Southeast Texas Regional Healthcare Partnership

Texas Healthcare Transformation and Quality Improvement Program ✧ Medicaid 1115 Waiver

Commitment to Participate in "Raise the Floor" Initiatives

It is understood that this Commitment form is to signify the good and true intent to participate in the following Learning Collaborative activities as presented on December 4, 2013 at the Region 3 Learning Collaborative: (Please check all that apply)

____ Implement data sharing framework as developed from group activity on December 4, 2013 Learning Collaborative

____ Collaborate in EC Utilization - Navigation Subgroup activities

____ Participate in survey from EC Utilization - Increased Capacity Subgroup

____ Commit to using Performance Logic for Category 4 activities

✓ Participate in the following Cohort(s): (Check all that apply)

____ EC Utilization   ____ Primary Care Access

✓ Behavioral Health   ____ Chronic Care Management

____ Navigation

Date ___12/4/13___   Organization ___Texana Center___

Name ___Kate Johnson-Patagoc___   Signature ___[signature]___

This is a non-binding commitment that serves the purpose of tracking Performing Provider participation intentions as required for Learning Collaborative milestones and metrics reporting. It also allows the Region 3 Anchor to report Providers and other Stakeholders actively involved in Learning Collaborative activities.

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_X_ Participate in the following Cohort(s): (Check all that apply)

___ EC Utilization
(X) Behavioral Health
___ Navigation

___ Primary Care Access
___ Chronic Care Management

Date _12-4-13_

Name _Beth Duncan_

Organization _Texana Center_

Signature _(signature)_

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✓ Participate in the following Cohort(s): (Check all that apply)

✓ EC Utilization	✓ Primary Care Access
✓ Behavioral Health	____ Chronic Care Management
____ Navigation	

Date __12/4/13__   Organization __Texana Center__

Name __Shena Timberlake__   Signature __Shena Timber____

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_✓_ Behavioral Health	____ Chronic Care Management
____ Navigation	

Date ___12.04.2013___

Name ___Jeffrey Dillen___

Organization ___Texana Center___

Signature ___[signature]___

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