

# **FY 2020 - 2022 Community Health Implementation Strategy**

**Ascension Providence**



**Ascension  
Providence**

## Ascension Providence Implementation Strategy

### Implementation Strategy Narrative

#### Overview

Ascension Providence, formerly known as Providence Health Services of Waco, is a 501(c)(3) nonprofit organization, and an affiliate of Ascension Texas and Ascension Health, with a long-standing history of serving Central Texas, not only as a health care provider, but as a leader and advocate for improving the health of the population.

#### *Ascension's Mission*

*Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.*

Ascension Providence provides the full continuum of care in McLennan County. Located in West Waco, the Ascension Providence hospital campus includes a 237-bed acute-care hospital with a 24/7 emergency department, chest pain center, primary stroke center certification, critical care unit, diagnostic medical imaging and MRI center and women's and children's center. Ascension Providence's DePaul Center is also located on our west Waco campus. DePaul is a 48-bed psychiatric care center and offers inpatient and outpatient psychiatric care to the community. Additionally, Ascension Providence has 23 clinics and outpatient centers in the area, and the Ascension Providence Breast Health Center to provide high-quality breast imaging and diagnosis in a spa-like environment.

Ascension Providence partnered with Prosper Waco (a collective impact initiative focused on addressing education, health and financial security issues that face the Greater Waco community), Baylor Scott & White, the Waco-McLennan County Public Health District, and Family Health Center (a Federally-Qualified Health Center) to carry out the Community Health Needs Assessment (CHNA) through The Center for Community Research and Development (CCRD) at Baylor University.

Ascension Texas has developed 17 Community Health Implementation Strategies, one for each of its hospitals and joint venture facilities. Each plan identifies the action the hospital, with the support of the Ascension Texas network, plans to take to address the prioritized needs identified in the CHNA of its region.

The various actions included in the Implementation Strategy are not intended to be exhaustive or inclusive of every single Ascension Texas strategy, initiative or program. Instead, the plan highlights the most significant actions that each hospital has undertaken to address the health needs prioritized in the CHNA, including those strategies that are expected to make the most significant impact on the delivery of health care in the region for the poor and vulnerable.

[The McLennan County CHNA](#) addresses the health care needs of McLennan County. McLennan County is the focus of this CHNA because it is Ascension Providence's primary service area and offers a comprehensive continuum of care to the greater Waco community.

## Needs That Will Be Addressed

Ascension Providence will address all the needs in the McLennan County CHNA. The needs include: Access to Healthcare, Lifestyle and Healthy Behaviors, Women's Health and Mental Health.

Although mental health was not identified in the McLennan County CHNA, Ascension Providence will address this need. Ascension Providence has a large volume of patients with mental and behavioral health needs that come to the emergency department with limited resources. Additionally, Robert Wood Johnson's County Health Rankings show that McLennan County residents have 3.8 poor mental health days on average compared to the Texas state average of 3.4.

## Needs That Will Not Be Addressed

Ascension Providence will address all of the needs identified in the McLennan County CHNA.

## Summary of Implementation Strategy

### Need: Access to Healthcare

**Strategy:** Provide medical, dental and vision care through recurring Medical Missions at Home.

- The strategy's target population is Central Texas, with a focus on McLennan County.
- Ascension Providence will provide complimentary medical, dental and vision care, as well as link participants to resources in the community.
- The target population includes underinsured and uninsured children and adults.

### Resources and Collaboration:

- Ascension Providence provides financial support, staffing support and supplies.
- Ascension Providence collaborates with physicians, health care providers, local foundations, Hope Smiles, Essilor Vision, Mission Waco, Family Health Center, Salvation Army and Caritas.

### Anticipated Impact:

- Provide medical care to 700 participants per Medical Mission at Home.
- Provide dental care to 200 participants per Medical Mission at Home.
- Provide vision screening to 150 participants per Medical Mission at Home.
- Set up primary care follow-up for 450 participants.

**Strategy:** Provide a navigator in the emergency department to connect patients to primary care providers and specialists.

- The program's goal is to ensure that every patient is able to receive timely, appropriate follow-up care.
- The approach to ensuring follow-up care involves arranging primary care physician or specialist appointment scheduling before discharge from the emergency department.
- Consistent with the Ascension mission, this effort is designed for all patients, regardless of ability to pay.



**Resources and Collaboration:**

- Ascension Providence provides a dedicated full-time emergency department navigator, who works with the emergency department medical team to support their desire for the patients' follow-up care needs.
- The emergency department navigator is supported by emergency department and hospital leadership to ensure success by addressing any barriers.
- The emergency department navigator is provided a laptop and phone with voicemail to contact patients that visit the emergency department outside of the navigator business hours.
- Ascension Providence collaborates with Ascension Connect, Ascension Medical Group, Providence Health Alliance clinics, Family Health Center and the Community Health Workers Initiative.

**Anticipated Impact:**

- Navigators will connect with at least 3,300 patients annually.
- Navigators will schedule 1,200 appointments annually.
- Patients will complete 750 appointments annually.
- Navigators will provide 520 community resources annually.

**Need: Lifestyle and Healthy Behaviors**

**Strategy:** Provide education and management to community members with diabetes.

- Participating in a diabetes self-management education (DSME) and support programs can help manage diabetes, prevent complications, and reduce diabetes symptoms such as fatigue, pain and depression.
- Recent data indicates that 11.2 percent of adults in Texas are diagnosed with diabetes yearly and 13 percent in McLennan County.

**Resources and Collaboration:**

- Ascension Providence provides financial support, staffing support and supplies.
- Ascension Providence collaborates with the YMCA, local primary care offices, Falls Community Hospital, Limestone Medical Center and the Diabetes Management Advisory Board, which includes community members.

**Anticipated Impact:**

- Recipients of diabetes education will experience an overall average decline of one point in their HgbA1c.
- Recipients of diabetes education will experience a decrease in their body mass index.
- At least 50 percent of patients enrolled in diabetes management program will complete seven hours of education and obtain their personal health goals.
- At least 50 percent of hospitalized patients identified as high risk will initiate a diabetes management program.
- All persons who have a positive written screening for pre-diabetes will be referred to the YMCA Diabetes Prevention Program.

## Need: Women's Health

**Strategy:** Connect un- and/or under-insured women to prenatal resources in partnership with CareNet Pregnancy Center of Central Texas.

- Ascension Providence Women's Health partnered with CareNet in March 2019 to address the growing need among indigent and uninsured women for health services.
- Patients establish prenatal care with certified healthcare providers. Other benefits include implementation of appropriate referrals, resources and follow-up appointments.

### Resources and Collaboration:

- Ascension Providence will provide financial support and mid-wife support.
- Ascension Providence will collaborate with CareNet.

### Anticipated Impact:

- Provide obstetrical prenatal care and women's services to 1,000 indigent and uninsured patients per year.
- Provide education related to women's health to 750 women annually.

**Strategy:** Expand access to breast health care for the uninsured or underinsured in the Waco community through the Pink Partner Fund.

- There are a large number of women in the Waco community who are not receiving annual mammograms.
- Texas Medicaid has a specific program for breast cancer treatment once diagnosis of breast cancer is made.
- Various funds for free mammograms in the Waco community have diminished over the past several years. The Pink Partner Fund receives financial support from Ascension Providence associates and community members.
- The Pink Partner Fund helps detect breast cancer earlier for indigent women through breast exams and diagnostics, leading to potentially better outcomes.
- Through the Pink Partner Fund, an average three women per year are identified as having breast cancer who would have been undiagnosed or diagnosed at a later stage.

### Resources and Collaboration:

- Ascension Providence provides financial support, staffing support and supplies.
- Ascension Providence collaborates with healthcare clinics and community partners.

### Anticipated Impact:

- Provide breast health exams and mammograms to 100 patients through the Pink Partner Fund annually.
- Raise \$40,000 per year for the Pink Partner Fund through Ascension Providence associate giving and community donors.

**Need: Mental Health**

**Strategy:** Provide behavioral health navigator for the Ascension Providence emergency department.

- McLennan County has a high number of homeless and transient mental health patients. The Ascension Providence emergency department currently has many patients who have presented to the emergency department two or more times in the past six months.
- Most of these individuals do not have access to any outpatient behavioral health resources.

**Resources and Collaboration:**

- Ascension Providence will provide a case manager with mental and behavioral health training in the emergency department to serve as a navigator.
- Ascension Providence will collaborate with the Heart of Texas MHMR, the local mental health authority for McLennan County, and with the psychiatrist and associates at DePaul, Ascension's mental and behavioral health hospital in Waco.

**Anticipated Impact:**

- Provide mental health resources to ten high utilizer patients per month.
- Reduce number of high utilizer patients presenting to emergency department by three patients per year.

**Strategy:** Create a behavioral health consortium, comprised of hospital leaders and mental and behavioral health clinicians, to provide a forum to identify site-specific needs around access to mental and behavioral health services, and consider and implement best practices that improve delivery of care to a wider variety of patients both in and outside hospitals.

- Clinicians and hospital leaders have a growing desire to deliver appropriate levels of mental and behavioral health care when and where they are needed.
- Partnership between Ascension Texas and Dell Medical School and the role clinicians play in developing the entire continuum of care for brain health as part of the Austin State Hospital redesign provides context for creation of the consortium.
- Concerns about patient, associate and clinician safety have been increasing.

**Resources and Collaboration:**

- Ascension Seton Shoal Creek and DePaul will provide time of clinicians, resource navigators and administrative leaders in partnership with Ascension Medical Group.
- As a partner with Ascension Texas, Dell Medical School will also provide staff and faculty time and resources to this initiative.
- Hospitals in the Ascension Texas network will provide time of clinicians and administrative leaders.

**Anticipated Impact:**

- Expansion of coordinated continuum of care for mental and behavioral health services as measured by implementation of consortium-developed site-specific strategies.
- Metrics of the impact of specific strategies agreed upon by the consortium to be developed by July 1, 2020.

## Prioritized Need #1: Access to Healthcare

**GOAL:** Reduce the number of people who are unable to obtain necessary medical, dental and vision care

### Action Plan

<p><b>STRATEGY 1:</b> Provide medical, dental and vision care through recurring Medical Missions at Home events.</p>
<p><b>BACKGROUND INFORMATION:</b></p> <ul style="list-style-type: none"> <li>• The strategy’s target population is Central Texas, with a focus on McLennan County.</li> <li>• Ascension Providence will provide complimentary medical, dental and vision care, as well as link participants to resources in the community.</li> <li>• The target population includes underinsured and uninsured children and adults.</li> </ul>
<p><b>RESOURCES:</b></p> <ul style="list-style-type: none"> <li>• Ascension Providence provides financial support, staffing support and supplies.</li> </ul>
<p><b>COLLABORATION:</b></p> <ul style="list-style-type: none"> <li>• Ascension Providence collaborates with physicians, health care providers, local foundations, Hope Smiles, Essilor Vision, Mission Waco, Family Health Center, Salvation Army and Caritas.</li> </ul>
<p><b>ACTIONS:</b></p> <ol style="list-style-type: none"> <li>1. Bring medical, dental, vision services to Waco Convention Center to provide care to community for one day.</li> <li>2. Develop community resource list to share with participants.</li> <li>3. Connect participants to providers.</li> </ol>
<p><b>ANTICIPATED IMPACT:</b></p> <ol style="list-style-type: none"> <li>I. Provide medical care to 700 participants per Medical Mission at Home.</li> <li>II. Provide dental care to 200 participants per Medical Mission at Home.</li> <li>III. Provide vision screening to 150 participants per Medical Mission at Home.</li> <li>IV. Set up primary care follow-up for 450 participants.</li> </ol>

**STRATEGY 2:** Provide a navigator in the emergency department to connect patients to primary care providers and specialists.

**BACKGROUND INFORMATION:**

- The program’s goal is to ensure that every patient is able to receive timely, appropriate follow-up care.
- The approach to ensuring follow-up care involves arranging primary care physician or specialist appointment scheduling before discharge from the emergency department.
- Consistent with the Ascension mission, this effort is designed for all patients, regardless of ability to pay.

**RESOURCES:**

- Ascension Providence provides a dedicated full-time emergency department navigator, who works with the emergency department medical team to support their desire for the patients’ follow-up care needs.
- The emergency department navigator is supported by emergency department and hospital leadership to ensure success by addressing any barriers.
- The emergency department navigator is provided a laptop and phone with voicemail to contact patients that visit the emergency department outside of the navigator business hours.

**COLLABORATION:**

- Ascension Providence collaborates with Ascension Connect, Ascension Medical Group, Providence Health Alliance clinics, Family Health Center and the Community Health Workers Initiative.

**ACTIONS:**

1. Patient is identified in the emergency department as needing follow-up primary and/or specialist care and/or having no primary care physician, or not having contact with a primary care physician in the last 12 months.
2. The navigator schedules follow-up care appointments for the patient before discharge.
3. The navigator follows up with patient and clinic to assure follow-up care appointments are complete
4. The navigator will also connect patients with community resources.
5. The navigator calls patients that visited the emergency department outside of their navigator business hours to attempt to schedule a follow-up appointment.
6. The emergency department medical team sees the navigator as an asset by contacting the navigator and asking him or her to prioritize specific patients to schedule follow-up appointments that were seen outside of the navigator business hours.

**ANTICIPATED IMPACT:**

- I. Navigators will connect with at least 3,300 patients annually.
- II. Navigators will schedule 1,200 appointments annually.
- III. Patients will complete 750 appointments annually.
- IV. Navigators will provide 520 community resources annually.





### Alignment with Local, State & National Priorities

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	HEALTHY PEOPLE 2020
Strategy 1 I – IV and Strategy 2 I - IV	Providence Healthcare Network 2016 Community Health Improvement Plan Implementation Strategy: Improve access to care to the identified target population within McLennan County.	Department of State Health Services Strategic Plan: Goal 1: Improve health through prevention and population-health strategies.	Healthy People 2020 AHS- 6 Reduce the of proportion of persons who are unable to obtain or delay in obtaining necessary medical care.

## Prioritized Need #2: Lifestyle and Healthy Behaviors

**GOAL:** Improve the lifestyle and healthy behaviors of people living with diabetes

### Action Plan

<p><b>STRATEGY:</b> Provide education and management to community members with diabetes.</p>
<p><b>BACKGROUND INFORMATION:</b></p> <ul style="list-style-type: none"> <li>Participating in a diabetes self-management education (DSME) and support programs can help manage diabetes, prevent complications, and reduce diabetes symptoms such as fatigue, pain, and depression.</li> <li>Recent data indicates that 11.2 percent of adults in Texas are diagnosed with diabetes yearly and 13 percent in McLennan county.</li> </ul>
<p><b>RESOURCES:</b></p> <ul style="list-style-type: none"> <li>Ascension Providence provides financial support, staffing support and supplies.</li> </ul>
<p><b>COLLABORATION:</b></p> <ul style="list-style-type: none"> <li>Ascension Providence collaborates with the YMCA, local primary care offices, Falls Community Hospital, Limestone Medical Center and the Diabetes Management Advisory Board, which includes community members.</li> </ul>
<p><b>ACTIONS:</b></p> <ol style="list-style-type: none"> <li>Provide diabetes education and management to rural communities, including Groesbeck, Marlin, and Lacy Lakeview.</li> <li>Provide diabetes screenings and nutritional education at community events, including health fairs.</li> <li>Work with patients to establish personal health goals and assist patients to obtain those goals.</li> <li>Increase work with high-risk patients who are frequently admitted to the hospital with diabetes-related complications.</li> <li>Work in partnership with the local YMCA to refer patients at risk for diabetes to their pre-diabetes program.</li> <li>Provide a monthly support group for persons with Type II Diabetes and their family/support system.</li> </ol>
<p><b>ANTICIPATED IMPACT:</b></p> <ol style="list-style-type: none"> <li>Recipients of diabetes education will experience an overall average decline of one point in their HgbA1c.</li> <li>Recipients of diabetes education will experience a decrease in their body mass index.</li> <li>At least 50 percent of patients enrolled in diabetes management program will complete seven hours of education and obtain their personal goals.</li> <li>At least 50 percent of hospitalized patients identified as high risk will initiate a diabetes management program.</li> </ol>

**STRATEGY:** Provide education and management to community members with diabetes.

- V. All persons who have a positive written screening for pre-diabetes will be referred to the YMCA Diabetes Prevention Program.

### Alignment with Local, State & National Priorities

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	HEALTHY PEOPLE 2020
I - V	Providence Healthcare Network 2016 Community Health Improvement Plan: Improvement in self-management in those adults living with diabetes.	<p>Department of State Health Services Strategic Plan: Goal 1: Improve health through prevention and population-health strategies.</p> <p>Texas Diabetes Council recommends focusing on Diabetes Self-Management Education and Support Enrollment.</p>	<p>Healthy People 2020 HRQOL/WB-1 Increase the proportion of adults who self-report good or better health.</p> <p>Healthy People 2020 D-14 Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.</p>

## Prioritized Need #3: Women’s Health

**GOAL:** Increase number of women who receive prenatal care

### Action Plan

<p><b>STRATEGY 1:</b> Connect un- and/or under-insured women to prenatal resources in partnership with CareNet.</p>
<p><b>BACKGROUND INFORMATION:</b></p> <ul style="list-style-type: none"> <li>• Ascension Providence Women's Health partnered with CareNet in March 2019 to address the growing need among indigent and uninsured women for health services.</li> <li>• Patients establish prenatal care with certified healthcare providers. Other benefits include implementation of appropriate referrals, resources and follow-up appointments.</li> </ul>
<p><b>RESOURCES:</b></p> <ul style="list-style-type: none"> <li>• The hospital will provide financial support and mid-wife support.</li> </ul>
<p><b>COLLABORATION:</b></p> <ul style="list-style-type: none"> <li>• Ascension Providence will collaborate with CareNet.</li> </ul>
<p><b>ACTIONS:</b></p> <ol style="list-style-type: none"> <li>1. CareNet staff identify patients and invite them to the Ascension Providence clinic on Wednesdays.</li> <li>2. Ascension Providence provides necessary prenatal care during clinic and assures proper follow up as needed.</li> <li>3. CareNet staff assists patients with Medicaid enrollment.</li> </ol>
<p><b>ANTICIPATED IMPACT:</b></p> <ol style="list-style-type: none"> <li>I. Provide obstetrical prenatal care and women’s services to 1,000 indigent and uninsured patients per year.</li> <li>II. Provide education of women’s health to 750 women annually.</li> </ol>

**STRATEGY 2:** Expand access to breast health care for the uninsured or underinsured through the Pink Partner Fund.

**BACKGROUND INFORMATION:**

- There are a large number of women in the Waco community who are not receiving annual mammograms.
- Texas Medicaid has a specific program for breast cancer treatment once diagnosis of breast cancer is made.
- Various funds for free mammograms in the Waco community have diminished over the past several years. The Pink Partner Fund receives financial support from Ascension Providence associates and community members.
- The Pink Partner Fund helps detect breast cancer earlier, leading to potentially better outcomes.
- Through the Pink Partner Fund, an average three women per year are identified as having breast cancer who would have been undiagnosed or diagnosed at a later stage.

**RESOURCES:**

- Ascension Providence provides financial support, staffing support and supplies.

**COLLABORATION:**

- Ascension Providence collaborates with healthcare clinics and community partners.

**ACTIONS:**

1. The Mammogram Program directs unfunded patients to a financial counselor.
2. The financial counselor confirms the patient does not have funding and no funding can be secured.
3. The Mammogram Program provides breast exams and diagnostics.
4. The breast exams and diagnostics are paid for by the Pink Partner Fund.

**ANTICIPATED IMPACT:**

- I. Provide breast health exams and mammograms to 100 patients through the Pink Partner Fund annually.
- II. Raise \$40,000 per year for the Pink Partner Fund through Ascension Providence associate giving and community donors.



### Alignment with Local, State & National Priorities

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	HEALTHY PEOPLE 2020:
Strategy 1: I and II, Strategy 2: I and II	Providence Healthcare Network 2016 Community Health Improvement Plan Implementation Strategy: Improve access to care to the identified target population within McLennan County.	Department of State Health Services Strategic Plan: Goal 1: Improve health through prevention and population-health strategies.	Healthy People 2020 MICH10 Increase the proportion of pregnant women who receive early and adequate prenatal care.  Healthy People 2020 C-17 Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines.

## Prioritized Need #4: Mental Health

**GOAL:** Expand provision of mental and behavioral health services

### Action Plan

<p><b>STRATEGY 1:</b> Provide behavioral health navigator for the Ascension Providence emergency department.</p>
<p><b>BACKGROUND INFORMATION:</b></p> <ul style="list-style-type: none"> <li>• McLennan County has a high number of homeless and transient mental health patients in the community. The Ascension Providence emergency department currently has many patients who have presented to the emergency department two or more times in the past six months.</li> <li>• Most of these individuals do not have access to any outpatient behavioral health resources.</li> </ul>
<p><b>RESOURCES:</b></p> <ul style="list-style-type: none"> <li>• Ascension Providence will provide a case manager with mental and behavioral health training in the emergency department to serve as a navigator.</li> </ul>
<p><b>COLLABORATION:</b></p> <ul style="list-style-type: none"> <li>• Ascension Providence will collaborate with the Heart of Texas MHMR and with the DePaul psychiatrist and associates.</li> </ul>
<p><b>ACTIONS:</b></p> <ol style="list-style-type: none"> <li>1. The DePaul psychiatrist and case manager will develop a list of behavioral health high-utilizers who chronically present to the Providence Emergency Department.</li> <li>2. Case manager/navigators will work with high utilizers to connect patients with the needed care as well as provide education about available community resources.</li> <li>3. Case managers/navigators will then follow up with patients and MHMR to ensure connection was successfully made.</li> <li>4. Key statistics and number of patient contacts and referrals will be tracked, as will mental health patient 30-day readmissions to the emergency department.</li> </ol>
<p><b>ANTICIPATED IMPACT:</b></p> <ol style="list-style-type: none"> <li>I. Provide mental health resources to ten high utilizer patients per month.</li> <li>II. Reduce number of high utilizer patients presenting to emergency department by three patients per year.</li> </ol>

**STRATEGY 2:** Create a behavioral health consortium, comprised of hospital leaders and mental and behavioral health clinicians, to provide a forum to identify site-specific needs around access to mental and behavioral health services, and consider and implement best practices that improve delivery of care to a wider variety of patients both in and outside hospitals.

**BACKGROUND INFORMATION:**

- Clinicians and hospital leaders have a growing desire to deliver appropriate levels of mental and behavioral health care when and where they are needed.
- Partnership between Ascension Texas and Dell Medical School and the role clinicians play in developing the entire continuum of care for brain health as part of the Austin State Hospital redesign provides context for creation of the consortium.
- Concerns about patient, associate and clinician safety have been increasing.

**RESOURCES:**

- Ascension Seton Shoal Creek and DePaul will provide time of clinicians, resource navigators and administrative leaders in partnership with Ascension Medical Group.
- As a partner with Ascension Texas, Dell Medical School will also provide staff and faculty time and resources to this initiative.
- Hospitals in the Ascension Texas network will provide time of clinicians and administrative leaders.

**COLLABORATION:**

- Ascension Texas and Dell Medical School at The University of Texas, including the Network Clinical Care Councils (NC3) and Behavioral Health Strategy Group.
- Community organizations providing mental and health care services, including the local mental health authority.

**ACTIONS:**

1. Leaders at Ascension Seton Shoal Creek and DePaul, in partnership with Dell Medical School faculty, identify leaders and convene the consortium by March 2020.
2. By July 1, 2020, consortium creates charter and goals and establishes timeline for implementation.
3. By January 2021, consortium has implemented strategies in at least three Ascension Texas sites to improve coordination, provision of care and/or safety of patients, community and/or clinicians.
4. By July 2021, consortium evaluates experience of strategies of at least three sites to assess effectiveness and makes recommendations for improvement based on findings.

**ANTICIPATED IMPACT:**

- I. Expansion of coordinated continuum of care for mental and behavioral health services as measured by implementation of consortium-developed site-specific strategies.
- II. Metrics of the impact of specific strategies agreed upon by the consortium to be developed by July 1, 2020.





### Alignment with Local, State & National Priorities

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	HEALTHY PEOPLE 2020:
Strategy 1: I and II, Strategy 2: I and II	Providence Healthcare Network 2016 Community Health Improvement Plan Implementation Strategy: Increase access to psychiatric assessment and care.	Department of State Health Services Strategic Plan: Goal 1: Improve health through prevention and population-health strategies.	Healthy People 2020 MHMD-0 Increase the proportion of adults with mental health disorders who receive treatment

### Approval

Prepared by Ascension Providence. Formally recommended and approved by the Ascension Providence Board of Directors on October 23, 2019 and thereafter approved and adopted by the Ascension Texas Board of Directors on October 23, 2019.