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.
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.

EASTERN CRESCENT SUBCOMMITTEE AND STRATEGIC PLANNING COMMITTEE MEETINGS

Wednesday, August 4, 2021, 1:00 p.m.
or immediately following the Public Input Session

Via toll-free videoconference[1]
Members of the public may 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/1450742853?pwd=VXBCQjZXL1pCOENjK1U0RUxCenNyQT09
Password: 854657

Or to participate by telephone only:
Dial: (888) 501-0031
Meeting ID: 145 074 2853
Password: 854657

And/or
In person at:
Central Health Administrative Offices
1111 East Cesar Chavez Street
Austin, Texas 78702
Board Room

A member of the public who wishes to make comments during the **Public Communication** portion of the meeting must properly register with Central Health ***no later than 11:30 a.m. on August 4, 2021***. Registration can be completed in one of two ways:

- Complete the virtual sign-in form at https://www.centralhealth.net/meeting-sign-up/, or
- Call 512-978-9190. Please leave a voice message with your full name and your request to comment via telephone at the meeting.

PUBLIC COMMUNICATION

Public Communication will be conducted in the same manner as it has been conducted at in-person meetings, including setting a fixed amount of time for a person to speak and limiting Board responses to public inquiries, if any, to statements of specific factual information or existing policy.

SUBCOMMITTEE AGENDA[2]

1. Review and approve the minutes of the November 11 and December 9, 2020 meetings of the Eastern Crescent Subcommittee. (*Action Item*)

2. Receive and discuss updates on Eastern Travis County Service Expansion. (*Informational Item*)

3. Confirm the next Eastern Crescent Subcommittee meeting date, time, and location. (*Informational Item*)

COMMITTEE AGENDA[2]

1. Review and approve the minutes of the June 9, 2021 meeting of the Strategic Planning Committee. (*Action Item*)

2. Receive an update on healthcare system components and service planning methodology, including geographic considerations, demographic considerations, and public/community and patient feedback with respect to planning for certain types of services, such as urgent care. (*Informational Item*)

3. Receive and discuss updates on the proposed Fiscal Year (FY) 2022 Strategic Priorities, including Systems Planning for immediate service delivery focus areas (Part II):
    a. Substance use disorder and behavioral health; and
    b. Clinical and patient education and transitions of care. (*Informational Item*)

4. Receive an update on the Central Health dashboards associated with service level reporting for Fiscal Year 2021. (*Informational Item*)

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

[1] By Emergency Executive Order of the Governor issued March 16, 2020, Central Health may hold a videoconference meeting with no Board members present at a physical meeting location. If the Governor's Executive Order is not extended, members of the Central Health Board of Managers may participate by videoconference with a quorum of the Board present at the physical location posted in this notice. In either case, members of the public are encouraged to view the meeting and provide public comment through one of the meeting links provided.

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

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

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

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

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

CENTRAL
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CENTRAL HEALTH BOARD OF MANAGERS

EASTERN CRESCENT SUBCOMMITTEE

August 4, 2021

AGENDA ITEM 1

Review and approve the minutes of the November 11 and December 9, 2020 meetings of the Eastern Crescent Subcommittee. (*Action Item*)

MINUTES OF MEETING – NOVEMBER 11, 2020
CENTRAL HEALTH
EASTERN CRESCENT SUBCOMMITTEE

On Wednesday, November 11, 2020, a meeting of the Central Health Eastern Crescent Subcommittee convened in open session at 1:00 p.m. remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Subcommittee members present via video and audio: Chair Jones and Manager Valadez

Board members present via audio and/or video: Manager Bell, Manager Greenberg, Manager Oliver, and Manager Zamora

PUBLIC COMMUNICATION

Clerk's Notes: Public Communication began at 1:01p.m. Ivan Davila announced that there were no speakers for Public Communication.

SUBCOMMITTEE AGENDA

1. **Review and approve the minutes of the October 14, 2020 meeting of the Eastern Crescent Subcommittee.**

Clerk's Notes: Discussion on this item began at 1:02 p.m.

Manager Valadez moved that the Subcommittee approve the minutes of the October 14, 2020 meeting of the Eastern Crescent Subcommittee.

Manager Greenberg seconded the motion.

Chairperson Jones	For
Manager Valadez	For

2. Discuss and provide direction on processes for healthcare delivery planning, design and construction, and community engagement for interim and long-term facilities in Eastern Travis County.

Clerk's Notes: Discussion on this item began at 1:02 p.m. Ms. Stephanie McDonald, VP of Enterprise Alignment and Coordination, briefly discussed the Eastern Crescent service planning process phases. Mr. Jaeson Fournier, CommUnityCare CEO, and Mr. Matt Balthazar, CommUnityCare VP of Health Center Advancement, presented on service delivery considerations for new Eastern Travis County Health Centers. The presentation included results from the 2019 Uniform Data System Report, as well as a look at the current services being provided in Eastern Travis County and how they are being utilized, how access to care can be improved, and how future services can be planned for.

3. Receive and discuss an update on the staffing and relocation of the resource center from Volma Overton Elementary School to Barbara Jordan Elementary School.

Clerk's Notes: Discussion on this item began at 1:55 p.m. Ms. Stephanie McDonald, VP of Enterprise Alignment and Coordination, briefly mentioned that a virtual community meet-and-greet was held on Saturday, November 7, 2020, to allow the Colony Park community an opportunity to meet the two finalist for the Northeast Health Resource Center Program Managers position. She noted that Mr. Mike Geeslin, President and CEO, would be reviewing the recording and that the candidates were scheduled to meet with a couple of board members before a decision would be made.

4. Receive an update on the planned land acquisition of the city tract for the future Loyola Town Center.

Clerk's Notes: Discussion on this item began at 2:07 p.m. Mr. Steven Lamp, Real Estate Consultant, presented on this item. Mr. Lamp briefly noted that Central Health has reached an agreement with the City of Austin on the tract of land. He also noted that Central Health is currently waiting on the City's real estate attorneys to finalize the deal.

5. Confirm the next Eastern Crescent Subcommittee meeting date, time, and location.

Manager Valadez moved that the Subcommittee adjourn.

Manager Greenberg seconded the motion.

Chairperson Jones	For
Manager Valadez	For

The meeting was adjourned at 2:14 p.m.

_____
Shannon Jones, Chairperson
Central Health Board of Managers

ATTESTED TO BY:

_____
Cynthia Valadez, Secretary
Central Health Board of Managers

MINUTES OF MEETING – DECEMBER 9, 2020
CENTRAL HEALTH
EASTERN CRESCENT SUBCOMMITTEE

On Wednesday, December 9, 2020, a meeting of the Central Health Eastern Crescent Subcommittee convened in open session at 1:00 p.m. remotely by toll-free videoconference. Clerk for the meeting is Briana Yanes.

Subcommittee members present via video and audio: Acting Chair Bell, Manager Greenberg, Manger Zamora, and Manager Oliver. [Acting Chair Bell named Managers Greenberg, Zamora and Oliver as temporary Subcommittee members to ensure a quorum.]

Absent: Chair Jones and Manager Valadez

PUBLIC COMMUNICATION

Clerk's Notes: Public Communication began at 1:02 p.m. Ivan Davila introduced 2 speaker(s) for Public Communication.

Members of the Board heard from: Mia Greer and Connie Gonzales, whose comments were received at 1:29 p.m.

SUBCOMMITTEE AGENDA

1. **Discuss and provide direction on processes for healthcare delivery planning, land acquisition, design and construction, and community engagement for interim and long-term facilities in Eastern Travis County and provide direction on desired reporting formats for future meetings.**

Clerk's Notes: Discussion on this item began at 1:05 p.m. Ms. Stephanie McDonald, VP of Enterprise Alignment and Coordination; Ms. Rachel Hardegree, Senior Project Manager of the Healthcare Delivery Division; Ms. Rachel Toronjo, Owner Representative Project Manager; and Mr. Ivan Davila, Director of Communication and Community Engagement, presented on this item. They discussed the advancement of the three projects in Eastern Travis County and developing project plans. They walked through the components of the project plans; which included the introduction and overview, background, community engagement, health needs analysis, practice model and operational assumptions, plans and planning principles, design and construction, and operational costs and financial analysis. They also discussed the site development timeline. Lastly, they discussed some of the community engagement tactics that will be used and noted the upcoming meetings taking place.

2. **Receive and discuss an update on the staffing and relocation of the resource center from Volma Overton Elementary School to Barbara Jordan Elementary School.**

Clerk is Notes: Discussion on this item began at 1:19 p.m. Ms. Stephanie McDonald, VP of Enterprise Alignment and Coordination, and Ms. Melissa Cepeda, Project Manager, presented on this item. They announced that a portable has been moved by AISD to the Barbara Jordan Elementary School. They explained that they hope to relocate services and open up for in person services starting in January after the holidays, and that there will be dedicated enrollment and eligibility services available onsite at the portable located at Barbara Jordan Elementary. Lastly, they discussed the many other services that will be offered at this site.

3. **Confirm the next Eastern Crescent Subcommittee meeting date, time, and location.**

Manager Oliver moved that the Subcommittee adjourn.

Manager Greenberg seconded the motion.

Acting Chair Bell	For
Manager Greenberg	For
Manager Oliver	For
Manager Zamora	For

The meeting was adjourned at 1:38 p.m.

_____
Dr. Charles Bell, Acting Chairperson
Central Health Eastern Crescent Subcommittee

ATTESTED TO BY:

_____
Cynthia Valadez, Secretary
Central Health Board of Managers

CENTRAL
HEALTH

CENTRAL HEALTH BOARD OF MANAGERS

EASTERN CRESCENT SUBCOMMITTEE

August 4, 2021

AGENDA ITEM 2

Receive and discuss updates on Eastern Travis County Service Expansion. (*Informational Item*)

CENTRAL HEALTH

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	August 4, 2021 Eastern Crescent Subcommittee
Who will present the agenda item? (Name, Title)	Stephanie Lee McDonald, VP Enterprise Alignment & Coordination; Margarito Flores, Senior Project Manager; Rachel Toronjo, Project Manager
General Item Description	Update on Eastern Travis County Health Care Delivery Service Expansion Projects
Is this an informational or action item?	Informational
Fiscal Impact	Current Strategic Priority in FY 2021 Budget; No budget additional budget impact 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) Status update on the design and construction timelines for Hornsby Bend and Del Valle Heath and Wellness Center
2) Update on land transaction and partnership discussion with City of Austin for 2.28 acres in Colony Park Master Planned Area
3)

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	Timeline
Estimated time needed for presentation & questions?	10 minutes presentation 20 minutes questions
Is closed session recommended? (Consult with attorneys.)	Not for staff presentation. BOM questions may require closed session due to real estate matters.
Form Prepared By/Date Submitted:	Stephanie Lee McDonald 7/26/2021

CENTRAL HEALTH

CommUnityCare | Sendero

Eastern Travis County Healthcare Service Delivery Expansion Update

Eastern Crescent Subcommittee

August 4, 2021

Del Valle and Hornsby Bend Project Updates

Work in Progress

- Multi-function team working on Competitive Sealed Proposal (CSP) preparations
  - Legal, real estate, procurement,
- Construction Documents
- Site Plan Review Process with City of Austin & Travis County

Upcoming Milestones

- Construction Documents finalized and approved
- CSP solicitation Go-Live
- Email communication to stakeholders
- Board Approval
- Contract Awarded
- Ground-Breaking

Hornsby Bend and Del Valle Timeline Review

July 2021

- CSP (Competitive Sealed Proposal) Preparations for Construction Contractors
  - •Contracts, Evaluation Criteria, Construction Documents
- Email communication to stakeholders

August 2021

- Finalize CSP Documents
- Hornsby Bend and Del Valle CSP Go-Live
- Submit For Building Permits

September 2021

- CSPs Close
- Final Selection of the Contractors
- Contract Negotiations
- Board Presentation

Early Fall 2021

- Contracts Awarded to Contractors
- Ground-Breaking Event

CENTRAL HEALTH

CENTRAL HEALTH STRATEGY PLANNING COMMITTEE

EASTERN CRESCENT SUBCOMMITTEE

August 4, 2021

AGENDA ITEM 3

Confirm the next Eastern Crescent Subcommittee meeting date, time, and location. (*Informational Item*)

CENTRAL
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CENTRAL HEALTH BOARD OF MANAGERS

STRATEGIC PLANNING COMMITTEE

August 4, 2020

AGENDA ITEM 1

Review and approve the minutes of the June 9, 2021 meeting of the Strategic Planning Committee. (*Action Item*)

MINUTES OF MEETING – JUNE 9, 2021
CENTRAL HEALTH
STRATEGIC PLANNING COMMITTEE

On Wednesday, June 9, 2021, a meeting of the Central Health Strategic Planning Committee convened in open session at 1:01 p.m. remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Committee members present via video and audio: Chair Bell, Manager Brinson (arrived at 2:15 p.m.), Manager Jones, Manager Motwani, and Manager Valadez (arrived at 1:02 p.m.).

Board members present via audio and/or video: Manager Museitif and Manager Greenberg.

PUBLIC COMMUNICATION

Clerk's Notes: Public Communication began at 1:01 p.m. Ivan Davila introduced that no speakers signed up for Public Communication.

COMMITTEE AGENDA

1. **Review and approve the minutes of the May 12, 2021 meeting of the Strategic Planning Committee.**

Clerk's Notes: Discussion on this item began at 1:02 p.m.

Manager Valadez moved that the Committee approve the minutes of the May 12, 2021 meeting of the Strategic Planning Committee.

Manager Jones seconded the motion.

Chairperson Bell	For
Manager Brinson	Absent
Manager Jones	For
Manager Motwani	For
Manager Valadez	For

2. **Receive and discuss an update on the proposed Fiscal Year (FY) 2022 Strategic Priorities, including Systems Planning for immediate service delivery focus areas (Part I):**
    a. **Healthcare for the Homeless and Respite Care; and**
    b. **Specialty care initiatives.**

Clerk's Notes: Discussion on this item began at 1:03 p.m. Ms. Dakasha Leonard, Service Delivery Operations Manager; Dr. Audrey Kuang, Clinical Lead for CommUnityCare Healthcare for the Homeless; Ms. Cynthia Gallegos, Service Delivery Operations Director; Mr. Jonathan Morgan, Chief Operating Officer; Dr. Alan Schalscha, Chief Medical Officer; and Ms. Monica Crowley, Chief Strategy Officer, presented on this item. The presentation included background information on CommUnityCare's current Healthcare for the Homeless program. Also discussed were gaps in care related to medical respite, street and mobile medicine, case management, CareCo expansion, and accessing mental health. Lastly, specialty care initiatives were discussed, which included clinical capacity expansion, podiatry services, outpatient dialysis, cardiology diagnostics and congestive heart failure transitions, and medical weight loss.

3. **Receive an update on the data analysis of demographics and health disparities among the Central Health patient population.**

Clerk's Notes: Discussion on this item began at 2:42 p.m. Ms. Sarita Clark-Leach, Directory of Analytics and Reporting, and Mr. JP Eichmiller, Senior Director of Strategy and Information Design, gave a demographic and disparity update. They discussed updates to ongoing demographic analysis, which continues to evolve and expand upon findings from the demographic report presented last year. The demographic updates focused on Central Health's enrolled population, including MAP, MAP Basic, and the sliding fee scale enrollees. Mr. Eichmiller also gave a few demographic highlights. He also presented next steps, which included continuing neighborhood-level analysis of year-over-year enrollment changes, updating databases with Claritas 2021 estimates and 2026 projections, and utilizing databases to inform strategic systems planning. Lastly, Ms. Clark-Leach presented on chronic conditions through an equity lens with a focus on Hypertension and Diabetes. The disparity analysis presentation focused on the served population.

4. Receive an update on the FY 2021 and FY 2022 Strategic Priority to develop an equity focused system-of-care plan, including information about the consultant selected and grant funding to support the work.

Clerk's Notes: Discussion on this item began at 3:24 p.m. Ms. Monica Crowley, Chief Strategy Officer, briefly presented on this item. Ms. Crowley gave an update on two key areas, which included the request for proposals for a consultant to support the equity-focused strategic health care services plan and the conditional grant that was awarded to Central Health for up to $600,000 by the Episcopal Health Foundation in support of this work. Ms. Crowley explained that a resolution would be brought to the Board at the June Board of Managers meeting to accept the grant. Lastly, she noted that contract negotiations with the selected consultant are underway and more information will be brought to the Board about the consultant and contract.

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

At 3:34 p.m. Manager Valadez moved that meeting adjourn.

Manager Greenberg seconded the motion.

Chairperson Bell	For
Manager Brinson	For
Manager Jones	For
Manager Motwani	For
Manager Valadez	For

The meeting was adjourned at 3:34 p.m.

_____
Charles Bell, 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

August 4, 2020

AGENDA ITEM 2

Receive an update on healthcare system components and service planning methodology, including geographic considerations, demographic considerations, and public/community and patient feedback with respect to planning for certain types of services, such as urgent care. (*Informational Item*)

CENTRAL HEALTH

AGENDA ITEM SUBMISSION FORM

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Agenda Item Meeting Date	August 4, 2021
Who will present the agenda item? (Name, Title)	Dr. Abhi Sharma, Dr. Alan Schalscha, Jonathan Morgan. Monica Crowley
General Item Description	Receive an update on health care system components and service planning methodology, including geographic considerations, demographic considerations, and public/community and patient feedback, including planning for certain types of services including urgent care.
Is this an informational or action item?	Informational
Fiscal Impact	N/A
Recommended Motion (if needed – action item)	N/A

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

1) Health care facilities of different types are purpose built to provide a specific set of services based upon a variety of complex considerations
2) Some types of health care facilities are centralized and some are more distributed throughout communities
3) Central Health has invested more in primary care services than other hospital districts in Texas and less in other types of care
4) A facilities planning process is needed to determine the appropriate scopes of services and locations as part of the operational financial sustainability and implementation planning that will follow the adoption of an equity focused service delivery system strategic plan
5)

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	Presentation will be provided by Friday 7/30

CENTRAL HEALTH

Estimated time needed for presentation & questions?	45 minutes
Is closed session recommended? (Consult with attorneys.)	N/A
Form Prepared By/Date Submitted:	Jon Morgan

CENTRAL
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CENTRAL HEALTH BOARD OF MANAGERS

STRATEGIC PLANNING COMMITTEE

August 4, 2020

AGENDA ITEM 3

Receive and discuss updates on the proposed Fiscal Year (FY) 2022 Strategic Priorities, including Systems Planning for immediate service delivery focus areas (Part II): a. Substance use disorder and behavioral health; and b. Clinical and patient education and transitions of care. (*Informational Item*)

CENTRAL HEALTH

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	August 4, 2021
Who will present the agenda item? (Name, Title)	Dr. Alan Schalscha, Dr. John Weems, Dr. John Swanson, Jonathan Morgan, Dakasha Leonard, Cynthia Gallegos, Monica Crowley
General Item Description	Proposed Strategic Priorities Deeper Dives – Systems-Based Planning Immediate Service Delivery Focus Areas (Part II) (1.5 hours) • Behavioral Health and Substance Use Disorders – John Weems, John Swanson, Alan Schalscha, Dakasha, Josh Rivera, Cynthia G. • Care Transitions & Clinical Education – Alan, Jon
Is this an informational or action item?	Informational
Fiscal Impact	FY22 Central Health Proposed Budget
Recommended Motion (if needed – action item)	N/A

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

1) 21.7% of Central Health's covered population was diagnosed with a mental and behavioral health condition in FY20; 21.8% of patients with a mental and behavioral health diagnosis identify as experiencing homelessness.
2) Addiction is and should be treated as a chronic disease.
3) Educating our care teams and support staff through an equity lends emphasizes our commitment to patient-centered care and reducing disparities.
4) In FY22, Central Health will make targeted investments to enhance behavioral health and substance use services with an emphasis on reducing disparities, improving access to care and supporting patient and care team education and transitions in care.
5)

What backup will be provided, or will this be a verbal update? (Backup is	Presentation slides

CENTRAL HEALTH

due one week before the meeting.)

Estimated time needed for presentation & questions? 90 minutes total

Is closed session recommended? (Consult with attorneys.) N/A

Form Prepared By/Date Submitted: Monica Crowley & Jon Morgan

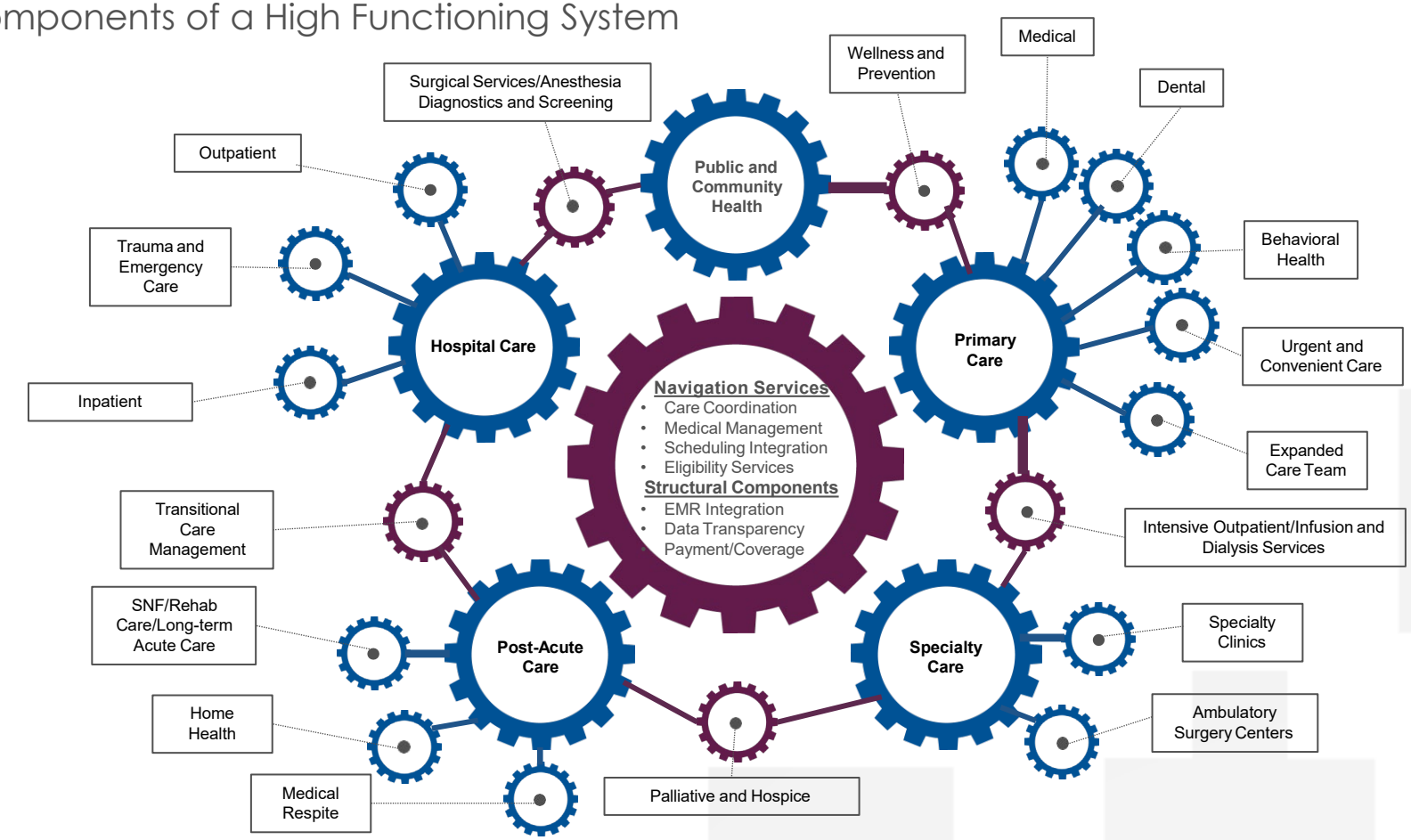
Update on Proposed Fiscal Year (FY) 2022 Strategic Priorities, Including Systems-Based Planning Immediate Service Delivery Focus Areas (Part 2):

a. Substance Abuse
b. Behavioral Health
c. Patient Transitions of Care
d. Clinical Education

Central Health Strategic Planning Committee
August 4th, 2021

Cynthia Gallegos, Service Delivery Operations Director
Jon Morgan, Chief Operating Officer
Dr. Alan Schalscha, Chief Medical Officer
Monica Crowley, Chief Strategy Officer
Dr. John Weems, Associate Director of Addiction Medicine
Dr. John Swanson, Director of Behavioral Health
Dakasha Leonard, Service Delivery Operations Manager
Josh Rivera, Administrator, Intensive Outpatient Services & Mobile Healthcare

Components of a High Functioning System



Proposed Strategic Priorities: FY22

Objective 1: Develop and execute health care delivery based on people and place

- Eastern Travis County Site expansions
  - Hornsby Bend
  - Del Valle
  - Colony Park

Objective 2: Implement patient-focused and coordinated health care system

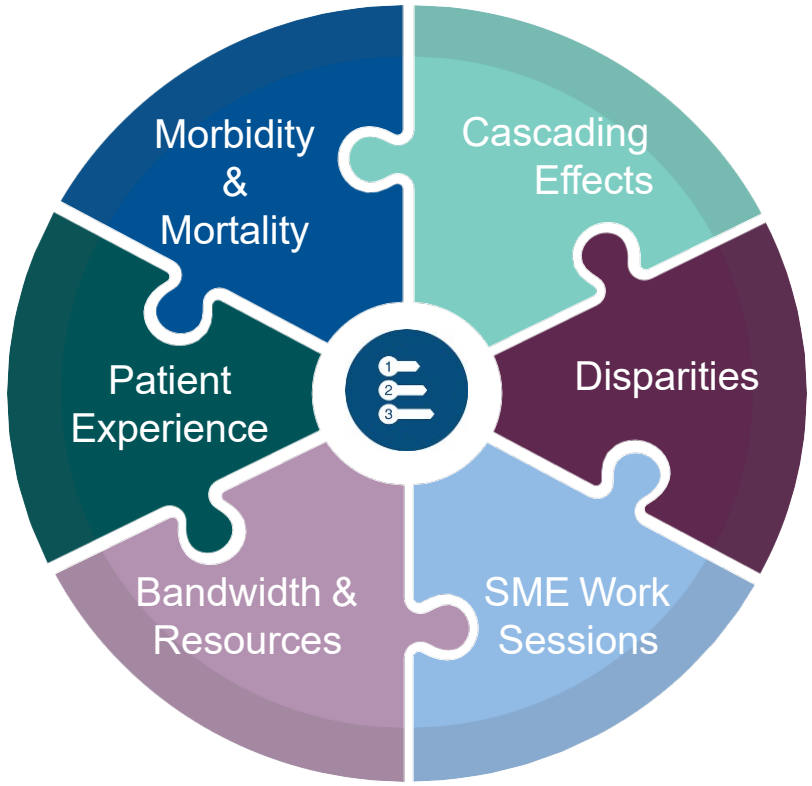
- Systems-Based Planning & Health Equity - Phase III and IV
  - Strategic services plan
  - Operational implementation plan
  - Operational financial plan
- Systems-Based Planning & Health Equity - Immediate Service Delivery Focus Areas
  - Specialty care access
  - Health care for the homeless
  - Behavioral health
  - Substance use disorder
  - Clinical and patient education
  - Transitions of care

Objective 3: Sustainable financial model for health care delivery

- Ensure sustainable hospital service funding model that provides measurable timely access and high-quality care
- Ensure long term efficiency in land use
  - Brackenridge/Downtown Campus
  - Administration consolidation

Prioritization Factors

- Impact on morbidity and mortality
- Drive multiple downstream improvements
- Reduce disparities and promote health equity
- Close gaps identified by clinical subject matter experts
- Availability of resources and clinical partner bandwidth
- Responsive to patient surveys and care team feedback



Substance Use Disorder Treatment

Josh Rivera

John Weems MD

Agenda

Background

- Addiction: A Chronic Disease
- Current Addiction Treatment in Medical Settings

Gaps in Care/ Areas for Expansion

- Navigation
- Education
- Medications

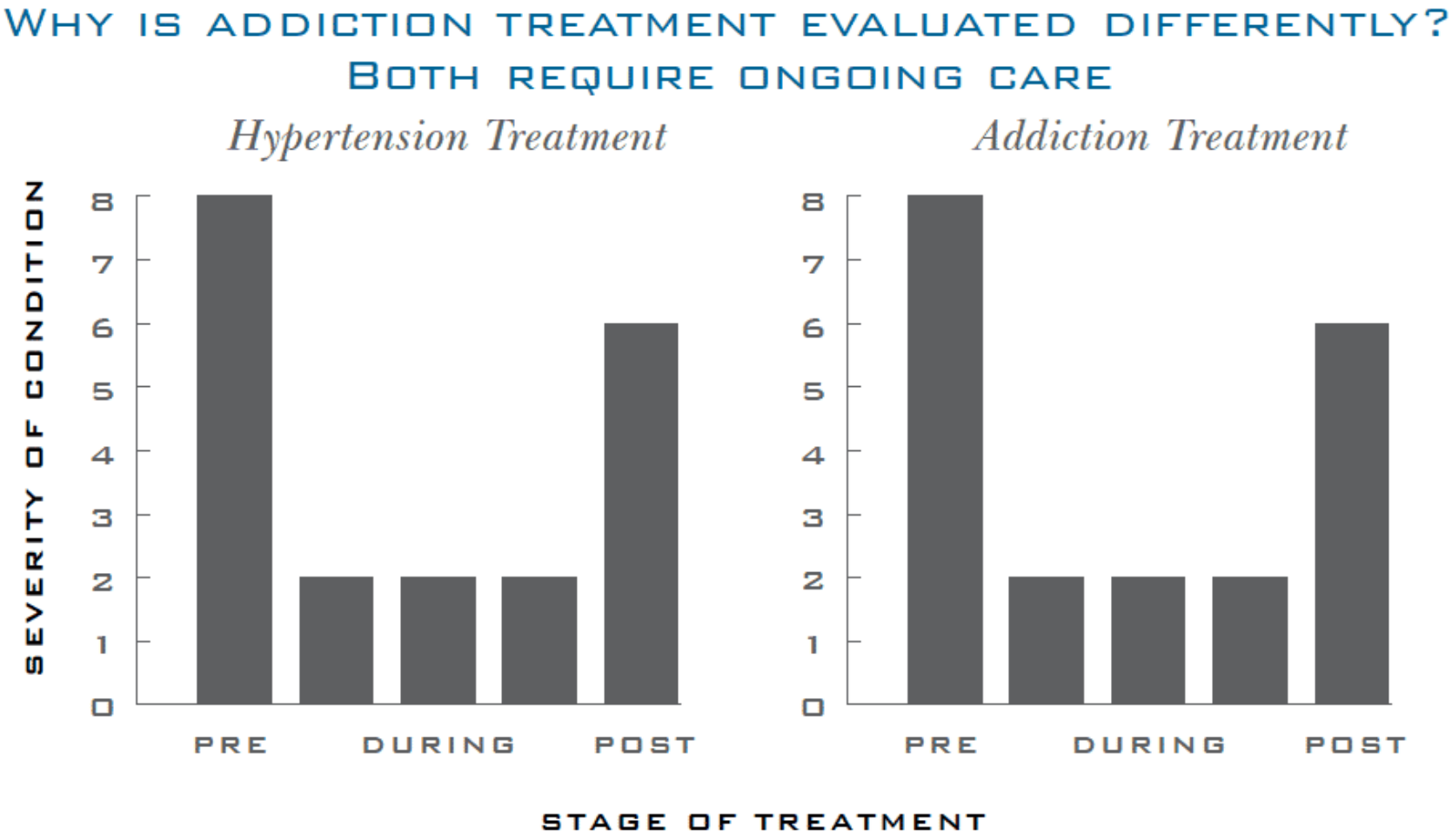
Addiction

- Primary, chronic brain disease characterized by compulsive drug use *despite harmful consequences*
- Involves cycles of relapse and remission
- 40-60% genetic. Other risk factors: adverse childhood experiences, toxic environments, and co-occurring psychiatric illnesses

- Without treatment, addiction can be progressive and result in disability or premature death

American Society of Addiction Medicine. www.asam.org NIDA http://www.drugabuse.gov/publications/science-addiction

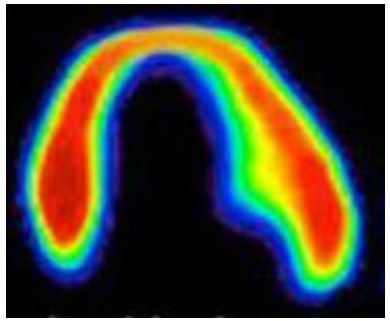
A Treatable Disease



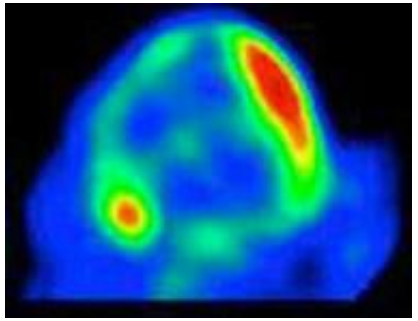
NIDA. How effective is drug addiction treatment? 2020 Accessed July 22, 2021.. McLellan et al., JAMA, 284:1689-1695, 2000 .

Addiction Changes Brain Structure and Function

Decreased heart metabolism in coronary artery disease

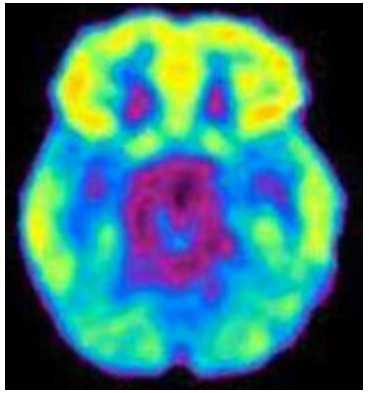


Healthy Control

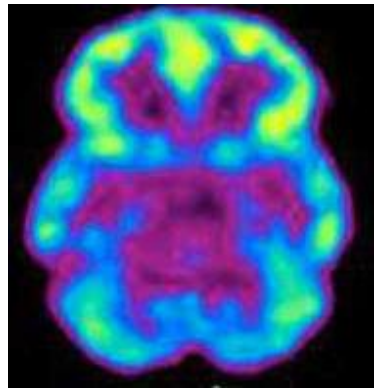


Coronary Artery Disease

Decreased brain metabolism in addictive disease



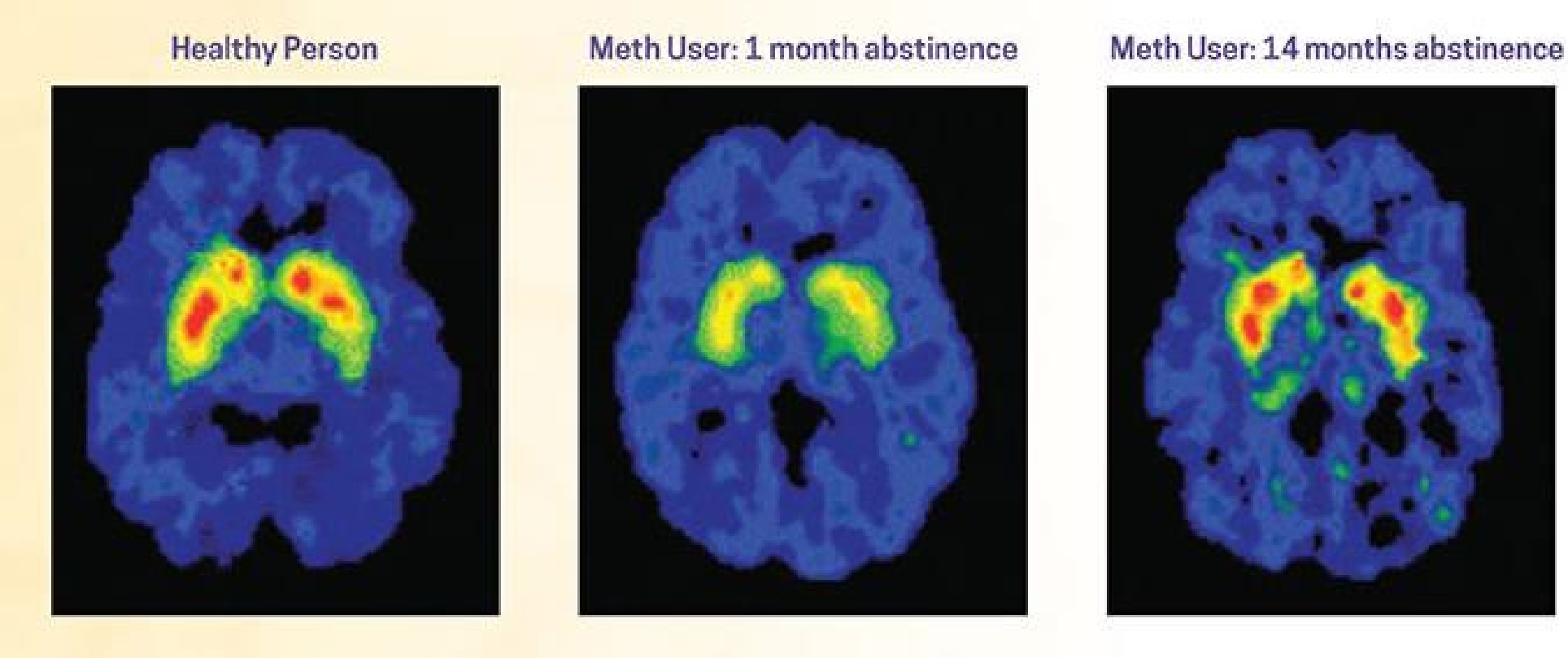
Healthy Control



Cocaine Use Disorder

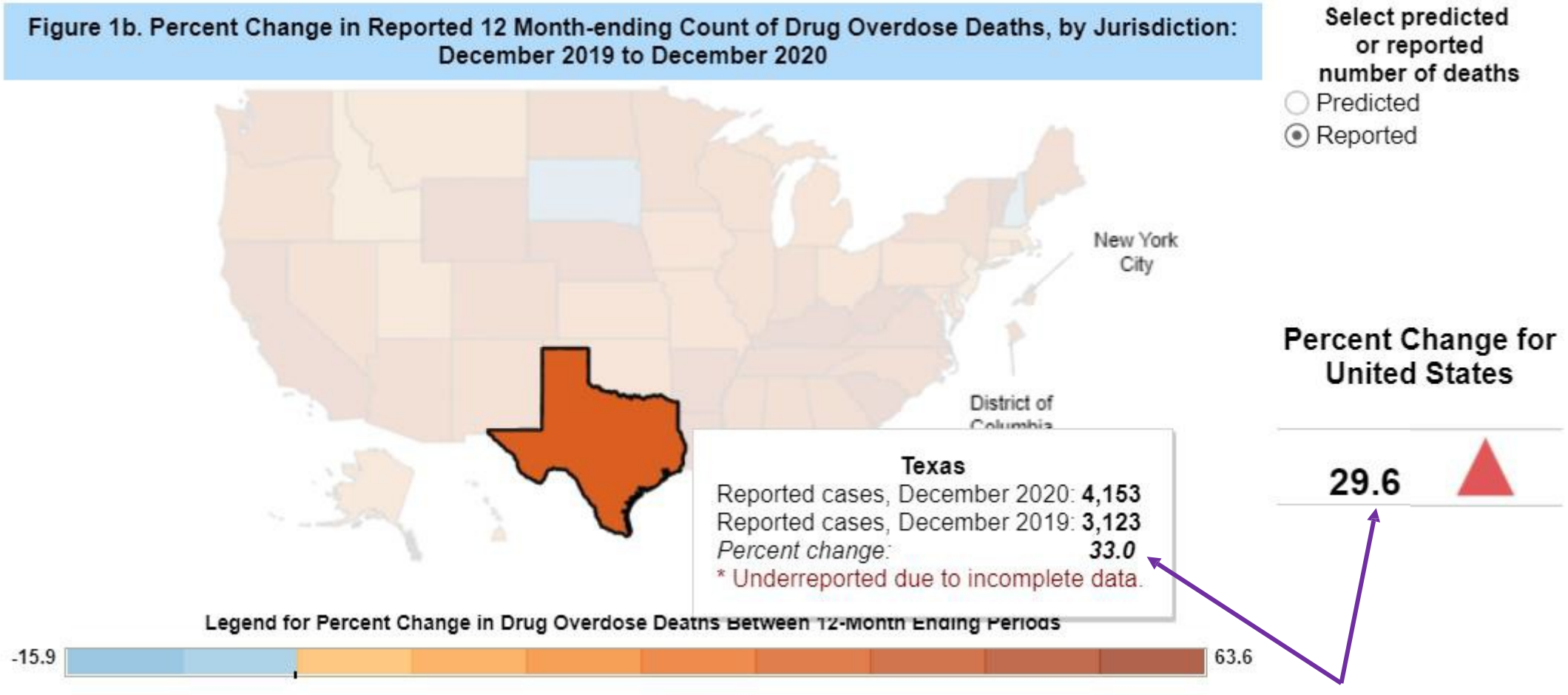
N Volkow 2016 “Harnessing the Power of Science to Inform Substance Abuse and Addiction Policy and Practice”

Visualizing Recovery



“What are the long-term effects of methamphetamine misuse?” NIDA, 10/2019. Accessed 7/22/2021

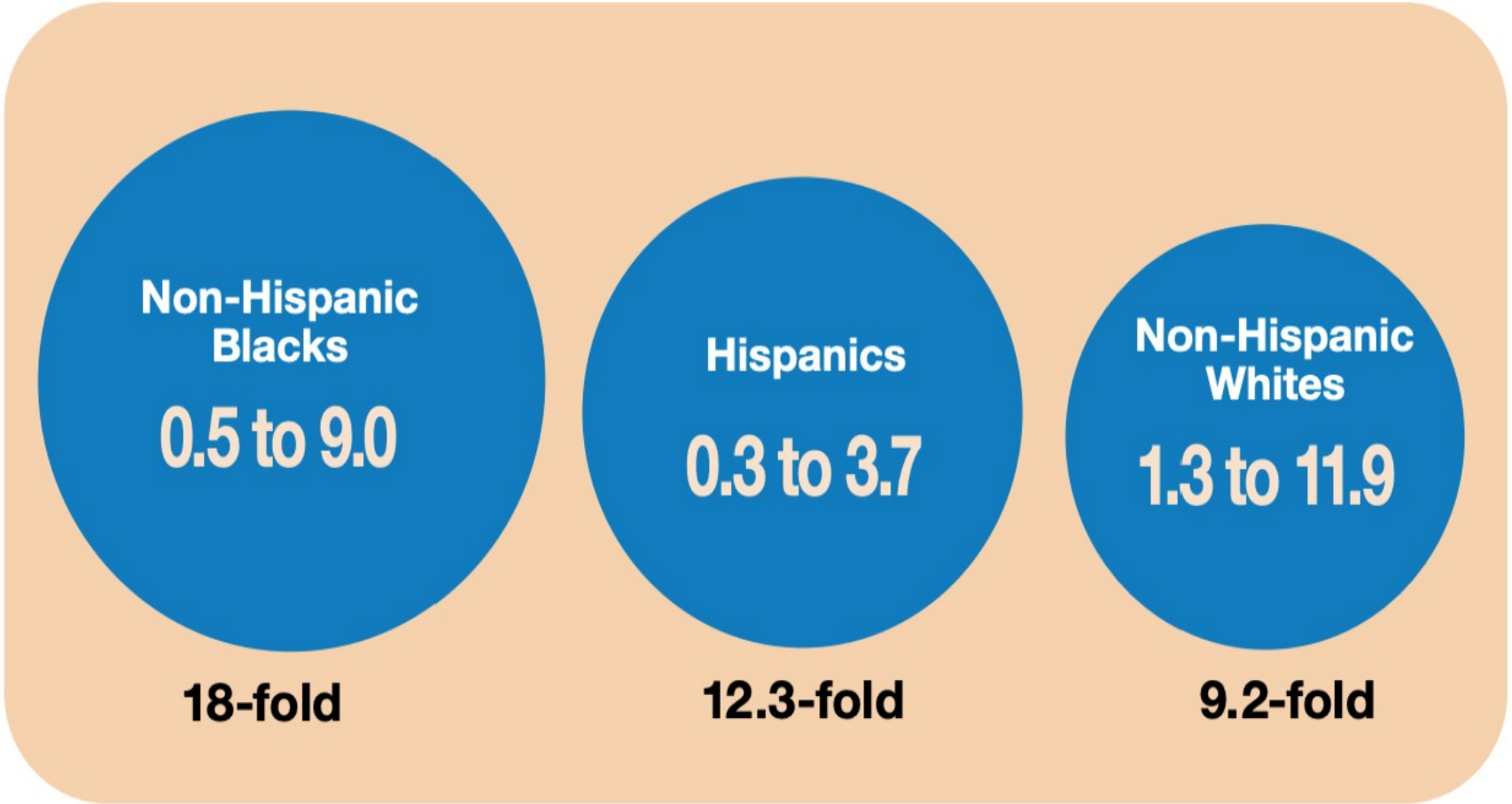
Overdose Crisis Worsening in US, Texas



Source: CDC Provisional Drug Overdose Death Counts https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm accessed 7/22/2021

Crises Worsen Disparities

Figure 2. Magnitude of increase in drug overdose deaths involving synthetic opioids other than methadone per 100,000 population, by ethnicity, 2013-2017



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System – Mortality, 2013-2017.

What is Effective Treatment?

Medication

Methadone

Buprenorphine

Extended Release **Naltrexone**

Naloxone for opioid overdose reversal

Psychosocial Interventions

Psychiatric care

Evidence-based counseling (CBT, MET, CM)

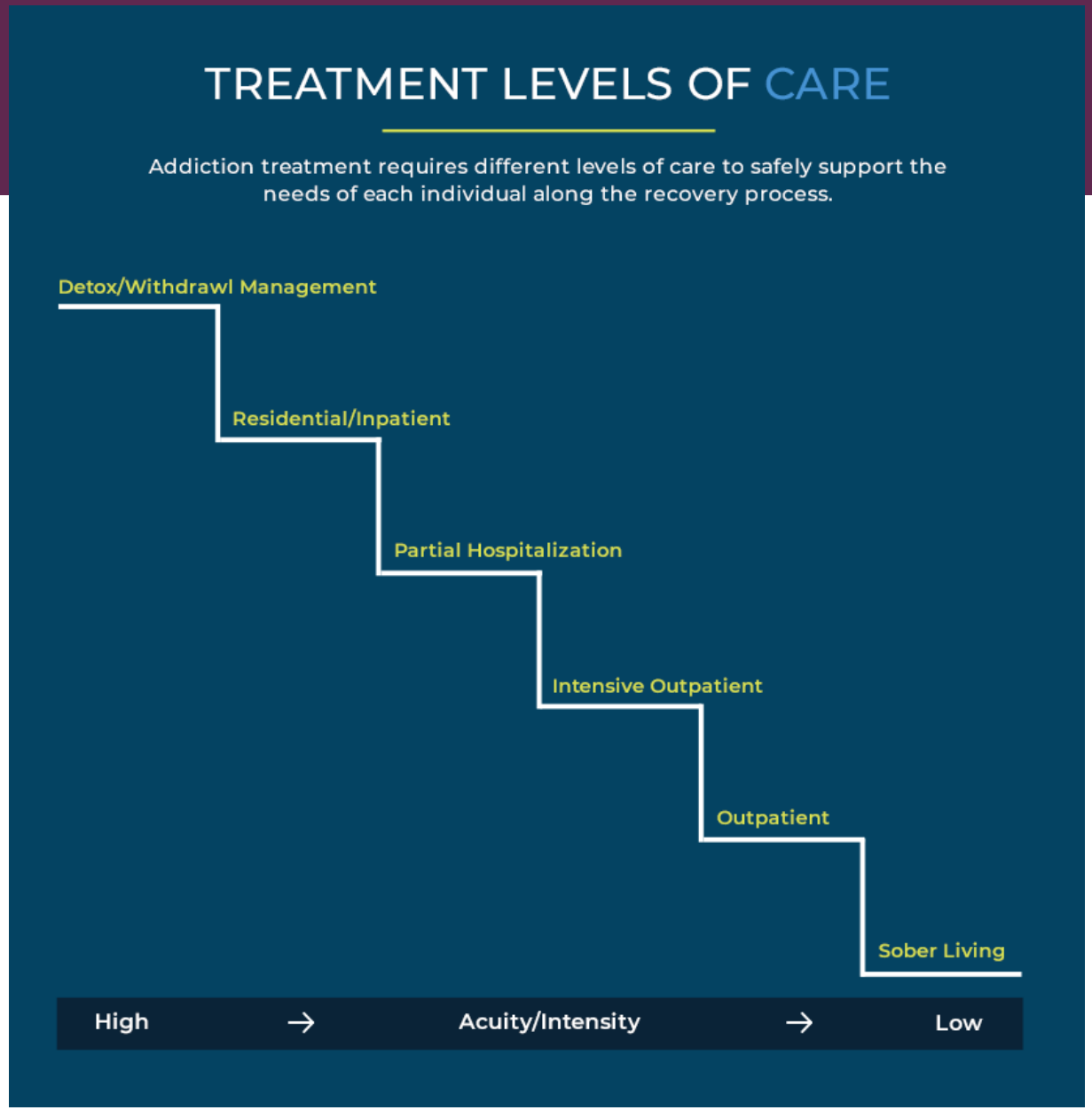
Recovery Supports

Recovery coaching

Mutual help organizations

Recovery oriented housing

Attributed: S. Wakeman MD



https://www.gatewayfoundation.org/programs-and-services/levels-of-care/

SUD Treatment 'System'

Psychiatric Services

Residential Treatment

Correctional Systems

Harm Reduction Agencies

Community Resources

Shelter

-Skilled nursing facilities
-sober living
-medical respite
-The Sobering Center
-shelters
-detox facilities
-Prolodges

Primary care

Acute Care Hospitals

Methadone Clinics

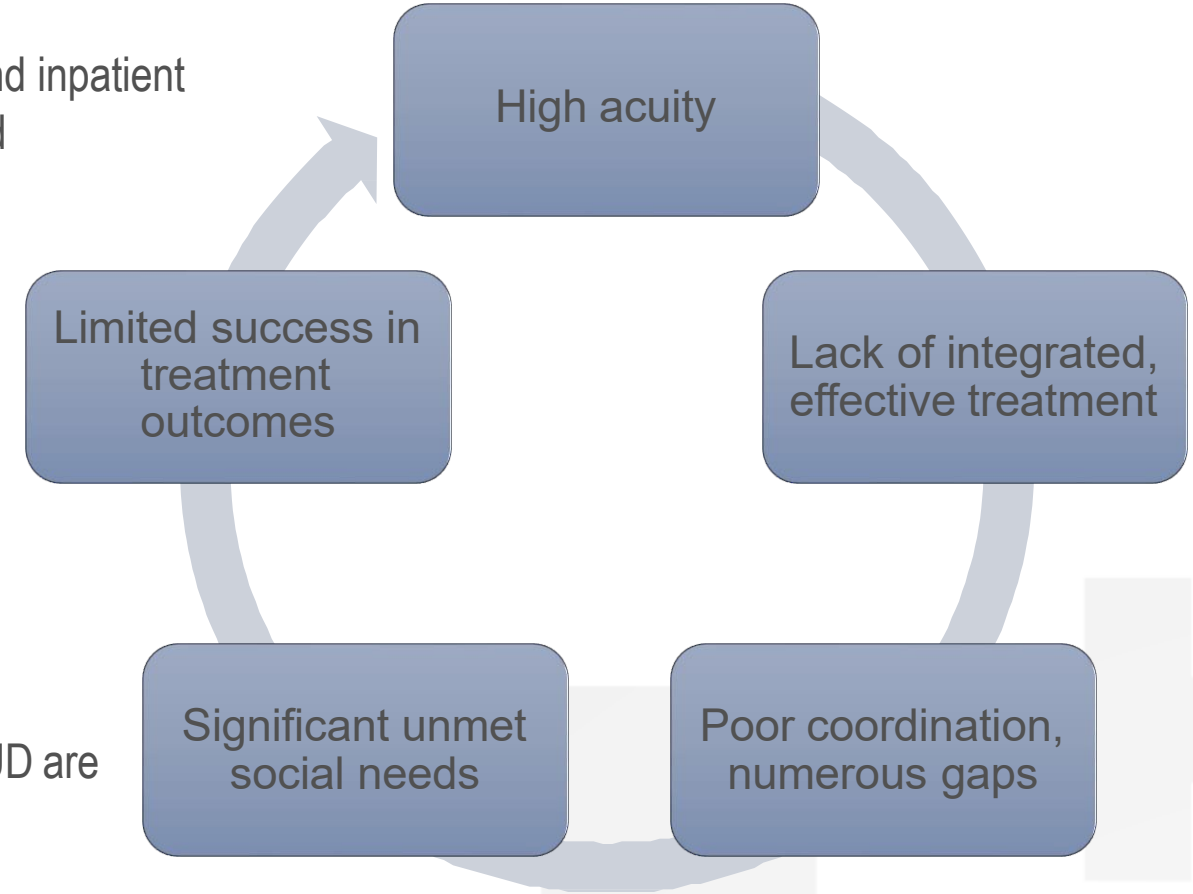
EMS

ED

Community Health Paramedics

Data Insights for MAP Patients with SUD

- Longer length of inpatient hospital stays (5-6 vs 4 days)
- Increasing rate of ER and inpatient admissions during Covid

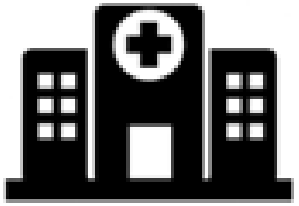


- Most prevalent SUD is alcohol
- No formal alcohol treatment services for MAP patients

- 56.2% of MAP patients with SUD are experiencing homelessness

THANK YOU! To Central Health analytics and reporting department Jessie Patton-Levine Sarita Clark-Leach

Patient “Justin”



EMCOT,
Psych
emergency,
Emergency
Transitional

Present:

12/2020:
-EMS x3 for
Overdose
-ER

12/2020
Methadone
clinic

1/12/2021
MAT
Buprenorphine
Clinic

3/2021
Overdose,
ICU stay

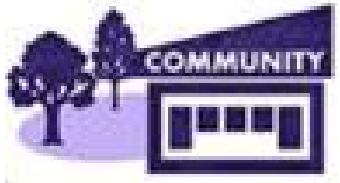
4,5/2021
Overdoses,
ER,
Hospital

Residential
treatment

17 clinic visits
Harm reduction counseling, linkage to psych emergency care

Patient “Juan”

Central Health Intensive Case Management Team



Present:

~20 years incarcerated, homeless

3/2020: DSMC -ICU with sepsis, congestive heart failure, respiratory failure -B-team starts buprenorphine

4/2020 MAT Buprenorphine Clinic

4/2020 Post acute care for IV Antibiotics

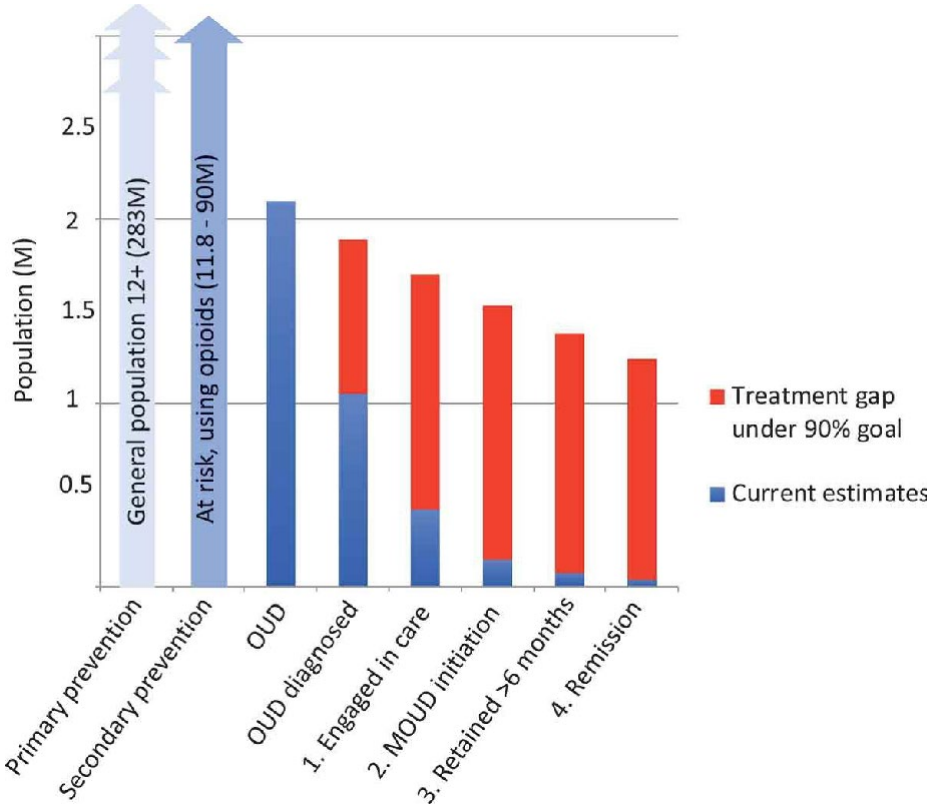
6/2020 Residential treatment

6/2020 til present: HOME

Weekly ❼ Monthly ❼ Quarterly MAT Clinic Visits

Hepatitis C cured. Congestive heart failure optimized

Cascade of Care



"Cascade of Care" model, Williams et al Am J DAD 2018

DSMC B-team ❼ CUC/IC MAT Clinic

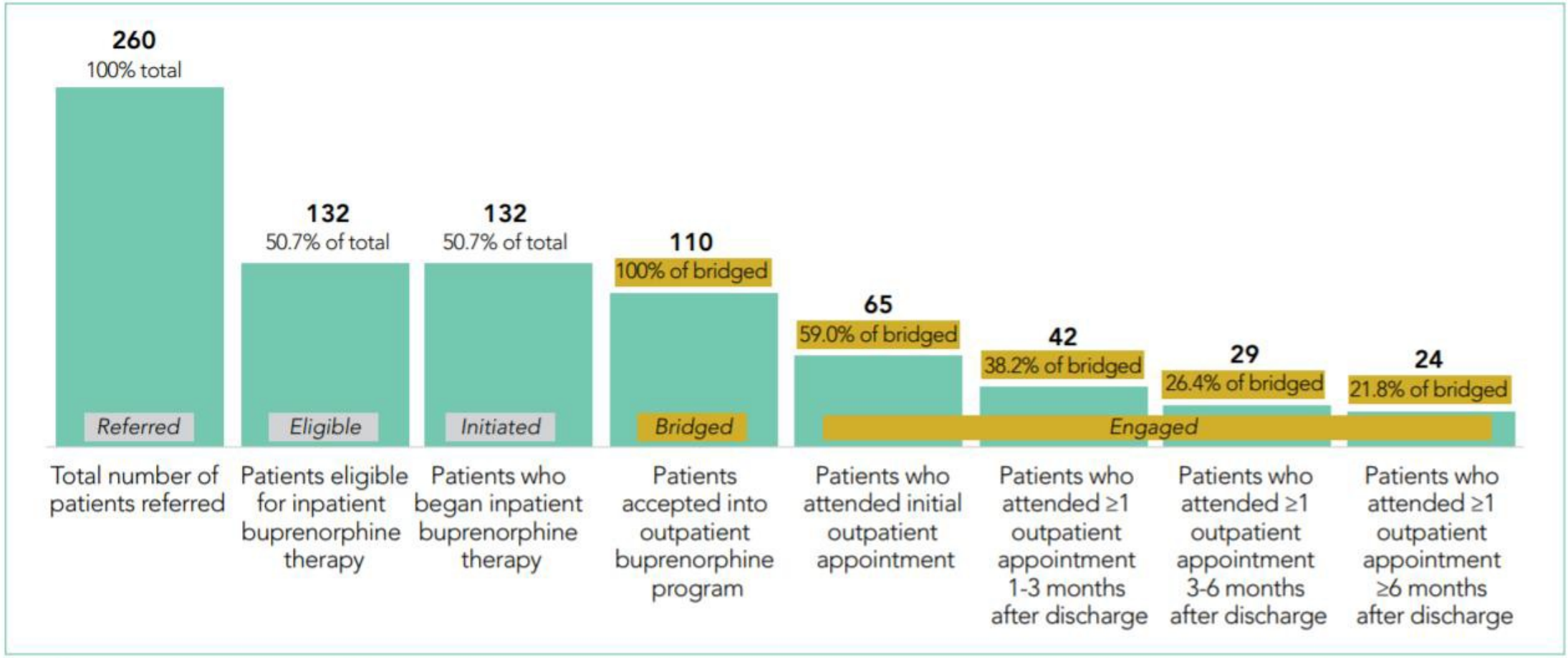
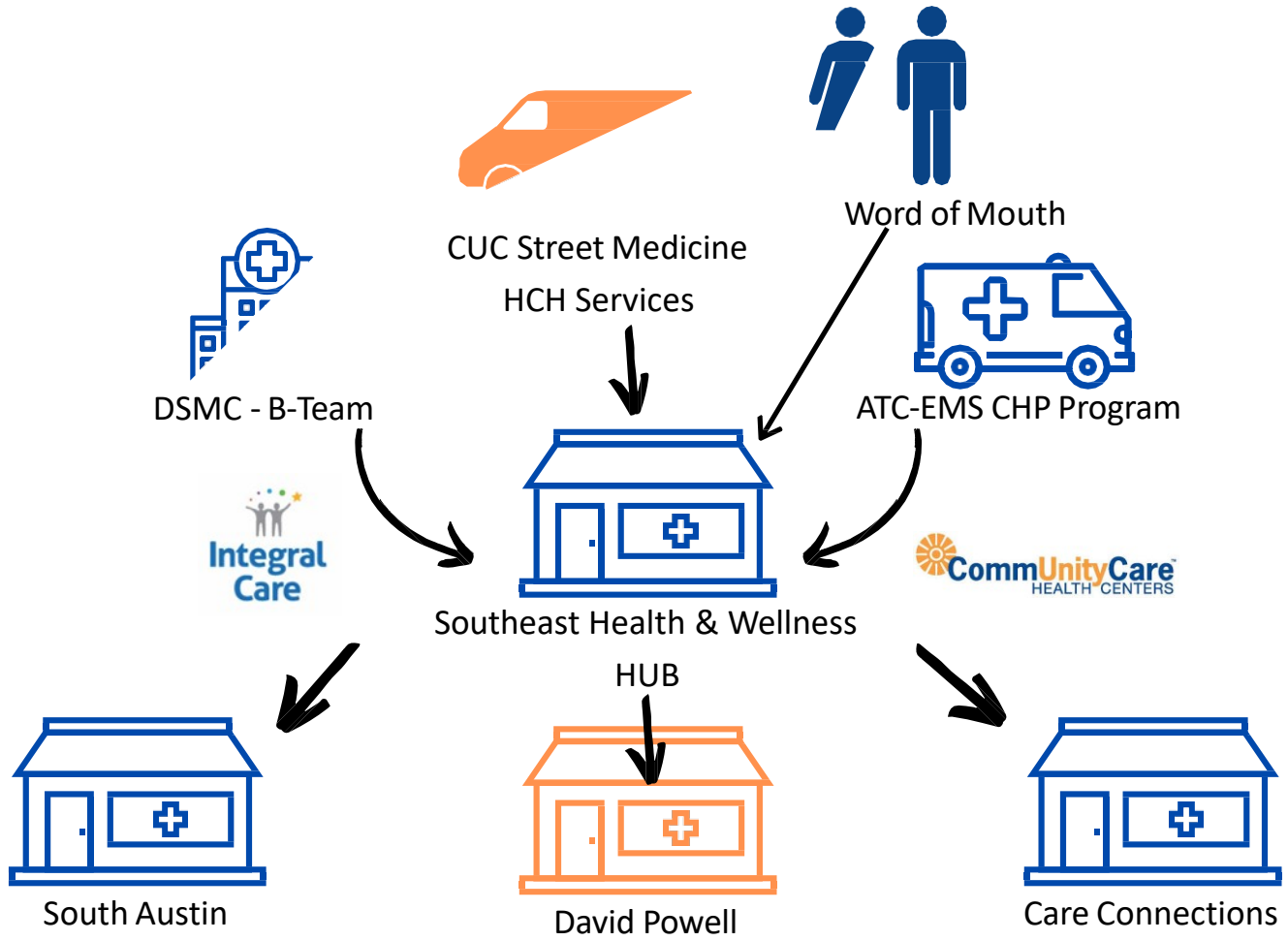


Fig 2. B-Team Referral, Service, and Outpatient Follow-up Volumes. Patient engagement and interaction with the Buprenorphine Team (B-Team) and outpatient follow-up for addiction treatment from September 2018 through September 2020.

al 2021 J

Medications for Addiction Treatment (MAT) Clinic



Current Program Infrastructure

Hub & Spoke

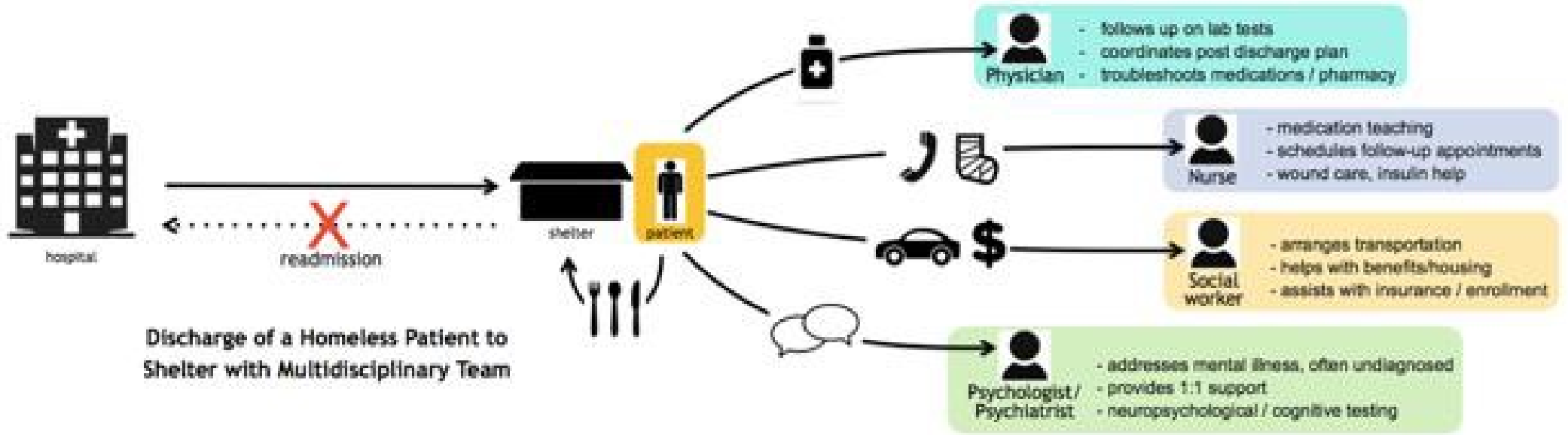
- Primary Location Encourages Consistent Access Point for Patients, Partners & Referrals
- Flexible appointment scheduling and intensive wrap-around services
- Spoke sites for lower-acuity substance use disorder care

Community Partnerships are Critical

Gaps in Care

- Navigation
- Education
- Medications

Navigation, Case Management decreases hospital readmissions and increases ambulatory follow-up



Attributed: A. Kuang MD

Peer support education specialists: change agents, expert navigators

Community voices should drive system development

Recovery coaches are cornerstones of stigma reduction, continuing education, and culture change

Recovery coaches in primary care and acute care settings are associated with:

- 25% fewer inpatient admissions, 9% decrease in ED admissions, and 66% increase in outpatient appointment utilization
- Among patients on medication treatment after 12 months of coaching, 90% were abstinent from opioids

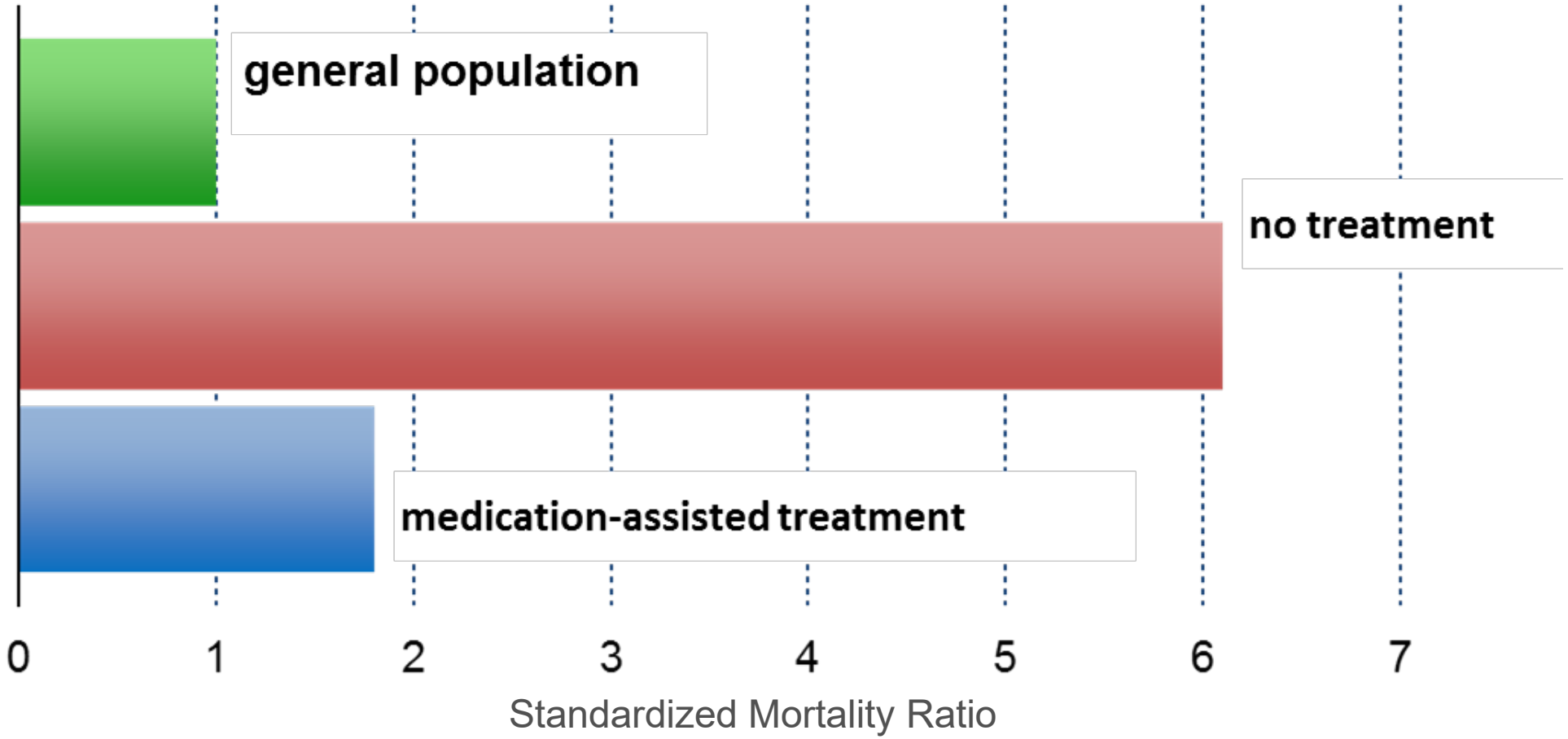
Magidson et al, JSAT 2021

Education is Required for Stigma Reduction

- In a survey of 1,000 adults, 75% felt patients with Opioid Use Disorder were, themselves, to blame.
- Fear of mistreatment keeps patients out of care

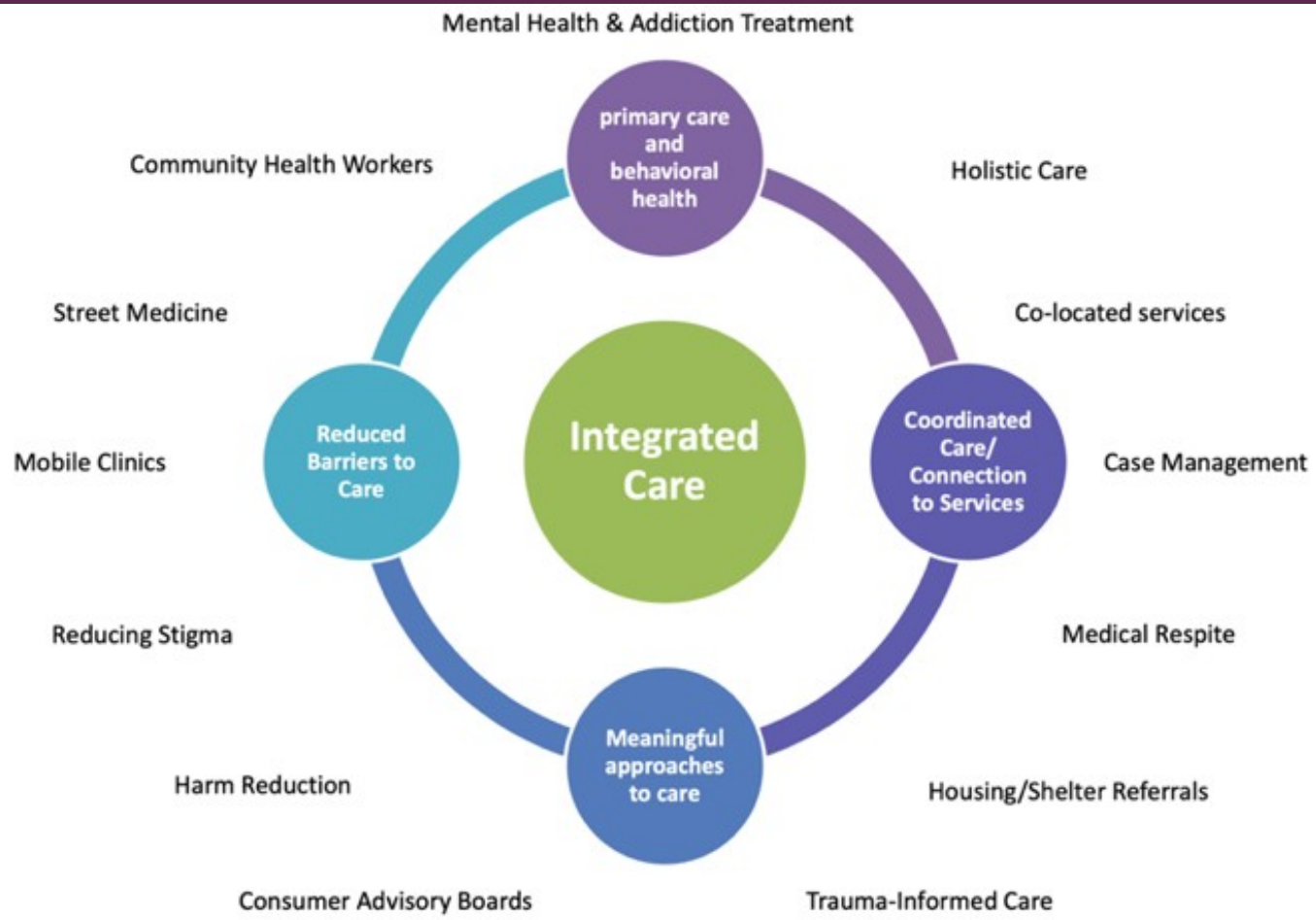
Nieweglowski et al., 2019; Kennedy-Hendricks et al., 2017; Furr-Holden et al., 2016. R Bottner 2021

Why medications are needed



Conclusions

- Substance use disorder is a common, chronic condition that responds well to treatment
- Without care, people with substance use disorders suffer morbidity and mortality
- Treatment can be integrated into general medical settings
- Community voices, especially those with lived experience of substance use, should drive system development
- Current medical system serving MAP patients would benefit from improvements in patient navigation, education, and increased access to medications for addiction treatment



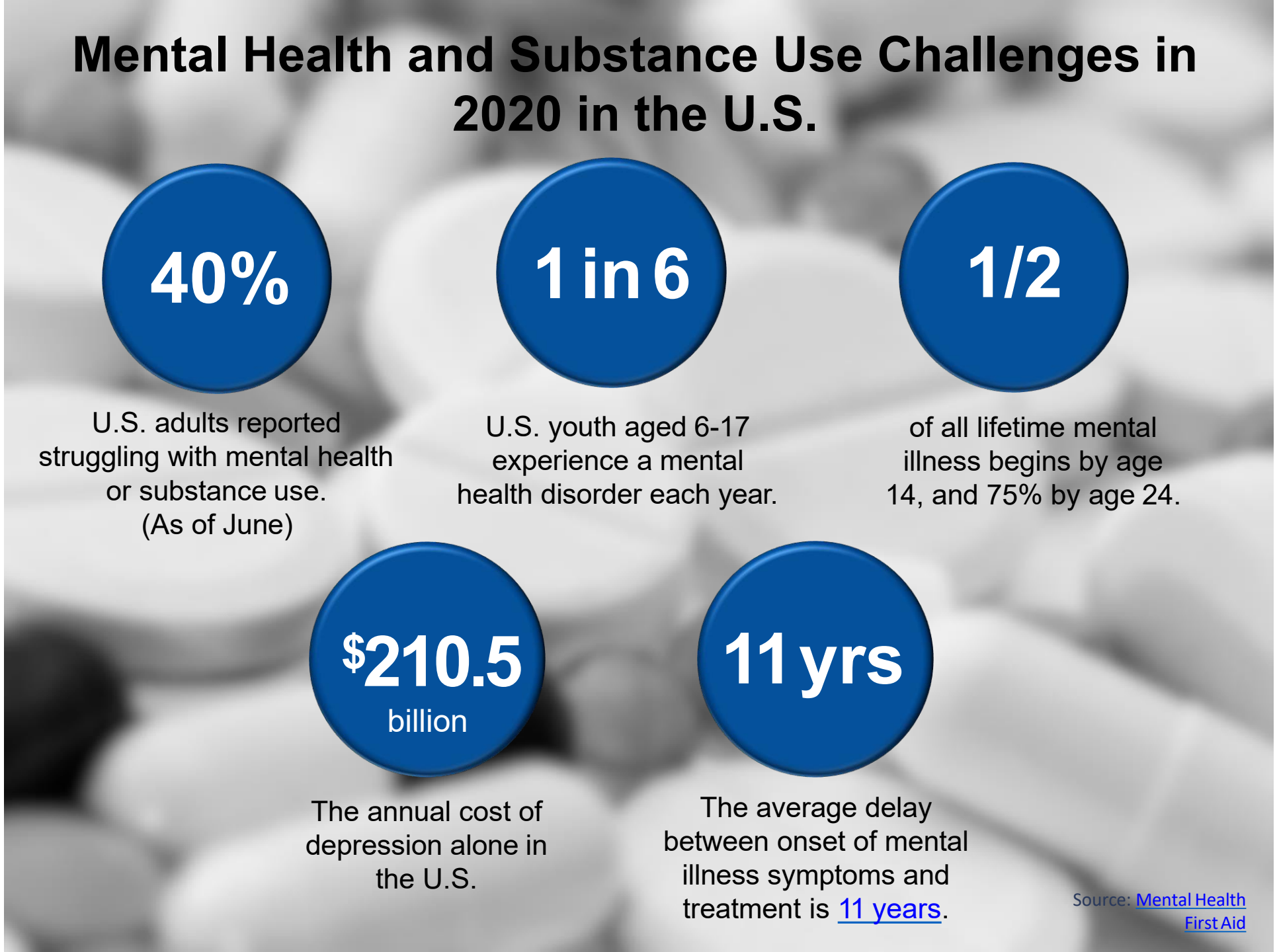
Attributed: A. Kuang MD

DISCUSSION

Vision for Behavioral Health at CommUnityCare Health Centers

John Swanson
Heather Hart Gause
Behavioral Health Department

Mental Health and Substance Use Challenges in 2020 in the U.S.



Suicide is the second-leading cause of death among people aged 10-34 in the U.S. and the 10th leading cause of death in the U.S.

Many people suffer from more than one mental disorder at a given time. In particular, depressive illnesses tend to co-occur with substance abuse and anxiety disorders.

>70%

More than 70% of youth in the juvenile justice system have a diagnosed mental illness.

Transgender adults are nearly 12 times more likely to attempt suicide than the general population.

The most common mental illnesses in the U.S. are anxiety disorders, which affect 40 million adults (18.1% of the population).

Source: Mental Health First Aid

Source: NAMI

You are NOT ALONE

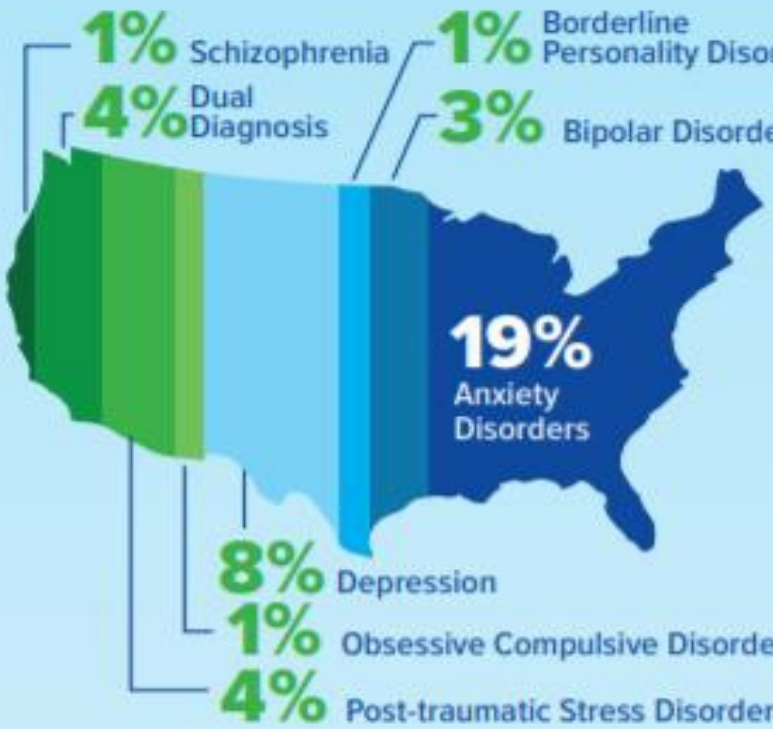
Millions of people are affected by mental illness each year. Across the country, many people just like you work, perform, create, compete, laugh, love and inspire every day.

1 in 5 U.S. adults experience mental illness

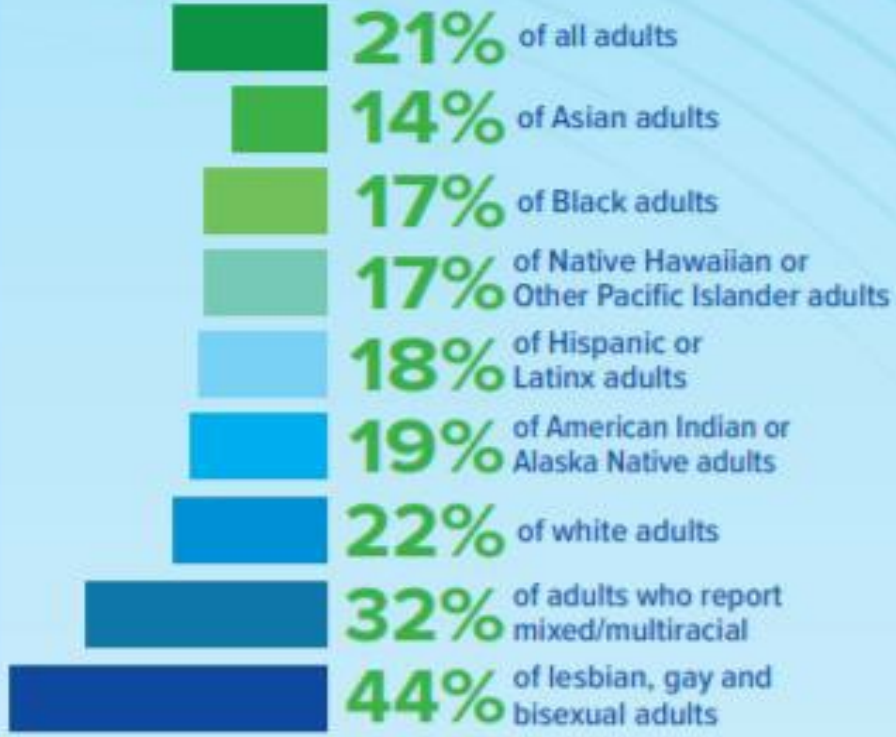
1 in 20 U.S. adults experience serious mental illness

17% of youth (6-17 years) experience a mental health disorder

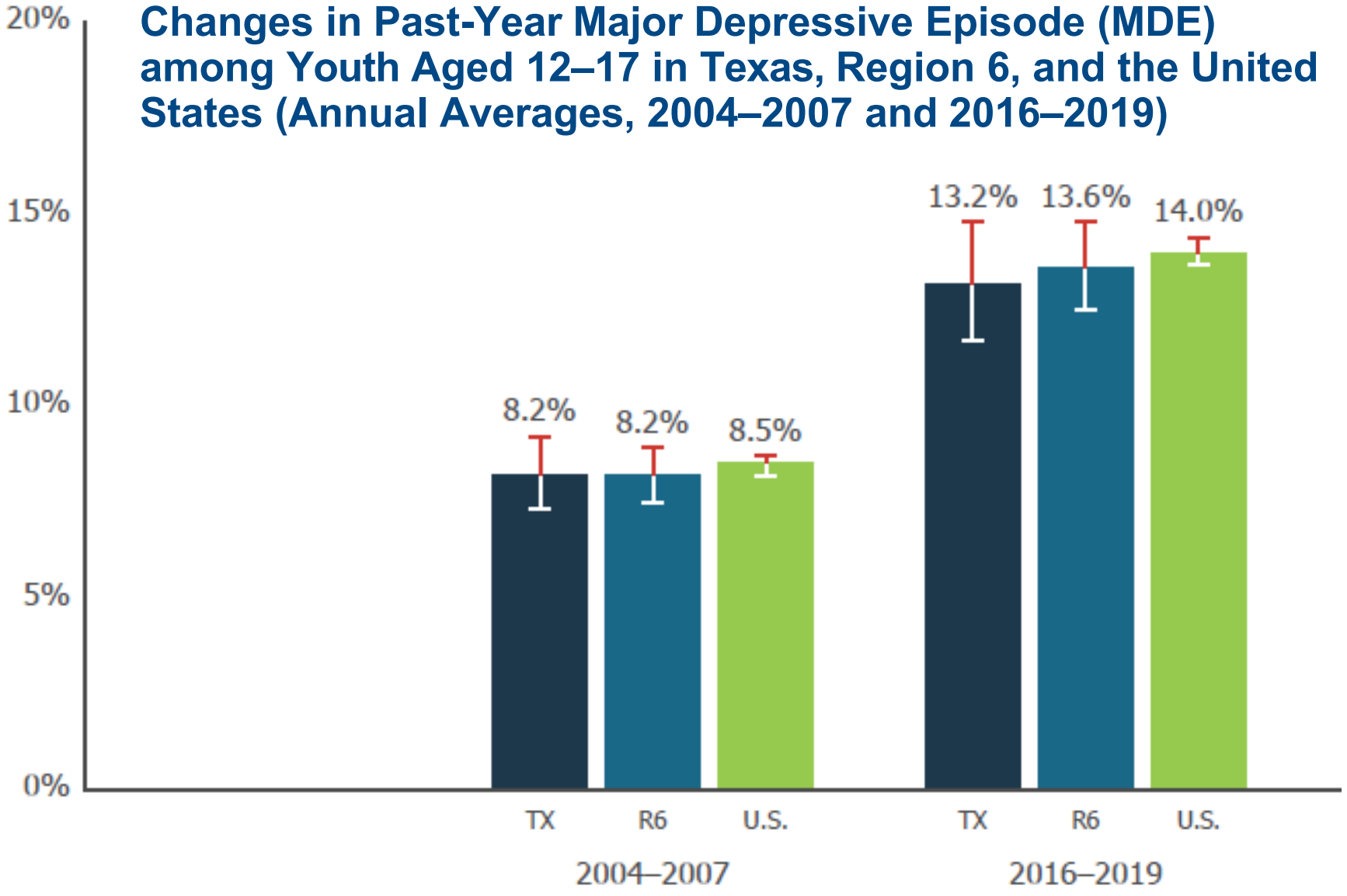
12 MONTH PREVALENCE OF COMMON MENTAL ILLNESSES (ALL U.S. ADULTS)



12 MONTH PREVALENCE OF ANY MENTAL ILLNESS (ALL U.S. ADULTS)



Changes in Past-Year Major Depressive Episode (MDE) among Youth Aged 12–17 in Texas, Region 6, and the United States (Annual Averages, 2004–2007 and 2016–2019)



Error bars indicate 95% confidence interval of the estimate.
TX = Texas; R6 = Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, and Texas); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019

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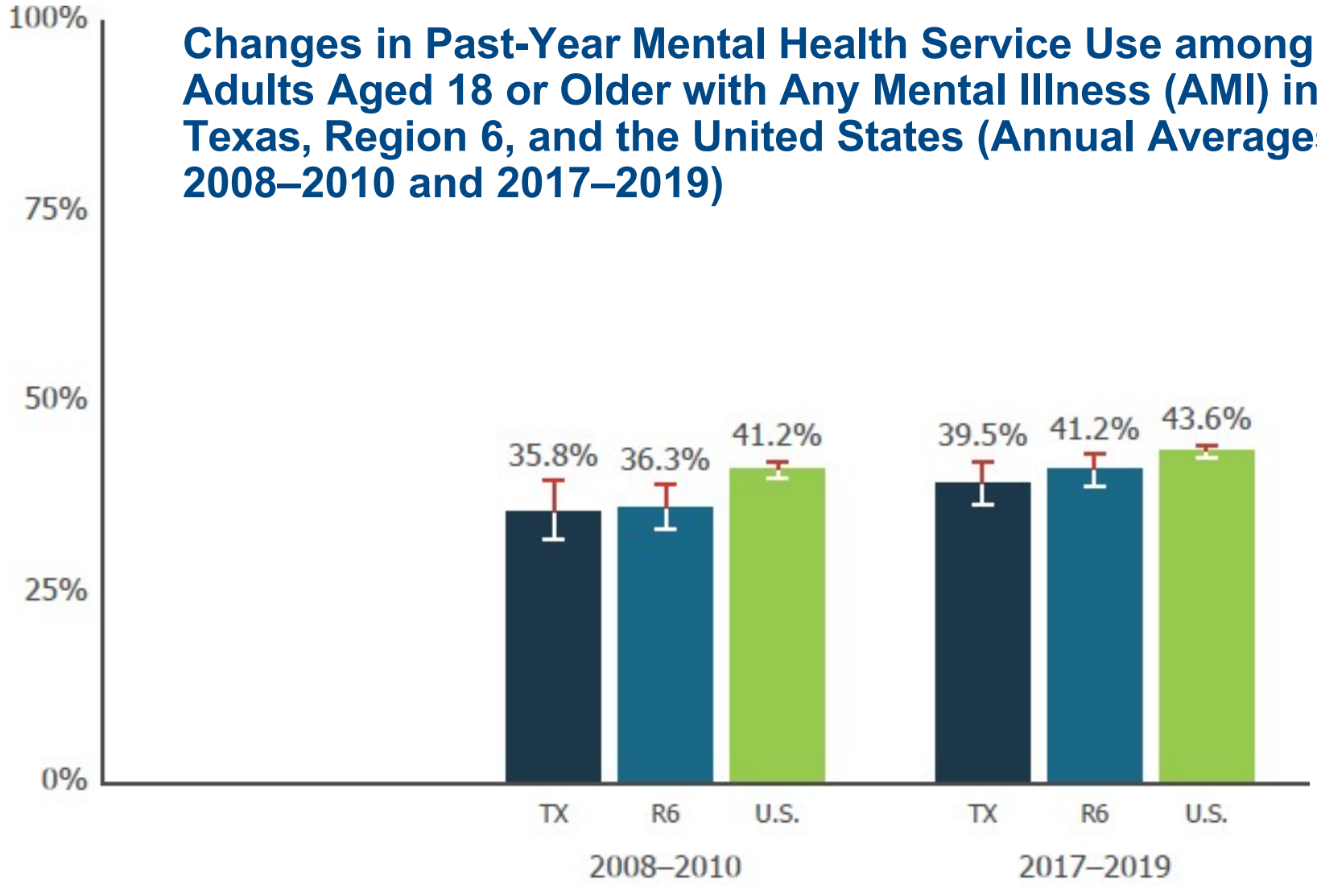
Changes in Past-Year Mental Health Service Use among Adults Aged 18 or Older with Any Mental Illness (AMI) in Texas, Region 6, and the United States (Annual Averages, 2008–2010 and 2017–2019)



Error bars indicate 95% confidence interval of the estimate.
TX = Texas; R6 = Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, and Texas); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019

Demographic Characteristics of MAP, MAP BASIC and CH-SFS enrollees with Mental and Behavioral Health Diagnoses, FY 2019-2020

	FY 2019		FY 2020	
	N	Percent (%)	N	Percent (%)
Total Enrollees	101,051	100.0%	92,651	100.0%
with MBH diagnosis	**20,797**	20.6%	**20,083**	21.7%

MBH Diagnosis & Race (FY 20)

White, non-Hispanic: **23.1%**
Black, non-Hispanic: **11.0%**
Hispanic: **54.3%**
Asian, non-Hispanic: **1.6%**
Native American: **0.3%**
Other: **7.1%**
Unreported: **2.6%**

MBH Diagnosis Experiencing Homelessness (FY 20)

⚠ 21.8%

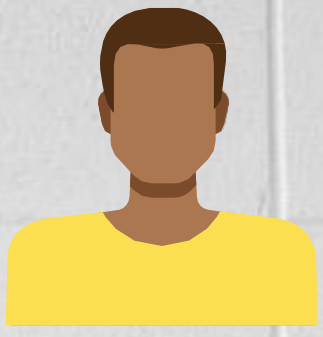
MAP, MAP BASIC and CH-SFS Mental Health Conditions (FY 20)

Bipolar and related disorders: **21.6%**
Depressive Disorders: **83.6%**
Neurocognitive disorders: **0.5%**
Obsessive Compulsive and related disorders: **0.1%**
Schizophrenia and other psychotic disorders: **8.4%**
Substance Use disorder: **22.5%**

N: 20,083 enrollees

Who does CommUnityCare treat?

Patients and Encounters With Mental Health Related Diseases in 2019		
Disease	Unduplicated # of Patients with BH Dx	Unduplicated # of Encounters With BH Dx
ADD/ADHD	1017	2775
Alcohol	1358	3044
Anxiety Disorders	5827	13962
Bipolar	1611	4593
Major Depressive-Recurrent	2403	7731
Major Depressive-Single	4270	8379
Opioid	489	2765
Other	4102	8806
Other Drug	1373	2808
Phobias	210	553
Postpartum Depression	55	81
Schizophrenia	819	1934
Grand Total	15514	42499



T, presenting with depression and anxiety

Caring, gentle 15 y.o. AA youth, loves electronics, wants to attend MIT

Family distress and upheaval related to divorce, maternal trauma and maternal bipolar

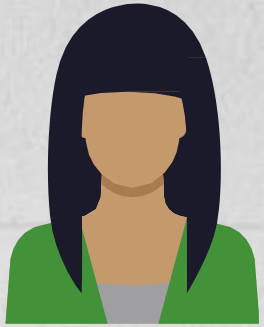
T increasingly anxious, fearful of safety at night, startles easily, trouble sleeping, blames himself, daily thoughts of death. Had dissociative episode lasting a few hours.

PHQ9 A = 23, severe

Longstanding ADHD adequately treated

Both T and mom very open, eager for help, thankful for support from BHC

CommUnity HEALTH



R, somatic symptoms

49 y.o. Spanish speaking woman battling homelessness

Multiple ED visits for “asthma” – SOB, fatigue, extreme weight loss, insomnia. Medical w/u negative.

Arrived at clinic in wheelchair, unscheduled, c/o SOB

Coordinated between PCP, Care Manager, and Psychiatrist

Presents with many signs of depression

Z, ADHD and grief

5 y.o. very smart Hispanic boy, lost his father to GSW at age 2, loving mom and grandmother

"Being still is not his thing, even in his sleep."	Not listening in pre-K, has to be told over and over.	"Doesn't fear consequences; does whatever he wants."

If he doesn't take melatonin, he's up till 3am

CommUnity HEALTH

H, refugee from Iraq

58 y.o. Arabic speaking woman, immigrated 10yr ago, lives with her son

c/o memory problems, can't study for citizenship exam

h/o HTN and NIDDM

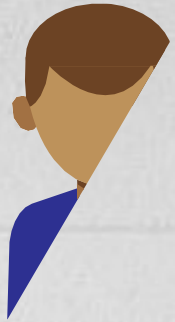
Extensive trauma hx, witnessed her husband's death 17 yr ago

Very fearful of people, will not leave the house, sleeps during the day, and up all night, to avoid others

Terrible nightmares

Inadequately treated depression

CommUnity HEALTH



I, moved to Austin to live with GM

12 y.o. AA youth, hopes to play football and become a marine

D/C from hospital 3 months ago, CPS insisted new guardian due to persistent abuse from M's BF

Diagnosed Bipolar and ADHD, polypharmacy, including high dose atypical antipsychotic (gained 50#)

Functioning better with grandparents, but ran out of meds > 1 month ago

Doesn't like to talk, but intelligent. Still passive SI

CommUnity HEALTH

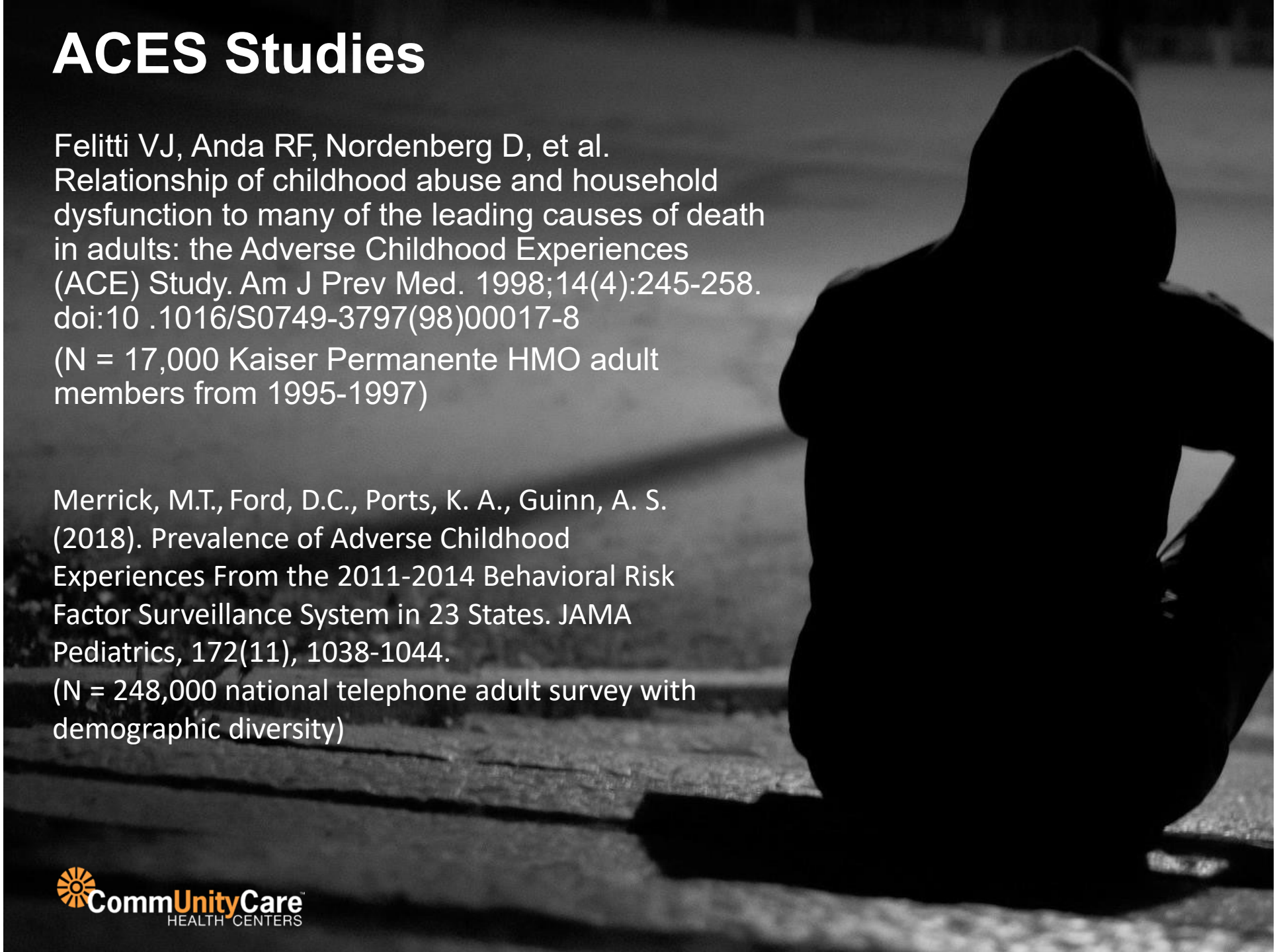
ACES Studies

Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the Adverse Childhood Experiences (ACE) Study. Am J Prev Med. 1998;14(4):245-258. doi:10 .1016/S0749-3797(98)00017-8

(N = 17,000 Kaiser Permanente HMO adult members from 1995-1997)

Merrick, M.T., Ford, D.C., Ports, K. A., Guinn, A. S. (2018). Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. JAMA Pediatrics, 172(11), 1038-1044.

(N = 248,000 national telephone adult survey with demographic diversity)



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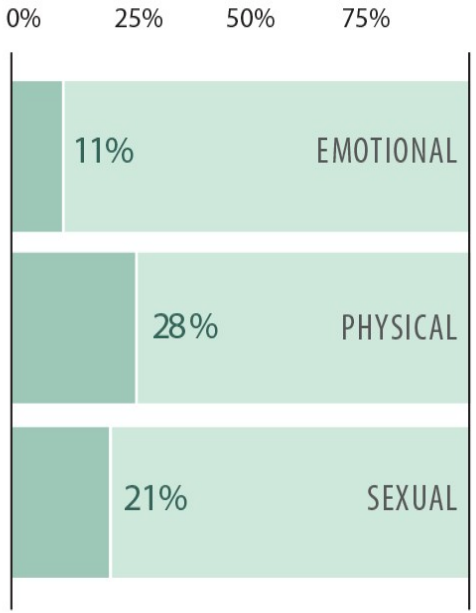
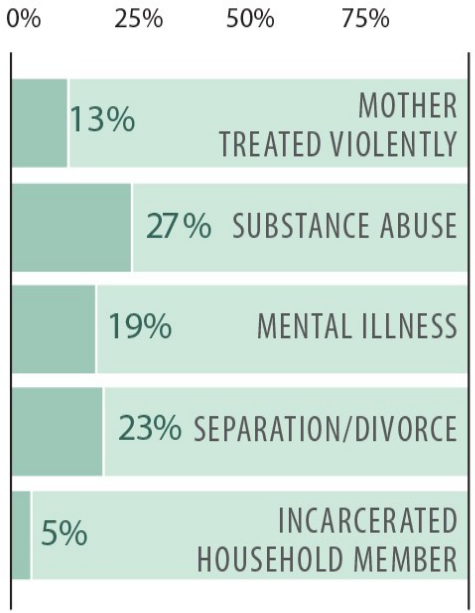
TYPES *of* ACES

The ACE study looked at three categories of adverse experience: **childhood abuse**, which included emotional, physical, and sexual abuse; **neglect**, including both physical and emotional neglect; and **household challenges** which included growing up in a household were there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents were given an **ACE score** between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.

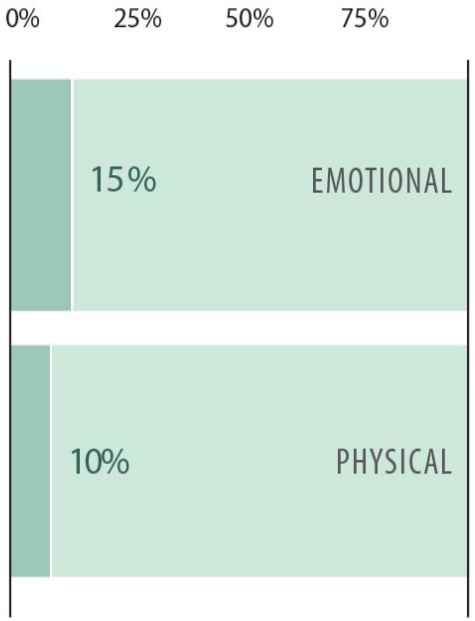
ABUSE



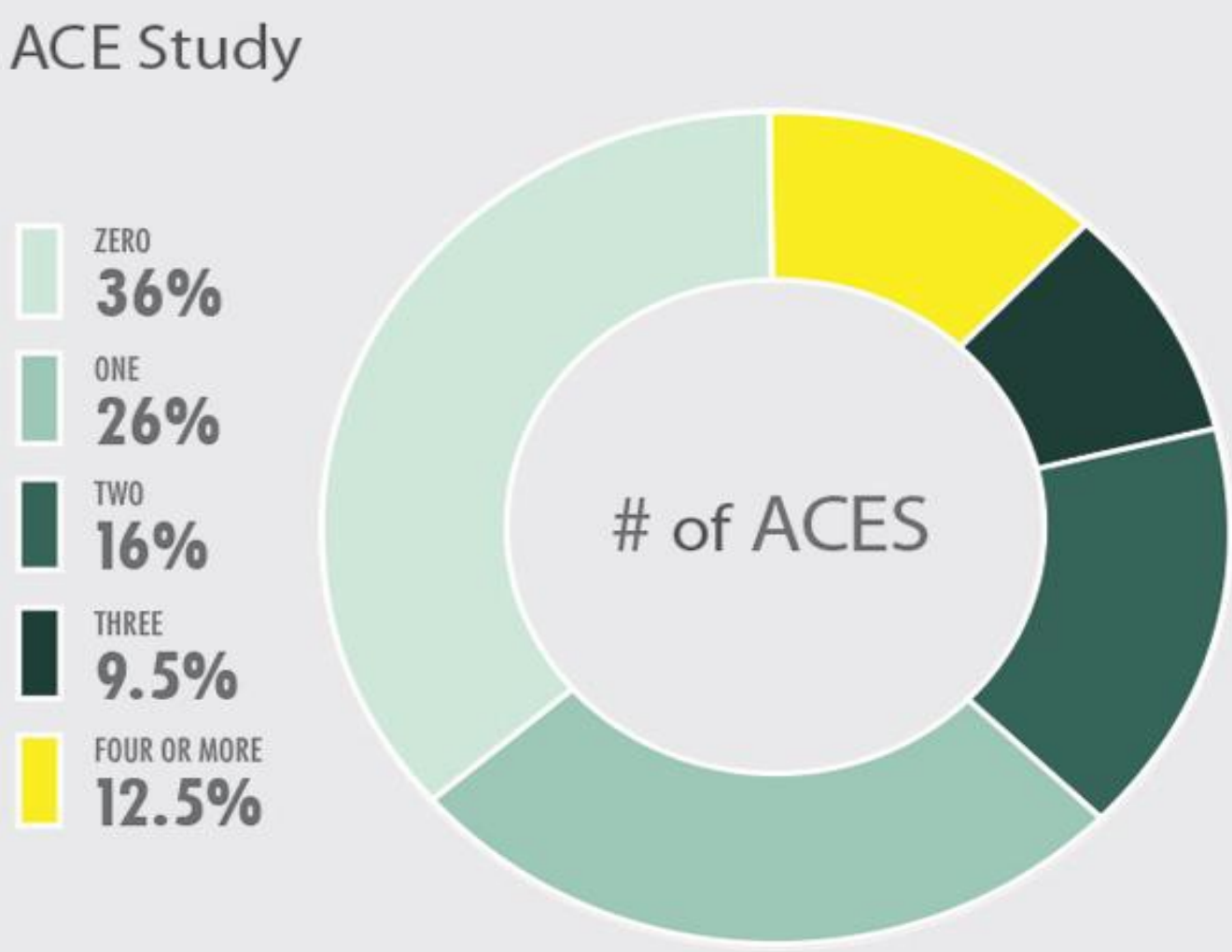
HOUSEHOLD CHALLENGES

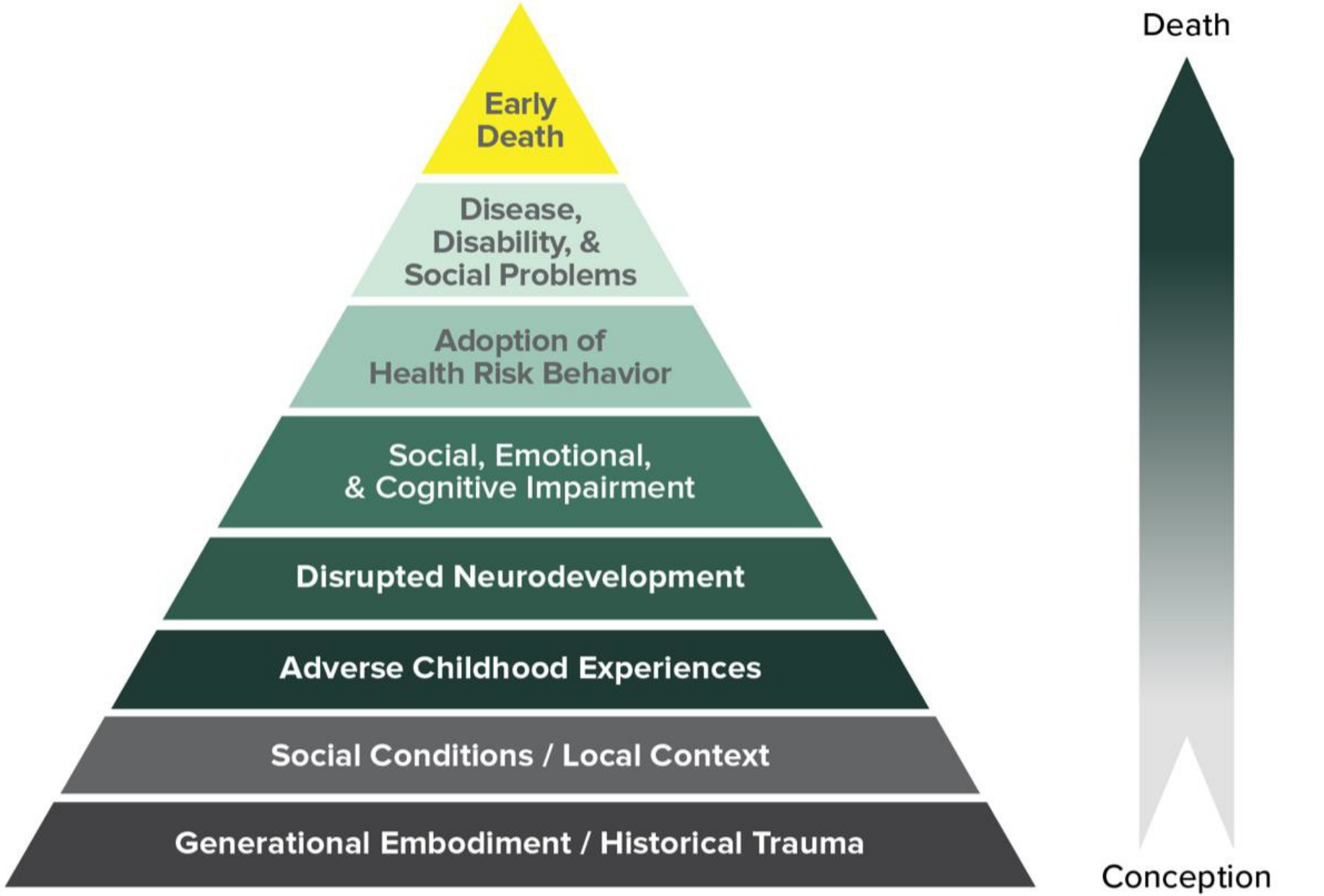


NEGLECT



How Common are ACES?





Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

CommUnityCare HEALTH CENTERS

The good news is resilience can bring back health and hope!

What is Resilience?

Resilience is the ability to return to being healthy and hopeful after bad things happen. Research shows that if parents provide a safe environment for their children and teach them how to be resilient, that helps reduce the effects of ACEs.

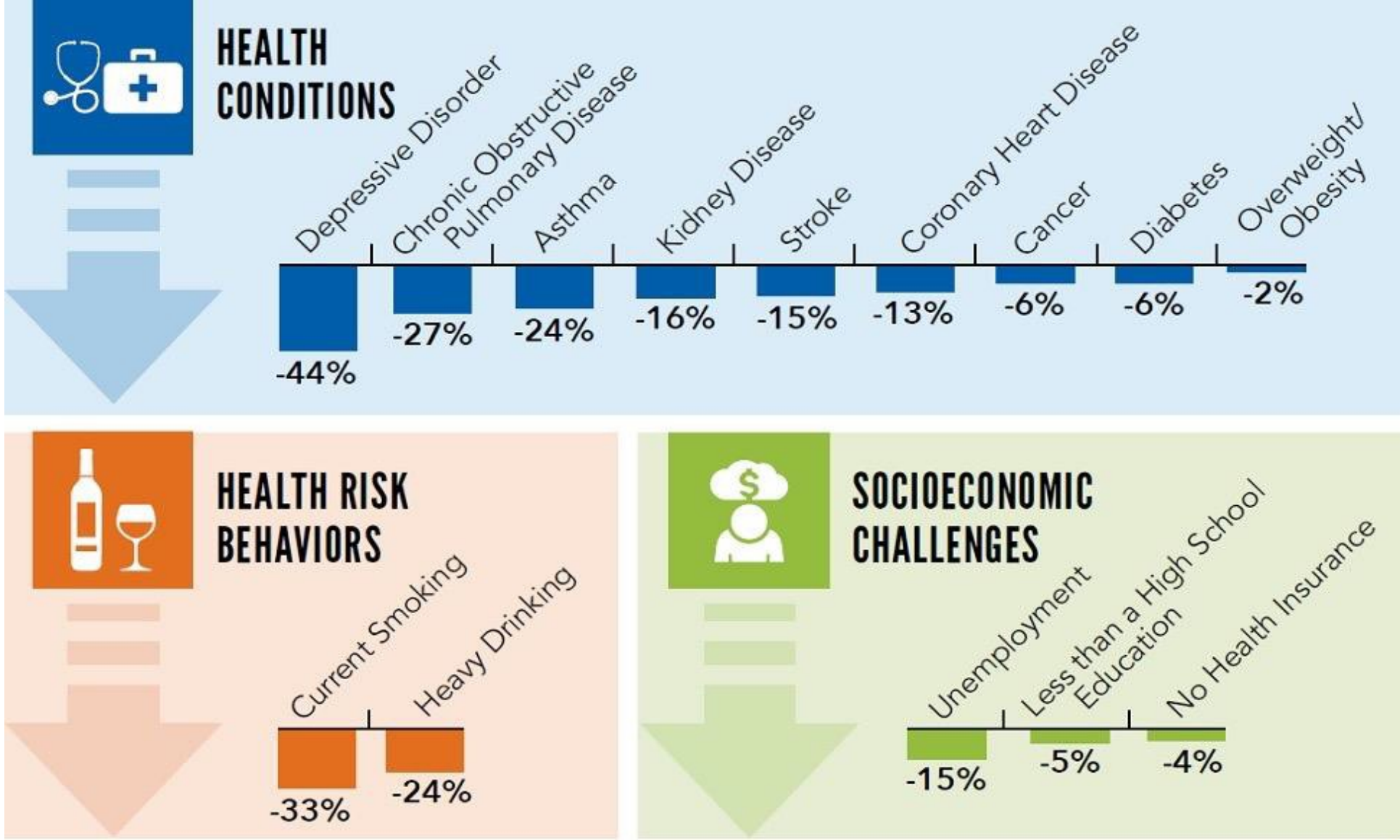
Resilience trumps ACEs!

Parents, teachers and caregivers can help children by:

- Gaining an understanding of ACEs
- Helping children identify feelings and manage emotions
- Creating safe physical and emotional environments at home, in school, and in neighborhoods

CommUnityCare HEALTH CENTERS

Source: Community & Family Services Division, Spokane (WA) Regional Health District



CommUnityCare HEALTH CENTERS

SOURCE: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.

CommUnityCare Patient Needs

Flexible scheduling (including telehealth) due to access and transportation disadvantages

Very difficult to access community mental health resources

Trauma is a complicating factor in a majority of patients

Early, and effective, intervention for depression, anxiety, SUD, PTSD, pediatric ADHD

Lack of education about mental health and trauma; stigma

Special high risk populations with medical, MH, SUD, homelessness co-occurring problems that need proactive coordination

CommUnityCare HEALTH CENTERS

Behavioral Health Department Guiding Principles

Community **education** (through community health centers) about mental illness, trauma, addiction, and behavioral determinants of health

Easy, immediate, flexible **access** to care

Early intervention, thereby reducing lifetime burden

Trauma informed care, and specialized trauma treatment

Range of **excellent** services, from consultation, to brief intervention, to time-limited, evidence-based treatments.

CommUnityCare HEALTH CENTERS

Education

1. Clinic based information / psychoeducation
2. Destigmatize behavioral health care
3. TIC (Trauma Informed Care)
4. Mental Health First Aid (MHFA)
5. Recovery principles
6. MBSR (Mindfulness Based Stress Reduction) group for physical, emotional health
7. IY (Incredible Years) parenting group

Access

Quick, Easy, Flexible, Welcoming

- Further education and dissemination of PCBH model
- Behavioral Health Consultant expansion – 25-30 BHCs in 5 years, to cover all clinics adequately
- Psychiatric services expansion – 2 psychiatrists, 6 APPs, embedded in clinics and providing telehealth
- Access within a week, or warm hand off

CQI process

Understanding and overcoming barriers

Pre and Post appointment contact: phone calls, texts, surveys to enhance access, compliance, effectiveness

Early Intervention Clinical Pathways

Coordinated with PCP teams, BHCs, and psychiatric providers, provided in clinic

Therapeutic models: CBT, ACT (Acceptance and Commitment Therapy), MI, MBSR

Behavior change related to physical health:

- Insomnia
- Obesity
- Stress
- Tobacco use
- Diabetes
- Chronic pain
- CV disease
- COPD/Asthma

Common mental health diagnoses/presentations:

- Anxiety
- Depression
- PTSD
- SUD
- Pediatric ADHD

Trauma Informed Care (TIC) Treatment

Organization wide TIC initiative
adverse childhood experiences (ACES) questionnaires

Development of office sites for short-term psychotherapy (10-20 sessions) conducting evidence-based treatment (EBT)

- Trauma-focused cognitive behavioral therapy (TFCBT)
- Seeking Safety
- Eye movement desensitization & reprocessing (EMDR)
- Cognitive behavioral therapy (CBT) for depression and anxiety
- Motivational interviewing (MI) for SUD
- ACT (for depression, anxiety, PTSD, SUD, chronic pain)

Special populations

Coordinate with Addictions and Recovery, HCH, DPC and Integral Care (for SMI)

- Enhanced therapy for SUD (MI, Seeking Safety) along with MAT
- On site psychiatric services, coordinated with Integral Care, for care of patients with serious mental illness (SMI)
- Coordinated with outreach through HH and DPC
- Identified high risk population panel coordinated with Central Health statistical research

Top 10 things to do now

1. Fill out behavioral health care team – hire 5-8 LCSWs, 1 APP in next year
2. Institute weekly case conference for ongoing training
3. Find space and teams for embedded behavioral health clinicians
4. Begin planning for phases of TIC initiative
5. Implement MH First Aid and CPI training
6. Preferentially hire or train LCSWs in EBTs, e.g. TF-CBT, EMDR, Seeking Safety, CBT for depression and anxiety, MI, ACT, MBSR, IY
7. Plan for space and resources for behavioral health offices providing EBTs and psychiatric services of intermediate duration and intensity
8. Hire complement of Medical Assistants to assist with access and follow through with behavioral health providers
9. Coordinate with Addictions Recovery team to serve high risk, dual diagnosis patients
10. Establish financing and space for group treatments

Why do this?

Achieve goal of fully integrated health care

Provide a cost-effective treatment for a population in great need

Align with our value of Health Equity

Lower overall cost of care, interrupt cycle of ACEs

Reduce economic burden of mental health disability

Influence the larger community about health, recovery and wellbeing

Thank You!

CommUnity HEALTH

FY22 Proposed Initiatives

Enhanced Behavioral Health Access in Primary Care

Substance Use Disorder Care Transitions

Peer Support Specialist Counseling for Substance Use Disorder

Street/Mobile Medicine for Behavioral Health Access for the Homeless

Focus Areas

- Specialty Care Access
- Health Care for the Homeless
- Behavioral Health
- Substance Use Disorder Treatment
- Transitions of Care
- Clinical & Patient Education

Transitions of Care Initiatives

Current Initiatives

- Medical management expansion
- Skilled nursing facility (SNF) transitions
- CareCo (complex care) transitions
- Home health transitions
- Residential rooming
- End-stage renal disease enrollments

Proposed FY22 Initiatives

- Congestive heart failure (CHF) transitions
- Infectious disease CareCo expansion
- Remote patient monitoring pilots
- Medical respite
- Outpatient dialysis transitional program

Care Team & Patient Education Initiatives

Care Team Focused

Vs

Patient Focused

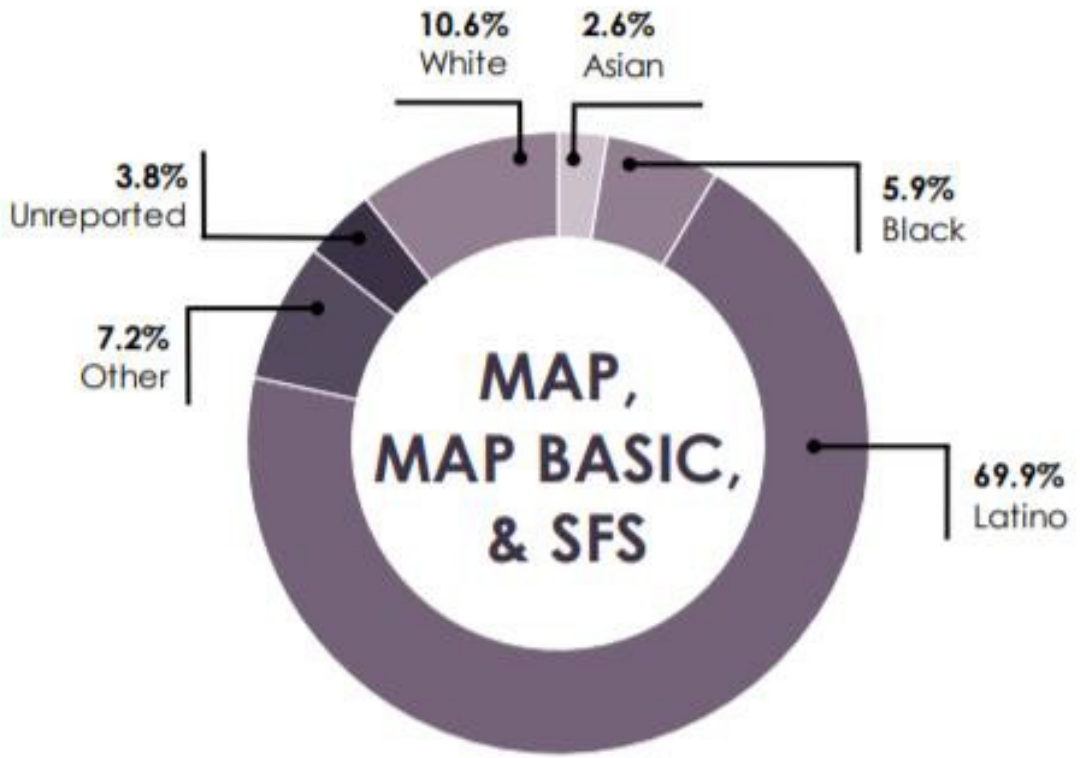
- Health equity & implicit bias training support
  - FQHC leadership
  - Care teams
  - Patient-facing support staff

- Community-based dietitian pilot programs
  - Kidney disease & heart failure patients
  - Newly-diagnosed diabetes and hypertension patients
- Dietitian expansion within the primary care home
- Clinical Education Program Manager

Health Equity & Implicit Bias Training Support

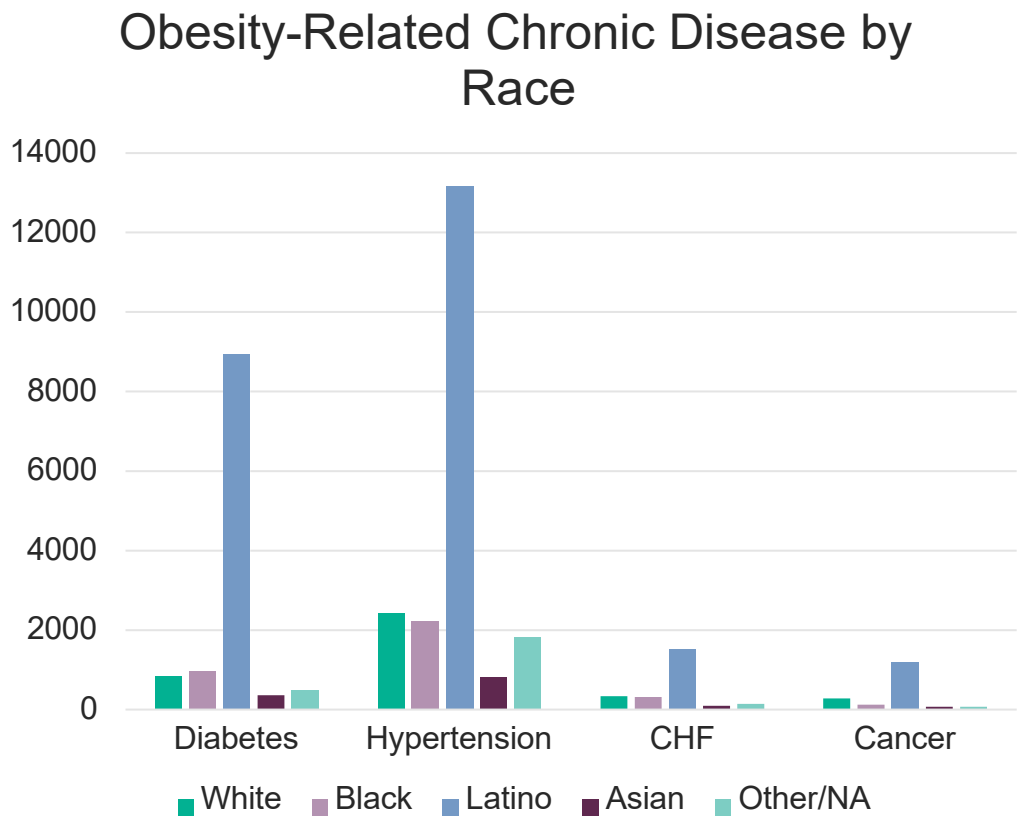
(Care Team-Focused Education)

- **Almost 90% of our patients identify being from minority backgrounds**
- **Studies have shown implicit prejudice is associated with lower quality patient-provider communication among marginalized social groups**
- **Educating our care teams and support staff through an equity lens emphasizes our commitment to patient-centered care and reducing disparities**



Dietitian Access Proposed Initiatives
(Patient-Focused Education)

- **40%+ of MAP enrollees are diagnosed with or meet the clinical criteria for obesity with a higher relative risk for Black and Hispanic enrollees**
- **Effective dietician programs require culturally appropriate nutrition guidelines and therapy recommendations**
- **Proposed Initiatives:**
  - Design and pilot dietitian/community health worker (CHW) subject matter expert (SME) model
  - Increase availability of dietitians and nutritionists to more PCP care teams



Questions?

CENTRAL
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CENTRAL HEALTH BOARD OF MANAGERS

STRATEGIC PLANNING COMMITTEE

August 4, 2020

AGENDA ITEM 4

Receive an update on the Central Health dashboards associated with service level reporting for Fiscal Year 2021. (*Informational Item*)

CENTRAL HEALTH

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.

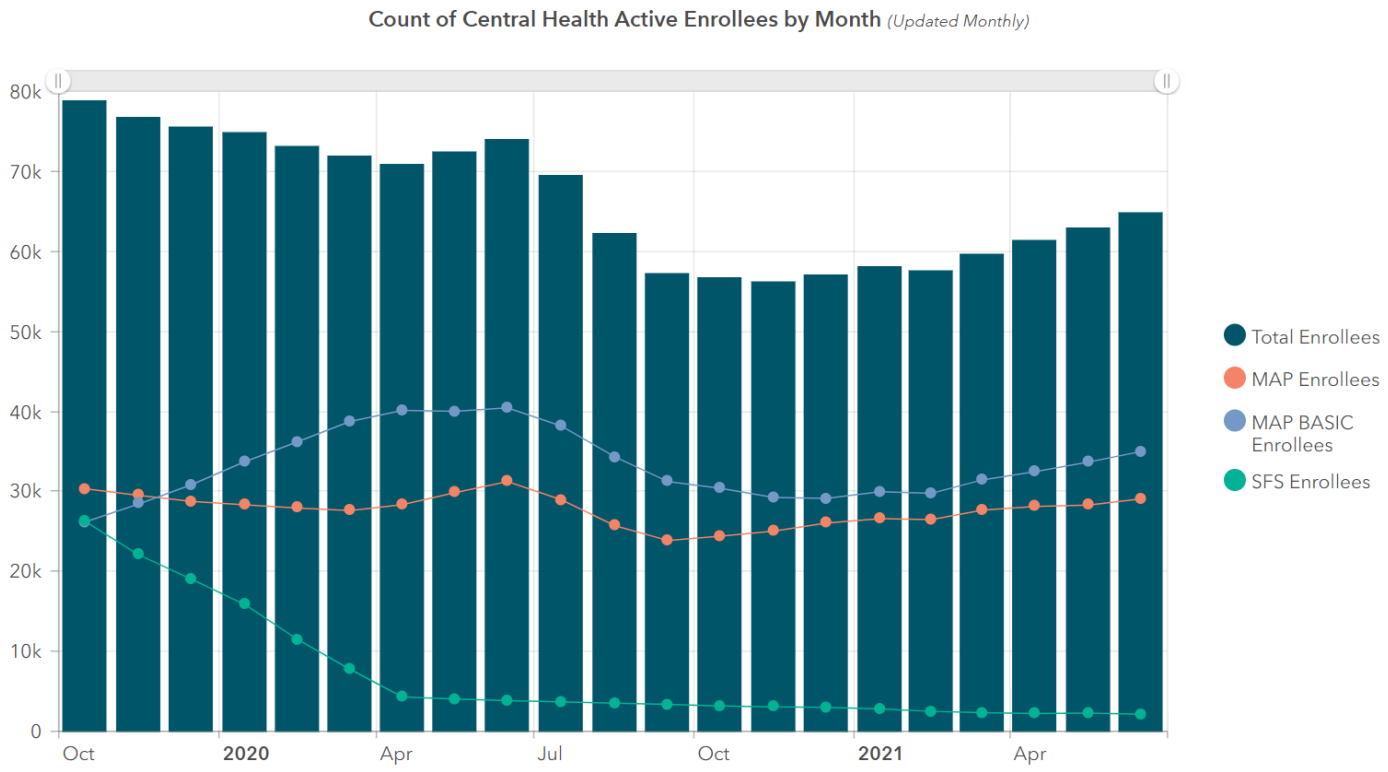
Agenda Item Meeting Date	August 4, 2021
Who will present the agenda item? (Name, Title)	No presentation
General Item Description	Quarterly update regarding Central Health reporting dashboards
Is this an informational or action item?	Informational
Fiscal Impact	N/A
Recommended Motion (if needed – action item)	N/A

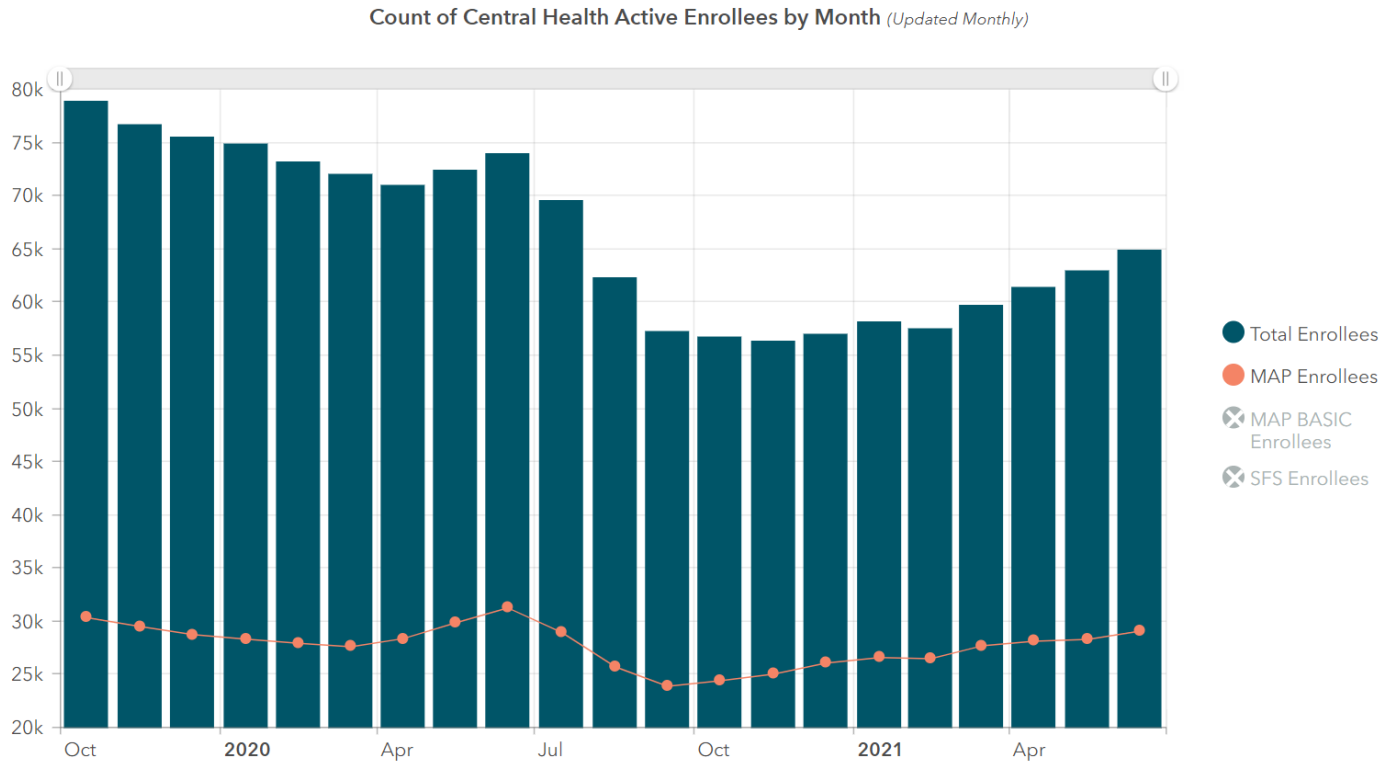
Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

1) Continue to updated and deliver public facing dashboards related to enrollment/utilization, demographics and provider network.
2) Dashboards continue to follow scheduled monthly/quarterly/annual updates
3) Enrollment and utilization dashboards undergo monthly internal HIPPA/compliance reviews

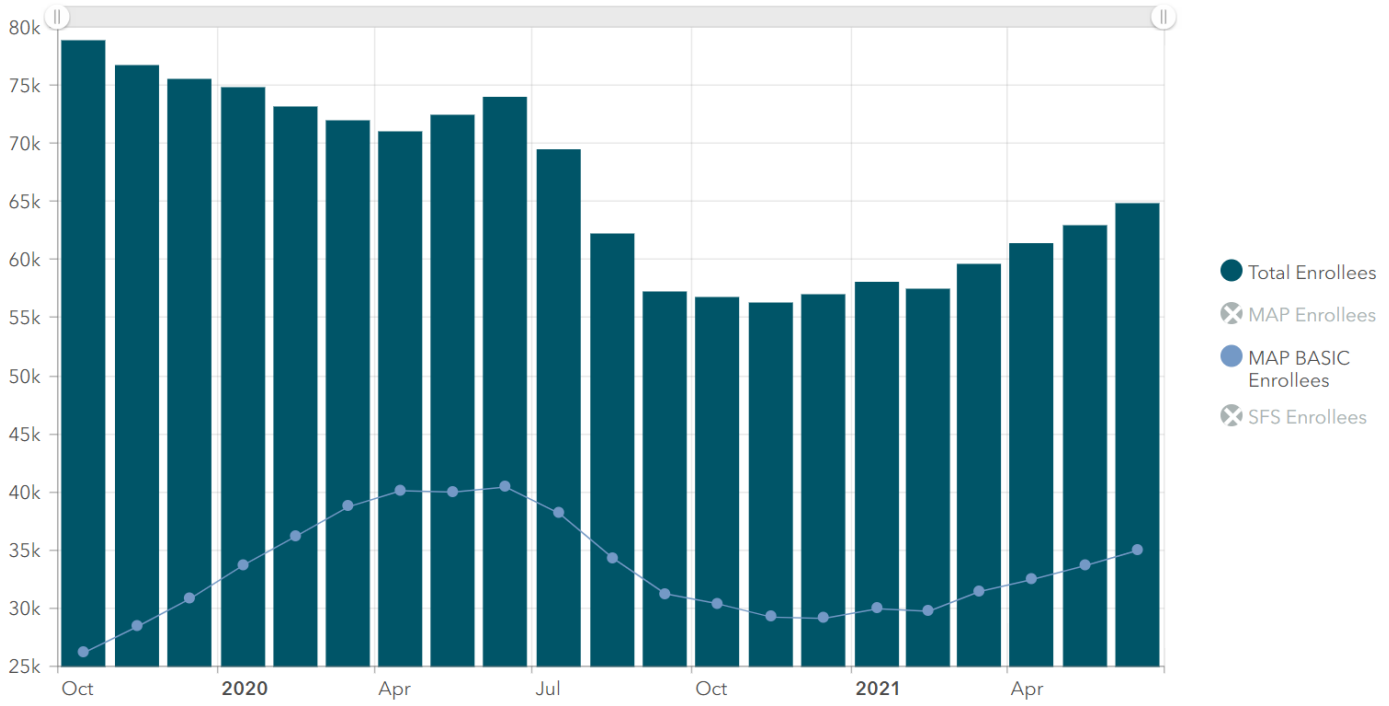
What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	Dashboards
Estimated time needed for presentation & questions?	No presentation
Is closed session recommended? (Consult with attorneys.)	No
Form Prepared By/Date Submitted:	JP Eichmiller/July 29, 2021

Central Health Enrollment and Clinic Utilization Dashboard – Count of Active Enrollees by Month





Count of Central Health Active Enrollees by Month *(Updated Monthly)*



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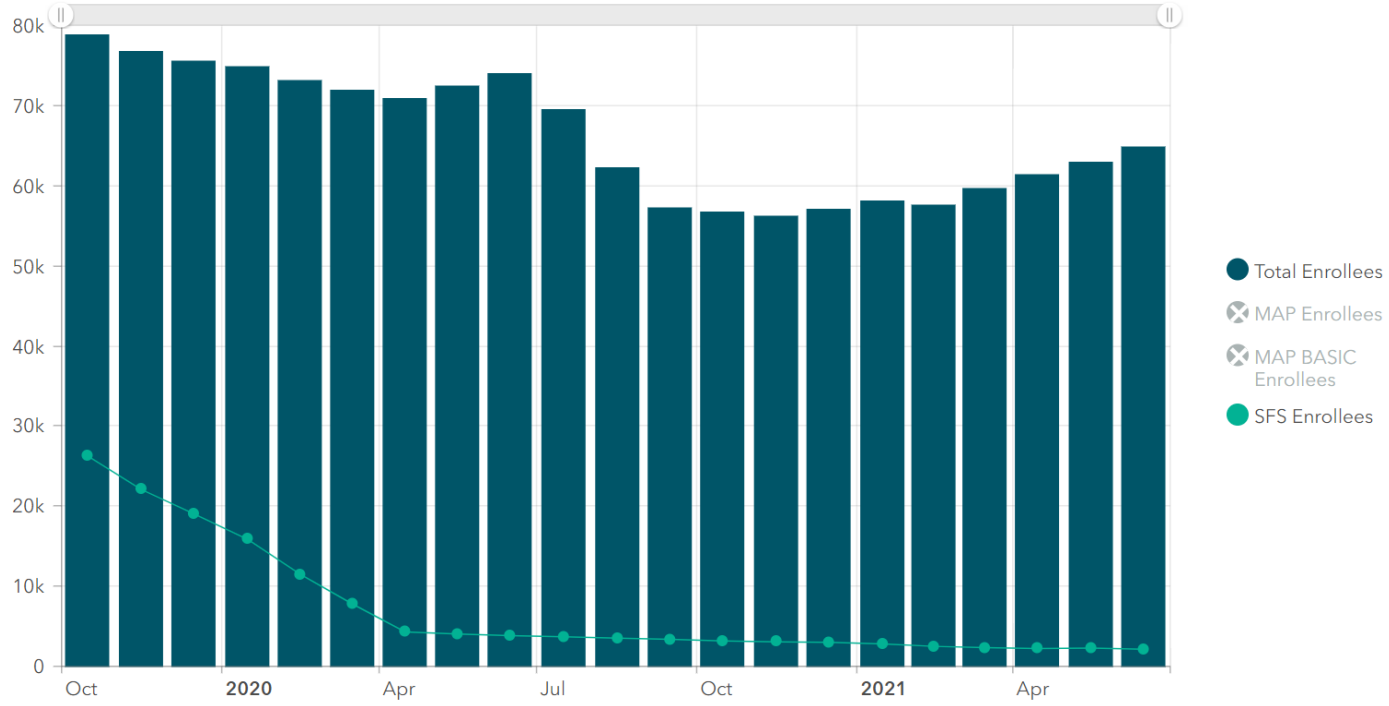
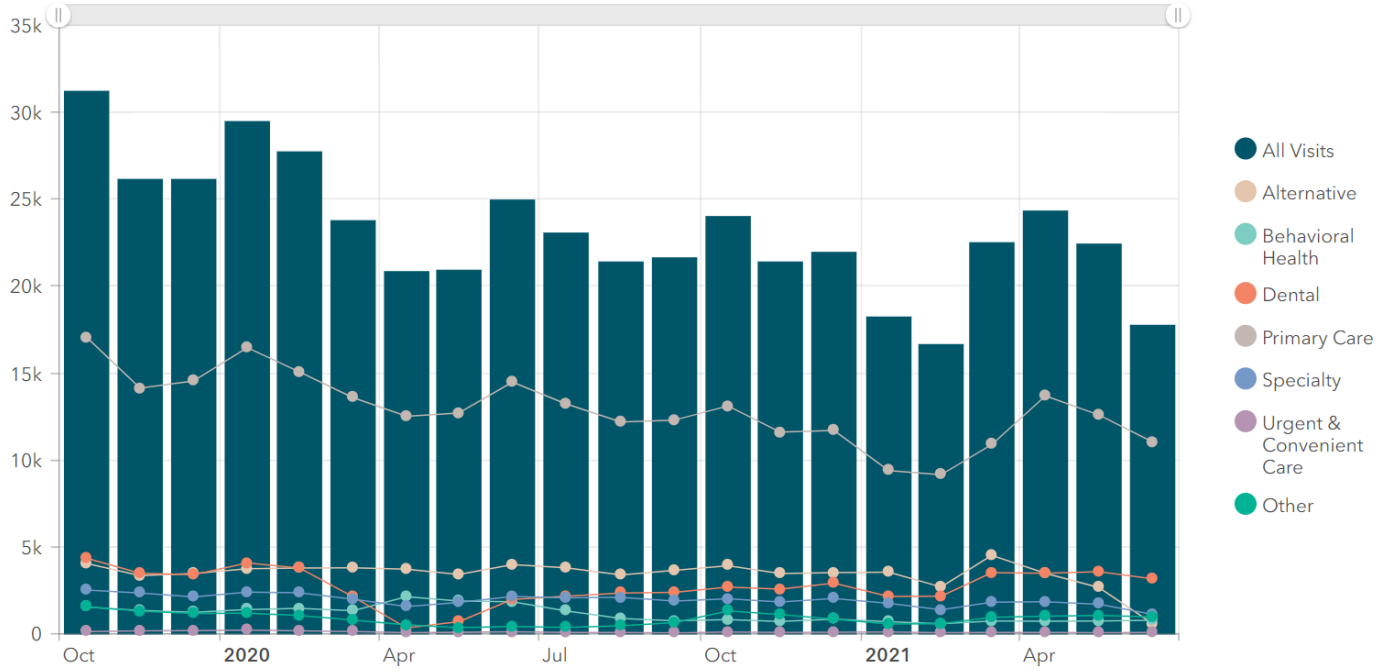


Central Health Enrollment and Clinic Utilization Dashboard – Count of Patient Visits Per Month

Count of Central Health Patient Visits Per Month *(Updated Monthly)*

Recent months may represent undercounts due to billing cycle lags



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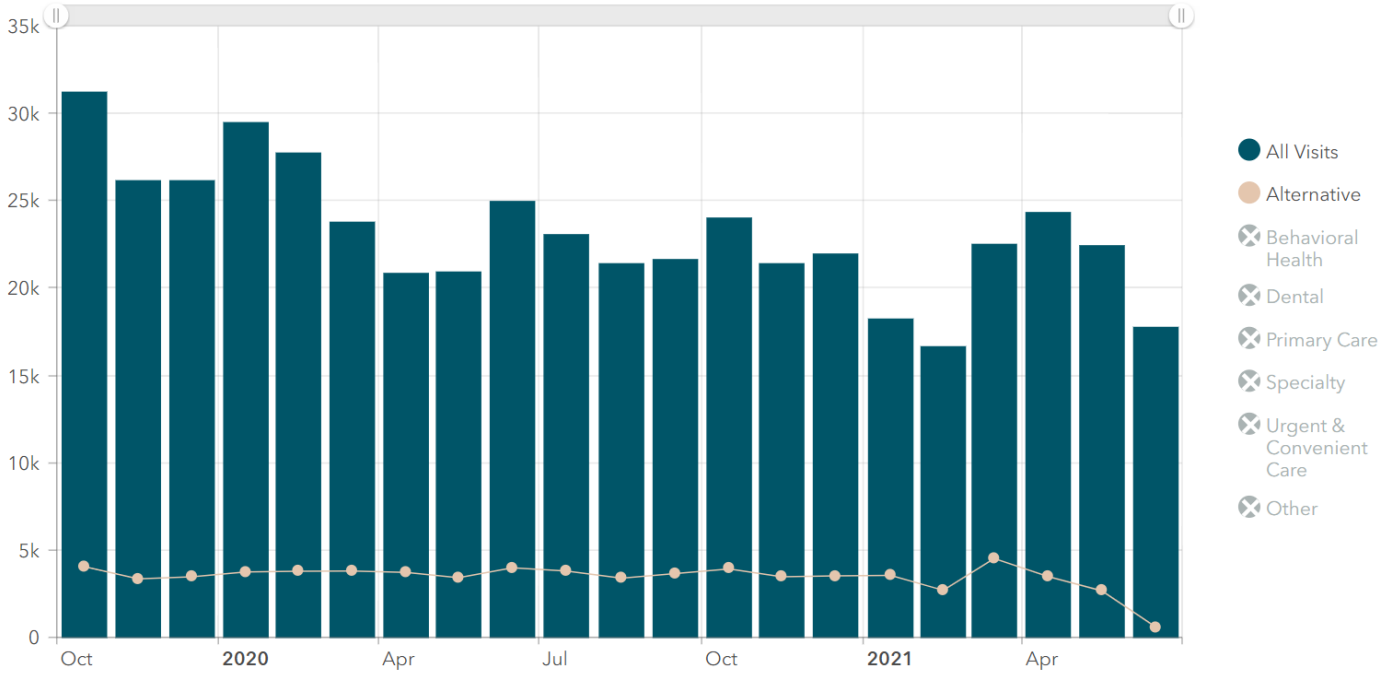

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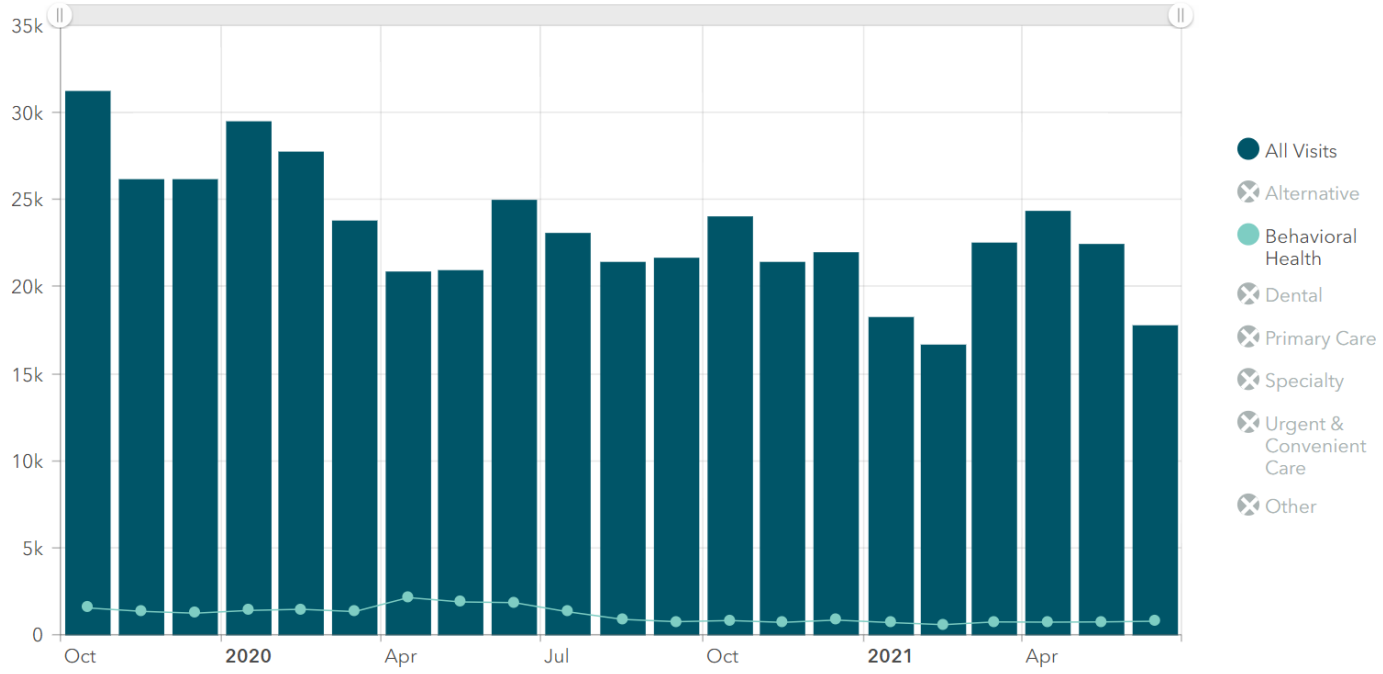

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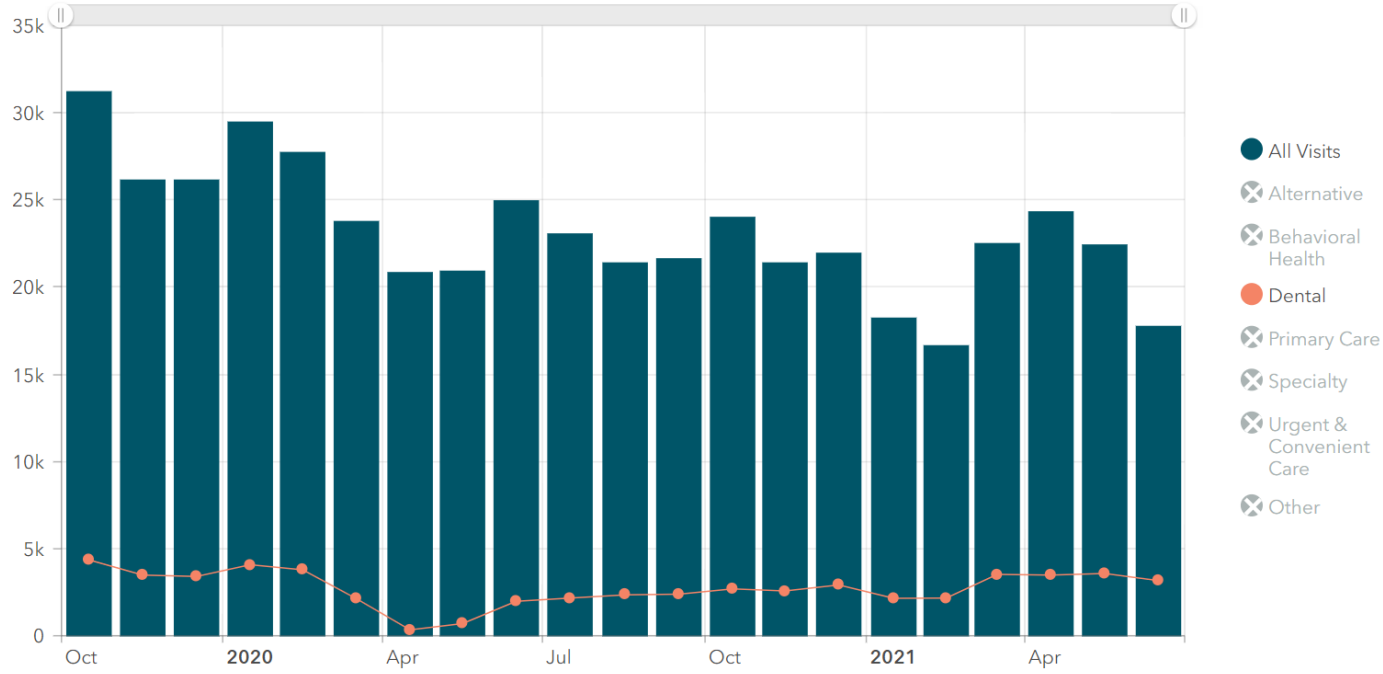

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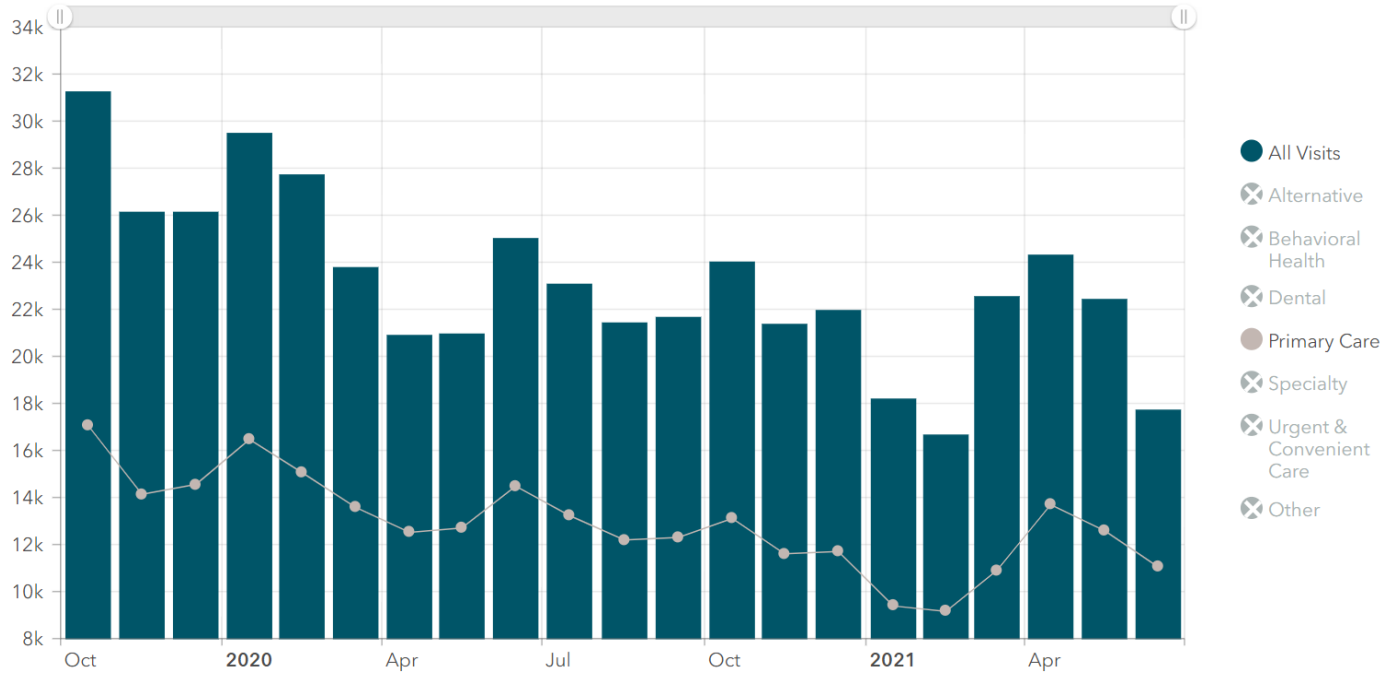

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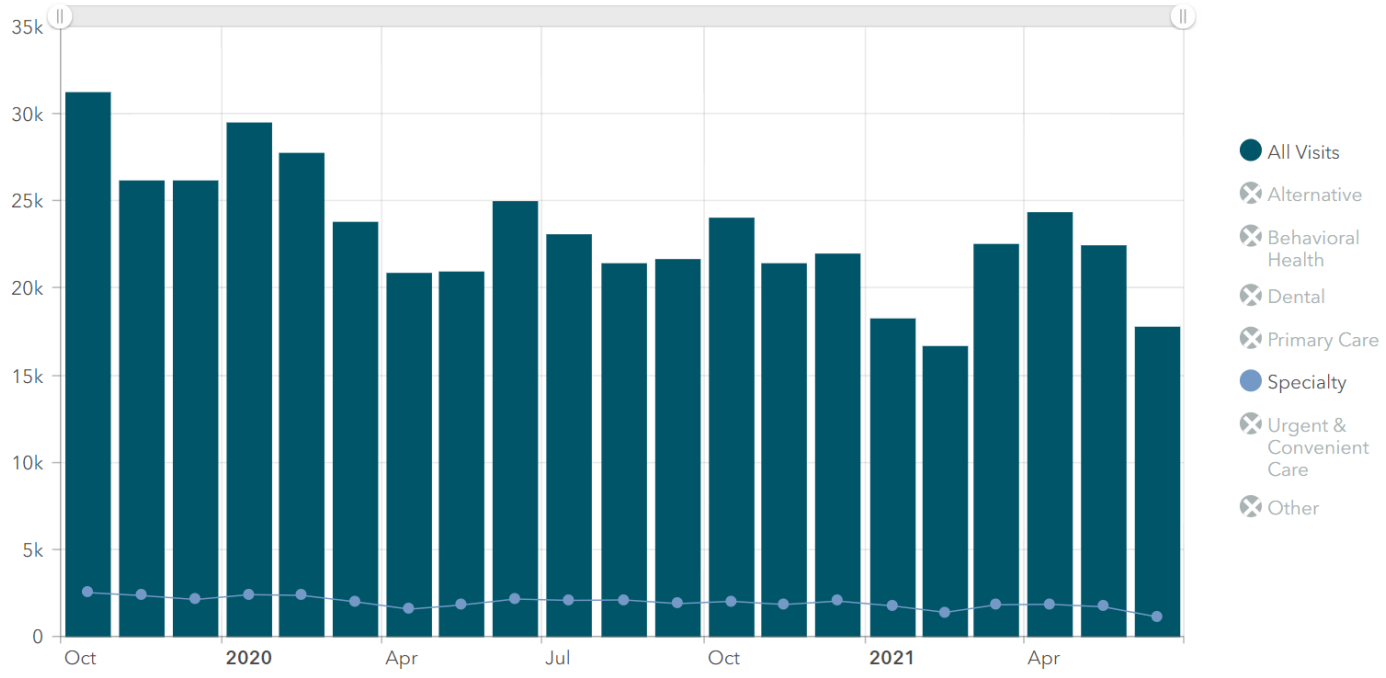

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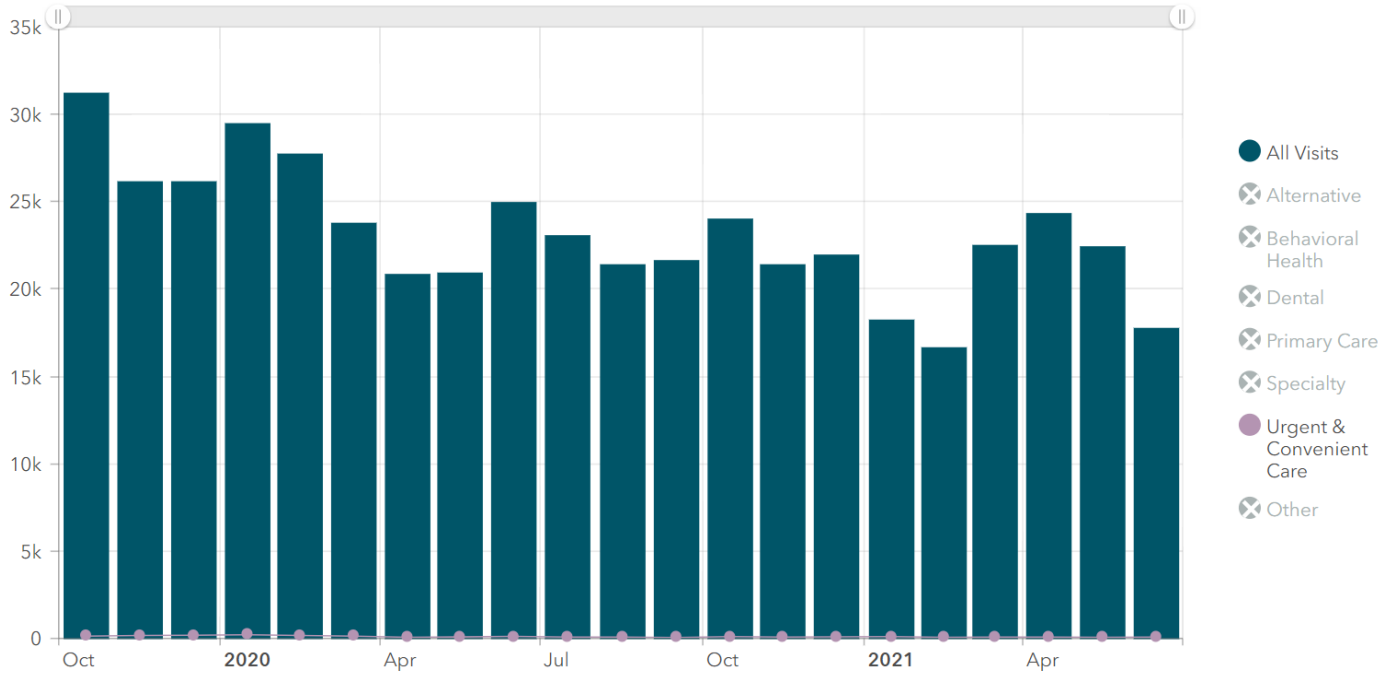

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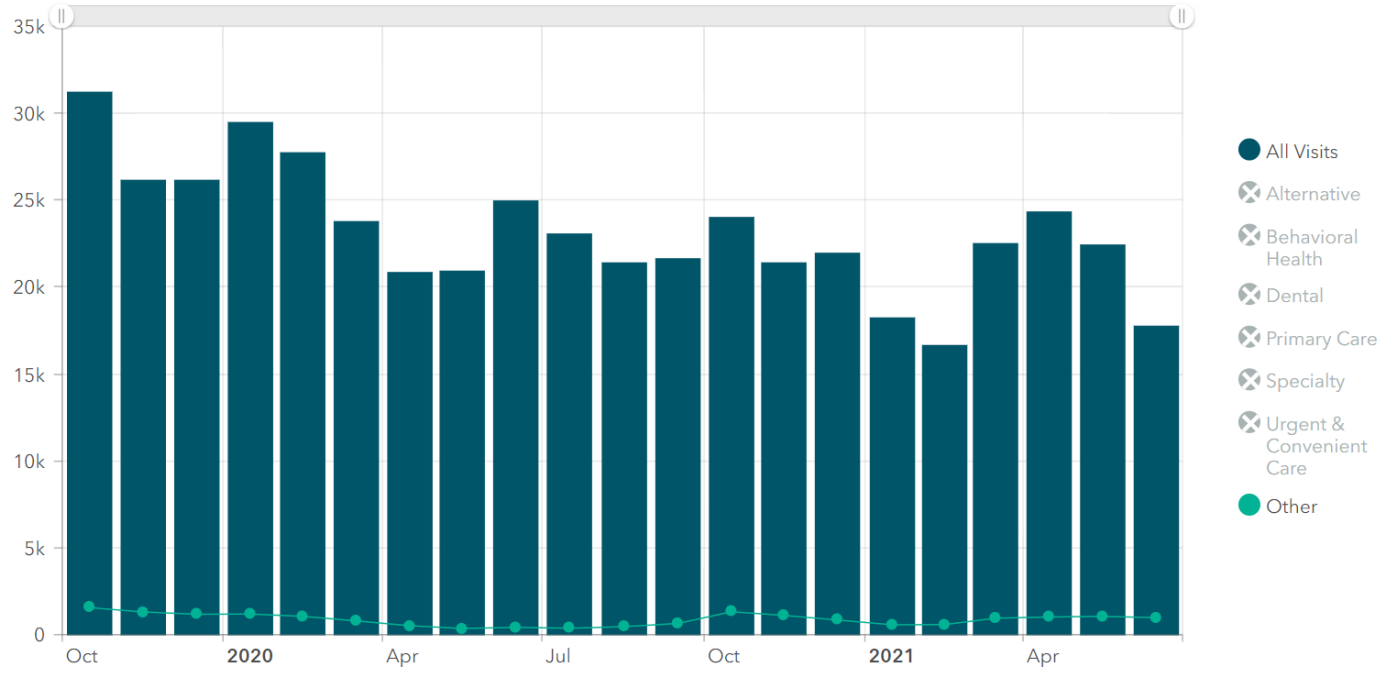
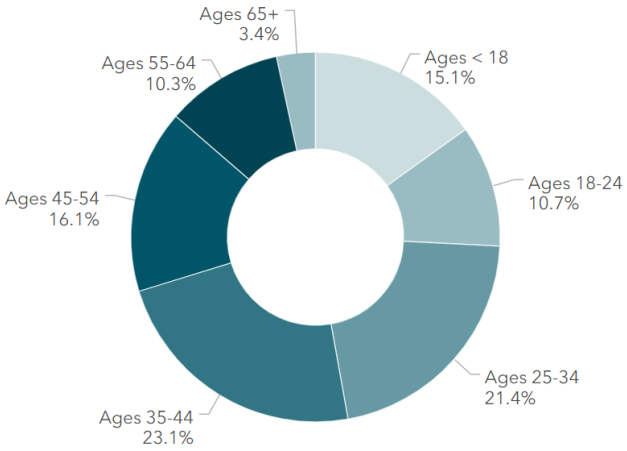


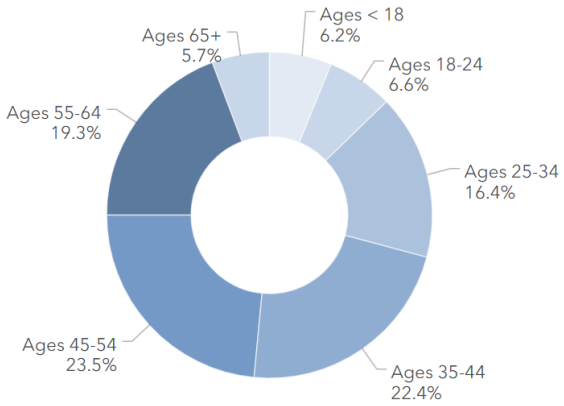
Central Health Enrollment and Clinic Utilization Dashboard – Demographic Pie Charts

Demographics - Age *(Updated Annually)*
Hover over pie-chart to see details

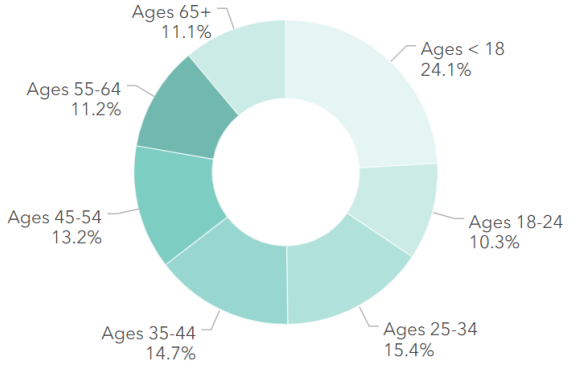
Central Health Enrolled - FY20



Central Health Visits - FY20

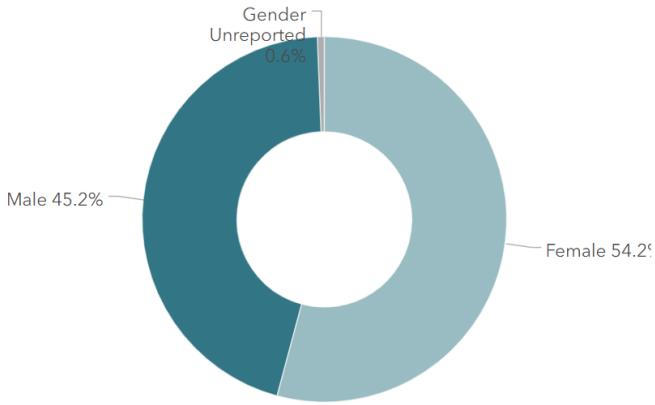


Travis County - 2020

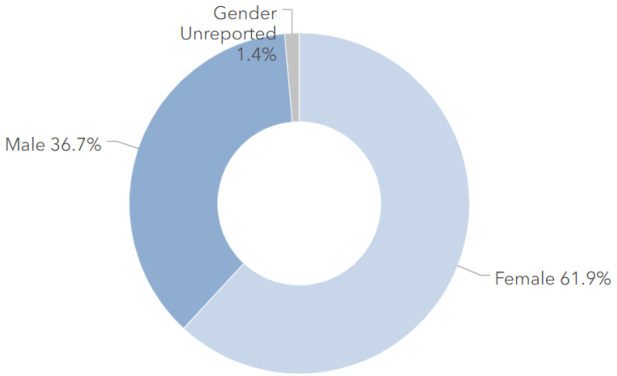


Demographics - Gender *(Updated Annually)*
Hover over pie-chart to see details

Central Health Enrolled - FY20



Central Health Visits - FY20



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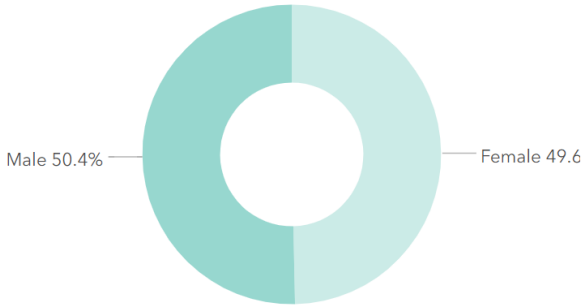
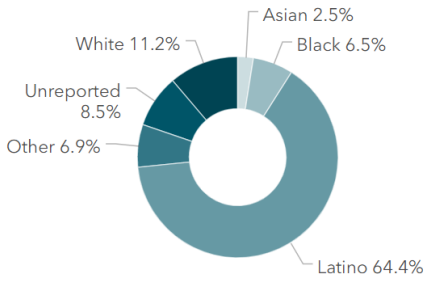
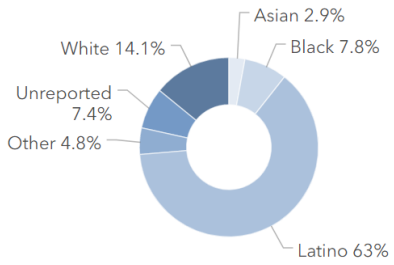


Demographics - Race/Ethnicity *(Updated Annually)*
Hover over pie-chart to see details

Central Health Enrolled - FY20



Central Health Visits - FY20



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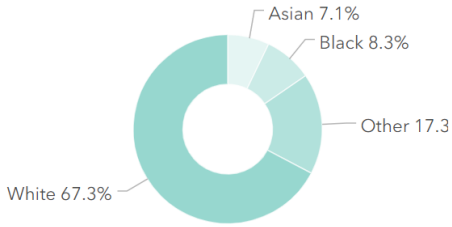

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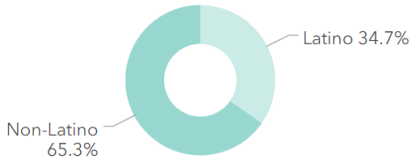

CENTRAL
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CENTRAL HEALTH BOARD OF MANAGERS

THE STRATEGIC PLANNING COMMITTEE

August 4, 2020

AGENDA ITEM 5

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