



CENTRAL HEALTH

STAYS IN FILE

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.

STAYS IN FILE

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.

Respect - We honor our relationship with those we serve and those with whom we work.

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

STAYS IN FILE

BOARD OF MANAGERS STRATEGIC PLANNING COMMITTEE

Wednesday, May 15, 2019, 5:30 p.m.

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

AGENDA*

*Agenda item numbers are assigned for ease of reference only and do not necessarily reflect the order of their consideration by the Committee.

1. Consider and approve the minutes of the April 10, 2019 meeting of the Central Health Board of Managers Strategic Planning Committee. (*Action Item*)
2. Receive and discuss an update on the 86th Texas Legislative Session and Central Health's legislative priorities. (*Informational Item*)
3. Receive and discuss an update on Communications and Community Engagement activities and initiatives. (*Informational Item*)
4. Receive and discuss an update on asset mapping related to the social determinants of health. (*Informational Item*)
5. Discuss the policies and practices of other Texas Hospital Districts in connection with a proposed funding resolution for the development and delivery of future programs and services with non-clinical partners. (*Informational Item*)
6. Receive and discuss an update on the health equity road map. (*Informational Item*)
7. Receive and discuss the (FY) 2019-2024 Strategic Work Plan. (*Informational Item*)
8. Confirm the next regular Strategic Planning Committee meeting date, time, and location. (*Action Item*)

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 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 this meeting and requires auxiliary aids or services should notify Central Health as far in advance as possible, but no less than two days in advance, so that appropriate arrangements can be made. Contact Emily Farris by telephone at (512) 978-8038.

Came to hand and posted on a Bulletin Board in the Courthouse,
Austin, Travis County, Texas on this the 10th day of

May 2019.

Dana DeBeauvoir
County Clerk, Travis County, Texas

By A. MACEDO Deputy



201980669

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Dana DeBeauvoir
Dana DeBeauvoir, County Clerk
Travis County, Texas

May 10, 2019 03:50 PM
Fee: \$0.00 MACEDOS



CENTRAL HEALTH

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

May 15, 2019

AGENDA ITEM 1

Consider and approve the minutes of the April 10, 2019 meeting of the Central Health Board of Managers Strategic Planning Committee. (Action Item)

MINUTES OF MEETING – APRIL 10, 2019

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

On Wednesday, April 10, 2019, the Central Health Board of Managers Strategic Planning Committee convened at 5:34 p.m. in the Training Room, 1111 East Cesar Chavez, Austin, Texas 78702. Clerk for the meeting was Ms. Emily Farris.

Committee Members present: Chairperson Greenberg, Manager Jones, Manager Museitif, and Manager Valadez

Board Members present: Manager Oliver, Manager Zamora and Manager Bell

REGULAR AGENDA

1. Consider and approve the minutes of the following meeting of the Central Health Board of Managers Strategic Planning Committee:

a. March 5, 2019.

Clerk's Notes: Discussion on this item began at 5:34 p.m.

Manager Valadez moved that the Committee approve minutes of the following meeting of the Central Health Board of Managers Strategic Planning Committee:

a. March 5, 2019.

Manager Museitif seconded the motion.

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

2. Receive and discuss an update on the 86th Texas Legislative Session and Central Health's proposed legislative priorities¹.

Clerk's Notes: Discussion on this item began at 5:34 p.m. Ms. Perla Cavazos, Vice President of Government Affairs for Central Health, presented an update on the current status of the legislative session to the board members. Ms. Cavazos focused on the current tax cap bills, the physician hiring bills, the status of LPPF, bills affecting community health centers, mental and behavioral health, women's health, and the Medicaid waiver bills.

No action was taken on item 2.

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

Clerk's Notes: Discussion on this item began at 6:03 p.m. Mr. Ted Burton, Vice President of Communications for Central Health, introduced Belmont Icehouse representatives who conducted analysis on public outreach and surveyed key stakeholders in the community to research Central Health. Key elements discussed were the role and experience with the Central Health Enterprise, the mission and positioning of the Central Health Enterprise, Central Health Enterprise perceptions, naming convention, logo designs, key messaging, and branding components that should not be changed. Mr. Mike McKinnon, Communications Solutions & Innovation Manager for Central Health, and Ms. Cindy Brummer, with Standard Beagle, presented their assessment of the Central Health that included feedback on the ease of maneuverability and user-friendliness of the site.

No action was taken on item 3.

4. Receive and discuss an update asset mapping related to the social determinants of health.

Clerk's Notes: Discussion on this item began at 6:44 p.m. Ms. Vanessa Sweet, Strategy Manager for Central Health, and Mr. Preston Poole, an intern for Central Health, presented the development of a comprehensive inventory and asset map of social services, that is underway in Travis County, including projects within the Central Health Enterprise organizations. This work includes tracing funding, starting with the amount of federal dollars sent to Texas each year, following the funding to the local level and then social service providers. Some private funding through foundations is included. The intent of this research is to present a comprehensive picture of social services serving Travis County residents and the funding sources for these programs. Services for the homeless will be highlighted in future reports, per the request of the Board.

No action was taken on item 4.

5. Receive policies and practices of other Texas Hospital Districts specific to a proposed funding resolution related to the development and delivery of future programs and services with non-clinical partners.

Clerk's Notes: Discussion on this item began at 6:57 p.m. Mr. Mike Geeslin, President & CEO of Central Health, updated the members on the research that staff is conducting on equitable policies and practices in place at other major urban Texas hospital districts. Priorities for the research include: living wage policies as part of contracting requirements and RFP analysis; cultural competency requirements; workforce and leadership diversity requirements; and translation service requirements. The systems being interviewed include Parkland, Harris, University Health in Bexar County, and El Paso County Hospital District. Departments being interviewed include population health, human resources, procurement, and government relations. A summary of the findings to date is included in the attached Equity Policy Research Memo Backup. Central Health staff conversations with comparable districts include sharing practices around social determinants of health (SDOH) work. The findings are being summarized into an inventory. There is discussion on creating a learning collaborative among Central Health and these major hospital districts specific to SDOH. Most of the hospital districts interviewed are in the exploratory phase of this work, similar to Central Health. Notably, CommUnityCare appears to be more advanced in the use of community health workers (CHWs), having integrated CHWs into the care team.

No action was taken on item 5.

6. Receive and discuss Strategy 2.5, Brain Health, within the Fiscal Year 2019-2024 Strategic Work Plan including the strategy reporting schedule, strategy sheets, and related measures or dashboards.

Clerk's Notes: Discussion on this item began at 7:10 p.m. Ms. Sarah Cook, Senior Director of Strategy, Communications & Population Health for Community Care Collaborative, presented to the members an update on our status with contracting based around brain health. Partnerships include Integral Care, providing inpatient psychiatric care through a network of hospitals, crisis and extended observation services at the Judge Guy Herman Crisis Center, crisis residential services at The Inn and the Respite Recovery Center. Ms. Cook also reviewed primary care contacts, the DSRIP program, medication assisted treatment, and SIMS foundation.

No action was taken on item 6.

7. Receive and discuss the Fiscal Year 2019-2024 Strategic Work Plan milestones achieved during the second quarter of Fiscal Year 2019.

Clerk's Notes: Discussion on this item began at 7:22 p.m. Mr. Geeslin provided the members with a brief update to ensure transparency and accountability of Central Health's work toward achieving the objectives in its 2019-2024 Strategic Plan. Quarter 2 milestones of the 2019-2020 work plan were reported by

executive leadership at the end of March 2019. These Milestone Review Memos reflect the work and challenges in achieving the Quarter 2 milestones, and next steps for the following strategies:

- Strategy 1.1 - Service Location & Care Delivery
- Strategy 1.2 - Population Health - Social Determinants of Health
- Strategy 1.3 - Communications
- Strategy 2.1 - Patient Wait Times
- Strategy 2.2 - Patient Reported Outcomes & Experiences
- Strategy 2.3 - Women's Reproductive Health
- Strategy 2.4 - Technology & Data
- Strategy 2.5 - Brain Health
- Strategy 2.6 - Cancer Care
- Strategy 3.4 - Brackenridge Campus

Quarter 3 milestones will be reported to the Central Health Board of Managers at the first Strategic Planning Committee following the end of the third fiscal quarter.

No action was taken on item 7.

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

Clerk's Notes: Discussion on this item began at 7:25 p.m. Chairperson Greenberg announced that the next Central Health Board of Managers Strategic Planning Committee meeting will be on May 15, 2019 at 5:30 p.m., at Central Health Administrative Offices, 1111 E. Cesar Chavez St., Austin, Texas 78702.

Manager Valadez moved that the Committee adjourn. Manager Museitif seconded the motion.

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

The meeting was adjourned at 7:25 p.m.

Sherri Greenberg, Chairperson
Central Health Strategic Planning Committee



CENTRAL HEALTH

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

May 15, 2019

AGENDA ITEM 2

Receive and discuss an update on the 86th Texas Legislative Session and Central Health's legislative priorities. (*Informational Item*)



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A Central Health and Seton partnership

Legislative Update

Central Health Board of Managers

Strategic Planning Committee

May 15, 2019

Perla Cavazos, VP of Government Affairs



@CentralHealthTX

Legislative Overview

- Just in: \$518 million more for the 2 year budget.
- 12 days left until Sine Die
- Upcoming Deadlines
 - Saturday, 5/18: last day for House committees to pass & report Senate Bills/Senate Joint Resolutions
 - Tuesday, 5/21: last day for House to pass Senate Bills on 2nd reading
 - Wednesday, 5/22: last day for House to pass all Senate Bills on 34rd reading
 - Sunday, 5/26: last day for House to adopt Conference Committee Reports and concur with Senate amendments
 - Monday, 5/27: Last day of the 86th Legislative Session



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CommUnityCare



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HEALTH PLANS



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Central Health Legislative Package: Passed!

- SB 1142 by Watson/Howard – Allows Central Health to hire physicians
 - Signed by the Governor (5/7/19)
 - Effective immediately
- SB 1350 by Watson/Hinojosa – Allows Central Health to create an LPPF
 - Passed Senate (4/25/19) and House (5/14/19)
 - Headed to the Governor's Office



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Priority Concern: Tax Caps

- SB 2 by Bettencourt/Burrows
 - In Conference Committee
 - Senate conferees appointed: Hancock, Chair; Bettencourt, Creighton, Hinojosa, Perry.
 - House conferees appointed: Burrows, Chair; Canales, Guillen, Murphy, Noble.
 - Both the Senate and House version of the bill lower the roll back rate to 3.5%
 - The Senate version includes hospital districts.
 - The House version excludes hospital districts, meaning we would stay at 8% roll back rate.



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Community Health Center Priorities

- SB 670 by Senator Buckingham – Clarifies telemedicine encounter reimbursements. Adds FQHCs.
 - Passed both chambers
- HB 2261 by Rep. Walle – Physician Education Loan Repayment increase
 - Still moving
- HB 2425 by Rep. Kacal – Allows FQHC physicians to delegate the ability to modify a patient's drug therapy
 - Sent to the Governor



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Other key bills

- Budget Bill (HB 1) is in conference committee
- School Finance (HB 3) is in conference committee
- Sales Tax Increase consideration delayed until next session
- Women's Health
 - HB 744 by Rep. Rose – Extends 12 month coverage for women who gave birth under Medicaid.
 - HB 253 by Rep. Farrar – Strategic plan to address postpartum depression
 - HB 1111 by Rep. Sarah Davis – Comprehensive maternal and new born health care bill
- Mental Health
 - SB 10 by Senator Nelson - Creates a mental health consortium, award research grants, and make child psychiatrists available for consultation via telemedicine
 - HB 10 by Rep. Thompson - Creates a similar consortium and would also award grants to promote child and adolescent psychiatric nursing programs
- Cancer
 - SB 21 – Tobacco 21 passed



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

May 15, 2019

AGENDA ITEM 3

Receive and discuss an update on Communications and Community Engagement activities and initiatives. (Informational Item)



MEMORANDUM

To: Mike Geeslin, President and CEO
From: Ivan Dávila, Director of Communications and Community Engagement
CC: Ted Burton, Vice President of Communications
Date: May 9, 2019
RE: Central Health's Community Health Worker Pilot
INFORMATIONAL ITEM

Overview:

As Central Health brings more health services to remote areas of Travis County, we must also prioritize building trust among communities who have been underserved, marginalized and disenfranchised. Central Health is implementing a community engagement and outreach pilot using state-certified community health workers to perform intentional outreach activities that emphasize community building and empowerment in Creedmoor, Colony Park and Austin's Colony/Hornsby Bend – to help people enroll in coverage and access health services effectively.

Synopsis:

In the spirit of collaboration, Central Health staff met with Enterprise affiliates and other organizations employing community health workers (CHWs). These include the Housing Authority of the City of Austin, Austin Public Health, Texas Department of Health & Human Services, Latino Healthcare Forum, El Buen Samaritano, Austin Asian Community Health Initiative and the Dell Medical School at UT. These meetings revealed gaps in enrollment navigation support and health care service utilization – particularly in remote areas of the county.

Through a competitive procurement process, Central Health is hiring a vendor who will provide up to three state-certified CHWs. While Enterprise affiliates are working together to implement this pilot, Central Health's population health and community engagement staff are spearheading it – following the recently adopted Central Health Enterprise logic model for consumer engagement and outreach.

Beginning in July 2019, Central Health's CHWs will employ a variety of outreach and community empowerment activities to help residents of Creedmoor, Colony Park and Hornsby Bend get health care coverage and use health care services effectively. In October 2019, staff will evaluate the pilot and provide recommendations to members of the executive team.

Action Requested:

No action is required at this time. This is an informational update.

Fiscal Impact:

No fiscal impact at this time.



CENTRAL HEALTH

Communications, Community Engagement & Outreach: The Long View

Strategic Planning Committee Meeting

May 15, 2019

5:30 p.m.

Ted Burton, VP of Communications

Ivan Davila, Dir. of Communications & Community Engagement



@CentralHealthTX







Central Health Communications/Community Engagement/Outreach

THE LONG VIEW





CENTRAL HEALTH

Questions?



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CENTRAL HEALTH

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

May 15, 2019

AGENDA ITEM 4

Receive and discuss an update on asset mapping related to the social determinants of health.
(Informational Item)

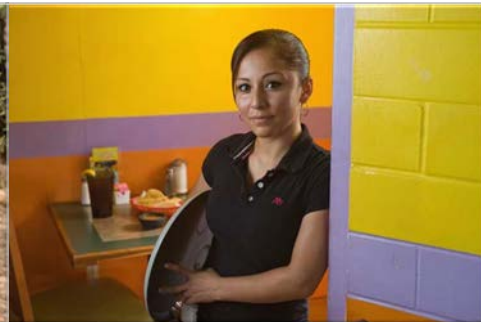


CENTRAL HEALTH

Update: Asset Mapping Related to Social Determinants of Health

Strategic Planning Committee
May 15th, 2019

Megan Cermak and Preston Poole



Outline of Presentation

- Goal of the Research
- Understanding Public Dollars for Social Services
- Local Public Funds Analysis
- Social Service Organization Resources



Goal of the Research

- Comprehensive Inventory of funding sources for social service organizations serving Travis County.

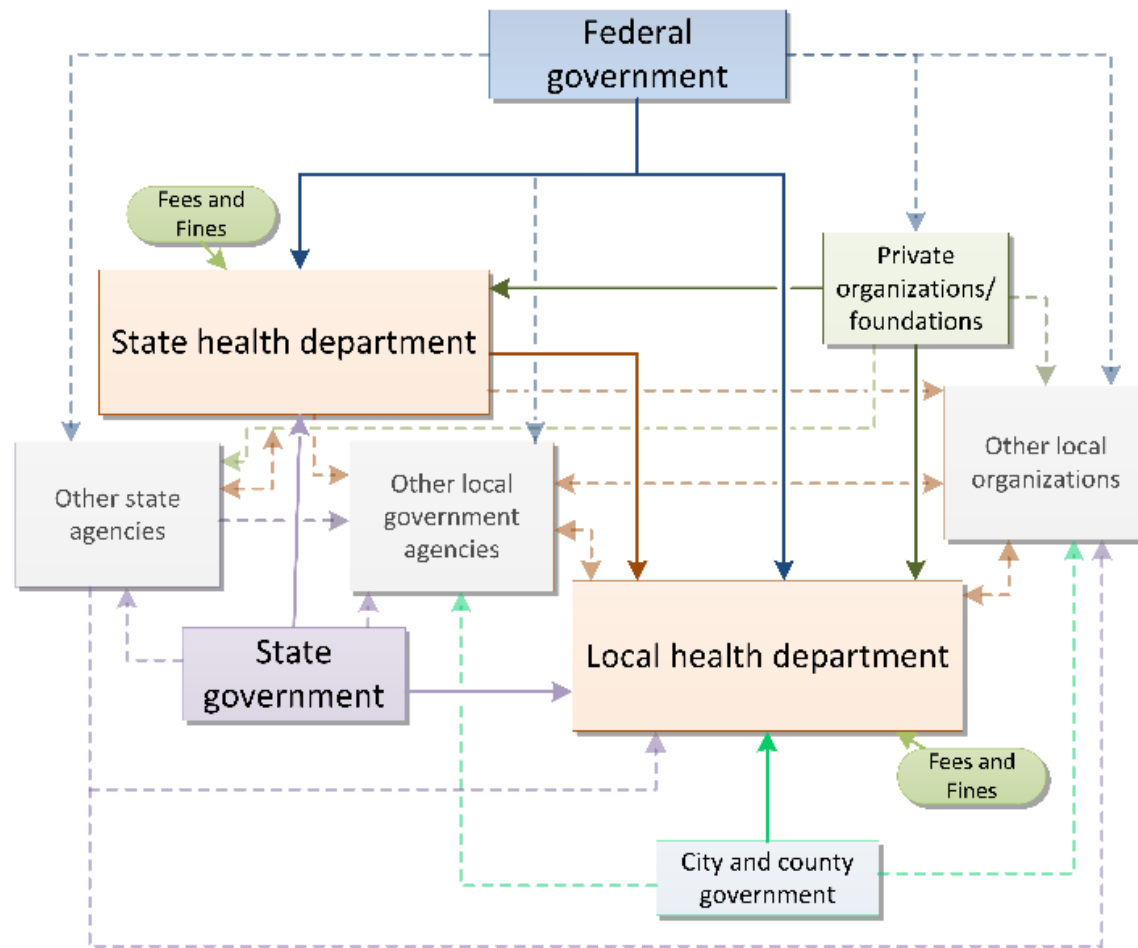


Limitations for Local Analysis

- This is not a complete list of all organizations who received public funds.
- This list should not be considered a list of all social service organizations in the area.
- The categories for program funding are a rough estimate based on an understanding of the organizations and their programs.



How Public Dollars Get to Social Services Organizations

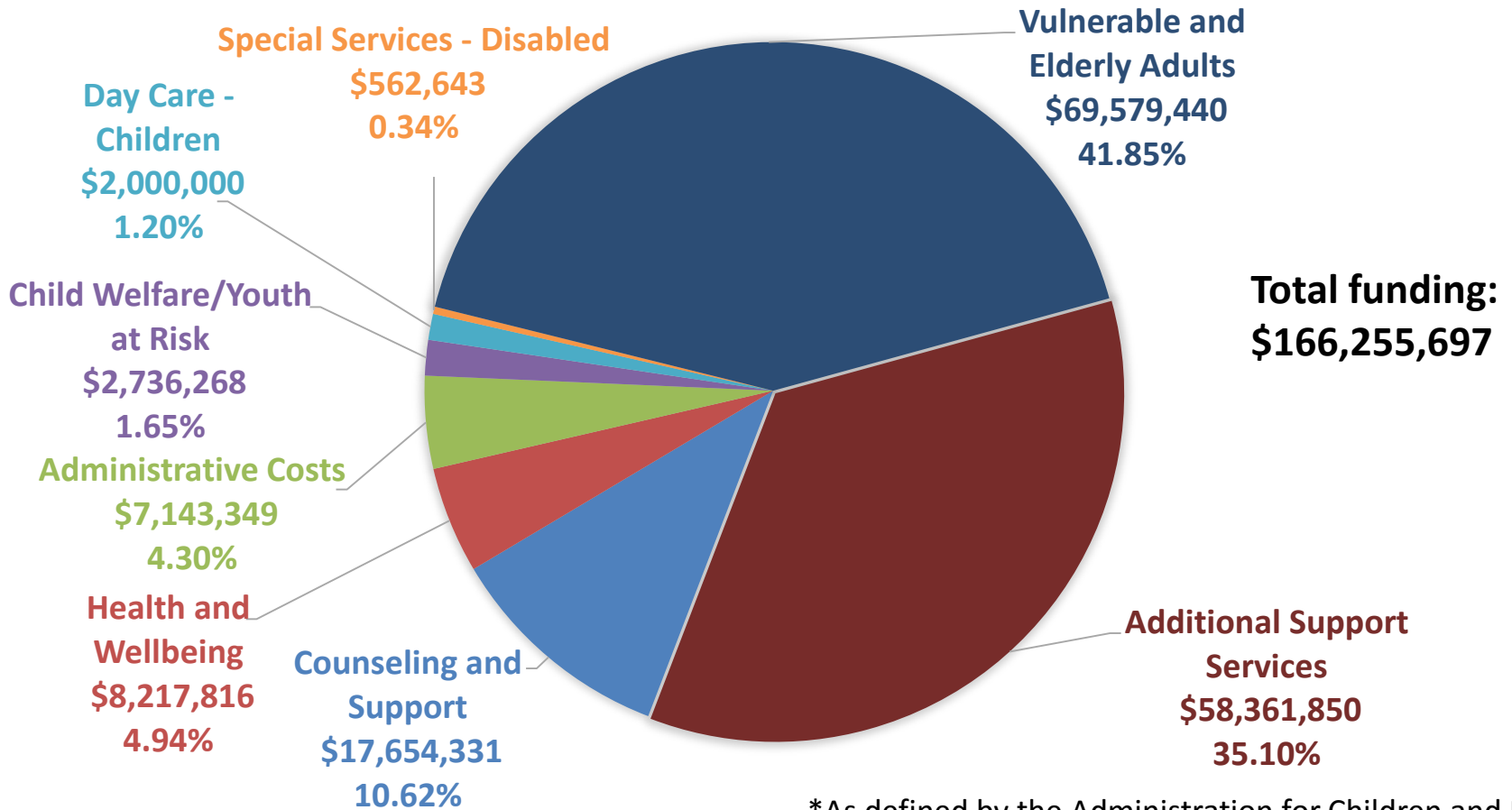


Federal Social Service Dollars

- Social Services Block Grants (SSBG) are the main source of federal social services dollars.
- SSBGs are awarded to states who then award them to local governments and organizations.
- Total SSBG awards in the U.S. (FY16):
\$2,751,889,041
- Total SSBG spending in Texas (FY16):
\$166,255,697 **including TANF transfer*



Total Texas SSBG Expenditures by High Level Service Area*



*As defined by the Administration for Children and Families



Locally Distributed Grants for Social Services

Government Entities	Amount*	Local Organizations	Amount*
Austin Public Health	\$19,599,458	United Way	\$1,193,000
Travis County	\$34,757,766	St. David's Foundation	\$51,686,995
Total	\$54,357,224	Dell Foundation	\$6,320,884
		Total	\$59,200,879

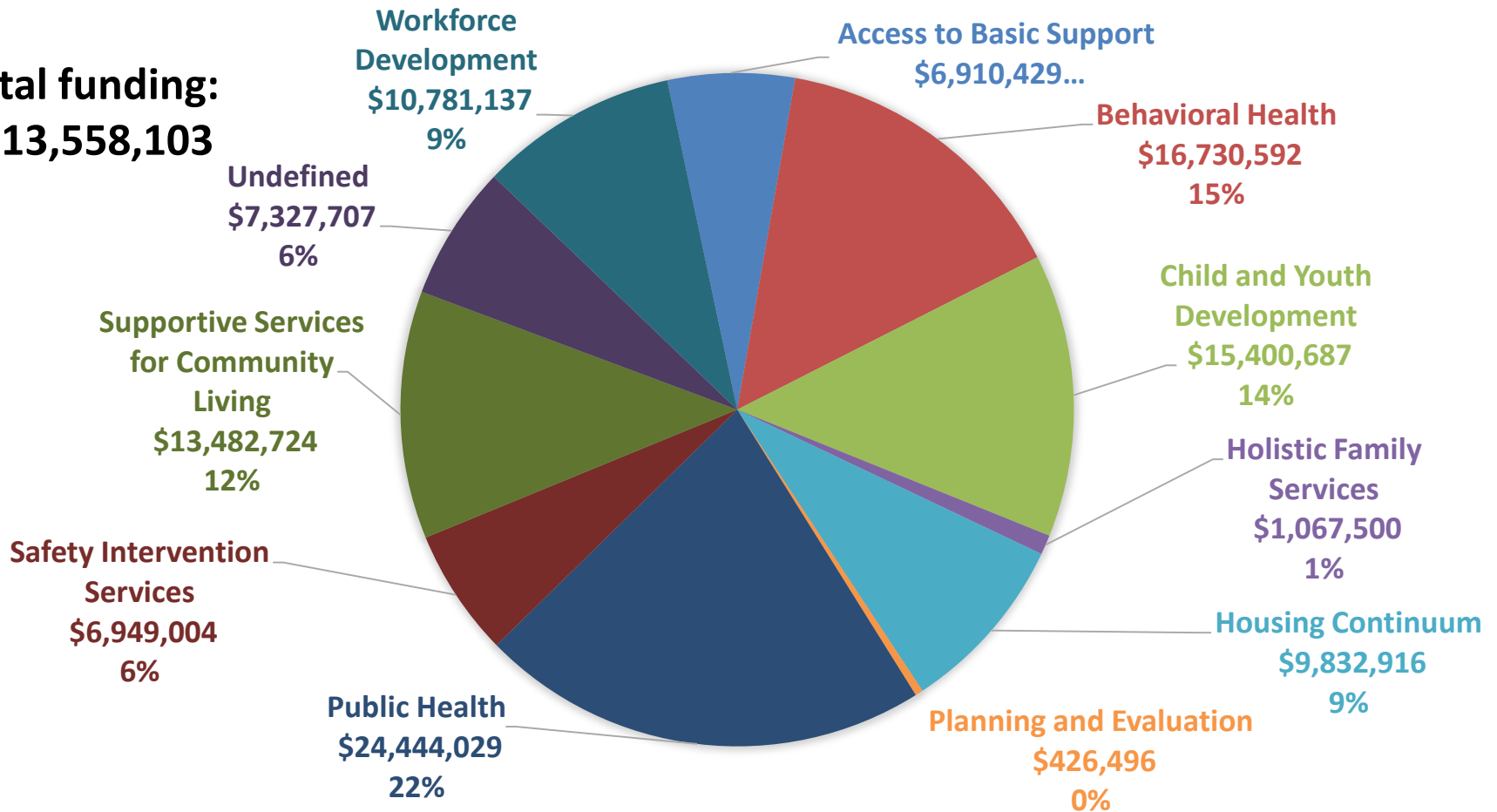
Total Grant Amounts: \$113,558,103

*FY17 (UWATX, St. David's); FY18 (APH, TCHHS, Dell Foundation)



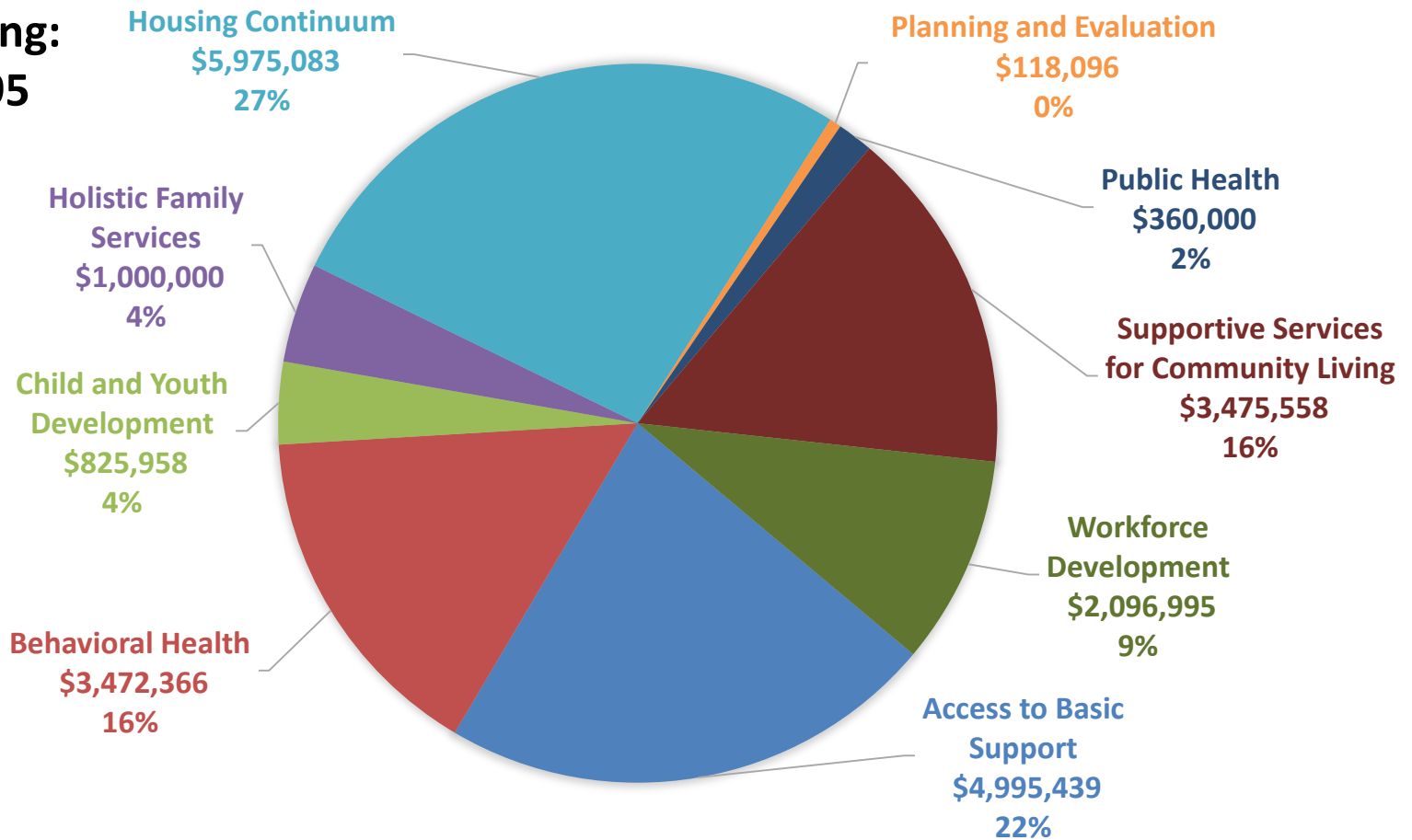
Local Funding for Social Services by Category

Total funding:
\$113,558,103



Funds for Programs Associated with Services for the Homeless

Total funding:
\$22,319,495



Social Service Resources

Resources like AuntBerth.com provide searchable databases for organizations that provide social services and reduced cost services.

Zip or keyword or program nam Search for free or reduced cost services like medical care, food, job training, and more.

Select Language ▼

FOOD HOUSING GOODS TRANSIT HEALTH MONEY CARE EDUCATION WORK LEGAL

2274 programs
serve people in
Austin, TX (78702)

Type a search term, or pick a category




Social Service Resources

Example: A search for housing assistance in area code 78702

Austin, TX (78702) / housing / help find housing < 1 - 25 of 26 >


Personal Filters Program Filters Income Eligibility

Serves your local area

Case Management Services  [Details & Print](#)

by Austin Public Health


[Send to a Friend](#) [Save to Favorites](#)

 0.24 miles away 2800 Webberville Road, Austin, TX, 78702 [\(Get Directions\)](#)

Closed Now 08:00 AM - 12:00 PM

What:
financial assistance, help fill out forms, help find housing, help find work, support one-on-one support, more education, skills & training, interview training, resume advocacy & legal aid

Who:
adults, young adults, teens, seniors, low-income

Want to talk with someone? 

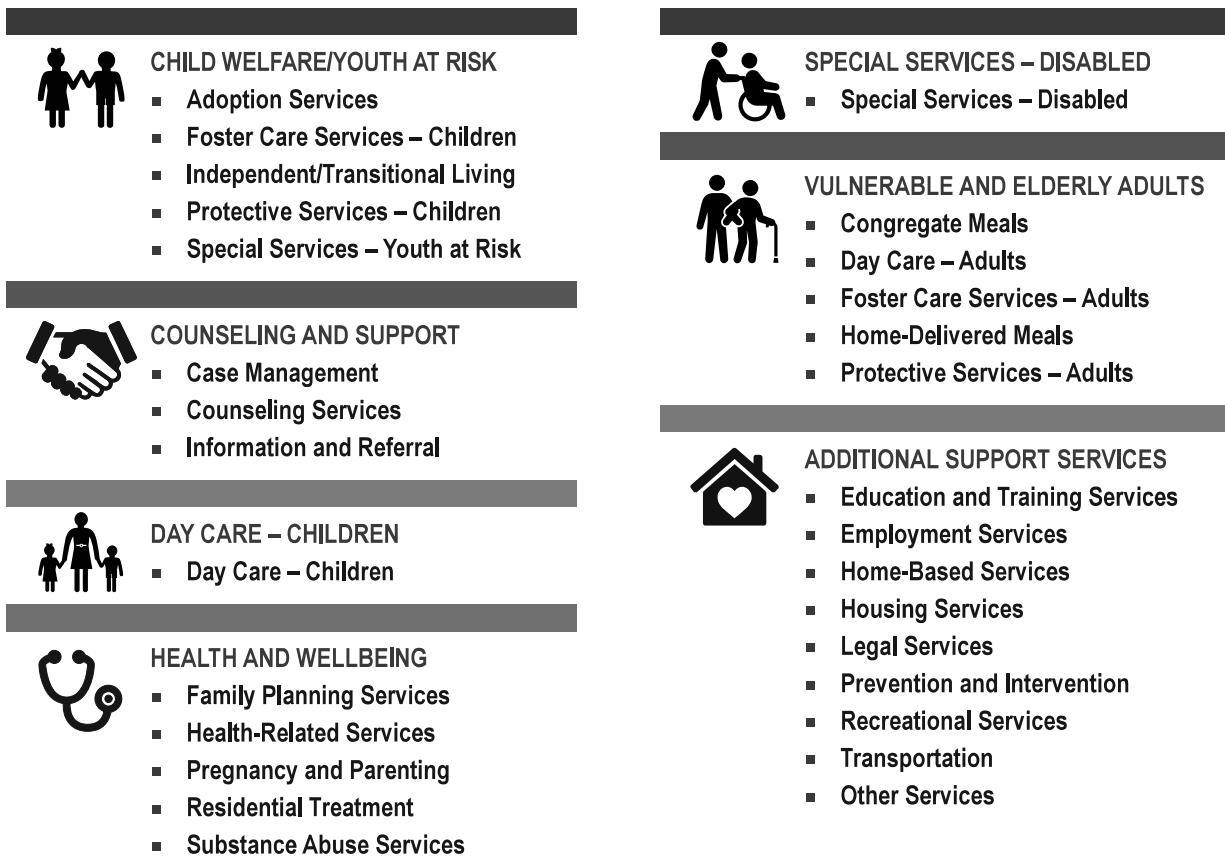
The United Way for Greater Austin 211 has trained professionals who can help you find what you need. Click below and we will redirect you to the 2-1-1 call center where you can search for resources with the expertise of a social service navigator.

[SPEAK TO SOMEONE AT 2-1-1](#)

SSBG HIGH LEVEL SERVICE AREAS

States have broad discretion in the specific services they provide with SSBG funds. The final rule issued in 1993 by the U.S. Department of Health and Human Services in the Code of Federal Regulations, included uniform definitions for 28 social services. If a service falls outside of the 28 definitions, states report their expenditure and recipient data under Other Services.^{20, 21}

OCS has grouped the 29 SSBG service categories into seven SSBG High Level Service Areas to facilitate the evaluation and analysis of data. Service area groupings were determined based on a report by the Center on Budget and Policy Priorities and a thorough review of the Uniform Definition of Services to identify related categories.²² These service areas will simplify the evaluation of categories to better demonstrate the significance of SSBG funds dedicated to services, systems, and communities across the nation. For a breakdown of service categories by High Level Service Area, see the infographic below:



FY 2019 HHS Program Matrix

Note: The Program Matrix does not cover the functional infrastructure required to support the daily operations of the Department, such as Finance, Human Resources, Facilities, and the Office of the County Executive. The FY19 investment amount does not include Department programs and services.

Issue Area	Goals and Services
<p>Access to Basic Supports: Food, Transportation, Legal Rights and Benefits</p> <p><i>FY19 Investment: \$613,521</i></p>	<p>Programs and services within this issue area provide: access to food to reduce food insecurity, prevent hunger, promote healthy eating, and improve and sustain food production; transportation access to services; access to obtain and maintain public benefits; and access to obtain or maintain immigration benefits, legal status, or protections for which they are eligible.</p> <p>Some populations have disproportionately poor outcomes in government systems: veterans, immigrants, and people living in low-income households. Those populations require legal services for fair access and representation within those systems.</p> <p>Services may include:</p> <ul style="list-style-type: none"> • Food bank and food pantries; • Meals; • Fresh food cultivation and/or distribution; • Education about nutrition, wellness, and health; • Technical assistance and consulting for urban farms and garden to increase food production; • Transportation to services; • Public transit passes; • Licensed attorney, Board Accredited Legal representation, or other authorized representation by qualified advocates; • Benefits system navigation assistance. <p><i>Goals align with the Austin/Travis County 2013 Community Health Improvement Plan.</i></p>
<p>Behavioral Health</p> <p><i>FY19 Investment: \$5,096,528</i></p>	<p>Programs and services within this issue area promote identification of behavioral health disorders* and early access to treatment, alleviate or heal symptoms of a behavioral health disorder, enhance resiliency by empowering individuals to manage their own treatment needs and symptoms, and collaborate and link with community resources on behalf of those seeking services. Behavioral health programs and services intervene early with effective treatment and supports that promote emotional health and well-being of children and adults utilizing a variety of treatment modalities.</p> <p>Services may include:</p> <ul style="list-style-type: none"> • Outpatient therapy services for individuals, couples, groups, and families • Case management • Education and training • Assessments and evaluations • Medication management • Psychiatric hospitalization • Residential treatment • Wraparound supports and services • Support groups • Para-professional supports • Non-traditional therapies • Substance use disorder treatment • Medication Assisted Treatment (MAT) • Crisis services <p><i>* Behavioral Health encompasses both mental health and substance use disorders and includes those experiencing mental health or substance use challenges that do not have a clinical diagnosis or have yet to be diagnosed.</i></p>
<p>Child and Youth Development</p> <p><i>FY19 Investment: \$2,784,034</i></p>	<p>Programs and services within this issue area promote physically and emotionally healthy infants, children, youth, and their families through a variety of programs and services which are available, affordable, accessible, and meet expected local, state, and national standards of quality. The scope of these services includes prevention, intervention, and early diversion programs.</p> <p>Early childhood services are designed to ensure that young children are:</p> <ul style="list-style-type: none"> • Healthy and safe; • Ready for school by Kindergarten; • Supported in nurturing and responsive environments; • Receiving high quality early care and education opportunities; and • Screened for physical, social-emotional, and developmental delays and connected to services. <p>Youth services are designed to ensure that children and youth are:</p> <ul style="list-style-type: none"> • Academically successful and workforce ready; • Physically healthy and safe; • Socially and emotionally healthy and safe; and • Socially and civically engaged. <p><i>Goals align with Ready by 21 and School Readiness Action Plan.</i></p>

Issue Area	Goals and Services
<p>Housing Continuum</p> <p><i>FY19 Investment: \$733,297</i></p>	<p>Programs and services within this issue area promote both availability of and access to safe, decent, affordable and stable housing. Programs span the housing continuum from providing temporary shelter to rental and homeownership assistance. Goals of the services are to prevent homelessness, reduce housing cost burden and promote housing stability.</p> <p>Services may include:</p> <ul style="list-style-type: none"> • Emergency shelter including food, bedding and needed supplies; • Safe and affordable transitional housing; • Short and long term financial assistance for rent, mortgage and utilities; • Case management, support services, tenant education and legal advocacy to promote housing stability and reduce housing discrimination; • Repair of rental and owned housing to address substandard housing, improve living conditions and energy efficiency; • Assess energy usage and living patterns to educate clients regarding energy usage; identify and provide needed repairs/retrofits to address energy efficiency; • Homebuyer assistance and education; • Assistance in the creation of affordable housing units; and • Infrastructure improvements to assist with neighborhood quality. <p><i>Goals align with Travis County and City of Austin's Consolidated Plans and ECHO's 10-year Plan to End Homelessness.</i></p>
<p>Planning and Evaluation</p> <p><i>FY19 Investment: \$231,496</i></p>	<p>Programs within this issue area provide assessment, planning and evaluation services. These services are designed to improve knowledge of community conditions and needs and improve the effectiveness and efficiency of health and human services.</p> <p>Services may include:</p> <ul style="list-style-type: none"> • Community assessment, analysis, and reporting; • Community engagement and outreach; • Support to community planning processes; and • Evaluation, performance measurement and related activities.
<p>Public Health</p> <p><i>FY19 Investment: \$6,804,678</i></p>	<p>Programs and services within this issue area work to improve the health and well-being of community members; protect from injury and illness; reduce the occurrence and impact of disease; and increase public health emergency preparedness. Social Services programs provide services to residents living with HIV/AIDS to reduce new infections; increase access to care and improve health outcomes for people living with HIV/AIDS; reduce HIV-related health disparities and health inequities; and achieve a more coordinated response to the HIV epidemic. Social Services programs also work to prevent teen pregnancies, sexually transmitted infections, and associated sexual risk behaviors.</p> <p>Services may include:</p> <ul style="list-style-type: none"> • Education; • Improving treatment, care, and support for persons living with or facing health concerns; • Case management and advocacy for additional or other client services; • Promoting environmental health; • Animal control and shelter services; • Supportive services that promote linkage to and maintenance in care; and • Teen pregnancy and sexually transmitted diseases prevention services.
<p>Safety Intervention Services</p> <p><i>FY19 Investment: \$320,000</i></p>	<p>Programs and services within this issue area promote the safety and well-being of individuals, families, and communities that are at high risk of, have experienced, or have committed acts of victimization, loss, and/or harm. The focus of these programs/services will be on:</p> <ul style="list-style-type: none"> • Services and interventions for individuals and families who are victims of or committed an act of domestic violence, abuse and/or neglect of a child; • Trauma informed services to promote healing and resilience; • Advocacy for victims of crimes and/or abuse/neglect; • Crime prevention services; • Restorative justice services; and • Reintegration services for youth and adult offenders. <p>Services may include:</p> <ul style="list-style-type: none"> • Crisis and transitional housing for those affected by violence, abuse, and/or neglect; • Counseling; • Educational/Psycho-educational groups; • Case management; • Individual and systems advocacy; and • Information and referral. <p><i>Goals align with Re-Entry Roundtable.</i></p>

Issue Area	Goals and Services
<p>Supportive Services for Community Living</p> <p><i>FY19 Investment: \$869,053</i></p>	<p>Programs and services within this issue area work to promote independence and well-being of older adults and people with disabilities by:</p> <ul style="list-style-type: none"> • Supporting living in the home while ensuring safety of person and environment • Maximizing quality of life and community engagement <p>Services may include:</p> <ul style="list-style-type: none"> • In-home care services • Bill payer/money management • Independent living support • Case management • Supported employment services • Day habilitation • Guardianship assistance and/or alternatives to guardianship • Home delivered meals • Congregate meals • Early Childhood Intervention Services • Volunteer engagement • Individual advocacy and systems navigation • Clinical therapies (OT,PT, Speech, Hearing)
<p>Workforce Development</p> <p><i>FY19 Investment: \$2,419,307</i></p>	<p>Programs and services within this issue area provide a continuum of employment, training, and adult education services to help individuals improve workplace skills, obtain employment, succeed in the workplace, and help employers secure a skilled workforce.</p> <p>Services may include:</p> <ul style="list-style-type: none"> • Literacy, GED, and adult basic education; • English as a Second Language (ESL) classes; • Job readiness and occupation-specific training (including, but no limited to, vocational certification and formal higher education opportunities); • Job search and job placement assistance; and • Related instruction, coaching, or counseling leading to employment and earnings gain.
<p>Holistic Family Services Pilot Program</p> <p><i>FY19 Investment: \$1,000,000</i></p>	<p>The Holistic Family Services pilot program uses a Wraparound Family Intervention approach to address multiple complex needs of whole families, in an effort to create lasting, positive change for children in these families. Services focus on families with children in the outlying areas of Travis County, and more specifically, impacted block groups in areas of very low or low opportunity outside of the City of Austin. Program outcomes target five issue areas: Housing Continuum, Workforce Development, Child and Youth Development, Behavioral Health, and Access to Basic Supports.</p> <p>The program service design includes:</p> <ul style="list-style-type: none"> • Home-centered services to families with children, which begin with family assessment and reduce the need for multiple providers to do the same assessment work with family members • Centralized coordination of services to perform assessment, develop a service plan, coordinate and monitor services across multiple service providers and areas of intervention, and demonstrate results of services provided • Family-driven system of care that includes the family in discussions to determine the best intervention for the family • Culturally and linguistically appropriate service delivery system • Access to a network of services that can address each of the five targeted social service issue areas: housing, workforce development and/or adult education, child and youth development, behavioral health, and food and transportation • Periodic assessment during the service delivery period to measure progress and/or need for additional services • Step down planning and community integration • Evaluation of status at exit and at 6 and 12 months following family exit from the program



CENTRAL HEALTH

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

May 15, 2019

AGENDA ITEM 5

Discuss the policies and practices of other Texas Hospital Districts in connection with a proposed funding resolution for the development and delivery of future programs and services with non-clinical partners.
(Informational Item)

MEMORANDUM

To: Central Health Board of Managers Strategic Planning Committee

From: Preston Poole, Intern

CC: Mike Geeslin, President and CEO; Monica Crowley, Chief Strategy and Planning Officer

Date: May 15, 2019

Re: Update on policies and practices research in connection with a proposed funding resolution for the development and delivery of future programs and services with nonclinical partners.

Overview

The Board asked for research into different equity based policies and practices in connection with a proposed funding resolution for the development and delivery of future programs and services with nonclinical partners. Research reviewed the policies and practices of other Texas health districts and local organizations. Additional research reviewed examples of practices by other government entities that could be considered.

Research Conducted

The following questions were researched and asked of different health/hospital districts and counties in Texas.

1. Do you have any type of procurement or partnership policies regarding:
 - a. Living Wage
 - b. Health Benefits
 - c. Cultural and Linguistic Competency
 - d. Diversity
 - e. Board and Leadership Diversity
 - f. Other

*This includes both contracting requirements and RFP analysis
2. Have you developed a best practice for partnerships? A particular structure that you require? Or minimum requirements?
3. Do you have any other equity policies?

The results below represent findings from Texas entities:

Organization	Response
Parkland Health and Hospital System	<ul style="list-style-type: none"> • Parkland did not have procurement policies regarding this topic. • While they do take into consideration MWBE while contracting for services, they do not have any official procurement or partnership policies applicable to this research.
Harris Health System	<ul style="list-style-type: none"> • Harris Health System does not have any policies applicable to our research. • Harris County handles the procurement operations for Harris Health System. The County does track the diversity of contractors. <ul style="list-style-type: none"> ○ Harris County has developed health equity policies and procedures. See Appendix A for their community partnership procedures.
University Health System – San Antonio	<ul style="list-style-type: none"> • UHS-SA do not have any procurement policies in place regarding this topic. • They do have a strategic outreach plan for increasing diversity among vendors and have considered creating a preferred vendor list.
United Medical Center – El Paso	<ul style="list-style-type: none"> • N/A – No response yet
Community Care Collaborative	<ul style="list-style-type: none"> • No policies regarding this topic.
Dell Medical School	<ul style="list-style-type: none"> • Dell Medical School follows State of Texas and University of Texas at Austin procurement policies. These policies are currently being reviewed for specifics related to equity and partnership. • Dell Med. is in the planning stages of a Historically Underutilized Business (HUB) initiative. • Dell Med. does not have written policies for increasing diversity and inclusion in hiring, but have established practices to do so.
City of Austin	<ul style="list-style-type: none"> • The City of Austin pays its full-time and temporary employees a minimum of \$15 an hour. The City has also pledged to raise the minimum wage for private employees under public contract to \$15 an hour.

City of Dallas	<ul style="list-style-type: none"> • The City currently pays city contract workers \$11.15 an hour, in an attempt to follow MIT's Living Wage Calculator. • The City has also pledged to raise the minimum wage for private employees under public contract to \$15 an hour.
City of San Antonio	<ul style="list-style-type: none"> • The City has pledged to raise the minimum wage for private employees under public contract to \$15 an hour.

Other Innovative Practices

We also researched other see if any other cities, counties, or health districts had policies that we were looking for. These are the results:

Organization	Policies
City of El Paso	<ul style="list-style-type: none"> • Organizations with medical benefits for employees have an added positive evaluation factor.
City of San Jose (CA)	<ul style="list-style-type: none"> • The city of San Jose, California, evaluates labor practices as part of its bidder selection process. The City requires the payment of a living wage, taking into consideration if health insurance benefits are provided. Additionally, the City takes into consideration other benefits that may be provided to employees, such as paid leave, when comparing potential partners.
City of St. Louis	<ul style="list-style-type: none"> • The City requires the payment of a living wage to contracted workers. The wage is dependent on level of health benefits provided by their employer.
Santa Clara County (CA)	<ul style="list-style-type: none"> • The County requires a contractor wage standard of \$19.06, which falls to \$17.06 if affordable health benefits and employer retirement contributions are offered; up to 12 earned sick days each year; reliable advance notice of work scheduling; a pathway for part-time workers to move into full-time jobs; local and targeted hiring so that these jobs provide economic opportunity to disadvantaged residents; worker retention requirements to allow the existing workforce to retain their jobs when a new contractor is selected.

Appendix- A

Harris County Health Equity Procedure for Community Partnerships

VII. PROCEDURE FOR COMMUNITY PARTNERSHIPS

POLICY: Engage the community, partners, and other local jurisdictions in strategic partnerships to develop public policies for the purposes of addressing and eliminating health inequities.

DEFINITIONS:

Partnership: A partnership is a purposive relationship between two or more parties (individuals, groups, or organizations) committed to pursuing an agenda or goal of mutual benefit. [Source: Adapted from CDC, Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health, 2008].

Coalition: A coalition is a group of organizations that come together for the purpose of gaining more influence and power than the individual organizations can achieve on their own. From a community organizing perspective, the reason to spend time and energy building a coalition is to amass the power necessary to do something you can't do alone. [Source: Western Organization of Resource Councils, How To Work In Coalitions]

AUDIENCE: Staff engaged in efforts to change policies and laws that are *not* specific to public health, such as policies focused on economic conditions or education access.

PROCEDURE:

1. *Assessment:* Assess the necessity and level of partnership engagement required in decision-making for programs, policies, services, interventions, and communication.
 - a. Articulate the reason for seeking a partnership with a community stakeholder(s), such as shared vision, mission, goals, and objectives of the program
 - b. Brainstorm potential stakeholders to engage as partners. (See Appendix: 2013-2018, HCPH Strategic Plan, Key Stakeholders)
 - c. Assess the current level of partnership with potential stakeholders including the presence of any formal agreement. Review the list developed in 1.b with a supervisor.
2. *Establishing the partnership:* Contact potential partners to assess their interest in the activity. Share reasons for seeking a partnership as identified in 1(a). Convene a discussion with the partner(s) (in-person, by phone, by email, etc.). During this conversation:
 - a. Discuss detailed activities and roles for each party.
 - b. Determine other stakeholders to engage.

- c. Identify each party's resources and needs in order to collaborate (See Appendices: Prevention Institute "Eight Steps to Coalition Building" and "Collaboration Multiplier").
 - d. Determine if there is a need for a formal agreement regarding the partnership. Review with a supervisor when there is a need for a formal agreement.
3. *Guiding Principles for an Equitable Partnership:* Apply principles that help ensure equity goals (See Appendices: CDC's Promoting Health Equity and Developing Partnerships and Coalitions to Advance Health Equity). Some principles to apply include:
- Shared commitment to addressing social inequities that affect health, including those that constrain participation of affected individuals and communities in the decision-making process.
 - Commitment to shared decision-making among all members of the partnership.
 - Commitment to collective action by all members of the partnership.
 - Commitment to ongoing assessment of the partnership's structure and approaches.
4. *Coalition Building:* If it is determined that the program's mission is best achieved through a coalition, the following models of coalition building can be used:
- Collective Impact model of coalition building (See Appendix: Collective Impact Framework).
 - Circles of Involvement (See Appendix: NNPHI Circles of Involvement).

REFERENCES:

1. Promoting Health Equity, A Resource to Help Communities Address Social Determinants of Health (2008) Sec1:38. Available at <http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf> (Accessed on 10/19/15)
2. Developing Partnerships and Coalitions to Advance Health Equity (CDC). Available at <http://www.cdc.gov/nccdphp/dch/pdfs/health-equity-guide/health-equity-guide-sect-1-3.pdf> (Accessed on 10/19/15)
3. Prevention Institute "Eight Steps to Coalition Building". Available at http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=104&Itemid=127 (Accessed on 10/19/15)
4. Prevention Institute "Collaboration Multiplier". Available at <http://www.preventioninstitute.org/component/jlibrary/article/id-44/127.html> (Accessed on 10/19/15)

5. Collective Impact Framework. Available at <http://www.collaborationforimpact.com/collective-impact/> (Accessed on 10/19/15)

APPENDICES:

1. 2013-2018, HCPHES Strategic Plan, Key Stakeholders, p77
2. Prevention Institute “Eight Steps to Coalition Building”, p82
3. Prevention Institute “Collaboration Multiplier”, p84
4. Promoting Health Equity, A Resource to Help Communities Address Social Determinants of Health, p88
5. Developing Partnerships and Coalitions to Advance Health Equity, p88
6. Collective Impact Framework, p93
7. NNPHI Circles of Involvement, p94



MEMORANDUM

To: Board of Managers, Central Health
CC: Monica Crowley, Megan Cermak
From: Mike Geeslin
Date: DRAFT
Re: Partnership Policy **INFORMATIONAL ITEM - DRAFT**

Overview

The attached, draft resolution attempts to address several issues raised by board members concerning both direct and indirect partnerships involving non-clinical providers. As with any policy or set of guidelines, it is important to consider the general reasons for proposing such:

1. Achieve a new outcome or goal
2. Mitigate a risk
3. Solve a problem

Details

The draft resolution addresses the following goals, risks, and problems:

1. Outcomes & Goals. Develop partnerships through our health care providers to:
 - a. Address appropriate non-clinical issues to improve health
 - b. Align with diverse, inclusive, and culturally competent organizations
2. Risks. Avoid or mitigate:
 - a. Provider partners' contracting for non-clinical interventions that are not directly related to underlying causes of poor health
 - b. Double-paying for services
 - c. Establishing unneeded infrastructure
 - d. Selecting programs or organizations without demonstrated ability to provide services or achieve outcomes
3. Problem. There is not currently a published standard by which to review non-clinical organizations' requests for funds; however, as a matter of practice such partnerships can be reviewed using basic business diligence practices.
 - a. A non-clinical organization is any group that is not a medical care or clinical provider
 - b. Non-clinical services include those that address an underlying issue causing poor health (e.g., food insecurity)

Recommendation

The above *Details* should guide future committee or Board discussion on the need for, and action on, the partnership policy.

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**CENTRAL
HEALTH**

RESOLUTION OF THE CENTRAL HEALTH BOARD OF MANAGERS

WHEREAS, the Central Health Board of Managers (“Board”) has a responsibility to ensure Central Health expends public funds appropriately; and

WHEREAS, the Board desires to adopt criteria for Fiscal Years 2019 and 2020 to guide Central Health and Community Care Collaborative management in funding decisions related to the development and delivery of future programs and services with non-clinical partners; and

NOW THEREFORE BE IT RESOLVED, that the Central Health Board of Managers hereby adopts the following guidelines for Fiscal Years 2019 and 2020 for partnerships:

1. Partners will have a mission or demonstrated commitment to the community that aligns with the missions and purposes of Central Health, clinic operators, and affiliated service organizations; and
2. A determination must be made as to whether Central Health, an Enterprise Partner, or another non-profit agency in Travis County already provides or funds the proposed service; and
3. Planning must include details on the need for the services, how future services will integrate into clinical operations, including reimbursement models, patient outcomes, and the health care experience; and
4. Decisions will take into account the proposed partners’ histories with the places or population to be served, including past projects, program management, and direct services provided with demonstrated outcomes/success; and
5. Central Health and provider partners will evaluate the implementation and impact of the programs and services; and
6. Take into account the diversity of the organization’s leadership, including the governing board, and how the diversity aligns with the Medical Access Program and sliding fee scale population that we serve; including cultural competency; and
7. Evaluate the cultural and linguistic competency training provided to employees of provider partners providing direct healthcare services; and
8. Take into account the employment practices of partners, including the composition of the workforce related to volunteers and paid employees, payment of a living wage, and use of practices which encourage hiring of disadvantaged individuals and improving the socioeconomic status of such individuals; and
9. Include an evaluation of the system of checks and balances to ensure services provided by other governmental entities and organizations within Travis County are not duplicated, unless clinically indicated. Central Health should identify ways in which government partners’ public health or human



**CENTRAL
HEALTH**

service programs could be better utilized by Central Health and its clinical partners. Central Health's role in funding non-clinical initiatives should aim to fill gaps in the larger social service network and support our mission.

ADOPTED this _____ day of _____, 2018 by the Central Health Board of Managers.

Guadalupe Zamora, Chair
Central Health Board of Managers

Abigail Aiken, Secretary
Central Health Board of Managers

DRAFT



RESOLUTION OF THE CENTRAL HEALTH BOARD OF MANAGERS

WHEREAS, the Central Health Board of Managers (“Board”) has a responsibility to ensure Central Health expends public funds appropriately; and

WHEREAS, the Board desires to adopt trial criteria for Fiscal Years 2019-2020 and 2020-2021 to guide Central Health and Community Care Collaborative management in funding decisions and fiscal management related to the development and delivery of future programs and services with non-clinical partners services designed to improve health outcomes; and

NOW THEREFORE BE IT RESOLVED, that the Central Health Board of Managers hereby adopts the following guidelines for Fiscal Years 2019-2020 and 2020-2021 for non-clinical services designed to improve health outcomes partnerships:

1. Partners Organizations providing non-clinical services will have a mission or demonstrated commitment to the community that aligns or does not conflict with the missions and purposes of Central Health or Central Health Enterprise affiliates, clinic operators, and affiliated service organizations; and
- 2.1. A determination must be made as to whether Central Health, an Enterprise Partner, or another non-profit agency in Travis County already provides or funds the proposed service; and
- 3.2. Planning Analysis must include details on will consider the need for the services as informed by, clinical providers and the provider-patient relationship, whether the service will have a direct impact on the condition affecting the underlying health issue(s), the existence of sources providing the needed services within and outside of the Central Health Enterprise, how future services will integrate integration of services into clinical operations, including reimbursement models and whether services are likely to have other forms of reimbursement involving or not involving Central Health funds, patient outcomes, and the health care experience; and
- 4.3. Decisions will take into account the pOrganizations proposed partners’ will demonstrate histories experience with the places or population to be served, including past projects, program management, and direct services provided with demonstrated outcomes/success or, in the alternative, new organizations will demonstrate abilities to establish connections with places and populations to be served and deliver the desired outcome; and
5. Central Health and provider partners will evaluate the implementation and impact of the programs and services; and
6. Take into account the Organizations will diversity of the organization’s leadership demonstrate the commitment to cultural competency and diversity, including diversity of the governing board and

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CENTRAL
HEALTH

~~workforce, and how the diversity aligns with the Medical Access Program and sliding fee scale population that we serve; including cultural competency; and~~

- ~~7. Evaluate the cultural and linguistic competencies, and wages and opportunities offered to improve socioeconomic status of disadvantaged individuals to the extent possible; training provided to employees of provider partners providing direct healthcare services; and~~
- ~~8. Take into account the employment practices of partners, including the composition of the workforce related to volunteers and paid employees, payment of a living wage, and use of practices which encourage hiring of disadvantaged individuals and improving the socioeconomic status of such individuals; and~~
- ~~4. Include an evaluation of the system of checks and balances to ensure services provided by other governmental entities and organizations within Travis County are not duplicated, unless clinically indicated. Central Health should identify ways in which government partners' public health or human service programs could be better utilized by Central Health and its clinical partners. Central Health's role in funding non-clinical initiatives should aim to fill gaps in the larger social service network and support our mission.; and~~
- ~~9.5. The above trial criteria will be applied to new projects or programs for non-clinical services funded by Central Health via reimbursements to clinical provider partners in the 2020 and 2021 fiscal years and their application memorialized in memorandum or reports to the Central Health Board of Managers.~~

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ADOPTED this _____ day of _____, 2018 by the Central Health Board of Managers.

Guadalupe Zamora, Chair
Central Health Board of Managers

Abigail Aiken, Secretary
Central Health Board of Managers



**CENTRAL
HEALTH**

RESOLUTION OF THE CENTRAL HEALTH BOARD OF MANAGERS

WHEREAS, the Central Health Board of Managers (“Board”) has a responsibility to ensure Central Health expends public funds appropriately; and

WHEREAS, the Board desires to adopt trial criteria for Fiscal Years 2020 and 2021 to guide funding decisions and fiscal management related to non-clinical services designed to improve health outcomes; and

NOW THEREFORE BE IT RESOLVED, that the Central Health Board of Managers hereby adopts the following guidelines for Fiscal Years 2020 and 2021 for non-clinical services designed to improve health outcomes:

1. Organizations providing non-clinical services will have a mission that aligns or does not conflict with the missions and purposes of Central Health or Central Health Enterprise affiliates; and
2. Analysis will consider the need for the services as informed by clinical providers and the provider-patient relationship, whether the service will have a direct impact on the condition affecting the underlying health issue(s), the existence of sources providing the needed services within and outside of the Central Health Enterprise, integration of services into clinical operations, reimbursement models and whether services are likely to have other forms of reimbursement involving or not involving Central Health funds; and
3. Organizations will demonstrate experience with the places or population to be served or, in the alternative, new organizations will demonstrate abilities to establish connections with places and populations to be served and deliver the desired outcome; and
4. Organizations will demonstrate the commitment to cultural competency and diversity, including diversity of the governing board and workforce, cultural and linguistic competencies, and wages and opportunities offered to improve socioeconomic status of disadvantaged individuals to the extent possible; and
5. The above trial criteria will be applied to new projects or programs for non-clinical services funded by Central Health via reimbursements to clinical provider partners in the 2020 and 2021 fiscal years and their application memorialized in memorandum or reports to the Central Health Board of Managers.

ADOPTED this _____ day of _____, 2018 by the Central Health Board of Managers.

Guadalupe Zamora, Chair
Central Health Board of Managers

Abigail Aiken, Secretary
Central Health Board of Managers



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
THE STRATEGIC PLANNING COMMITTEE

May 15, 2019

AGENDA ITEM 6

Receive and discuss an update on the health equity road map. (*Informational Item*)

MEMORANDUM

To: Central Health Board of Managers Strategic Planning Committee
From: Miriam Rosenau, Sarah Cook
Cc: Mike Geeslin, President & CEO, Central Health
Date: May 10, 2019
Re: Agenda item 6: Receive and discuss an update on the health equity road map - *INFORMATIONAL ITEM*

Introduction

In the preface to its “Roadmap to Health Equity”, the National Quality Foundation (NQF) notes that “[d]espite the nation’s advancements in health and medicine, care is still not equally available and accessible across communities, populations, and socioeconomic, racial, and ethnic groups.” As you know, making care “equally available and accessible” to all residents of Travis County is the work of Central Health and the Community Care Collaborative (CCC). Many of the CCC’s core functions are broad-based efforts to improve health equity: offering place-based care, expanding access to primary and specialty care, and working to provide patients with all the services they need to optimize their health.

In our FY19 Workplan, the CCC committed to initiate work relating to equity within our covered population. To that end, we adopted the framework laid out by the NQF in its Roadmap, which prescribes a series of steps “for healthcare providers, payers, and others to take action to eliminate healthcare disparities using quality performance measures and related policy levers.” This memo will provide you with a progress update on that work.

Initial Phase of Work

Our first activity is to *identify* health disparities within our population. We are using a variety of clinical metrics to analyze the health outcomes of demographic sub-groups: we are reviewing our DSRIP clinical quality measures and our primary care metrics set to identify performance gaps between race and ethnic groups. Our goals in this initial phase are to understand the current state of data and its limitations; understand how our populations compare to other local and national populations; and explore which disparities can be directly impacted by health system design.

Preliminary Analysis

Preliminary analysis indicates that the CCC population follows similar patterns of disparities by race and ethnicity when compared to Travis County and the state of Texas. Additionally, the CCC population overall is performing at or better than national benchmarks; however, these overall rates mask differences between demographic sub-groups. We are limited to reviewing data that is available to us through our existing data sources, such as claims and data submitted by providers as part of the DSRIP program (we cannot see review all metrics of interest on all patients from these data sources).

Future Work

We have identified three immediate next steps. First, we can take action to reduce disparities where evidence shows that we can close gaps in care. For example, evidence shows that outreach with culturally-relevant messaging can increase Breast Cancer Screening rates for black women. We will explore opportunities to connect with community organizations to help implement these initiatives. Second, we will build on our data collection and analysis infrastructure to facilitate robust disparities monitoring. This includes continuing to monitor disparities based on race and ethnicity, as well as

incorporating other sub-populations in the analysis, like persons experiencing homelessness, and those with serious mental illness. We will explore collecting information on gender identity and sexual orientation. We will also explore opportunities to develop disparities-sensitive measures that are shown to illuminate differences between sub-populations through use of sensitive and appropriate questions and indicators. Third, as we develop data for external use, we will continue the conversation on health equity with our enrollees, our staff, our governance structure, and the public.



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

May 15, 2019

AGENDA ITEM 7

Receive and discuss the (FY) 2019-2024 Strategic Work Plan. *(Informational Item)*



CENTRAL HEALTH
HEALTH CARE FOR ALL

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

STRATEGIC WORK PLAN 2019—2024

OBJECTIVE 1

OBJECTIVE 2

OBJECTIVE 3

Develop and execute health care delivery strategy based on people and place.	Implement patient-focused and coordinated health care system	Implement sustainable financial model for health care delivery and system strategies through 2024
<p>Strategy 1.1 Service Location & Care Delivery By data analysis, provider input, and community-based advisory groups, determine funding of business plans for future service delivery sites, mobile services, and/or technology solutions for delivering care to the served population.</p> <p>Strategy 1.2 Population Health— Social Determinants of Health Provide funding or reimbursement to provider partners for resources to establish population health goals and address specific social determinants affecting the population served.</p> <p>Strategy 1.3 Communications Improve communication with consumers and the community about Central Health’s pivotal role ensuring the delivery of care to the served population.</p>	<p>Strategy 2.1 Patient Wait Times Establish measures and fund projects to improve patient wait times and network adequacy for access to primary and specialty care services.</p> <p>Strategy 2.2 Patient Reported Outcomes & Experiences Establish measures, including measures that address inequity, and improve patient reported health outcomes and experiences; develop quality-of-life and patient experience dashboards.</p> <p>Strategy 2.3 Women’s Reproductive Health Expand and improve women’s reproductive health system through Dell Medical School and provider partners.</p> <p>Strategy 2.4 Technology & Data Improve continuity of care through integrated technology, data, planning and information exchange.</p> <p>Strategy 2.5 Brain Health Determine the scope of Central Health’s role in brain health programs.</p> <p>Strategy 2.6 Cancer Care Determine the scope of Central Health’s role in cancer care programs.</p>	<p>Strategy 3.1 Fiscal Model Develop reasonable revenue and health care delivery cost fiscal models through 2024.</p> <p>Strategy 3.2 Reserves Forecast and maintain adequate contingency and emergency reserves to manage adverse financial events and maintain adequate health care service levels.</p> <p>Strategy 3.3 Budgeting Include revenue and financing sources for new programs in future budget patterns.</p> <p>Strategy 3.4 Brackenridge Campus Determine optimal use or disposition of Brackenridge Campus sections.</p> <p>Strategy 3.5 Contracting & Payment Implement value-based provider reimbursement models and reporting standards related to patient-reported outcomes, population or health condition outcomes, and positive patient experience measures.</p> <p>Strategy 3.6 Transparency Establish partner reporting (Dell Medical School, St. David’s, Seton, CommUnity Care, Integral Care and Sendero) to increase awareness of funds use, ensure stewardship, and assess the efficacy in achieving Central Health objectives.</p>



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

May 15, 2019

AGENDA ITEM 8

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