BEHAVIORAL HEALTH, STRESS, AND WELL-BEING ACTION PLAN

Focus on decreasing poor mental health, stress, and substance abuse

2020-2022
WILLIAMSON COUNTY
COMMUNITY HEALTH
IMPROVEMENT PLAN

1 BH.1.1. IDENTIFY RESOURCES TO FILL THREE "GAP SERVICES"

1. Prioritize top three identified gaps from the SIM
2. Determine action steps from the SIM to implement based on gaps
3. Jointly identify resources and funding available for addressing gaps
4. Identify data required and develop MOUs to track data for gaps

2 BH.2.1. INCREASE AND SUSTAIN LOCAL FUNDING OPPORTUNITIES

1. Appoint a subcommittee
2. Provide legislative recommendations
3. Host legislators to discuss the future of behavioral healthcare

3 BH.3.1. DECREASE RATE OF PEOPLE INCARCERATED WITH MH/SUD/DD

1. Work with judges to develop/implement a pre-trial diversion program
2. ID individuals with high recidivism rates for arrest and connect to services
3. Work with local non-profit programs to connect individuals to resources

4 BH.4.1. CREATE A DATA-INFORMED SUICIDE FATALITY REVIEW COMMITTEE

1. Improve data collection by receiving all reported cases from 4 precincts
2. Recruit key professionals and representatives from identified fields to join
3. Cmte will define mission and scope of work within legally authorized ability

5 BH.4.2. INCREASE KNOWLEDGE OF RISK FACTORS OF SUICIDE AND LIFESAVING RESOURCES AVAILABLE

1. Establish subcommittee
2. Utilize testimonials to promote the accomplishments in the community
3. Develop PSA campaign to reduce stigma during Suicide Awareness Month
4. Develop suicide prevention guide for Williamson County
5. Develop Alan's Hope action plan with monthly deliverables
6. Increase efforts of Mental Health First Aid/Suicide Prevention Training

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6 BH.5.1. INCREASE THE NUMBER OF BEHAVIORAL HEALTH MOUS

1. Create database of providers with notation of the existence of a resource provided/MOU
2. Meet with local behavioral healthcare entities that don't have MOU/resource
3. Outreach with ISDs who don't have bh services on campus and/or are rural
4. Showcase successful school district and bh agency partnerships

7 BH.6.1. FILL THREE IDENTIFIED FAMILY SUPPORT SERVICES "GAP SERVICES"

1. Appoint a subcommittee
2. Provide legislative recommendations
3. Host legislators to discuss the future of behavioral healthcare

8 BH.7.1. INCREASE SCHOOL DISTRICTS SUPPORTING A WHOLE SCHOOL EVIDENCE-BASED TRAUMA-INFORMED SEL FRAMEWORK

1. Create a trauma-informed/SEL County Committee
2. Focus the 2020 Mental Health in Schools Conference on SEL implementation
3. Identify top best practice curriculum and model schools in county
4. Share and advocate for best practice curriculum and model schools

9 BH.8.1. DECREASE TOBACCO AND NICOTINE AND UNDERAGE USE

1. Increase education about health risks and underage smoking laws
2. Partner with local enforcement to monitor tobacco sales to minors
3. Promote tobacco cessation resources and State Quitline
4. Partner with youth groups to build Say What groups to promote peer-to-peer influence
5. Increase education about health risks and underage smoking laws.

6-8: Child Youth Behavioral Health Task Force
9: LifeSteps Coalition

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10 BH.9.1. DECREASE ALCOHOL USE BY YOUTH

1. Raise awareness about social hosting and underage drinking laws
2. Work with local alcohol license holders to reinforce underage drinking laws
3. Partner with local enforcement to monitor alcohol sales to minors
4. Increase workshops about consequences of underage drinking and resilience skills
5. Promote Screening, Brief Intervention and Referral to Treatment
6. Conduct focus groups or surveys related to social norms about underage drinking
7. Raise the number of peer-to-peer leadership groups

11 BH.10.1 INCREASE THE NUMBER OF TRAINED MATERNAL MENTAL HEALTH PROVIDERS ON PPHA TX DIRECTORY

1. ID maternal mental health providers in Williamson County
2. Determine an effective messaging and outreach campaign
3. Promote postpartum support trainings to providers
4. Encourage identified providers to join PPHA directory

12 BH.11.1. IDENTIFY THREE MATERNAL MENTAL HEALTH "SERVICE GAPS" AND FILL

1. Partner with universities to conduct assessment to determine gaps
2. Survey and conduct focus groups with community
3. Develop action plan to fill identified gaps

13 BH.12.1 ESTABLISH PEER SUPPORT GROUPS FOR MOMS IN EVERY CITY

1. Identify peer support training / program
2. Identify location to host peer support trainings/programs
3. Recruit, train, and mentor leaders to become peer support group facilitators
4. Recruit mothers through existing mom-related groups
5. Establish and sustain three peer support groups.

10: LifeSteps Coalition

11-13: Maternal and Infant Health

CHRONIC DISEASE RISK FACTORS ACTION PLAN

Focus on increasing healthy food access and physical activity

1 CD.1.1. INCREASE PROMOTION OF COMMUNITY CALENDAR AND AUNT BERTHA

1. Increase the number of free events added to the community calendar
2. Highlighting 1 program/class from the calendar in the HWC newsletter
3. Promote calendar events through social media via working group partners
4. Promote Aunt Bertha through social media and digital marketing
5. Promote Aunt Bertha back-end referral network to community partners
6. Register all HWC Coalition organizations on Aunt Bertha

2 CD.2.1 BRING EDUCATION CLASS TO EACH AREA OF NEED/HEALTH EQUITY ZONE

1. Identify current free to low cost chronic disease prevention classes available
2. Identify areas where free to low cost classes are needed and identify potential class topics
3. Establish free to low cost education classes

3 CD.3.1 INCREASE AMOUNT INVESTED IN ACCESS TO FRESH FOOD PROGRAMS

1. Identify amount needed to expand fresh food programs
2. Draft grant proposal, including the budget, that would fund fresh food programming
3. Apply for grants that would fund fresh food programming

4 CD.4.1 REVIEW WELLNESS POLICIES

1. Survey what other organizations are doing to monitor to local wellness policy
2. Gather/assess policies from schools and identify individuals who oversee policy
3. Identify and suggest three areas of policy improvement to administration
4. Develop action plan and report on improvements annually to SHACs

2020-2022
WILLIAMSON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

SOCIAL DETERMINANTS OF HEALTH ACTION PLAN

Focus on increasing affordable and safe housing, access to transportation, and workforce development

1 SDOH.1.1 PARTNER WITH THREE NEW COMMUNITY RESOURCES THAT ADDRESS STUDENT/FAMILY NEED

- 1. Connect directory of community services (Aunt Bertha) to key school district contacts
- 2. Identify need for each school district
- 3. Identify community resource to fill identified gap/need for each school district
- 4. Network with community resources and creating MOUs

2 SDOH.2.1 INCREASE THE NUMBER OF ADEQUATE, LOW-INCOME AND AFFORDABLE HOUSING OPTIONS

- 1. Explore support for individuals experiencing homelessness.
- 2. ID a baseline of adequate, low-income, and affordable housing options in county
- 3. Establish relationships with cities, developers and/or elected officials
- 4. ID opportunities to educate elected officials about healthy community benefits
- 5. Increase number of cities that incorporate health assessment into the housing development process

3 SDOH.2.2 INCREASE THE NUMBER OF PUBLIC TRANSPORTATION OPTIONS

- 1. Establish relationships with cities, elected officials, transportation providers, companies
- 2. Promote and encourage the use of public transportation in the county
- 3. Explore solutions to track referral to appropriate transportation resources
- 4. Work with transportation partners to expand and enhance options

4 SDOH.2.3 INCREASE THE NUMBER OF WORKFORCE DEVELOPMENT PROGRAMS

- 1. Establish relationships with businesses and Chambers of Commerce
- 2. Support economic development and workforce strategies

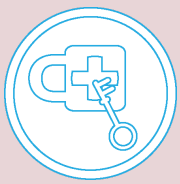
2020-2022
WILLIAMSON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

1: School Health

2-4: Williamson County and Cities Health District

ACCESS AND AFFORDABILITY OF HEALTHCARE ACTION PLAN

Focus on increasing dental care and improving access to affordable health insurance for vulnerable populations



1 HC.1.1 HAVE ONSITE ACCESS TO MENTAL, DENTAL, AND PHYSICAL HEALTH SERVICES

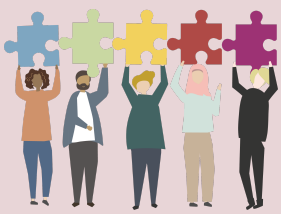
1. Identify need through survey for each school district
2. Identify potential partner and introduce to school district and School Board
3. School districts/Boards will network with community partners and establish MOU
4. Recommend onsite/mobile provider to Board/SHAC for MOU consideration

2 HC.2.1 INCREASE DENTAL PROVIDERS THAT PROVIDE SERVICES TO LOW-INCOME RESIDENTS

1. Research best practices to increase number of dental providers
2. Assess the number of dental providers that provide services
3. Establish relationships with dental providers through networking and outreach

3 HC.3.1 ASSESS OPPORTUNITIES TO IMPLEMENT A COMPREHENSIVE HEALTHCARE REFERRAL NETWORK

1. Assess readiness of Williamson County to develop Pathways Community HUB
2. Implement Phase 1 identified in the Pathways Community HUB Manual



2020-2022
WILLIAMSON COUNTY
COMMUNITY HEALTH
IMPROVEMENT PLAN

1: School Health
2-3: Williamson County and Cities Health District

BUILDING A RESILIENT WILLIAMSON COUNTY ACTION PLAN

Focus on increasing the community's ability to utilize available resources to respond to, withstand, and recover from adverse situations

2020-2022
WILLIAMSON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

1 RW.1.1 INCREASE NUMBER OF NEAR SCIENCE EDUCATIONAL PRESENTATIONS

- 1. Develop a system to track the number of presentations given by zip code and community sector
- 2. Begin to develop cross sector partners across the county that can champion this work
- 3. Market presentations and raise awareness through website
- 4. Offer presentations in Spanish

2 RW.2.1 INCREASE NUMBER OF NEAR-CERTIFIED TRAINERS

- 1. Train an additional 20 presenters per year across the county
- 2. Recruit and certify trainers who represent a diverse range of communities

3 RW.3.1 PROVIDE A YOUTH CURRICULM ON NEAR SCIENCE

- 1. Develop tiered NEAR Science and trauma-informed care training menu for school districts
- 2. Develop NEAR Science training for elementary, middle and high school students
- 3. Train local youth services providers on youth NEAR science curriculum
- 4. Train local youth on youth NEAR science curriculum
- 5. Develop youth leadership teams

4 RW.4.1 CONDUCT A COMMUNITY ASSESSMENT FOR PUBLIC HEALTH EMERGENCY RESPONSE (CASPER)

- 1. Lead planning of CASPER
- 2. Conduct CASPER
- 3. Develop recommendations from CASPER results

5 RW.4.2 PROVIDE INFECTION CONTROL &REPORTING INFO TO LONG TERM CARE FACILITIES (LTCFS) AND HOSPITALS

- 1. Create packets of information for hospitals and LTCFs
- 2. Obtain up-to-date list for contacts of LTCFs and engage contacts regarding educational visits
- 3. Visit hospitals and LTCFs to deliver packets of information

6 RW.4.3 PARTICIPATE IN THE INTEGRATED VECTOR MANAGEMENT (IVM) PROGRAM

- 1. Advertise IVM program through IVM working group
- 2. Visit all non-participating incorporated cities and discuss barriers to participation

1-3: Resilient Wilco
4-6: Williamson County and Cities Health District