2025 COMMUNITY NEEDS ASSESSMENT

Executive Summary

Purpose and approach

Andrews Behavioral Health (ABH) conducted this Community Needs Assessment to guide services, staffing, outreach, accessibility, partnerships, and strategic planning across its five-county service area: Henderson, Rains, Smith, Van Zandt, and Wood counties. The assessment also fulfills requirements associated with ABH's certification as a Texas Certified Community Behavioral Health Clinic.

The report combines demographic and health data from federal, state, regional, and local sources; de-identified ABH client and service data; and 360 community survey responses collected from July through September 2025. The survey offers directional insight rather than population estimates because respondents were predominantly White, English-speaking, college-educated women. Together, the sources portray significant behavioral health needs, uneven access to care, and strong opportunities for coordinated community action.

The central finding: Behavioral health needs are intensified by rural distance, financial strain, limited provider capacity, and low awareness or use of crisis resources. Suicide, loneliness and mental distress, substance use, outpatient access, and rural financial disparity should therefore anchor ABH's work over the next three years.

The community Andrews serves

More than 441,000 people live in the five-county region, including 238,014 in Smith County. Compared with Texas overall, the service area has an older population, a higher proportion of veterans (10% versus 6%), lower rates of bachelor's-level educational attainment, and longer average commutes (32 minutes versus 27 minutes). All five counties are designated as primary care and mental health professional shortage areas.

Economic pressures are substantial. Median household income across the service area is approximately $10,000 below the Texas median. Henderson County's poverty rate exceeds the state rate, and poverty is especially pronounced among children and working-age adults in Henderson and Rains counties. Smith County has the region's highest estimated annual cost of living at $60,708, approximately $3,000 above the Texas average.

What the assessment found

Mental distress and isolation. Every county reported more frequent mental distress than physical distress and more mentally unhealthy days than physically unhealthy days. Loneliness was also widespread, affecting roughly one-third or more of adults across the region. Among survey respondents, lack of support from family, work, church, or other important communities ranked among the five leading barriers to seeking care.

Suicide is an urgent regional concern. The service-area suicide mortality rate has remained above the Texas rate for several years. In 2023, the regional rate was 18.6 deaths per 100,000 people, compared with 14.3 statewide. Wood County's rate was 31.3 and Henderson County's was 26.7—approximately twice the state rate. That year, 85 residents died by suicide, while the region recorded 192 inpatient hospitalizations for suicide attempts, 348 emergency department visits for attempts, and 1,586 emergency department visits for suicidal ideation.

The impact reaches deeply into the community. Nearly two in five survey respondents reported losing someone close to suicide, and a similar proportion reported surviving an attempt or experiencing suicidal thoughts. Nearly 70% had not used a designated mental health or crisis-intervention resource, underscoring the need for stronger awareness and easier pathways to help.

Substance use continues to produce serious harm. Drug-related poisoning rates exceeded the broader Region 4 rate in all five counties. Alcohol-related vehicular fatality rates in Henderson and Wood counties also exceeded the regional rate. Opioid-related emergency department use shifted across the assessment period, with Wood and Van Zandt counties posting the highest local rates in 2022.

Cost and coverage are the leading barriers to treatment. Survey respondents ranked service or co-pay costs first, limited insurance coverage or providers not accepting insurance second, and insurance coverage generally third. The time between requesting and receiving an appointment ranked fourth. These concerns emerged even though respondents were disproportionately college educated and privately insured, suggesting that affordability and access extend well beyond the uninsured population.

Access gaps extend beyond a clinical appointment. The most difficult services to access were assessment and diagnosis, help finding appropriate housing, crisis care, outpatient mental health care, and recovery-oriented services that support social, emotional, and vocational wellbeing. Respondents also described difficulty locating services for adults with autism and obtaining help for adult family members who may pose a risk but refuse care.

Basic needs directly affect treatment and recovery. Among ABH clients who completed a social determinants of health screening, 41% worried about food security, 27% frequently worried about having enough money for bills, one-quarter reported housing stability concerns, and one-quarter reported that transportation or travel distance affected their ability to see a doctor. Nearly three-quarters indicated they were unemployed.

Andrews' role and capacity

ABH is already a major part of the regional response. It served 11,802 people in 2023 and 11,343 in 2024 and delivered more than 100,000 CCBHC services in each year across mental health, substance use, crisis, psychiatric, and primary care programs. Its local system includes a 24/7 crisis line, Mobile Crisis Outreach Team, Hope House crisis respite, intensive outpatient substance use services, and the 23-county Outreach, Screening, Assessment, and Referral program for substance use treatment.

ABH also formally implemented the Zero Suicide framework in 2023. Since then, the organization has expanded risk screening and safety planning, strengthened data and clinical workflows, offered more prevention training, distributed firearm and medication safety devices, and reduced suicide deaths among people enrolled in ABH services. The HEARTS Local Outreach to Suicide Survivors Team, launched in 2025, adds postvention support for people affected by suicide loss.

Strategic priorities for 2025-2028

After reviewing the findings for prevalence, potential impact, available resources, and alignment with ABH's mission, the Executive Leadership Team established five priorities:

1. Loneliness and mental distress. Reduce isolation and strengthen support for help-seeking within families, workplaces, churches, and other community networks.

2. Suicide prevention and crisis awareness. Address elevated suicide rates and increase public knowledge and use of crisis-support services.

3. Substance use. Respond to high rates of substance-related problems and strengthen pathways into treatment and recovery.

4. Outpatient access. Improve access to assessment, diagnosis, and ongoing outpatient care, including reducing the delay between a request and actual service.

5. Rural financial disparity. Address affordability, insurance, housing, transportation, and other economic barriers—particularly in rural communities.

Moving from findings to action

No single organization can resolve these challenges alone. Progress will require coordinated work among behavioral and physical healthcare providers, schools, law enforcement, courts, local governments, faith communities, nonprofit organizations, people with lived experience, and families.

The assessment gives those partners a shared evidence base: make help easier to find, make care easier to reach and afford, intervene earlier, and strengthen the human connections that protect people before a crisis occurs.