



# MAKING HEALTHCARE ACCESSIBLE

Special Health Resources provides affordable, comprehensive health care for your entire family. We have convenient locations in Longview, Tyler, Paris, Jacksonville, and Texarkana.

**SHR** A FAMILY OF  
HEALTHCARE  
CENTERS

SPECIAL HEALTH RESOURCES



## Table of Contents

From The CEO . . . . .	3
The SHR Mission and Vision . . . . .	4
Locations . . . . .	6
Our Board Members . . . . .	7
The Consumer Advocacy Board . . . . .	7
Meet our Board Members . . . . .	8
Response to the Crisis	
Intune Mobile Services Demand . . . . .	9
The Numbers Tell the Story	
Trends 2016-2020. . . . .	10
Patients. . . . .	12
The Medical Home and so much more	
Payers . . . . .	17
Financial Growth . . . . .	18
Featured Program. . . . .	19
Grants . . . . .	20
HARP . . . . .	21
Looking to the Future – COO Report. . . . .	22

## A Message from our Chief Executive Officer, David Hayes

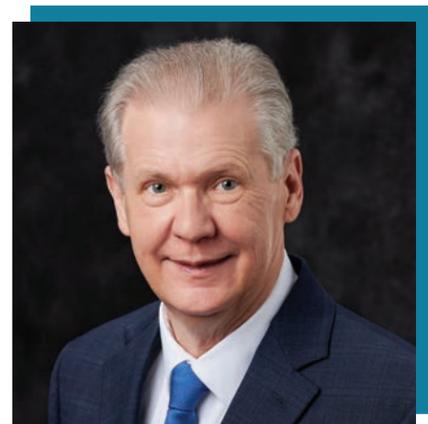
We would like to extend our deepest gratitude for your contributions to improving the health and wellness of our communities. We have been on quite a journey in 2020. Our mission is "Making Healthcare Accessible". This is our focus every day. How do we meet the demands for healthcare services that are always evolving? How do we bring a new and better experience to our patients? We provide a wide variety of services to fulfil our mission to serve our communities. We provide primary care, pediatrics, OB/GYN and dental services. We also have been a leader in helping patients with HIV, Substance Use Disorder, and in Behavioral Health services. The recent expansion of Suboxone Opioid Use treatment services has been a success with patients and will be expanded to benefit even more patients in 2021.

These are a few things that SHR accomplished this past year with the help of team members at every level of the organization that need to be recognized. First, we improved our financial stability by watching expenses, managing our grants, and working more productively. Next, in response to the Covid-19 pandemic we worked with our partners at The University of Texas at Tyler to rapidly utilize the INTUNE Mobile Unit, providing Covid testing and other service needs in our rural communities. Third, we reinforced, and continue to develop, our workforce infrastructure to catch up with our rapid growth. Fourth, we have been diligent in identifying skills and talent within our organization to meet current and future organizational needs. Fifth, we initiated a security awareness program engaging Krieg & Associates Corporate Security Services for safety and risk management trainings for administrative and management staff. His agency also performed security assessments at many of our facilities. Finally, as a result of our quick response to the Payroll Protection Plan Loan Program, and with the assistance of Texas Bank and Trust, we were able to maintain our workforce through 2020.

Responding to the pandemic perhaps was our greatest challenge. Through hard work and creative thinking, we were able to turn the situation into a success. We met the challenge of Covid-19, quickly turning it into an opportunity to innovate and continue to serve the surrounding rural communities via the INTUNE Mobile Unit. In addition, our IT team implemented telehealth capabilities within two days after the pandemic hit East Texas so we could provide virtual access to our patients. Team members (providers, nurses and support staff) worked on the INTUNE mobile unit in all kinds of weather to provide testing and services that were needed by the communities we serve. While these team members were in the field, others filled in for them and took on heavier loads in the clinics. We have been through so much at every level since the beginning of 2020. Covid-19 has changed our work and home life. It has taken organization-wide efforts to get where we are today. Meeting this challenge demonstrated once again that our entire team of over 215 employees is wholly dedicated to serving those most in need, no matter what it takes.

We are both enthusiastic and proud of what we have accomplished this past year, and will continue to introduce new and effective programs to improve the health and well-being of our patients, reflecting our steadfast dedication to our mission,

*"Making Healthcare Accessible".*



*To grow a robust and sustainable comprehensive community health care delivery system for our region*

## The SHR Mission and Vision Making Healthcare Accessible

Special Health Resources for Texas, Inc. (SHR) is a federally qualified health center (FQHC) including a network of ten healthcare clinics, and a mobile clinic, serving twenty-three counties in North East Texas and one county in Arkansas. SHRT mission is "making healthcare accessible" particularly for the underinsured, uninsured, those living in poverty, and/or located in rural areas. With clinics in Longview, Tyler, Paris, Jacksonville, and Texarkana, Texas and Arkansas, as well as a mobile unit to serve rural areas, SHRT provides patients a full-range of primary care services including adult and pediatric primary care, dental care, women's health services, and immunizations and vaccinations. Behavioral health care, substance use services, Title X services, and PLWHA outreach, prevention, screening, and treatment are also available.

Special Health Resources began as AIDS Inc, the community response to the AIDS epidemic late 80s. Initially, AIDS Inc provided social support to HIV positive individuals and their families, but soon, the organization assumed a leading role in providing medical care, emergency assistance and case management and other supportive services to HIV positive individuals across 23 counties of northeast Texas. The original name was changed to Special Health Resources to reflect its broadened mission and services.

To meet the needs of those we serve, SHR offers a wide range of services, through our network of clinics and mobile unit, including the following:

- Adult and Pediatric Primary Care
- Behavioral Health Services
- Dental services for both adults and children
- Prenatal services
- Substance use treatment and counseling
- Family Planning services
- HIV and STD testing and treatment
- Transportation to medical appointments and care coordination for Ryan White patients





Woman and Child Health Center Of Longview



Texarkana Care Clinic (Main St)



Tyler Care Clinic Troup Hwy



Jim Meyer Comprehensive Health Center



Paris Care Clinic / Pediatric Clinic of Paris



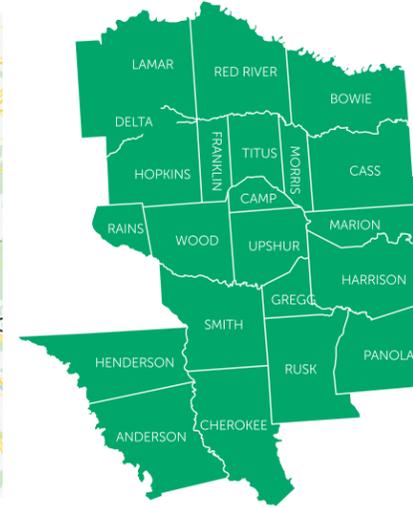
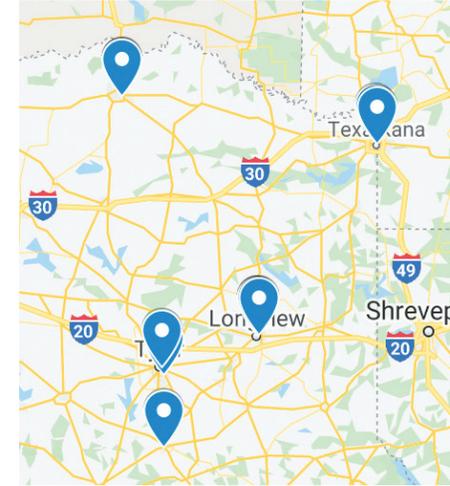
Jacksonville Care Clinic



Tyler Care Clinic Midtown



Texarkana Care Clinic (6th St)



SHR is proud to bring quality and affordable health care to all 23 counties of East Texas. We have convenient locations in Longview, Tyler, Paris, Jacksonville, and Texarkana, as well as a mobile clinic that serves the rural areas of East Texas.

Whatever health care needs you have, SHR has friendly doctors and medical providers nearby to serve you.

## Our Locations

### Jacksonville Care Clinic

1013 College Ave, Jacksonville, TX 75766  
903-541-2571

### Tyler Care Clinic – Troup Hwy

4519 Troup Hwy., Tyler TX 75703  
903-289-9252

### Tyler Care Clinic – Midtown

1300 Clinic Drive, Tyler TX 75701  
903-597-7558

### Jim Meyer Care Clinic

410 Fourth Street, Longview, TX 75601  
903-234-8808

### Woman & Child of Longview

402 N. 7th Street, Longview TX 75601  
903-212-7110

### Paris Care Clinic

3150 Clarksville St. Suite 300, Paris TX 75460  
903-785-0078

### Pediatric Clinic of Paris

3150 Clarksville St. Suite 100, Paris TX 75460  
903-782-9206

### The Pine Tree Clinic

501 Pine Tree Rd., Longview, Tx 75604  
903-234-0936

### Texarkana Care Clinic Main

1102 Main St., Texarkana TX 75501  
903-792-5924

### Texarkana Care Clinic – 6th St.

300 E. 6th St., Texarkana AR 71854  
903-949-6226

### MedPlaza Client Services

701 East Marshall, Suite 300, Longview, Tx 75601  
903-212-7892

### Intune Mobile Clinic

903-212-7151

## The Consumer Advisory Board Ryan White Program

The Consumer Advisory Board (CAB) is part of the Ryan White Program. It contributes to the Ryan White Program ensuring open channels of communications between SHR and Ryan White patients. The Board Chair is Lupe Tobar, with Bobby Pierce serving as the Co-Chair. The CAB meets quarterly and is open only to those receiving Ryan White services. While most meetings focus on viral suppression and medication adherence, guest speakers from various SHR departments may give presentations providing insight and clarification on services offered throughout our network as well as introducing new programs. After presentations and group discussion, breakout sessions are used to give everyone the opportunity to express concerns and make suggestions how to improve services from the client perspective.

## Our Board Members

2019 – 2020 Officers and  
Directors of Special Health  
Resources for Texas, Inc.

### Lupe Tobar

Board Chair

### Bobby Pierce

Vice Chair

### Danny Rivers

Treasurer

### Janie Wood

Secretary

### Pamela Lewis

Board Member

### Timothy Walsworth

Board Member

### Roque Capetillo

Board Member

### Roger Gardner

Board Member

### Enselme Sam Fandolhan

Board Member

We would also like to express our appreciation to the many others who have served the Special Health Resources board since its inception in 1989.



## Profile

Board Member Profile: Lupe Tobar

In 2000, I became involved with SHR as a member of the Consumer Advisory Board. I feel my role is to open up the lines of communication and be an advocate for those newly diagnosed with HIV. My personal mission is to make sure that every person has access to health care and medication that is affordable.

## Provider Profile

Questions and Answers with Dr. Robert Hough

*When did you decide to become a doctor?*

I had a surprise major surgery when I was 24 years old and had a lot of time recovering to consider my future.

*What inspired you to become a doctor?*

I had an interest in people, behaviors, etc. and how that can affect their health.

*Is there any one event you can remember that solidified your decision to become a doctor?*

Not really.

*What is your mission and vision as a doctor?*

I would love to enhance the lives of the families we see and play a small part in helping our kids achieve their dreams.

*How did you decide on what specialty to pursue?*

A cute girl who was doing pediatrics residency and I was doing family practice.

*What is the one piece of advice you would give anyone considering becoming a doctor to cultivate a successful working relationship with patients?*

Get to know people from all walks of life, so you can better connect with them by understanding their unique backgrounds and challenges.



### Things of Note:

Dr. Hough is a member of the Choctaw Apache Tribe of Beatbox Louisiana. He is also known as the Chief Pancake Officer given his affinity for that delectable breakfast food.

## Response to the Crisis

### Intune Meeting Demand

With the sudden spread of the Covid 19 virus, local hospitals and urgent care centers were becoming overwhelmed and the shelter-in-place and lockdown orders that were being put into place by our governor we knew that there was a critical need for innovative and creative healthcare solutions. With us having a mobile medical unit we knew this could be a great way to battle against the virus. We knew to effectively meet the demand in our area that we needed to collaborate with all of our clinics and other partners, such as UT Tyler. With joint effort we were able to put a team together within a few days and have full clinic running within a week. Our mobile medical unit was able to play a vital role in giving access to care and reaching the underserved population, isolated individuals, the displaced and those in need.



## Numbers tell our story

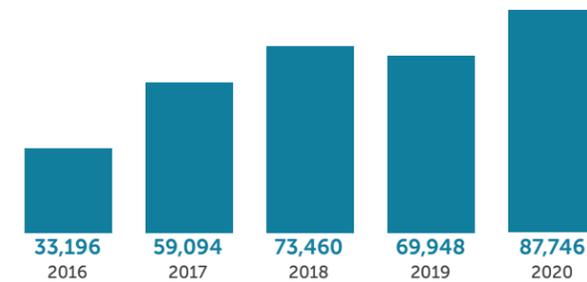
### Trends 2016-2020

From 2016 to 2020 there were a total of **323,444 visits** organization-wide; during these past 5 years we experienced rapid growth. From 2016 to 2017 we saw an addition of **25,898 visits**, and the following year there was an increase of **14,366 visits**. We experienced a slight reduction of growth in 2019. In that year, our number of visits dropped by three thousand five hundred and twelve. Nevertheless, in 2020 we increased our **visits by 17,798** despite the unexpected Covid-19 pandemics. Our success in 2020 can be credited to our Executive team's vision and flexibility. The new COO restructured the Operations Team, set realistic goals, and empowered the staff to make tough decisions daily. Furthermore, she introduced decision-making based on solid data, with the philosophy of "we cannot improve what we cannot measure" contributing to productivity as a priority while simultaneously achieving client access and satisfaction.

During the same time period, the number of unique patients also grew at the same pace if not faster. From 2016 through 2020 SHR served **95,081 unique patients** utilized our services. Note that we only counted **8,444 unique patients** in 2016, and proudly finished with **29,081 patients** at end of 2020. This is a commendable 3.5-fold increase in five years.

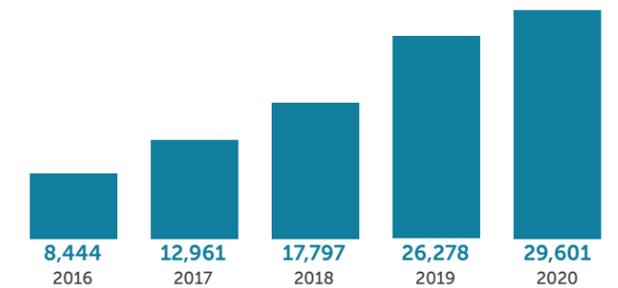
Our mission, to make health care accessible for our communities, is being achieved daily by our caring staff. Our COO repeatedly emphasizes the importance of making our clinics a place of choice for patients and not a place of last resort and our growing numbers reflect this trend.

### Numbers of Visits 2016-2020



**Total Visits: 323,444**

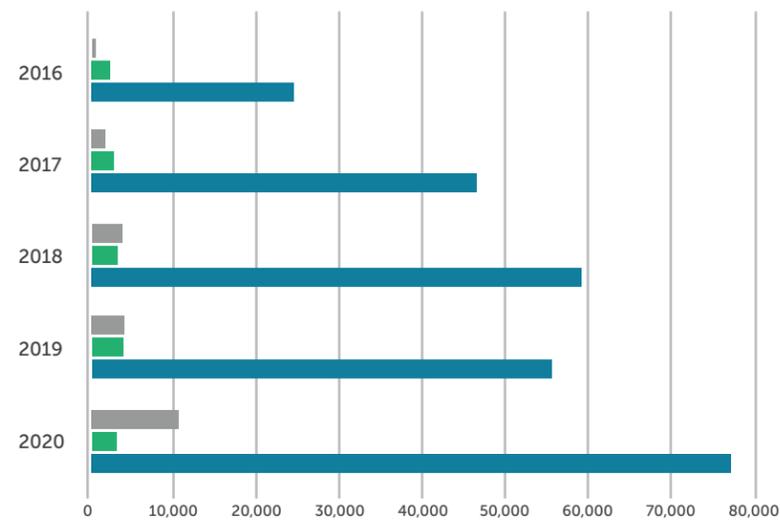
### Number of unique patients 2016-2020



**Total Unique Patients: 95,081**

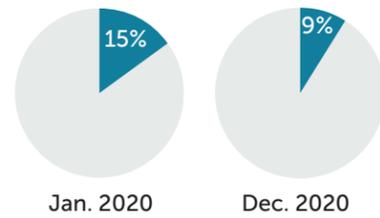
From 2016 through 2020 we successfully expanded our programs to include more behavioral and dental care, adding to the repertoire of services offered to our underserved population. These services have been welcomed by our patients as we are now in the position to offer comprehensive healthcare at all of our clinic locations. The table below reflects this growth and program expansion.

### Numbers of Visits by Program 2016-2020



	2016	2017	2018	2019	2020
Behavior Health	208	1,633	3,659	3,813	10,409
Dental Visits	2,120	2,623	2,870	3,663	2,592
Medical Visits	24,334	46,604	59,099	55,582	77,191

As of January 2020, the SHR client's no-show rate was at 15%, and by December, it dropped to 9% percent. This reduction in missed appointments demonstrates our dedication and commitment to improved follow-up with patients ensuring that they receive the care they need on an on-going basis.



### Our Patients

#### Trends 2016-2020

The patients grouped by age group for the past five years reflect our flexibility and in caring for all ages. However, the table also shows the need to have our marketing department engage more with the males between the ages 16 to 20 and persuade them to come in for their yearly physicals. More outreach is also needed to encourage the 65+ patients to stay in care. One of the avenues we are exploring is to train staff to assist patients in navigating the Medicaid and or Medicare application process in order to apply for benefits.



Over the past five years we have experienced our fastest growth in the number of patients seen across our network. For this time period, the majority of our patients are between zero and five years old. However, data also reveals that many of our once pediatric patients fail to follow through into adult care. To better ensure that our patients transition successfully to adult care, we are developing innovative programs and marketing materials to encourage them to remain in network.

Patients Age Group	Male	Female
0-5	11835	11270
6-10	6790	5975
10-15	5092	5023
16-20	1966	3891
21-24	880	2772
25-29	1312	3530
30-34	1374	2768
35-39	1443	2424
40-44	1387	2112
45-49	1631	2144
50-54	1880	2087
55-59	2154	2129
60-64	1668	1869
65-69	990	1134
70-74	598	805
75-79	445	513
80-85 and older	409	578

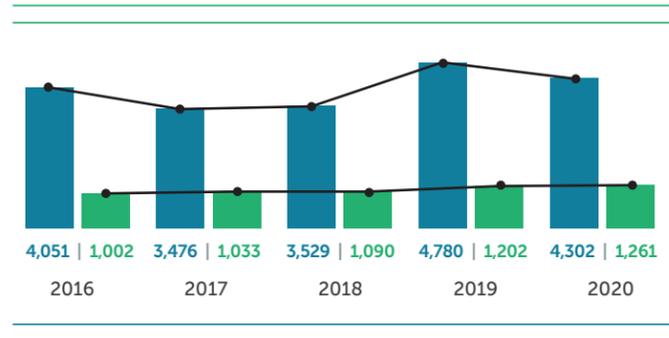
## HIV Patients

For the past 5 years (2016 – 2020)

From 2016 through 2020 the number of HIV patients has remained relatively stable, the number of visits rose to a high of 4,780 in 2019, dropping to 4,302 in 2020. This reduction in the number of visits in

attributable to the impact of Covid-19, and despite this drop the number of visits is expected to rise, albeit slowly over the next few years due to our focus on comprehensive care.

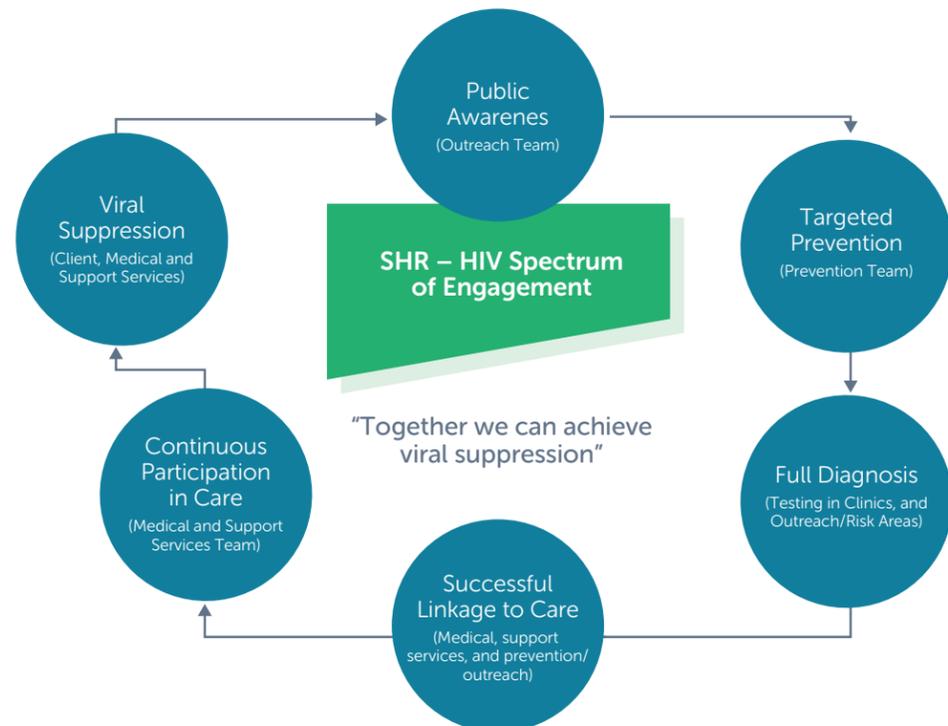
### Overview of HIV Clients 2016-2020



### Number of Visits | Number of Patients 2016-2020

Symptomatic/Asymptomatic HIV (2016-2020)		
Year	Number of Visits	Number of Patients
2016	4,051	1,002
2017	3,476	1,033
2018	3,529	1,090
2019	4,780	1,202
2020	4,302	1,261

The flow-chart below illustrates our treatment approach with our HIV patients. SHR utilizes the HIV Spectrum of Engagement to help our Ryan White patients overcome barriers to care, to ultimately achieve viral suppression



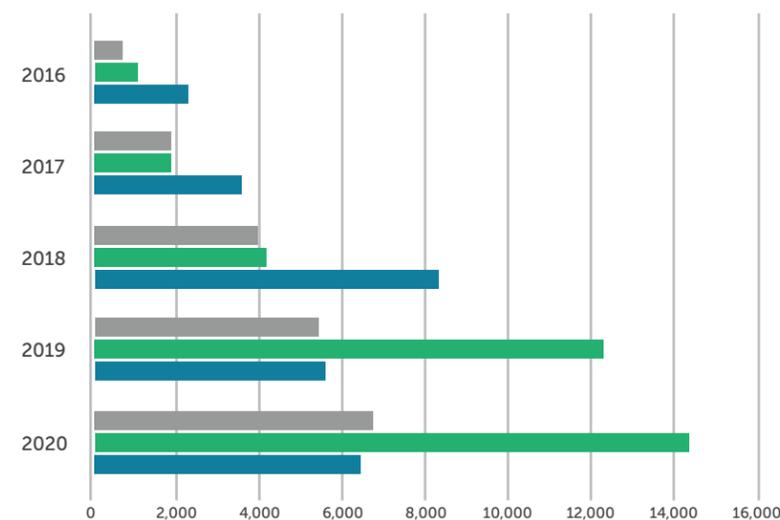
Our success in helping HIV patients achieve viral suppression is due to the hard work of our support services staff, including but not limited to, case management, HOPWA, and transportation). Our support services team works hand in hand with the medical team. Each team member, be it support services or medical staff, understands their roles and how their actions can impact patients, and the organization, as a whole. Support staff, across the board, are advocates for our patients and work closely with medical staff to ensure the best care possible for patients.



## Top diagnosis

2016 to 2020

From 2016 to 2018 diabetes was the leading diagnosis among our patient population. However, for both 2019 and 2020 hypertension became the leading diagnosis. Diabetes, hypertension, and obesity often appear as co-morbidities contributing to the high rates of heart disease and stroke in northeast Texas, with heart disease being the leading cause of death in the region. To better manage these conditions and reduce the possibility of stroke or heart disease, a strategic partnership with a team of CCM professionals was brokered in June 2020 to provide personalized chronic care management to our patients.



	2016	2017	2018	2019	2020
Diabetes Mellitus	2373	3632	8373	5650	6507
Hypertension	1116	1956	4273	12316	14342
Overweight/Obesity	777	1945	3951	5490	6823

## Quality Improvement and Clinical Indicators

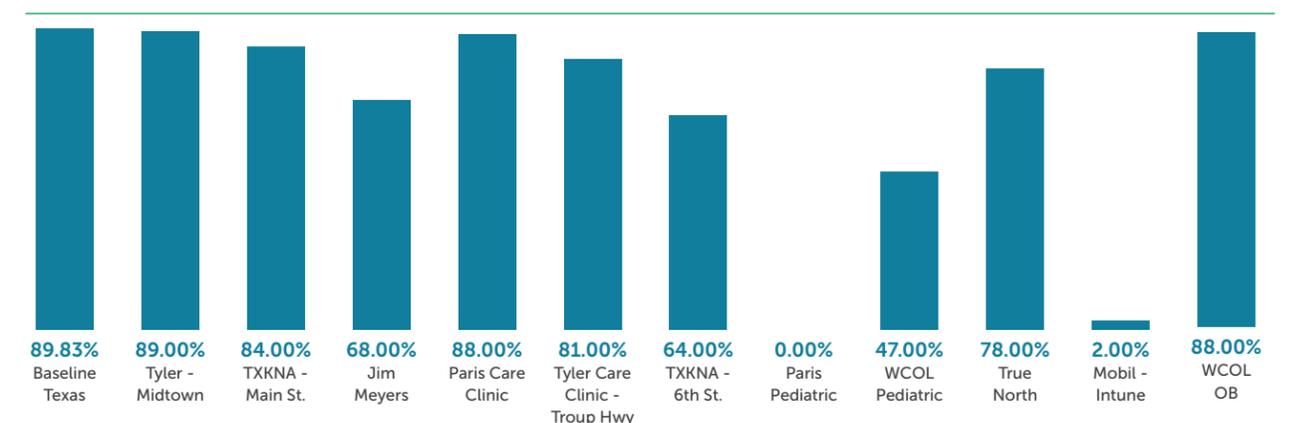
A Continuous Quality Improvement committee was created in June 2020 (CQI). The ultimate goal of this committee is to achieve value-based care while complying with HRSA requirements in providing care. This committee focuses on understanding what barriers the staff faces daily in providing care to patients so in turn they can be guided, coached, and provided with the resources needed to care for patients efficiently and effectively. To help the organization better serve patients, clinical indicators were identified. We are focusing on the following indicators to assess, evaluate, and improve patient care.

- Lipid Therapy/ Statin
- Depression and Followed Up
- Tobacco Use Screening and Cessation
- Adult Weight Screening and Follow-Up
- Children And Adolescent Weight Assessment and Counseling
- Cervical Cancer Screening

To the right is a snapshot of two indicators as of December 2020 by clinic, using Texas as baseline for comparison.

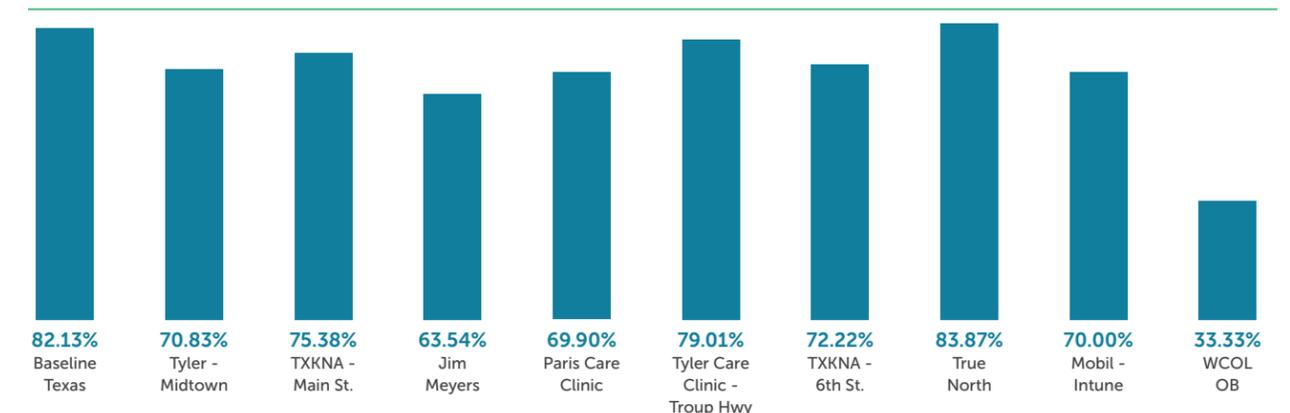
### Tobacco Use Screening and Cessation

Tobacco users aged 18 or older who have received cessation advice or medication



### Lipid Therapy / Statin

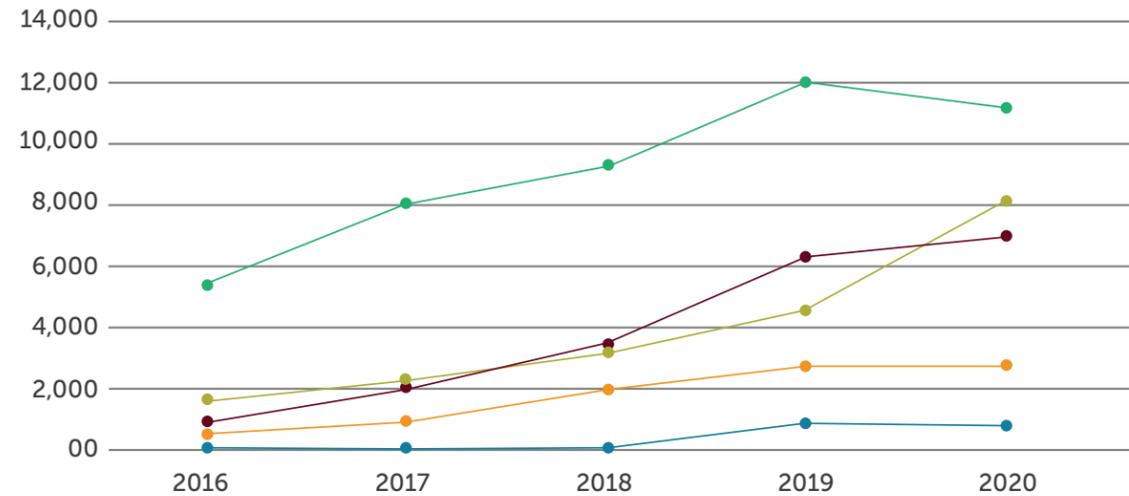
Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy



## Payers & Payors

From 2016 to 2020 the number of uninsured patients seeking our services has increased with a particularly large jump from 4,501 to 8,145 from 2019 to 2020, respectively. Our goal is to reduce the number of uninsured patients by educating them about Medicaid and Medicare benefits, and assisting or referring the patient to apply for health care benefits.

**Visit number of Payors:  
2016-2020**

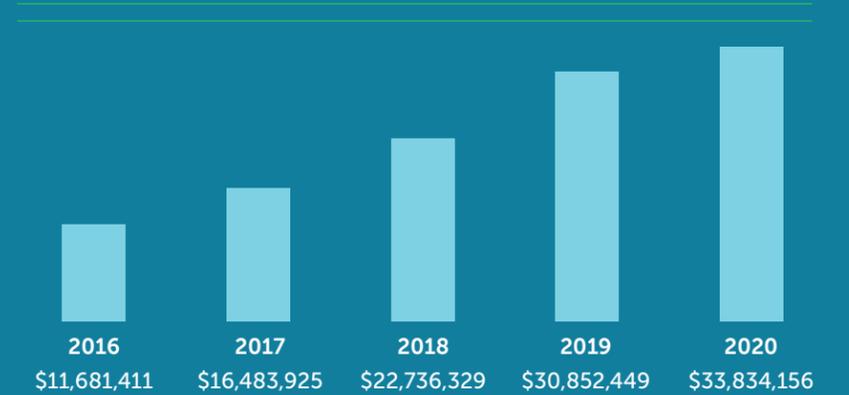


Visit number of Payors:					
Year	Uninsured	Medicaid	Medicare	Private	Other
2016	1,621	5,421	561	841	0
2017	2,170	7,957	768	2,031	35
2018	3,270	9,220	1,907	3,344	56
2019	4,501	11,964	2,668	6,362	782
2020	8,145	11,085	2,723	6,958	690
<b>Total</b>	<b>19,707</b>	<b>45,647</b>	<b>8,627</b>	<b>19,536</b>	<b>1,563</b>

## Financial Growth

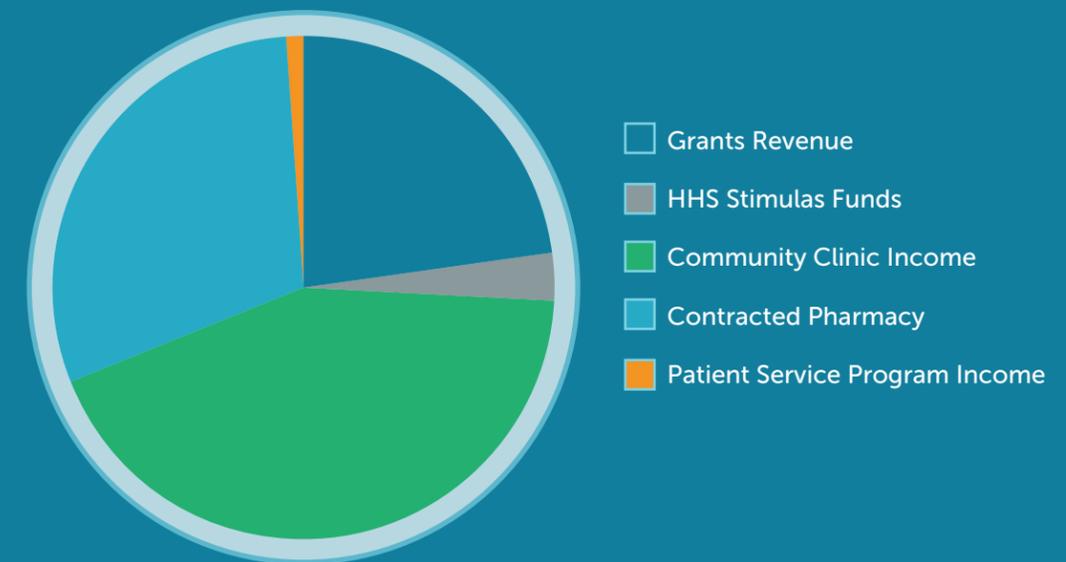
### Operational Budget 2016 – 2020

From 2016 to 2020 our operational budget has almost tripled. Over those four years the SHR network has expanded and we are seeing more clients than ever before. This growth and expansion is indicative of our commitment to better meet the needs of our clients, making healthcare accessible to all in northeast Texas.



### Revenue in percentage and by source

Fifty-three percent of our revenue is derived from contracted pharmacy revenue and grant funding, whereas community clinic & patient services revenue contributes 45% to the total. Health and Human Services (HHS) stimulus funds contribute the remaining three percent to our total revenue. These diverse revenue streams speak to the many programs and services we offer throughout our network while contributing to our long-term sustainability.



## FEATURED PROGRAM

### STROW

#### *An Integrated Approach to Substance Abuse Treatment*

According to the National Institute on Drug Abuse, in the U.S. in 2018 there were **37,367 reported drug overdose deaths**. In the same year the State of Texas, reported 1,402 opioid-involved overdose deaths. Deaths involving heroin or prescription opioids were 668 and 547, respectively. Substance abuse is a complex problem with devastating and lasting affects across the lifespan. It strains our families, ravages our communities, and threatens the well-being of our entire State of Texas. SHR has identified the need for increased treatment services among minority and at highest risk populations with Substance Use Disorder and Co-occurring Disorders. Our program, **Supporting Treatment & Recovery from Opioid Withdrawals (STROW)** enhances SHR's current outpatient treatment and MAT programs by increasing the number of people that are served every year and reframing current services within the scope of a trauma-informed model. STROW also includes an intensive case management component that specifically targets those who may be at risk for homelessness. This program utilizes an integrated approach for treating alcohol and substance abuse disorders through counseling and prescription medication assistance, while also providing referrals for housing assistance, help with obtaining insurance, applying for disability and Social Security benefits, assistance with applying for food stamps, and more. Through this program, and our many other services, we are here to make emotional and mental health and substance abuse treatment more accessible for individuals struggling with an addiction problem.



## Grants

Grants help support the programs and services offered through the SHR network. We rely primarily on funding from the Federal government to keep our programs going. Our top four funders are HRSA, SAMHSA, the Houston Resource Group, and DSHS.

### Grants Submitted in 2020

Sixteen grants were submitted in 2020. Five of the applications were for SAMHSA continuations to support substance use and mental health services for a total of \$2,126,350. Other programs funded, or pending notification, include the following:

- Comprehensive High-Impact HIV Prevention Programs for Community-Based Organizations
- Ryan White HIV/AIDS Program (RWHAP) Part C Early Intervention Services (EIS)
- COVID-19 Telehealth Application
- Service Area Competition (SAC)
- Broadway Cares Equity Fights AIDS (BC/EFA)
- Clinics Pathway Approach (CPA)
- FY 2021 National Hypertension Control Initiative Supplemental Funding for Health Centers (NHCI-HC)
- Strategic Prevention Framework-Partnerships for Success (SPF-PFS)
- HIV Prevention Services
- Women's Health & Family Planning Association of Texas (WHFPT)



## MAKING A DIFFERENCE:

### Healthy AIDS Recovery Program (HARP)

This program integrates HIV prevention and care with behavioral care. It provides social activities to help clients sustain interest in the program, increase social support among clients, and aid in recovery to avoid losing clients due substance abuse to relapse. It provides support for young men diagnosed with a substance use disorder or co-occurring substance use and a mental health disorder. The goal is to increase the number of clients accessing support services and put them on the path to health and recovery. Moving beyond substance use is a difficult journey, but with continued support, compassion, and patience, clients can successfully navigate the pitfalls, as this story from Joshua Martinez, CI, MHPS, RSPS, demonstrates. Names have been changed to protect the identity of the client and ensure confidentiality.

Thomas was an IV meth user. He was contacted in April 2019 and introduced to our substance use disorder treatment programs. He was in the pre-contemplation stage of change. Our Case Manager followed-up with him occasionally over the next five months, just to let him know that when he was ready, we were here for him. The Case Manager didn't hear from him for a few months and then one day he stopped by the clinic and came by my office. He was ready to make a change.

He enrolled in our [Healthy AIDS Recovery Program \(HARP\)](#) but then disappeared.

A few weeks passed and one day we received a phone call over the Christmas break. It was Thomas. He needed help and was desperate to get it. Case Manager met Thomas at a 12-step meeting that day. He got an interview with the East Texas Council on Alcoholism and Drug Abuse (ETCADA), received a referral, and got tested for COVID-19. He made it through the next two weeks, and we were able to get him into a residential program at Homeward Bound in January. He has since completed his 30-day program and has been clean for over six months.

He and his mom have called to check in and thank us for our services on multiple occasions. The light in his eyes brings joy to his mother's heart.

It has been both an honor and privilege to work with Thomas and all of our clients we serve. Their strength reminds all of us that change is always possible given the support to make it happen.



## Looking forward to the Future

Message from our COO, Amparo Mahler

In the year ahead, we will continue with our efforts of expanding healthcare services across the twenty-three-county region we serve, including rural and underserved communities. We are working towards adding new services and clinic locations to meet the demands of these communities and make a positive impact on the patient and public health outcomes.

While we work to address the needs of our communities, we also will focus on addressing the workforce environment. In partnership with local schools and universities we will work not only to help prepare the next generation of medical providers, but ensure that affordable healthcare continues to be available to those who need it. We are currently working in partnership with the University of Texas at Tyler School of Nursing to offer two new behavioral health programs while helping students gain clinical experience in an integrated care setting. In addition, we also collaborate with University of Arkansas for integrated pediatric services. We have partnered with a local school district to provide primary and behavioral health care to students and their families. Although these are new programs, they lay the groundwork for

continuing and productive relationships through which we will be able to reach more patients and provide a wider variety of services.

We are looking forward to implementing school-based health centers in this upcoming year to not only serve the student but also address the healthcare needs of the entire family. The school-based services will not only include primary care but will focus on behavioral health and prevention type services, linking the student and family to our Patient Center Medical Home clinics for additional specialty services.

I would like to thank our patients, board members, partners, and dedicated healthcare professionals for providing your expertise, guidance and support throughout this exciting year of growth and development.





**SHR** A FAMILY OF  
HEALTHCARE  
CENTERS

SPECIAL HEALTH RESOURCES

[WWW.SPECIALHEALTH.ORG](http://WWW.SPECIALHEALTH.ORG)

SHR is a FTCA Deemed Facility. This health center is a Health Center Program grantee under 42U.S.C. 254b, and a deemed Public Health Service employee under 42 U.S.C. 233(g)-(n).