## Acknowledgements

The dedication, expertise, and leadership of a large number of organizations and individuals made the second year of the 2017-2019 Williamson County Community Health Improvement Plan (CHIP) possible.

---

### Working Group Chairs

<table>
<thead>
<tr>
<th>Working Group</th>
<th>Name, Position, Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Task Force</td>
<td>Kathy Pierce, Executive Assistant to Commissioner Long, Williamson County Precinct Two</td>
</tr>
<tr>
<td>Child Youth Behavioral Health Task Force</td>
<td>Matt Smith, Assistant Executive Director and Director of Mental Health Services, Williamson County Juvenile Services</td>
</tr>
<tr>
<td>Alan’s Hope</td>
<td>Tammy Smith, Assistant to Commissioner Cynthia Long, Williamson County Precinct Two</td>
</tr>
<tr>
<td>Healthy Living (Active Living, Healthy Eating, and Employee Wellness)</td>
<td>Courtney Alcott, Certified Health Coach, One Life Health Coaches</td>
</tr>
<tr>
<td>Maternal and Infant Health</td>
<td>Chelsea Stevens, County Extension Agent, Texas A&amp;M Agrilife Extension Service</td>
</tr>
<tr>
<td>Public Health and Medical Preparedness</td>
<td>Vinita Magoon, Clinical Documentation and Quality Improvement Physician, Baylor Scott &amp; White Health</td>
</tr>
<tr>
<td>School Health</td>
<td>Toby Hatton, Network Emergency Manager, One Texas (Seton Healthcare and Providence Health Waco)</td>
</tr>
<tr>
<td>Substance Abuse Collaborative</td>
<td>Sherry Stamp, Lead Nurse, Georgetown ISD</td>
</tr>
<tr>
<td></td>
<td>Laurie Born, Executive Director, LifeSteps Council on Alcohol and Drugs</td>
</tr>
<tr>
<td></td>
<td>Rosana Sielaff, Coalition Director, LifeSteps Coalition</td>
</tr>
</tbody>
</table>

### Community Collaboratives

<table>
<thead>
<tr>
<th>Community Collaborative</th>
<th>Name, Position, Organization (if different from collaborative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Williamson County Collaborative</td>
<td>Tiffany Price, LifePark Center Director, Bluebonnet Trails Community Services</td>
</tr>
<tr>
<td>Hutto Resource Center (previously Hutto Has Heart)</td>
<td>Ray Langlois, Former Coordinator, Langlois Consultant Services LLC</td>
</tr>
<tr>
<td>Interagency Support Council of Eastern Williamson County</td>
<td>Stacie Feller, Chair</td>
</tr>
<tr>
<td>The Georgetown Project</td>
<td>Trish van Til, Executive Director</td>
</tr>
<tr>
<td>West WilCo Community Resources Collaborative</td>
<td>Leslie Janca, Chief Executive Officer</td>
</tr>
<tr>
<td>Williamson County Non-profit Networking Meeting</td>
<td>Tiesa Holloway, Executive Director, Hill Country Community Ministries</td>
</tr>
<tr>
<td></td>
<td>Kelli Becerra, WilCo Wellness Alliance (WWA) Coordinator, Williamson County and Cities Health District (WCCHD)</td>
</tr>
<tr>
<td></td>
<td>Jen Jones, Coordinator, The Volunteer Center</td>
</tr>
</tbody>
</table>
WilCo Wellness Alliance Support Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Position, Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelli Becerra</td>
<td>WilCo Wellness Alliance Coordinator, WCCHD</td>
</tr>
<tr>
<td>Shelbi Snyder</td>
<td>Technical Writing Specialist, WCCHD</td>
</tr>
<tr>
<td>Deb Strahler</td>
<td>Director of Marketing and Community Engagement, WCCHD</td>
</tr>
<tr>
<td>Melissa Tung</td>
<td>Project Manager, WCCHD</td>
</tr>
</tbody>
</table>

HealthyWilliamsonCounty.org Sponsors

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name, Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Way of Williamson County</td>
<td>Jodee O’Brien, Chief Professional Officer</td>
</tr>
<tr>
<td>Georgetown Health Foundation</td>
<td>Suzy Pukys, Vice President of Strategic Philanthropy</td>
</tr>
<tr>
<td>Bluebonnet Trails Community Services</td>
<td>Andrea Richardson, Executive Director</td>
</tr>
<tr>
<td>Baylor Scott &amp; White Health</td>
<td>Tara Stafford, Director of Community Benefit</td>
</tr>
<tr>
<td>WCCHD</td>
<td>Derrick Neal, Executive Director</td>
</tr>
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</table>

Special thanks to the following individuals who worked so diligently to create this document:

Authors: Kelli Becerra, MEd, Shelbi Snyder, MPH, Melissa Tung, MPH
Editors: Virginia Headley, PhD and Justine Price, MPH

For more information or questions, please visit:

www.HealthyWilliamsonCounty.org
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Executive Summary

Overview
This report gives an update on progress made in Year 2 (January 1 to December 31, 2018) of the 2017-2019 Williamson County Community Health Improvement Plan (CHIP) and documents the collective impact of the community in improving health of the county (Figure 1). The progress report incorporates feedback and lessons learned from community partners and the WilCo Wellness Alliance (WWA) during the second year of the community health improvement process.

The WilCo Wellness Alliance (WWA) authored the 2017-2019 CHIP in response to the 2016 Community Health Assessment. The improvement plan details the goals, objectives, and strategies to improve Williamson County’s top five health priorities. The WWA working groups developed action plans that are aligned with the top five health priorities: Mental Health, Access to Healthcare, Awareness of Healthcare Resources, Active Living, and Chronic Disease (Table 1).

Table 1: Alignment of Top Five Health Priorities and Working Group Action Plans

<table>
<thead>
<tr>
<th>Top Five Health Priorities</th>
<th>Action Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>Behavioral Health Task Force</td>
</tr>
<tr>
<td>Access to Healthcare</td>
<td>Access to Cancer Care</td>
</tr>
<tr>
<td>Awareness of Healthcare Resources</td>
<td>Available information and communication channels for resources</td>
</tr>
<tr>
<td>Active Living</td>
<td>Resources, access, and awareness for physical activity opportunities</td>
</tr>
<tr>
<td>Chronic Disease</td>
<td>Prevention, treatment, and management of chronic diseases</td>
</tr>
</tbody>
</table>

Table Source: Community Health Assessment, 2016

During the second year of the community health improvement process, community partners, the WWA, and WWA support staff implemented and reported on the 2017-2019 CHIP (Figure 2). A majority of the working groups met every other month to network, collaborate, share best practices, and participate in the community health improvement process. In January, working group members reviewed progress made in the previous year and prioritized activities for the 2018 year. Most of the year (February to November) was dedicated to implementing action steps through working groups and community partnerships. Additionally, summer months were dedicated to the upcoming 2019 Community Health Assessment (CHA). Instead of conducting a mid-year...
check-in with the WWA, the WWA and community partners participated in CHA activities. This allowed WWA members and community partners to have a voice in the assessment process and identify needs and priority areas for future focus. In November and December, the WWA support staff conducted an annual evaluation of the WWA to document progress made on the CHIP for the 2018 year and evaluate the WWA as a whole.

**Figure 2: Year 2 Action Cycle**

![Year 2 Action Cycle Diagram]

*Figure Source: Marketing and Community Engagement Division, WCCHD*

**Where do we stand?**

The CHIP consists of 38 short-term indicators used to measure performance. Sixteen indicators (42%) improved compared to their previous value. Eleven indicators (29%) measured the same as their previous value. Six indicators (16%) were either not measured or were canceled. Three indicators (8%) measured lower than their previous value. One measure (3%) was baselined.

**TOTAL PERFORMANCE MEASURES**

<table>
<thead>
<tr>
<th></th>
<th>1 ▶️</th>
<th>15 ▲</th>
<th>1 ▼</th>
<th>1 ❌</th>
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</thead>
<tbody>
<tr>
<td>Achieved</td>
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<tr>
<td>Higher Value</td>
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<tr>
<td>Lower Value</td>
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<tr>
<td>Baseline</td>
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<tr>
<td>Same Value</td>
<td>11</td>
<td>3 ▼</td>
<td>6</td>
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</tr>
<tr>
<td>Lower Value</td>
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<td></td>
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<tr>
<td>Canceled</td>
<td></td>
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</table>

As of December 2018, the WWA has achieved 27 strategies (24%) and progressed on 69 out of 111 strategies (62%). The WWA has not started on 11 strategies (10%) and has canceled four strategies (4%) due to change in priorities and resources.
TOTAL STRATEGIES

<table>
<thead>
<tr>
<th>Achieved</th>
<th>In Progress</th>
<th>Not Started</th>
<th>Canceled</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>69</td>
<td>11</td>
<td>4</td>
</tr>
</tbody>
</table>

**Systems of Care:** Performance measures and strategies have been removed for the Systems of Care. Due to changes in project scope and focus for the Medicaid 1115 Waiver Extension in the county, the Systems of Care working group has been discontinued. However, other working groups will continue to work on similar strategies to promote Aunt Bertha in the county.

**What progress have we made?**

During the first year of the community health improvement process, Williamson County has made many strides to improve the top five health priorities. All 52 measures and 111 strategies are summarized below.

**TOTAL PERFORMANCE MEASURES**

Legend:

- ▲▲ The current value is higher than the previous value. Green is good. Red is bad.
- ▲▼ The current value is lower than the previous value. Green is good. Red is bad.
- ▼▼ The current value is equal to the previous value.
- ▼ The current value is a first-time measurement.
- ✗ There was no measurement because strategy was not started and/or interrupted.
- ✗ Measure was canceled.

<table>
<thead>
<tr>
<th>Short Term Indicators</th>
<th>Baseline</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavioral Health Task Force</strong></td>
<td></td>
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</tr>
</tbody>
</table>

**State Hospital Beds:** 28,809 state hospital bed days were allocated to BTCS in FY18 (Sept 2017-Aug 2018); BTCS accessed 15,383 beds, equating to 53.4% (1.0% ▲▲) of the allocated beds. The low percentage of use is due to the lack of available beds through the state hospital system.

**Extended Observation Unit (EOU):** BTCS added 6 beds during 2018 for a total of 12 EOU beds offering an intensive level of crisis care within a partnering hospital. A total of 497 individuals were served during 2018 (Jan-Dec 2018).

- EOU Expansion (HB13 funding): $2,379,519 + $513,000 match from Williamson County
- BTCS partners with Georgetown Behavioral Health Institute (GBHI), embedding the EOU in the hospital and...
<table>
<thead>
<tr>
<th>Short Term Indicators</th>
<th>Baseline</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease average wait time for psychiatric patients transferred from emergency department to psychiatric treatment. (1)</td>
<td>Baseline data in 2017</td>
<td>Data unavailable due to lack of reporting procedures</td>
<td>Measure was canceled due to lack of reporting procedures</td>
</tr>
<tr>
<td>Increase funding for local private hospital beds. (1)</td>
<td>No increased funds ($0) in FY16.</td>
<td>No increased funds ($0) in FY17.</td>
<td>Approximately $4 million increase for FY18-19: Applying through statewide competitive application processes, BTCS was awarded funding to open capacity for psychiatric beds. The increased investment for a portion of FY18 (April 2018-August 2018) and all of FY19 (September 2018 – August 2019) amounts to: $3,896,269, including: Private Psychiatric Bed Purchase for adults and children (PPB contract): $1,003,750</td>
</tr>
</tbody>
</table>
| Increase number of locations providing tele-psychiatry/counseling/justice in community-based settings (including emergency rooms, schools and justice system). (1) | Baseline data in 2017 | Tele-video intakes, psychiatry and counseling available from Cedar Park, Hutto, Taylor, Georgetown, and Round Rock BTCS Clinics (existed prior to FY17) | BTCS added:  
- A televideo camera in the Williamson County Jail for 24/7 access to mental health assessments.  
- Increased availability for televideo intake assessments by licensed practitioners at the Hutto ISD.  
- Access to assessments and evaluations through televideo for persons from home or in the community, as needed. We look forward to expanding this in 2019.  
- Continuing to work with Williamson County Courts and defense attorneys to allow for televideo communication with local psychiatric hospitals – intended to reduce the risk for the person hospitalized while adhering to due process through the courts. |
| Increase number of MOUs with local schools for integrated behavioral and/or medical services. (3) | Behavioral services in 5 ISDs | 8 partnerships in 8 ISDs | 15 partnerships in 11 ISDs (88% ▲ ) |
### Short Term Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and increase number of providers that are registered and track number of searches on Aunt Bertha. (4)</td>
<td>Baseline data in 2017</td>
<td>93 providers claimed, 12,791 searches (Dec 1, 2017)</td>
<td>151 providers claimed (62% ▲), 13,255 searches (4% ▲) (Nov 26, 2018)</td>
</tr>
<tr>
<td>Increase number of organizations that attend the CYBHTF. (3)</td>
<td>45 organizations (2016)</td>
<td>68 organizations (51% ▲)</td>
<td>68 organizations</td>
</tr>
<tr>
<td>Increase number of individuals that attend trainings and conferences hosted by the CYBHTF. (3)</td>
<td>516 (March 2015 – May 2016)</td>
<td>310 (40% ▼)*</td>
<td>512 (65% ▲)*</td>
</tr>
</tbody>
</table>

**Healthy Living (Active Living, Employee Wellness, Healthy Eating)**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number of organizations who participate in the working group. (1)</td>
<td>AL: 27 organizations and 38 people subscribed (Oct 2016) EW: 25 organizations and 34 people subscribed (Oct 2016) HE: 26 organizations and 43 people subscribed (Nov 2016)</td>
<td>AL: 48 organizations (78% ▲) and 93 people subscribed (145% ▲) (Nov 2017) EW: 47 organizations (88% ▲) and 74 people subscribed (Nov 2017) HE: 52 organizations (100% ▲) and 90 people subscribed (101% ▲) (Nov 2017)</td>
<td>New baseline was identified because the three working groups (Active Living, Employee Wellness, and Healthy Eating) combined to form the Healthy Living working group. Healthy Living: 117 organizations and 172 people subscribed (Dec 2018)</td>
</tr>
<tr>
<td>Increase number of members who attend working group meetings. (2)</td>
<td>AL: Average of 8.5 members per meeting (Oct 2016) EW: Average of 9.5 members per meeting (Oct 2016) HE: Average of 11 members per meeting (Nov 2016)</td>
<td>AL: Average of 6.5 members per meeting (24% ▼) (Nov 2017) EW: Average of 9.5 members per meeting (Nov 2017) HE: Average of 12.8 members per meeting (16.4% ▲) (Nov 2017)</td>
<td>Healthy Living: Average of 13.4 per meeting (Dec 2018)</td>
</tr>
<tr>
<td>Increase number of best practices identified. (2)</td>
<td>Baseline data in 2017</td>
<td>8 practices identified</td>
<td>5 practices identified because some working groups were combined</td>
</tr>
<tr>
<td>Increase number of best practices shared. (2)</td>
<td>Baseline data in 2017</td>
<td>8 practices shared</td>
<td>5 practices shared because some working groups were combined</td>
</tr>
<tr>
<td>Increase number of connections between services and individuals. (3, 4)</td>
<td>433 food searches by food category (Dec. 31, 2016) (numbers updated because of change in analytics platform)</td>
<td>572 searches by food category (32% ▲) (Dec. 31, 2017)</td>
<td>658 searches by food category (15% ▲) (Dec. 31, 2018)</td>
</tr>
</tbody>
</table>
## Short Term Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease overall food insecurity. (5)</td>
<td>WilCo: 14.7%; TX: 17% (2014)</td>
<td>WilCo: 13.9% (0.8% ▼); TX: 15.7% (2015)</td>
<td>WilCo: 13.0% (0.9% ▼); TX: 15.4% (2016)</td>
</tr>
<tr>
<td>Increase the proportion of infants who are ever breastfed upon hospital discharge.</td>
<td>WilCo: 83.3%; TX: 79.0-86.9% (Jan-May 2016)</td>
<td>Updated data is not available due to change in WIC data reporting system</td>
<td>Indicators canceled because updated data is not available due to change in WIC data reporting system</td>
</tr>
<tr>
<td>Increase the proportion of infants who are exclusively breastfed through six months.</td>
<td>WilCo: 21.3%; TX: 17.2-25.9% (Jan-May 2016)</td>
<td>Updated data is not available due to change in WIC data reporting system</td>
<td></td>
</tr>
<tr>
<td>Increase the proportion of infants who are breastfed at one year.</td>
<td>WilCo: 26.9%; TX: 22.6-31.7% (Jan-May 2016)</td>
<td>Updated data is not available due to change in WIC data reporting system</td>
<td></td>
</tr>
<tr>
<td>Increase number of mothers who received early prenatal care in the first trimester.</td>
<td>WilCo: 76.8%; TX: 59.2% (2013)</td>
<td>Updated data is not available</td>
<td>Wilco: 80.8% TX: 59.7% (2015)</td>
</tr>
<tr>
<td>Increase number of best practices identified.</td>
<td>Baseline data in 2017</td>
<td>4 practices identified</td>
<td>5 practices identified</td>
</tr>
<tr>
<td>Increase number of best practices shared.</td>
<td>Baseline data in 2017</td>
<td>4 practices shared</td>
<td>5 practices shared</td>
</tr>
<tr>
<td>Increase number of professional organizations that provide maternal, infant, and child health resources.</td>
<td>21 organizations and 32 people subscribed (Oct 2016)</td>
<td>52 organizations (148% ▲) and 93 people subscribed (191% ▲) (Nov 2017)</td>
<td>113 organizations (117% ▲) and 120 people subscribed (29% ▲) (Dec 2018)</td>
</tr>
<tr>
<td>Increase number of members who attend working group meetings.</td>
<td>Average of 9.5 members per meeting (Oct 2016)</td>
<td>Average of 10.8 members per meeting (13.7% ▲) (Nov 2017)</td>
<td>Average of 13.2 members per meeting (22.2% ▲) (Nov 2018)</td>
</tr>
</tbody>
</table>

## Maternal and Infant Health

- **Decrease overall food insecurity.**
  - WilCo: 14.7%; TX: 17% (2014)
  - WilCo: 13.9% (0.8% ▼); TX: 15.7% (2015)
  - WilCo: 13.0% (0.9% ▼); TX: 15.4% (2016)

- **Increase the proportion of infants who are ever breastfed upon hospital discharge.**
  - WilCo: 83.3%; TX: 79.0-86.9% (Jan-May 2016)
  - Updated data is not available due to change in WIC data reporting system

- **Increase the proportion of infants who are exclusively breastfed through six months.**
  - WilCo: 21.3%; TX: 17.2-25.9% (Jan-May 2016)
  - Updated data is not available due to change in WIC data reporting system

- **Increase the proportion of infants who are breastfed at one year.**
  - WilCo: 26.9%; TX: 22.6-31.7% (Jan-May 2016)

- **Increase number of mothers who received early prenatal care in the first trimester.**
  - WilCo: 76.8%; TX: 59.2% (2013)
  - Updated data is not available

- **Increase number of best practices identified.**
  - Baseline data in 2017
  - 4 practices identified
  - 5 practices identified

- **Increase number of best practices shared.**
  - Baseline data in 2017
  - 4 practices shared
  - 5 practices shared

- **Increase number of professional organizations that provide maternal, infant, and child health resources.**
  - 21 organizations and 32 people subscribed (Oct 2016)
  - 52 organizations (148% ▲) and 93 people subscribed (191% ▲) (Nov 2017)
  - 113 organizations (117% ▲) and 120 people subscribed (29% ▲) (Dec 2018)

- **Increase number of members who attend working group meetings.**
  - Average of 9.5 members per meeting (Oct 2016)
  - Average of 10.8 members per meeting (13.7% ▲) (Nov 2017)
  - Average of 13.2 members per meeting (22.2% ▲) (Nov 2018)

## Public Health and Medical Preparedness

- **Engage private provider community.**
  - Baseline in 2017
  - 60% in progress
  - Data not available due to staff turnover

- **Draft response guidelines (health information sharing) developed.**
  - Not developed (2016)
  - 40% drafted
  - 40% drafted

- **Draft response guidelines (local)**
  - Not developed (2016)
  - 40% drafted
  - 40% drafted
<table>
<thead>
<tr>
<th>Short Term Indicators</th>
<th>Baseline</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>information sharing process) developed.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Utilize WebEOC for all exercises and real incidents by emergency management, health care, and public health.</td>
<td>Baseline in 2017</td>
<td>90% of exercises and incidents</td>
<td>Data not available due to staff turnover</td>
</tr>
<tr>
<td>Draft operational guideline (white powder response and local BioWatch response) developed.</td>
<td>Not developed (2016)</td>
<td>0% drafted</td>
<td>100% drafted</td>
</tr>
<tr>
<td>Draft operational guideline (healthcare facility evacuation response) developed.</td>
<td>Not developed (2016)</td>
<td>0% drafted</td>
<td>0% drafted</td>
</tr>
<tr>
<td>Draft operational guideline (mental health process) developed.</td>
<td>Not developed (2016)</td>
<td>50% drafted</td>
<td>50% drafted</td>
</tr>
<tr>
<td>Draft operational guideline (coordinated community behavioral response process) developed.</td>
<td>Not developed (2016)</td>
<td>25% drafted</td>
<td>25% drafted</td>
</tr>
</tbody>
</table>

**School Health**

| Increase number of best practices identified.                                      | Baseline data in 2017. | 3 best practices identified | 3 best practices identified |
| Increase number of best practices shared.                                          | Baseline data in 2017. | 3 best practices shared | 3 best practices shared |
| Increase number of school and community health organizations.                     | 27 organizations; 48 people subscribed (Oct 2016) | 63 organizations (133% ▲); 120 people subscribed (150% ▲) (Nov 2017) | 78 organizations (24% ▲); 162 people subscribed (35% ▲) (Dec 2018) |
| Increase number of members who attend working group meetings.                     | Average of 13 members per meeting (Oct 2016) | Average of 13.8 members per meeting (0.6% ▲) (Nov 2017) | Average of 11.6 members per meeting (16% ▼) (Nov 2018) |
| Increase promotion of school health initiatives.                                   | Baseline data in 2017. | 25 school health initiatives promoted in 5 meetings | 25 school health initiatives promoted in 5 meetings |
| Increase networking resources and opportunities.                                   | Baseline data in 2017. | 6 opportunities | 6 opportunities |
2017-2019 WilCo CHIP: Year 2 Progress Report

<table>
<thead>
<tr>
<th>Short Term Indicators</th>
<th>Baseline</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase School Health Advisory Council (SHAC) presentations.</td>
<td>Baseline data in 2017.</td>
<td>0 presentations made to SHACs</td>
<td>0 presentations made to SHACs</td>
</tr>
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**TOTAL STRATEGIES**

<table>
<thead>
<tr>
<th>Behavioral Health Task Force</th>
<th>Achieved</th>
<th>In Progress</th>
<th>Not Started</th>
<th>Canceled</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Living</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active Living</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Employee Wellness</td>
<td>1</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Healthy Eating</td>
<td>3</td>
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<td>0</td>
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<td>12</td>
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<tr>
<td>Maternal and Infant Health</td>
<td>1</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Public Health and Medical Preparedness</td>
<td>2</td>
<td>16</td>
<td>3</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>School Health</td>
<td>5</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Substance Abuse Collaborative</td>
<td>6</td>
<td>8</td>
<td>3</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>69</td>
<td>11</td>
<td>4</td>
<td>111</td>
</tr>
</tbody>
</table>

- **✓** Strategies completed.
- **✗** Strategies not yet started.
- **▶** Strategies now in progress.
- **✗** Strategies canceled.

**Figure 3: Percent of Strategies Completed**

24% Completed
10% Not Started
62% In Progress
4% Canceled

**What are the next steps?**

The accomplishments, challenges, and lessons learned in Year 2 will inform Year 3 of the community health improvement process. In 2019, the working groups will work to move all strategies to in-progress or achieved and continue to monitor performance. Additionally, the WWA will continue to address access to care issues, despite the discontinuation of the Systems of Care working group.

**Conclusion**

The WWA thanks the 356 active working group members and 143 organizations for their hard work during the second year of the community health improvement plan. WWA members were able to host a wide array of community initiatives throughout the county. Working groups continue to identify key needs in their respective areas of interest, and together, work on addressing the top five health priorities. Year 3 of the Community Health Improvement Process will serve as a time for updating and developing new goals, objectives, and strategies to transition to the new 2020-2022 Community Health Improvement Plan. Through partnerships and collaboration, the WWA will focus on making Williamson County the healthiest county in Texas.
WilCo Wellness Alliance Highlights

The WilCo Wellness Alliance (WWA) is Williamson County’s health and wellness coalition. It is comprised of community members and organizations including healthcare, school, government, business, non-profit, and faith-based agencies. The WWA follows the Collective Impact Framework, which is designed for cross-sector collaboration. Collective Impact helps partnerships more effectively achieve common goals, solve complex social problems, and improve health outcomes. The WWA exists to align organizations to the CHIP, encourage collaborations, and to track and measure collective impact. The WWA consists of working groups that align initiatives to the top priorities identified in the Williamson County 2016 CHA.

Where do we stand?

The WWA has experienced tremendous growth in 2018. The membership has increased from 625 members in December of 2017 to 858 members in December of 2018, a 37% increase (Figure 4). The Active Living, Healthy Eating, and Employee Wellness Groups were combined to form the Healthy Living group. This change occurred to reduce the number of meetings members were attending, as many members were having to choose which of the three meetings to attend. The School Health group moved to quarterly meetings to accommodate the school calendar. In 2018, the WWA decreased the number of meetings held from 78 meetings in 2017 to 55 meetings in 2018 (Table 2). Due to a change in priorities for the Medicaid 1115 Waiver in the county, the Systems of Care working group has been discontinued. Seven working groups of 356 active community members from 142 organizations actively participated in the process. Active membership in each working group is identified in Figure 5. The largest working group was the Behavioral Health Task Force (138 members attended), followed by the LifeSteps Coalition or the Substance Abuse Collaborative (70 members attended).

Table 2: WilCo Wellness Alliance Member Activity

<table>
<thead>
<tr>
<th>Year</th>
<th>Members (1)</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>858</td>
<td>37%</td>
</tr>
<tr>
<td>2017</td>
<td>625</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Active Members (2)</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>356</td>
<td>28%</td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Organizations (2)</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>142</td>
<td>1%*</td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Increase for Organizations is 1% due to the discontinued Systems of Care working group.

Data Source: 1.MailChimp, 2018; 2. Working group minutes, 2017; 3.End-of-the-Year Evaluation (n=6), November 16 - December 6, 2018

Figure 4: WilCo Wellness Alliance Membership

Data Source: WilCo Wellness Alliance MailChimp, January 1 - December 12, 2018
The WWA support staff developed an End-of-the-Year Evaluation to receive feedback from members and to document collaboration among the WWA members. Only a small portion of the WWA (28 members) reported in December. According to Figure 6, half of survey respondents were new members, about three in ten were members for two to three years, and about one in four were members for more than four years. According to Figure 7, twelve members made connections with one to three organizations, ten members made connections with four to six organizations, two members made connections with seven to nine organizations, and four members made connections with no organizations. These connections led to about ten new initiatives and partnerships (Table 2).

Through the End-of-the-Year Evaluation, respondents rated services and activities provided by the coalition from 1 “Not Useful” to 5 “Very Useful” (Figure 8). Opportunities to learn about other agencies and organizations was the highest-rated service of the coalition, between useful and very useful. Survey respondents rated the annual conference, assistance from the WWA Coordinator and support staff, the monthly newsletter, and networking/collaboration as useful services. Lastly, access to trainings and the community health improvement process were rated between somewhat useful and useful services.
Respondents rated how they used the CHA/CHIP. More than half of respondents used the CHA and CHIP to find data and other health information and less than one-third used the CHA/CHIP to track progress on community initiatives. About one in three respondents did not use the CHA/CHIP at all (Figure 9). The WWA will continue to improve usability and accessibility of the CHA/CHIP.

**What progress have we made?**

The WWA continues to strengthen partnerships in the community. Annually, the WWA hosts meetings and an annual conference, and organizes opportunities for stakeholders to participate in the community health improvement process. Additionally, the WWA provides multiple forms of technical assistance such as referrals, community partner consultations, meeting updates, and presentations to advance the goals of community partners. Through these opportunities and more, the WWA is able to utilize community partnerships to encourage collaboration and collective impact.
2018 WWA Conference on Health Equity: The WWA held its 2018 Conference on Health Equity for 120 participants at the Georgetown Public Safety Operations and Training Center in Georgetown on April 24, 2018. The attendees participated in a conference filled with information about how health equity plays a role in the top five health priorities. The following organizations presented at the conference: UT Dell Medical School, Ascension Texas, Texas Health and Human Services, Aunt Bertha, National Alliance on Mental Illness, Eastern Williamson County Coalition, Williamson County Parks and Recreation, and Georgetown Health Foundation. The conference highlighted the importance of creating health equity in Williamson County, and encouraged attendees to look at their work with a health equity lens.

Community Resources: The WWA continues to offer technical assistance and resources for community partners. Monthly newsletters highlight upcoming events, meetings, and important information. Educational presentations and trainings are offered to community partners on topics such as Healthywilliamsoncounty.org and how to find data on the website, general health education, Aunt Bertha trainings, and more. The WWA also continues to support community organizations by providing data on multiple topics, infographics highlighting community issues, formal reports, and GIS maps.

Initiatives and Partnerships: Through the End of the Year Evaluation, working group members reported on initiatives and partnerships started in 2018 through WWA activities. Below are just a few examples of partnerships and collaboration.

- American Heart Association is partnering with the Wilco Wellness Alliance to help meet the needs of the community. AHA is focused on building partnerships to help make big changes in the community.
- Annunciation Maternity Home, Mommie Support Network, Round Rock Public Library, and the Maternal Infant Health working group partnered together to host the Moms’ Community Listening Forum.
- WCCHD has a monthly presence at the Brighter Days Food Pantry. WCCHD attends the food pantry monthly to provide information about WCCHD services and provide assistance to community members.
- Georgetown ISD (GISD) has partnered with Catch My Breath to deliver the e-cigarette education program.
- Through multiple working groups, Texas Department of State Health Services (DSHS) identified speakers for a school nurse conference and an interagency program in Burnet/Llano County. DSHS has also met providers and organizations for referral to providers and clients.
Healthy Williamson County

The HealthyWilliamsonCounty.org website serves to inform community members, residents, and policy makers about the health and wellness of Williamson County. The website empowers the community to improve health by providing local health data, resources, best practices, and progress-tracking on community health improvement. The goal is to give Williamson County the tools and resources needed to understand health and the factors that affect quality of life.

Where do we stand?

In 2018, 10,469 users visited Healthy Williamson County over 15,266 times and viewed 37,429 pages (Table 3, Figure 10). Through efforts to promote the website in the community, users have increased by 122%, sessions have increased by 84%, and pageviews have increased by 55% since 2017 (Google Analytics, 2015-2018).

Table 3: Healthy Williamson County Statistics

<table>
<thead>
<tr>
<th>2018</th>
<th>Versus 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>37,429</td>
<td>55%</td>
</tr>
<tr>
<td>15,266</td>
<td>84%</td>
</tr>
<tr>
<td>10,469</td>
<td>122%</td>
</tr>
</tbody>
</table>

Frequency of use of each Healthy Williamson County feature was rated by survey respondents from 1 of “I don’t use this feature” to 5 “Very Often.” The highest average rating was 3.2, indicating that survey respondents most frequently used the website to access Aunt Bertha or view working group and community group information. Survey respondents used the website less frequently for the purpose of viewing the Community Events Calendar, CHA/CHIP data, and population health data. The overall average rating was 2.8, with a narrow range of 2.4 to 3.2, revealing that there isn’t a massive disparity in frequency of use by feature category (Figure 11). While informative, the small sample size limits the ability to interpret these results as representative of the larger user base of HealthyWilliamsonCounty.com.
What progress have we made?

The WWA has increased the knowledge and awareness of the website. WilCo Wellness Alliance staff have conducted seven "Why Data Matters" trainings, teaching over 150 students, community partners, and residents how to navigate the website, utilize data to apply for grants and write reports, and how to make data-driven decisions. Through the generous support of Georgetown Health Foundation, the website has acquired 24 new indicators in regards to mental health, disability, and veterans.

The WWA has also expanded the reach and scope of the website through incorporating community partners' events and initiatives such as the 2019 WilCo CHA, Alan's Hope September Suicide Awareness Month, LifeStep's National Substance Abuse Prevention Month, and the Child Youth Behavioral Health Task Force's Mental Health in Schools Conference.

What are the next steps?

Next year, the WWA will:

1. Seek funding to increase zip code and census tract level data sources for precise targeting of local disparities
2. Conduct data trainings and workshops to increase capacity of users to be more successful in applying for grants
3. Develop data dashboards that showcase local data sources from our WilCo Wellness Alliance community partners
4. Provide spaces for community partners to promote initiatives, events, and meetings
5. Develop innovative marketing strategies in the community to build grassroots support for data-driven health decisions

"The workshop makes me want to dig deeper into the website info to be able to enhance our church ministries and be more informed about our community. Thank you for offering it.”
Working Groups

The WWA is comprised of various working groups that each focus on a set of issues affecting community health. Each group’s mission is listed below, along with icons showing which of the five Williamson County priorities that group’s mission affects.

ACCESS TO CANCER CARE
Increase access to high quality cancer care services for the uninsured and underinsured in Williamson County.

BEHAVORIAL HEALTH TASK FORCE
Strive to sustain a coordinated behavioral health system of care that: focuses on prevention and early intervention, provides integrated services and access to care by eliminating barriers, reduces stigma through building awareness, improves outcomes in a community that respects and preserves the rights of all and focuses on the whole person.

HEALTHY LIVING
- Active Living: Improve access to active living resources and wellness opportunities for Williamson County residents.
- Employee Wellness: Engage employees and employers in the community and promote employee wellness and healthy worksite environments.
- Healthy Eating: Promote access to and increase relevant knowledge of healthy eating in Williamson County

MATERNAL AND INFANT HEALTH
Improve the health and well-being of mothers, infants, and children by addressing the health and wellness of women before, during, and after pregnancy.

PUBLIC HEALTH AND MEDICAL PREPAREDNESS COMMITTEE
Ensure coordinated preparedness and response activities among emergency management agencies, public health, EMS, and healthcare organizations in order to rapidly diagnose, investigate, and respond to health problems and health hazards within Williamson County.

SCHOOL HEALTH
Promote healthy living for the school community (students, staff, and families) to maximize personal success and well-being.

SUBSTANCE ABUSE COLLABORATIVE (LIFESTEPS COALITION)
Counteract influences that effect underage drinking and substance abuse.

SYSTEMS OF CARE (DISCONTINUED)
Provide a continuously-improving system of access to quality healthcare for the community.
Access to Cancer Care

Health Priorities Involved:

Goal: Increase access to high quality cancer care services for the uninsured and underinsured in Williamson County.

Where do we stand?
In early 2018, the Access to Cancer Care working group formed due to challenges referring uninsured cancer patients to high quality care. In Williamson County, there are limited options for uninsured residents to be accepted for care.

What progress have we made?
The Access to Cancer Care working group met three times during the 2018 year. The first meeting consisted of a facilitated activity to gather more information about the cancer care system in Williamson County. Multiple organizations were represented and a report was published to detail the findings from the activity. The group also worked on identifying the root causes of the issue. A Fishbone Diagram was developed based on the group’s discussion.

What are the next steps?
The working group will work to develop S.M.A.R.T goals and objectives that will be included in the 2020 CHIP.

Thank you to the organizations who participated!

American Cancer Society
Austin Cancer Support Coalition
Baylor Scott & White Health
Breast Cancer Resource Center
BS&W Cancer Center
Children’s Blood and Cancer Center
Community Action, Inc. of Central Texas
Dell Medical School
Good Health Solutions Oncology Navigation Team
LIVESTRONG Cancer Institute
New York Life
Regarding Cancer
Sacred Heart Community Clinic
Samaritan Health Ministries
Seton Family of Hospitals
Seton Oncology Navigation
Seton/ Good Health Solutions
Shivers Cancer Foundation
St. David’s Round Rock Medical Center
St. David’s Texas Oncology
Susan G. Komen Austin
Texas A&M Health Science Center
Texas Oncology
UT Austin School of Social Work
Williamson County
Williamson County and Cities Health District
Wonders and Worries

For more information or questions, please visit:
www.HealthyWilliamsonCounty.org/Cancer
Behavioral Health Task Force

Health Priorities Involved:

Goal: Strive to sustain a coordinated behavioral health system of care that:

• focuses on prevention and early intervention,
• provides integrated services and access to care by eliminating barriers,
• reduces stigma through building awareness, and
• improves outcomes

in a community that respects and preserves the rights of all and focuses on the whole person.

Where do we stand?
During the second year of the community health improvement process, the Behavioral Health Task Force (BHTF) measured performance through nine short-term indicators. Six measures performed better than prior value.

PERFORMANCE MEASURES (TOTAL: 9)

<table>
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<tr>
<th>Achieved</th>
<th>Higher Value</th>
<th>Same Value</th>
<th>Canceled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

The BHTF completed five strategies (29% of total strategies) and continues to work on eight strategies (47%). The working group canceled two strategies due to change in priorities and direction.

STRATEGIES (TOTAL: 17)

<table>
<thead>
<tr>
<th>Achieved</th>
<th>In Progress</th>
<th>Not Started</th>
<th>Canceled</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>8</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

What progress have we made?
Behavioral Health Task Force

In 2018, the BHTF worked to improve access to care, ensure sustainability of resources, and increase collaboration. Last year, Bluebonnet Trails Community Services (BTCS) submitted a request to the Texas Health and Human Services Commission (HHSC) to double the beds in the Extended Observation Unit (from six beds to twelve beds), located at Georgetown Behavioral Health Institute (GBHI). This would give Williamson County more access to acute psychiatric care. In 2017, Rep. Four Price’s House Bill 13 (HB13) established HHSC’s Community Mental Health Grant Program, which would provide $30 million in state funds over the 2018-19 biennium to be matched by grantees with local and private funds. The Williamson County Commissioner’s Court contributed a half-million-dollar match for HB13, and the bill provided over 4 million dollars for a 12-bed Crisis Statiblization unit within GBHI for inpatient psychiatric care for persons without benefits.
Aunt Bertha is the largest closed loop referral network platform for social services in the United States. Service providers and individuals can search for free or reduced-cost services such as medical care, food, job training, and more. On July 25, 2018, Aunt Bertha trained working group members on how to use the platform to connect the community to behavioral health resources and presented on features of the Aunt Bertha platform, including adding search bars to website pages and utilizing data that Aunt Bertha collects. As of November 26, 2018, over 151 organizations were claimed on Aunt Bertha, and community residents and organizations have searched over 13,000 times on the platform. The BHTF is in the process of developing an online compendium of behavioral health resources in the county through Aunt Bertha’s new feature of saving favorite resources in folders.

As of October 1, 2017, BTCS and Williamson County announced a partnership to provide 24/7 crisis services in the county. When a crisis call is identified by emergency services, the Williamson County Mobile Outreach Team will respond Monday through Saturday from 8am-8pm and BTCS will be available during all other hours. This partnership will enhance access to behavioral health responders to encourage jail diversion when appropriate.

Over 20 individuals from the Task Force participated in the 3rd annual Engage & Excel Conference: Communities Transforming Behavioral Health Systems on October 23-25, 2018 in Houston, TX. “The Engage & Excel Conference is about enhancing local behavioral health system collaboration in Texas. Conference participants become part of a broader effort to facilitate networks capable of creating more effective and efficient local behavioral health systems, leading to stronger communities and better lives for all Texans.” Judge Stacey Matthews sits on the Judicial Mental Health Commission and Matt Smith sits on the Collaborative Council.

Other initiatives by the Task Force are as follows:

- National Alliance on Mental Illness (NAMI) developed a mental health awareness and resources handout for the Justices of the Peace to give out to families during a death inquest after a suicide. NAMI also held several classes such as Family-to-Family, a course for families, partners, and friends of individuals living with mental illness, NAMI Basics, a course for parents and caregivers of children living with mental illness, and more in Williamson County.
- Phoenix House added Spanish speaking services to their Round Rock office.
- Lifesteps Council on Alcohol and Drugs worked with Commissioner Cook to hold a training with probation officers on recovery orientation.
- GBHI worked with Georgetown ISD (GISD) to enhance communication between the school district and GBHI, which allowed the school district and GBHI to share more information regarding the status of students’ mental health care and when the student would return back to the school district.

The BHTF consists of two subcommittees: the Child Youth Behavioral Health Task Force and Alan’s Hope.

**Child Youth Behavioral Health Task Force**

In 2018, the Child Youth Behavioral Health Task Force (CYBHTF) focused on increasing community knowledge and awareness of adverse childhood experiences and trauma-informed care as a means for boosting prevention and improving treatment.

The CYBHTF provided multiple free youth-focused behavioral health trainings in the county and hosted two Mental Health in Schools Conferences. Behavioral health trainings hosted include the Neurosequential Model of
Therapeutics, the Georgetown ISD Stay Safe! Online Reporting System, and the Bluebonnet Trails Community Services Overview. The 7th Annual Mental Health in School Conference on Trauma Informed Care was held January 24-25, 2018. About 200 teachers, superintendents, and school professionals attended.

The 8th Annual Mental Health in School Conference: Improving School Safety through Social Emotional Health, presented by Momentous Institute, was held November 8-9, 2018. The conference focused on strategies and interventions for pre-school and elementary aged children. A leadership breakfast was held prior to the full event to reach key school leaders in Williamson County. Over 80 school administrators, superintendents, and school leadership personnel attended the leadership breakfast. A survey was administered to capture more information about mental health needs in schools, and nine different school districts participated in the survey. In attendance for both days of the conference were 246 individuals from 36 agencies and school districts from across the county.

Building resiliency in the community also became a key focus for the CYBHTF. BTCS presented information about other communities that have transformed mental health and well-being in the community by building a systems-wide approach to trauma-informed care. The CYBHTF formed a multi-agency subcommittee to review other community resilience case studies and to develop ideas and a plan for how Williamson County could implement something similar. The subcommittee plans to pilot the initiative in early 2019.

On October 4, 2018, the Task Force conducted SIM-plementation: Applying Sequential Intercept Mapping to Williamson County Schools. School staff, leadership and those interested in schools were invited to participate in a collaborative process of building a comprehensive view of how youth with mental and behavioral health issues affect schools. During the meeting, participants built common knowledge and understanding of youth mental and behavioral health, developed a cross-system network of resources, identified and prioritized potential solutions, and created a unified voice for Williamson County public schools. Recommendations include: educating all school stakeholders on behavioral health, standardizing the school counselor’s role to include a balance of guidance and counseling, including mental health into the Response to Intervention tiered model, and creating systems for student reintegration to campus to decrease recidivism.

Alan’s Hope

Alan’s Hope is dedicated to preventing suicides by promoting hope, awareness, and support in Williamson County communities.

In 2018, Alan’s Hope Committee worked with partners to plan numerous events for the month of September, which is nationally recognized as Suicide Prevention and Awareness Month. The main goals were to raise awareness about suicide, bring attention to overall health and well-being, and to offer education and information about support services.

To raise awareness, Alan’s Hope worked with the Williamson County Commissioners Court, and the cities of Georgetown, Cedar Park, and Round Rock to declare resolutions recognizing September as National Suicide Prevention and Awareness Month. The Williamson County resolution included a keyboard giveaway for patients at Georgetown Behavioral Health Institute. To focus on overall health and well-being, Alan’s Hope developed a
September Self-Care Calendar with healthy living tips, important suicide prevention information, and highlighted suicide prevention events. Working group members distributed the calendar to community partners and placed awareness calendars in county buildings. Additionally, the daily calendar tips were promoted through the Alan’s Hope facebook page. To offer more education about suicide, Alan’s Hope supported partner events which included a showing of the movie *Suicide: The Ripple Effect*, which was hosted by Georgetown Behavioral Health Institute, and “Overdose and Suicide: Awareness and Resources for Prevention Workshop,” which was hosted by Bluebonnet Trails Community Services. To share resources, Alan’s Hope handed out at least 700 Jason Foundation “A Friend Asks” App cards as well as Aunt Bertha community resources cards to county employees at the 2018 Williamson County Employee Wellness Fair. On Sunday, September 30, at Twin Lakes Park, Alan’s Hope hosted its second annual 5K walk/run “Guitars for HOPE” in recognition of National Suicide Prevention and Awareness Month. The 5K run/walk featured live music, provided a health and wellness fair with information, and a guitar giveaway. The event raised awareness of the issue of suicide in the community and highlighted the resources available that help improve mental and physical health to prevent suicides from occurring.

Alan’s Hope is also actively collaborating with the Williamson County and Cities Health District, as well as other task forces and community partners, to establish a more effective system for reporting and tracking suicides in Williamson County. The group’s efforts in 2018 have resulted in all precincts reporting data for completed suicides at least once per quarter. This will help Williamson County have more up-to-date data regarding suicides and will help inform future initiatives to reduce suicide in the county.

In May, the combined task force came together to prioritize goals to prevent suicide in the county. The qualitative data gathered from this meeting was analyzed by WCCHD staff to identify themes on which to base achievable objectives. The Task Force is currently drafting a comprehensive Suicide Prevention Plan, using the most recent county-level suicide data and analysis in conjunction with stakeholder prioritization and identified
themes, to inform actionable objectives for the next CHIP cycle. The plan begins with a background of suicides and prevention efforts in Williamson County, establishes a broad vision for reducing suicide rates, and details S.M.A.R.T. objectives to achieve the strategies that will roll into the next CHIP cycle — from training to enhanced surveillance to increased support structures. This will be the first time that Williamson County has created a comprehensive suicide prevention plan.

PERFORMANCE MEASURES

<table>
<thead>
<tr>
<th>Short Term Indicators</th>
<th>Baseline</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase access to psychiatric hospital beds in Central Texas for Williamson County residents. (1)</td>
<td>State Hospital Beds: 28,493 bed days allocated to BTCS; 216 individuals admitted (FY2016: Sept 2015 - July 2016)</td>
<td>State Hospital Beds: 28,809 state hospital bed days were allocated to BTCS in FY17 (316 bed days ▲) allowing for the admission of 220 individuals (4 individuals ▲), totaling 15,091 hospital bed days, equating to 52.4% of allocated beds. The low percentage of use is due to the state hospital system being on diversion status, resulting in a lack of available beds through the state system.</td>
<td>State Hospital Beds: 28,809 state hospital bed days (0 bed days △) were allocated to BTCS in FY18 (Sept 2017-Aug 2018); BTCS accessed 15,383 beds, equating to 53.4% (1.0% ▲) of the allocated beds. The low percentage of use is due to the lack of available beds through the state hospital system.</td>
</tr>
<tr>
<td>Decrease average wait time for psychiatric patients transferred from emergency department to psychiatric treatment. (1)</td>
<td>Baseline data in 2017</td>
<td>Data currently unavailable due to lack of reporting procedures</td>
<td>Measure was canceled due to lack of reporting procedures</td>
</tr>
<tr>
<td>Increase funding for local private hospital beds. (1)</td>
<td>No increased funds ($0) in FY16.</td>
<td>No increased funds ($0) in FY17.</td>
<td>Approximately $4 million increase for FY18-19: Applying through statewide competitive application processes, BTCS was awarded funding to open capacity for psychiatric beds. The increased investment for a portion of FY18 (April 2018-August 2018) and all of FY19 (September 2018 – August 2019) amounts to: $3,896,269,</td>
</tr>
</tbody>
</table>
Increase number of locations providing tele-psychiatry/counseling/justice in community-based settings (including emergency rooms, schools and justice system). (1)

Baseline data in 2017

Tele-video intakes, psychiatry and counseling available from Cedar Park, Hutto, Taylor, Georgetown, and Round Rock BTCS Clinics (existed prior to FY17)

BTCS added:
- A televideo camera in the Williamson County Jail for 24/7 access to mental health assessments.
- Increased availability for televideo intake assessments by licensed practitioners at the Hutto ISD.
- Access to assessments and evaluations through televideo for persons from home or in the community, as needed. We look forward to expanding this in 2019.
- Continuing to work with Williamson County Courts and defense attorneys to allow for televideo communication with local psychiatric hospitals – intended to reduce the risk for the person hospitalized while adhering to due process through the courts.

Enhance quality of initiatives by amending BHTF bylaws. (2)

Existing (unamended) bylaws (2016)


Increase number of MOUs with local schools for integrated behavioral and/or medical services. (3)

Behavioral services in 5 ISDs

8 partnerships in 8 ISDs

15 partnerships in 11 ISDs (88% ▲)

Develop and increase number of providers that are registered and track number of searches on Aunt Bertha. (4)

Baseline data in 2017

93 providers claimed, 12,791 searches (Dec 1, 2017)

151 providers claimed (62% ▲), 13,255 searches (4% ▲) (Nov 26, 2018)

Increase number of organizations that attend the CYBHTF. (3)

45 organizations (2016)

68 organizations (51% ▲)

68 organizations

Increase number of individuals that attend trainings and conferences hosted by the CYBHTF. (3)

516 (March 2015 – May 2016)

310 (40% ▼)*

512 (65% ▲)*

Data Sources: 1) Bluebonnet Trails Community Services (BTCS), 2) Behavioral Health Task Force, 3) Child Youth Behavioral Health Task Force, 4) Aunt Bertha

Notes: *Attendance for some trainings might not be available because trainings were hosted by other agencies.
OBJECTIVES AND STRATEGIES

Access to Care: By 2019, the Behavioral Health Task Force will increase the availability of publicly-funded in-patient psychiatric beds for Williamson County residents from 10,827 bed days to 14,246 bed days.

Seek strategies to increase flexibility in funding to expand options for recovery services within our system of care.

Encourage the state to consider population growth in increasing funding.

Increase community knowledge and awareness of trauma-informed care as a means for boosting prevention and improving treatment. Intentionally drive the BHTF agenda toward awareness of trauma-informed care and improving treatment.

Develop Medicaid Tracker for Adults as a pathway to reduce cost.

Advocate for increase in funding for tele-psychiatry in the legislative process.

Increase awareness, prevention, and early intervention of behavioral health signs and symptoms.

Sustainability: By 2019, the Behavioral Health Task Force will amend bylaws to encourage initiatives to be fiscally accountable, add value, and are quality-focused, based on accepted standards of practice.

For any Williamson County initiative requesting support of the Mental Health Task Force, they will be required to provide outcome data at least twice/year and are encouraged to:

1. Fiscal Accountability: Develop sustainability plan prior to implementation with re-evaluation every six months.

2. Fiscal Accountability: Develop measurement of savings and/or positive financial impact for each intervention prior to implementation of intervention.

3. Value and Quality: Develop pre- and post-satisfaction surveys by stakeholders for the intervention at specified intervals of time.

4. Standard of Practice: Use national standards matched to intervention to ensure standard.

Increase access to care for uninsured individuals.

Tie each initiative to the needs assessment.

Develop a process to determine which initiatives to support.

Sustain cost of Aunt Bertha.

Coordinated Efforts: The Behavioral Health Task Force will continue to actively coordinate efforts of behavioral health organizations serving Williamson County residents to improve the behavioral health system.

Through further development of Aunt Bertha, develop compendium of key players/organizations (including name, title and contact information) and identify roles and responsibilities of representatives from each organization.

Expand Professional Peer Review Committee to improve collaboration among key organizations.
Make resource map and compendium on Aunt Bertha.

Identify and share models and best practices within partners/organizations in the county.

Update bylaws of the BHTF.

Link individuals with the Williamson County Women's Meetup Group as a resource/referral network.

What are the next steps?
The Behavioral Health Task Force and its subcommittees will continue to develop the Suicide Prevention Action Plan and continue to promote community resilience and Adverse Childhood Experiences (ACEs) in the community.

Thank you to the organizations who participated!
American Foundation for Suicide Prevention
Annunciation Maternity Home
Any Baby Can
Ascension/Seton
Aunt Bertha
Austin Lakes Hospital
BCFS Common Thread
Bluebonnet Trails Community Services
Cedar Crest Hospital
Celebration Church
Communities for Recovery
Cross Creek Hospital
Fort Hood Behavioral Health
Georgetown Behavioral Health Institute
Georgetown Health Foundation
Georgetown ISD
Georgetown Library
Girls Empowerment Network
Girls with Grit
Health and Human Services Commission
Hutto ISD
Interagency Support Council of Eastern Williamson County, Inc.
Intervention Services
Jarrell ISD
Key2Free
Langlois Consultant Services
Leander ISD
LifeSteps Coalition
Lone Star Circle of Care
Lone Star Justice Alliance
NAMI Austin
Oxford House
Pavilion Clubhouse
Phoenix House
Pick with Austin
Profile by Sanford Health
Restore
Rock Springs
Round Rock ISD
Samaritan Center
Seton Shoal Creek / Dell's Children
South University College of Nursing & Public Health
Spirit Reins
STARRY
Texas Department of State Health Services
Texas Health and Human Services Commission
The Caring Place
The Christi Center
The Georgetown Project
TMF Health Quality
University of Texas at Austin
Veteran SVC
WGU Nursing
Williamson County
Williamson County and Cities Health District
Williamson County Juvenile Services
Williamson County MOT
Williamson County Precinct 1
Williamson County Precinct 2
Williamson County Precinct 3
Williamson County Sherrif's Office
Women, Infants, and Children (WIC)
Wonders and Worries

For more information or questions, please visit:
www.HealthyWilliamsonCounty.org/BHTF
Healthy Living (Active Living, Employee Wellness, Healthy Eating)

Health Priorities Involved:

Goal:

- **Active Living**: Improve access to active living resources and wellness opportunities for Williamson County residents.
- **Employee Wellness**: Engage employees and employers in the community and promote employee wellness and healthy worksite environments.
- **Healthy Eating**: Promote access to and increase relevant knowledge of healthy eating in Williamson County

Where do we stand?

Active Living, Healthy Eating, and the Employee Wellness working groups combined to form the Healthy Living working group. This change occurred to reduce the number of meetings members attend to discuss topics related to chronic disease. Because working groups were combined, a number of performance measures were either combined or canceled. During the second year of the community health improvement process, Healthy Living performed better on four measures and worse on two measures.

**Performance Measures (Total: 6)**

<table>
<thead>
<tr>
<th></th>
<th>Higher Value</th>
<th>Lower Value</th>
<th>Lower Value</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Living</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Employee Wellness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy Eating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Active Living achieved seven out of fourteen strategies (50%) and three are currently in progress. Employee Wellness achieved one out of ten strategies (10%) and nine are still in progress. Healthy Eating achieved ten out of twelve strategies (83%) and two are still in progress.

**Strategies (Total: AL: 14, EW:10, HE: 12)**

**Active Living**

- **Achieved**: 4
- **In Progress**: 6
- **Not Started**: 4

**Employee Wellness**

- **Achieved**: 1
- **In Progress**: 9

**Healthy Eating**

- **Achieved**: 3
- **In Progress**: 9
What progress have we made?
In 2018, the Healthy Living working group met to implement strategies related to reducing chronic diseases. The group participated in a facilitated activity to have a voice in the upcoming 2019 Community Health Assessment. In September, the coalition was recognized as a partner for Michael and Susan Dell Center for Healthy Living’s Texas Obesity Awareness Week and shared obesity awareness marketing materials to raise awareness about the dangers of obesity. The group also dedicated structured meetings toward learning about programs that could help reduce the burden of chronic diseases in Williamson County.

Presentations included:

- Texas Department of Agriculture provided updates related to nutrition programs in schools and communities.
- Fuel Up to Play 60 shared nutrition education and physical activity programs to reduce childhood obesity.
- IT’S TIME TEXAS Choose Healthier shared information about an app that helps community members to find healthy activities in which to partake.
- Michael & Susan Dell Center for Healthy Living shared information about Texas Obesity Awareness Week.
- Panel highlighted health coaching services at Profile Plan and at IT’S TIME TEXAS (Living Healthier program)

For more information on progress made, see below a summary of performance measures and strategies.

**PERFORMANCE MEASURES**

<table>
<thead>
<tr>
<th>Short Term Indicators</th>
<th>Baseline</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number of organizations who participate in the working group. (1)</td>
<td>AL: 27 organizations and 38 people subscribed (Oct 2016) EW: 25 organizations and 34 people subscribed (Oct 2016) HE: 26 organizations and 43 people subscribed (Nov 2016)</td>
<td>AL: 48 organizations (78% ▲) and 93 people subscribed (145% ▲) (Nov 2017) EW: 47 organizations (88% ▲) and 74 people subscribed (Nov 2017) HE: 52 organizations (100% ▲) and 90 people subscribed (101% ▲) (Nov 2017)</td>
<td>New baseline was identified because the three working groups (Active Living, Employee Wellness, and Healthy Eating) combined to form the Healthy Living working group. Healthy Living: 117 organizations and 172 people subscribed (Dec 2018)</td>
</tr>
<tr>
<td>Increase number of members who attend working group meetings. (2)</td>
<td>AL: Average of 8.5 members per meeting (Oct 2016) EW: Average of 9.5 members per meeting (Oct 2016) HE: Average of 11 members per meeting (Nov 2016)</td>
<td>AL: Average of 6.5 members per meeting (24% ▼) (Nov 2017) EW: Average of 9.5 members per meeting (Nov 2017) HE: Average of 12.8 members per meeting (16.4% ▲) (Nov 2017)</td>
<td>Healthy Living: Average of 13.4 per meeting (Dec 2018)</td>
</tr>
<tr>
<td>Increase number of best practices identified. (2)</td>
<td>Baseline data in 2017</td>
<td>8 practices identified</td>
<td>5 practices identified because some working groups were combined</td>
</tr>
</tbody>
</table>
Increase number of best practices shared. (2)
Baseline data in 2017
8 practices shared
5 practices shared because some working groups were combined

Increase number of connections between services and individuals. (3, 4)
433 food searches by food category (Dec. 31, 2016) (numbers updated because of change in analytics platform)
572 searches by food category (32% ▲) (Dec. 31, 2017)
658 searches by food category (15% ▲) (Dec. 31, 2018)

Decrease overall food insecurity. (5)
WilCo: 14.7%; TX: 17% (2014)
WilCo: 13.9% (0.8% ▼); TX: 15.7% (2015)
WilCo: 13.0% (0.9% ▼); TX: 15.4% (2016)

Data Sources: 1) MailChimp, 2) Working group, 3) Aunt Bertha (Top Search by Category; Top Search), 4) Google Analytics, 5) Feeding America

OBJECTIVES AND STRATEGIES

Active Living

Access: By 2019, the Active Living working group will increase trail mileage in Williamson County by 10%.

Encourage trail mileage growth in the county and advocate for trails as a health benefit.

Gather trail data on gaps, needs, master plans, and trail usage.

Increase awareness for existing trails in the county.

Identify resources of funding.

Advocate for trail maintenance.

Awareness of Resources: By 2019, the Active Living working group will increase participation in active living opportunities in Williamson County by 5%.

Determine baseline of current number of active living opportunities and participation in active living opportunities in Williamson County.

Break down participation in active living opportunities by financial costs.

Promote IT’S TIME TEXAS Choose Healthier app to all member organizations and register active living opportunities onto app.

Increase unique partnerships.
Collaboration: By 2019, the Active Living working group will increase the number of organizations who participate in the working group.

- Identify and recruit organizations that should be present at working group meetings.
- Increase information sharing and networking of active living opportunities within member organizations.
- Promote active living opportunities and campaigns through www.healthywilliamsoncounty.org, community calendar, and social media.
- Share active living best and/or innovative practices within member organizations.
- ✔ Register active living organizations and services on Aunt Bertha.

Employee Wellness

Awareness of Resources: By 2019, the Employee Wellness working group will increase awareness of employee health resources by identifying and sharing best practices in Williamson County.

- Identify employee wellness best practices and opportunities to learn about employee wellness (such as health fairs, business groups, and educational opportunities).
- Share best practices, opportunities, and resources through different methods (presentations, webinars, social media, resource guide, and website).
- Establish bank of employee wellness resources.

Capacity building: By 2019, the number of organizations participating in the Employee Wellness working group will double.

- Identify employee wellness needs in the community.
- Identify resources and opportunities to meet those needs.
- Advocate for employee wellness in the county.
- ✔ Invite diverse organizations and businesses from the county to attend working group.
- ✔ Develop new or improve current worksite wellness programs of organizations that participate in workgroup.

Collaboration: By 2019, the Employee Wellness working group will create solid relationships with all professional organizations that provide employee wellness resources in Williamson County.

- Utilize existing member networks to foster greater relationships.
- Attend employee wellness events, conferences, and networking events.
## Healthy Eating

**Awareness of Resources:** By 2019, the Healthy Eating working group will increase awareness of healthy eating resources by identifying and sharing best practices and resources in Williamson County.

- Identify best practices and resources related to gardens, grocery stores, farmer markets, schools, restaurants, corner stores, childcare centers, and adult care facilities.
- Identify gaps and needs in the county’s food landscape.
- Identify gold standard practices and resources in the county.
- Connect best practices and resources with community partners.

**Access:** By 2019, the Healthy Eating working group will improve access to healthy foods by connecting families and individuals with community services and resources in Williamson County.

- Promote farmer markets, community gardens, food pantries in the community.
- Collaborate and connect with community members and partners to improve access to healthy foods.
- Recruit community members to participate in healthy eating efforts.

**Collaboration:** By 2019, the Healthy Eating Working Group will create impactful relationships with all professional and community organizations that provide healthy eating resources in Williamson County.

- Identify and recruit organizations that should be present at working group meetings.
- Increase information sharing and networking of healthy eating opportunities within member organizations.
- Promote healthy eating opportunities and campaigns through www.healthywilliamsoncounty.org, community calendar, and social media.
- Share healthy eating best and/or innovative practices within member organizations.
- Develop consistent messaging to promote healthy eating in the county.

### What are the next steps?

The Healthy Living working group will continue to learn about best practices and programs available in Williamson County to reduce the burden of chronic diseases.
Thank you to the organizations who participated!

Alzheimer’s Association
American Heart Association
Bluebonnet Trails Communities Services
City of Leander
Common Threads
Dairy Max
Department of State Health Services
Frost Insurance
Hill Country Community Ministries
IT’S TIME TEXAS
Michael & Susan Dell Center for Healthy Living
Nutrition 4 Life

Opportunities for Williamson and Burnet Counties
Pavilion Clubhouse of Round Rock
Profile by Sanford
Seton
Texas Department of Agriculture
Texas Health and Human Service
The Caring Place
Women, Infants, and Children (WIC)
Williamson County and Cities Health District
Williamson County GIS
Williamson County HR
Williamson County EMS

For more information or questions, please visit:
www.HealthyWilliamsonCounty.org/HealthyLiving
Maternal and Infant Health

Health Priorities Involved:

Goal: Improve the health and well-being of mothers, infants, and children by addressing the health and wellness of women before, during, and after pregnancy.

Where do we stand?

During the second year of the community health improvement process, Maternal and Infant Health (MIH) measured performance through five indicators and canceled three indicators due to lack of updated data. All measures did better than prior values.

PERFORMANCE MEASURES (TOTAL: 8)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGHER VALUE</td>
<td>5</td>
</tr>
<tr>
<td>CANCELED</td>
<td>3</td>
</tr>
</tbody>
</table>

MIH have started on all but one strategy.

STRATEGIES (TOTAL: 11)

<p>| | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>ACHIEVED</td>
<td>1</td>
</tr>
<tr>
<td>IN PROGRESS</td>
<td>9</td>
</tr>
<tr>
<td>NOT STARTED</td>
<td>1</td>
</tr>
</tbody>
</table>

What progress have we made?

The working group focused on improving continuity of care, access to healthcare, and collaboration. The working group invited members to present on their organizations’ free to low-cost services to identify and share maternal and infant health practices.

In 2018, this group featured presentations by:

- March of Dimes, who shared their new mission and vison, national and state prenatal health statistics, and health disparities resource training
- American Heart Association, to discuss the Smoke Free Round Rock initiative to create a more comprehensive smoke free ordinance
- Any Baby Can, which provides multiple programs and wrap around services, including a nurse-family partnership with mothers in Travis and Williamson counties
- Healthy Texas Women, a program that strives to keep women of child-bearing age healthy by providing birth control and women’s health screenings at no cost
- Bridges to Growth, on effective ways to reach mothers after they deliver a baby and leave the hospital

In August of 2018, the Maternal and Infant Health working group hosted a Moms’ Community Listening Forum to learn more about the needs, barriers, and challenges that Williamson County mothers face. The event yielded
over 55 attendees at the local public library, and gave a panel of mothers and organizations a chance to talk about gaps in care. WCCHD produced a Summary Report to share results and encourage partners to tackle the identified needs of mothers and families. The report can be found at www.healthywilliamsoncounty.org/mih.

For more information on progress made, see below a summary of all eight performance measures and 11 strategies.

**PERFORMANCE MEASURES**

<table>
<thead>
<tr>
<th>Short Term Indicators</th>
<th>Baseline</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the proportion of infants who are ever breastfed upon hospital discharge. (1)</td>
<td>WilCo: 83.3%; TX: 79.0-86.9% (Jan-May 2016)</td>
<td>Updated data is not available due to change in WIC data reporting system</td>
<td>Indicators canceled because updated data is not available due to change in WIC data reporting system</td>
</tr>
<tr>
<td>Increase the proportion of infants who are exclusively breastfed through six months. (1)</td>
<td>WilCo: 21.3%; TX: 17.2-25.9% (Jan-May 2016)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase the proportion of infants who are breastfed at one year. (1)</td>
<td>WilCo: 26.9%; TX: 22.6-31.7% (Jan-May 2016)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase number of mothers who received early prenatal care in the first trimester. (2)</td>
<td>WilCo: 76.8%; TX: 59.2% (2013)</td>
<td>Wilco: 77.4% TX: 58.3% (2014)</td>
<td>Wilco: 80.8% TX: 59.7% (2015)</td>
</tr>
<tr>
<td>Increase number of best practices identified. (1)</td>
<td>Baseline data in 2017</td>
<td>4 practices identified</td>
<td>5 practices identified</td>
</tr>
<tr>
<td>Increase number of best practices shared. (1)</td>
<td>Baseline data in 2017</td>
<td>4 practices shared</td>
<td>5 practices shared</td>
</tr>
<tr>
<td>Increase number of professional organizations that provide maternal, infant, and child health resources. (1)</td>
<td>21 organizations and 32 people subscribed (Oct 2016)</td>
<td>52 organizations (148%▲) and 93 people subscribed (191%▲) (Nov 2017)</td>
<td>113 organizations (117%▲) and 120 people subscribed (29%▲) (Dec 2018)</td>
</tr>
<tr>
<td>Increase number of members who attend working group meetings. (1)</td>
<td>Average of 9.5 members per meeting (Oct 2016)</td>
<td>Average of 10.8 members per meeting (13.7%▲) (Nov 2017)</td>
<td>Average of 13.2 members per meeting (22.2%▲) (Nov 2018)</td>
</tr>
</tbody>
</table>

*Data Sources: 1) WIC Texas Infant Feeding Practices State Report, 2) Texas Department of State Health Services*
OBJECTIVES AND STRATEGIES

Continuity of Care: By 2019, the Maternal and Infant Health working group will encourage all maternal, infant, and child health initiatives in Williamson County to use evidence-based guidelines to align messaging used for education.

- Identify and provide accurate educational resources.
- ✓ Build working group’s knowledge of Aunt Bertha and additional tools.
- Identify sources of maternal, infant, and child health messaging in the community.
- Align breastfeeding education and promotion messages among professionals (i.e. obstetricians, pediatricians, lactation consultants).

Access to Healthcare: By 2019, Maternal and Infant Health working group will improve access to healthcare before, during, and after pregnancy for Williamson County women by identifying and sharing best practices.

- Identify women in need (target population) and needs of target population.
- ※ Identify organizational needs related to services, resources, and point of contacts of members that participate in working group.
- Identify maternal, infant, and child health resources and best practices in Williamson County.
- Share maternal, infant, and child health resources and best practices in Williamson County.

Collaboration: By 2019, the Maternal and Infant Health working group will create solid relationships with all professional organizations that provide maternal, infant, and child health resources in Williamson County.

- Identify points of contact in professional organizations for women before, during, and after pregnancy.
- Develop outreach and networking opportunities for professional organizations.
- Build working knowledge of member organizations in working group and identify how they add value.

What are the next steps?
The Maternal and Infant Health working group will continue to focus on issues identified in the 2018 Moms’ Community Listening Forum such as building a survival guide for new parents, providing outreach and education at convenient locations, and pairing events with childcare. The group also intends to host more Moms’ Community Listening Session events in other geographical regions of Williamson County in 2019. The Maternal and Infant Health working group will work to move all strategies to in-progress or achieved. The working group will measure short-term indicators once data is available.
Thank you to the organizations who participated!

American Heart Association  
Annunciation Maternity Home  
Any Baby Can  
Ascension/Seton Health Plan  
Baylor Scott & White Health  
BlueCross BlueShield of Texas  
Heidi Group  
IT'S TIME TEXAS  
LifeSteps  
March of Dimes  
MAXIMUS  
Mommie Support Network  
New York Life  
Opportunities for Williamson and Burnet Counties  
Sickle Cell Association of Texas - Marc Thomas Foundation  
Texas Department of State Health Services  
Texas Health Steps  
The Caring Place  
The Georgetown Project  
WCCHD WIC  
Williamson County and Cities Health District

For more information or questions, please visit:  
www.HealthyWilliamsonCounty.org/MIH
Public Health and Medical Preparedness Committee

Health Priorities Involved: 

Goal: Ensure coordinated preparedness and response activities among emergency management agencies, public health, EMS, and healthcare organizations in order to rapidly diagnose, investigate, and respond to health problems and health hazards within Williamson County.

Where do we stand?
During the second year of the community health improvement process, the Public Health and Medical Preparedness Committee (PHaMP) measured performance through eight indicators. One short-term indicator performed better than the prior value, five had no progress, and two were canceled.

PERFORMANCE MEASURES (TOTAL: 8)

1 ▲ HIGHER VALUE
5 ➡ SAME VALUE
2 ✗ CANCELED

PHaMP achieved two strategies (10%) and started on all but three strategies (76%).

STRATEGIES (TOTAL: 21)

2 ✔ ACHIEVED
16 ▲ IN PROGRESS
3 ✗ NOT STARTED

What progress have we made?
The PHaMP committee has been making progress towards their established objectives and strategies.

First Responder Mental Health: In 2018, the First Responder Mental Health working group was the only subcommittee of the PHaMP committee still active. The group continues to offer trainings related to building peer support teams at agencies. The group intends to send out a follow up survey to measure the number of agencies offering behavioral health resources for employees who respond to emergency situations. The last survey was sent out three years ago.

Information Sharing Coordination: The Disease Control and Prevention (DCP) Communicable Disease Management Team (CDMT) at WCCHD is working to build a Notifiable Condition. One example toolkit, adapted from a Minnesota Department of Health template, has been developed for Pertussis and contains exclusion recommendations. As a Notifiable Condition Toolkit is completed, DCP will work with WCCHD Marketing and Community Engagement on specific public messaging that can be included for each condition.

Information Sharing Process: Configuration of WebEOC cannot be performed at the local level as it is a state level function run by the Texas Division of Emergency Management. Resource requests would be coordinated...
through the Williamson County Office of Emergency Management (OEM). Therefore, requests for health and medical resources will be sent from WCCHD to Wilco OEM and then submitted via WebEOC.

**Infectious Disease Incident Emergency Response:** The Biowatch Response Plan for the Austin Area Biowatch Advisory Council has been completed. WCCHD DCP staff have been engaging the county Independent School Districts (ISDs) to renew the MOUs for use of school facilities as Points of Dispensing (POD) sites. To date, the Round Rock and Georgetown ISDs have signed on with other ISDs to follow. Staff have also engaged Dell, Southwestern University, ERCOT, and Sun City as closed PODs. The MOU with ERCOT has been signed and the others are pending. After MOUs are signed, DCP staff will be working with each party to update POD site specific plans and initiate trainings.

See a summary below of all eight performance measures and 21 strategies.

**PERFORMANCE MEASURES**

<table>
<thead>
<tr>
<th>Short Term Indicators</th>
<th>Baseline</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage private provider community.</td>
<td>Baseline in 2017</td>
<td>Data not available due to staff turnover</td>
<td></td>
</tr>
<tr>
<td>Draft response guidelines (health information sharing) developed.</td>
<td>Not developed (2016)</td>
<td>40% drafted</td>
<td>40% drafted</td>
</tr>
<tr>
<td>Draft response guidelines (local information sharing process) developed.</td>
<td>Not developed (2016)</td>
<td>40% drafted</td>
<td>40% drafted</td>
</tr>
<tr>
<td>Utilize WebEOC for all exercises and real incidents by emergency management, health care, and public health.</td>
<td>Baseline in 2017</td>
<td>90% of exercises and incidents</td>
<td>Data not available due to staff turnover</td>
</tr>
<tr>
<td>Draft operational guideline (white powder response and local BioWatch response) developed.</td>
<td>Not developed (2016)</td>
<td>0% drafted</td>
<td>100% drafted</td>
</tr>
<tr>
<td>Draft operational guideline (healthcare facility evacuation response) developed.</td>
<td>Not developed (2016)</td>
<td>0% drafted</td>
<td>0% drafted</td>
</tr>
<tr>
<td>Draft operational guideline (mental health process) developed.</td>
<td>Not developed (2016)</td>
<td>50% drafted</td>
<td>50% drafted</td>
</tr>
<tr>
<td>Draft operational guideline (coordinated community behavioral response process) developed.</td>
<td>Not developed (2016)</td>
<td>25% drafted</td>
<td>25% drafted</td>
</tr>
</tbody>
</table>

*Data Source: Working group, WCCHD Disease Control and Prevention*
OBJECTIVES AND STRATEGIES

**Information Sharing Coordination:** By 2019, PHaMP will strengthen collaboration between the medical community and the public health community through improved information sharing.

- Coordinate the development of guidelines and procedures for sharing health information between WCCHD and local health providers via the Public Health Information Network.
- Develop a Notifiable Disease Toolkit for local health providers.
- Develop disease-specific risk communication strategies for WCCHD and community response partners.

**Information Sharing Process:** By 2019, PHaMP will develop an information sharing process that ensures a common operating picture among emergency management and the public health/healthcare community within Williamson County.

- Develop resource request process for public health, EMS, and healthcare partners that adheres to local emergency management processes.
- Improve local configuration of WebEOC for emergency management, public health, EMS, and healthcare partners.
- Develop a local Information Sharing Plan for emergency management, public health, EMS, and healthcare partners.

**Infectious Disease Incident Emergency Response:** By 2019, PHaMP will develop evidence-based protocols/procedures for responding to infectious disease incidents.

- Develop white powder response guidelines and procedures for emergency management, local first responders, public health, and the healthcare community.
- Develop local BioWatch response guidelines and procedures for emergency management, local first responders, public health, and the healthcare community.
- Develop scalable Point of Distribution plans for emergency management, local first responders, public health, and the healthcare community.

**Healthcare Facility Emergency Response:** By 2019, PHaMP will develop a common strategy for the evacuation of an in-patient healthcare facility.

- Develop a patient tracking process.
- Coordinate large-scale patient transportation strategy.
- Develop a healthcare facility evacuation response plan.
First Responder Behavioral Health: By 2019, PHaMP will coordinate mental health process for all local first responder agencies.

- Develop mental health training for new employees of first responder agencies.
- Develop peer support groups within local first responder agencies.
- Develop mental health training for supervisors and leadership personnel within agencies.
- Develop a local first responder mental health safety plan.

Community Behavioral Health Response: By 2019, PHaMP will develop a coordinated community behavioral health response process.

- Identify community response stakeholders.
- Develop and coordinate a community behavioral health response plan.
- Develop behavioral health training for community response stakeholders.
- Coordinate drills and exercises for response stakeholders.
- Ensure annual review and updating of the response process.

What are the next steps?
The PHaMP working group will work to move all strategies to in-progress or achieved.

Thank you to the organizations who participated!
Cedar Park Fire Department
Round Rock Fire Department
Williamson County and Cities Health District
Williamson County Emergency Communications
Williamson County EMS
Williamson County Mobile Outreach Team

For more information or questions, please visit:
www.wcchd.org
School Health

Health Priorities Involved:

Goal: Promote healthy living for the school community (students, staff, and families) to maximize personal success and well-being.

Where do we stand?
During the second year of the community health improvement process, the School Health working group measured performance through seven indicators. One indicator performed better than prior value. Five stayed the same. One measure was lower than the previous value.

PERFORMANCE MEASURES (TOTAL: 7)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>▲</td>
<td>5</td>
</tr>
<tr>
<td>HIGHER VALUE</td>
<td>SAME VALUE</td>
<td>LOWER VALUE</td>
</tr>
</tbody>
</table>

All strategies have been started, with five strategies achieved and four still in progress.

STRATEGIES (TOTAL: 9)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>✔</td>
<td>4</td>
</tr>
<tr>
<td>ACHIEVED</td>
<td>IN PROGRESS</td>
<td>NOT STARTED</td>
</tr>
</tbody>
</table>

What progress have we made?
In 2018, the School Health working group worked to improve awareness of resources, sustainability, and collaboration. The working group identified topics of interest and brought in presenters to learn more about the identified areas of interest.

Presentations included:

- EverFi, which shared information about their online lessons that are available to students on topics such as social and emotional health, substance abuse, and more.
- Aunt Bertha, which presented information about community resources and how to effectively use the Aunt Bertha website to find resources and refer individuals to resources.
- Coordinated Approach to Child Health (CATCH) Global, which presented on general health and wellness programs available via the CATCH website portal. Best practices, ideas for school, and CATCH’s e-cigarette prevention program was also shared with the group.

The School Health working group participated in a prioritization activity to identify top concerns for the 2018-2019 school year. The concerns identified are (1) Mental Health and Stigma, (2) Support Services for Students with Complex Needs, (3) Family and Community Engagement, and (4) Basic Needs (nutrition, water, physical activity).
## PERFORMANCE MEASURES

<table>
<thead>
<tr>
<th>Short Term Indicators</th>
<th>Baseline</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase number of best practices identified.</td>
<td>Baseline data in 2017.</td>
<td>3 best practices identified</td>
<td>3 best practices identified</td>
</tr>
<tr>
<td>Increase number of best practices shared.</td>
<td>Baseline data in 2017.</td>
<td>3 best practices shared</td>
<td>3 best practices shared</td>
</tr>
<tr>
<td>Increase number of school and community health organizations.</td>
<td>27 organizations; 48 people subscribed (Oct 2016)</td>
<td>63 organizations (133% ▲); 120 people subscribed (150% ▲) (Nov 2017)</td>
<td>78 organizations (24% ▲); 162 people subscribed (35% ▲) (Dec 2018)</td>
</tr>
<tr>
<td>Increase number of members who attend working group meetings.</td>
<td>Average of 13 members per meeting (Oct 2016)</td>
<td>Average of 13.8 members per meeting (0.6% ▲) (Nov 2017)</td>
<td>Average of 11.6 members per meeting (16% ▼) (Nov 2018)</td>
</tr>
<tr>
<td>Increase promotion of school health initiatives.</td>
<td>Baseline data in 2017.</td>
<td>25 school health initiatives promoted in 5 meetings</td>
<td>25 school health initiatives promoted in 5 meetings</td>
</tr>
<tr>
<td>Increase networking resources and opportunities.</td>
<td>Baseline data in 2017.</td>
<td>6 opportunities</td>
<td>6 opportunities</td>
</tr>
<tr>
<td>Increase SHAC presentations.</td>
<td>Baseline data in 2017.</td>
<td>0 presentations made to SHACs</td>
<td>0 presentations made to SHACs</td>
</tr>
</tbody>
</table>

*Data Source: Working group*

## OBJECTIVES AND STRATEGIES

**Awareness of Resources:** By 2019, the School Health working group will increase awareness of school health resources by identifying and sharing best practices in Williamson County.

- Utilize past needs assessments to evaluate school health needs in the county and among member organizations.
- Organize opportunities to share best practices.
- Identify and promote school health community resources through channels such as Aunt Bertha, Google Documents, MailChimp, newsletters, webinars.
**Sustainability:** By 2019, the School Health working group will create sustainability by doubling participation of school and community health organizations in the working group.

- Promote school health initiatives (in the legislative sessions, outside organizations).
- Identify ways to support SHACs and present at SHACs.
- Recruit diverse organizations that support school health and/or provide resources to the schools.

**Collaboration:** By 2019, the School Health working group will create solid relationships with all member organizations that provide school health resources in Williamson County.

- Develop networking resources. Establish school and organizational entry points.
- Create networking experiences for member organizations.
- Support member initiatives.

**What are the next steps?**
The School Health working group will work to move all strategies to in progress or achieved. Each of the School Health meetings will focus on the top concerns identified for the 2018-2019 school year. Working group members will discuss school health resources to address these top four concerns.

**Thank you to the organizations who participated!**

- Action for Healthy Kids
- American Heart Association
- Any Baby Can (Nurse-Family Partnership)
- Aunt Bertha
- BCFS Common Thread
- CATCH Global Foundation
- Dairy Max
- Dell Children’s Health Plan
- Dell’s Children Medical Center
- Department of State Health Services
- EverFi
- FastMed Urgent Care
- Florence ISD
- Georgetown ISD
- Hutto ISD
- ITS TIME TEXAS
- LifeSteps Coalition
- Sickle Cell Association of Texas - Marc Thomas Foundation
- New York Life
- Opportunities for Williamson and Burnet Counties
- Round Rock ISD
- Round Rock ISD PTA Board
- Round Rock ISD SHAC
- Round Rock Opportunity Center
- St. David’s Round Rock
- Texas Department of Agriculture
- Texas Hunger Initiative
- Williamson County and Cities Health District

For more information or questions, please visit:
www.HealthyWilliamsonCounty.org/SchoolHealth
Substance Abuse Collaborative (LifeSteps Coalition)

Health Priorities Involved: 

Goal: Counteract influences that effect underage drinking and substance abuse.

Where do we stand?

From September 1, 2017 to August 31, 2018, the Substance Abuse Collaborative (LifeSteps Coalition) completed six strategies, with nine in progress and three not yet started.

STRATEGIES (TOTAL: 17)

<table>
<thead>
<tr>
<th>Achieved</th>
<th>In Progress</th>
<th>Not Started</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>8</td>
<td>3</td>
</tr>
</tbody>
</table>

What progress have we made?

The Substance Abuse Collaborative worked to reduce or eliminate underage drinking, youth marijuana use, and abuse and misuse of prescription drugs. The collaborative provided an additional permanent medication drop box at the Williamson County Sheriff’s Office and a new box at the Public Safety Operations and Training Center in Georgetown. Williamson County residents now have another location where they can dispose of expired and unused medications. The collaborative held its 3rd Annual Williamson County Overdose Awareness Day on August 25th. The community gathered at Old Settler’s Park to remember those who died of an overdose and who are struggling with opioid addition. The event was well-received by attendees, with over 150 people in attendance. The collaborative held a prescription Take Back Day on October 26th and April 29th where they collected 2,006 pounds of prescription drugs, 16% more than collected in 2017. Additionally, the collaborative received the Texas Target Opioid Response (TTOR) grant, which allowed them to distribute mini medication disposal pouches and envelopes. Over 1,000 pouches were distributed to Sacred Heart Community Clinic, Williamson County and Cities Health District, LifePath Pharmacy, and Lonestar Circle of Care Round Rock and Georgetown. In addition, the working group trained students, professionals, and community members on the topics of prescription drug abuse, medication safety, and overdose management. The working group continued to implement their youth leadership program called #Champions4Life at Stony Point High School in Round Rock and at University High School in Austin. The collaborative conducted focus groups and interviews with youth, parents, and neighborhood associations to discuss social access. In addition, the collaborative formed a partnership between the Williamson County Sheriff’s Office and Round Rock Police Department to conduct outreach and education to bars and restaurants in downtown Round Rock. For more information on progress made, see the summary of all sixteen strategies below.
### OBJECTIVES AND STRATEGIES (SEPTEMBER 1, 2017 – AUGUST 31, 2018)

#### Underage Drinking: Reduce/eliminate underage drinking (UAD) in Williamson County.
- Develop and promote an Issue Brief on underage drinking and social access.
- Convene youth-oriented initiatives to prevent UAD and college-aged use.
- Outreach and education for retailers and restaurants/bars.
- Reinforce underage drinking laws.
- Promote family strengthening initiatives.
- Promote Screening, Brief Intervention and Referral to Treatment (SBIRT) to health care providers.

#### Marijuana Use by Youth: Reduce/eliminate marijuana use by youth in Williamson County as reported by school districts to the TEA.
- Collect marijuana use data and develop an Issue Brief.
- Increase community presentations through the Speaker Bureau.
- Community outreach education.
- Promote family strengthening initiatives.
- Promote Screening, Brief Intervention and Referral to Treatment (SBIRT) to local health care providers.

#### Abuse and Misuse of Prescription Drugs: Reduce abuse and illicit use of OTC and prescription drugs as reported by local Poison Control Center, first responders, CDC and local hospitals and treatment centers.
- Develop an Issue Brief on prescription misuse and opioid overdose.
- Create awareness related to abuse and misuse of medication.
- Advocate for safe and responsible disposal of medications.
- Raise opioid overdose awareness.
- Promote Screening, Brief Intervention, and Referral to Treatment (SBIRT) to health care providers.
- Advocate for changes on the system of prescribing opioids.
OBJECTIVES AND STRATEGIES (SEPTEMBER 1, 2018 – AUGUST 31, 2019)

**Alcohol Use by Youth:** Reduce/eliminate alcohol use by youth in Williamson County as reported by school districts to the TEA.

- Disseminate Issue Brief on underage drinking and its consequences.
- Convene youth-oriented initiatives to prevent alcohol use by youth.
- Outreach and education for retailers and restaurants/bars.
- Work with law enforcement on alcohol awareness events.
- Promoting family strengthening initiatives.
- Promote Screening, Brief Intervention and Referral to Treatment (SBIRT) to health care providers.
- Community education on social access.

**Marijuana Use by Youth:** Reduce/eliminate marijuana use by youth in Williamson County as reported by school districts to the TEA.

- Collect marijuana use data and develop an Issue Brief.
- Increase community presentations through the Speaker Bureau.
- Monitor and report on local admissions to treatment related to marijuana.
- Conduct focus groups with local youth about use and perception of marijuana.
- Increase media information.
- Create educational materials on synthetic cannabinoids.
- Create educational material regarding legal consequences for possession of marijuana and its derivatives.
- Promote Screening, Brief Intervention and Referral to Treatment (SBIRT) to health care providers.

**Abuse and Misuse of Prescription Drugs:** Reduce abuse and misuse of OTC and prescription drugs as reported by local Poison Control Center, first responders, CDC and local hospitals and treatment centers.

- Develop a prescription medicine and overdose Issue Brief.
- Support Drug Take Back Day.
- Monitor local permanent drop-off boxes.
- Provide prescription use, overdose management, and medication safety training.
- Conduct annual Overdose Awareness Day.
- Educate and advocate for naloxone.
Advocate for safe disposal.

Advocate for changes on the system of prescribing opioids.

Promote Screening, Brief Intervention and Referral to Treatment (SBIRT) to health care providers.

Thank you to the organizations who participated!

ADAPT  
Alcoholics Anonymous  
American Heart Association  
Bluebonnet Trails Community Services  
Brazos Valley Council on Alcohol and Substance Abuse  
Cenikor  
City of Leander  
Communities for Recovery  
Counter Drug Task Force  
DEA  
Everfi  
Georgetown Behavioral Health Institute  
Georgetown Children’s Advocacy  
Georgetown ISD  
Infinite Recovery  
Leander ISD  
Leander Police Department  
Life in Focus  
Lifeforce  
Mature Driving  
MAXIMUS

NEST  
New Vision  
Oxford House  
Pavilion Clubhouse of Round Rock  
Phoenix House  
Rock Springs  
Round Rock ISD  
Round Rock Opportunity Center  
Round Rock Police Department  
Teen and Family Services Austin  
Texans Standing Tall  
Texas Department of State Health Services  
The Georgetown Project  
The Institute  
Travis County  
University High School  
WCCHD  
Williamson County and Cities Health District  
Williamson County EMS  
Williamson County Juvenile Services  
Williamson County Precinct 1

For more information or questions, please visit:  
www.HealthyWilliamsonCounty.org/SubstanceAbuse
Appendix A: End-of-the-Year Evaluation

Page 1: Member Information

Thank you for choosing to participate in this survey. Your responses will be helpful in improving the WilCo Wellness Alliance and documenting progress made from the 2018 year for the Community Health Improvement Plan.

This survey will take approximately 10 minutes to complete. Your responses are greatly appreciated!

1. Name

2. Email

3. Organization Name (If not part of an organization, please answer "Community Member.")

4. How many years have you or your organization been a member of the WWA?*
   - 0 - 1 years
   - 2 - 3 years
   - 4 – 5 years
   - 5 + years

5. Working group(s) you attend: (Select all that apply)*
   - Healthy Living (Active Living, Employee Wellness, Healthy Eating)
   - Behavioral Health Task Force (including Youth sub-committee)
   - Maternal and Infant Health
   - School Health
   - Substance Abuse Collaboration (LifesSteps Coalition)
   - West WilCo Community Resources
   - Access to Cancer Care
   - None or Not applicable

Page 2: Collaboration

This year, the WWA has started to work towards improving collaboration among members.

Think about the different organizations and community members you have met through WWA activities and how you have made relationships with other organizations.

1. Select the number of organizations you have made new connections with through WWA activities during the year 2018.
   - 0 organizations
   - 1 – 3 organizations
   - 4 – 6 organizations
   - 7 – 9 organizations
   - 10 + organizations

[Skip pattern: 0 organizations → Q 11; NOT 0 organizations → Q12]
Page 3: Collaboration

2. If the WWA was not able to connect you to a new community member and/or organization through our activities this year, how can the WWA improve our networking and collaboration opportunities?

Page 4: Collaboration

These new relationships can lead to potential initiative(s) and/or partnership(s).

If possible, please document your top three initiative(s) and/or partnership(s) that were started and/or expanded through questions 9-12.

3. How many initiative(s) and/or partnership(s) could be credited to these new connections?

4. Initiative 1: Please describe an initiative: Include WHO you partnered with, WHAT you did, and WHY you did the initiative.

5. Initiative 2: Please describe an initiative: Include WHO you partnered with, WHAT you did, and WHY you did the initiative.

6. Initiative 3: Please describe an initiative: Include WHO you partnered with, WHAT you did, and WHY you did the initiative.

Page 5: WilCo Wellness Alliance Benefits, Resources, and Services

7. How often do you use the following features of the Healthywilliamsoncounty.org website?

<table>
<thead>
<tr>
<th>Feature</th>
<th>I don't use this feature</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>To view WilCo Wellness Alliance Working Group and Community Group information</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>To search for Health and Population Data</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>To view the Community Health Assessment and/or Community Health Improvement Plan</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>To add an event or search for an event on the Community Events Calendar</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>To use Aunt Bertha to search for Community Resources by zipcode</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

8. Please rate the following services of the WilCo Wellness Alliance:

<table>
<thead>
<tr>
<th>Service</th>
<th>Not Useful</th>
<th>Rarely Useful</th>
<th>Somewhat Useful</th>
<th>Useful</th>
<th>Very Useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Networking/Collaboration</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Monthly Newsletter</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The Community Health Improvement Process (CHA process, goal setting, tracking of progress, gathering local data, reports)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Assistance from WilCo Wellness Alliance Coalition Coordinator and Support Staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
9. How do you use the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) information? w
   • To secure grant funding
   • For the marketing materials and infographics
   • To find data and other health information
   • To track progress on community initiatives
   • I don't use it
   • Other (please specify)

Page 6: Organization/Member Contribution to the WilCo Wellness Alliance

10. Are there other ways that you and/or your organization could provide further support? (Select all that apply)
   • Provide financial sponsorship for WWA Annual Conference/Event
   • Chair/Co-Chair a working group
   • Participate in the community health improvement process (CHA/CHIP)
   • Promote the HealthyWilliamsonCounty.org website
   • Add Aunt Bertha search bar to your organization’s website
   • Contribute your organization’s local data to HealthyWilliamsonCounty.org
   • Cross promote WWA on your organization’s website (ex. add WWA Member logo or seal)
   • Present information about your organization at WWA meetings
   • Other (please specify)

11. What can the WilCo Wellness Alliance do to improve? (Select all that apply) w
   • Support/promote member activities, events, and outreach efforts
   • Add more networking activities (ex. social happy hours after work)
   • Seek funding to support working group activities and initiatives
   • Offer more trainings on how to access data on www.HealthyWilliamsonCounty.org
   • Other (please specify)