CENTRAL HEALTH

Our Vision	Our Mission
Central Texas is a model healthy community.	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.

BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

Wednesday April 10, 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 following meeting of the Central Health Board of Managers Strategic Planning Committee:
    a. March 5, 2019. (*Action Item*)

2. Receive and discuss an update on the 86th Texas Legislative Session and Central Health's legislative priorities.[1] (*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. 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. (*Informational Item*)

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

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

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CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS

STRATEGIC PLANNING COMMITTEE

April 10, 2019

AGENDA ITEM 1

Consider and approve the minutes of the following meeting of the Central Health Board of Managers Strategic Planning Committee:
    March 5, 2019.

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

On Tuesday, March 5, 2019, the Central Health Board of Managers Strategic Planning Committee convened at 5:35 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 and Manager Museitif.

Board Members present: Manager Oliver and Manager Zamora.

REGULAR AGENDA

1. **Approve the minutes of the following meeting of the Central Health Board of Managers Strategic Planning Committee:**
   a. **January 15, 2019.**

Clerk's Notes: Discussion on this item began at 5:35 p.m.

Manager Jones moved that the Committee approve minutes of the following meeting of the Central Health Board of Managers Strategic Planning Committee:
   a. January 15, 2019.

Manager Museitif seconded the motion.

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

2. **Receive and discuss an update on the 86th Texas Legislative Session and Central Health's proposed legislative priorities[1].**

Clerk's Notes: Discussion on this item began at 5:35 p.m. Ms. Perla Cavazos, Vice President of Government Affairs for Central Health, gave an update on SB 1142, submitted by Senator Watson, relating to the authority of the Travis County Healthcare District to appoint, contract for, or employ physicians. This legislation would permit Central Health to appoint, contract for, or employ physicians to manage its healthcare programs and better serve its population. Manager Jones requested a future briefing of how we got to where we are today by receiving a legislative breakdown of Central Health's history.

No action was taken on item 2.

3. **Discuss and take appropriate action on a roadmap and charter for Capital City Innovation.**

Clerk's Notes: Discussion on this item began at 5:52 p.m. Mr. Mike Geeslin, President and CEO of Central Health, gave an update about the current status of Capital City Innovation (CCI). Currently, other partners are being asked to offer up resources as additional funds, but not Central Health. Ms. Stephanie McDonald, Chief of Staff for Central Health, clarified that a decision needs to be made by Central Health's Board as soon as possible to make it possible for CCI to progress. The Committee requested nationwide data on innovation districts to better compare outcomes. The item will come back to the full Central Health Board.

Manager Valadez joined the meeting at 5:59 p.m.

No action was taken on item 3.

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

Clerk's Notes: Discussion on this item began at 6:17 p.m. Mr. Ted Burton, Vice President of Communications, Mr. Ivan Davila, Director of Communications and Community Engagement, and Mr. Mike McKinnon Communications Solutions & Innovation Manager, presented on behalf of Central Health's communications team. The team presented the branding initiative plan, future goals for the Central Health website, and grassroots outreach projects.

No action was taken on item 4.

5.   **Receive and discuss Strategy 2.6, *Cancer Care*, 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 6:34 p.m. Dr. Mark Hernandez, Chief Medical Officer & Executive Vice President for Community Care Collaborative, presented preliminary data from FY2018 broken down by population, race and gender. Dr. Hernandez also discussed future priorities, progression and prevention plans.

No action was taken on item 5.

6.   **Receive, discuss, and take appropriate action on Objective 3, *Sustainable financial model for health delivery and system strategies*, within the Fiscal Year 2019-2024 Strategic Work Plan including approaches to ensure optimal use and value of real estate assets to reduce operations and facilities costs and to generate revenue.[1]**

Clerk's Notes: Discussion on this item began at 7:49 p.m. Mr. Steven Lamp, Vice President of Real Estate and Facilities for Central Health, gave a brief presentation laying out future goals to implement a sustainable financial model for health care delivery and system strategies through 2024. This included discussions about the future plans of the Brackenridge Campus and its future use.

Manager Valadez moved that the Committee recommend that the Board amend the Central Health Bylaws to expand the scope of the Downtown Campus Committee's responsibility to include all real estate matters. Manager Oliver seconded the motion.

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

7.   **Receive and discuss the Fiscal Year 2019-2024 Strategic Work Plan milestones achieved during the first quarter of Fiscal Year 2019, including the strategy reporting schedule, strategy sheets, and related measures or dashboards.**

Clerk's Notes: Discussion on this item began at 7:54 p.m. Ms. Monica Crowley, Chief Strategy & Planning Officer for Central Health, referenced the milestone memorandums in the meeting documentation. These memorandums will be brought to the Committee quarterly.

No action was taken on item 7.

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

Clerk's Notes: Discussion on this item began at 7:55 p.m. Chairperson Greenberg announced that the next Central Health Board of Managers Strategic Planning Committee meeting will be on April 10, 2019 at 5:30 p.m., at Central Health Administrative Offices, 1111 E. Cesar Chavez St., Austin, Texas 78702.

MARCH 5, 2019 –STRATEGIC PLANNING COMMITTEE MINUTES

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 7:56 p.m.

_____
Sherri Greenberg, Chairperson
Central Health Strategic Planning Committee

CENTRAL HEALTH BOARD OF MANAGERS

STRATEGIC PLANNING COMMITTEE

April 10, 2019

AGENDA ITEM 2

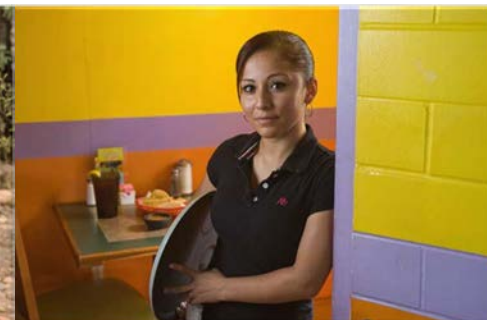Receive and discuss an update on the 86th Texas Legislative Session and Central Health's legislative priorities.[1]

Legislative Update

Central Health Board of Managers
Strategic Planning Committee
April 10, 2019
Perla Cavazos, VP of Government Affairs

Legislative Overview

- 47 days left until May 27
- Budget bill headed to Conference Committee (HB 1)
- School finance bill passes House (HB 3)
- Lt. Governor's priorities are moving out of the Senate
- Tax bills

CENTRAL HEALTH

CommUnityCare

SENDERO HEALTH PLANS

Community Care Collaborative

A Central Health and Seton partnership

Priority Concern: Tax Caps

- HB 2 by Rep. Burrows
  - Passed from House Ways and Means with a 2.5% roll back rate for cities and counties
  - Exempted from 2.5% rate: hospital districts, community colleges, EMS districts, and small taxing entities
  - Counts Certain Debt toward the roll back rate if not voter approved
  - Set for the House Floor on April 11
  - Over 160 amendments
- SB 2 by Senator Bettencourt
  - Passed from Senate Finance on February 11 with a 2.5% roll back rate with no exemptions
  - Has posted to the Senate Intent Calendar
  - Not clear if they have the votes

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Central Health Package: Physician Hiring

- SB 1142 by Senator Watson
  - Passed unanimously from Senate IGR Committee on April 1
  - Set on the Senate Local Calendar for April 11
- HB 2976 by Rep. Howard
  - Passed unanimously from House County Affairs Committee on March 26
  - Reported from committee on April 2 and on its way to Calendars Committee

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Central Health Package: LPPF

- HB 3649 by Rep. Hinojosa
  - Heard on March 21 and left pending while hospital stakeholders worked on agreement.
  - Committee substitute being drafted
- SB 1350 by Senator Watson
  - Has not been posted for a hearing, though Watson's office has been monitoring stakeholder discussions

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Other Priorities: Community Health Centers

- HB 860 by Rep. Price / SB 670 by Senator Buckingham
  - Clarifies telemedicine encounter reimbursements
- HB 3958-Sheffield/SB 1534-Menendez/HB 342-Cortez
  - 12 month continuous eligibility and streamlining Medicaid/ CHIP renewals for children
- HB 2261 by Rep. Walle / SB 998 by Senator Hinojosa
  - Physician Education Loan Repayment increase
- HB 1706 by Rep. Oliverson / SB 1666 by Buckingam
  - Telepharmacy expansion to include FQHCs
- HB 3772 by Rep. Raymond / SB 1922 by Senator Rodriguez
  - Medicaid FQHC innovation projects

CENTRAL HEALTH   CommUnityCare   SENDERO HEALTH PLANS   Community Care Collaborative   A Central Health and Seton partnership

Mental/Behavioral Health

- SB 10 by Senator Nelson / HB 1448 by Rep. Zerwas
  - 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
- Package of bills to address mental/behavioral health in a school setting (School Safety)
- Package of bills to improve post-partum coverage and address post-partum depression and substance abuse
- Package of Bills to address mental/behavioral health as part of criminal justice reform

CENTRAL HEALTH CommUnityCare SENDERO HEALTH PLANS Community Care Collaborative A Central Health and Seton partnership

Other Priorities: Women's Health

- Several bills extending Medicaid coverage
  - HB 744 by Rep. Rose
  - HB 1110 by Rep. S Davis
- Contraception
  - HB 800 by Rep. Howard requires CHIP to cover prescription contraceptives for minors with consent.
  - HB 937 by Rep. S Davis requires health plans to offer enrollees up to a 12-month supply of the covered prescription contraceptive drug at one time.
- Several maternal health bills

Other Priorities: Medicaid Waiver

- SB 2480 by Senator Kolkhorst
  - Establishes Medicaid Waiver Renewal Legislative Oversight Committee
- HCR 145 by Rep. Sheffield
  - Expresses the legislature's intent that the state negotiate an updated 1115 Medicaid Waiver with the federal government
- Budget riders

QUESTIONS?

Perla Cavazos

VP of Government Affairs

Perla.cavazos@centralhealth.net

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CENTRAL HEALTH BOARD OF MANAGERS

STRATEGIC PLANNING COMMITTEE

April 10, 2019

AGENDA ITEM 3

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

RESEARCH & ANALYSIS REPORT

Stakeholder Interviews –
Naming Branding Project
Website User Experience Research

Approach

22 Interviews

Community Members   Board Members   Elected Officials   Executives

Dates: March 11 – March 28

Key Elements Discussed:

- Role and experience with the Central Health Enterprise
- Mission and positioning of the Central Health Enterprise
- Central Health Enterprise perceptions
- Naming convention, logo designs, key messaging
- Branding components that should not be changed

CENTRAL HEALTH

Executive Summary

- **Central Health Mission and Position**
  - Health care is an undeniable human right, and Central Health is fulfilling its mission by improving the health of the community.

- **Central Health Enterprise**
  - Central Health and its affiliates are a "force" in the health care arena and is having a real impact on the access and service for patients with low income and the continuum of care.
  - The relationship between Central Health and its affiliates is confusing (or unknown) and represents a large opportunity for continued improvement.

- **Communication**
  - Stakeholders are generally open to change in order to improve transparency and clarity among Central Health and its affiliates.
  - Assess/consider the history of the existing brand names and logos to understand their meaning — in advance of making any changes
  - Understand the expected impact and implications of any name or changes on all relevant constituents (both internal and external).

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Executive Summary

- **Name Architecture (Options)**
  - Explore options that maintain Central Health, CommUnityCare and Sendero Health Plans names in some fashion.
  - Explore options that are different from current names and use a branded house or hybrid approach
  - Rename Community Care Collaborative to alleviate confusion with CommUnityCare.
- **Logos**
  - Take a fresh look at all logos and branding elements and consider how they interact with each other; create a clear visual cohesiveness.
- **Tagline**
  - Explore tagline options that would further create connection between the various enterprise affiliates.

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Enterprise Key Beliefs and Insights

CommUnityCare™

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- Essential to providing primary health care throughout Travis County
- The most "consumer-facing" brand with likely the most existing "brand equity"
- The organization suggests opportunity for (a) continued service and reputational improvement, (b) further growth and expansion, and (c) greater community and citizen awareness

- Serves primarily as a funding role and catalyst for changing health care delivery
- Potentially some brand liability in strong patient association with Central Health (i.e. the "Parkland" of Austin)
- Public and stakeholder confusion on purpose and integration with other organizations, and similarities with Central Health function

- Provides health care insurance access through the ACA, providing patients more health care provider options vs. MAP
- Challenging to generate financially viable plan forward
- Confusion on how its integrated with CH, as offers plans outside of Travis County as well
- Potentially some liability or misunderstanding that it can be accessed outside of just Travis County

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Next Steps

- Website audit (complete)

- User testing (complete)

- **Wireframe development**

- **Template creation and design**

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Stakeholder Interviews

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Branded House

Hybrid House

Mission and Position

Four key themes about Central Health and its mission, positioning and purpose:

1. Access to care

2. Funding

3. Leadership

4. Simple in mission — complex in execution

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Central Health Enterprise

Overall, stakeholders have clear views on Central Health, its role and the lack of clarity that exists within the enterprise and amongst the affiliates.

- Central Health is the hub; affiliates are the spoke.

- Interconnectivity is not clear.

- Public may not need to understand

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Central Health Enterprise

What words come to mind when you think about Central Health and its affiliates?

"Who are we" *"Community"* *"Health"*

"Payment" *"Wellness"*

"Who are They"

"Practice" *"Income"* *"Cost"*

"Fiduciary" *"Accountable"*

"For the People" *"What do they do"*

"Each entity provides their own services and collaborates with each other to provide healthcare to the community. It would be very wise for the public to have much more information on how all of the entities work together and are a part of Central Health."

- Community Member

"General public has no interest in understanding how the orgs are interconnected, just need job of taking care of indigent patients done."

- Board Member

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Communication

CENTRAL HEALTH

CommUnityCare

Name

Stakeholders generally feel positive about the Central Health name and that it should stay relatively consistent as it has been around for many years.

- The inclusion of " Travis County" in the original name provided more clarity and transparency to the public.
- Lack of clarity around what exactly the name "Central Health" means and does.
- Sounds like a "governing body" versus a health care district.

Logo

Stakeholders feel that there is plenty of opportunity to improve the logo.

- Unsure of the maroon and blue origin and significance
- Lacks meaningful connection with the affiliates or its mission.

Name

Stakeholders generally feel that CommUnityCare has the "clearest" name of all of the affiliate organizations. However, there is still opportunity to provide deeper clarity and meaning.

- Sufficiently explains what the organization provides to the public.
- Each clinic has a different name (mostly around geography) which creates confusion.
- "Clinic" should not be used, as negative connotation.
- Inclusion of "My" could provide some additional value.

Logo

Stakeholders feel that there is plenty of opportunity to improve the logo.

- Multiple capital letters are confusing.
- Unsure orange and the blue origin and do not understand the art mark.
- Some think there might need to be a connection to Central Health.

Communication

Name

Stakeholders overwhelmingly feel that the Community Care Collaborative name is too similar to CommUnityCare, which creates more confusion for patient and general populations.
- Feel that Community Care Collaborative is a better candidate to change its name (versus CommUnityCare)
- Name should reflect that the org is a funding vehicle.
- Word "collaborative" and what it signifies not well-received.

Logo

Stakeholders feel that there is plenty of opportunity to improve the logo.
- Art on the left is confusing and unclear of what it signifies
- Unsure of colors significance or origin
- Descriptor line under logo is helpful with making connection

Name

Stakeholders feel Sendero has some equity and awareness in the marketplace and is probably sufficient as the name
- Does the name have the same equity to non-Spanish speaking community members
- How many people know the meaning of Sendero "path" or "way" and if that is really important or not

Logo

Stakeholders feel that there is plenty of opportunity to improve the logo, although cautious about losing consumer equity with a change.
- Unsure the green and blue significance and origin
- Lacks connection with Central Health, CommUnityCare and Community Care Collaborative
- White pathway is interesting, but not understood

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"Would make things much easier, if visually the names and logos are similar. More uniform under one umbrella"

– Board Member

"Central Health has been around since 2004, and its taken time to build with the community. Don't change anything, instead, build on what we have built"

– Elected Official/ Community Member

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Future State

Overall, stakeholders have clear views on Central Health, its role and the lack of clarity that exists within the enterprise and amongst the affiliates.

- Nothing "sacred."

- Clear purpose and target audience.

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Future State

What is the one thing Travis County residents need to understand about the Central Health Enterprise?

"CH can help you, your family, your friends or your neighbors"

"The tax dollars are being managed well and are going to a great cause"

"Access to all women and men"

"CH is inclusive and not just for poor people"

"Finite Budget that comes from property taxes"

"About the enterprise, affiliates and all the partners"

"Residents pay for CH with their tax dollars"

CENTRAL HEALTH

"Every resident should understand the good that Central Health is doing by providing the services and care to the community. They are doing good without many even knowing it. People invest when there is social good, and when there is value. People need to understand how the enterprise and its partners work together."

- Board Member

"Central Health is managing residents' property taxes for health care very prudently, and is generating a great outcome with this investment."

– Elected Official/ Community Member

Next Steps

- Peer Research (complete)

- Stakeholder Interviews (complete)

- Creative Brief Development

- Name Architecture Concepting

- Focus Groups

- Implementation Plan

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Website UX Process

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Discovery & Testing

Vision: Help patients easily find services and understand the Central Health Enterprise.

- Website Audit & Analysis
  - Website Review
  - Website Inventory
  - Analytics Analysis
- User Testing

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A Solid Foundation

"Central Health is very professional in the use of its website and printed materials to help communicate with its constituents."

- Germane Solutions Performance Review Finding (Jan. 2018)

Key Findings

- Search is key element
- Users expect Google-like search function
- Users expect to find Spanish in the top right corner of the site on every page
- MAP information generates majority of traffic

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Analytics: Language (All)

Browser Language	Users (81,570 total)
English-US	74,837 (92.05%)
English-Canada	1,135 (1.40%)
Spanish-US	1,082 (1.33%)
Spanish-Latin America	800 (0.98%)
Spanish-Latin America & Caribbean	737 (0.91%)
English-Great Britain	704 (0.87%)
French	294 (0.36%)

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Analytics: Language (Texas)

Browser Language	Users (74,580 total)
English-US	49,703 (66.39%)
English-US	989 (1.32%)
Spanish-Latin America	722 (0.96%)
Spanish-Latin America & Caribbean	632 (0.84%)
Spanish-Spain	107 (0.14%)
English-Great Britain	98 (0.13%)
English	62 (0.08%)

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Analytics: Language (Austin)

Browser Language	Users (52,629 total)
English-US	30,793 (55.02%)
Spanish-US	406 (0.73%)
Spanish-Latin America	363 (0.65%)
Spanish-Latin America & Caribbean	220 (0.39%)
Spanish-Spain	61 (0.11%)

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PATIENT POPULATION LANGUAGES

PREFERRED LANGUAGE	TOTAL CCC PATIENTS = 87,910	% of Total
1. Spanish	43,213	49%
2. English	38,769	44%
3. Unknown	4,679	5%
4. Other	527	1%
5. Vietnamese	255	<1%
6. Arabic	171	<1%
7. Nepali	110	<1%
8. Burmese	82	<1%
9. Mandarin	61	<1%
10. Sign Language	43	<1%

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User Testing

6 users can uncover 80% of common usability problems:

- Can they complete the task?

- Does navigation support them?

- Do they understand terminology?

- What are their overall impressions?
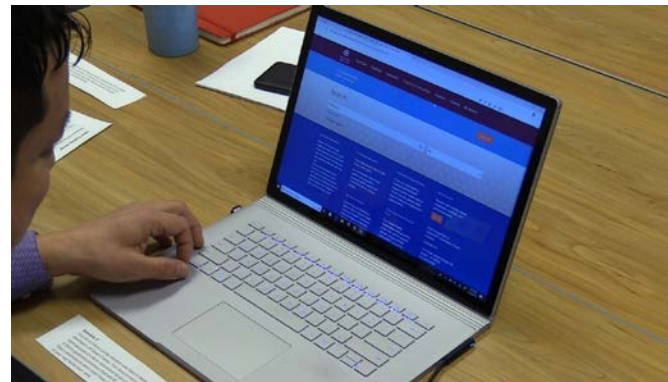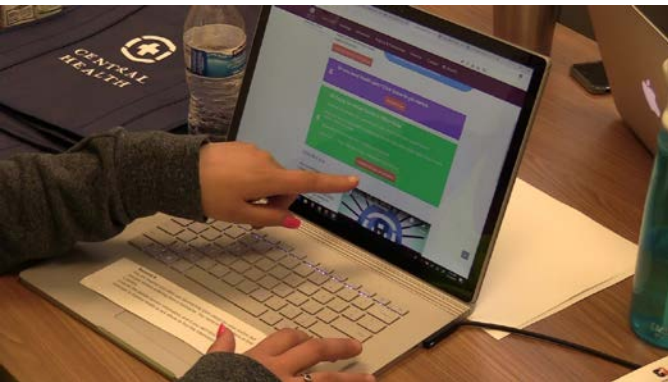
Design Recommendations

- Focus on search
- Make calls-to-action and navigation terminology clear and concise
- Include navigational clues
- Arrange navigation to focus on user needs
- Make Spanish language available on every page (Some exceptions)
- Design templates to help users see and identify information by scanning

Spanish-language Site Recommendations

Past

- CentralHealth.net was designed as English only.
  - Not patient-focused; mainly used to archive documents and data.
- The stand-alone MAP and Eligibility Services websites bilingual since launch in 2012.
- Sites absorbed by CentralHealth.net, Spanish content remained accessible.

Future

- Complete Spanish version of CentralHealth.net featuring consistent, prominent toggles to switch between languages
- Additional Spanish-translated materials will include press releases and announcements, and when possible uploaded files such as reports.
- Unfeasible to retroactively translate all archived materials (15 years of meeting agendas, packets, minutes)
- We can provide on-demand services if requests for alternate versions of archived materials are received.
- All new content and features added to the site will be available in Spanish as well as English.

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Spanish-language Site Recommendations

Impact

- Employ a contractor to translate existing untranslated content, which will need to be audited, translated, and verified.

- Relaunch the website with translated health care-related content

- Content still requiring translation will be prioritized and made available as soon as possible.

- On an ongoing basis, Central Health team with contractor support will translate most new content to Spanish.

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Design Example

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Design Example

Questions

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CENTRAL HEALTH BOARD OF MANAGERS

STRATEGIC PLANNING COMMITTEE

April 10, 2019

AGENDA ITEM 4

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

CENTRAL HEALTH

MEMORANDUM

To: Central Health Board of Managers Strategic Planning Committee
From: Megan Cermak, Manager of Community and Population Health Strategy
CC: Mike Geeslin, President and CEO; Monica Crowley, Chief Strategy and Planning Officer
Date: March 26, 2019
Re: Item 4: Receive and discuss an update on asset mapping related to the social determinants of health. *INFORMATIONAL ITEM*

Overview:
At our February 4, 2019 Population Health Workshop, the Managers expressed interest in a comprehensive inventory/asset map of social services serving Travis County residents, as well as the funding sources for those services. This research supports Strategy 1.2 of the Central Health Strategic Work Plan: Population Health-Social Determinants. This memo serves as an update on this project.

Update:
The development of a comprehensive inventory and asset map of social services in Travis County, including projects within the Central Health Enterprise organizations, is underway. 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.

Next Steps:
There is no action required for this item. The findings from this research will be presented at a subsequent meeting in Quarter 3 of this Fiscal Year 2019 at a Strategic Planning Committee meeting.

CENTRAL HEALTH BOARD OF MANAGERS

THE STRATEGIC PLANNING COMMITTEE

April 10, 2019

AGENDA ITEM 5

Receive and discuss policies and practices from 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.

CENTRAL HEALTH

MEMORANDUM

To: Central Health Board of Managers Strategic Planning Committee
From: Megan Cermak, Manager of Community and Population Health Strategy
CC: Mike Geeslin, President and CEO; Monica Crowley, Chief Strategy and Planning Officer
Date: March 26, 2019
Re: Update on policies and practices from major urban Texas hospital districts specific to the development and delivery of future programs and services with non-clinical partners

Overview:

The Central Health Board of Managers Strategic Planning Committee has expressed interest in equitable policies and practices for procurements and partnerships in place at major urban Texas hospital districts. This research will support Strategy 1.2 of the work plan: Population Health-Social Determinants.

Update:

Staff are conducting research 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.

Our 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.

Next Steps:

The next phase of this research is to include Enterprise and community partners policies. In addition to procurement, we will inquire about the elements of the proposed resolution regarding the following areas:

- Policies that require the workforce reflecting the community served

- Required experience in geographic area being served

The complete findings will be presented at the May or June Strategic Planning Committee meeting.

The following questions are being asked of the other four major hospital/health districts in Texas and Enterprise and community partners:

1. Do you have any procurement policies regarding:
    a. Living Wage
    b. Health Benefits
    c. Cultural and Linguistic Competency
    d. Workforce 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. A particular structure that you require? Or minimum requirements?

The responses are recorded in the table below. Additional research is conducted to find any policies that have been enacted by cities, counties, and health districts across the country. Those results are still being collected and will be provided to the Board in the final report.

Hospital System	Contact(s)	Date of Interview	Response
Parkland Health & Hospital System (Dallas)	Vidya Ayyr, Oversees Parkland's SDOH initiatives;	3/22/2019 via phone interview	Parkland does not fund other CBO's for SDOH; they work in partnerships, specifically through collective impact grants. Does take into consideration MWBE while contracting for other services.
Harris Health System (Harris County)	Amanda Callaway Associate Administrator	3/29/2019 via email	All procurement is handled by Harris County; The standard RFP document also does not address equity issues specifically. Harris Health has the option to include is if needed, but it is addressed on a case by case basis.
University Health System (San Antonio)	Researching contact		
United Medical Center (El Paso)	Researching contact		

CommUnity Care	Deborah King, Director of Population Health	Contacted, Interview pending	
Dell Medical School	Minnie Kahlon, Vice Dean and Jayne Nussbuam, Sr. Director of Operations	Contacted, developing HUB policies, Interview pending	
Planned Parenthood	Sarah Wheat, Chief External Affairs Officer	Contacted	

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

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   Abigail Aiken, Secretary
Central Health Board of Managers   Central Health Board of Managers

CENTRAL HEALTH BOARD OF MANAGERS

THE STRATEGIC PLANNING COMMITTEE

April 10, 2019

AGENDA ITEM 6

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

MEMORANDUM

To: Central Health Board of Managers
From: Lisa Owens, VP Financial Operations, Central Health
        Sarah Cook, Senior Director of Strategy, Communications & Population Health, Community Care Collaborative
        Miriam Rosenau, Project Manager, Community Care Collaborative
Cc: Jonathan Morgan, Executive Director, Community Care Collaborative
        Mike Geeslin, President & CEO, Central Health
Date: April 5, 2019
RE: Agenda Item #6: Receive and discuss Strategy 2.5, *Brain Health*, within the Fiscal Year (FY) 2019-2024 Strategic Work Plan, including the strategy reporting schedule, strategy sheets, and related measures or dashboards – INFORMATIONAL ITEM

CCC Contract with Integral Care

The CCC maintains and monitors the Integral Care Contract that transitioned from Central Health in FY17. Over the course of three years we have worked collaboratively with Integral Care to update and improve our contract, becoming more efficient, making payment based on outcomes and performance, serving more patients with the same resources and making resources available to treat patients at lower levels of acuity. This structure gives Integral Care flexibility to place patients in the least restrictive care setting that is appropriate for their clinical presentation. Our FY19 contract provides $8m in funding for three types of intensive psychiatric care for uninsured patients under 200% FPL in Travis County: inpatient psychiatric care; short-term emergency psychiatric care; and crisis residential services.

Inpatient Psychiatric Care through a Network of Hospitals
Through the contract with the CCC, Integral Care provides utilization management for uninsured patients, maintains a network of inpatient psychiatric facilities, and provides navigation services post-discharge. The contract utilizes a case rate to ensure continuity of care, and requires submission of quarterly reports that detail a number of metrics relating to Inpatient Psychiatric care contract performance, including:
- Unique Clients Served Overall
- Unique Clients Served by navigation
- % of clients provided with 7 days of medication upon discharge
- % of patients engaged in a Behavioral Health Home 3 months Post-Discharge
- Wait time at the Emergency Department for UM authorization for admission

Within the first quarter of FY19, 287 CCC patients were served through this portion of the contract. Patients are served through this contract at Austin Oaks, Austin Lakes, Seton Shoal Creek, and Cross Creek Hospitals.

Crisis and Extended Observation Services at the Judge Guy Herman Crisis Center
Beginning in FY18, the CCC redistributed funds within the Integral Care Contract to reimburse for uninsured patients accessing the Judge Guy Herman Crisis Center that opened in August 2017. The Herman Center offers short-term emergency psychiatric crisis care, including stabilization,

assessment and treatment in a secure, protected residential environment for adults experiencing mental health crises. In the first quarter of this year, Integral Care has served 98 CCC patients with these Extended Observation Services.

Crisis Residential Services at The Inn and the Respite Recovery Center

Crisis Residential (sometimes referred to as Crisis Respite) provides a lower-acuity treatment setting for patients who might otherwise require inpatient psychiatric treatment. In the first quarter of FY19, 81 CCC patients were served by Crisis Residential services.

Planning with Integral Care

The CCC and Integral Care are in frequent communication about this contract and other care continuum issues. We plan to meet in June to discuss broad planning initiatives for community behavioral health.

Behavioral Health in the Primary Care Setting

Primary Care Contracts

Within the base primary care contracts with providers, the CCC has expanded reimbursements in the past few years to include Social Workers, Behavioral Health Counselors, Group Visits, and Psychiatrists. Utilization of these behavioral health services continues to rise. In FY18 , for MAP and Sliding Fee Scale, among other provisions of service:

- CommUnityCare provided 917 telephonic behavioral health encounters,11,669 in-person behavioral health encounters, and 1642 psychiatrist encounters
- El Buen Samaritano provided 301 encounters with a psychiatrist
- People's Community Clinic provided 548 behavioral health encounters

DSRIP Program

The CCC selected the four quality measures within the "Integration of Behavioral Health in a Primary or Specialty Care Setting" option in the current DSRIP program. In CY2018, CCC provider partners achieved targets for the following measures:

- Screening for Clinical Depression and Follow-Up Plan
- Follow-up Care for Children Prescribed ADHD Medication (P4R)
- Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

While the CCC saw significant improvement, we did not meet the target for the most difficult measure, Depression Remission at Six Months, which tracks whether patients' self-reported depression, measured by the PHQ-9, has fallen below a fixed score. This measure does not take into account the magnitude of depression remission required or achieved by the patient, but looks for patients to score below a certain threshold.

Medication Assisted Treatment

In 2017, the CCC contracted with Integral Care to launch a Medication Assisted Treatment (MAT) program for MAP patients with Opioid Use Disorders (OUD). Since program launch, 183 patients have been initiated into MAT, in which medication (buprenorphine) is used in combination with counseling and behavioral therapies for the treatment of substance use disorders. There is a

supported and supervised induction period where buprenorphine is first provided to the patient, and frequent visits with counselors and physicians to ensure patients are progressing in their treatment. A value-based contract supports this program and focuses on patient retention over a 12 month treatment period.

SIMS Foundation
The CCC continues its partnership with the SIMS Foundation, which provides mental health and substance use recovery services for musicians, music industry professionals, and their families. Our $485,000 contract provided 350 persons with 6,618 visits in FY18; in the first quarter of FY19, 262 persons were provided with 2,277 visits.

Planning Activities

Population Analysis
Behavioral health conditions are likely under-diagnosed and under-treated in the CCC population. Behavioral health is the number one unmet medical need in the region according to the stakeholders surveyed for the Regional Healthcare Partnership 7 2017 Community Needs Assessment.

In a recent twelve-month period (8/1/2016 to 7/31/2017), 15% of MAP and 8% of SFS patients had an encounter with a behavioral health or substance use diagnosis, nearly 11,000 patients in all. However, national population health research indicates that about 1 in 5 adults experience a behavioral health need each year (18.5%). Since behavioral health conditions are likely under-diagnosed in the population, additional analysis should be conducted to understand the true extent of the need in the population; this additional analysis could also help us understand whether certain parts of the population are not well served by the current system.

Alternative Payment Models and the CCC's Role in Service Funding
Nationally, providers, patient advocates and payers are working to adopt integrated behavioral & physical health care models for patients with all levels of behavioral health needs. Payers are interested in using alternative payment models for integrating behavioral health into the primary care space and vice versa, although few are in operation.

Alternative payment models (APMs) for behavioral health care are relatively uncommon; however, some payers are experimenting. CMS held summit on behavioral health payment models in Sept 2017. At the meeting, the Scattered Good Foundation released a white paper summarizing current models and potential developments. Examples of APMs for behavioral health include:
- Global payments for integrated health homes (example: Rocky Mountain Health Plan), which are often risk adjusted, and include quality incentives or shared savings.
- Specialized case rate for patients with SMI and a history of long-term psychiatric hospitalization, where the behavioral health provider is at risk for subsequent hospitalizations over long period of time.
- Bundled payments, similar to bundled payments for physical health conditions (e.g. managing patient during transitions of care and assuming all costs incurred during the period).

In addition, we will need to consider a few overarching questions about the CCC role in the healthcare payment ecosystem when deciding how to approach behavioral health care:

- How do we expand system capacity with any new or different investments, rather than supplanting existing funding streams?
- How do we balance funding "core" services like counseling, psychiatrist services, and inpatient care with valuable "wrap-around" services, like peer support, and support groups?

The CCC will consider these questions and others during the last two quarters of FY19.

CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS

THE STRATEGIC PLANNING COMMITTEE

April 10, 2019

AGENDA ITEM 7

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

MEMORANDUM

To:	Central Health Board of Managers
	Mike Geeslin, CEO & President
From:	Monica Crowley, Chief Strategy & Planning Officer
	Vanessa Sweet, Strategy Manager
Date:	April 10, 2019
Re:	Agenda Item 6: Receive and discuss the Fiscal Year 2019-2024 Strategic Work Plan milestones achieved during the second quarter of Fiscal Year 2019, including the strategy reporting schedule, strategy sheets, and related measures or dashboards.

Overview

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.

Action Requested

None

MEMORANDUM

To:	Mike Geeslin, CEO & President
From:	Larry Wallace, Chief Administrative Officer
Date:	March 29, 2019
Re:	Q2 Milestone Review for Strategy 1.1 Service Location & Care Delivery

Objective:

1 - Develop and execute health care delivery strategy based on people and place

Milestone: 1.1G

Update Eastern Travis County Collaborative

Milestone Status: Ongoing

Deliverable: (attachment, if applicable)

Meeting presentation, agenda and minutes

Progress Report:

Central Health convenes a multidisciplinary coalition of community-based health care and service providers called the Eastern Travis County Health and Wellness Collaboration. The coalition's purpose is to address the health care challenges faced by residents of Eastern Travis County. The coalition began in 2015 with only Travis County HHS and Austin Public Health. The coalition that meets monthly has expanded to 22 organizations. In February, the coalition participated in a facilitated joint strategic planning exercise. This effort served as the launching point for establishing our goals and objectives for the next 1-3 years. The goal was to identify strategic issues leading to the development of long-range goals and objectives.

Challenges/Issues:

The coalition will be taking a deep dive into how the organizations can participate in funding co-located facilities (i.e. land, facility, services, etc.). The coalition will also be discussing how to leverage organizational grant opportunities.

Next Steps:

Next steps include a review of Travis County neighborhood data that focuses on total safety net, poverty, uninsured, chronic conditions & mortality, and an update from City of Austin demographer, Ryan Reynolds. Keeping up with how these demographic shifts affect the city is essential to successful operations & planning. Austin's demographic story continues to revolve around the three major themes of: 1) rapid population growth; 2) transformative demographic diversification; 3) stubborn structural & spatial socioeconomic separations.

MEMORANDUM

To: Mike Geeslin, CEO & President

From: Larry Wallace, Chief Administrative Officer

Date: March 29, 2019

Re: Q2 Milestone Review for Strategy 1.1 Service Location & Care Delivery

Objective:

1 - Develop and execute health care delivery strategy based on people and place

Milestone: 1.1I

Community First: Fundraising efforts

Milestone Status: Ongoing

Deliverable: (attachment, if applicable)

Milestone Review Memo

Progress Report:

Central Health is working diligently with partners such as Mobile Loaves and Fishes, CommUnityCare, Integral Care, ACC, Austin Public Health and Travis County Health and Human Services to finalize the case for supporting the Community First efforts. This case for support will be presented to private donors to raise funds for the clinic and recuperative care facility development. The case for support may also be used for grant-seeking purposes for foundations. Mobile Loaves and Fishes plans to begin its process in May 2019 and is confident the funding requests will be supported.

Challenges/Issues:

Central Health is working closely with Mobile Loaves and Fishes to support the funding process. This process is led by Mobile Loaves and Fishes which can pose a challenge at times.

Next Steps:

CommUnityCare will finalize its pro-forma in the 3rd fiscal quarter. CommUnityCare plans to provide primary care as part of the integrated behavioral health model at Community First Village with the help of Integral Care. An array of other non-clinical services will also be made available in the future. Central Health is working with Mobile Loaves and Fishes to finalize the Space Use Agreement and Business Associate Agreement which will be completed in the 3rd fiscal quarter.

MEMORANDUM

To:	Mike Geeslin, CEO & President
From:	Monica Crowley, Chief Strategy & Planning Officer
Date:	March 25, 2019
Re:	Q2 Milestone Review for Strategy 1.2 Population Health/SDOH

Objective:

1 - Develop and execute health care delivery strategy based on people and place

Milestone: 1.2A

Frame Population Health priority conversation with Central Health Board of Managers

Milestone Status: Complete

Deliverable: (attachment, if applicable)

Workshop agenda and minutes

Progress Report:

The Central Health Board of Managers participated in a Population Health workshop on February 4, 2019. The Board was presented with the Central Health population health framework, CCC population health application, CUC strategic plan for population health, and examples of best practice from Dell Medical School. Managers Jones, Bell, Valadez, Greenberg, Musetif participated in this workshop.

Challenges/Issues:

No challenges

Next Steps:

The Community and Population Health Manager is conducting an inventory of all social services serving Travis County and funding sources based on census data. This information will provide a comprehensive picture of services and funding gaps in Travis County and is anticipated to be completed by the end of Quarter 3. Additional research is being conducted on equitable policies and practices for procurement and partnerships among all major healthcare and hospital systems in Texas.

Annotated Agenda for Central Health Board of Managers

Population Health Workshop I

February 4, 2018

5:00-8:00pm

Moderator: Monica Crowley

Speakers:

- Megan Cermak
- Sarah Cook
- Jaeson Fournier
- Mini Kahlon

Agenda

Monica – Introduces speakers and turns to Mike for level-setting.

Mike- come as you are and bring your perspective/skillset to the table- are you a boundaries person or a horizon person? This training is to get nomenclature and expertise from providers. This is a level-setting exercise; NO DECISIONS NEED TO BE MADE TODAY.

Monica-
1. Reference to Barbara Jordan's historic 1976 keynote address to the Democratic National Convention.

2. Introduction, a level-setting, and part of an ongoing conversation on Population Health to support the work under our Work Plan,

3. Goals for workshop

4. Concepts, definitions and examples of population health.

    - Terminology for social determinants of health, nonclinical factors of health, and social drivers of health;
    - Not one universally accepted definition of population health which;
    - Funding models
    - Data

- Setting the Stage/Pop Health Diagram – 30 min
    - Megan

    We've created this diagram as a tool to help us organize our thinking around Population Health. We've been using "population health" as an approach:
    1. Measure and analyze
    2. Assess factors

3. Inform interventions
4. Align and partner
5. Measure and evaluate outcomes

- CCC Population Health concepts and application- 30 min
    - o Sarah Cook
      Provides CCC definition of population health. Provide examples of CCC interventions that derived using the population health approach and incorporate the social determinants of health, ex. Meal delivery service for targeted patient population. Discuss the CCC's role of a payer/funder in population health. Presents the CCC's 2020 plan for population health.

- CUC Pop Health Concepts and application- 45 min
    - o Jaeson Fournier presents how population health has been integrated into the CUC strategic plan and reimbursement models. Introduces newer thinking around SDOH as political determinants of health.

- Next we will hear about examples of best recent work in a few areas (approx. 3) and measures of impact - 30 min
    - o Mini Kahlon

- 5 min Break

- Discussion Topics- 45 min
    1. What is Population Health- we've been capturing themes throughout the discussion today. Any resonate or seem off the mark
    2. Themes that fall under the umbrella of Non-Medical/Social Determinants?
    3. Different Funding Models: Any resonate or seem off the mark
    4. Other questions

- Next steps- 5 min

Central Health Board of Managers Population Health Workshop

2/04/2019

Summary of Themes

Questions and Comments

I.   Population Health themes:
   a. Fuzzy term
   b. Focus on Population/sub-populations rather than individuals
   c. Patient-centered, population focused
   d. Data/measurement focused, need data to understand population of need, effectiveness of interventions and outcome/value.
   e. Bridge public health and health care delivery
   f. Focus on "midstream" interventions; moving upstream

II. Social Determinants of Health themes:
   a. Required for population health management
   b. Often not in our patients' control
   c. Misalignment of funding and drivers
   d. How is effectiveness of social services measured
   e. There is a lot of need- where do we prioritize? Important to identify what we can/cannot influence

III. Funding Models
   a. Flexible funds- allows providers space to do what's needed to be done
   b. Payments based on outcomes, not approach; Align incentives with outcomes
   c. Understanding funding landscape and gaps at midstream (now and in 5-10 years)
   d. Triple Bottom Line
   e. Valuation

IV. Burning Questions and Comments
   a. Can we come to an agreement of a common definition for population health
   b. Narrow in on our midstream interventions for population
   c. Clarify patient vs population (who is the Central Health population?)
   d. Comprehensive plan for all health- what is Central Health's role in this? How to utilize partnerships efficiently/effectively?
   e. What is the ecosystem?
   f. What are the social services available and their scalable capacity?
   g. Identify population who haven't entered our system
   h. What confidence do we have in the data?
   i. How do we advocate for policy changes? What is our role?
   j. What does a proactive strategy look like?
   k. What is achievable? What is included in Medicaid?

l. Need to pay for more than just medical services
m. Improving knowledge starts with mother and baby

MEMORANDUM

To:	Mike Geeslin, CEO & President
From:	Ted Burton, VP of Communications
Date:	March 26, 2019
Re:	Q2 Milestone Review for Strategy 1.3 Communications

Objective:

1 - Develop and execute health care delivery strategy based on people and place

Milestone: 1.3C

Begin Central Health Enterprise naming system research and brand strategy development, and website audit and user experience enhancement, which is part of the public education initiative Phase 2

Milestone Status: Ongoing

Deliverable: (attachment, if applicable)

Review findings

Progress Report:

The awarded vendor's Belmont Icehouse peer research report presented on March 6, 2019 included a review of four organizations that have undergone similar naming and/or branding initiatives. In-depth interviews with stakeholders were completed (or near completion) on March 27, 2019. Belmont Icehouse completed website testing and audit to understand how users navigate CentralHealth.net, and make recommendations about how to improve the design and user experience. Belmont Icehouse will provide a report on stakeholder interviews and website testing in early April, followed by an update to the Strategic Planning Committee on April 10, 2019.

Challenges/Issues:

None

Next Steps:

Next steps include patient and non-patient focus groups to test names, messages; development of potential names/brands; and website user experience recommendations, including better integration of CommUnityCare website.

MEMORANDUM

To:	Mike Geeslin, CEO & President
From:	Ted Burton, VP of Communications
Date:	March 26, 2019
Re:	Q2 Milestone Review for Strategy 1.3 Communications

Objective:

1 - Develop and execute health care delivery strategy based on people and place

Milestone: 1.3D

Evolve Central Health's public engagement model, including "Community Conversations, " hosting meetings closer to where people live and incorporating new elements to increase participation.

Milestone Status: Ongoing

Deliverable: (attachment, if applicable)

Community Conversations planning document

Progress Report:

Six community conversations have been scheduled for 2019 that include the following topics: Bringing more health services to Pflugerville, Sendero Health Plans, the 2020 budget, the Downtown Campus, and the 2020 proposed budget. We have tentatively scheduled three service expansion milestone events, including the grand opening of the CommUnityCare mobile clinic in Creedmoor, the grand opening of this mobile clinic in Colony Park, and a grand opening of the modular facility in Hornsby Bend. To complement available qualitative data around health indicators, which guide service expansion efforts, we launched a survey in Colony Park and plan to do the same in Pflugerville. We are creating "community conversations in a box" to empower our Community Health Champions to gather feedback from their friends, co-workers, neighbors and networks. This tactic will be used to complement our 2020 budget engagement process.

Challenges/Issues:

None

Next Steps:

Next steps include event planning and execution for upcoming community conversations, service expansion milestone events and other public participation methods.

MEMORANDUM

To: Mike Geeslin, CEO & President

From: Jon Morgan, Executive Director of CCC

Date: 3/27/2019

Re: Q2 Milestone Review for Strategy 2.1 Patient Wait Times

Objective:

2 - Implement patient-focused and coordinated health care system

Milestone: 2.1C

Implement long-term transportation solution for MAP patients for medical appointments

Milestone Status: Ongoing

Deliverable: (attachment, if applicable)

Implement long-term transportation solution for MAP patients for medical appointments

Progress Report:

CCC staff are negotiating final drafts of contracts with a company, Circulation, to provide pre-scheduled transportation to medical and related appointments for MAP patients. The navigation platform allows medical management staff and other authorized staff to order a ride days, weeks or months in advance of a patient's appointment. At the appropriate interval before the appointment, the company's transportation exchange matches the patient with a vehicle; once the ride is ordered, Circulation sends reminders via text or voice letting the patient know the status of the ride. If needed, a return ride can be ordered by the patient to bring him or her back home.

Challenges/Issues:

Challenges have been aligning on standard contract language. We anticipate finalizing contract negotiations in April 2019.

Next Steps:

Once the contract is signed, rides can be ordered. The NTE for the contract is $50,000. Utilization will be monitored and any adjustments or expansions of the service will be considered.

MEMORANDUM

To:	Mike Geeslin, CEO & President
From:	Jon Morgan, Executive Director of CCC
Date:	3/27/2019
Re:	Q2 Milestone Review for Strategy 2.1 Patient Wait Times

Objective:

2 - Implement patient-focused and coordinated health care system

Milestone: 2.1D

Launch expanded dental services for MAP through LSCC network

Milestone Status: Complete

Deliverable: (attachment, if applicable)

Milestone Review Memo

Progress Report:

Beginning January 2019, we have expanded dental services to include Lone Star Circle of Care (LSCC) as contracted dental provider for MAP patients. The CCC supported the development of dental services at LSCC's Stassney site, and MAP members can access services at four other LSCC dental locations: Round Rock, Georgetown, Bastrop, and Marble Falls. The CCC is strengthening the referral relationship between LSCC's dental program and oral surgeons and other specialty dental providers in the MAP network.

Challenges/Issues:

We are gathering initial utilization data and will supplement this milestone update in April with numbers.

Next Steps:

Add LSCC as a referring provider to Affordable Dentures contract; promote availability of LSCC dental services to MAP patients, focusing on enrollees at LSCC and El Buen Samaritano.

CENTRAL HEALTH

MEMORANDUM

To: Mike Geeslin, CEO & President

From: Jon Morgan, Executive Director of CCC

Date: March 27, 2019

Re: Q2 Milestone Review for Strategy 2.2 Patient Reported Outcomes

Objective:

2 - Implement patient-focused and coordinated health care system

Milestone: 2.2D

Achieve CY18 DSRIP outcomes

Milestone Status: Complete

Deliverable: (attachment, if applicable)

DSRIP Update for Central Health Budget and Finance, Feb 15th 2019

Progress Report:

CCC will make its final report to HHSC on CY18 achievement by April 30, 2019. Preliminary results indicate that measure achievement along with other activities will result in over 95% of available funds being drawn down. This financial success is a result of real improvement in clinical metrics; for example, over the course of calendar year 2018, screening rates for colorectal cancer for the eligible DSRIP patient population increased by 165%. Opportunities to "make up" the goals that may have been missed exist through the rest of CY19, which means more funds may be available to the CCC. Additional data is attached in the memo from the Feb 15th update to the Budget and Finance Committee.

Challenges/Issues:

HHSC is continuing to issue new guidance which impacts our ability to move forward with certainty. As recently as mid-March, HHSC requested new baseline submissions for a handful of measures, based on HHSC's interpretation of published guidelines.

Next Steps:

HHSC launched the DY7-DY10 program without definitive guidance on program requirements for the last two years for which funding is available (DY9 and DY10). In January 2019, HHSC released guidance indicating that these years will largely be a continuation of the current DSRIP program methodology. It is expected, for example, that there will be additional achievement targets for the 36 Category C measures over the last two-year performance period. The CCC also anticipates that there will be at least some opportunity to propose limited changes to the program, and Central Health is in the process of identifying other key changes and keeping all RHP 7 partners informed of their impact. We expect additional clarification on program elements from HHSC other the next few months.

MEMORANDUM

To: **Central Health Board of Managers**
From: Jonathan Morgan, Executive Director
Date: February 15, 2019
RE: **CCC DSRIP Update**

Central Health Board of Managers:

Below you will find information about the CCC's current activities in the second iteration of the Texas 1115 Medicaid Waiver. Over the course of the last six years, the CCC has achieved a number of remarkable project results and improvements to patient health outcomes through its participation in the Delivery System Reform Incentive Payment (DSRIP) program. Through the collective efforts of our dedicated staff and community of contracted providers, the CCC has earned $247 million in total performance-based payments.

In 2017, HHSC modified the DSRIP program to focus on performance metrics over individual projects. The current DSRIP structure provides an opportunity to earn $248 million over the next four years. However, the amounts eligible to be earned over the course of the four-year program decrease year over year, with the program eventually ending in 2022.

This year's DSRIP activities are organized among Categories A, B, C, and D:

- Category B is a report of the number of patients who are in the CCC's DSRIP population. The annual goal for this Category is to maintain or improve upon that number, year after year;
- Category C carries the greatest risk. It is composed of various predetermined health metrics that must be achieved to earn an incentive payment;
- Category A requires qualitative reporting on the activities performed to meet the Category C metric targets. It also requires a cost analysis for one of these activities, evidence of participation in a learning collaborative activity, and a narrative description of the CCC's efforts to work towards an alternative method of payment. These activities must be completed to be eligible for incentives available in other Categories; and
- Finally, Category D includes 13 HHSC-selected measures aimed at reducing the incidence of each reported measure over time (e.g. adults with diabetes complications).

DSRIP Incentives by Year and Program Wind-Down
HHSC has scheduled the DSRIP program to wind down over the next five years. Starting out, DY7 and DY8 earnable amounts have remained level with DY6. However, as the table below illustrates, annual earnable payments decrease year-over-year beginning in 2020, with no payments available by the program's final demonstration year in 2022.

Similar to the first waiver period, each year's incentive payment is distributed among categories of activity, with each Category has its own unique requirements. Category A carries no associated payment, but activities are required to earn any funds. Category C, which carries the greatest risk, is comprised of the outcome metrics discussed below.

	DY7 (2018)	DY8 (2019)	DY9 (2020)	DY10 (2021)	DY11 (2022)
RHP Plan Measure bundle selections	20% ($13.3M)	-	-	-	-
Category A Description of core activities relating to system, payment reform, cost-savings analysis, and regional learning	-	-	-	-	-
Category B Maintain or increase number of Medicaid/Low Income Uninsured patients served	10% ($6.6M)	10% ($6.6M)	10% ($6.2M)	10% ($5.3M)	-
Category C Health care quality and system performance measures	55% ($36.6M)	75% ($49.9M)	75% ($46.2M)	75% ($40.1M)	-
Category D Population health measures for each provider type	15% ($10.0M)	15% ($10.0M)	15% ($9.2M)	15% ($8.0M)	-
Total	**$66.6M**	**$66.6M**	**$61.6M**	**$53.4M**	

Category C: Outcome Measures

Among the eligible Category C health outcomes, CCC staff has selected those that best aligned with our organizational goals and priorities. Our selections targeted six diabetes related measures, which include: improving foot and eye exams rates; controlling blood pressure and A1C; and reducing the rate of avoidable inpatient and emergency department visits. We also targeted the improvement of cancer prevention and screening measures, which include: tobacco use assessment rates and HPV vaccination rates, as well as screening rates for cervical, breast and colorectal cancers. Additionally, we also selected other targeted areas including: hospice program outcomes; opioid use and alcohol use disorders screenings, and flu vaccination rates.

The following table details 36 measures that were selected among HHSC's prescribed bundles of measures. Each bundle is worth a proportion of the total Category C incentive, which is then divided evenly among the measures within the bundle. Most of the measures are achievable within the primary care setting, but measures A1-500, A1-508, and C1-502 measure hospital activity, and are collectively identified as population-based clinical outcome (PBCO) measures. Bundle G1 is only achieved in a hospice care setting. For each measure, the CCC reported 2017 performance and annual targets were set based on this baseline rate.

Bundle	Measure ID	Measure Title	CCC Baseline Value	CY 2018 Target	CY 2019 Target	Current Achievement (12/31/2018)
A1:^ Improved Chronic Disease Management: Diabetes Care	A1-111	Diabetes Eye Exam	62.13%	62.60%	64.01%	64.39%
	A1-112	Diabetes: Foot Exam	50.59%	51.83%	55.53%	66.92%
	A1-115	Diabetes: HbA1c >9.0%	35.45%	34.99%	33.62%	33.56%
	A1-207	Diabetes: BP control (<140/90mm Hg)	71.51%	71.98%	73.38%	74.51%
	A1-500	PQI 93 Diabetes Composite	3.14%	3.06%	2.82%	2.93.%
	A1-508	Diabetes: ED visits	89.51%	87.27%	80.56%	77.01%
C1:^ Primary Care Prevention - Healthy Texans	C1-105	Tobacco Screening & Cessation	99.14%	99.16%	99.22%	99.92%
	C1-113	Diabetes: HbA1c testing	90.45%	90.65%	91.25%	93.45%
	C1-147	BMI Screening and Follow-Up	87.96%	88.28%	89.24%	91.71%
	C1-268	Pneumonia vaccination	55.43%	56.54%	59.89%	67.89%
	C1-269	Influenza Immunization	41.51%	42.97%	47.36%	46.96%
	C1-272	Adults Immunization status	14.20%	16.34%	22.78%	17.15%
	C1-280	Chlamydia Screening in Women	73.99%	74.39%	75.60%	76.91%
	C1-389	HPV Vaccine	12.97%	15.15%	21.67%	15.61%
	C1-502	PQI 91 Acute Composite	0.47%	0.46%	0.42%	0.42%
C2:^ Primary Care Prevention - Cancer Screening & Follow-Up	C2-106	Cervical Cancer Screening	64.03%	64.46%	65.75%	67.78%
	C2-107	Colorectal Cancer Screening	26.20%	28.04%	33.58%	43.27%
	C2-186	Breast Cancer Screening	57.56%	58.25%	60.34%	60.72%
F1: Improved Access to Adult Dental Care	F1-105	Tobacco Screening & Cessation	99.76%	99.76%	99.78%	99.97%
	F1-226	Chronic Disease: Dental Services	89.39%	89.66%	90.45%	90.76%
	F1-227	Dental Caries: Adults	53.39%	52.06%	48.05%	51.14%
G1: Palliative Care	G1-276	Pain Assessment	100.00%	100.00%	100.00%	97.22%
	G1-277	Treatment Preferences	100.00%	100.00%	100.00%	100.00%
	G1-278	Beliefs and Values	98.21%	98.26%	98.39%	100.00%
	G1-361	Bowel Regimen	80.00%	80.50%	82.00%	79.41%
	G1-362	Dyspnea Treatment	P4R	P4R	P4R	P4R
	G1-363	Dyspnea Screening	80.95%	81.43%	82.86%	77.78%
H1: Integration of Behavioral Health in a Primary or Specialty Care Setting	H1-146	Depression and Follow-Up	72.27%	72.96%	75.04%	74.03%
	H1-255	ADHD Medication	P4R	P4R	P4R	P4R
	H1-286	Depression Remission	3.57%	5.98%	13.21%	5.56%
	H1-317	Unhealthy Alcohol Use & Counseling	1.70%	4.16%	11.53%	6.11%
H3:^ Chronic Non-Malignant Pain Management	H3-144	Depression and Follow-Up Plan (Chronic Pain)	79.25%	79.76%	81.32%	85.58%
	H3-287	Current Medications	69.87%	70.62%	72.88%	76.70%
	H3-288	Pain Assessment and Follow-up	44.83%	46.21%	50.35%	37.16%*
	H3-401	Opioid Therapy Follow-up Evaluation	39.29%	40.81%	45.36%	48.30%*
	H3-403	Risk of Opioid Misuse	0.19%	2.69%	10.17%	0.77%*

^These bundles were also selected by Dell Seton Medical Center.
*These achievement rates represent data as of 11/30/2018.

DY7 Achievement

In the current DSRIP structure, the program's performance periods align with calendar years (e.g., DY7 concluded on December 31, 2018, DY8 began January 1, 2019). In DY7, the CCC had the opportunity to earn $66.6 million. Of this $66 million, $32.4 million has already been earned through submission of the

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RHP Plan, Category C selections and metric baselines, and other related activities. The remaining $33.6 million is tied to DY7 performance on the Category B & C reporting and improvement targets as of December 31, 2018. The CCC will report on its performance in April 2019, and we anticipate earning 93% of remaining incentives, or $31.8 million. In total, the projected overall achievement of DY7 funds is 96.46%.

The following table summarizes the CCC's expected DY7 performance:

DSRIP Deliverable	Amount Available to Earn ($)	Amount Expected to Earn ($)	Expected to Earn (%)
RHP 7 Plan Update	$13,325,817.00	$13,325,817.00*	100%*
Category B	$6,662,909.00	$6,662,909.00	100%
Category C Baselines	$9,161,499.47	$9,161,499.47*	100%*
Category C Reporting	$9,161,499.45	$9,161,499.45	100%
Category C Achievement	$18,322,999.10	$15,966,539.12	87.14%
Category D	$9,994,363.00	$9,994,363.00*	100%*
TOTAL	**$66,629,087.00**	**$64,272,627.04**	**96.46%**

Starred items are those that have been confirmed as "earned"; other amounts are expected to be earned, based on current performance projections.

We are currently in Demonstration Year 8, which began on January 1, 2019. During this demonstration year, the CCC has the opportunity to earn performance incentives that were not earned in DY7, in addition to those incentives related to DY8.

Future Demonstration Years
HHSC launched the DY7-10 program without definitive guidance on program requirements for the last two years for which funding is available (DY9 and DY10). In January 2019, HHSC released guidance indicating that these years will largely be a continuation of the current DSRIP program methodology. It is expected, for example, that there will be additional achievement targets for the 36 Category C measures over the last two-year performance period. The CCC also anticipates that there will be at least some opportunity to propose limited changes to the program, and Central Health is in the process of identifying other key changes and keeping all RHP7 partners informed of their impact. We expect additional clarification on program elements from HHSC other the next few months.

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MEMORANDUM

To: Mike Geeslin, CEO & President

From: Stephanie McDonald, Chief of Staff

Date: March 29, 2019

Re: Q2 Milestone Review for Strategy 2.3 Women's Health

Objective:

2 - Implement patient-focused and coordinated health care system

Milestone: 2.3B

Establish a baseline for contraceptive utilization rates based on FY18 data

Milestone Status: Complete

Deliverable: (attachment, if applicable)

Board Memo

Progress Report:

A memo was submitted to the Central Health Board of Manager's Ad-Hoc Women's Health Committee on March 4, 2019 that outlined the performance of FY 2018 LARC contracts and recommendations on contract amendments for FY 2019. In this memo, a baseline for contraceptive utilization rates based on FY 2018 data was presented along with the actual funds spent for FY 2018.

Challenges/Issues:

Challenges in establishing the baseline for contraception utilization rates included collection and analysis of the claims processing data and not having a dedicated staff resource to work through the claims processing issues.

Next Steps:

Next steps include to continue working with the CCC for claims data and for managing the contract amendments for FY 2019to standardize as best as possible.

MEMORANDUM

To:	Mike Geeslin, CEO & President
From:	John Clark, Chief Information Officer
Date:	March 26, 2019
Re:	Q2 Milestone Review for Strategy 2.4 Technology & Data

Objective:

2 - Implement patient-focused and coordinated health care system

Milestone: 2.4B

CommUnityCare selection of EMR/EPM vendor and commencement of planning process for FY2020 implementation

Milestone Status: Ongoing

Deliverable: (attachment, if applicable)

Milestone Review Memo

Progress Report:

After extensive due diligence, which included a formal RFP process, basic criteria review, technical review, vendor presentations, and on-site visits with other community health centers that use the finalist vendors' platforms, CommUnityCare selected the best EMR/EPM solution to meet its requirements. CommUnityCare completed a 10 year cost of ownership analysis for each of the finalist vendors that includes significant operating parameters beyond the direct cost of each vendor's software.

Challenges/Issues:

A. Determining how best to host the selected system, noting there are several options including vendor hosting, leveraging partnerships, third party hosting, and on premise hosting.

B. Current EMR/EPM data disposition and conversion planning.

C. Project funding source.

D. Strategic impact analysis including anticipated service delivery disruptions associated with design and implementation of the new EMR/EPM system.

Next Steps:

A. Status update to CommUnityCare Board of Directors, and approval by that board for CommUnityCare's CEO Jaeson Fournier, to negotiate a best and final offer from the preferred vendor.

B. Financing determination.

C. Contracting process and approval from the CommUnityCare Board of Directors to enter into the purchase agreement.

D. Planning and Implementation, given this will be an extensive system conversion that is expected to take at least 12 months.

MEMORANDUM

To: Mike Geeslin, CEO & President

From: Lisa Owens, VP of Financial Operations

Date: March 29, 2019

Re: Q2 Milestone Review for Strategy 2.5 Brain Health

Objective:

2 - Implement patient-focused and coordinated health care system

Milestone: 2.5A

CCC update

Milestone Status: Ongoing

Deliverable: (attachment, if applicable)

CCC memo outlining initiatives around mental & behavioral health

Progress Report:

The CCC will provide the Central Health Board of Managers' Strategic Planning Committee with a comprehensive memo detailing its Mental & Behavioral Health work on April 10, 2019. The memo will include detail on Mental & Behavioral Health work through CCC contracts with Integral Care, the SIMS Foundation, and primary care providers. Additionally, the CCC will highlight current planning and services addressing Substance Use Disorder.

Challenges/Issues:

None

Next Steps:

Next steps include receiving updates from partners and stakeholders around community efforts in mental & behavioral health services to work in alignment with the CCC to provide these services to the population served by Central Health.

CENTRAL HEALTH

MEMORANDUM

To:	Mike Geeslin, CEO & President
From:	Monica Crowley, Chief Strategy & Planning Officer
Date:	March 18, 2019
Re:	Q2 Milestone Review for Strategy 2.6 Cancer Care

Objective:

2 - Implement patient-focused and coordinated health care system

Milestone: 2.6A

CCC update

Milestone Status: Complete

Deliverable: (attachment, if applicable)

Meeting agenda and minutes

Progress Report:

Dr. Mark Hernandez, Chief Medical Officer of CCC, and Sarah Cook, Senior Director of Strategy, Communications, and Population Health at CCC, presented to the Central Health Board of Managers' Strategic Planning Committee on March 5, 2019. The presentation included broad prevalence data on cancer in the CCC population, CCC's priorities and approach to cancer care, and CCC's recommendations for next steps.

Challenges/Issues:

None

Next Steps:

Next steps include CCC continuing work on identified cancer care areas of focus. Central Health staff will meet with community partners, stakeholders and advocates regarding community efforts in cancer care for our population. In Quarter 3, the Strategic Planning Committee will receive an update from partners and stakeholders on their efforts in cancer care.

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CENTRAL HEALTH

MEMORANDUM

To: Mike Geeslin, CEO & President

From: Steven Lamp, VP of Real Estate & Facilities

Date: March 18, 2019

Re: Q2 Milestone Review for Strategy 3.4 Brackenridge

Objective:
3 - Implement sustainable financial model for health care delivery and system strategies through 2024

Milestone: 3.4C
Incorporate Brackenridge options into larger real estate utilization strategy

Milestone Status: Ongoing

Deliverable: (attachment, if applicable)
Recommendations and presentation

Progress Report:
Executive Operations and Strategy teams approved Enterprise-wide real estate focus and integration. On March 5, 2019, Strategic Planning Committee approved expanding Downtown Campus Committee's oversight purview to include all Enterprise real estate.

Challenges/Issues:
None

Next Steps:
Amend Board of Managers' By-Laws for Downtown Campus Committee; rename Committee. Create and implement capital planning process across Enterprise. Integrate Enterprise capital projects planning into budget process. Increase facilities and capital projects coordination and pre-execution effort communications throughout Enterprise. Create Enterprise space management program to reduce costs.

MEMORANDUM

To:	Mike Geeslin, CEO & President
From:	Steven Lamp, VP of Real Estate & Facilities
Date:	March 18, 2019
Re:	Q2 Milestone Review for Strategy 3.4 Brackenridge

Objective:

3 - Implement sustainable financial model for health care delivery and system strategies through 2024

Milestone: 3.4E

POB vacated

Milestone Status: Complete

Deliverable: (attachment, if applicable)

Status report, Formal Letter to 2033 Fund

Progress Report:

Blackstock Clinic vacated Professional Office Building on March 15, 2019. IT systems decommissioning to be complete on March 22, 2019.

Challenges/Issues:

None

Next Steps:

Abate asbestos (limited scope - 2nd Floor only) - scheduled the week of March 25, 2019. Notify The 2033 Fund that POB / Block 164 is vacated. This notice will trigger Block 164 Rent Commencement Date ($1.83 million payment) to Central Health.

CENTRAL HEALTH BOARD OF MANAGERS

THE STRATEGIC PLANNING COMMITTEE

April 10, 2019

AGENDA ITEM 8

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