

Be Well Victoria

Collaborative Approaches to Well-Being in Rural Communities Common Agenda

March 8, 2021



www.lynfro.com

Table of Contents

| Background and Context |
|---|
| Early Years of Coalition Development |
| Evolving Collaborative Model and Community Engagement Approach4 |
| Historically Excluded Groups4 |
| Lessons Learned5 |
| Vision Statement, Mission Statement and Guiding Principles5 |
| Vision Statement6 |
| Mission Statement6 |
| Guiding Principles6 |
| County Problems Collaborative Seeks to Address |
| Root Causes |
| Proposed Systems-Level Strategies Addressing Root Causes and Complex Problems |
| Scenario Planning7 |
| Comparative Strengths8 |
| Strategy Screen8 |
| Identified Strategies9 |
| Strategy 1: Living History and Community Conversation Series9 |
| Strategy 2: Empowering Historically Excluded People9 |
| Strategy 3: Streamlining Access to Services and Supports |
| Framework for Change and Implementation Plan for Each Strategy 10 |
| County Assets & Resources |
| Collaborative Structure |
| Lead Organization for the Implementation Phase16 |
| Marketing and Communication Strategy during Implementation Phase |
| Planning for Learning: Shared Measurements |
| Budget and Sustainability |
| Itemized Budget |
| Sustainability19 |





This Common Agenda was drafted as a result of nine Be Well Victoria Steering Committee meetings over the course of the summer and fall of 2020. These meetings were facilitated by <u>Lynda Frost</u> and <u>Carl Hunter</u> and relied on participatory methods primarily drawn from the <u>Liberating Structures</u> portfolio of methods. As detailed in the guide produced by the Alliance for Greater Works, the Common Agenda has 3 purposes:

- To present the outcome of research, consultations, and learning in the community.
- To outline the key goals and strategies Be Well has agreed to and will use to implement its strategies.
- To map out how Be Well will work together, including a budget and the governance model.

Background and Context

Be Well Victoria began in 2018 through a generous grant from the Hogg Foundation for Mental Health with an aim to taking a grassroots approach to community well-being. This focus on well-being turns on its head a traditional emphasis on mental illness and its associated symptoms. Instead, Victoria County looked to engage the broad community, especially historically excluded groups, in promoting conditions and implementing changes that would enable the entire community to flourish. The Steering Committee began the planning process by adopting the California Endowment's framework for health equity in their <u>Building Healthy Communities</u> initiative, which noted "the actual approach was designed to allow for evolution and continuous learning after significant interaction with community partners who would not only shape the priorities but shape the strategies." The Steering Committee agreed to deeply engage the full group and distribute participation in order that the strategic plan benefits from all the wisdom in the room. It designed for a complex and changing environment and build a plan (and a collaborative) that is adaptive.

Early Years of Coalition Development

In its first year, Be Well Victoria hosted monthly coalition meetings averaging 22 attendees. In addition, it convened monthly community meetings in Southside Victoria and the Crestwood community to include and engage historically excluded populations from those neighborhoods. Coalition members attended Christ's Kitchen, the only local soup kitchen, weekly to fellowship with community members who could bring historically excluded voices to the coalition. The coalition also developed a Steering Committee composed of representatives from key stakeholders to meet monthly to discuss coalition meeting agendas, plans, and possibilities.

During the first year, the coalition used processes grounded in Results-Based Accountability on a quarterly basis to refine and improve its strategies. The coalition was pleased to see strong attendance and participation in its meetings. This engagement expanded to include broader participation in the Victoria City Council and the VISD school board meetings. The coalition also brought a NAMI support group to Victoria and Prosumers International wellness and recovery support group.

In the early phase, it was challenging to overcome a lack of trust of local government entities, which had a lengthy history. The hope was that high frequency engagement with historically excluded groups would build greater trust over time. Be Well Victoria met monthly with historically excluded people through the Southside, Crestwood, and Christ's Kitchen gatherings and hosted a focus group through First United Healthcare Ministries. To expand outreach to historically excluded groups living in unincorporated areas of Victoria County (primarily Bloomington and Placedo), Be Well Victoria collaborated with faith-based and community organizations to engage those neighbors.

In its second year, the reality of the pandemic demanded important changes to the work of Be Well Victoria. Most coalition meetings shifted to virtual meetings through Zoom and increased in frequency to enable the coalition to pivot and respond to evolving needs in the community. For example, coalition members noted that unhoused people in the community lacked access to soap and water. After a series of meetings with city officials and other organizations, stakeholders created several hand washing stations and a community shower to address these





needs. In addition, heightened awareness and outcry about racism and social injustice has prompted strong community leaders to join the Steering Committee in order to effect social change in the community. Some inperson meetings continue, for example the Southside and Christ's Kitchen meetings, and provide a ready means to regularly seek input and feedback from a broader sector of the community. Coalition members served as liaisons to other meetings such as City Council, Commissioner's Court, and other civic events. As a result of Be Well Victoria, many historically excluded people engaged in the Census Task Force. Following another civic meeting, a computer lab was set up at the workforce center to help community members seeking employment or applying for benefits.

As the COVID crisis deepened, it became clear that many community members faced acute challenges. Three key barriers for community members are lack of housing, transportation, and access to mental health or healthcare. Additional challenges include not having a driver's license or other required forms of identification, lack of assistance in completing applications and navigating resources, and poor access to phone or computers have made our neighbors even more vulnerable. Be Well Victoria has strategically come up with ways that we can move forward as a team with our local organizations instead of individually. We recognize our advantages by having "boots on the ground" in the community and the importance of a warm hand off to the many resources in our community that have received state and federal COVID-relief funding.

During the second year, Be Well Victoria has learned that our most important commitment is to take the time to build relationships within our community. The trust that we have earned by our historically excluded people is our greatest strength. This has resulted in coalition members taking ownership and showing up to meetings, participating in events, and committing to surveys and evaluations that are essential to push this initiative forward. The Be Well Victoria Coalition has learned that there are some issues within our community that are systemic and will take more than a good program to "fix".

Evolving Collaborative Model and Community Engagement Approach

The third year of the coalition has focused on articulating the coalition's model and planning for the next years. Be Well Victoria is a community coalition shaped using the <u>Community Coalition Action Theory</u> (CCAT) model. This model details <u>14 constructs with related propositions</u> that guide successful coalition development. While the development process is not linear and often involves cycling back to earlier constructs to deepen the work, it is fair to say that during the fall of 2020, Be Well successfully moved up through construct 10 as it engaged in comprehensive planning and developed this Common Agenda.

Be Well Victoria is hosted by the Victoria County Department of Public Health. It is guided by a Steering Committee composed of representatives of local entities that share the goals of the coalition. The Steering Committee began the planning process in July 2020 and engaged in complex discussions at 9 meetings through December of 2020 to develop the content for this Common Agenda.

In the planning process, Be Well was guided by Lynda Frost (Lynfro Consulting) and Carl Hunter II (Invictus Consulting Group). The consultants brought in methods from the <u>Liberating Structures</u> repertoire, methods designed to ensure that anyone within a system could work with a group more effectively, diffuse change more quickly, and shape their future with more inclusion than they would be able to by using traditional forms of interaction. A distinct aspect of Liberating Structures is that leading change is not relegated to those deemed experts in the change process—any willing participant can be thoughtfully engaged and included to ensure ownership over a shared future. During the planning process, local coalition members were trained to facilitate using a few of the structure, thus enabling them to continue facilitating in a more participatory manner (virtually, if necessary) once the consultants' work was done.

Historically Excluded Groups

Victoria County is a predominantly White county. According to the latest <u>U.S. Census data</u> (for July 1, 2019, and using the language of the U.S. Census Bureau), the racial composition of Victoria County was as follows:





| Race | Victoria County Population | Percentage |
|--|----------------------------|------------|
| White | 82,376 | 89.5% |
| Black or African American | 6,047 | 6.6% |
| American Indian and Alaska Native | 824 | 0.9% |
| Asian | 1,304 | 1.4% |
| Native Hawaiian and Other Pacific Islander | 83 | 0.1% |
| Two of More Races | 1,447 | 1.6% |
| Total | 92,081 | _ |

In terms of ethnicity, the same database shows that 44,052 individuals (or 47.8% of the population) in Victoria County identifies as Hispanic.

The racial diversity of Be Well Victoria membership and leadership exceeds the diversity of the broader community. Gathering stories from coalition members, particularly historically excluded people, has played an important role from the start. These stories can address stigma and help build connection. Early stories were published in local media (for example here and here and here and here and in the next phase, the coalition plans to compile a more comprehensive oral history of Victoria County, with a particular focus on racial equity issues.

Lessons Learned

At the end of the planning process, the design team assessed learnings from the facilitation process. People agreed that there were few roadblocks or challenges, despite the external pressures of 2020. Not meeting in person was a challenge for some community members, particularly historically excluded groups. Given the significant time commitment, it was hard for some active leaders in the community to participate, although there was a small highly committed group. Even with all the meetings, it sometimes felt like more time would be useful. Keeping everyone engaged around clear goals and connecting the meeting process to the Common Agenda can be a challenge.

Successes from the planning process include developing the Common Agenda with a clear vision for where the coalition is headed. Building that plan with a diverse group of coalition members and a passionate Steering Committee engendered great relationships and trust in the community. The participatory process in which participants felt valued unearthed additional opportunities for the coalition.

Key lessons learned include:

- Having a design team was helpful in designing and facilitating relevant, effective meetings
- External facilitation was helpful, as was the approach using Liberating Structures
- Having skilled, enthusiastic point people in the community makes all the difference
- Effective planning necessitates that goals and objectives are clearly defined
- People are eager to collaborate and plan together
- Planning can be fun!

In the end, people were grateful for the opportunity to do in-depth planning and are excited about implementing the Common Agenda.

Vision Statement, Mission Statement and Guiding Principles

After a number of interactive processes, the Steering Committee and broader coalition membership agreed on an inspiring vision, mission, and principles to guide the coalition.





Vision Statement

Vision:

Victoria is a safe and inclusive community where <u>everyone</u> -- especially historically excluded people -- feels valued and has the opportunity for a healthy and prosperous life.

Mission Statement

Mission:

Be Well Victoria is a nonprofit coalition working to improve the spiritual, mental, and physical wellbeing of <u>every individual</u> regardless of economic status, gender, sexual orientation, religion, or race.

Guiding Principles

Guiding Principles:

Respect: Value the opinions and perspectives of others

Open-mindedness: Listen with curiosity and withhold judgment

Engagement: Actively participate and collaborate toward common goals

Inclusion: Value diversity and welcome historically excluded individuals and populations

Intentional Community: Build relationships among a diverse group of community members and agencies to create an empowering support system

County Problems Collaborative Seeks to Address

Be Well recognized that not everyone could participate in the Steering Committee meetings and wanted to ensure that a broad cross-sector of the community – especially historically excluded people – participated in the visioning process. The coalition collaborated with the <u>Texas Smart-on-Crime Coalition</u> to host a facilitated interactive online meeting to identify what happens to people in Victoria County who have substance use conditions. What works well and what's missing? The meeting generated a rich amount of information for the Common Agenda planning process and also for the Smart-on-Crime Coalitions' statewide advocacy efforts.





demographic questions, the survey asked:

In addition, Be Well Victoria developed a brief survey that was emailed to various groups so that individuals could either provide input directly or provide input to a member of the collaborative who noted the input in the survey form. Over the course of several months, 35 people participated in the survey, reflecting a broad range of ages (from youth to over 65) and races and ethnicities (under 42% identified as White and not Latino(a)). Aside from

- What is most important for your wellbeing and the wellbeing of your community?
- Does inequality exist in Victoria and, if so, how do we address it?

Respondents reported a wide range of priorities as being most important for well-being. These ranged from basic necessities like food and housing to more abstract needs like feeling safe, supported, and represented. The Steering Committee reviewed each response in order to incorporate the feedback in the planning process.

In contrast, only one respondent felt that inequality doesn't exist in Victoria. The rest suggested a number of actions to address inequality, including hosting honest conversations, raising up leaders in all segments of the community, reforming criminal justice, improving broadband access, addressing educational opportunities, and building empathy. The Steering Committee used these suggestions as they developed the Common Agenda.

Root Causes

Be Well Victoria recognizes the need to address the underlying causes of challenges in Victoria County. The Steering Committee engaged in extensive discussions about the root causes of poor mental health and well-being at the community and systems level. This process led to identifying three root causes that constitute the key county problems the collaborative seeks to address:

Root Causes of Poor Mental Health and Wellbeing:

- De-humanizing and stigmatizing others
- Inequality in income and access to services
- Racism

The Steering Committee used these root causes as the basis of the Common Agenda, ensuring that strategies developed seek to address the underlying challenges in Victoria County.

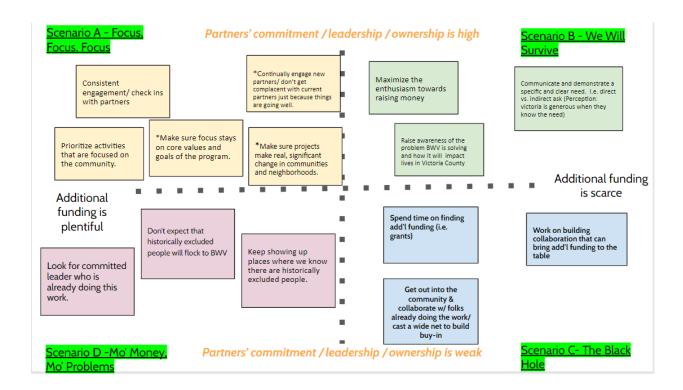
Proposed Systems-Level Strategies Addressing Root Causes and Complex Problems

Scenario Planning

Strategy selection can be a complicated process. Particularly during a time of profound complexity and change, it is challenging to identify robust strategies with a good probability of success. To support the selection process, the Steering Committee engaged in a scenario planning process designed to highlight key approaches that are likely to succeed in different future environments. The group explored scenarios where the level of commitment of member organizations varied and where the level of additional funding varied. Approaches that would work in multiple environments are particularly appealing, since there is no certainty of what the future environment will actually be. Below is a summary of approaches for each scenario:







Comparative Strengths

The Steering Committee took a strengths-based approach to identifying high priority strategies. It worked to identify advantages or strengths that Be Well Victoria has in comparison to other organizations with overlapping missions. These should be visible, obvious, and measurable ways in which Be Well Victoria differs from and is better than its peers.

After a discussion of various similar organizations, the group identified three comparative strengths:

Be Well Victoria's Comparative Strengths:

- BWV is a community-driven grassroots effort
- BWV treats all people equally
- BWV has an outside funding source

Strategy Screen

To guide the collaborative, the Steering Committee developed a strategy screen, which is a tool with specific decision-making criteria to help Be Well decide on high priority strategies or initiatives. The strategy screen contained five criteria – criteria that the group deemed essential to adopting any new strategy -- including being consistent with Be Well's mission, reinforcing its comparative strengths, addressing the root causes, working to change policies and procedures, and intentionally including historically-excluded people.

Below is the strategy screen developed by the group:





STRATEGY SCREEN to decide whether a proposed strategy is consistent with Be Well Victoria's identity.

Across the top, write each potential strategy. Rate each strategy from strong (3) to medium (2) to weak (1) on each criterion and write the number in the appropriate box. Total the columns and use the numbers to spur conversation, not to make the final decision.

| | Option A: | Option B: | Option C: | Option D: |
|---|-----------|-----------|-----------|-----------|
| | | | | |
| | | | | |
| We will undertake strategies that: | | • | | |
| Are consistent with our mission as a nonprofit coalition working | I | T | | |
| to improve the spiritual, mental, and physical wellbeing of every | | | | |
| individual regardless of economic status, gender, sexual | | | | |
| orientation, religion, or race. | | | | |
| Build on or reinforce our current comparative strength of being a | | | | |
| nimble, community-driven grassroots effort that treats all people | | | | |
| equally and has an outside funding source. | | | | |
| Address the root causes of de-humanizing and stigmatizing | | | | |
| others, inequality in income and access to services, and racism. | | | | |
| | | | | |
| | | | | |
| Work to change policies and procedures as well as hearts and minds. | | | | |
| minds. | | | | |
| | | | | |
| Intentionally include historically excluded people in the decision | | | | |
| making process. | | | | |
| | | | | |
| TOTAL | | | | |
| TOTAL | | | | |
| <u> </u> | l . | 1 | 1 | |

The Steering Committee used the Strategy Screen to rate five proposed strategies that had emerged over the course of several meetings. To gain more feedback on the proposed strategies, members also distributed a survey with the proposed strategies to gauge whether grassroots responders brought a different perspective than Steering Committee members. In the end, the process resulted in three key strategies of varying complexity.

Identified Strategies

Strategy 1: Living History and Community Conversation Series

This strategy aims to address stigma and inequity by telling true stories of community member experiences. There are two key projects designed to further this strategy:

- Document a local history of Victoria County and connect personal histories to present-day inequality
- o Develop a StoryCorps-style communication campaign to reduce stigma

Steering Committee volunteers to develop and implement this strategy include Laura Mammina, Bethany Castro, Jill Blucher, Kayla Gutierrez, and Jodi Yancey Sandoval.

Strategy 2: Empowering Historically Excluded People

The second strategy focuses on providing training and support to empower community members to advocate for themselves and for better use of resources. This strategy is in an earlier phase of development. The Steering Committee noted that Participatory Defense is a community organizing model worth exploring during the design





phase of this strategy. Steering Committee volunteers for this strategy include Bethany Castro, Kim Pickens, Kayla Gutierrez, and Jodi Yancey Sandoval.

Strategy 3: Streamlining Access to Services and Supports

This complex strategy seeks to create a single point of access organization -- a community resource center -- to reduce barriers to accessing services and supports. To work from quality information, an early step will be to do a county-wide needs assessment. Be Well Victoria will partner with other key community stakeholders to plan the center and seek additional funding to implement the plan. Steering Committee volunteers for this strategy include Bethaney Myers, Jill Blucher, Kim Pickens, Bethany Castro, Kayla Gutierrez, and Jodi Yancey Sandoval.

Framework for Change and Implementation Plan for Each Strategy

Steering Committee members worked in subcommittee to begin designing each strategy, identifying key tasks, a rough timeline, potential partners, expenses, and intended outcomes. The first strategy is built on a partnership with the University of Houston – Victoria and is fairly well elaborated.

Strategy #1: <u>Living History and Community Conversation Series</u> [Spring 2021 — Fall 2022]

| Task | Timeline | • | Proposed Partners & Responsibilities | Cost & Budget | Benefit Analysis of Social Return |
|---|-------------------------------|--|--|------------------|--|
| Collect oral histories in the Victoria region and release a podcast-style series to share perspectives from the rich diversity of the community | | Train faculty, students, and community partners to conduct professional-quality interviews; produce podcasts | | \$4,200 | Community members feel heard and recognized |
| Host 2 roundtable discussions and luncheon panels based on the oral histories | Spring of 2022 | • | UHV Diversity and Race Task Force, faculty, students | \$6,000 | Community members expand their understanding of key themes |
| Produce 2 videos to introduce the project and capture personal reflections during live community events | Fall of 2021- Fall of 2022 | capture highlights | UHV Diversity and Race Task Force, faculty, students | \$10,000 | Victoria builds an institutional memory of its history |
| Develop a StoryCorps-style communication campaign to reduce stigma | 2023 | Enable community members to capture their reflections and experiences | | | Community members directly contribute to Victoria's collective memory |





The second strategy, empowering historically excluded people, is the bedrock underlying all the work and aspirations of Be Well Victoria. Any skill-building or training must be identified in partnership with historically excluded people and the approach must be driven by them.

Strategy #2: Empowering Historically Excluded People: [Spring 2021 - Spring 2026]

| Task | Timeline | Description | Proposed Partners & Responsibilities | Cost & Budget | Benefit Analysis of Social Return |
|---|------------------------------|--|---|------------------|--|
| Continue hosting meetings in historically excluded communities like Southside and Christ's Kitchen | | | | | |
| Increase outreach to unincorporated areas of Victoria County (Bloomington and Placedo) through faith-based and community organizations in those neighborhoods | Fall 2021 — Spring 2026 | | | | |
| Research relevant training programs | Spring 2021 | | | | |
| Provide skill-building and advocacy training to community members | Spring 2021 – Spring 2026 | Range of topics, e.g. how local government works | Junior League, Just- us, UHV | | Community members do work on their own behalf |
| Provide mindset / poverty trainings to providers | Spring 2021 — Spring 2026 | Quarterly meetings for volunteers / providers | | | Providers exhibit empathy / compassion |
| Support peer-to-peer engagement | Ongoing | Provide support and networking | | | Peers exhibit resilience |
| Connect to existing coalitions | Ongoing | | Texas Smart-on- Crime Coalition; Homeless Coalition; CRC Coalition | | Partnerships lead to meaningful outcomes |

The third strategy is focused on developing a Community Resource Center that will serve as a single point of access to services and supports in Victoria County. The complexity of this strategy necessitates deep collaboration with other stakeholders. As a result, many of the details in the implementation of the strategy will be determined in partnership with those stakeholders.

Strategy #3 Streamlining Access to Services and Supports: [Start date – end date]

| Task | Timeline | • | Proposed Partners & Responsibilities | Benefit Analysis of Social Return |
|--------------------------------------|----------|------------------------|---|--------------------------------------|
| Attend United Way Community Resource | Ongoing | Join existing planning | Determined by | |
| Center planning committee meeting | | committee | committee | |





| Conduct community-wide needs | Fall 2021- | | |
|---------------------------------------|--------------|--|--|
| assessment | Spring 2022 | | |
| Finalize plan for Community Resource | Spring 2021- | | |
| Center | Spring 2022 | | |
| Seek additional funding to support | Spring 2021- | | |
| Community Resource Center | Spring 2022 | | |
| Implement plan for Community Resource | Summer | | |
| Center | 2022- Spring | | |
| | 2026 | | |

County Assets & Resources

Over the last 3 years, Be Well has identified – and often collaborated with – a number of assets and resources that will facilitate the implementation of the Common Agenda. These organizations and institutions are important collaborative partners for the next phase and potentially bring key intellectual, financial, and in-kind resources to the table. The assets and resources are described below.

Members who are unhoused

Victoria Mayor Rawley McCoy

Victoria County Commissioner Danny Garcia

University of Houston of Victoria

Executive Director of Perpetual Help Home Bethany Castro

Golden Crescent Workforce

Prospera Community Housing Services

Mid-Coast Family Service

Golden Crescent Center for Aging and Disabilities

Golden Crescent Food Bank

Victoria Advocate

Victoria News Center 25

Victoria Meals on Wheels

Christ's Kitchen

United Methodist Healthcare Ministry

United Way

Victoria Community Health Clinic

Texas Smart-on-Crime Coalition

Collaborative Structure

Be Well Victoria worked hard to include participation from a broad cross-sector of the community. The various community sectors included health care / hospitals, health and human services (HHS), education, law enforcement, government, business, youth, religion, culture, and other residents. Key participants are listed below:





| Name | Business Affiliation | Sector |
|-----------------------|--|---------------------------|
| Calk, Kem | Gulf Coast Regional Planning | Health and Human Services |
| Blucher, Jill | United Way | |
| Mammina, Laura | University of Houston – Victoria | |
| Rossman, Yvonne | KIDZ Connection | |
| Pickens, Kim | Humility Project | |
| Hastings, Trish | Christ's Kitchen | |
| Hooker, Sam | C ₃ Victory | |
| Powell, Wade | First United Methodist Church | |
| Flowers, Savanna | Blooming Flowers | |
| Gutierrez, Kayla | Victoria County Public Health Department | Government |
| Sandoval, Jodi Yancey | Victoria County Public Health Department | Government |
| Acosta, Linda | Prospera/ Houston House | HHS |
| Shorts, Jizyah | Victoria County Public Health Department | Government |
| Way, Nicole | Gulf Bend | Health care/ Hospitals |
| Myers, Bethaney | Gulf Bend | Health care/ Hospitals |
| Castro, Bethany | Perpetual Help Home | HHS |
| Ford, Willie Mae | Salter Chapel | Religion |
| Hicks, Chanel | UHV | Education |
| Stolte, Elizabeth | | |
| Willeman, Terry | | |
| Deadrick, DeWayne | | |
| Garcia, Joey | Community Member | Resident |
| Harris, LaShaundrea | Prospera/ Houston House | HHS |
| Sams, Tyler | Resident Student | Health care/ Hospitals |
| Stryk, Lisa | Community Member | Resident |
| Watson, Abigail | Youth | |





| Name | Business Affiliation | Sector |
|-----------------------|--|-------------------------|
| Gutierrez, Kayla | Victoria County Public Health Department | Government |
| Sandoval, Jodi Yancey | Victoria County Public Health Department | Government |
| Blucher, Jill | United Way | |
| Castro, Bethany | Perpetual Help Home | HHS |
| Mammina, Laura | University of Houston – Victoria | |
| Rossman, Yvonne | Kid's Connection | |
| Meyers, Bethaney | Gulf Bend | Health care / Hospitals |
| Pickens, Kim | Humility Project | |
| Hastings, Trish | Christ's Kitchen | |
| Hooker, Sam | C ₃ Victory | |
| Powell, Wade | First United Methodist Church | |
| Flowers, Savanna | Blooming Flowers | |

| Name | Business Affiliation | Sector |
|----------------------------|---|-----------------|
| Adame, Racheal | Liberty Coffee Haus | |
| Avila, Ann | VISD | |
| Williams- Capone, Dayna | Victoria Public Library | City Government |
| Darst, Pasley | Community Health Clinic | |
| Ellsworth, Debbie | American Red Cross | HHS |
| Jarrett, Sam | | Health Care |
| Ada, Michael | Gulf Coast Regional Planning | HHS |
| Batte, Gary | | Religion |
| Bergeron, Maggie | City of Victoria Planning Administrator | |
| Bilenstein, Bruce | Christ's Kitchen Community Group | |
| Cano, Ashley | Texas Healthy Community | |
| Chance, Glenn | Provost, UHV | |
| Correll, Melissa | VISD | |
| Crane, Hannah | Gulf Coast Regional Planning | HHS |
| Estrada, Frank | Christ's Kitchen Community Group | Resident |





| Estrada, Martina | Christ's Kitchen Community Group | Resident |
|--------------------|---|------------|
| Etienne, Mike | Assistant City Manager | |
| Frankson, David | Christ's Kitchen Community Group | |
| Garcia, Brooke | United Way of Victoria | |
| Garcia, Ersilia | Community Member | Resident |
| Garcia, Joey | Southside Community Group | |
| Gordon, Leah | Crestwood Community Group | |
| Hicks, Chanel | UHV | |
| Janek, Rebecca | Southside Community Group | |
| King, Nydra | VPHD / Community Member | |
| Long, Debbie | Christ's Kitchen Community Group | |
| Long, Johnny | Christ's Kitchen Community Group | |
| Marr, Justin | Sheriff | |
| Martin, Marilyn | Assistant for Geanie Morrison | |
| McCarthy, Ciara | Victoria Advocate Newspaper | |
| McCoy, Rawley | Mayor | |
| Menchaca, Celeste | City of Victoria Development Coordinator | |
| Miller, Cheryl | Crestwood Community Group | |
| Molten, Terri | Business Consultant / UHV Business Program Board | |
| Morrison, Geanie | Texas House of Representatives | |
| Olivarez, Jesse J. | Food Bank | HHS |
| Padron, Sally | Southside Community Group | |
| Patton, Amina | UHV | |
| Perez, Delilah | Victoria County Public Health Department | Government |
| Perrault, Kim | Crestwood Community Group | |
| Pitendrigh, Nadya | UHV | |
| Roberts, Cindy | Christ's Kitchen Community Group | |
| Rojas, Lisa | Crestwood Community Group | |
| Rosales, Tina | Crestwood Community Group | |
| Salazar, Nicole | Resident / Family Coordinator Head Start | |
| Sandoval, Joey | | |
| | | |





| Saum, Shane | Assistant for Geanie Morrison | |
|------------------------|---|-----------------|
| Stafford, Angie | VPHD Parents as Teachers / Children's Connect | |
| Sturm, Mariam | Southside Community Group | |
| Swargan , Sadie | Christ's Kitchen Community Group | |
| Thomas, Shea | Christ's Kitchen Community Group | |
| Thompson, Mackie | Christ's Kitchen Community Group | |
| Tomek, Beverly | UHV | |
| Turner, John | Victoria PD | Law enforcement |
| Urbano, Justin | Southside Community Group | |
| Vela, Sara | Vela Farms | |
| Weaver, Emily | Victoria Advocate Newspaper | |
| Wells, Kenneth | Victoria Sheriff's Department | |
| Westbrook, Carl | John Wesley United Methodist | Religion |
| Williams, Liz | Southside Community Group | |
| Ms. Wilma | Southside Community Group | |
| Wiblishauser, Michael | UHV | |
| Zempel, Lavina | C ₃ Victory | Religion |

Lead Organization for the Implementation Phase

The lead organization for Be Well Victoria will continue to be the Victoria County Public Health Department. The Steering Committee went through a thorough assessment process and weighed the pros and cons of moving to a different organizational structure. There was some consideration of forming a new 501(c)(3) to lead the project. Participants appreciated the autonomy and nimbleness that would come from becoming an independent nonprofit but were worried about the demands of building out the infrastructure. The time and expense of creating a nonprofit and staffing it raised some concerns. A key consideration was the difficulty of providing health insurance for staff, as the Steering Committee found this to be a non-negotiable requirement in a wellness-focused organization. In addition, the County's access to decision making agencies and stakeholders could provide important opportunities to influence. In the end, the Steering Committee decided that the current structure has led to worthy outcomes and there was no compelling need to change a currently successful approach.

There is a strong hope that Kayla Gutierrez and Jodi Yancey-Sandoval will remain as leaders of Be Well Victoria. To ensure sustainability, the coalition has developed updated job descriptions for the two positions based on skills required to implement the Common Agenda. The draft job descriptions have been vetted by the Health Department's personnel unit and are consistent with the requirements of the county.





Marketing and Communication Strategy during Implementation Phase

The Victoria County Public Health Department is continuing to build community awareness of Be Well Victoria and engagement around implementing the Common Agenda. In the first year of the coalition, marketing consultant Brandi Williams provided assistance with branding, public relations, and marketing. Dozens of articles have appeared in the local paper, the *Victoria Advocate*, that detail the development and impact of the coalition. The coalition will continue an active presence on <u>Facebook</u> and will explore other social media options.

The Health Department is well situated to archive the Common Agenda and preserve it for future reference. The County has well-developed document retention policies and the Common Agenda will fall under those requirements. In addition, the Victoria Public Library has been an active member of Be Well Victoria and will be invited to archive the Common Agenda as well.

Planning for Learning: Shared Measurements

Clear metrics are an important part of gauging our success in achieving our goals. The Steering Committee developed shared metrics to measure progress and report out to the broader community. The shared measurements below may adapt based on learnings as Be Well Victoria enters the implementation phase, but they provide a good starting point for aligning the collective work. This framework is designed not only to hold each other accountable, but also to provide a platform to boost lessons learned from the implementation process.

| Objective | Who are your partners? | How will success be measured? | metrics for | How will results be shared with the community? |
|---|--|--|--------------------------------|---|
| To train staff, faculty, UHV students, and community partners to conduct professional-quality interviews; produce podcast | UHV Diversity and Race Task Force, faculty, students | Well attended training | | Social media platforms. |
| To host roundtable discussions and luncheon panels based on oral stories | UHV Diversity and Race Task Force, faculty, students | Well attended and diverse discussions | Number of people in attendance | Share in a Public Forum. |
| To produce videos to introduce the project | UHV Diversity and Race Task Force, faculty, students | Voices of Community member who have been historically excluded will be included in the collection of stories | | Stories will be archived at UHV and Victoria County |
| To provide skill-building and advocacy training to community members | UHV, Junior League. Just Us, UHV, local non-profits | members do work on their own behalf | | Shared on social media platform and website. |





| | | | attending city and county meeting | |
|--|---|-----------------------------|--|---|
| To support peer-to- peer engagement | Texas Crime Coalition, Just Us, Homeless Coalition, community meeting | Peer exhibit resilience | Number of community members attending meeting and receiving support from coalition members | |
| To provide mindset/poverty trainings to community member | Alliance for Greater Works, Quantum Circle Consulting | | | Sign in sheet and minutes archived |
| To attend resource center planning committee meetings | United Way, Gulf Bend, Perpetual Help Home, Mid-Coast Family Services, VISD, Texas Home Visiting, Billy T. Cattan, Long-Term Recovery Group, Community Action, and other partners determined by committee | | attending planning | Update progress of planning at scheduled community meetings. |
| To conduct community-wide needs assessment | * | Conducting needs assessment | assessment by December 2022. | Shared with community via VCPHD website, community partners, and local media. |
| To finalize plan for Community Resource Center (CRC) | CRC planning committee | | | Update progress of planning at scheduled community meetings. |
| To collaborate with CRC planning committee on ways to seek additional funding for resource center. | CRC planning committee | | | Update progress of planning at scheduled community meetings. |
| To collaborate with CRC planning committee to implement plan for Community Resource Center | CRC planning committee | | | Update progress of planning at scheduled community meetings. |

Budget and Sustainability

Itemized Budget





| Budget Items | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 2025-26 |
|---|-----------|-----------|-----------|-----------|-----------|
| Personnel | \$114,555 | \$114,698 | \$114,846 | \$46,312 | \$46,371 |
| Contractors/Consultants | \$O | \$0 | \$0 | \$15,000 | \$15,000 |
| Meetings & Events | \$4,500 | \$4,500 | \$4,500 | \$5,000 | \$5,000 |
| Travel – Overnight & Non-Overnight | \$5,000 | \$5,000 | \$5,000 | \$7,688 | \$7,688 |
| Materials & Supplies | \$2,000 | \$2,000 | \$2,000 | \$3,000 | \$3,000 |
| Special Projects | \$10,309 | \$10,166 | \$10,018 | \$59,364 | \$59,305 |
| Overhead (capped at 10% of subtotal including up to \$50,000 from contractors/ consultants) | \$13,636 | \$13,636 | \$13,636 | \$13,636 | \$13,636 |
| TOTAL | \$150,000 | \$150,000 | \$150,000 | \$150,000 | \$150,000 |

Sustainability

Be Well Victoria has planned for sustainability in several ways. The first strategy is designed to document Victoria's history for posterity and will be archived by the University for years. The conversations coming out of the first strategy are designed to expand understanding and awareness among community members and leaders. That expanded understanding will result in policies and practices that reinforce the goals of Be Well Victoria and will be sustained as key stakeholders perform their key job duties on an ongoing basis.

The second strategy entails substantial capacity building among community members. Because of the relationships forged during this process, new community members will be educated by current members as people engage in community meetings and policy development. Although Be Well Victoria may want to raise funds for additional training in the future, the partner agencies also have training budgets that could support mission-consistent community trainings.

The third strategy will require significant external funding. The Hogg grant will enable Be Well Victoria to participate in the planning process and shape the design of the Community Resource Center (CRC). It may also incentivize other funders to support aspects of the CRC. Key partners already prioritize the creation of a CRC and plan to allocate some of their budget for its creation and operation. Once the CRC is established, its ongoing operation should fall within the annual budgets of several key stakeholders.

Be Well Victoria appreciates the generous support from the Hogg Foundation. It has enabled a small, typically overlooked community to make great strides forward in becoming an inclusive and healthy community. If additional funding should become available, it would be quite helpful, especially in incentivizing other contributors to fund the single point of access organization envisioned in the third strategy. The coalition would welcome the opportunity to elaborate on these future plans if that would be helpful and relevant to the foundation.



