

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, April 10, 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/i/87980798659?pwd=6RqtSU29hnq0DI4qnoKeAaEiSFeufU.1

Meeting ID: 879 8079 8659 Passcode: 374202

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

https://www.youtube.com/@tchealthdistrict/streams

Or to participate by telephone only:
Dial: (346) 248 7799
Meeting ID: 879 8079 8659
Passcode: 374202

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 April 10, 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 March 6, 2024 Strategic Planning Committee meeting. (Action Item)
- 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. (*Informational Item*)
- 3. Receive an update on Key Performance Indicators (KPIs) as part of the Board adopted Healthcare Equity Implementation Plan. (*Informational Item*)
- 4. Receive and discuss the proposed Mental Health Diversion Pilot Program term sheet.³ (*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.

- The Strategic Planning Committee may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Committee announces that the item will be considered during a closed session. A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the Committee agenda. However, Board members who are not Committee members will not vote on any Committee agenda items, nor will any full Board action be taken.
- ^{3.} Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).

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

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

202480492



CENTRAL HEALTH STAYS IN FILE

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Came to hand and posted on a Bulletin Board in the

County Recording Office, Austin, Trayis County, Texas on this the

Dyana Limon-Mercado

County Clerko Trayis County, Texas

Deputy

ASHLEY MILLER

FILED AND RECORDED OFFICIAL PUBLIC RECORDS

Dyana Limon-Mercado, County Clerk
Travis County, Texas

202480492

Apr 05, 2024 12:02 PM

Fee: \$0.00

MILLERA

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.

Manager as of 6/30/2021 and henceforth forward as indicated by signature below.

Board Manager Signature

Date

Be it adopted that the above agreements will be honored and acted upon by each Board

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 ofe.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 thatpeople 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 thatand 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 BOARD OF MANAGERS STRATEGIC PLANNING COMMITTEE

April 10, 2024

AGENDA ITEM 1

Review and approve the minutes of the March 6, 2024 Strategic Planning Committee meeting. (Action Item)

MINUTES OF MEETING – MARCH 6, 2024 CENTRAL HEALTH STRATEGIC PLANNING COMMITTEE

On Tuesday, March 6, 2024, a meeting of the Central Health Strategic Planning Committee convened in open session at 1:00 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerks for the meeting were Chris Hardick and Briana Yanes.

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

Committee members present via audio and video: Manager Valadez

Board members present in person: Manager Museitif and Manager Motwani

PUBLIC COMMUNICATION

Clerk's Notes: Public Communication began at 1:02 p.m. Yesenia Ramos announced that no speakers signed up for Public Communication.

COMMITTEE AGENDA

1. Review and approve the minutes of the January 17, 2024 Strategic Planning Committee meeting.

Clerk's Notes: Discussion on this item began at 1:03 p.m.

Manager Motwani moved that the Committee approve the minutes of the January 17, 2024 Strategic Planning Committee meeting.

Manager Kitchen seconded the motion.

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

2. Receive and discuss an update on Central Health's communications, engagement, and outreach efforts, including an update on Unified Branding for the Central Health System.

Clerk's Notes: Discussion on this item began at 1:03 p.m. Mr. Ted Burton, Chief Communications Officer; Mr. Ivan Davila, Sr. Director of Marking and Communications; Ms. Isela Guerra, Sr. Engagement and Outreach Manager; Mr. Mike McKinnon, Sr. Communications Manager; Ms. Anastassia Sims, Content Manager; and Ms. Yesenia Ramos, Community Engagement Supervisor, presented a communications update. The presentation included an update on unified branding for the Central Health System, an update on Central Health's communications, community engagement and community outreach efforts for quarter one, supporting strategic imperative 3, and enhancing member enrollment and engagement.

3. Receive an update on Central Health's behavioral health and substance use services, including information on direct and contracted services, diversion and deflection pilot services, and potential opioid settlement funding.

Clerk's Notes: Discussion on this item began at 1:57 p.m. Mr. Jonathan Morgan, Chief Operating Officer, and Ms. Cynthia Gallegos, Vice President of Operations, presented on the behavioral health and substance use treatment system of care. The presentation began with a list of contracted mental health services offered by Integral Care, CommUnityCare, Lone Star Circle of Care, People's Community Clinic, and SIMS Foundation. Next, they shared a list of contracted substance use treatment services offered by CommUnityCare Addiction Medicine Clinic, Integral Care MAT, Community Medical Services (CMS), Addiction & Psychotherapy Services, Sobering Center, and others.

Dr. Alan Schalscha, Chief Medical Officer, then introduced Dr. Nick Yagoda, CommUnityCare Chief Medical Officer, and Mr. John Weems, CommUnityCare Associate Director of Addiction Medicine, who presented on FQHC-based mental health and substance use disorder programming to advance health equity. The presentation included a look at the population health model, strengths of the CommUnityCare addiction medicine clinic, and a look at the growth in CommUnityCare's addiction medicine program since 2020. Lastly, they shared the projected number of Central Health substance use and mental health patients in 2024.

Next, Mr. Jonathan Morgan introduced Dawn Handley, Integral Care Chief Operating Officer; Marlene Buchanan, Integral Care Director of Systems of Care; and Marisa Malik, Integral Care Director of Crisis Services and Justice Initiatives. They began the presentation by sharing a list of Integral Care Clinics. Next, they shared information about the outpatient behavioral health contract. Lastly, they shared information about their Crisis Care Diversion Pilot, Psychiatric Emergency Services, and their Therapeutic Diversion Program.

Lastly, Ms. Katie Coburn, Director of Regional Healthcare Partnership, presented on opioid settlement funding for hospital districts. She explained that Central Health will receive periodic, automatic distributions from the Texas Opioid Abatement Fund Council. The first distribution is expected in late spring of 2024. It will be approximately \$3 million and must be used for approved services, including funding for existing programs.

 Receive an update on two of Central Health's services focused on people experiencing homelessness, including the development of additional respite care services and "Bridge" clinical services.

Clerk's Notes: Discussion on this item began at 3:24 p.m. Dr. Audrey Kuang, Director of High-Risk Populations, and Megan Clark, Director of Operations, Transitions of Care and Medical Respite, presented on the medical respite program. The presentation first included background on what medical respite is. Next, they shared the timeline of the Central Health Medical Respite Program beginning in March of 2022. Next, they shared metrics on referrals, admissions, demographics, and services. They then shared a patient story. Lastly, they shared that Central Health's development of a respite facility at its Cameron Road site will be an essential step in providing the quantity, quality, and level of respite care services with wrap around care services to care for our community.

5. Receive an update on the Central Health dashboards associated with service-level reporting for Fiscal Year 2024.

Clerk's Notes: Discussion on this item began at 3:51 p.m. Chair Brinson announced that there would be no presentation on this item, backup was provided in the packet, and staff would be available for questions.

6. Receive and discuss an introduction of Fiscal Year 2025 Strategic Priorities and Budget Development process and calendar.

Clerk's Notes: Discussion on this item began at 3:55 p.m. Dr. Patrick Lee, President & CEO, and Ms. Monica Crowley, Chief Strategy and Planning Officer & Sr. Counsel, presented an introduction of the FY25 strategic priorities and budget development process and calendar. The calendar highlighted key activities, objectives, expected actions, and outcomes for each meeting forum.

7.	7. Confirm the next Strategic Planning Committee meeting date, time, and location.						
At 4:26	p.m. Manager Jones moved that	t the Committee	adjourn.				
Manag	er Kitchen seconded the motion.						
The mo	Chairperson Brinson Manager Jones Manager Kitchen Manager Valadez eeting was adjourned at 4:27 p.m	For For For					
			ATTESTED TO BY:				
•	a Brinson, Chairperson I Health Strategic Planning Comn	- nittee	Manuel Martin, Secretary Central Health Board of Managers				



CENTRAL HEALTH BOARD OF MANAGERS STRATEGIC PLANNING COMMITTEE

April 10, 2024

AGENDA ITEM 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. (*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	April 10, 2024
Who will present the agenda item? (Name, Title)	Monica Crowley (CSO & Sr. Counsel), Jon Morgan (COO), Dr. Alan Schalscha (CMO) and Central Health Staff
General Item Description	Healthcare Equity Implementation Plan Review and Update
Is this an informational or action item?	Informational
Fiscal Impact	Not Applicable
Recommended Motion (if needed – action item)	Not Applicable
Overview of the to addressing th plan.	item, and/or feedback sought from the Board of Managers: Board Adopted Healthcare Equity Implementation Plan and strategic approach e most critical community healthcare needs identified over the seven (7) year ty Implementation Plan progress updates and fiscal year planning to support yelopment.
What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	PPT Presentation
Estimated time needed for presentation & questions? Is closed session recommended? (Consult with attorneys.)	1 hour, consisting of 30 mins for presentation and 30 minutes for discussion No
Form Prepared By/Date Submitted:	Monica Crowley, 4/4/2024

HEALTHCARE EQUITY IMPLEMENTATION PLAN: REVIEW AND INITIATIVE UPDATE

April 10, 2024 | Strategic Planning Committee Presentation



Budget Resolution Key Takeaways

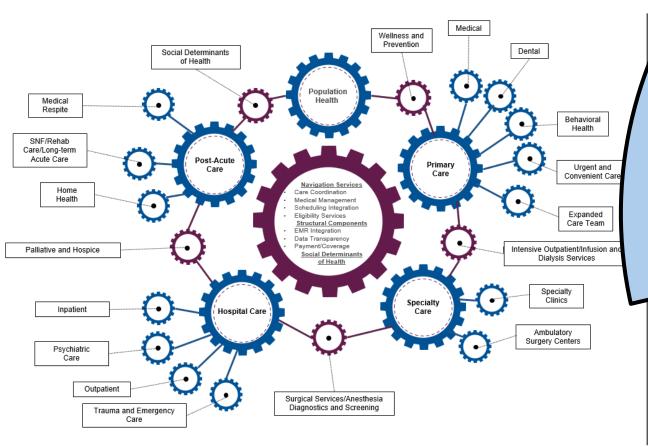
Project	Status	Updates
Facilities		
Hornsby Bend		10/13/23 Go-Live
Del Valle		Summer 24 Go-Live
Colony Park Design		Launch 4/24
East Austin		10/23 Go-Live
Rosewood-Zaragosa		7/24 Go-Live
Navigation Center		
N.C. Implementation		5/5/2023 Go-Live
Eligibility		
12-month MAP		
Performance Review		
Mazars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

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



Central Health Has Been Committed Improving the Health of Travis County's Safety-Net Population

Our Vision to Addressing the Unmet Health **Needs of Travis County's Safety-Net Population**



Our Approach to Creating and Implementing a High Performing Healthcare System

Monitoring, Evaluating, & Improving

continually assess projects

performing healthcare

afetv-net's

nealthcare needs

Central Health will

Implementation & **Performance Tracking**

Central Health will take action to implement projects and initiatives to close the identified gaps and develop a performance tracking plan with KPIs to measure progress and impact.

Financial Model

The financial model informs the size and timing of investments to execute initiatives. The operational plan, activities and key milestones align to the financial plan to

Operational Roadmaps

Central Health created effectively execute initiatives based on industry best practices

Community Needs

Central Health identified and prioritized unmet needs within the Travis County Safety Net and initiatives to build a high Population. vstem and ensure the

Proiects

To address these unmet community needs. Central Health created over 150 projects.

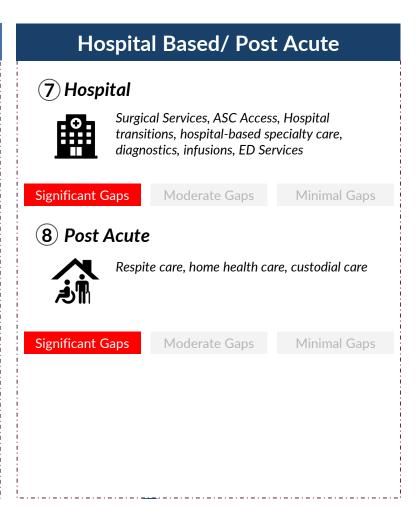
Initiatives

Central Health organized related and interdependent projects together into initiatives to optimize efficiency.

Central Health Identified Significant Unmet Community **Needs**







^{*}Select services include but are not limited to these.

Central Health Developed and Prioritized Initiatives Phased Over Time To Respond Unmet Community and Patient Needs

Estimated Cost by Fiscal Year For Initiatives by Community Need

Community Need	Initiatives	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Expanded Access to Specialty Care	 Direct Clinical Capacity Specialty Care, Care Coordination Specialty Care Contracting and Relationships 	\$ 12,191,280	\$ 18,204,033	\$ 34,075,825	\$ 45,872,649	\$ 51,335,031	\$ 54,596,707	\$ 57,170,949
Access to Mental Health Services	 Mental Health Clinical Processes and Staffing Mental Health Data Access and Triage Mental Health Facilities 	Ψ 12,171,200	ψ 10,20 1,000	Ψ 01,073,023	13,072,017	Ψ 31,003,001	3 1,370,707	\$ 37,176,717
Robust Post-Acute Care, Including Respite and Extensivists	Post-Acute Care Contracting and OperationsPost-Acute Care Funding Support	\$ 2,007,566	\$ 3,773,148	\$ 6,410,173	\$ 8,890,371	\$ 9,892,545	\$ 12,198,492	\$ 13,484,543
Primary Care, including CUC HIV/AIDS Program and Pharmacy	Patient NavigationPrimary Care Capacity	\$ 2,000,000	\$ 3,050,000	\$ 3,775,200	\$ 4,358,144	\$ 5,284,791	\$ 6,039,411	\$ 6,512,896
SUD and Addiction Medicine Services	Respite and Recuperative CareSUD Clinical Processes and StaffingSUD Data Access and Triage	\$ 833,750	\$ 2,168,166	\$ 4,687,813	\$ 7,282,079	\$ 7,535,751	\$ 7,786,153	\$ 8,041,888
Access to Hospital Care	Hospital Capacity Hospital Care Coordination	\$ 750,000	\$ 768,750	\$ 787,500	\$ 3,493,750	\$ 3,575,000	\$ 3,656,250	\$ 3,737,500
Health Care for the Homeless	 Connection to Supportive and Affordable Housing Funding Support Mobile Care Clinic and High Risk Care Clinic 	See Note 3 below	\$ 405,410	\$ 1,672,159	\$ 1,891,316	\$ 1,943,442	\$ 1,995,345	\$ 2,048,206
Expanded Access to Dental Care	Dental Care Capacity and Facilities Dental Staffing and Contracting	\$ 400,000	\$ 704,688	\$ 1,275,750	\$ 1,644,750	\$ 1,980,000	\$ 2,227,500	\$ 2,484,000
Care Coordination	Care Coordination Program Alignment and Augmentation							
Enrollment and Eligibility	Enrollment & Eligibility Technology OptimizationEnrollment & Eligibility Procedures & Coordination	\$ 2,876,863	\$ 5,592,723	\$ 9,195,487	\$ 10,825,531	\$ 12,011,684	\$ 12,962,561	\$ 13,750,123
Coverage Programs, Benefits, and Structures	Coverage Program Benefit EnhancementCoverage Program Information Delivery							

Note 1: Financial estimates were prepared in conjunction with Central Health leadership based upon agreed upon assumptions.

Note2 : Cost estimates associated with crosscutting projects and initiatives are attributed to one community need to promote efficiency and maximize available resources.



CENTRAL HEALTH

Central Health Developed and Prioritized Initiatives Phased Over Time To Respond Unmet Community and Patient Needs

Estimated Cost by Fiscal Year For Initiatives by Community Need

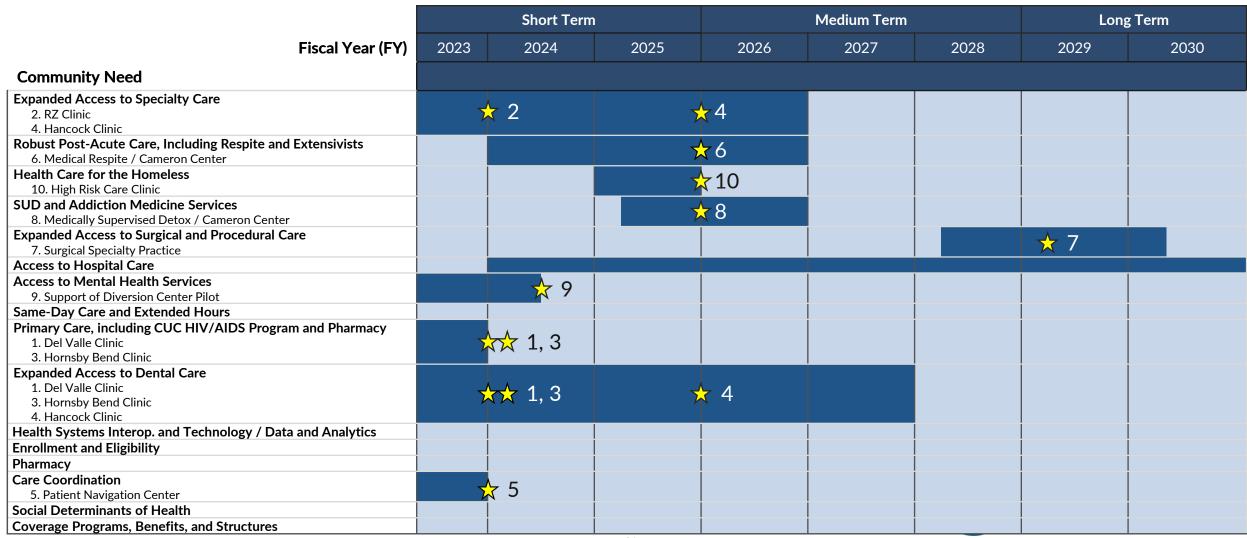
Community Need	Initiatives	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Pharmacy	 Pharmacy Care Coordination Pharmacy Capacity Pharmacy Program Aug. 340B Pricing 	\$ -	\$ -	\$ 3,300,000	\$ 3,300,000	\$ 5,600,000	\$ 5,600,000	\$ 5,900,000
Same-Day Care and Extended Hours	 Primary Care, Care Coordination Primary Care Processes and Staffing Urgent and Convenient Care 	\$ -	\$ -	\$ 105,000	\$ 161,250	\$ 220,000	\$ 281,250	\$ 287,500
Expanded Access to Surgical and Procedural Care	Surgical Clinical CapacitySurgical Care Coordination	\$ -	\$ -	\$ -	\$ -	\$ 3,335,833	\$ 7,356,794	\$ 10,044,058
Social Determinants of Health (SDOH)	SDOH Contracting and RelationshipsSDOH Funding	\$ 1,024,375	\$ 1,312,043	\$ 1,808,618	\$ 1,899,756	\$ 1,956,748	\$ 2,015,451	\$ 2,075,914
Health Systems Interop. and Technology / Data and Analytics	IT Governance, Reporting, and InteroperabilityIT Career Dev. & Training	\$ 6,844,420	\$ 8,122,919	\$ 9,623,362	\$ 10,293,991	\$ 11,105,906	\$ 12,036,995	\$ 12,571,620
Support Functions								
General Support Costs	 Human Resources Finance Communications General Administration Strategy Compliance 	\$ 4,069,065	\$ 6,040,577	\$ 7,531,054	\$ 7,756,986	\$ 7,989,695	\$ 8,229,386	\$ 8,476,268
Total Operating Expenses		\$ 32,997,319	\$ 50,142,455	\$ 84,247,942	\$ 107,670,572	\$ 123,766,427	\$ 136,982,295	\$ 146,585,465
Capital Expenditures	Debt Service	\$ 14,653,762	\$ 18,130,282	\$ 18,132,747	\$ 19,491,882	\$ 19,491,349	\$ 19,491,217	\$ 19,495,810
Operating Expenses + Capital Expendito	ures	\$ 47,651,081	\$ 68,272,737	\$ 102,380,688	\$ 127,162,454	\$ 143,257,775	\$ 156,473,513	\$ 166,081,274

Total Operating Expenses (FY24-FY30)	\$ 682,392,474
Capital Expenditures (FY24-FY30)	\$ 128,887,048
Total Estimated Cumulative Costs	\$ 811,279,522

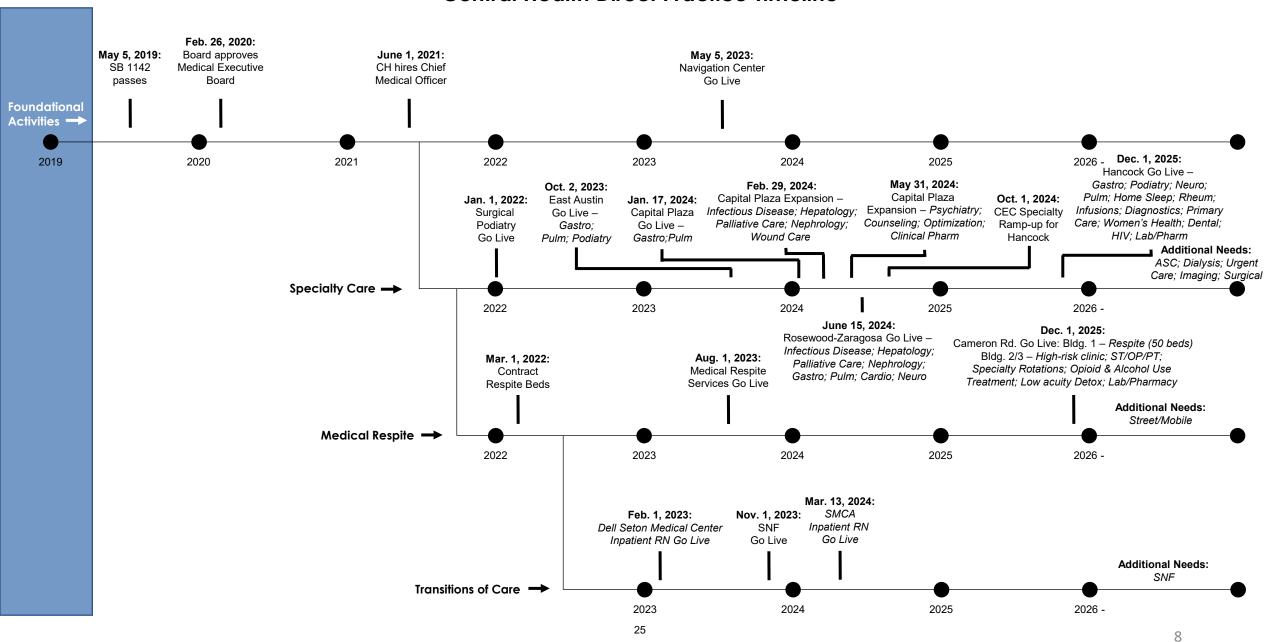
Note 1: Financial estimates were prepared in conjunction with Central Health leadership based upon agreed upon assumptions.

Note 2: Cost estimates associated with crosscutting projects and initiatives are attributed to one community need to promote efficiency and maximize available resources.

Initiatives Phased Over Time Based Upon Level of Need and Capabilities to Respond to Unmet Community and Patient Needs



Central Health Direct Practice Timeline



Community Need and Initiative(s)	FY23 Achievements	FY24 Progress	FY25 Planning
Expanded Access to Specialty Care ☐ Direct Clinical Capacity ☐ Specialty Care, Care Coordination ☐ Specialty Care Contracting and Relationships	 Central Health Epic EMR Launch Central Health Patient Navigation Go-Live to Support Clinic Openings Hancock Programming/Pre- Design; Design Development Established Care Model Sub- Committee, Developing Model Components 	 East Clinic Opened Capital Plaza Opened Hancock Schematic Design and Construction Planning Expanded Outpatient DME Access Central Health Specialty Care Services for Travis County Jail Inmates ★ RZ Clinic Opening Q4 FY24 ★ 	 Transition Clinical Services from Capital Plaza to Clinical Education Center (CEC) and RZ Operationalize RZ and Optimize Direct Clinical Services for Gastro, Pulmonology, Infectious Disease, Nephrology, Surgical Optimization, Palliative Care, Neurology, Cardiology, Endocrinology Continue Planning, Staging and Construction of Hancock, Including Specialty Care Portfolio
Access to Mental Health Services Mental Health Clinical Processes and Staffing Mental Health Data Access and Triage Mental Health Facilities	26	 Expanded Services Agreement with Integral Care to Increase Access to Outpatient Behavioral Health Services and Support Expansion of Diversion Services Related to Psychiatric Emergency Services Hired Director of Behavioral Health Services and Manager to Add Access and Build Out Central Health Mental Health Clinical Processes and Staffing 	 Scale In-Person and Virtual Psychiatry and Counseling Services Across Central Health Clinical Environments Psychiatric and Counseling Support Services at Cameron Road and Hancock

Community Need and Initiative(s)	FY23 Achievements	FY24 Progress	FY25 Planning
Robust Post-Acute Care, Including Respite and Extensivists Post-Acute Care Contracting and Operations Post-Acute Care Funding Support	 Hired Central Health Clinical Team for Medical Respite Central Health Respite Services Expanded to Arch (Urban Alchemy) 	 Respite Bed Expansion at Arch and Marshalling Yard Initiated Cameron Road Planning Development of Central Health Bridge Program Central Health Skilled Nursing Direct Practice Services Go-Live 	 Scale Clinical Teams, Facilities and Practice Model for Post Acute and Respite Cameron Road and Other Planning for Medical Respite
Primary Care, including CUC HIV/AIDS Program and Pharmacy Patient Navigation Primary Care Capacity	 Hornsby Bend Health & Wellness Center Opening Del Valle Health & Wellness Center Under Construction 	 Del Valle Clinic Opening, Including Retail Pharmacy/Drive Thru Supporting Mobile Care Clinic Expansion with CUC Central Health Pharmacy Assistance Program (PAP) Established 	 Partner Discussions to Increase Same Day and Next Day Access Planning Transition and Operationalizing HIV Services, Women's Health, Convenient Care and Dental Services to Hancock Programming Services Model for Colony Park Health Center
	27		10

Community Need and	FY23 Achievements	FY24 Progress	FY25 Planning
Initiative(s)			
SUD and Addiction Medicine Services ☐ Respite and Recuperative Care ☐ SUD Clinical Processes and Staffing ☐ SUD Data Access and Triage	 Expanded Services with Methadone Providers to Support Patients Transitioning Between MAT Programs Established New MAT Access Point at Integral Care for Co- Occurring SUD and Serious Mental Illness 	 Expanded Capacity at Community Medical Services and Addiction & Psychotherapy Services to Include Methadone Services for MAP Basic Partnered with Sobering Center for Treatment Holdovers to Facilitate Inpatient Recovery 	 Opioid and Alcohol Treatment Services at Cameron Road Planning for Medically Supervised Detox at Cameron Road Recruiting Department Leadership and Continue Developing Program
Access to Hospital Care Hospital Care Coordination	 Integrated Central Health Transitions of Care Hospital Team at Dell Seton Medical Center to Support Discharge Planning from Inpatient Setting 	 Expansion of Inpatient Transitions of Care (TOC) at Seton Medical Center Austin 	 Implementing a Collaborative Dyad Care Model in the Emergency Room Setting Expand to Additional Hospitals
Health Care for the Homeless ☐ Connection to Supportive and Affordable Housing ☐ Funding Support ☐ Mobile Care Clinic and High-Risk Care Clinic	 Increased Streamlined MAP Enrollment Hired Central Health Clinical Team for Medical Respite Central Health Respite Services Expanded to Arch (Urban Alchemy) 	 Respite Bed Expansion at Arch and Marshalling Yard Expand CUC Street Medicine Program EMS Contract to Support Health Care Services Initiated Cameron Road Planning Development of Central Health Bridge Program Expanded Services Agreement with Integral Care to Increase Access to Outpatient Behavioral Health Services and Support Expansion of Diversion Services Related to Psychiatric Emergency Services 	 Central Health Respite Facility Continue Build Out of Bridge Teams Cameron Road and Other Planning for Medical Respite

Community Need and Initiative(s)	FY23 Achievements	FY24 Progress	FY25 Planning
Expanded Access to Dental Care ☐ Dental Care Capacity and Facilities ☐ Dental Staffing and Contracting	 Added New Network Provider for Primary Care Dental Through Contracting 	 Del Valle Service Planning to Include Dental Expanding Oral Surgery Access 	 Hancock Service Planning, Including Dental Programming Services Model for Colony Park Health Center
Care Coordination ☐ Care Coordination Program Alignment and Augmentation	 Central Health Patient Navigation Center Go-Live Transitioned Case Management Model to Organize Efforts Based on Outreach, Complex Case Management and Surveillance Patient Cohorts 	 Continue Staffing of Central Health Patient Navigation Center to Support Expanding Services Launched Transitional Care at Home CHWs Embedded Across Transitions of Care and Respite To Support Care Coordination 	 Developing and Implementing Strategic Approach to Social Determinants Health
Expanded Access to Surgical and Procedural Care Surgical Clinical Capacity Surgical Care Coordination		 Pre-Surgery Clearance and Optimization Clinic Hired a General Surgeon to Create Additional Access for Endoscopy and Begin Surgical Practice Planning 	 Planning and Operationalizing Initial ASC-Focused Surgical Specialties
	29		12

<u> </u>			
Community Need and Initiative(s)	FY23 Achievements	FY24 Progress	FY25 Planning
Enrollment and Eligibility ☐ Enrollment & Eligibility Technology Optimization ☐ Enrollment & Eligibility Procedures & Coordination	 Launched Virtual Applications at CareCo Clinic 	 Virtual Enrollment Expanded to Dell Seton, Ascension Seton Medical Center and Hornsby Bend Developing Enrollment Access at Cesar Chavez for Individuals Experiencing Homelessness Developing Process with Travis County Sherriff's Office to Increase Enrollment Efforts of Justice Involved Prior to Discharge 	 Discussion Planning to Develop Enterprise Enrollment and Eligibility Strategy, with Shared Enrollment Goals and Tactics for Implementation Implement Onsite Eligibility for New Central Health Clinical Environments
Coverage Programs, Benefits, and Structures Coverage Program Benefit Enhancement Coverage Program Information Delivery	 MAT Services Expanded to MAP Basic in FY23 Completed First Year of Central Health's Transitional Dialysis Program Gained Access to CAR T-Cell Therapy, Bone Marrow Transplant and Long-Term Dialysis Coverage for Central Health Patients Through Sendero 	 Expanded the Premium Assistance Program to MAP Basic 150 members Expanded Enrollment Into CHAP Expansion (High-Risk) Program Developing a Central Health Financial Assistance Program Continue Develop Jail Coverage Program 	 Expand on Jail Health Enrollment Initiative to Access Additional Specialty Care Services Explore Opportunities to Expand Standard MAP Enrollment Period to 12 Months
	30		

13

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Community Need and Initiative(s)	FY23 Achievements	FY24 Progress	FY25 Planning
Social Determinants of Health (SDOH) SDOH Contracting and Relationships SDOH Funding	 FindHelp Integrated into Central Health Instance of Epic, Trained Team Members Across Organization on Platform Central Health Community Healthcare Initiative Fund (CHIF) - 3 Pilot Programs with CBOs (AVEY, Common Threads and HAAM) Launched Loaner Device Program for Medical Respite Patients 	 Internal Workgroup Initiated to Identify SDOH Gaps and Establish Central Health Strategy Central Health Community Healthcare Initiative Fund (CHIF) 2.0 in Development Expanding Loaner Device Program to Transitions of Care Patients 	 Central Health Community Healthcare Initiative Fund (CHIF) 2.0 Developing and Implementing Strategic Approach to Social Determinants Health Expanding Access to Transportation Assistance
Health Systems Interop. and Technology / Data and Analytics IT Governance, Reporting, and Interoperability IT Career Dev. & Training	 Implemented Training Program for All Digital Transformation Platforms (e.g., Cloud, EDW) Central Health Implementation of Epic to Support Clinical Environment Launches Implementation of Epic Third-Party Vendors to Support Practice of Medicine Central Health Implementation of MyChart Patient Portal 	 Cloud Enterprise Data Warehouse Platform Continuation Established Data Governance Platform Enterprise Master Patient Index (EMPI) Implementation Implementation of Epic Interfaces with Clinical Partners to Support Data Sharing 	 Design Phase 1 of INFRAM (Infrastructure Adoption Model) to Support Digital Modality Activities Implement Data Governance Application Tool



CENTRAL HEALTH BOARD OF MANAGERS STRATEGIC PLANNING COMMITTEE

April 10, 2024

AGENDA ITEM 3

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

AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date	April 10, 2024	
Who will present the agenda item? (Name, Title)	Dr. Pat Lee (CEO), Monica Crowley (CSO & Sr. Counsel), Jon Morgan (COO), Sarita Clark-Leach (VP of Quality, Analytics & Performance Improvement), Anisa Kendall (Director of Strategic Planning) and Central Health Staff	
General Item Description	Update on Healthcare Equity Implementation Plan KPIs	
Is this an informational or action item?	Informational	
Fiscal Impact	Not Applicable	
Recommended Motion (if needed – action item)	Not Applicable	
Key takeaways about agenda item, and/or feedback sought from the Board of Managers: Review initial draft of Key Performance Indicators (KPIs) and key takeaways as part of the continuous development of the Central Heath Performance Tracking Plan. The Key Performance Indicators (KPIs) were developed as part of the Board Adopted Healthcare Equity Implementation Plan, using cross-cutting metrics, best practice and organized into domains to effectively measure quantifiable progress towards achieving a more equitable healthcare system. Initial KPIs include measures of Central Health's growing direct practice areas, quality outcomes, finances, and employment. Central Health will continue to develop the overarching performance tracking plan and refine measures for assessment and monitoring organizational performance.		
What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	PPT Presentation	
Estimated time needed for presentation & questions? Is closed session recommended? (Consult with attorneys.)	1 hour, consisting of 30 mins for presentation and 30 minutes for discussion No	
Form Prepared By/Date Submitted:	Monica Crowley, 4/4/2024	

HEALTHCARE EQUITY IMPLEMENTATION PLAN: PERFORMANCE TRACKING UPDATE

April 10, 2024 | Strategic Planning Committee Presentation



Budget Resolution Key Takeaways

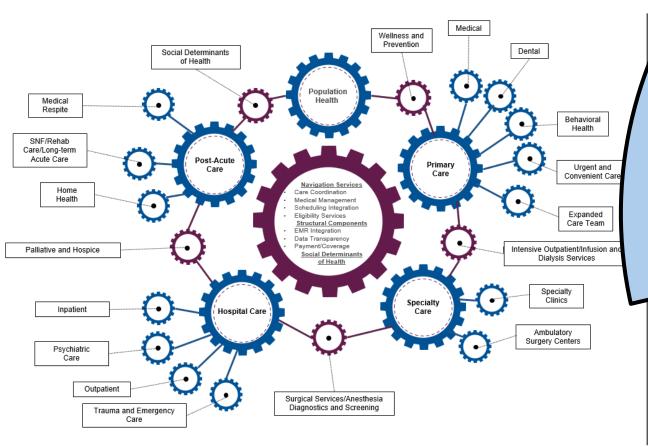
Project	Status	Updates
Facilities		
Hornsby Bend		10/13/23 Go-Live
Del Valle		Summer 24 Go-Live
Colony Park Design		Launch 4/24
East Austin		10/23 Go-Live
Rosewood-Zaragosa		7/24 Go-Live
Navigation Center		
N.C. Implementation		5/5/2023 Go-Live
Eligibility		
12-month MAP		
Performance Review		
Mazars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

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



Central Health Has Been Committed Improving the Health of Travis County's Safety-Net Population

Our Vision to Addressing the Unmet Health Needs of Travis County's Safety-Net Population



Our Approach to Creating and Implementing a High Performing Healthcare System

Monitoring, Evaluating, & Improving

continually assess projects

performing healthcare

afetv-net's

and initiatives to build a high

vstem and ensure the

nealthcare needs

Central Health will

Implementation & Performance Tracking

Central Health will take action to implement projects and initiatives to close the identified gaps and develop a performance tracking plan with KPIs to measure progress and impact.

Financial Model

The financial model informs the size and timing of investments to execute initiatives. The operational plan, activities and key milestones align to the financial plan to

Operational Roadmaps

Central Health created operational roadmaps to effectively execute initiatives based on industry best practices.

Community Needs

Central Health identified and prioritized unmet needs within the Travis County Safety Net Population.

Proiects

To address these unmet community needs, Central Health created over 150 projects.

Initiatives

Central Health organized related and interdependent projects together into initiatives to optimize efficiency.

Central Health Created KPIs Across Key Categories to Ensure Initiatives Have the Intended Impact of Creating a High-Quality, Equitable, Sustainable System of Care

Access Metrics: Assesses a patient's timely and appropriate access to healthcare.

Quality Metrics: Measures and evaluates the effectiveness, safety, efficiency and patient-centeredness of healthcare processes and outcomes.

Care Coordination Metrics: Evaluates effectiveness of care coordination programs.

Patient Experience Metrics: Measures the level of satisfaction that patients have with their healthcare experience.

Volume Metrics: Measures the quantity of people and quantity or frequency of healthcare services provided

Labor Metrics: Evaluates appropriate staffing levels against industry benchmarks, goals, and targets.

Financial Metrics: Measures revenue, expenses, and other financial measures.

IT / Interoperability Metrics: Tracks relevant aspects of quality regarding IT activities and projects.

Throughput Metrics: Evaluates the effectiveness of patients moving through the healthcare system.



Q1 Key Performance Indicators

Domain	KPI	Slide #
Access	Lead Time to New Patient or Established Patient Appointment – Central Health (CH) Specialty Care	6
Volume	Total Completed Appointments for Central Health's (CH) Direct Practice	7
Volume	Service Utilization – Post Acute (Skilled Nursing Facility (SNF)) and Central Health (CH) Medical Respite Services	8
Volume	Total Transitions of Care and Case Management Encounters for Central Health's (CH) Direct Practice	9
Care Coordination	Rate of Readmission After Discharge – Skilled Nursing Facility (SNF)	10
Labor	Vacancy Rate – All Central Health (CH) Employees	11
Financial	Actual Dollars Spent on Purchased and Direct Healthcare Services	12
Quality	Uncontrolled Diabetes	13-14
Quality	Hypertension Blood Pressure Control During Patient Visit	15-16

KPI: Lead Time to New Patient or Established Patient Appointment – Central Health (CH) Specialty Care

Definition:

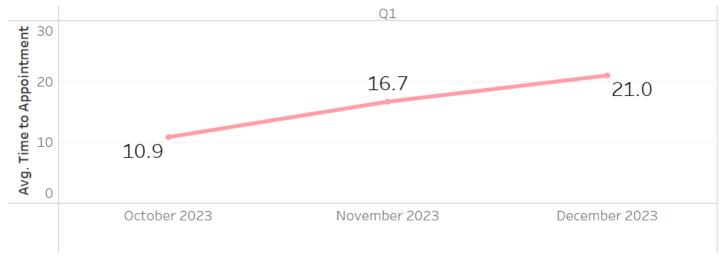
For CH Direct Practice, the average time from the date an appointment is scheduled to the appointment date, by appointment type (New Patient or Established Patient).

Target: To Be Determined

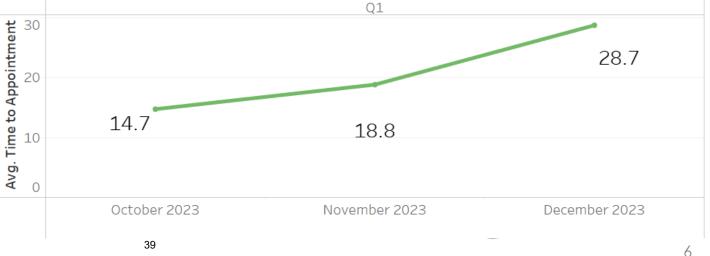
Considerations:

Reporting for Central Health's Direct Practice of Medicine starts FY24 Q1.

Average Lead Time (days) - CH New Patient Visit



Average Lead Time (days) - CH Established Patient Visit



KPI: Total Completed Appointments for Central Health's (CH) **Direct Practice**

Definition:

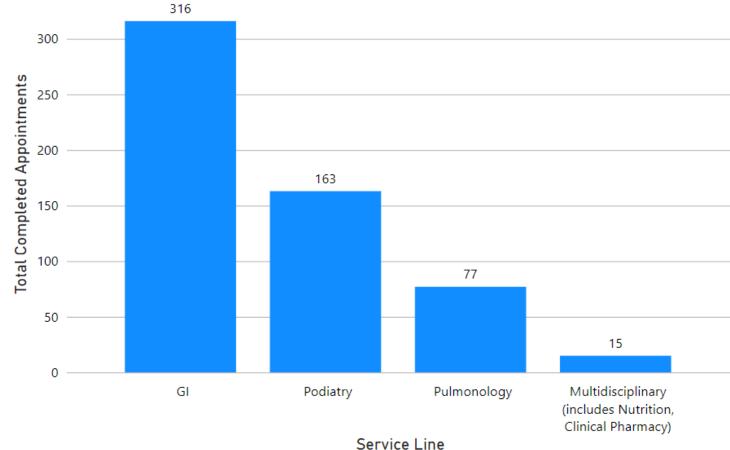
The total number of completed appointments for Central Health's Direct Practice, by service line.

Target: To Be Determined

Considerations:

Direct practice is in process of being built and this report only represents Q1 service lines. The next report will include services launched in Q2 such as: Nephrology, Supportive & Palliative Care. Wound Care. Infectious Disease, Behavioral Health, Pre-Operative Assessment, and Diagnostics.

FY24 Q1 Total Completed Appointments Central Health Direct Practice





KPI: Service Utilization – Post Acute (Skilled Nursing Facility (SNF)) and Central Health (CH) Medical Respite Services

Definition:

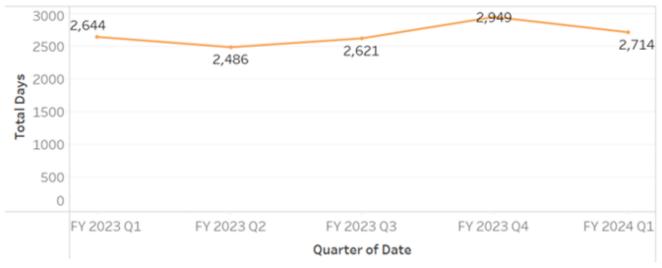
Length of stay (LOS) in days for Post Acute (Skilled Nursing Facility) and Central Health Medical Respite patients.

Target: To Be Determined

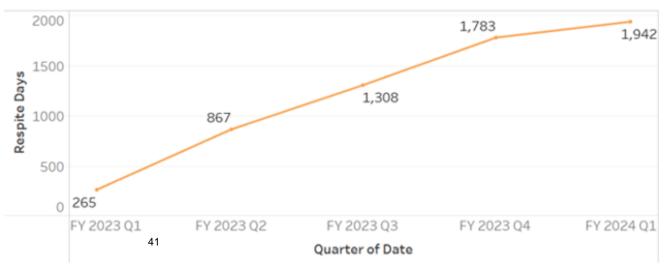
Considerations:

 SNF Data included for MAP Enrolled Members

Post Acute/SNF - Total Number of Days by Fiscal Quarter



Medical Respite - Total Number of Days by Fiscal Quarter



KPI: Total Transitions of Care and Case Management Encounters for Central Health's (CH) Direct Practice

Definition:

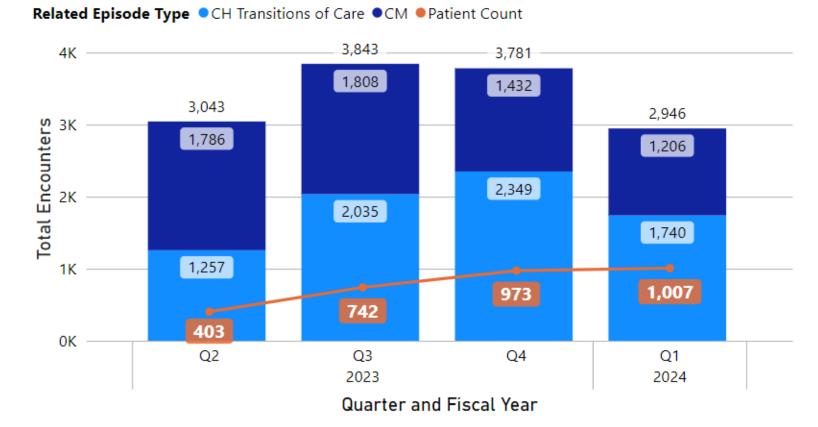
The total number of Transitions of Care encounters, including Case Management (CM), for Central Health's Direct Practice.

Target: To Be Determined

Considerations:

Data available starting FY23 Q2.

Total Encounters for Central Health Transitions of Care and Case Management (CM)
Patient count included for reference.





KPI: Rate of Readmission After Discharge – Skilled Nursing Facility (SNF)

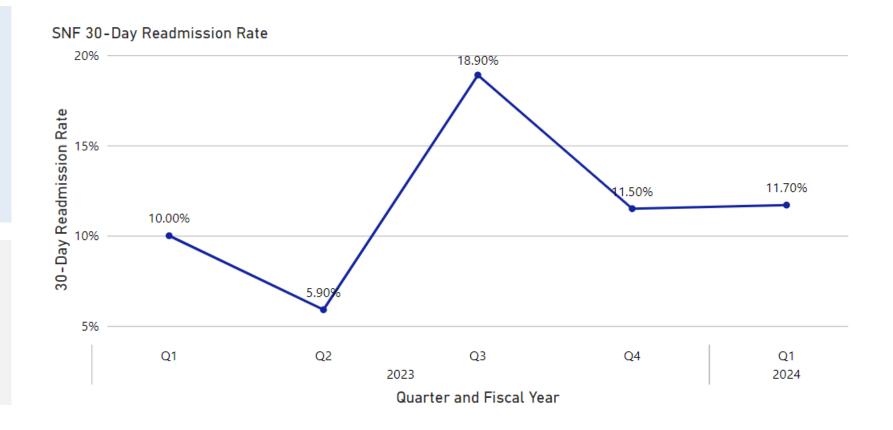
Definition:

Percentage of patients discharged from a SNF setting with a subsequent acute care readmission within 30 days of their previous SNF discharge.

Target: To Be Determined

Considerations:

- 30-day period is a standard for readmission rate.
- MAP Data included for MAP Enrolled Members.





KPI: Vacancy Rate – All Central Health (CH) Employees

Labor

Definition:

The point-in-time percentage of positions unfilled for all Central Health employees.

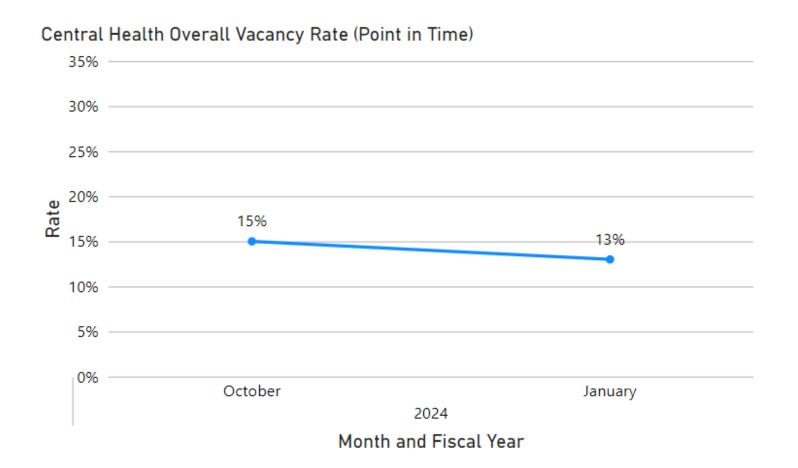
Target: To Be Determined

Considerations:

 Initial baseline established. Data will be pulled monthly and presented quarterly.

423

Total Employees as of January 1st





Healthcare Services

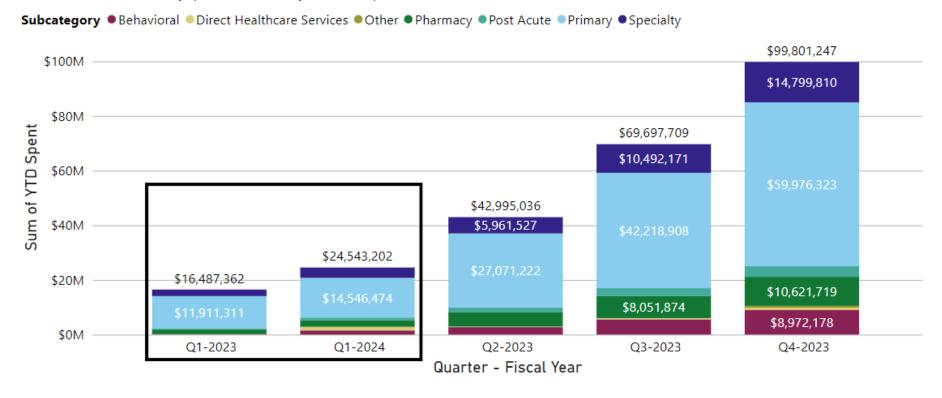
Definition:

The total actual dollars spent on all purchased healthcare services and Central Health direct practice, not including capital.

Totals are cumulative and reset on a fiscal year basis.

Considerations:

 Central Health Direct Practice undergoing development in FY24. Actual Dollars Spent (Year to Date) for Purchased (Broken Out by Subcategory) and Direct Healthcare Services Note: This visual ordered by quarter then fiscal year for comparison.



A table view of this chart is available in the appendix.



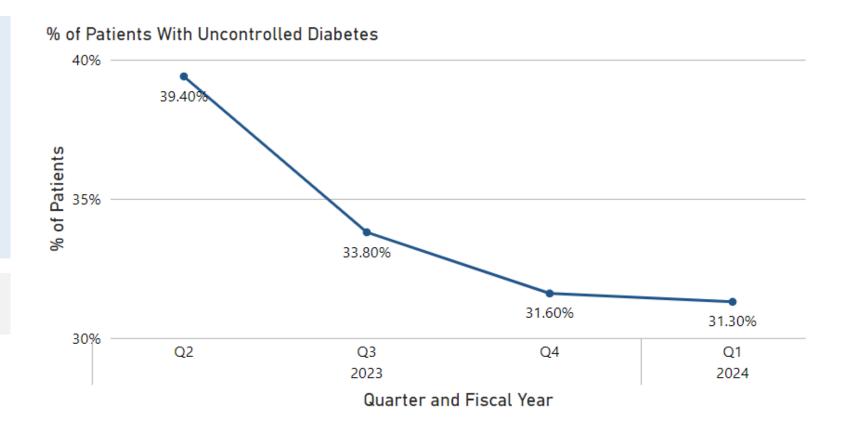
Definition:

Percentage of patients aged 18 to 75 with diabetes and a visit during the measurement period whose most recent Hemoglobin A1C (HbA1C) reading was greater than 9%.

Target: To Be Determined

Considerations:

Data available starting FY23 Q2.





KPI: Uncontrolled Diabetes

Key (Lower is Better)					
	Highest		Midpoint		Lowest

Domain	КРІ	Category	Category Values	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY24 Q1
Quality	Controlling Diabetes (Poor Control)	Race/Ethnicity	White, Non-Hispanic		42.30%	35.69%	32.78%	33.50%
Quality	Controlling Diabetes (Poor Control)	Race/Ethnicity	Black, Non-Hispanic		44.44%	37.90%	33.06%	32.72%
Quality	Controlling Diabetes (Poor Control)	Race/Ethnicity	Hispanic or Latino/a		39.46%	33.86%	31.67%	31.36%
Quality	Controlling Diabetes (Poor Control)	Race/Ethnicity	Asian		24.93%	17.40%	17.38%	18.75%
Quality	Controlling Diabetes (Poor Control)	Race/Ethnicity	Native American		41.03%	46.81%	33.33%	33.33%
Quality	Controlling Diabetes (Poor Control)	Race/Ethnicity	Other		21.43%	25.00%	33.33%	28.57%
Quality	Controlling Diabetes (Poor Control)	Race/Ethnicity	Unreported		22.77%	35.05%	34.54%	32.36%
Quality	Controlling Diabetes (Poor Control)	Language	English		35.30%	34.23%	31.57%	31.38%
Quality	Controlling Diabetes (Poor Control)	Language	Spanish		40.88%	33.42%	31.63%	31.40%
Quality	Controlling Diabetes (Poor Control)	Language	Other Language or Unspecified		40.25%	35.93%	31.31%	29.34%
Quality	Controlling Diabetes (Poor Control)	Housing Status	Unhoused		38.89%	36.97%	32.24%	31.52%
Quality	Controlling Diabetes (Poor Control)	Housing Status	Housed		39.42%	33.56%	31.47%	31.28%
Quality	Controlling Diabetes (Poor Control)	Housing Status	Unknown or Unreported		43.24%	33.93%	33.81%	31.52%
Quality	Controlling Diabetes (Poor Control)	Gender	Male		41.42%	36.75%	34.30%	34.08%
Quality	Controlling Diabetes (Poor Control)	Gender	Female		37.80%	31.44%	29.33%	28.97%
Quality	Controlling Diabetes (Poor Control)	Gender	Trans/Other/Unreported		46.15%	37.50%	36.36%	34.62%



KPI: Hypertension Blood Pressure Control During Patient Visit

Quality

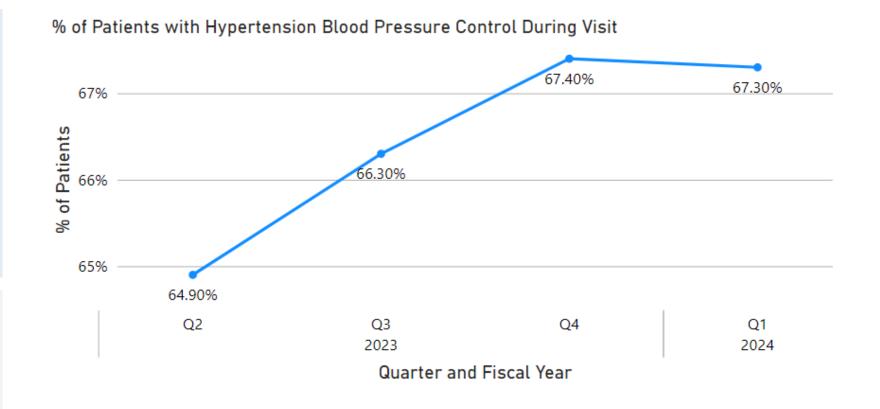
Definition:

Percentage of patients aged 18 to 85 with essential hypertension whose blood pressure was adequately controlled during their most recent visit (systolic blood pressure <140 mmHg, diastolic blood pressure < 90 mmHg).

Target: To Be Determined

Considerations:

- Hypertension for all with diagnosis available for CommUnityCare. Only available for those with diabetes from People's Community Clinic and Lone Star Circle of Care.
- Data available starting FY23 Q2.





KPI: Hypertension Blood Pressure Control During Patient Visit



Key (Higher is Better)					
	Lowest		Midpoint		Highest

Domain	КРІ	Category	Category Values	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY24 Q1
Quality	Controlling Hypertension	Race/Ethnicity	White, Non-Hispanic		61.63%	63.31%	65.22%	63.54%
Quality	Controlling Hypertension	Race/Ethnicity	Black, Non-Hispanic		55.55%	56.46%	58.74%	58.57%
Quality	Controlling Hypertension	Race/Ethnicity	Hispanic or Latino/a		66.99%	68.45%	69.09%	69.39%
Quality	Controlling Hypertension	Race/Ethnicity	Asian		70.34%	72.92%	75.53%	74.95%
Quality	Controlling Hypertension	Race/Ethnicity	Native American		54.17%	57.33%	65.28%	69.12%
Quality	Controlling Hypertension	Race/Ethnicity	Other		57.14%	61.73%	70.49%	74.67%
Quality	Controlling Hypertension	Race/Ethnicity	Unreported		62.70%	63.69%	64.79%	64.35%
Quality	Controlling Hypertension	Language	English		68.00%	67.26%	67.57%	66.98%
Quality	Controlling Hypertension	Language	Spanish		64.08%	66.12%	67.55%	67.70%
Quality	Controlling Hypertension	Language	Other Language or Unspecified		63.44%	51.13%	66.44%	66.26%
Quality	Controlling Hypertension	Housing Status	Unhoused		63.09%	68.83%	68.98%	66.63%
Quality	Controlling Hypertension	Housing Status	Housed		65.00%	68.35%	67.32%	67.33%
Quality	Controlling Hypertension	Housing Status	Unknown or Unreported		60.14%	66.52%	66.50%	69.85%
Quality	Controlling Hypertension	Gender	Male		62.06%	63.21%	64.74%	63.78%
Quality	Controlling Hypertension	Gender	Female		67.54%	69.12%	69.95%	70.58%
Quality	Controlling Hypertension	Gender	Trans/Other/Unreported		57.14%	63.64%	63.41%	69.44%



QUESTIONS



APPENDIX



KPI: Actual Dollars Spent on Purchased and Direct Healthcare Services

Table View

Category	Q1-2023	Q1-2024	Q2-2023	Q3-2023	Q4-2023
□ Purchased Healthcare Services	\$16,461,655	\$23,208,334	\$42,850,106	\$69,346,297	\$98,887,378
Specialty	\$2,392,705	\$3,764,351	\$5,961,527	\$10,492,171	\$14,799,810
Primary	\$11,911,311	\$14,546,474	\$27,071,222	\$42,218,908	\$59,976,323
Post Acute	\$368,804	\$1,028,665	\$1,824,317	\$2,886,119	\$3,886,746
Pharmacy	\$1,643,991	\$2,348,280	\$5,199,380	\$8,051,874	\$10,621,719
Other	\$9,360	\$23,400	\$66,107	\$135,107	\$630,602
Behavioral	\$135,484	\$1,497,164	\$2,727,553	\$5,562,118	\$8,972,178
□ Central Health Direct Practice	\$25,707	\$1,334,868	\$144,930	\$351,412	\$913,869
Direct Healthcare Services	\$25,707	\$1,334,868	\$144,930	\$351,412	\$913,869
Total	\$16,487,362	\$24,543,202	\$42,995,036	\$69,697,709	\$99,801,247





CENTRAL HEALTH BOARD OF MANAGERS STRATEGIC PLANNING COMMITTEE

April 10, 2024

AGENDA ITEM 4

Receive and discuss the proposed Mental Health Diversion Pilot Program term sheet. ³ (*Informational Item*)

AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date	April 10, 2024
Who will present the agenda item? (Name, Title)	Monica Crowley, Chief Strategy and Planning Officer & Sr. Counsel
General Item Description	Receive and discuss the proposed Mental Health Diversion Pilot Program term sheet.
Is this an informational or action item?	Informational
Fiscal Impact	
Recommended Motion (if needed – action item)	N/A
, , , ,	item, and/or feedback sought from the Board of Managers: discussed in closed session.
•	discussed in closed session.
<u> </u>	
What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	Materials will be provided in closed session
Estimated time needed for presentation & questions?	15 minutes
Is closed session recommended? (Consult with attorneys.)	Yes
Form Prepared By/Date Submitted:	Briana Yanes/April 5, 2024



CENTRAL HEALTH BOARD OF MANAGERS STRATEGIC PLANNING COMMITTEE

April 10, 2024

AGENDA ITEM 5

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