



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

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

Our Values

Central Health will achieve excellence through:

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

Innovation - We create solutions to improve healthcare access.

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

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

STRATEGIC PLANNING COMMITTEE MEETING

Wednesday, May 8, 2024, 1:00 p.m.

Videoconference meeting¹

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

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

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

<https://us06web.zoom.us/j/86577550730?pwd=3vbwIW1mSQsEQgqdv9xzkaeyWfhk3.1>

Meeting ID: 865 7755 0730

Passcode: 853351

Links to livestream video are available at the URL below (copy and paste into your web browser):

<https://www.youtube.com/@thealthdistrict/streams>

Or to participate by telephone only:

Dial: (346) 248 7799

Meeting ID: 865 7755 0730

Passcode: 853351

The Committee may meet via videoconference with a quorum present in person and allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Committee will be physically present at the location posted in this meeting notice, we strongly encourage all members of the public to observe the meeting virtually

and participate in public comment, if desired, through the virtual meeting link or telephone number listed on this meeting notice.

Members of the public who attend in person should conduct a self-assessment before coming to the building to ensure they do not have a high temperature or any symptoms of COVID-19. Anyone who is symptomatic and/or has a fever should contact their healthcare provider for further instructions. Symptomatic members of the public can still participate, if desired, through the virtual meeting link or telephone number listed on this meeting notice. Resources related to COVID-19 can be found at the following link:

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

A member of the public who wishes to make comments virtually during the Public Communication portion of the meeting must properly register with Central Health **no later than 11:30 a.m. on May 8, 2024**. Registration can be completed in one of three ways:

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

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

PUBLIC COMMUNICATION

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

COMMITTEE AGENDA²

1. Review and approve the minutes of the April 10, 2024 Strategic Planning Committee meeting. (*Action Item*)
2. Receive an update on the Central Health President and CEO's Fiscal Year 2023 Annual Report. (*Informational Item*)
3. Receive an overview of Central Health's approach to Healthcare Equity, along with a proposed definition. (*Informational Item*)
4. Receive an update on higher education workforce recruitment. (*Informational Item*)
5. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

¹ This meeting may include a member of the Strategic Planning Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting location will be open to the public during the open portions of the meeting, and any member participating

by videoconference shall be visible and audible to the public members in attendance whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**

- ² The Strategic Planning Committee may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Committee announces that the item will be considered during a closed session. A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the Committee agenda. However, Board members who are not Committee members will not vote on any Committee agenda items, nor will any full Board action be taken.

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

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



STAYS IN FILE



CENTRAL HEALTH

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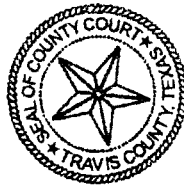
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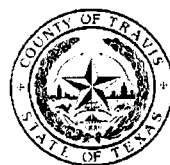
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Came to hand and posted on a Bulletin Board in the
County Recording Office, Austin, Travis County, Texas on this the
3 day of May 2024
Dyana Limon-Mercado
County Clerk, Travis County, Texas
By E. Medina Deputy



E. MEDINA



**FILED AND RECORDED
OFFICIAL PUBLIC RECORDS**
Dyana Limon-Mercado
Dyana Limon-Mercado, County Clerk
Travis County, Texas

202480610

May 03, 2024 03:02 PM
Fee: \$0.00 **MEDINAE**

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

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

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

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

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

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

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

want to share; is this the right time to share it; and is this in keeping with our collective goal for this particular moment within this particular meeting?

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

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

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

Board Manager Signature

Date

Board Manager Printed Name

Calling In and Repairing Harm

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

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

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

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

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

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

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

Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

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

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

RACIAL and SOCIAL JUSTICE FRAMEWORK

Values and Anti-Racism/Anti-Oppression

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

Intentional and Accountable Storytelling

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

Power Analysis

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

Relationships

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



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

May 8, 2024

AGENDA ITEM 1

Review and approve the minutes of the April 10, 2024 Strategic Planning Committee meeting.
(Action Item)

MINUTES OF MEETING – APRIL 10, 2024
CENTRAL HEALTH
STRATEGIC PLANNING COMMITTEE

On Tuesday, April 10, 2024, a meeting of the Central Health Strategic Planning Committee convened in open session at 1:04 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

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

Committee members present via audio and video:

Board members present in person: Manager Motwani and Manager Martin

PUBLIC COMMUNICATION

Clerk’s Notes: Public Communication began at 1:05 p.m. Briana Yanes announced that no speakers signed up for Public Communication.

COMMITTEE AGENDA

- 1. Review and approve the minutes of the March 6, 2024 Strategic Planning Committee meeting.**

Clerk’s Notes: Discussion on this item began at 1:05 p.m.

Manager Motwani moved that the Committee approve the minutes of the March 6, 2024 Strategic Planning Committee meeting.

Manager Kitchen seconded the motion.

Chairperson Brinson	For
Manager Jones	For
Manager Kitchen	For
Manager Valadez	For

- 2. Receive an update on FY24 and FY25 Healthcare Equity Plan adopted priorities and receive and discuss proposed Emerging Priorities to include in FY25 Strategic Priorities.**

Clerk’s Notes: Discussion on this item began at 1:06 p.m. Ms. Monica Crowley, Chief Strategy and Planning Officer & Sr. Counsel; Dr. Alan Schalscha, Chief Medical Officer; and Mr. Jonathan Morgan, Chief Operating Officer, presented a Healthcare Equity Implementation plan review and update. The presentation included an overview of the Board Adopted Healthcare Equity Implementation Plan and strategic approach to addressing the most critical community healthcare needs identified over the seven-year plan. Lastly, they discussed the Implementation Plan progress updates and fiscal year planning to support FY25 budget development.

- 3. Receive an update on Key Performance Indicators (KPIs) as part of the Board adopted Healthcare Equity Implementation Plan.**

Clerk's Notes: Discussion on this item began at 2:45 p.m. Ms. Monica Crowley, Chief Strategy and Planning Officer & Sr. Counsel; Ms. Anisa Kendall, Director of Strategic Planning; Ms. Sarita Clark-Leach, VP of Quality, Analytics & Performance Improvement; Mr. Jon Morgan, Chief Operating Officer; and Dr. Patrick Lee, President & CEO, presented an update on the Healthcare Equity Implementation Plan key performance indicators. They reviewed an initial draft of key performance indicators and key takeaways. Initial key performance indicators include measures of Central Health's growing director practice areas, quality outcomes, finances, and employment.

4. Receive and discuss the proposed Mental Health Diversion Pilot Program term sheet.

Clerk's Notes: Discussion on this item began at 3:48 p.m. Ms. Monica Crowley, Chief Strategy and Planning Officer & Sr. Counsel, presented an update on the proposed Mental Health Diversion Pilot Program term sheet. She announced that Central Health entered into a contract with Integral Care in February 2024 for a \$1.5 million specific expansion around Diversion that is part of an overall Mental Health Diversion Pilot. Travis County, City of Austin, Integral Care, and Central Health are all participating in this Pilot.

The City Manager's Office reached out to ask if Central Health could enter into a term sheet around how Central Health will collaborate on the implementation of the Diversion Center Pilot Program. Ms. Crowley noted that this does not change anything related to the contract that the Board authorized Central Health to enter into for expansion of psychiatric emergency services with Integral Care.

Central Health is meeting with the City, County, and Integral Care on April 12, 2024, to discuss the term sheet. The term sheet lays out that there will be committees and task groups. Central Health will agree to collaborate on the implementation of the care model and in-kind services at the City-owned 15th St. therapeutic respite facility, at which Integral Care will expand services, and Central Health will provide funding pursuant to the agreement for the psychiatric emergency services building.

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

Manager Martin moved that the Committee adjourn.

Manager Kitchen seconded the motion.

Chairperson Brinson	For
Manager Jones	For
Manager Kitchen	For
Manager Valadez	For

The meeting was adjourned at 3:53 p.m.

ATTESTED TO BY:

Cynthia Brinson, Chairperson
Central Health Strategic Planning Committee

Manuel Martin, Secretary
Central Health Board of Managers



CENTRAL HEALTH

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

May 8, 2024

AGENDA ITEM 2

Receive an update on the Central Health President and CEO's Fiscal Year 2023 Annual Report.
(Informational Item)

2023 ANNUAL REPORT



CENTRAL
HEALTH





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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.

To our community:

As we mark our 20th anniversary in 2024 and make more than \$750 million in new investments by 2030 through our Healthcare Equity Plan, Central Health is creating a new healthcare reality for the more than 280,000 Travis County residents with low income who need and deserve and could use our help.

Our job and our mission is not to check boxes by performing disconnected services, but to treat the whole person and ensure that families and communities are truly getting better. We're bridging and filling gaps to provide vital health and wellness services for people with low income, from prenatal nutrition to end-of-life-care, from childhood vaccines to emergency dialysis, tending to all aspects of the body and mind. You'll see some highlights of our ongoing transformation in this annual report.

Central Health stands for high-quality, equitable, accessible, compassionate, and comprehensive healthcare services that make whole lives better. Through our mission and our track record, we work to earn the trust of Travis County taxpayers and policymakers. We've been able to allocate our strategic reserves to jump-start essential services that have long been lacking in Travis County's safety-net system.

We don't have to negotiate with restrictive insurers or wait until our patients are in crisis to help them. We can meet people where they are and prevent disease in their communities, rather than wait to treat them with more advanced illness and at far greater cost in hospitals and emergency rooms. We can create better health that creates better value for all Travis County residents.

Healthcare faces long-standing systemic failures that need to be resolved at a system level. Delivering high-quality whole-person care at scale, as Central Health is doing more and more skillfully as we grow, is the right thing to do and the most effective way to build a safety-net system. It takes many forms.

Removing one toe, as our new podiatry team in East Austin did recently for an 86-year-old woman with a severe infection, saved her foot, her ability to get around independently, and possibly her life. We intervened at the right moment with the right skills and put that woman's health front and center in our sights as an organization.

We did the same thing recently by providing a safe place for another man to sleep at night, as he recovered from surgery in our medical respite program. That bed, along with caring attention and wraparound social services, not only supported and speeded his recovery, but allowed him to visualize a life after homelessness, to take action to find work and shelter and ultimately purchase the black Camaro he'd always dreamed of. Being that man's trusted partner in health when he needed one is our mission and the job we exist to perform.

We're fired up and optimistic about our work and our future. As Central Health's new President and CEO, I stand on the shoulders of those who came before me, grateful for their vision and dedication, particularly my predecessor Mike Geeslin. As we enter our third decade, I am proud to lead the Central Health system as we demonstrate our unwavering commitment to make healthcare better in Travis County.

With appreciation,

PATRICK LEE, MD

Central Health President and CEO



CENTRAL HEALTH ENTERPRISE PARTNERS

The Central Health system: Central Health is Travis County's public hospital district. It plans, pays for, and provides care to county residents with low income. It's joined in this work by:



CommUnityCare Health Centers is the backbone of the Central Health system. CommUnityCare provides integrated primary, dental, behavioral health, and substance use care to more than 140,000 patients each year. Together, Central Health and CommUnityCare leverage the strengths of the hospital district and the Federally Qualified Health Center (FQHC) models to deliver the best possible care for Travis County residents with low income.



Founded in 2011, Sendero Health Plans is the local nonprofit, community-based health maintenance organization (HMO) of Central Health designed to serve the unique needs of Central Texas residents.

2023 BY THE NUMBERS

As Travis County's hospital district, Central Health plans, pays for, and provides care that allows residents with low income to get well and stay healthy. Central Health's mission is to improve the health of the community by caring for those who need it most. To better fulfill this mission, in 2023 Central Health developed new primary care locations in underserved areas, expanded its network of specialty care providers, and improved eligibility and health coverage enrollment services.

ACCESS TO COVERAGE

52,046

uninsured Travis County residents with incomes at or below the federal poverty level (\$15,000 for an individual, \$30,000 for a family of four) received health coverage through Central Health's Medical Access Program (MAP).

76,327

residents received coverage through MAP Basic, a program with essential primary care and prescription services covered for low-income residents who earn too much to qualify for MAP.

2,054

received insurance premium assistance from Central Health.

84,332

enrollment assistance calls taken at the Central Health Call Center.

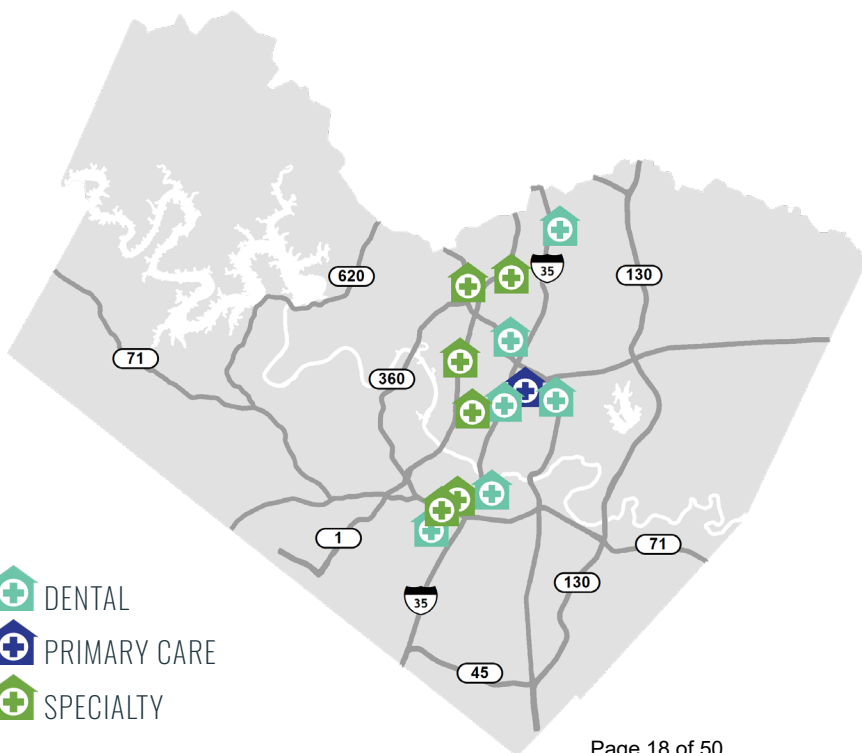
22,487

online applications submitted.

57,548

total applications processed (+7.5% YOY).

2023 SERVICE EXPANSION



-  DENTAL
-  PRIMARY CARE
-  SPECIALTY

ACCESS TO CARE

OUR PATIENTS

155,685 people served in FY2023 – a 2% year-over-year increase.

OUR CARE

612,964 primary care visits provided through Central Health's broad network of health care partners.

OUR NETWORK

247 provider locations, including community health centers, hospitals, specialists, dentists, and urgent care providers.

OUR GROWTH

In 2023 Central Health's provider network **increased by 12%**. Nineteen new providers were added to the network including opioid treatment, primary care, and specialty providers.

2023 MILESTONES & HIGHLIGHTS

Central Health's work is guided by its equity-focused strategic plan for service delivery – the Healthcare Equity Plan – which is built on four pillars, or strategic imperatives: Access & Capacity, Care Coordination, Member Engagement, & System of Care.

SERVICE PLANNING & EXPANSION

- ✦ Central Health continued to implement its Healthcare Equity Plan, a seven-year strategic roadmap for the hospital district as it grows rapidly to provide direct care that patients need, and to reduce barriers to care that perpetuate health disparities between different parts of the county.
- ✦ Central Health joined CommUnityCare in transitioning to a new electronic health record (Epic), with the goal of improving care and coordination for patients.
- ✦ Central Health's Healthcare Deliver teams launched new service lines in podiatry, medical respite, skilled nursing, and GI care, including serving the hospital district's first (podiatric) surgical patient. These specialty and post-acute care service lines are closing significant gaps in care in the safety-net system.
- ✦ Central Health's doctors, nurses, medical assistants, counselors, social workers, and community health workers focused forward, to the opening of Central Health's first clinical spaces in fiscal year 2024 and the rapid growth of its service lines.

COMMUNICATION & COMMUNITY ENGAGEMENT

- ✦ The Central Health Communications team worked to educate, inform, and motivate Travis County residents – especially those with low incomes – to learn about and participate in the Healthcare Equity Plan and Central Health's ongoing service expansion.
- ✦ Central Health conducted 285 grassroots outreach activities, engaging 13,304 individuals, resulting in 530 MAP leads, and connecting 105 people to health coverage.
- ✦ Central Health hosted 55 community engagement events, involving 1,014 community members in its work, marking a 61% increase over FY 2022.
- ✦ Central Health observed consistent audience growth across all digital channels, leading to a 17% rise in engagement with its social media content and a 46% increase in link clicks to its landing pages compared to FY 2022. The Central Health website experienced a 16% boost in both new and total users from FY 2022 to FY 2023.

POPULATION HEALTH

- ✦ Central Health, CommUnity Care and Integral Care publicly committed to provide culturally and gender-affirming care for LGBTQIA+ patients. To do this, these providers adopted policy, system, and environmental changes in more than 70 clinics across Travis County.
- ✦ The Pandemic Equity Committee worked with city, county and federal officials to enact systemic changes within the disaster response system. These changes include improving language access during emergencies, providing English and Spanish text alerts to the community, and establishing effective models for community advisory panels.

CAPITAL IMPROVEMENTS

- ✦ To continue planning for future needs, Central Health acquired land in the planned village center in Colony Park and a three-building office-commercial complex at US 183 and Cameron Road. It also continued its work to transform the former Sears flagship store at Hancock Center, in north central Austin, into its new headquarters campus, including both primary and specialty clinics.
- ✦ In FY 2023, CommUnityCare opened two new full-service clinics, one in Pflugerville and one at the new Pathways at Chalmers Courts affordable housing complex, in a collaboration with the Housing Authority of the City of Austin.



HEALTH COVERAGE

- Central Health staff completed 7,649 in-person eligibility appointments - a 17% increase over 2022 - and processed 57,548 MAP applications.
- Centers for Medicare & Medicaid Services awarded Sendero Health Plans the 4-Star Marketplace Quality rating for the third consecutive year.
- Sendero enrolled more than 7,600 individuals in health insurance plans, including more than 750 former MAP members through Central Health's CHAP-Expansion program.

BEHAVIORAL & MENTAL HEALTH

- Central Health expanded Methadone and Buprenorphine access for patients in need of substance use disorder treatment in the face of the ongoing opioid epidemic.
- Central Health increased access to inpatient psychiatric and crisis respite services through a new agreement with Integral Care.

PAIN MANAGEMENT & REHABILITATION

- With support from Central Health, People's Community Clinic launched its Integrated Pain Management Program for MAP and MAP Basic patients, including unique services such as group yoga, massage, and acupuncture along with traditional medication.

TRANSPORTATION

- Central Health began work on a contract with Acadian Ambulance Service of Texas to fill the gap of non-emergent stretcher transportation.

INVESTING IN EASTERN TRAVIS COUNTY

- Central Health neared completion of new wellness center locations in Hornsby Bend (which opened in October 2023) and Del Valle as well as two new specialty care clinics in East Austin.

DENTAL CARE

- In FY 2023, Central Health funded 48,950 primary care dental encounters through its three FQHC partners (CommUnityCare, People's, and Lone Star Circle of Care).
- Central Health's new contract with Manos de Cristo adds a 4th primary care dental option for all MAP and MAP Basic enrollees.

URGENT CARE

- Central Health partners served 948 unique MAP and MAP Basic patients in urgent care in 2023.

SPECIALTY CARE

- In addition to its direct patient care in skilled nursing, medical respite, podiatry, and gastroenterology, Central Health improved specialty care access with new contracts in pulmonology, gynecology, ophthalmology, urology, and oncology.
- For ENT services, Central Health worked with Austin Regional Clinic to reduce cancellations and improve turnaround time from patient appointments and follow-up procedures.
- Central Health contracted with Dr. Daniel J. Leeman for ENT and Audiology services.

PATIENT EXPERIENCE

- The Central Health system improved its ability to receive and take action on member concerns with services and bills.

STEWARDSHIP

- As Central Health continued to expand services and completed its long-term planning to implement the Healthcare Equity Plan, it also engaged in long-term financial sustainability planning to attain the financial resources required to support the major, long-term investments that will be required to address those community healthcare needs.

CENTRAL HEALTH'S STRATEGIC PILLARS

ACCESS & CAPACITY

INCREASING PROVIDERS AND CARE TEAMS

CARE COORDINATION

OPTIMIZING TRANSITIONS OF CARE

MEMBER ENGAGEMENT

ENHANCING ENGAGEMENT FOR ENROLLEES AND EXPANDING ENROLLMENT IN HIGH-NEED REGIONS

SYSTEM OF CARE

JOINT SERVICE-DELIVERY PLANNING AND TIMELY SHARING OF HEALTHCARE DATA





COMMUNITY ENGAGEMENT

Central Health's community conversation in July 2023 at Austin Community College's Eastview campus (home to ACC health professions programs) saw record attendance as the hospital district's subject-matter experts presented the implementation strategy for the Healthcare Equity Plan.

OUTREACH

Jessica Ramirez receives her MAP Basic eligibility card on the spot at the Central Health Northeast Health Resource Center in Colony Park.



CAPITAL IMPROVEMENTS

Austin Mayor Kirk Watson, CommUnityCare leadership, and residents of the Pathways at Chalmers affordable housing complex cut the ribbon on CUC's new Chalmers clinic.

HEALTH COVERAGE

Year-round public awareness and outreach efforts are part of Central Health's comprehensive playbook to get eligible Travis County residents covered. As MAP members, they can establish medical homes and work with provider teams dedicated to whole-person care, which keeps taxpayer money from being used ineffectively in hospitals and emergency rooms.





INVESTING IN TRAVIS COUNTY

Central Health and CommUnityCare staff and local volunteers signed a structural beam that's now part of the Hornsby Bend Health and Wellness Center, which opened in October 2023. Leading up to that opening, Central Health and CommUnityCare worked to make sure patients were ready and able to take advantage of this new option available in what has been one of Travis County's largest "healthcare deserts".

IMPROVING PATIENT CARE

Central Health's medical respite program provides short-term residential care that gives patients who are experiencing homelessness a safe place to rest, recover and heal, rather than being discharged back to the street. Respite patients can access basic clinical care, health education, and wraparound supportive services that can help sustain their health moving forward. The average length of stay is about 40 days, but patients are able to stay as long as necessary.

Under the direction of Dr. Audrey Kuang, Central Health's medical respite program began in March 2022 with 5 beds, and by the end of FY 2023 had 25 beds and had received more than 280 referrals from hospitals, skilled nursing facilities, and CommUnityCare clinics.



2023 PARTNER HIGHLIGHTS



CUC ADDICTION MEDICINE CLINIC

Under the leadership of CommUnityCare Chief Medical Officer Dr. Nick Yagoda and addiction medicine specialist Dr. John Weems, CUC is working to develop a cascade of care that integrates substance use disorder treatment with a patient's ongoing primary care while reducing barriers to that care. Patients are guided by experienced peer coaches as well as trained counselors and case managers who work with CUC's medical care teams. In 2023, the CUC substance use program added more than 350 new patients for treatment of opioid use disorder as well as other addictions.



HEALTH ALLIANCE FOR AUSTIN MUSCIANS (HAAM)

Singer-Songwriter Benji Lamar performs for HAAM day 2023 at Central Health's offices. Lamar is a member of the Health Alliance for Austin Musicians (HAAM), and through HAAM was able to purchase a Sendero IdealCare plan on the Affordable Care Act insurance exchange. Central Health pays the premiums for HAAM members' coverage through Sendero. Lamar said part of the reason he performs is to raise awareness for mental and behavioral health. "Since getting HAAM I've accessed the wellness services. ...The dental and the vision," Lamar said. "I'll have health care for another year and keep focusing on the music."



LOOKING AHEAD TO FY 2024

GROWING AND FOCUSING TO MEET TRAVIS COUNTY'S NEEDS

As fiscal year 2023 neared its end in late September, the Travis County Commissioners Court approved Central Health's budget for FY 2024, which includes more than \$80 million in new investments in patient care and organizational capacity:

- ✚ Direct specialty care at three sites in East Austin: the East Clinic (2nd and Comal), Capital Plaza (I-35 at 51st Street), and Rosewood-Zaragosa (Webberville and Pleasant Valley)
- ✚ Opening Hornsby Bend and Del Valle Health and Wellness Centers
- ✚ Increased services at the Black Men's Health Clinic in East Austin
- ✚ Support for CommUnityCare's street medicine and mobile clinic teams
- ✚ Expansion of medical respite and transitions of care teams
- ✚ Substance use disorder treatment and addiction medicine
- ✚ Inmate health at the Travis County Jail
- ✚ 24-7 staffing of Psychiatric Emergency Services in partnership with Integral Care
- ✚ Establishing a Navigation Center to guide patients to appropriate care
- ✚ Building out the Central Health system's technology infrastructure and data analytics

Healthcare Equity Plan Implementation

Year-over-Year Increase (in millions) • Total: \$682.4 million



TRAVIS COUNTY HOSPITAL DISTRICT dba CENTRAL HEALTH

STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION SEPTEMBER 30, 2023

	PRIMARY GOVERNMENT		COMPONENT UNITS	
	BUSINESS-TYPE ACTIVITIES	COMMUNITYCARE	SENDERO (DECEMBER 31,2022)	COMMUNITY CARE COLLABORATIVE
ASSETS				
Current Assets:				
Cash and cash equivalents	\$ 5,170,053	\$ 14,438,414	\$ 17,834,603	\$ 104,038
Cash restricted for Local Provider Participation Fund (Note 15)	25,883	-	-	-
Short-term investments	489,985,824	14,887,547	3,105,399	-
Ad valorem taxes receivable, net of allowance for uncollectable taxes of \$3,476,718	2,240,662	-	-	-
Accounts receivable, net of allowance for doubtful amounts of \$7,144,240	-	19,691,493	-	-
Accounts receivable	-	-	1,838,817	-
Risk adjustments receivable	-	-	47,004,179	-
Premium receivable, net	-	-	-	-
Reinsurance recoverables	-	-	7,132,314	-
Grants receivable	-	5,033,955	-	-
Lease receivable	5,729,943	-	-	-
Other receivables	12,689,926	-	-	83,962
Inventory	-	703,375	-	-
Prepaid expenses and other assets	941,148	1,089,489	720,970	-
Total current assets	516,783,439	55,844,273	77,636,282	188,000
Noncurrent Assets:				
Investments restricted for capital acquisition	48,831,502	-	-	-
Investments restricted for Local Participation Fund (Note 15)	3,425,476	-	-	-
Investments restricted for facilities	133,115,569	-	-	-
Long-term receivables	4,000,000	-	-	-
Investment in Sendero	71,000,000	-	-	-
Sendero surplus debenture	37,083,000	-	-	-
Lease receivable	237,834,083	-	-	-
Goodwill	-	17,849,487	-	-
Capital assets:				
Land	28,846,314	-	-	-
Right to use leased assets - land	42,921,307	-	-	-
Capital projects in progress	25,945,756	-	-	-
Buildings and improvements	74,060,409	6,903,768	-	-
Right to use leased assets - buildings	4,044,219	7,659,091	637,344	-
Equipment and furniture	18,042,702	2,546,514	38,215	-
Subscription-based IT assets	5,869,627	-	-	-
Less accumulated depreciation and amortization	(38,492,160)	(1,582,519)	(40,408)	-
Total current assets, net	161,238,174	15,526,854	635,151	-
Total noncurrent assets	696,527,804	33,376,341	635,151	-
Total assets	1,213,311,243	89,220,614	78,271,433	188,000
LIABILITIES & DEFERRED INFLOWS OF RESOURCES				
Current Liabilities:				
Accounts payable	5,834,644	5,666,936	1,028,641	-
Unpaid losses, loss adjustment expenses and risk adjustment payable	-	-	8,957,517	-
Claims payable	-	-	651,754	-
Funds held under reinsurance agreements	-	-	39,289,132	-
Medical loss ratio rebate	-	-	1,383,981	-
Salaries and benefits payable	5,629,019	7,945,458	-	-
Accrued interest	2,329,628	-	-	-
Deferred rent	-	-	-	-
Other accrued liabilities	12,746,649	342,282	3,460,746	188,000
Bonds and certificates of obligations payable	7,440,000	-	-	-
Premium tax payable	-	-	287,312	-
Lease payable	1,195,661	2,083,284	252,294	-
Subscription-based IT payable	1,694,062	-	-	-
Unearned revenue	-	1,036,313	2,167,755	-
Surplus debenture	-	-	37,083,000	-
Seller note payable	-	2,888,081	-	-
Note payable	-	1,140,000	-	-
Due to Central Health	-	2,106,431	2913,704	-
Total current liabilities	36,869,663	23,208,785	95,475,836	188,000
Noncurrent Liabilities:				
Bonds and certificates of obligations payable	168,365,736	-	-	-
Due to Local Provider Participation Fund (Note 15)	3,451,359	-	-	-
Subscription-based IT payable	45,140,938	5,411,183	385,050	-
Lease payable	2,874,797	-	-	-
Note payable	-	760,000	-	-
Due to Central Health	-	4,000,000	-	-
Total noncurrent liabilities	219,832,830	10,171,183	385,050	-
Total liabilities	256,702,493	33,379,968	78,951,756	188,000
Deferred Inflows of Resources:				
Leases	237,291,717	-	-	-
Total noncurrent liabilities and deferred inflows of resources:	493,994,210	33,379,968	95,860,886	188,000
NET POSITION				
Net investment in capital assets	64,133,855	-	-	-
Restricted for capital acquisition and facilities	52,340,196	-	-	-
Restricted for HMO	-	-	71,000,000	-
Unrestricted	602,842,982	55,840,646	(88,589,453)	-
Total net position	719,317,033	55,840,646	(17,589,453)	-

TRAVIS COUNTY HOSPITAL DISTRICT dba CENTRAL HEALTH

STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION SEPTEMBER 30, 2023



	PRIMARY GOVERNMENT	COMPONENT UNITS		
	BUSINESS-TYPE ACTIVITIES	COMMUNITYCARE	SENDERO (DECEMBER 31, 2021)	COMMUNITY CARE COLLABORATIVE
OPERATING REVENUES				
Lease revenue	\$ 17,434,382	\$ -	\$ -	\$ -
Ground sublease revenue	2,263,902	-	-	-
Net patient service revenue	-	163,819,825	-	-
Premium revenue, net	-	-	62,595,603	-
Grant revenue	2,692,792	27,760,314	-	-
Foundation grant revenue	-	1,357,082	-	-
Revenue received from Central Health	-	16,438,643	-	-
Revenue received from Delivery System Reform Incentive Payment	-	-	-	9,045,686
Revenue received from Seton Affiliation	-	133,245	-	-
Personal services received from an affiliate	-	-	-	131,876
Total operating revenues	22,391,076	209,509,109	62,595,603	9,177,562
OPERATING EXPENSES				
Health care delivery	152,359,531	-	-	486,630
Program services	-	172,729,787	-	-
Medical expenses, net of reinsurance	-	-	46,952,539	-
Supporting services	-	30,266,445	-	-
Administration	15,706,222	-	3,041,417	392,725
Salaries and benefits	-	-	3,680,747	-
Outsourced services	-	-	3,505,073	-
UT Affiliation	22,430,000	-	-	12,570,000
Depreciation and amortization	5,618,690	-	-	-
Total operating expenses	196,114,443	202,996,232	57,179,776	13,449,355
Operating income (loss)	(173,723,367)	6,512,877	5,415,827	(4,271,793)
NONOPERATING REVENUES (EXPENSES)				
Ad valorem tax revenue	280,038,350	-	-	-
Tax assessment and collection expense	(2,181,657)	-	-	-
Tobacco settlement revenue, net	4,828,924	-	-	-
Investment income	18,829,914	-	-	-
Interest expense	(4,190,302)	-	-	-
Loss on sale of capital assets	(42,630)	-	-	-
Other revenue (expense)	5,063,162	975,329	122,240	333,385
Total nonoperating revenues, net	302,345,761	975,329	122,240	333,385
Change in net position	128,622,394	7,488,206	5,538,067	(3,938,408)
Total net position - beginning of year	590,694,639	48,352,440	(23,127,250)	3,938,408
Total net position - end of year	719,317,033	55,840,646	(17,589,453)	-

VISIT CENTRALHEALTH.NET/LIBRARY/FINANCIAL-REPORTS/ANNUAL-FINANCIAL-AUDIT-REPORTS/ TO SEE THE COMPLETE FY2023 FINANCIALS, INCLUDING THE NOTES THAT ARE AN INTEGRAL PART OF THESE STATEMENTS.

FISCAL YEAR 2023
CENTRAL HEALTH

BOARD OF MANAGERS



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CENTRAL HEALTH

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CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

May 8, 2024

AGENDA ITEM 3

Receive an overview of Central Health's approach to Healthcare Equity, along with a proposed definition. (*Informational Item*)



AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date May 8, 2024

Who will present the agenda item? (Name, Title) Sarita Clark-Leach and Dr. Jewel Mullen

General Item Description Presentation of an overview of Central Health’s approach to healthcare equity along with a proposed definition.

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) Quick review of regional impact of health disparities
- 2) Review of definitions of Health and Healthcare Equity
- 3) Recap of Central Health’s approach to the Healthcare Equity Implementation Plan
- 4) Central Health’s approach to healthcare equity
- 5) Proposed definition for healthcare equity

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

Estimated time needed for presentation & questions? 30 minutes

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

Form Prepared By/Date Submitted: Sarita Clark-Leach/ 4/26/2024

APPROACH TO HEALTH EQUITY

Strategic Planning Committee

May 8, 2024

Sarita Clark-Leach, VP of Quality, Analytics and PI

Dr. Jewel Mullen, CH Director of Health Equity



CENTRAL HEALTH

WHAT IS HEALTH EQUITY?



CENTRAL HEALTH

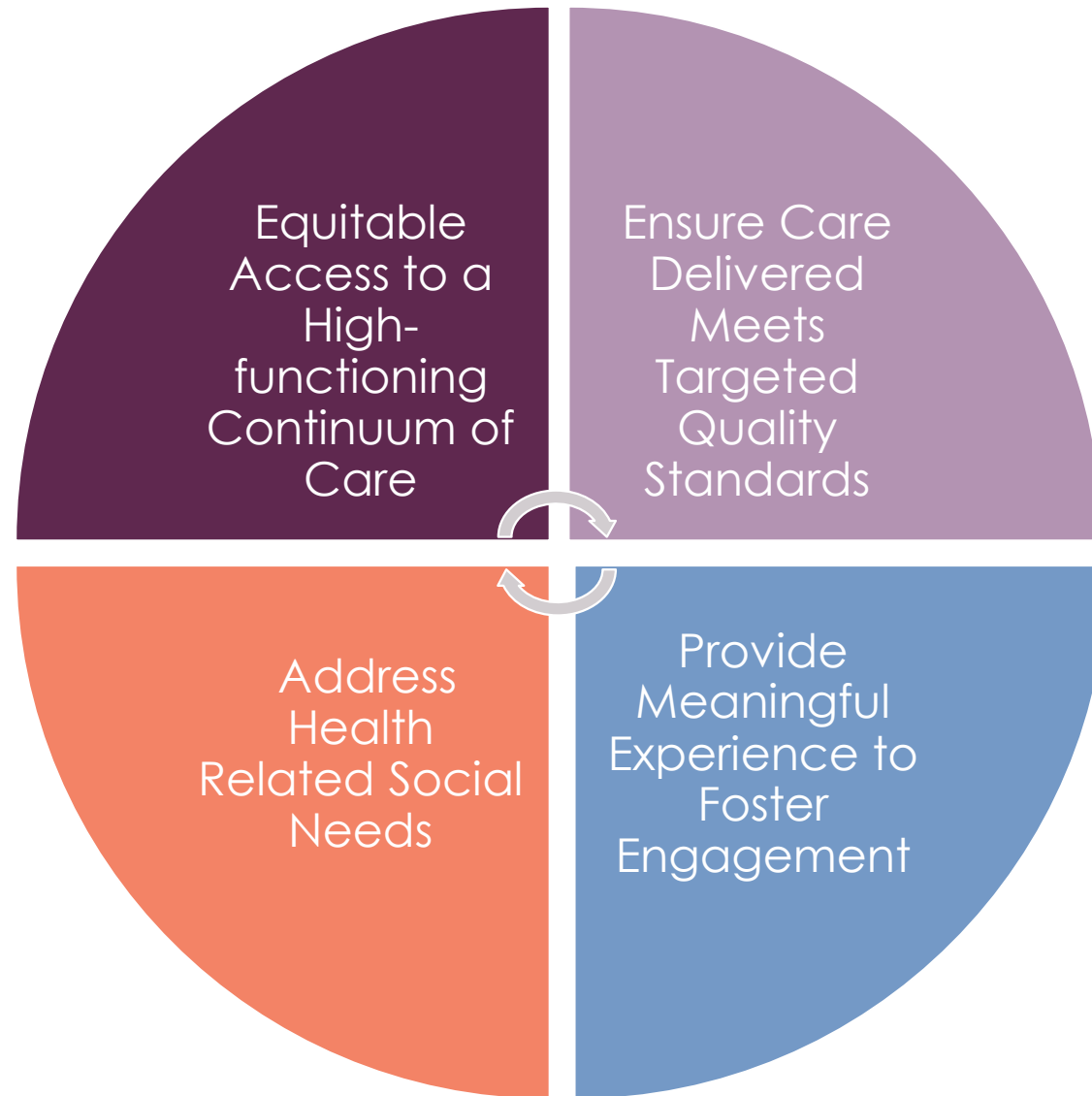
- Everyone has access to a safe, high-quality continuum of care.
 - Marginalized groups often face poorer outcomes, but health care equity is a quality issue, not just a social justice one.
 - Identify and mitigate disparities relative to demographic and geographic attributes
- Sustainable improvement means prioritizing equity, addressing root causes, and setting targeted standards.

Paraphrase of The Joint Commission's statement on health equity

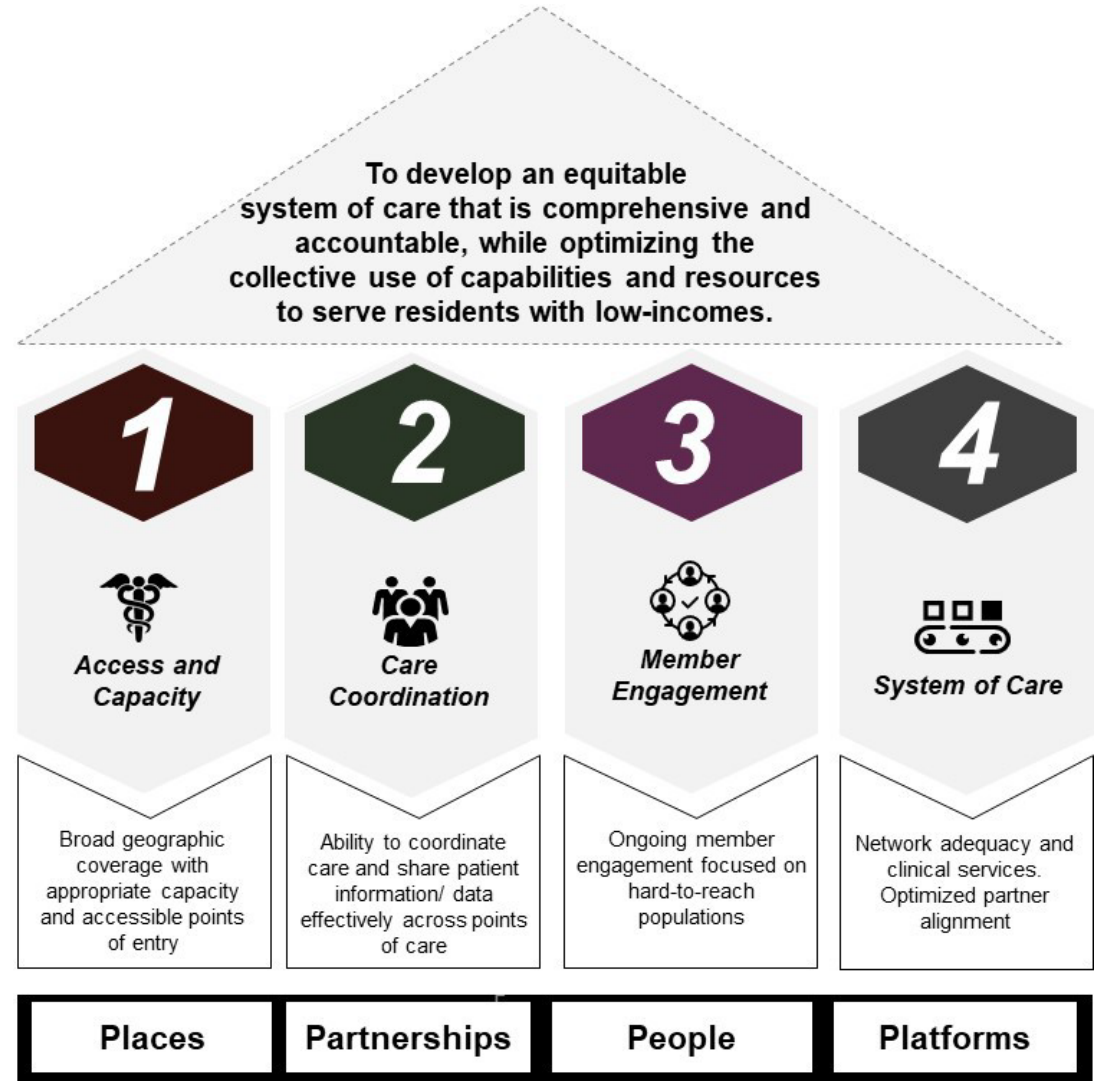
HOW DO WE ACHIEVE IT?



CENTRAL HEALTH



HOW & WHERE DO WE FOCUS OUR EFFORTS?



Central Health's Healthcare Equity Strategic Plan Imperative

HOW DOES OUR CURRENT HEALTH EQUITY PLAN HELP CLOSE CARE GAPS?



CENTRAL HEALTH

Project	Status	Updates
Facilities		
Hornsby Bend	Green	10/13/23 Go-Live
Del Valle	Red	Summer 24 Go-Live
Colony Park Design	Yellow	Launch 4/24
East Austin	Green	10/23 Go-Live
Rosewood-Zaragosa	Yellow	7/24 Go-Live
Navigation Center		
N.C. Implementation	Green	5/5/2023 Go-Live
Eligibility		
12-month MAP	Red	
Clinical Services		
Jail Specialty Care	Yellow	Services to Begin in June
Street Team/Mobile	Yellow	Staffing 3 rd CUC Team; CH Bridge
Transitions of Care	Green	2/1/23 DSMC; 3/13/24 SMCA
SNF	Green	11/1/23 Go-Live
Care at Home	Yellow	Pending Go-Live Q3
Respite	Green	8/1/23 Go-Live
Cancer Screening	Yellow	Developing KPI with CUC/Sendero
I. C. Agreement	Green	10/1/23 Base Expand
Diversion Pilot	Green	IC PES Amendment 2/1/23

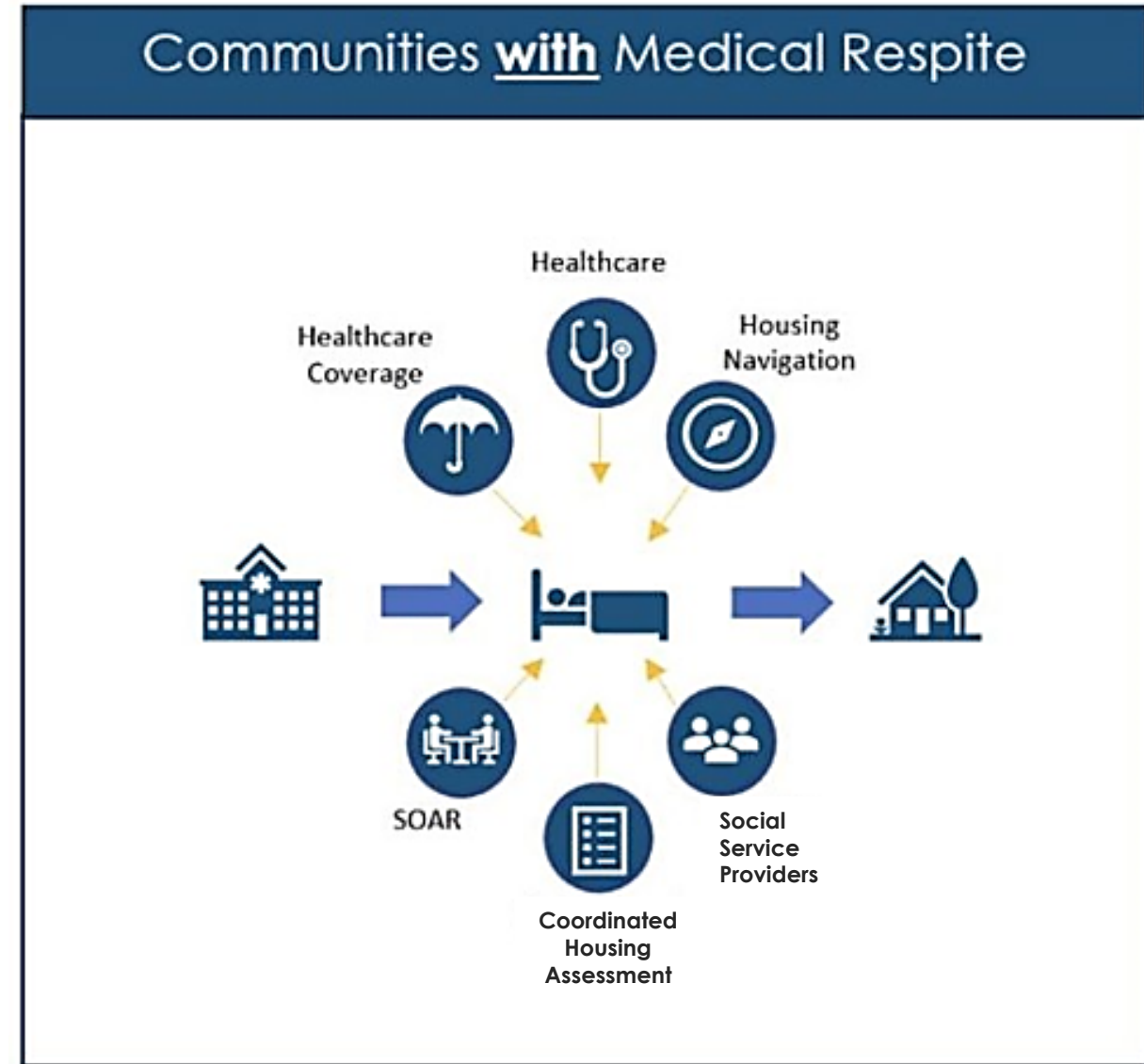
Project	Status	Updates
Clinical Services - Specialty Care		
Medical Respite	Green	8/23/23 Go-Live
GI and Pulmonology	Green	10/2/23 Go-Live @ East
Podiatry	Green	10/23/23 Go-Live @ East
Direct practice SNF	Green	Nov. 2023 Go-Live
PFT services	Green	11/28/23 Go-Live @ East
GI and Pulmonology	Green	1/16/24 Transition to Cap Plaza
Nephrology	Green	2/1/24 Go-Live @ Cap Plaza
Palliative Care	Green	2/5/24 Go-Live @ Cap Plaza
Wound Care	Green	2/5/24 Go-Live @ East
Hepatology	Green	2/15/24 Go-Live @ Cap Plaza
X-Ray	Green	2/15/24 Go-Live @ East
Infectious Disease	Green	2/20/24 Go-Live @ Cap Plaza
BH and Pre-op	Green	3/20/24 Go-Live
Ultrasound	Green	3/25/24 Go-Live
Clinical Pharmacy	Green	4/3/24 Go-Live
Cardiology	Yellow	Launch in Fall
Neurology	Red	Developing LOI with Dell Med

HOW DO WE COLLABORATE TO ENSURE WHOLE PERSON CARE?



CENTRAL HEALTH

Example:



HOW DO WE ENSURE QUALITY?



CENTRAL HEALTH

Set Standards	Ensure care provided meets quality standards
Cultivate Compassion to Engage Patients	Integrate trauma-informed compassionate care practices in patient care
Continuous Improvement	Create systems that promote a mindset of ongoing improvement, development and innovation
Address Barriers to Care	Identify and address disparities and by tailoring care to meet patient needs
Drive Value	Focus on creating efficiencies that drive value for the patient
Set Goals and Measure Achievement	Utilize data and feedback to drive better health outcomes. Understand that data alone does not provide the full picture; seek patient, community and staff feedback

SUMMARY



CENTRAL HEALTH

Central Health aims to foster health equity for residents in Travis County with low incomes by:



Increasing access to a continuum of care that includes direct care and collaboration with other healthcare organizations



Ensuring care quality and long-term health outcomes by establishing metrics and setting targets, identifying and mitigating disparities relative to demographic and geographic attributes



Creating long-term positive health impacts by collaborating with community-based organizations who can address our patients' health-related social needs

Appendix



ECONOMIC IMPACTS OF HEALTH DISPARITIES IN TEXAS 2020



CENTRAL HEALTH



Exhibit 1 / Top 20 Texas Counties by Health Spending & Productivity Impact, 2020

	Health Care + Productivity Cost of Health Disparities	County Population
Harris County	\$1,672,228,330	4,978,845
Dallas County	\$981,008,120	2,734,111
Bexar County	\$591,650,950	2,093,502
Tarrant County	\$564,410,730	2,143,755
Travis County	\$287,589,040	1,291,502



Exhibit 2 / Top 20 Texas Counties by Per Capita Health Spending & Productivity Impact, 2020

	Health Care + Productivity Cost of Health Disparities Per Capita	County Population
Jefferson County	\$372	258,678
Dallas County	\$359	2,734,111
Harris County	\$336	4,978,845
Webb County	\$325	276,183
La Salle County	\$325	8,309
Travis County	\$223	1,291,502

LIFE YEARS LOST DUE TO HEALTH DISPARITIES



CENTRAL HEALTH



Exhibit 3 / Top 20 Texas Counties by Life Years Lost Due to Health Disparities, 2020

	Life Years Lost	Economic Value of Lost Life Years	County Population
Harris County	99,136	\$4,956,814,670	4,978,845
Dallas County	60,097	\$3,004,849,110	2,734,111
Tarrant County	34,197	\$1,709,866,030	2,143,755
Bexar County	34,100	\$1,705,014,010	2,093,502
Hidalgo County	15,614	\$780,700,120	870,366
El Paso County	15,551	\$777,542,380	876,120
Travis County	15,368	\$768,415,080	1,291,502

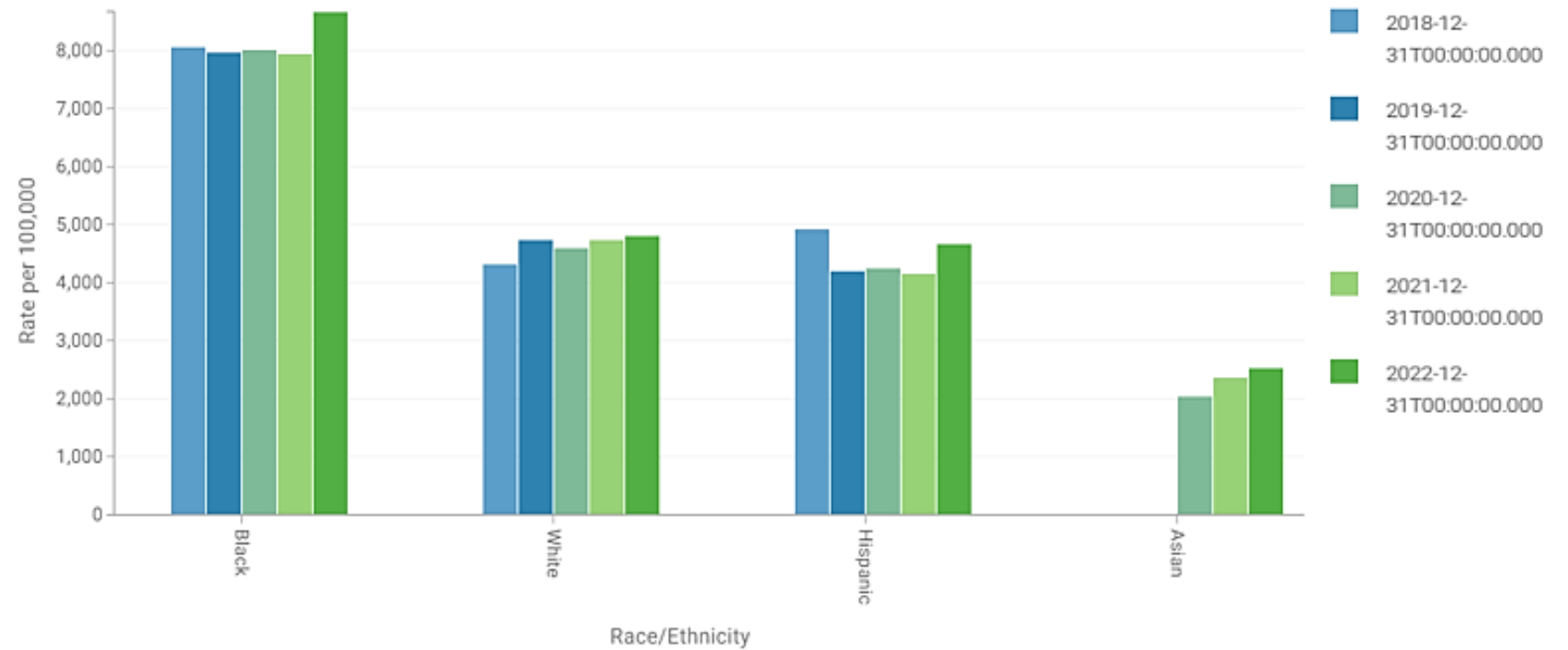
<https://stdavidsfoundation.org/wp-content/uploads/2023/10/Economic-Impacts-of-Health-Disparities-in-Texas.pdf>

DISPARITY IN YPLL IN TRAVIS COUNTY, TX BY RACE AND ETHNICITY



CENTRAL HEALTH

Years of Potential Life Lost Rate by Race/Ethnicity



<https://data.austintexas.gov/stories/s/HE-A-1-Years-of-potential-life-lost-before-age-75-/cvz3-7ikr/>

PREVALENCE EQUITY INDEX DESIGNED TO IDENTIFY DISPARITIES



CENTRAL HEALTH

PREVALENCE EQUITY INDEX: HEAT MAP OF RELATIVE RISK BY GEOGRAPHIC FOCUS AREAS

	Asthma	Behavioral Health	Cardiovascular Disease	COPD	Diabetes	Heart Failure	Hypertension	Malignant Neoplasm	Renal Failure
Colony Park	0.9	0.7	1.0	1.1	1.1	1.0	1.0	1.3	1.1
Del Valle	0.9	0.6	1.0	0.8	1.1	0.8	1.0	0.5	0.7
East Central Austin	1.2	1.3	1.1	1.2	1.1	1.2	1.1	0.9	1.6
North Central Austin	1.0	0.8	1.0	0.9	1.1	1.1	1.0	0.9	0.9
North Travis County	0.9	0.7	1.0	0.9	1.1	1.1	1.0	0.9	0.8
Northeast Austin	0.9	0.8	1.0	1.0	1.0	1.1	1.0	1.2	1.1
Oak Hill	0.8	0.9	0.9	0.7	1.0	1.0	0.9	0.5	0.7
South Austin	0.9	1.0	1.0	1.0	1.3	1.1	1.1	1.1	1.0
Southeast Austin	1.0	0.9	1.1	0.8	1.1	1.0	1.1	1.1	1.2

PREVALENCE EQUITY INDEX: HEAT MAP OF RELATIVE RISK BY RACE AND ETHNICITY

	Asthma	Behavioral Health	Cardiovascular Disease	COPD	Diabetes	Heart Failure	Hypertension	Malignant Neoplasm	Renal Failure
Asian	0.7	0.6	0.9	0.9	0.9	0.9	0.9	0.8	0.6
Black	2.0	1.5	1.3	1.4	0.9	1.6	1.4	0.9	1.6
Latino	0.9	0.9	1.0	0.9	1.1	1.0	1.0	1.1	0.9
Native American	1.5	1.7	1.0	0.4	0.5	1.1	0.8	0.5	1.2
Other	0.8	0.9	0.8	0.9	0.6	0.7	0.8	0.6	0.8
Unreported	0.5	0.5	0.7	0.3	0.7	0.3	0.7	0.1	0.1
White	1.4	2.0	1.0	1.7	0.6	1.3	1.0	1.6	1.8

HEALTH EQUITY DEFINITIONS



CENTRAL HEALTH

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

-World Health Organization (WHO) Constitution (1946)

“Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.”

- CDC

“[T]he attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

- US DHHS Healthy People 2030

DESCRIPTION OF HEALTH CARE EQUITY APPROACH



CENTRAL HEALTH

“Our vision is that all people always experience safe, high-quality health care. Today however, health care quality and health outcomes are often worse for racial/ethnic minorities, women, people living in rural communities, people with disabilities, those living in poverty, people with lower educational attainment, and other historically marginalized groups. And although health care equity is often viewed through a social justice lens, we understand it to be first and foremost a quality-of-care problem. Which means to achieve sustainable improvement we need to approach health care equity in the same way we approach other crucial patient safety priorities — by understanding the root causes and implementing targeted standards of care.

- The Joint Commission

PROPOSED DEFINITION



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Healthcare equity is achieved when the quality of care a person receives is not dictated by their economic, social, mental, or physical status, and when care systems proactively strive to eliminate disparities, ensuring the highest possible standard of care for all.



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CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

May 8, 2024

AGENDA ITEM 4

Receive an update on higher education workforce recruitment. (*Informational Item*)



To: Central Health Board of Managers

cc: Dr. Patrick Lee, President & CEO
Briana Yanes, Board Governance Senior Manager

From: Dr. Alan Schalscha, CMO
Jeannie E. Virden, Enterprise CHRO

Date: Wednesday, April 24, 2024

Subject: FY2024 Budget Resolution Update: Collaboration with Secondary and Higher Education Institutions

Background

As part of the approved FY2024 Budget Resolutions for Central Health, a need to develop certain aspects of our workforce was shared with the Board of Managers thus a strategic objective to “coordinate with local secondary and higher education institutions” was identified. The goal is to “provide scholarships, internships, and employment to support development of culturally affirming workforce in fulfillment of Central Health’s mission.”

Activities to Date

We have partnered with Austin Community College (ACC) to provide a Medical Assistant education program whereby we employee members of the Travis County communities we serve to become certified Medical Assistants. The program includes classroom education provided by ACC followed by a clinical externship within Central Health while being employed by Central Health. Upon graduation from the program, the goal is to transition interested and qualified graduates into Medical Assistant roles within the Central Health, CommUnityCare, or other Central Health partner organizations. Below is a high-level overview of the program status.

- **Memorandum of Understanding with ACC**
 - Completed
- **Candidate Selection Process**
 - Designed and Completed
 - An inaugural cohort of ten (10) students were selected and started the program on Monday, March 25, 2024.
- **ACC Classroom Instruction & Central Health Externship Program**
 - Current cohort is attending the classroom learning program.
 - Central Health team members are prepared to support the cohort’s externship experience once the classroom learning is completed.
- **Next Steps**
 - Graduation activities for the current cohort are being planned.
 - Planning for the next cohort of students is ongoing and planned for Summer 2024.

CENTRAL HEALTH/ACC MEDICAL ASSISTANT APPRENTICESHIP



CENTRAL HEALTH

- The MA Apprenticeship Program was developed in FY24 to meet the employment needs of Central Health and develop a work force pipeline with qualified and mission aligned employees.
- Cohort 1 began March 25, 2024 and MA Graduation is June 28, 2024. The program is 9 weeks of accelerated didactic coursework provided by ACC, followed by 5 weeks of direct practice in Central Health Specialty Clinics.
- MA Apprentices are paid and benefitted employees of Central Health during the duration of the program. After successful completion, the Nursing and Human Resources Departments will begin placing new MAs in specialty clinics, primary care, and with affiliate organizations based on available MA openings.
- 9 students are anticipated to graduate in the inaugural class.
- Recruitment for Cohort 2 began April 25, 2024 and closes April 29, 2024. Interviews will be April 30-May 2, 2024. Ten applicants will be selected.
- Qualified applicants are 18 years or older, hold GED/HS diploma, and reside in Travis County.



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

May 8, 2024

AGENDA ITEM 5

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