Regional Healthcare Partnership 18

Texas 1115 Medicaid Waiver

Plan Update Summary for Demonstration Years 9 and 10

10.1.2019 through 9.30.2021

Final Draft for Public Comment

November 8, 2019

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Notes:

The Texas 1115 Medicaid Waiver website is listed in this narrative.

The State of Texas is referred to as "the State" throughout with a capital letter designating its reference to Texas and not to just any state.

The Medicaid Waiver program is also known as the Delivery System Reform Incentive Program or DSRIP. This term is used in some places in this document.

Collin County government is the Anchor, i.e. the local authority and liaison between the Regional Healthcare Partnership member counties and the State for the Waiver program.

This document presents information about the participating providers, their selected metrics and population to be served, the regional needs assessment and learning collaborative plan.

Funds decrease beginning October 1, 2019, and decrease again in for the demonstration year beginning October 1, 2020, and decrease to zero after 30 September 2021.

Public Comment is sought regarding this Plan Update Summary:

THE WAIVER PROGRAM

The Texas 1115 Waiver Program started in 2012 after the first set of plans were submitted by all 20 Regional Healthcare Partnerships (RHP) and approved by the Texas Health and Human Services Commission (HSHC).

There is an "Anchor Entity" for each of the 20 RHPs in Texas. The Anchor is the administrative authority and the liaison between Participating Providers and HHSC. Each RHP has a different number of counties in its area.

RHP18 includes Collin, Grayson and Rockwall Counties. Collin County Government is the Anchor.

Texas received approval for a five year extension to the Waiver program from the Centers for Medicaid and Medicare Services (CMS) on December 21, 2017. This extension includes a phasing out of all Federal funding for these programs by the end of Fiscal Year 2021.

HHSC and the RHPs and their Participating Providers have been working on a "Plan Update" that establishes the programs that will operate under the Waiver for 2020 and 2021, referred to as Demonstration Years (DY) 9 and 10.

Plans for DYs 7 and 8 were presented for public review in April 2018. This document updates those plans.

The Providers have selected areas of focus that are associated with specific outcome measures that are listed in "Measure Bundle Protocols" or "Menus," provided by HHSC and CMS. The details of these Menus of Measures are lengthy. For example, one document has approximately 436 pages. This Plan Update Summary provides the names of those measures only. There are link provided to the detail documents for those who wish to explore them.

Hospitals & Physician Practices, Community Mental Health Centers (CHMCs), and Local Health Departments (LHD) have separate menus with a different quantity of measures from which to select: Providers must select enough measures or initiatives to meet a Minimum Point Threshold according to the total value of their program. The total value is the amount a provider may earn according to the extent to which they perform the activities that support the initiatives and achieve the prescribed outcome targets. Each provider has a different outcome target for each measure.

The Anchor completes a template that includes:

- Community Needs Assessment
- Use of any funds accrued by a provider dropping out of DSRIP or decreasing their total valuation
- Learning Collaborative Plans
- Participating Providers' Plan Updates
- Stakeholder engagement
- Public Comment

Each of these topics is address in the following sections of the Plan Update Summary.

COMMUNITY NEEDS ASSESSMENT

The Anchor is not required to update the Community Needs Assessment conducted in 2018 for this last two-year DSRIP period.

RHP18 is called a Tier IV RHP. This means it is small, with among the lowest available pool of funds to allocate to providers that successfully meet certain criteria. For more information about this you can go to: https://hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver

The CNA was not updated for Collin, Grayson or Rockwall Counties. There are several reasons for not updating the RHP18 CHNA. While the population in all three counties in this RHP has continued to grow, the top priorities for health care have remained stable. The six participating providers, plus three that report through RHP9, have made a transition from project focus to outcomes focus in consultation with the Anchor organization.

Below we provide for your information, the needs assessment update from 2018.The CHNA was updated last year and one of the high ranking needs, Maternal Health, was addressed using remaining allocated funds; and another primary care clinic was added. Without any additional funds, it does not add value to update a fairly stable needs assessment. Also, the large hospital systems conducted their own CHNAs in coordination with the Anchor organization. No new needs, and no changing priorities resulted from those.

The US Census Bureau estimated the combined population for RHP 18 increased from 1,014,935 to 1,161,798. These counties become more dense and diverse in population with this rapid growth. With growth comes additional physical and behavioral health issues in RHP 18 to address. The available projections and estimates for 2018-2020 project rapid population growth, with some racial/ethnic groups growing faster than others.

Collin County is among the highest ranked Texas counties for health outcomes, at 4th out of 242. Rockwall County, among the smallest Texas counties, ranked 7th out of 242 in health outcomes. Grayson County that is far more rural than either of the other two, and ranked 114th out of 242 for health outcomes.

We did not use a formal process to involve non-DSRIP healthcare providers in the process of updating our community needs assessment. We did have conversations with key leadership at other healthcare systems with whom we work in other projects including for example, Texas Health Plano Presbyterian Hospital, the DFW Hospital Council Foundation for which a member of our Anchor team serves on the Community Health Needs Assessment committee and workgroup, Baylor Scott & White, Medical City McKinney, the Region 10 Education Service Center, the North Central Texas Council of Government, the Area Agency for Aging and Disabilities, the CRCG, and others.

In the 2012 RHP 18 Community Needs Assessment, 14 needs were identified.

1. Primary care for adults
2. Primary care for children
3. Prenatal care
4. Urgent and emergency care
5. Co-morbid medical and behavioral health conditions for all ages
6. Health professions shortage
7. Preventable acute care admission
8. Diabetes
9. Cardiovascular disease
10. Elderly at home and nursing home patients
11. Behavioral health for all ages
12. Other special populations at-risk
13. Communicable disease
14. Obesity and its co-morbid risk factors

The data collected in 2018 indicate that little or no change in the original 14 priorities needs to be made for RHP 18.

The process used in 2018 was as follows.

- We returned to the original sources of data and updated those statistics.
- We solicited information from current and new providers.
- We drilled down through the layers of information on reliable and official websites for State and County and Zip Code level statistics associated with health status.
- Reports were reviewed for recent statistics, policy changes, new initiatives in health improvement, and trends.

We did not use other consultants. This list below contains some examples of the data sources we used.

- "The Joint Biennial Report of the Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report, as required by Chapter 34, Texas Health and Safety Code, Section 34.015, Department of State Health Services July, 2016
- The US Census Bureau www.census.gov multiple data points
- County Health Rankings and Roadmaps from Robert Woods Johnson Foundation
- Potentially Preventable Admissions (PPA) Data - Texas Department of State Health Services (DSHS) Warehouse
- DSHS web site selected data: http://www.dshs.state.tx.us/wellness/data.shtm
- Emergency Department data DFW Hospital Council Foundation
- Federal Government Health Indicators Warehouse website

Maternal mortality and morbidity, post-partum health risks for obesity and hypertension, among others together constitute a clear and present focus in Texas. While two of the RHP18 Counties are currently among the healthiest in this regard broadly speaking, the Black and Hispanic populations continue to grow, and may be using services in the Dallas system due to limited local access to care. In Collin County, the infant mortality rate, as an indication of overall health status is lower than the statewide rate, but among Black babies it is the same, indicating an important need to address. To better address prenatal and maternal health care and follow up, a new provider in Collin County, McKinney OGGYN, has been added in RHP 18.

One other specific special population that has become more clearly in focus because of registries and other data collected by our providers, is the population with Cancer One additional need, prevention and intervention for cancers, has been added. Baylor Scott & White is addressing this through their Douglass Clinic in Collin County.

USE OF REMAINING FUNDS

In 2018, RHP18 was approved to use approximately $1.3 million in previously un-used funds for new or expanded healthcare initiatives. As a result, two providers were added and one primary care clinic was expanded, thus serving a larger number of uninsured or providing services not covered under existing Medicaid rules.

RHP 18 might have expanded these programs for Medicaid, Low Income and Uninsured patients further if unallocated funds unused in other RHPs would have been made available to this RHP.

LEARNING COLLABORATIVE PLANS

Every Regional Healthcare Partnership is responsible for continuous learning activities to support and inform the Participating Providers.

1. Describe the topics for each learning collaborative you plan to conduct in DY9-10.
Because the Waiver program is in transition, and the metrics and goals for each provider are expected to remain stable over 2019-2021, our "Learning Collaborative" activities will be responsive to the Transition Plan established by HHSC. For example, if there is opportunity for hospital systems and primary care providers to interact in meaningful ways with each other to plan for Post-DSRIP activities, or with MCOs, we will convene learning groups around those topics. Topics will include for example: Alternative Payment Models, Dialogues with responsive MCOs; Quality Improvement strategies that work; Innovations in local funding strategies to cover healthcare for uninsured populations or evidence based services that have demonstrably favorable outcomes but are not covered under current Medicaid rules.

2. Describe the goals of each learning collaborative that you plan to conduct in DY9-10 and how they will be achieved. The Anchor must conduct at least one learning collaborative that includes a focus on DSRIP integration into Medicaid managed care, value-based purchasing, alternative payment models, or sustainability strategies for low-income uninsured.

RHP18 collaborates with RHPs 9 and 10 in at least one annual, two-day learning event. These include topics related to Directed Payment Models, other APMs, VBP mechanisms, and sustainability strategies. They include expert presentations, Q & A opportunities, interactive small group activities, and informative, leading edge, keynote speakers.

3. Describe the key design elements for improvement design (such as Institute for Healthcare Improvement (IHI) Model for Improvement; Plan, Do, Study, Act (PDSA), etc.)

With a small group of six providers, each of them has selected different improvement design models. Small providers such as the Rockwall County Helping Hands Clinic use a modified version of PDSA, whereas the large behavioral health community centers use the full model. Clinics affiliated with large hospitals use more of a IHI model, but some have their own internal processes. The Anchor checks quarterly with the participating providers to review their improvement strategies and encourage them to include these activities in their SARs for DSRIP.

4. Describe learning collaborative participant involvement, including any plans to include cross regional participants, or individuals/organizations who are not DSRIP performing providers, such as community partners or managed care organizations. Describe the primary takeaways for participants.

Please see note in sections 1 and 2 above. "Takeaways" for providers always include expanded knowledge of leading edge strategies, shared innovations and best practices, and a keen awareness of any new opportunities to secure coverage for services proven to improve health outcomes for their populations.

5. Describe the learning system design (how to share information and data, including Category C outcome data).

Providers in RHP18 are each different in their CAT C goals and CAT A strategies. There are a few discrete opportunities for them to share information but it typically is at a macro level. In preparation for the joint RHPs 9, 10 and 18 Learning Collaboratives we always summarize various data points and share them with all participating providers in those RHPs. We also have invited non-DSRIP providers and advocacy stakeholders to participate so they become aware of the impact and value of the Medicaid Waiver innovations.

6. Describe learning collaborative format and frequency (meetings, workgroups, webinars / quarterly, monthly, etc). Indicate if web access to the learning collaboratives will be available.

Format is described in section 2 above. We are constantly striving to be innovative in our strategies to engage providers in learning and sharing. Frequently our joint LC events are attended by anchor and provider representatives from other RHPs and other local and state level organizations.

We have included national experts as well. We do not have web-access capabilities but the presentation slides and other event products are widely distributed and posted.

7. Please include any additional information you would like to share about your plan. We believe providers should be required to participate in at least four LC events during the program year rather than only one, not only because the requirements for describing our work in this area are the same, but also because this transition time is of considerable importance and LC events are one way to keep providers engaged in the larger landscape for sustainability strategies and other timely topics.

Further, hospitals are exempt from participating in LC events if they are UC only. This undermines the intent of the waiver to reduce preventable ED and Inpatient use, and inhibits partnerships from developing between community providers and inpatient systems. It endorses hospital independence from a larger community of providers and the healthcare consumers. Although we have made multiple attempts to bring disparate stakeholder groups to the table to share information and discuss opportunities for joint planning, our providers have frequently noted that MCOs and hospital systems are not interested in talking with them about new methods of payments or forming joint ventures.

We do not have the capability of web-based learning in this Tier IV RHP.

PARTICIPATING PROVIDERS' PLAN UPDATES

The following sections of the plan provide information about the Plan Update for each Participating Provider for 2017 and 2018. There are nine Participating Providers in RHP18.

1. Collin County MHMR, dba LifePath Systems serving Collin County in multiple locations
2. Texoma Community Center, an MHMR serving Grayson, Fannin and Cooke Counties
3. Rockwall County Helping Hands Health Center serving Rockwall County
4. UHS Texoma, Inc., dba Texoma Medical Center, a private hospital contracting with the Grayson County Health Clinic, serving Grayson County and surrounding areas
5. Dr. Brock Lawson Pierce, operating Women's Health Clinics, serving Collin County
6. Baylor Scott & White Centennial Medical Center, serving Collin County at the contracted Douglass Clinic in Plano

Also the following three providers have services supported by funds available through this waiver program. These providers now report through another RHP for administrative purposes.

7. Lakes Regional MHMR in Rockwall County locations
8. Children's Health, operating clinics and hospitals serving Collin County, and services in Grayson County
9. UT Southwestern operating clinics in Collin County

The first six Provider organizations listed above, submitted program plans through the RHP18 Anchor. The other three Providers submitted their plans through RHP9.

HHSC allowed Providers to submit their plans through RHP9 (referred to as the "home RHP" for reporting purposes. When providers have services programs in multiple counties, it is more expensive and difficult for them to report on population health outcomes multiple times. Lakes Regional MHMR, Children's Health and UT Southwestern have RHP9 as their "home RHP" because they have Medicaid Waiver programs in multiple counties. They will continue to participate in RHP18 Learning Collaborative and other events related specifically to RHP18.

The healthcare initiatives for those three Providers are included in this section on page 11, with less detail than the other six providers in RHP18.

Texoma Community Center in Sherman selected RHP18 as its "home" RHP for all counties served by that mental health center.

Core Activities

Providers achieve the outcome goals associated with each initiative (referred to as "measures") through "Core Activities." There are 12 prescribed areas of Core Activities and an optional "other" that must be justified. No Provider in RHP18 selected "other."

The Core Activities as associated with one or more of the measures. They are the strategies and specific actions providers will use and preform to accomplish the measure goals. Examples are provided below. You may explore those Core Activities in the document Measure Bundle Protocol at www.TX-RHP18.net

The list below provides examples of the Core Activities that Providers in RHP18 have selected to achieve the outcomes associated with each measure.

- Access to Specialty Care Services: Improvement in access including for example expanded hours, easier appointment scheduling, more rapid response and follow-up, expanded outreach.
- Maternal and Infant Health Care: Early and repeated screening for medical and psychological/psychiatric conditions and risks, with appropriate interventions.
- Access to Primary Care: Expanded availability of hours and appointments; Chronic Care Management and prevention of complications. Integrated behavioral and medical healthcare at appropriate levels with increased frequency of screening and development of referrals for treatment.
- Chronic Care Management: Increased screening to prevent complications and secure stable conditions.
- Patient Centered Medical Home: Provide care teams, improve access to screening and follow-up care.

There are more specific details in exactly how each provider intends to complete the Core Activities. Some examples include staff training, new assessment practices, use of evidence-based practices, and expanded access to other systems of care as needed.

In the following pages we provide information on the funds and the measures by provider. In reference to "local dollars," referred to as Intergovernmental Transfer Funds (IGT funds), each provider identifies its own source for those funds. Some funds are provided by county governments, some by other approved sources. The following URL provides more information. https://hhs.texas.gov/sites/default/files/documents/laws...rules/.../IGT-Principles.pdf

In the table below provides information about the total dollar amounts (valuations) each provider may collect for meeting required outcomes. These data show the changes from DY8 to DYs 9 and 10.

TEXAS 1115 MEDICAID WAIVER PROVIDER VALUATIONS DYs 8 through 10

	Total Valuations			Percent of Funds Retained		Total Reduction in $ over two years
Performing Provider	**DY8**	**Total DY9**	**Total DY10**	**DY9**	**DY10**	**Both Years**
Collin County MHMR dba LifePath Systems	$12,294,144.00	$11,561,392.37	$9,862,460.54	94%	85%	$ 3,164,435.09
Texoma Community Center	$4,473,523.00	$4,206,893.52	$3,588,695.89	94%	85%	$ 1,151,456.59
Rockwall County Helping Hands, Inc.: Health Clinic	$185,529.00	$185,529.00	$185,529.00	100%	100%	$ -
Texoma Medical Center: Grayson County Health Clinic	$5,000,000.00	$4,701,991.60	$4,011,039.95	94%	85%	$ 1,286,968.45
Dr. Brock Lawson Pierce	$412,500.00	$412,500.00	$412,500.00	100%	100%	$ -
Baylor Scott & White: Douglass Clinic	$781,297.00	$781,297.00	$781,297.00	100%	100%	$ -
Lakes Regional MHMR	$2,342,584.00	$2,202,962.01	$1,879,239.61	94%	85%	$ 602,966.38
UT Southwestern	$1,662,760.00	$1,563,656.68	$1,333,879.36	94%	85%	$ 427,983.96
Children's Health	$7,959,459.00	$7,485,061.71	$6,385,141.62	94%	85%	$ 2,048,714.66
					Total decrease	$ 8,682,525.14
					IGT decrease estimated	$ 3,473,010.05
					Decrease in matching income	$ 5,209,515.08

Each Provider participating in the DSRIP program must report the proportion of the total population served by their system who are MLIU. This table provides the previous Goals for DYs 7 and 8 and the goals for DYs 9 and 10.

	Goals: MLIU PPP				Goals: MLIU PPP			
Performing Provider	DY7	DY8	Average Total PPP	MLIU Proportion of Total PPP	DY9	DY10	Average Total PPP	MLIU Proportion of Total PPP
LifePath Systems	4,973	4,973	6,222	80%	4,973	4,973	6,222	80%
Texoma Community Center	4,239	4,239	4,458	95%	4,239	4,239	4,458	95%
Rockwall County Helping Hands, Inc. Health Clinic	2,750	2,750	3,500	79%	2,750	2,750	3,500	79%
Texoma Medical Center: Grayson County Health Clinic	14,190	14,190	14,190	100%	49,137	49,137	132,516	37%
Dr. Brock Lawson Pierce: OBGYN Clinics	115	115	458	25%	115	115	458	25%
Baylor, Scott & White: Douglass Clinic	3,920	3,920	13,713	29%	4,159	4,159	23,019	18%

On the following three pages, tables contain the Measure or Measure Bundle menu number for all nine providers with program initiatives in RHP18. No changes occurred from DY8 to DYs 9 or 10.

Participating Provider, Measure Numbers from the prescribed menu of options, and the Measure Names

Collin County MHMR dba LifePath Systems	M1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
Collin County MHMR dba LifePath Systems	M1-124	Medication Reconciliation Post-Discharge
Collin County MHMR dba LifePath Systems	M1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
Collin County MHMR dba LifePath Systems	M1-160	Follow-Up After Hospitalization for Mental Illness
Collin County MHMR dba LifePath Systems	M1-259	Assignment of Primary Care Physician to Individuals with Schizophrenia
Collin County MHMR dba LifePath Systems	M1-262	Assessment of Risk to Self/ Others
Collin County MHMR dba LifePath Systems	M1-263	Assessment for Psychosocial Issues of Psychiatric Patients
Collin County MHMR dba LifePath Systems	M1-265	Housing Assessment for Individuals with Schizophrenia
Collin County MHMR dba LifePath Systems	M1-266	Independent Living Skills Assessment for Individuals with Schizophrenia
Collin County MHMR dba LifePath Systems	M1-305	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)
Collin County MHMR dba LifePath Systems	M1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
Collin County MHMR dba LifePath Systems	M1-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure)
Collin County MHMR dba LifePath Systems	M1-342	Time to Initial Evaluation: Evaluation within 10 Business Days
Collin County MHMR dba LifePath Systems	M1-385	Assessment of Functional Status or QoL (Modified from NQF# 0260/2624)
Collin County MHMR dba LifePath Systems	M1-386	Improvement in Functional Status or QoL (Modified from PQRS #435)
Collin County MHMR dba LifePath Systems	M1-390	Time to Initial Evaluation: Mean Days to Evaluation
Collin County MHMR dba LifePath Systems	M1-400	Tobacco Use and Help with Quitting Among Adolescents

Continued:

Participating Provider, Measure Numbers from the prescribed menu of options, and the Measure Names

Texoma Community Center	M1-103	Controlling High Blood Pressure
Texoma Community Center	M1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
Texoma Community Center	M1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
Texoma Community Center	M1-160	Follow-Up After Hospitalization for Mental Illness
Texoma Community Center	M1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
Rockwall County Helping Hands, Inc.	A1	Improved Chronic Disease Management: Diabetes Care
UHS Texoma, Inc. dba Texoma Medical Center	A1	Improved Chronic Disease Management: Diabetes Care
Dr. Brock Lawson Pierce	E1	Improved Maternal Care
Tenet Frisco Ltd dba Centennial Medical Center	C2	Primary Care Prevention - Cancer Screening

Continued on the following page

These providers have RHP9 as a "home" RHP. All measures apply in program initiatives in RHP18

Measure Menu ID	Lakes Regional MHMR: Measure Title
M1-103	Controlling High Blood Pressure
M1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation
M1-146	Screening for Clinical Depression & Follow-Up Plan
M1-147	Preventive Care and Screening: BMI Screening & Follow-Up
M1-160	Follow-Up after Hospitalization for MI
M1-165	Depression Remission at 12 Months [4]
M1-257	Care Planning for Dual Diagnosis
M1-261	Assessment for SA Problems of Psychiatric Patients
M1-262	Assessment of Risk to Self/Others
M1-263	Assessment for Psychosocial Issues of Psychiatric Patients
M1-264	Vocational Rehabilitation for Schizophrenia [1]
M1-265	Housing Assessment for Individuals with Schizophrenia
M1-266	Independent Living Skills Assessment for Individuals with Schizophrenia
M1-286	Depression Remission at 6 Months
M1-305	Child & Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment [2]
M1-317	Preventive Care & Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
M1-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
M1-385	Assessment of Functional Status or QoL
M1-386	Improvement in Functional Status or QoL

Measure Menu ID	CHILDREN'S HEALTH: Measure Title
D1	Pediatric Primary Care
D4	Pediatric Chronic Disease Management: Asthma
H1	Integration of Behavioral Health in a Primary or Specialty Care Setting
Children's Health will select specific measures from each of these main categories. More information may be obtained at: http://www.texasrhp9.com/main/home.aspx	

Measure Menu ID	UT SOUTHWESTERN: Measure Title
A2	Chronic Disease
B1	Care Transitions
C1	Primary Care Prevention: Healthy Texans
C2	Primary Care Prevention: Cancer Screening
E1	Improved Maternal Health
G1	Palliative Care
H1	Integration of Behavioral Health in a Primary Care Setting
UT Southwestern will select specific measures from each of these main categories. More information may be obtained at: http://www.texasrhp9.com/main/home.aspx	

STAKEHOLDER ENGAGEMENT

In the last two years of this waiver program RHP 18 continues its three strategies for ongoing public engagement.

1. The Anchor will provide update reports to the Counties and Provider one month after the completion of each reporting cycle. Each county and provider will post these reports on their respective websites.

2. The Anchor (Collin County Government) will host one public forum each demonstration year following the completion of the October reporting cycle. We will assist each of the counties to hold separate forums for their geographic area, with assistance, and to issue press releases periodically updating the community on the DSRIP program initiatives.

We are engaging community stakeholders who are not DSRIP providers, in the annual Collaborative Connections event "Impacting Care" A Learning Collaborative Summit and any other events during the year such as legislative updates. RHP 9, 10 and 18 pool resources to bring it top speakers and preferred resources for our providers.

PUBLIC COMMENT

Beginning November 11, 2019 the final draft RHP18 Plan Update Summary is announced and posted for 4 calendar days, on the Collin County website. Links are provided on the RHP18 website, the three County websites, and every provider website. The link to the Plan and to the comment survey was distributed by participating providers to local stakeholders including any private citizens engaged in local advisory or governing boards. Rockwall County does not have a full time Health Department. However, the Grayson County and Collin County Health Departments also posted the information. The Anchor distributed the links by email to local hospitals and any known community clinics.