2023
Community Strengths and Needs Assessment

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EXECUTIVE SUMMARY

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- Economic Standing
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INTRODUCTION

Bluebonnet Trails Community Services Overview

Bluebonnet Trails Community Services (BTCS) serves as the local mental health and intellectual developmental disability authority for eight counties in Central Texas: Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee, and Williamson. The eight counties have a population density of about 1,150,215 persons and a landmass of over 6,900 square miles. Center services are provided to adults with serious mental illness, chemical dependency, intellectual and developmental disabilities, and/or primary care needs; to children and adolescents with serious mental illness or emotional disturbances, chemical dependency, autism, intellectual or developmental disabilities, and/or primary care needs; and infants and toddlers with developmental delays and/or primary care needs. BTCS also provides substance use outreach, screening, referral, harm reduction, and prevention services.

BTCS conducted a comprehensive Community Strengths and Needs Assessment (CSNA) in 2023 encompassing our eight-county service area with the goal of identifying and prioritizing significant community needs, thereby enabling BTCS to enhance its services and best meet the unique needs of these communities. Recognizing the vital role of protective factors in bolstering community resilience, the CSNA also highlights each county’s strengths.
METHODOLOGY

Community Strengths and Needs Assessment Approach

To determine the distribution of health outcomes and social determinants of health, BTCS utilized the community needs assessment methodology. A community needs assessment is a systematic approach to identify community strengths, needs, and determine program capacity to address the needs of the population served. A community needs assessment gives organizations comprehensive information about the community’s current health status, needs, and issues. In turn, this knowledge informs plans and strategies by justifying how and where resources should be allocated to meet community needs.

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides some key steps which were incorporated into the BTCS Community Strengths and Needs Assessment (CSNA).

Key Steps in a Needs Assessment

- Define the goals for the assessment.
- Articulate the purpose of the assessment.
- Identify the target populations for the assessment of needs and services.
- Determine how data will be collected and used.
- Determine the timeline for the process.
- Determine the strategic use of the findings.

Needs assessment results should be integrated as a part of an organization’s ongoing commitment to quality services and outcomes. The findings can support the organization’s strategic planning and ensure that its program designs and services are well-suited to the populations it serves. BTCS proposes to use the findings from the community strengths and needs assessment to identify top priorities within each county and as a larger service area. The graphic below illustrates how BTCS utilizes the CSNA from data collection to evaluation as part of the strategic planning process.
Data Collection

One of the foundational components of a community needs assessment is the collection and analysis of data. Data comes from different sources in a variety of formats and typically includes both primary and secondary data to characterize the health of the community. BTCS gathered and analyzed more than 100 health data indicators to provide a comprehensive assessment of the health status of our communities. A list of indicators and definitions can be found in Appendix A.

- **Secondary data** is county, state, or national data that has been collected by a large entity such as healthcare facilities, government institutions, or as part of organizational record keeping.
- **Primary data** is data that has been collected first-hand through internal organizational data, surveys, listening sessions, interviews, and observations.
- **Indicators** are data that have been categorized and analyzed in order to compare rates or trends of community health outcomes and determinants.

Secondary County Data

BTCS obtained data from many secondary sources at county and state levels. Significant community data sources include:

<table>
<thead>
<tr>
<th>Source</th>
<th>Source Link</th>
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<tbody>
<tr>
<td>*American Community Survey (ACS)</td>
<td><a href="https://data.census.gov/">https://data.census.gov/</a></td>
</tr>
<tr>
<td>America’s Health Rankings</td>
<td><a href="https://www.americashealthrankings.org/">https://www.americashealthrankings.org/</a></td>
</tr>
<tr>
<td>Center for Disease Control and Prevention (CDC)</td>
<td><a href="https://www.cdc.gov/places/">https://www.cdc.gov/places/</a></td>
</tr>
<tr>
<td>County Health Rankings and Roadmaps</td>
<td><a href="https://www.countyhealthrankings.org">https://www.countyhealthrankings.org</a></td>
</tr>
<tr>
<td>Kids Count Data Center</td>
<td><a href="https://datacenter.aecf.org/">https://datacenter.aecf.org/</a></td>
</tr>
<tr>
<td>SparkMap</td>
<td><a href="https://sparkmap.org/">https://sparkmap.org/</a></td>
</tr>
<tr>
<td>Texas Health and Human Services (HHSC)</td>
<td><a href="https://etss.hhs.texas.gov/">https://etss.hhs.texas.gov/</a></td>
</tr>
<tr>
<td>Texas Education Agency (TEA)</td>
<td><a href="https://rptsvr1.tea.texas.gov/adhocrpt/adspr.html">https://rptsvr1.tea.texas.gov/adhocrpt/adspr.html</a></td>
</tr>
</tbody>
</table>

*The 5-year estimates from the ACS are "period" estimates that represent data collected over a period of time. This 5-year estimate increases statistical reliability of the data for less populated areas and small population subgroups.*

Other Local Community Needs Assessments: Other local community needs assessments were used to capture primary data indicators and qualitative data. BTCS also included some regional assessments that encompassed one or more of our eight counties.

Secondary Data Limitations: There was limited county level data on certain indicators, such as mental health. Even when county level data was attainable, data was suppressed and/or limited for certain racial or ethnic groups due to small population sizes. In addition, there is often a lag in the release of data, leading to some variability in data analysis time ranges. For example, 2022 data for the American Community Survey (ACS) will not be released until fall of 2023. Further, certain indicators had only a count number and no percentage and vice versa, making it difficult to gauge magnitude.
Primary Data

BTCS obtained primary data from several sources including electronic health records and surveys from individuals served, staff, and community partners.

Electronic Health Records: BTCS uses Streamline HealthCare Solution’s SmartCare electronic health record (EHR) for documentation of behavioral health services. This electronic version of an individual’s medical history contains key clinical data related to their care and is maintained by the provider or clinicians providing services. EHR data was collected for fiscal year 2022, which began on September 1, 2021, and ended on August 31, 2022. Deidentified data was validated and unduplicated ensuring each person served was counted only once, even if they received multiple services at BTCS.

Client Satisfaction and Accessibility Survey: A satisfaction survey is provided to individuals receiving services at BTCS. The satisfaction survey is found on the BTCS website at www.bbtrails.org and can be completed at any time. A total of 1,083 Client Satisfaction Survey responses were collected and analyzed for fiscal year 2022.

Community Partner Survey: The Community Partner Survey is a brief survey with an optional open comments section that is sent to our community partners. A total of 20 Community Partner Survey responses were collected and analyzed for fiscal year 2022.

BTCS Staff Diversity Survey: Composed of thirty-two statements, the Staff Diversity Survey is sent annually to BTCS staff to appraise our policies and procedures, leadership, and management practices from a diversity and equity perspective. The most recent Staff Diversity Survey was conducted at the onset of fiscal year 2023. A total of 254 surveys were collected and analyzed.

Primary Data Limitations: Although Streamline HealthCare Solution’s SmartCare EHR system partners with BTCS to identify more effective and efficient data collection methods, certain data elements are still collected in paper format, complicating data accessibility and analysis. Even with electronic data collection, there are certain primary data indicators for which a large percentage is unknown. Additionally, survey data collection had limitations. The Client Satisfaction Survey was only available in English, limiting feedback from individuals with an alternate preferred language. Surveys were all electronic, limiting the respondents to those who have access to the internet. In addition, due to the anonymity of the surveys, demographics were not collected; therefore, it is difficult to ascertain if the survey responses fully reflected our diverse community and underrepresented populations.
COUNTY STRENGTHS AND NEEDS

Bastrop Community Strengths

Key = Texas County BTCS

Food Security
Bastrop County has made an impact in reducing food insecurity and increasing food access through food pantries and community gardens. As a result of this focus, Bastrop County had a higher Food Environment Index than Texas and food insecurity was lower in Bastrop County than in Texas. For youth, child food insecurity was also lower in Bastrop County compared to Texas.

Economic Standing and Population Growth
Bastrop County had a higher median household income, and a higher percentage of individuals with a household income of $100,000 to $199,999. The county also had an overall lower poverty rate and a lower unemployment rate than the Texas average. Bastrop County had the highest positive percent population change among all eight counties. With its proximity to the city of Austin, people moving into Bastrop County are attracted to its affordability compared to the greater Austin area. This can be seen in the higher owner occupancy rate and lower housing cost burden compared to Texas. This influx of people creates diversity, new businesses, job opportunities, and infrastructure expansion.

Culturally Responsive Care
BTCS continues to demonstrate an ability to provide essential services to children under the age of 5, who comprise 6.4% of Bastrop County and 9.6% of those served by BTCS. Within this age group, those served at BTCS were primarily Hispanic and participating in Early Childhood Intervention Services with a primary diagnosis of delayed milestone in childhood. BTCS also demonstrates an ability to serve Black or African Americans, who comprise 7.4% of Bastrop County yet 11.2% of persons served by BTCS.

Strengths Identified by Community Partners
Several community needs assessments conducted in Bastrop County have highlighted its strengths and assets. 2021 Ascension Seton Community Health Needs Assessment (CHNA) focus group participants mentioned the...
following as community assets: community is close-knit and has a strong sense of resiliency after natural disasters; churches and faith-based organizations that participate in community outreach, advocacy, and support of homeless population; numerous nonprofit organizations and community-based organizations that have been instrumental in promoting community reconciliation and providing pandemic resources; support and impact of strong school districts; and increasing population growth. Similarly, the 2022 St David’s Foundation Bastrop County Community Needs Assessment (CAN) community members stated the following assets: a close-knit and resilient community; and churches, nonprofits, and school district are key players, often providing health care services and resources to community members.

**Bastrop Community Needs**

<table>
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<tr>
<th>Key</th>
<th>Texas</th>
<th>County</th>
<th>BTCS</th>
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**Mental Health**

Individuals residing in Bastrop County had a higher average number of poor mental days reported in the past 30 days than Texas. In 2020, the percentage of adults over 18 years who have been told by a doctor, nurse, or other health professionals that they had a depressive disorder was 20.4% in Bastrop County compared to Texas at 17.7%. Of concern, Bastrop County had a higher age-adjusted suicide rate (17.3/100,000) compared to Texas (13.3/100,000).

Further, around 14.0% of individuals served in Bastrop County had a BTCS crisis assessment and of those, 24.6% experienced a psychiatric hospital admission. The highest number of crisis assessments (199) and psychiatric hospital admissions (46) were for individuals who identified as White, between the ages of 5 to 19. Among minority populations, individuals identifying as Hispanic or Latino had the highest number of BTCS crisis assessments and hospital admissions in Bastrop County.

The cost for Emergency Department Mental Health Utilization in 2021 for Bastrop County was $5,533,992 with 1,928 visits. In 2021, there were an estimated 1,084 incarcerations for individuals with mental illness that cost $2,893,132.
Substance Use
Bastrop County had higher rates of smoking, tobacco usage, heavy alcohol consumption and binge drinking compared to Texas, and as a result, higher rates of alcohol-impaired driving deaths compared to Texas. Bastrop County also had the second highest rate among all eight counties of drug and alcohol induced deaths.

For those served by BTCS in Bastrop County, the most common substance use diagnosis was severe Amphetamine-type substance use disorder followed by mild alcohol use disorder and other hallucinogen intoxication.

Youth
In Bastrop County, the number of economically disadvantaged students in 2021 was 12% higher than Texas. The highest proportion of economically disadvantaged students and youth under 18 that live below the poverty line are concentrated north of Camp Swift, Rosanyk, Stony Point, and west of Bastrop city. Texas Education Agency reported that 698 students (3.4%) were homeless in 2022 to 2023, which was the second highest among our eight counties.

For those aged 10 to 17 in Bastrop County, there were also higher juvenile arrest and disposition rates compared to Texas.

Housing
According to the Texas Access Report for 2023, of Bastrop County residents and leaders that were interviewed or participated in a focus group, 46 stated the number one priority was housing affordability and availability.

In addition, focus group participants identified homelessness as a key concern in the 2022 St. David’s Foundation Bastrop County Community Needs Assessment (CNA).

According to the Bastrop County Appraisal District, the median home price across all school districts was
$180,898 in 2020. This increased to $307,232 in 2022.\(^{ix}\)

Despite overall good economic standing, some parts of Bastrop have a high housing cost burden. About 36% of the housing units in north Bastrop city, Clearview, and Watterson have a housing cost burden exceeding 30% of household budgets.

While living arrangements for individuals in BTCS services were often unknown, at least 2.2% of those served were unhoused.

**Aging Population**

Although Bastrop County had a higher proportion of its population aged 65 and older than Texas, BTCS served a considerably lower percentage of individuals in this age group.

Those aged 65 and older displayed a higher prevalence of cognitive and hearing disabilities in Bastrop County, with ambulatory difficulty being the most common disability. Those aged 65 and older primarily reside in the eastern areas of Bastrop city around Bastrop State Park and in Paige.

Further, Bastrop County had the highest percentage of individuals aged 65 and older that were uninsured of all eight counties.

**Workforce**

2021 ratios of providers to population indicate a significant workforce need in Bastrop County. The primary care (3,820:1) and mental health provider ratio (1,570:1) were more than double the ratios for Texas.
Culturally Responsive Care

The percent of persons served by BTCS who identified as Hispanic, Some Other Race, or Two or More Races was lower than the respective population percentages for Bastrop County.

In Bastrop County, 8.4% had limited English Proficiency (LEP). There was a high percentage of people with limited English proficiency who speak either Other Languages (41.5%) and Spanish (28.3%). BTCS served 5.2% of individuals who chose Spanish as their preferred language and 0.1% of individuals that speak Other Languages. “Unknown” was documented for preferred language in the EHR for 25.4% of individuals served in Bastrop County, suggesting the number of persons preferring a language other than English may be higher.

While the overall uninsured population in Bastrop County was nearly on par with Texas, Asian and American Indian or Alaskan Native populations made up a larger percentage of the uninsured population in Bastrop County.

Needs Identified by Community Partners

In the 2021 Ascension Seton Community Health Needs Assessment (CHNA), community members stated there are “issues of accessing care, particularly regarding affordability and insurance coverage for care; transportation - especially in the rural parts of Ascension’s service area; telemedicine and access to sufficient broadband infrastructures; and navigation of the complex medical system and services.” In the 2022 St. David’s Foundation Bastrop County Community Needs Assessment (CNA), focus group participants identified “lack of access to mental health services as a major unmet need of Bastrop County.” Key concerns also included affordability and accessibility, culturally appropriate services, homelessness, and mental health crisis training.
Burnet Community Strengths

<table>
<thead>
<tr>
<th>Burnet County Strengths</th>
<th>Economic Standing</th>
<th>Access to Resources</th>
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<tbody>
<tr>
<td>Hispanic or Latino Population Living 100% Below Poverty Level</td>
<td>Burnet county had the lowest percentage (9.1%) of Hispanic or Latino individuals living below the poverty level compared to all eight counties and compared to Texas (19.3%). Burnet also had the lowest percentage (1.9%) of Black or African Americans living below poverty level compared to all eight counties and compared to Texas (18.6%).</td>
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<tr>
<td>Black or African American Population Living 100% Below Poverty Level</td>
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<td>Food Environment Index</td>
<td>Burnet County food pantries and organizations like the Burnet County Hunger Initiative provide food to the community. With leadership from the alliance and promotion of September as Hunger Awareness Month, food access is being positively impacted in the county. Burnet County had a higher Food Environment Index (7.7) than Texas (5.9), and food insecurity was lower in Burnet County (12.1%) than in Texas (13.0%). For youth, child food insecurity was also lower in Burnet County (16.0%) compared to Texas (18.9%).</td>
<td></td>
</tr>
<tr>
<td>Age 65+</td>
<td>Burnet County also had fewer homes with no motor vehicles (3.3%) compared to Texas (5.2%). There were also more homes with computers (95.2%) compared to Texas (93.9%).</td>
<td></td>
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<tr>
<td>Age 55-64</td>
<td>BTCS served a higher percentage of individuals aged 20 to 24 (9.0%) than the county at 4.8%, a higher percentage of individuals aged 25 to 34 (18.5%) than the county make up at 10.8%, and a higher percentage of individuals aged 35 to 44 (18.6%) than the county make up at (11.4%). BTCS provided over 9,200 services to individuals aged 25 to 44 in Burnet County in FY2022. There are multiple factors that impact how individuals in each age category are served by BTCS. Disparities exist for the aging population and are analyzed further as it relates to county needs.</td>
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<td>Age 45-54</td>
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<td>Age 35-44</td>
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<td>Under 5 years</td>
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<td>Population by Age Groups</td>
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**Education System**
Burnet Consolidated ISD has been designated as a District of Innovation (DOI) since 2017, supporting innovation and local initiatives to improve educational outcomes benefiting students and the community.

Marble Falls ISD is working with Texas Tech University to implement Teach Across Texas. TechTeach is a teacher education program for students who wish to teach elementary school or middle school math (grades 4 – 8) at Marble Falls Independent School District.

Notably, Burnet County had a higher high school graduation rate (95.6%) compared to Texas (90.0%) and 100% graduation rates for African Americans, Asians and those who identified as Multiracial (two or more races).

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**Strengths Identified by Community Partners**
In the 2021 Ascension Seton Smithville Community Health Needs Assessment (CHNA), community members stated there is a strong sense of community and “...a strong set of connections that exist in these communities that promotes belonging, health, and active involvement. It also means people show up for each other. This is accentuated by the presence of many spaces in the community that people convene at - from Gem of the Hills and the community resource centers to the music & event venues and the state parks.” Community members also stated that, “The providers and practitioners are all aware of the need for trauma-informed care and are doing what they can to provide it.”

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**Burnet Community Needs**

**Mental Health**
Of those enrolled in BTCS services, Burnet County represented the highest percentage of persons diagnosed with major depressive disorder (recurrent episode, severe) and generalized anxiety disorder amongst all eight counties served. Further illustrating mental health needs, Burnet County had 1,260 emergency department visits for mental health reasons, costing approximately $3,274,102.08.

Burnet County also had the highest age-adjusted suicide rate (17.6/100,000) amongst all eight BTCS counties and compared to Texas (13.3/100,000).
Substance Use
Out of the eight counties compared, Burnet County had the second highest rate of heavy alcohol consumption and the highest rate of binge drinking. Also, among the eight counties, Burnet had the highest percent of drug and alcohol induced deaths, which was also higher than Texas. Finally, alcohol-impaired driving deaths in Burnet County were 32.0% compared to Texas at 25.0%.

Youth
Burnet County had a higher percentage of youth aged 5 to 17 living with a disability at 7.5% compared to Texas at 5.7%. Burnet County also had a higher percentage of homeless students (2.2%) compared to Texas (1.3%). Additionally, the juvenile arrest rate in Burnet County (20/1,000) was higher than the Texas rate (17/1,000).

Aging Population
Compared to Texas (12.5%), Burnet County had a higher proportion of its population 65 and older (22.7%). While disabilities were more common among adults 65 years of age and older in the counties compared, individuals living in a rural county were 35% more likely to report a hearing disability. Among all eight counties, Burnet had the highest percentage of individuals with a hearing disability (6.8%), which is also higher than the Texas average (3.2%).

Workforce
In Burnet County, the population to mental health provider ratio (1,420:1) was more than double the ratio for Texas (690:1). There was also a significantly higher population to primary care physician ratio (2,360:1) than in Texas (1,640:1).
Culturally Responsive Care

Just over six percent of individuals in Burnet County identified as Multiracial (two or more races), whereas 1.9% of the BTCS service population is categorized as Two or More Races. Further, 13.9% percent of the community speaks Spanish, whereas our limited data indicates only 1.5% of the BTCS service population access services in Spanish. Burnet County had the highest rates of American Indians and Alaska Natives living below poverty level (31.2%) among all eight counties and compared to Texas (14.8%). It is well known that income levels can have a profound impact on physical and mental health and associated outcomes.

Similarly, lack of insurance is a barrier to accessing physical or mental health resources. There were higher uninsured rates in Burnet County for those aged 19 to 64 years old (28.9%) compared to Texas (23.7%). The highest uninsured rates in Burnet County and among all eight counties were seen among Asians (45.0%), Native Hawaiian and Other Pacific Islander (12.0%), Some Other Race (39.7%) and Hispanics (32.8%).

Needs Identified by Community Partners

Focus group respondents in the 2022 Baylor Scott and White Hill Country Community Health Needs Assessment indicated high mental health care needs, especially for the uninsured. Participants stated there is a high demand for mental health providers, especially since mental health and substance use issues have escalated during the pandemic. In addition, focus group participants scored poverty as one of the highest barriers in the community and also noted there is a need to expand poverty definitions to increase funding for indigent care.
Caldwell Community Strengths

Culturally Responsive Care
In Caldwell County, BTCS served the highest percentage of persons under age 5 out of all eight counties. The majority of young people under age 5 received services through our Early Childhood Intervention Program.

Mental Health
Caldwell County had the lowest suicide mortality rate at 12.8/100,000 among all eight counties. For those in BTCS services who received a Columbia Suicide Severity Rale Scale (C-SSRS) assessment in Caldwell County, the county had the lowest percentage of positive responses compared to all eight counties to the question, “Have you wished you were dead or wished you could go to sleep and not wake up?”

Substance Use
The lowest heavy alcohol consumption percentage amongst all eight counties was seen in Caldwell County at 19.2%. Caldwell County also had the lowest binge drinking percentage across all eight counties.

Strengths Identified by Community Partners
Focus group participants in the 2022 St. David’s Foundation Community Needs Assessment mentioned that Caldwell County is home to multiple nonprofit and community organizations that play a vital role in building healthy communities by providing educational, health, and social services to community members. Another notable strength of Caldwell County is the network of churches from many denominations that often work together to meet community needs, including by distributing food and clothing and conducting home visits to struggling or isolated community members.

Caldwell Community Needs

Physical Health
Caldwell and Gonzales Counties had the highest percentage of individuals indicating they had poor or
Fair health (21.3% in Caldwell County), and the highest number of poor physical health days in the last 30 days (4.6 days in Caldwell County). Given these risk factors for chronic illness, it is also noted that Caldwell County had the highest hospitalization rates across all eight counties for asthma (31.8/100,000) and diabetes (347.9/100,000).

**Youth**
Caldwell County had the second highest percentage of child food insecurity (19.8%) among all eight counties, which is also higher than Texas (18.9%). Among all eight counties, Caldwell demonstrated the highest percentage of young people not in school and not working at 17.3%, which is also higher than Texas (8.1%). Additionally, Caldwell County had a higher percentage of economically disadvantaged students (77.3%) compared to Texas (60.2%).

Caldwell County had the lowest high school graduation rate (91.0%) among all eight counties. The rate was lowest for Hispanic (90.7%), White (92.4%), Asian (50.0%) and Multiracial (88.9%) students. Caldwell County also had a slightly higher percentage of homeless students (1.5%) than Texas (1.3%).

Caldwell exhibited the highest juvenile arrest rate (36/1,000) and the highest juvenile disposition rate (16.04/1,000) of the eight counties.

Those aged 5 to 19 made up the highest age category in Caldwell County at 21.0%. Notably, youth in Caldwell ages 5 to 17 faced the highest rates of disability across all eight counties.

**Housing**
Caldwell County had the highest severe housing problems (30.6%) among all eight counties where housing costs exceeded 30% of residents’ income in the cities of Lockhart and Luling.
Aging Population
Caldwell County had the highest percentage of adults aged 65 and older living with a disability among all eight counties and a higher percentage than Texas. 41.9% percent of those aged 65 to 74, and 64.6% of those aged 75 and older have a disability. Caldwell had the highest rates of hearing difficulty, vision difficulty, cognitive, ambulatory, and self-care difficulty among all eight counties. 14.5% of the Caldwell County population is aged 65 and older compared to only 5.0% of the BTCS population served.

Workforce
The 2021 ratios of population to providers indicates a significant workforce need in Caldwell County, with a population to mental health provider ratio (1,260:1) that is more than double the ratio for Texas. There was also a significantly higher population to primary care physician ratio (4,000:1) in Caldwell County than in Texas.

Culturally Responsive Care
Among all eight counties, Caldwell County had the highest percentage of disabilities among Black and African Americans (31.4%) and Some Other Race (15.2%). Caldwell County also had the highest uninsured percentage (24.1%) among all eight counties, specifically for those who identified as White (20.3%), Black or African American (31.1%) and as Two or More Races (36.2%).

Needs Identified by Community Partners
The 2022 St. David’s Foundation Community Needs Assessment (CNA) focus group participants and key informants described that there is a lack of affordable, culturally appropriate mental health care providers, especially for Black/African American and Hispanic/Latinx populations. Additionally, the 2021 Ascension Seton Community Health Needs Assessment (CHNA) survey participants ranked mental health and suicide, diabetes and high blood sugar, and employment and job skills as the most important factors to address to improve community health.
Fayette Community Strengths

**Youth**
Fayette County had the lowest percentage of young people not in school and not working (2.9%) among all eight counties, and this was also lower than the Texas average (8.1%). The percentage of economically disadvantaged students in Fayette County (52.1%) was also lower than Texas overall (60.2%).

In addition, compared to Texas, Fayette County has a lower percentage of youth under age 18 who live below the poverty level, except in pockets of the county near Winchester, Rabbs Prairie, Rutersville, and Halsted where poverty rates were 33.0%, demonstrating a need for additional resources in these areas.

**Economic Standing and Resource Access**
Fayette County had the lowest percentage of persons “unemployment, seeking work” at 7.1% among all eight counties and the highest percentage of individuals indicating they were employed full time at 15.5%. The percentage of individuals ages 18 to 64 living below poverty level was 9.5% compared to Texas at 12.3%.

Fayette County had the highest owner-occupied housing rate at 82.9% of the eight counties and Texas (62.4%). Residents also had the lowest percentage of severe housing problems at 15.0% among all eight counties and compared to Texas (32.1%). Not surprisingly, Fayette County had the lowest housing cost burden (13.1%) among all eight counties and Texas (26.8%).

Fayette County also had a lower uninsured rate at 11.7% compared to Texas at 17.6. Of individuals served by BTCS, Fayette County had the highest percentage of individuals with an identified Primary Care Physician (62.4%) among all eight counties served.
Mental Health
Fayette County had the lowest age-adjusted suicide rate (10/100,000) of all eight counties that had death by suicide data available.

Fayette County also had the lowest percentage of residents requesting a BTCS crisis assessment (5.8%) compared to the other counties BTCS serves.

Strengths Identified by Community Partners
The 2021 Ascension Seton Community Health Needs Assessment (CHNA) focus group participants mentioned: “Local networks tend to be strong, reliable, and functional ways to get things done – for instance, informal collaborations between the local pharmacies and school districts to get immunizations distributed.” In addition, the CHNA expressed that, “In rural counties, the school nurses often become hubs of information, service provision, health knowledge, and relationship/network building.”

Fayette Community Needs

**Physical Health**
Fayette County had the highest rate of heart disease-related hospitalizations (1,462/100,000) and stroke-related hospitalizations (389/100,000) among all eight counties.

**Youth**
Among all eight counties, the highest uninsured percentage for those under 19 years old was in Fayette County at 18.2%.

**Housing**
Fayette County had the highest vacant housing unit percentage among all counties at 34.1% and the highest rental vacancy rate at 7.4.
## Aging Population

Fayette County had the highest median age of all eight counties at 47.7 years and the highest percentage of residents aged 65 and older (25.3%) compared to all eight counties and Texas (12.5%).

Although only 11.6% of those BTCS served in Fayette County were in the 65+ age group, this was the highest percentage served in this age category across all eight counties.

## Workforce

Several of the counties in the BTCS service area were identified as health professional shortage areas, including Fayette County. The ratio of population to primary care provider (4,260:1) in Fayette was 2.5 times that of Texas. In addition, the ratio of population to mental health provider (3,530:1) was the most strained of the eight-county area.

## Culturally Responsive Care

Fayette County had the highest percentage of those aged 18 to 34 living with a disability (15.3%) among all eight counties. Individuals identifying as American Indian/Alaska Native (100%) and Two or More Races (22.1%) had the highest disability rates. Fayette County also had the highest percentage of individuals with an independent living difficulty at 7.9%, higher than Texas (5.1%).

In Fayette County, American Indian and Alaska Natives also had the highest percentage of uninsured at (100.0%) among all eight counties and higher than Texas (23.9%).

## Economic Standing

While Fayette County had several positive indicators that point to a strong economic standing, certain challenges exist. Fayette County saw a population change of negative 3.2% between 2020-2021 and is one of only two counties in the BTCS service area that did not grow. In addition, Fayette County had the lowest population age 16 and older in the labor force at 55.0% compared to the eight counties, which was also lower than in Texas (65.1%).
Needs Identified by Community Partners
In the 2022 St. Mark’s Medical Center Community Health Needs Assessment (CHNA) and Implementation Plan, community members stated their concerns regarding the aging population: “...[There is a] concern about the effect of loneliness and mental health issues with the elderly population... Lonely senior adults and their ability to get to their appointments [is an issue]. Is there anyone that checks up on them? If they don't have family or aren’t associated with the church, who is checking up on them?” When asked about which specific groups are at risk for inadequate care, interviewees spoke about the elderly, obstetrics population, low income/working poor, racial/ethnic, youth, teenagers/adolescents, un/underinsured, and the Veteran population. In addition, comments about access to health care were also a community concern: “...[it’s a] challenge for hourly employees in taking time off to get healthcare services and this is leading to delaying or foregoing care as well as cost barriers to care and medications...’The [low income] just don’t go to the doctor. It’s not like access isn’t there, they just can’t take off work and they can’t afford the visit. If they can, they can’t afford the medication.”
### Gonzales Community Strengths

<table>
<thead>
<tr>
<th>Emergency Department Mental Health Utilization Events</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bastrop</td>
<td>1,928</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Burnet</td>
<td>1,260</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Caldwell</td>
<td>322</td>
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<tr>
<td>Fayette</td>
<td>488</td>
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<tr>
<td>Gonzales</td>
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<td></td>
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</tr>
<tr>
<td>Guadalupe</td>
<td>1,020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lee</td>
<td>no data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Williamson</td>
<td>8,512</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Mental Health Crisis**
Gonzales County experienced the lowest number of emergency department visits related to mental health needs and the lowest associated cost ($182,106) across all eight counties for which data was available.

### Housing
Gonzales County had a higher owner occupancy rate and lower homeowner vacancy rate compared to Texas. The county also had lower severe housing problems and housing cost burden compared to Texas. Lastly, Gonzales County had the lowest fair market rent amongst the eight counties with an average rent of $960 across all rental types (efficiency to four-bedroom).

### Culturally Responsive Care
Gonzales County’s community makeup was 6.8% Black or African American. In comparison to the community, 16% of those served by BTCS identified as Black or African American, suggesting we are reaching this subpopulation.

### Gonzales Community Needs

<table>
<thead>
<tr>
<th>Poor or Fair Physical Health</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bastrop</td>
<td>17.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burnet</td>
<td>15.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caldwell</td>
<td>21.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fayette</td>
<td>16.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonzales</td>
<td>21.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guadalupe</td>
<td>15.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lee</td>
<td>19.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Williamson</td>
<td>11.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Physical Health**
Among the eight counties served by BTCS, Gonzales and Caldwell Counties had the highest percentage of individuals reporting poor or fair physical health.
Youth

Gonzales County had double the rate of isolated youth, meaning youth not in school or working, compared to Texas. The county also had the highest percentage of economically disadvantaged students among the eight counties, primarily concentrated in Ottine and Waelder. The county also had the highest rates of vision and cognitive difficulty among youth under 18 years.

Food access was also a challenge with the county experiencing the lowest Food Environment Index among the eight counties. Children were especially vulnerable to food insecurity as child food insecurity was higher than Texas and highest among all eight counties.

Aging Population

Gonzales County had a higher population of adults 65 and older compared to Texas. Within the county, the aging population had higher ambulatory, vision, hearing, and self-care difficulties compared to Texas.

Housing

Gonzales had the highest percentage of households without telephone service or a motor vehicle. Moreover, there was little access to technology with only 87.2% of households possessing a computer and 70.7% carrying internet service compared to Texas (93.9% and 86.9% respectively). Within the city of Gonzales, 36% to 45% of households had one or more substandard conditions. For perspective, this was about 394 households in one city alone.

Culturally Responsive Care

30.5% of the county’s population speaks Spanish (5,585 people), with 45.3% of these experiencing limited English proficiency (LEP). In addition, 82.2% of the 0.6% who speak an Asian or Pacific Island language also indicated an LEP.

Regarding disability rates, Gonzales County had the highest percentage of residents with an ambulatory or self-care difficulty.
Gonzales County also had the highest below poverty levels across all ages compared to all eight counties. Among various subpopulations in Gonzales County, the highest below poverty levels were seen among the Asian population, followed by the Black or African American population. These higher poverty levels were concentrated northeast of Gonzales City.

Moreover, Gonzales had the highest years of potential life lost related to premature deaths for those who identified as non-Hispanic White compared to the eight counties.

Economic Standing
Gonzales County had the highest population decrease of \(-5.3\%\) from 2020 to 2021 and the lowest population density across all eight counties.

The highest population density within the county was concentrated in the city of Gonzales. While it is unclear the exact cause for the decline in population, dwindling employment opportunities in rural Texas have been leading young people to leave rural communities after high school in search of economic and social opportunities elsewhere.\(^{xi}\)

**Needs Identified Community Partners**
In the 2021 Ascension Seton Community Health Needs Assessment (CHNA), community members stated, “with such a rural and geographically dispersed region, providers are isolated from each other and therefore have to mostly be self-sufficient in their practice.” This was expressed as a desire for more inter-professional learning rather than a critical challenge. Respondents also expressed several factors that limit health care access such as “affordability of healthcare, provider shortages for residents who are either publicly insured or uninsured, and lack of culturally and linguistically appropriate care.”
Economic Standing

Guadalupe County featured a higher median income ($80,047) and mean household income ($94,811) than Texas. Guadalupe County also had a lower poverty rate across all ages compared to Texas.

The county experienced lower housing cost burden and severe housing problems compared to Texas. However, some areas in the county experienced housing challenges. Severe housing problems were noted in the surrounding areas of Kingsbury, Seguin, and Staples with households having one or more substandard conditions such as incomplete plumbing facilities, incomplete kitchen facilities, one or more occupants per room, a monthly owner cost of 30% more than the household income, or gross rent as a percentage greater than 30% of household income.

Access to Resources

The county had higher rates of households with computers and broadband internet services compared to Texas. Additionally, the county had a lower rate of households with no motor vehicles compared to Texas.

In terms of food access, Guadalupe County exhibits higher food accessibility than Texas, with a Food Environment Index of 7.3. Guadalupe County also had lower uninsured rates compared to Texas.

24.2% of the Guadalupe County population served by BTCS were uninsured, suggesting BTCS is reaching this often underserved population.

Strengths Identified by Community Partners

In the 2021 Community Council of South-Central Texas, Inc. (CCSCT) Community Needs Assessment (CNA), focus group participants mentioned the following as community assets: “local churches, schools and community organizations use their resources and volunteers to assist low-income families in the communities with food, utilities and emergency assistance.” In addition, community members expressed there is a “strong community volunteer base with the CCSCT’s service area. Local colleges and technical schools are available...local access to WIC, food stamps, Head Start, Education programs, Emergency Service providers and Texas Workforce Solution services are available...”
Guadalupe Community Needs

**Mental Health**
The three most common mental health diagnoses for individuals served by BTCS in Guadalupe were moderate depression, severe depression, and depression with psychotic features. Guadalupe had the highest percentage of individuals served at BTCS with major depressive disorder at 10.4%. Guadalupe also had accessed the second highest percentage of BTCS crisis assessments at 14.7% compared to the eight-county area (29% of which were followed by a hospital admission).

**Substance Use**
Among the eight counties, the percentage of alcohol-impaired driving deaths was highest in Guadalupe County at 33%.

**Housing**
Within Guadalupe County, there are pockets of severe housing problems. Those areas range from 34% to 40% of households with severe housing problems. Areas with the most severe housing problems include Kingsbury, Seguin, and Staples.

**Aging Population**
In Guadalupe County, those 65 and older had a 30.2% disability rate, while those over the age of 70 had the highest disability rate at 51.3%. Ambulatory difficulty was the most common disability type.

While uninsured rates were overall lower in the county compared to Texas, individuals age 65 and older in Guadalupe County had the highest uninsured rates compared to the eight counties served.

Of those served by BTCS, only 5.4% were 65 and older, significantly lower than the county makeup.
Among the eight counties, Guadalupe County had the highest veteran population at 14.2%, which was an estimated 17,815 individuals. The vast majority live west of the county in Schertz and Cibolo.

Across the eight counties, Native Americans in Guadalupe County had the highest uninsured rate at 26.6%.

Needs Identified by Community Partners
In the 2021 Community Council of South Central Texas, Inc. Community Needs Assessment (CNA), gaps in services and barriers identified by community members were: lack of transportation, lack of agencies in rural areas, lack of knowledge of available programs, lack of education, lack of ability to read and write, language barriers, lack of living wage jobs, poor health of individuals needing assistance, among others.
Lee Community Strengths

Key = Texas County BTCS

<table>
<thead>
<tr>
<th>County</th>
<th>Texas</th>
<th>County</th>
<th>BTCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bastrop</td>
<td>93.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burnet</td>
<td>95.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caldwell</td>
<td>91.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fayette</td>
<td>97.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonzales</td>
<td>94.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guadalupe</td>
<td>94.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lee</td>
<td>97.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Williamson</td>
<td>95.3%</td>
<td></td>
<td></td>
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</tbody>
</table>

High School Graduates

<table>
<thead>
<tr>
<th>County</th>
<th>High School Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bastrop</td>
<td>93.5%</td>
</tr>
<tr>
<td>Burnet</td>
<td>95.6%</td>
</tr>
<tr>
<td>Caldwell</td>
<td>91.0%</td>
</tr>
<tr>
<td>Fayette</td>
<td>97.0%</td>
</tr>
<tr>
<td>Gonzales</td>
<td>94.2%</td>
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<tr>
<td>Guadalupe</td>
<td>94.3%</td>
</tr>
<tr>
<td>Lee</td>
<td>97.2%</td>
</tr>
<tr>
<td>Williamson</td>
<td>95.3%</td>
</tr>
</tbody>
</table>

17.0 | 9.0
Juvenile Arrest Rate per 1,000

Youth
One of Lee County’s strengths was fostering a supportive environment for youth. Lee County’s second-highest age group was youth ages 5 to 19 at 18.6%. Among the eight counties, Lee had the highest high school graduation rate (including across all races and ethnicities) at 97.2% which was also higher than Texas. In addition, Lee County had a relatively low incidence of youth being arrested or involved in criminal activities, as evidenced by a juvenile arrest rate of 9/1,000, which was significantly lower than Texas (17/1,000).

Culturally Responsive Care
Across the eight counties, Lee had the largest Black or African American population at 11.1%. Of those BTCS served in FY2022, 20% identified as Black or African American, 26.9% identified as Hispanic or Latino, and 0.5% identified as Native American, representing the highest percentages served for these subpopulations across the eight counties.

Strengths Identified by Community Partners
In the 2022 St. Mark’s Medical Center Community Health Needs Assessment and Implementation Plan, community members stated there are “…resources that educate and offer healthy lifestyle options in the area such as outdoor activities, sport programs, gyms, the Amen Food bank, Meals on wheels, the school district summer lunch program, Women, Infants and Children (WIC) as well as Agro-Life.” Focus group participants also expressed their appreciation toward the “improved efforts that were made in regard to the integration of mental health care at local organizations; expansion of services through Bluebonnet Trails Community Services; improved access due to telemedicine; and services provided on a sliding fee scale at Tejas Health Care.”
### Lee Community Needs

**Key**

- **Texas**
- **County**
- **BTCS**

#### Youth

When considering those served by BTCS, Lee County had the highest percentage (14.8%) of youth who scored in the “severe depression” category on the adolescent version of the Patient Health Questionnaire across the eight counties. Further, the county had the highest number of poor mental health days with an average of 5 mentally unhealthy days reported in the past 30 days.

In the city of Giddings, 28.8% of youth were living in households with income levels below the Federal Poverty Level. In less dense areas surrounding Giddings, 21% to 38% of youths aged 18 to 19 were not enrolled in school and not employed.

#### Aging Population

Lee County had a much higher percentage of individuals aged 65 and older (19.5%) compared to Texas. Within this population, those over 75 had the highest disability rates at 48.1%. Of individuals in this county served by BTCS, only 10% were adults ages 65 and older.

#### Workforce

Unfortunately, lack of access to service providers compounds health issues. The 2021 ratio of population to mental health provider (4,430:1) was more than six times that of Texas, while the population to primary care ratio (4,350:1) was not much better.

#### Culturally Responsive Care

Access to services is a challenge for those who speak a language other than English. In Lee County, 16.7% of the population spoke Spanish and 2.2% spoke Other Languages including Indo-European and Asian and Pacific Island languages. Of those with Limited English Proficiency (6.8%), 52.1% spoke an Asian and Pacific Island language.

The Asian community primarily identified as Chinese, Korean, and Japanese. BTCS served only 2.6%
Spanish-speaking individuals and no one speaking another language in the county. However, “Unknown” was documented for language for 23.1% individuals served in Lee County.

Across the eight counties, those who identified as Hispanic in Lee County had the highest rate of potential years of life lost at 9,152/100,000.

Lee County also had the highest below poverty rates for Black or African Americans, Two or More Races, and Hispanics.

### Physical Health

Lee County faces several health challenges highlighting a pressing need for healthcare. Premature death rates provide insight into overall health of the county. Lee exhibited higher rates of years of potential life lost related to premature deaths at 8,870/100,000 compared to Texas at 7,021/100,000. In addition, Lee had the highest tobacco usage, asthma rate, and hospitalization rates due to kidney disease and high blood pressure.

### Economic Standing

Across the eight counties, Lee County had the lowest mean income at $70,328, which was also lower than Texas. However, when considering those served by BTCS in Lee County, 36.6% reported a household income less than $25,000.

### Needs Identified by Community Partners

In the 2021 Ascension Seton Community Health Needs Assessment (CHNA), community members stated that one of the challenges is provider isolation, “With such a rural and geographically dispersed region, providers are isolated from each other and therefore have to mostly be self-sufficient in their practice.” In the 2022 St. Mark’s Medical Center Community Health Needs Assessment and Implementation Plan, focus group participants identified “…overall lack of mental and behavioral health care facilities, resources, and services for the community, particularly the youth, elderly, the un/underinsured and low-income populations in the community... The younger or middle age wealthy and middle class can probably find access pretty easily. The underserved have no access through this besides emergency department or law enforcement through crisis.”
### Williamson Community Strengths

**Key**  
- Texas  
- County  
- BTCS

#### Economic Status

Not only was Williamson County the largest county in the BTCS service area and the county with the highest population density, it is also one of the fastest growing counties in the state of Texas. Among the eight counties, Williamson had the highest percentage of individuals with an annual household income over $100,000, which was higher than the Texas average. The county also had the highest mean income at $115,511 and median income at $94,705. It also had the highest population in the labor force at 70.5%.

#### Education & Youth

Schools in Williamson County had an average ranking of 8 out of 10, placing them in the top 30% of Texas public schools. Among all eight counties, Williamson had the highest percentage of individuals receiving a bachelor’s degree at 29.1% and a graduate professional degree at 15.7%.

Considering persons served by BTCS, Williamson County had the highest rate with a higher education including 13.6% with some college and 1.5% with a graduate school degree. Additionally, Williamson County had the lowest rate of economically disadvantaged students at 26%, which was much lower than Texas (60.2%). Specifically for youth, the county had the lowest percentage of individuals under 18 (7%) who were below the poverty level, as well as the lowest child food insecurity at 12.6%.

#### Culturally Responsive Care

Growth in diversity was evident in the demographic makeup of Williamson County. Williamson was made up of 6.5% Black or African Americans and 3.6% Some Other Race. BTCS served 11.7% Black or African American and 3.7% Some Other Race. Additionally, among the eight counties, Williamson had the lowest below poverty levels, with the lowest for White, Two or More Race, and Hispanic or Latino subpopulations.
Among the eight counties, Williamson had the highest makeup of young adults aged 25 to 34 at 13.9%, and 19.1% of the BTCS population was in this age group.

Williamson County had a lower disability rate (9.8%) compared to Texas and the lowest rate among all eight counties. Regarding disability within subpopulations across all eight counties, Williamson had the lowest disability rates for White and Black or African Americans. Disability rates for American Indian and Asian populations were also lower than rates in Texas. Among individuals served by BTCS, Williamson had the highest percentage of individuals with an intellectual or developmental disability (IDD) (10.4%) and autism spectrum disorder diagnosis (3.1%).

Access to Resources
Williamson County had the lowest uninsured rate among all eight counties at 9.6%, which is significantly lower than Texas at 17.6%.

While seven counties in the BTCS service area were classified as professional health shortage areas, Williamson County had the lowest population to provider ratios for primary care and mental health.

Across all eight counties, Williamson County had the lowest food insecurity across all ages. In conjunction, the county also had a higher Food Environment Index (7.8) compared to Texas (5.9).

Williamson County had the most occupied housing units across all eight counties, with the highest rate of households with computers and internet access as well as the lowest percentage of households with no motor vehicle.

Physical & Behavioral Health
Williamson County continues to be ranked as the third healthiest place to live among ranked counties in Texas. Out of all eight counties, Williamson had the lowest percentage of individuals indicating they were in poor or fair health at 11.9%. Williamson also had the lowest poor physical health day average (2.8) and poor mental health day average (4.3).
Again, when compared to all eight counties, Williamson had the lowest rates of asthma, diabetes, kidney disease, heart disease, stroke, high blood pressure hospitalization, and tobacco usage. The county also had the lowest years of potential life lost due to premature deaths at 4,427/100,000. Years of potential life lost due to premature deaths were also lowest across all races and ethnicity groups.

**Strengths Identified by Community Partners**

Through the 2022 Williamson County Community Health Assessment, residents and stakeholders identified the following strengths and assets. Williamson County is home to a network of hospitals, clinics, a Federally Qualified Health Center, a local mental health authority, and health professions universities. According to the Community Health Survey, access to healthcare was ranked as the fourth greatest strength in the county. In addition, participants mentioned a strong network of churches with resources for food distribution, utility support, COVID-19 support, dental care, and other social services. Furthermore, according to the Community Health Survey, 51.4% of survey respondents in Williamson County indicated they were prepared with at least three months of emergency funds for rent, utilities, groceries, and supplies.

**Williamson Community Needs**

<table>
<thead>
<tr>
<th>Key =</th>
<th>Texas</th>
<th>County</th>
<th>BTCS</th>
</tr>
</thead>
</table>

**Mental Health**

Among the eight counties, Williamson had the highest number of deaths by suicide and a higher suicide rate (13.5/100,000) compared to Texas (13.3/100,000). Furthermore, the county had the highest costs related to emergency department (ED) utilization due to mental health, incarcerations of individuals with mental illness, and adults with serious mental illness (SMI). BTCS conducted crisis assessments for individuals in Williamson County at a rate of 13.5%, wherein 20.3% of these individuals also had a hospital admission.

**Youth**

Williamson had the highest cost related to emergency department utilization for adolescents with serious emotional disturbances (SED). Despite overall positive indicators for youth, there were areas within the county with less than favorable outcomes. South Taylor, east of Georgetown, and near Rolling Oaks had 30% or more youth under 17 living below 100% of the poverty level. In addition, there were pockets surrounding the main cities of Georgetown,
Cedar Park, and Round Rock with over 20% of youth aged 16 to 19 who were not enrolled in school and not employed.

Housing
Williamson County has been one of the fastest growing counties in Texas over the past decade, and as more individuals look to make Williamson County their home, there is more disparity in home ownership. The county had the lowest owner-occupied rate of all eight counties at 67.8% but the highest renter occupied rate of 32.2%. About 26.5% of individuals in the county had a housing cost burden of 30% of their annual income which was the highest across the eight counties. Many pockets of substandard housing units exist around the cities of Georgetown, Leander, Cedar Park, Taylor, Round Rock, Hutto and Jollyville.

Culturally Responsive Care
Williamson County had a larger Asian population (7.5%) compared to Texas (5.0%) and the other counties BTCS serves. The population is comprised of persons identifying as Indian (3.9%), Chinese (1%), and Other Asian (0.9%). BTCS reached only 2.6% of persons identifying as Asian in Williamson County.

In addition, the Native Hawaiian and Other Pacific Islander population had the highest poverty levels (20.8%). Among the eight counties, Williamson County also had the highest Native Hawaiian disability rate (1.8%).

Needs Identified by Community Partners
According to the 2022 Ascension Seton Community Health Needs Assessment (CHNA), recent economic development and population growth has caused housing prices to skyrocket in Williamson County over the last few years. Key informants and focus group participants revealed that the lack of affordable housing available within the county is probably one of the most complicated issues for the community. Despite the existence of local housing authorities and Section 8 housing vouchers, people in need of low-income housing often experience long waiting lists. In addition, participants shared that emergency and transitional housing is unavailable in Williamson County. Furthermore, there is a growing population of people experiencing homelessness with untreated mental health issues. The 2022 Williamson County Community Health Assessment also identified the top health challenge as mental health problems and the top service need as affordable housing.
Appendix A:  
Secondary Data Indicator Definitions

Data was collected and analyzed for the 8 counties, as well as for Texas. Indicator definitions provided in the table below.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Indicator Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Poverty Levels</td>
<td>Defined as the use of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty.</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>When a female has had four or more drinks of alcohol in a row, a male has had five drinks of alcohol in a row, within a couple of hours, on at least 1 day during the past 30 days.</td>
</tr>
<tr>
<td>Columbia-Suicide Severity Rating Scale (C-SSRS)</td>
<td>An assessment tool that evaluates suicidal ideation and behavior.</td>
</tr>
<tr>
<td>Economically Disadvantaged Students</td>
<td>Students that are eligible for free or reduced-price lunch or other public assistance.</td>
</tr>
<tr>
<td>Educational Attainment</td>
<td>People 25 years old and over classified according to the highest degree or the highest level of school completed.</td>
</tr>
<tr>
<td>Food Environment Index</td>
<td>A measure that accounts for both proximity to healthy foods and income. This index ranges from 1 (worst) to 10 (best).</td>
</tr>
<tr>
<td>Food Insecurity</td>
<td>A household-level economic and social condition of limited or uncertain access to adequate food.</td>
</tr>
<tr>
<td>Heavy Alcohol Consumption</td>
<td>Defined as at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days.</td>
</tr>
<tr>
<td>Household Income</td>
<td>This includes the income of the householder and all other individuals 15 years old and over in the household during the past 12 months, whether they are related to the householder or not.</td>
</tr>
<tr>
<td>Housing Cost Burden</td>
<td>Households where housing costs are 30% or more of total household income.</td>
</tr>
<tr>
<td>Individuals with Disabilities</td>
<td>Serious difficulty with four basic areas of functioning – hearing, vision, cognition, and ambulation. This captures six aspects of disability: (hearing, vision, cognitive, ambulatory, self-care, and independent living); which can be used together to create an overall disability measure, or independently to identify populations with specific disability types.</td>
</tr>
<tr>
<td>Juvenile Arrests</td>
<td>The number of delinquency court cases per 1,000 juveniles in a county.</td>
</tr>
<tr>
<td><strong>Juvenile Dispositions</strong></td>
<td>Juvenile Disposition of a case may result from action taken by the juvenile department, the juvenile prosecutor, or the juvenile court.</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Language Spoken at Home</strong></td>
<td>The language currently used by respondents at home, either &quot;English only&quot; or a non-English language which is used in addition to English or in place of English. “Other Languages” for county data encompass Arabic, Hebrew, African or Afro-Asiatic and all other unspecified languages.</td>
</tr>
<tr>
<td><strong>Limited English Proficiency (LEP)</strong></td>
<td>Population 5 years or older who self-identify as speaking English less than &quot;very well.&quot;</td>
</tr>
<tr>
<td><strong>Patient Health Questionnaire</strong></td>
<td>A multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression.</td>
</tr>
<tr>
<td><strong>Poor Mental Health Days</strong></td>
<td>Average number of mentally unhealthy days reported in past 30 days (age-adjusted).</td>
</tr>
<tr>
<td><strong>Poor or Fair Health</strong></td>
<td>Percentage of adults reporting fair or poor health (age-adjusted).</td>
</tr>
<tr>
<td><strong>Poor Physical Health Days</strong></td>
<td>Average number of physically unhealthy days reported in the past 30 days (age-adjusted).</td>
</tr>
<tr>
<td><strong>Population percent change estimate (2020-2021)</strong></td>
<td>The difference between the total population estimate of an area from 2020 to 2021, expressed as a percentage of the beginning population.</td>
</tr>
<tr>
<td><strong>Severe Housing Problems</strong></td>
<td>The percentage of households with one or more of the following problems: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) one or more occupants per room, 4) monthly owner costs as a percentage of household income is greater than 30%, and 5) gross rent as a percentage of household income is greater than 30%.</td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
<td>The percentage of adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.</td>
</tr>
<tr>
<td><strong>Veterans</strong></td>
<td>A “civilian veteran” is a person 18 years old or over who has served (even for a short time), but is not now serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II.</td>
</tr>
<tr>
<td><strong>Years of Potential Life Lost (YPLL)</strong></td>
<td>Years of potential life lost before age 75 per 100,000 population (age-adjusted). Used as a measure of the rate and distribution of premature mortality.</td>
</tr>
<tr>
<td><strong>Youths Not in School and Not Working</strong></td>
<td>Youth ages 16-19 who are not currently enrolled in school and who are not employed.</td>
</tr>
</tbody>
</table>
Appendix B: References


ii https://www.cdc.gov/publichealthgateway/cha/index.html


v https://www.cdc.gov/publichealthgateway/cha/index.html

vi https://www.census.gov/data/developers/data-sets/acs-5year.html


