



January
2015

Children and Youth Behavioral Health Subcommittee
Williamson County Mental Health Taskforce

A subcommittee of school districts, private and non-profit organizations, public agencies and other stakeholders interested in improving the behavioral health of Williamson County children and youth.

Impacting Our Community

CHILDREN AND YOUTH BEHAVIORAL HEALTH SUBCOMMITTEE WILLIAMSON COUNTY MENTAL HEALTH TASKFORCE

Who We Are

A subcommittee of school districts, private and non-profit organizations, public agencies and other stakeholders interested in improving the behavioral health of Williamson County children and youth will meet once a month. The meeting date, place and time will be determined during the first called meeting. Currently, meetings are held on the last Thursday of every month from Noon to 1:30 PM. The Chairperson or Vice-Chair of the Mental Health Task Force will attend the Children and Youth Subcommittee meetings. The Children and Youth Subcommittee can appoint one member of the Children and Youth Subcommittee to attend the Mental Health Task Force. The Children and Youth Subcommittee will have a joint meeting with the Mental Health Task Force annually, as scheduled by the Chairperson or Vice-Chair of the Mental Health Committee.

Vision Statement

The children, youth and families of Williamson County will be supported by a seamless, integrated continuum of school/community services and supports that 1) promote behavioral health and wellbeing, 2) enable the early identification of concerns, and 3) ensure the use of the least intervention needed when concerns arise.

Mission Statement

The Children and Youth Behavioral Health Subcommittee of the Williamson County Mental Health Task Force brings together a wide range of private and non-profit organizations, public agencies, school districts and other stakeholders interested in improving the behavioral health of Williamson County children and youth through shared learning, dialogue and action around the policies, programs and issues impacting child and youth behavioral health and wellbeing at the county and local level.

What We Are Working Toward

Collaboratively, the subcommittee will work to:

- 1) Identify and take action upon issues impacting the mental health and wellbeing of children and youth in Williamson County.
- 2) Identify and take action upon issues impacting substance use and abuse issues affecting the health and wellbeing of Williamson County children and youth.
- 3) Facilitate cross-sharing of knowledge and perspectives from diverse groups.
- 4) Develop policy recommendations.
- 5) Cultivate a broad range of voices to help advance children and youth behavioral health awareness within Williamson County.

Partner Agencies

Starry	Jervey & Associates
Bluebonnet Trails Community Services	Phoenix House
Lone Star Circle of Care	The Right Step
Life Steps	Georgetown ISD
Hope Alliance	Hutto ISD
The Georgetown Project	Leander ISD
Pick With Austin	Round Rock ISD
Georgetown Partners in Education	Jarrell ISD
Texas Neurorehab & The Ranch	Granger ISD
Austin Oaks Hospital	Liberty Hill ISD
Georgetown Health Foundation	Taylor ISD
Seton Shoal Creek Hospital	Florence ISD
Rock Springs Behavioral Health Hospital	Williamson County Juvenile Services
Texas Department of Family & Protective Services	Community Resource Coordination Group
Wilco Wellness Alliance	Williamson County Commissioners
Wilco Justice of the Peace Courts	Texas Department of State Health Services
Williamson County CIT/MOT	Teen and Family Services
Sage Recovery and Wellness Center	Georgetown Behavioral Health Institute
Memorial Hermann Prevention and Recovery Center	National Alliance on Mental Illness
Williamson County and Cities Health District	Sandbox at Madeline's Place
Austin State Hospital	Cross Creek Behavioral Health
Spirit Reins	GenAustin

Guidance Documents

- Williamson County Mental Health Task Force Member Confidentiality Statement
- Williamson County Mental Health Task Force By-Laws
- Consensus Statement on Integrated Behavioral Health
- Adelman & Taylor's Interconnected Systems for Meeting the Needs of all Children
- Williamson County Aligning Our Efforts and Unifying Our Vision
- The Search Institute's 40 Developmental Assets

WILLIAMSON COUNTY MENTAL HEALTH TASKFORCE MEMBER CONFIDENTIALITY STATEMENT

The Williamson County Mental Health Taskforce has been appointed to identify and analyze ongoing mental health needs of Williamson County residents, focus on gaps in services and develop innovative and creative solutions to problems. The committee represents a broad range of agencies and individuals, all devoted to improving public mental health in the County.

Most of the discussion in our meetings is of a general nature and does include identification of specific individuals accessing mental health care. Agencies are prohibited by federal law (HIPPA) from releasing client identifying information unless needed for specific purposes, such as continuity of care, filing insurance claims, etc.

If a circumstance arises where client-identifying information is shared in the committee meeting, all of the members agree to keep this information confidential. It is understood that sharing client identifying information for purposes other than those explicitly allowed under federal law, may be a violation of the law and subject the individual who released the information to a monetary fine and prison sentence.

See Appendix 3 for a signature copy of this document

WILLIAMSON COUNTY MENTAL HEALTH TASKFORCE BY-LAWS

HISTORY

The Mental Health Committee was formed in September of 2003 by the Williamson County Commissioners Court to research the capacity, functioning, and gaps in service available in our county's mental health system.

PURPOSE

The Mental Health Committee has grown and expanded the collaboration of mental health participants to include emergency services and the justice system. The purpose of the Committee is to increase the communication and effectiveness of interaction between departments and emergency providers; identify gaps in services in the mental health system; seek possible solutions for existing gaps in services; advocate and lobby for appropriate State allocations and statute changes to improve the mental health system; and, to improve the mental health delivery system within Williamson County and the State of Texas.

COMMITTEE TYPE

The Mental Health Committee is an advisory committee to the Williamson County Commissioners Court. No governmental decisions can, nor will be made. Therefore, as an advisory body that merely makes recommendations, which are not "rubber stamped" by the Commissioners Court, the Committee is not subject to the Open Meetings Act under the Texas Government Code.

MEMBERS

Members of the Mental Health Committee will be approved by Commissioners Court for two year terms, with unlimited terms if desired.

PARTICIPATING MEMBERS

Members of the Commissioners Court	EMS Representative
Mental Health Authority/Bluebonnet Trails	Williamson Counties & Cities Health District Representative
County Attorney	Hospital Representatives
Sheriff	School District Representative
CIT Supervisor	Parent/Consumer Advocate
MOT Supervisor	State Senate Representative
Adult Probation	District Attorney
Juvenile Services	County Court at Law Judge

The above named members may name an alternate for their attendance. Recommendations are made to the Williamson County Commissioners Court by a consensus agreement of committee members.

MEMBERSHIP

All departments and organizations will have one representative on the Committee, except where noted above. Invited visitors may attend meetings.

CHAIRPERSON AND VICE-CHAIR

The Mental Health Committee will nominate the Chairperson and Vice-Chair of the Mental Health Committee. Commissioners Court will approve the nomination.

RESPONSIBILITIES OF THE CHAIRPERSON

The Chairperson will be responsible for notifying members of meetings; requesting and accepting agenda items; preparing the agenda; corresponding important mental health information to the Committee; preparing drafts of letters and proposals for the Committee's and the Commissioners Court's approval; preparing minutes of meetings; recording and keeping records of Committee meetings, including confidentiality forms; assist with grant writing and applications; and ensuring timeliness in monthly board meetings.

RESPONSIBILITIES OF THE VICE-CHAIR

The Vice-Chair will assist the Chairperson in performing any of the above duties, as needed and requested by the Committee or the Chairperson. The Vice-Chair will complete the duties of the Chairperson, if the Chairperson is unable to attend and prepare for a monthly Committee meeting.

MEETINGS

The Mental Health Committee will meet at a regularly scheduled time and place every month. Currently, meetings are held on the last Thursday of every month at 2:00 PM at the Children's Advocacy Center, on the Inner Loop in Georgetown, unless otherwise notified by the Chairperson. Meetings may be cancelled or changed. Members will be consulted and advised if there are any needed changes in the schedule by the Chairperson.

CONFIDENTIALITY

Most of the discussions of the Mental Health Committee are of a general nature, but some do include identification of specific individuals to help assist in the treatment of individuals. Agencies are prohibited by federal law (HIPPA) from releasing client identifying information unless needed for specific purposes such as continuity of care, filing insurance claims, etc. If a circumstance arises where client-identifying information is shared in the Committee meetings, all of the members agree to keep this information confidential. It is understood that sharing client identifying information for purposes other than those explicitly allowed under federal law, may be a violation of the law and subject the individual who released the information to a monetary fine and prison sentence.

All members will sign an individual confidentiality statement acknowledging their understanding of the law and pledge to abide by it. Members will also sign the monthly meeting sign-in sheet that also states the confidentiality statement of the Committee.

OFFICIAL STATEMENTS

Although individuals cannot be restricted from making personal comments, or comments for their organizations, official statements for the Mental Health Committee shall be approved by the Chairperson of the Committee and/or also Commissioners Court.

PROVIDERS SUBCOMMITTEE

A subcommittee of providers of mental health services will meet once a month. The meeting date, place and time will be determined during the first called meeting. The Chairperson or Vice-Chair of the Mental Health Committee will attend the Provider Committee meetings. The Provider Committee can appoint one member of the Provider Committee to attend the Mental Health Committee. The Provider Committee will have a joint meeting with the Mental Health Committee bi-annually, as scheduled by the Chairperson or Vice-Chair of the Mental Health Committee.

CHANGES IN THE BY-LAWS

Any changes in the by-laws must be approved by a majority of the Mental Health Committee and ratified by the Commissioners Court.

CONSENSUS STATEMENT ON INTEGRATED BEHAVIORAL HEALTH

Why Integrated Behavioral Health?

Physical and mental health are invariably linked, and chronic illnesses such as diabetes, cancer and heart disease often are accompanied by behavioral ailments such as depression or anxiety. Research has shown that people with severe mental illnesses such as schizophrenia and bipolar disorder die an average of 25 years earlier than people without these disorders, largely due to challenges and obstacles in receiving medical treatment. Integrated health care is gaining recognition as a viable way to improve people's health by treating physical and behavioral illnesses together.

Source: Texas Mental Health Transformation Community Collaborative Toolkit, Texas Health Institute, p. 14
<http://www.healthpolicyinstitute.org/files/Chapter1.pdf>

Failure To Address Children's Mental Health Needs Has Serious, Long-Term Consequences

An estimated 20% of youth experience mental health problems in any given year, and approximately 75-80% of youth in need of treatment and support services do not receive adequate care. Emotional and behavioral health problems represent significant barriers to academic success. Suicide is the 3rd leading cause of death among young people. Failure to address the mental health needs of students has serious consequences both now and in the future: increased risk for school failure, social isolation, violence, substance abuse, unsafe sexual behavior, incarceration, unemployment and poor health.

Source: Texas Mental Health Transformation Community Collaborative Toolkit, Texas Health Institute, p. 27
<http://www.healthpolicyinstitute.org/files/Chapter1.pdf>

Youth Substance Use and Abuse Linked to Poor Academic Outcomes

The 2010 Lifesteps Prevention Coalition cited the following national statistics linking tobacco, alcohol, illicit drug use, and academic failure:

- 19% of teen smokers drink heavily (consuming more than 50 drinks in one month), compared to less than 1% of teen nonsmokers
- Teens ages 12-17 who are current smokers are more than 5 times likely to be current drinkers
- Teens reporting tobacco use are almost 7 times more likely to use other illegal drugs like cocaine and heroin
- Teens reporting tobacco use are 13 times more likely to use marijuana than nonsmokers
- More than 46 percent of current illicit drug users are also current smokers.
- Students who smoke daily are 3 times more likely to have grades of C or C-
- The odds of dropping out of high school by age 18 are 2 1/2 times greater for youth who smoke 1-5 cigarettes a day at 16
- The odds of dropping out of high school by age 18 were 5 to 6 times greater for youth who smoke a pack a day or more

Source: Bebe Johnson, Lifesteps Prevention Coordinator. LifeSteps Youth Substance Abuse Prevention Coalition of Williamson County 2010 Needs Assessment.doc

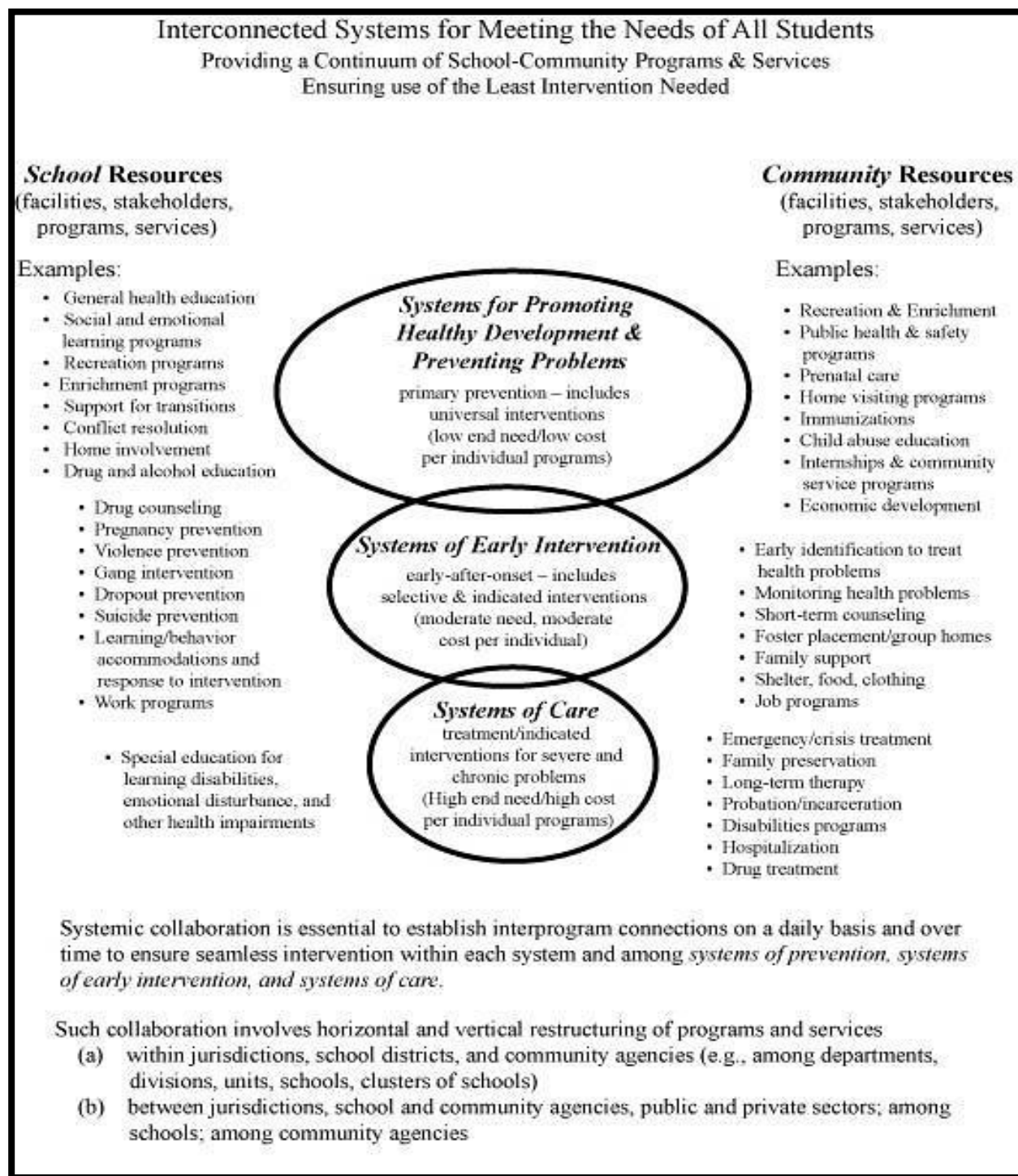


Diagram: The interconnected systems for meeting the needs of all students diagram, created by Howard Adelman and Linda Taylor, co-directors of the UCLA center for Mental Health in Schools, was adapted by the Williamson County Youth Behavioral Health Subcommittee for use as a guiding document in early 2012.

ALIGNING OUR EFFORTS AND UNIFYING OUR VISION

- *Promote prevention and healthy development*
- *Screen and intervene early & appropriately when indicated*
- *Frontload support to reduce over reliance on deep end services*
- *Reduce fragmentation and duplication of effort by minimizing the “silo mentality”*
- *Maximize the use of financial and human capital*
- *Braid resources to weave a stronger network of support*
- *Synergize school and community efforts*
- *Work collaboratively and proactively; smarter not harder!*

Source: LFM, Williamson County Joint Public and school health nurses conference, August 2009

THE DEVELOPMENTAL ASSETS

In 1990, Search Institute released a framework for 40 developmental assets, which identifies a set of skills, experiences, relationships, and behaviors that enable young people to develop into successful and contributing adults. Over the following two decades, the Developmental Assets framework and approach to youth development became the most frequently cited and widely utilized in the world, creating what Stanford University's William Damon described as a "sea change" in adolescent development.



Data collected from Search Institute surveys of more than 4 million children and youth from all backgrounds and situations has consistently demonstrated that the more Developmental Assets young people acquire, the better their chances of succeeding in school and becoming happy, healthy, and contributing members of their communities and society.

Research shows that youth with the most assets are least likely to engage in four different patterns of high-risk behavior, including problem alcohol use, violence, illicit drug use, and sexual activity. When they have higher levels of assets, they are more likely to do well in school, be civically engaged, and value diversity.

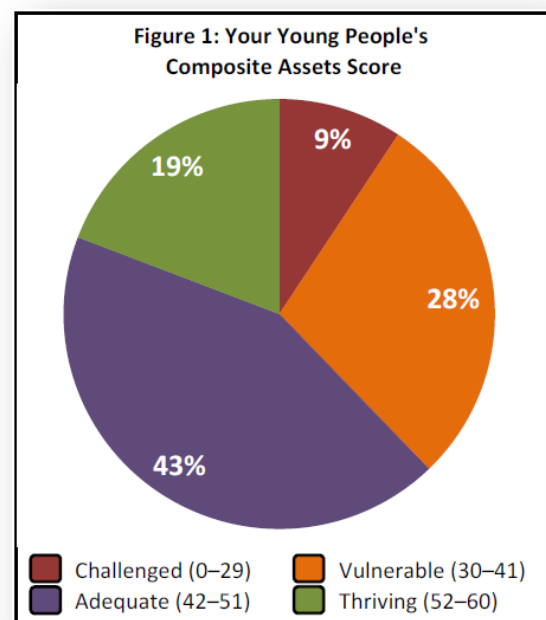
The positive power of assets is evident across all cultural and socioeconomic groups of youth in the United States as well as other parts of the world. Furthermore, levels of assets are better predictors of high-risk involvement and thriving than poverty, family structure, or other demographic difference. However, the average young person experiences fewer than half of the 40 assets.

In November of 2014, the Georgetown Project funded a Developmental Assets Profile for Georgetown youth. The survey included 172 youth ranging from 4th to 12th grade.

The diagram on the right displays the Composite Assets Score which gives an overall sense of how strong the foundation of Developmental Assets is for youth in our community.

The survey revealed that 62% of our youth scored in the Adequate and Thriving levels combined. On the other end of the spectrum, 9% of our youth scored in the lowest category (challenged). They would be considered challenged, experiencing only a fragile foundation of assets.

These scores suggest there is considerable room to improve our young people's experience of Assets, which is not unusual. The challenge is to find the specific ways we can make a difference.



THE WILCO WELLNESS ALLIANCE

The Community Health Improvement Steering Committee (CHIC), comprised of executive level professionals from healthcare, school, government, business, community organizations, and faith-based organizations, provides leadership to the WilCo Wellness Alliance. The Community Health Improvement Steering Committee reviews community health assessment data and recommends community-wide strategic direction and priorities to the WilCo Wellness Alliances for improving the health of Williamson County.

The Community Groups are based on the four precincts of Williamson County:

- **East Williamson:** Bartlett, Coupland, Granger, Taylor, Thrall
- **North Williamson:** Florence, Georgetown, Jarrell, Weir
- **South Williamson:** Hutto, Pflugerville, Round Rock
- **West Williamson:** Austin, Cedar Park, Leander, Liberty Hill

Members of the Community Groups are from healthcare, school, government, business, community organizations, faith-based organizations, and community residents. The Community Groups focus on community-wide policy, systems, and environmental initiatives that impact chronic disease, nutrition, physical activity, and tobacco in an effort to create healthier communities.

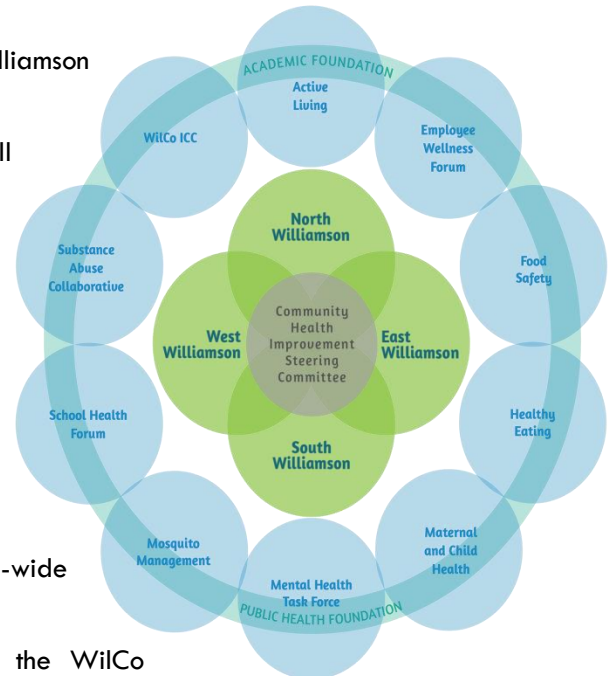
The Working Groups are based on five current community-wide priorities:

- **Access to Care:** focuses on systems changes through the WilCo Integrated Care Collaboration (ICC). The WilCo ICC uses and promotes use of the health information exchange (HIE) and other electronic tools to support efficient, effective and measurable access to care.
- **Maternal & Child Health:** focuses on sustainable changes to promote maternal and child health.
- **Nutrition:** focuses on sustainable changes through identification and availability of healthful foods. Current initiatives: *iPor Vidal*, *A Better Choice for Life*, and Community Gardens
- **Physical Activity:** focuses on sustainable changes through identification and enhancement of local resources. Current initiative: WilCo Walking Trails
- **Substance Abuse:** focuses on sustainable changes through comprehensive awareness and health education. Current initiative: Worksite Wellness
- **Mental Health Task Force:** focuses on countywide mental health policy and systems changes for all age groups.

Membership in the Working Groups is countywide and includes community residents and subject matter experts. The Working Groups develop, implement, and evaluate interventions that are both countywide and community-specific.

The Foundations guide and support the collaborative process that is the WilCo Wellness Alliance:

- **Academic:** includes high school, college/university, and post graduate. Collaboration is through research, staff, and students.
- **Public Health:** includes the Williamson County and Cities Health District Board of Health, Health Data Users Group, and the WilCo Wellness Alliance support staff. Support is through research, data, staff and leadership.



MENTAL HEALTH CONTINUUM MODEL

The continuum model is a paradigm that recognizes the entire spectrum of stress responses and outcomes, from adaptive coping and full readiness (color-coded green as the “ready” zone), to mild and reversible distress or loss of function (the yellow “reacting” zone), to more severe and persistent distress or loss of function (the orange “injured” zone), to clinical mental disorders arising from stress and unhealed stress injuries (the red “ill” zone).

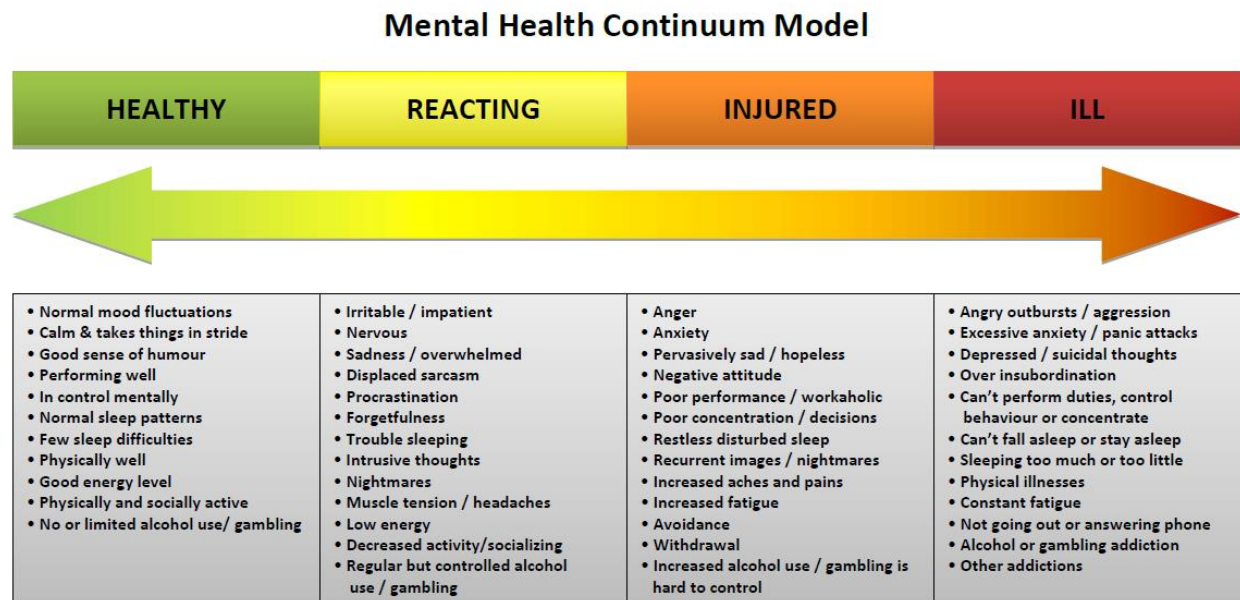


Diagram: Mental Health Continuum Model jointly developed by the United States Marine Corp Department of Psychiatry and the Canadian Department of National Defense. The information on this page is taken from the Marine Corps resource guide, *Combat and Operational Behavioral Health*.

- The green “ready” zone can be defined as encompassing adaptive coping, effective functioning in all spheres, and personal well-being. The green zone is not conceived to represent the absence of stress, but rather its effective mastery without significant distress or impairment.
- The yellow “reacting” zone can be defined as encompassing mild and temporary distress or loss of function due to stress. By definition, yellow zone reacting is always temporary and reversible, although while stress reactions are occurring it is hard to know whether they will be temporary and leave no lasting scars. Yellow zone reactions can be inferred by their time course, relative mildness, and commonness.
- The orange “injured” zone can be defined as encompassing more severe and persistent forms of distress or loss of function that may not completely reverse over time. Whereas yellow zone reactions, by definition, are like a tree branch bending with the wind—always capable of springing back into place once the wind calms—orange zone injuries, by definition, are like a branch breaking, to some extent, because it was bent beyond its limits. Although stress injuries cannot be undone, like physical injuries, their usual course is to heal over time.
- The red “ill” zone can be defined as including all mental disorders arising in individuals exposed to combat or other operational stressors. Because red zone illnesses are clinical mental disorders, they can only be diagnosed by health professionals. However, commanders, other leaders, peers, and family members can and should be aware of the characteristic symptoms of stress illnesses.

RECAPPING OUR EFFORTS & ACCOMPLISHMENTS IN 2014

Education in Mental Health First Aid

At the request of the subcommittee, in April 2014 Senator Charles Schwertner wrote a letter to all Williamson County superintendents (and all superintendents in Senate District 5) encouraging their districts to participate in Mental Health First Aid training offered at no cost through the local mental health authority (LMHA.)

As of November 2013, Bluebonnet Trails Community Services have trained 353 educators in Williamson County in 6 different school districts. Additionally, BTCS has trained 47 individuals in the area in a MH First Aid Train the Trainer course in 2014.

Outreach to Families

Children's Mental Health Awareness Day – May 6, 2014:

The day began in Williamson County Commissioners Court where the Court read a resolution in recognition of children's. Williamson County youth art work from those who entered the state contest (Theme: "What Happiness Means to Me" -- <http://www.dshs.state.tx.us/mhsa/greenribbon2014/>) was on display and the Williamson County winner of the art contest delivered a heart-warming presentation to those in attendance.

Later in the evening the subcommittee hosted a booth at the Round Rock express game. Several members of the subcommittee participated in a pre-game interview about children's mental health that was broadcast on the Jumbotron. During the game, a brief public service regarding Children's Mental Health Awareness announcement was read over the intercom.

At the booth, children's mental health awareness information was disseminated. At the game, attendees were given green ribbons in honor of the day, and packaged kites were collected in honor of the state theme: "Stand Up and Soar for Children's Mental Health". The kites were later donated to the Williamson County Children's Advocacy Center.

Educating the Community

The subcommittee provided information to the Wilco Wellness Alliance

Subcommittee member Linda Meigs published an article titled "*Mental Health in Williamson County: Let the Conversation Begin*" in the *Williamson County 2012 Epidemiology Report*. This article was subsequently provided as a handout to participants at the DSHS sponsored *Community Conversation on Adolescent Mental Health and Substance Abuse* held in December 2014 at the Georgetown Health Foundation Community Rooms.

Linda followed this article with a proposal for *Creating Safe & Supportive Schools in Texas* legislation. The proposal includes background information including pertinent and compelling national, state, and local data. Linda has shared the proposal with Rep. Marsha Farney and her Chief of Staff, Aaron Gibson, as well as Senator Charles Schwertner's Legislative Director, Nelson Jarrin, and Amy Hurst, District Representative in his Georgetown office. It has also been disseminated directly and indirectly to a variety of mental health leaders at the state level.

Both the article and the proposal were included in the 4th *Annual Mental Health in Schools Conference* binders.

Collaborative Training

In 2014, in an effort to strengthen collaboration and provide more cross-community specialized training in identified areas of need, the subcommittee hosted several youth-focused collaborative trainings (most held in conjunction with regular subcommittee meetings).

Topic	Date	Trainer	Attendees
Love & Logic	Thursday, February 27	Su Folts, LCDC and Dominique Simmons (Juvenile Services)	26
Mental Health Crisis Intervention	Thursday, March 27	Annie Burwell (MOT)	34
Trauma Informed Care	Thursday, May 29	Meg Haden, LCSW (TX Neuro)	30
Mental Health First Aid	Thursday, June 26	Bluebonnet Trails	30
ASIST (Applied Suicide Intervention Skills Training)	Thursday & Friday, August 28,29	Bluebonnet Trails	23
Motivational Interviewing	Wednesday & Thursday, January 8 & September 25	Su Folts, LCDC and Matt Smith, LPC-S (Juvenile Services)	30
4 th Annual Mental Health in Schools Conference	Thursday & Friday, November 13 & 14	Kent Pekel (Search Institute) Tim & Bettina Jobe (Spirit Reins)	85
Total= 6 Trainings			258 Attendees

4th Annual Mental Health in Schools Conference

On November 13 & 14, the 4th Annual Mental Health in Schools Conference (Resilience through Relationships) was held at the Juvenile Justice Center in Georgetown. Conference evaluations reflected a high level of satisfaction – more than 100 attendees participated in the workshops. On Thursday November 13, Kent Pekel, Ed.D., presented a workshop titled “The Perseverance Process” detailing new research from the Search Institute on developing

perseverance in youth. On Friday November 14, Spirit Reins presented on “Trauma Informed Practices in the Classroom”

The Community Resource Expo on both days of the conference featured 25 youth-serving behavioral health agencies and hosted nearly 150 participants.

CRCG Wraparound

The Children’s Support Coalition (CSC) re-formed as a non-profit to support the Williamson County CRCG. CSC/CRCG members kept the subcommittee updated about the need/plan to improve CRCG and brainstormed about the upcoming Youth Empowerment Services (YES) Waiver that will be administered by Bluebonnet Trails Community Services. An information session will be held in January 2015 about the YES Waiver.

Transitional Support Development

Williamson County Juvenile Services strengthened Juvenile Justice Alternative Education Program (JJAEP) Transition by adding a JJAEP Transition Specialist (FTE) to assist youth returning to their home campuses. The program implements recommendations from The School Discipline Consensus Report (CSG) and focuses on “sparks” development while also using a “mapping relationships” communicentric tool designed to increase the quality and quantity of Developmental Relationships.

Both of the new behavioral health hospitals in Williamson County (Rock Springs & Georgetown Behavioral Health Institute) worked with ISD representatives to create a streamlined health information sharing system in order to strengthen continuity of care for youth returning to school from inpatient psychiatric hospital stays.

Parent Support and Training

Both Williamson County Juvenile Services and Bluebonnet Trails Community Services offered Parenting with Love & Logic classes. Juvenile Services served 58 parents in 2014 and Bluebonnet Trails served 14.

The Georgetown Project offered 16 different Love & Logic training classes at four different locations in 2013-2014. Bilingual Love & Logic was offered to parents of Williams Elementary School and to the community of Georgetown at Christ Lutheran Church, The Caring Place and Bridges to Growth Parent Center. In addition, an English conversation practice education series was offered over summer break to help Spanish families continue using the English language until ESL classes begin again in the fall.

Almost 500 unduplicated adults across Texas were provided Developmental Assets training from The Georgetown Project in 2013, while an additional 90 WilCo parents were trained in Assets specifically through the prevention grant, each attending an average of three sessions; 315 unduplicated youth in Georgetown received Assets training, 112 specifically through the prevention grant. Support specifically from the grant allowed 202 WilCo residents to become aware of the power of the Developmental Assets to increase protective factors and reduce risk factors in the lives of children and youth. A total of 30 Developmental Asset trainings were provided in WilCo and 11 communities mentored in the Assets nationwide, 5 in Central Texas.

Additional research-based parenting series were offered at Bridges to Growth Parent Center, where 762 parents/childcare providers and 205 preschool children received training/education and other services last year. In addition to Developmental Assets and Becoming A Love & Logic Parent, parent educators provided training in Positive Parenting, Active Parenting, Family Forward and Love & Logic-Early Childhood model programs.

Developmental Assets & Sparks awareness ads went to 15,000 households through the Williamson County Sun. Ads were placed quarterly in The Sun and in the Back-To-School Parenting issue and the Guide to Georgetown.

Developmental Asset awareness handouts were distributed to over 1,000 parents at GISD Middle School Open Houses this August as part of our regular After School Action Program outreach. Bilingual Love & Logic parenting series was promoted throughout GISD, The Georgetown Project Collaborative for Children & Youth, The Caring Place, local churches, etc., highlighting the prevention partnership of The Georgetown Project and WilCo Juvenile Services.

Both The Georgetown Project and WilCo Juvenile Services were highlighted as model initiatives by Search Institute of Minneapolis, MN. Media distributed nationwide by Search Institute. 800 GISD mentors received Developmental Assets information and awareness through collaborations with GISD, Junior University, etc.

Stigma Mitigation: Reducing Stigma Surrounding Mental Illness in the Community and Schools

In December 2014, LifeSteps Council on Alcohol and Drugs helped organize a *Mental Health & Substance Abuse Community Conversation* event facilitated by Mental Health Taskforce Chair Kathy Pierce. DSHS, Bluebonnet Trails Community Services, Phoenix House, Lifesteps and Rock Springs Behavioral Health Hospital jointly sponsored the event. The event was attended by 71 community members. Many subcommittee members were in attendance and helped to raise awareness and brainstorm about how to move the conversation forward. Notes from the event were summarized and provided to the subcommittee to use as community voice for subcommittee strategic planning.

Creating Access to Community Resources

In January, a Resource Development Action Team was formed by several subcommittee members. The Action Team promoted the June 2-1-1 training and also began work on a Williamson County youth behavioral health services resource directory. This important project is still in development.

In June, subcommittee members attended a 2-1-1 training provided by United Way of Williamson County, and since the training have been promoting 2-1-1 to both consumers and providers as a resource. Williamson County providers have been encouraged to update their information in the 2-1-1 system so that it is accurate and available.

At the Mental Health in Schools Conference in November, The Community Resource Expo held over both days of the conference featured 25 youth-serving behavioral health agencies and hosted nearly 150 participants.

Substance Abuse Prevention, Intervention and Treatment

Williamson County Juvenile Services donated space to Phoenix House to open Intensive Outpatient Substance Abuse Treatment services for adolescents in Round Rock. As of November 2013, the program had served 48 Williamson County youth and 35 completed the IOP level of care successfully, which means they were able to get the help that they need and still remain in the community; 10 of the 48 youth were current in the program.

Bluebonnet Trails Community Services also initiated Intensive Outpatient Substance Abuse Treatment services for adolescents in Williamson County in 2013. As of November 2013, 43 youth had been served

Bluebonnet Trails and LifeSteps began partnering with Georgetown ISD to create a diversion opportunity for students facing removal to the District Alternative Education Program (DAEP) for drug-related discipline referrals.

The program offers substance abuse intervention and treatment services with the incentive of lessening the length of removal, returning youth to their home campus as soon as possible.

The Round Rock ISD DAEP began a similar partnership with Phoenix House for students referred for drug-related discipline.

Bluebonnet Trails has initiated contact with Jarrell ISD and Taylor ISD to create similar programs in 2015.

Justice of the Peace Court Precinct 3 in collaboration with Bluebonnet Trails Community Services and Rock Springs Behavioral Health Hospital created a MIP/Drug Court named “The Wright Track” aimed at assisting young people who have prior substance abuse offenses to get the assistance that they need to get clean and stay clean.

Informing Other Collaborative Efforts

The youth subcommittee has helped increase the awareness of the WilCo MH Task Force about existing mental health concerns of WilCo children and youth. Youth subcommittee reports are a standing agenda item at the monthly MH Task Force meetings and relevant reports and research are periodically shared, both as handouts and via email distribution.

The WilCo MH Task Force and Youth Subcommittee have both participated in the WilCo Wellness Alliance and have helped inform the Williamson County Community Health Assessment and Community Health Improvement Plan.

In October, subcommittee chair, Matt Smith, served on the Children’s Panel at the Texas State of Mind event, an initiative of the Meadows Mental Health Policy Institute held in Williamson County.

Several subcommittee members are regular participants at CRCG meetings and were active in its reorganization.

Subcommittee members supported the development of the Safe and Supportive Schools legislative proposal and helped with its dissemination.

Development of Integrated Health Care

Bluebonnet Trails Community Services and Hutto ISD partnered to establish an integrated health care clinic inside Hutto High School to serve all students attending Hutto ISD.

Timeline of 2014 Activities

January 8	Motivational Interviewing Training
January 30	Subcommittee Meeting
February 24	Rock Springs Open House
February 27	Subcommittee Meeting
March 27	Mental Health Crisis Intervention Training
March 28	Subcommittee Meeting
April 16	Texas State of Mind Conference (UT Austin)
May 6	Children's Mental Health Awareness Day in Williamson County
May 29	Trauma Informed Care Training
June 18	United Way 2-1-1 Training
June 26	Mental Health First Aid Training
June 26	Subcommittee Meeting
July 31	Subcommittee Meeting
August 7	Georgetown Behavioral Health Institute Open House
August 7	Recovery Oriented System of Care Organizational Meeting
August 28-29	Applied Suicide Intervention Skills (ASIST)
August 28	Subcommittee Meeting
September 9	Suicide Awareness Ceremony (Georgetown courthouse)
September 10	Mental Health in Schools Conference Planning Meeting
September 25	Motivational Interviewing Training
September 25	Subcommittee Meeting
September 27	Drug Take Back Day
October 3	Mental Health in Schools Conference Planning Meeting
October 9	Williamson County State of Mind Tour Event
October 22	Mental Health in Schools Conference Planning Meeting
October 30	Mental Health in Schools Conference Planning Meeting
October 30	Subcommittee Meeting
November 10	Mental Health in Schools Conference Planning Meeting
November 13-14	4 th Annual Mental Health in Schools Conference & Community Resource Expo
November 20	Subcommittee Meeting
December 3	Community Conversation on Teen and Young Adult Mental Health
December 4	Mental Health in Schools Conference Debrief Meeting
December 4	Georgetown Behavioral Health Institute Female Adolescent Program Open House

Appendix 1

Local Statistics: Williamson County¹

EVEN IN A RELATIVELY AFFLUENT AND HEALTHY COUNTY LIKE WILLIAMSON, THERE ARE A SUBSTANTIAL NUMBER OF CHILDREN AND YOUTH FACING SIGNIFICANT *BARRIERS TO LEARNING*.

- The Robert Wood Johnson *Annual County Health Rankings* report ranks Texas counties according to their summary measures of health outcomes and health factors. Williamson County has been ranked as the #1 Healthiest Texas County by the County Health Rankings project for three out of the past five years.

- Median household income in Williamson County, 2008-2012 was \$70,849. In Texas, \$51,563.

Source: *HealthyWilliamsonCounty.org*

- In 2013, Williamson County Juvenile Services received a total of 1,754 referrals, ranging in age from 10 to 17. Of these, 891 were formal referrals which include both felony and misdemeanor offenses.

- In 2013, the 192 felony offenses included: 2 attempted homicides, 21 sexual assaults, 7 robberies, 40 aggravated assaults, 38 burglaries, 17 thefts, 20 drug offenses, 2 weapons violations, and 45 assorted “other” violations.

- In 2013, the 614 misdemeanor offenses included: 149 drug offenses, 132 assaults, 111 probation violations, 111 thefts, 5 contempt, 3 weapons violations, and 103 “other” violations.

- A total of 767 drug tests were administered in Detention in 2013. 41% tested positive for THC/Marijuana.

- In 2013, 448 psychiatric appointments were conducted for juveniles in Detention, the Academy, JJAEP, TRIAD and Field Probation.

- Of the Massachusetts Youth Screening Instrument Second Version (MAYSI-2) screenings completed in 2013, 61% of youth reported traumatic event history. [While this percentage is significant, national statistics indicate that traumatic experience history is nearly universal for justice-involved youth; many youth deny or minimize this history at intake.]

Source: *Williamson County Juvenile Services 2013 Annual Report*

- In 2011, there were 9,316 family violence incidents in Williamson and Travis counties.

- In 2011, there were 1,169 sexual assaults in Williamson and Travis counties

Source: *Hope Alliance/Williamson County Crisis Center: Facts & Statistics*

<http://www.hopealliancetx.org/education/facts-statistics/>

Following a report of sexual assault by a victim, a sexual assault medical forensic examination (Sexual Assault Nurse Examiner “SANE” exam) is performed by specially trained medical professionals for the purpose of evaluation and treatment of trauma,

¹ This document was written by Linda Meigs, *Creating Safe and Supportive Schools in Texas*.

treatment of possible exposure to infection, referral to counseling and follow-up medical care, and for the collection of evidence. In 2013, the Williamson County Child Advocacy Center conducted 686 forensic interviews and 75 SANE exams. 143 children received follow-up individual therapy sessions.

Source: *Williamson County Child Advocacy Center (WCCAC)*

- Four foster care deaths occurred in Williamson County in an 18-month time span, spawning a Foster Care Task Force in 2014.

Source: *HealthyWilliamsonCounty.org*

<http://www.healthywilliamsoncounty.org/modules.php?op=modload&name=News&file=article&sid=30098>

- In 2013, 4 Williamson County youth 0-18 years old completed suicide; 1 female and 3 males.
- Williamson County's Mobile Outreach Team (MOT) is composed of Mental Health Specialists who assist families and individuals who are experiencing mental health crises. MOT facilitates mental health care in coordination with county agencies, law enforcement, EMS, Bluebonnet Trails Community Services, area schools, and hospitals. During the 2013 fiscal year, MOT provided crisis intervention and emergency mental health care to youth ranging from 0-18 years old.
- Youth accounted for 26.34 % of all MOT's call volume during the 2013 fiscal year. This percentage represented 790 youth; 409 females (51.77 %) 381 males (44.23 %).
- On average, MOT provided crisis intervention to 65 youth per month.
- The call volume decreased during the summer recess (months of June, July and August) by 46.15 %.
- MOT strives to link families and individuals with mental health services and when possible divert youth away from emergency departments and incarceration. MOT diverted 11 youth from involvement in the juvenile justice system. During the 2013 fiscal year, 45.45 % of MOT juvenile justice diversions took place while youth were on summer recess.

Source: *Williamson County Mobile Outreach Team*

In Fiscal Year 2014, Bluebonnet Trails Community Services (BTCS):

- Provided Mental Health Services to 1,187 Williamson County children and 5,244 Williamson County adults.
- Delivered Substance Addiction Services to 201 Williamson County children and 1,997 WilCo adults.
- Provided Autism Therapy Services to 491 Williamson County residents.
- Served 867 Williamson County residents with developmental disabilities.
- Through Early Childhood Intervention (ECI), served 1,772 Williamson County families.

In 2010-2011, Bluebonnet Trails Community Services (BTCS) provided:

- Mental Health Services to 897 Williamson County children and 4,251 Williamson County adults
- BTCS provided Autism Therapy Services to 122 WilCo residents in 2010-2011.
- BTCS served 709 Williamson County residents with developmental disabilities in 2010-2011.
- BCTS Early Childhood Intervention-PRIDE served 1,552 Williamson County families in 2010-11

Source: *Bluebonnet Trails Community Services*

Community Resource Coordination Groups (CRCGs) are local interagency groups comprised of family and consumer members, public providers, and private providers who come together to develop Individual Service Plans (ISP) for children, youth, and adults whose needs can be met only through interagency coordination and cooperation.

- The Williamson County CRCG meets approximately ten times per year.
- The number of youth staffed by the Williamson County CRCG over the past 4 years (/and their average ages) are: in 2011–22/13; in 2012–22/12; in 2013–25/15; in 2014 (to date)–21/15.

Source: *Williamson County CRCG*

- In 2011, the three counties with the highest suicide numbers [in the 30 counties comprising DSHS Region 7] were Travis (n=107), Bell (n=48), and Williamson (n=43).
- In Williamson County between 2006 and 2012, there were 436 births to mothers age 15-19.
- In 2010 in Williamson County, three girls under the age of 14 became pregnant.
- The National Center for Educational Statistics reports 30,974 Total Free and Reduced Lunch Qualified Williamson County students in 2011-2012 (34.3% of total student population).

Source: *Regional Needs Assessment – Region 7 Prevention Resource Center*

- 8.9% of Williamson County children live below the poverty level.
- 4.9% of Williamson County families are living below the poverty level.

Source: *HealthyWilliamsonCounty.org*

<http://www.healthywilliamsoncounty.org/modules.php?op=modload&name=NSIndicator&file=index&group=category&breakout=all>

- Between 2000 and 2010, the population of Williamson County rose 67%, while the Hispanic growth rate was 128%.
- 30.8 % of homeowners with a mortgage and 44% of renters in Williamson County have excessive housing burdens (spending over 30% of earned income on housing).
- There is an expanding gap between childhood and adult poverty rates in Williamson County since 2008.
- In 2010, 17,794 Williamson County children aged 0-17 received Supplemental Nutrition Assistance (Food Stamps).
- In 2009, 16.5% of Williamson County children were enrolled in Medicaid.
- In 2009, 4.6% of Williamson County children were enrolled in the Children's Health Insurance Program (CHIP).
- 17.2% of Williamson County children were projected to be uninsured in 2010.
- In 2005, there were as few as 133 confirmed cases of child abuse in Williamson County, but the number almost doubled to 236 in 2010.
- In Fiscal Year 2009-10 in Williamson County, Child Protective Services (CPS) completed 1,830 investigations and confirmed 688 victims of child abuse or neglect.
- 202 total WilCo children and youth stayed in the Hope Alliance shelter in 2010.
- Hope Alliance provided counseling and advocacy services to another 195 WilCo children and youth in 2010.
- Between 2000 and 2010, the Williamson County Child Advocacy Center has assisted over 3,700 Williamson child abuse victims and 13,500 secondary victims (affected, non-offending family members).

ONE WILLIAMSON COUNTY COMMUNITY'S DATA REFLECT THE COMPLEXITY OF STUDENTS' BARRIERS TO LEARNING.

- In October 2014, two Georgetown youth completed suicide; both males attended Georgetown ISD secondary schools.

Source: *Williamson County Sun*, 10/15/14, page 2A

- The number one juvenile arrest offense in Georgetown for both 2009 and 2010 was "Runaway"; followed by #2, "Consumption of alcohol by a minor".
- 256 GISD students during 2009-10 met the McKinney-Vento Act definition of homeless – "individuals who lack a fixed, regular, and adequate nighttime residence." This represents a 14.8% rise from 2006-07.
- In GISD, the percentage of economically disadvantaged students steadily increased from 2000-2010, and the percentage increase of minority students mirrors an increase in economically disadvantaged students over time.
- In 2009-2010 GISD served 60 pregnant or parenting GISD students.
- Georgetown ISD random drug testing positive test results ranged from 21 in 2008-09 to 17 during 2009-10.
- Marijuana and Cocaine were the two Types of drugs identified in GISD Random Drug Testing 2007-2008 through 2009-2010.
- In 2010, GISD had 38 referrals to DAEP for marijuana or controlled substance, an increase from 18 in 2006.
- In 2010, GISD had 78 DAEP referrals for serious or persistent misconduct, down from 103 in 2006
- In Georgetown ISD in 2010-2011, 8.84% of students (925 students, in total) received special education services. The state average is 10%. 28 of those GISD students were identified as emotionally disturbed.
- In 2009-2010, *Communities in Schools* (CIS) provided intensive contract counseling services to 253 students at Georgetown High School, Georgetown 9th Grade and Tippit Middle School. 52% of students served were Hispanic, 39% Anglo, 7% African-American and 3% Other. An additional 282 students were served in GISD with short-term CIS services. Due to funding cuts, that was the last year CIS services were provided within GISD.
- GISD school guidance counselors anecdotally identified some of the top challenges facing elementary school children as 1) Divorce - blended families, 2) Switching schools often – transitions, 3) Money - Low income or change in income, 4) Violence in the home, 5) Parents' lifestyle - not modeling good behavior or not having enough time to spend with their children, 6) Parent incarceration, 7) Children in Foster Care/Child Protective Services, 8) Frustration with academics, 9) Low self-esteem, 10) Social issues with peers: problems with friends or bullies, problems making friends, anxiety about fitting in, and 11) Family member illness or military deployment overseas.
- Georgetown High School At-Risk Counselors anecdotally reported some of the top concerns facing teens as
1) Academic deficits leading to school failure and truancy, 2) Mental health issues, 3) Alcohol and drug use,
4) Consequences of sexual activity (emotional/physical), 5) Conflict with parent or school personnel, 6) Dysfunction within the family system, 7) Bullying, 8) Coping with self-destructive behavior of close friends or family,
9) Difficulty modulating strong emotions, 10) Struggles with identity issues, 11) Coping with abuse and/or neglect, 12) Media messages that undermine self-esteem and encourage bad choices, and 13) Internet and computer game addictions.

- Increasing numbers of children and youth involved in social networks such as Facebook, as well as increasing numbers of children and teens who own cell phones with text messaging capacity, provide unprecedented 21st century outlets for bullying, “sexting,” and sexual predation.

Source: *The Georgetown Project 2011 Snapshot of Georgetown Children and Youth*

http://www.georgetownproject.org/data_files/files/FINAL_Snapshot%20FINAL_10_03_11_FINAL_10-3%20revised.pdf

OTHER DATA SHOW THAT WORKING STRATEGICALLY WITHIN SCHOOLS (AND WITH COMMUNITY PARTNERS) CAN BE AN EFFECTIVE STRATEGY.

- In 2009-2010 *Project Mentor* served 847 GISD students in need of support from a caring adult once a week for thirty minutes (down from 1143 in 2008-2009).
- *Extended School Enrichment (ESE)*, a GISD self-sustaining program offering before and after school, and summer opportunities to elementary students, served 470 students in 2010-2011.
- The *Upward Bound* college readiness program serves 50 qualified, first-generation students from Georgetown, Granger, and Jarrell High Schools. 100% of Southwestern University’s UB 2010, 2009, 2007, 2006, and 2004 graduates enrolled in college the fall semester immediately following graduation.
- In *Operation Achievement*, a tutoring and enrichment program for local middle school students, Southwestern student mentors are matched with mentees each semester and work on homework, organizational strategies, and also enjoy SU-based enrichments and special programming. In 2010, 108 SU mentors served 64 GISD students.
- The *Boys and Girls Club of Georgetown* offers after-school and summer leadership development, career development, sports, fitness, & recreation, arts, health and life skills opportunities to children ages 7-17. In 2010, the B&GC GT served 486 registered members, 47% of whom were Hispanic and 22% African American; 36% of members reported an annual family income below \$20,000. Students identified as needing academic support are identified by GISD and offered tutoring services and mentoring by trained adult volunteers at the Club.
- The *Ride On Center for Kids (R.O.C.K.)* offers therapeutic horseback riding and rehabilitative programs for children with developmental and behavioral diagnoses; in 2010 R.O.C.K. served approximately 20 “at risk” youth referred from GISD, representing 10% of R.O.C.K.’s client population.
- The *Georgetown Project (TGP) Community Collaborative* is collectively exploring the Ready By 21 Framework as a strategy for increasing collaboration and reducing fragmentation among youth-serving organizations so that Georgetown youth are ready for college, work and life.
- Georgetown ISD and TGP’s collaborative *After School Action Program* served 327 GISD 6-8th grade students in spring, fall, and summer 2010 (unduplicated count). Of those, 39% were Hispanic, 11% African American, 3% Asian, and 46% Caucasian. 48% classified as low income.
- The Georgetown Project’s *Kid City* provides summer camp activities and hot meals at breakfast and lunch in partnership with the GISD Summer Food Program. Kid City 2010 served 76 total children (unduplicated count), a 26% increase over 2009. Of those children, 55% were Hispanic, 23% African American, and 22% Caucasian.
- In collaborative planning with GISD, the Georgetown Chamber of Commerce’s *GT Set 4 Success Initiative* focuses on five issue areas--Early Childhood, Graduation/Completion Rate, Prepared Graduates, Education/Community Collaboration, and Lifelong Learning--aiming to align education and economic development in Georgetown.

Source: *The Georgetown Project 2011 Snapshot of Georgetown Children and Youth*

http://www.georgetownproject.org/data_files/files/FINAL_Snapshot%20FINAL_10_03_11_FINAL_10-3%20revised.pdf

- Largely because of *Lone Star Circle of Care's* integrated healthcare model and *Bluebonnet Trails Community Services'* DSRIP projects, children in Williamson County enjoy better access to mental health services than in other Texas communities. Both organizations have worked with GISD and other school districts to help triage students with extreme needs.
- In 2011, neither in-patient mental health crisis services, nor substance abuse treatment services existed in or near Georgetown for children and youth. Now both are available for adolescents, thanks in part to the efforts of the *Youth Behavioral Health Subcommittee* of the *Williamson County Mental Health Committee* (a school/community collaborative).
- A *St. David's Foundation* grant currently provides school-based counseling services to rural school districts in East Williamson County.
- A *Georgetown Health Foundation* grant currently helps provide for a contract counselor at Georgetown ISD East View High School.
- *Bluebonnet Trails Community Services* and Hutto ISD have formed a partnership to provide co-located mental health supports at the Hutto High School campus to serve students district-wide.

Sources: *The WilCo Wellness Alliance; The Georgetown Health Foundation; The Williamson County Mental Health Committee; Texas State of Mind Children's Panel*

Appendix 2

NOTES FROM THE COMMUNITY CONVERSATION

- Education: the need to recognize the signs/symptoms
- Dispel the stigma
- Educate schools, churches, community partners
- Teens need to have the conversation between themselves
- Media doesn't help the stigma or with education as it can
- Important to develop all the resources available to aide in getting help for mental illness/substance abuse
- It's a family issue, not just a "bad/sick" kid
- Breakdown of family systems contribute
- Without addressing, violence can increase
- Legal system has not caught up to need
- Become more aware of legislation/lobby
- Engage PTAs
- Parent groups gathering to share personal stories – at all ages, preschool to teens
- Daycares engaging parents for educational purposes?
- More social workers/counselors in the schools instead of laying it upon the teachers
- Increase in advertising and Engage social media
- The hope is education and advocacy can lead to healthier communities and accessibility to resources.

1. WHY IS MENTAL HEALTH IMPORTANT TO YOU AND THE COMMUNITY?

- Many in foster care are there due to mental health issues
- Need to learn what we all can do to decrease the stigma
- Those affected by MH/SI don't talk about it and therefore it isn't addressed
- Services are needed in our community
- Kids often don't get help until in JJ system
- Kids are naïve regarding drugs (take this, you will feel better). They believe the myths "it will never happen to me" etc.
- Increased incidences of MH/SA

2. WHAT IS YOUR HOPE FROM THIS DIALOGUE?

- Increase base – very few people of color here tonight; including faith communities (bring saints not sinners); school districts need early screenings with primary care physicians too
- People given label after they talk about it
- Help kids with pressure from friends – change the message/how to educate the youth
- Increase education – retrain/reward center and effects on students who get involved in risky behavior
- Systems change – how do we help youth and then return them to the same system (family)

3. WHAT ELSE CAN WE DO TO RESPOND?

- Increase education of family members – and effects of chronic trauma in family
- Mentor relationship
- Educate children at a younger age
- Include mental health in overall health education and practices
- Normalize mental illness – language is very important and it has many, many meanings
- Educate on family history of mental illness and substance abuse/dependency risk factors
- Educate youth to help friends
- Open lines of communication and build relationships so they can notice change
- Increase visual aids: posters, signs

4. WHAT ELSE WOULD IT TAKE?

- Broaden base of those we involve/who participate from all walks of life
- Start something like neighborhood watch with folks who can respond/monitor/evaluate
- Continue to share stories
- Mentoring at schools
- Clearing house for resources

WHAT RESOURCES ARE AVAILABLE AND WHERE TO START?

- Navigating the healthcare system – making it more accessible/feasible
- How do we take our proposed implementations to the next level and making them happen
- Are we working cohesively as a community?
- Get businesses involved in getting the word out

- Example: have another forum like this where everyone brings their BEST navigation ideas – MI task force helps organize our “more seamless system”

RESPONDING TO SMALL GROUPS

- Share with people in leadership positions or influential roles
- Church groups
- Parents
- Schools
- Attend similar forums
- Involve law enforcement and first responders
- Mobile outreach
- Mental health deputies

DO PARENTS KNOW ABOUT RESOURCES?

- Provide resources from people they trust
- Share personal stories with the community so there isn't isolation
- Replicate good work
- Early assessment
- Evidence based tools
- Grass-root efforts
- Removing myths/stigma

WHY IS MENTAL HEALTH IMPORTANT TO YOU AND YOUR COMMUNITY?

- Family Impact
- Community inclusion necessary to avoid isolation
- Impact on self
- Pervasive community impact and stigma
- Career impact
- Marginalization of individuals with MH needs

WHAT DO YOU HOPE THIS DIALOGUE WILL LEAD TO?

- Reduced stigma, increased awareness equals acceptance

- Community partnerships
- Mental wellness
- Community education and increased support systems
- More opportunities for advanced support that is sustaining
- Advocacy at the government level
- Reduction of marginalization

WHAT ELSE CAN WE DO TO RESPOND AS INDIVIDUALS WITH OTHER SMALL GROUPS AND AS A COMMUNITY? WHAT WOULD IT TAKE TO MAKE THESE IDEAS HAPPEN?

1) Helping school officials to agree the school is the place to start

- Educate/partner between Mental Health services and schools, churches and other places that reach the family unit
- “Build” the village up that will assist families with mental health challenges

2) Youth Mental Health First Aid

- Address lack of family or financial supports
- Early education on healthy family functioning
- Reduction of information silos

Appendix 3

Williamson County Mental Health Committee Member Confidentiality Statement

The Williamson County Mental Health Committee has been appointed to identify and analyze ongoing mental health needs of Williamson County residents, focus on gaps in services and develop innovative and creative solutions to problems. The Committee represents a broad range of agencies and individuals, all devoted to improving public mental health in the county.

Most of the discussion in our meetings is of a general nature and does not include identification of specific individuals accessing mental health care. Agencies are prohibited by federal law (HIPAA) from releasing client identifying information unless needed for specific purposes, such as continuity of care, filing insurance claims, etc.

If a circumstance arises where client-identifying information is shared in the Committee meeting, all of the members agree to keep this information confidential. It is understood that sharing client identifying information for purposes other than those explicitly allowed under federal law, may a violation of the law and subject the individual who released the information to a monetary fine and prison sentence.

My signature reflects my acknowledgement of the law and my pledge to abide by it.

**Williamson County Mental Health Committee
Member**

Date