# Section III. Community Needs Assessment

The community needs assessment for RHP 8 describes 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, LMHAs, and public health districts to better understand the health concerns of RHP 8. This data was essential for developing broad, meaningful DSRIP projects that will result in healthcare system transformation for RHP 8.

## Community Needs Assessment Approach

RHP 8 approached the community needs assessment through a four-step process that occurred primarily during the initial, early months of Plan development. First, the Anchor Team compiled secondary data from multiple sources, including those suggested by HHSC, for each county in RHP 8. 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, who were asked to review the data, and submit any additional data they may have had, and to begin identifying priority areas. Third, 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. Finally, the priority areas were summarized by county and regional levels, and disseminated to Providers and other stakeholders for planning, who were also asked to submit additional information they may have had relevant to the priorities. The collection of the community needs data strengthened the overall communication and collaboration between organizations in RHP 8.

## Demographics

### **Population/Age**

Demographic information for RHP 8 was compiled from the 2010 Census. The total population for RHP 8 in 2010 was 860,803 with Bell and Williamson Counties housing about 85% of the region’s residents. The least populated county in RHP 8 is Mills County with 4,936 residents. RHP 8 is approximately 8,547 square miles with a population density of 100.73 residents per square mile, which is slightly higher than Texas’ population density of 95.92 residents per square mile. RHP 8 is expected to grow to 924,214 residents in 2020 and up to 1,120,992 by 2030 according to projects from the Texas Workforce Commission.[[1]](#footnote-1)

Except for Bell and Williamson Counties, all the counties in RHP had a lower percent of their population under age 18 than Texas (27.3%). The majority of counties in RHP 8 have a greater proportion of older residents; 17% or more of their residents are older than 65 years with Llano County being the highest (31.1%), compared to Texas at 10.3% in this age group. Most of the counties in RHP 8 were close to the state’s percentages for males and females, 49.6% and 50.4% respectively, except for San Saba County which is 54.9% male and 45.1% female.

### Race/Ethnicity

The percentage of Texas residents that are non-Hispanic White is 45.3%, which is significantly lower than every county in RHP 8. The most rural counties in RHP 8 such as Blanco, Llano, and Mills, had higher percentages of residents that are non-Hispanic White and the lowest percentages of minority residents such as those who are Black or of Hispanic or Latino origin. Bell County had the highest percentages in RHP 8 of African Americans (21.5%) and residents who are two or more races (5.0%). Both of these percentages are significantly different from the rest of the counties in the region, all of which have a lower percentage of African Americans than Texas (11.8%)6.

### **Income**

In 2010, RHP 8 consisted of 292,958 households with median household incomes ranging from $31,895 in Mills County to $68,780 in Williamson County. Texas’ median household income is $49,646, which is higher than every county in RHP 8 except for Williamson. The per capita income in Texas in 2010 was $24,870 which falls in the middle of the range of per capita income in RHP 8 with the lowest being in San Saba ($19,721) and the highest in Williamson ($29,663).[[2]](#footnote-2)

In 2009, the Federal Poverty Level (FPL) was $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, which is a lower percentage than four of the counties in RHP 8. The highest levels of poverty in RHP 8 were found in counties that had the lowest per capita income, such as San Saba, Mills, and Milam counties. These counties, along with Lampasas County, had the highest percentages of persons younger than 18 years of age living in poverty across RHP 8, which were also higher than the state average of 14.3%[[3]](#footnote-3).

Table 3-1 provides a summary of age, race/ethnicity, and income demographics for RHP 8.

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| **Table 3-1. RHP 8 POPULATION DATA (INCLUDING AGE, RACE/ETHINICITY, and INCOME)****[[4]](#footnote-4)**  |
|  | **Bell** | **Blanco** | **Burnet** | **Lampasas** | **Llano** | **Milam** | **Mills** | **San Saba** | **Williamson** |
| **TOTAL COUNTY POPULATION (2010)** | 310,235 | 10,497 | 42,750 | 19,677 | 19,301 | 24,757 | 4,936 | 6,131 | 422,679 |
|  **AGE** |
| **% Less Than 18** | 28.4% | 21.9% | 23.2% | 24.8% | 15.9% | 26.5% | 24.3% | 21.0% | 28.7% |
| **% Age 18-64** | 62.9% | 59.9% | 58.2% | 59.4% | 53.0% | 56.1% | 52.2% | 59.8% | 62.4% |
| **% Age 65+** | 8.7% | 18.2% | 18.6% | 15.8% | 31.1% | 17.4% | 23.5% | 19.2% | 8.9% |
|  **GENDER** |
| **% Male** | 49.5% | 50.5% | 49.1% | 49.3% | 48.3% | 49.4% | 49.5% | 54.9% | 49.2% |
| **% Female** | 50.5% | 49.5% | 50.9% | 50.7% | 51.7% | 50.6% | 50.5% | 45.1% | 50.8% |
|  **RACE/ETHNICITY** |
| **% White**  | 61.4% | 90.3% | 88.5% | 85.3% | 94.9% | 78.1% | 90.0% | 84.3% | 78.1% |
| **% Black** | 21.5% | 0.7% | 1.8% | 3.2% | 0.6% | 10.0% | 0.5% | 3.3% | 6.2% |
| **% American Indian/Alaska Native** | 0.8% | 0.7% | 0.7% | 0.9% | 0.6% | 0.7% | 0.4% | 0.8% | 0.6% |
| **% Asian** | 2.8% | 0.5% | 0.5% | 1.0% | 0.4% | 0.4% | 0.2% | 0.2% | 4.8% |
| **% Native Hawaiian or Other Pacific Islander** | 0.8% | Z | 0.0% | 0.2% | Z | Z | 0.0% | Z | 0.1% |
| **% Two or More Races** | 5.0% | 1.9% | 1.9% | 3.2% | 1.4% | 1.8% | 1.5% | 1.5% | 3.2% |
| **% Hispanic or Latino Origin** | 21.6% | 18.2% | 20.2% | 17.5% | 8.0% | 23.3% | 16.6% | 28.0% | 23.2% |
| **% White Not Hispanic** | 50.7% | 79.4% | 76.1% | 75.4% | 89.6% | 65.5% | 81.5% | 67.4% | 63.8% |
|  **INCOME** |
| **Households (2010)** | 101,433  |  3,935  |  16,315  |  7,031  |  8,463  |  9,575  |  1,974  |  2,122  |  142,110  |
| **Per Capita Personal Income (2010)**  | $22,722  | $27,010  | $25,245  |  $22,943  | $29,027  |  $21,509  |  $20,438  |  $19,721  |  $29,663  |
| **Median Household Income (2010)**  | $48,618 | $46,128 | $48,187 | $46,378 | $41,969 | $39,305 | $31,895 | $36,308 | $68,780 |
| **% Persons < 100% FPL (2009)** | 15.3% | 12.2% | 13.0% | 17.9% | 13.2% | 18.0% | 19.4% | 21.5% | 5.5% |
| **% Persons <age 18 that are <100% FPL (2009)**  | 20.7% | 20.0% | 22.1% | 28.1% | 26.6% | 28.0% | 30.6% | 41.8% | 8.7% |
| **Average Monthly TANF (SFY 2009)**4 | 151 | - | 3 | 2 | 1 | 29 | 2 | 2 | 127 |
| **Average Monthly SNAP (SFY 2009)**  | 29,487 | 626 | 3,244 | 2,176 | 1,346 | 3,825 | 380 | 799 | 23,389 |

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### **Education**

Total public school enrollment in 2010 for RHP 8 counties is 187,868, with dropout rates varying by county from 1.0% in Burnet County to 7.7% in Bell County. The 2010 dropout rate in Texas was 7.3%. Dropout rates for Llano, Mills and San Saba Counties were unable to be calculated due to incomplete data.[[5]](#footnote-5) In RHP 8, every county had at least 77% of residents over age 25 holding a high school diploma with Williamson County being the highest at 91.6%. The range was larger in RHP 8 for the percentage of residents over age 25 that hold at least an associate’s degree with the lowest in Milam County (13.5%) and the highest in Williamson County (37.3%).[[6]](#footnote-6) In RHP 8, there are a total of 37 school districts and 296 schools, including alternative, disciplinary, and charter schools.[[7]](#footnote-7) During the 2010-2011 school year, 62.4% of Texas children participated in the Free and Reduced Lunch Program. Counties in RHP 8 ranged from 36% (Williamson County) to 77% (San Saba County) of children participating in the program[[8]](#footnote-8).

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| **Table 3-2. RHP 8 EDUCATION DATA, 2010** |
|  | **Bell** | **Blanco** | **Burnet** | **Lampasas** | **Llano** | **Milam** | **Mills** | **San Saba** | **Williamson** |
| Total public school enrollment | 64,906 | 1,677 | 7,423 | 3,724 | 1,910 | 4,587 | 885 | 961 | 101,795 |
| High school dropout rate | 7.7% | 5.2% | 1.0% | 2.6% | N/A | 3.9% | N/A | N/A | 3.7% |
| Percent of population age 25+ with 12 or more years of education (2009) | 88.6% | 88.3% | 83.5% | 82.6% | 88.0% | 81.5% | 77.2% | 81.4% | 91.6% |
| Percent of population age 25+ with a college degree (Associate's Degree or higher) | 21.2% | 25.4% | 21.4% | 17.3% | 26.0% | 13.5% | 18.7% | 18.1% | 37.3% |
| Number of school districts (2012) | 9 | 1 | 2 | 1 | 1 | 6 | 4 | 2 | 11 |
| Number of schools (elementary, middle, high) | 85 | 3 | 12 | 5 | 4 | 14 | 4 | 3 | 119 |
| Elementary | 52 | 1 | 8 | 3 | 2 | 6 | 2 | 1 | 77 |
| Intermediate, Jr. High, Middle | 21 | 1 | 2 | 1 | 1 | 5 | 1 | 1 | 23 |
| High | 12 | 1 | 2 | 1 | 1 | 3 | 1 | 1 | 19 |
| Other (alternative, disciplinary, K-12, charter) | 22 | 0 | 2 | 0 | 0 | 1 | 2 | 2 | 18 |
| % students with Free and Reduced Lunch program | 57.3% | 51.1% | 62.2% | 61.1% | 64.4% | 70.1% | 64.3% | 77.0% | 36.0% |

*\*N/A indicates not enough data available to calculate percentage*

### **Employment**

In 2010, unemployment rates in RHP 8 ranged from 5.9% (Blanco County) to 10.5% (Milam County), with two counties exceeding the State rate of 8.2% (Milam and San Saba Counties).[[9]](#footnote-9) Milam County’s higher unemployment rate may be related to the closing of Alcoa, a large smelting operation, in early 2009.

There is a wide range of employers across RHP 8 in regards to type, size, and location. There were several employers in RHP 8 with over 1,000 employees which include the Veteran’s Administration Hospital in Bell County, and Dell, Georgetown ISD, Sears Teleserv, and Williamson County Government in Williamson County. Types of companies/organizations that commonly employed the highest number of people in RHP 8 counties are manufacturing, healthcare, food/restaurant supply, retail, city and county government, and education. Information is collected differently for each county, so while some counties included school districts and county employment, others did not. In addition, for employers in RHP 8, workforce boards provided employee numbers in ranges, exact numbers, or not at all for some counties.

### Health Coverage

Over 102,000 people (aged and disabled) in RHP 8 were enrolled in Medicare in 2010.[[10]](#footnote-10) In RHP 8, the total number of unduplicated Medicaid clients in 2009 was 113,095 with the range being from 1,023 in Milam County to 49,380 clients in Bell County. Williamson County also had 40,873 unduplicated Medicaid clients, and when combined with Bell County, the two represent 80% of RHP 8’s total.

The rates of uninsured adults were high in RHP 8 with only Bell, Llano, and Williamson Counties being below Texas’ rate of 26%. The highest percentages of uninsured adults were in Mills and San Saba Counties with 30.5% and 34.5% uninsured, respectively. Although Williamson, Bell, and Llano counties fall below the statewide average rate of uninsured, each of these counties has a higher rate of uninsured than the national benchmark. Additionally, a Federally Qualified Health Center (FQHC) located in Williamson County, Lone Star Circle of Care, is a federally designated Health Professional Shortage Area (HPSA) in the areas of primary, dental and mental healthcare, and is the only FQHC clinic in the county treating uninsured patients. Thus, access to primary care for uninsured in Williamson County is an issue RHP 8 is addressing through DSRIP. In Texas, 19.5% of children 18 years and younger were without health insurance. Much like the rates for all adults, the highest rates of uninsured children were in Mills and San Saba Counties with the lowest rates occurring in Bell and Williamson Counties. In addition, the State CHIP enrollment in 2010 was 7.2%. Burnet, Llano, Mills, and San Saba Counties all had higher percentages of children participating in CHIP than the State of Texas, as seen in Table 3-3.

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| **Table 3-3. RHP 8 INSURANCE COVERAGE, 2010**  |
|  | **Bell** | **Blanco** | **Burnet** | **Lampasas** | **Llano** | **Milam** | **Mills** | **San Saba** | **Williamson** |
| **Medicare****[[11]](#footnote-11)** | 32,062 | 2,382 | 9,576 | 3,864 | 5,033 | 4,719 | 1,119 | 1,155 | 42,398 |
| **Aged Only** | 25,424 | 2,184 | 8,606 | 3,283 | 4,501 | 4,017 | 1,006 | 1,040 | 36,800 |
| **Disabled Only** | 6,638 | 198 | 970 | 581 | 532 | 702 | 113 | 115 | 5,598 |
| **Unduplicated Medicaid** | 49,380 | 1,171 | 6,617 | 3,674 | 2,936 | 6,097 | 1,023 | 1,324 | 40,873 |
| **Adult Uninsured[[12]](#footnote-12)** | 19.8% | 26.7% | 28.7% | 27.4% | 24.2% | 27.0% | 30.5% | 34.5% | 16.5% |
| **Child Uninsured** | 12.6% | 20.8% | 21.8% | 19.9% | 18.6% | 19.6% | 23.0% | 25.4% | 10.7% |
| **CHIP Enrollment (2009)** | 3.9% | 5.5% | 8.8% | 6.5% | 10.7% | 6.6% | 7.7% | 10.6% | 5.0% |
| *Child Uninsured Data Source: US Census Small Area Health Insurance Estimates (2009),CHIP Enrollment Data Source: The Annie E. Casey Foundation Kids Count Data Center (2010)*  |

## Healthcare Infrastructure and Environment

In RHP 8, there is a substantial range of providers by type and geographical dispersment among the counties. Bell and Williamson Counties had the highest total amounts of providers in 2010 with 6,520 and 5,718, respectively, due to high population and hospital density in these areas. The largest hospitals in RHP 8 are located in these two counties. Across RHP 8, licensed vocational nurses and registered nurses are the most numerous out of all the types of providers. However, despite the high number of overall providers in Williamson County, the ratio of residents to primary care providers is still well above the national benchmark and the statewide average ratio. Thus, access to primary care in the urban areas of RHP 8 is also a problem, despite hospitals located in those areas. Each county in RHP 8 has at least one of each type of provider except Blanco County, which did not have any physician assistants at the time the data was collected. Texas DSHS reported counties in RHP 8 had a total of 14,024 of the types of health providers shown in Table 3-4. RHP 8’s 2010 population was 860,803 which, when divided by the total number of providers, equals about 61 residents per healthcare provider.

| **Table 3-4.** **RHP 8 PROVIDER DATA, 2010** |
| --- |
| **Provider Type** | **Bell** | **Blanco** | **Burnet** | **Lampasas** | **Llano** | **Milam** | **Mills** | **San Saba** | **Williamson** |
| **Chiropractors** | 41 | 3 | 11 | 4 | 2 | 4 | 1 | 2 | 126 |
| **Dentists** | 137 | 4 | 22 | 4 | 8 | 4 | 1 | 2 | 244 |
| **Direct Care Physicians** | 608 | 4 | 63 | 1 | 19 | 12 | 4 | 1 | 595 |
| **EMS Personnel**  | 66 | 7 | 19 | 9 | 5 | 11 | 3 | 2 | 140 |
| **Licensed Vocational Nurses** | 1,352 | 15 | 93 | 57 | 60 | 103 | 21 | 28 | 588 |
| **Nurse Practitioners** | 109 | 4 | 8 | 1 | 1 | 7 | 1 | 1 | 67 |
| **Pharmacists** | 262 | 5 | 40 | 10 | 13 | 11 | 2 | 3 | 371 |
| **Physician Assistants** | 118 | - | 8 | 4 | 5 | 4 | 1 | 1 | 77 |
| **Primary Care Physicians** | 253 | 4 | 35 | 9 | 13 | 9 | 4 | 1 | 333 |
| **Registered Nurses** | 2,810 | 17 | 174 | 76 | 83 | 88 | 16 | 16 | 1,961 |
| **TOTALS** | 6,520  |  104  |  674  |  244  |  255  |  315  |  73  |  121  |  5,718  |
| Source: Texas Department of State Health Services Health Currents, 2010 |

### **Hospital Sizes and Costs**

There are a total of 1,435 beds in the hospitals located in RHP 8 in 2010,[[13]](#footnote-13) ranging from 23 beds at Scott & White Hospital - Taylor, to 591 beds at Scott & White Memorial Hospital in Temple. Across RHP 8, the average number of beds per hospital is 96. These hospitals serve the residents of counties located in RHP 8 as well as those residing in surrounding areas. UC charges totaled $445,414,516 in RHP 8, with nearly half that amount coming from Scott & White Memorial Hospital alone. UC compared to gross patient revenue as a percentage ranged from 1.2% at Reliant Rehabilitation Hospital in Round Rock to 17.3% at King’s Daughters Hospital in Temple. Since the data collection, King’s Daughters Hospital is now McLane Children’s Scott & White Hospital - Temple.

Table 3-5 provides a summary of the hospitals in RHP 8, as well as their annual charges, uncompensated care, and bad debt.

### **Potentially Preventable Hospitalizations**

Potentially preventable hospitalizations are a burden on the healthcare system, especially in areas of limited resources. Chronic diseases such as chronic obstructive pulmonary disease (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 ED. Since the implementation of various DSRIP projects that aim to reduce ED visits, hospitals are able to bring down overall costs and use their staff and resources more efficiently. Total cost of potentially preventable hospitalizations in RHP 8 counties was $738,375,60916 for 2005-2010. The Anchor Team 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.

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| **Table 3-5. RHP 8 HOSPITAL DATA (SIZES and COSTS), 2010** |
|  | **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** |
| King's Daughters Hospital Scott & White  | Temple(Bell) | NPR | 29 | $4,299,026 | $4,640,587 | $8,939,613 | $21,634,642 | $51,570,081 | 17.3% |
| Metroplex Hospital | Killeen(Bell) | NPR | 154 | $5,693,268 | $36,000,363 | $41,693,631 | $110,687,711 | $402,293,581 | 10.4% |
| Scott & White Continuing Care Hospital | Temple(Bell) | NPR | 50 | $242,145 | $5,290,862 | $5,533,007 | $18,724,436 | $53,044,848 | 10.4% |
| Scott & White Memorial Hospital  | Temple(Bell) | NPR | 591 | $37,437,410 | $162,794,591 | $200,232,001 | $743,713,961 | $2,122,637,777 | 9.4% |
| Seton Highland Lakes | Burnet(Burnet) | NPR | 25 | $15,324,340 | $4,404,059 | $19,728,399 | $51,053,380 | $118,214,137 | 16.7% |
| Rollins Brook Community Hospital | Lampasas(Lampasas) | NPR | 25 | $1,467,457 | $3,989,292 | $5,456,749 | $15,500,433 | $40,753,108 | 13.4% |
| Llano Memorial Healthcare System | Llano(Llano) | FPR | 26 | $2,856,686 | $204,256 | $3,060,942 | $27,299,928 | $49,967,304 | 6.1% |
| Central Texas Hospital | Cameron(Milam) | FPR | 34 | $345,620 | $235,841 | $581,461 | $6,311,420 | $10,503,937 | 5.5% |
| Little River Healthcare | Rockdale(Milam) | FPR | 21 | $6,617,682 | $1,080,000 | $7,697,682 | $26,522,084 | $58,367,978 | 13.2% |
| Cedar Park Regional Medical Center | Cedar Park(Williamson) | FPR | 77 | $17,985,249 | $3,703,062 | $21,688,311 | $71,569,689 | $205,213,011 | 10.6% |
| Reliant Rehabilitation Hospital Central Texas | Round Rock(Williamson) | FPR | 50 | $134,301 | $316,000 | $450,301 | $21,581,916 | $37,156,602 | 1.2% |
| St. David’s Round Rock Medical Center | Round Rock(Williamson) | NPR | 131 | $13,208,062 | $44,498,116 | $57,706,178 | $140,217,918 | $520,753,565 | 11.1% |
| Scott & White Hospital - Taylor | Taylor(Williamson) | NPR | 23 | $3,214,724 | $295,503 | $3,510,227 | $15,652,991 | $30,388,420 | 11.6% |
| Scott & White Hospital - Round Rock | Round Rock(Williamson) | NPR | 76 | $9,154,301 | $7,335,043 | $16,489,344 | $113,538,476 | $315,913,909 | 5.2% |
| Seton Medical Center Williamson | Round Rock(Williamson) | NPR | 123 | $17,763,880 | $34,882,790 | $52,646,670 | $98,838,013 | $388,967,331 | 13.5% |

*\*St. David’s Georgetown shares a provider number with St. David’s Healthcare in Travis County which is in RHP 7 and is not reflected in this table.*

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| **Table 3-6. RHP 8 POTENTIALLY PREVENTABLE HOSPITALIZATIONS, 2006-2010****[[14]](#footnote-14)** |
| **Condition** | **Bell** | **Blanco** | **Burnet** | **Lampasas** | **Llano** | **Milam** | **Mills** | **San Saba** | **Williamson** |
| **Angina** | 2,692 | 115 | 596 | 604 | 366 | 400 | 107 | 101 | 2,928 |
| **Asthma** | 441 | 0 | 125 | 370 | 73 | 129 | 0 | 24 | 474 |
| **Bacterial Pneumonia** | 1,341 | 60 | 464 | 271 | 204 | 423 | 49 | 38 | 1,901 |
| **Congestive Heart Failure** | 200 | 0 | 0 | 52 | 0 | 0 | 0 | 0 | 173 |
| **COPD** | 3,087 | 96 | 483 | 442 | 201 | 469 | 64 | 54 | 2,563 |
| **Dehydration** | 379 | 0 | 84 | 54 | 31 | 56 | 0 | 0 | 488 |
| **Diabetes Short-term Complications** | 845 | 0 | 126 | 119 | 49 | 113 | 0 | 0 | 785 |
| **Diabetes Long-term Complications** | 1,436 | 51 | 367 | 291 | 161 | 261 | 50 | 50 | 1,486 |
| **Hypertension** | 574 | 0 | 0 | 45 | 0 | 41 | 0 | 0 | 423 |
| **Urinary Tract Infection** | 902 | 0 | 172 | 122 | 53 | 109 | 0 | 0 | 857 |
| **TOTAL Hospitalizations** | **11,897** | **365** | **2,412** | **2,370** | **1,133** | **1,996** | **264** | **258** | **12,078** |
| **TOTAL Hospital Charges 2005-2010** | **$241,806,737** | **$7,317,929** | **$48,489,685** | **$43,616,768** | **$20,010,951** | **$36,969,256** | **$6,676,657** | **$6,598,106** | **$326,889,520** |

Table 3-6 summarizes potentially preventable hospitalizations in RHP 8. For additional information on the healthcare infrastructure and environment in RHP 8 (by county), please see Addendum 1C.

### **Services and Systems**

Seton Healthcare Family, St. David’s Healthcare, Baylor Scott & White Health, and Community Health Systems are hospital systems in RHP 8. Seton has facilities in Burnet and Williamson Counties and Baylor Scott & White Health has a large presence in RHP 8 with hospitals in Bell, Llano and Williamson Counties and numerous clinics across the region. Between the hospitals in RHP 8, 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 Bell and Williamson Counties, while healthcare resources are less abundant in the more rural counties of RHP 8.

### **HPSA Designations**

In RHP 8, all counties except Bell and Williamson are designated as a single county HPSA in at least one category, no counties have a partial county HPSA designation (see Table 3-7)[[15]](#footnote-15).

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| **Table 3-7. RHP 8 HEALTH PROFESSIONAL SHORTAGE AREA DESIGNATIONS**  |
|  | **Bell** | **Blanco** | **Burnet** | **Lampasas** | **Llano** | **Milam** | **Mills** | **San Saba** | **Williamson** |
| **Primary Care** | No | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes |
| **Dental** | No | No | Yes | No | No | No | No | Yes | Yes |
| **Mental Health** | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

**Current DHHS-funded Initiatives**

In RHP 8, the following performing providers have identified Department of Health and Human Services (DHHS) funded initiatives being used (see Table 3-8).

| **Table 3-8. U.S. DEPARTMENT OF HEALTH and HUMAN SERVICES (DHHS) FUNDED INITIATIVES**  |
| --- |
| **Entity** | **DHHS Funded Initiative** | **Brief Project Description** |
| **Bell County Public Health District** | Women, Infants and Children (WIC) | Funding to conduct WIC activities in Bell County |
| **Bluebonnet Trails Community Services** | Electronic Health Records (EHR) Incentive Payments | Provided to assist in moving Medical Records to electronic format. No waiver projects propose doing this, but all use EHR. |
| **Bluebonnet Trails Community Services** | FQHC/ RHC/ School-based health center grants, including capital grants | Health Resources and Services Administration (HRSA) Grant to build a clinic in Seguin that will house an FQHC and Bluebonnet staff and services. This is capital investment and does not overlap services proposed in Seguin. |
| **Bluebonnet Trails Community Services** | Community Mental Health Services Block Grant | Routine mental health services on an outpatient basis. We will provide outpatient services in Expansion project for Taylor clinic, but those services are not for the same populations. |
| **Bluebonnet Trails Community Services** | Substance Abuse Prevention and Treatment Block Grant | Outreach, Screening, Assessment and Referral (OSAR) services grant to provide assessment and referral to persons seeking services for Substance Use Disorders. We are planning a Pass 2 project in RHP 8 to provide direct services not OSAR services that comprise our OSAR contract. |
| **Central Counties Services** | Community Mental Health Services Block Grant | Central Counties Services annually receives Mental Health Block Grant funds dollars that are used for general services for both groups. No 1115 Waiver projects supplant how these funds are currently used by Central Counties Services. |
| **Center for Life Resources** | Community Mental Health Services Block Grant | Center for Life Resources receives mental health services block grant which are used for general mental health services. 1115 Waiver funds will not be used for these services, nor will block grant funds be used for waiver programs.  |
| **Center for Life Resources** | Substance Abuse Prevention and Treatment Block Grant | Center for Life Resources receives block grants for Co-Occurring Psychiatric and Substance Abuse Disorders Services, Treatment Adult Services and Treatment Youth Services, which are used for general substance abuse services. 1115 Waiver funds are not used for these services, nor will block grant funds be used for waiver programs.  |
| **Hill Country MHDD** | Community Mental Health Services Block Grant | Hill Country, through Texas Department of State Health Services (DSHS) performance contract, receives a portion of the funds as Community Mental Health Services Block Grant which is utilized for services for individuals with Major Depression, Bipolar Disorder, and Schizophrenia. |
| **Hill Country MHDD** | Substance Abuse Prevention and Treatment Block Grant | Hill Country, through DSHS, receives a portion of funds for Substance Use Disorder Outpatient services in Kerr and Gillespie Counties. |
| **Little River Healthcare** | EHR Incentive Payments | Little River Healthcare will use an EHR to document services performed by provider, however, waiver 1115 funding will not be used for implementing and maintaining the EHR software. |
| **Scott & White Hospital—Llano** | Accountable Care Organizations (ACOs) | Application submitted. |
| **Scott & White Hospital—Llano** | Healthcare 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 Memorial Hospital**  | Accountable Care Organizations (ACOs) | Application submitted. |
| **Scott & White Memorial Hospital**  | Healthcare Innovation Awards | [Clinic-based programs] Participating as a member site of 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. |
| **Seton Highland Lakes Hospital** | Pioneer ACO Model | Indirect affiliation via parent company |
| **Seton Highland Lakes Hospital** | Bundled Payments for Care Improvement | Indirect affiliation via parent company |
| **Seton Highland Lakes Hospital** | Partnership for Patients | Indirect affiliation via parent company |
| **Seton Highland Lakes Hospital** | EHR Incentive Payments | Indirect affiliation via parent company. |
| **St. David’s Round Rock Medical Center** | EHR Incentive Payments | Facilities have adopted EHRs and have met Meaningful Use Stage 1 requirements. |
| **Williamson County and Cities Health Department** | Maternal and Child Health Grants | Subcontract for the provision of Title V Child Health Services that include screening and eligibility determination, direct clinical and/or dental services, laboratory services and appropriate referrals as necessary. This grant only covers approximately 125 individuals. Waiver funding will be used to expand services to a larger population.  |
| **Williamson County and Cities Health Department** | Women, Infants and Children (WIC) | Funding to conduct WIC activities in Williamson County. |

## Projected Changes during Waiver Period/Evolution of RHP 8

RHP 8 is expected to continue growing in the coming years. The population of this region as reported in the 2010 Census was 860,803 and is expected to grow to 924,214 by 2020 (Texas Workforce Commission, 2010). This kind of population growth can be positive economically, but can also add to the burden carried by health service providers such as hospitals, clinics, LMHAs, and local health departments—especially when the current infrastructure is not sufficient to meet the current need.

The growing retiree/older adult population and soldiers returning home from foreign wars will put unique physical and behavioral health demands on the healthcare system in RHP 8 (especially Bell County, home of Fort Hood).

RHP 8 has been, and will continue to be affected by political changes during the waiver period. Elected and appointed officials changed at the local and state levels. To date, the State of Texas has resisted expanding Medicaid as specified in the ACA. During DY4 Texas elected new leadership, including a new state governor, lieutenant governor, and attorney general.

The ACA and other economic drivers have caused many of the smaller, rural hospitals in Texas to be bought or merged with larger hospitals. Frequently, rural areas have experienced the expansion of hospital systems. This expansion creates stability for basic healthcare in those areas; however, specialty care is still limited. In addition, the most remote and sparse areas are still not adequately covered. Given that many residents of these more rural counties are over the age of 65, routine care for chronic conditions and specialty care are needed.

Lastly, RHP 8 most likely will be affected in the coming years by the new medical school that is under construction in RHP 7. The new medical facility will certainly attract additional research and medical professionals. Depending on whether these professionals are drawn more from other institutions in the nation, or move within the state will determine the significance of the change.

## Summary of Key Community Needs

Based on the broad themes of needs presented in the Community Needs Assessment, we have organized our Summary of Community Needs Table 3-9 into the following three subcategories related to the Key Health Challenges:

* Limited access to primary care,
* Limited access to behavioral/mental health services, and
* Lack of coordinated care for those with multiple needs.

Below is a table representing the community needs identified for RHP 8 that are being addressed by four-year and three-year waiver projects, in our region. Based on projects identified by providers as three-year projects, they fit into the existing community needs listed below and no new needs were identified during the DY3, three-year project planning timeframe. More detailed information for RHP 8 is available in Addendum 1D.

| **Table 3-9. SUMMARY OF COMMUNITY NEEDS** |
| --- |
| **Identification Number** | **Brief Description of Community Needs Addressed through RHP 8 Projects** | **Data Source for Identified Need** |
| **CN.1 Limited access to primary care** |
| CN.1.1 | Limited access to the primary care within Milam County.  | Table 3-4 – RHP 8 Provider Data |
| CN.1.2 | Limited access to primary care for Williamson County residents under 200% FPL. | Table 3-1 – RHP 8 Population Data**Williamson Burnet County Opportunities 2014 Community Assessment:**<http://wbco.net/services.html> **ICare 2.0 (2011 Vulnerable Population Report):** <http://icc-centex.org/wp-content/uploads/2012/07/Vulnerable-Populations-2011_final.pdf>  |
| CN.1.3 | Limited access to primary care for rural and uninsured Williamson County residents.  | Table 3-3 – RHP 8 Insurance Coverage, 2010**Williamson Burnet County Opportunities 2014 Community Assessment:**<http://wbco.net/services.html> **Central Texas Sustainability Indicators Project:**<http://indicatorsproject.com/health/> **ICare 2.0 (2011 Vulnerable Population Report):** <http://icc-centex.org/wp-content/uploads/2012/07/Vulnerable-Populations-2011_final.pdf> |
| CN.1.4 | Limited access to primary healthcare for indigent and uninsured populations in Burnet County.  | Table 3-3 – RHP 8 Insurance Coverage, 2010**Williamson Burnet County Opportunities 2014 Community Assessment:**<http://wbco.net/services.html> **Central Texas Sustainability Indicators Project:**<http://indicatorsproject.com/health/>  |
| CN.1.5 | Limited access to emergent care and limited awareness of which levels of care are appropriate for different health needs places undue burden on the Emergency Department and Emergency Medical System in Llano County. | **2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospital Tracking Database:** <http://www.hhsc.state.tx.us/1115-docs/10ER-reportx.pdf>  |
| CN.1.6 | Limited access to primary care for preventive services with same day or next day appointments and extended hours. | **Williamson Burnet County Opportunities 2014 Community Assessment:**<http://wbco.net/services.html> **Central Texas Sustainability Indicators Project:**<http://indicatorsproject.com/health/> **County Health Rankings:** [www.countyhealthrankings.org](http://www.countyhealthrankings.org)  |
| CN.1.7 | Limited access to preventive interventions for women of child bearing age and individuals with diagnosed chronic disease in Williamson County.  | **Texas Department of State Health Services – Health Facts Profiles (2009):** <http://www.dshs.state.tx.us/chs/cfs/Texas-Health-Facts-Profiles/>**FY 2010 Texas Medicaid Managed Care STAR Quality of Care Report:** <http://www.hhsc.state.tx.us/reports/2012/Care-Report-STAR-FY2010.pdf>**County Health Rankings:**[www.countyhealthrankings.org](http://www.countyhealthrankings.org) |
| CN.1.8 | Limited access to preventive care (cancer screenings) in Milam County.  | **Breast Cancer in Texas: A Closer Look:** <http://www.cprit.state.tx.us/images/uploads/report_breastc_a_closer_look.pdf> **Cervical Cancer in Texas 2010:** <http://www.cprit.state.tx.us/images/uploads/cervical_cancer_in_texas_tcr_2010_low.pdf> **Colorectal Cancer in Texas 2010:** <http://www.cprit.state.tx.us/images/uploads/colorectal_cancer_in_texas_tcr_2010_low.pdf>  |
| CN.1.9 | Increase access to testing and treatment of STDs in Bell County.  | **Texas Department of State Health Services – Health Facts Profiles (2009):** <http://www.dshs.state.tx.us/chs/cfs/Texas-Health-Facts-Profiles/>  |
| CN.1.10 | Increase STD testing of females aged 14-45 to reduce potential complications of untreated STDs (i.e. pelvic inflammatory disease). | **Texas Department of State Health Services – Health Facts Profiles (2009):** <http://www.dshs.state.tx.us/chs/cfs/Texas-Health-Facts-Profiles/>**FY 2010 Texas Medicaid Managed Care STAR Quality of Care Report:** <http://www.hhsc.state.tx.us/reports/2012/Care-Report-STAR-FY2010.pdf>  **Texas 2011 STD Surveillance Report:** [http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?PageID=34561andid=4962andterms=Texas+2011+STD+Surveillance+Report](http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?PageID=34561&id=4962&terms=Texas+2011+STD+Surveillance+Report)   |
| **CN.2 Limited access to mental health/behavioral health services** |
| CN.2.1 | Limited access to behavioral health services for rural, poor and under/ uninsured populations (medications, case management, counseling, diagnoses) in Williamson County. | Table 3-3 – RHP 8 Insurance Coverage, 2010**HRSA Health Professional Shortage Areas:** <http://hpsafind.hrsa.gov/HPSASearch.aspx>**US Census Bureau: 2009 Small Area Health Insurance Estimates:**<http://www.census.gov/did/www/sahie/data/index.html> **Williamson Burnet County 2014 Community Assessment:**<http://www.wbco.net/services.html> **FY 2010 Texas Medicaid Managed Care STAR Quality of Care Report:** <http://www.hhsc.state.tx.us/reports/2012/Care-Report-STAR-FY2010.pdf> **Central Texas Sustainability Indicators Project:**<http://indicatorsproject.com/health/>  |
| CN.2.2 | Limited access for serious mentally ill adults to crisis services in Williamson County | **Williamson Burnet County 2014 Community Assessment:**<http://www.wbco.net/services.html> **Central Texas Sustainability Indicators Project:**<http://indicatorsproject.com/health/>  |
| CN.2.3 | Limited access for youth with severe emotional disturbances to behavioral health community crisis services in Williamson and Burnet Counties.  | **Williamson Burnet County 2014 Community Assessment:**<http://www.wbco.net/services.html>  **FY 2010 Texas Medicaid Managed Care STAR Quality of Care Report:**<http://www.hhsc.state.tx.us/reports/2012/Care-Report-STAR-FY2010.pdf> **Central Texas Sustainability Indicators Project:**<http://indicatorsproject.com/health/>  |
| CN.2.4 | Limited access for serious mentally ill adults to crisis services in Burnet County.  | **Williamson Burnet County 2014 Community Assessment:**<http://www.wbco.net/services.html> **Central Texas Sustainability Indicators Project:**<http://indicatorsproject.com/health/>  |
| CN.2.5 | Limited access to behavioral health services, primarily substance abuse services for adults and youth who are poor and under/uninsured populations in need of outpatient and intensive outpatient care in Burnet and Williamson Counties. | **Williamson Burnet County 2014 Community Assessment:**<http://www.wbco.net/services.html> **HRSA Health Professional Shortage Areas:** <http://hpsafind.hrsa.gov/HPSASearch.aspx> |
| CN.2.6 | Limited access to behavioral health services for rural populations in Mills and San Saba counties. | **HRSA Health Professional Shortage Areas:** <http://hpsafind.hrsa.gov/HPSASearch.aspx> |
| CN.2.7 | Lack of school-based behavioral health services in the Temple ISD.  | **Temple ISD Health Services:**<http://www.tisd.org/page.cfm?p=1553>  |
| CN.2.8 | Lack of access for adult behavioral healthcare in Bell, Lampasas and Milam Counties.  | **HRSA Health Professional Shortage Areas:** <http://hpsafind.hrsa.gov/HPSASearch.aspx> |
| CN.2.9 | Lack of social support services for high intellectually functioning Autism and Asperger's population (18 years and older) in Bell County.  | **County Health Rankings:**[www.countyhealthrankings.org](http://www.countyhealthrankings.org)**State of Texas Dept. of Aging and Disability Services**:Study on the Costs and Benefits of Initiating a Pilot Project to Provide Services to Adults with Autism Spectrum Disorders and Related Disabilities (2010) p.63 <http://www.dars.state.tx.us/tarrc/publications/HB1574Report.pdf>  |
| CN.2.10 | Limited access for serious mentally ill adults to crisis services in Bell, Lampasas and Milam Counties. | **HRSA Health Professional Shortage Areas:** <http://hpsafind.hrsa.gov/HPSASearch.aspx> |
| CN.2.11 | Improve behavioral health service access and capacity in Bell, Lampasas, and Milam Counties | **HRSA Health Professional Shortage Areas:** <http://hpsafind.hrsa.gov/HPSASearch.aspx> |
| CN.2.12 | Limited access in Williamson County to behavioral health services for adults with serious mental illnesses who are transitioning from inpatient care and crises into community living. | **Williamson Burnet County 2014 Community Assessment:**<http://www.wbco.net/services.html>  **Central Texas Sustainability Indicators Project:**<http://indicatorsproject.com/health/> |
| CN.2.13 | Limited access to adult behavioral health services in Williamson County. | **HRSA Health Professional Shortage Areas:** <http://hpsafind.hrsa.gov/HPSASearch.aspx> |
| CN.2.14 | Limited access to behavioral health services and disparities in access to care and health outcomes for adults and youth who are intellectually and developmentally disabled in Williamson County. | **Williamson Burnet County 2014 Community Assessment:**<http://www.wbco.net/services.html>  **FY 2010 Texas Medicaid Managed Care STAR Quality of Care Report:** <http://www.hhsc.state.tx.us/reports/2012/Care-Report-STAR-FY2010.pdf> **Central Texas Sustainability Indicators Project:** <http://indicatorsproject.com/health/> **ICare 2.0 (2011 Vulnerable Population Report):** <http://icc-centex.org/wp-content/uploads/2012/07/Vulnerable-Populations-2011_final.pdf>**State of Texas Dept. of Aging and Disability Services**:Study on the Costs and Benefits of Initiating a Pilot Project to Provide Services to Adults with Autism Spectrum Disorders and Related Disabilities (2010) p.63 <http://www.dars.state.tx.us/tarrc/publications/HB1574Report.pdf> |
| CN.2.15 | Limited access to behavioral health services for adults and youth in Williamson and Burnet Counties who are involved in the adult and youth justice system. | **Capital Area Council on Governments - Statistical Overview of Criminal Justice Relative Activities:**<http://www.capcog.org/documents/criminal_justice/FY_2011_Statistical_Overview_Williamson.pdf> **Texas Criminal Justice Coalition - Williamson County Juvenile Justice Data Sheet:**[http://countyresources.texascjc.org/sites/default/files/youth\_county\_data\_sheets/Williamson%20County%20Data%20Sheet%20(Sep%202012)\_0.pdf](http://countyresources.texascjc.org/sites/default/files/youth_county_data_sheets/Williamson%20County%20Data%20Sheet%20%28Sep%202012%29_0.pdf)  |
| CN.2.16 | Lack of behavioral health professionals in Llano and Blanco Counties. | Table 3-4 – RHP 8 Provider Data**HRSA Health Professional Shortage Areas:** <http://hpsafind.hrsa.gov/HPSASearch.aspx>  |
| CN.2.17 | Lack of community support services for persons with severe and persistent mental health diagnoses in Bell County.  | **Bell County Community Health Needs Assessment:**<http://setonharkerheights.net/wp-content/uploads/2013/12/Final-Bell-County-CHNA-Written-Report-06_24_13.pdf>  |
| CN.2.18 | Limited access to behavioral health crisis services and delayed responses to early signs of behavioral health issues in Llano County. | **HRSA Health Professional Shortage Areas:** <http://hpsafind.hrsa.gov/HPSASearch.aspx> |
| CN.2.19 | Limited access to behavioral health services for individuals who have suffered trauma in Blanco and Llano counties.  | **HRSA Health Professional Shortage Areas:** <http://hpsafind.hrsa.gov/HPSASearch.aspx> |
| CN.2.20 | Limited access to behavioral health services for individuals with both psychiatric issues and substance use disorders in Blanco and Llano counties. | **HRSA Health Professional Shortage Areas:** <http://hpsafind.hrsa.gov/HPSASearch.aspx> |
| CN.2.21 | Limited access to behavioral health services for veterans in Blanco and Llano counties.  | **HRSA Health Professional Shortage Areas:** <http://hpsafind.hrsa.gov/HPSASearch.aspx> |
| CN.2.22 | Limited access to whole health peer behavioral health services for individuals in Llano and Blanco counties.  | **HRSA Health Professional Shortage Areas:** <http://hpsafind.hrsa.gov/HPSASearch.aspx> |
| **CN.3 Lack of coordinated care for those with multiple needs** |
| CN.3.1 | Limited coordinated care exists in Bell County for disparity groups having co-occurring behavior health needs and chronic diseases resulting from prolonged use of psychotropic medications.  | **Bell County Community Health Needs Assessment:**<http://setonharkerheights.net/wp-content/uploads/2013/12/Final-Bell-County-CHNA-Written-Report-06_24_13.pdf> |
| CN.3.2 | Limited coordinated care exists in Bell County for disparity groups having co-occurring behavioral health needs and STDs.  | **Texas Department of State Health Services – Health Facts Profiles (2009**): <http://www.dshs.state.tx.us/chs/cfs/Texas-Health-Facts-Profiles/> |
| CN.3.3 | Inconsistency in data collection which identifies health disparities and populations at risk.  | **Williamson County Epidemiology Report (2011):** <http://www.wcchd.org/statistics_and_reports/docs/2011_Epidemiology_Report.pdf>   |
| CN.3.4 | Fragmented system in navigating access to appropriate level of care for uninsured Williamson County residents.  | **Community Health Profile of Williamson County Precincts (2011):**<http://assets.thehcn.net/content/sites/wcchd/CHA_Final_Approved_Draft_3_15_13.pdf>  |
| CN.3.5 | Discontinuity of care and limited awareness of available resources and services among indigent, uninsured and Medicaid populations in Bell County leads to potentially avoidable ED and hospital utilization. | Table 3-4 – RHP 8 Provider Data**Bell County Community Health Needs Assessment:**<http://setonharkerheights.net/wp-content/uploads/2013/12/Final-Bell-County-CHNA-Written-Report-06_24_13.pdf> |

## Update on Regional DSRIP Implementation during Life of Waiver

Based on community needs identified by RHP 8 stakeholders during the development of the RHP 8 Plan, two areas identified as high-need were increasing collaboration amongst healthcare providers in the region to provide a full-spectrum of healthcare services, and expanding services offered for persons with behavioral health needs. Below we have provided an update on how these two large, overarching areas are being addressed in RHP 8:

1. **Increasing collaboration amongst healthcare Providers in the region to provide a full-spectrum of healthcare services.**

In RHP 8, 18 out of 41 projects (44%) are focused on primary care expansion (5), specialty care (1), health promotion and disease prevention (5), patient care navigation(3), chronic care and disease management (2), expanding capacity and training programs (2), telemedicine (3), and performance/process improvement (4). Based on this breakdown of projects, it is evident providers in this region placed a high emphasis on creating and implementing projects focused on providing a full-spectrum of healthcare services.

There are various collaborative efforts that have occurred throughout the region - some of these relationships were made stronger through the collaboration efforts around DSRIP projects, while some were born directly from the implementation of DSRIP projects.

An example of this collaboration is Little River Healthcare System (Little River) working with Rockdale Independence School District (RISD) in Milam County. Prior to DSRIP, many residents in Rockdale were not receiving care they needed due to a lack of resources in the rural area. However, with the assistance of DSRIP, Little River has built a strong relationship with RISD, and during DY3 they opened five (5) clinics in local schools. These clinics allow students and staff to be seen at the school-based clinic on-site. Previously, some parents would have had to take off an entire day from work to take their child to a different county to see a doctor, then they would spend time waiting at the pharmacy, and finally they would be able to travel back to Rockdale. Now, with the *Clinics in Schools* project, these children are getting the care they need and their parents are not having to miss an entire day of work, and kids return back to class when appropriate. Little River received an Employers for Education Excellence Award, along with a congratulatory letter from the State Board of Education, for their *Clinics in Schools* project. This recognition validated the successful work Little River is accomplishing in collaboration with RISD.

Additional collaborations born and/or strengthened in RHP include:

* **Bell County Public Health District (BCPHD)/Central Counties Services (CCS)**
BCPHD provides one nurse on-site at a CCS location to provide STD testing for persons with behavioral health needs in a comfortable setting for the patient seeking behavioral/mental healthcare.
* **Burnet County Mental Health Task Force**
This task force brings together local stakeholders in Burnet, primarily elected county officials and the Seton Highland Lakes (SHL) and Bluebonnet Trails Community Services (BTCS) DSRIP project leads. Together participants are able to share updates and discuss any areas to improve care regarding persons who are receiving assistance through BTCS versus spending time in SHL’s ED or the county’s jail.
* **Scott & White Memorial Hospital (Memorial) Patient Navigation in Bell County**Memorial implemented a patient navigation project in RHP 8 that aims to help those patients who are members/beneficiaries of the Bell County Indigent Healthcare Program (BCIHP), Medicaid, and/or participating in the hospital charity care program. Memorial crafted a collaborative approach that includes the following healthcare and social service providers in Bell County: BCIHP, Cedar Crest Hospital and Residential Treatment Center, Metroplex Health System, Central Texas Area Agency on Aging (AAA), and Seton Medical Center Harker Heights.
* **St. David’s Round Rock Medical Center (RRMC) Access 2 Care Program in Williamson County**
RRMC implemented a DSRIP project focused on expanding the availability of primary care services to a targeted, uninsured, low-income population in Williamson County without existing health coverage. Through this project, known as the Access 2 Care program (A2C), RRMC collaborates with Williamson County and Cities Health District (WCCHD) to create a network of local clinics that are willing and able to treat this population. Clinics include: Samaritan Health Ministries, Sacred Heart Community Clinic, Lone Star Circle of Care - Taylor Clinic, and BTCS.
1. **Expanding services offered for persons with behavioral health needs.**

In RHP 8, 19 out of 41 projects (46%) are focused on behavioral health services. With four LMHAs participating in RHP 8, it is evident there is a need for behavioral health services in this region. Through the waiver, Providers have been able to implement truly transformational projects in Central Texas, helping those with behavioral health needs, their families, and communities. Based on feedback and interest of stakeholders in RHP 8, the Anchor Team organized the Behavioral Health and Primary Care Cohort (Cohort) during the summer of 2014. During DY3, the Cohort developed a team charter, met numerous times in person, and identified goals and aims.

There are various collaborative efforts throughout the region as a result of DSRIP projects focused on expanding services for persons with behavioral health needs. One example of this collaboration was seen through BTCS’ project that works with the Williamson County Mobile Outreach Team (MOT) to establish a community paramedicine program. This project focuses on getting care to those persons with behavioral health needs at the right time, in the right setting. MOT makes house visits to see persons who normally would rely on 9-1-1 for care. MOT, in conjunction with BTCS, is able to tailor specialized plans for these patients; thereby, patients are receiving the care they need in a comfortable setting, and this leaves the ED available for use for true emergencies.

Other collaborations that were created and/or strengthened in RHP 8 include:

* **BTCS/Hutto Independent School District (HISD)**
At the end of DY3 (August 2014), BTCS was able to successfully expand access to care for persons in eastern Williamson County by collaborating with HISD to bring an integrated primary and behavioral health clinic to Hutto High School for students, staff, and their families.
* **CCS/Temple Independent School District (TISD)**
CCS continues working with TISD staff to provide school-based behavioral health services for children Kindergarten – 5th grade in TISD who have difficulty adjusting to the classroom environment due to emotional/ behavioral problems.
1. Texas Workforce Commission County Narrative Profiles <http://www.texasindustryprofiles.com/apps/cnp/index.asp> [↑](#footnote-ref-1)
2. Texas Workforce Commission County Narrative Profiles <http://www.texasindustryprofiles.com/apps/cnp/index.asp> [↑](#footnote-ref-2)
3. Texas Workforce Commission County Narrative Profiles <http://www.texasindustryprofiles.com/apps/cnp/index.asp> [↑](#footnote-ref-3)
4. United States Census (2010) <http://quickfacts.census.gov> [↑](#footnote-ref-4)
5. The Annie E. Casey Foundation Kids Count Data Center – High School Dropouts (2010)

 <http://datacenter.kidscount.org/data/tables/6018-high-school-dropouts?loc=45&loct=5#detailed/5/6515-6768/false/36,868,867,133,38/any/12665,12666> [↑](#footnote-ref-5)
6. United States Census (2010) <http://quickfacts.census.gov> [↑](#footnote-ref-6)
7. 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-7)
8. The Annie E. Casey Foundation Kids Count Data Center - National School Lunch Program Participation (2010)

<http://datacenter.kidscount.org/data/tables/8433-national-school-lunch-program-participation?loc=45&loct=2#detailed/5/6515-6768/false/1249/4503,4504/17056> [↑](#footnote-ref-8)
9. County Health Rankings (2010) [www.countyhealthrankings.org](http://www.countyhealthrankings.org) [↑](#footnote-ref-9)
10. 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-10)
11. 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-11)
12. U.S. Census Bureau Small Area Health Insurance Estimates (2009) <http://www.census.gov/did/www/sahie/data/> [↑](#footnote-ref-12)
13. 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals & Hospital Tracking Database - Texas <http://www.dshs.state.tx.us/chs/hosp/hosp5/> [↑](#footnote-ref-13)
14. DSHS Preventable Hospitalizations 2005-2010 [www.dshs.state.tx.us/ph](http://www.dshs.state.tx.us/ph) [↑](#footnote-ref-14)
15. U.S. Department of Health and Human Services - Health Resources and Services Administration <http://hpsafind.hrsa.gov/HPSASearch.aspx> [↑](#footnote-ref-15)