Trusted local clinicians would provide an essential core role on the ground in Kerr County, providing a familiar and culturally responsive choice for those who prefer to receive care locally. Additionally, responders could also have the choice to draw on Blue Chip’s broader statewide network when they need additional capacity, greater anonymity, or additional expertise. Together, these elements could form a connected system in which first responders know exactly where to turn and can access timely, confidential care aligned with the unique demands of their roles.

<p><b>Opportunity 2</b></p>	<p><b>Support first responder mental health and wellbeing by making counseling services and other supports readily accessible.</b></p>
<p><b>Description</b></p>	<p>To create a coordinated system in which first responders know exactly where to turn for support, we recommend positioning the Texas Blue Chip Program as a central point of entry for care. Blue Chip’s confidential, statewide access line already serves as a clear “front door,” and expanding its coordinating role would ensure consistent navigation, reduce confusion</p>

<b>Opportunity 2</b>	<b>Support first responder mental health and wellbeing by making counseling services and other supports readily accessible.</b>
	<p>across departments, and match responders to the most appropriate option based on their needs and preferences.</p> <p>Within this structure, consider adapting the Unmet Needs Fund to expand access to trauma-informed counseling for first responders. This would permit first responders to access trusted local clinicians.</p> <p><i>As noted above in the Trauma and Grief Trainings section, we are also recommending tailored trauma and grief-related training sessions for first responders.</i></p>

<b>Opportunity 3</b>	<b>Equip first responders with skills to manage stress and support peers through resilience and peer-support programs.</b>
<b>Description</b>	<p>To strengthen local first responder resilience, consider funding programs that strengthen responder wellbeing by training police, fire/EMS, and dispatch to recognize stress reactions, engage in supportive conversations, and connect peers to appropriate resources.</p> <p>To avoid siloed efforts and maximize coordination, these initiatives should be implemented in alignment with a broader, communitywide behavioral health system. In this model, resilience and peer-support training serve as the front line, while a centralized, confidential pathway provides access to clinical services and care navigation. Coordinating these components ensures first responders receive consistent messaging, seamless referrals, and a clear understanding of where to turn for both peer-based and clinical support.</p> <p><i>As noted above in the Trauma and Grief Trainings section, we are also recommending tailored trauma- and grief-related training sessions for first responders.</i></p>

**Staff in Organizations Leading Disaster Response and Recovery**

In the aftermath of the floods, several local organizations and community leaders mobilized to support the community. This included local government, disaster relief case managers, non-profit staff, and numerous other organizations who stepped in to provide critical assistance on the front lines. These groups played essential roles during the immediate crisis offering safety, reassurance, and vital services amid devastation, heightened anxiety, and loss and continue to support the community’s long-term recovery. Many of these people were themselves experiencing stress and trauma while helping others, which can have lasting emotional impacts.



As recovery continues, staff and volunteers across these organizations are working with heightened stress and increased demands. Ensuring that they have access to mental health resources—services that are readily accessible and tailored to the unique stressors of disaster response—is critical for their wellbeing. Investment in the mental health and wellness of staff and volunteers not only supports their own recovery but also strengthens the overall response system. By promoting resilience among those who lead and serve in these efforts, the community fosters stable, supportive environments for children and families as they navigate the disaster’s aftermath and recovery.

<b>Opportunity 4</b>	<b>Support the mental health and wellbeing of those leading disaster response efforts by making counseling services and other supports readily accessible.</b>
<b>Description</b>	<p>Consider adapting the Unmet Needs Fund to include mental health support for all individuals involved in immediate and ongoing flood response, including local government, disaster relief case managers, camp staff, and the numerous other frontline responders. This would remove financial barriers to care by funding, trauma-informed counseling services, delivered either in person or virtually. By making these services easily accessible, the fund would allow responders to address stress, trauma, and other emotional impacts promptly, supporting their recovery and long-term wellbeing. And, as with the other frontline community caregiver recommendations, consider creating pathways (like scholarships) for these individuals to pursue personal respite, such as a weekend away. Time away can help restore energy, renew vision, and sustain their ability to continue offering care and leadership within the community.</p> <p>Strengthening the mental health of these key community members helps ensure that the systems and organizations they support remain stable, nurturing, and resilient. This, in turn, benefits the community at large.</p>

***Clinicians***

In the months following the flood, clinicians across Kerr County have carried a significant emotional and professional burden. Many have been affected both personally and professionally by the floods. While they cared for others, many clinicians shared that they felt unprepared for the depth of trauma and grief they encountered. Interviews revealed that some providers were not aware of the personal toll the floods had taken on their own wellbeing. Their instinct to prioritize the needs of others often left little time or space for reflection and recovery, even as they continued supporting community members through loss and ongoing disruption.



Clinicians across the community also noted challenges navigating referrals and finding trusted local providers who are well-equipped to meet the needs of the community. Limited access to specialized mental health services, particularly for children and youth, makes it difficult to connect people to care. Despite these challenges, providers expressed a strong commitment to their community and a desire for more opportunities to strengthen their skills and connections. Many emphasized the need for practical, trauma-informed, and grief-specific training, as well as time to care for their own mental health.

Building the capacity and wellbeing of Kerr County’s clinicians is essential to sustaining recovery efforts. Strengthening professional networks, expanding access to high-quality training, and creating opportunities for clinicians to receive support themselves helps ensure that the local workforce can continue addressing the community’s evolving mental health needs.

<b>Opportunity 5</b>	<b>Support clinicians’ mental health and wellbeing by making counseling services and other supports readily accessible.</b>
<b>Description</b>	<p>Consider adapting the Unmet Needs Fund to be inclusive of mental health needs, including funding trauma-informed counseling services for Kerr County clinicians (from therapists to nurse practitioners to other physical and mental health care providers). These services would be trauma-informed and flexible, offering sessions in-person or virtually, with scheduling options outside of typical work hours to accommodate clinicians’ busy schedules. With this Fund, the Foundation removes barriers that can prevent clinicians from seeking timely support for themselves. Wellbeing supports beyond access to counseling services could include funding a county physician wellness program or respite scholarship opportunities.</p> <p>Supporting the wellbeing of providers not only promotes their personal health but also strengthens the resilience and capacity of the entire behavioral health workforce, ensuring that those who care for the community are themselves supported in navigating the ongoing challenges of flood recovery.</p> <p><i>As noted above in the Trauma and Grief Trainings section, we are also recommending tailored trauma and grief-related training for clinicians.</i></p>

**School Staff**

In the months following the floods, teachers, administrators, and other school staff shouldered a heavy emotional and professional burden. They were not only supporting students and their families through the immediate crisis but also helping their own families and peers navigate the aftermath. And, tragically, some districts experienced the loss of students and staff. Many school counselors and educators described feeling unprepared to respond to the emotional aftermath of such a disaster. They expressed a strong desire for more trauma-informed and



grief-specific training that could help them feel confident and capable of supporting students. While some districts have longstanding commitments to trauma-informed practices and have begun implementing programs such as Youth Mental Health First Aid, access to counseling and comprehensive staff wellness supports remains limited. Districts identified a need for more accessible and flexible training options. Please see Trauma and Grief Trainings section, above, for recommended training opportunities.

Despite existing strengths, like partnerships with clinicians, and responsive professional development, many educators remain overwhelmed and burned out. School staff reported feeling more fatigued than usual after the summer break, starting the school year emotionally depleted, and carrying forward the stress and trauma from the flood recovery efforts. Districts desire stronger emotional support systems for staff and opportunities for teachers and counselors to process their own experiences. Strengthening supports for the school workforce is essential to ensure that counselors, teachers, and staff have the resources, training, and mental health care necessary to sustain their own wellbeing and continue effectively supporting students.

<p><b>Opportunity 6</b></p>	<p><b>Support mental health and wellbeing of school personnel by making counseling services and other supports readily accessible.</b></p>
<p><b>Description</b></p>	<p>Consider adapting the Unmet Needs Fund to be inclusive of mental health needs, including funding counseling services for school personnel. These services would be trauma-informed and designed to fit educators’ schedules, with appointments available after school and on weekends to ensure staff can participate. This Fund will remove financial and logistical barriers to care, allowing educators and other staff to seek timely support without the burden of cost or scheduling conflicts, as well as enable confidentiality (a concern we heard from some).</p> <p>We also recommend funding respite opportunities for school staff, such as offsetting staff coverage so educators can participate in recovery and wellness services. Depending on district preferences, the Foundation could fund substitute teachers or rotating coverage models to allow educators to attend counseling sessions, wellness programs, or personal recovery days. Alternatively, a district may prefer campus-wide retreats with trauma-informed training opportunities.</p> <p>Together, these opportunities not only promote individual wellbeing but also strengthen the resilience and capacity of the entire school community, ensuring that those who nurture and guide students have their own needs met.</p>

<b>Opportunity 6</b>	<b>Support mental health and wellbeing of school personnel by making counseling services and other supports readily accessible.</b>
	<i>As noted above in the Trauma and Grief Trainings section, we are also recommending several tailored trauma and grief-related training sessions for school personnel.</i>

**Faith Leaders**

Throughout our interviews, community members highlighted the essential role local faith leaders played in the immediate and ongoing aftermath of the disaster. They provided and continue to offer critical spiritual and emotional support, helping individuals and families cope with loss, uncertainty, and disruption. In addition to emotional care, many churches quickly mobilized practical resources, such as clothing, food, and basic supplies. These efforts not only met urgent needs but also demonstrated the power of faith-based networks in supporting both immediate relief and longer-term community recovery.

All too often, faith leaders shoulder the emotional burdens of those they serve while quietly managing their own feelings of grief, exhaustion, and responsibility. Local clergy and chaplains face ongoing stressors that increase their risk for burnout, trauma, and vocational vulnerability, highlighting the importance of supports that sustain their wellbeing.<sup>34</sup> Supporting faith leaders is essential, both through training that equips them to recognize and respond to mental health needs within their congregations and through accessible resources that help them care for their own mental health. Expanding access to training, resources, and trauma-informed mental health care is essential to help faith leaders manage secondary stress, recover from emotional strain, and continue serving the community effectively and sustainably.

<p><b>Opportunity 7</b></p>	<p><b>Support clergy mental health and wellbeing by making counseling services and other supports readily accessible.</b></p>
<p><b>Description</b></p>	<p>To help faith leaders cope with the psychological impact of trauma and loss following the floods, consider adapting the Unmet Needs Fund to be inclusive of mental health needs for them in two key areas: access to emotional care services and opportunities for rest and renewal. Clergy often identify relational supports, personal self-care, and organizational practices, such as retreats and peer connections, as key resources for maintaining resilience and managing the impact of role-related stress and adversity.<sup>35</sup></p> <p>Emotional support services include individual and group counseling and marriage counseling provided by licensed clinicians, as well as peer support groups organized by churches or denominational networks. These resources provide clergy with a safe space to process their experiences, reduce stress, and strengthen their emotional resilience. Respite and retreat opportunities offer clergy—and, when possible, their spouses or families—a chance to step away from the demands of their roles and rest physically, mentally, and spiritually. Time away can help restore energy, renew vision, and sustain their ability to continue offering care and leadership within the community.</p> <p><i>As noted above in the Trauma and Grief Trainings section, we are also recommending several tailored trauma and grief-related training sessions for the community, including churches.</i></p>

## End Notes

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- <sup>18</sup> 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.
- <sup>19</sup> 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.
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- <sup>23</sup> 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.
- <sup>24</sup> MMHPI. (n.d.). *Texas Blue Chip Program*. <https://mmhpi.org/project/texas-blue-chip-program/>
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