# Section III. Community Needs Assessment

The community needs assessment for RHP 17 aims to describe the health status of the region by presenting data and tables on demographics, insurance coverage, healthcare infrastructure, projected changes in the region and key health challenges. This information is important to the community, stakeholders, counties, hospitals, clinics, local mental health authorities, and public health districts to better understand the health concerns of the region. This data is essential for developing broad, meaningful Delivery System Reform Incentive Payment (DSRIP) projects that will result in health care system transformation for RHP 17.

## Community Needs Assessment Approach

RHP 17 approached the community needs assessment through a four-step process that occurred primarily during the early months of plan development. First, the anchor team compiled secondary data from multiple sources, including those suggested by the Health and Human Services Commission, for each county in the partnership. Any existing local assessment data was added to it. Second, the compiled assessment information was distributed to IGT entities and local stakeholders in each county and reviewed in meetings held in each county. Upon review and discussion of the assessment data, stakeholders were asked to submit any additional data they might have and to begin identifying priority areas. Third, the IGT entities were brought together to discuss priority areas; the premise was to indicate what type of transformational activities they would support if they were to put up IGT based on the deemed priorities for their communities. Finally, the priority areas were summarized by county and at the regional level and disseminated to providers and other stakeholders for planning, who were again asked to submit additional information they may have relevant to the specific priorities. These meetings and the collection of the community needs data strengthened the overall communication and collaboration between RHP 17 organizations, which will be critical over the five-year waiver and throughout any waiver renewal/extension.

Adhering to and building on the approach above, an updated community needs assessment was conducted across the region and the results shared with regional stakeholders and community partners. Since 2002, the Center for Community Health Development (CCHD) at the Texas A&M School of Rural Public Health has conducted population health status assessments of the seven-county Brazos Valley region, (including seven of the nine RHP 17 counties), on a four-year cycle. In an effort to assist the local not-for-profit hospitals in meeting the new 990 requirement of conducting an updated community needs assessment triennially, CCHD shifted their assessment schedule to every three years beginning in 2013. The RHP 17 providers located in the seven-county Brazos Valley region encouraged CCHD to expand the scope of the 2013 assessment to include all nine of the counties in RHP 17, thereby providing a comprehensive updated needs assessment to support DY3 planning and to augment the 2010 data previously used for DY2 project planning. Since the Community Needs Assessments are the driving force behind the selection of DSRIP projects in each region, the RHP 17 Anchor Team opted to use a portion of their DY1 incentive payment to partner with CCHD on the assessment and reinvest in the regional community. Given the existing working relationships between CCHD and many RHP 17 providers, IGT entities, and other regional stakeholders, the RHP 17 leadership and key stakeholders were confident in partnering with CCHD, which has extensive expertise in conducting community health assessments and was a designated Prevention Research Center of the U.S. Centers for Disease Control and Prevention from 2004 – 2014.

The RHP 17 Regional Health Assessment was conducted from January through June 2013, with the findings presented at a Regional Health Summit in September 2013. This population health status assessment included analysis of data collected through a household survey of over 5,200 RHP 17 residents and through community discussion groups held with more than 1,000 regional leaders, health care providers, social services organizations and local residents. A copy of the RHP 17 Regional Health Assessment Executive Summary is included as Addendum 3 to the RHP 17 Plan. Full copies of the in-depth regional assessment along with supplemental reports for each RHP 17 county can be found by visiting the CCHD website (<http://cchd.us/publications/>).

## Demographics

### Population/Age

Demographic information for the region was compiled from the 2010 Census. The total population for RHP 17 in 2010 was 843,054 with Brazos and Montgomery Counties consisting of about 77% of the region’s residents. More than half, (54%), of the region’s population lives in Montgomery County. The least populated county in the region is Madison County with 13,664 residents. RHP 17 is approximately 6,986 square miles with a population density of 120.68 residents per square mile which is slightly higher than Texas’ population density of 95.92 residents per square mile. The region’s population is expected to increase to 891,443 residents in 2020 and up to 1,036,029 in 2030 according to 2008 projection estimates by The Office of the State Demographer of The State of Texas as noted by the Texas Workforce Commission.1

All the counties in RHP 17 had a lower percent of their population under age 18 than Texas (27.3%). RHP 17’s rural counties all have a higher percentage of population over the age of 65 than Texas as a whole (10.3%) in that age group, with Leon County having the highest percentage of 65+ population of 21.5%. Most of the counties in RHP 17 were close to the state’s percentages for males and females, 49.6% and 50.4% respectively, except for Grimes County, (54.5% male/ 45.5% female), Madison County (57.6% male/42.2% female), and Walker County (59% male/41% female).

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### Race/Ethnicity

The percentage of Texas residents that are non-Hispanic White is 45.3%, which is significantly lower than every county in RHP 17, with the non-Hispanic White population ranging from 58.5% in Madison County to 77.8% in Leon County. The remainder of RHP 17 counties’ average non-Hispanic White population is 63%. With the exception of Leon County, the rural counties had a higher percentage of African Americans than the State of Texas percentage as a whole (11.8%) with African Americans making up over one-fifth of the population in both Walker (22.5%) and Robertson (21.6%) counties. The Hispanic or Latino population in all RHP 17 counties is less than 25%, which is significantly lower than the statewide Hispanic/Latino population percentage of 37.6%. One-fifth of the population in Brazos, Grimes, and Montgomery counties are of Hispanic/Latino origin with percentages ranging from just over 23% to slightly less than 21%.

### Income

In 2010, RHP 17 consisted of 280,917 households with median household incomes ranging from $34,259 in Walker County to $65,620 in Montgomery County. Texas’ median household income is $49,646, which is higher than every county in RHP 17 except for Montgomery County. The per capita income in Texas in 2010 was $24,870 which is higher than seven of the nine RHP 17 counties. Montgomery County has the highest per capita income, $31,959, while Walker County has the lowest per capita income, $13,920. The region’s average per capita income is just under $21,000.

In 2009, the Federal Poverty Guidelines set the Federal Poverty Level (FPL) at $10,830 for an individual and $22,050 for a family of four. In Texas, 17.1% of all residents were below the poverty line in 2009. Five of the nine RHP 17 counties had higher percentage of residents living below the poverty level ranging from 29.8% in Brazos County to 18.1% in Grimes County. An average of 14% of persons live in poverty in Burleson, Leon and Washington counties with Montgomery County having the lowest percent (11.2% )of the population living under the FPL.

Madison and Robertson counties had the highest percentages of persons younger than 18 years of age living in poverty across RHP 17, which were 30.2% and 29% respectively. With the exception of Montgomery County, all counties have a significantly higher percentage, (an average of nearly 25%), of persons aged 18 years and younger living under the FPL than the state average of 14.3%.

Table 3-1 provides a summary of age, race/ethnicity, and income demographics for the region.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3-1. RHP 17 Population Data (including Age, Race/Ethnicity, and Income****[[1]](#footnote-1) [[2]](#footnote-2)** | | | | | | | | | | |
|  | **Brazos** | **Burleson** | | **Grimes** | **Leon** | **Madison** | **Montgomery** | **Robertson** | **Walker** | **Washington** |
| **Total County Population (2010)** | 194,851 | 17,187 | | 26,604 | 16,801 | 13,664 | 455,746 | 16,622 | 67,861 | 33,718 |
| **% RHP 17 Population (843,054)** | 23.1 | 2.0 | | 3.2 | 2.0 | 1.6 | 54.1 | 2.0 | 8.0 | 4.0 |
| **AGE** | | | | | | | | | | |
| **% Less Than 18** | 20.4% | 23.5% | | 22.8% | 22.3% | 22% | 27.6% | 25.3% | 16.7% | 22.1% |
| **% Age 18-64** | 72.4% | 59% | | 63.4% | 56.2% | 64.1% | 62.0% | 58% | 73.0% | 59.5% |
| **% Age 65+** | 7.2% | 17.5% | | 13.8% | 21.5% | 13.9% | 10.4% | 16.7% | 10.3% | 18.4% |
| **GENDER** | | | | | | | | | | |
| **% Male** | 50.6% | 49.5% | 54.5% | | 49.9% | 57.6% | 49.6% | 49.5% | 59.0% | 49.2% |
| **% Female** | 49.4% | 50.5% | 45.5% | | 50.1% | 42.4% | 50.4% | 50.5% | 41.0% | 50.8% |
| **RACE/ETHNICITY** | | | | | | | | | | |
| **% White** | 73.3% | 77.9% | | 73.0% | 84.9% | 67.0% | 83.5% | 67.7% | 67.1% | 74.2% |
| **% Black** | 11% | 12.2% | | 16.5% | 7.2% | 19.9% | 4.3% | 21.6% | 22.5% | 17.6% |
| **% American Indian/Alaska Native** | 0.4 | 0.6 | | 0.5 | 0.6 | 1.0 | 0.7 | 1.0 | 0.4 | 0.3 |
| **% Asian** | 5.2 | 0.2 | | 0.2 | 0.7 | 0.7 | 2.1 | 0.8 | 0.9 | 1.3 |
| **% Native Hawaiian or Others Pacific Islander** | 0.1 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **% Two or More Races** | 2.3 | 1.9 | | 2.2 | 1.2 | 1.4 | 2.3 | 1.5 | 2.1 | 1.6 |
| **% Hispanic or Latino Origin** | 23.3 | 18.4 | | 21.2 | 13.5 | 19.7 | 20.8 | 18.0 | 16.8 | 13.8 |
| **% White Not Hispanic** | 59.1 | 68.1 | | 60.6 | 77.8 | 58.8 | 71.2 | 59.1 | 58.5 | 66.4 |
| **INCOME** | | | | | | | | | | |
| **Households (2010)** | 66,105 | 6,750 | | 8,366 | 6,569 | 3,592 | 150,546 | 6,232 | 19,902 | 12,855 |
| **Per Capita Personal Income (2010)** | $21,018 | $21,379 | | $17,365 | $22,484 | $14,245 | $31,959 | $21,113 | $13,920 | $25,464 |
| **Median Household Income (2010)** | $37,898 | $43,185 | | $39,429 | $40,355 | $37,207 | $65,620 | $38,393 | $34,259 | $43,159 |
| **% Persons < 100% FPL (2009)** | 29.8% | 15.6% | | 18.1% | 16.9% | 25.9% | 11.2% | 20.2% | 23.2% | 14.5% |
| **% Persons <age 18 that are <100% FPL (2009)** | 23.7% | 22.5% | | 23.9% | 25.2% | 30.2% | 15.2% | 29.0% | 24.9% | 19.4% |
| **Average Monthly TANF (SFY 2009)** | 110 | 11 | | 21 | 9 | 10 | 358 | 24 | 138 | 148 |
| **Average Monthly SNAP (SFY 2009)** | 15,388 | 1,830 | | 3,094 | 1,717 | 1,750 | 29,960 | 2,671 | 5,489 | 3,132 |

### Education

Total public school enrollment in 2010 for counties in RHP 17 is 145,995 with dropout rates varying by county from 0.5% in Madison County to 9.1% in Brazos County. The dropout rate in Texas for 2010 was 7.3%.[[3]](#footnote-3) In RHP 17, every county had at least 76% of residents over age 25 holding a high school diploma with Montgomery County being the highest at 85.9% and Brazos County closely behind with 84.5%. The range was larger in RHP 17 for the percentage of residents over age 25 that hold a bachelor’s degree with the lowest in Grimes County (11.3%) and the highest in Brazos County (39.3%)[[4]](#footnote-4).

In RHP 17, there are a total of 35 school districts and 212 schools, including alternative and disciplinary schools.[[5]](#footnote-5) During the 2010-2011 school year, 62.4% of Texas children participated in the Free and Reduced Lunch Program. Counties in RHP 17 ranged from 43.7% (Walker County) to 73.9% (Madison County) of children participating in the program.4

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3-2. RHP 17 Education Data,** | | | | | | | | | |
|  | **Brazos** | **Burleson** | **Grimes** | **Leon** | **Madison** | **Montgomery** | **Robertson** | **Walker** | **Washington** |
| **Total public school enrollment** | 26,780 | 2,887 | 4,318 | 3,155 | 2,605 | 90,408 | 3,303 | 7,279 | 5,260 |
| **High school dropout rate (2010)** | 9.1% | 4.8% | 4.3% | 2.5% | 0.5% | 3.0% | 3.9% | 5.4% | 1.5% |
| **Percent of population age 25+ w/12 or more years of education (2010)** | 84.5% | 76.8% | 77.2% | 78.7% | 78.2% | 85.9% | 76.6% | 80.3% | 79.2% |
| **Percent of population age 25+ w/a college degree** (Bachelor's Degree or higher) | 39.3% | 10.5% | 11.3% | 12.6% | 11.5% | 29.7% | 15.8% | 17.1% | 25.8% |
| **Number of school districts (current)** | 4 | 3 | 4 | 5 | 2 | 7 | 5 | 3 | 2 |
| **Number of schools**  (elementary, middle, high) | 44 | 10 | 9 | 12 | 5 | 100 | 10 | 13 | 9 |
| Elementary | 23 | 3 | 4 | 5 | 2 | 52 | 3 | 5 | 4 |
| Secondary | 4 | 2 | 2 | 0 | 1 | 11 | 1 | 2 | 0 |
| Middle | 7 | 2 | 1 | 3 | 1 | 15 | 3 | 2 | 2 |
| High | 5 | 2 | 2 | 4 | 1 | 12 | 3 | 2 | 2 |
| Others (Alternative, Disciplinary) | 5 | 1 | 0 | 0 | 0 | 10 | 0 | 2 | 1 |
| **% of kids with Free and Reduced Lunch program** | 59.5% | 64% | 73.7% | 60.1% | 73.9% | 48.1% | 72.7% | 43.7% | 58.4% |

### Employment

There is a wide range of employers across RHP 17 in regards to type, size, and location. Public employers with over 1,000 employees include the Texas A&M System, (including Texas A&M University, the Texas A&M Health Science Center and System offices); Sam Houston State University; the Texas Department of Criminal Justice, and the largest local independent school districts in the region. Another major employer in many of the communities is local government. City and county government are often the second highest public employers within a community behind local independent school districts. The largest employers in the manufacturing sector in RHP 17 include Sanderson Farms, Blue Bell Creameries, L.P., Chicago Bridge and Iron, Huntsman Pigments, LLC, Kongsberg Automotive, and Monterrey Mushrooms. The healthcare industry is also a major regional employer, with the larger hospital systems employing 500 to over 1,000 per facility. Even in rural communities, the critical access hospitals are one of the larger employers.

Types of companies/organizations that commonly employed the highest number of people in RHP 17 counties are manufacturing, healthcare, food/restaurant supply, retail, city and county government, and education. Information is collected differently for each county due to the fact that many of the rural communities do not collect that information on a regular basis or at all. Others communities have economic development associations and/or chambers that collect major employer data while the Texas Workforce Commission data is focused on major manufacturing employers and then data by industry sector, which does not identify specific employers. Additional information listing the top employers in RHP 17 can be found in Addendum 2.

In 2010, unemployment rates in RHP 17 ranged from a low of 6.1% (Brazos County) to a high of 8.8% (Grimes County), with two counties exceeding the State rate of 8.2% (Grimes and Robertson Counties).

## Health Coverage

Over 99,000 people (aged and disabled) in RHP 17 were enrolled in Medicare in 2010.[[6]](#footnote-6) In RHP 17, the total number of unduplicated Medicaid clients in 2009 was 111,704 with the range being from 2,825 in Madison County to 52,072 clients in Montgomery County. Brazos County had 26,290 unduplicated Medicaid clients, and when combined with Montgomery County, the two represent 70% of the region’s total.

The rates of uninsured adults were high in RHP 17 with only Brazos and Montgomery being below Texas’ rate of 26%. The highest percentage of uninsured adults was in Madison with 38% uninsured. In Texas, 19.5% of children 18 years and younger were without health insurance. Madison and Leon Counties had the highest rate of uninsured children, with both around 19% with the lowest rates occurring in Brazos and Montgomery Counties at approximately 14% percent for both counties. In addition, the State CHIP enrollment in 2010 was 7.2%. With the exception of Grimes County which matched the state’s percentage in CHIP enrollment, all RHP 17 counties had less children participating in the CHIP program than the state of Texas as seen in Table 3-3.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3-3. RHP 17 Insurance Coverage** | | | | | | | | | |
|  | **Brazos** | **Burleson** | **Grimes** | **Leon** | **Madison** | **Montgomery** | **Robertson** | **Walker** | **Washington** |
| **Medicare****[[7]](#footnote-7)** | 16,219 | 3,308 | 4,124 | 4,509 | 1,971 | 52,080 | 2,872 | 7,354 | 6,824 |
| Aged Only | 13,798 | 2,824 | 3,449 | 3,947 | 1,688 | 44,397 | 2,400 | 6,307 | 5,832 |
| Disabled Only | 2,421 | 484 | 675 | 562 | 283 | 7,683 | 472 | 1,047 | 992 |
| **Unduplicated Medicaid** | 49,380 | 1,171 | 6,617 | 3,674 | 2,936 | 6,097 | 1,023 | 1,324 | 40,873 |
| **Adult Uninsured[[8]](#footnote-8)** | 25.4% | 31.5% | 31.9% | 31.2% | 38.0% | 25.4% | 31.6% | 29.6% | 27.3% |
| **Child Uninsured4** | 13.6% | 18.1% | 17.4% | 19.4% | 19.6% | 14.2% | 17.1% | 16.0% | 16.0% |
| **CHIP Enrollment4** | 5.1% | 6.9% | 7.2% | 6.7% | 5.5% | 5.5% | 4.6% | 4.3% | 5.9% |

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## Healthcare Infrastructure and Environment

In RHP 17, there is a substantial range of providers by type and distribution among the counties. Montgomery and Brazos Counties had the highest total amounts of providers in 2010 with 6,650 and 3,182, respectively, due to high population and hospital density in these areas. The largest hospitals in RHP 17 are located in these two counties. Across the region, Licensed Vocational Nurses, Registered Nurses, and EMS personnel are the most numerous out of all the types of providers. Each county in RHP 17 has at least one of each type of provider. RHP 17 has a total of 12,031 of the types of health providers shown in this table (Table 3.4).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.4 RHP 17 Provider Data3** | | | | | | | | | |
|  | **Brazos** | **Burleson** | **Grimes** | **Leon** | **Madison** | **Montgomery** | **Robertson** | **Walker** | **Washington** |
| **Direct Care Physicians** | 395 | 7 | 14 | 4 | 7 | 741 | 2 | 78 | 42 |
| **Primary Care Physicians** | 180 | 4 | 11 | 4 | 6 | 342 | 2 | 42 | 19 |
| **Physician Assistants** | 41 | 1 | 2 | 3 | 2 | 86 | 2 | 26 | 6 |
| **Registered Nurses** | 1,218 | 33 | 53 | 23 | 42 | 2,770 | 27 | 266 | 199 |
| **Licensed Vocational Nurses** | 476 | 43 | 63 | 30 | 50 | 854 | 48 | 211 | 183 |
| **Nurse Practitioners** | 31 | 1 | 2 | 1 | 3 | 93 | 1 | 5 | 4 |
| **Dentists** | 77 | 1 | 4 | 4 | 3 | 193 | 1 | 22 | 14 |
| **Pharmacists** | 136 | 5 | 4 | 7 | 7 | 364 | 5 | 72 | 35 |
| **Chiropractors** | 26 | 1 | 2 | 2 | 2 | 90 | 1 | 4 | 7 |
| **EMS Personnel** | 602 | 55 | 59 | 63 | 23 | 1,117 | 51 | 104 | 69 |

### Hospital Sizes & Costs

There are a total of 1,622 beds in the hospitals located in RHP 17 in 2010,[[9]](#footnote-9) ranging from 16 beds at The Physicians Centre of Bryan to 292 beds at Conroe Regional Medical Center. Across the region, the average number of beds per hospital is 95. These hospitals serve the residents of counties located in RHP 17 as well as those residing in surrounding areas. Uncompensated Care charges totaled $335,616,148 in RHP 17, with nearly half that amount coming from Conroe Regional Medical Center and St. Joseph Regional Health Center combined. Uncompensated Care compared to gross patient revenue as a percentage ranged from 0.4% at Nexus Specialty Hospital to 16.1% at Grimes St. Joseph Health Center.

Table 3-5 provides a summary of the hospitals in RHP 17, as well as their annual charges, uncompensated care, and bad debt.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3-5. RHP 17 Hospital Data (Sizes and Costs)** | | | | | | | | | |
|  | **City (County)** | **Ownership Type** | **Staffed Beds** | **Bad Debt**  **Charges ($)** | **Charity Charges ($)** | **Total UC Care ($)** | **Net Patient Revenue ($)** | **Total Gross Pt. Revenue ($)** | **UC Care % of Gross Pt. Revenue** |
| **Burleson St. Joseph Health Center** | Caldwell (Burleson) | NP | 25 | 2,278,301 | 1,054,396 | 3,332,697 | 10,492,664 | 28,362,240 | 11.8 |
| **Christus Dubuis Hospital of Bryan** | Bryan (Brazos) | NP | 18 | 36,656 | 36,611 | 73,267 | 5,867,074 | 14,445,831 | 0.5 |
| **College Station Medical Center** | College Station (Brazos) | FP | 141 | 26,148,283 | 2,026,765 | 28,175,048 | 136,501,266 | 550,577,681 | 5.1 |
| **Conroe Regional Medical Center** | Conroe (Montgomery) | FP | 292 | 33,771,785 | 51,660,300 | 85,432,085 | 284,074,546 | 1,273,049,412 | 6.7 |
| **Grimes St. Joseph Health Center** | Navasota (Grimes) | NP | 18 | 4,104,773 | 1,014,976 | 5,119,749 | 14,359,653 | 31,871,613 | 16.1 |
| **HealthSouth Rehabilitation Hospital** | Conroe (Montgomery) | FP | 84 | 277,692 | 514,241 | 791,933 | 20,221,096 | 30,061,816 | 2.6 |
| **Huntsville Memorial Hospital** | Huntsville (Walker) | NP | 96 | 8,466,682 | 10,838,806 | 19,305,488 | 72,952,629 | 207,249,473 | 9.3 |
| **Madison St. Joseph Health Center** | Madisonville (Madison) | NP | 25 | 4,365,644 | 760,441 | 5,126,085 | 13,669,648 | 36,208,130 | 14.2 |
| **Memorial Herrmann The Woodlands Hospital** | The Woodlands (Montgomery) | NP | 252 | 34,147,536 | 9,294,343 | 43,441,879 | 234,285,396 | 678,560,225 | 6.4 |
| **Nexus Specialty Hospital** | Shenandoah (Montgomery) | FP | 75 | 193,146 | 226,856 | 420,002 | 25,474,250 | 96,600,117 | 0.4 |
| **Reliant Rehabilitation Hospital** | Shenandoah (Montgomery) | FP | 60 | 185,574 | 380,724 | 566,298 | 24,006,303 | 32,331,799 | 1.8 |
| **Scott & White Hospital – Brenham** | Brenham (Washington) | NP | 51 | 4,720,793 | 2,125,917 | 6,846,710 | 26,407,165 | 67,739,332 | 10.1 |
| **Solara Hospital Conroe** | Conroe (Montgomery) | FP | 35 | 381,542 | 0 | 381,542 | 18,043,994 | 66,942,491 | 0.6 |
| **St. Joseph Regional Health Center** | Bryan (Brazos) | NP | 250 | 27,188,392 | 69,690,280 | 96,878,672 | 276,540,511 | 1,167,503,120 | 8.3 |
| **St. Luke’s Lakeside Hospital** | The Woodlands (Montgomery) | FP | 30 | 1,572,050 | 180,685 | 1,752,735 | 41,961,452 | 116,222,111 | 1.5 |
| **St. Luke’s The Woodlands Hospital** | The Woodlands (Montgomery) | NP | 154 | 22,590,304 | 14,472,980 | 37,063,284 | 162,655,312 | 531,035,811 | 7.0 |
| **The Physicians Centre Hospital** | Bryan (Brazos) | FP | 16 | 908,674 | 0 | 908,674 | 17,064,595 | 58,967,928 | 1.5 |

### Potentially Preventable Hospitalizations

Potentially preventable hospitalizations are a burden on the health care system, especially in areas of limited resources. Chronic diseases such as COPD and Diabetes are found in this table and account for a large percentage of the total number of potentially preventable hospitalizations in each county. Preventable hospitalizations can be avoided by helping residents access appropriate quality care and services that will result in fewer trips to the emergency room and fewer admissions. By developing DSRIP projects that aim to reduce emergency department visits, hospitals may be able to bring down their overall costs and use their staff and resources more efficiently.

The total cost of potentially preventable hospitalizations in RHP 17 counties for 2005-2010 was $1,529,192,432. During the years 2006 to 2010, the region experienced a total of 41,415 potentially preventable hospitalizations. The anchor compiled only hospitalization data from 2006-2010 in order to comply with HHSC requests for data no earlier than 5 years before the waiver. However, the cost-related data was unable to be separated by year so the amounts reflect costs during 2005-2010.

Table 3-6 summarizes potentially preventable hospitalizations.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3-6. RHP 17 Potentially Preventable Hospitalizations 2006-2010[[10]](#footnote-10)** | | | | | | | | | |
|  | **Brazos** | **Burleson** | **Grimes** | **Leon** | **Madison** | **Montgomery** | **Robertson** | **Walker** | **Washington** |
| **Angina** | 41 | 0 | 10 | 15 | 0 | 130 | 0 | 83 | 0 |
| **Asthma** | 505 | 89 | 120 | 100 | 46 | 1313 | 97 | 403 | 41 |
| **Bacterial Pneumonia** | 1186 | 367 | 417 | 490 | 273 | 4340 | 252 | 916 | 109 |
| **Congestive Heart Failure** | 1636 | 379 | 503 | 471 | 220 | 4503 | 430 | 1096 | 266 |
| **COPD** | 766 | 226 | 299 | 333 | 147 | 4173 | 241 | 591 | 57 |
| **Dehydration** | 380 | 104 | 186 | 80 | 36 | 888 | 111 | 163 | 53 |
| **Diabetes Short-term Complications** | 292 | 25 | 82 | 22 | 26 | 631 | 68 | 234 | 7 |
| **Diabetes Long-term Complications** | 478 | 118 | 235 | 91 | 36 | 328 | 147 | 551 | 77 |
| **Hypertension** | 287 | 37 | 63 | 55 | 34 | 835 | 43 | 275 | 30 |
| **Urinary Tract Infection** | 804 | 207 | 281 | 236 | 147 | 3004 | 189 | 610 | 61 |
| **TOTAL Hospitalizations** | **6375** | **1552** | **2196** | **1893** | **965** | **21233** | **1578** | **4922** | **701** |
| **TOTAL Hospital Charges 2005-2010** | **$205,872,848** | **$41,734,882** | **$65,412,289** | **$50,978,545** | **$26,970,188** | **$905,641,973** | **$51,495,594** | **$154,918,644** | **$26,167,469** |

## Services & Systems

At the time the waiver was being initiated in late 2011 and early 2012, St. Joseph Health System, Scott and White Healthcare, Hospital Corporation of America (HCA), St. Luke’s Episcopal Health System and Memorial Herrmann Health Care System were hospital systems that have a presence in RHP 17. However, since waiver inception, several affiliations have changed with St. Luke’s Episcopal Health System and St. Joseph Health System being acquired by Catholic Health Initiatives (CHI). Additionally, Baylor Health merged with Scott & White to for the Baylor-Scott & White Health System. St. Joseph has hospitals and clinics in Brazos, Burleson, Grimes, and Madison Counties and clinics only in Leon, Robertson, and Washington Counties. Baylor Scott and White Health operates a hospital and a clinic in Washington County, as well as multiple clinics in Brazos County where they have also completed a new hospital that opened in 2014. HCA has two hospitals in Montgomery County, Conroe Regional Medical Center and Kingwood Medical Center. The CHI St. Luke’s Health System is headquartered in Houston, outside of Region 17, but two of their facilities, St. Luke’s The Woodlands and St. Luke’s Lakeside, are located in Montgomery County, which is part of RHP 17. Memorial Hermann Health Care System is also headquartered in Houston but one hospital in RHP 17 is affiliated with the system, Memorial Herrmann - The Woodlands. Huntsville Memorial Hospital (HMH) in Walker County was previously affiliated with the Memorial Hermann system, but that affiliation has termed and HMH is not currently affiliated with a major hospital system. In addition to the facilities and systems listed above, new systems represented in RHP 17 include The Methodist Hospital System out of Houston and Strategic Behavioral Health out of Tennessee. Methodist is expanding operations and building a hospital facility in The Woodlands that is anticipated to open in late 2016 or early 2017, and Strategic Behavioral Health built an inpatient psychiatric hospital in Brazos County that opened in April 2014.

Between the broad hospital system representations in RHP 17, a full continuum of care is provided including health promotion, primary care, specialty care, chronic disease management, labor and delivery, general and specialty surgery, intensive care, behavioral healthcare services, rehabilitation, emergency care, among many others. The most comprehensive services are available through the hospital systems in Brazos and Montgomery Counties, while health care resources are less abundant in the more rural counties of RHP 17. Broad expansion and increased integration of the services offered in the region will be essential to maintain the capacity to serve the growing population in this area of Texas.

## HPSA Designations

In Region 17, Burleson and Robertson Counties are designated as HPSAs in every category and seven counties have shortages in both primary care and mental health care, while all counties have either partial or full HPSA designations related to primary care (see Table 3.7)[[11]](#footnote-11).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3-7. RHP 17 Health Professional Shortage Area Designations** | | | | | | | | | |
|  | **Brazos** | **Burleson** | **Grimes** | **Leon** | **Madison** | **Montgomery** | **Robertson** | **Walker** | **Washington** |
| **Primary Care** | Partial | Yes | Yes | Yes | Yes | Partial | Yes | Yes | Yes |
| **Dental** | Partial | Yes | No | No | No | Partial | Yes | No | No |
| **Mental Health** | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes |

## Current DHHS-funded Initiatives

In Region 17, the following performing providers have identified Department of Health and Human Services funded initiatives being used (see Table 3.8).

| **Table 3-8. RHP 17 DHHS Funded Initiatives** | | |
| --- | --- | --- |
| **Entity** | **DHHS Funded Initiative** | **Brief Project Description** |
| **College Station Medical Center** | EHR incentive payments | Implementation of hospital EHR and/or incentive for existing EHR in accordance with HITECH/EHR federal regulations on electronic health records. |
| **Conroe Regional Medical Center** | EHR incentive payments | Implementation of hospital EHR and/or incentive for existing EHR. Conroe Regional is meeting goals as set forth by regulations on Electronic Health Records. Will not expand with DSRIP |
| **Huntsville Memorial** | EHR incentive payments | Implementation of hospital EHR and/or incentive for existing EHR in accordance with HITECH/EHR federal regulations on electronic health records. HMH is implementing a hospital EHR. |
| **Huntsville Memorial** | Health professions loans and workforce development grants | Physicians affiliated with hospital participating in these programs. |
| **Huntsville Memorial** | Potentially Preventable Hospitalization Grant | The grant allows for an HMH case manager to follow-up with community members who are found to be at high risk of hypertension or diabetes and works with HMH to provide one follow-up interaction post discharge. The Community Case Worker DSRIP Project will expand upon what this employee is already doing for HMH by ensuring that some discharged patients with selected conditions are adhering to a care management plan. |
| **St. Joseph Health Center** | EHR Incentive Payments | Implementation of hospital EHR and/or incentive for existing EHR in accordance with HITECH/EHR federal regulations on electronic health records. SJRHC expects to receive EHR incentive payments; filed for Medicaid (TMHP) EHR funds in October 2012. |
| **St. Luke’s- The Woodlands** | EHR incentive payments | Implementation of hospital EHR and/or incentive for existing EHR in accordance with HITECH/EHR federal regulations on electronic health records. St. Luke’s The Woodlands is attesting to Meaningful Use in 2013 and expects to receive EHR incentive payments over the next four years. |
| **Scott & White Brenham** | Health Care Innovation Awards | [Clinic-based programs] Participating as a member site of High Value Healthcare Collaborative (HVHC) on a) initiatives to improve patient engagement for diabetes and Congestive Heart Failure management and b) improve shared decision making for preference sensitive surgical procedures. |
| **Scott & White Brenham** | Accountable Care Organizations (ACOs) | Application submitted but not yet approved |
| **Texas A&M Health Science Center dba Texas A&M Physicians** | Others HITECH grant or payment | The Rural and Community Health Institute is one of 62 national Regional Extension Centers (REC). Our extension center, CentrEast, contracted with the Office of the National Coordinator, to assist 1000 priority primary care providers (PPCPS). The purpose of RECs is to work with priority primary care providers with the adoption, implementation and reaching meaningful use of electronic health records.  ARRA Funding (Meaningful Use) for EHR Implementation |
| **Tri-County Services** | EHR incentive payments | Implementation of and/or incentive for existing EHR in accordance with HITECH/EHR federal regulations on electronic health records. Tri-County is receiving Phase I Incentive Payment for an existing EHR. |
| **Tri-County Services** | SAMSHA Funding | Community Mental Health services block grant  SA-Prevention  SA - Treatment |
| **Tri-County Services** | Others federal funding | Title XIX – HCS  Title XIX – TxHmL  Title XIX – ICF  Title XIX – Medicare  Title XIX – Medicaid Regular  Title XX – TANF  Medicaid Administrative Claiming  Rehabilitative Services  Case Management – IDD  Case Management – MH  PATH  HOME  SA-Prevention  SA - Treatment |

## Projected Changes during Waiver Period

RHP 17 is expected to continue to grow in the coming years. The population of this region as reported in the 2010 Census is 843,054 and is expected to grow by approximately 50,000 residents to 891,4431 by 2020. This kind of population growth can be positive economically, but can also add to the burden carried by health service providers such as clinics, local mental health authorities, and local health departments, especially when the current infrastructure is not sufficient to meet the current need. As outlined above, there are efforts currently underway to further develop in-patient psychiatric care and to expand the number of hospital beds and specialists within the region.

### Health Infrastructure Development

The City of College Station (Brazos County) has been partnering with local hospitals including College Station Medical Center (The Med), St. Joseph Health System, and other stakeholders in developing a medical district in South College Station to create opportunities for the development of health care infrastructure around existing health care facilities. This area is where the new Baylor-Scott & White Hospital was built and is also where a new psychiatric hospital, Rock Prairie Behavioral Health, has also been completed and opened in April 2014 with the support of the College Station City Council and approved infrastructure improvements in the hopes that the new psychiatric hospital will provide relief for regional law enforcement, who often make mental health transports to either Austin or Houston due to lack of in-patient facilities. In addition to the economic savings to the counties and cities, patients will benefit from receiving care locally, near other supportive services.

Montgomery County hospitals are also looking to provide more care and supportive care closer to home with several of the hospitals planning for or currently working on expansion in the near future. St. Luke’s The Woodlands is expected to open a Medical Arts Center that will incorporate centers for cardiovascular care and neuroscience as well as oncology care affiliated with MD Anderson. Growth initiatives for Conroe Regional include a geriatric service program, robotic surgery, and telemedicine. Additionally, the Houston Methodist System has secured land in The Woodlands and is set to break ground in early 2015 for a new 193-bed hospital facility.

### Future Considerations

A significant consideration as we look to the future is the anticipated increase in demand and further need for improved access due to the soon-to-be erected 385-acre Exxon Mobile corporate complex being built in The Woodlands. The site will reportedly be the largest corporate complex in the world upon completion with an estimated 10,000 workers reporting there. Some of the local health systems have anticipated this, and the Exxon complex has been the catalyst for some of the new construction of facilities and planned growth in services, with some local systems reportedly in talks to establish clinics on site at the complex to provide care to the Exxon workers.

However, despite the addition of these new facilities in Brazos and Montgomery Counties, with the anticipated population growth of the region and the already limited resources in rural areas, there will still be issues for rural community residents related to access. Transportation remains one of the top barriers, particularly for rural residents, in accessing health care in urban areas in RHP 17. Not only is the public transportation system limited throughout the region but most connecting state highways within the region are two lane highways without shoulders, which limit the flow of traffic between rural areas and more urban areas. Travel time from rural communities to urban areas within the region range from approximately 20 minutes to over an hour.

With the expansion of specialty care under the waiver, rural RHP residents should have access to more specialty care in their own communities through telemedicine and mobile clinics as well as the planned rural clinic in Robertson County and the set up of two new rural clinics by Huntsville Memorial Hospital in Walker County by the end of 2015. However, while there will be some expansion of services to rural communities, it will be largely related to behavioral health under the existing waiver and rural communities will have to continue to work with providers to encourage expanded primary and clinical specialty care in rural communities.

### Political Impact

RHP 17 will also be affected by political changes during the waiver period, not only through state and local midterm election changes but in large part by the presidential election. Midterm elections have seen four new judges elected in RHP 17 alone. While it is too early to know what type of impact this will have on the region, it must be noted that support for many providers, both DSRIP and UC only, under the waiver are funded across the state by counties in which the Judge and four county commissioners make the determination and approve the county’s budget each year. With a change in leadership at the county level, there could be some impact on DSRIP and UC funding. Additionally, there will be a presidential election in 2016 right as the waiver is transitioning from demonstration to renewal or extension. The outcome of the 2016 election could have an impact on federal funding in general, as well as an impact on the *Patient Protection and Affordable Care Act (ACA).* The ACA created a pool of newly insured Americans eligible for healthcare services in 2014. To date, the State of Texas has resisted expanding Medicaid and opted to not establish a state-run health insurance exchange. The presidential election, as well as the current and future Texas legislative sessions will provide the direction we can anticipate for the region and the state. Coverage of Medicaid expansion in its relation to and potential requirement to be a condition of continued federal funding of uncompensated care pools is a key topic across the country, with many watching the results of negotiation and potential litigation between the federal government and other unexpanded Medicaid states like Florida. The outcomes of national and state level legislative sessions, these ACA-related negotiations, and the national election in 2016 will influence insurance coverage and access to care for residents of this region in ways it is too early to predict.

## Key Health Challenges

Much like the United States and the State of Texas, there are health challenges present in RHP 17 that can only be addressed successfully through broad system transformation and collaboration among healthcare providers and organizations. The challenges outlined for this region are closely related with the proposed DSRIP projects as well as the interests of our hospitals, local mental health authorities, local health departments, and other stakeholders.

### Poor access to primary care

As seen earlier in this section, there are fewer providers located in the more rural counties of RHP 17, particularly in Burleson, Leon, Madison, and Robertson Counties. Except for nurses, these four counties have seven or fewer of all other healthcare professionals represented in the table. Expanding primary and specialty care services is an essential component of transforming and integrating the healthcare system in RHP 17.

In many cases, providers are just not available in some areas. In other cases, when they are available, they are not accessible due to clinic hours, scheduling processes, or full panels. In addition to the health provider shortage in several RHP 17 counties, access to care is also influenced by health coverage; as has been illustrated in this section, a significant proportion of RHP 17 residents are uninsured. A small number of these individuals in each county qualify for the county indigent healthcare program, which is considered the “payer of last resort”. Medically indigent is defined as county residents that are at or below 21% of the Federal Poverty Level. These residents use disproportionate amounts of resources from their local health care and social services providers and often lack access to care coordination and a medical home. In RHP 17, there is a need for additional support services such as patient education and transportation services to assist these residents in navigating the healthcare system and seeking care before there is an emergency. These types of services for indigent populations will allow for improved overall efficiency of healthcare services delivered in RHP 17.

### Poor access to specialty care

Access to specialty care continues to be an issue for rural residents, especially the underinsured and uninsured. As noted in the 2010 Brazos Valley Health Assessments, rural community discussion participants cited the lack specialty care and access to specialty care as a top community issue. This is a particular issue for rural seniors and low income residents who do not have adequate or affordable transportation options that will provide access to care in the urban areas.

One specialty that is extremely limited across the region is psychiatry which is primarily limited to local mental health authorities (LMHA) who provide care only to those at risk of serve and persistent mental disorders. The few psychiatrists not associated with an LMHA or employed by a state organization are those associated with the Texas A&M College of Medicine, a larger health system, or have their own private practice which altogether do not meet the regional demand.

### Poor access to behavioral/mental health services

RHP 17 is served by two local mental health authorities, one which covers seven of the nine RHP counties, (Mental Health Mental Retardation Authority of the Brazos Valley), and one which covers two counties plus a third in another RHP, (Tri-County Mental Health Services). The behavioral health needs of the region exceed the capacity of these organizations to provide adequate care to anyone who may need services. This is not uncommon as mental and behavioral resources and services are often underutilized and lack the resources necessary to meet the needs. Persons experiencing symptoms of a mental health illness often are transported to emergency rooms and then to out of region psychiatric facilities or jail. There is limited crisis stabilization within the region. Crisis stabilization services would also provide an opportunity for patients to receive needed services in more appropriate settings, and allow law enforcement officers and emergency department personnel to focus on regular duties. Adults who have not been able to avoid psychiatric hospitalization or incarceration often need skills training on managing stress, medications, and daily life successfully. This may also include a transportation component to enable patients to see their healthcare providers or education on how to utilize the public transportation systems available in the area. Because transportation is often a huge issue in rural counties, telepsychology programs could be a useful resource in RHP 17 to overcome this barrier. In some cases, care coordination and integration of support services is essential in assisting individuals in managing their chronic or persistent mental illnesses.

### Lack of coordinated care, especially for those with multiple needs

Chronic diseases are an acknowledged health challenge in RHP 17, much like the rest of the state and country. Many counties in the region had rates of chronic disease deaths that were similar or higher when compared to the rates for the State as a whole. As seen in Table 3-6, chronic diseases account for many preventable hospitalizations that use a considerable amount of time and resources that should be spent on other hospital functions. The effects of chronic diseases can be controlled, reduced, or eliminated by programs that encourage people to make healthier lifestyle choices and offer appropriate chronic disease management resources.

As these issues of poor access to services and uncoordinated care compound each other, the end result for the region is growing health disparities, particularly among those who are lower income, live in more rural areas of the region, have mental health issues or intellectual disabilities, or have multiple needs. This drives up health care costs by increasing inappropriate use of the emergency department and potentially preventable hospital admissions.

In 2010, there were 312,612 visits to emergency departments across RHP 1711. Non-trauma emergency room visits are one of the most costly ways to access the healthcare system and are often avoidable when residents have access to education about healthy living, adequate primary care, and prevention resources. Individuals with intellectual and developmental disabilities (IDD) often disproportionately use the emergency room to access care and may be in need of other wrap-around behavioral health and crisis intervention services. Appropriate identification of these individuals and tailoring services according to their needs will help to eliminate some of the burden on emergency departments.

In addition to inappropriate ED use, many conditions that could be managed through adequate primary care go untreated, resulting in avoidable hospitalization, costing the region upwards of $1,529,192,432 in the five-year period between 2005 and 2010. A strengthened health care delivery system with improved access and coordination of a broad range of services would truly be transformative for the health outcomes and quality of life for residents in RHP 17.

## Summary of Key Community Needs

Based on the broad themes of need presented in the Community Needs Assessment, we have organized our Community Needs table into themes with specific needs identified within each theme. Below is a table representing the community needs identified for RHP 17 that will be addressed in the five-year waiver plan. Links to data sources are available in Addendum 3.

| **Table 3-9. RHP 17 Summary of Community Needs** | | |
| --- | --- | --- |
| **Identification Number** | **Brief Description of Community Needs Addressed through RHP Plans** | **Data Source for Identified Need** |
| **CN.1 Limited access to primary care.** | | |
| CN.1.1 | The ratio of RNs to population is 41% less than the state average in Walker County. | **DSHS Health Currents, 2010 Health Occupation Information**  <http://www.dshs.state.tx.us/chs/healthcurrents> |
| CN.1.2 | Limited access to primary care in Walker County. | **HRSA Health Professional Shortage Areas**  <http://hpsafind.hrsa.gov/HPSASearch.aspx> |
| CN.1.3 | Lack of primary care access to low income and uninsured in Montgomery County. | **Table 3-3 RHP 17 Insurance Coverage**  **2011 Montgomery County Health Assessment**  <http://www.tamhsc.edu/1115-waiver/rhp17.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.1.4 | Limited access to primary care or residents without a usual source of care in Washington County. | **HRSA Health Professional Shortage Areas 2010**  <http://hpsafind.hrsa.gov/HPSASearch.aspx>  **2010 Brazos Valley Health Assessment**  <http://www.cchd.us/pages/reports.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.1.5 | Limited access to primary care for uninsured residents in Brazos, Burleson, Grimes, Leon, Madison, Robertson, and Washington Counties. | **HRSA Health Professional Shortage Areas**  <http://hpsafind.hrsa.gov/HPSASearch.aspx>  **2010 Brazos Valley Health Assessment**  <http://www.cchd.us/pages/reports.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.1.6 | Limited access to primary care and lack of primary care physicians in rural RHP 17 communities. | **Table 3-4 RHP 17 Provider Data**  **HRSA Health Professional Shortage Areas**  <http://hpsafind.hrsa.gov/HPSASearch.aspx>  **2010 Brazos Valley Health Assessment**  <http://www.cchd.us/pages/reports.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.1.7 | Limited access to chronic disease management programs and services for Montgomery County indigent care population. | **2011 Montgomery County Health Assessment**  <http://www.tamhsc.edu/1115-waiver/rhp17.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.1.8 | Inappropriate utilization of ED services for primary care in Washington County. | **2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals & Hospital Tracking Database**  <http://www.hhsc.state.tx.us/1115-docs/10ER-reportx.pdf> |
| CN.1.9 | Limited coordination of primary care and support services for residents of Brazos, Burleson, Grimes, Leon, Madison, Robertson, and Washington Counties | **2010 Brazos Valley Health Assessment**  <http://www.cchd.us/pages/reports.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.1.10 | Limited access to chronic disease management programs and services in all RHP 17 counties. | **2010 Brazos Valley Health Assessment** <http://www.cchd.us/pages/reports.html>  **DSHS Potentially Preventable Hospitalizations for Walker County**  <http://www.dshs.state.tx.us/ph/county.shtm>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.1.11 | Limited access to free rapid HIV tests for at-risk minority populations living in Brazos County to expedite enrollment into treatment and supportive services. | **Texas Department of State Health Services – Health Facts Profiles (2009)** <http://www.dshs.state.tx.us/chs/cfs/Texas-Health-Facts-Profiles> |
| **CN.2 Poor access to specialty care.** | | |
| CN.2.1 | Lack of Trauma Level I or II specialty care in RHP 17. | **2010 Brazos Valley Health Assessment**  <http://www.cchd.us/pages/reports.html>  **2011 Montgomery County Health Assessment**  <http://www.tamhsc.edu/1115-waiver/rhp17.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.2.2 | High mortality rate related to heart disease in Walker County. | **2011 Walker County Health Status Assessment**  **Executive Summary**  <http://www.tamhsc.edu/1115-waiver/rhp17.html>  **DSHS In-depth County Profiles**  <http://www.tamhsc.edu/1115-waiver/rhp17.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.2.3 | Hospitalizations from long-term diabetes complications among the highest potentially preventable hospitalizations in Walker County increasing by 32% from 2009-10. | **DSHS Potentially Preventable Hospitalizations for Walker County**  <http://www.dshs.state.tx.us/ph/county.shtm> |
| CN.2.4 | Lack of access to psychiatric care in all RHP 17 communities. | **2010 Brazos Valley Health Assessment**  <http://www.cchd.us/pages/reports.html>  **2011 Montgomery County Health Assessment**  <http://www.tamhsc.edu/1115-waiver/rhp17.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| **CN.3 Limited access to mental health/behavioral health services** | | |
| CN.3.1 | Limited access to behavioral health counseling especially to uninsured residents in rural RHP 17 communities. | **Table 3-3 RHP 17 Insurance Coverage**  **HRSA Health Professional Shortage Areas**  <http://hpsafind.hrsa.gov/HPSASearch.aspx>  **2010 Brazos Valley Health Assessment**  <http://www.cchd.us/pages/reports.html>  **2011 Montgomery County Health Assessment**  <http://www.tamhsc.edu/1115-waiver/rhp17.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.3.2 | Limited access to crisis services in Montgomery County for serious mentally ill adults. | **HRSA Health Professional Shortage Areas**  <http://hpsafind.hrsa.gov/HPSASearch.aspx>  **2011 Montgomery County Health Assessment**  <http://www.tamhsc.edu/1115-waiver/rhp17.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.3.3 | Limited access to crisis stabilization services for low income, often below poverty level, with intellectual and developmental disabilities living in Montgomery or Walker Counties. | **Table 3-3 RHP 17 Insurance Coverage**  **2011 Montgomery County Health Assessment**  <http://www.tamhsc.edu/1115-waiver/rhp17.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.3.4 | Lack of access to psychiatric care for persons with non-priority psychiatric disorders in Walker and Montgomery Counties. | **HRSA Health Professional Shortage Areas**  <http://hpsafind.hrsa.gov/HPSASearch.aspx>  **2011 Montgomery County Health Assessment**  <http://www.tamhsc.edu/1115-waiver/rhp17.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.3.5 | Limited access to crisis stabilization services for serious mentally ill adults, particularly low income and uninsured, living in Brazos, Burleson, Grimes, Leon, Madison, Robertson, and Washington Counties. | **Table 3-3 RHP 17 Insurance Coverage**  **HRSA Health Professional Shortage Areas**  <http://hpsafind.hrsa.gov/HPSASearch.aspx>    **2010 Brazos Valley Health Assessment**  <http://www.cchd.us/pages/reports.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.3.6 | Lack of access to the appropriate level of mental health services for high-risk behavioral health clients with psychiatric and physical health needs in Burleson, Grimes, Leon, Madison, Robertson, and Washington Counties. | **HRSA Health Professional Shortage Areas**  <http://hpsafind.hrsa.gov/HPSASearch.aspx>  **2010 Brazos Valley Health Assessment**  <http://www.cchd.us/pages/reports.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.3.7 | Lack of coordinated behavioral and physical health care for medically indigent behavioral health patients with co-morbidities in Brazos, Burleson, Grimes, Leon, Madison, Robertson, and Washington Counties. | **2010 Brazos Valley Health Assessment**  <http://www.cchd.us/pages/reports.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.3.8 | Lack of coordinated behavioral and physical health care for medically indigent behavioral health patients with co-morbidities in Montgomery and Walker Counties. | **Table 3-3 RHP 17 Insurance Coverage**  **2011 Montgomery County Health Assessment**  <http://www.tamhsc.edu/1115-waiver/rhp17.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| **CN.4 Lack of coordinated care for those with multiple needs** | | |
| CN.4.1 | Inconsistency in data management/lack of coordination between programs leading to duplication of services in Brazos County. | **2010 Brazos Valley Health Assessment**  <http://www.cchd.us/pages/reports.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.4.2 | Inconsistency in data collection and management that identifies health disparities and populations at risk in Montgomery County. | **2011 Montgomery County Health Assessment**  <http://www.tamhsc.edu/1115-waiver/rhp17.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.4.3 | Limited coordination of care exists in Washington County for disparity groups having co-occurring chronic conditions and who inappropriately utilize the ED for primary care. | **2010 Brazos Valley Health Assessment**  <http://www.cchd.us/pages/reports.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.4.4 | Limited coordination of care and support services for indigent Montgomery County residents | **Table 3-3 RHP 17 Insurance Coverage**  **2011 Montgomery County Health Assessment**  <http://www.tamhsc.edu/1115-waiver/rhp17.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.4.5 | Lack of coordinated prenatal care and delivery services for high-risk, uninsured, low income recent immigrants with low health literacy in Brazos, Burleson, Grimes, Leon, Madison, Robertson, and Washington Counties | **Table 3-3 RHP 17 Insurance Coverage**  **2010 Brazos Valley Health Assessment**  <http://www.cchd.us/pages/reports.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.4.6 | Lack of coordinated care for frequent ED users post discharge | **2010 Brazos Valley Health Assessment**  <http://www.cchd.us/pages/reports.html>  **Survey of Hospitals & Hospital Tracking Database**  <http://www.hhsc.state.tx.us/1115-docs/10ER-reportx.pdf>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |
| CN.4.7 | Limited access to coordinated clinical and supportive care services for Brazos Valley residents with end stage chronic conditions | **2010 Brazos Valley Health Assessment**  <http://www.cchd.us/pages/reports.html>  **2013 RHP 17 Regional Health Assessment**  <http://cchd.us/publications/> |

1. United States Census (2010) <http://quickfacts.census.gov> [↑](#footnote-ref-1)
2. DSHS Health Currents 2009 [www.dshs.state.tx.us/chs/healthcurrents](http://www.dshs.state.tx.us/chs/healthcurrents) [↑](#footnote-ref-2)
3. The Annie E. Casey Foundation Kids Count Data Center (2010) <http://datacenter.kidscount.org/data/bystate/Default.aspx?state=TX> [↑](#footnote-ref-3)
4. United States Census (2010) <http://quickfacts.census.gov> [↑](#footnote-ref-4)
5. Texas Education Agency <http://ritter.tea.state.tx.us/cgi/sas/broker?_service=marykay&_program=adhoc.std_download_selected_report.sas&rpt_subject=geographic&ftype=html&fname=adgeo12&submit=Get+Report> [↑](#footnote-ref-5)
6. Centers for Medicare and Medicaid Services - Medicare Enrollment Reports (2010) <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareEnrpts/Downloads/County2010.pdf> [↑](#footnote-ref-6)
7. Centers for Medicare and Medicaid Services - Medicare Enrollment Reports (2010) <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareEnrpts/Downloads/County2010.pdf> [↑](#footnote-ref-7)
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