Central Health

FY24 Budget Questions

Question	Subject Matter Expert/Answer
Which specific services for each year are covered by the funding represented in the Appendix, Slide 18, Health Care for the Homeless? I am thinking its the three included in the Initiatives column - Connection to Supportive and Affordable Housing; Funding Support; Mobile Care Clinic - but would like to know which by year? And how much for each by year? How many homeless individuals are projected to be served by these services?	This line includes certain initiatives that are primarily targeting gaps in care for individuals experiencing homelessness. However, multiple additional lines include initiatives/service expansions that are also primarily serving homeless enrollees. More specifically, this line includes an expansion of complex primary care services (e.g. CUC's CareCo clinic or similar services) beginning in Year-3 (FY26) and ramping up in FY27. This line also includes expanded mobile medicine capabilities beginning Year-2 (FY25) that are in addition to expansions to CUC's mobile/street medicine teams already contemplated in the current CH budget.
Please provide rationale for starting the funding for the Health Care for the Homeless initiatives in FY 2024, instead of FY 2025.	FY23 and proposed FY24 budgets include funding for expansion of homeless services/initiatives. These amounts are for additional expansion phased in over time that are beyond what is already supported in CH's service agreements and expansion efforts currently being operationalized within CUC.
Is the 50 bed Medical Respite facility included in the line SUD and Addiction Medicine Services? In what year does the funding reflect operation of the full 50 beds? What does the larger increase from 2025 to 2026 represent?	The Cameron Rd campus development is reflected in multiple lines. The addiction medicine and detox services are included in "SUD and Addiction Medicine Services". The respite facility is reflected in "Robust Post-Acute Care, Including Respite and Extensivists". Cost escalations over that period reflect the phasing of those services that will begin staging in FY25, become operational in FY26 and ramp-up fully in FY27.
How is the budget going to help people now? Explain year by year what will be accomplished.	Slides indicating the dollar amounts for healthcare and the services to be expanded were developed and used in Community Conversations. Also following this document.
Map of clinics and how many providers?	Provided as part of routine dashboards and in demographic report. Link: https://www.centralhealth.net/newsroom/provider-network-map/
The financial relationship between Central Health and Sendero with regard to Central Health's budget. - Does Central Health approve the Sendero budget? - Where in Central Health's budget can the public see what funds go to Sendero and for what purpose?	Central Health does approve the Sendero Budget, later in the year to coincide with the start of the Sendero fiscal year in January. Central Health funds the premium payments to Sendero for MAP patients and others qualifying for premium assistance payments, with amounts in the "ACA Healthcare Premium Assistance Programs" line item under the HEALTHCARE OPERATIONS AND SUPPORT section of the Central Health Budget. Currently, $18.6 milllion (rounded) is proposed for these premium assistance payments. / Additionally, Central Health contributes capital to Sendero, subject to Board approval, via transfers of reserves to Sendero. These amounts can be tracked in the monthly Central Health financial reports on the Balance Sheet notes, pages 1 & 2. Currently, Central Health has $71 million in capital invested into Sendero (referred to as Paid-In Capital) and $37.1 million in debt repayable to Central Health depending on Sendero's financial condition (referred to as a Surplus Debenture). Link: https://www.centralhealth.net/library/financial-reports/ch-monthly-reports/
The financial relationship between Central Health and the CommUnity care with regard to Central Health's budget - Does Central Health approve the CommUnity Care budget? - Where in the Central Health budget can the public see what funds go to CommUnity Care and for what purpose?	CommUnityCare presents their annual budget to the Central Health Board of Managers. We are currently reviewing partnership agreements and the federal Compliance Manual (Health Resources and Services Administrtaion, August 2018) and will revisit this issue in the future. / The vast amount of contract dollars for CommUnityCare are budgeted in the Primary Care budget, which is currently proposed as $71.2 million for all primary care providers in FY 2024, not just CommUnityCare.
Under MAP and MAP Basic, we do not budget per member. Each MAP member is comprehensively covered for the medical service that they need and MAP Basic has some exclusions. Based on this, outline an example of certain risks that are related to this budget? Events that could cause our expsenses to increase?	Medical cost inflation, increase in utilization, changes in federal hospital payment programs that have impacts to primary and specialty care.
What are one or two examples of risk as we go forward?	Staff will address in future meeting
Do we think there are access issues for our unhoused MAP enrollees?	CH's CHNA and needs assessment identified gaps across all major system component areas as either moderate or significant; this includes individuals experiencing homelessness.
If so, what can we do to help them access services?	Operationalize of the Healthcare Equity Implementation Plan will address many of the access issues facing our enrollees experiencing homelessness including medical respite, additional street/mobile medicine teams, diversion/deflection services, complex primary care, high risk clinic services, SUD and detox.
The expansion of complex primary care for unhoused individuals is scheduled for FY 26. What would it take to do that in FY 25 or 24?	Planning for this service expansion will likely need to be done in consultation with CUC; CH and CUC have a shared priority of supporting this critical service. Appropriate space will need to be identified, purchase/leased, renovated, built-out. Care teams will need to be recruited, hired and trained. FY24 is likely not feasible; FY25 could be possible but CH has numerous completing planning priorities over this same time-period including Del Valle, Hornsby Bend, Rosewood-Zaragosa, Colony Park, Hancock and Cameron Rd as well as identifying replacement/expansion opportunities for Rundberg/N. Austin and South Austin clinics. Expansion of this service was sequenced with other initiatives and both organizations' bandwidth in mind and took into account that some access is currently available through CommUnityCare.

Question	Subject Matter Expert/Answer
The increase in street and mobile medicine teams is scheduled for FY 25. What would it take to move that earlier to FY24?	Central Health has supported the expansion of mobile team services and included prioritization of this service in discussions with CUC for several years while also enhancing the scope of services offered; In recent years, we have added embedded behavioral health resources and purchased dedicated vehicles for these teams; CUC is currently working to operationalize additional mobile medicine teams in FY24. The increases described in the Healthcare Equity Implementation Plan are for additional capacity beyond what is already budgeted.
Major capital projects budget- we have not allocated any funding. Can you give us a tracking on where we are at on those?	A Capital slide is part of the budget presentation. Additional detail will be provided in future meetings regarding the status of each project.
For those facilities at Cameron and Hancock- where will we be placing individuals in the meantime?	For care, services are provided at multiple provider locations across Travis County. Staff for Administrative Operations are located at the Cesar Chavez and Airport Blvd. locations.
More information on Sendero increase	Staff will address in future meeting
Is this years budget going to be a balanced budget?	Yes. Amounts from reserves are used to balance the budget.

Question	Subject Matter Expert/Answer
Is there something that will show exactly what the reserves will be used for?	These documents have been provided in health care equity and budget presentations in the Board packet and included following this document.
Can you provide a list of comprehensive risks?	A comprehensive list of risks is not possible, as events could occur (such as the public health emergency with COVID-19) that are not predictable or known. However, a list of possible risks include: Regulatory/Legal •HIPPA – PHI •Changes in licensure requirements – facilities, providers, credentialing •Future Medicare/Medicaid requirements •Results of current and future litigation Operational •Build-out of sufficient capacity to meet service demands •Implementation of Healthcare Equity Plan – timing or capacity to complete in a timely manner/lack of focus •Significant provider partner impairments or re-focus of priorities •Facility availability •EHR build-out and functionality – backbone of any healthcare system •IT system data breach •Business Continuity •Infectious Disease/Public Health Emergency Financial •Medical Inflation and supply-chain issue •Medicaid Supplemental Funding levels/VOS funding shortfall •FQHC Public Agency Financial role •Maintaining sufficient Sendero capital levels required by the Texas Department of Insurance •Future limitations of ad valorem rates Workforce •Provider vacancies/shortages •Clinical staff shortages •IT skilled position competition •Wage escalation/staff burnout/exhaustion
Are any of the amounts budgeted for legal and consulting used for (active) ligiation (ie., Central Health v. Ascension and Birch, et al v. Central Health)?	Yes, to the extent Central Health incurrs legal expenses, then amounts paid would be funded from allocations to legal. Further, insurance proceeds are used to cover expenses under the Birch litigation.
How much and where are the amounts to fund expansions in MAP enrollment?	The Central Health budget is structured to fund healthcare based upon expected patient/population needs regarding access, utilization and/or capacity. Central Health's budget addresses needs through contracts and through direct service provision, and the FY24 budget includes meaningful amounts to expand access, utilization and/or capacity.

Central Health Identified and Created Over 150 Projects to Address the Most Critical Unmet Needs for Patients

Community Need	Projects	
Health Care for the Homeless	▪ Develop Mobile Care Clinic Processes, Technology, and Staff to Support Expanded Mobile Care Clinics ▪ Integrate ED Care Coordinators to Reduce Inappropriate Utilization and Preventable Admissions ▪ Train Patient Navigators to Connect Patients to Housing Assistance Services ▪ Expand Mobile Care Services to Include Access to Mental Health Services and Chronic Diseases Management	▪ Research and Source Grant Funding Opportunities for Primary Care Services ▪ Create a Collaborative Care Model with CBSOs and Housing Authorities to Connect Unhoused Patients to More Permanent Housing and SDoH Resources ▪ Provide Wraparound Medical Services to Unhoused Individuals Through Additional Service Locations ▪ Expand Mobile Care Clinic Services Along I-35 Corridor ▪ Establish a High Risk Care Clinic
Same-Day Care and Extended Hours	▪ Expand Capacity of Urgent and Convenient Care Contracts to Enhance Services ▪ Expand RN / CHW Care Coordinator Dyad in ED to Triage Patients Appropriately ▪ Establish Joint Quality Review Board to Review ED Utilization ▪ Initiate Marketing and Communications Campaign to Educate Patients on Available Same-Day Resources ▪ Expand Convenient Care Footprint including Limited Urgent Care, Screening, Wellness, etc.	▪ Expand Telehealth Services by Determining Number of Patients Accessing Convenient Care ▪ Expand Convenient Care Telehealth Services ▪ Expand Access to Community- Based Urgent Care
Primary Care, including CUC HIV/AIDS Program and Pharmacy	▪ Optimize Contracts by Instituting Quality Metrics and Innovative Payment Models ▪ Expand HIV/AIDs Screening, Treatment, and Education at CommUnityCare and Hancock Center	▪ Expand Primary Care Capacity by Evaluating High Volume Areas for Primary Care and Aligning on Location and Physical Space for Sites ▪ Expand Pharmacy Services through Telehealth and Collaboration with Mobile Care Clinics ▪ Establish Multi-Disciplinary Care Approach to Expand Care for Medically Complex Patients ▪ Expand Hours for Primary Care Clinics including Same Day, Next Day, Weekend, and Evening ▪ Medication Therapy Management (MTM) Program to Optimize Patient Outcomes, Improve Drug Adherence and Prevent Costly Medication Problems
Expanded Access to Specialty Care	▪ Operationalize RZ Clinic including Processes, IT Capabilities, and Recruit Staff and Providers ▪ Expand DME Capacity to Address Outpatient DME and Supply Gaps ▪ Build and Internalize Vendor Capabilities In-House Expand Clinical Services Footprint ▪ Increase Diagnostic Capacity in RZ Clinic and/or with Contracts ▪ Expand Ambulatory Contract Capacity in Key Specialty Areas ▪ Establish Governance Processes for Specialty Care Service Contracts ▪ Local Medical Assistant and Registered Nurse Programs to Build Adequate Staffing Capacity ▪ Implement Evidence-Based Care Delivery Model	▪ Extend Care Coordination Efforts with CHWs to Specialty Care Environment ▪ Operationalize Hancock Center including Services, Processes, Space Needs, etc. ▪ Evaluate and Right Size RZ Clinic Phase 2, including Proposed Specialties ▪ Increase Advanced Imaging Capacity ▪ Build Surgical Office and Consultation Capacity for High- Volume Low-Acuity Surgeries ▪ Build Data Sharing Capacity with FQHCs and Other Partners ▪ Develop Chronic Disease Programs with Multidisciplinary Approach to Improve Patient Quality of Life ▪ Address Future Specialty Care Access Needs and Site of Service ▪ Buy/Build/Partner to Build Ambulatory Surgical Center with Dedicated Safety-Net Capacity
SUD and Addiction Medicine Services	▪ Centralize Substance Use Disorder Resources to Connect Patients to Services and Resources ▪ Improve Substance Use Disorder Data Sharing, Quality Metrics and Communications for Providers to Effectively Monitor and Triage Patients ▪ Increase Contracted Capacity with Community Medical Services for Methadone MAT ▪ Develop Care Models for Alcohol and Stimulant Addiction including Detox Services ▪ Addiction Medicine Specialist to Assist Overseeing Service Line and Work with Local Entities	▪ Suboxone Medication-Assisted Treatment Program ▪ Medically-Supervised Detox for Opioid Use Disorder ▪ Medically-Supervised Detox for Alcohol / Stimulant Use ▪ Build Team-Based Provider Capacity for Substance Use Disorder Treatment in Ambulatory Care Setting, including Home or Tele-Rooms ▪ Develop Model for Virtual Team- Based Substance Use Disorder Treatment in Ambulatory Care Environment

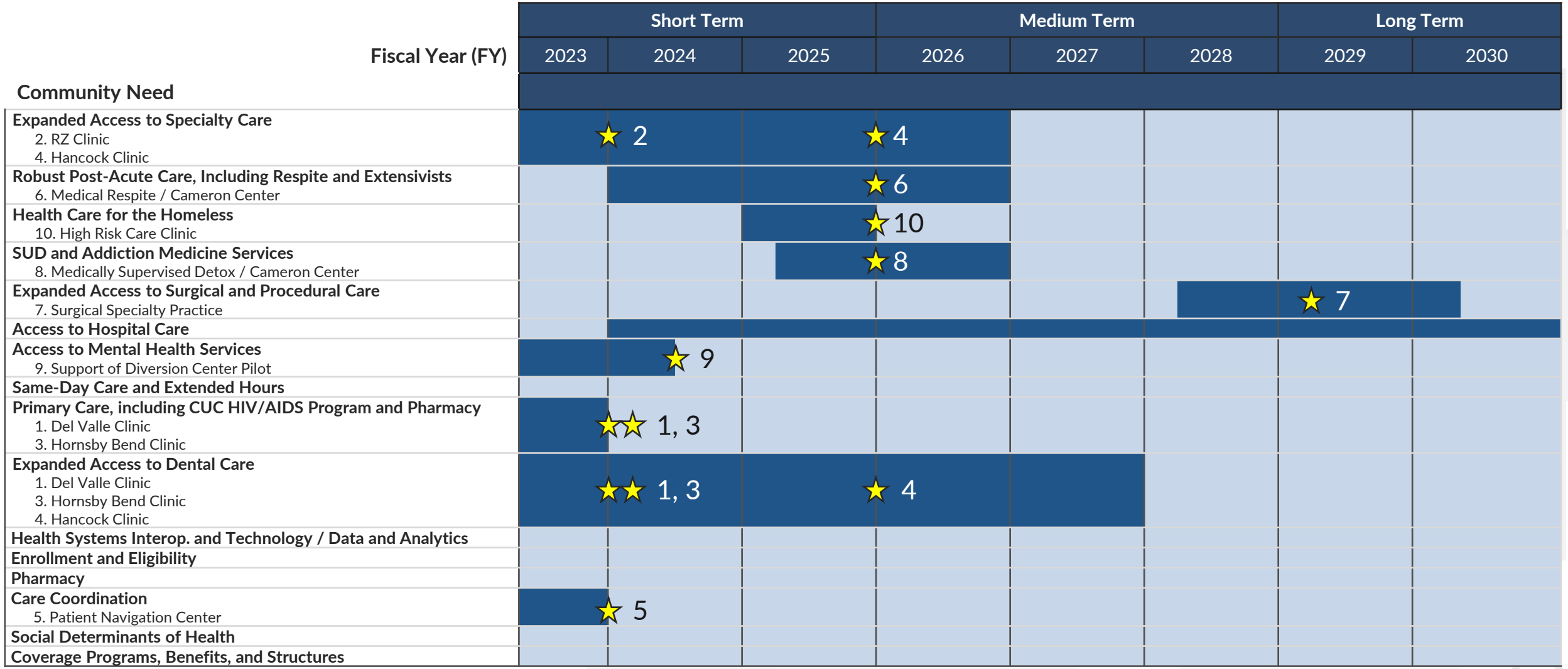
Central Health Identified and Created Over 150 Projects to Address the Most Critical Unmet Needs for Patients

Community Need	Projects	
Access to Mental Health Services	▪ Develop Training Program for Primary Care Providers on SUD and Mental Health Screening and Referrals ▪ Contract/Hire Psychiatrist with Prescribing Capabilities and Coordinate Medication Management for Mental Health Patients ▪ Hire Director of Mental Health (MH) Services to Coordinate MH Service Line ▪ Improve Data Sharing and Communications with Integral Care to Effectively Triage and Refer Patients	▪ Expand Mental and Behavioral Health Virtual Services Through Local and National Organizations ▪ Co-locate Therapists at Central Health Ambulatory Care Sites ▪ Co-locate Therapists at FQHC Locations ▪ Consideration for Psychiatric Urgent and Crisis Care Facility, including support of Diversion Center Pilot
Expanded Access to Dental Care	▪ Improve Dental Access by Hiring/Contracting Dental Providers in with CommUnityCare ▪ Hygienist Recruitment and Retention Opportunities with Austin Dental Hygiene Schools ▪ Build Dental Capacity at New Clinic Sites, Operated by CommUnityCare ▪ Proactive Dental Outreach and Education Efforts on Routine Screenings and Cleanings	▪ Expand Dental Services for Unhoused Patients through Mobile Dental Clinics ▪ Align Dental Surgery Services
Robust Post-Acute Care, Including Respite and Extensivists	▪ Advance PAC Capacity by Evaluating and Aligning Available Community Resources ▪ Development of Comprehensive Post-Acute Care Strategy ▪ Determine Capacity of Community Based Services Available to Unhoused Individuals ▪ Right-Sized PAC Portfolio to Ensure Quality and Cost of Care Management ▪ Identify Preferred PAC Partners with Access and Committed to Value-Based care ▪ Contract with Local Area Agencies on Aging to Provide In-Home Care for Low-Acuity Hospital Discharges ▪ Expand SNFist Program to Provide 24/7 Coverage	▪ Improve Critical PAC Operations, Transitions of Care, Staff Training, and Technology ▪ Research and Source PAC Waiver Programs ▪ Deploy Service Line specific Initiatives that Drive LOS, Excess Days and Readmissions ▪ Integration of Post-Acute Nurse Care Managers in IRF and LTACH Settings ▪ Strengthen PAC Clinical Governance and Accountability to Sustain Post-Acute Strategy ▪ Expand Recuperative Care Access and Partners to Increase Bed Capacity ▪ Expand Post-Acute Care Management to Ensure Patients Transitioned to Appropriate Settings Post Discharge ▪ Co-located Respite and Subsidized Housing to Expand Health and Social Services to Patients
Expanded Access to Surgical and Procedural Care	▪ Increase Contracted Capacity with Community-Based Specialists	▪ Recruit and Employ Surgical Specialty Providers to Provide Consultations and Surgical Services
Access to Hospital Care	▪ Develop Standardized Utilization Effectiveness Protocols ▪ Assess potential for Increased Contracted Capacity with Local Hospitals ▪ Conduct Long-Term Operational and Capital Planning re Safety-Net Hospital	▪ Future Partnership Options for Supplemental and Transitional Hospital Access ▪ Monitor Services Potentially Impacted by Changing Hospital and Programmatic Landscape
Care Coordination	▪ Establish Clear Delineations Between Central Health and Partner Care Management Programs and Convene Working Group to Align Standards of Care ▪ Care Management Optimization to Ensure Robust Care Coordination ▪ Establish Processes and Technology to Support Risk Stratification ▪ Recruit Additional Care Management Teams for Specialty Clinics to Manage High-Risk Patients ▪ Expand Transitions of Care Teams to Engage Patients Transitioning to PAC Environments and/or Home ▪ Implement Collaborative Care Model to Support Discharge Planning in Hospitals, including connections to SDoH Resources	▪ Centralized RN Care Coordinators in ED to Ensure Appropriate Care ▪ Timely Data Submission from Partners to Support Population Management and Risk Stratification ▪ Dashboard Development to Enable Care Coordination Efforts and Monitor Staff Efficiency and Program Effectiveness ▪ Implement Utilization Review Policies and Procedures for Inpatient Encounters ▪ Launch Medical Rapid Response Team ▪ Establish Central Health Patient Navigation Center ▪ Establish Robust Patient Referral Program to Improve Care Coordination and Patient Tracking

Central Health Identified and Created Over 150 Projects to Address the Most Critical Unmet Needs for Patients

Community Need	Projects	
Enrollment and Eligibility	▪ VeritySource Optimization ▪ Expand Enrollment Efforts Along I- 35 Corridor to Decrease Enrollment Gaps Identified in CHNA ▪ Alignment of Enrollment and Eligibility Efforts with CommUnityCare to Improve Coordination ▪ Optimize Enrollment, Eligibility, and Patient Verification Efforts within Patient Navigation Center	▪ Assess Need for Advanced CRM to Streamline Enrollment and Eligibility Processes ▪ Assess CRM Optimization to Effectively Track Patient Journey, Lead Engagement, and Enrollee Retention ▪ Expand Virtual Enrollment and Eligibility Services, Resources, and Activities
Health Systems Interop. and Technology / Data and Analytics	▪ Data Governance Committee to Establish Compliant and Common Operating Procedures, Data Sharing Standards, etc. ▪ Formalize Data Governance Model ▪ Career Development and Growth Resources to Retain Data and Analytics Talent ▪ Oversight and Accountability Provisions to Ensure Access to Partner EMR Data to Improve Patient Care ▪ Enable Real-Time Utilization and Productivity Tracking within Enterprise EPIC Systems for Improved Reporting ▪ FindHelp Referral Integration into Managerial Reporting Initiatives ▪ Oversight and Accountability to Gain Access to Utilization and Financial Data ▪ Develop Managerial Reporting Processes ▪ Utilization and Financial Data Analytics to Evaluate and Report on Efficacy of Initiatives ▪ Internal Data Governance Formulation and Improvements for Managerial Reporting	▪ Optimize Epic System (Primary Care) to Allow Self-Scheduling and Referrals ▪ Staff Training on Data Sharing and Data Management Expectations ▪ Data Sharing with Partners to Optimize Specialty Care Utilization Between Central Health and Partners ▪ Interoperable Hospital Data Exchange with Partners to Ensure Care Coordination and Successful Patient Referrals ▪ Dashboard Development to Monitor Acute Care Utilization ▪ Two-Way Data Exchange with CommUnityCare Pharmacies ▪ Two-Way Data Exchange with Primary Care Partners ▪ PAC Clinical Information Exchange Across EMRs ▪ Dashboard Development to Address Performance Issues and Track Quality Metrics ▪ Review and Improve Critical Data Processes, Procedures, Governance, and Policies to Ensure Secure Data and Effective Data Sharing
Pharmacy	▪ Establish Patient Assistance Program (PAP) to Optimize Copay Programs and Offset Drug Cost ▪ Pharmacist Integration into Care Coordination Teams, Mobile Clinics, and Patient Navigation Center ▪ Drug Cost Review and Evaluation of Contracts ▪ Expand Drug Courier Service to Additional Target Communities and PAC Facilities ▪ Expand Drug Formulary for High Need Drugs ▪ Improve Process, Policies, Procedures to Improve Drug Utilization and Management	▪ 340B Optimization Opportunities ▪ Optimize Pharmacy Services Footprint Through Partnerships, Consolidation, and Building Additional Pharmacy Capacity ▪ Evaluate and Enhance Pharmacy Benefits Plan to Meet Patient Needs ▪ Bolster Specialty Pharmacy Footprint and Improve Access by Co-locating/Near Clinics ▪ Expand Retail Pharmacy Footprint
Coverage Programs, Benefits, and Structures	▪ Incorporate Coverage and Benefits Services in Patient Navigation Center ▪ Extend MAP Enrollment Length to Align with MAP Basic ▪ Expand MAT Coverage to MAP Basic	▪ MAP Handbook Augmentation including Different Languages, Expanded Patient Financial Responsibility Information, etc. ▪ Implement MAP/ MAP Basic Initial Touchpoint ▪ Pilot Maximum Out-of-Pocket Spend Program for Prescriptions to Reduce Cost Barriers for Patients with Multiple Prescriptions
Social Determinants of Health	▪ Define SDoH Strategy Using Evidence-Based Approach ▪ Connect Patients to SDoH Resources via Care Navigators in Patient Navigation Center ▪ Improve Medical Transportation Program to Provide Lyft Rides and CapMetro Tickets ▪ Catalogue Partner SDoH Capabilities, Services, and Initiatives ▪ Update and Review Healthcare Information and Communication to Provide More Culturally Affirming Materials and Care ▪ Connect Patients to Employment and Recidivism Programs for Formerly Incarcerated Patients	▪ Leverage Collaborative Care Model to Connect Patients to SDoH Resources ▪ Expand Loaner Cell Phone Device Program to Additional Target Populations ▪ Partner with Community Based Organizations to Connect Patients to Healthy Foods ▪ Connect Patients to Adult Education and Literacy Programs ▪ Research and Source SDoH Grant Program Funding Opportunities ▪ Partner with local non-profits (e.g., subsidized housing organizations) to connect unhoused individuals to shelters and supportive housing.

Select Projects are Highlighted as Milestones Over the Next 7 Years To Respond to Unmet Community and Patient Needs



CLOSING THE GAPS

The Healthcare Equity Plan found moderate to significant gaps in care in every area of our safety-net system.

Central Health is working to close these gaps with more than 150 projects to improve care over seven years, including these near-term projects.

M **Moderate gaps**
(30%-50% of community's need is unmet)

S **Significant gaps**
(More than 50% of community's need is unmet)

Primary Care

M

- *Timely service access*
- *Access to social services*
- *Quality care*

Dental Care

S

Primary and specialty dental access

FY 24: **Hornsby Bend** and **Del Valle** Health and Wellness Centers

Behavioral Health

M

Substance use disorders, serious mental illness, anxiety, depression, also includes psych hospitals

Post-Acute Care

S

Respite care, home health care, custodial care

FY 24/25: **Medical Respite** and **Substance Use Treatment** at Cameron Center
FY 24: **Diversion Services** Pilot
FY 25: High Risk Care Clinic

Specialty Care

S

Podiatry, Cardiology, Neurology, Gastro, Nephrology, Pulmonology, Cancer care, and more

Wellness and Prevention

S

Patient communication and education; screening; diet, nutrition & exercise

FY 24: **Rosewood-Zaragosa** Multispecialty Clinic
FY 24: **Patient Navigation Center**
FY 25 on: **Hancock Center** Clinics

CENTRAL HEALTH | HEALTHCARE IS GETTING BETTER

- Adding clinical staff in **six** specialty care lines at **Rosewood-Zaragosa** Multi-Specialty Clinic, which will ultimately see 30,000–35,000 patient encounters annually.
- Building clinical programs to help prevent and manage diseases such as **heart failure and renal disease**
- Establish new **Transitions of Care** teams including
  - 2 Social Workers
  - 2 Community Health Workers
  - 4 Registered Nurses
- Expanding **Medical Respite** staffing to support contracted services and develop future site at the Cameron Center.
- Implement and support robust **electronic medical records system**
- Expand transportation, translation and other **patient support services**.

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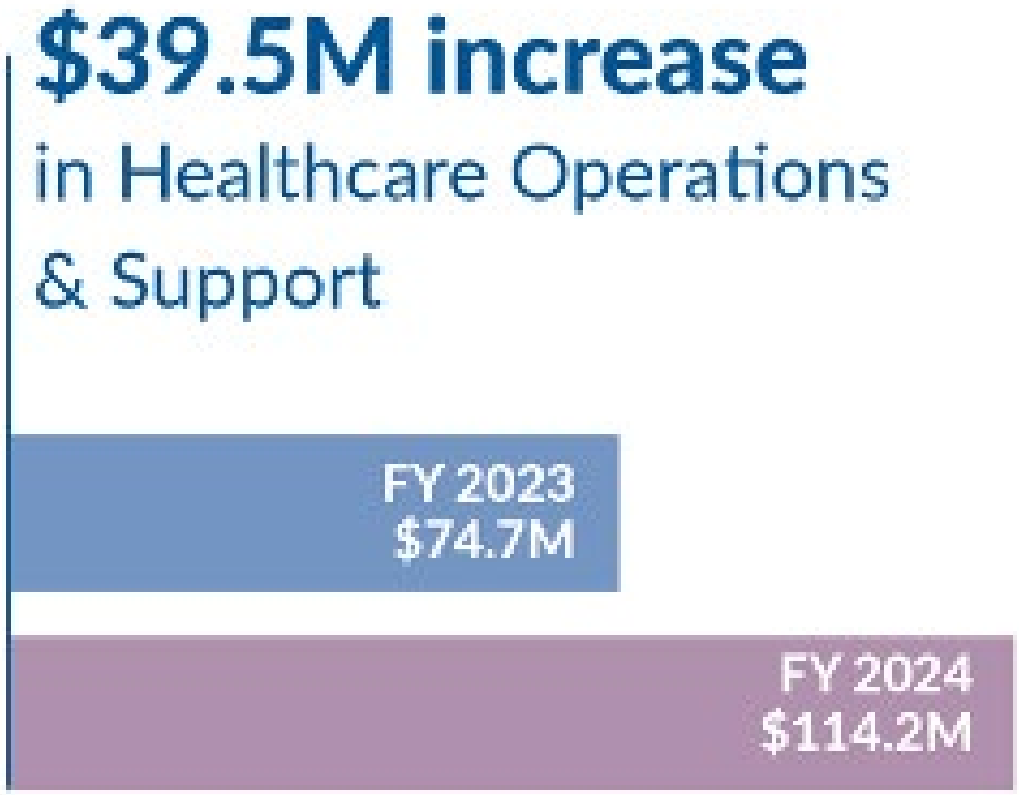
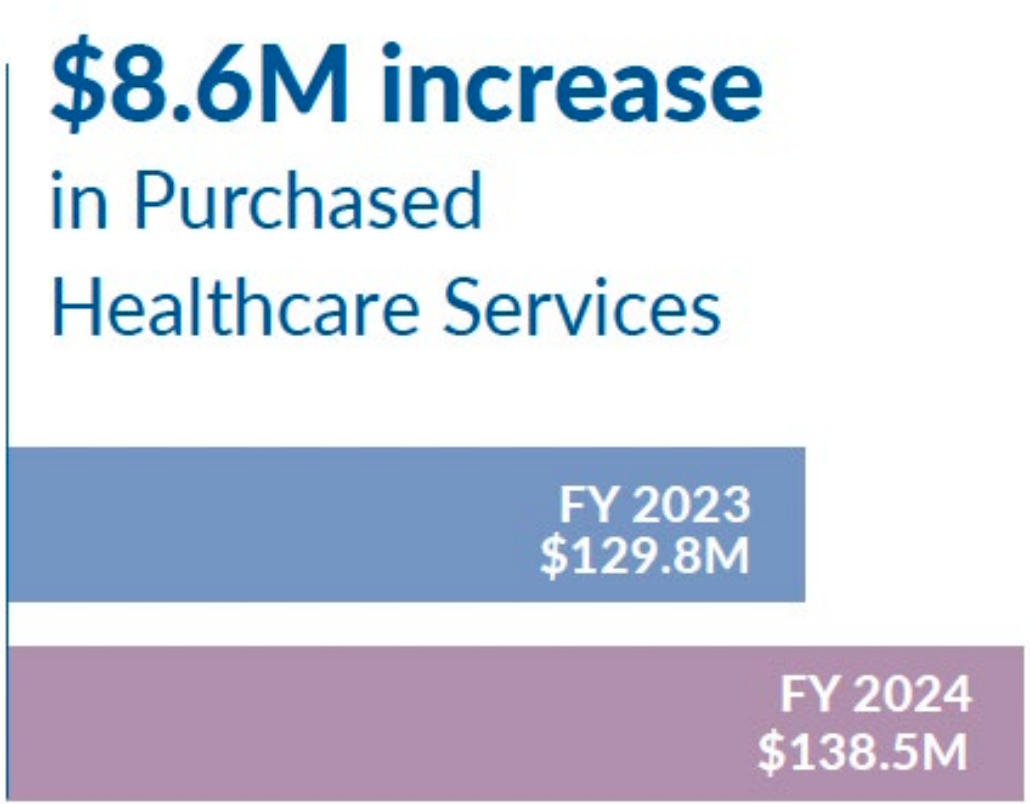


- Opening **Hornsby Bend Health & Wellness Center** (5 exam rooms; 4 flex rooms)
- Opening **Del Valle Health & Wellness Center** (14 exam rooms; 9 adult/pediatric dental chairs + 2 private dental rooms)
- Expanding **Eligibility and Enrollment** team by 12 staff
- Establishing a **Central Health Navigation Center** with 46 current and new staff to guide patients and members to appropriate care and resources
- Building **technology infrastructure** and growing data analytics and reporting systems.
- Continuing **Sendero Affordable Care Act (ACA) subsidy programs** serving more than 4,100 members.



- CUC Healthcare for the Homeless **street medicine** and **mobile clinic** teams
- **Diversion services**
- **Medical Respite** contracts
- **Substance use disorder** and addiction medicine services
- Primary Care and Specialty Care **expanded access**