Application Completeness Check for 2026 HSAB Funding	Hill Country MHMR Youth Crisis Respite Center
Amount Requested	**$180,000**
Questions	
Are all questions answered?	Yes
Is the application signed? (this is a certification)	Yes
Does the program have measurable outcomes?	Yes
Is the agency a Human Services Agency?	Yes
Is the agency overseen by a Board of Directors?	Yes
Required Attachments	
BUDGETS	
1. Program budget for current fiscal year	Yes
2. Program budget proposed for next fiscal year	Yes
3. Budget showing the exact uses of the HSAB funding, to be included in the contract	Yes
BOARD OF DIRECTORS INFORMATION	
4. Board of Directors membership roster	Yes
5. Board of Directors City of Residence	Yes
6. Board of Directors Meeting Attendance Record	Yes
7. Board of Directors membership criteria	Yes
ORGANIZATION INFORMATION	
8. Current IRS Form 990, pages 1 and 2 (not required for churches)	NA
9. Non-discrimination policy statement	Yes
PROGRAM INFORMATION	
10. Final Performance Report for 2024 Funding (if funded)	NA
11. Letters of support for the program - how many	4 letters
12. Policies and Procedures for the proposed Program, if available	Yes

City of San Marcos Human Services Grants

FY2026 Application

I. Summary Information

Please spell out organization name and program name completely, without acronyms.

Applicant Organization: Hill Country MHMR

Contact Name: Melissa Ramirez Telephone: [redacted]

Contact E-Mail Address: [redacted] Website: https://hillcountry.org/

Mailing Address: 819 Water Street, Suite 300, Kerrville, Texas 78028

San Marcos Service Address for this Program: 614 N. Bishop St. San Marcos, TX 78666

Who is authorized to execute program documents? Melissa Ramirez M.A., LPC-S, Director of Children Services

Program Name: Youth Crisis Respite Center (YCRC)

Amount of Funds Requested: $ 180,000

What percentage of the cost of this program is requested as funding through this application? 24%

II. Questions

All questions must be answered. Please type your answers. Application evaluations will be based on, but not necessarily limited to the criteria stated in each section.

Overview

1. **Summarize the program for which funding is being requested, the services it provides, and the clients it serves.**

Since 2015, the Youth Crisis Respite Center has provided critical short term residential crisis services to youth between the ages of 13 and 17 across 19 counties in Texas, many of which are rural and lack vital support. This center serves as an alternative to hospitalization, juvenile detention, and other restrictive placements, offering youth a safe, structured environment where they receive individualized therapeutic intervention and family support services.

The Youth Crisis Respite Program is designed to support adolescents who are experiencing mental health or behavioral crises that require immediate, structured, and supportive intervention to prevent the escalation of crisis. Precipitating events to these crises may include serious family conflict, returns from running away, domestic violence, sexual abuse, neglect, mental health struggles, and/or defiant behaviors. No other Youth Crisis Respite Centers exist in this region, resulting in a significant service gap. Consequently, youth in need of stabilization are often diverted to emergency departments, more restrictive out-of-home placements, or institutional care due to the absence of appropriate community-based options.

Characteristics of the youth who will access services include:

- Individuals experiencing behavioral health challenges and crises usually have a Serious Emotional Disturbance (SED) diagnosis, or they may also be diagnosed with substance use disorder (SUD) or
- Intellectual or Developmental Disability (IDD).
- Youth who are justice-involved or have Department of Family Protective Services (DFPS)/ Children Protective Services (CPS) involvement.
- Youth who are at risk of crisis due to the unmanaged mental health symptoms of their caretaker.
- Youth who identify environmental stressors(s) that have negatively impacted their functioning.
- Youth who have a history of unhealthy coping skills.
- Youth at risk for behavioral crisis due to a sibling with mental health/behavioral health instability.
- Youth who are utilizing respite as a crisis prevention tool to avoid more restrictive out-of-home placement.
- Youth at risk for a higher level of care or out-of-home placement.
- Youth utilizing respite as a step down from restrictive inpatient care

Our core programming is rooted in principles of early intervention, emotional regulation, cultural responsiveness, and long-term wellness. We provide short-term, intensive support in a healing-centered environment that honors the unique identity and experiences of each youth. Through individualized care and community connections, the Youth Crisis Respite Center empowers youth to safely de-escalate and engage in the services they need to thrive.

Key program components include:

- Stabilize youth and families in crisis in the least restrictive manner.
- Minimize the likelihood of youth and family experiencing further trauma while promoting a safe, structured, and healing environment for all.
- Assist the youth and family with identifying the underlying purpose of the behavior that led to the intervention.
- Empower youth and families to identify their strengths and use them to develop strategies to cope with future events.
- Decrease recidivism of emergency rooms and preventable hospital utilization.
- Decrease symptoms and unhealthy behaviors, family stress, and functional impairment from the time of admission through discharge.
- Provide continuity of care and links to appropriate community resources for youth and family.
- Facilitate transition and discharge planning for youth to return home and to their community.
- Family engagement and education to strengthen support systems and promote wellness at home

Wellness is not simply the absence of crisis but the presence of support, safety, and self-awareness. Our program integrates wellness-focused activities that help youth develop healthy coping strategies and foster resilience. Services are tailored to the identified needs of youth and the current crisis they are experiencing. Evidence-based practices and curricula are utilized for a best-practice approach.

These include:

- Skills training (coping, effective communication, anger, hopelessness, locus of control, etc.)
- Mindfulness, grounding, and relaxation exercises
- Creative expression opportunities, such as journaling, art, and music
- Physical wellness support, including movement, sleep hygiene, and nutritional education
- Peer connection and relationship-building to reduce isolation and increase belonging
- Culturally responsive engagement to affirm the identities, values, and experiences of diverse youth
- Restorative practices and activities that emphasize healing and personal agency
- Access to family support, case management, medication training, safety planning, and continuity of care services

By addressing the emotional, physical, and social dimensions of wellness, the Youth Crisis Respite Center provides a holistic, healing-centered response that supports both immediate stabilization and long-term mental health. Our model helps youth avoid unnecessary hospitalization, remain in their communities, and build the tools they need to manage their mental health in sustainable ways.

COMMUNITY NEED AND JUSTIFICATION –15 POINTS

Evaluation: documentation and justification of the need for the program in the City of San Marcos.

1. **Describe in detail the need for this program in San Marcos.**

The Youth Crisis Respite Center (YCRC) meets a growing need in the City of San Marcos for accessible, developmentally appropriate crisis services that support youth experiencing emotional and behavioral challenges. Like many communities across Texas, San Marcos faces increasing rates of teen mental health concerns, including suicide risk, family instability, and limited crisis response options.

Without access to the YCRC, youth in San Marcos and surrounding areas are often left with few options: overcrowded emergency rooms, law enforcement intervention, or inpatient psychiatric hospitalization. These responses are often inappropriate, costly, and traumatizing, failing to address the root causes of the crisis while straining public systems. The YCRC offers a compassionate and community-based alternative: a short-term, residential crisis stabilization program that provides youth with a safe, therapeutic environment to de-escalate, learn coping skills, and prepare for a supported return to their homes, schools, and communities.

As the only program of its kind in the region, the YCRC fills a critical gap in the continuum of youth mental health services. Emergency departments across Central Texas are increasingly overwhelmed with behavioral health presentations that do not require hospitalization but persist due to the lack of community-based alternatives. Youth are often referred to emergency rooms not because of clinical necessity, but because there are no appropriate placements available, leading to emotional deterioration, unnecessary hospitalization, and increased systemic costs.

The YCRC responds to this systemic inefficiency by providing an evidence-informed, trauma-responsive, and family-centered approach to short-term crisis care. By intervening early and locally, our program prevents the escalation of behavioral health issues, reduces over-reliance on restrictive and high-cost interventions, and strengthens the youth's natural support systems. Importantly, YCRC enables youth to remain in their communities, connected to family, school, and local supports, rather than being removed and isolated in distant or institutionalized settings.

In summary, the Youth Crisis Respite Center provides a vital solution to the mental health service gap in San Marcos. It strengthens the city's youth crisis response system by offering timely, appropriate, and compassionate care that enhances outcomes for vulnerable adolescents while reducing the strain on emergency services, law enforcement, and inpatient psychiatric care. Investment in the YCRC is an investment in the well-being, resilience, and future of the youth in our community.

2. **Has the need for this program been increasing in recent years?**

Yes, the need for the Youth Crisis Respite Center has significantly increased in recent years. In both San Marcos and the broader Central Texas region, youth mental health crises have risen sharply, with higher rates of suicidal ideation, emergency room visits, and behavioral health challenges among adolescents, especially post-pandemic. Local data from Hays County shows growing gaps in accessible, community-based crisis services, leading to an overreliance on emergency departments and inpatient hospitalization. The reopening of the Youth Crisis Respite Center in San Marcos in

2023 highlights both the demand for this type of care and the urgent need to expand such services to meet the rising need.

Collective traumatic experiences like the COVID-19 pandemic have created long-lasting impacts on communities' families and children. The prevalence of anxiety and depression in youth has doubled since COVID-19. It is estimated that of the 3.8 million children in Texas between the ages of 9 – 17yrs, up to 500,00 had a serious emotional disturbance (SED) *(SAMHSA 2022).* In 2022, 19% of Texas children experienced two or more ACEs by age 18 (*Adverse Childhood Experiences*). Between 2000-2002 youth suicide mortality rate increased 30.4%, with rates rising from 9.2 deaths per 100,000 population to 12 (C*enters for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER)*.

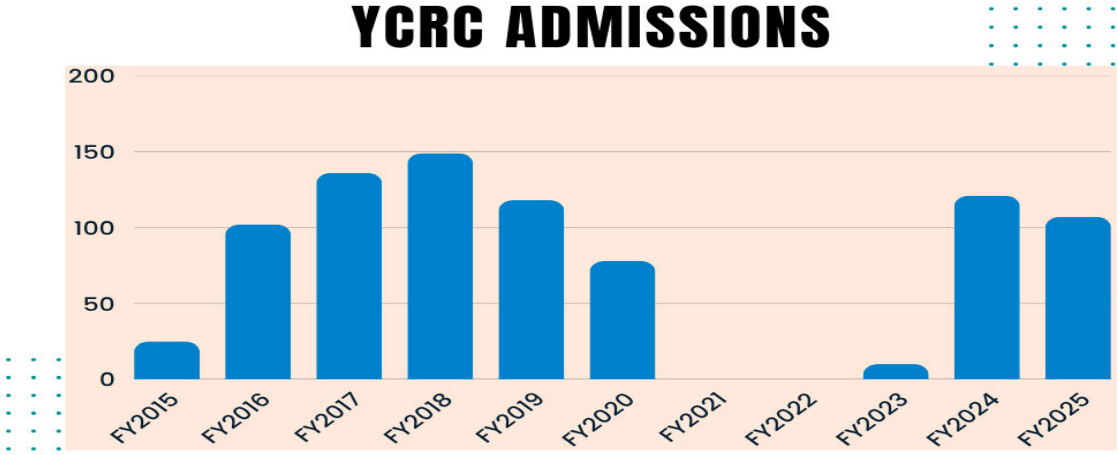
In the Fall of 2021, the Texas Health and Human Services Commission recognized the need for more expansive youth crisis services. HHSC solicited proposals for funding Crisis Respite for Children and Adolescents, awarding 5 LMHA's funding to open and operationalize crisis respite homes and programs. The YCRC was selected as one of the awarded recipients and reopened its program in June of 2023.

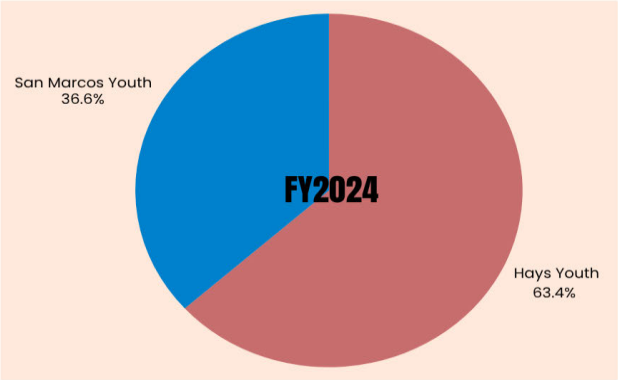
The Texas Children's Behavioral Health Strategic Plan (December 2024) is a subcommittee to develop a strategic plan focused on the mental health and substance use needs of children and offer a blueprint for understanding and meeting these needs over time.

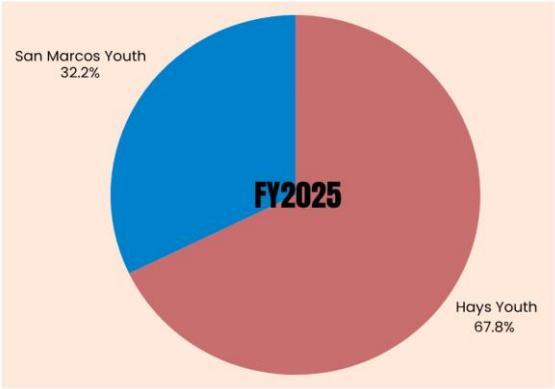
Per the 2024-25 General Appropriations Act, House Bill (H.B.) 1, 88th Legislature, Regular Session, 2023 (Article IX, Health-Related Provisions, Sec. 10.04(g)), the plan must incorporate the full continuum of care needed to support children and families. The strategic committee and plan recognized the need for an expansion of crisis respite services for Texas youth and families:

a. Fund HHSC to expand crisis respite units serving children with behavioral health conditions and/or IDD conditions.
b. Fund HHSC to cover crisis services such as in-home and out-of-home crisis respite, extended observation, and crisis stabilization services as a Medicaid state plan benefit, to the extent allowable under federal requirements.

There are 28 crisis respite units across the state, but only 11 that exclusively serve children, and one that serves children and adults. In SFY 2023, 77 children were served in children's crisis respite units. The average age of the child was 14 with an average length of stay of nine days. There was a 48 percent decrease in crisis encounters before and after receiving treatment in the children's crisis respite unit.







Additional funding will play a critical role in expanding the Youth Crisis Respite Center's capacity to provide high-quality, trauma-informed care to adolescents and families across San Marcos and the greater Hays County area. As the only youth-specific crisis respite program in the region, the demand for our services continues to grow.

In Fiscal Year 2024, 63.4% of YCRC admissions came from Hays County, with 36.6% from San Marcos specifically. In the current Fiscal Year 2025, even with several months remaining, 67.8% of admissions are from Hays County, and 32.2% are from San Marcos. These increases reflect the deepening need for community-based crisis support, particularly for youth who might otherwise enter emergency departments, juvenile justice systems, or inpatient psychiatric care. This investment will allow YCRC to meet the rising demand in San Marcos and Hays County, serve more youth in crisis, and provide the compassionate, community-based care that can change the trajectory of a young person's life.

IMPLEMENTATION –15 POINTS

Evaluation:

- *The application demonstrates that resources needed to manage the proposed program are available and ready.*
- *Applicant has clearly defined objectives focusing on results and measurable outcomes vs. only program activities descriptions and numbers served.*
- *Past performance of programs funded by Human Services Grants has met expectations.*

1. **Are all the resources in place to be able to implement this program? If not, what is missing?**

The Youth Crisis Respite Center (YCRC) has established a strong foundation of infrastructure, trained staff, and ongoing community partnerships necessary to operate the program effectively. Currently, YCRC collaborates closely with key partners across San Marcos, including the San Marcos Police Department, San Marcos ISD, Hays County Juvenile Probation, and local behavioral health agencies through the Hays Mental Health Coalition. These relationships ensure a coordinated response to youth in crisis and strengthen referral pathways, continuity of care, and system-wide support for vulnerable adolescents.

However, to ensure long-term sustainability and to meet the growing demand for youth mental health services, YCRC is actively working to diversify and strengthen its funding streams. While core operational resources are in place, additional funding is essential to enhance the overall quality and reach of the program. To fully support youth in crisis, the YCRC requires materials and supplies that enrich respite programming, including evidence-based therapeutic curricula, group activities, and tools that promote emotional regulation, communication, and life skills. Many youth arrive at the center with few or no personal belongings; funding is needed to provide clothing, hygiene products, comfort items, and basic necessities that restore dignity and foster a sense of safety.

Additionally, targeted investments are critical to reinforce the center's trauma-informed approach by improving the physical environment, creating a safe, calming, and welcoming space that supports healing. This includes sensory tools, therapeutic furnishings, soft lighting, and trauma-informed décor that helps youth feel grounded and emotionally secure during their stay.

This grant represents a vital opportunity to close existing resource gaps and reinforce the program's ability to deliver timely, community-based crisis intervention for adolescents. With this support, YCRC can continue to operate at the highest level of care while creating a nurturing, trauma-responsive environment that empowers youth and families to move toward stability, resilience, and long-term well-being.

2. **What specific, measurable outcomes or results do you hope to achieve with this program?**

Upon discharge, each youth receives a coordinated transition plan, including a safety plan and connections to community-based services aligned with their person-centered goals. These services and resources are reviewed with the youth and their family to ensure collaborative, ongoing support. Four weeks post-discharge, YCRC conducts follow-up calls with both the youth and their legally authorized representative (LAR) to check in on whether the transition plan has been effective. During this follow-up, both the youth and LAR are invited to complete a Continuity of Care form, which provides self-reported feedback on:

- Key health and wellness indicators
- Use of the safety plan created during their stay
- Ongoing needs or additional support required

These tools help YCRC track progress and identify gaps in support. All feedback is reviewed by leadership to guide staff in development, strengthen community partnerships, and improve programming.

Key measurable outcomes include:

- Improved emotional and behavioral stability:
  PHQ-9 administered at admission and discharge to assess mood and symptom improvement; follow-up discussions 4–6 weeks post-discharge to evaluate sustained progress.
- Increased use of coping and de-escalation skills:
  Staff assessments and client self-reporting during stay and in follow-up surveys.
- Reduction in the use of high-intensity emergency systems and restrictive placements:
  Discharge survey/interviews with youth and LARs to determine what alternative actions would have been taken without YCRC access. This includes qualitative and quantitative tracking of diverted emergency room visits, law enforcement involvement, inpatient hospitalization, and DFPS conservatorship.
- Strengthened family relationships and support systems:
  Continuity of Care follow-up interviews and surveys to assess family engagement and system connection, along with qualitative data from discharge planning.

By emphasizing early intervention, continuity of care, and client-driven goals, the YCRC aims to improve the overall mental health outcomes of youth in our region while reducing reliance on emergency interventions and restrictive placements. Through this outcome-driven and feedback-informed approach, we continue to build a safer, more responsive, and more connected mental health crisis system for youth and families in San Marcos and beyond.

3. **If funding is not available at the requested amount, what is the minimum Human Services Grant funding needed to be able to run this program?**

$125,000

IMPACT AND COST EFFECTIVENESS –15 POINTS

1. **Programs can provide value by deeply impacting the lives of a few, with effects that may ripple through generations, or by providing smaller but meaningful impact to a larger group. Describe in detail the impact this program will have on the identified need and on San Marcos residents.**

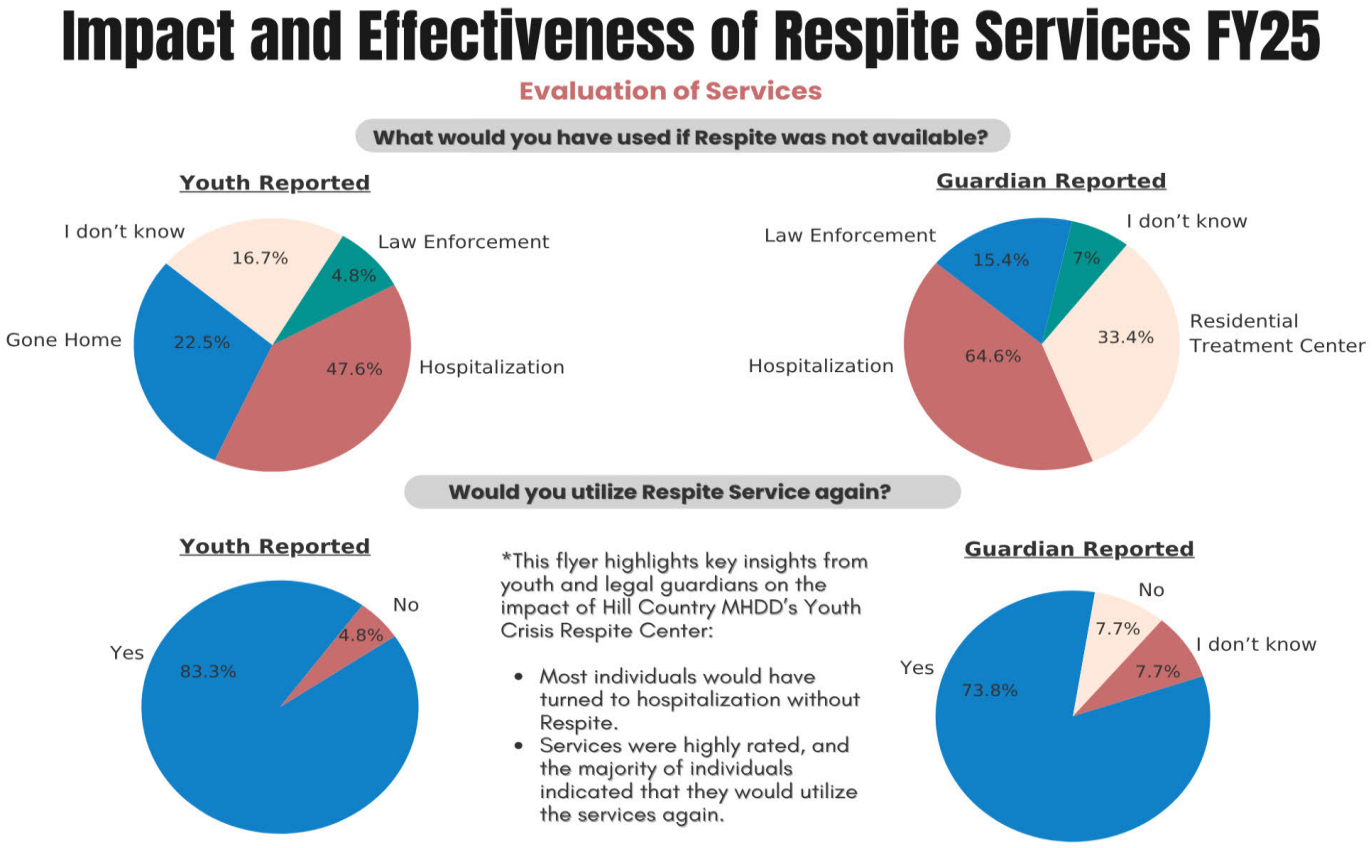
The Youth Crisis Respite Center provides both immediate and long-lasting impact on youth in crisis and their families, addressing a critical gap in San Marcos' behavioral health system. This program creates deeply meaningful outcomes by stabilizing vulnerable adolescents, equipping them with coping and communication skills, and connecting families with vital community-based support. The ripple effect of these interventions extends far beyond a youth's stay: families learn how to support one another more effectively, crises are de-escalated before they reach emergency levels, and youth are empowered to return to their communities with tools for self-regulation and healing. The YCRC's success is evidenced by both quantitative and qualitative data. Discharge and follow-up surveys consistently show that, without YCRC, families would have sought emergency services or inpatient treatment. Instead, they report significant improvements in emotional well-being, problem-solving skills, and family communication. These improvements contribute to stronger family units, reduced recidivism into crisis systems, and better long-term outcomes for youth.

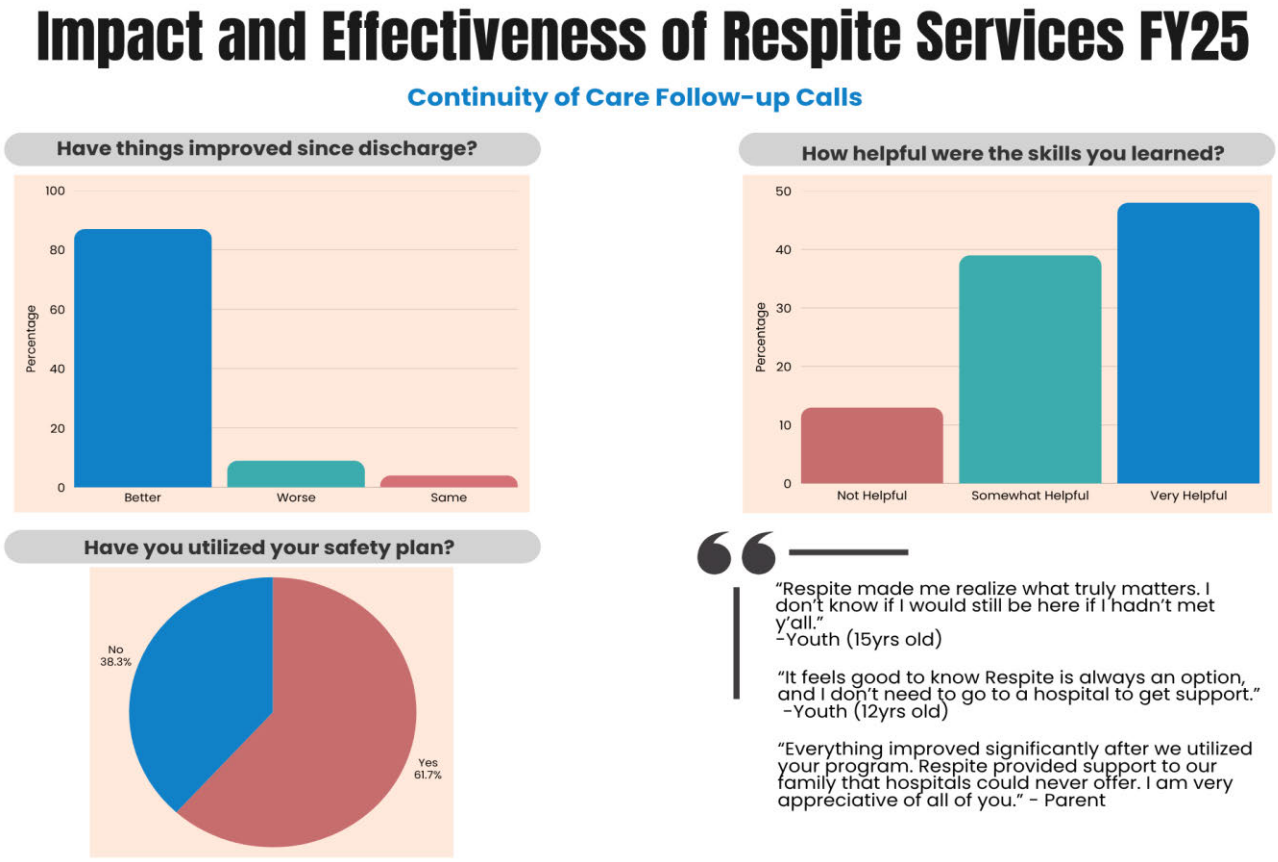
Testimonials from participants reflect the transformative nature of the program:

- "I would go here before anywhere else because they listen, and they help me understand myself. The people here see you on a personal level, unlike inpatient." – Youth
- "I think it's great for kids to have an out from what they may be dealing with in the 'real world'." – Parent

- “This has been the only place that made me feel like I was part of a family" – Youth
- “Very polite and knowledgeable staff. I can tell they really care about kids. It's a supportive environment." – Grandparent
- “I wish I would have known this existed a long time ago. This program is a one-of-a-kind" – Parent
- “It has helped me more than any other place I have been to. I got to learn to make my own food." – Youth
- “The staff is amazing and extremely helpful." – Parent
- “I never thought about the future until we started doing activities that made me really think about my dreams and what I could do in the world" – Youth

Whether it's a youth learning to understand and express emotions, a family finding better ways to communicate, or a teen returning to school and home life with increased stability, each small success contributes to a larger community impact. The YCRC offers San Marcos a proven model for supporting youth mental health that is person-centered, preventative, and sustainable, one that strengthens families and builds a healthier future for the entire community.





2. **Briefly describe other funding sources, volunteers, or in-kind donations that will be used with this program.**

To ensure sustainability, we actively engage in community outreach, presenting Crisis Respite to school administrators, counseling groups, and mental health professionals across our service area. These efforts not only raise awareness but also reinforce collaboration between educators and behavioral health providers. We also continue to strengthen partnerships with organizations such as the Scheib Center Board of San Marcos and have previously received funding from the Meadows Foundation.

YCRC has ongoing efforts to secure diverse funding to ensure program sustainability and expansion. Currently, we have applied to the following funding sources:

- Create Healthy – *$65,000 awarded*
- Hill Country Foundation – *$14,000 pending*

YCRC also benefits from generous in-kind donations and community engagement that directly enhance program quality and youth experience. These community contributions include:

- Texas State University, which has hosted campus tours for youth, inspiring future academic and career goals.
- McAlister's Deli, which has donated meals for special programming days, helping youth feel celebrated and supported.

- Sally Beauty Supply, which provided self-care materials to support group activities focused on building self-esteem and confidence.
- Michaels, which donated art supplies to enhance therapeutic activities and expressive arts curriculums.
- Lowe's and McCoy's Building Supply, which have each donated flowers, paint, and interior/exterior improvement materials to create a more welcoming, trauma-informed, and aesthetically comforting environment for youth in care.

These donations are critical in helping us create a safe, home-like space where youth can begin to heal emotionally, develop coping skills, and feel seen and valued. The support of community partners not only enhances the effectiveness of our services but also reflects the shared investment in building a healthier, more resilient San Marcos.

3. **How many total annual unduplicated direct clients is this program expected to serve? What percentage will be San Marcos residents?**

For FY 2025, the program is on track to serve approximately 125–135 total annual unduplicated direct clients, based on the current count for FY25 of 107 clients with several months remaining in the fiscal year and an anticipated increase in youth referrals typically observed at the end of summer. This reflects the steady growth of the 121 clients served in the previous year, FY24. Of the projected 125–135 clients, approximately 30% are expected to be residents of San Marcos.

Looking ahead to FY 2026, the program anticipates continued steady but modest growth, with a projected 135–145 unduplicated clients served. Based on current trends, approximately 35% of those clients are expected to be San Marcos residents, reflecting a growing need in the local community. These projections underscore the program's commitment to sustainable growth while continuing to prioritize service to San Marcos residents.

COMMUNITY SUPPORT – 15 POINTS

Evaluation:

- *A minimum of three letters*
- *Evidence that volunteers play a vital role in the program or agency's operation.*
- *Evidence that board members are actively involved in and supportive of the agency*

1. **What actions do Board members take to support the programs of the agency?**

Board members of the Hill Country MHDD Centers, including the local Scheib Center Board, play a vital and multifaceted role in supporting agency programs through strategic governance, financial stewardship, and hands-on engagement. As appointed representatives of a 19-county region, Board of Trustees members provide oversight, set policy direction, and ensure that programs align with the agency's mission and state guidelines. They participate in regular and special meetings to review budgets, approve programmatic initiatives, and monitor performance outcomes. To maintain informed decision-making, board members complete annual training on agency operations, legislative requirements, ethics, and the delivery of mental health and developmental disability services.

Beyond governance, local boards such as the Scheib Center Board demonstrate a deep commitment to program success through direct and meaningful support. For example, the Scheib Board has contributed discretionary funds to the Youth Crisis Respite Center, addressing immediate needs such as therapeutic group materials and resources that enhance client care. They have donated gift cards to reward and encourage youth participation in our Annual Mental Health Awareness Art Contest, an initiative that fosters emotional healing through creative expression. Additionally, recognizing the unique needs of crisis admissions, including those occurring overnight, the Scheib Board funded the installation of exterior lighting around the respite home, directly supporting trauma-informed care by promoting safety and comfort

during late-night transitions.

Through financial contributions, advocacy, and program-centered investments, Board members strengthen the agency's infrastructure and capacity to provide responsive, community-based care. Their leadership ensures that programs like the YCRC remain not only operational, but innovative, safe, and grounded in compassion.

2. **Briefly describe the number and role of volunteers in the program or agency's operation.**

Due to the high acuity and sensitive nature of the youth and family needs served by the Youth Crisis Respite Center (YCRC), the program does not currently engage volunteers in direct service roles. All client-facing services are provided exclusively by trained mental health professionals to ensure the highest standards of care, confidentiality, and safety.

In lieu of on-site volunteer involvement, community members have shown strong support through in-kind contributions that directly enhance program quality and youth experience. Volunteers have donated a range of items including books, yard games, an air hockey table, and outdoor furniture, which help create a more engaging, trauma-informed, and home-like environment for the youth we serve. These contributions reflect the broader community's commitment to supporting youth mental health and the mission of the YCRC.

COUNCIL PRIORITIES - 30 POINTS

1. **How long has this program served San Marcos residents? (10 points if at least 2 years)**

Since 2015, the Youth Crisis Respite Center has provided critical term residential crisis services to youth between the ages of 13 and 17 across 19 counties in Texas, many of which are rural and lack vital support. This center serves as an alternative to hospitalization, juvenile detention, and other restrictive placements, offering youth a safe, structured environment where they receive individualized therapeutic intervention and family support services.

2. **Does the agency have an office in San Marcos? (10 points if it does)**

Yes, the agency has several locations in San Marcos.
Locations are:

- Youth Crisis Respite- 614 N. Bishop St. San Marcos, TX 78666
- Schieb Mental Health Clinic- 1200 N Bishop St, Suite 200, San Marcos, TX, 78666
- Hays County LIDDA and Administrative Offices - 631 Mill St, Suite 100, San Marcos, TX 78666

3. **Describe how this funding will create an increase in services or an increase in the number of people served. (10 points if creates an increase)**

This funding will play a critical role in expanding the Youth Crisis Respite Center's capacity to provide high-quality, trauma-informed care to adolescents and families across San Marcos and the surrounding region. As the only youth-specific crisis respite program in the area, the need for our services continues to grow. With this investment, we can increase the number of youth served annually and strengthen the depth and breadth of services provided.

Specifically, this funding will allow us to:

- Expand Staffing and Bed Capacity: We will add mental health professionals—including licensed clinicians, mental health associates, and support staff—allowing us to safely serve more youth at a time while maintaining high standards of care and supervision.

- Enhance Outreach and Referral Systems: We will strengthen collaboration with school districts, juvenile justice, law enforcement, and mobile crisis teams through regular outreach meetings, on-site presentations, and updated referral materials. These efforts will increase awareness and streamline access to services, ensuring more youth in need are referred quickly and appropriately.
- Deepen Wraparound and Aftercare Services: Funding will support robust transition planning and family engagement, including formalized referral pathways with community mental health providers. This will ensure youth and families have the support they need to sustain stability post-discharge.
- Improve Program Infrastructure: We will purchase therapeutic tools—such as mindfulness and sensory regulation items—and technology upgrades (laptops, monitors, projectors) to create an engaging, healing-centered environment. These enhancements will enrich therapeutic programming and support virtual access to care and learning when needed.
- Invest in Staff Training and Development: Ongoing professional development in trauma-informed care, adolescent crisis response, and cultural responsiveness will ensure staff remain equipped to meet the diverse and evolving needs of youth and families in crisis.
- Create a More Inclusive and Healing-Centered Space: Funding will also support enhancements to the physical environment, making the center more welcoming and comfortable for youth who may arrive with few personal belongings. These updates will include home-like furnishings, personal care items, and culturally relevant program materials that promote safety, dignity, and emotional regulation.

By scaling our capacity and strengthening our services, this funding will directly increase the number of individuals we can serve, both in crisis and in ongoing care. It will also improve long-term outcomes by fostering resilience, reducing reliance on emergency systems, and creating pathways toward wellness and family stability.

RISK - 10 POINTS

1. **How many years of experience does the agency have in implementing a program of this size and complexity? (5 points if more than 5 years).**

The Youth Crisis Respite Center first opened its doors in 2015 and has over eight years of experience operating this program. While the center was temporarily non-operational for approximately two years during the COVID-19 pandemic, the agency maintained its infrastructure, staff readiness, and community partnerships throughout that time. Since resuming full operations, the center has continued to grow in capacity and effectiveness, demonstrating a strong track record of delivering high-quality, community-based crisis services for youth and families.

2. **What percentage of the program's funding is non-City? (5 points if at least 50%)**

100% non-city funded.

III. FUNDING RESTRICTIONS

By signing this application I certify the following to be true:

1. All Human Services Grant funding will be spent on San Marcos residents, except for school-based programs, in which case it may be spent within the San Marcos Consolidated Independent School District boundary.
2. Funding requested is not more than 50% of the total funding for the agency.
3. Funding will not be used to fund more than 20% of a full time position.
4. Agency has been in existence for at least 2 years. (This can include serving communities other than San Marcos.)

SUBMITTAL APPROVED BY:

Signature

07/21/2025
Date

Melissa A. Ramirez
Printed Name

Director of Children Services
Title

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: January 5, 2010

Person to Contact:
Mr. R. Molloy
ID# 0203248
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
74-2822017
Form 990 Required:
No

HILL COUNTRY COMMUNITY MHMR CENTER
819 WATER ST STE 300
KERRVILLE TX 78028-5330

Dear Taxpayer:

This is in response to your request of January 7, 2010, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in June 2000 that recognized you as exempt from Federal income tax, and reflect that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Cindy Thomas

Cindy Thomas
Manager, Exempt Organizations
Determinations

28

Griffith, Carol

From: Scheib Center <[redacted]>
Sent: Monday, July 21, 2025 6:32 PM
To: Griffith, Carol
Cc: [redacted]
Subject: [EXTERNAL] Re: Youth Respite Applications

Carol,

Scheib is a separate entity from Hill Country MHMR. Separate Tax IDs and separate costs. Their programs are facilitated out of our properties. We have an arrangement with them and we have separate costs related to these programs.

The costs represented in Scheib Center are not repeated by Hill Country. Hill Country is the staff that contract with us, Scheib is the facility that houses the programs. Therefore, we are the buildings and provide tangible property. We do not have any staff. They are the staff within our facilities.

Hope that makes sense!

Let me know if you have further questions!

Thanks!!

Britney Richey

On Jul 21, 2025, at 5:44 PM, Griffith, Carol <[redacted]> wrote:

Good evening!

At this point I have not reviewed the applications in detail; however, I noticed these two applications both appear to be for the Youth Crisis Respite Center a 614 N. Bishop. At your convenience, will you please provide a quick explanation for the Board of how these are related or distinct?

Also, will you please clarify the relationship between Hill Country MHMR and Scheib Center? I was thinking Scheib was a satellite location of Hill Country MHMR – is that correct? Or are they separate organizations?

If it would be helpful to schedule a quick zoom meeting in the next few days, I will be happy to do that.

Thank you very much. Carol

<image001.jpg>

Carol Griffith
Housing and Community Development Manager | Planning & Development Services
630 E. Hopkins St, San Marcos, TX 78666
[redacted]

Please take a moment to complete the City of San Marcos Customer Satisfaction Survey.

<2026_App_Hill Country MHMR.pdf>

<2026_App_Scheib_Youth_Respite.pdf>

Form P - BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent: Hill Country Community Mental Health and Mental Retardation Center FY25

Budget Categories	Total Budget	Funds Requested	Direct Federal Funds	Other State Agency Funds* Check if Cash Match ☐	Other Funds Check if Cash Match ☐	Local Funding Sources Check if Cash Match ☐	In-Kind Match
A. Personnel	$442,410	$442,410					$0
B. Fringe Benefits	$132,723	$132,723					$0
C. Travel	$7,952	$7,952					$0
D. Equipment	$0						$0
E. Supplies	$32,338	$32,338					$0
F. Contractual	$0						$0
G. Other	$58,971	$58,971					$0
H. Total Direct Costs	$674,394	$674,394	$0	$0	$0	$0	$0
I. Indirect Costs	$45,862	$45,862	$0				$0
J. Total (Sum of H and I)	$720,256	$720,256	$0	$0	$0	$0	$0
K. Program Income - Projected Earnings	$0	$0	$0	$0	$0	$0	$0

NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

	Budget Catetory	Distribution Total	Budget Total		Budget Category	Distribution Total	Budget Total
Check Totals For:	**Personnel**	**$442,410**	**$442,410**		**Fringe Benefits**	**$132,723**	**$132,723**
	Travel	**$7,952**	**$7,952**		**Equipment**	**$0**	**$0**
	Supplies	**$32,338**	**$32,338**		**Contractual**	**$0**	**$0**
	Other	**$58,971**	**$58,971**		**Indirect Costs**	**$45,862**	**$45,862**

TOTAL FOR:	**Distribution Totals**	**$720,256**		**Budget Total**	**$720,256**

*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than HHSC related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this project.

Revised: 5/2/2012

Form P - BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent: Hill Country Community Mental Health and Mental Retardation Center FY26

Budget Categories	Total Budget	Funds Requested	Direct Federal Funds	Other State Agency Funds* Check if Cash Match ☐	Other Funds Check if Cash Match ☐	Local Funding Sources Check if Cash Match ☐	In-Kind Match
A. Personnel	$414,613	$414,613					$0
B. Fringe Benefits	$124,384	$124,384					$0
C. Travel	$7,289	$7,289					$0
D. Equipment	$0						$0
E. Supplies	$78,302	$78,302					$0
F. Contractual	$0						$0
G. Other	$59,573	$59,573					$0
H. Total Direct Costs	$684,161	$684,161	$0	$0	$0	$0	$0
I. Indirect Costs	$42,040	$42,040	$0				$0
J. Total (Sum of H and I)	$726,201	$726,201	$0	$0	$0	$0	$0
K. Program Income - Projected Earnings	$0	$0	$0	$0	$0	$0	$0

NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

	Budget Catetory	Distribution Total	Budget Total		Budget Category	Distribution Total	Budget Total
Check Totals For:	**Personnel**	**$414,613**	**$414,613**		**Fringe Benefits**	**$124,384**	**$124,384**
	Travel	**$7,289**	**$7,289**		**Equipment**	**$0**	**$0**
	Supplies	**$78,302**	**$78,302**		**Contractual**	**$0**	**$0**
	Other	**$59,573**	**$59,573**		**Indirect Costs**	**$42,040**	**$42,040**

TOTAL FOR:	**Distribution Totals**	**$726,201**		**Budget Total**	**$726,201**

*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than HHSC related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this project.

Revised: 5/2/2012

HSAB Funding - YCRC FY 26

Description of Item [If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	**Purpose & Justification**	**Total Cost**
20% of YCRC Personnel Costs	Operation of 24-7 crisis residential home for youth 13-17yrs old. YCRC program has a staff of 11; which include: Program Director, RN, Program Manager, and 8 mental health associates (direct care staff).	$82,922.60
Arts and crafts / Activity supplies (craft paper, crayons, markers, paint, glue, board games, etc.)	Materials will be used for youth programming and evidence based best practices for skills training and psychosocial activities aimed toward reducing/addressing crisis. (paint, canvas, markers, crayons, beads, plastic containers, clay, glitter, glue, popsicle sticks, craft paper, yarn, etc.)	$8,000
HSAB Funding- Crisis Prevention Packs -	Deescalation tools and tactiles for youth to take home to build a crisis prevention pack/coping skills tool box. (fidgets, journals, pens, water colors, air dry clay, deck of cards, affirmation cards, kleenex, positive self-regard stickers, etc.)	$8,000
HSAB Funding - Youth bedroom furniture, common living space furniture, and outdoor furniture	Replace and update broken required bedroom furniture and common living room furniture needed to ensure state compliance and trauma informed care space to include furniture, furnishing, accent pillows, soft lamps, blinds, rugs, runners, dining room table, chaise, chairs, etc. (1 living room, 1 dining room, 1 activity room (2nd living room space, 3 bedrooms, 7 beds frames with built-in-dressers, 3 outdoor spaces)	$25,077.40
HSAB Funding- San Marcos Client Support	Personal hygiene supplies, clothing, shoes, back pack, socks, haircuts, etc.. Youth often arrive at YCRC with no spare clothing or hygiene supplies/items for their use, or items are too small/large and not in wearable condition	$5,000
HSAB Funding - Improve Program Infrastructure:	purchase therapeutic tools—such as mindfulness and sensory regulation items—and technology upgrades (laptops, monitors, projectors) to create an engaging, healing-centered environment. These enhancements will enrich therapeutic programming and support virtual access to care and learning when needed.	$8,000
HSAB Funding - Enhance Outreach and Referral Systems	Procurment of projector, screen, bluetooth, and audio visual tools needed to ensure and expand program outreach and presentation within the community, web camera(s), headphones, computer monitor, pointer, and roller case to travel	$3,000
Facility Lease	YCRC home is owned by The Scheib Board and leased to HCMHDD for YCRC programming. All respite residential programming is run out of the home.	$28,000
HSAB Funding- Outing Expenses (entrance fees, expenses for community memberships)	Special programming and participation entry fees to organizational or community events. Community membership(s) (activity center, recreational center, agency library cards, etc.)	$2,500
HSAB Funding - Update current internet infrastructure	To ensure telecommunication and internet can support growing needs of program and youth - update to fiber	$2,000
HSAB Funding - building a trauma informed care outdoor space	Outdoor and exterior landscape improvements to promote grounding, wellness, and bridge to natural supports. Install sprinklers, greenery, grass, natural Texas flowers, bushes, trees, etc.	$7,500

$180,000.00

HILL COUNTRY MHDD CENTERS BOARD OF TRUSTEES (plus CEOs & Assistant/Board Liaison)

COUNTY	MEMBER	CONTACT INFORMATION
CEO	Tod Citron	Work [redacted] ext 2025, Cell [redacted]
Deputy CEO	Landon Sturdivant	Work [redacted] ext 2052, Cell [redacted]
Executive Assistant/Board Liaison	Maria Baskett	Work [redacted] ext 2043, Cell [redacted]
Kinney, Real, Uvalde	Judge Tully Shahan Chair	401 S Ann St, Brackettville, TX 78832 Work [redacted] Cell [redacted]
Medina	Judge Keith Lutz Vice-Chair	Medina County Courthouse 1300 Avenue M, Rm 250, Hondo, TX 78861 Work [redacted]
Bandera, Kendall	Mr. Bryce Boddie Secretary	PO Box 114, Waring, TX 78074 Cell [redacted]
Edwards, Kimble, Mason, Menard, Schleicher, Sutton	Judge Charlie Bradley	Schleicher County Courthouse PO Box 741, Eldorado, TX 76936 Work [redacted] Cell [redacted] Personal cell [redacted]
Kerr	Judge Rob Kelly	Kerr County Courthouse 700 E Main St, Rm 101, Kerrville, TX 78028 Work [redacted] Cell: (830) [redacted] or [redacted]
Blanco, Gillespie, Llano	Judge Brett Bray	Blanco County Courthouse PO Box 387, Johnson City, TX 78636 Work [redacted]
Comal	Commissioner Doug Leecock	Comal County Courthouse 100 Main Plaza New Braunfels, TX 78130 Work [redacted] Cell [redacted]
Val Verde	Judge Lewis Owens	Val Verde County Courthouse 400 Pecan St, 1st Floor, Del Rio, TX 78840 Work [redacted]
Hays	Mr. Charles Campise	5401 Hilliard Rd, San Marcos, TX 78666 Cell [redacted]
Kendall (Ex officio member)	Sheriff Al Auxier	Kendall County Sheriff's Office 6 Staudt St, Boerne, TX 78006 Work [redacted] Cell [redacted]

HILL COUNTRY COMMUNITY MHMR CENTER BOARD OF TRUSTEES MEETING ATTENDANCE, FY 2025

Board Member	10/01/2024	11/12/2024	2/05/2025	3/04/2025	5/06/2025	6/03/2025	8/19/2025
Tully Shahan	✓	✓	✓	✓	✓	✓	
Keith Lutz	✓	✓	✓	✓	✓		
Bryce Boddie	✓	✓	✓	✓	✓	✓	
Charlie Bradley	✓		✓	✓	✓		
Rob Kelly	✓				✓	✓	
Brett Bray	✓		✓	✓	✓	✓	
Lewis Owens	✓					✓	
Doug Leecock	*	*		*	*	✓	
Charles Campise	✓	✓	✓		✓	✓	
Al Auxier						✓	

NOTE: Doug Leecock was sworn in as a Board member on June 3, 2025, replacing former Board member Donna Eccleston.
Red asterisks indicate meetings attended by Donna Eccleston.

PART IV

ORGANIZATION PLAN

A. ORGANIZATIONAL STRUCTURE: BOARD OF TRUSTEES

A Board of Trustees will be appointed by the governing bodies of Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde and Val Verde Counties for the purpose of operating a community mental health and intellectual and developmental disabilities center (CMHDDC). A CMHDDC is an agency of the State, a governmental unit, and a unit of local government as defined and specified by Chapters 101 and 102, Civil Practice and Remedy Code; and a local government as defined by Section 3, the Interlocal Cooperation Act, Article 4413 (32C), Vernon's Texas Civil Statutes.

In order to ensure equitable representation, the following method was used for the appointment of the Hill Country MHDD Centers' Board of Trustees. Each of the four most populous counties were allocated one member. The combined population of these four counties was then subtracted from a total population of all nineteen counties. The remainder was divided by five, the maximum number of Board of Trustee memberships available. This brought the total members to nine, the maximum number allowable by statute. This average population was then used to configure the remaining fifteen counties. In addition to population, these groupings were determined by natural affiliation and contiguous borders. The groupings ranged from combinations of six counties to one county.

BOARD COMPOSITION

The Hill Country MHDD Centers' Board of Trustees shall be composed of nine (9) members.

One member of the Board shall be appointed from the following counties:

Edwards
Kimble
Mason
Menard
Schleicher
Sutton

One member of the Board shall be appointed from the following counties:

Kinney
Real
Uvalde

One member of the Board shall be appointed from the following counties:

Blanco

Gillespie
Llano

One member of the Board shall be appointed from the following counties:

Bandera
Kendall

One member of the Board shall be appointed from each of the following counties:

Val Verde
Medina
Kerr
Hays
Comal

ELIGIBILITY

A member must be a qualified voter and maintain primary residence in the region to be served by the Center. Validity of eligibility is the responsibility of the appointing entity.

TERM

Charter Board - The appointing authorities shall designate four members to serve one (1) year terms and shall designate the remaining members to serve two (2) year terms.

Subsequent Boards - Appointments made to the Board of Trustees will be for a period of two (2) years, with the exception that appointments made to fill unexpired terms will be for the remainder of the unexpired term.

NOTICE OF VACANCIES

Subsequent Boards - At least one (l) month prior to the next meeting of the Hill Country MHDD Centers' Board of Trustees, at which Board of Trustees members will be appointed, each sponsoring entity will post notice of such vacancy in their Courthouse and will post a brief notice in the legal notice section of their local newspaper if there is a newspaper published in the County. Eligibility requirements will be included in the notice.

APPLICATION

Application for Board of Trustees membership may be made by any eligible individual to a member of the sponsoring entity. Applications may be verbal or written. Documentation of all applications will be maintained by the receiving sponsoring entity for one year. All applications will be considered when Board of Trustees appointments are made.

APPOINTMENT

1. The appropriate County Judge(s) and/or Commissioners' Court(s) will review all applications from that county or region for membership on the Board of Trustees and will select the appointee.

2. If the Board appointment will represent a region composed of more than one county, that appointment will be approved by consensus of the involved County Judges. If a consensus cannot be reached, the applicant will be approved by simple majority vote.

3. When an applicant is approved, the recommending Judge will notify the appointed individual with a letter of appointment which includes the following:

    a. the effective date of the appointment;
    b. a general description of duties; and
    c. a description of training requirements.

REAPPOINTMENT

Board members may be reappointed.

EX OFFICIO MEMBERS

Senate Bill 632 of the 86th Session of the Texas Legislature directed that all Local Mental Health Authorities (LMHAs) must have a sheriff or sheriff's designee serve as an ex officio, non-voting member of its governing body (Board of Trustees) unless such an individual serves as a member of the Board of Trustees. LMHAs that serve more than one county must have two such ex officio members. One shall be from a county that has a population above the median population size of the counties served by the LMHA and one shall be from a county with a population below the median population size.

SELECTION OF EX OFFICIO MEMBERS

LMHA personnel shall determine the counties that fall above the median population size of counties served by the organization and the counties that fall below the median population. The Executive Director or designee shall contact county sheriffs of each population group to determine if one is willing to serve in an ex officio capacity or willing to designate a law enforcement officer to serve in the sheriff's stead. Once two candidates are identified by this process, their names shall be presented to the Board of Trustees for approval.

DURATION OF TERM FOR EX OFFICIO MEMBERS

Ex Officio members may serve in this capacity for the duration of the applicable sheriff's term in office unless the sheriff agrees to a rotating term of office under which the position shall be rotated among the other sheriffs or their designees in the counties served by the LMHA.

TRAINING

At the time of appointment, each Board of Trustees and ex officio member will be given written notice of training requirements and must agree to such requirements:

1. Each year all members will attend four (4) hours of training provided by professional staff members of the CMHDDC.

2. Prior to assuming office, each Board and ex officio member will attend a four (4) hour training session provided by the Center's professional staff which includes information relating to the following:

    a. the enabling legislation which created CMHDDCs;
    b. the programs the CMHDDC operates;
    c. the CMHDDC's budget for the fiscal year;
    d. the results of the most recent formal audit of the CMHDDC;
    e. the Open Meeting Law and Open Records Law (Vernon's Civil Statutes Articles 6252-17 and 6252-17a);
    f. Any ethics policies adopted by the center.

INELIGIBILITY

Notwithstanding eligibility gained by meeting criteria in the previous section titled "Eligibility", an individual becomes ineligible for Board of Trustees or ex officio membership if he/she or any person related to a prospective member within the second degree of affinity, third degree of consanguinity or an immediate in-law:

1. Owns or controls, directly or indirectly, more than l 0% interest in a business entity or other organization receiving funds from the CMHDDC by contract or other method.

2. Uses or receives a substantial amount of tangible goods or funds from the CMHDDC other than:

    a. compensation or reimbursement authorized by law for Board of Trustees membership, attendance, or expenses relevant to meetings, training sessions, conferences, and other Board activities and services to the CMHDDC; or

    b. as a consumer or as a family member of a person receiving services from the CMHDDC.

PROHIBITED ACTIVITIES

Members of the Board of Trustees and ex officio members may not:

1. Refer for services a client or patient to a business entity owned or controlled by a member of the Board of Trustees, unless the business entity is the only business that provides the

needed services within the jurisdiction of the Hill Country MHDD Centers;

2. Use Hill Country MHDD Centers in the conduct of a business entity owned or controlled by that member;

3. Solicit, accept, or agree to accept from another person or business entity a benefit in return for the member's decision, opinion, recommendation, vote, or other exercise of discretion as a local public official or for a violation of a duty imposed by law;

4. Receive any benefit for the referral of a client or patient to Hill Country MHDD Centers or to another business entity;

5. Appoint, vote for, or confirm the appointment of a person to a paid office or position with Hill Country MHDD Centers if the person is related to a member of the Board of Trustees by affinity within the second degree or by consanguinity within the third degree; or

6. Solicit or receive a political contribution from a supplier or contractor with Hill Country MHDD Centers.

BOARD OFFICERS

The Board of Trustees shall elect from its members by majority vote the following officers to serve two (2) year terms:

1. Chairperson - This individual will convene, moderate and end each meeting of the Board of Trustees; create and assign members to subcommittees; call special meetings of the Board when necessary; and sign minutes of meetings.

2. Vice-Chairperson - This individual will assume the duties of the Chairperson in his/her absence.

3. Secretary - This individual will oversee records of Board of Trustee member's training; oversee timely and proper notice of regular and special meetings of the Board of Trustees; oversee the distribution of minutes of meetings and agendas; and sign minutes of meetings.

Any vacancy caused by the death, resignation, removal, disqualification, or otherwise, of any officer shall be filled by the Board of Trustees at its next regular meeting.

LOCAL GOVERNMENT OFFICIAL

Individuals appointed to the Board of Trustees become local government officials by virtue of such appointment and, as such, are subject to requirements of Chapter 171, Local Government Code.

MEETINGS

The Board of Trustees will have special meetings as called by the Chairperson.

All meetings of the Board of Trustees will be open to the public to the extent required and in accordance with the general law of this State requiring meetings of governmental bodies to be open to the public.

A majority of the membership of the Board of Trustees will constitute a quorum for the transaction of business. Five (5) members constitute a majority of the Board of Trustees.

Matters before the Board of Trustees will be decided by a simple majority vote of a quorum.

The Board of Trustees will keep a record of its proceedings in accordance with the general law of this State that requires meetings of governmental bodies to be open to the public, and the record is open to inspection by the public in accordance with that law.

The Chairperson of the Board of Trustees will approve written minutes of each meeting and sign the document.

The Secretary of the Board of Trustees will sign the minutes and assure that copies are distributed to the Central Office of HHSC, each of the Board members, and to each County Judge in the Hill Country via U.S. Postal Service.

REQUIRED REPRESENTATION

In order to reflect the ethnic diversity of our service area and to assure consumer input, the Charter Board of Trustees and each successive Board of Trustees will include one or more consumer of services or family member, and one or more or members of an ethnic minority. In order to assure appointing the most qualified individual to those positions, the County Judge(s) and/or the respective Commissioner's Court(s) will mutually agree upon appointment of the required members.

REMOVAL FROM THE BOARD OF TRUSTEES

A. Grounds for removal from the Board of Trustees are as follows:

1. Violations of Chapter 171, Local Government Code.

2. Ineligibility for Board of Trustees appointment at the time of the appointment as defined by the section titled "Eligibility".

3. Failure to maintain eligibility requirements as defined by the section above entitled "Eligibility".

4. Failure to maintain an acceptable standard of attendance at meetings, demeanor, and contribution to the obligations of the Board of Trustees, as determined by a majority of the Board of Trustees.

5. Failure to execute the affidavit as specified in the section below titled "Affidavit".

B. Procedure for removal from the Board of Trustees is as follows:

1. Allegations of Board of Trustees member's conduct, unsuitability, or ineligibility will be accepted by the Chairperson, unless the Chairperson is the object of the allegation. In such case, the Vice-Chairperson will accept the allegation.

2. The Chairperson will appoint a three-member subcommittee to investigate the allegations, unless the Chairperson is the object of the allegation. In such case, the Vice-Chairperson will appoint the subcommittee.

3. The subcommittee will report its findings to the Board of Trustees in closed session within 45 days.

4. Following the subcommittee's report, the Chairperson will request a motion in response to the report. If the Chairperson is the object of the report, the Vice-Chairperson will request the motion.

5. In the event a majority of a quorum of the Board of Trustees vote(s) to recommend removal of the member in question, a letter recommending withdrawal of appointment signed by those members recommending removal will be sent to the County Judge(s) from the county or region which recommended the member for appointment.

6. The County Judge(s) from the county or region may appeal the removal decision within two weeks. The Board of Trustees would then hold a removal hearing involving the involved County Judge(s) and following this hearing would again, by a majority of a quorum, remove or retain the Board member.

7. Should the Board member be removed, the member will be notified immediately, in writing, by the County Judge(s) who made the original recommendation for appointment.

8. The Board of Trustees will not remove members except on grounds listed in these rules.

RESIGNATION

Members may resign from the Board of Trustees for any reason.

Resignations will be written and submitted to the appropriate County Judge or Judges with a copy to the Chairperson.

Resignations will not be rejected.

Resignations will be effective the date of the written notification.

REIMBURSEMENT

Board of Trustees members may not be reimbursed for services performed for the Board of Trustees and the HCMHDDC.

Board of Trustees members may authorize for themselves mileage, per diem and other expenses relevant to meetings, training sessions, conferences, and other activities relevant to Board of Trustees activities and service to the HCMHDDC.

AFFIDAVIT

Not later than the date on which a member of the Board of Trustees takes office by appointment or reappointment and not later than the anniversary of that date, each member shall annually execute and file with the HCMHDDC an affidavit acknowledging that the member has read this document.

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: January 5, 2010

Person to Contact:
Mr. R. Molloy
ID# 0203248
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
74-2822017
Form 990 Required:
No

HILL COUNTRY COMMUNITY MHMR CENTER
819 WATER ST STE 300
KERRVILLE TX 78028-5330

Dear Taxpayer:

This is in response to your request of January 7, 2010, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in June 2000 that recognized you as exempt from Federal income tax, and reflect that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Cindy Thomas

Cindy Thomas
Manager, Exempt Organizations
Determinations

HILL COUNTRY COMMUNITY MHMR CENTER
BOARD POLICY

SUBJECT: Equal Employment Opportunity

SECTION: II.E
NUMBER OF PAGES: 1

EFFECTIVE DATE: September 1, 2002
REVIEWED DATE: May 2, 2006; May 1, 2008
REVISED DATE: March 2, 2010

POLICY It is the policy of Hill Country Community MHMR Center ("HCCMHMRC") that no individual will be excluded from participation in, be denied benefits of, or be subject to discrimination under any of the policies or procedures of the Center based on:

- Race
- Color
- National Origin
- Religion
- Sex
- Age
- Disability
- Veteran Status, or
- Sexual Orientation
- Or any other legally protected status

Employment practices that are affected by equal employment opportunity policy include but are not limited to:

- Recruiting
- Hiring
- Training
- Promotion
- Compensation
- Benefits
- Reduction in force
- Separations, and
- Other terms, privileges, and condition of employment with the Center.

Youth Crisis Respite Center Handbook

Hill Country MHDD

Youth Crisis Respite Center

614 N. Bishop St.

San Marcos, TX 78666

Main Phone: (512) [redacted]

Director's Phone: (512) [redacted]

Program Specialist Phone: (512) [redacted]

Table of Contents

*

Welcome to the Youth Crisis Respite Center!

Respite is, “a short period of rest or relief from something difficult or unpleasant.”

YCRC Goals:

- Avoid impending crisis
- Identify stressors in the family
- Provide short term assistance to caregivers
- Minimize the need for restrictive service settings
- Prevent unnecessary hospitalization
- Assist the individual in maintaining residence in the community

We are here to:

- Provide a short term stay to young adults ages 13-17 years
- Provide time to recover from everyday stresses you are experiencing
- Introduce coping skills to help better manage stress
- Demonstrate how to utilize life skills
- Provide opportunity to restore a sense of purpose
- Provide an opportunity to find balance in life and reduce stress

We encourage Parents/Legal Authorized Representative (LAR) to attend appointments, participate in recovery planning, and actively support their youth during their stay at the Youth Crisis Respite Center. Youth will be responsible for participating in recovery interventions.

The Youth Crisis Respite Center is staffed 24 hours a day.

Staff consists of:

- **(QMHP-CS):** A Qualified Mental Health Professional for Community Services is responsible for providing recovery coaching to young adults receiving mental health services. The QMHP utilizes the Person-Centered Recovery Planning to develop recovery plans, provide skills training, linkage and referral to resources, and crisis prevention/management.

- **Mental Health Associate (MHA)**: is responsible for providing constant supervision and ensuring safety of youth receiving therapeutic crisis respite service in a home-based center environment. MHAs assures program schedules are consistently implemented, and conducts scheduled therapeutic recreational activities. MHAs also serve as a positive role model for all youth in regard to appearance, interaction, problem-solving methodology, personal accountability, and demonstration of respect for others, self, and property.

Demographic/Financial

Provide the following:

- Parent's photo ID/Driver's License
- Insurance card

Personal Belongings Inventory:

Upon admission, the youth receiving services will need to bring at least three days of clothing, but no more than seven days of clothing. A washer and dryer will be available on site. All personal belongings will be checked and inventoried by staff along with the individual. Items which pose a safety risk to you, or others, are not permitted. Personal inventory will be placed in the Personal Valuables Envelope. Expensive and important property should be left at home as we are not responsible for lost or stolen items.

Any currency to include cash, coins, checks, debit cards and credit cards, brought to the center, will be locked away for safe keeping until discharge. This is for your protection and safety.

Medication

All prescriptions must be ordered by a physician. Prescription medications must be brought in their original container and properly labeled for the person receiving services. We recommend that you bring a 7-day supply. If you do not have a 7-day supply available, you are responsible for getting the prescription refilled. Youth will be responsible for taking their medications, which will be inventoried and securely stored at the Respite Center. Staff will observe and record self-administration of medications (SAMS). Expired medications will not be accepted.

Removal of Contraband

For the safety of individuals receiving services at the Respite Center and others, certain items are not allowed into the center and will not be accessible during your stay.

- Outside food and drink, including candy, gum, and non-alcoholic beverages.
- Plastic bags
- Sharp objects of any kind including wire hangers, razors, pocket knives, pens/pencils, nail clippers, hair picks, eating utensils of any kind, bobby pins, safety pins, etc.
- Items with electric cords (not including personal grooming items)

Electronics

Electronics are not allowed. The following items should be left at home, and are not limited to:

- Cell phones
- Radios
- iPod or other MP3 players
- Tablets
- Portable video game players
- Any device that provides a wireless connection to the internet.

Telephone Use

Youth will have access to a telephone during their stay at the Respite Center. A signed release for consent and a 4-digit access PIN is required for youth to receive calls. Only those who are listed on the release and have the access PIN will be able to speak to the youth. We ask calls be limited to 15 minutes.

Visitation

We recommend visits be scheduled at least two hours in advance due to daily activities and outings. Visitors will need to provide photo identification and are required to sign in/out, in the Visitor's Log. Only legal guardians and those listed on the release will be permitted to visit youth in services. Please remember to follow guidelines regarding personal items if you are bringing items for youth during visitation.

Dress Code

- We follow the general school dress code.
    - Tank tops, low-cut tops, mid-drift tops, or spaghetti strap tops are not allowed to be worn.
    - Shorts will be no shorter than fingertip length when your arms are placed by your side (or past mid-thigh) and cannot sit tightly against the body.
- No clothing with inappropriate logos, sayings or advertising
- Appropriate footwear must be always worn when in public living areas.
- Personal hygiene is a daily occurrence; this includes taking showers and brushing teeth

Youth will be asked to change clothing if dress code is not followed

Nicotine

Use of e-cigarettes, chewing tobacco, or cigarettes is strictly prohibited.

Alcohol or Drugs

Alcohol and illegal drugs are strictly prohibited. If alcohol or illegal drugs are found it will be confiscated and the authorities will be contacted.

Aggression

Aggressive behavior that poses a threat to self or others will not be tolerated.

Weapons

Weapons and firearms are prohibited on the premises or during your services at the Respite Center. Possession of any weapons or firearms at any time will result in discharge from the center.

Chores and Upkeep

Youth are responsible for the daily upkeep of the home.

Chores include:

- Making your bed every morning
- Washing your clothes, as needed
- Keeping the common areas and bathrooms clean
- Keeping personal belongings in the areas provided. i.e., drawers and closets

Food and Mealtime

- Youth will prepare breakfast, lunch, and dinner with staff guidance
- Meals will be eaten at the dining room table
- No food is allowed in the bedrooms

DAILY SCHEDULE

7:00 AM	**WAKE UP**, Complete Morning Showers and Hygiene, Get Dressed for the Day
7:30 AM	Make Bed, Clean Room, Clean Bathroom, Take Medications, Room / Safety Checks
8:00 AM	Make Breakfast
8:30 AM	Eat Breakfast at the Table, Wash Dishes and Clean Up After Breakfast
9:00 AM	Create Schedule and Set Goals for the Morning
9:30 AM	School / Staff Assignments / Individual Skills / Group Activities
10:00 AM	School / Staff Assignments / Individual Skills / Group Activities
10:30 AM	School / Staff Assignments / Individual Skills / Group Activities
11:00 AM	Make Lunch
11:30 AM	Eat Lunch at the Table, Wash Dishes and Clean Up After Lunch
12:00 PM	Complete Morning Chores
12:30 PM	School / Staff Assignments / Individual Skills / Group Activities
1:00 PM	**BREAK** – Self-Motivated Free Time / Staff Completing Paperwork
1:30 PM	**BREAK** – Self-Motivated Free Time / Staff Completing Paperwork
2:00 PM	**SHIFT CHANGE**
2:30 PM	Create Schedule and Set Goals for the Afternoon
3:00 PM	School / Staff Assignments / Individual Skills / Group Activities
3:30 PM	School / Staff Assignments / Individual Skills / Group Activities
4:00 PM	School / Staff Assignments / Individual Skills / Group Activities
4:30 PM	School/Staff Assignments / Individual Skills / Group Activities
5:00 PM	Cook Dinner
5:30 PM	Eat Dinner at the Table, Wash Dishes and Clean Up After Dinner
6:00 PM	School/Staff Assignments / Individual Skills / Group Activities
6:30 PM	School/Staff Assignments / Individual Skills / Group Activities
7:00 PM	Complete Evening Chores
8:00 PM	**BREAK** – Self-Motivated Free Time
8:30 PM	Take Medications, Complete Evening Showers and Hygiene, Prepare for Bed, Room / Safety Checks
9:00 PM	Quiet Time in Room, Journal, Read, Relax
9:30 PM	**LIGHTS OUT**

Admissions Process

Youth receiving services at the Youth Crisis Respite Center will receive an orientation to familiarize them with the Respite Center. It is the responsibility of the Parent/LAR or the referral source to arrange transportation for the individual to the Respite Center. We advise that a Parent/LAR be present for admissions and orientation. If a Parent/LAR cannot be present/ provide transportation other arrangements may be made. The admission process includes reviewing the following information:

Orientation to the Respite Center

Crisis Respite Center Guidelines
Daily Schedule
Review Consumer Rights Handbook
Personal Belongings Inventory
Medication Administration/Inventory
TB Screening Questionnaire
Demographic/Financial Assessment

Forms and Required Signatures:

Consent for Evaluation and Services Rights Review
General Consents
Youth Admission Consents
Authorization for Telehealth Consultation
Authorization and Consent for the Disclosure of Protected Health Information
Acknowledgement of Receipt of Privacy Practices
Acknowledgement of Center Guidelines
Medical Treatment Authorization Form
Consent to Photograph
Individual's Valuables Envelope
Phone Access Policy

*** Failure to sign consents and provide the required information may result in non-admission to the Youth Crisis Respite Center**

Length of Services:

The Youth Crisis Respite Center is designed to be a short-term resource for crisis intervention and prevention. The length of services a youth may receive is based on individual needs and circumstances and will be determined by the treatment team. The Youth Crisis Respite Center is not designed to provide ongoing clinical services.

Crisis Recovery Plan:

The youth receiving services and their family will work together with the Director, Program Specialist and Mental Health Associates. An individualized and Person-Centered Recovery Plan will be formed to provide behavioral health crisis intervention, resolve the crisis, and increase coping skills to help stabilize the home environment.

General Consents

Parent Acknowledgement of the following:
Release for Patient Valuables – The Youth Crisis Respite Center is not liable for loss or damage of money and/or personal belongings that are not checked in; items checked in will be securely stored.
Release of Information – A release must be signed for any information to be released to other providers and for continuity of care.
Unplanned Discharge – Parents will be contacted immediately if youth leave the Respite Home without permission. Law enforcement will be notified. If a parent fails to pick up youth or provide alternative arrangements, Child Protective Services (CPS) will be contacted.
Education – Parent will inform the school of absences that will occur and coordinate any school assignments.
Off-site Permissions – Parent permission for participation and transportation of activities away from the Youth Crisis Respite home.

Youth Admission Consents

This form outlines youth acknowledgement to comply with center guidelines and phone access policy. The youth also acknowledges that the Youth Crisis Respite Center is not liable for loss or damage of money and/or personal belongings that are not checked in; items checked in will be securely stored. Additionally, the youth agree to participate in services agreed upon in the recovery plan and will follow a safety plan. In the event youth leaves the Respite Home without permission, parents and law enforcement will be contacted immediately.

Authorization for Telehealth Consultation

This form is an authorization to provide medical, psychiatric, clinical treatment with the use of audio/video link if face-to-face consult is unavailable.

Authorization and Consent for the Disclosure of Protected Health Information

This form is an authorization to release health records to help assist in treatment. Example: family, school, probation officers or doctors, etc.

Acknowledgement of Receipt of Privacy Practices

This form is an acknowledgement that you have received a Notice of Privacy Practices, Health Insurance Portability and Accountability Act of 1996(HIPPA) and Drug Abuse Prevention, and Rehabilitation Act.

Acknowledgement of Center Guidelines

This form outlines that you understand the information and guidelines for the Youth Crisis Respite Center.

Medical Treatment Authorization Form

This form grants consent to the Youth Crisis Respite staff to provide and arrange for medical care in the event of an emergency. Example: Emergency Medical Services, doctors, hospitals, dentists, etc.

Consent to Photograph

This form grants permission for Youth Crisis Respite Center staff to photograph youth for identification purposes only. Photographs will be used in the event of an emergency.

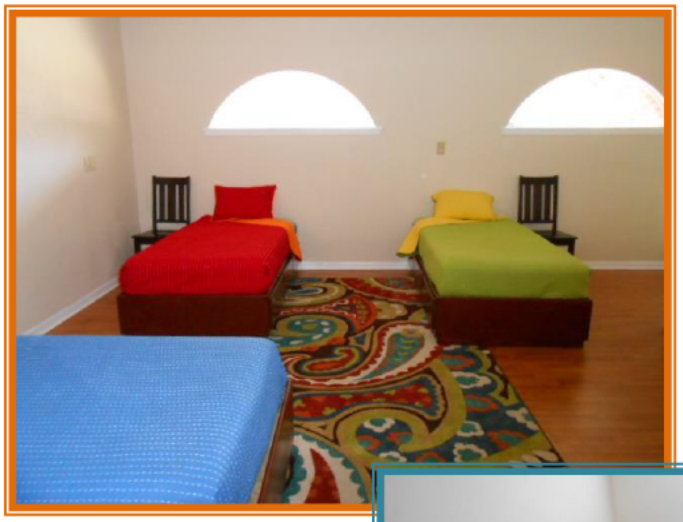
Personal Valuables Envelope

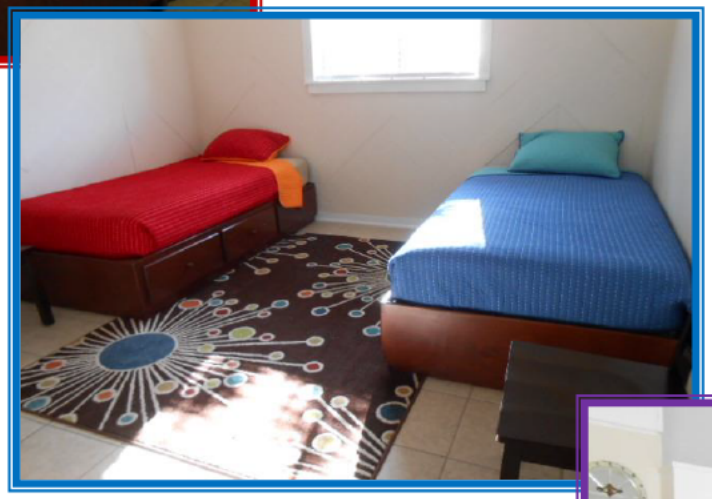
This is an envelope where personal belongings will be stored in. Items will be secured and returned at discharge.

Phone Access Policy

This form outlines the phone use policy and access PIN needed for staff to accept incoming calls for youth.

Bill Olden,
Consumer Rights Coordinator,
Client Abuse and Neglect Liaison
Hill Country MHDD Center
819 Water Street, Suite 300
Kerrville, TX 78028
Office: [redacted] ext. 2066
Toll Free: [redacted]





Youth Crisis Respite Center

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Review Period		
12/11/2023	Thru	12/15/2023

Tool Version: 7
Review #: 24MH470

Reviewer Contact Information		Monitoring Review of		Corrective Action Plan		CAP Due Date:	1/23/2024
Name/Title:	Jennifer Blundell, Quality Management Specialist	Contractor:	Hill Country Mental Health and Developmental Disabilities Centers	Submitted By:	Clay Mitchell	Submission Date:	1/23/2024
Monitoring Entity:	BHS/QM Unit, HHSC	Location:	Kerrville, Texas	Reviewed By:	Jennifer Blundell	Reviewed Date:	2/1/2024
Phone/Email:	[redacted]	Monitoring Period:	FY23 Q3 (March - May)	Amended report date and approval name:		Amended tab(s) and row(s), see row comments for	

Row	Citation	Statement	Score	Row Comments	Person Responsible: Title	First Name	Surname	Actions to correct the finding	Actions for monitoring compliance	Actions to evaluate and monitor ongoing effectiveness	Time Frame	HHSC Response	HHSC Follow-up Review Response
		Operations											
#REF!	#REF!	#REF!	#REF!	#REF!							1/19/2024	CAP reviewed, 2/1/24, JB	
#REF!	#REF!	#REF!	#REF!	#REF!							1/19/2024	CAP reviewed, 2/1/24, JB	
		Medical											
		Quality Management											
		Environment											
		Personnel Requirement											
#REF!	#REF!	#REF!	#REF!	#REF!							6/1/2024	CAP reviewed, 2/1/24, JB	
#REF!	#REF!	#REF!	#REF!	#REF!							3/31/2024	CAP reviewed, 2/1/24, JB	
		Clinical Record Review											
#REF!	#REF!	#REF!	#REF!	#REF!							1/19/2024	CAP reviewed, 2/1/24, JB	
#REF!	#REF!	#REF!	#REF!	#REF!							5/1/2024	CAP reviewed, 2/1/24, JB	
#REF!	#REF!	#REF!	#REF!	#REF!							5/1/2024	CAP reviewed, 2/1/24, JB	
#REF!	#REF!	#REF!	#REF!	#REF!							5/1/2024	CAP reviewed, 2/1/24, JB	
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#REF!	#REF!	#REF!	#REF!	#REF!							5/1/2024	CAP reviewed, 2/1/24, JB	
		ResDCrisis Facility											
		ResDCrisis Record											
		ResPCrisis Facility											
16	Respite	ii. Define competency-based expectations for each respite facility staff position;	0.00%	personnel record did not include annual client rights training	Chief Human Resources Officer	Steve	Rushton	CHRO will work with HR Training Specialist and Client Rights Officer to identify appropriate Client Rights Training for staff. Training will be	Director of QM will verify training has been assigned by taking the assigned training once identified.	CHRO and staff development team will monitor for compliance with attending annual client rights training.	3/31/2024	CAP reviewed, 2/1/24, JB	
93	Respite C&A	i. Controlled substances must be approved by a physician employed by or contracting or subcontracting with the LMHA or LBHA that operates the facility.	0.00%	youth respite policies and procedures did not include controlled substances being approved by a physician	Director of YCRC	Lauren	Mitchell	Director of YCRC will update P&P for Medication Storage, Administration, Inventory, and Disposal to include procedure a	Director of QM will review P&P.	Director of YCRC will monitor and verify staff follow procedure on a case by case basis as individuals are admitted to the YCRC	1/23/2024	CAP reviewed, 2/1/24, JB	
		ResPCrisis Records											
		PeerRun Facility											
		PeerRun Record											
		Crisis Facility (EOU)											
		Crisis Record (EOU)											

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Category	Section	Citation Reference	Statement	Contractor Name		Hill Country Respite	L Mitchell	J Calder	K Longoria	Total Reviewed						
				Max Score	Observed	Observed	Observed	Observed	Observed	Total Expected	Total Observed	Total Applicable	Score	Finding Count	Row Comments	Team Notes
Staffing																
Respite C&A	Policies and Procedures Pre-op	Item V:VI.D.2.a.	a. A psychiatrist must serve as the medical director for all crisis services and must approve all written procedures and protocols.	1		1				1	1	1	100%	0		
Respite C&A	General Staffing Pattern Pre-op	Item V:VI.D.2.b.i.	i. The crisis support staff must be trained, competent, and on site 24 hours a day.	1		1				1	1	1	100%	0		
Respite C&A	General Staffing Pattern Interview Question	Item V:VI.D.2.b.ii.,iii.	ii. The respite program must develop and implement a process for assessing and anticipating staffing needs. iii. The crisis support staff must be scheduled in sufficient numbers to ensure individual and staff safety during the provision of needed services.	1		1				1	1	1	100%	0		
Respite C&A	Training, Competency and Credentialing Pre-op	Item V:VI.D.2.c.i.	The LMHA or LBHA must: i. Ensure that services are provided by staff members who are operating within the scope of their license, credentialing, job description, or contract specification;	1		1	1	1	1	4	4	4	100%	0		
Respite	Training, Competency and Credentialing Pre-op	Item V:VI.D.2.c.ii.	ii. Define competency-based expectations for each respite facility staff position;	1		NA	0	0	0	3	0	3	0%	1	personnel record did not include annual client rights training	
Respite C&A	Policy and Procedure Pre-op	Item V:VI.D.2.d.ii.(1) - (2)	ii. The facility must develop and implement policies and procedures allowing on-site staff members to obtain 24-hour access to supervision, consultation, and evaluation when needed from: (1) A physician (preferably a psychiatrist), a PA, an APRN, or an RN for medical emergencies; and (2) An RN or LPHA for clinical emergencies.	1		1				1	1	1	100%	0		
Respite C&A Pre-op	INTERVIEW QUESTION Operational	Item V.V.D.2.f.	f. To ensure contractor stays informed and continues receiving updated information, contractor must assign one or more staff responsibility for tracking policy updates posted on HHSC's identified platform and disseminating information within the organization.	1		1				1	1	1	100%	0		
Interventions for Facility-based Crisis Respite																
Respite C&A	Behavioral Health Emergencies Pre-op	Item V:VI.D.4.a.i.-iv.	d. A written policy must be developed and implemented in accordance with 25 TAC Chapter 415, Subchapter F (relating to Interventions in Mental Health Services) that: i. Is approved by the medical director; ii. Specifies the most effective and least restrictive approaches to common behavioral health emergencies seen in the service; iii. Outlines ways to access appropriate immediate care to stabilize a behavioral health emergency (e.g., to prevent harm to the individual or to others); and iv. Is reviewed and updated as needed.	1		1				1	1	1	100%	0		
Coordination and Continuity of Care																
Respite C&A	Policy Pre-op	Item V:VI.D.5.a.i.	a. A crisis Respite unit must create and implement: i. Written policy to ensure the provision of continuity of care and successful linkage with the referral facility, agency, or provider; and	1		1				1	1	1	100%	0		
Respite C&A	Procedure Pre-op	Item V:VI.D.5.a.ii.	ii. Written procedure defining the actions that must be taken to ensure every effort is made to contact existing treatment providers during the course of the individual's assessment and treatment in the service	1		1				1	1	1	100%	0		
General Facility Environment																
C&A	Facility Standards Onsite	Item V.VI.C.4.a.	a. Separate children and adolescents from adults and further separate children from adolescents according to age and developmental needs, unless there is documented clinical or developmental justification	1		1				1	1	1	100%	0		
Respite C&A	Water/Waste/Trash/Sewage Onsite	Item V:VI.D.7.a.ii.	ii. The water supply must be of safe, sanitary quality, suitable for use, adequate in quantity and pressure, and must be obtained from an approved water supply system.	1		1				1	1	1	100%	0		
Respite C&A	Windows Onsite	Item V:VI.D.7.b.	b. Operable windows must be insect screened.	1		1				1	1	1	100%	0		
Respite C&A	Pest Control Pre-op	Item V:VI.D.7.c.	c. Pest Control. An ongoing pest control program must be provided by facility staff or by contract with a licensed pest control company. The least toxic and least flammable effective chemicals must be used.	1		1				1	1	1	100%	0		

Respite C&A	Maintenance and Cleaning Onsite	Item V:VI.D.7.d.ii.	ii. The facility is kept free of accumulations of dirt, rubbish, dust and hazards	1		1				1	1	1	100%	0		
Respite C&A	Maintenance and Cleaning Onsite	Item V:VI.D.7.d.iii.	iii. Floors must be clean and maintained in good condition.	1		1				1	1	1	100%	0		
Respite C&A	Maintenance and Cleaning Onsite	Item V:VI.D.7.d.iv.	iv. Walls and ceilings are structurally maintained, repaired and repainted, or cleaned as needed.	1		1				1	1	1	100%	0		
Respite C&A	Telephone Access Onsite	Item V:VI.D.7.e.	e. There must be at least one telephone in the facility available to both staff and individuals for use in case of an emergency.	1		1				1	1	1	100%	0		
Respite C&A	Temperature Onsite	Item V:VI.D.7.f.	f. Cooling and heating must be provided for occupant comfort. Conditioning systems must be capable of maintaining the comfort range of 68 degrees Fahrenheit to 82 degrees Fahrenheit in individual use areas.	1		1				1	1	1	100%	0		
Respite C&A	Bedroom Onsite	Item V:VI.D.7.g.i.-iii.	i. A bedroom must have no more than four beds. ii. The facility must provide for each individual a bed with mattress, bedding, chair, dresser (or other drawer space), and enclosed closet or other comparable space for clothing and personal belongings. iii. Furnishings provided by the facility must be maintained in good repair.	1		1				1	1	1	100%	0		
Respite C&A	Bathroom Onsite	Item V:VI.D.7.h.i.	i. At least one water closet, lavatory, and bathing unit must be provided on each sleeping floor accessible to individuals of that floor. One water closet and one lavatory for each six occupants, or fraction thereof, must be provided. One tub or shower for each ten occupants, or fraction thereof, must be provided.	1		1				1	1	1	100%	0		
Respite C&A	Bathroom Onsite	Item V:VI.D.7.h.ii.	ii. Privacy partitions and all curtains must be provided in water closets and bathing units in rooms for multi-individual use.	1		1				1	1	1	100%	0		
Respite C&A	Bathroom Onsite	Item V:VI.D.7.h.iii.	iii. Tubs and showers must have non-slip bottoms or floor surfaces, either built-in or applied to the surface.	1		1				1	1	1	100%	0		
Respite C&A	Bathroom Onsite	Item V:VI.D.7.h.iv.	iv. Individual-use hot water for lavatories and bathing units must be maintained between 100 degrees Fahrenheit and 120 degrees Fahrenheit.	1		1				1	1	1	100%	0		
Respite C&A	Bathroom Onsite	Item V:VI.D.7.h.v.	v. Individuals must have access to towels, soap, and toilet tissue at all times	1		1				1	1	1	100%	0		
Respite C&A	Storage Onsite	Item V:VI.D.7.i.(1)-(6)	i. The facility must provide sufficient and appropriate separate storage spaces or areas for the following: (1) Administration and clinical records; (2) Office supplies; (3) Medications and medical supplies (these areas must be locked); (4) Poisons and other hazardous materials (these must be kept in a locked area and must be kept separate from all food and medications); (5) Food preparation (if the facility prepares food); and (6) Equipment supplied by the facility for individual needs such as wheelchairs, walkers, beds, mattresses, cleaning supplies, food storage, clean linens and towels, lawn and maintenance equipment, soiled linen storage or holding rooms, and kitchen equipment etc.	1		1				1	1	1	100%	0		
Respite C&A	Laundry Onsite	Item V:VI.D.7.k.ii.	ii. If laundry is processed off the site, the following must be provided on the premises: soiled linen holding room, clean linen receiving, holding, inspecting, sorting or folding, and storage room.	1		NA				0	NA	0	N/A	0		
Respite C&A	Smoking Onsite	Item V:VI.D.7.l.	l. Regulations must be established and if smoking is permitted, outdoor smoking areas may be designated for individuals. Ashtrays of noncombustible material and safe design must be provided in smoking areas. Staff must not provide or facilitate individual access to tobacco products.	1		NA				0	NA	0	N/A	0		
Respite C&A	Room Space Onsite	Item V:VI.D.7.m.i.ii.	i. Social-divisional spaces such as living rooms, day rooms, lounges, or sunrooms must be provided and have appropriate furniture. ii. Dining areas must be provided and have appropriate furnishings.	1		1				1	1	1	100%	0		
ADA Self-Evaluation and Transition Plan																	
Respite C&A	ADA Self-Evaluation and Transition Plan Pre-op	Item V:VI.D.8.a.-c.	Crisis Respite facilities must comply with the most recent versions of: a. The Americans with Disabilities Acts Accessibility Guidelines; b. The Texas Accessibility Standards in Texas Government Code, Chapter 469 (relating to Elimination of Architectural Barriers); and c. All applicable sections of the Texas Administrative Code.	1		1				1	1	1	100%	0		
Postings																	
Respite C&A	Postings Onsite	Item V:VI.D.9.a.	a. The facility must post near, or within the medication room, a list of all staff members permitted to access the medication room.	1		1				1	1	1	100%	0		

Respite C&A	Postings Onsite	Item V:VI.D.9.b.	b. The facility must post 911 as the emergency contact at, or within view, of the telephone.	1		1				1	1	1	100%	0		
Respite C&A	Postings Onsite	Item V:VI.D.9.d.	d. The facility must post a notice that prohibits alcohol, illegal drugs, illegal activities, violence, and weapons, including but not limited to firearms, knives, shanks, brass knuckles, and switchblades on the program site.	1		NA				0	NA	0	N/A	0		
Respite C&A	Postings Onsite	Item V:VI.D.9.f.i.-iii.	f. The following must be prominently displayed in areas frequented by the consumers: i. Contact information for the Rights Protection Officer; ii. Contact information, including a toll-free number, and instructions for reporting abuse and neglect; and iii. Contact information stating the name, address, telephone number, TDD/TTY telephone number, FAX, and e-mail address of the person responsible for ADA compliance.	1		1				1	1	1	100%	0		
Respite C&A	Postings Onsite	V:VI.D.9.g.	g. The facility postings must be displayed in English and in a second language(s) appropriate to the population(s) served in the local service area.	1		1				1	1	1	100%	0		
Respite C&A Onsite	Postings Onsite	V:VI.D.9.h.	h. A facility that prepares food on site must post the current food service permit from the local health department, if applicable.	1		1				1	1	1	100%	0		
Respite C&A	Postings Onsite	Item V:VI.D.10.t	t. All facilities must post emergency evacuation floor plans.	1		1				1	1	1	100%	0		
Respite C&A	Postings Onsite	Item V:VI.D.11.c.vii.	vii. Poison Control phone numbers must be posted throughout the facility and information regarding Emergency Medical Treatment for Poisoning must be available to staff.	1		1				1	1	1	100%	0		
Life Safety																	
Respite C&A	Emergency Evacuation Plan Pre-op	Item V:VI.D.10.m.i.(1)-(5)	m. The LMHA or LBHA must develop, implement and make available to all supervisory personnel, written copies of a plan for the protection of all individuals in the event of fire. i. The plan must: (1) Include details on safely evacuating individuals from the building to areas of refuge; (2) Include details on sheltering in place when appropriate; (3) Include special staff actions including fire protection procedures needed to ensure the safety of any individual; (4) Be amended or revised when needed; (5) Be readily available at all times within the facility; and	1		1				1	1	1	100%	0		
Respite C&A	Emergency Evacuation Plan Pre-op Interview Question	Item V:VI.D.10.m.i.(6)	(6) Require documentation that reflects the current evacuation capabilities of the individuals	1		1				1	1	1	100%	0		
Respite C&A	Emergency Evacuation Plan Pre-op	Item V:VI.D.10.m.iii.	iii. The facility must conduct emergency evacuation drills quarterly.	1		1				1	1	1	100%	0		
Respite C&A	Disaster Plan Pre-op	Item V:VI.D.10.n.i.	i. The administration must have in effect and available to all supervisory personnel copies of written protocols and instructions for disasters and other emergencies, per 26 TAC, Chapter 301, Subchapter G, §301.312 (relating to Environment of Care and Safety).	1		1				1	1	1	100%	0		
Respite C&A	Disaster Plan Pre-op	Item V:VI.D.10.n.ii.(1)-(8)	ii. The written disaster plan must address, at a minimum, eight core functions: (1) Direction and control; (2) Warning; (3) Communication; (4) Sheltering arrangements; (5) Evacuation; (6) Transportation; (7) Health and medical needs; and (8) Resource management.	1		1				1	1	1	100%	0		
Respite C&A	Disaster Plan Pre-op	Item V:VI.D.10.n.iii.	iii. The written disaster plan must include processes for identifying and assisting individuals who have mobility limitations, or other special needs, who may require specialized assistance within the respite facility or during facility evacuation.	1		1				1	1	1	100%	0		
Respite C&A	Recorded Inspections Pre-op	Item V:VI.D.10.o.ii.(1)	ii. The following initial and annual inspections are required and must be kept on file: (1) Local Fire safety inspections as outlined in 10.g., below;	1		1				1	1	1	100%	0		

Respite C&A	Recorded Inspections Pre-op	Item V:VI.D.10.o.II.(3)	(3) Annual local health authority kitchen inspect on, if required;	1		NA				0	NA	0	N/A	0		
Respite C&A	Recorded Inspections Pre-op	Item V:VI.D.10.o.II.(5)	(5) Liquefied petroleum gas systems inspect on by an inspector certified by the Texas Railroad Commission.	1		NA				0	NA	0	N/A	0		
Respite C&A	Correct on Plan Pre-op	Item V:VI.D.10.q.	q. If the Certified Fire Inspector finds that the facility does not comply with one or more requirements set forth in the applicable fire code, facility staff must take immediate corrective action to bring the facility into compliance w th the applicable code.	1		NA				0	NA	0	N/A	0		
Respite C&A	Individual Safety Pre-op	Item V:VI.D.10.u.II.	II. Systematic environmental safety checks are routinely performed for eliminating environmental factors that could contribute to the attempted su c de, or su c de, of an indiv dual, or harm to a staff member;	1		1				1	1	1	100%	0		
Respite C&A	Individual Safety Ons te	Item V:VI.D.10.u.III.(1)-(5)	Indiv dual bedrooms, bathrooms, and other private or unsupervised areas used by indiv duals must be free of materials that could be utilized by an indiv dual in an attempt to, or to die by suicide, or to harm or kill others. Such tems include but are not limited to: (1) Ropes; (2) Cords (including window blind cords); (3) Sharp objects; (4) Substances that could be harmful if ingested; and (5) Extended ceiling fans.	1		1				1	1	1	100%	0		
Respite C&A	Individual Safety Ons te	Item V:VI.D.10.u.Iv.(1)-(2)	Indiv dual bedrooms, bathrooms and other private or unsupervised areas must contain: (1) Break-away curtains; and (2) Breakaway or collapsible rods or bars in wardrobes, lockers, bathrooms, windows, and closets.	1		1				1	1	1	100%	0		
Respite C&A	Veh cle Safety Ons te	Item V:VI.D.10.v.I.	I. All veh cles used to transport individuals must be maintained in safe driving condition, in accordance with 37 TAC Chapter 23, Subchapter D (relating to Vehicle Inspection Items, Procedures, and Requirements)	1		1				1	1	1	100%	0		
Respite C&A	Veh cle Safety Ons te	Item V:VI.D.10.v.II.	II. Any vehicle used to transport an individual must have appropriate insurance.	1		1				1	1	1	100%	0		
Respite C&A	Veh cle Safety Ons te	Item V:VI.D.10.v.III.	III. Every vehicle used for indiv dual transportation must have an easily accessible fully stocked first aid kit and an A:B:C type fire extinguisher.	1		1				1	1	1	100%	0		
Infection Control																		
Respite C&A	Infection Control Pre-op	Item V:VI.D.11.a.I.	I. Each facil ty must establish and maintain an infection control pol cy and procedure designated to provide a safe, san tary, and comfortable environment and to help prevent the development and transmiss on of disease and infection.	1		1				1	1	1	100%	0		
Respite C&A	Infection Control Pre-op	Item V:VI.D.11.a.III.	III. The facil ty must have written policies for the control of communicable disease in employees and indiv duals, which includes tuberculosis (TB) screening and provision of a safe and sanitary environment for indiv duals and staff.	1		1				1	1	1	100%	0		
Respite C&A	TB Reporting Requirement Pre-op	Item V:VI.D.11.b.II.(1)	II. Employees. If employees contract a commun cable disease that is transmissible to individuals through food handling or direct individual care, the employee must be excluded from providing these services as long as a period of communicability is present. (1) The facility must screen and test all employees for TB w thin two weeks of employment and annually, according to Centers for Disease Control and Prevention's (CDC) Gu delines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings.	1		NA				0	NA	0	N/A	0		
Respite C&A	TB Reporting Requirement Pre-op	Item V:VI.D.11.b.II.(2)	(2) All persons who provide serv ces under an outside resource contract must, upon request of the facility, provide ev dence of compliance with this requirement.	1		NA				0	NA	0	N/A	0		
Respite C&A	Universal Precautions Ons te	Item V:VI.D.11.c.I.	c. Personnel who handle, store, process and transport linens must do so in a manner that prevents the spread of infection.	1		1				1	1	1	100%	0		
Respite C&A	Universal Precautions Ons te	Item V:VI.D.11.c.I. II.(1-3)	I. Universal precautions must be used in the care of all indiv duals. II. First A d Kits must be suff cient for the number of indiv duals served at the site. (1) Gloves must be immediately accessible to all staff. (2) One-way, CPR masks must be immediately available to all staff. (3) Spill Kits must be immediately accessible to all staff.	1		1				1	1	1	100%	0		
Respite C&A	Universal Precautions Ons te	Item V:VI.D.11.c.III.(1),(2)	III. Sharps containers must be puncture resistant, leak proof and labeled. (1) Sharps containers must not be overfilled.	1		1				1	1	1	100%	0		

Respite C&A	Universal Precautions Onsite	Item V:VI.D.11.c.iv.(2)	(2) The refrigerator must have a thermometer.	1		1				1	1	1	100%	0		
Respite C&A	Universal Precautions Pre-op Onsite	Item V:VI.D.11.c.iv.(3)	(3) Recorded refrigerator temperatures must be maintained between 36 and 46 degrees Fahrenheit, in accordance with 22 TAC §291.15 (related to Storage of Drugs).	1		1				1	1	1	100%	0		
Respite C&A	Universal Precautions Onsite	Item V:VI.D.12.b.i.,ii.	ii. Refrigerators used to store medications must be kept neat, clean and free of non-pharmacy and non-medical items. Lab specimens must be stored separately.	1		1				1	1	1	100%	0		
Respite C&A	Universal Precautions Onsite	Item V:VI.D.11.c.v.	v. Running water or dry-wash disinfectant must be available to staff where sinks are not easily available	1		1				1	1	1	100%	0		
Respite C&A	Universal Precautions Onsite	Item V:VI.D.11.c.vii.	vii. All medical materials must be properly stored on shelves or in cabinets that must be correctly labeled.	1		1				1	1	1	100%	0		
Respite C&A	Animal Safety Onsite	Item V:VI.D.11.d.	d. Animal Safety. Animals housed at the facility or visiting the facility must be properly vaccinated and supervised.	1		NA				0	NA	0	N/A	0		
Medication Management																	
Respite C&A	Medication Storage Pre-op	Item V:VI.D.12.a	a. All facilities that provide or store an individual's medication during the length of stay must implement written procedures for medication storage, administration, documentation, controlled substances, inventory, and disposal in accordance with 26 TAC Chapter 301, Subchapter G, §301.355, (relating to Medication Services).	1		1				1	1	1	100%	0		
Respite C&A	Medication Storage Pre-op	Item V:VI.D..12.a.i.	An LMHA must ensure that: i. individuals do not retain any of their personal medications while in the facility;	1		1				1	1	1	100%	0		
Respite C&A	Medication Storage Pre-op	Item V:VI.D..12.a.ii.	ii. individuals receive their personal medications upon discharge from the facility;	1		1				1	1	1	100%	0		
Respite C&A	Medication Storage Pre-op and Onsite	Item V:VI.D..12.a.iii.	iii. Medications that are kept on-site are kept locked at all times; and	1		1				1	1	1	100%	0		
Respite C&A	Medication Storage Operational	Item V:VI.D..12.a.iv.	iv. Staff are able to provide a copy of the most recent medication stock inspection.	1		1				1	1	1	100%	0		
Respite C&A	Labeling Medications Pre-op	Item V:VI.D.12.c.i.,ii.	i. The facility must ensure that there are no expired, recalled, deteriorated, broken, contaminated or mislabeled drugs present. ii. Medication labels must not be handwritten or changed.	1		1				1	1	1	100%	0		
Respite C&A	Controlled Substances Pre-op	Item V:VI.D.12.d.i.	i. Controlled substances must be approved by a physician employed by or contracting or subcontracting with the LMHA or LBHA that operates the facility.	1		0				1	0	1	0%	1	youth respite policies and procedures did not include controlled substances being approved by a physician	
Respite C&A	Controlled Substances Pre-op	Item V:VI.D.12.d.ii.(1)-(5)	ii. An inventory of controlled substances must include: (1) Whether the inventory was taken at the beginning or close of business; (2) Name of controlled of substances; (3) Each finished form of the substances (e.g. 100mg tablet); (4) The number of dosage units of each finished form in the commercial container (e.g. 100 tablet bottle); (5) The number of commercial containers of each finished form (e.g. four 100 tablet bottles); and	1		1				1	1	1	100%	0		
Respite C&A	Controlled Substances Onsite	Item V:VI.D.12.d.ii.(6)	(6) Controlled substances must be stored under double locks.	1		1				1	1	1	100%	0		
Respite C&A	Facility Management Pre-op Onsite	Item V:VI.D.12.e.i.(1)-(5)	i. The facility management must: (1) Ensure that only licensed medical staff members have access to medications administered to individuals;	1		NA				0	NA	0	N/A	0		
Respite C&A	Facility Management Pre-op Onsite	Item V:VI.D.12.e.i.(2)	(2) Maintain in the medication room a current list of all LMHA, LBHA or subcontracted practitioners who are authorized to prescribe the medications that are administered from the respite facility medication room;	1		NA				0	NA	0	N/A	0		
Respite C&A	Facility Management Pre-op Onsite	Item V:VI.D.12.e.i.(3)	(3) Maintain a current list in the medication room of all staff allowed to administer medications to individuals;	1		NA				0	NA	0	N/A	0		

Respite C&A	Facility Management Pre-op Ons te	Item V:VI.D.12.e.i.(4)	(4) Maintain a current list in the medication room of all non-licensed, trained staff allowed to observe self-administration of medicat ons; and	1		1				1	1	1	100%	0		
Respite C&A	Facility Management Interview Quest on	Item V:VI.D.12.e.i.(5)	i. The facility management must: (5) Ensure that staff does not transfer medicat ons from one container to another; individuals may independently transfer their own medicat ons from a bottle to a daily med cation reminder.	1		1				1	1	1	100%	0		
Respite C&A	Facility Management Ons te	Item V:VI.D.12.e.ii.	ii. The facility must ensure that staff members have readily available access to a hardcopy or digital format of a med cation guide (such as the Physician's Desk Reference or similar publicat on) in a version that is no more than two years old	1		1				1	1	1	100%	0		
Respite C&A	Facility Management Ons te	Item V:VI.D.12.e.iii.	iii. The facil ty must maintain an Emergency Medication Kit, if the facility contains the staff qualified to handle such med cations. (1) The medicat ons in the emergency medication kit must be monitored w th a perpetual inventory and make use of breakaway seals. (2) The medicat on k t must contain medicat ons and other equipment as specified by the facility med cal director.	1		NA				0	NA	0	N/A	0		
Food Preparation and Food Service																	
Respite C&A	Food Stored Ons te	Item V:VI.D.7.j.i.	i. Food storage areas must provide storage for, and facilities must maintain, a four-day minimum supply of non-perishable foods at all times.	1		1				1	1	1	100%	0		
Respite C&A	Meal Preparation Ons te	Item V.VI.D.13.c.i.	i. In facilities that prepare meals for individuals, at least three meals or their equivalent must: (1) be served daily; (2) at regular times; and (3) with no more than a 16-hour span between a substantial evening meal and breakfast the following morning.	1		1				1	1	1	100%	0		
Respite C&A	Meal Preparation Ons te	Item V.VI.D.13.c.ii.(1)-(5)	ii. In facil ties where individuals prepare their own food: (1) The facility must ensure that a variety of foods are available for each meal to allow individuals to have a cho ce of foods to prepare for each meal; (2) The facility must ensure that the foods available are nutritious and well balanced, in accordance with the most recent version of the United States Department of Agr culture's gu delines, and accommodate individual kosher dietary needs or other related dietary practice; (3) Food must be provided for individuals to prepare at least three meals daily; (4) The facility must ensure that such tems are prov ded to indiv duals that require special dietary tems; and (5) Regular food preparat on and mealtimes must be established by the facil ty.	1		1				1	1	1	100%	0		
Respite C&A	Food Serv ce Pre-op	Item V.VI.D.13.g.iii.	iii. The facil ty must ensure that at least one facility staff, at minimum, maintains a current food handler's permit.	1		1				1	1	1	100%	0		
				Column Comments													

End of worksheet

I can't say enough good things about the respite program. I firmly believe that hospitalization should not be an immediate course of action and instead, there should be the possibility of intervention before hospitalization is required. This is where the respite program helped my son. Sometimes, neurodivergent individuals do not need full hospitalization, they simply need a break. My son now has a safe place to practice life skills and become acquainted with his own mind. The program can also help individuals transitioning from the hospital. I have been surrounded by mental illness my entire life, and a resource like this could have benefited me and my family growing up. I am overjoyed to see such a passionate team, proud to serve families here in Texas. The dedication I have seen from this particular team is inspiring, and I hope that it remains for a long time! In short, this program deserves funding.

- Respite Parent (Name Redacted for privacy)

To whom it may concern,

I am writing this letter to advocate for how beneficial the respite program has been for my daughter and our family.

On May 7th my daughters school counselor called me to have me come in because she was having suicidal ideations. My daughter has been bullied and doesn't have very good self confidence, she wants everyone to like her and is super nice to everyone.

After evaluation, they found that she could benefit from going to a 7 day respite, time to get away from it all and work on herself, and therapies. It was also a place to keep her safe. I could tell by her voice on the second day there that she was starting to feel better.

The respite home gave her a safe space to talk about her feelings and they listened and didn't judge, they showed her life skills, coping skills, and different therapeutic ways to cope with feelings she is dealing with. We made a plan upon discharge on how to communicate at home and avoid another crisis from happening. My daughter enjoyed every person that was there to help her.

The respite home even invited her to come back for a day of therapeutic fun away from stressors during the summer and she was so excited to go. I like that there are options for her to go back if she ever needed to, to be safe and well cared for.

I would recommend the respite home to anyone I know that has a teenager struggling cause I'd rather have them be able to get help and be on this earth then not. I'm glad to have learned about the respite home, I wish more parents knew this was an option. We are forever grateful.

To whom it may concern,

The respite center. There's no actual way to describe how much it's helped me. I've been to 11 mental hospitals since I was 13, I am now 16. I would've been to many more if it weren't for the respite center. I first heard about it in 2023, and went less than two weeks later. When I first got there, I was pretty scared. But when that door opened and I was greeted with a smile, I knew going there was the right decision. Don't get me wrong, I was still nervous but the staff talked to me in such a way that even though life was hard, I knew that I was going to be able to get the help and support I needed, that I was going to be ok.

I've been to the respite center quite a few times since then and I think it is the most valuable resource I have. Not only does it put me at ease, but also my parents know that I'm safe and to be honest, that they don't have to pay a bajillion dollars for me to get support and the help I need. The respite center teaches kids how to cook, bake, clean, even go grocery shopping. Things that young adults need in order to become an actual adult. Then, it teaches them skills on how to deal with anger, grief, heartbreak, everything a teenager has to go through. Things everyone should learn.

Even though I am quite young, I am a published author of a poetry book called, "Epitaph for my Fireflies." In the last page of the book, there's a poem for the respite center. The whole point of the poem is to stress how it gets better. How there are resources (like the respite center) that make it "a little lighter". The end of the poem says, "I'm happy, maybe not forever but nothing's permanent. and yet again, it becomes a little lighter."

The respite center has a very special place in my heart. Places like the respite center are essential for teenagers and kids like me who just need support. They are also essential for parents who want and need to give their kids help but can't afford most places they go to. I hope you see how much it's helped not only me but lots and lots of other teenagers and how it will continue to help many more.

Thank you,

I really don't know what I would have done without Respite. You all have been there for me anytime I have needed it. There have been so many times when I felt like I had no one to turn to and nowhere to go, and that has brought me to some really dark places. Every time I go to Respite, I get the reset that I need, and the staff explain things to me in ways I would have never thought of on my own. The staff really take the time to listen to you and never ever judge. You can just tell, staff want to be there, and they are there to help kids feel better and understood. It feels good knowing I can work on some of the things that are really affecting me and holding me back from doing good in my life and with my family. Every time I have gone to the hospital, I feel so much worse and isolated. When I go to Respite, I feel like I can go back to real life feeling lighter and free. Staff encourage me to think about the future and remind of the strengths that I have on the days I have forgotten about them. Thank you for always being there for me and helping me through. I would suggest this place to anyone who is having a hard time and just needs a break to move through those dark times.

- Respite Youth, 16 years old (Name Redacted for privacy)