



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

Collaboration - We partner with others to improve the health of our community.

STRATEGIC PLANNING COMMITTEE MEETING

Wednesday, March 9, 2022, 1:00 p.m.

Videoconference meeting¹

A quorum of the Committee and the presiding officer will be present at:

Central Health Administrative Offices
1111 E. Cesar Chavez St.
Austin, Texas 78702
Board Room

Members of the public may attend the meeting at the address above, or observe and participate in the meeting by using the Ring Central meeting link below (copy and paste into your web browser):

<https://meetings.ringcentral.com/j/1469297947?pwd=amtCbC85aEFXMIBsczFBQ2FIVzJXZz09>

Password: 854685

Members of the public may also listen and participate by telephone at:

Dial: (888) 501-0031

Meeting ID: 146 929 7947

Effective September 1, 2021, Governor Abbott has rescinded emergency waivers allowing Open Meetings to be conducted virtually. To reduce the possibility of infection as a result of attendance at in-person meetings, the Committee will meet via videoconference with a quorum present in person and allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Committee will be physically present at the location posted in this meeting notice, we strongly encourage all members of the public to observe the meeting virtually and participate in public comment, if desired, through the virtual meeting link or telephone number listed on this meeting notice.

Members of the public who attend in person should conduct a self-assessment before coming to the building to ensure they do not have a high temperature or any symptoms of COVID-19. Anyone who is symptomatic and/or has a fever should contact their healthcare provider for

further instructions. Symptomatic members of the public can still participate, if desired, through the virtual meeting link or telephone number listed on this meeting notice. Masks should be worn inside the Central Health offices and individuals should maintain proper social distancing from others. Resources related to COVID-19 can be found at the following link:

<https://www.centralhealth.net/covid-info/>.

A member of the public who wishes to make comments during the Public Communication portion of the meeting must properly register with Central Health **no later than 11:30 a.m. on March 9, 2022**. Registration can be completed in one of three ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-up/>;
- Call 512-978-9190 and leave a voice message with your full name, your request to comment via telephone, videoconference, or in-person at the meeting; or
- Sign-in at the front desk on the day of the meeting, prior to the start of the meeting.

Individuals who register to speak on the website or by telephone will receive a confirmation email and/or phone call by staff with instructions on how to join the meeting and participate in public communication.

PUBLIC COMMUNICATION

Public Communication rules for Central Health Committee meetings include setting a fixed amount of time for a person to speak and limiting Committee responses to public inquiries, if any, to statements of specific factual information or existing policy.

COMMITTEE AGENDA

1. Review and approve the minutes of the January 26, 2022 meeting of the Strategic Planning Committee. (*Action Item*)
2. Receive a Fiscal Year 2022 Service Delivery budget priority update. (*Informational Item*)
3. Receive an update on the Central Health Community Healthcare Initiatives Fund (CHIF). (*Informational Item*)
4. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

¹ Although emergency orders allowing for fully virtual meetings have expired, the Travis County area continues to have a high COVID-19 infection rate. This meeting may include one or more members of the Strategic Planning Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be visible and audible to the public members in attendance whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**

The Strategic Planning Committee may consider any matter posted on the agenda in a closed session if there are issues that require consideration in a closed session and the Committee announces that the item will be considered during a closed session.

A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the agenda. However, Board members who are not Committee members will not vote on any Committee agenda items, nor will any full Board action be taken.

Any individual with a disability who plans to attend or view this meeting and requires auxiliary aids or services should notify Central Health as far in advance of the meeting day as possible, but no less than two days in advance, so that appropriate arrangements can be made. Notice should be given to the Board Governance Manager by telephone at (512) 978-8049.

Cualquier persona con una discapacidad que planee asistir o ver esta reunión y requiera ayudas o servicios auxiliares debe notificar a Central Health con la mayor anticipación posible de la reunión, pero no menos de dos días de anticipación, para que se puedan hacer los arreglos apropiados. Se debe notificar al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049.

Central Health Board of Managers Shared Commitments **Agreed adopted on June 30, 2021**

Whereas, the Board of Managers of Central Health has come together as a governing body to ensure the Vision of Central Health: Central Texas is a model health Community;

Whereas, the Board of Managers of Central Health bring this vision into reality by enacting the mission of caring for those who need it most and thereby improving the health of our community;

Whereas, the Board of Managers of Central Health achieves excellence toward this vision and mission through the stated values of Stewardship, Innovation, Respect, and Collaboration;

Whereas, the Board of Managers of Central Health further known as we in this document understand that systemic racism is the root of health inequities that emerge from a history of racism in Texas including Travis County that contributes to the social determinants of health that play a primary role in producing inequitable health outcomes;

Whereas, as an organization, Central Health is anti-racist and committed to a diverse and inclusive culture that seeks equity and social justice in the pursuit of its mission:

1. We Commit to informing all of our actions as Board Managers with the understanding that we are accountable to recognizing and to interrupting systems of oppression. This includes understanding the power structure in the United States, and Texas, and Travis County, that advantages certain community members and has historically disadvantaged other community members based on the color of their skin, race, ethnicity, language, and/or other characteristics. We further understand that to disrupt this power structure and the health inequities it produces, we must collaborate to collectively respond to the lived realities of all ethnicities, races, and identities disadvantaged within this system and all historically oppressed identities and communities disadvantaged within this system. We Commit to understanding that when disadvantaged communities compete against each other, we all lose in this system, and the only way forward is to work together for the benefit of all oppressed communities collectively.
2. We Commit to a model of Generative Leadership which requires us to understand and practice collaboration and accountability demonstrated by following our agreed upon meeting procedures and ensuring all members have the opportunity for comparable speaking time. We further Commit to intentionality prior to speaking including: considering: what is the goal of what I

- want to share; is this the right time to share it; and is this in keeping with our collective goal for this particular moment within this particular meeting?
3. We Commit to Generative Conflict which includes engaging in disagreements and differences in perspective in a way that deepens relationships and trust by expanding knowledge and understanding of each other, including expecting our ideas to be expanded and enriched by learning and engaging with other Board Manager ideas, choosing curiosity over competition of ideas, and anchoring our conversations in our common purpose.
 4. We Commit to practicing emotional intelligence as leaders which includes being aware of our own emotions and reactions and managing them, as well as being aware of our impact on others and managing this impact for the collective good when we are in our role as Board Managers.
 5. We Commit to being aware of our own privileges and advantages in the sociopolitical and economic structure of the United States, Texas, and Travis County to use these for the benefit of interrupting inequities across historically disadvantaged identities.
 6. We Commit to preventing the commission of microaggressions through the awareness of the history and oppression of diverse identities and communities. To this end, we Commit to strive to learn the historical context informing the lived realities of all historically oppressed identities and communities, and to use this to prevent use of language and commission of actions that can be harmful given these histories.
 7. If we inadvertently commit a microaggression, we strive to immediately become aware on our own of the harm we have caused. If another Board Manager generously helps us become aware of a microaggression we have committed we welcome the support in our learning and growing process as a leader and immediately express appreciation for having made us aware, own the mistake we have made, acknowledge the impact of the harm we have caused, and engage repair through apology and the articulation of what we will do to avoid the repetition of such harm in the future.
 8. If we observe one of our fellow Board Managers commit a microaggression, we Commit to calling them in by letting them know in a respectful and kind manner of the mistake that has been made.
 9. We understand that many of us, as survivors of historically oppressed identities and communities, carry internalized narratives of oppression, and we can inadvertently express these oppressions against others in ways that cause harm and we Commit to the same process identified in 7 and 8 to engage repair and return to generative collaborative processes.
 10. We understand that even without the history of oppression potentiating the weight of harm, expressions of prejudice and rudeness can also cause harm to our shared aims, and we Commit to the same process identified in 7 and 8 to engage repair and return to generative collaborative processes.

11. We Commit to using our Racial and Social Justice Framework (next page) for decision-making as we work together for the collective good of our communities as we eradicate health inequities and create a model healthy community.
12. We understand that we are entrusted with a vital responsibility for our communities and are accountable stewards for the time and resources available to our Board of Managers. We understand that these commitments are entered into to ensure responsible stewardship of this time and resources through generative collaborative processes to reach our vision and mission and we agree that if we do not follow any one of these commitments we welcome our Board Manager colleagues to bring this to our attention through the agreed upon process reflected here and when this occurs, we commit to immediately acknowledging the mistake and engaging in a repair and correction process as indicated in these commitments so that our work to dismantle systemic racism and resulting barriers and achieve health equity can move forward.

Be it adopted that the above agreements will be honored and acted upon by each Board Manager as of 6/30/2021 and henceforth forward as indicated by signature below.

Board Manager Signature

Date

Board Manager Printed Name

Calling In and Repairing Harm

Calling In after Harm in Groups with Shared Values and Aims Stance

Hey, this thing you said/did hurt some folks or could hurt some folks.

A) Here's why that can be hurtful or,

B) Please do some research to learn the history of why that's hurtful.

Implied message: I know you are good and are on this journey with us and we are all going to make mistakes as we unlearn things.

Calling In after Harm in Groups with Shared Values and Aims Sample Language

- I know it wasn't your intention, but what you just said minimizes the horror of _____ e.g. the history of racism, enslavement, the holocaust, etc.
- I know it wasn't your intention but what you just said has the impact of implying that _____ are not competent or as intelligent as others.
- What you just said suggests that _____ people don't belong.
- That phrase has been identified as being disrespectful and painful to _____ people and it's important that we not use it.
- Oh, I have also used that term, but I have now learned that when we use it we are leaving out people who _____ or we are implying that _____ and the word people are learning to use now is _____.
- The term used now by people living with that identity is _____.

Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

- Own / Name it
- Recognize the Impact
- Apologize (Do not share context or explanations)
- Make any amends that are possible
- State what you are going to do to learn and do better in the future.

Sample Language: Thank you so much for letting me know. You are right, I used this term or said that phrase and realize that it has the impact of minimizing the experience of _____ or implying that _____. I am deeply sorry and will practice learning the correct language and will research and learn more about this to ensure that I do not make this mistake and cause this harm in the future.

RACIAL and SOCIAL JUSTICE FRAMEWORK

Values and Anti-Racism/Anti-Oppression

- Is this consistent with our values?
- Are we taking steps so we cannot predict outcomes by race and other systemically disadvantaged characteristics?

Intentional and Accountable Storytelling

- What data are we using and has it been disaggregated by race? What is the source of the data? Who is it making visible and invisible? Whose experience is being centralized and whose is being marginalized in the data? Does the way we are using the data reflect the complexity of the issues and reflect the issues accurately?
- What are the stories and narratives we are telling? What is the purpose? Who is interpreting the meaning? Who's it meant for? Who's impacted and how?
- Are we refusing to be ahistorical? Are we fully considering history and the impacts of the historical context?

Power Analysis

- What are the power dynamics in this situation? What are the intersecting spheres of oppression at work in this situation?
- What are the cultural norms of white supremacy at work in this situation?
- Who would benefit and who would be harmed by this action/decision?
- Does this interrupt/disrupt or collude with/reinforce oppressive systems/power structures?
- If this is attempting a solution, where are we locating the problem?
- Does the solution/strategy we are proposing change the system or the individual?
- Who are we asking to change and why?

Relationships

- Who is in the room and who isn't and why? Who is sharing and who is not and why?
- Whose perspective is represented/who is left out? And who is doing the representing? Who do we believe, who do we find credible? Why? Why not?
- Whose experience is being centralized and whose experience is being marginalized? Who is gazing and who is being gazed upon?
- Are we boldly leading toward our racial justice aim by building a broad coalition of support?
- Are we operating from a similar/shared understanding of anti-racism work? Do we have a shared anti-racist understanding of where the problem is located and a shared anti-racist theory of change to generate a solution? Have we agreed upon a shared goal?



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

March 9, 2022

AGENDA ITEM 1

Review and approve the minutes of the January 26, 2022 meeting of the Strategic Planning Committee. (*Action Item*)

MINUTES OF MEETING – JANUARY 26, 2022
CENTRAL HEALTH
STRATEGIC PLANNING COMMITTEE

On Wednesday, January 26, 2022, a meeting of the Central Health Strategic Planning Committee convened in open session at 5:23 p.m. remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Committee members present in person: Chair Brinson, Manager Bell, and Manager Museitif

Committee members present via video and audio: Manager Jones and Manager Valadez (arrived 5:25)

Board members present in person or via audio and video: Manager Motwani

Committee members absent: Manager Greenberg

COMMITTEE AGENDA

- 1. Review and approve the minutes of the December 8, 2021 meeting of the Strategic Planning Committee.**

Clerk’s Notes: Discussion on this item began at 5:23 p.m.

Manager Motwani moved that the Committee approve the minutes of the December 8, 2021 meeting of the Strategic Planning Committee.

Manager Museitif seconded the motion.

Chairperson Brinson	For
Manager Bell	For
Manager Greenberg	Absent
Manager Jones	For
Manager Museitif	For
Manager Valadez	Absent

- 2. Receive an update from Guidehouse, Inc. on equity-focused systems planning, including the Voice of the Community engagement findings.**

Clerk’s Notes: Discussion on this item began at 5:24 p.m. The Guidehouse team gave an update on progress and achievements since the December 8, 2021 presentation to the Strategic Planning Committee. Next, they gave a Voice of the Community update, which included an overview of all October, November, and December activities and discussed the findings in detail. Lastly, they answered questions.

- 3. Confirm the next Strategic Planning Committee meeting date, time, and location.**

Manager Valadez moved that the Committee adjourn.

Manager Bell seconded the motion.

Chairperson Brinson	For
Manager Bell	For
Manager Greenberg	Absent
Manager Jones	For

Manager Museitif
Manager Valadez

For
For

The meeting was adjourned at 6:16 p.m.

Cynthia Brinson, Chairperson
Central Health Strategic Planning Committee

ATTESTED TO BY:

Cynthia Valadez, Secretary
Central Health Board of Managers



**CENTRAL
HEALTH**

**CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE**

March 9, 2022

AGENDA ITEM 2

Receive a Fiscal Year 2022 Service Delivery budget priority update. (*Informational Item*)



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date March 09, 2022

Who will present the agenda item? (Name, Title) Jonathan Morgan and Alan Schalscha

General Item Description Fiscal Year 2022 Service Delivery budget priority update

Is this an informational or action item? Informational

Fiscal Impact _____

Recommended Motion (if needed – action item) N/A

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

- 1) Significant progress has been made across Central Health FY22 Clinical Focus Areas including specialty care, medical respite, healthcare for the homeless and substance use treatment, clinical education and transitions of care.
- 2) Central Health is continuing to develop its direct clinical practice infrastructure based on findings of the recently adopted service delivery strategic plan.
- 3) Initial clinical practice areas currently being planned include: Transitions of Care, Case Management/Home Visits, Medical Respite and Specialty Care.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Presentation will be provided

Estimated time needed for presentation & questions? 60 minutes for presentation and questions

Is closed session recommended? (Consult with attorneys.) No

Form Prepared By/Date Submitted: Jonathan Morgan , March 4, 2022



CENTRAL HEALTH

CommUnityCare | Sendero

FY22 Service Delivery Budget Priority Update

Strategic Planning Committee

March 9, 2022

Dr. Alan Schalscha, Chief Medical Officer

Jon Morgan, Chief Operating Officer

FY22 Clinical Focus Areas

Specialty Care

- First **podiatric surgery** completed 1/17 – two surgeons now operating weekly
- Expanded **CUC specialty** clinic capacity: Cardiology, Endocrinology, Neurology, Rheumatology, Casting
- Obtained approvals for **dialysis** program – first contracts out for review
- Negotiating new agreements with **UTHA** (ophthalmology, reproductive health, long-haul COVID, ASC podiatry, advanced imaging)

Healthcare for the Homeless & Behavioral Health

- MAP Basic residential rooming access with **Fresh Start** complete
- **Contracted medical respite** starting in March with **A New Entry**
- Planning expanded **street/mobile** with CUC to include **expanded psychiatry** access and dedicated mobile units

Substance Use Disorder & Behavioral Health

- Expanded, fully internalized **MAT program** within CUC with **expanded psychiatry** access
- **IC MAT at Stonegate** for co-occurring SUD & unstable mental health condition

Clinical & Patient Education

- Dietician-Health Management Liaison Program:
 - Kidney disease outreach & screening
 - Hired HML & Nutrition Manager/Registered Dietician

Transitions of Care

- MAP Basic Pharmacy, Hospice, palliative, home health, orthotics, prosthetics, physical therapy expansions complete
- *Recruiting* Director of Care Transitions

Medical Executive Board & Clinical Services positions added:

Director of High-Risk Populations
Director of Health Equity and Quality
Clinical Podiatrists
MEB Manager
Associate Director of Clinical Operations
Nutrition Manager
Case Management

Dr. Audrey Kuang
Dr. Jewel Mullen
Drs. Kalapach & Nielson
Leslie Holmes
Cathy Thomlinson
Leslie Goudzari
Multiple Team Members
Added



Central Health can advance towards its enterprise goals through the execution of system based strategic imperatives



Central Health's Proposed Equity-Focused Service Delivery Strategic Planning Goal
To develop an equitable system of care that is comprehensive and accountable, while optimizing the collective use of capabilities and resources to serve the safety-net population.

Our Strategic Imperatives

- 1 Access and Capacity**
Central Health will more equitably meet the health care needs of Travis County's residents with low incomes, by increasing the number of providers and care teams and the availability of comprehensive, high-quality and timely care.

- 2 Care Coordination**
Central Health will coordinate care for Travis County's safety-net population by optimizing transitions of care by facilitating communication within patients care teams across the care continuum and enabling meaningful information sharing.

- 3 Member Enrollment and Engagement**
Central Health will focus on enrollment in identified high-need planning and assessment regions and enhance engagement for the enrolled population, with special emphasis on care transitions, people experiencing homelessness, justice involved individuals, and communities where English and Spanish are not the primary language.

- 4 System of Care Infrastructure**
Central Health will develop a high functioning system of care to improve health for Travis County's safety-net population via alignment of relationships including joint service-delivery planning and facilitation of timely sharing of health care data.

Central Health's current primary and specialty care physician complement is insufficient to meet needs of the enrolled population

Current FTE Supply and Estimated Needs for Central Health

Primary Care	CH Current FTEs (Physician / APP)	Physician FTE Need for Enrolled Population
Family/GPs	15.9/ 16.2	38.9
Internal Med	4/ 0	23.9
Pediatrics	5.7/ 1.6	6.0
OB/Gyn ¹	12.1/ 5.1	19.9
Primary Care Total	37.7 / 23.9	88.7
Medical Subspecialties	CH Current FTEs	Physician FTE Need for Enrolled Population
Allergy/Immunology	0.05	2.6
Cardiology	0.56	3.2
Dermatology	0.69	4.5
Endocrinology	0.84	1.4
Gastroenterology	0.26	5.0
Hematology/Oncology	1.00	1.6
Infectious Disease	2.46	1.6
Nephrology	0.17	0.8
Neurology	0.20	2.6
Psychiatry	5.77	6.5
Pulmonary Medicine	0.94	1.8
Radiation Therapy	0.20	0.5
Rheumatology	0.96	1.3
Medical Total	14.07	33.4

Surgical Subspecialties	Needs for CH Enrolled Pop.
CT Surgery	1.0
Vascular Surgery	0.5
Colorectal Surgery	0.3
Oncology Surgery	1.1
General Surgery	2.6
Gynecology Surgery	8.1
Neurosurgery	2.0
Ophthalmology	4.6
Orthopedics	6.0
ENT	5.7
Plastic Surgery	0.7
Urology	2.3
Surgical Total	34.8

Other Subspecialties	Needs for CH Enrolled Pop.
Physical Med /Rehab	2.3
Radiology	8.1
Other Total	10.4

¹OB/GYN includes capacity for MAP and MAP Basic patients when enrolled in Medicaid for pregnancy

*Notes: CH Current FTEs are provided by CH. Demand for CH Enrolled population is based on CH FY 2020 Enrolled population. Pediatrics demand is estimated based on CH FY 2020 Population <18; OB/GYN, and Gynecology Surgery demand is based on CH FY 2020 Population of Total Women

Specialty care gaps are significant, with certain specialties represented by severely low service availability



Strategic Priorities

- Create access to specialties with significant unmet needs
- Optimize the use of existing specialty service capacity through contractual and operational initiatives

Execution Tactics

- I. Developing strategically located multispecialty facilities
- II. Expanding ambulatory diagnostic and therapeutic capabilities
- III. Developing capacity and optimize use of ASCs
- IV. Designing specialty care programs that are tailored to address the disease burden impacting our patients
- V. Closing physician and provider gaps based on needs assessment results
- VI. Enhancements and improvements to technology

Measures of Progress

- I. Reduction in wait times for specialty appointments
- II. Increase in clinical (Providers) and physical (Sites) specialty care appointment and procedural/ surgical capacity
- III. Increase in available capacity for existing providers

Notable Headwinds

1. Over reliance on partner systems and contractors for specialty services and available physicians
2. Limited supply of specialty physicians posing significant hiring challenges
3. Substantive shortage of surgical specialists generates gaps in access and care continuity and will require methodology for arranging access to surgical subspecialties
4. Priorities of other provider entities

Direct Service Planning Initiatives: Alignment With FY22 Clinical Focus Areas and CHNA

Transitions of Care

(6-18 months)

- Hospital discharges / ambulatory chart prep
- Skilled nursing direct care

- **FY22 Clinical Focus Area:** *Transitions of Care*
- **CHNA Opportunity:** *Care Coordination*

Case Management / Home Visits

(12-18 months)

- Documentation of visits in EHR

- **FY22 Clinical Focus Area:** *Transitions of Care*
- **CHNA Opportunity:** *Care Coordination*

Specialty Care Clinic / Diagnostics

(12-18 months)

- Cardiology, Nephrology, Podiatry, Gastroenterology, Neurology
- Diagnostics

- **FY22 Clinical Focus Area:** *Specialty Care Access*
- **CHNA Opportunity:** *Access and Capacity, System of Care*

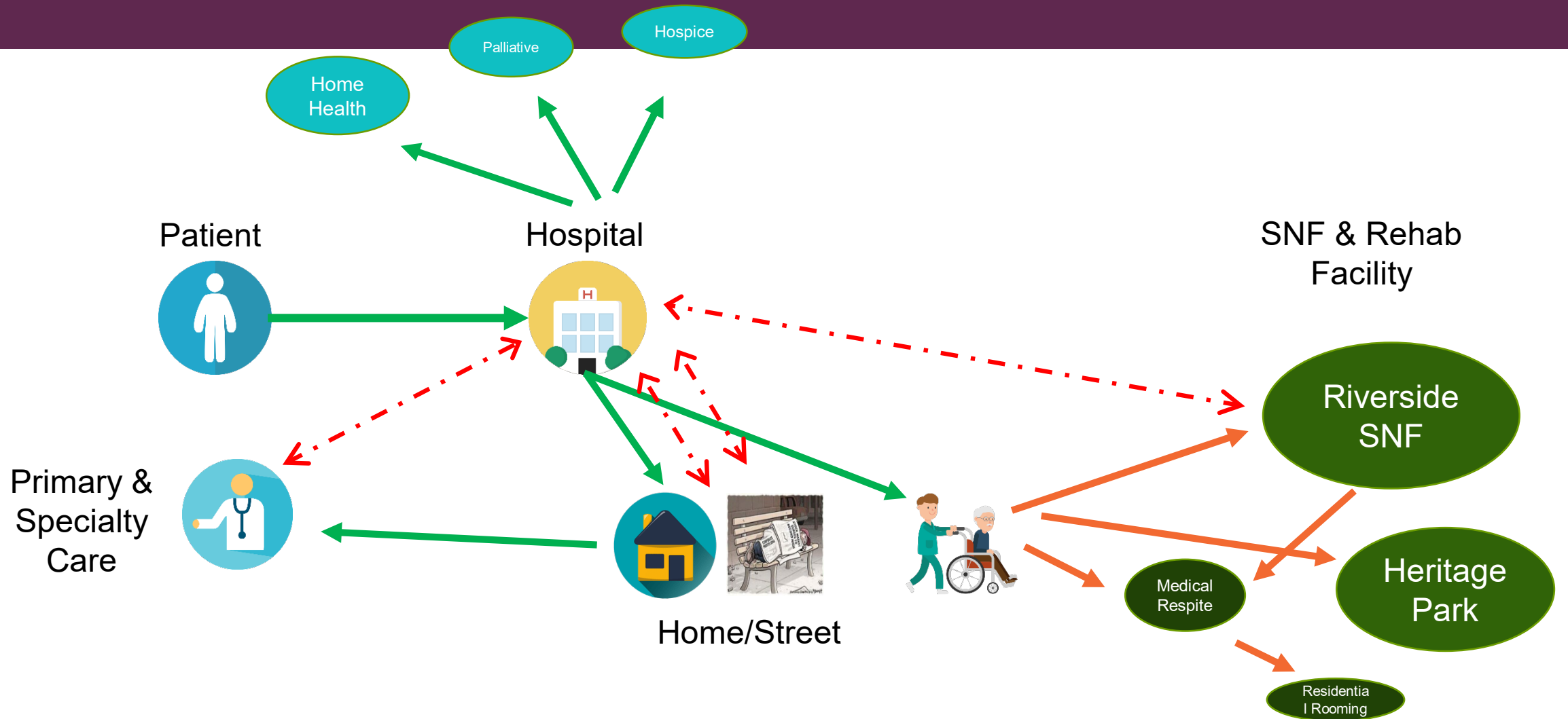
Medical Respite / Skilled Nursing

(18-24 months)

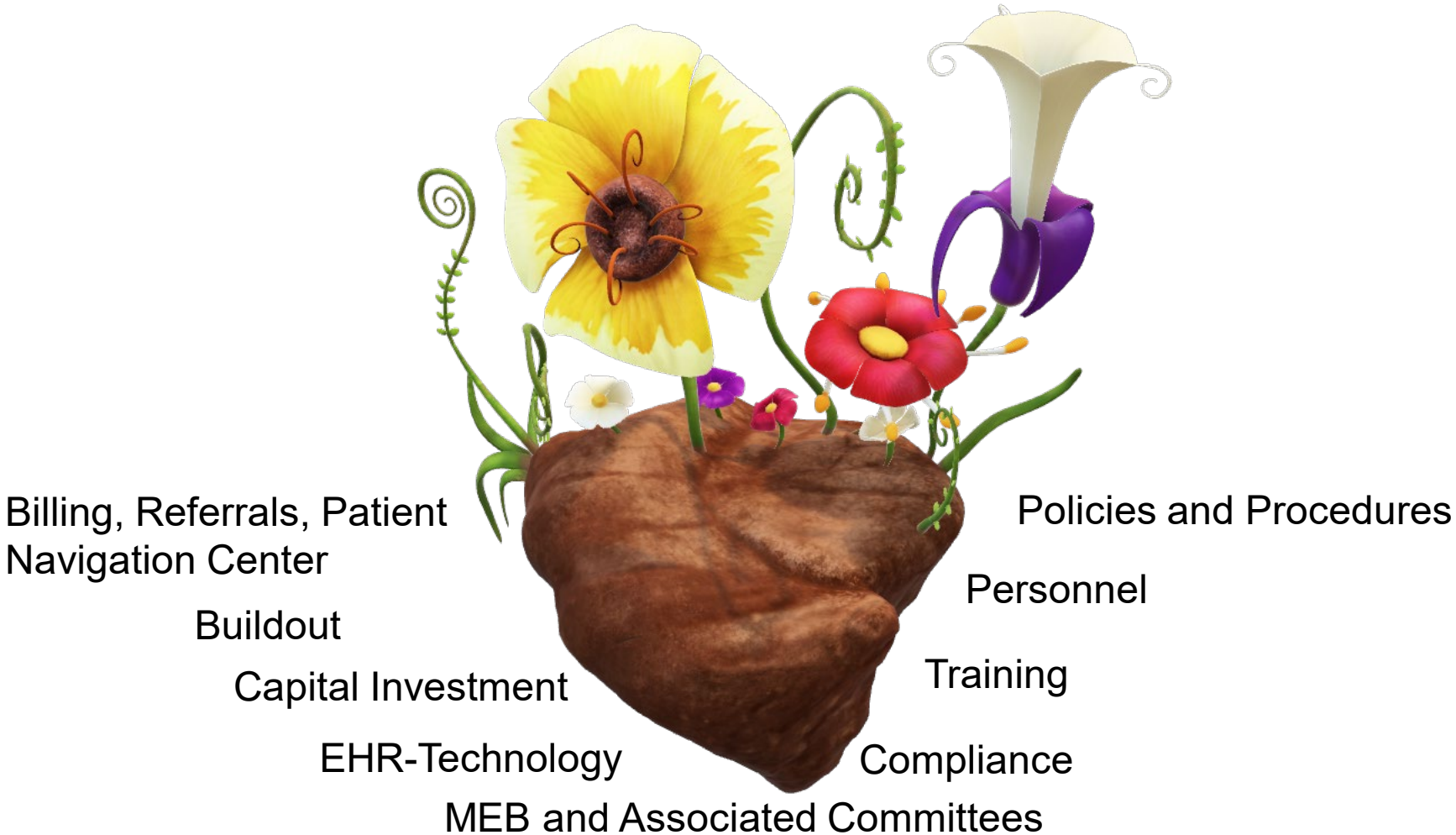
- 40-50 beds

- **FY22 Clinical Focus Area:** *Health Care for the Homeless*
- **CHNA Opportunity:** *System of Care*

Transitions of Care



Growing the Practice of Medicine



Planning Specialty Care Clinic Resources

Service	Days	Personnel	Dx Personnel	Equipment
Cardiology (+ Diagnostics)	4 days/wk	1.0 MD (3 exam rooms)	4 Tech	ECHO Treadmills EKG
		1.0 APP (3 exam rooms)		
		4.0 MA		
		1.0 RN		
Nephrology (+ Diagnostics)	2 days/wk	1.0 MD		US
		4.0 MA		
		1.0 RN		
Podiatry (+ Diagnostics)	4 days/wk	2.0 DPM (3 exam Rooms)		US
		4.0 MA		
		1.0 RN		
GI (+ Diagnostics)	4 days/wk	1.0 MD (3 exam rooms)		US
		1.0 APP (3 exam rooms)		
		4.0 MA		
		1.0 RN		
Neurology (+ Diagnostics)	4 days/wk	1.0 MD (3 exam rooms)		EEG EMG
		1.0 APP (3 exam rooms)		
		4.0 MA		
		1.0 RN		
Collaborative Care Team	5 days/wk	2.0 Social Workers	N/A	N/A
		1.0 Clinical Pharmacist		
		1.0 Dietitian		
		3.0 Case Managers		
Administrative	5 days/wk	3.0 Patient Reg. / Front Desk	N/A	N/A
		3.0 Referrals		
		1.0 Practice Administrator		
		1.0 Assoc. Dir. Clinical Ops		
		1.0 Director of Nursing		



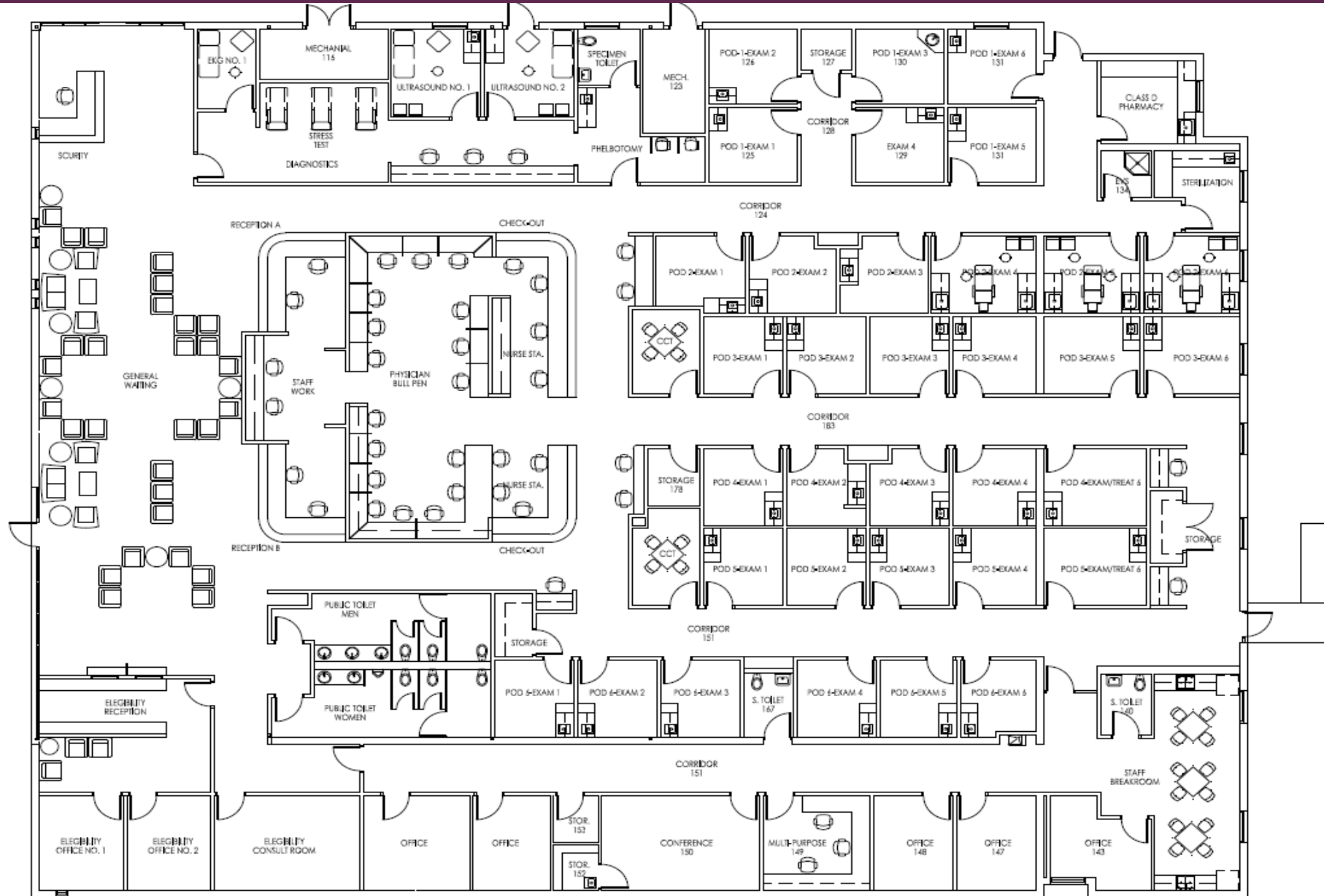
Specialty Care Clinic: Timeline

	FY22										FY23										
	Q1	Q2		Q3			Q4			Q1		Q2			Q3		Q4				
	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Clinical Practice Development	Scope Definition			Refine Scopes of Service, Develop Policies, Provider Recruitment/onboarding																	
	Pro Forma Development/Service Line Implementation Planning										Quality/Metric development										
IT/EHR	Scope Definition	IT/EHR Business Needs Planning, Mapping, Contracting					IT/EHR Implementation, Testing, Deployment			Epic Go-Live (1)	IT/EHR Implementation, Testing, Deployment				Epic Go-Live (2)						
Real Estate/ Space	Planning		Design Development Approval		Building Permits			Construction					Furnish Space								
Equipment	Equipment Planning						Equipment needs finalized		Equipment purchasing/Procurement				Equipment testing/go-live								
Human Resources + Personnel	Recruit/Hire: Clinical Leadership																				
	Define/Scope clinical and operational staffing needs						Clinic staff training														
				Recruit/Hire: Clinic Staff																	
Clinic Go Live																					

NOTE: For planning purposes only; subject to change.



Floor Plan: Rosewood Zaragosa



Next Steps

- **Refine scope of services with clinical subject matter experts**
- **Continue development of floor plan and space requirements**
- **EPIC EHR planning & implementation**
- **Confirm equipment & supplies**
- **Personnel job description development, hiring, onboarding**
- **Develop policies and procedures**





CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

March 9, 2022

AGENDA ITEM 3

Receive an update on the Central Health Community Healthcare Initiatives Fund (CHIF).
(Informational Item)



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date	<u>March 09, 2022</u>
Who will present the agenda item? (Name, Title)	<u>Vanessa Sweet</u>
General Item Description	<u>Community Healthcare Initiatives Fund (CHIF) Update</u>
Is this an informational or action item?	<u>Informational</u>
Fiscal Impact	<u>None</u>
Recommended Motion (if needed – action item)	<u>None</u>

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

- 1) Central Health Board developed the CHIF to support community groups, nonprofits, and private businesses working to address health inequities among Travis County residents with low income.
- 2) Local groups and organizations are invited to submit non-clinical programs or ideas to address health inequities in Wellness & Prevention service delivery in our community. RFP will be released on April 1, 2022.
- 3) Pre-proposal conference scheduled for April 8th and deadline to submit proposals is May 2, 2022.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	<u>Presentation will be provided</u>
Estimated time needed for presentation & questions?	<u>20 minutes for presentation and questions</u>
Is closed session recommended? (Consult with attorneys.)	<u>No</u>
Form Prepared By/Date Submitted:	<u>Vanessa Sweet, March 2, 2022</u>

Community Healthcare Initiative Fund (CHIF) Update

Inaugural RFP Release

Strategic Planning Committee
March 9, 2022

Overview

- **The Community Healthcare Initiative Fund (CHIF) program was created to support community groups, nonprofits and private business working to address health inequities among Travis County residents with low income.**
 - Addresses social factors outside the clinic, such as lack of access to healthy food, safe housing, quality education, jobs paying living wages, and other factors in ways that support better health care outcomes.
- **FY2022-23 Focus Areas: Wellness and Prevention**
 - Diet, Nutrition, and Exercise
 - Health Literacy and Communication
 - Disease Prevention and Screening
 - Community Health Capacity Building



Request for Proposals

- **Inaugural RFP timeline:**

- Issue date: April 1, 2022
- Pre-proposal conference: April 8, 2022
- Submission date: May 2, 2022

- **Purpose:**

- Partner with diverse groups, organizations and businesses with experience working with residents with low incomes to deliver services that support the goals of the Equity-focused Service Delivery Strategic Plan in ways that address health inequities and Wellness and Prevention service gaps.

- **Scope of Work:**

- Provide funding for new or measurably increased services that address an identified need in one or more of the four focus areas and that is consistent with the goals and priorities identified in the Equity-focused Service Delivery Strategic Plan.



Request for Proposals

- **The solicitation method will be formal and competitive**
- **Up to 4 contracts may be awarded**
- **The total annual budget for the CHIF is approximately \$800,000 in FY2022**
- **Awards will have an initial term of 12 months and may be extended for an additional 12 month term**
- **Awardee expectations include but are not limited to:**
 - Achieving identified work objectives or deliverables
 - Submitting required contract reporting
- **RFP evaluation criteria will reflect required essential capabilities, ability of proposed program/work to address identified needs and goals, and potential for sustainability beyond initial contract period(s)**





CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

March 9, 2022

AGENDA ITEM 4

Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)