Chatham County SafetyNet Planning Council

2017 Evaluation

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Executive Summary

The Chatham County Safety Net Planning Council (CCSNPC) was created in 2004 and serves as a county-wide planning group to improve access to healthcare and assist the County Commissioners to best meet the healthcare needs of uninsured and underinsured constituents. Since 2006, the Council has provided an annual evaluation to identify existing resources and gaps in the community's healthcare delivery system. This evaluation is based on data voluntarily submitted by provider partners.

The CCSNPC Provider Network is composed of primary care providers and other agencies which support healthcare delivery. Both hospitals, Memorial University Medical Center (MHUMC) and St. Joseph's/Candler Health System (SJ/C), submit data from their Emergency Departments. The key CCSNPC primary care providers are Curtis V. Cooper Primary Healthcare (CVCPHC), SJ/C Good Samaritan (GS), J.C. Lewis Primary Healthcare Center (JCLPHCC), and SJ/C St. Mary's Health Center (SM). CVCPHC and JCLPHCC are both federally qualified health centers (FQHC) providing primary care to adults and children who are uninsured and/or underinsured, including those covered under Medicaid, Medicare, and PeachCare for Kids. GS, and SM are volunteer medicine clinics, which treat only uninsured and low-income eligible adult patients. Additional contributors to the data include the Chatham County Health Department Ryan White Clinic—Chatham CARE Center (CARE), and MedBank, a pharmaceutical assistance provider.

Key Evaluation Findings: In 2017, CCSNPC Providers recorded 147,020 visits and 35,177 patients, a .44% decrease in patient visits, and .6% decrease in patients since 2016. In terms of uninsured patients served, CCSNPC providers have experienced a decrease of 3.84% from 24,207 to 23,278 uninsured patients in 2017. Patients at the CCSNPC clinics visited an average of times a year in 2017 remaining relatively steady as compared to 2016. Uninsured adults represented % of the patients seen at CCSNPC clinics in Chatham County. Chatham County residents represented % of the patients seen at CCSNPC clinics.

Due to the coding procedure changes implemented at MHUMC in 2014 and at SJ/C hospitals beginning in 2017 and its potential impact on the primary care patient and visit data, the Evaluation Committee decided to include the data for all Non-Admitted Emergency Department (ED) patients and visits (Acuity I, II and III) in addition to the primary care (Acuity I & II) in the 2016 Evaluation. The hospital Emergency Departments (ED) recorded a total of 71,007 non-admitted visits (Acuity I, II & III) in 2017 compared to 71,864 in 2016. The 71,007 non-admitted ED visits represent 43,915 patients compared to 45,325 patients in 2016. Approximately 38.5% of the non-admitted patents were uninsured or self-pay as compared to 38.6%.

Pharmaceutical assistance represents a significant contribution to the health of Chatham County's uninsured population. When prescription medications are dispensed at clinic sites, there is ease of access for the patient and this aids in compliance. CVCPHC and Chatham CARE utilize their own in-house pharmacies for all prescription fulfillment, MedBank provides medication assistance at JCLPHC, SM and GS through Patient Assistance Programs. In 2017,

the average wholesale value of the prescriptions provided to CCSNPC patients was $20,716,587 million. CVCPHC provided a total value of $17,120,349 and MedBank provided $5,835,489.

Trends noted in the 2017 data confirm that demand for care continues to increase. The ability to meet this demand will require the continued collaboration among the partners and the pursuit of the Patient Centered Medical Home Model. This will be hampered in Chatham County by the shortage of Primary Care Physicians who accept Medicaid or the uninsured.

The Uninsured in Chatham County: The Chatham County estimated population in 2017 was 290,501, an 9.57% growth from 2010 to 2017. Adults between 18 and 64 years old constituted 64% of the total population or 185,920 people.[1] In 2016, it was estimated that of those adults, ages 18-64 living in Chatham County, 18.3% or approximately 34,422 people, were without health insurance.[2] Georgia's uninsured rate for adults 18-64 is 18.2% and the nationally, it is 12.1%.[3] While CCSNPC provider network which includes hospitals, free clinics, and federally qualified health centers provide a crucial health care safety net for uninsured people, it does not close the access gap for the uninsured.

Right from Start Medicaid and PeachCare for Kids, Georgia's public health insurance programs (GaPHIPs), are available for children 0-19 years old, and Medicare is available for adults 65 years of age and older. In 2016, Chatham County had approximately 64,970 children, 4.8% or 3,138 have no health insurance. Georgia's uninsured rate for children under 19 is 6.7% and nationally, the rate is 4.7%. Children living in households that earn up to 247% of the Federal Poverty Line (FPL) qualify for Georgia's Public Health Insurance Programs (GaPHIP) Medicaid and PeachCare for Kids which for a family of four is earning a maximum of $62,004 per year.

The gaps in our health insurance system affect people of all ages, races and ethnicities; however, those with the lowest incomes face the greatest risk of being uninsured. Being uninsured affects people's ability to access needed medical care and their financial security. As a result, uninsured people are less likely to receive preventive care, are more likely to be hospitalized for conditions that could have been prevented and are more likely to die in the hospital than those with insurance. The financial impact can also be severe. Uninsured families struggle financially to meet basic needs, and medical bills can quickly lead to medical debt.[4]

Campaign for Healthy Kids and Families: In the Spring of 2014, Safety Net was invited to partner with Step Up Savannah to provide leadership and project management for the Campaign for Healthy Kids and Families, an 18- month initiative funded by the National League of Cities (NLC). The goal was to reduce by 50% the number of uninsured children (0-19) in Chatham County who were eligible for Georgia Public Health Insurance Programs (GaPHIPs) but not enrolled or had fallen off coverage. The Campaign incorporates proven evidence-based strategies to reach the county's neediest families and help them get and maintain health insurance

[1] https://www.census.gov/quickfacts/fact/table/chathamcountygeorgia/PST045216 (Retrieved 02/8/2019)
[2] The Coastal Georgia Indicators Coalition. Adults with Health Insurance. http://www.coastalgaindicators.org/index.php?module=Indicators&controller=index&action=view&indicatorId=83&localeId=463 (Retrieved on 2/8/2019). 2016 data is most recent available uninsured data for 18-64.
[3] Small Area Health Insurance Estimates (SAHIE) (Retrieved on 2/8/2019).
[4] The Uninsured: A Primer - Key Facts about Health Insurance and the Uninsured in the Wake of National Health Reform. November 1, 2016.

coverage; CCSNPC leverages its relationships and role in the community to advance these strategies for the Campaign.

From July 2014 – December 2015, the Campaign enrolled or renewed in coverage 1,720 children. In January 2016, Safety Net secured $50,000 from the Healthcare Georgia Foundation to continue providing enrollment services. In May 2016, CCSNPC was awarded a 2-year, $580,000 federal grant through the Children's Health Insurance Reauthorization Act (CHIPRA) to continue the Campaign in Chatham and expand to Bryan, Effingham, Liberty, Long and McIntosh Counties–counties whose population frequent our local health providers and hospital systems. CCSNPC was one of 39 awardees nationally. For 2018, the Atlanta-based Dobbs Foundation provided bridge funding to maintain minimum enrollment services until CCSNPC could apply for the next CHIPRA funding opportunity. If awarded in June 2019, the Campaign will be funded from July 1, 2019 to June 30, 2022.

The Campaign has become the "Coastal Campaign for Healthy Kids", reflecting the expansion of our services to five additional counties. As of December 2018, we have assisted a total of 3,879 families, providing application services for 6,017 children and teens. The majority of these children come from the highest poverty zip codes within Chatham County. The 2014 and 2016 SAHIE show a drop from 10.2% to 5.9% in the rate of uninsured children in Chatham County in households <250% of the Federal Poverty Level. This reduction is substantially larger than at the state level, where it dipped from 10.4% to 8.7%. The drop in uninsured children in Chatham County from 2014 to 2016 may be due, in part, to the campaign conducted by CCSNPC.

In its November 2018 report,[5] the Georgetown University Health Policy Institute flagged Georgia as one of the nine states that "…saw statistically significant increases in their rate of uninsured children" between 2016 and 2017. According to that report, the estimated numbers of uninsured children in Georgia jumped from 179,000 to 200,000, from a rate of 6.7% to 7.5%. In 2017, Georgia ranked 48th out of 51 states and the District of Columbia in its number of uninsured children, surpassed only by Texas, California and Florida. Georgia's participation rate for children in Medicaid and CHIP was 89.2% in 2015. Only 11 other states had lower participation rates.[6]

Before the Campaign, free, personal enrollment assistance did not exist in Chatham County because of service delivery changes within the Department of Family and Children's Services (DFCS) which severely limited the enrollment assistance offered within the community and at the local DFCS office. The Campaign expanded its working partnerships with local DFCS management so enrollments can be verified, and issues can be resolved quickly for applications submitted and ensure 100% enrollment for eligible families. These families now have the peace of mind that comes with their children having access to comprehensive medical, dental and vision services and are protected from financial catastrophe if their child has a medical emergency.

[5] "Nation's Progress on Children's Health Coverage Reverses Course," Georgetown University Health Policy Institute, November 2018

[6] "Uninsurance and Medicare/CHIP Participation among Children and Parents," Urban Institute, September 2018.

Access to Health Insurance for Chatham County Residents. A rapidly changing healthcare policy environment paints an uncertain landscape. This uncertainty is caused by unsettled political decisions, as of December 2018 on the future of health care on national, state and local levels. The present political trend on the federal level is to dismantle the Affordable Care Act and change Medicaid funding commitment from an open-ended entitlement program based on income and/or medical condition (pregnancy, disability) to a set amount of funding via a block grant program or, in the case of Adult Medicaid, institute eligibility requirements (i.e. work requirements) . CCSNPC must remain flexible to effectively address critical priority changes identified by its key partners.

A higher uninsured population or a higher "insured" population with extremely high deductibles and/or co-pays and less funding for federally-funded safety net health care provider organizations pulls CCSNPC's focus from facilitating access to health insurance coverage for adults and children to a focus on trying to shore up capacity in primary care access and services.

The Affordable Care Act (ACA)*:* The ACA has led to historic drops in the uninsured rate, with millions of previously uninsured Americans now insured and gaining access to health services and protection from catastrophic healthcare-related costs. Prior to the ACA, options for the uninsured population were limited in the individual health insurance market, as coverage was often expensive and insurers could deny coverage based on health status or raise rates to the point of being unaffordable. Medicaid and CHIP have provided coverage to many children up to age 19, but pre-2014 income eligibility levels were lower for families. Few states provided expanded Medicaid coverage to adults with no dependent children. The ACA fills in many of these barriers to health coverage. After seeing years of decreasing uninsured rates among since 2014, 2017 saw a reverse in that trend.[7]

***High deductible plans (HDHP*).** Enrollment in HDHPs reached 47 percent of the commercially insured, pre-Medicare population in 2018, representing a 3.3-percentage-point increase from 2017. The jump came in just the first three months of the year, according to a quarterly survey by the Centers for Disease Control and Prevention (CDC).[8] lncreasing enrollment in high-deductible health plans (HDHPs),which have deductibles of at least $1300 for individuals or at least $2600 for families, is creating challenges for patients and providers, such as health care services that are needed but foregone or received but uncompensated. Safety net health care providers in Chatham County are not seeing a decrease in indigent care in spite of higher numbers of "insured" patients.

Medicaid: Medicaid is available for very low-income adults in 37 states and adults with incomes from 100% to 400% of Federal Poverty Line (FPL) are able to access subsidies to purchase healthcare plans through The Marketplace. Georgia is a non-Medicaid expansion state which means that adults making at or below 138% of the FPL ($16,753 per year for an individual in 2018) do not qualify for a health insurance subsidy under the ACA and are not able to enroll into health coverage through an expanded Medicaid program for adults without children. An

[7] https://www.kff.org/report-section/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act-introduction/

[8] High Deductible Plans Surge CDC", Health Care Business News,:"August 28, 2018. https://www.hfma.org/Content.aspx?id=61762

analysis from the Urban Institute found that it would cost Georgia taxpayers $246 million a year and cover an additional 473,000 Georgians if Medicaid were expanded. [9]insurance coverage if Medicaid were expanded, which would drastically reduce the number of uninsured among low-income individuals in the state. Medicaid covers mostly children, pregnant women, parents, seniors over age 65, and people with disabilities. In Georgia, more that 1.9 million people have health coverage through Medicaid; 64% of beneficiaries are children. Adults without dependent children are not eligible for Medicaid. Parents with minor children must earn an annual income below 138% of the FPL to be eligible for Medicaid. Approximately 38% of Georgians presently qualify for Adult Medicaid. Georgia ranks 50th in spending per Medicaid enrollee.[10]

Children's Health Insurance Program (CHIP) Reauthorization: Roughly 9 million low- and middle-income children rely on the Children's Health Insurance Program (CHIP) or PeachCare for Kids for health coverage. Children living in households that earn up to 247% of the FPL qualify for Medicaid or CHIP which for a family of four in Chatham County is $62,004 per year. The estimated percentage of children in Chatham County covered by Medicaid or CHIP is 37[11]. Parents can enroll their children in the PeachCare for Kids program in lieu of putting them on employee-sponsored health plans and save significantly on deductibles and co-pays.

Health Information Exchange (HIE): ChathamHealthLink (CHL) is a Health Information Exchange (HIE) established by the Council in 2008. HIEs are a recent concept that enables all providers involved in a patient's care—whether in a primary care setting, a specialists' office or emergency department—to share vital patient information including medications, pre-existing conditions, allergies, immunizations, lab results, appointment history and more from within electronic medical records at the point of care. HIEs minimize manual and often time-consuming information gathering while helping to improve care coordination and reduce adverse events, complications, hospital readmissions and duplicate tests. Strengthening the Council's infrastructure through the adoption of a sophisticated system of health information technology is critical to the Council's ability to evaluate and assure continued improvements in the health outcomes of our community. This effort also aligns with the shift in payment focus from pay for service to pay for value and improved health outcomes.

ChathamHealthLink merger with GRAChIE: CHL original members include the CVCPHC, JCLPHCC and MHUMC. In October 2014, Georgia Regional Academic Community Health Information Exchange (GRAChIE) and CCSNPC formed a partnership to interconnect their respective health information exchanges (HIEs). As part of the merger agreement with GRAChIE, CCSNPC retains one of seven board seats on the GRAChIE Board of Directors to ensure we are an active voice and partner in the growth, strategy and functionality of GRAChIE.

CCSNPC has worked in partnership with GRAChIE to bring additional providers into the HIE. SouthCoast Health and Merit IPA, as well as rural hospital referral networks are now live and exchanging meaningful data in the GRAChIE. In addition, GRAChIE is connected to GaHIN,

[9] https://www.ajc.com/news/state--regional-govt--politics/medicaid-expansion-question-fuels-georgia-governor-race/aaCCZqH4S3Zb4oJlGuoVaK/

[10] Georgians for a Healthy Future and Georgia Budget and Policy Institute. Understanding Medicaid in Georgia and the Opportunity to Improve It. September 2015.

[11] https://ccf.georgetown.edu/location/georgia/ (Retrieved 2/8/2019).

the state HIE, eHealth Exchange, the national HIE, and the United States Department of Veterans Affairs (VA). The CCSNPC has documented cases where lives have literally been saved through this readily available data exchange.
CCSNPC also works to incorporate non-traditional partners into the HIE through CHL to ensure we are working to improve outcomes and lower costs for our most vulnerable and underserved communities, including behavioral health, HIV+, homeless and incarcerated populations.

Chatham County Detention Center (CCDC): The CCDC is one of the largest jails in GA outside of Metropolitan Atlanta, with approximately 18,000 inmates per year; 45% of those are treated for chronic illness. Inmates prior to and after incarceration often use other regional safety net health services. Incorporating the CCDC population into the HIE supports continuity of care and reduces duplication of services. CCSNPC worked closely with the Chatham County Detention Center (CCDC) and Chatham County to incorporate their health data into GRAChIE. As a first step, CCDC needed an EMR and CCSNPC helped to develop requirements and negotiate a solution. This EMR is live in the CCDC and active on GRAChIE on March 1, 2017. By integrating the detainee and inmate population, we are able to close the medical information gap leading to improved patient safety and health outcomes for those within the county's jail and those that are transitioning into the county's population.

Gateway Community Service Board (GCSB): CSBs were established by the 1993 General Assembly, OCGA 37-2-6 (a) and created by Georgia Legislators HB100 in 1994. There are 26 Community Service Boards serving the State of Georgia. GCSB serves eight Georgia counties: Camden, Glynn, McIntosh, Liberty, Chatham, Bryan, Long and Effingham. GCSB is also a member of Georgia Information Technology (GAIT) Consortium which has eight Georgia CSB members throughout Georgia who have joined together to develop a common electronic health record. Standardized operations and workflows across the agencies facilitate group purchase of products and services and the sharing of costs and expertise. Currently, the agencies are contracted with Qualifacts Systems Inc. to use CareLogic™ software which is hosted by Qualifacts at their data center in Nashville Tennessee CHL has an agreement with GAIT to onboard all GAIT members on GRAChIE to improve coordination of behavioral health services across the state. GCSB went live on GRAChIE as of November 18, 2017. All other GAIT members are expected went live by December 15, 2017.

Chatham CARE Center: The CARE Center, a Ryan White HIV clinic, is a division of the Chatham County Health Department/Coastal Health District and provides comprehensive health services to HIV-positive residents of the Coastal Health District, targeting Chatham/Effingham Counties. The CARE Center went live in GRAChIE as of May 16, 2017.

Behavioral Health: Behavioral Health Services continue to be a high need for the County, especially when substance and alcohol use disorders exist with a mental health diagnosis. The CCSNPC Provider Committee prioritized access to and quality of mental health resources as a primary issue in 2013 to ensure that triage of mental health issues could be conducted in the clinics. In addition, making crisis resources known to the clinics is critical to prevent escalating situations. In 2016, our providers reported they had 4,502 behavioral health service visits, and in 2017, they had 5,150 behavioral health visits; services included assessments and service plan development as well as crisis intervention, psychiatric treatment, group and family treatment, and community support.

Providing the number of behavioral health visits at CCSNPC provider clinics does not paint the whole picture for Chatham County. Providing adequate behavioral health care to the uninsured continues to be a community challenge. Solving this complex healthcare access issue will require resources beyond the primary care partners of the Safety Net. We need a clear picture of the behavioral health and developmental disability services provided to uninsured and underinsured constituents in Chatham County—how these individuals access care and what care they receive—to understand how we could improve the system and be impactful in our efforts.

Evaluating Behavioral Health in Chatham County: In 2015, as a first step to better understand the needs, capacity, and the resource gaps in this area, CCSNPC partnered with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and their providers to seek a clearer picture of the behavioral health services provided to uninsured and underinsured constituents in Chatham County. We completed the 2014 Behavioral Health and Addictive Health Baseline Evaluation. This report reviews the data tables including payer source, from Chatham County providers, including the largest providers, Gateway Community Service Board/Crisis Stabilization Unit, Georgia Regional Hospital of Savannah and Recovery Place.

2014 Behavioral Health and Addictive Health Baseline Evaluation recommendations:

1. To hold a stakeholder forum in early 2016 to discuss how we should best work together to better assess the behavioral health landscape in Chatham County and forge an action plan to improve capacity and access to behavioral health services; the first Mental Health Symposium took place on March 23, 2016.
2. To develop a baseline evaluation to begin to assess capacity for both juvenile behavioral health services and developmental disabilities, which are often co-diagnosed with behavioral health; and, members agree this step should happen after the living Collaboration Tool (see below) is completed.
3. A 24/7 Behavioral Health Walk-In Center (BHCC) be built as an alternative to divert persons from the Emergency Departments and the Chatham County Jail. Our region received funding approval through the 2017 state legislature and the BHCC is under construction presently and should be completed in 2019

The Front Porch: In 2017, CCSNPC received an innovation grant from the DBHDD to support the development of an inter-agency, inter-organizational, inter-departmental Clinical Collaboration Center (presently, The Front Porch) to increase access to and quality of behavioral health care for children, youth, young adults (4-26), and their families in Chatham County. This work began in Spring of 2017. The project's lead agency was the Chatham County Juvenile Court (CCJC) and and with technical assistance from the Georgetown Center for Juvenile Justice and a large coalition of stakeholders and collaborators, The Front Porch opened in October 2018 CCSNPC provides 50% of a Behavioral Health Liaison at The Front Porch. In addition to this work, CCSNPC is collaborating in the DBHDD Regional Community Collaborative (RCC) for Region 5.

Presently, various gaps exist in the behavioral health system which frustrates professional staff and peer specialists trying to facilitate and coordinate care for individuals between programs, protocols, requirements, and funding. These gaps contribute to a sense of "the system is broken" for professionals, individuals and the community in general - despite the high degree of funding,

agency attention, and legislation and grants available for behavioral health and substance use disorder treatment and care.

Most importantly these gaps, both perceived and real, lead to service delivery failures when an individual's need is first assessed, and intervention is first attempted. This service delivery failure for children and youth results in subsequent presentation in truancy programs, juvenile justice systems and emergency departments with levels of complication that could have been avoided had successful service delivery been obtained upon earlier intervention attempts.

Knowledge of how to navigate between programs and funding resides in the institutional knowledge of the various individual staff members who have acquired it by previously navigating on behalf of various individuals. Navigating "exceptions" thus relies on personal knowledge and relationships which is helpful on a 1:1 basis, but not enough for improving overall systems.

CCSNPC is creating both a consumer centered and provider centered web-based search system of specific behavioral health services available by provider in Chatham County which will include eligibility criteria for services. This resource will help to improve overall continuity of behavioral health care. This website will provide resources for behavioral health care providers to collaborate to best meet the mental health and addictive disease health care needs of children, youth, young adults, and their families. Our work through the DBHDD innovation grant will continue through 2020.

While doing this work, we will also continue with our systems perspective approach to improve access to and quality of care. The Community Collaborative Center reflects the importance of community involvement and the importance of linking individuals to care within the existing system *and* identifying systems levels barriers and gaps to care that we can address to improve the overall effectiveness of mental health and addictive disease services. Linking individuals within the existing system and improving that system will more effectively address mental health by educating the public and reducing stigma, increasing early intervention programs, removing gaps and barriers, and increasing access to care.

Two key needs identified to date are:

1. No Wrong Door: Ensure a no wrong door/full-service, consumer-oriented approach to accessing social services. Streamline timely enrollment into Medicaid and other social services; ensure enrollment into services is consumer and provider friendly. Consider Chatham County single point of entry for all social services.
2. Transportation is a key limitation to accessing services in Chatham County, especially for underserved populations, children, adolescents, young adults, and their families.

One key at-risk group that we have identified as needing access to prioritized and streamlined behavioral health services are Children in Need of Services (CHINS) Youth; particularly prioritizing services to them within Chatham County Juvenile Court, within Savannah-Chatham County Public Schools, and within DFCS.

Prevent Suicide Today (PST): Prevent Suicide Today is a community-wide suicide prevention program managed by Chatham County Safety Net Planning Council, Inc. (Planning Council) and

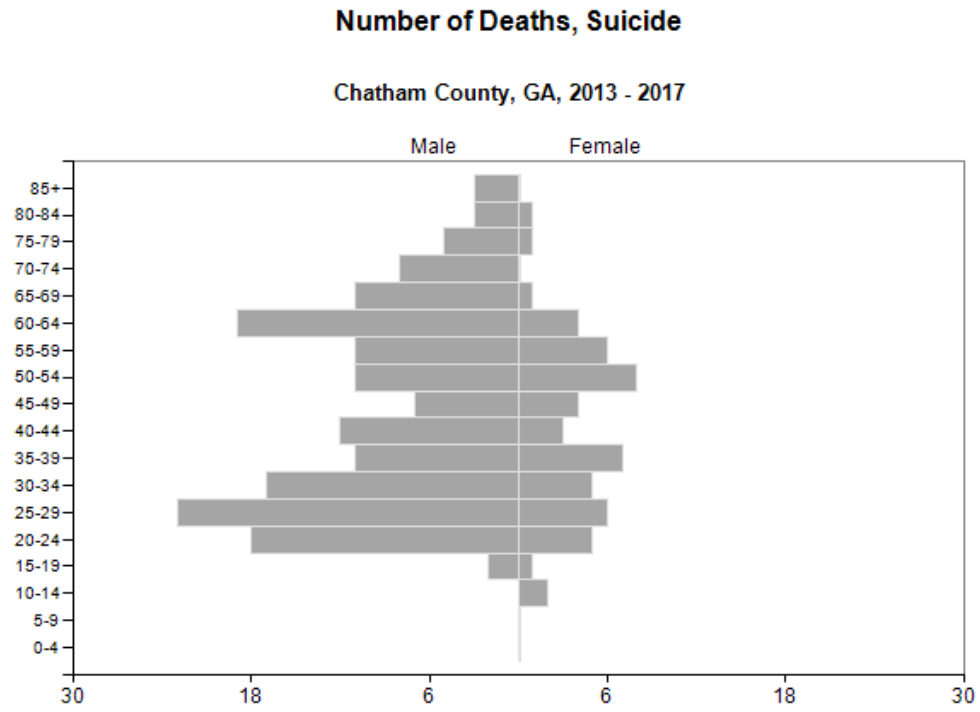
Gateway Community Service Board (Gateway CSB). *Prevent Suicide Today's mission is to raise awareness that suicide is preventable and to train community members with the skills to intervene and prevent suicide.*

Community Need

Georgia Department of Public Health reports that from 2013 to 2017, **215 people** in Chatham County lost their lives to suicide; 5 of them were between ages 10 and 19. An estimated **5,375** individuals attempted suicide during that time.

Number of Suicides by Age/Gender 2013-1017

Year	Age in Years	All Races Males	All Races Females	All Races
2013 - 2017	0-4	0	0	0
2013 - 2017	5-9	0	0	0
2013 - 2017	10-14	0	2	2
2013 - 2017	15-19	2	1	3
2013 - 2017	20-24	18	5	23
2013 - 2017	25-29	23	6	29
2013 - 2017	30-34	17	5	22
2013 - 2017	35-39	11	7	18
2013 - 2017	40-44	12	3	15
2013 - 2017	45-49	7	4	11
2013 - 2017	50-54	11	8	19
2013 - 2017	55-59	11	6	17
2013 - 2017	60-64	19	4	23
2013 - 2017	65-69	11	1	12
2013 - 2017	70-74	8	0	8
2013 - 2017	75-79	5	1	6
2013 - 2017	80-84	3	1	4
2013 - 2017	85+	3	0	3
2013 - 2017	Total[#]	161	54	215



According to the 2018 Vital Signs report by the Centers for Disease Control and Prevention (CDC), Suicide rates have been rising in nearly every state and in half of states suicide rates went up more than 30% since 1999. The suicide rate in Georgia has increased 16.2% . In 2017, over 45,000 Americans age 10 or older died by suicide, including **1,409 reported** deaths by suicide in Georgia and 45 deaths in Chatham County (with a higher rate than the state's average). The conservative estimate is that for every death by suicide 25 or more people attempt.

In addition to the tremendous emotional cost of suicide there is also an economic impact in medical costs for individuals and families, lost income for families, and lost productivity for employers. Suicide is estimated to costs the US $69 billion annually.

Program Summary

Suicide prevention was identified as an essential community need in Chatham County through its 2015- 2017 Community Blueprint. In response, and in conjunction with Chatham County, the Planning Council and Gateway CSB provided the administrative support to implement an evidence-based population approach to suicide prevention. Called "Prevent Suicide Today," the program was built upon introducing and implementing an international, evidence-based layered training programs of LivingWorks, especially the LivingWorks' ASIST (Applied Suicide Intervention Skills Training) two-day workshop and the 60 to 90-minute SuicideTALK, as the central activities to bring about increased suicide awareness and prevention.

ASIST Training for Trainers (T4T)

The ASIST Training for Trainers (T4T) course trains people with existing teaching, presentation, or leadership experience to conduct the two-day ASIST workshop. With over 6,000 active trainers worldwide, ASIST is the world's leading suicide intervention skills workshop. Studies

have shown that it not only increases caregiver competence and knowledge, but also significantly improves outcomes when used to help people at risk.

In September 2017, 22 individuals from **15 different Chatham County based organizations** completed the five-day ASIST T4T. Community organizations with ASIST and SuicideTALK trainers include:

Chatham County Juvenile Court
Chatham County Safety Net Planning Council
Chatham County Sheriff's Office / Jail
Chatham County Police Department
Forever4Change Inc.
Gateway Community Service Board
Georgia Regional Hospital of Savannah
Georgia Southern University
Medbank Foundation, Inc.
Memorial University Medical Center
Mental Prosperity, LLC
Savannah State University
Savannah-Chatham Public School System
St. Joseph's/Candler Health System
Union Mission

Each trainer and their organization are committed to providing eight two-day ASIST workshops over the next two years to individuals who interact in settings with people at highest risk. While the primary objective of this initiative is suicide prevention, an essential component of this suicide first-aid model is identifying available community resources and linking individuals at risk of suicide to appropriate community resources. The personal and professional relationships being built by the Chatham County ASIST trainers and by workshop participants complement and support Community Collaboration Center initiatives.

Applied Suicide Intervention Skills Training (ASIST)
ASIST an evidence-based training developed by LivingWorks Education. It is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. Participants do not need any formal training to attend the workshop—anyone 16 or older can learn and use the ASIST model.

In 2018, the Prevent Suicide Today program conducted **21 two-day ASIST workshops**, with **269 participants**, or an average of 13 participants per workshop. Two workshops were cancelled due to threats of hurricanes in September and October. Of the workshop participants, 86.1% (229 of 266) reported a post workshop improvement along at least one of four dimensions relating to ability to help someone at risk of suicide (see Attachment 2 for copy of workshop feedback form). On a ten point scale, 94.3% of respondents (247 of 262) reported that the workshop had a practical use in their personal life at 6 or higher, and 77.1% (202 of 262) rated it 9 or higher. Similarly, 95.0% (249 of 262) of attendees rated that the workshop had a practical use in their work life at 6 or higher, and 85.9% (225 of 262) rated it 9 or higher.

ASIST participants from **46 different organizations** included representation greatest of behavioral health providers (42%), followed by hospitals and other health organizations (13%); schools and universities (11%), nonprofit organizations (10%); community members (10%), and local governments (6%). The greatest representation was from the behavioral health provider Gateway Community Service Board (95 staff participants), followed by St. Joseph's/Candler Hospital System (16 staff participants).

ASIST participant comments given on the post-workshop feedback form were highly positive. A few examples are:

- *"Excellent content. Facility was amazing. I was glad to see the mix of age and gender in the class students. I am thankful of the commitment to this community exhibited and described by instructors and students."*
- *"I learned an immense amount about suicide intervention over the past 2 days, and am confident I could help someone in need. The ASIST training and model is easy to understand, adaptable, and intuitive, and I believe it is a great model to implement at Savannah Fire. Amazing training."*
- *"The training was very well put together and very informative. I loved the interactive case scenario using the PAL model. It helped me to learn how to breakdown and intervene in crisis/possible suicidal situations."*
- *"I feel more prepared for a situation that involves a person at risk for suicide. Thank you for teaching me these skills for the future."*
- *"On the first day of class I noted that I was partly prepared to assist someone with suicidal thoughts. After the ASIST course I feel as though I am better prepared."*
- *"I liked the opportunity to practice what we learned. It helped reinforce the skills and gave me confidence to apply them in the community."*
- *"It is amazing to attend training that breaks down the achievable steps to help a person considering suicide become safe. The instructors have an immense level of knowledge and I am thankful to have had the opportunity to learn from them."*

Some feedback received from participants some months after the workshop has been:

- *"I have benefited tremendously from my ASIST training. You and your staff did such an amazing job delivering an important message for all of us. The difficult conversations are no longer as difficult due to the training. Not only at my job at Gateway but in my personal life outside of work. No longer do I sugar coat those feelings someone may have about suicide, I am straight forward about asking if they are thinking of killing themselves. I have a better understanding of their feelings and how serious this is. My interview is much more effective because of your excellent program."*

- *"The ASIST training has been a really great tool for me here at CEMCS. I probably use the skills I learned in the training at least 1x per month. Sometimes they result in a Serious Threat Referral but most of the time it does not. I've really been able to help students with the right terminology for what they are actually feeling. On the times that they have warranted further evaluation by a Health Care professional, I feel confident that the children are getting what they need through a difficult time."*

SuicideTALK

SuicideTALK is an evidence-informed training developed by LivingWorks Education and locally adapted by Prevent Suicide Today. It is a 60-90-minutre awareness training that focuses on building awareness and encouraging people to think about their attitudes regarding suicide, as well as what steps to take to make their community safer and more supportive.

In 2018, **71 SuicideTALKs** were provided to a total of **7,528 community members**, including staff and teachers at the Savannah-Chatham County Public Schools, 911 call operators in Chatham County, police

recruits, Department of Family and Children Services social workers, faith-based community organizations, a local Rotary Club, local hospitals and nonprofits, and a home for runaway/homeless youth. Because a SuicideTALK could be easily planned and conducted, it was an agile way to rapidly respond to requests from a diverse set of Chatham County organizations.

While SuicideTALK seeks to positively impact knowledge and attitudes around suicide prevention, community members who learned new knowledge in SuicideTALK also reported using what they learned to intervene when someone was considering suicide. The following note from a school nurse who attended a SuicideTALK is representative of other community feedback we have received:

"This afternoon I received a call from one of our school nurses. Today, for the first time in her lengthy career, this nurse encountered a suicidal student. Because of the SuicideTALK training given to the nurses last week, this nurse felt she was able to make a difference in the choice her student made. Our nurse was in tears and asked me to thank you for helping her be a part of this difference. So, in honor of a life possibly saved today...I thank you."

60% of SuicideTALK attendees increased their comfort/willingness to talk openly about suicide and felt it was OK to ask individuals directly if they were thinking about suicide. Other comments from SuicideTALK participants include:

- "*This workshop provided clarity about suicide prevention."*
- *"Thank you for helping me feel free with asking about suicide."*
- *"Exceptional information and engagement."*
- *"Good talk. Interactive questions as a plus."*
- *"I believe SuicideTALK is a great training session for teachers."*

PST conducted a 40-minute **SuicideTALK Webinar** in July 2018 with 47 participants. This webinar was then posted on its website and was viewed 51 additional times in 2018. A school-district specific SuicideTALK webinar was also created and posted online to be available for school district staff training.

ASIST and SuicideTALK participating organizations:

All Saints Episcopal Church
AmericanWorks Inc.
Beacon Health Options
Bryan County Schools
Chatham County
Chatham County Juvenile Court
Chatham County Jail
Chatham County Safety Net Planning Council
Chatham County Sheriff's Office
Chatham County Youth Commission
Coastal Empire Montessori Charter School
Coastal Harbor Treatment Center
Curtis V. Cooper Primary Health Care
Deep Center
Department of Family and Children Services (DFCS)
Department of Public Health
EMS - North Carolina
Family Promise
Florida Department of Education
Forsyth County Sheriff's Office
Gateway Community Service Board
Georgia Department of Behavioral Health and Disabilities
Georgia Regional Hospital of Savannah
Georgia Southern University
Gulfstream
Isle of Hope United Methodist Preschool
Kindred Healthcare
Lutheran Church of the Redeemer
Lutheran Relief Services
McIntosh County Schools
MedBank, Inc.
Memorial Health Hospital

Mental Health America of Georgia
Park Place Outreach
Pooler Fire Department
Rape Crisis Shelter
Recovery Place
Richmond Hill High School
Richmond Hill Primary School
Savannah College of Art and Design (SCAD)
Savannah Fire
Savannah OBGYN
Savannah Police Department
Savannah State University
Savannah Technical College
Savannah-Chatham County Public School System
St. Andrew's School
St. Joseph's/Candler Hospital System
St. Mary's Community Center
Step Up Savannah
The Mediation Center
Union Mission
United Way

Continuous Organizational Impact

Savannah Chatham County Public School System. As part of the Health Care Georgia Foundation (HGF) funded program, SCCPSS sent staff to the ASIST training and hosted SuicideTALKs for 5,600 school staff in 2018. This training helped bring them into compliance with a new state law, the Jason Flatt Act, which requires suicide prevention training annually for all school staff. AT SCCPSS's request, the Planning Council developed a 40 minutes SuicideTalk webinar tailored for the school staff. Given the requirements of state law, SCCPSS has made a long term commitment to training its staff. In addition to working with the public school system of Chatham County, the program has also provided training to 112 students at St. Andrews (private school) and to 1110 students at Bryan County Public Schools. In order to best reach students younger than 15 years old, the Planning Council has adapted the SuicideTALK to be more appropriate to a younger audience.

Gateway Community Service Board (CSB). Gateway CSB has encouraged all of its frontline responders, clinical and non-clinical, to attend ASIST workshops. Staff reported using the interviewing skills and other skills and knowledge developed through ASIST to better integrate suicide screening and intervention in their clinical interactions with clients. Gateway has taken a very active role in assisting the Planning Council to conduct the Prevent Suicide Today program, providing organizational assistance as well as trainers for the ASIST workshop and for SuicideTALKs. Five of its staff completed Training for Trainers in ASIST in 2017 and are close to becoming Registered ASIST Trainers.

Two of the Gateway staff who became ASIST trainers have since left the organization, but both continue to take leadership in suicide prevention. One of these two Gateway staff became an auditor for the Joint Commission, and has been a strong advocate for expanding suicide prevention training.

Chatham County Safety Net Planning Council. In the coming years, the CCSNPC will continue to work with Gateway CSB and other community partners to provide suicide awareness education and prevention programs for Chatham County-based organizations. In 2019, partners will organize and manage at least 12 open enrollment ASIST workshops, numerous SuicideTALKs and 3.5-hour SafeTALKs.[12]

In keeping with the mission and priorities of CCSNPC and the partner providers, CCSNPC will continue to seek efficient and effective ways to increase access to care for the uninsured and underinsured of Chatham County. Further, the commitment to providing and tracking quality of care will be expanded through future reporting methods, the growth of Chatham Health Link, and a better understanding of the behavioral health needs in Chatham County.

[12] SafeTALK is a 3.5 hour workshop for up to 30 participants. It utilizes the participative skill training approach of the two-day ASIST workshop in a much shorter, but still powerful, format. The Prevent Suicide Today manager has been trained to conduct SafeTALK.

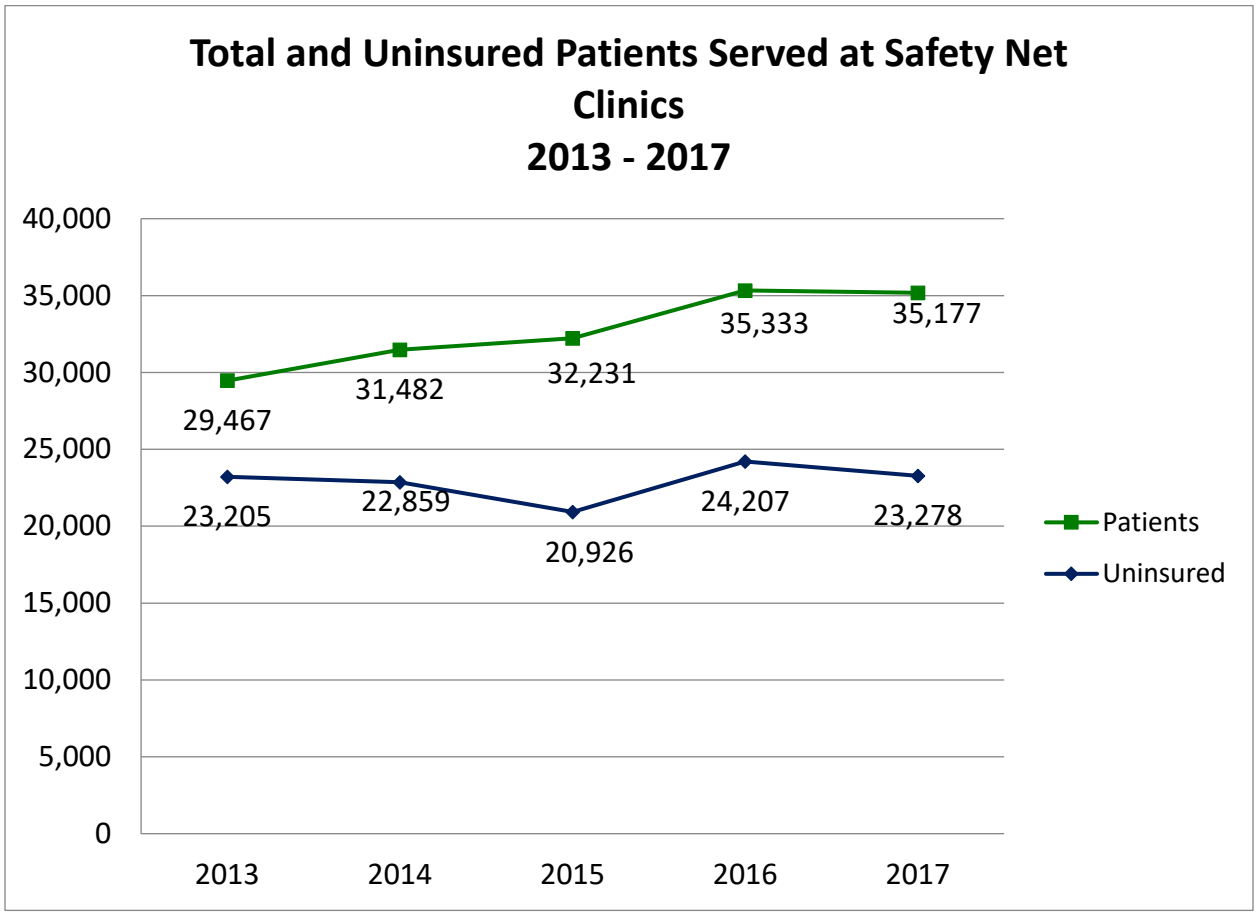
Methodology for the 2017 Evaluation Data

The data collection methodology used acts to ensure the quality and consistency of data across the Safety Net Providers. In order for CCSNPC to evaluate the impact of its programs that serve uninsured individuals, we employed the following process:

1. The Provider committee met to determine data collection criteria
2. Identical Guidance for Data Submission and Data Collection Instrument documents were finalized and distributed to Safety Net clinics and hospitals in August 2018 (see Appendix A).
3. Data collected from each provider was compiled into a master spreadsheet for analysis and organized into the following target areas: 1) primary care capacity, 2) other healthcare delivery, 3) emergency department capacity, and 4) business and financial data.
4. The participating providers met to review the consolidated data, to address any questions or apparent discrepancies, and to analyze trends.
5. Graphical representations of the data were prepared, comparing to the previous year(s) where relevant.
6. The participating providers met to review the graphs and make necessary changes.
7. The participating providers developed conclusions.

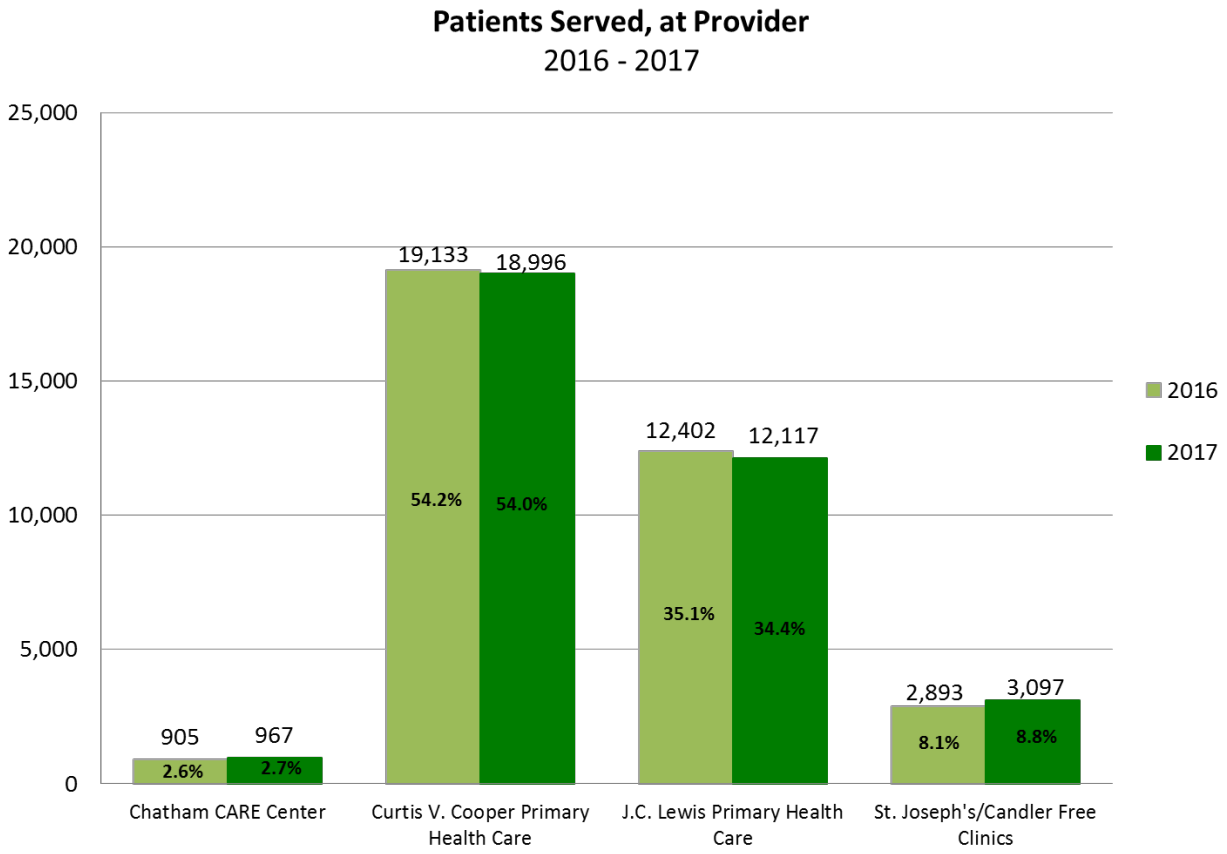
2017 Data

I. Primary Care Capacity



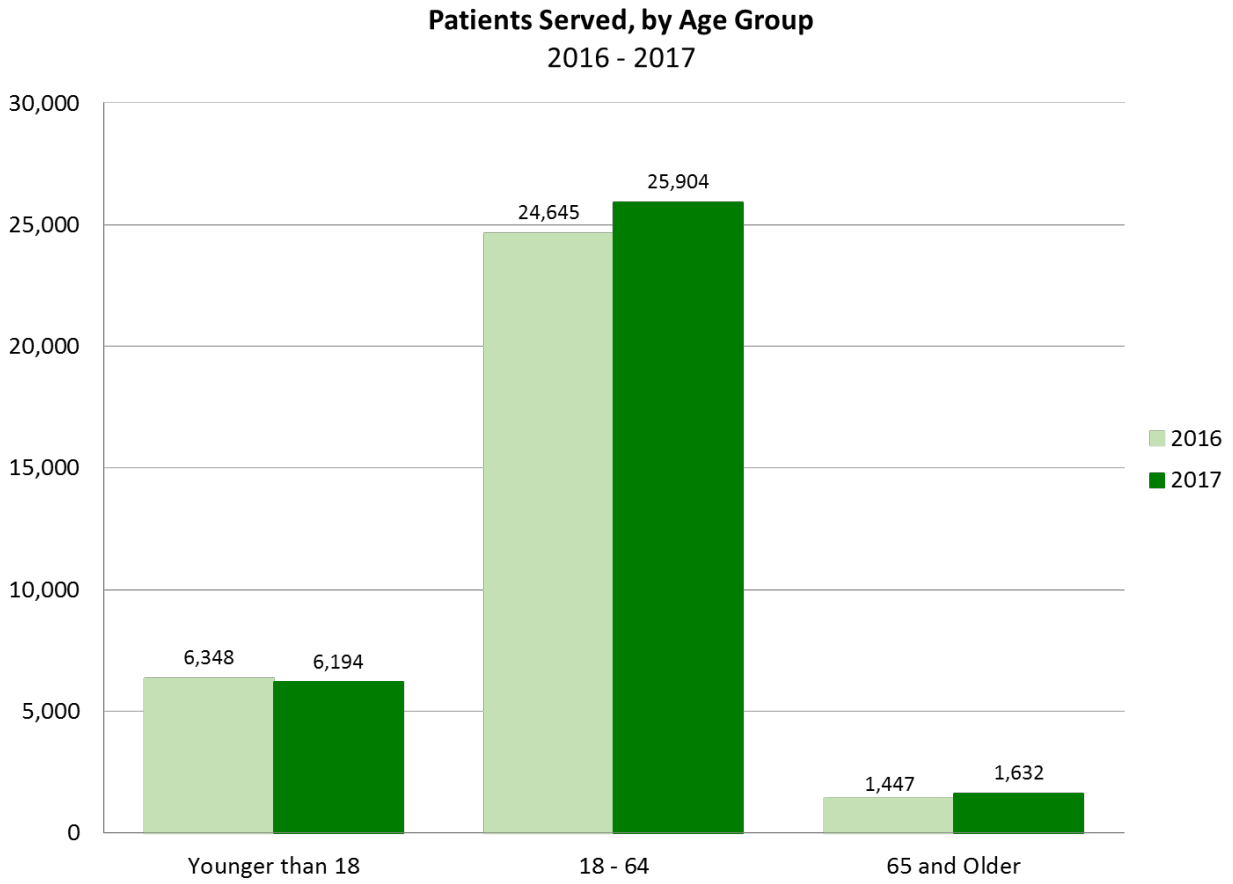
Patients Served by Safety Net Clinics: In 20176, the Safety Net Provider Network members experienced a decrease in the number of patients served by the Safety Net Clinics. Patients decreased 156 patients or .44% from 35,333 patients in 2016 to 35,177 patients in 2017.

Uninsured Patients Served by Safety Net Clinics: In 2017, the Safety Net Provider Network members experienced a decrease in the number of uninsured patients served by the Safety Net Clinics. Patients decreased 929 or 3.84% from 24,207 to 23,278.



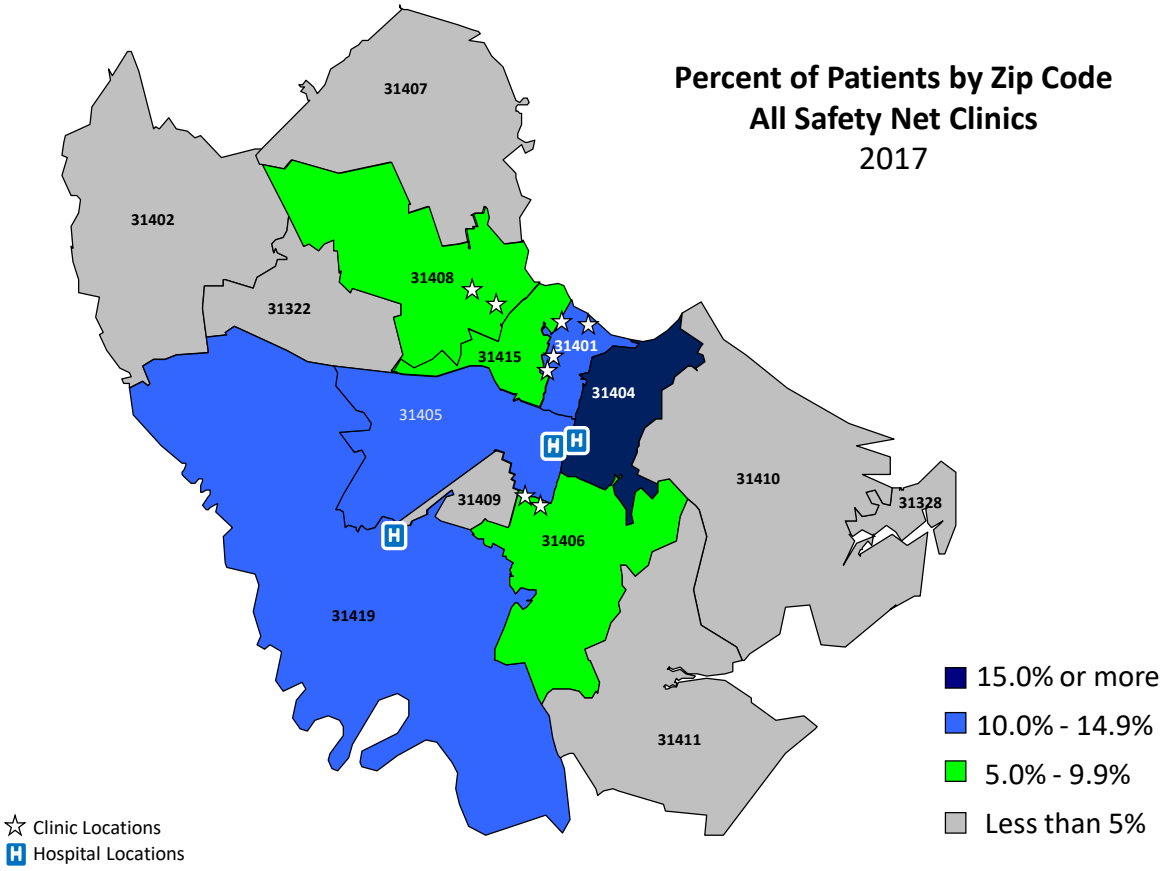
Patients Served by Provider: The above graph breaks down the total patients served number by provider. Patients served decreased 156 patients overall from 2016 to 2017. Of the patient decreases, CVCPHC decreased by 137 patients or .7% and JCLPHCC decreased by 285 patients or 2.3%. CARE increased by 62 patients or 6.9% and St. Joseph's Candler Free Clinics increased by 204 patients or 7.1%. CVCPHC comprised 54% of patients served, JCLPHCC comprised 34.4%, and GS and SM together comprised 8.8% of the total population served. It is important to note that CARE only serves HIV+ patients.

At both MHUMC and SJC Emergency Departments, hospital staff work with patients to establish a primary medical home. Patients who walk-in to receive care in the Emergency Departments are told about the Safety Net Provider Network. Staff set up appointments for uninsured ED patients at JCLPHCC and CVCPHC. SJ/C and MHUMC provide linkage to care for patients, regardless of insurance status. The EDs engage patients who have fallen out of the care continuum, perhaps resulting in repeat ED visits, and monitor patient compliance.



Patients Served by Age Group: Adults 18-64 made up 76.8% of the patients served in 2017, an increase of 1,259 patients or 75.9% of the patients in 2016. The 65 and older age group increased by 185 patients and represented 4.8% of total patients seen in 2017.

Younger than 18 decreased by 154 patients in 2017 and represents 18.3% of patients seen in 2017. Of the Safety Net Providers, only two provided care for patients 18 and under or 65 and older: CVCPHC and JCLPHCC. The volunteer clinics provided care for adult patients between the ages of 18 and 64 only. St. Joseph's/Candler Free Clinics did not provide age demographics; and were removed from the 2019 data for comparable numbers.



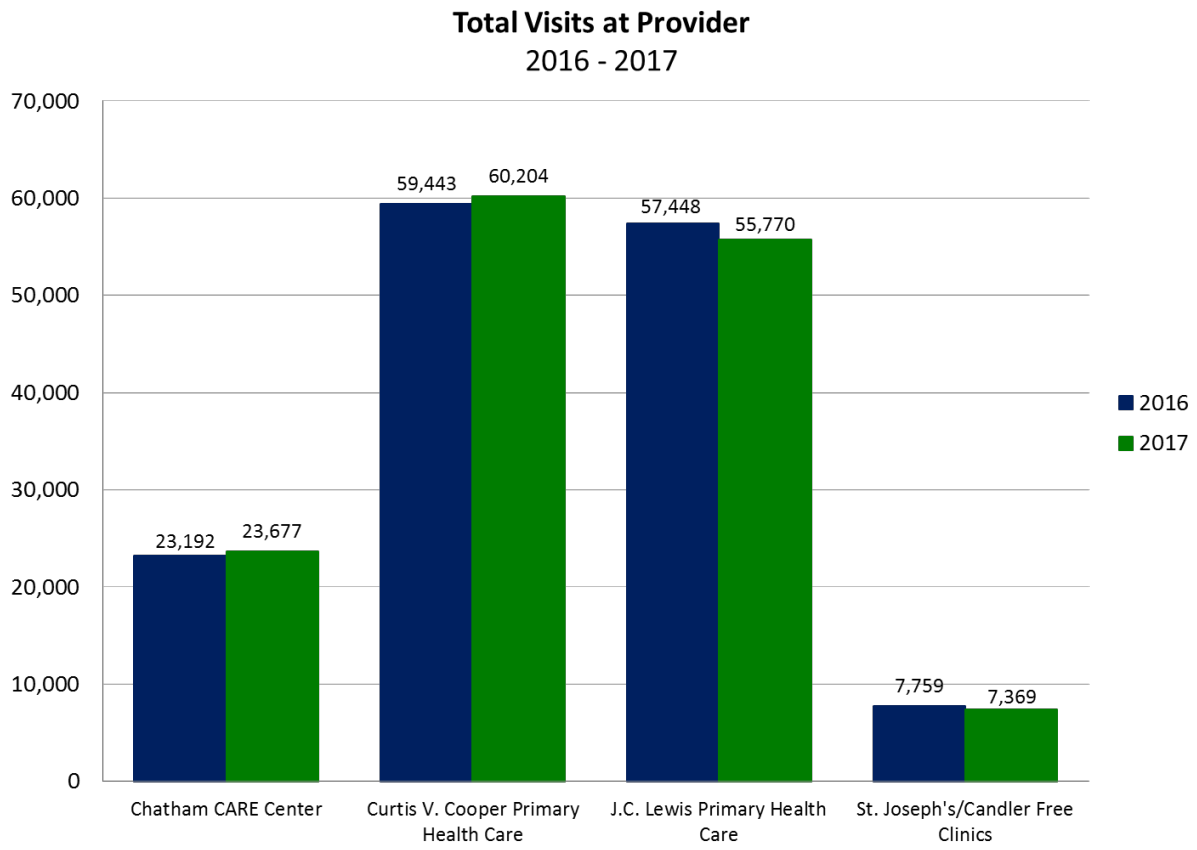
Patients Served by Zip Code: Across all providers, the number of the patients from Chatham County cared for in the CCSNPC provider clinics decreased from 2016 by 708 patients. In 2017, patients from other counties increased by 348 patients and 88.8% or 28,474 patients were Chatham County residents versus 89.9% or 29,182 patients in 2016; this compares to 88.3% or 27,804 in 2014; 85.2% or 25,118 were Chatham County residents in 2013, 91% or 23,768 in 2012, 93.2% or 25,132 in 2011, 91.2% or 25,992 in 2010, and 93.8% or 25,193 in 2009.

FQHCs function as regional providers and are required to accept all patients who seek care regardless of residency. It must be noted that many of the patients seen at JCLPHCC are homeless and have no permanent address; however, for the purposes of this report the assumption is made that they live in Chatham County.

Individuals living in Poverty by Zip Code[13]			
Zip Code	**%**	**Zip Code**	**%**
31401	37.7	31406	16.2
31415	34.4	31328	13.6
31404	26.0	31419	15.1
31408	24.8	31302	15.2
31405	20.6	31322	7.0
31409	unknown	31410	6.3
31407	3.1	31411	4.1

Individuals Living in Poverty: The zip codes with the highest proportion of patients using safety net providers in 2017 are 31404 and followed by 31401, 31405 and 31419. These are the areas of Chatham County with high proportions of individuals living in poverty, a significant contributor to lacking health insurance according to the most recent poverty statistics by zip code. The CCSNPC primary care sites are in zip codes 31401 or 31408 except for the Chatham County Health Department Eisenhower site. The poverty rate in Chatham County is (17.3%) and higher than the state average (16.9%) and the national average (15.5%). 25.9% of children 18 years and under live in poverty above the state average of 24% and well above the national average of 20.3%.

[13] http://factfinder.census.gov (Retrieved 2/19/2019)

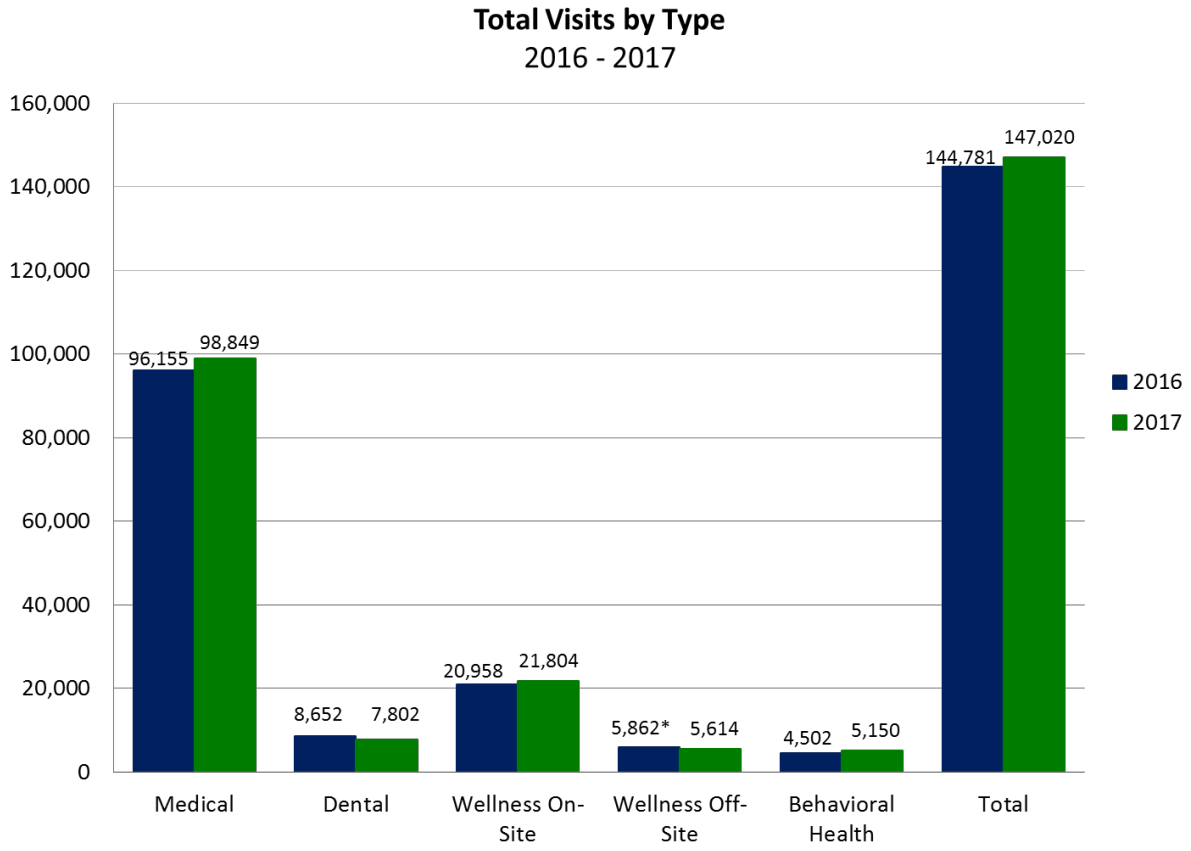


Total Visits by Provider: Total visits to all providers decreased by 828 or .6% from 147,842 in 2016 to 147,020 in 2017. Visits by providers increased for Chatham CARE and CVCPHC. Visits decreased at JCLPHCC and St. Joseph's/Candler Free Clinics. Federally Qualified Health Centers (CVCPHC and JCLPHCC) provided 78.9% of the visits in 2017.

CVCPHC averages 3.2 visits per patient and JCLPHCC averages 4.6 visits per patient. Because JCLPHCC serves the homeless populations, these patients present at higher acuity and are more likely to need psychiatric treatment and therefore require more visits per year.

CARE counts visits differently in their system than the other safety net providers. At CARE visits per patient include both onsite medical visits and off-site visits.

II. Other Healthcare Delivery



Visits by Type: Clinic visits include medical (including OBGYN primary care visits), dental, wellness on and off site, and behavioral health, it does not include inpatient hospital or respite care. In 2017, 147,020 such visits were recorded, an 06% decrease over 2016.

The Safety Net Providers offer a number of different services to their patients. In 2017, primary care visits with a nurse or doctor represented 67.2% of all visits, dental 5.3%, behavioral health 3.5%, and wellness 18.6%.

Of the 98,849 medical visits, CVCPHC increased1,984 medical visits from 44,464 in 2016 and represented 47% of visits and JCLPHCC decreased 1,343 from 40,682 in 2016 and represented 40% of all visits in 2017.

It is important to note that the dental and behavioral health visits only represent capacity and not actual need. Note that all services are not offered at all sites.

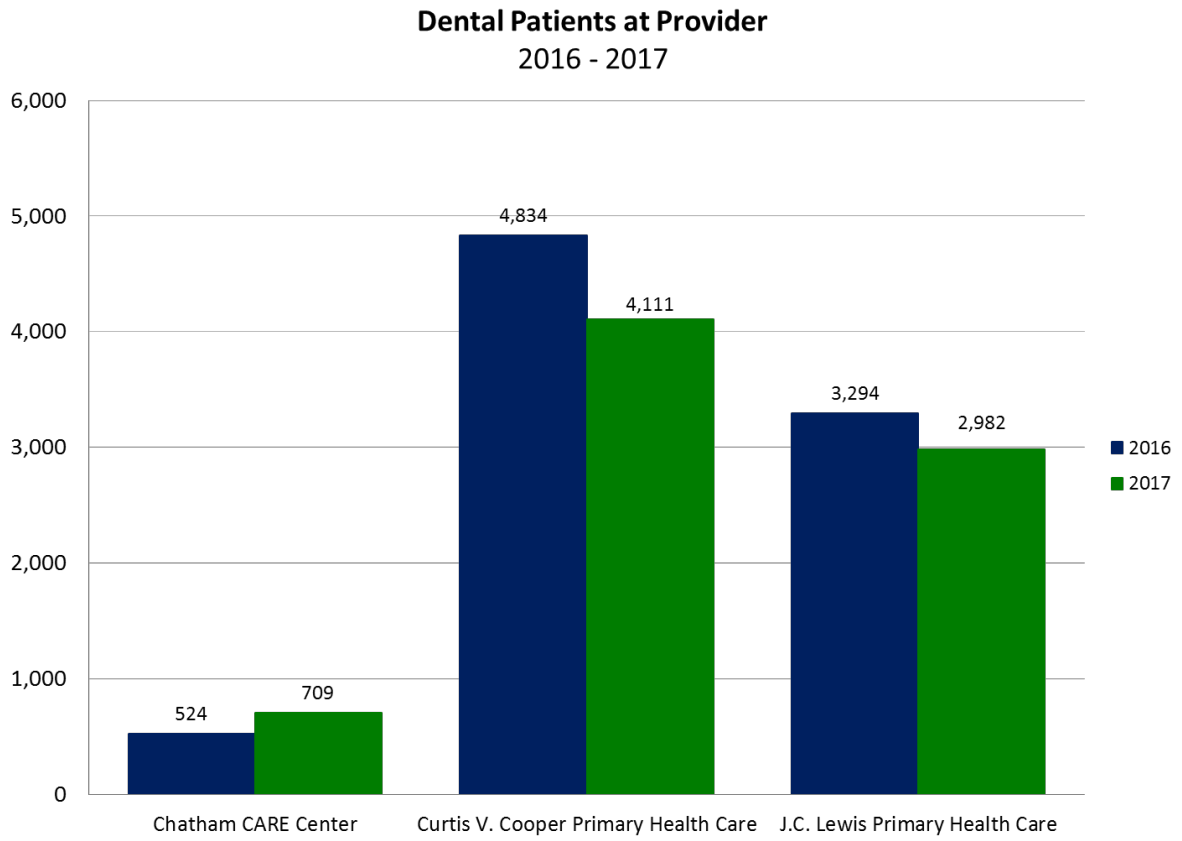
Behavioral Health: In 2017 total behavioral health visits increased 648 to 5,150 visits. Of the 5,150 behavioral health visits, JCLPHCC saw 4,346 or 84.4%. The need in behavioral health is still far greater than the capacity. In addition, partners recommended we examine our definition of behavioral health and in future evaluations review medical visit data to capture all visits where patients are being prescribed psychiatric drugs and ensure these are included in behavioral health data.

JCLPHCC has a psychiatric NP on staff and a psychiatrist through telemedicine.

Because mental and behavioral health is such a high priority, CCSNPC worked closely with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and their providers to seek a clearer picture of the behavioral health services provided to uninsured and underinsured constituents in Chatham County, so we can better understand the needs, capacity, and the resource gaps in this area. We completed the 2014 Behavioral Health and Addictive Health Baseline Evaluation.

Although the data provided in the evaluation describes only part of the picture, it serves as a baseline in our understanding and is a call to action to improve local capacity and access to those providers. Many other stakeholders are needed in order to truly understand capacity and create effective change in Chatham County. As a first step, we recommended that a stakeholder forum be held to discuss how we should best work together to better assess the behavioral health landscape in Chatham County and forge an action plan to improve capacity and access to behavioral health services. In addition, we need to assess capacity for both juvenile behavioral health services and developmental disabilities, which are often co-diagnosed with behavioral health.

Finally, a Behavioral Health Crisis Center is essential to divert persons from the Emergency Departments and the Chatham County Jail. For many in Chatham County, mental health treatment, services and supports are not available until a crisis occurs. Persons with an acute behavioral health crisis often end up in the Emergency Department or in an encounter with law enforcement, often resulting in a booking at the Chatham County Jail. The Chatham County Jail and the Emergency Departments have become the default service providers for mental health treatment for many of our indigent population. Changes to our mental health system can help address this crisis. If citizens had access to 24-hour services, 365 days a year, we could minimize hospital and jail interventions and improve continuity of care for many. For example, if a person has not been on their medication, they could access their prescriptions before a crisis occurs. In addition, law enforcement and crisis intervention teams could have an alternative referral center for acute behavioral health needs. The Behavioral Health Crisis Center is expected to open in 2019.



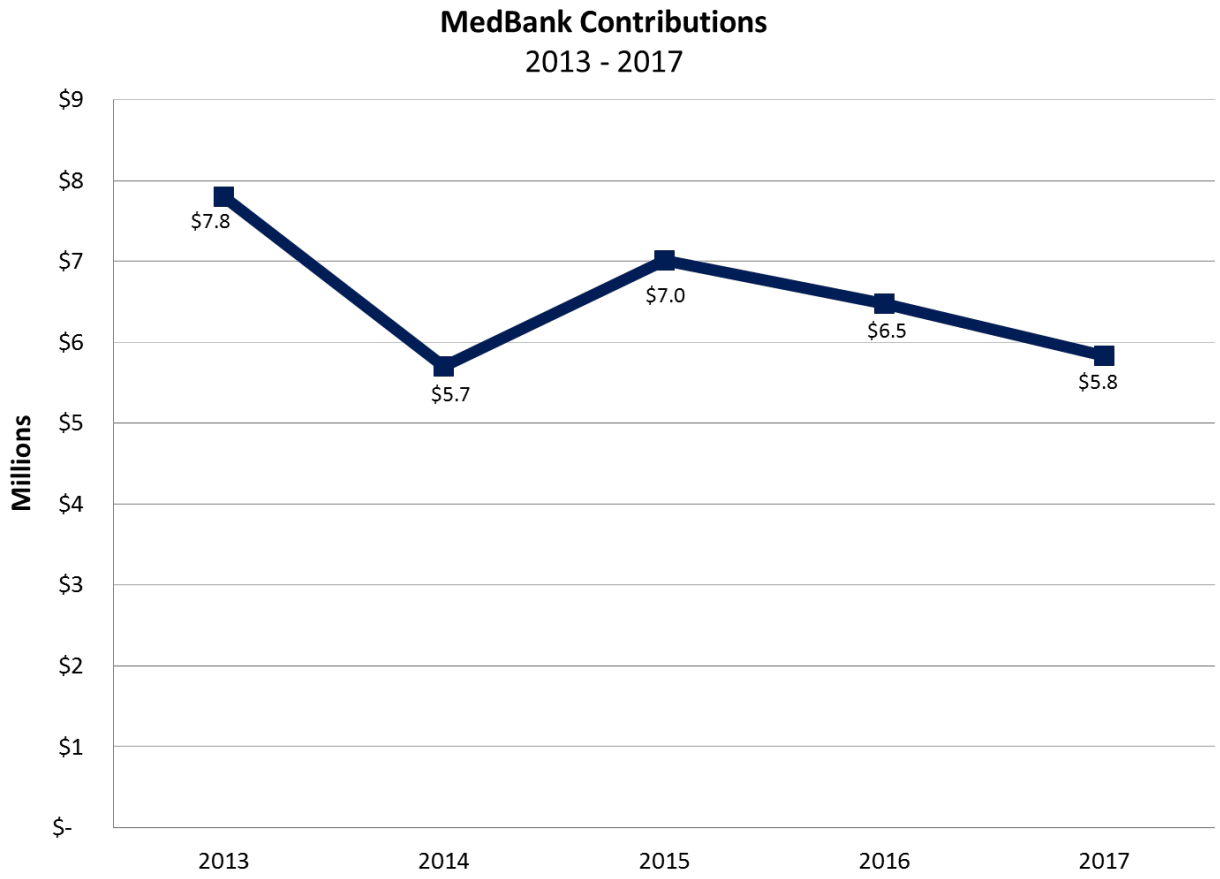
Dental Care: The linkage of a patient's oral health to their overall physical well-being is an important element to reversing negative health outcomes. CCSNPC has recognized the importance of oral health to overall health since its formation. In 2017, there were 7,802 dental visits recorded in the Safety Net Provider Network, a 9.8% decrease from 8,652 visits in 2016. In 2017, CARE had 709 dental patients, CVCPHC had 4,111 dental patients and JCLPHCC had 2,982 dental patients and represents their actual capacity.

In 2017, CARE is the only provider to increase in capacity.. CARE increased by 185 patients or 35.3%. CVCPHC decreased by 723 patients or 15% and JCLPHCC decreased by 312 or 9.5%.

Dental services are expensive to provide, and individuals often experience financial hardship to access these services. FQHC dental programs are the most important component of the dental safety net system. Dental providers have costs associated with each patient they incur *before* any services have even been provided, these include, large equipment purchase, clinical supplies, equipment sterilization, insurance and staffing.

It is also important to note that dental services are difficult to gain access to in our surrounding counties. The total dental visits for 2017 totaled 7,802, of which 6,595 or 84.5% are Chatham County residents.

Note: Dental care is not available at all provider sites.



Clinic	Average Wholesale Pricing of Medications
Curtis V. Cooper*	$17,120,349
Chatham CARE	$ 815,453
J.C. Lewis**	$ 2,780,785
CCSNPC Total	**$20,716,587**

*Prescription Assistance provided through MedBank.

Medication Assistance: Patients' need for assistance in obtaining necessary medication to manage chronic disease was a priority recognized by CCSNPC in 2005. In 2017, pharmaceutical assistance decreased from $24,868,124 to $20,716,587. Varying models for filling prescriptions exist at the FQHCs.

CVCPHC offers Retail Pharmacy, participates in Pfizer Pathways RX program (for uninsured patients) and the Patient Assistant Program (PAP) offered through various drug companies. The 340B program allows CVCPHC to offer medications to the uninsured at a more affordable price than any local pharmacy. Patients are charged on a sliding scale fee based on household size and income. CVCPHC has an open formulary, the ability to procure any medication within 24 hours and does all the necessary patient paperwork to procure and dispense free medications.

MedBank, a local non-profit organization, offers prescription assistance to uninsured and under-insured low-income patients. In 2017, MedBank provided approximately $5,835,489 in free medications to the CCSNPC patient population. This model is provided on-site staff at JCLPHCC and SM as well as its headquarters sites located in Midtown.

III. Emergency Departments

For many citizens without health insurance or with high insurance plan deductibles and copays, the expenses associated with medical visits and prescription drugs discourage them from seeking ongoing primary and preventive healthcare. As a result, medical care is sought later in the disease process when symptoms become acute and more difficult to manage or reverse, often at hospital Emergency Departments (EDs). The uninsured also have an increased risk of being diagnosed at later stages of diseases, including cancer, and have higher mortality rates than those with insurance due to lack of access to care.

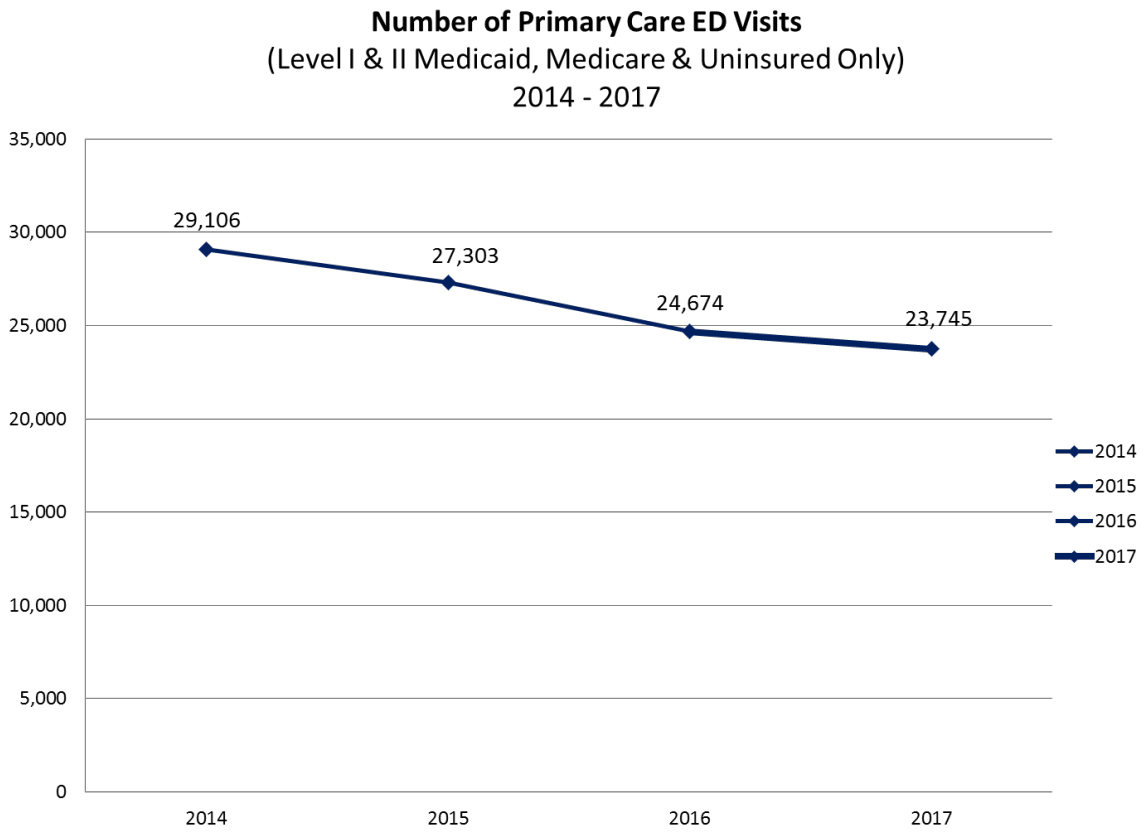
In addition, because of limited access to primary care homes, individuals access the EDs for common ailments because they believe they have no other medical access. All ED patients must be provided a screening examination to determine if they are suffering from an 'emergency condition', in which case the patient must be treated without any regard to insurance classification or ability to pay.

In addition, patients seen in the EDs receive episodic treatment which only focuses on the emergent condition and rarely on any other medical conditions that may compromise the long-term health of the individual. They are also less likely to receive recommended screening tests such as blood pressure checks, cholesterol checks, blood sugar screening, pap smear or mammogram (among women), and colon cancer screening. Utilization of an ED for care misses most of the recommendations in preventive medicine.

In 2013, a national research study revealed the average cost of an ED visit was $1,233/visit. This cost analysis mirrors what Chatham County sees in primary care visits, defined as Acuity Level 1 and 2 at EDs and the associated costs for these diagnoses. Cost aside it is not the best care for the citizens of Chatham County to have their healthcare delivery through this 'hit or miss' approach to preventive medicine.

Historically, CCSNPC has approached this mismatch in care delivery by emphasizing the importance of a medical home for everyone in Chatham County. The Chatham County EDs have improved engagement between partners and linking patients to primary care services and a primary medical home. Partnerships between EDs and local FQHCs are critical access points for primary care services. Roughly 40% of Memorial's patients gain entry into the healthcare system through the ED.

One striking example of linking ED patients to the care in the community is the CARE Initiative at MHUMC—an intervention in response to the HIV and Hepatitis C epidemic in Chatham and the surrounding counties of the Coastal Health District. These diseases are curable, and our community now has the tools to end these major health disparities. MHUMC linked 81% of HIV patients to care, between Chatham CARE and Memorial Family Medicine, with few patients seeking care with private practitioners, and linked roughly 60% of Hepatitis C patients to care. Community partners are equally responsible for our program's success, and include all branches of CARE, SM, Savannah LGBT Center, Recovery Place, and Memorial Health Family Medicine Center. Linkage and treatment capacity will expand through a partnership between the Family Medicine Center and JCLPCC.



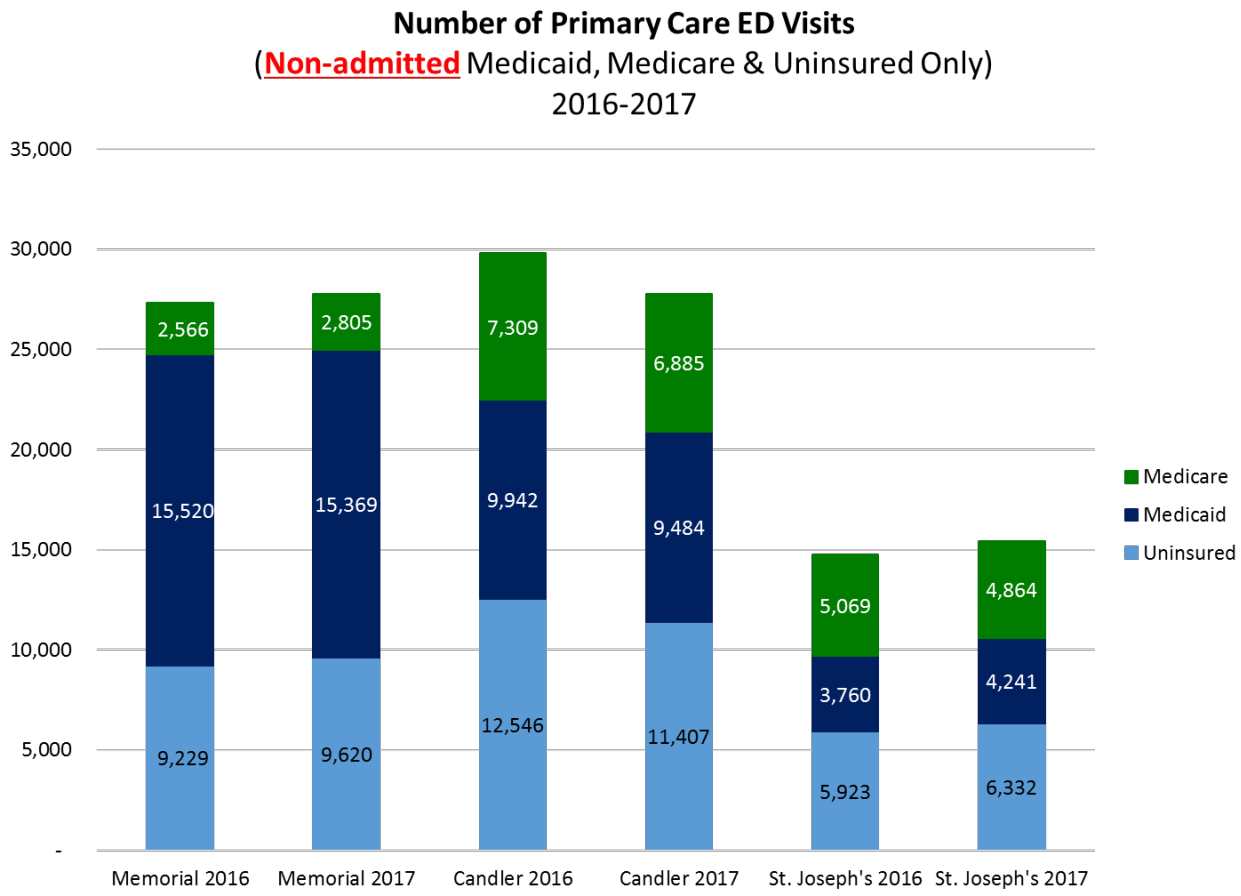
Number of Primary Care ED Visits (Level I and II): In 2017, there was a decrease in Primary Care ED visits overall from approximately 24,674 in 2016 to 23,745 in 2017. Overall, the total patient count for all three hospitals decreased from 18,098 in 2016 to 16,863 in 2017.

The primary care visits to the ED for SJ/C Hospitals—Candler and St. Joseph's—decreased overall by 754 patient visits in 2017 to 19,807 from 20,561in 2016. MHUMC continued to experience a decline in primary care patient visits from 4,113 in 2016 to 3,938. In 2014, MHUMC changed their coding procedures for the ED and this change could have impacted their primary care numbers. SJ/C hospitals implemented similar coding changes in 2017 and expects this will be evident in the 2017 Evaluation and will impact their primary care numbers as well in future evaluations. The decline at MHUMC could also have resulted from several other factors:

- More children were covered under insurance and the uninsured utilization decreased at MHUMC.
- Patients were presenting at a higher acuity in the ED at MHUMC, due to lack of specialty care, effective chronic disease management and it is the only Level 1 trauma center in the region;
- Patients who had previously used the ED were utilizing this ED option less because they were successfully finding a primary medical home.

Due to the coding procedure changes implemented at MHUMC in 2014 and at SJ/C hospitals beginning in 2017, the Evaluation Committee decided to include the data for all Non-Admitted

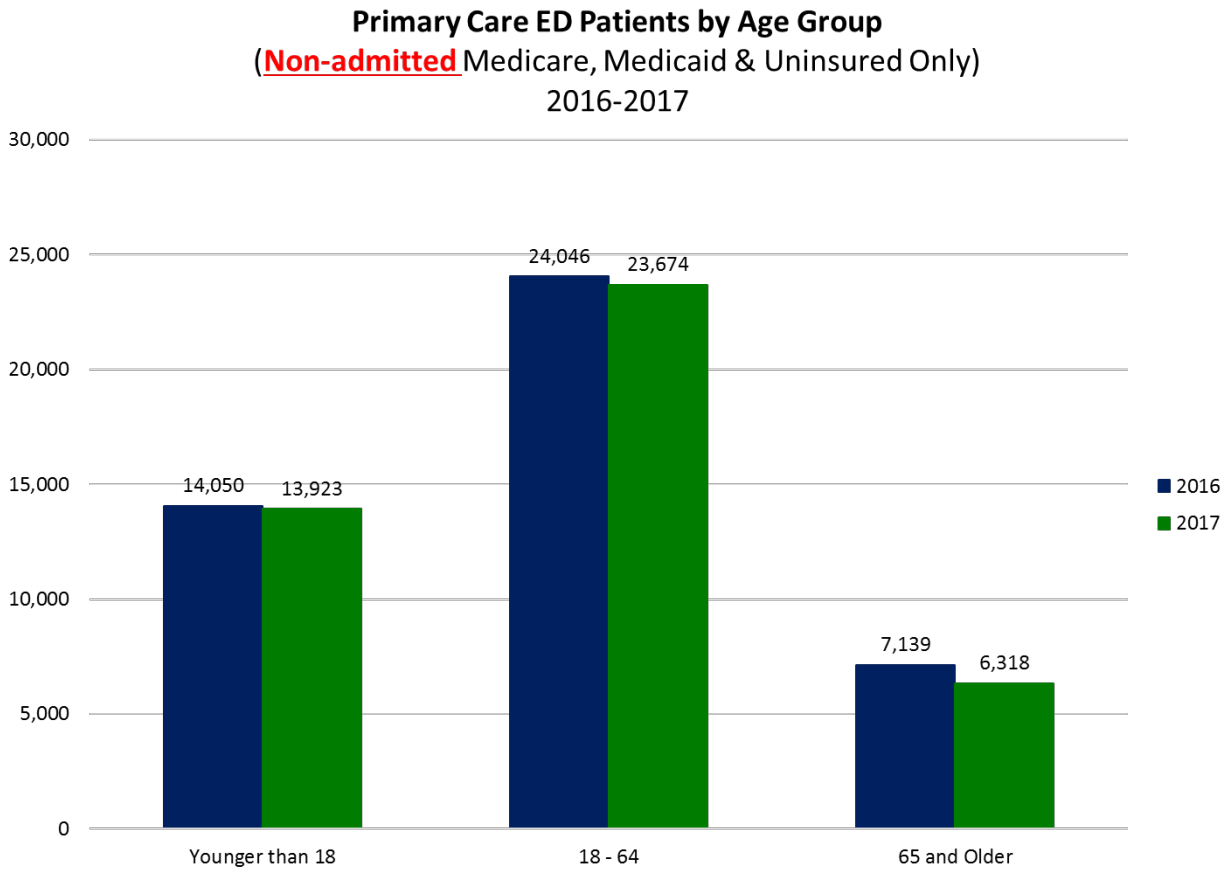
ED visits (Acuity I, II and III) in the 2016 Evaluation. All numbers henceforth will reflect this change.



Number of Non-Admitted ED Visits (by Medicaid, Medicare, Uninsured):
In 2017, there was a decrease of 930 visits from 2016 in non-admitted ED visits from 71,837 in 2016 to 71,007 in 2017.

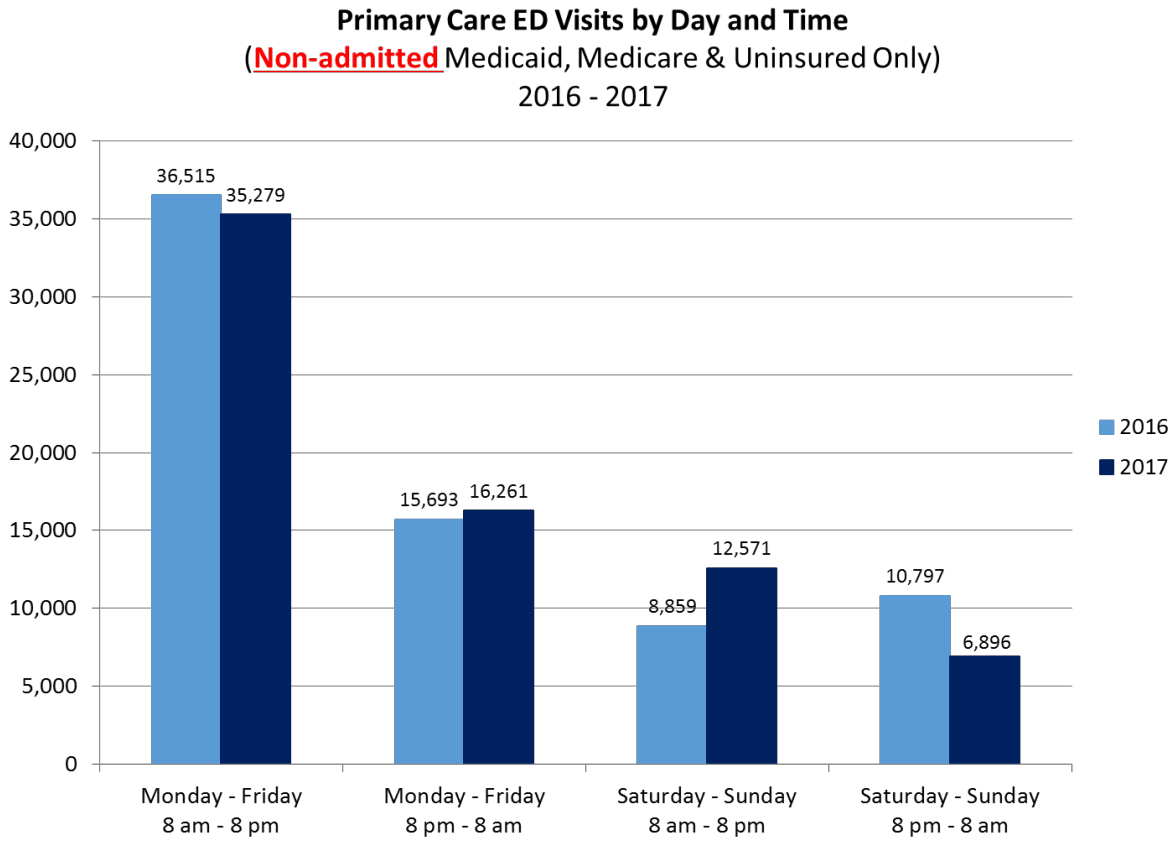
The non-admitted visits to the ED for Candler decreased overall by 2,021 patient visits in 2017 to 27,776from 29,797 in 2016. The non-admitted visits to the ED for St. Joseph's increased by 712 or 4.8% from 14,725 in 2016 to 15,437 in 2017. MHUMC increased by 479 non-admitted ED visits from 27,315 visits in 2016 to 27,794 visits in 2017.

Approximately 40.9% of the non-admitted patient visits to area Emergency Departments were covered under Medicaid. Another 38.5% of the non-admitted ED visits were uninsured or self-pay in 2017.

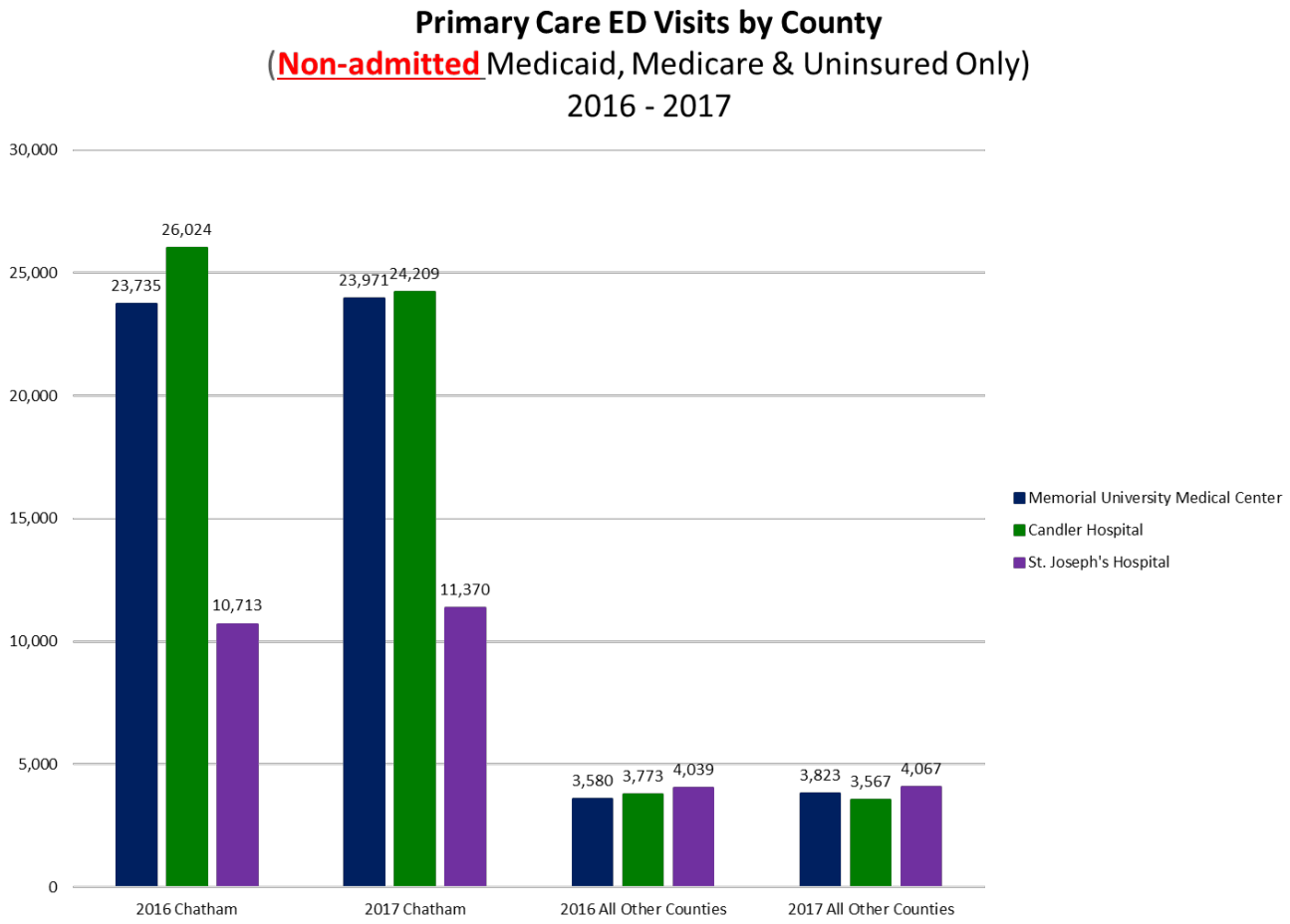


Non-Admitted ED Patients by Age:
A total of 43,915 patients visited the ED but were not admitted in 2017 (down slightly from 45,235 in 2016). Adults ages 18-64 accounted for 53.9%, children under 18 accounted for 31.7% and patients ages 65 and older accounted for 14.4% of the non-admitted ED patients.

In comparison, a total of 16,864 patients presented in the ED for primary care visits (acuity levels I and II). Adults ages 18-64 accounted for 58.9%, children under 18 accounted for 28.4%, and patients ages 65 and older accounted for 12.7% of the visits.

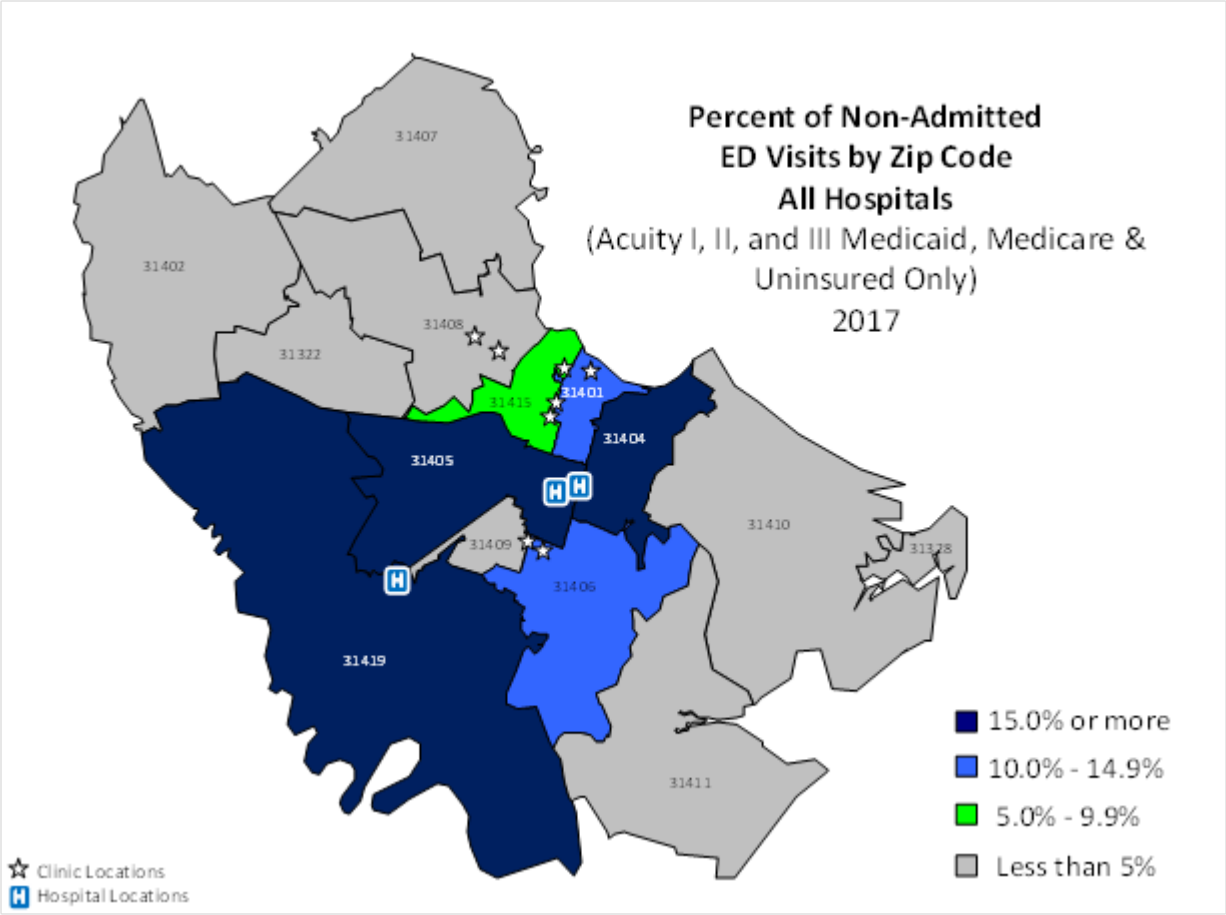


Non-Admitted ED Visits by Day and Time: In 2017, the majority of the non-admitted (Acuity I, II and III) visits to the Emergency Departments (49.7%) took place during the hours that the Safety Net Providers are open (8 am - 8 pm, Monday - Friday). Although the Federally Qualified Healthcare Centers offer Saturday hours, 17.7% of the visits to the EDs occur during daytime hours on Saturday and Sunday (remaining relatively constant from 2016). The remaining 32.6% of the Acuity I, II, and III visits to the EDs occur between 8pm and 8 am, Sunday through Saturday.



Non-Admitted ED Visits by County: Across all three Emergency Departments, 83.9% of visits were Chatham County resident visits in 2017 (remaining relatively constant from 2016). 59,550 patient visits came from Chatham County residents (a decrease of 922 visits from 2016) and 11,457 patient visits came from other counties (an increase of 65 from 2016).

The location of the St. Joseph's ED in the southern portion of Chatham County makes it the most convenient to patients travelling from counties located south of the area which may explain why the proportion of out of county ED visits are highest at that location.



Non-Admitted ED Visits by Zip Code: The Chatham County zip codes with the highest percentage of Emergency Department visits come from 31404, 31405, and 31419 (with more than 15%) and 31406, and 31401 (with 10-14.9%). Safety Net providers located in or adjacent to these zip codes are below:

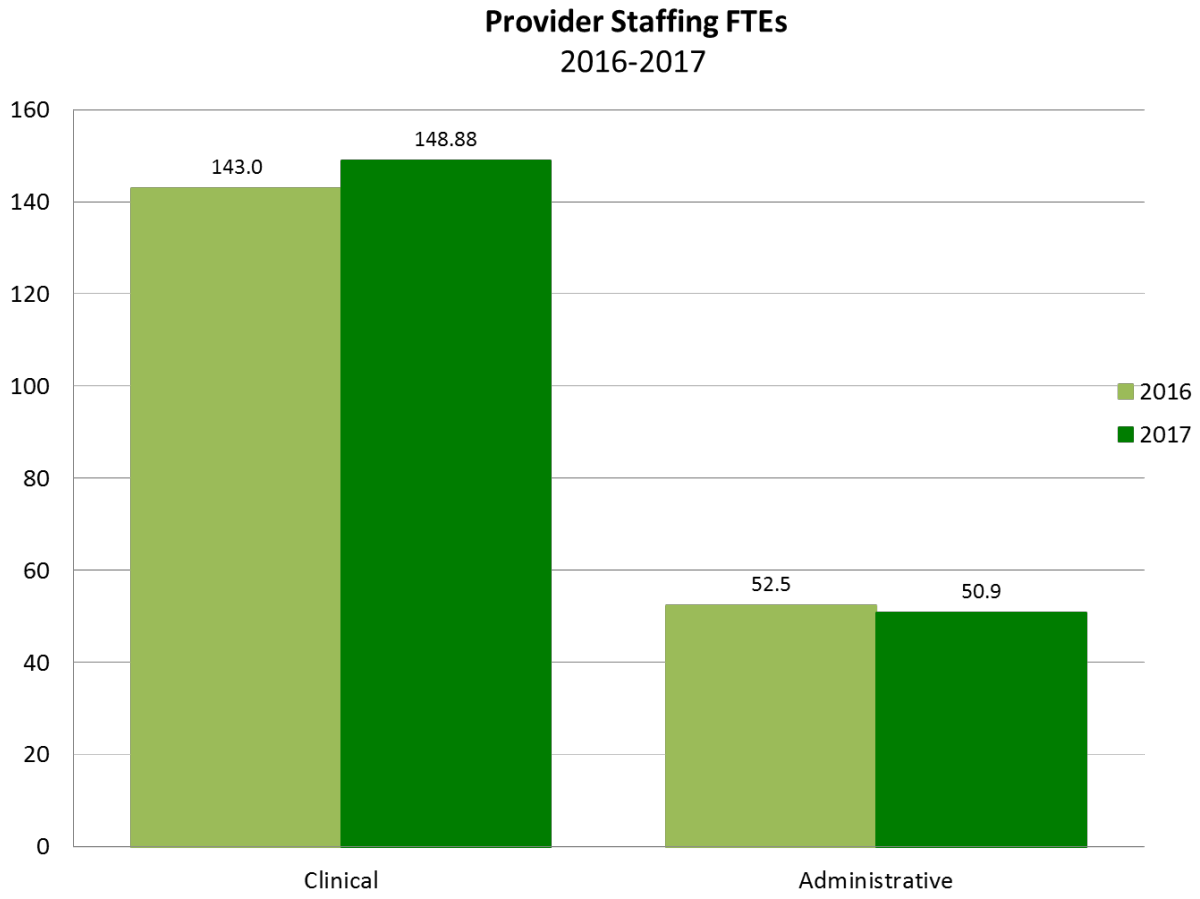
- 31404: CVCPHC and JCLPHCC are located in 31401 adjacent to 31404.
- 31405: MHUMC and SJ/C Candler Hospital are in 31405.
- 31419: SJ/C St. Joseph's Hospital is in 31419.

IV. Business and Financial Data

CCSNPC Safety Net Providers use a variety of healthcare models to organize and deliver healthcare. Across the country primary healthcare delivery is varied, but can be categorized into three models, the physician model, the nurse-managed model, and the medical home model.[14] The medical home model consists of a team of any number and type of healthcare providers supervised by a physician. The physician may provide some of the direct patient contact, but other healthcare providers (physician assistants, nurse practitioners, nurses, social workers, health educators, etc.) may assume a majority of the one on one interaction with a patient, lowering the physician workload while maintaining needed contact with patients. Much current discussion identifies this model as ideal,[15] particularly for providing ongoing treatment for chronic diseases at a lower overall cost while still maintaining physician management of the healthcare team. In practice, the CCSNPC healthcare clinics provide a blend of the above models depending on individual patient needs. A patient who is seen once a year may only see a physician or nurse practitioner, while someone who needs regular visits and continuing health education for management of a condition such as diabetes may be seen most often by a mixed team of physicians, nurses, case managers, counselors, and specialists.

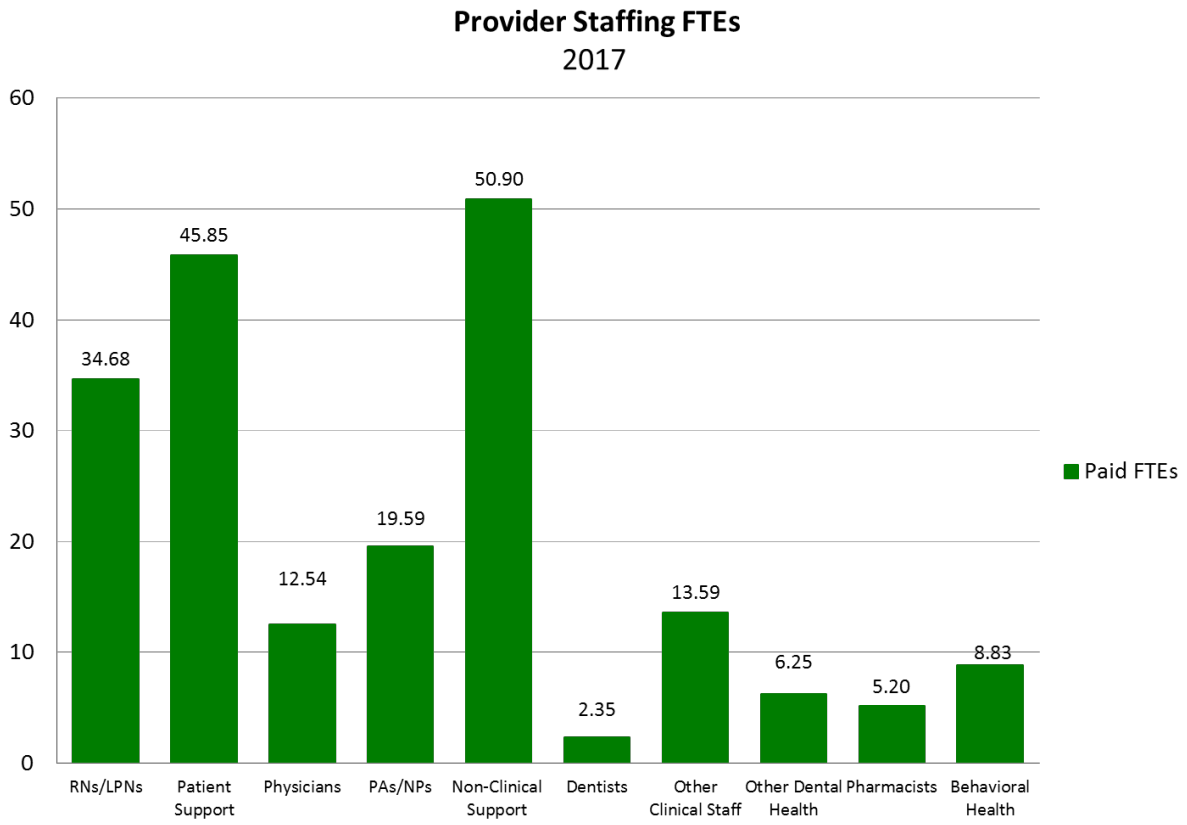
This section covers the staffing and revenue sources for the CCSNPC system.

[14] http://www.acponline.org/advocacy/where_we_stand/policy/np_pc.pdf
http://www.aanp.org/NR/rdonlyres/26598BA6-A2DF-4902-A700-64806CE083B9/0/PromotingAccesstoCoordinatedPrimaryCare62008withL.pdf
http://www.nationalnursingcenters.org/policy/NNCC%20Study%20Preview%20Factsheet%208.2007.pdf
[15] http://www.pcpcc.net/



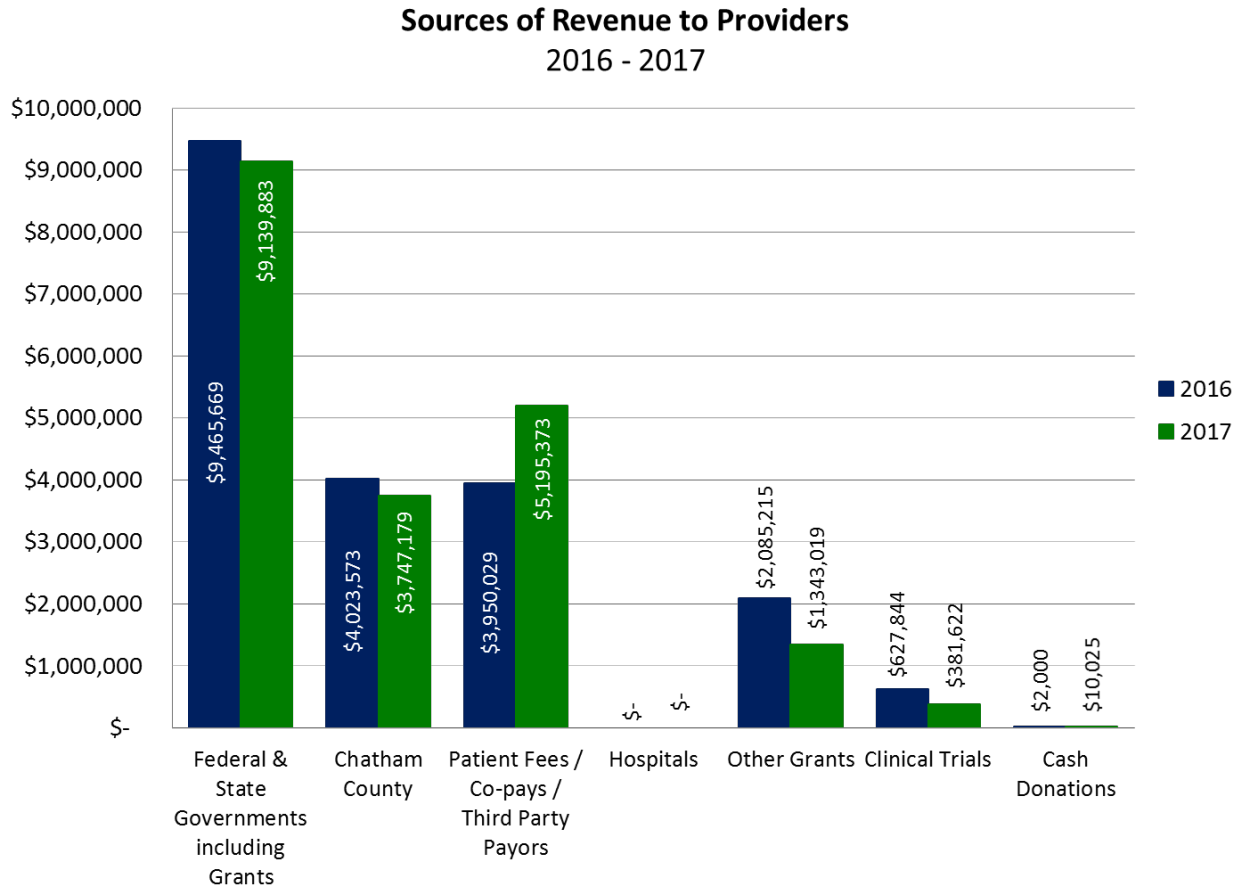
Provider Staffing: In the nursing and primary medical home models described above, physicians must devote a portion of their time to managing and supervising physician assistants and nurse practitioners. Therefore, on average they may see fewer patients a year.

A total of 50.9 Administrative full-time employees (FTEs) support the clinical staff, a decrease of 1.6 FTEs from 2016. A total of 148.88 Clinical FTEs in our Safety Net system provide direct care, representing an increase of 5.88 FTEs from 2016. The proportion of caregivers to administrative staff across the system is 2.93 to 1, as compared to 2.85 to 1 in 2016.



The equivalent of 12.54 FTE physicians (a decrease of 0.26 FTEs) and 19.59 FTE "mid-level" physician's assistant or advanced practice nurses (a decrease of 2.4 FTEs) were employed throughout the Safety Net Provider system in 2017. Registered nurses and licensed practical nurses constitute 34.68 FTEs (a decrease of 7.92 from 2016) throughout the system, contributing vital support to the care provided by other healthcare professionals. Patient support staff provides education and case management. The CCSNPC system includes 45.85 FTEs in this category (an increase of 4.45 FTEs from 2016).

The CCSNPC system includes 13.59 FTEs in other clinical staff such as lab personnel which supports the team (this represents a decrease of 5.01 FTEs from 2016). In 2017, dentists (2.35 FTEs) in the CCSNPC system are supported by 6.25 FTE dental staff. Pharmacists account for 5.20 FTEs in 2017 as compared to 5.1 FTEs in 2016. In 2017, there were 8.83 FTEs for Behavioral Health positions compared to 8.83 FTEs in 2016.



Sources of Revenue to Providers: A total of $19,817,101 of funding came into the CCSNPC provider system in 2017, a decrease of $337,229 or 1.67% over $20,154,330 in 2016.

- Federal and state grants provided 46.1% of the total (up from 44.8% in 2016).
- Chatham County Government provided 18.9% of the total (down from 19.6% in 2016).
- Fees from co-pays and billing provided 26.2% of the total (up from 18.7% in 2016)
- Hospital Systems provided 0% (St. Joseph's/Candler Free Clinics did not report funding)
- Private grants accounted for 6.7% of the total (down from 9.9% in 2016).
- Clinical Trials accounted for 1.9% (down from 3.0% in 2016).
- There were $10,025 private donations in 2015 up from $2,000 in 2016.

CCSNPC providers continue to diversify their funding streams and in 2017 were able to raise additional funding through federal and state governments and private foundations.

Conclusions 2017

- In 2017, the CCSNPC **primary care provider network** served 35,177 patients, a .44% decrease in the number of patients served, however, there was an increase in the number of Medicare and private insured patients served (2,104 and 3,314 respectively). It is important to note that CARE and St. Joseph's/Candler free clinics, increased patients served by 266 patients. Other providers saw an decrease in patient population. CVCPHC decreased by 137 patients and JCLPHCC had the largest decrease of patients in 2017 by 285.

- The number of **dental care** visits decreased by 850 or 9.8% in 2017. Although there has been an increase to access to care, there continues to be an overwhelming unmet need for adult dental care and we need to increase capacity for affordable dental care in Chatham County.

- In 2017 CCSNPC providers recorded 147,020 **patient visits**. This is an .6% decrease in patient visits over 2016**.** 5,150 **Behavioral health** visits were reported from these sites. CCSNPC worked closely with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) to complete the 2014 Behavioral Health and Addictive Health Baseline Evaluation. As a next step, CCSNPC has begun work to map out service gaps among behavioral health (mental health and addictive disease) service providers in Chatham County and systematically identify barriers, gaps, and recommendations at the federal, state, payor (insurer) local, provider, and individual levels to improve access to and quality of services in Chatham County.

- Providing adequate **specialty care** to the uninsured continues to be a community challenge. Solving this complex healthcare access issue will require resources beyond the primary care partners of the Safety Net. All CCSNPC providers still express a high volume of unmet needs in specialty care especially in the areas of Gastroenterology, General Surgery, Endocrinology, Rheumatology, Orthopedics, Behavioral Health and Dermatology.

- **Pharmaceutical assistance** continues to be a high need for the patient population. Medication assistance provided at clinic sites improves access and aids in patient compliance. Providing essential prescription medications at free or reduced copays can improve patient outcomes and prevent unnecessary hospitalizations and emergency room visits. In 2017, the average wholesale value of the prescriptions provided to CCSNPC patients totaled $20,716,587.50. CVCPHC provided 82.6% of this amount, or a total value of $17,120,349. Another notable contributor to these numbers is MedBank which provided $5,835,489 in free medications to the CCSNPC patient population. When prescription medications are dispensed at clinic sites, there is ease of access for the patient and this aids in compliance.

- Overall, the number of **primary care** (Acuity 1 and 2) **patients** in local **Emergency Departments** decreased in 2017 to 16,863 patients from 18,098 patients in 2016. One possible explanation of the overall decline is that more people were now covered under some form of medical insurance and were established in a primary medical home for their healthcare needs. The primary care visits to the ED for SJ/C Hospitals—Candler and St.

Joseph's—decreased overall by 754 patient visits in 2017 to 19,807 from 20,561in 2016. MHUMC continued to experience a decline in primary care patient visits from 4,113 in 2016 to 3,938.

- Due to the coding procedure changes implemented at MHUMC in 2014 and at SJ/C hospitals beginning in 2017 and its potential impact on the primary care patient and visit data, the Evaluation Committee decided to **include** the data for all **Non-Admitted Emergency Department patients and visits (Acuity I, II and III)** in addition to the primary care (Acuity I & II) in the 2016 Evaluation.

- The number of **non-admitted patients** (Acuity I, II & III) in local **Emergency Departments** totaled 43,915 in 2017, down 1,320 patients from 2016. In 2017, there was a decrease of 857 **non-admitted visits** (Acuity I, II & III) from 71,864 in 2016 to 71,007in 2017. Approximately 41% of the non-admitted patient visits to area Emergency Departments were covered under Medicaid. Another 38.5% of the non-admitted ED visits were uninsured or self-pay in 2017. Both health systems continue to connect patients with primary care medical homes.

- **In 2017 funding decreased overall, and funding sources remained limited.** A total of $19,817,101 of funding came into the CCSNPC provider system in 2017, a decrease of $337,229. Patient fees/Copays/Third party payors increased by $1,245,344 or 31.5%.

- Although some of our Chatham County citizens have been able to access health insurance through the ACA marketplace, **many were unable to maintain this coverage** due to high premiums, high deductibles, and narrow networks. The lack of Medicaid expansion in the state of Georgia has limited access to health services and providers for many of our citizens. Also, the rapidly changing healthcare policy environment paints an uncertain and catastrophic landscape for the CCSNPC provider network.

Acknowledgments

For their contributions to this report, the CCSNPC acknowledges **Adam Walker**, Director of Operations, Mission Services at St. Joseph's/Candler Health System, Chair of the CCSNPC Evaluation Committee and **Lisa Hayes**, Executive Director of the CCSNPC. Special thanks to **Ashle' King**, MHA, Medical Staff Services, MHUMC, who provided logistics and compilation of the data and graphs. The Council also thanks each of the CCSNPC members listed below:

- **Susan E. Alt, RN, BSN, ACRN**, District HIV Director, Coastal Health District
- **Agnes Cannella,** Director of Mission Services, St. Joseph's/Candler Health System
- **Delores Cooper, BS, RN**, Healthcare Manager, HIV Services, Coastal Health District
- **Sister Pat Baber**, Director, St. Joseph's/Candler St. Mary's Health Center and St. Joseph's/Candler Good Samaritan
- **Linda Davis, FNP**, Director Clinical Support Services, Curtis V. Cooper Primary Healthcare
- **Sarah Dobra, JD, MPH**, Behavioral Health Manager, Chatham County Safety Net Planning Council
- **Rena Douse**, Chief Operating Officer, J.C. Lewis Primary Health Care Center
- **Carolyn Eiland**, Chief Clinical Officer, Curtis V. Cooper Primary Health Care Center
- **Eva Elmer, MPA, PMP**, Director, Outreach and Communications, Chatham County Safety Net Planning Council
- **Brandon Gaffney,** Chief Executive Officer, J.C. Lewis Primary Health Care Center
- **Albert B Grandy Jr.,** Chief Executive Officer, Curtis V. Cooper Primary Health Care Center
- **Elizabeth Medo**, Manager, Decision Support, St. Joseph's/Candler Health System
- **Laura Morgan**, Executive Director, MedBank Foundation
- **Chris Rowell,** Financial Analyst, Decision Support, Memorial University Medical Center
- **Sherri Tyson,** Chief Operations Officer, Curtis V. Cooper Primary Health Care Center
- **Jennifer Wright**, Director of Public Policy and Medical Staff Services, Memorial University Medical Center
- **Fariborz Zaer, MD,** Chief Medical Officer, Curtis V. Cooper Primary Health Care Center
- The CCSNPC Evaluation Committee

Safety Net Providers

Chatham CARE Center (CARE) (31401)
https://www.gachd.org/programs-services/hivaids-services/The CARE Center, a division of the Chatham County Health Department/Coastal Health District provides comprehensive health services to residents of the Coastal Health District living with HIV/AIDS, targeting Chatham/Effingham Counties. The program is primarily funded by state and federal Ryan White dollars. Services include primary health care including labs and diagnostics, oral health, substance abuse/mental health counseling, pharmaceutical assistance, medical case management, health education/risk reduction, and referrals to HIV/AIDS related specialty care. Supportive services include medical transportation assistance, co-pay assistance, non-medical case management, and peer advocacy. The Center is also the enrollment site for the AIDS Drug Assistance Program (ADAP) and Health Insurance Continuation Program (HICP) for the Ryan White State Part B program and the ADAP Contract Pharmacy (ACP). Services are provided on a sliding fee scale based on individual income; persons living below the federal poverty level cannot be charged and no one is denied due to inability to pay. Medicaid, Medicare, and some private insurance are accepted. Adolescent Clinic and access to on-site Clinical Trials are available as appropriate.

Curtis V. Cooper Primary Healthcare (CVCPHC**)** (31401)
http://www.chathamsafetynet.org/curtis-v-cooper-health-center/index.html
Curtis V. Cooper Primary Health Care Inc. (CVCPHC) is Chatham County's first federally qualified health center (FQHC) and Public Housing Primary Care provider that serves uninsured, underinsured, and underserved low-income individuals of Savannah and Chatham County. And has achieved a PCMH Level III recognition. CVCPHC serves most underserved and uninsured primary care patients within the Safety Net Planning Council's provider group. CVCPHC offers or arranges for a comprehensive set of health care services including adult medical care, pediatric health care, dental health care, gynecological services, prenatal care, behavioral health, health education, Medicaid eligibility screening, nutrition counseling, pharmacy services, laboratory services, and radiology services. CVCPHC currently operates two sites from two locations E. Broad Street and Roberts Street in West Savannah. A third site, a Public Housing Primary Care site located at 349 W. Bryan Street in the Yamacraw Village housing complex opened in early 2013. In addition, CVCPHC provides medical services part-time at two of Gateway Behavioral Health (Savannah counseling) sites. CVCPHC currently provides services at seven (7) primary care delivery sites and one medical mobile van; of which one is located in one of the City of Savannah Public Housing development, two sites that have space in a behavioral health facility, one on the campus of Savannah State University, one adjacent to hospital where our OB/GYN's deliver, two free-standing sites (main and 2nd largest site) and mobile medical van (which currently provides primarily dental and medical services at three School Based delivery sites). CVCPHC also participates in the Immunization Program, Diabetes Collaborative, Breast Cancer Collaborative, 340 (B) Pharmacy Program and Share the Care Program. CVCPHC uses a sliding fee scale based on the annual federal poverty guidelines established by the Community Services Administration of the Department of Health and Human Services. CVCPHC's fees are based on the usual and customary charges for medical and dental care within the Savannah-Chatham County area. Actual fees range from a minimum of $25 per

visit to as much as 100 percent of charges based on a patient's family size and family income. CVCPHC accepts all major health care insurances including private insurance, Medicaid, and Medicare.

Good Samaritan Clinic - St. Joseph's/Candler (GS) (31408)
http://www.sjchs.org/GoodSamaritanClinic
Good Samaritan is a nurse practitioner-based, non-profit, medical clinic. The clinic is made possible by the generous financial support of St. Joseph's/Candler Health System. Good Samaritan opened in October of 2007 to provide free primary care services to uninsured persons in west Chatham County, especially to the Latino/Hispanic community whose income is at or below 200% of the Federal poverty level. In addition to primary care, labs and x-rays are provided by St. Josephs'/Candler without cost to the patient. Trained Spanish medical interpreters are available on-site at each clinic session to ensure the highest quality in communication. Prescription assistance is available through MedBank Foundation.

J.C. Lewis Primary Healthcare Center (JCLPHCC) (31401)
http://www.jclewishealth.org/
The J.C. Lewis Primary Health Care Center was established in 1998 as a division of Union Mission, Inc. In 2004, the Health Center was designated as a Federally Qualified Health Center (FQHC), Health Care for the Homeless (HCH) site. In 2009, JCLPHCC was granted Community Health Center (CHC) designation. This change allowed JCLPHCC to expand its focus beyond the homeless and near homeless populations, to include low-income and uninsured/underinsured individuals and families. In 2011, the J.C. Lewis Primary Health Care Center, Inc. became a stand-alone not-for-profit organization. Today, in addition to providing affordable comprehensive primary care, the Health Center also offers radiology services, medication assistance (through an on-site MedBank representative) and distribution, medical case management, health education and disease management/prevention, dental/oral healthcare, (provided at JC Lewis Dental Center, a CHC site) shelter-based CHC sites at two locations (Old Savannah City Mission, Salvation Army), community sites (Moses Jackson), shelter & housing referrals, economic education referrals, nutritional education, transportation services, and behavioral health counseling. In 2014, J C Lewis Primary Health Care Center added OB/GYN services. In 2015, J C Lewis Primary Health Care Center added a pediatric site to its continuum of care and in 2016 on-site optometry services were added. In 2017 cardiology and additional psychiatric resources were added. Also, in 2017 JCLPHCC, Gateway Behavioral Health CSB, the Memorial Family Medicine Residency Program, the Chatham-Savannah Authority for the Homeless and the Safety-Net Planning Council formed a collaboration to provide street medicine clinics throughout Savannah-Chatham County one day a week at predetermined sites. JCLPHCC, a CHC site, accepts patients of all ages and uses a sliding fee scale based on the federal poverty guidelines to determine patient co-pays. The Health Center also accepts Medicaid, (WellCare, Amerigroup, Peach State) for children and an array of private insurances. JCLPHCC does not refuse services to anyone based on their inability to pay. Homeless patients are required to present homeless documentation which covers any associated fees.

MedBank Foundation, Inc. (MB) (31405)
http://www.medbank.org/
MedBank is a private, non-profit organization that seeks to improve the quality of life

and collective well-being of low-income persons in our community who are unable to afford needed medications to manage chronic, life-limiting health conditions due to lack of insurance and financial disparity. MedBank excels in obtaining prescription medications, at no cost to patients, through Patient Assistance Programs, (PAPs), offered by participating pharmaceutical manufacturers. In 2017, MedBank provided access to $$5,835,489 in free medications to qualifying patients in Chatham County through collaboration with area clinics, providers, and service agencies. MedBank Case Specialists are available for face-to-face, enrollment assistance for established patients of J.C. Lewis Primary Healthcare Center, Good Samaritan, and St. Mary's Health Center. Additionally, MedBank accepts referrals for PAPs from emergency departments, private physician offices, and other area social service agencies. MedBank's goal is to help individuals manage chronic illness through access to free medications that improve health outcomes and reduce financial burden

Memorial Health University Medical Center (MHUMC) (31404)
http://www.memorialhealth.com/
MHUMC is a 612-bed academic medical center which serves a 35-county area in southeast Georgia and southern South Carolina. It is the home of the region's only Level 1 trauma center and offers the most extensive emergency facilities in the region. The services at MHUMC include around-the-clock physician specialists, trauma surgeons, operating rooms, and critical care services. The emergency department has 74 beds, including nine trauma/resuscitation rooms, and a dedicated pediatric emergency unit. The board-certified emergency physicians at MHUMC handle more than 100,000 cases per year.

St. Mary's Health Center - St. Joseph's/Candler (SM) (31401)
http://www.sjchs.org/StMarysHealthCenter
St Mary's, a nurse practitioner-based, non-profit, community outreach initiative of St. Joseph's/Candler Health System, provides free healthcare for uninsured adults (ages 18-64) living or working in Chatham County. Services include primary care, lab testing, diagnostic testing, radiology, mobile mammography, and referrals to specialty care through St. Joseph's/Candler and medication assistance through MedBank. St Mary's Community Center sponsors an eye clinic once a month which is open to all uninsured adults where eye exams are free and eyeglasses may be obtained for as little as $30.00. Health education with emphasis on chronic diseases is offered. A LMSW is available for patient's social service needs. In addition, St. Joseph's/Candler St. Mary's Community Center provides services and assists patients in meeting their basic needs.

St. Joseph's/Candler Health System (SJ/C) (31405/419)
http://www.sjchs.org/
SJ/C is a 684-bed, faith-based not-for-profit healthcare system with two hospital locations in Chatham County—St. Joseph's Hospital on the south side of Savannah and Candler Hospital in midtown Savannah. Full-service emergency care is available at each hospital campus, 24 hours a day, seven days a week, with a full complement of emergency staff and specialists on call for specialty consultation. St. Joseph's Emergency Department is a 34-bed facility. Candler Hospital's Emergency Department is a 40-bed facility.

Appendix A

Provider Evaluation Reporting
Guidance for Data Submission
Chatham County Safety Net Planning Council

Reporting Calendar Year 2017

HRSA Definition for Medical/Primary Care - Outpatient/ambulatory medical care includes the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse practitioner or other health care professional who is certified in their jurisdiction to prescribe in an outpatient setting.

Section 1: Service Delivery

A. Profile of unduplicated primary care patients treated during 2017
   1. Total number of patients
   2. By payor source
      a) Medicaid
      b) Medicare
      c) Private Insurance
      d) Uninsured
   3. By gender
      a) Male
      b) Female
      c) Transgender (M/F), (F/M)
      d) Other
   4. By age
      a) Younger than 18
      b) 18 to 64
      c) 65 or older
   5. By zip code in Chatham County (Outside Chatham should be listed as "Other")
   6. By county
      a) Chatham (Note - All homeless should be listed as Chatham)
      b) Bryan
      c) Effingham
      d) All Other Counties and States
   7. Race and Ethnicity
      a) Asian
      b) Black/African American
      c) Latino
      d) White/Caucasian
      e) Other

B. Profile of unduplicated dental patients treated during 2017
   1. Total number of unduplicated dental patients
   2. Narrative inclusions

a) IRT dental procedures and patients (to include in narrative to demonstrate need)
b) Safety Net headcount from IRT of those turned away on last day
c) Dental Committee update (to include in narrative)

C. Clinical Visits (Excludes inpatient hospital and respite care)
1. Total number of visits by type
a) Medical/Primary Care Visits (Include OBGYN Primary Care Visits)
b) Dental Visits
- Types of procedures, i.e. # of visits by Oral Exams/Rehabilitative Services/Pain (or extractions/restorative/preventative. (Match FQHC format to Chatham Care)

c) Wellness/Education/Screening on-site, one-on-one or a scheduled group. Category should include Nutrition, Case Management Visits, and Peer Advocate.
d) Outreach - Wellness/Education/Screening off-site such as a health fair (if not inside your walls it is counted as an off-site visit)
e) Behavioral Health (Annual wellness)
- On-site patient visits
- Total number of referrals (note this will not include those that have made follow-up since that is not captured
- Prevent Suicide Today statistics
- (Include ASIST testimonial in presentation)
- DBHDD GCAP Crisis line calls for Chatham County (requested from DBHDD to include in narriative

2. Indicate all direct services available at your clinic (yes/no):
a. Dental/Oral Health (primary care oral cancer screenings not included)
b. Medical nutrition therapy or nutritional services
c. Substance abuse outpatient services
d. Mental health services
e. Specialty medical care
f. Medical case management (MCM)/Clinical Care Coordination
g. Non-medical Case Management/Social Services Navigation
h. Transportation services
i. Include number and narrative to describe mechanism for transportation assistance.

D. Adult Visits (Age 18-64) Chatham County Only
1. Total number of adult visits (Age 18-64) Chatham County Only
a) Medical/Primary Care Visits (Include OBGYN Primary Care Visits)
b) Dental Visits
c) Wellness/Education/Screening on-site, one-on-one or a scheduled group.
d) Outreach - Wellness/Education/Screening off-site such as a health fair.
e) Behavioral Health

E. Youth Visits (Age 0-17) Chatham County Only
   1. Total number of youth visits (Age 0-17) Chatham County Only
      a) Medical/Primary Care Visits (Include OBGYN Primary Care Visits)
      b) Dental Visits
      c) Wellness/Education/Screening on-site, one-on-one or a scheduled group.
      d) Outreach - Wellness/Education/Screening off-site such as a health fair.
      e) Behavioral Health

F. Pharmacy Services On-Site with a Co-Pay (This category only applies to Curtis V. Cooper)
   1. Total number of unduplicated patients served
   2. Total number of prescriptions filled on-site

G. Medication Services (MedBank will provide all MedBank Data and CVC will provide Share the Care and any other program data)
   1. Number of unduplicated patients
   2. Number of medications obtained on-site (CVC, JCL, CARE)
   3. Number of Medications obtained off-site at NO cost to patient (JCL, CARE, MedBank - St. Joe/Candler contribution)
   4. Average wholesale price of medications

H. Behavioral Health
   1. Newly Identified/Diagnosed
      a) Number referred to counseling
      b) Number placed on medication(s)
   2. Established Patients with Behavioral Health Diagnosis
      a) Number referred to counseling
      b) Number placed on medication(s)

Section 2: Other Clinical Services

A. Referrals made to physicians for specialty care (include eye visits) (Do not include OB, Family Medicine, or Internal Medicine)

Section 3: Cost Effectiveness

A. Sources of Revenue
   a) Local Government
   b) Federal and State (Includes Government Grants)
   c) Other Grants
   d) Patient Fees/Copays/Third Party Payors
   e) Hospitals
   f) Cash Donations
   g) Research/Clinical Trials

Section 4: Staffing and Administration (Note: Do Not Count Students)

A. FTEs in your facility
   1. Total Number (Note: please convert calculations of any PTEs into FTEs)
      a) MD

b) PA/NP
c) RN/LPN
d) Pharmacist
e) Other Clinical Staff (Licensed)
f) Non-clinical Support (Registration, Billing, Operations, Environmental, IT, etc.)
g) Patient Support (Include Case Managers and Peer Advocates)
h) Dentist
i) Behavioral Health (exclude MDs, NPs, & PAs include SW, LSW, Counselor, Case Manager and Addictive Disease Counselors)
j) Other Dental Staff (Dental Hygienist)

Section 6: Clinical Outcomes Data

A. Top diagnoses and number of patients seen in 2076 with diagnosis (Patients can be counted in more than 1 category)
    a. High blood Pressure (140/90 mmHG or above)
    b. Overweight/Obesity (BMI>25)
    c. Diabetes (HbA1c>9)
    d. High Cholesterol (LDL>130 mg/Dl)
    e. Depression/Anxiety (PQH-9 scores equal or above 10)
    f. Substance Abuse
    g. HIV (Treatment must be initiated within 90 days of HIV diagnosis)
    h. Hep C (include # diagnosed, screened, treated, cured)

B. Number of patients that admitted to smoking during the 2017 calendar year.

Section 7: Narrative Information (Word Document)

A. Please provide your Total Operating Budget and a brief description of clinic operations.
B. Describe any administrative, policy, staffing, or other issues and changes that may have impacted the facility's costs and operational statistics in 2014. Please indicate the number in the spreadsheet the narrative information is referencing.
C. Are after hours and weekend coverage available to patients to provide emergency medical and dental care? How is this information disseminated to patients?
D. What is the capacity? % of usage/capacity? This is an opportunity to describe the capacity challenges you are facing.
E. Provide the percentage of no-show appointments. Explain tracking process and efforts to reduce no-shows. Do you have Open Access times available?
F. Describe how prescription assistance is provided at your clinic?
    a. Do patients have access to the full array of medications?
    b. Is medication assistance available for patients who do not have a third-party payer?
    c. Does your organization participate in the 340B Program?
    d. Is there a pharmacy on site? Is it 340B certified?
G. Medbank Only - Please list the top 5 prescribed medications.
H. Please list the type(s) of specialty care provided on-site.
I. List referral network and the services provided and capacity for those referral services per provider

    a. What is the tracking system for those referrals?
    b. What is done for those patients unable to be granted a referral?

J. Which EMR are you on?
    a. Does it meet the Office of the National Coordinator for Health Information (HITECH) requirements? Are you meeting meaningful use?
    b. How is the EMR updated with referral information and follow up?

K. Are your patients routinely screened for eligibility for Medicaid, Medicare, or other third-party coverage?

L. List any awards or recognitions received by your organization in 2017.

Section 8: Geo-mapping:

A. Map location of all Urgent Care Centers in Chatham County and outline business models

Emergency Room Utilization Data is captured through direct contact with the Decision Support representatives from each of the hospitals.