



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, October 12, 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/1465637689?pwd=Wk9xMFZabEiSeG5xOG1lcjRFNHM0UT09>

Password: 856456

Or to participate by telephone only:

Dial: (888) 501-0031

Meeting ID: 146 563 7689

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. 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 virtually during the Public Communication portion of the meeting must properly register with Central Health **no later than 11:30 a.m. on October 12, 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 AGENDA²

1. Review and approve the minutes of the July 27, 2022 meeting of the Strategic Planning Committee. (*Action Item*)
2. Discuss the next phase of Central Health's ongoing Equity-Based Systems Planning work and Operational and Financial Sustainability Planning (OFSP), which will include developing plans to implement the Board-adopted Healthcare Equity Plan. (*Informational Item*)
3. Receive an update on the creation of an opioid crisis response campaign for Travis County led by Central Health in partnership with Travis County, Travis County District Attorney, and Austin Public Health. (*Informational Item*)
4. Receive and discuss a presentation on Central Health real estate strategy to support the Board-adopted Healthcare Equity Plan and future needs.³ (*Informational Item*)
5. Receive and discuss updates on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) program and associated projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas and the University of Texas at Austin.⁴ (*Informational Item*)
6. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

- ¹ 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.**
- ² The Strategic Planning Committee may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves 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 Committee 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.
- ³ Possible closed session discussion under Texas Government Code §551.072 (Deliberation Regarding Real Property).
- ⁴ Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).

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 planea 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

October 12, 2022

AGENDA ITEM 1

Review and approve the minutes of the July 27, 2022 meeting of the Strategic Planning Committee.
(Action Item)

MINUTES OF MEETING – JULY 27, 2022
CENTRAL HEALTH
STRATEGIC PLANNING COMMITTEE

On Tuesday, July 27, 2022, a meeting of the Central Health Strategic Planning Committee convened in open session at 4:06 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

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

Committee members present via audio and video: Manager Greenberg

Board members present via audio and video or in person: Manager Bell, Manager Zuniga, Manager Motwani, Manager Zamora

Manager Bell moved that the Strategic Planning Committee stand in recess until the Committee returned after necessary items on the Board of Managers Meeting had been discussed.

Manager Valadez seconded the motion.

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

The meeting recessed at 4:07 p.m.

The meeting returned from recess at 7:25 p.m.

COMMITTEE AGENDA

- 1. Review and approve the minutes of the June 8, 2022 meeting of the Strategic Planning Committee.**

Clerk's Notes: Discussion on this item began at 7:25 p.m.

Manager Valadez moved that the Committee approve the minutes of the June 8, 2022 meeting of the Strategic Planning Committee.

Manager Zamora seconded the motion.

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

- 2. Discuss and take appropriate action to approve a consultant contract for the next phase of Central Health's ongoing Equity-Based Systems Planning work, which includes developing operational implementation and financial sustainability plans in support of the Board adopted Healthcare Equity Plan (aka Equity-focused Service Delivery Strategic Plan).**

Clerk's Notes: Discussion on this item began at 7:26 p.m. Ms. Monica Crowley, VP Chief Strategy and Planning Officer and Senior Counsel, and Ms. Balena Bunch, Director of Procurement, presented on this item. They explained that in FY21, the Episcopal Health Foundation awarded Central Health a grant of \$600,000 to support equity-focused system of care planning, including the engagement of consultants to assist with: a Voice of the Community Engagement; a community needs assessment focusing on the needs of the safety-net population in Travis County; a capabilities and gap assessment; and the development of a Service Delivery Strategic Plan (aka Healthcare Equity Plan). Then in February of 2022, the Central Health Board adopted an Equity-focused Service Delivery Strategic Plan (aka Healthcare Equity Plan) based upon the work described above. Central Health then took action on June 15, 2022, to accept an additional \$600,000 grant from Episcopal Health Foundation to support Central Health in implementing and operating a financially sustainable, comprehensive, high functioning, and affordable safety-net system of care for Travis County.

A Request for Proposals (RFP) was issued in April of 2022 for assistance in developing an operational implementation and financial sustainability plan related to the goals and imperatives of the Equity-Focused Service Delivery Strategic Plan. The RFP was advertised on BidSync, on Central Health's website, and in community newspapers and websites. Through BidSync, 38,117 vendors were notified, including 6788 Historically Underutilized Business vendors. The solicitation closed on May 5, 2022. . Guidehouse submitted the only responsive proposal, and it was scored based upon qualifications and overall value to Central Health.

Lastly, Ms. Crowley and Ms. Bunch explained that the Guidehouse team has extensive experience working with Central Health and healthcare systems serving low-income populations in Texas and across the United States. The contract terms presented included a= fixed fee amount not to exceed \$975,000 and a contract term of 1 year with 4 possible renewal options. Staff asked that the Board delegate authority to the President and CEO to negotiate and execute a contract for up to \$975,000 on the terms identified in the staff presentation or terms at least as favorable to Central Health as those discussed.

Manager Museitif moved that the Committee recommend that the Board delegate authority to the President and CEO to negotiate and execute a contract for up to \$975,000 on the terms identified in the staff presentation or terms at least as favorable to Central Health as those discussed.

Manager Motwani seconded the motion.

Chairperson Brinson	For
Manager Greenberg	For
Manager Jones	Abstain
Manager Museitif	For
Manager Valadez	Abstain

3. Receive and discuss an update on Communications and Community Engagement activities and initiatives.

Clerk's Notes: Discussion on this item began at 8:03 p.m. Mr. Ted Burton, VP of Communications, and Mr. Ivan Davila, Director of Communications and Community Engagement, presented a communications update. The presentation included a look at community engagements, including HealthCare Equity Plan Community Conversations, Fiscal Year 2023 Community Conversations, and the Community Health Champions 2022 class. Next, the presentation reviewed MAP marketing and outreach. Lastly, they discussed social media metrics and a media relations summary.

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

Clerk's Notes: Discussion on this item began at 8:26 p.m. Mr. Mike Geeslin, President & CEO, and Ms. Balena Bunch, Director of Procurement, presented on this item. They explained that the Central Health Board developed the CHIF to contract for needed services provided by community groups, nonprofits, and

private businesses working to address health inequities among Travis County residents with low incomes. A Request for Information (RFI) was released as part of this effort. The information gathered from the RFI was combined with the Healthcare Equity Plan and Safety Net Community Health Needs Assessment findings to develop an RFP. Lastly, they explained that the RFP was posted April 27, 2022, and the solicitation is still open.

5. Confirm the next Strategic Planning Committee meeting date, time, and location.

Manager Jones moved that the Committee adjourn.

Manager Museitif seconded the motion.

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

The meeting was adjourned at 8:38 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**

October 12, 2022

AGENDA ITEM 2

Discuss the next phase of Central Health's ongoing Equity-Based Systems Planning work and Operational and Financial Sustainability Planning (OFSP), which will include developing plans to implement the Board-adopted Healthcare Equity Plan. (*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>10/12/2022</u>
Who will present the agenda item? (Name, Title)	<u>Dr. Abhi Sharma (Director, Guidehouse), Danielle Sreenivasan (Director, Guidehouse), Julia Clark (Director, Guidehouse)</u>
General Item Description	<u>Discuss next phase of Central Health’s ongoing Equity Based Systems Planning work (OFSP), which will include developing plans to implement the Board-adopted Healthcare Equity Plan.</u>
Is this an informational or action item?	<u>Informational</u>
Fiscal Impact	<u>N/A</u>
Recommended Motion (if needed – action item)	<u>N/A</u>

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

- 1) Central Health is continuing the work started with the Healthcare Equity Plan (the Plan).
Leveraging Guidehouse’s expertise, and in alignment with the Board’s objectives, Central Health will develop 1/3/5/7 year operational and financial plans to implement the Plan.
- 2) These plans are aimed at closing gaps in care and supporting the development of a comprehensive, high-functioning health care delivery system for the safety-net population in Travis County.
- 3) These plans will help ensure the sustainability of Central Health’s work so the safety-net population has increasing and consistent access to timely, high-quality, and equitable care.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	<u>PowerPoint Presentation provided on 10/5/2022</u>
Estimated time needed for presentation & questions?	<u>45 minutes for presentation; 30 minutes for discussion</u>
Is closed session recommended? (Consult with attorneys.)	<u>No</u>



CENTRAL HEALTH

Form Prepared By/Date
Submitted:

Monica Crowley, 10/5/2022



CENTRAL HEALTH

CommUnityCare | Sendero

Central Health Operational and Financial Sustainability Planning (OFSP)

Strategic Planning Committee Presentation

October 12, 2022



Agenda

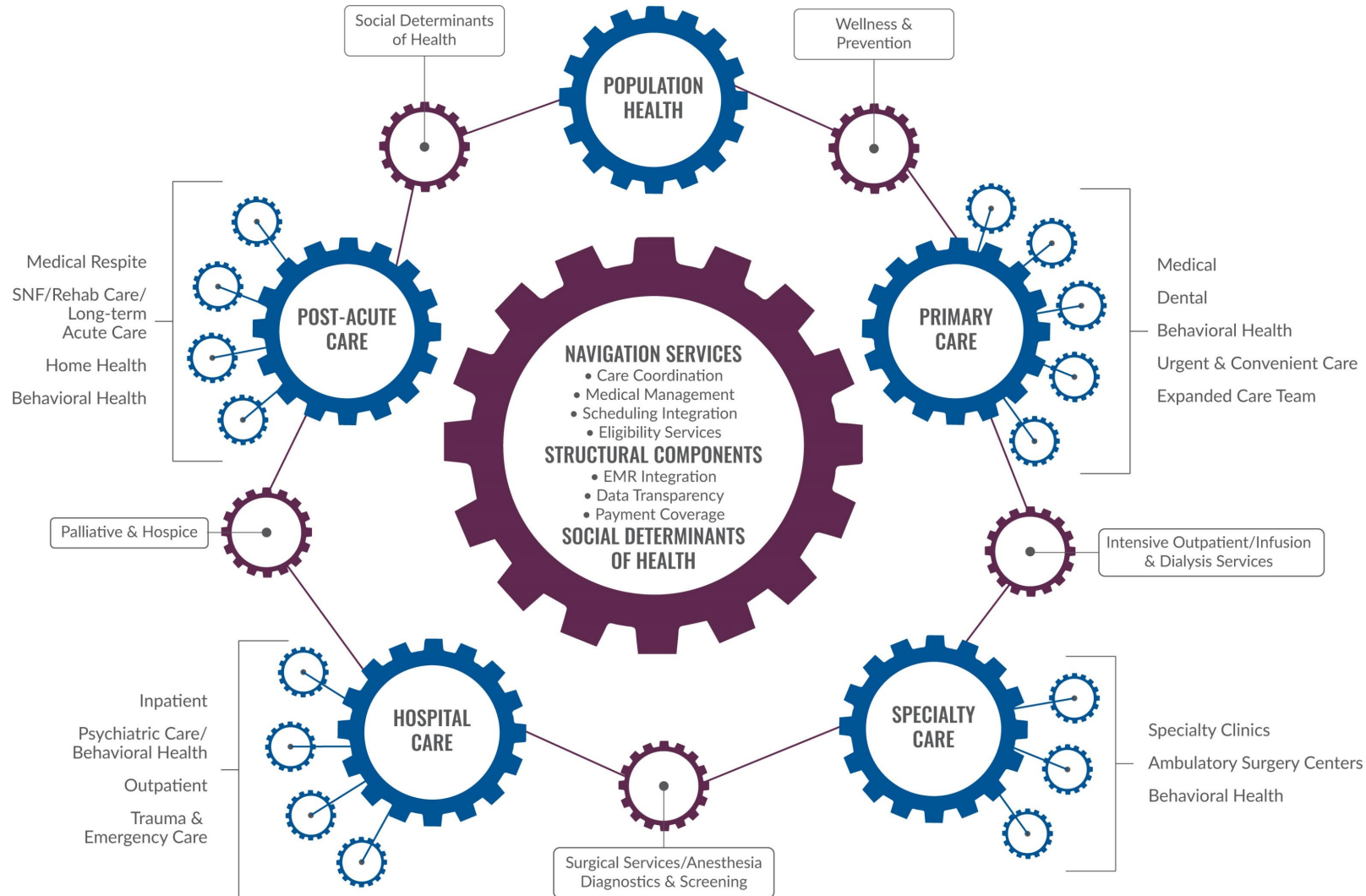
1. **Introductions**
2. **Overview of Phase I: Equity-Focused Service Delivery Strategic Plan**
 - Review of Central Health's Strategic Plan Objectives
 - Phase I Key Findings
 - Phase I Strategic Imperatives
3. **Overview of Phase II: Operational and Financial Sustainability Planning (OFSP)**
 - Engagement Objectives
 - Scope of Work and Deliverables
4. **Questions and Next Steps**



EQUITY-FOCUSED SERVICE DELIVERY STRATEGIC PLAN

Phase I Work Completed To-Date and Summary of Key Findings

Components of a high-functioning system of care



Central Health's service delivery strategic plan is centered around the needs of the safety-net health care system in Travis County

COMMUNITY HEALTH NEEDS ASSESSMENT

Understand the current state of the safety-net health care system in Travis County, gaps and future needs.

CAPABILITIES AND GAP ASSESSMENT

Understand Central Health's capabilities and gaps in five areas: access and capacity, data and analytics infrastructure, system of care, care coordination and member engagement.

VOICE OF THE COMMUNITY

Understand the perspective of patients, providers, and community members to ensure hard-to-reach populations were included in the assessment.

SERVICE DELIVERY STRATEGIC PLAN (Health Care Equity Plan)

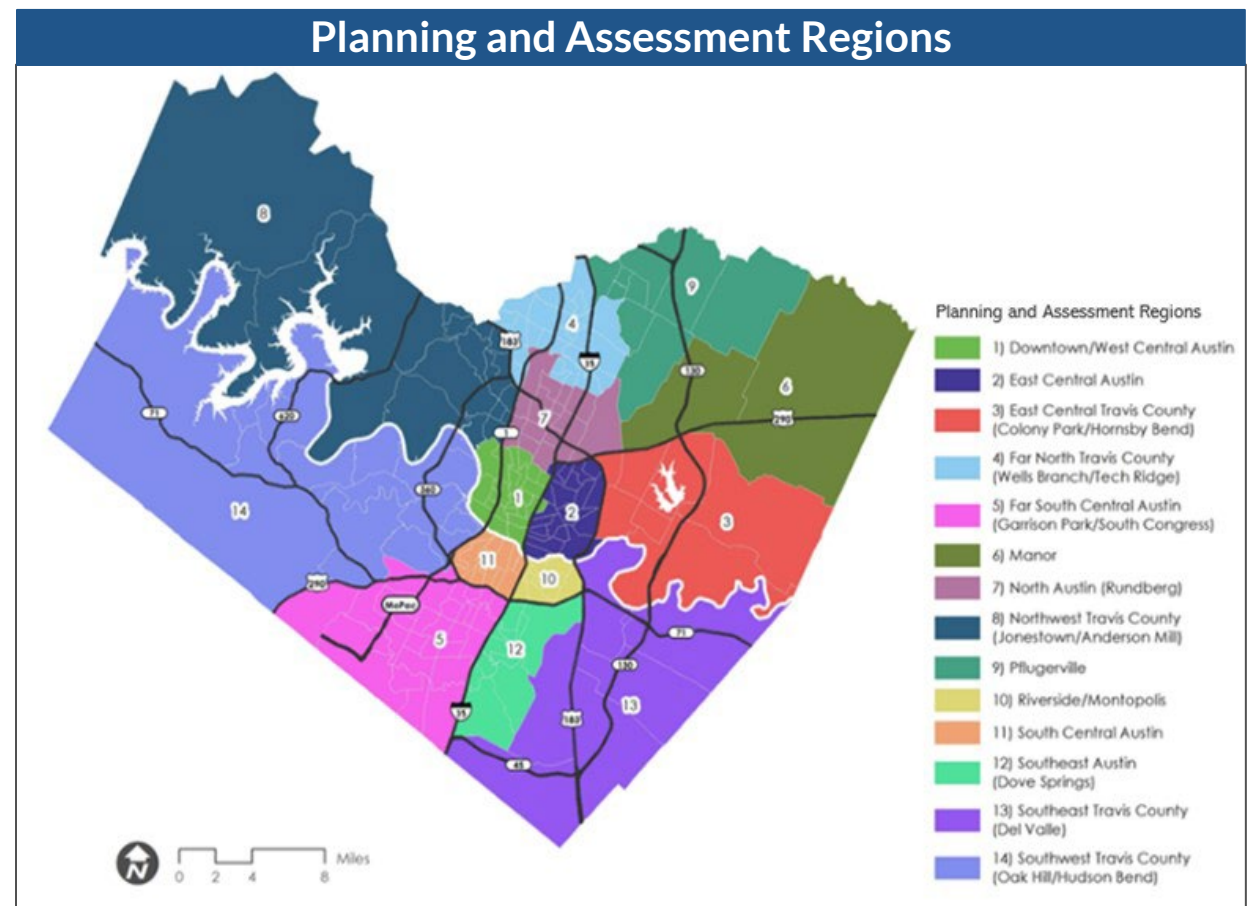
Develop a plan to build a comprehensive, high-functioning health care system to improve the health of Central Health's patients.



The Community Health Needs Assessment (CHNA) evaluated 14 planning and assessment regions to understand the health care needs for Travis County's safety-net community

Summary

- Planning and assessment regions were developed based on census tract analysis and other characteristics, including geographic borders, level of urbanization, transportation resources, and population density.
- Core to this analysis was understanding the health care needs of Travis County residents with low-income (under 200% FPL) and uninsured.



Analyses uncovered significant unmet needs for the safety-net community, which require major strategic and operational changes

Key Findings

- The **social diversity of Central Health's patients** requires tailored, data-driven and culturally affirming patient engagement strategies.
- **Reliance on provider entities** will not meet access and continuity of care needs.
- Limited primary care access is exacerbated by **insufficient number of physician FTEs**.
- Specialty care gaps are significant, with certain specialties represented by **considerably low service availability**.
- **Staffing and data sharing gaps** caused by reliance on partner entities disrupts continuity of patient care.
- **Direct services are required** to execute a systems-based strategy.

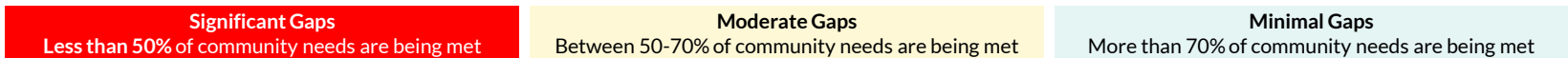


The range of unmet clinical needs, especially for specialty care, demands a strategic approach to prioritize needs and utilize resources



*Select services include but are not limited to these.

Legend



Included in these clinical needs is a significant need for investment in physician recruitment

To sustain the current capacity and access of MAP and MAP Basic patients to providers, Central Health requires additional yearly funding in physician salaries alone.

Annualized Absolute Cost Estimate of Physician Full-Time Equivalents (FTEs) (Cumulative Primary and Specialty Care)

Maintaining Current State Capacity in 2022	\$21.09 M
Meeting 70% Community Need in 2022	\$61.89 M
Meeting 70% Community Need in 2023	\$67.67 M
Meeting 70% Community Need in 2024	\$74.00 M
Meeting 70% Community Need in 2025	\$80.91 M
Meeting 80% Community Need in 2030	\$116.58 M

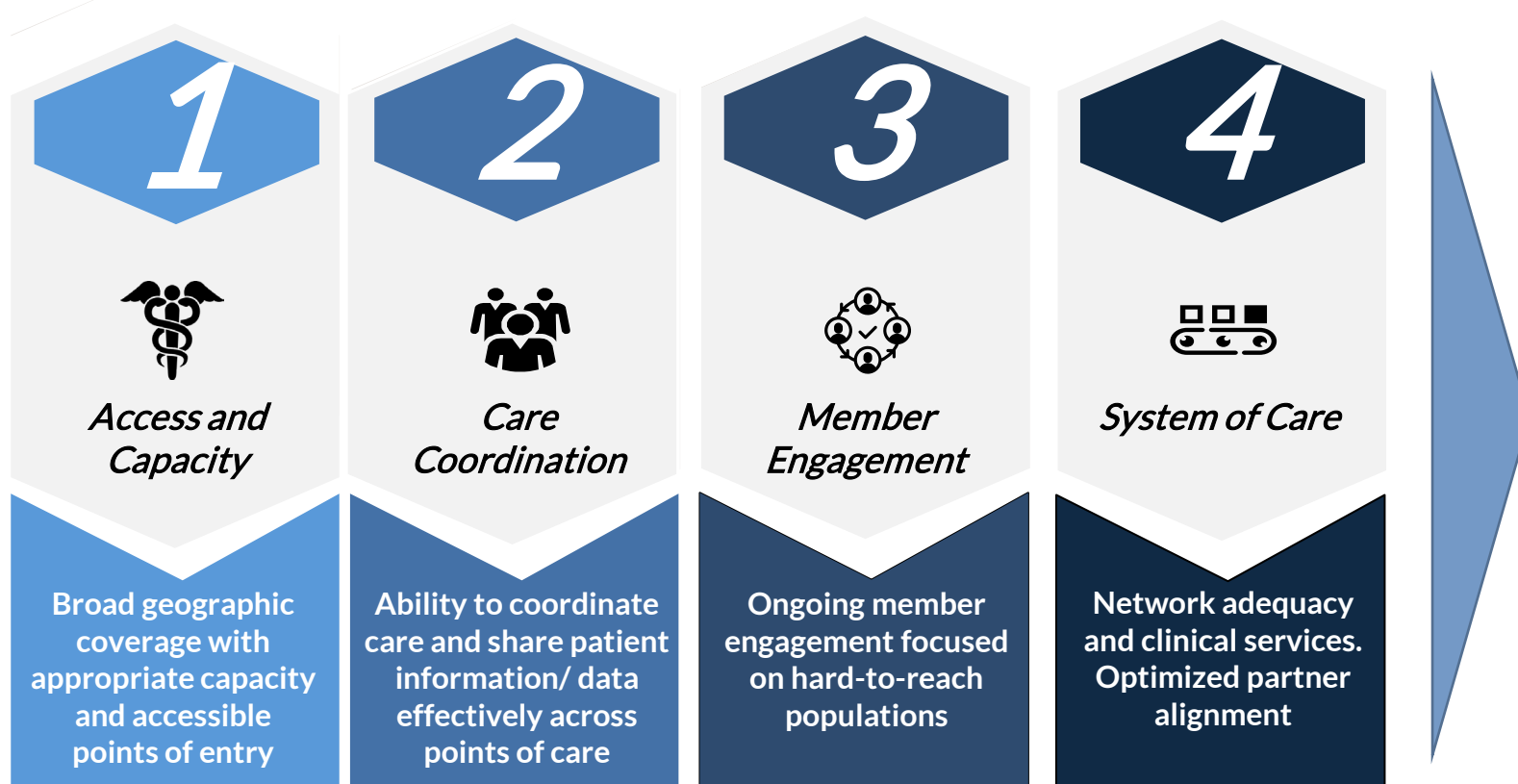
Physician need estimates are based on increases in enrollment in Travis County's population and inflation of physician salaries.

Physician recruitment estimates do not include other investments required to address unmet clinical needs, which can **range from 5 - 10 times the cost of physician salaries.**



To close these gaps, Central Health developed system-based strategic imperatives

Goal: To develop an equitable system of care that is comprehensive and accountable, while optimizing the collective use of capabilities and resources to serve residents with low-incomes



Critical Elements that Extend Across All Strategic Imperatives

1. Clinical Staff
2. Administrative Staff
3. IT and systems capabilities
4. Data Management Capabilities
5. Contracts and Agreements
6. Fiscal Capacity
7. Infrastructure



The ability to prioritize initiatives is critical to target and apply resources to activities most likely to have the greatest impact

Agreed upon characterizations of assessment variables enable the objective evaluation of prospective initiatives

Criteria	Definition
Impact on Capacity	Open and available access to health care services. Metrics: <i>Physician Count, Facility Count and location etc.</i>
Impact on Access to Care	Ability to access clinically necessary services within clinically appropriate wait times. Metrics: <i>PCP Wait Times, etc.</i>
Impact on Quality of Care	Access to services that are comparable to region and specialty specific quality metrics. Metrics: <i>CMS Quality Ratings</i>
Enhancement of Patient Experience & Culturally Competent Care	Ability to meet formative patient expectations before, during and after the delivery of care. Metrics: <i>HCAHPS Score</i>
Impact on Transitions Of Care	Coordination of care to streamline transitions between sites, physicians and systems

Criteria	Definition
Current Capabilities	Business, Clinical, IT, Data and Personnel capabilities to manage initiatives.
Required Investments	Capital Expenditure to start the initiative and the continued expenditure associated with sustaining the initiative over time.
Complexity of Implementation	Interdependence of capabilities required to start an initiative.
Contractual Limitations	Current contracts with partners
Dependence on Partners	Services or care that is delivered in conjunctions with partners.



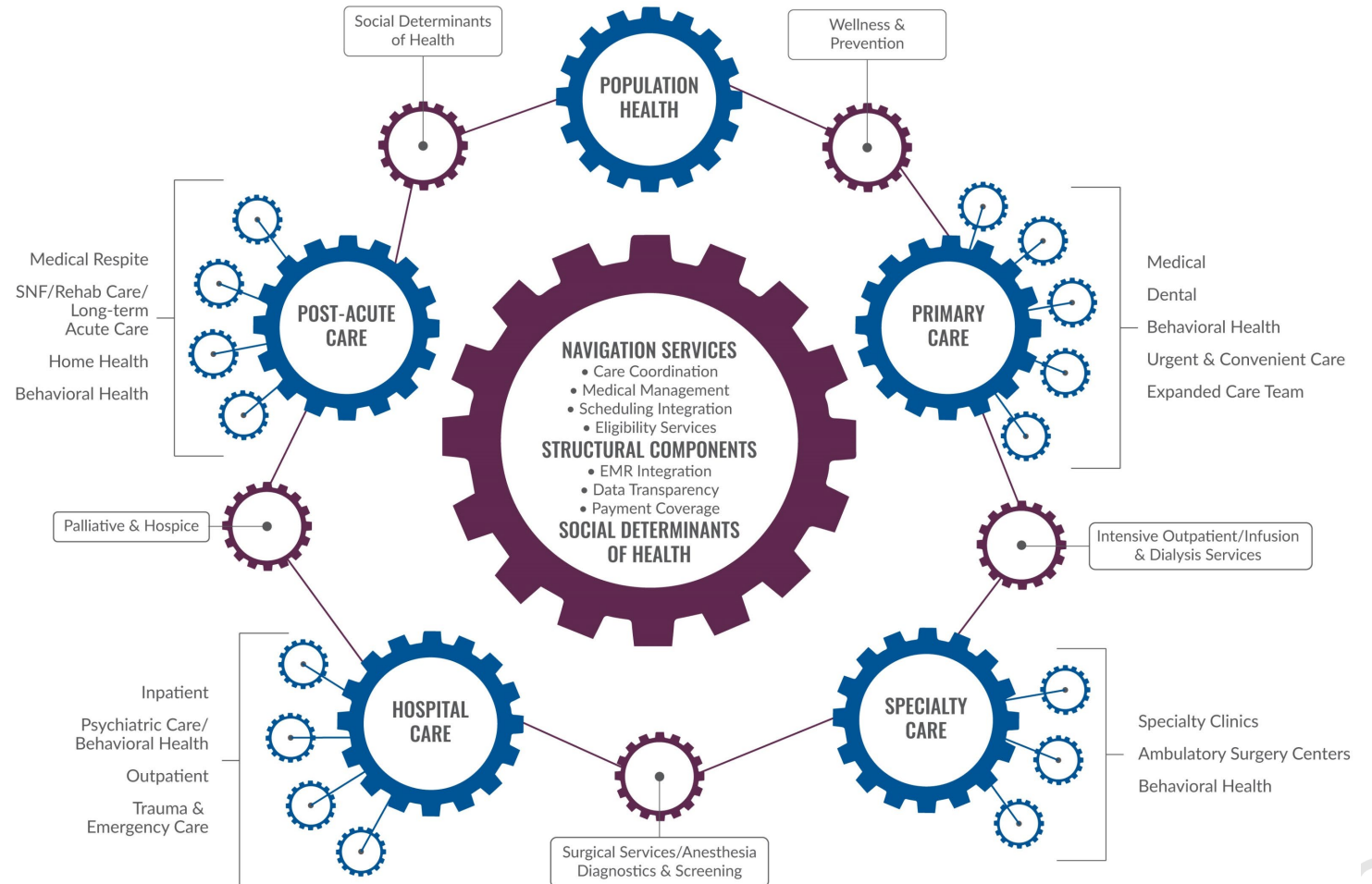
OPERATIONAL AND FINANCIAL SUSTAINABILITY PLANNING (OFSP)

Overview of Phase II Engagement

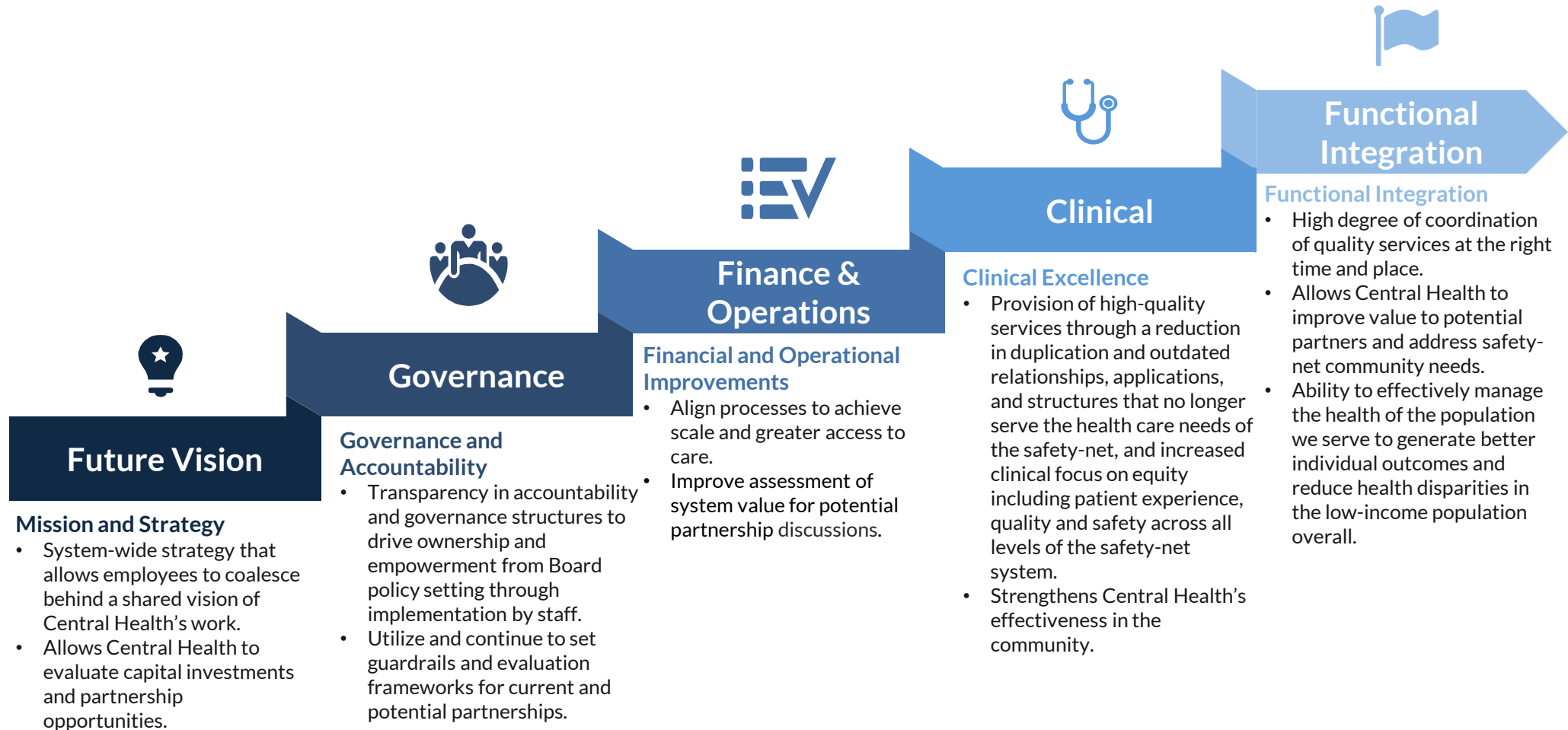
An efficient safety-net system requires synchronized activities between the various entities in the system

Summary

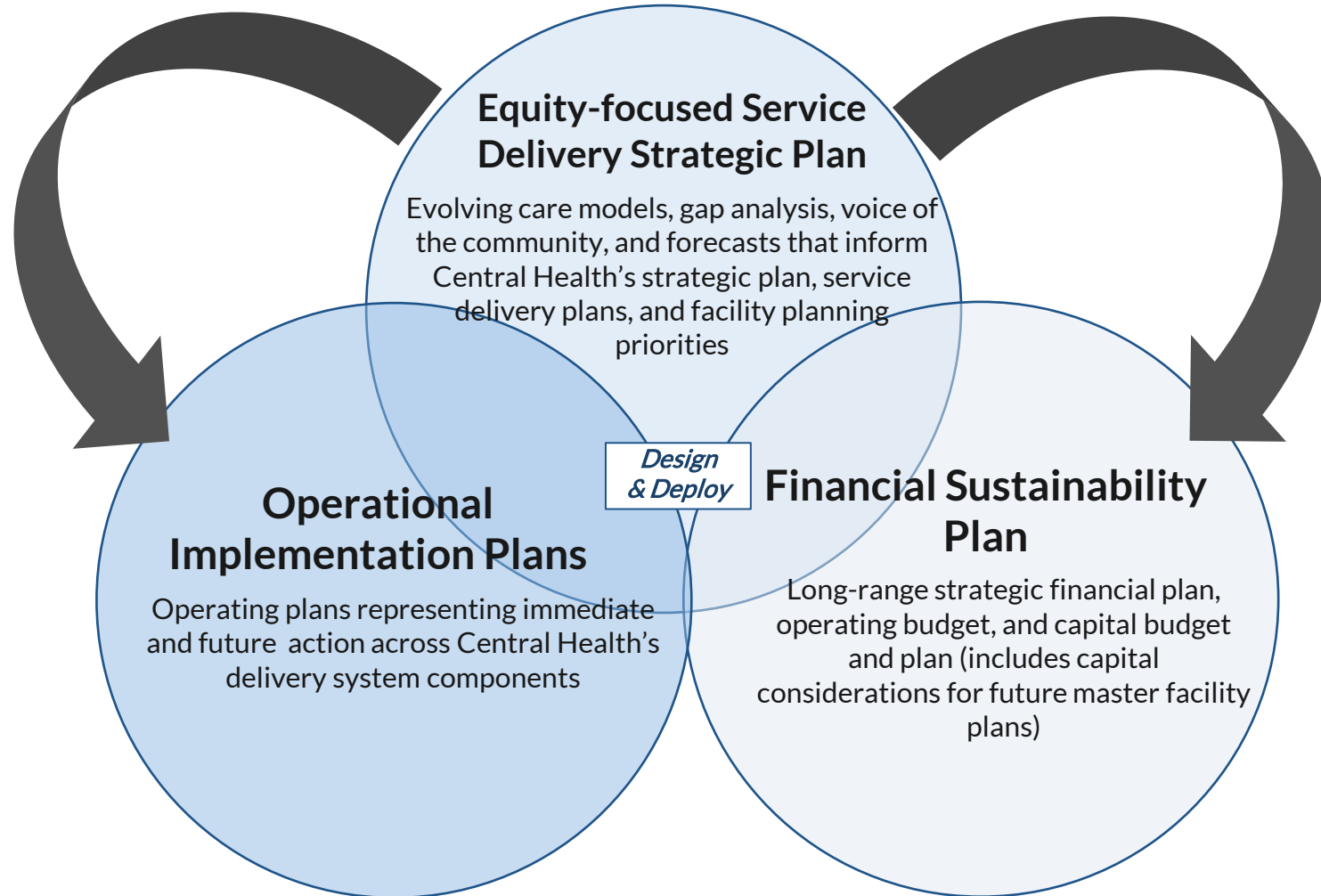
Improved access to timely quality health care services for Travis County's low-income patients through the formation of a comprehensive, high functioning health care delivery system will require significant investment and infrastructure



These are the steps Central Health needs to complete to realize its vision of a comprehensive and coordinated system



Developing operational and financial plans will operationalize the strategic plan



Operational and Financial Sustainability Planning

Phase II Engagement

Objectives of this Work:

Implement the Service Delivery Strategic Plan to build and operate a financially sustainable, comprehensive, high-functioning, equitable and affordable safety-net system of care for Travis County.



Phase I:
Define and Prioritize
Initiatives



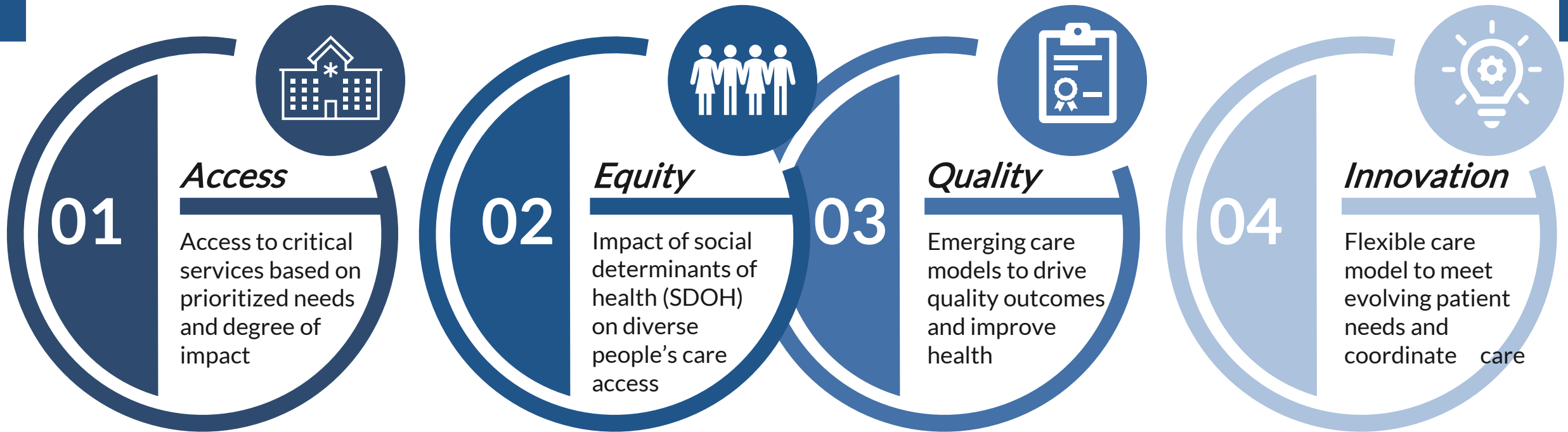
Phase II:
Define Capabilities,
Operational Alignment
and Oversight Models



Phase III:
Design Operational
Roadmap and Financial
Plans



Operational and financial sustainability planning will consider the following organizational elements



Phase I: Define and Prioritize Initiatives

Objective: Define and develop a prioritized list of initiatives that will be staged and sequenced to achieve the Health Care Equity Plan for residents of Travis County with low income.

Deliverables



1. **Community Needs Catalogue:** Develop a summation of prioritized community needs including; type, scale, location, scope, and urgency of individual needs.



2. **Initiative Summary Catalogue:** An inventory of prioritized initiatives, including defined summaries of critical parameters assessed at the 1/3/5/7-year timeframes and detailed at the initiative level.



Phase II: Define Capabilities, Operational Alignment and Oversight Models

Objective: Define the capabilities, operational alignment and oversight models required to execute initiatives while enabling appropriate tracking and accountability.

Deliverables



1. **Target Capability Architecture Maps:** The target map represents the “ideal state” and capabilities required to achieve the prioritized initiatives.



2. **Capability Maturity Maps:** These will be at the initiative and system level and will be a heat-coded version of the architecture map that codes each capability in terms of maturity gap.



3. **Oversight and Operational Alignment Models:** Work collaboratively with Central Health to define and align the right oversight and operational alignment models at the right levels once target initiatives are selected.



4. **Reporting Models and Measures:** KPIs and reporting metrics at the initiative and system level, including frequency of reporting and performance standards developed to guide the initiatives, evaluate the progress, and be manageable.



Phase III: Design Operational Roadmap and Financial Plans

Objective: Design operational roadmaps and develop forward-looking financial plans to prioritize, phase, finance, implement and sustain strategic initiatives based on impact and effort. Operational and financial performance will be tracked at the initiative and system level.

Deliverables



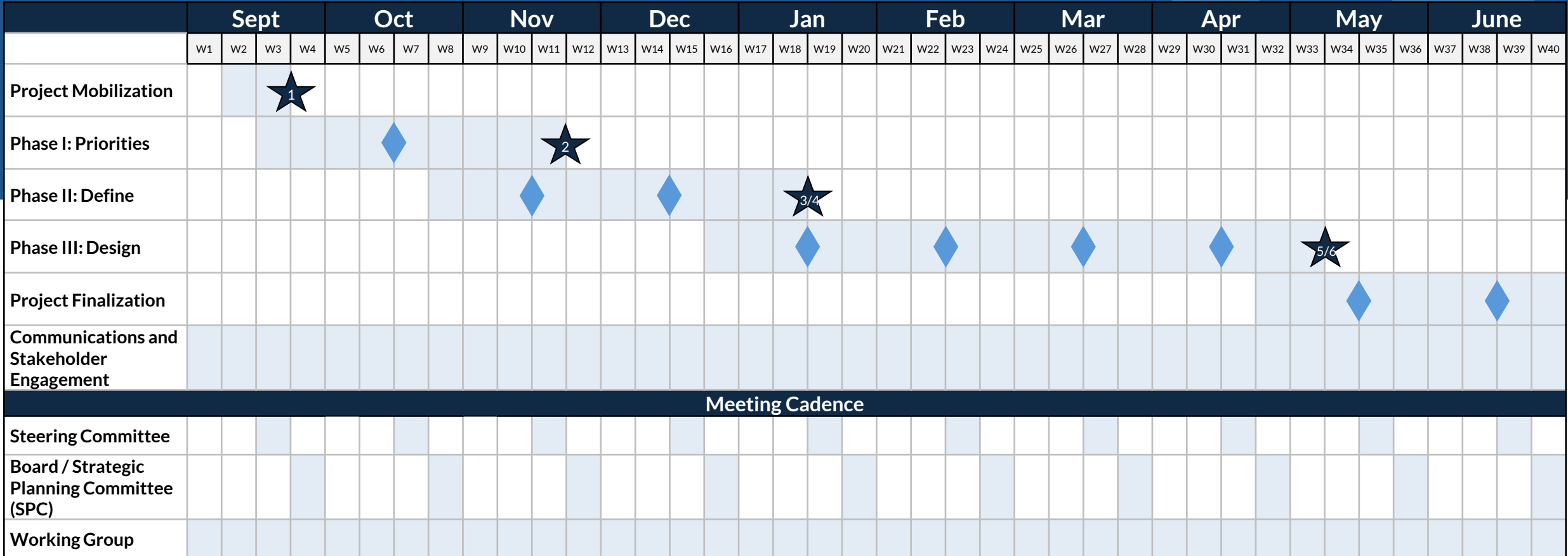
1. **Operational Roadmaps:** Detailed at the Prioritized Initiative and System Level

2. **Financial Plans, including the following:**

- **Financial Model:** Detailed projections of capital, operating expenses, revenue, and cash flow
- **Costs and Expenses Assessment:** Forecast internal direct, indirect costs, and total system costs associated with implementation.
- **Financial Reporting:** Establish standard formats and processes to streamline documentation and reporting.
- **Value Analytics and Measures:** Analysis of opportunity costs, risk identification and risk mitigation plans.
- **Budgetary Models and Structures:** Develop rolling forecast model using historical data to predict future results.
- **Capital Plan:** Develop plan with prioritized capital projects (facilities and equipment), funding sources and cash flow needs.
- **Funding Models:** Guide CH leadership to identify, evaluate and secure sources of state and federal funding.



Key Milestones and Timeline



- ★ Key Deliverables**
- 1. Kickoff
 - 2. Community Needs Catalogue; Initiative Summary Catalogue
 - 3. Capability Architecture Maps; Capability Maturity Maps
 - 4. Oversight and Operational Alignment Models
 - 5. Reporting Models and Measures
 - 6. Operational Roadmaps and Financial Planning

◆ Board Meetings



Next Steps

Engagement Activities

- Catalogue and define community needs by type, scale, location, scope, and urgency of individual needs
- Begin operational capacity assessment to understand organizational needs, capacity, and operational limitations

Meetings

- Present at December Strategic Planning Committee meeting



Questions?



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

October 12, 2022

AGENDA ITEM 3

Receive an update on the creation of an opioid crisis response campaign for Travis County led by Central Health in partnership with Travis County, Travis County District Attorney, and Austin Public Health. (*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 10.12.22

Who will present the agenda item? (Name, Title) Ted Burton, VP of Communications; Camilla Rodriguez, Graphic Designer

General Item Description Update on the creation of an opioid overdose crisis response campaign for Travis County led by Central Health in partnership with Travis County, Travis County District Attorney (D.A.) and Austin Public Health (APH).

Is this an informational or action item? Informational

Fiscal Impact N/A (part of FY23 communications budget)

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

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

- 1) Update on joint opioid overdose crisis response public education initiative led by Central Health.
Partners include Austin Public Health, Travis County, Travis County D.A., Austin-Travis County
- 2) EMS, Integral Care and more.
- 3) Central Health, working with our advertising consultant, is creating a unified brand and messaging for the opioid overdose crisis in Travis County.
- 4) APH and Travis County will be funding the paid media effort (advertising).

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) No

Estimated time needed for presentation & questions? 5 minutes

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



CENTRAL HEALTH

Form Prepared By/Date
Submitted:

Ted Burton, 10.6.22



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

October 12, 2022

AGENDA ITEM 4

Receive and discuss a presentation on Central Health real estate strategy to support the Board-adopted Healthcare Equity Plan and future needs.³ (*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 October 12, 2022 Strategic Planning Committee

Who will present the agenda item? (Name, Title) Stephanie Lee McDonald, VP Enterprise Alignment & Coordination

General Item Description Presentation and Discussion of Central Health Real Estate Strategy to support Healthcare Equity Plan and future needs

Is this an informational or action item? Informational

Fiscal Impact NA at this time

Recommended Motion (if needed – action item) NA

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

- 1) Development of Central Health real estate strategy
- 2) Understanding of near-term health care delivery and clinical space needs
- 3) Input on strategic direction and aims

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

Estimated time needed for presentation & questions? 30 minutes

Is closed session recommended? (Consult with attorneys.) Yes – Real Estate Strategy

Form Prepared By/Date Submitted: Stephanie Lee McDonald 10/6/2022



CENTRAL HEALTH

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

October 12, 2022

AGENDA ITEM 5

Receive and discuss updates on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) program and associated projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas and the University of Texas at Austin.⁴ (*Informational Item*)



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

October 12, 2022

AGENDA ITEM 6

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