



# 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, June 12, 2024, 3:00 p.m.**

**Videoconference meeting<sup>1</sup>**

**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/89326185663?pwd=fjMLqubxtpZS60BKrxjqcS9tanhIX.1>

Meeting ID: 893 2618 5663

Passcode: 222368

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: 893 2618 5663

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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 1:30 p.m. on June 12, 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 and Board responses to public inquiries, if any, to statements of specific factual information or existing policy. The Public Communication portion of the meeting will begin at 5:30 p.m., unless a member of the public wishes to comment on a specific item on this agenda.

### **COMMITTEE AGENDA<sup>2</sup>**

1. Review and approve the minutes of the May 22, 2024 Strategic Planning Committee meeting. (*Action Item*)
2. Receive an update from the Central Health President & CEO on his first 100 days. (*Informational Item*)
3. Present and discuss Central Health Fiscal Year (FY) 2025 proposed strategic priorities derived from the Healthcare Equity Plan, emerging priorities, including recommendations made by the board. (*Informational Item*)
4. Receive an update on the Central Health dashboards associated with service-level reporting for Fiscal Year 2024. (*Informational Item*)

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

<sup>1</sup> 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.**

<sup>2</sup> 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**



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## CENTRAL HEALTH

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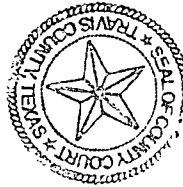
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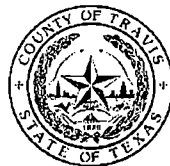
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Came to hand and posted on a Bulletin Board in the  
County Recording Office, Austin, Travis County, Texas on this the  
7 day of June 2024  
Dyana Limon-Mercado  
County Clerk, Travis County, Texas  
By [Signature] Deputy

**E. MEDINA**



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

**202480764**

Jun 07, 2024 03:48 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.

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Board Manager Signature

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Date

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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

**June 12, 2024**

## **AGENDA ITEM 1**

Review and approve the minutes of the May 22, 2024 Strategic Planning Committee meeting.  
(*Action Item*)



MINUTES OF MEETING – MAY 22, 2024  
CENTRAL HEALTH  
STRATEGIC PLANNING COMMITTEE

On Tuesday, May 22, 2024, a meeting of the Central Health Strategic Planning Committee convened in open session at 4:01 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

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

**Board members present in person:** Manager Museitif, Manager Motwani, Manager Martin, and Manager Zamora

**Absent:** Chair Brinson

**PUBLIC COMMUNICATION**

**Clerk’s Notes:** Public Communication began at 4:02 p.m. Chair Kitchen introduced one speaker for Public Communication because he had to leave before the public communication scheduled for 5:30 p.m.

Members of the Board heard from: Walter Moreau of Foundation Communities.

**COMMITTEE AGENDA**

- 1. Review and approve the minutes of the May 8, 2024 Strategic Planning Committee meeting.**

**Clerk’s Notes:** Discussion on this item began at 4:07 p.m.

Manager Martin moved that the Committee approve the minutes of the May 8, 2024 Strategic Planning Committee meeting.

Manager Valadez seconded the motion.

Chairperson Brinson	Absent
Manager Jones	For
Manager Kitchen	For
Manager Valadez	For
Manager May	For

- 2. Receive an update on Central Health’s Communications, Engagement, and Outreach efforts, including the Unified Branding Initiative for the Central Health System.**

**Clerk’s Notes:** Discussion on this item began at 4:07 p.m. Mr. Ted Burton, Chief Communications Officer, Mr. Ivan Davila, Sr. Director of Marketing and Communications, and Ms. Diana Berno, Creative Services Manager, presented on the rebranding of the Central Health System. They began by sharing a look at the research to-date (2019-2023). Next, they shared a look at the new brand identities for CommUnityCare Health Plans and Sendero Health Plans, as well as program brands. They then shared the new typeface, branding assets, and color palette. Next, they shared the new look of the website, presentation template, videos, social media, and collateral building signage. They ended by sharing the current launch timeline.

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

At 4:31 p.m. Manager Martin moved that the Committee adjourn.

Manager Motwani seconded the motion.

Chairperson Brinson	Absent
Manager Jones	For
Manager Kitchen	For
Manager Valadez	For
Manager May	For

The meeting was adjourned at 4:31 p.m.

ATTESTED TO BY:

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Chair Kitchen, Acting Chairperson  
Central Health Strategic Planning Committee

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Manuel Martin, Secretary  
Central Health Board of Managers



# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**June 12, 2024**

## **AGENDA ITEM 2**

Receive an update from the Central Health President & CEO on his first 100 days. (*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 June 12, 2024

Who will present the agenda item? (Name, Title) Dr. Patrick Lee, President & CEO; Jonathan Morgan, Chief Operating Officer; Dr. Alan Schalscha, Chief Medical Officer; Stephanie McDonald, VP of Enterprise Alignment and Coordination; Monica Crowley, Chief Strategy and Planning Officer & Sr. Sounsel; Perla Cavazos, Deputy Administrator; Jeannie Virden, Chief Human Resources Officer

General Item Description CEO Update

Is this an informational or action item? Informational

Fiscal Impact NA

Recommended Motion (if needed – action item) NA

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

- 1) Receive an update on the President & CEO’s first 100 days.
2) Review SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis.
3) Review Executive Dyads.

Share early wins for trust in the following:

- Specialty Care
• Respite Care
• People and Culture
• Alignment: Central Health, CommunityCare, Sendero
• Inmate Health and Jail Diversion
4) Board and Community Support for Strategic Priorities/Budget Development

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

Estimated time needed for presentation & questions? 1 hour



CENTRAL HEALTH

Is closed session  
recommended? (Consult  
with attorneys.)

No

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Form Prepared By/Date  
Submitted:

Briana Yanes/ May 17, 2024

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**CENTRAL HEALTH**  
TRAVIS COUNTY HOSPITAL DISTRICT

# CEO First 100 Days Report

Central Health Board of Managers  
06/12/2024

Patrick T. Lee, M.D., President & CEO

# CEO First 100 Days Report



Goals



Approach



SWOT  
Analysis  
(Strengths/W  
eaknesses/O  
pportunities/  
Threats)



Executive  
Dyads



Early Wins  
for Trust



# Goals

1. Establish trust
2. Set the tone  
("One Trunk, Many Branches")
3. Understand where we are now, where we're going, and our readiness to get there
4. Identify early wins for trust
5. Achieve alignment among Board of Managers and Executives on early wins





“One Trunk, Many Branches”



# Connecting with the Community

Community, Elected Officials, Partner & Staff Meetings as of 5.15.24

## **Briefings (total 22 topics / 37 hours)**

- Governance → structure → relationships → strategy

## **Site Visits (total 42 visits / 87 hours)**

- Clinical and admin work areas (18 visits / 40 hours)
- Departmental team meetings (16 visits / 20 hours)
- Driving tours – Eastern Crescent, I-35 corridor, current & future facilities (4 tours / 20 hours)
- Community conversations (4 roundtables / 7 hours)

## **Synthesis**

- CEO → executive feedback → BOM

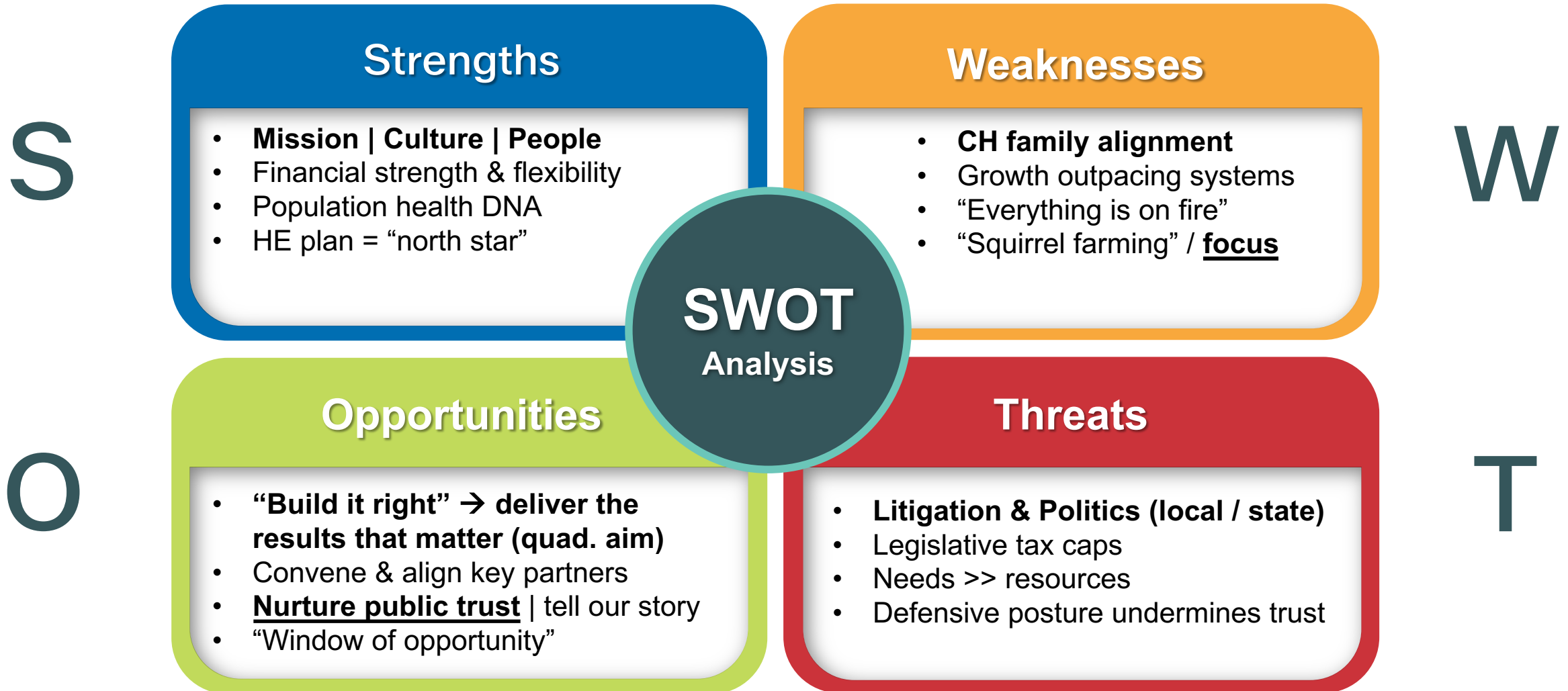
## **1:1s – Internal → External (total 415 people / 380 hours)**

- Board of Managers (9 people / 33 meetings / 82 hours)
- Executives “3 Conversations” (16 people / 58 meetings / 87 hours)
- CUC / Sendero (20 people / 20 meetings / 42 hours)
- CH staff – personally greet & listen to (295 people / 45 hours)
- Elected officials (12 people / 26 meetings / 60 hours)
- Health system leaders (20 people / 17 meetings / 70 hours)
- Community leaders (71 people / 44 hours)





# SWOT Analysis – CEO Synthesis





**CENTRAL HEALTH**  
TRAVIS COUNTY HOSPITAL DISTRICT

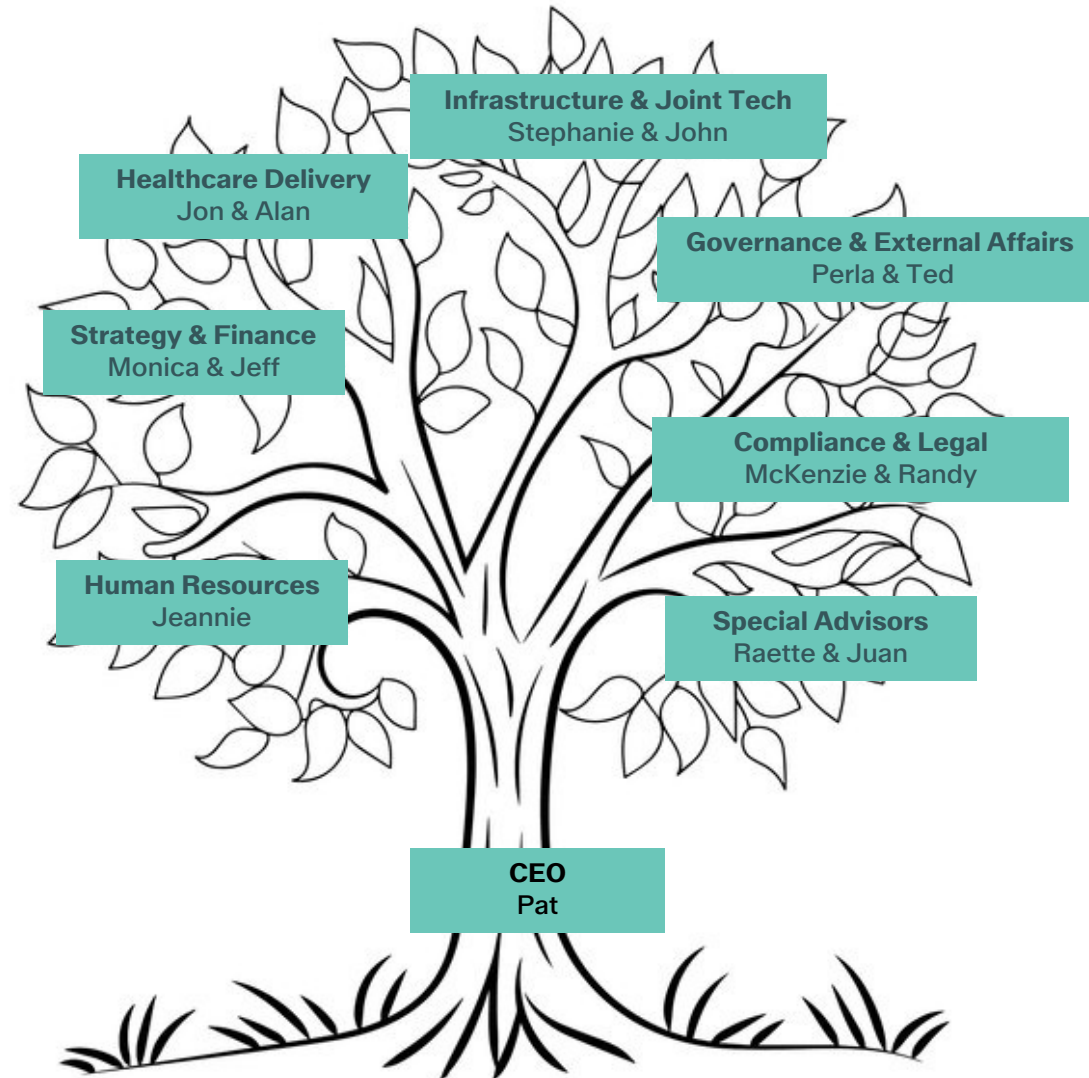


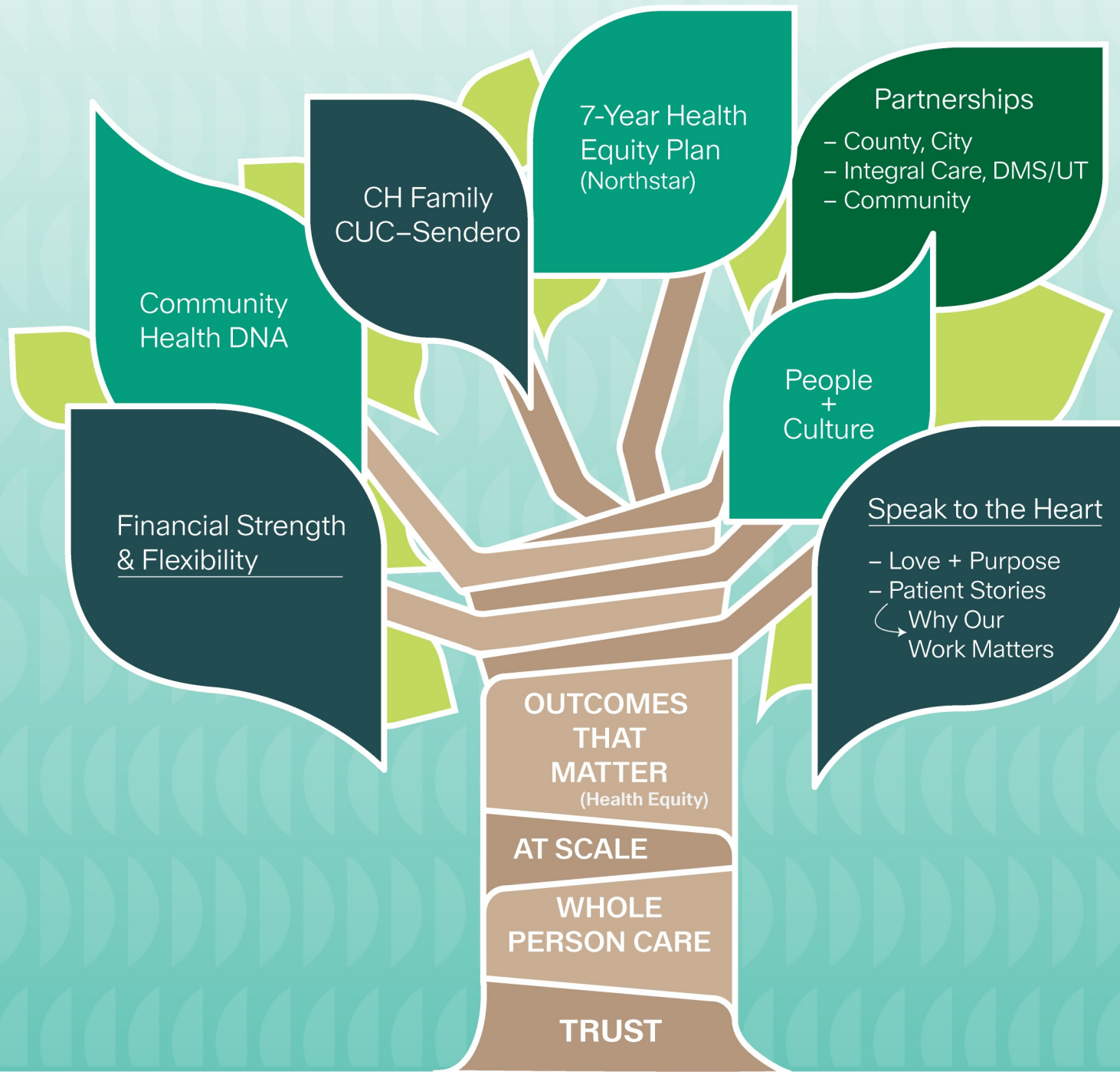
**SENDERO**  
HEALTH PLANS



**COMMUNITYCARE**  
HEALTH CENTERS

# Central Health Executive Leadership Dyads





“We are strongest when we are One Trunk, Many Branches”

# Early Wins for Trust

**1**

Specialty Care

**2**

Respite Care

**3**

People and Culture

**4**

Alignment:  
Central Health,  
CommUnityCare, Sendero

**5**

Inmate Health  
and Jail Diversion

**6**

Board and Community  
Support for Strategic  
Priorities/Budget Development



# FY2024 Early Win 1: Specialty Care Service Lines

## **Purpose:**

Provide increased access to specialty care services through Central Health's direct practice of medicine, creating a more equitable healthcare system.\*

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## **Value:**

Create access to specialty care so patients receive timely preventative screening, early diagnosis and appropriate and potentially life-saving treatment.

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## **Deliverables (by the end of FY 2024):**

### **Stretch:**

- 5,000 annual patient visits/encounters/procedures
- Establish 8 specialty care and clinical support service lines

### **Target:**

- 4,000 annual patient visits/encounters/procedures
- Establish 6 specialty care and clinical support service lines

### **Threshold:**

- 3,000 annual patient visits/encounters/procedures
- Establish CH operated specialty care services (pass/fail)

\*includes virtual, telephonic, diagnostics, wrap-around care team visits

# FY2025 Preview: Specialty Care Services

## **Purpose:**

Provide increased access to specialty care services, creating a more equitable healthcare system.\*

---

## **Value:**

Create access to specialty care so patients receive timely preventative screening, early diagnosis and appropriate and potentially life-saving treatment.

---

## **Deliverables (by the end of FY 2025):**

- **Stretch:** 40,000 annual patient visits/encounters/procedures
- **Target:** 30,000 annual patient visits/encounters/procedures
- **Threshold:** 20,000 annual patient visits/encounters/procedures

\*includes virtual, telephonic, diagnostics, wrap-around care team visits

# FY2024 Early Win 2: Respite Care Services

## **Purpose:**

Provide Central Health **contracted** respite beds to those we serve.

---

## **Value:**

Give people — especially those who are unhoused — the opportunity to rest, recover, and heal in a safe environment while also accessing clinical care and support services.

---

## **Deliverables (by the end of FY 2024):**

- **Stretch:** 3,600 patient bed days; Bridge/Mobile services go-live (pass/fail)
- **Target:** 3,400 patient bed days; Bridge/respice clinic go-live (pass/fail)
- **Threshold:** 3,200 patient bed days; Clinical/nursing respice services go-live (pass/fail)

\*includes virtual, telephonic, diagnostics, wrap-around care team visits

# FY2025 Preview:

# Respite Care Services

## **Purpose:**

Provide Central Health **owned and operated** respite beds to those we serve.

---

## **Value:**

Give people – especially those who are unhoused – the opportunity to rest, recover and heal in safe environment while also accessing clinical care and support services.

---

## **Deliverables (by the end of FY 2025):**

- **Stretch:**
  - 30 beds operational (CH)
  - 2,160 patient bed days (CH)
  - 3000 patient bed days (contracted)
- **Target:**
  - 20 beds operational (CH)
  - 1,440 patient bed days (CH);
  - 3000 patient bed days (contracted)
- **Threshold:**
  - CH in-house/operated respite beds (pass/fail)

# FY2024 Early Win 3: People & Culture

## **Purpose:**

Cultivate a workplace environment that fosters high employee morale, productivity, and retention by enhancing job satisfaction.

---

## **Value:**

A positive and satisfying work experience and environment for a diverse workforce improves job satisfaction leading to increased employee engagement, retention, and enhanced overall organizational performance.

---

## **Deliverables (by the end of FY 2024):**

Increase self-reported job satisfaction among our team members.

- **Stretch:** Achieve a job satisfaction score of 84% or higher
- **Target:** Maintain a job satisfaction score of 82%
- **Threshold:** Achieve a job satisfaction score of 80% to meet the national benchmark

# FY2024 Early Win 4: Create a Unified Safety-net Healthcare System

## **Purpose:**

Improve alignment, create shared goals and ultimately build trust between Central Health, CommUnityCare, and Sendero Health Plans.

---

## **Value:**

With strong collaboration, Central Health, CommUnityCare and Sendero Health Plans create organizational synergies and a more equitable safety-net healthcare system that better serves our patients and members and provides a high value to Travis County.

---

## **Deliverables (by the end of FY 2024):**

- Agreed target for Eligibility Goal
- Action plan developed to reach Eligibility Goal
- Agreed target for Colorectal Cancer Goal
- Action plan developed to reach Colorectal Cancer Goal
- Agreed path forward on aligned pay scales for common clinical positions
- Implementation of aligned market adjustments
- Identification of areas for functional consolidation in support functions like fleet management and facilities maintenance
- Implementation of consolidated system support functions
- Adoption of a Unified Branding system
- Phased implementation of new branding system
- Agreement to develop in-house Third-Party Administrator (TPA) services between Sendero and Central Health
- Implementation of in-house TPA services
  - Stretch: Achieve 8 of 12
  - Target: Achieve 6 of 12
  - Threshold: Achieve 4 of 12

# Joint System Eligibility Goal

## **Purpose:**

Increase enrollment of CUC patients in coverage programs including MAP, MAP Basic, Medicaid and ACA marketplace insurance plans.

---

## **Value:**

Increasing enrollment in coverage programs enhances access to comprehensive care and reduces the cost of care for patients.

---

## **Deliverables (by the end of FY 2024):**

- **Recommended initial metric:**
  - Reduce percentage of Travis County uninsured patients at CUC (approximately 11,910 patients annually or 10.4% of all CUC patients)
  - Increase enrollment of MAP Basic enrollees into Medicaid/CHIP (approximately 3,466 annual enrollees)
- **Potential future metric:** Reduce percentage of all-county uninsured patients at CUC (approximately 19,336 patients annually or 14% of all CUC patients)
- **Potential future metric:** Improve enrollment of uninsured Travis County residents <200% FPL

# Joint System Colorectal Cancer (CRC) Prevention Goal

## 1. CRC Screening Completed (Recommended Metric for 2024)

- Denominator: CRC screening eligible\* TC residents with MAP/B or Sendero CHAP or CHAP Expansion
- Numerator: completed screening (all types)
- Source: UDS definition
- Target: 5% relative increase over baseline for each entity
- North Star: Eliminate racial/ethnic CRC screening disparities while achieving nation-leading quality performance

## 2. CRC Screening Disparities (Recommended future Metric)

- Denominator: CRC screening eligible\* TC residents with MAP/B or Sendero CHAP or CHAP Expansion
- Numerator: completed screening (all types) broken out by Race/Ethnicity
- Source: UDS definition
- Target: 5% reduction in widest disparities
- North Star: Eliminate racial/ethnic CRC screening disparities while achieving nation-leading quality performance

## 3. Timely Linkage to Diagnosis (Recommended future Metric)

- Denominator: TC residents with MAP/B or Sendero CHAP or CHAP Expansion who have screened positive with non-invasive testing.
- Numerator: completed colonoscopy within 8-week timeframe
- Source: concept from AGA position statement
- Target: (need baseline)
- North Star: 95% linkage within 4 weeks



# FY2024 Early Win 5: Address Inmate Health & Jail Diversion by Strengthening Partnerships

## **Purpose:**

Collaborate to better care for justice involved populations through stronger, more aligned partnerships with Integral Care, Travis County, the City of Austin, Dell Medical School and our community.

---

## **Value:**

Expanding access to specialty care in jail, diverting patients to more effective care settings, and providing more effective care transitions on reentry improves equity for justice involved patients by improving outcomes and saving lives.

---

## **Deliverables (by the end of FY 2024):**

- Implement one specialty line at Central Health for inmates
- Implement additional specialty lines
- Provide enhanced access to Substance Use Disorder medication for inmates
- Improve enrollment of eligible inmates into MAP or MAP-B prior to release
- Enhance access to HIV or HEP-C treatment for eligible inmates and facilities maintenance
- Begin implementation of Phase I of diversion services by expanding Psychiatric Emergency Services in partnership with Integral Care
- Participate in diversion pilot Steering Committee and Workgroups in partnership with Integral Care
- Join Integral Care in planning for mental health continuum of care and diversion services including Diversion Center planning
  - Stretch: Achieve 6 of 8
  - Target: Achieve 4 of 8
  - Threshold: Achieve 2 of 8

# FY2024 Early Win 6: Board & Community Support for Strategic Priorities & Budget Development

## **Purpose:**

Improve community and board alignment and support for FY25 strategic priorities and budget development.

---

## **Value:**

Bolster collaboration with partners and key stakeholders to identify driving forces and emerging priorities for Central Health, and maintain robust community engagement and input.

---

## **Deliverables (by the end of FY 2024):**

- Board: Formalize process and timeline for board input regarding threats, priorities and budget.
- Board: Involve board members in 2 of 4 rounds of one-on-one briefings with Travis County Commissioners Court leading up to the approval of Central Health's budget.
- Elected Officials: Engage monthly with elected officials about Central Health plans, priorities, achievements and stories through email, in-person meetings, or presentations.
- Elected Officials: Coordinate 4 public work sessions/presentations with Travis County Commissioners Court.
- Community: Plan and produce at least 3 engaging, informative and timely Community Conversations.
- Community: Plan and execute an informative and timely public hearing on the draft FY 2025 budget
- Elected Officials: Pass Central Health's Budget and Tax Rate with at least 4 votes at Travis County Commissioners Court.
  - Stretch: Achieve 6 of 7
  - Target: Achieve 5 of 7
  - Threshold: Achieve 4 of 7



# Thank You

Questions?



# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**June 12, 2024**

## **AGENDA ITEM 3**

Present and discuss FY25 proposed strategic priorities derived from the Healthcare Equity Plan, emerging priorities, including recommendations made by the board. (*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	<u>June 12, 2024</u>
Who will present the agenda item? (Name, Title)	<u>Dr. Pat Lee (CEO), Monica Crowley, and Staff</u>
General Item Description	<u>Present and discuss FY25 proposed strategic priorities derived from the Healthcare Equity Plan, emerging priorities, including those recommended by members of the Board with staff recommendations.</u>
Is this an informational or action item?	<u>Informational</u>
Fiscal Impact	<u>Not Applicable</u>
Recommended Motion (if needed – action item)	<u>Not Applicable</u>

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

- The FY2025 Proposed Strategic Priorities are guided by the Healthcare Equity Strategic Plan and reflect both ongoing and new operational and financial implementation planning work.
- Emerging Priorities, including those recommended by members of the Board, were derived from the Board Validated Driving Forces.
- A list of Board Member recommended emerging priority proposals will be part of the presentation.
- The Central Health Executive Team reviewed all Board Member Recommended Emerging Priority proposals based on impact, alignment to the Healthcare Equity Plan, financial and legal feasibility, value, complexity, and sustainability. Feedback received today from the Board will be included in the final FY2025 Strategic Priorities.
- The final FY2025 Strategic Priorities, including Staff and Board Recommended Emerging Priorities, will be used to develop the annual budget, and presented to the Board for formal adoption later this summer.

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? 1 hour, consisting of 30 mins for presentation and 30 minutes for discussion



CENTRAL HEALTH

Is closed session recommended? (Consult with attorneys.)

No

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Form Prepared By/Date Submitted:

Monica Crowley, 6/6/2024

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# Central Health Fiscal Year 2025 Proposed Strategic Priorities

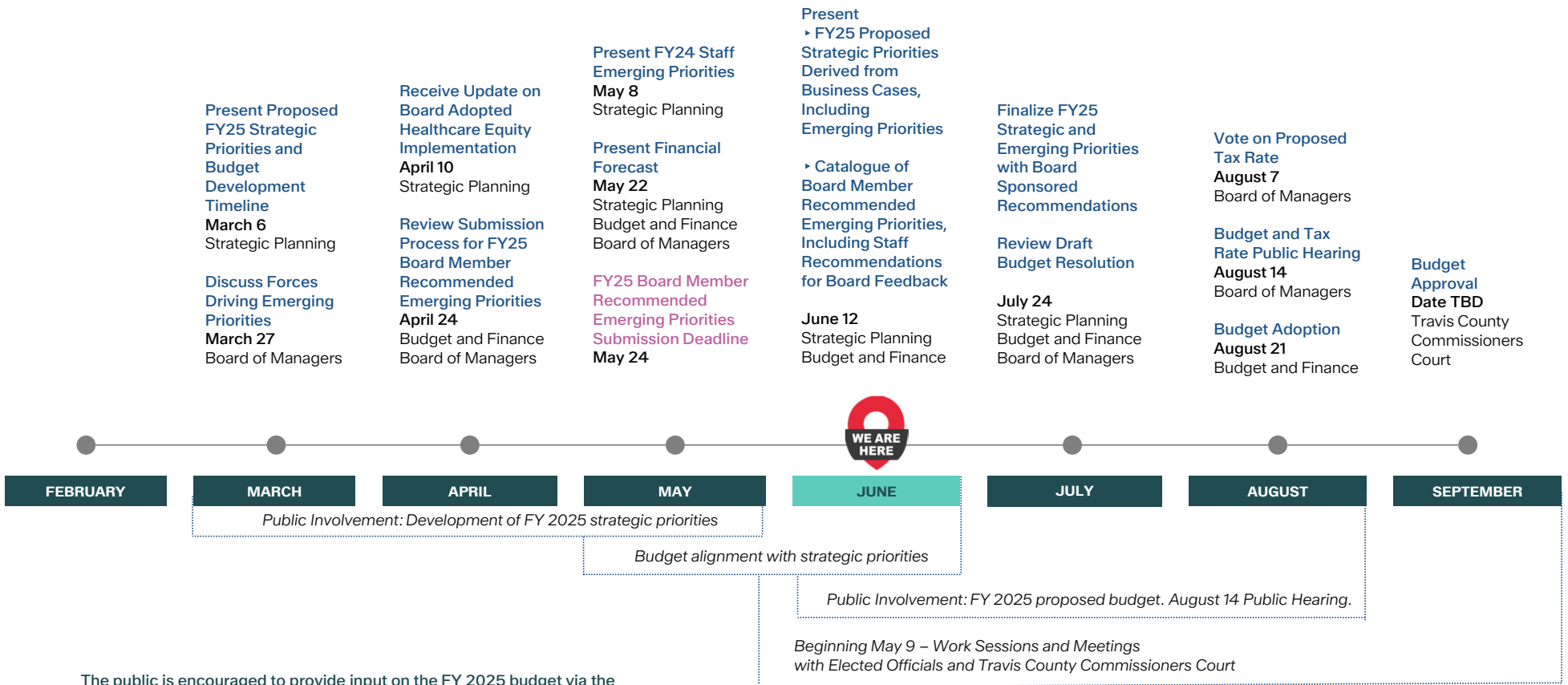
Central Health Board of Managers Strategic Planning Committee

Presenters: Dr. Pat Lee, Monica Crowley, Dr. Alan Schalscha, Jon Morgan

6/12/2024



# FY 2025 Strategic Priorities and Budget Development Timeline



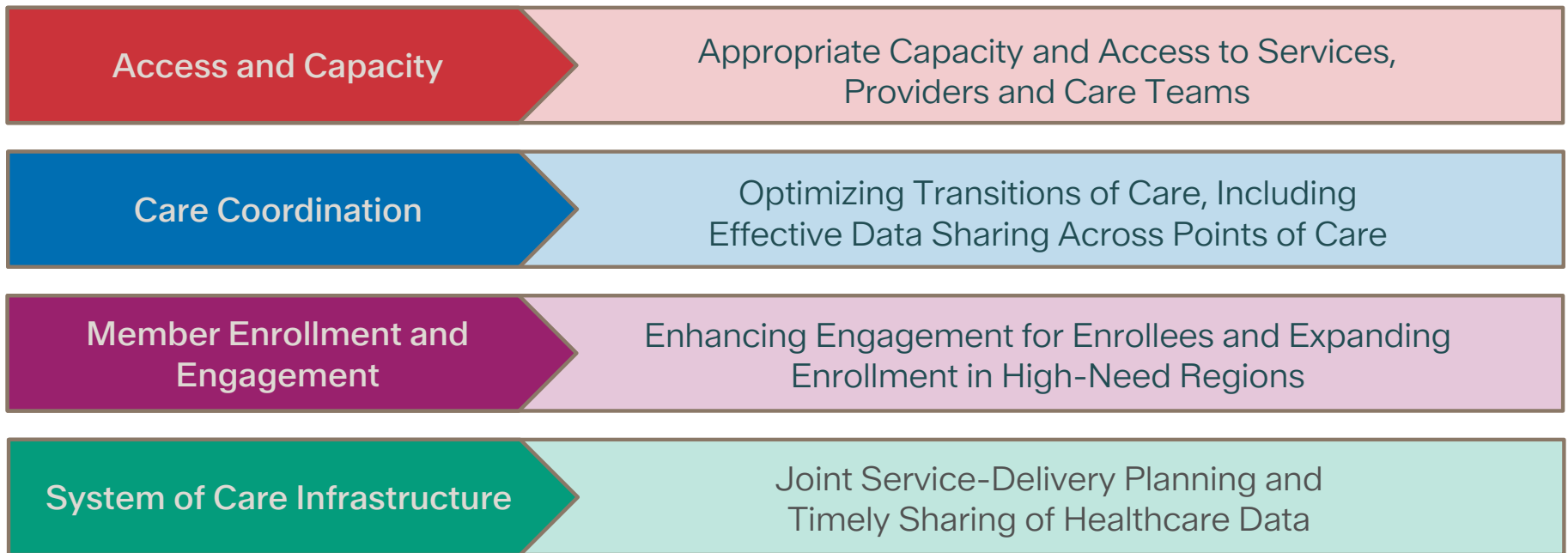
The public is encouraged to provide input on the FY 2025 budget via the website at [centralhealth.net](http://centralhealth.net), at Board of Managers and committee meetings, during Community Conversations, and at public hearings.



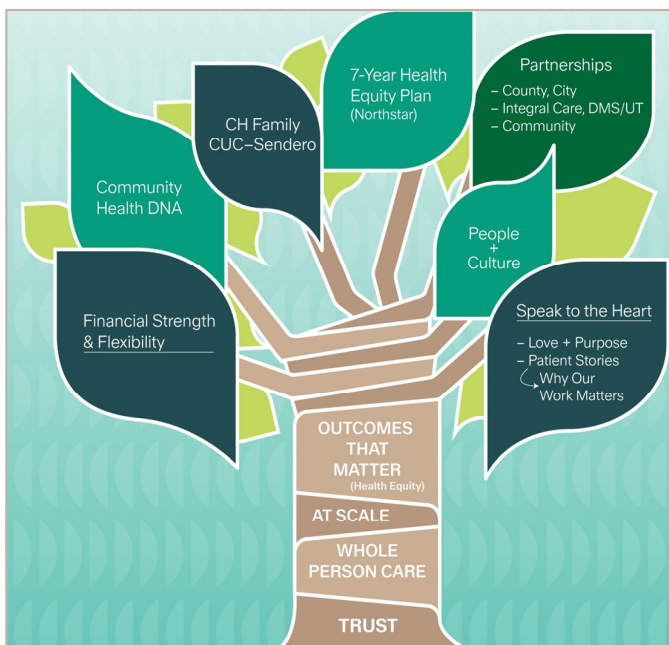
# Healthcare Equity Strategic Plan

The Central Health system is committed to developing an **equitable** system of care that is **comprehensive and accountable**, while optimizing the **collective** use of **Travis County's capabilities and resources** to serve the safety-net population.

STRATEGIC IMPERATIVES



# Setting FY 2025's Strategic Priorities

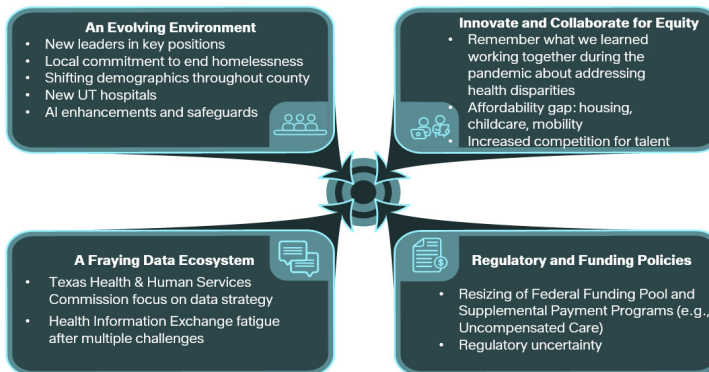


## CENTRAL HEALTH Healthcare Equity Strategic Plan

The Central Health system is committed to developing an equitable system of care that is comprehensive and accountable, while optimizing the collective use of Travis County's capabilities and resources to serve the safety-net population.

STRATEGIC IMPERATIVES	Key Focus
Access and Capacity	Appropriate Capacity and Access to Services, Providers and Care Teams
Care Coordination	Optimizing Transitions of Care, Including Effective Data Sharing Across Points of Care
Member Enrollment and Engagement	Enhancing Engagement for Enrollees and Expanding Enrollment in High-Need Regions
System of Care Infrastructure	Joint Service-Delivery Planning and Timely Sharing of Healthcare Data

### Driving Forces Toward Change in FY 2025



DESCRIPTION	FY2024 Approved Budget	FY24 Year-End Estimate	FY 2025 PROPOSED BUDGET 6/12/2024
<b>TAX RATE</b>	<b>0.100692</b>	<b>0.100692</b>	<b>0.104393</b>
FTEs	530.5		837.3
Beginning Balance (Contingency Reserve)	407,730,068	441,168,057	494,040,391
<b>REVENUE</b>			
Property Taxes	312,456,814	312,000,000	344,827,418
Lease Revenue	12,022,497	18,000,000	9,218,670
Tobacco Litigation Settlement	4,500,000	5,000,000	5,000,000
Other	7,500,000	30,268,000	27,241,200
<b>TOTAL REVENUE</b>	<b>336,479,311</b>	<b>365,268,000</b>	<b>386,287,288</b>
<b>Available Budgeted Resources</b>	<b>744,209,379</b>		<b>880,327,679</b>
<b>EXPENSES</b>			
Healthcare Delivery	295,246,806	241,379,012	333,612,332
Administration	28,647,030	27,997,415	36,428,127
UT Affiliation Agreement	35,000,000	35,000,000	35,000,000
Transfers Out	8,019,240	8,019,240	59,979,490
<b>Total Expenses</b>	<b>366,913,076</b>	<b>312,395,666</b>	<b>465,019,949</b>
<b>Increase/Decrease in Fund Balance</b>		<b>52,872,333.50</b>	
Ending Contingency Reserve Balance	377,296,303	494,040,391	415,307,730
<b>Total Appropriated Resources</b>	<b>744,209,379</b>		<b>880,327,679</b>
<b>RESERVES</b>			
Emergency Reserves	46,739,076	46,739,076	56,718,565



# Fiscal Year 2025 Proposed Strategic Priorities

# Access and Capacity

**Value: Increase access and capacity to comprehensive, high-quality, equitable healthcare services.**

Community Need	FY25 Strategic Priorities
Expand Access to Specialty Care	<ul style="list-style-type: none"> <li>➤ Continue development of Central Health clinics and clinical expansions at East, Capital Plaza, Rosewood-Zaragosa multispecialty clinic and Hancock</li> <li>➤ Expand direct practice to include endocrinology, rheumatology, and telehealth services</li> <li>➤ Expand direct practice service lines and right size specialty areas with significant wait times, including cardiology, gastroenterology, and psychiatry</li> <li>➤ Design and implement disease specific interventions including heart failure, diabetes, sleep medicine, kidney disease, colorectal cancer screening</li> <li>➤ Expand inmate health services to include additional specialty care services</li> </ul>
Health Care for the Homeless	<ul style="list-style-type: none"> <li>➤ Expand Bridge program to add mobile healthcare services for shelter environments, supportive housing developments, and justice-involved, diversion and re-entry populations</li> </ul>
Access to Mental Health Services	<ul style="list-style-type: none"> <li>➤ Expand psychiatric and counseling support services, including in-person and virtual appointments</li> <li>➤ Collaborate with Integral Care, the Travis County Sherriff’s office, CommUnityCare, Travis County, the City of Austin and other organizations to improve inmate health care and mental health diversion services, including Austin State Hospital campus service planning</li> </ul>

# Access and Capacity continued

**Value: Increase access and capacity to comprehensive, high-quality, equitable health care services.**

Community Need	FY25 Strategic Priorities
Robust Post-Acute Care, Including Respite and Extensivists	<ul style="list-style-type: none"> <li>➤ Design and plan Cameron Road medical respite facility</li> <li>➤ Expand teams within skilled nursing facilities and Care at Home</li> </ul>
Primary Care, including CUC HIV/AIDS Program and Pharmacy	<ul style="list-style-type: none"> <li>➤ Continue build of primary care, HIV, women’s health, convenient care and dental services at Hancock</li> <li>➤ Develop programming services model for Colony Park Health Center</li> </ul>
SUD and Addiction Medicine Services	<ul style="list-style-type: none"> <li>➤ Expand services and care teams, including outpatient and inmate health</li> <li>➤ Expand availability of naloxone to prevent overdose</li> </ul>
Expanded Access to Dental Care	<ul style="list-style-type: none"> <li>➤ Continue build of dental care service line at Hancock and Colony Park Health Centers</li> </ul>

# Care Coordination

**Value:** Enhance the quality, safety, efficiency and effectiveness of care transitions to better meet patient needs, remove barriers and improve outcomes.

Community Need	FY25 Strategic Priorities
Program Alignment and Augmentation	<ul style="list-style-type: none"><li>➤ Improve care coordination by scaling navigation and care connections to handle the growth from direct practice services and downstream clinical referrals</li><li>➤ Proactive enrollment in case management, expansion of surveillance teams and disease-specific medical management</li></ul>
Access to Hospital Care	<ul style="list-style-type: none"><li>➤ Implement additional care teams in the emergency room setting and expand inpatient Transitions of Care (TOC) teams at Dell Seton Medical Center and Seton Medical Center Austin</li></ul>
Social Determinants of Health (SDOH)	<ul style="list-style-type: none"><li>➤ Launch Central Health Community Healthcare Initiative Fund (CHIF) 2.0</li><li>➤ Develop and implement an organizationally aligned strategic approach to non-medical drivers of health</li></ul>



# Member Enrollment and Engagement

**Value:** Enhance member enrollment and engagement through multiple outreach, communication touch points and drive effective use of coverage program benefits.

Community Need	FY25 Strategic Priorities
Enrollment and Eligibility	<ul style="list-style-type: none"><li>➤ Develop enterprise enrollment and eligibility strategy, with shared enrollment goals and tactics for implementation</li><li>➤ Expand onsite enrollment at Cesar Chavez for individuals experiencing homelessness and at new Central Health clinical sites</li><li>➤ Develop and implement process with Travis County Sherriff's office to increase inmate enrollment prior to discharge</li></ul>
Coverage Programs, Benefits, and Structures	<ul style="list-style-type: none"><li>➤ Continue exploring opportunities to expand standard MAP enrollment period to 12 months</li></ul>

# System of Care Infrastructure

**Value:** Strengthen organizational infrastructure, coordination and integration to support growth, joint service-delivery planning and timely sharing of healthcare data.

Community Need	FY25 Strategic Priorities
Health Systems Interoperability and Technology / Data and Analytics	<ul style="list-style-type: none"> <li>➤ Expand technology infrastructure to support direct clinical practice (including mobile health), operational growth, cyber security, support services, and data management</li> <li>➤ Implement platforms to support data governance, data warehouse and reporting</li> </ul>
Foundational Enablers	<ul style="list-style-type: none"> <li>➤ Continue development of organizational, departmental, clinical and administrative infrastructure support, including recruitment, hiring, retention, people development, workplace DEI, and employee engagement programs</li> <li>➤ Align employee compensation, benefits, incentives and rewards across system</li> <li>➤ Bolstering workplace mental health and well-being, including clinical providers</li> <li>➤ Improve organizational and system efficiency through development, implementation and adoption of standardized workflows and processes</li> <li>➤ Implement system-wide branding design to ensure system alignment and coordination</li> <li>➤ Enhance operations support for direct practice and reduce system redundancy by developing fleet, equipment and asset management capabilities</li> <li>➤ Continue supporting development of local health care workforce by creating scholarships and internships, including Central Health RN Education Program</li> <li>➤ Establish key performance indicators and determine baseline, targets, benchmarks to measure progress in achieving goals</li> </ul>

# FY 2025 Staff Emerging Priorities

Value: Align impact of emerging priorities to overall vision, strategic plan, organizational goals and use data driven insights to inform prioritization.

- Transition clinical services from Capital Plaza to Clinical Education Center (CEC) and Rosewood-Zaragosa
- Develop a consolidated approach to support operations/functions with CUC and Sendero
- Ongoing development of continuum of care for inmates, including HIV and Hepatitis C Care
- Develop continuum of care for Travis County residents with the highest acuity mental and behavioral health needs
- Open medical respite in Central Health setting to bridge the gap and provide a safe discharge option for patients to recuperate
- Develop and implement approach to whole person care, at scale, across the continuum of care, for people in need of medical respite including providing respite in a Central Health owned setting, building trust and engagement of those we serve, and strengthening partnerships to allow for discharge from respite into housing.



# FY25 Board Member Recommended Emerging Priorities

# FY25 Board Member Recommended Emerging Priorities

Board Member	Recommended Emerging Priority Proposal Summaries
Maram Museitif, DrPH	Improve cancer survivorship care, by establishing robust data-sharing protocols to ensure relevant health information is accessible to both specialists and primary care providers (PCPs) for seamless integrated care. Provide targeted training and education on survivorship care to healthcare providers and foster close coordination between PCPs and specialists.
Shannon Jones	Enhance outreach and clinical services for men of color by directly funding community service providers and agencies more reflective of the issues impacting men of color.
Cynthia Valadez	Prioritize healthcare services for homeless, concentrating on crescent, Pflugerville, Rundberg, Northeast, Central E., Dove Springs, Riverside/Montopolis, S. Central, and Shady Hollow.
Cynthia Valadez	Increase funding to support planning, focus and implementation of a future Hispanic/Family Support Conference. Conference topics could be focused on mental health, substance use disorders, and intellectual and developmental disabilities.
Manuel Martin	Explore effect of Social Media on the mental health of children, adolescents and young adults and implement a harm reduction plan through education of the public and move to remove Social Media from schools K-12.
Ann Kitchen	Amend current contract with TexHealth Central Texas to create a premium assistance program to cover healthcare coverage for certain low income, uninsured people in Travis County. Scaling the program may involve some level of administrative expenses.
Ann Kitchen	Expand existing and/or create new "food as medicine" program with community partners.
Ann Kitchen	Funding to support expansion of Integral Care's Expanded Mobile Crisis Outreach Team (EMCOT) 911 Integration and Field Response Team. Funding would support programmatic areas that are not currently funded by the city and county.
Amit Motwani	Expand Premium Assistance Program to provide coverage for un/der insured Service/Hospitality Industry Employees in Travis County.
Amit Motwani	Develop Food as Medicine Programs for residents of Eastern Travis County to provide access to healthful food options in a sustainable manner.
Amit Motwani	Develop a team of Community Health Workers and expand scope to address SDOH within/outside enterprise, with a primary focus on the eastern crescent and Rundberg.
Amit Motwani	Allocate substantial resources to become a leader in healthcare artificial intelligence (AI) and integrate advanced technologies into building expansive, equitable system of care. Develop a task force to learn effective application of emerging technologies.

# Staff Recommendations

Value: Align impact of emerging priorities to overall vision, strategic plan, organizational goals and use data driven insights to inform prioritization.

## Alignment of Recommended Proposals to Existing Priorities

- SJ – Enhance outreach and services for men of color by directly funding community service providers
- CV – Prioritize healthcare services for homeless people of color including Latinos who are often underrepresented in the Point In Time count
- AK – Explore expanding coverage options for low-income uninsured people in Travis County with TexHealth Central Texas
- MM – Propose initiative to remove social media in local school districts through Central Health Equity Policy Council
- AM – Conduct outreach to service/hospitality industry employees to promote enrollment in coverage
- AM – Develop more community health workers
- AM – Explore effective, ethical application of AI and other emerging technologies

## Proposals Recommended for Business Case and/or RFP Process

- MMDrPH - through data sharing, targeted training and enhanced transitions of care
- CV – Solicit vendor for Hispanic Family Support Conference through RFP to move forward with planning and implementation
- AK – Develop Business Case for expansion of EMCOT teams to meet needs of CH population
- AK/AM – Focus second Community Health Initiatives Fund (CHIF) RFP solicitation on food insecurity and food as medicine as part of Central Health’s development of a fully aligned SDOH/NMDoH strategy



# Thank you

Questions?





# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**June 12, 2024**

## **AGENDA ITEM 4**

Receive an update on the Central Health dashboards associated with service-level reporting for Fiscal Year 2024. (*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 June 12, 2024

Who will present the agenda item? (Name, Title) No presentation

General Item Description Enrollment, utilization, and provider network dashboard updates – FY 2024 through January.

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) Active enrollment in MAP and MAP Basic increased by 3,774 since June.
- 2) More than 47% of all patient visits are for primary care.
- 3) There are now 247 active provider locations in the Central Health network.
- 4) The provider network has grown 274% since 2016.

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

Estimated time needed for presentation & questions? None

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

Form Prepared By/Date Submitted: JP Eichmiller – 6/7/24

# EXTERNAL DASHBOARD UPDATE

**Sarita Clark-Leach**, Vice President of Quality, Analytics & Performance Improvement

**JP Eichmiller**, Senior Director of Strategy & Information Design

**Ashley Levulett**, Geospatial Data Scientist



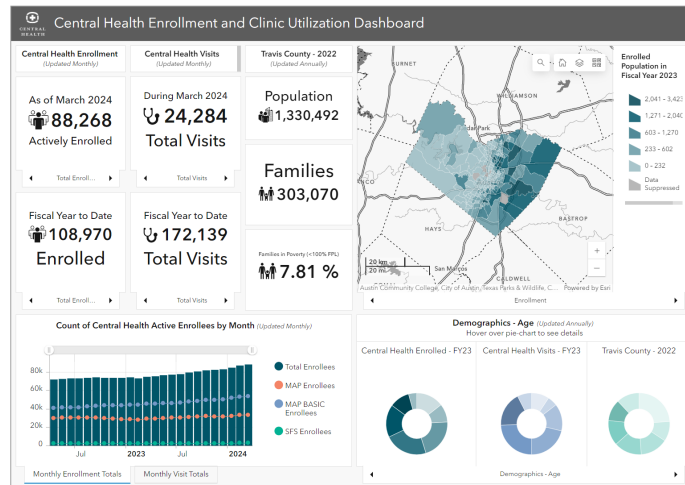
CENTRAL HEALTH

# CENTRAL HEALTH EXTERNAL DASHBOARDS



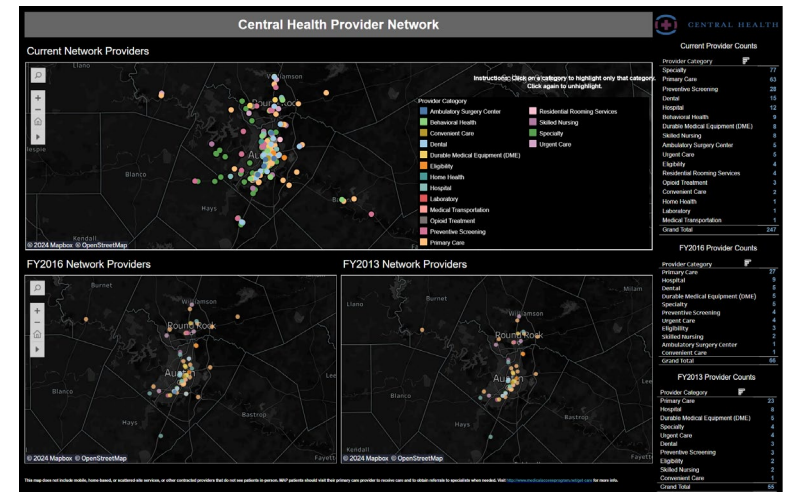
CENTRAL HEALTH

## Enrollment & Clinic Utilization



<https://www.centralhealth.net/newsroom/enrollment-clinic-utilization-dashboard/>

## Provider Network

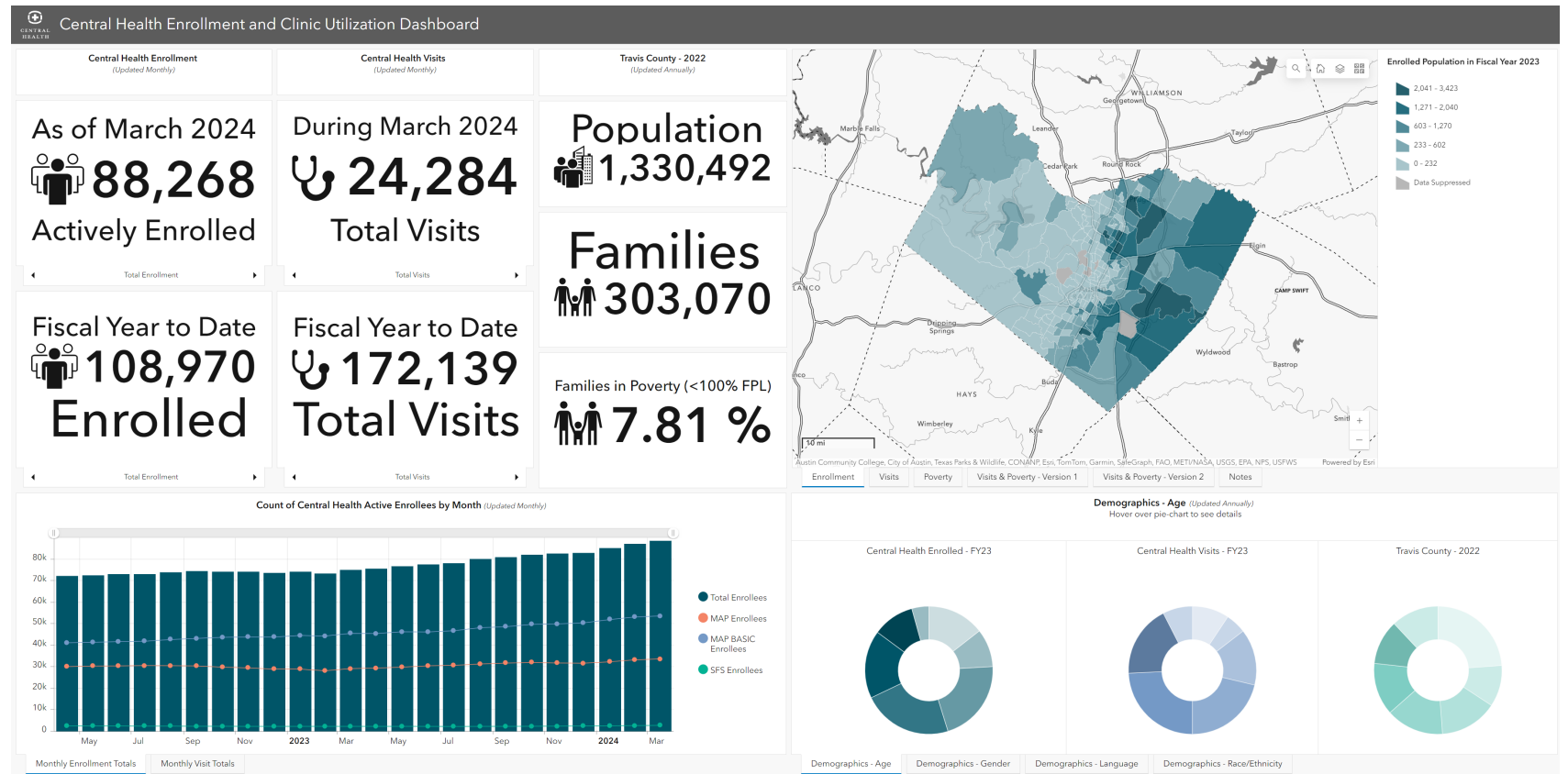


<https://www.centralhealth.net/newsroom/provider-network-map/>

# ENROLLMENT AND CLINIC UTILIZATION DASHBOARD



CENTRAL HEALTH

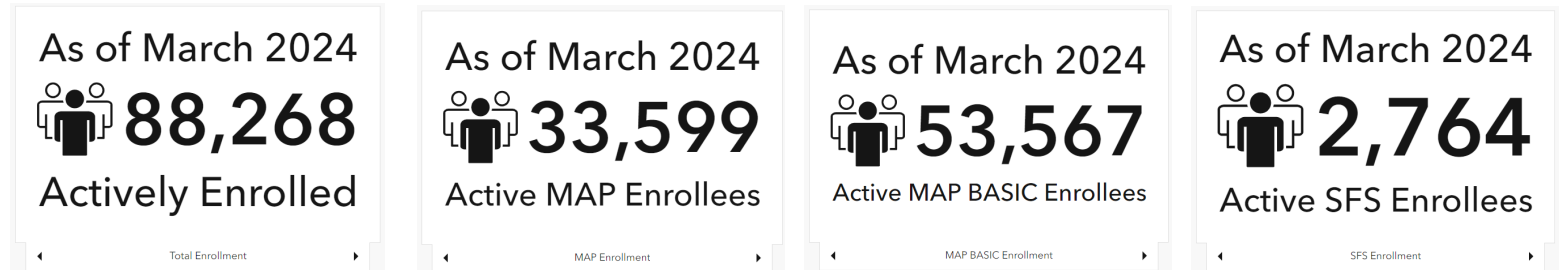


Since January 2024, the unduplicated count of actively enrolled members has increased by 4,359.

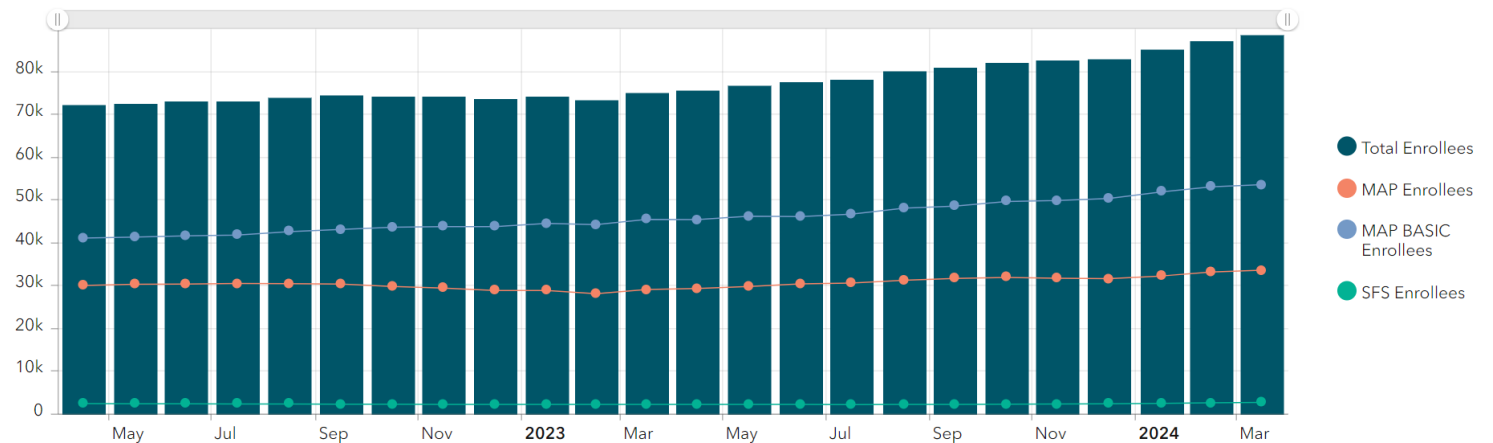
- MAP Members: ↑ 1,511
- MAP BASIC Members: ↑ 2,263
- SFS Members: ↑ 496



CENTRAL HEALTH

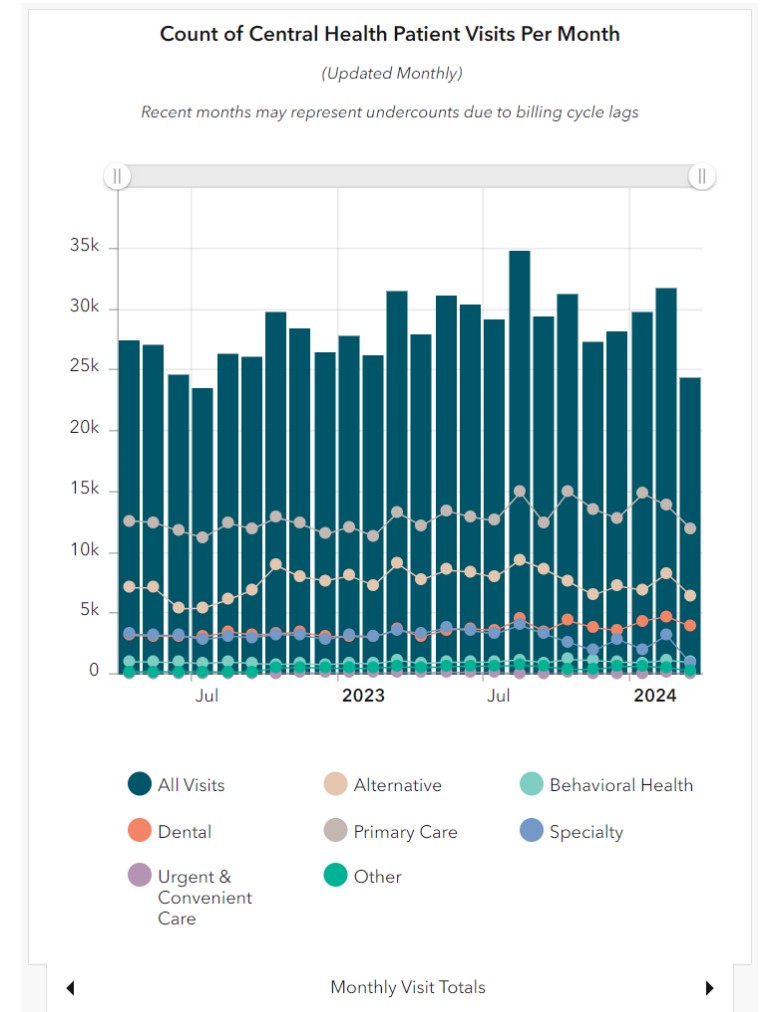


Count of Central Health Active Enrollees by Month (Updated Monthly)



In FY24 to date, there have been 172,139 clinical visits with Central Health providers.

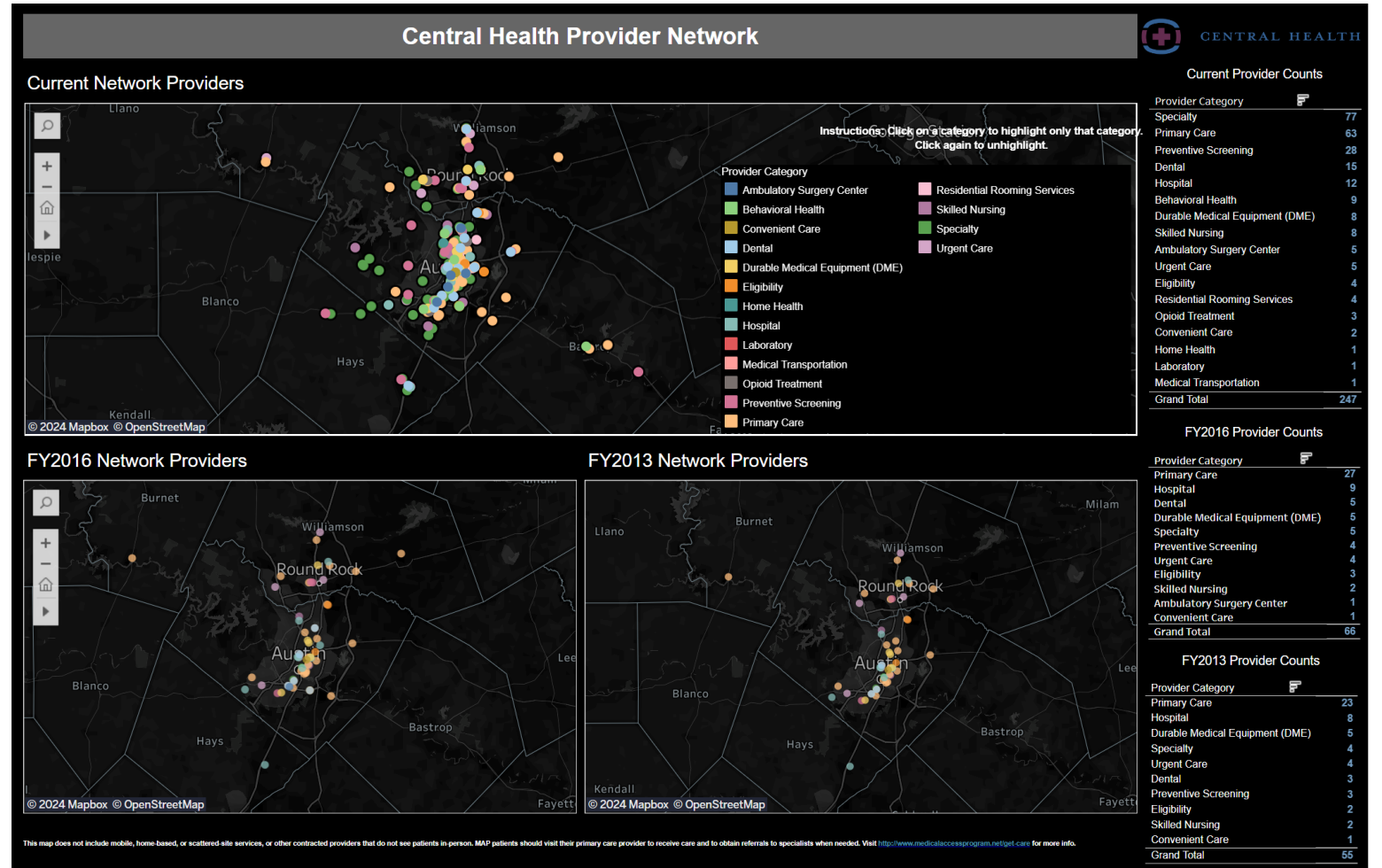
- 47.5% Primary Care Visits
- 24.9% Alternative Visits
- 14.4% Dental Visits
- 7.8% Specialty Visits
- 3.6% Behavioral Health Visits
- 1.6% Other Visits
- 0.2% Urgent/ Convenient Care Visits





# CENTRAL HEALTH PROVIDER NETWORK DASHBOARD

- There are currently 247 provider locations mapped within the Central Health Provider Network
  - 274% increase in provider locations since FY16 and 349% increase since FY13
- Specialty, Primary Care, and Preventative Screening providers represent the majority of locations in Central Health's network





# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**June 12, 2024**

## **AGENDA ITEM 5**

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