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Unique ID	Project Area	Project Option	Title	Description
Baylor College of Medicine				
082006001.1.1	1.1	1.1.1	Teen Health Clinic at Tejano Center for Community Concerns	This project will expand the BTHC service area by opening a new clinic at theTejano Center for Community Concerns, which provides transitional housing services for the Houston community.
~~082006001.2.1~~ **REMOVED**	~~2.1~~	~~2.1.1~~	~~Fifth Ward Model: Inter-professional Primary Care~~	~~This project will provide high quality, accessible, low-cost primary healthcare for Medicaid and under- or uninsured patients~~
Bayshore Medical Center-HCA				
020817501.1.1	1.1	1.1.2	Expand OBGYN Care Capacity in East Houston	HCA intends to expand OB/GYN care capacity in the existing community clinics by recruiting two (2) new OB/GYNs to the area and by hiring additional support staff. HCA also intends to expand the service hours and days in existing clinics. Finally, HCA will relocate a Pasadena clinic in order to allow for better care coordination and access.

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Unique ID	Project Area	Project Option	Title	Description
020817501.1.2	1.7	1.7.1	Behavioral Health Telemedicine	HCA intends to expand its existing telemedicine program to include a 24/7 tele-psychiatry program in its Bayshore Emergency Department (ED), as well as implementing telemedicine capabilities in the EDs at its other local hospitals. Specifically, HCA will identify the necessary technology to establish the program, reach out to behavioral health providers to participate, train the ED staff at each hospital to effectively use the new capabilities, and will implement protocols for obtaining telepsychiatry consults and referrals to and from Bayshore.
City of Houston				
0937740-08.1.1	1.8	1.8.9	Oral Health Services for At-Risk Populations	This new project will improve dental health in Medicaid/CHIP or indigent populations by: 1) expanding new diagnostic, preventive, restorative, and surgical oral health services for safety net eligible persons, 2) expanding an evidence-based dental sealant program for elementary school children in low income areas 3) initiating new diagnostic, preventive, restorative, and surgical oral health services for eligible perinatal women through three months post-partum.

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Unique ID	Project Area	Project Option	Title	Description
0937740-08.1.2	1.7	1.7.7	Emergency Telemedicine and Navigation (ETHAN)	The City of Houston proposes to make use of telecommunications technologies and connectivity to triage patients with non-life threatening, mild or moderate illnesses via telemedicine with an emergency physician at the City of Houston EMS base station. This new program intends to address 3780 new patients/year in DY4 and 3960 new patients in DY5 by telehealth technology by providing access to the Emergency Telehealth and Navigation (ETHAN) program.
0937740-08.1.3	1.8	1.8.11	Geriatric Oral Health	This new project will improve oral health by providing diagnostic, preventive, restorative, and surgical oral health services for the elderly to improve the health and quality of life for Houston area at-risk seniors. Training the next public health work force is also a goal of the program. 4th year dental students from the University of Texas School of Dentistry (UTSD), dental hygiene students from UTSD, and dental hygiene students from Houston Community College (HCC)will be trained to provide dental care for the seniors within one of the HDHHS safety net dental clinics.

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Unique ID	Project Area	Project Option	Title	Description
0937740-08.2.1	2.6	2.6.3	Health Literacy	This new project proposes to utilize community health workers to provide 24 sessions of essential education and assessment related to fall prevention and safety to 500 low income older adults during the baseline year. Based on other home visitation programs, the population is expected to be 90% being Black or Hispanic. The program will also provide intervention to reduce hazards in the home to 100 of the 500 low income older adults initially recruited into the program.
0937740-08.2.10	2.12	2.12.3	Care Transitions- CHF	The goals of the project are to expand existing Community Care Transitions project/strategies through partnership with Methodist Hospital System and reduce 30 day readmissions rates of Medicaid, Medicare FFS and Dual Eligible CHF patients maintain or improve quality of care document measureable savings to the Medicaid program. The CCTP project meets the following regional goal by reducing readmissions: Transform health care delivery from a disease-focused model of episodic care to a patient-centered, coordinated delivery model that improves patient satisfaction and health outcomes, reduces unnecessary or duplicative services, and builds on the accomplishments of our existing health care system,

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Unique ID	Project Area	Project Option	Title	Description
0937740-08.2.2	2.9	2.9.1	Navigation - CareHouston	CareHouston Links is a new program that proposes to provide care coordination and navigation that will reduce the frequency of non-urgent ambulance runs and ER visits and link 911 callers to appropriate primary and preventive care in lieu of unnecessary emergency room care.
0937740-08.2.3	2.9	2.9.1	Navigation - high risk HIV	This expansion project will use patient navigators to connect 270 new at risk HIV diagnosed individuals to appropriate care in the baseline year. Linkage to care will consist of active referrals to primary medical care, mental health, substance abuse, support services, and services for basic needs such as food and housing. Utilizing a Community-Based (Non-Medical) Case Management model, this program will also Identify frequent ED utilizers and use navigators as part of a preventable ED reduction program.
0937740-08.2.4	2.11	2.7.1	Navigation - TB	The performing provider will implement interventions to rapidly identify, treat and short recovery to reduce TB morbidity for TB patients, contacts of foreign born TB cases and suspected cases enrolled in this project by utilizing three testing and technology (Nucleic Amplification Test, QuantiFERON test and combined INH and RPT tests to meet its goals.

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Unique ID	Project Area	Project Option	Title	Description
0937740-08.2.5	2.2	2.2.6	Diabetes Awareness Program DAWN	The Diabetes Awareness and Wellness Network (DAWN) Center is a new initiative serving 400 participants at baseline (75 diagnosed diabetics, 125 with pre-diabetes glucose levels and 200 community members at risk for diabetes) per year from DY 3-5 The Center will provide complementary wellness programming and offer prevention and intervention services and coordination of care for those with diabetes or at risk for diabetes through enhanced education, physical activity, self-management education, hemoglobin A1C tracking and monitoring, BMI measurements, behavioral change coaching, and case management. Participants will be recruited from 3 FQHC's, County Hospital based diabetes center and one dialysis center that all serve low income Medicaid patients.
0937740-08.2.6	2.13	2.13.2	Sobering Center	The performing provider will conduct monitoring, screening, assessment, service plan development and linking participants to care (if willing) for a maximum of individuals (N=8000/year) and a minimum of N=6000/year, who frequently display a range of mental and physical symptoms that indicate alcohol or other substance abuse in DY4-5.

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Unique ID	Project Area	Project Option	Title	Description
0937740-08.2.7	2.6	2.6.4	Home visitation program - NFP	The performing provider will implement interventions to provide an expansion of an evidence-based home visitation program for 100 first time mothers in an underserved area. This consists of 64 home visits over two and one half years for each client enrolled in the program with visits conducted weekly, bi-monthly and monthly.
0937740-08.2.8	2.19	2.19.2	Integrated Mental Health with Housing First	This new Homeless project will serve 200 individuals who are chronically homeless and offer comprehensive service integration intervention. This project will implement its comprehensive five step intervention for the homeless involving 1) permanent housing supportive model 2) program service linkages 3) physical and behavioral health needs 4) financial support 5) other services.

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Unique ID	Project Area	Project Option	Title	Description
0937740-08.2.9	2.7	2.7.1	Colorectal Cancer Awareness and Screening (COCAS)	The interventions for this new colorectal cancer (CRC) integrated awareness and screening (COCAS) project are to provide CRC FIT screening for the two target geographic areas combined. It will involve: 1) Awareness raising small media campaign utilizing culturally appropriate messages, 2) CRC Education about Screening Guidelines and Recommendations, 3) Access to Community wide Non-invasive FIT testing, 4) Test taking training, 5) Testing by nationally accredited laboratory, 6) Sharing of test results, communication and Follow up protocol as appropriate, and 7) Patient Care Navigation for getting individuals situated in a medical home in the targeted zip codes.
Columbus Community Hospital				
135033204.1.1	1.7	1.7.1	Telemedicine - Specialty	This project will implement telemedicine to provide clinical support and patient consultations by a pharmacist after hours and on weekends to reduce medication errors.
El Campo Memorial Hospital				
131045004.2.1	2.4	2.4.1	AIDET Patient Experience Program	El Campo Memorial Hospital will develop and implement a structured patient experience training program: Improving the Patient Experience – The AIDET Project.

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Unique ID	Project Area	Project Option	Title	Description
Fort Bend County Clinical Health Services				
2967606.1.1	1.13	1.13.1	Crisis Stabilization Center	Fort Bend County (FBC) proposes to develop a crisis system that better identifies people with behavioral health needs, responds to those needs and links persons with their most appropriate level of care. The FBC project will include: (1) assessment and enhancement of 911 dispatch system to identify and respond to behavioral health crises, (2) development of a specialized crisis intervention team (CIT) within Fort Bend County Sheriff's Office, and (3) implementation of cross systems training and linkages to appropriate services and supports.
2967606.1.2	1.1	1.1.2	Expand Hours of Service	This project will expand the hours of operation of the local Federally Qualified Health Center (FQHC) to increase access to primary care for the Medicaid, uninsured and underinsured populations in the county. The project will provide increased access to primary care as well as a patient navigation system (expanded in another project) to promote the medical home and provide primary care, prevention services and chronic condition management. In addition, linkages to social service agencies to resolve other issues will be provided. Navigation will include follow up for appointment and medication compliance.

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Unique ID	Project Area	Project Option	Title	Description
2967606.2.1	2.9	2.9.1	Navigation - Care coordination	This project will expand patient navigation services to a subset of the uninsured and underinsured population in the county which uses EMS and ED services inappropriately for non-emergent conditions and has no means to pay for the services. Identified patients will be referred into the navigation system to promote a medical home and provide primary care, prevention services and chronic condition management. In addition, linkages to social service agencies to resolve other issues will be provided. Navigation will include follow up for appointment and medication compliance.
2967606.2.2	2.13	2.13.1	Behavioral Health Juvenile Diversion Project	Fort Bend County (FBC) will design, implement and evaluate a program that diverts youth with complex behavioral health needs such as serious mental illness or a combination of mental illness and intellectual developmental disabilities, substance abuse and physical health issues from initial or further involvement with juvenile. Services are individualized and community based and include assessment, multi-disciplinary treatment planning, crisis stabilization services, family supports, respite, specialized therapies (trauma focused interventions, cognitive behavioral interventions), medication management, case management and wraparound supports.

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Unique ID	Project Area	Project Option	Title	Description
2967606.2.3	2.3	2.3.2	Redesign Primary Care – Community Paramedic Program	This project will provide primary care to individuals who call 9-1-1 service for non-emergent conditions. Advanced Practice Paramedics will assess the individuals, provide necessary care and also connect them to the local Federally Qualified Health Center (FWHC) and the patient navigation program proposed in our project 2967606-01 2.1. The project will promote the medical home and serve as a community based navigation system.
2967606.2.4	2.7	2.7.1	Colonoscopy Screening	Implement innovative evidence-based strategies to increase appropriate use of technology and testing for targeted populations– Colonoscopy Screening. The goal of this project is to provide evidence-based prevention for colon and rectal cancers in the uninsured and underinsured population of Fort Bend County. The expected outcomes include: • Prevention of colorectal cancers by the removal of precancerous polyps • Reduction in cost and increase in cures by early detection of colorectal cancer.

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Unique ID	Project Area	Project Option	Title	Description
Gulf Bend				
1352544-07.2.1	2.15	2.15.1	Integrate Primary and Behavioral Health Care Services	Develop and implement a Person-Centered Behavioral Health Medical Home in Port Lavaca, TX. The center will target at risk populations with co-morbid diseases of mental illness and chronic disease who currently go untreated or under treated and who routinely access more intensive and costly services such as emergency departments or jails. The person-centered behavioral health medical home will offer the following services in the same location: o Behavioral Health Services o Primary care services o Health behavior education and training programs o Long and short term care for those with mental illness and co-occurring chronic disease o Case Management services to help patient navigate the services provided in the community

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Unique ID	Project Area	Project Option	Title	Description
Gulf Coast Medical Center				
178815001.1.1	1.9	1.9.2	Inpatient Psych Unit	This project will establish a 28 bed adult inpatient psychiatric unit within Gulf Coast Medical Center which will be dedicated to the treatment of general psychiatric disorders for the age population of 18 through 64 years of age and evaluate outpatient center development for follow up care.
Harris Health System				
133355104.1.1	1.1	1.1.1	Gulfgate Same Day Access Clinic	Harris Health System proposes to expand the capacity of primary care by establishing an adult-focused primary care same day access clinic near the Gulfgate Health Center that offers same day visits during extended hours to meet demand that saturated existing Harris Health System health centers cannot meet.
133355104.1.10	1.12	1.12.4	Expand Ambulatory Mental Health Services	This project will to enhance service availability of appropriate levels of behavioral health care by expanding mental health services in the ambulatory care setting. Therapists and psychiatrists will be added (13.4 Psychiatry and Behavioral Health FTEs) to existing Harris Health System health centers across Harris County.

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Unique ID	Project Area	Project Option	Title	Description
133355104.1.11	1.3	1.3.1	Develop a Disease Registry and Disease Management	This project will develop a chronic disease management registry to use system-wide to ensure providers and clinical staff has access to determine patient status and identify physical, psychosocial and emotional needs of the chronically ill patient.
133355104.1.12	1.10	1.10.4	Innovation Center for Quality	This project will establish a Center of Innovation to expand quality improvement capacity through people, processes and technology so that the resources are in place to conduct, report, drive and measure quality improvement.
133355104.1.13	1.9	1.9.2	PT/OT Services	This project will increase the number of outpatient physical and occupational therapy providers in order to improve access and meet unmet demand for patients who are being referred for services from NCQA medical homes and specialty clinics.
133355104.1.14	1.1	1.1.1	Casa de Amigos Same Day Access Clinic	This project will expand the capacity of primary care by establishing an adult-focused primary care clinic near the current Casa de Amigos Health Center that offers same day visits during extended hours to meet demand that saturated existing Harris Health System health centers cannot meet.

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Unique ID	Project Area	Project Option	Title	Description
133355104.1.15	1.8	1.8.6	Expansion of adult dental services	This project will expand adult dental services by establishing additional sites and expanding services at current sites. Services will be added or expanded at 6 health centers.
133355104.1.16	1.1	1.1.4	House Calls Program	This project will expand the House Calls Program in order to improve access, maximize independence, provide the right care in the right setting, and realize cost savings by providing comprehensive, coordinated, multidisciplinary primary care at home to a population of patients that are homebound or have difficulties getting to clinic visits.
133355104.1.17	1.8	1.8.6	Pedi Dental	This project will address the growing need for pediatric oral health services by implementing these services across three facilities within our system.
133355104.1.2	1.1	1.1.1	People's Same Day Access Clinic	Harris Health System proposes to expand the capacity of primary care by establishing an adult-focused primary care same day access clinic near the People's Health Center that offers same day visits during extended hours to meet demand that saturated existing Harris Health System health centers cannot meet.

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Unique ID	Project Area	Project Option	Title	Description
133355104.1.3	1.1	1.1.2	Expansion of health centers	This project will expand the existing capacity of primary care by adding full time equivalent primary care providers to meet the adult primary care demand surrounding the Health Centers. Harris Health System plans to add additional providers and support staff to maximize the use of our existing clinical space, thereby increasing appointment availability.
133355104.1.4	1.1	1.1.1	Two new clinics (Frye Rd. and NW)	Harris Health System proposes to expand the capacity of primary care by adding the West and Northwest 1 Area Health Centers to the complement of existing health centers to establish Medical Homes primarily for the adult population.
133355104.1.5	1.1	1.1.1	One new clinic (NW)	Harris Health System proposes to expand the capacity of primary care by adding the Northwest 2 Area Health Center to the complement of existing health centers to establish Medical Homes primarily for the adult population.
133355104.1.6	1.1	1.1.1	Same day clinics (3) (India House, BT, LBJ)	Harris Health System proposes to expand the capacity of primary care by establishing adult-focused primary care clinics that offer same day visits during extended hours to meet demand that saturated existing Harris Health System health centers cannot meet.

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Unique ID	Project Area	Project Option	Title	Description
133355104.1.7	1.9	1.9.3	Restructure Outpatient Laboratory Medicine	This project will address the inefficiency of specialty clinics (focusing primarily on diabetes and rheumatology clinics) by making possible ordering best practices diagnostic algorithmic workups and eliminating the current practice of sequential ordering of individual tests which is resources and time wasteful as well as error prone. This will insure optimal testing prior to specialty consult and appropriate referral. The project will streamline the referral process and increase the productivity of both PCPs and specialists.
133355104.1.8	1.1	1.1.2	Expand Partnerships with Federally Qualified Health Centers (FQHCs)	Harris Health System proposes to develop a seamless referral process by which Harris Health can refer primary care patients to FQHCs, as necessary. The additional providers will result in an additional 22,500 visits by DY5.
133355104.1.9	1.12	1.12.2	Expand Pediatric Mental Health Services	This project will address the shortage of pediatric and adolescent behavioral health services by implementing and expanding these services across nine facilities within the system. We propose to expand psychiatry by adding 3.7 FTE's of psychiatry and 7.6 FTE's of behavioral therapy .

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Unique ID	Project Area	Project Option	Title	Description
133355104.2.1	2.5	2.5.4	Ambulatory Care Automated In-House Central Fill Pharmacy	This project will create an automated ambulatory central fill pharmacy to facilitate dispensing up to 10,000 prescriptions per shift with a 24 hour turnaround time and mail order capability.
133355104.2.2	2.9	2.9.1	Reduce Utilization for Top Frequenters	This project will target top EC frequenters and ensure they are managed appropriately to receive the right care in the right setting through a navigation program.
133355104.2.3	2.8	2.8.6	ER Advanced Medical Screening	This project will improve emergency center throughput and reduce inappropriate use of emergency centers in the system through the implementation of a provider-in-triage model.
133355104.2.4	2.9	2.9.1	OB Navigation Program	This project will improve access to pre- and postnatal care through comprehensive, effective patient navigation through the Harris Health System and throughout a woman's pregnancy, with a focus on high-risk mothers.
133355104.2.5	2.2	2.2.1	Point-of-Care by Clinical Pharmacists	This project will expand point-of-care services provided by clinical pharmacists for the chronic management of patients receiving anticoagulation therapy and create an educational website.
133355104.2.7	2.10	2.10.2	Palliative Care	This project will expand our comprehensive palliative care program through the expansion of an integrated, interprofessional house call team of specially trained providers.

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Unique ID	Project Area	Project Option	Title	Description
Matagorda Regional Medical Center				
130959304.1.1	1.9	1.9.2	Chronic Disease Clinic	Matagorda Regional Medical Center proposed to expand specialty care for targeted populations with chronic diseases. • Increase the number of available specialty appointments for target chronic disease management. • Improve care coordination with primary care practitioners and other sectors of the care continuum. • Decrease avoidable hospital admissions. • Decrease number of disease related crisis visits to the emergency department.
130959304.1.3	1.1	1.1.2	Primary Care	The DSRIP project to expand primary care services to include expanded space, expanded hours and staffing to provide primary and urgent care as well as 24/7 nurse advice. Project Goals: • Establish nurse advice line so that patients who need it can access it telephonically • Provide extended hours of primary for Medicaid, indigent and anyone needing primary and urgent care • Evaluate required additional clinic space and add as required. • Decrease inappropriate visits for hospital emergency department using nurse advise line

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Unique ID	Project Area	Project Option	Title	Description
130959304.2.1	2.9	2.9.1	Establish a Patient Care Navigation Program	Provide navigation services to targeted patients who are at risk of disconnect from institutionalized health care: Establish a Patient Care Navigation Program <u>Project Goals:</u> • Utilize community health workers, case managers, and /or other types of health care professionals as patient navigators; • Provide enhanced social support and culturally competent care to vulnerable and/or high risk patients; • Assist patients in connecting to available primary, specialty, and chronic disease care sites; • Decrease inappropriate visits to the hospital emergency department by steering non-urgent care to available alternatives.
Memorial Hermann Hospital				
137805107.1.1	1.1	1.1.1	Physician Network Development	Memorial will expand the capacity of primary care through more clinics and available health care professionals to better accommodate the regional patient population and community so that patients have enhanced access to services. Memorial will aim to recruit 60+ new primary care providers and 18 new primary care locations are planned.

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Unique ID	Project Area	Project Option	Title	Description
137805107.1.2	1.13	1.13.1	Crisis Stabilization Service	Memorial will develop a crisis stabilization clinic that would provide rapid access to initial psychiatric treatment and outpatient services. The goal is to identify consumers with behavioral health needs that can be addressed and avoid unnecessary use of emergency departments, hospitalization or incarceration.
137805107.1.3 **REMOVED**	1.1	1.1.1	Expand Primary Care-Pediatric Clinic	Memorial will establish the North Harris County Pediatric Clinic which will provide primary care for pediatric patients in that area of Harris County. Memorial will contract UTHSC-H to provide physician services to complement Memorial's investment in new technology, equipment and space to better provide pediatric services.
137805107.1.4 **REMOVED**	1.1	1.1.1	Expand Primary Care-Pediatric Clinic	Memorial will establish the Houston Ship Channel South Pediatric Clinic which will provide primary care for pediatric patients in that area of Harris County. Memorial will contract UTHSC-H to provide physician services to complement Memorial's investment in new technology, equipment and space to better provide pediatric services.

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Unique ID	Project Area	Project Option	Title	Description
~~137805107.1.5~~ **REMOVED**	~~1.1~~	~~1.1.1~~	~~Expand Primary Care Pediatric Clinic~~	~~Memorial will establish the Houston Ship Channel North Pediatric Clinic which will provide primary care for pediatric patients in that area of Harris County. Memorial will contract UTHSC-H to provide physician services to complement Memorial's investment in new technology, equipment and space to better provide pediatric services.~~
137805107.2.1	2.9	2.9.2	Patient Care Navigation	Memorial currently has a COPE and ER Navigation program but is looking to expand them within all Memorial facilities in Region 3. ER Navigation is currently at Memorial Hermann Hospitals Southwest, Northwest, and TMC and will be expanded to Southeast, The Woodlands, Memorial City, Katy, Sugar Land, and Northeast. COPE currently covers all Memorial Hermann Health System acute facilities but with only a 4 person staff. Expansion of COPE staff will increase program penetration, flexibility, and productivity within all 9 facilities.
137805107.2.2	2.10	2.10.1	Palliative Care Programs	Memorial will implement a comprehensive palliative care program that will engage patients with life threatening, acute or chronic conditions. The program will also educate health care professionals so they can better advise their patients who need end-of-life care outside an acute care setting.

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Unique ID	Project Area	Project Option	Title	Description
Memorial Hermann Northwest Hospital				
020834001.1.1	1.1	1.1.1	Primary Care Expansion - School Based Health	Memorial Hermann intends to increase the number of school-based primary care sites in low income communities for people with limited access to health and dental care in the community. The project will expand the Memorial Hermann Health Centers for Schools program by 3 health centers and 1 mobile dental van.
020834001.1.2	1.6	1.6.2	24 Hour Nurse Triage Line	Memorial Hermann will implement a region-wide 24-hour nurse triage line that will assist patients considering an ER visit in determining what level of care they need to access and connect them to an appropriate resource. The goal is to ensure efficient use of the system's ER department and reduce unnecessary visits.
020834001.1.3	1.12	1.12.2	Home Health Psych Services	Proposal to expand home health service to include psychiatric services. This would include specialized training and certifications for nurses and the addition of social work services to link clients to additional community care programs. The goal would be to provide support of those patients with mental health issues, to better manage their care in the home and community, and reduce the number of visits to EDs for psychiatric care that could be managed in the home/community environment.

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Unique ID	Project Area	Project Option	Title	Description
020834001.1.4	1.1	1.1.2	Convenient Care Centers	Memorial Hermann will create neighborhood centers that integrate all ambulatory services in a highly coordinated, efficient and accessible manner for the greater Houston MSA. The goal of the project is to expand the capacity of primary care to better accommodate the needs of the regional patient population and community.
020834001.1.5 **REMOVED**	1.1	1.1.1	Primary Care Expansion-Pediatric Clinic	Memorial will establish the Houston Northwest Pediatric Clinic which will provide primary care for pediatric patients in that area of Harris County. Memorial will contract UTHSC-H to provide physician services to complement Memorial's investment in new technology, equipment and space to better provide pediatric services.
020834001.2.1	2.2	2.2.5	Psych Response Team - Case Management	The project will provide a 24/7 liaison to act as an adjunct to the Psych Response Team and provide case management of post-discharge behavioral health patients. Case management will identify individuals whose chronic mental illness predicts they will likely have repeat visits to the ER and connect them with case management services for follow-up after discharge.

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Unique ID	Project Area	Project Option	Title	Description
020834001.2.2	2.9	2.9.2	MHMD Care Management	Memorial Hermann will implement a comprehensive care management infrastructure for populations attributed to the MHMD Clinical Integrated Network of Patient Centered Medical Home (PCMH) practices. Care Managers will be assigned to these practices to identify frequent ED users and connect patients to primary and preventative care. The project will also involve training hundreds of physicians in the new style of managing care. These physicians will be able to transfer the skills and institutional knowledge they gain from this project to all of their patients.
Memorial Medical Center				
137909111.1.1	1.1	1.1.4	Primary Care and Specialty Care Expansion	This project will expand primary and specialty care services through a hospital-based clinic to a medically underserved area of rural Texas.
137909111.2.1	2.5	2.5.4	Medication Dispensing Safety and Efficiency	The automation of a medication dispensing system significantly increases pharmacist and nursing staff time to spend on patient care and education; reduce pick errors for wrong medications increasing patient safety; and facilitate cost containment/savings due to the addition time allowed for pending expired medication to be disposed compared to the regulations for disposal via a manual model, efficiency in labor and reduction in needed supplies.

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Unique ID	Project Area	Project Option	Title	Description
137909111.2.2	2.4	2.4.1	Patient Experience Training	Delay in seeking health care due to unsatisfactory patient experiences with customer service.
137909111.2.3	2.4	2.4.3	Hospitalist Model	Due to the healthcare provider shortage, patients needing admission through the Emergency Department often experience delay in care.
The Methodist Hospital				
137949705.2.1	2.17	2.17.1	Care Transition Coordination – Behavioral Health	By facilitating effective transitions of care to behavioral health and primary care through locations within Harris County including Harris Health System, MHMRA, private physicians, and SJMH Family Medicine Residency physicians we seek to help patients navigate a complicated health-care landscape, participate in mental health choices, increase their self-efficacy, provide better quality of life and prevent readmissions and prevent adverse outcomes of incarceration, chemical dependency or suicide. We hope to leverage the community mental health workers to connect and encourage care within existing primary care and mental health resources. The program will advocate primary care expansion for mental health, through the use of treatment algorithms and perhaps by embedding counselors within a primary practice who could bill “incident to” for supervised service.

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Unique ID	Project Area	Project Option	Title	Description
Methodist Hospital - Willowbrook				
140713201.2.1	2.17	2.17.1	Care Transition Coordination – Behavioral Health	By facilitating effective transitions of care to behavioral health and primary care through locations within Harris County including Harris Health System, MHMRA, private physicians, and SJMH Family Medicine Residency physicians we seek to help patients navigate a complicated health-care landscape, participate in mental health choices, increase their self-efficacy, provide better quality of life and prevent readmissions and prevent adverse outcomes of incarceration, chemical dependency or suicide. Outpatient Service Availability is limited, and so we hope to leverage the community mental health workers to connect and encourage care within existing primary care and mental health resources. The program will advocate primary care expansion for mental health, through the use of treatment algorithms and perhaps by embedding counselors within a primary practice who could bill “incident to” for supervised service.
MHMRA – Harris County				
113180703.1.1	1.12	1.12.2	Behavioral Health - outpatient	MHMRA will place one new treatment team which can serve about 500 consumers on an outpatient basis in the Northwest region of the city.

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Unique ID	Project Area	Project Option	Title	Description
113180703.1.10	1.9	1.9.2	Lighthouse Specialty Care	MHMRA proposes to establish behavioral healthcare clinic within the Lighthouse facility in order to provide mental health treatment capacity for persons with visual impairment to include identification of behavioral health needs, interventions, case management, patient and family education and coordination with primary care. The team (to include a director, 2 therapists, 1 intake counselor, a part-time nurse and psychiatrist) will develop services to address the specialized needs of persons with visual impairment with a mental health disorder to support wellness and independent functioning in the community.
113180703.1.11	1.13	1.12.2	CRU	MHMRA seeks to expand the Crisis Residential Unit (CRU). This 24-bed unit is specifically designed as a step-down from hospitalization with the goals of reducing the number of bed days required for acute psychiatric hospitalization, reducing hospitalization re-admission rates, and increasing tenure in the community and utilization of outpatient treatment alternatives.

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Unique ID	Project Area	Project Option	Title	Description
113180703.1.3	1.9	1.12.2	IDD & rehab treatment	The primary goal of the project is to expand capacity for the current specialized behavioral health services provided to people with Intellectual and Developmental Disabilities (IDD) and/or Autism Spectrum Disorders (ASD) and co-occurring mental illness by adding additional staff.
113180703.1.4	1.12	1.12.2	Behavioral Health - outpatient	MHMRA will place one new treatment team which can serve about 500 consumers on an outpatient basis in the Northeast region of the city.
113180703.1.5	1.12	1.12.2	Behavioral Health - outpatient SW	MHMRA will place one new treatment team which can serve about 500 consumers on an outpatient basis in the Southwest region of the city.
113180703.1.6	1.12	1.12.2	Behavioral Health - outpatient SE	MHMRA will place one new treatment team which can serve about 500 consumers on an outpatient basis in the Southeast region of the city.
113180703.1.7	1.12	1.12.2	Behavioral Health - outpatient TBD	MHMRA aspires to place one new treatment team in the region of the city in the most need of additional services. Each treatment team can serve roughly 500 consumers.
113180703.1.8	1.13	1.13.1	Interim Care Clinic	The Interim Care Clinic (ICC) is designed to provide initial evaluation and treatment in a single visit. The clinic will include extended evening hours and availability seven days a week.

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Unique ID	Project Area	Project Option	Title	Description
113180703.1.9	1.12	1.12.2	BH Clubhouse Expansion	The intervention is the ICCD Clubhouse Model, which is a day treatment program for psychosocial rehabilitation of adults diagnosed with a serious and persistent, chronically disabling mental health problem.
113180703.2.1	2.15	2.15.1	Primary Care & BH collaboration	MHMRA will design, implement, and evaluate a care management program that integrates primary and behavioral health care services.
113180703.2.2	2.13	2.13.1	Substance abuse treatment - BH	Substance abuse treatment services will be integrated and embedded into existing MHMRA mental health treatment services (psychosocial rehabilitation).
113180703.2.3	2.17	2.17.1	Redesign of HCPC to MHMRA transition	The HCPC transition program will hire licensed mental health professionals to engage patients pre-discharge from HCPC and assist with successfully linking them to community mental health treatment.
113180703.2.4	2.13	2.13.1	Chronic Consumer Stabilization Initiative expansion (CCSI) - BH	MHMRA plans to expand the Chronic Consumer Stabilization Initiative (CCSI), an interagency collaboration with the Houston Police Department (HPD). Staff members provide intensive case management and work directly with individuals, family members, health providers, and/or staff at living facilities.

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Unique ID	Project Area	Project Option	Title	Description
113180703.2.5	2.13	2.13.1	Mobile crisis outreach team	MHMRA proposes to expand the current Mobile Crisis Outreach Team (MCOT), which provides mobile crisis outreach and follow-up to adults and children who are unable or unwilling to access traditional psychiatric services. When a consumer initiates an MCOT intervention, two trained MCOT staff responds to the consumers' needs, meeting them in a variety of settings including in the consumer's community, home, or school and provide assessment, intervention, education, and linkage to other services to address identified needs.
113180703.2.6 REPLACED DURING PHASE I	2.13	2.13.1	Residential Bed Psych Facility	MHMRA proposes a 25 bed residential facility to provide supportive housing to individuals who are at risk for mental health crisis due to recent release from Harris County Jail. The program would provide transitional services for up to 90 days with the goal of linking clients with outpatient psychiatric treatment, medical services, and social security benefits or employment through the Department of Assistive and Rehabilitative Services (DARS). Peer supporters will offer counseling, peer led groups, assistance in resource identification, coping skills enhancement, substance abuse and mental health treatment and models of behavioral change.

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Unique ID	Project Area	Project Option	Title	Description
113180703.2.7	2.13	2.13.1	Crisis Intervention Response Team (CIRT) - BH	We propose an expansion of three additional teams of the Crisis Intervention Response Team (CIRT), which is a program that partners law enforcement officers who are certified in crisis intervention training with licensed master-level clinicians to respond to law enforcement calls. Together, these teams respond to calls involving with individuals in serious mental health crises. Additionally, the team responds to SWAT team calls and conducts follow-up investigations on individuals when indicated.
113180703.2.8	2.13	2.13.1	IDD/ASD Wrap-Around and In-Home Services	Goal is to develop wrap-around and in-home services for high risk consumers with Intellectual and Developmental Disabilities and Autism Spectrum Disorders (IDD and ASD) and their families to avoid utilization of intensive, costlier services. Program staff will provide community based interventions for individuals to prevent them from cycling through multiple systems, by providing community-based, wrap-around services that help stabilize behavioral problems in the natural home, while linking the patient and family to other support transition services to help individuals establish a stable living environment, peer support, employment, specialized therapies, respite, personal assistance, and linkage to short or long term residential options.

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Unique ID	Project Area	Project Option	Title	Description
113180703.2.9	2.17	2.17.2	IDD/ASD Inpatient Consultation and Liaison Services	MHMRA proposes to expand and further develop the Inpatient Consultation and Liaison (C&L) team that provides consultation and services to patients suspected of Intellectual and Developmental Disabilities and Autism Spectrum Disorders (IDD and ASD) referred by attending physicians at the Harris County Psychiatric Center (HCPC); with subsequent expansion to provide similar services to other inpatient settings in Harris County.
OakBend Medical Center				
127303903.1.1	1.3	1.3.1	Disease Management Registry	This project will develop a chronic disease registry to use county wide to ensure providers and clinical staff with access to determine clinical outcomes and to identify physician, psychological and emotional needs of the chronically ill patients that we care for each day.
127303903.1.2	1.2	1.2.2	Primary Care Workforce	The shortage of PCP's has contributed to increased wait times in hospitals, community clinics, and other care settings. This we feel discourages some individuals from seeking care due to the limited resources. This will increase access and capacity and help create an organized structure of PCP's, clinicians, and staff.

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Unique ID	Project Area	Project Option	Title	Description
127303903.1.3	1.9	1.9.1	Specialty Care Expansion	OBMC will expand the number of Specialty Care Physicians (SCPs) on our current physician panel by the addition of Obstetrics and Gynecology, Cardiology/Interventional Cardiology, Otolaryngology and Orthopedic specialty services.
127303903.2.1	2.4	2.4.1	Consumer Assessment System	OBMC plans to establish a patient experience program where patients feel safe, have their voices heard and are empowered. This concept would involve staff education on communication skills and will be in line with the other initiatives that are designed to create an environment that promotes excellence, operational efficiency and quality patient-centered care
127303903.2.2	2.9	2.9.1	Navigation Program	Patient Navigators will help and support these patients to navigate through the continuum of health care services. Patient Navigators will ensure that patients receive coordinated, timely, and site-appropriate health care services. Navigators may assist in connecting patients to primary care physicians and/or medical home sites, as well as diverting non-urgent care from the Emergency Department to site-appropriate locations.

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Unique ID	Project Area	Project Option	Title	Description
127303903.2.3	2.6	2.6.1	Breastfeeding Promotion Program	OBMC will educate and train patients and staff on the health benefits of breastfeeding, as well as evidence-based strategies to enhance breastfeeding. In furtherance of this goal, OBMC will partner with Fort Bend Family Health Center (FBFHC) to educate their staff and the community on the importance of initiating early breastfeeding. The training will incorporate the development of educational materials in both Spanish and English.
127303903.2.4	2.14	2.14.3	Patient Centered Wellness Management Program	OBMC will formalize partnerships with local community agencies to work on projects specifically dedicated to health and wellness promotion such as Fort Bend Family Health Center (FBFHC), United Way, Weight Watchers, OBMC (OakBend Medical Group) and other agencies. We will form a task force of community members from each of the different agencies to do a needs assessment to determine targeted areas where a wellness management program in English and Spanish would be beneficial.

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Rice Medical Center				
212060201.1.1	1.1	1.1.2	Primary Care Expansion	Rice intends to expand the availability of family practice obstetric services in the East Bernard Rural Health Clinic ("RHC") and Rice Medical Center service areas by hiring a family practice obstetrician ("FP/OB") to work in the clinic. This project will entail identifying a larger space for the East Bernard RHC in which the FP/OB will practice and scheduling the FP/OB to provide after-hours services (noon-8pm shifts) during the week.
212060201.1.2	1.7	1.7.1	Implement Telehealth & Telemedicine	Rice intends to develop the use of telemedicine in its Colorado County facilities and in schools to increase and improve access to specialty care services for community stakeholders. Rice intends to use this program in 4 distinct ways: (1) to increase local patients' access to specialty consultations without having to travel to Houston; (2) to obtain tele-psychiatric consults to aid in the timely transfer of psychiatric patients presenting in Rice's ED to the appropriate care settings; (3) to attract businesses to Colorado County by using the telemedicine project to engage in the practice of occupational medicine; and (4) to aid school nurses in treating children by linking them electronically with primary care providers in the community.

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Unique ID	Project Area	Project Option	Title	Description
212060201.1.3	1.1	1.1.1	Establish Wallis Clinic	Rice will establish a primary care clinic in Wallis, Texas. This clinic will be operated by a mid-level provider supervised by a physician. Rice believes that this clinic will allow patients in the Wallis area to receive care appropriate to the medical conditions they experience.
212060201.1.4	1.6	1.6.1	Enhance urgent medical advice	In an effort to enhance the urgent medical advice resources available to patient populations in Colorado County, Rice Medical Center will establish a new urgent care clinic. This new clinic will be an outpatient clinic and will be physically located in Rice's hospital facility. Non-emergent patients who present at Rice's Emergency Department will be directed to this new urgent care clinic and given the option of seeking urgent care at the clinic instead of emergent care at the Emergency Department, making it easier for patients to make a real and informed choice to utilize the most appropriate level of care for their particular medical conditions and reducing the costs of non-emergent care.

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Unique ID	Project Area	Project Option	Title	Description
212060201.1.5	1.9	1.9.2	Improve access to specialty care	In an effort to improve access to specialty care in Colorado County, Rice will recruit an otolaryngologist (ENT physician) to provide patient testing, treatment, and, when necessary, referrals to appropriate facilities within RHP Region 3. Rice intends for this ENT physician to provide an additional 4 hours per week of clinic hours. Rice will also improve access to specialty care in Colorado County by recruiting a qualified orthopedic provider to provide patient testing, treatment, and, when necessary, referrals to appropriate facilities within RHP Region 3. Rice also intends for this orthopedic provider to provide an additional 4 hours per week of clinic hours.
212060201.1.6	1.1	1.1.2	Expand the East Bernard Clinic	Rice intends to relocate and improve the existing Rural Health Clinic ("RHC") in East Bernard in order to expand access to primary care services in this community and a surrounding radius of at least 10 miles outside the city limits. Additionally, the new clinic will have updated equipment and will be a more welcoming environment for patients than the existing clinic space, which is quite old and outdated. Rice will provide more clinic hours through the expanded East Bernard Clinic than the current RHC provides so that working residents and the school-age children of East

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				Bernard and the surrounding community have access to this primary care source. Rice will also expand the East Bernard Clinic staffing from its current level by at least one provider (physician or mid-level) by the end of the Waiver (DY5), in addition to the FP/OB added to the clinic as part of a separate project.
212060201.2.1	2.7	2.7.1	Expand Immunization tracking	Rice will implement across-the-board tracking of patients' immunization schedules and completed immunizations in order to avoid duplication and tardiness, and to promote preventative health care.
212060201.2.2	2.2	2.2.2	Chronic Disease outreach	Rice will partner with the Colorado County Health Department and other local stakeholders to provide an organized, systematic approach to chronic disease outreach, reduction, and management using the Care Management Model. Specifically, Rice will identify patients with conditions or health statuses that place them at high risk for hospitalization, acute episodes, diminished quality of life, and long-term interventions (i.e. reduction in ADLs, inability to live independently, progression of the disease at a fast pace). Rice is already aware that diabetes is a prevalent condition within Region 3 and Colorado County, so the care management model will be implemented for those patients.

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				Other potential targets will be patients with hypertension, heart disease, COPD, or other conditions identified as prevalent and placing patients at risk for costly and invasive health care interventions.
212060201.2.3	2.6	2.6.2	Diabetes teaching center	Rice will develop a Certified Diabetes Teaching Center to educate and assist patients with managing their chronic disease. Rice will provide guidance to at-risk community members to accomplish the goal of prevention and management of diabetes for at-risk patients.
Spindletop Center				
096166602.1.1	1.11	1.11.3	Client Health Information Access Portal	Spindletop will develop a web-based portal where secure client-focused health information can be accessed and will train our mental health clients with only basic computer skills to use the portal. This will support the behavioral health services Spindletop currently delivers by encouraging compliance with medication regimens, making individual healthcare information available to clients, and fostering peer support. Wi-Fi enabled tablets will be purchased by Spindletop and made available for select clients to check out to access their health information.

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Unique ID	Project Area	Project Option	Title	Description
096166602.2.1	2.15	2.15.2	Primary Care & BH co locate	Spindletop will co-locate primary care clinics in its existing buildings to facilitate coordination of healthcare visits and communication of information among healthcare providers. In addition, a mobile clinic will be purchased and equipped to provide physical and behavioral health services for our clients in locations other than existing Spindletop clinics. The mobile clinic could also be used to provide physical and behavioral health services during disasters such as hurricanes. To supplement the benefits of integrating primary care with behavioral health services, Spindletop will implement Individualized Self Health Action Plan for Empowerment ("In SHAPE"), a wellness program for individuals with mental illness.
St. Joseph Medical Center				
181706601.2.1	2.17	2.17.1	Partial Hospitalization	In this program we will only take voluntary patients and patients must agree to the program rules. All patients are seen by a psychiatrist, psychiatric residents and a RN. They attend four "core" groups per day ran by a licensed therapist. The program runs from the hours of 9:00 to 3:00 and a small breakfast, lunch and snacks are provided.

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Unique ID	Project Area	Project Option	Title	Description
181706601.2.2	2.15	2.15.1	Med/Psych Unit	The concept would be to have a strong emphasis on the medical issues while also focusing on the mental health needs of the clients at the same time. This medical psychiatric nursing and support team will be trained in trauma-informed care models and the interface between medical and psychiatric problems.
St. Luke's Episcopal Hospital				
127300503.2.1	2.12	2.12.1	Transition programs acute inpatient : Primary Care	The purpose of this project is to build a bridge from the acute inpatient setting to a stable primary care-based medical home for patients with congestive heart failure (CHF). The targeted population is that group of patients with CHF cared for in the SLEH acute inpatient setting for an index admission. The goal is to reduce readmissions.
127300503.2.2	2.2	2.2.2	Expand Chronic Care Management Model - Hepatitis C	This project will provide screening and treatment for a defined population of patients at risk for and/or diagnosed with Hepatitis C.

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Unique ID	Project Area	Project Option	Title	Description
Texana Center				
081522701.1.1	1.12	1.12.2	Autism ABA & SLP interventions	This project will develop and implement evidence-based interventions of ABA and SLP in an additional location for children with a diagnosis of ASD. Interventions include assessment, treatment development, and intervention overseen by Board Certified Behavior Analyst, BCBA, and Speech Language Pathologists, SLP, as well as training care givers using ABA.
081522701.1.2	1.13	1.13.1	Crisis Stabilization Center	This project will develop an 8 bed 48-hour extended observation unit and a 14 bed crisis residential unit where individuals in crisis may go to be assessed and stabilized by providing crisis intervention services. This center will provide a clinically appropriate setting and less costly alternative to hospital inpatient stays, emergency room visits, and jail.
081522701.1.3	1.9	1.9.2	Pediatric Specialty Care	This project will implement a system of early identification and delivery of therapeutic services that blends the best aspects of private therapy and a natural environment based model and includes social work and/or monitoring by a child development specialist to support parental involvement and supplement the number of clinical hours recommended.

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Unique ID	Project Area	Project Option	Title	Description
081522701.1.4	1.12	1.12.2	Appropriate levels of BH for children with autism	This project will develop and implement evidence-based interventions of ABA and SLP in an additional location for children with an ASD diagnosis. Interventions include assessment, treatment development, and intervention overseen by Board Certified Behavior Analyst, BCBA, and Speech and Language Pathologist, SLP, as well as training care givers using ABA.
081522701.2.1	2.13	2.13.1	Crisis Stabilization Team	Design, implement and a research-supported and evidence-based crisis behavioral health care team. Interventions include assessment during acute crisis, treatment plan development by Board Certified Behavior Analyst, monitoring by psychiatrist and nurse, training individuals and care givers in Applied Behavior Analysis, and therapeutic respite. Interventions are to be provided by a clinical team with the purpose to avert institutional care and preserve community living through an innovative crisis behavioral health care team model.

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Unique ID	Project Area	Project Option	Title	Description
Texas Children's Hospital				
139135109.1.1	1.9	1.9.2	Specialty Care Expansion – Pediatric Neurology	The Neurology Service will focus on provider productivity and hire additional clinical providers in order to expand internal capacity. Current scheduling processes will be reviewed to increase the availability of providers to increase volumes, and the service will evaluate increasing services at the five additional community locations to increase the volume of patients seen through pediatric neurology clinics across the Houston area.
139135109.1.10	1.9	1.9.2	Specialty Care Expansion – Developmental Pediatrics	Interventions include expanding the training of subspecialists, expanding the role of a referral center to better allocate children with different needs to a provider that can best suit their needs, refine the role of a Primary Care Pediatrician to help provide long term care, and expanding internal provider capacity and hiring additional clinical providers.
139135109.1.11	1.9	1.9.2	Specialty Care Expansion – Pediatric Allergy Immunology	Increase outpatient access for Harris County and the surrounding communities to care for pediatric patients with allergy, asthma, primary immunodeficiency and secondary immunodeficiency.
139135109.1.12	1.9	1.9.2	Specialty Care Expansion – Pediatric Otolaryngology	The division is establishing a Voice and Swallowing clinic to evaluate, diagnose, and treat complex disorders in swallowing and vocalization.

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Unique ID	Project Area	Project Option	Title	Description
139135109.1.13	1.9	1.9.2	Specialty Care Expansion – Pediatric Plastic Surgery	The Plastic Surgery division has and will continue to add clinic coverage at Texas Children's West Campus and expand its clinical locations. Other programs the division is working to establish are hand and microvascular surgery, Craniosynostosis, Peripheral Nerve, Oral Surgery, and Orthognathic Surgery.
139135109.1.14	1.9	1.9.2	Specialty Care Expansion – Pediatric Neurosurgery	This project will create increased capacity through more efficient operations and new provider recruitment. In order to maintain prompt access to our Neurosurgeons the division is working to expand its services by utilizing Advanced Practice Providers who can see lower acuity patients thereby freeing up our Neurosurgeons to see more complex spine and epilepsy patients, as well as be able to expand services to fetal, craniofacial and trauma cases.

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Unique ID	Project Area	Project Option	Title	Description
139135109.1.15	1.9	1.9.2	Specialty Care Expansion – Pediatric Orthopedics	The division is working to enhance its sub-specialization in the following areas of Sports Medicine, Orthopedic Oncology, Leg and Limb Deformity, and Hand/Upper Extremity. TCH West Campus will expand services to include a new sports medicine program.
139135109.1.16	1.9	1.9.2	Women's Health Behavioral Health	This project will allow us to create access resources which will allow us to diagnosis women quicker and enhance their quality of life. Educating and training obstetricians and pediatricians to improve screening in post-partum depression, to understand the challenges of psychiatric medications during pregnancy and breastfeeding, and to understand the mental health needs of menopausal women.

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Unique ID	Project Area	Project Option	Title	Description
139135109.1.2	1.9	1.9.2	Specialty Care Expansion – Pediatric Hematology/Oncology	This project will increase capacity in our Cancer and Hematology Clinic as the demand for health care services grows in the state of Texas. It will fulfill our tri-part mission of providing quality pediatric care, training the next generation of pediatric providers and investigating ways to improve care through innovative therapies specific to Sickle Cell Disease.
139135109.1.3	1.9	1.9.2	Specialty Care Expansion – Pediatric Rheumatology	Increase critical access for the Harris County and surrounding communities to care for pediatric patients with diseases characterized by inflammation of the joints, muscles, and/or tendons.
139135109.1.4	1.9	1.9.2	Specialty Care Expansion – Pediatric Cardiology	Increase outpatient access for Harris County and the surrounding communities to care for pediatric patients with copngenital heart disease.
139135109.1.5	1.9	1.9.2	Specialty Care Expansion – Pediatric Pulmonology	Increase outpatient access for Harris County, specifically North Houston, to care for pediatric patients with conditions affecting the lungs and respiratory tract.

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Unique ID	Project Area	Project Option	Title	Description
139135109.1.6	1.9	1.9.2	Specialty Care Expansion – Pediatric Opthamology	The division is working to expand its services and increase outpatient access by utilizing the addition of an Optometrist. As well as in the next 5 years the Ophthalmology division would like to grow its services with programs such as Ocular Trauma, Occular Plastics, Pediatric Glaucoma, and focus of the Retina and Cornea pediatric Patients.
139135109.1.7	1.9	1.9.2	Specialty Care Expansion – Pediatric GI	Increase outpatient access for Harris County and the surrounding communities to care for pediatric patients with conditions affecting the digestive system
139135109.1.8	1.9	1.9.2	Specialty Care Expansion – Pediatric Endocrinology	Increase outpatient access for Harris County and the surrounding communities to care for pediatric patients with conditions affecting the endocrine system.
139135109.1.9	1.9	1.9.2	Expand Child Abuse treatments	This project will allow us to increase the number of children evaluated for abuse and neglect by a child abuse specialist by increasing clinic appointments and the number of providers.

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Unique ID	Project Area	Project Option	Title	Description
139135109.2.1	2.1	2.1.4	Medical Home expansion	The project will offer a medical home to adolescent/young adults with significant chronic childhood conditions. The clinic will not only offer health care and prevention services but also proactive care coordination and case management to a very vulnerable population of patients. The clinic will emphasis quality of care, increase patient satisfaction and address patient safety by preventing emergency room visits and acute hospital stays.
The University of Texas Health Science Center – Houston				
111810101.1.1	1.1	1.1.2	Primary Care Expansion	UT Physicians will expand primary care capacity at each of its 4 outlying clinics. Space will be acquired for additional consulting, exam and procedure rooms. Additional providers and support staff will be added to provide primary care services, and the hours of service will be extended, including evenings and Saturdays
111810101.1.10	1.9	1.9.2	Expand UT Physician Specialty Services to North Harris County	UT Physicians will recruit specialists for the new primary care clinic in North Harris County. This will further enable expansion of UT Health specialty services to another area outside the Texas Medical Center. The new clinic's service hours will be extended to provide evening and weekend appointment options, which will be covered by the UTP specialty services as well. Standardized referral systems will be put in place to ensure access to these specialists.

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Unique ID	Project Area	Project Option	Title	Description
111810101.1.2	1.2	1.2.1	Translational Medicine - Residency Program	This innovative program will train residents in the "new primary care" model that is capable of staffing "enhanced medical homes." The training program for health care providers will be updated to lay emphasis on team-based practice, quality and cost control. Faculty staff at UT Health will be trained to implement the new residency program.
111810101.1.3	1.2	1.2.2	Workforce - CHW's	University of Texas School of Public Health will partner with Gateway to Care, Harris Health System, and UT Physicians to increase the number of certified CHWs in the region (currently approximately 500) and respond to specific continuing education needs as identified by providers and CHWs. In addition, providers and clinic staff will be trained on how to integrate CHWs as members of the health care team.
111810101.1.4	1.3	1.3.1	Disease Management Registry	Data entered into a unique chronic disease registry will be used to pro-actively contact, educate, and track patients by disease status, risk status, self-management status, community and family need. Reports drawn from the registry will be used to develop and implement targeted quality improvement plans for diabetes, hypertension, asthma, COPD, and CHF.

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Unique ID	Project Area	Project Option	Title	Description
111810101.1.5	1.6	1.6.2	Nurse Line Triage	This project will expand access to medical advice and guidance to the appropriate level of care in order to reduce emergency department use for non-emergent conditions, and it will also increase patient access to health care by implementing a nurse-line medical triage call center that will be staffed 24/7/365.
111810101.1.6	1.1	1.1.1	Primary Care	UT Physicians will establish a new primary care clinic in the Northwest area of Houston. Space will be acquired for additional consulting, exam and procedure rooms. Additional providers and support staff will be added to provide primary care services, and the hours of service will be extended, including evenings and Saturdays.
111810101.1.7	1.9	1.9.2	Specialty Care Expansion	UT Physicians will recruit specialists for each of its outlying clinics. Clinic service hours will be extended to provide evening and weekend appointment options. Standardized referral systems will be put in place to ensure access to these specialists.
111810101.1.8	1.10	1.10.2	Innovation - Health Quality Reporting	The project will develop a regional systems engineering center, that will recruit systems engineers to integrate with healthcare QI teams to cross train in applying systems engineering science to healthcare processes, and develop interdisciplinary courses for healthcare professionals, students, engineers and administrative healthcare leadership. The

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				project will also develop QI capacity at UT Health by developing specialty-specific QI dashboards that will integrate QI data from various institutions, measure, report monthly specialty specific data, and serve as the engine to drive, conduct and rapidly diffuse quality and patient safety improvements.
111810101.1.9	1.1	1.1.1	New North Harris County Healthcare Clinic	UT Physicians will establish the North Harris County Primary Care Clinic. Space will be leased to open the clinic, which will include consulting, exam and procedure rooms. The clinic will offer expanded evening and weekend hours to improve access to care. Primary care providers and support staff will be recruited to operationalize the project.
111810101.2.1	2.1	2.1.3	Medical Homes-Specialty Care Centers	The UT medical homes will include services in the areas of dentistry, womens' health, maternal-fetal health, trauma and rehabilitation, sports medicine/orthopedics, behavioral and mental health, cardiovascular diseases, neurosceinces, pediatrics and geriatrics. This Multispecialty Physician Group will provide an extensive network of specialty support centers for primary care providers, built on the concept of an "advanced medical home". Patients will be assigned to a primary care provider within the UT Physicians system.

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Unique ID	Project Area	Project Option	Title	Description
111810101.2.2	2.2	2.2.1	Chronic Disease Management	The outpatient delivery system of UT Physicians will be redesigned to coordinate care for patients with chronic diseases (asthma, CHF, COPD, diabetes, and hypertension), based on Wagner's chronic care model and using evidence-based standards of care for each of the targeted diseases.
111810101.2.3	2.9	2.9.1	Navigation	This project target patients at high risk of disconnect from institutionalized health care; specifically, patients that entered Memorial Hermann Hospital-TMC through the emergency department (ED). Care navigators will support these patients to navigate through the continuum of health care services, ensuring that patients receive coordinated, timely, and site-appropriate health care services.
111810101.2.4	2.10	2.10.1	Palliative Care	Patients admitted to any adult ICU at Memorial Herman Hospital-TMC who are at high risk of death in or soon after hospitalization will receive a palliative care consultation to supplement their clinical therapy and assist in determination of goals of care which may include transitioning the patients from acute hospital care into home care, hospice or a skilled nursing facility.

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111810101.2.5	2.11	2.11.1	Medication Therapy Management	This project will implement a technologically driven patient-centered medication therapy management program. Allscripts analytics tool will enable staff to identify patients at high risk for developing complications and co-morbidities, and patients that have not refilled their medications. Patients will also have access to the patient portal, which will have detailed information on all their medications. Root cause analysis will be used to identify potential medication errors and quality improvement processes will be used to address the causes.
111810101.2.6	2.12	2.12.2	Transitional Care General	This project will implement a comprehensive transitions of care program whcih will ensure that patients have an appointment for follow-up with an appropriate physician(s) prior to leaving the hospital, understand their discharge medications and other instructions, and are followed up post discharge, particularly those at risk of needing acute care services within 30-60 days. This will be implemented with UT Physicians' network of hospitalists with 24/7 management of inpatients with specific medical and surgical conditions.

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111810101.2.7	2.15	2.15.1	Integrate Prim Care & BH	UT Health will design, implement and evaluate a project that will integrate primary and behavioral healthcare services within UT Physicians' clinics to achieve a close collaboration in a partly integrated system of care (Level IV). A behavioral health provider will be placed in the primary care setting to provide patients with behavioral health services at their usual source of health care. This will facilitate care coordination between primary and behavioral healthcare.
111810101.2.8	2.15	2.15.1	Integrated Primary and Behavioral Health Care Services for Children and Adolescents	UT Health will design, implement and evaluate a project that will integrate primary and behavioral healthcare services for children and adolescents within UT Physicians' clinics to achieve a close collaboration in a partly integrated system of care (Level IV). A pediatric behavioral health provider will be placed in the primary care setting to children and adolescents with behavioral health services at their usual source of health care. This will facilitate care coordination between primary and behavioral healthcare.

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Unique ID	Project Area	Project Option	Title	Description
Tomball Regional Hospital				
131044305.1.1	1.1	1.1.2	Primary Care Expansion	This project will expand access to primary care for the uninsured by the hospital providing nurse practitioner and office resources to the local indigent care clinic. This resource will allow the clinic to expand hours of coverage into the evenings.
University of Texas M.D. Anderson Cancer Center				
112672402.2.1	2.7	2.7.1	Colorectal cancer screening	This project will expand a two-year Colorectal Cancer (CRC) screening program in Federally Qualified Health Centers (FQHCs) in Harris County into other RHP3 counties. This project targets low-income and underinsured populations with the intent of increasing adherence by distributing Fecal Immunochemical Test (FIT) take-home tests at the time of annual flu innoculation. Patients will receive a FIT test with verbal and written instructions on how to complete the test, brief verbal messages reinforcing the importance of screening (e.g., “an annual FOBT (FIT) test is as important as an annual flu shot”), educational materials, and clinic phone numbers should questions arise.

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Unique ID	Project Area	Project Option	Title	Description
112672402.2.2	2.7	2.7.2	Smoking Cessation	This project will implement an evidence-based smoking cessation program for persons living with HIV/AIDS at the Legacy Community Health Services sites. Smoking represents the leading cause of preventable death among persons living with HIV/AIDS. By implementing procedures for routine smoking screening and offering an evidence-based smoking cessation program, this project will fill an important gap for the underserved population served by Legacy.
112672402.2.3	2.7	2.7.2	Youth tobacco Cessation	The program would prevent smoking initiation and facilitate cessation among those attending middle- and high-schools as well as for those youth attending office-based clinical encounters. Our evidence-based online tobacco program ASPIRE (A Smoking Prevention Interactive Experience) is free to the public and sustainable. It will serve as the primary resource for this project. ASPIRE will be utilized to reach Medicaid eligible/indigent youth at various access points in Regional Health Partnership (RHP) 3 counties. Youth will be exposed to multilingual, culturally relevant anti-tobacco messages using electronic, digital and print media.

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112672402.2.4	2.7	2.7.1	Screening Mammography-VALET	This project will expand Project VALET (Providing Valuable Area Life-Saving Exams in Town), a breast cancer screening mammography service for uninsured, low-income or Medicaid eligible women, ages 40 to 69 in Houston, to the RHP3's coverage area.
112672402.2.5	2.7	2.7.2	Replicating Ask Advise Connect in Federally-Qualified Health Centers	Ask Advise Connect (AAC) will be delivered in four Federally Qualified Health Centers (FQHCs) in Harris County by implementing clinical practice guidelines and promoting health system supports in electronic health records. In AAC, licensed vocational nurses and medical assistants are trained to ask all adult patients at every visit about their smoking status at the time that vital signs are assessed, provide brief advice to all smokers to quit, offer cessation assistance via the Quitline, and directly connect patients willing to accept assistance with the Quitline. Connections to the Quitline are made by clicking an automated link in the electronic health record (EHR) that sends smokers' names and phone numbers to the Quitline within 24 hours. Patients are contacted by the Quitline within 48 hours of receipt of their contact information.

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West Houston Medical Center-HCA				
094187402.2.1	2.9	2.9.1	Geriatric Patient Care Navigation	HCA will create a designated "Senior Care Entrance" at the hospital and assign special hospital beds to accommodate the geriatric population. Additionally, HCA will train and maintain a Senior Care Coordinator dedicated to overseeing protocol-driven geriatric care. The Senior Care Coordinator will assist seniors in managing their appointments, maintaining their individual healthcare regimens, and accessing available support through the hospital and the community. In addition to guiding the patient through the healthcare system, in DY4 and DY5, HCA will focus on ensuring that patients without a PCP are given educational materials about available resources in the community. This will enable patients to receive the appropriate care in the appropriate setting – a main focus of the Waiver.