



Our Vision

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Our Mission

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Our Values

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

STRATEGIC PLANNING COMMITTEE MEETING

Wednesday, September 11, 2024, 1:00 p.m.

Videoconference meeting¹

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

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

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

<https://us06web.zoom.us/j/84971872672?pwd=Jvp8lFJOjCQitbOE0NrBgyRT0cgFg8.1>

Meeting ID: 849 7187 2672

Passcode: 917716

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

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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 11:30 a.m. on September 11, 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 Board and Committee meetings include setting a fixed amount of time for a person to speak and limiting Board and Committee 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 1:00 p.m.

COMMITTEE AGENDA²

1. Review and approve the minutes of the August 14, 2024 Strategic Planning Committee meeting. (*Action Item*)
2. Receive and discuss an update on Integral Care. (*Informational Item*)
3. Receive and discuss an update on transitions of care services involving moving patients from one care setting or level of care to another. (*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*)

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

location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be visible and audible to the public members in attendance whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**

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

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

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



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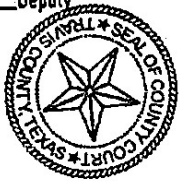
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Came to hand and posted on a Bulletin Board in the
County Recording Office, Austin, Travis County, Texas on this the
10 day of September 2024

Dyana Limon-Mercado
County Clerk, Travis County, Texas
By [Signature] Deputy

E. MARTINEZ



FILED AND RECORDED
OFFICIAL PUBLIC RECORDS
Dyana Limon-Mercado
Dyana Limon-Mercado, County Clerk
Travis County, Texas
202481200
Sep 06, 2024 03:27 PM
Fee: \$0.00 **MARTINE**

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

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

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

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

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

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

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

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

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

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

Board Manager Signature

Date

Board Manager Printed Name

Calling In and Repairing Harm

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

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

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

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

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

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

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

Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

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

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

RACIAL and SOCIAL JUSTICE FRAMEWORK

Values and Anti-Racism/Anti-Oppression

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

Intentional and Accountable Storytelling

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

Power Analysis

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

Relationships

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



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STRATEGIC PLANNING COMMITTEE

September 11, 2024

AGENDA ITEM 1

Review and approve the minutes of the August 14, 2024 Strategic Planning Committee meeting.
(Action Item)

MINUTES OF MEETING – AUGUST 14, 2024
CENTRAL HEALTH
STRATEGIC PLANNING COMMITTEE

On Wednesday, August 14, 2024, a meeting of the Central Health Strategic Planning Committee convened in open session at 4:02 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

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

Committee members present via audio and video: Manager May

Board members present in person: Manager Kitchen and Manager Motwani

PUBLIC COMMUNICATION

Clerk’s Notes: Public Communication began at 4:03 p.m. Yesenia Ramos announced that no speakers signed up for Public Communication.

COMMITTEE AGENDA

- 1. Review and approve the minutes of the June 12, 2024 Strategic Planning Committee meeting.**

Clerk’s Notes: Discussion on this item began at 4:04 p.m.

Manager Valadez moved that the Committee approve the minutes of the June 12, 2024 Strategic Planning Committee meeting.

Manager Jones seconded the motion.

Chairperson Brinson	For
Manager Jones	For
Manager May	For
Manager Valadez	For

- 2. Receive and discuss an update on Central Health communications, engagement, and outreach efforts, including efforts regarding FY 2025 budget and strategic priorities.**

Clerk’s Notes: Discussion on this item began at 4:05 p.m. Mr. Ivan Davila, Sr. Director of Marketing & Communications; Ms. Isela Guerra, Community Engagement & Outreach Manager; Ms. Aida Cerda-Prazak, Community Outreach Supervisor; and Ms. Yesenia Ramos, presented a community engagement and outreach report.

- 3. Receive and discuss an update on the Black Men’s Health Clinic.**

Clerk’s Notes: Discussion on this item began at 5:05 p.m. Ms. Monica Crowley, Chief Strategy & Planning Officer & Sr. Counsel; Mr. Jonathan Morgan, Chief Operating Officer; and Ms. Tara Trower, CommUnityCare Chief Strategy Officer, presented an update on the Black Men’s Health Clinic. The presentation included updates on clinical performance, patient demographics, and outreach activities.

The Committee recessed at 5:32 p.m. and returned from the recess at 5:50 p.m.

4. Receive an update on jail services, including enrollment of jail inmates into Central Health Coverage Programs.

Clerk's Notes: Discussion on this item began at 5:56 p.m. Ms. Monica Crowley, Chief Strategy & Planning Officer & Sr. Counsel, and Mr. Jonathan Morgan, Chief Operating Officer, presented a fiscal year 2024 progress update on jail services.

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

Manager Valdez moved that the Committee adjourn.

Manager Jones seconded the motion.

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

The meeting was adjourned at 6:22 p.m.

ATTESTED TO BY:

Chair Brinson, Chairperson
Central Health Strategic Planning Committee

Manuel Martin, Secretary
Central Health Board of Managers



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STRATEGIC PLANNING COMMITTEE

September 11, 2024

AGENDA ITEM 2

Receive and discuss an update on Integral Care. (*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 September 11, 2024

Who will present the agenda item? (Name, Title) Jon Morgan, Chief Operating Officer
Monica Crowley, Chief Strategy & Planning Officer and Sr. Counsel
Dr. Alan Schalscha, Chief Medical Officer

General Item Description Receive and discuss an update on Integral Care.

Is this an informational or action item? Informational update

Fiscal Impact _____

Recommended Motion (if needed – action item) N/A

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

- 1) Additional funding for Psychiatric Emergency services and other support for IC service capacity.
- 2) Continuing work on alignment and expansion of continuum of care.
- 3) Collaboration on other projects such as diversion center.

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

Estimated time needed for presentation & questions? 30 minutes

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

Form Prepared By/Date Submitted: Briana Yanes

INTEGRAL CARE – CENTRAL HEALTH SERVICE DELIVERY COLLABORATION

Dawn Handley, Chief Operating Officer, Integral Care

Monica Crowley, Chief Strategy Officer

Dr. Alan Schalscha, Chief Medical Officer

Jon Morgan, Chief Operating Officer

September 11, 2024



CENTRAL HEALTH

FY 2024 Implementation

Project	Status	Updates
Clinical Facilities		
Hornsby Bend Health & Wellness	Green	10/13/23 Go-Live
Del Valle Health & Wellness	Yellow	Summer 24 Go-Live
Colony Park Design	Yellow	Launch 4/24
East Austin Specialty	Green	10/23 Go-Live
Rosewood-Zaragosa Specialty	Green	8/5/24 Go-Live
Navigation Center		
Navigation Center Implementation	Green	5/5/2023 Go-Live
Eligibility		
12-month MAP eligibility	Red	Q3 Board Discussion RE: Eligibility & Enrollment Process Improvement
Performance Review		
Mazars Performance Review	Yellow	Anticipate Completion by June
Clinical Services		
Jail Specialty Care	Green	Services to Begin in June
Street/Mobile/Bridge Teams for People Experiencing Homelessness	Green	Staffing 3rd CUC Team; CH Bridge
Transitions of Care Embedded in Hospital	Green	2/1/23 Dell Seton Medical Center; 3/13/24 Seton Medical Center Austin
Our Providers in Skilled Nursing Facilities	Green	11/1/23 Go-Live
Transitional Care at Home Services	Green	03/13/24 Go-Live
Respite	Green	8/1/23 Go-Live
Cancer Screening Performance Improvement	Yellow	Developing Key Performance Indicators with CUC/Sendero
Expansion of Integral Care (IC) Base Services	Green	10/1/23 Base Expand
Mental Health Diversion Services Pilot	Green	IC Psychiatric Emergency Services (PES) Amendment 2/1/24

Project	Status	Updates
Clinical Services – Specialty Care		
Medical Respite	Green	8/23/23 Go-Live
Gastroenterology (GI) and Pulmonology	Green	10/2/23 Go-Live @ East
Podiatry	Green	10/23/23 Go-Live @ East
Pulmonary Function Tests	Green	11/28/23 Go-Live @ East
GI and Pulmonology	Green	1/16/24 Transition to Cap Plaza
Nephrology	Green	2/1/24 Go-Live @ Cap Plaza
Palliative Care	Green	2/5/24 Go-Live @ Cap Plaza
Wound Care	Green	2/5/24 Go-Live @ East
Hepatology	Green	2/15/24 Go-Live @ Cap Plaza
X-Ray	Green	2/15/24 Go-Live @ East
Infectious Disease	Green	2/20/24 Go-Live @ Cap Plaza
Behavioral Health	Green	3/20/24 Go-Live
Pre-op Clearance	Green	3/20/24 Go-Live
Ultrasound	Green	3/25/24 Go-Live
Clinical Pharmacy	Green	4/3/24 Go-Live
Psychiatry	Yellow	Launch in Fall
Cardiology	Yellow	Launch in Fall
Neurology	Red	Developing Letter of Intent (LOI)

INTEGRAL CARE – CENTRAL HEALTH SERVICE DELIVERY & JOINT PLANNING OVERVIEW



CENTRAL HEALTH

Inpatient psychiatric services

- Integral Care network of contracted psychiatric hospitals,
- Integral Care Herman Center Extended Observation Unit & Crisis Respite
- 985 patient annual encounters through July 2024

Medication Assisted Treatment for Opioid Use

- Dual diagnosis of opioid use disorders and serious mental illness
- 23 inductions and 226 maintenance encounters through July 2024

Integral Care outpatient services

- Psychiatry, counseling and case management
- Agreement executed October 2023
- Approximately 40,000 encounters through July 2024
- Increased FY25 funding by \$3.0 million

Psychiatric Emergency Services

- 24/7 operations, psychiatric prescriber capacity, 23-hour observation
- Agreement executed in January 2024
- 714 patient encounters through June 2024
- Increased FY25 funding by \$1.5 million

Other collaborative planning efforts

- Justice-involved mental health services and mental health diversion services
- Continuum of care planning and care coordination

Psychiatric Emergency Services

A walk-in mental health clinic urgent care clinic for adults and children having a behavioral health crisis.

Eligibility: Adults experiencing a mental health crisis in Travis County, voluntary, regardless of ability to pay

Referral Sources:

- Law enforcement
- Emergency departments
- Sobering Center
- Justice personnel (jail counseling staff, attorneys, judges)
- Integral Care's Jail Liaison and mobile crisis outreach teams



Services and Pathways to Care

Services:

- Crisis triage, screening, and assessment
- Psychiatric evaluation
- Psychiatric crisis stabilization
- Peer Support
- Nursing services
- 23-hour observation services
- Coordination of Care
- Referral to appropriate resources

Pathways from PES to Care:

- Involuntary
 - Herman Center EOU
 - Inpatient hospitalization
- Voluntary
 - Inpatient hospitalization
 - Crisis Residential (Herman Center, The Inn)
 - Therapeutic Diversion Program
 - Link to ongoing services





Therapeutic Diversion Program (TDP)

A 25-bed facility that offers extended therapeutic respite care with wrap around services.

Eligibility: Adults with mental health, substance use disorder or Intellectual and Developmental Disability (IDD) who need ongoing behavioral health services.

- 18 or older
- Low risk of harm to self or others
- Able to self administer medications

Referral Sources:

- Deflection referrals from PES Emergency
- Justice personnel (jail counseling staff, attorneys, judges)
- Integral Care's Jail Liaison



Services Provided

- Medical and Psychiatric Care
- Recovery and peer support services
- Medication Support
- Case management
- Rehabilitative skills training
- Therapeutic, trauma-informed groups
- Coordinated assessments
- Wellness groups and activities
- Housing navigation
- SOAR trained staff
- Harm reduction education and counseling
- Nutritional group education and counseling





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STRATEGIC PLANNING COMMITTEE

September 11, 2024

AGENDA ITEM 3

Receive and discuss an update on transitions of care services involving moving patients from one care setting or level of care to another. (*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 9/11/2024

Who will present the agenda item? (Name, Title) Dr. Hemali Patel, Dr. Snehal Patel, Veronica Buitron-Camacho, Carol Grinnell, Megan Clark

General Item Description Central Health Transitions of Care Overview

Is this an informational or action item? Information

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) Slide deck provided.
- 2) _____

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

Estimated time needed for presentation & questions? 45 minutes

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

Form Prepared By/Date Submitted: Megan Clark 9/5/2024

Transitions of Care

September 11, 2024

Hemali Patel MD MPH

Carol Grinnell MSN, CNS

Snehal Patel MD

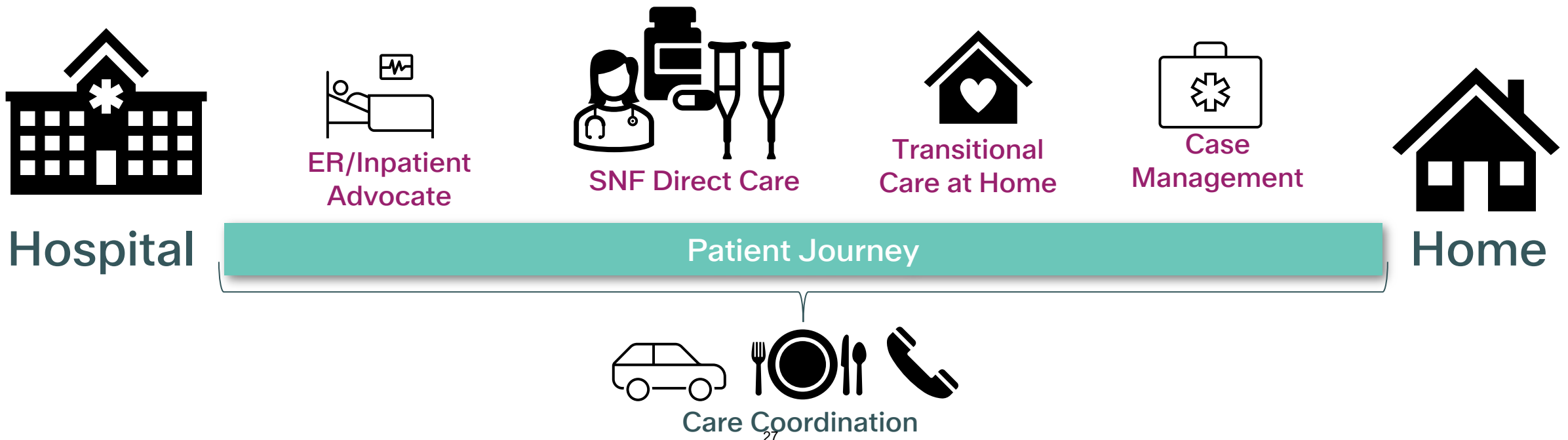
Veronica Buitron Camacho MSN, RN



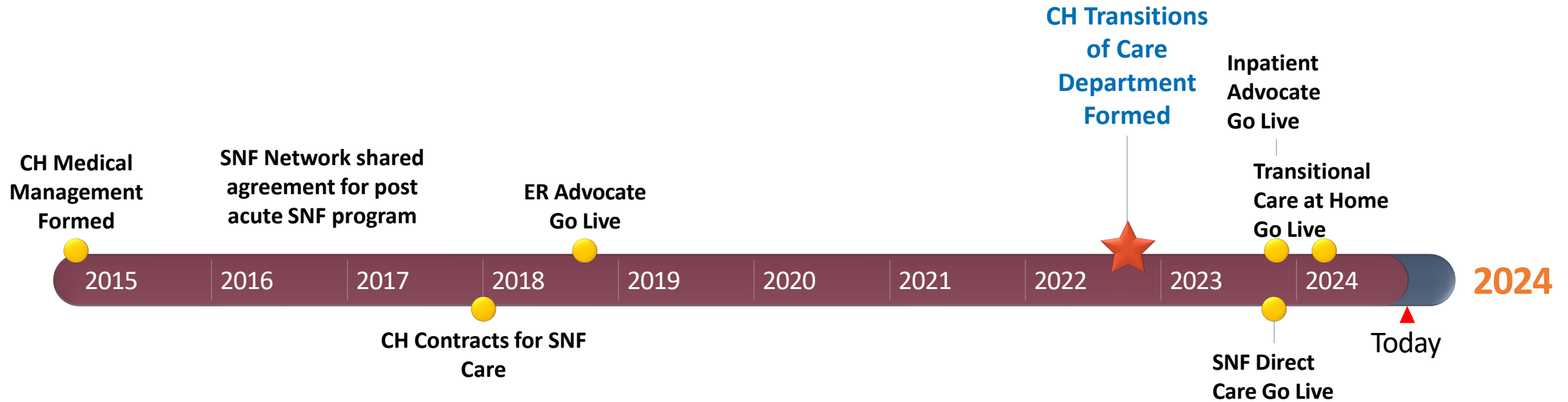
Transitions of Care (TOC)

What is Transitions of Care?

Coordinated, efficient, and collaborative care that guides a patient from one care setting or level of care to another.

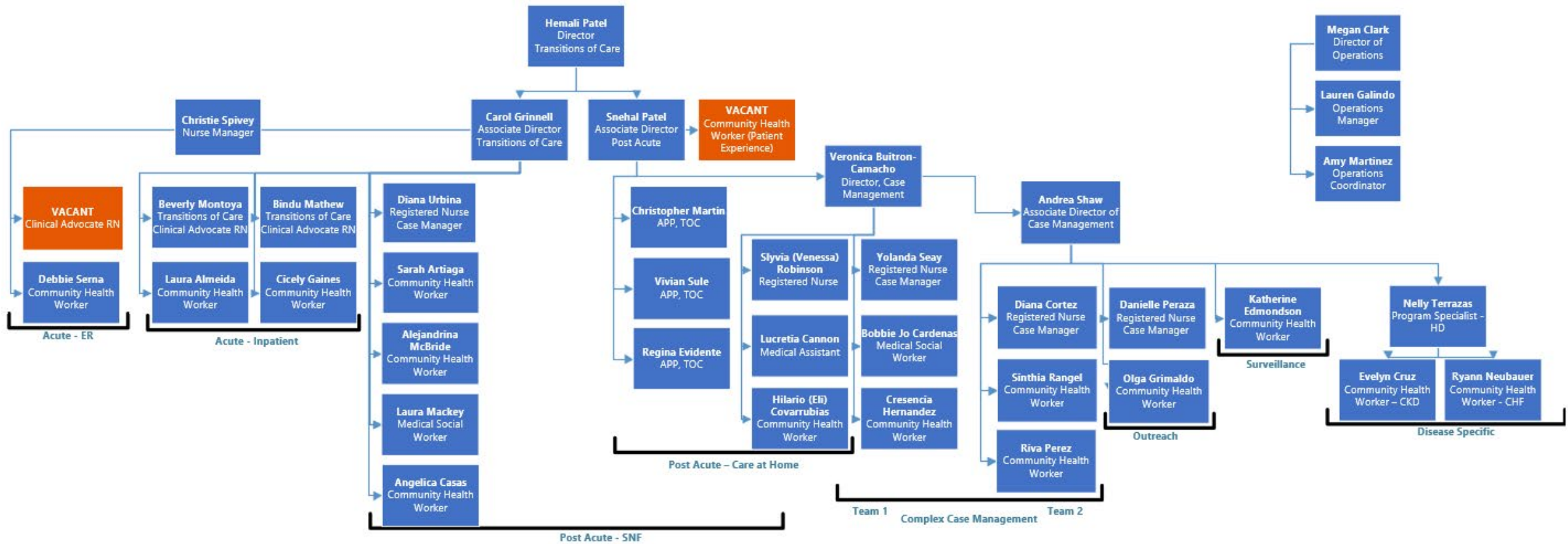


Flight of Transitions of Care



TOC Department Structure

Transitions of Care Department

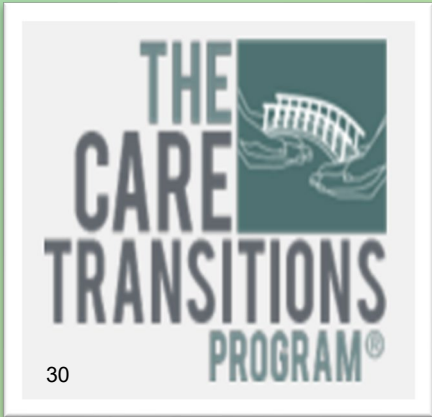




TOC: Hospital Inpatient Teams



- Evidence-based program focused on ensuring safe and seamless transitions from hospital discharge.
- Led by RN/CHW dyad.
- Live at DSMC and SMCA.



Transitional Care Model

The nursing-led Transitional Care Model (TCM), pioneered at the University of Pennsylvania, has been at the forefront of evidence-based care across settings and providers.



TOC: Hospital Inpatient Teams

FY24 New connections to SDOH services

- Transportation
 - Metro Access: 54
 - MAP Lyft: 26
 - Bus Pass: 32
- Housing
 - Coordinated Assessment: 82
- Food Security
 - Food Bank/Pantry Info: 22
 - SNAP Application: 114
- Case Management
 - CH CM: 103
 - CUC CM: 3
 - HCH CM: 19

767 patients seen since program go live in 2023.

51% of patients completed their PCP appointment after hospital discharge (FY24).

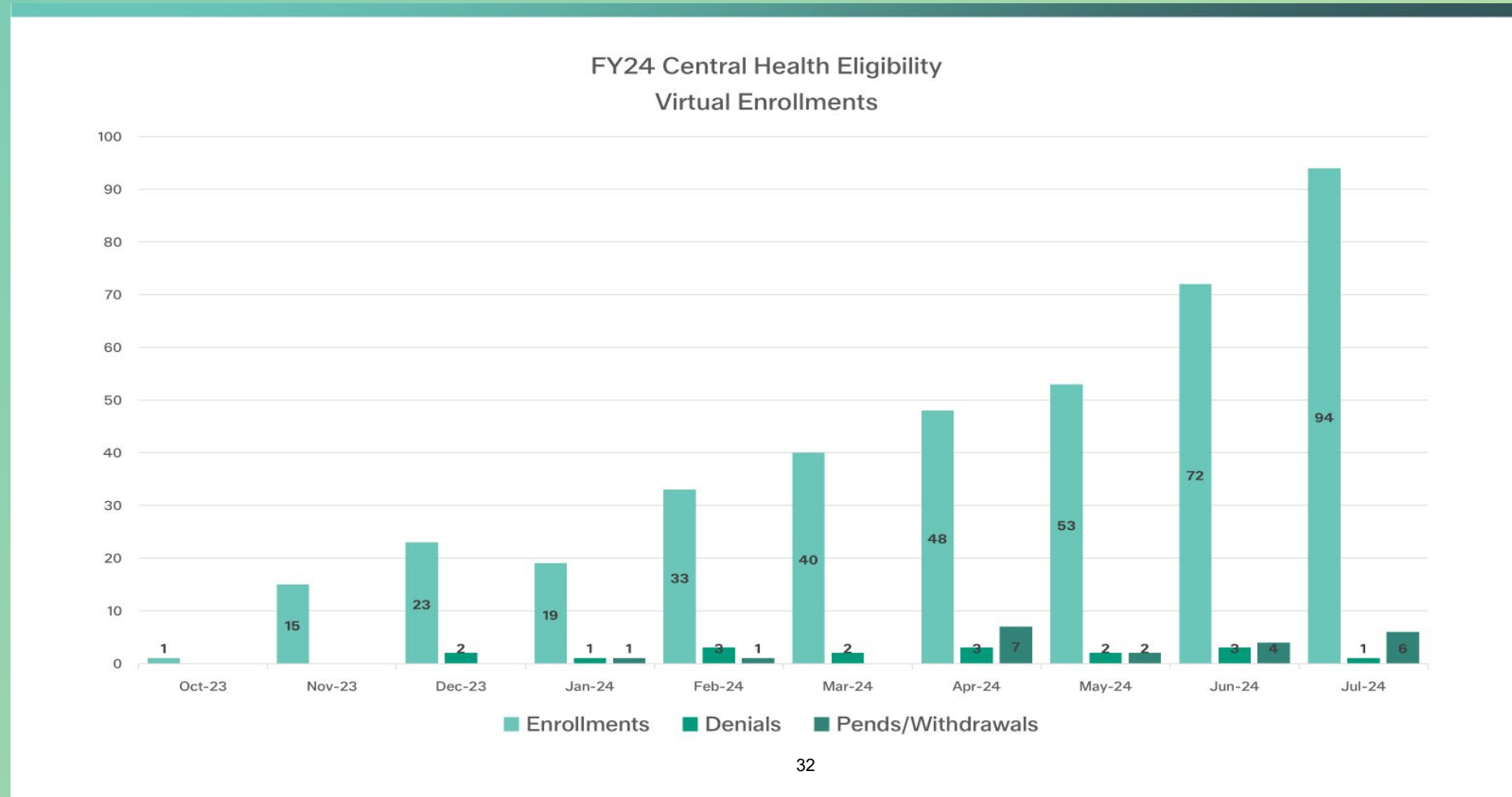
"I love being a TOC nurse because Central Health's Transition of Care team is a team that supports each other and has the patient's best interest at heart.

I really feel like we make a difference in patient's lives for the better.

This team's leadership thinks outside the box and suggestions for improvements are always welcome."



TOC: Hospital Virtual Enrollments in Partnership with CH Eligibility



TOC: SNF Direct Care



Hospital



ER/Inpatient Advocate



SNF Direct Care



Transitional Care at Home



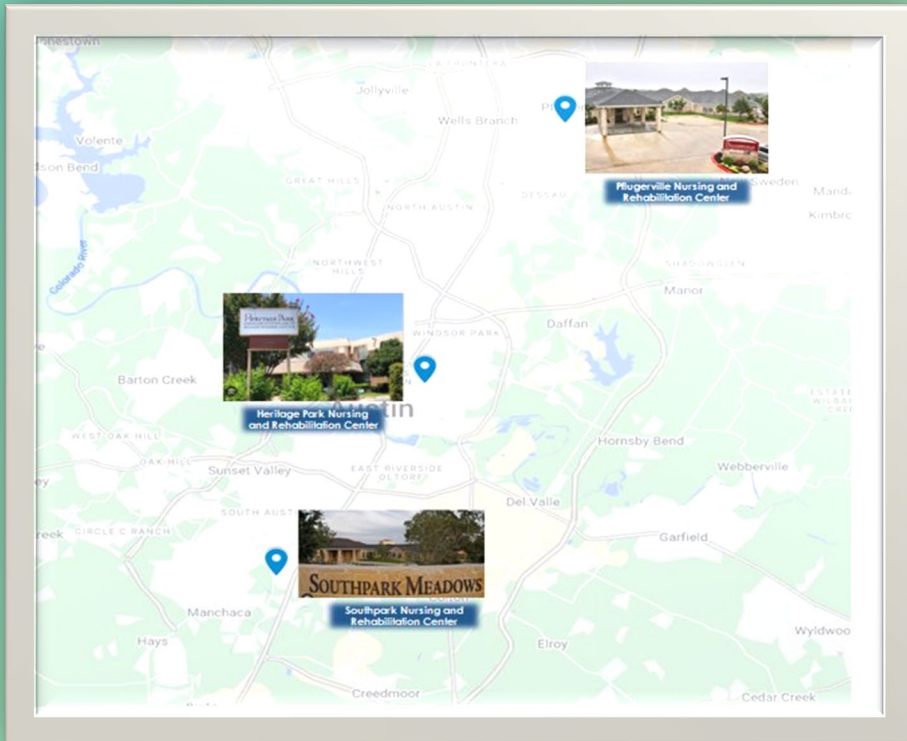
Case Management



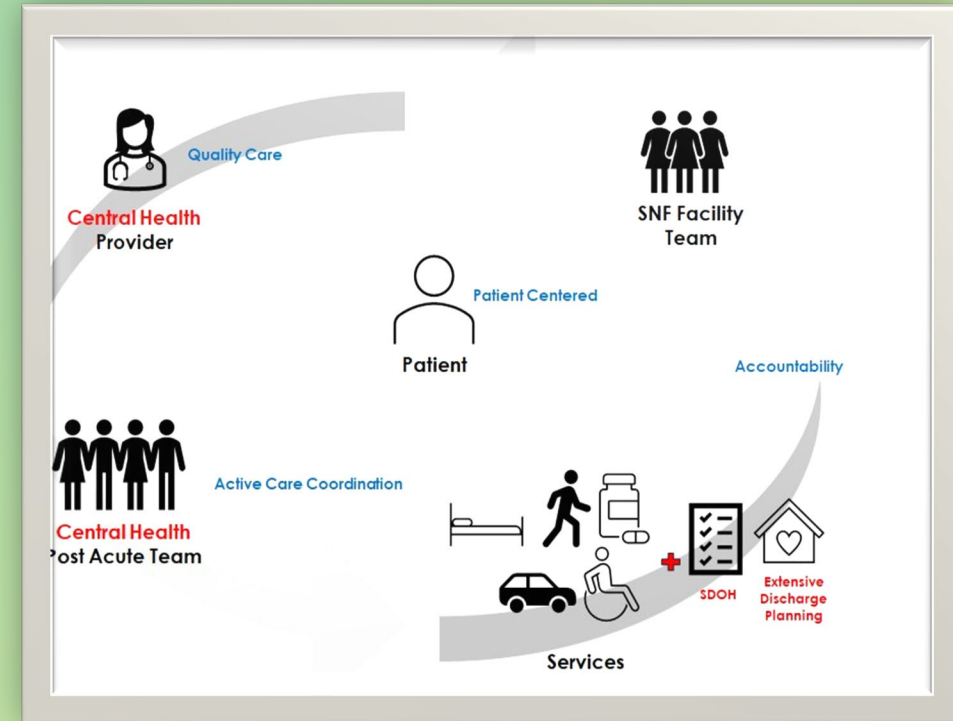
Home



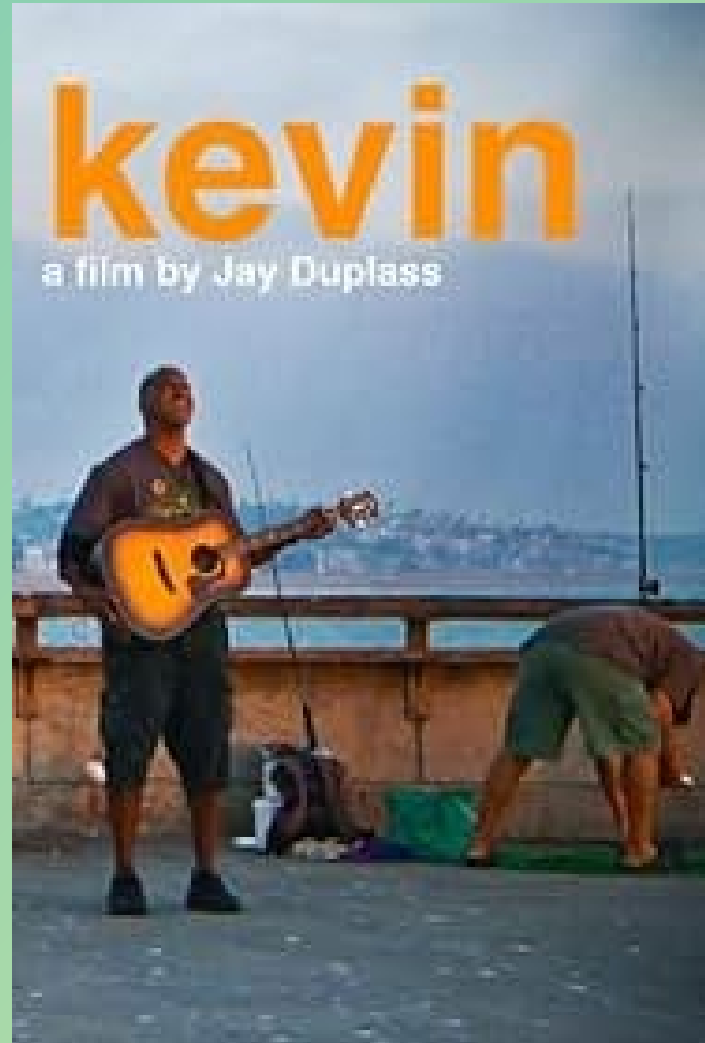
Patient Journey



Care Coordination



TOC: SNF Direct Care



TOC: SNF Direct Care



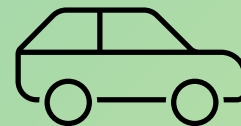
Census By Facility	FY 2024
Heritage Park	123
Pflugerville	79
Southpark Meadows	59
Riverside (overflow)	13
Grand Total	274



TOC: SNF Direct Care

Health Related Social Needs Connections FY 24*

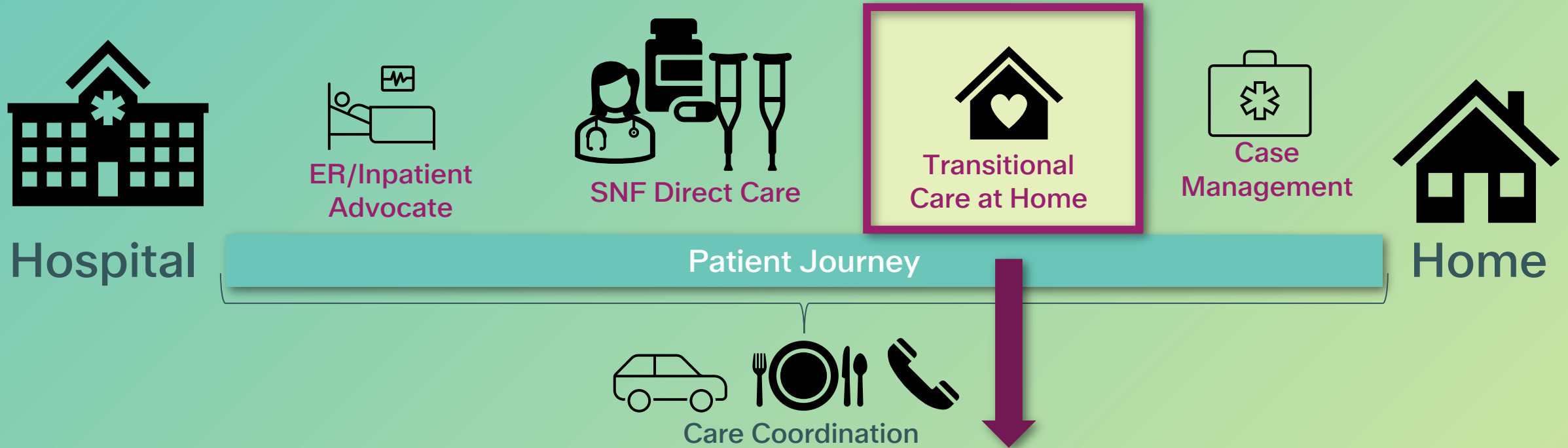
SNAP	Metro Access	Coordinated Assessments
69	76	40



**Multiple patients already connected or not eligible due to citizenship status*

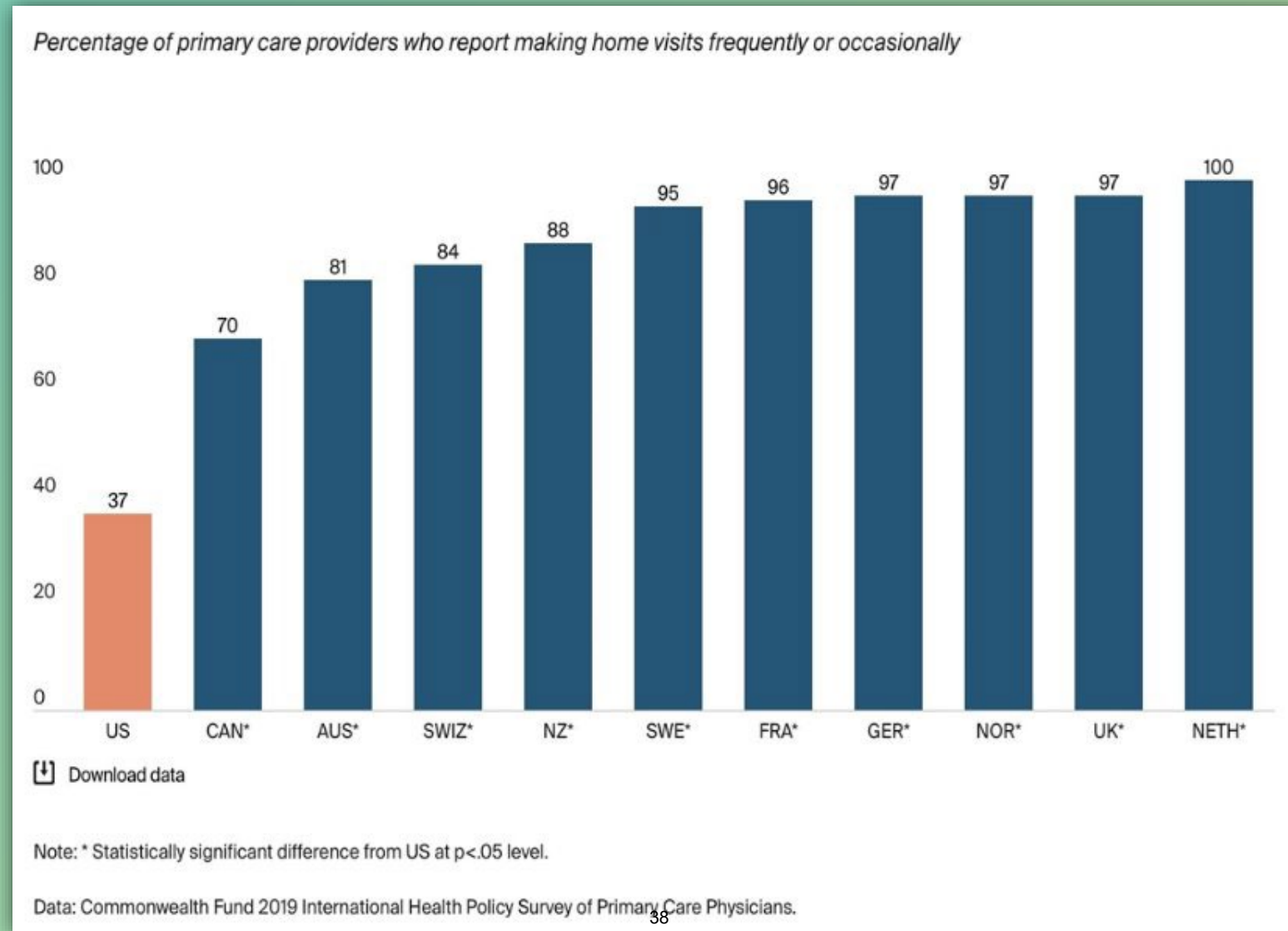


Transitions of Care: Transitional Care at Home



- Transitional program that bridges care for high-risk patients as they establish with a primary care provider after hospitalization or post-acute discharge.
- Multidisciplinary Team: Advanced Practice Provider, Registered Nurse, Medical Assistant, Community Health Worker

TOC: The Case for Transitional Care at Home





TOC: Transitional Care at Home

41 patients seen since program go live in March 2024.



486 Total Encounters

- Transportation scheduling
- Home visits
 - Med box set up
 - Basic wound care
 - Vitals
- Phone Check-Ins
- Coordination between CH care teams



100% of patients are established with their PCP before exiting the program.

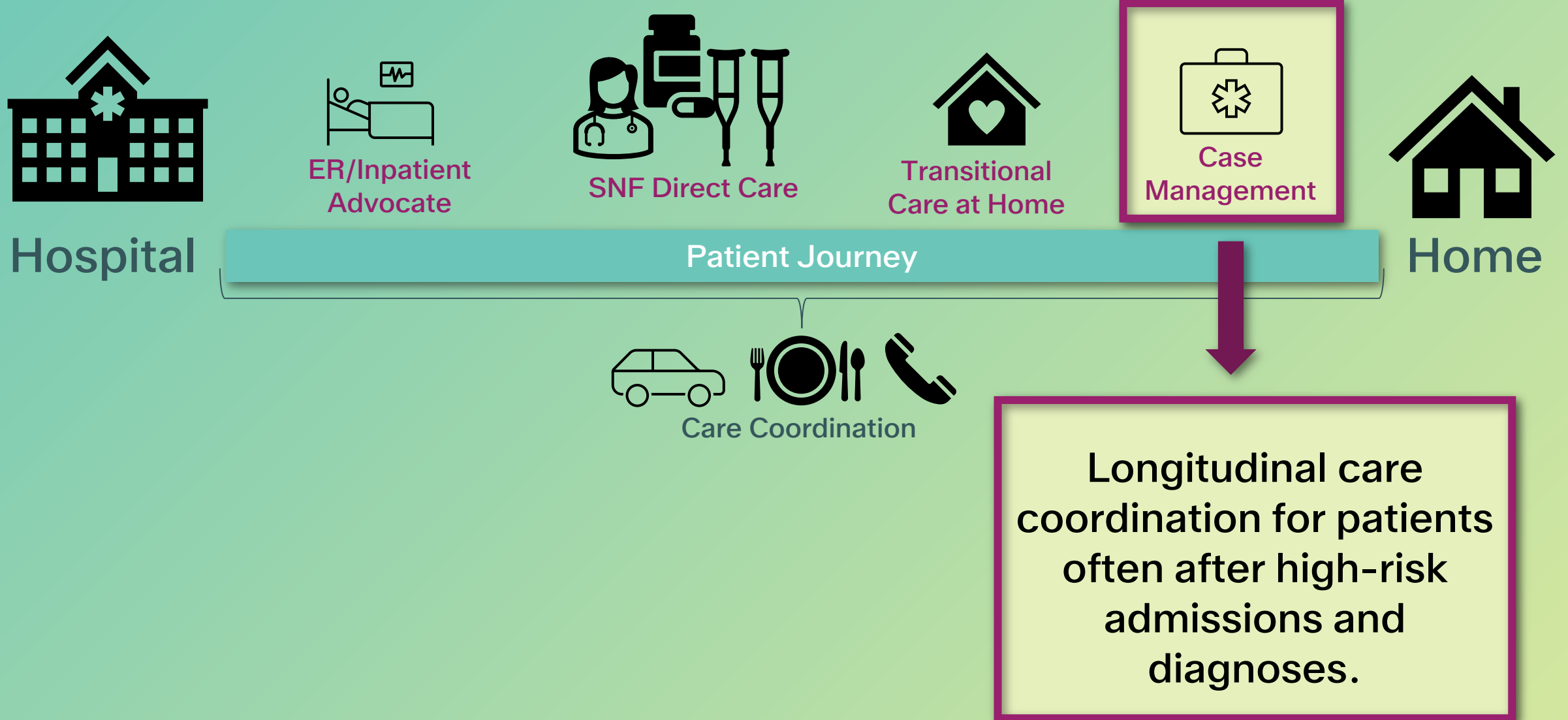


The average program LOS per patient is 21 days.

On average, the team documents **12 encounters per patient** while they are enrolled in the program.



TOC: Case Management



TOC: Case Management FY24 Overview



Active Outreach

- Frequent ED visits/hospital admissions
- Acute illness; uncontrolled chronic disease
- Mental health illness and/or Substance abuse issues
- Significant social complexities
- Nonexistent/inconsistent primary care

- **185 patients**
- **Avg Length of Service 21 days**
- **Team: 1 RN/1 CHW**

Complex Case Management

- Attends PCP appointment
- Stabilized social needs
- Improved stability in housing/mental health/substance abuse issues
- Continue to need frequent follow up for chronic diseases
- Continue to require coordination assistance

- **224 patients**
- **Avg LOS: 90 days**
- **Two teams:**
 - **1 RN/2 CHWs**

Surveillance

- Health and social stabilization
- Consistently meets with PCP
- Received referrals for all social service needs
- Continues to need support with chronic disease/behavioral health issues
- Reduced Hospital and ED use

- **33 patients**
- **Avg LOS: 120 days**
- **1 CHW**

Disease Specific Education

- Chronic Kidney Disease
- Congestive Heart Failure (pending)

- **52 patients**
- **Avg LOS: 180 days**
- **1 CHW per specialty**

Transitional Dialysis Program




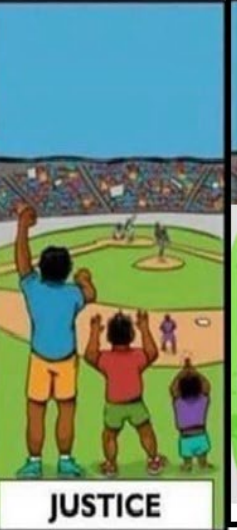

Transition MAP/ MAP Basic patients into dialysis center for ongoing dialysis

- **77 patients**
- **Avg LOS: 128 days**
- **1 CHWs**

The Future of TOC



@ClinPsychDavid

 <p>REALITY</p> <p>One gets more than is needed, while the other gets less than is needed. Thus, a huge disparity is created.</p>	 <p>EQUALITY</p> <p>The assumption is that everyone benefits from the same supports. This is considered to be equal treatment.</p>	 <p>EQUITY</p> <p>Everyone gets the support they need, which produces equity.</p>	 <p>JUSTICE</p> <p>All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.</p>	 <p>INCLUSION</p> <p>Everyone is INCLUDED in the game. No one is left on the outside; we <u>didn't</u> only remove the barriers keeping people out, we made sure they were valued & involved.</p>
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Thank you!





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STRATEGIC PLANNING COMMITTEE

September 11, 2024

AGENDA ITEM 4

Receive an update on the Central Health dashboards associated with service-level reporting for Fiscal Year 2024. (*Informational Item*)

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



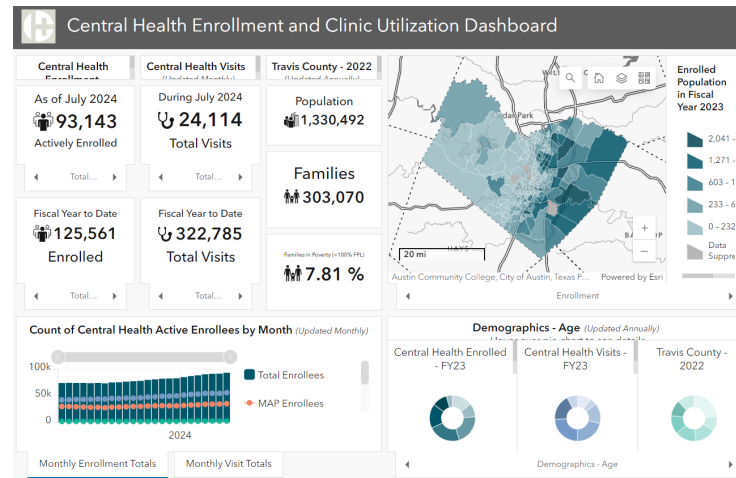
CENTRAL HEALTH

CENTRAL HEALTH EXTERNAL DASHBOARDS



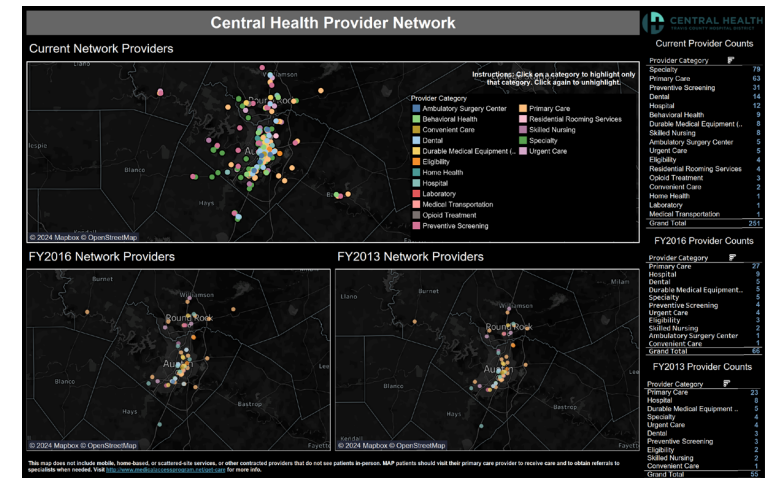
CENTRAL HEALTH

Enrollment & Clinic Utilization



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

Provider Network

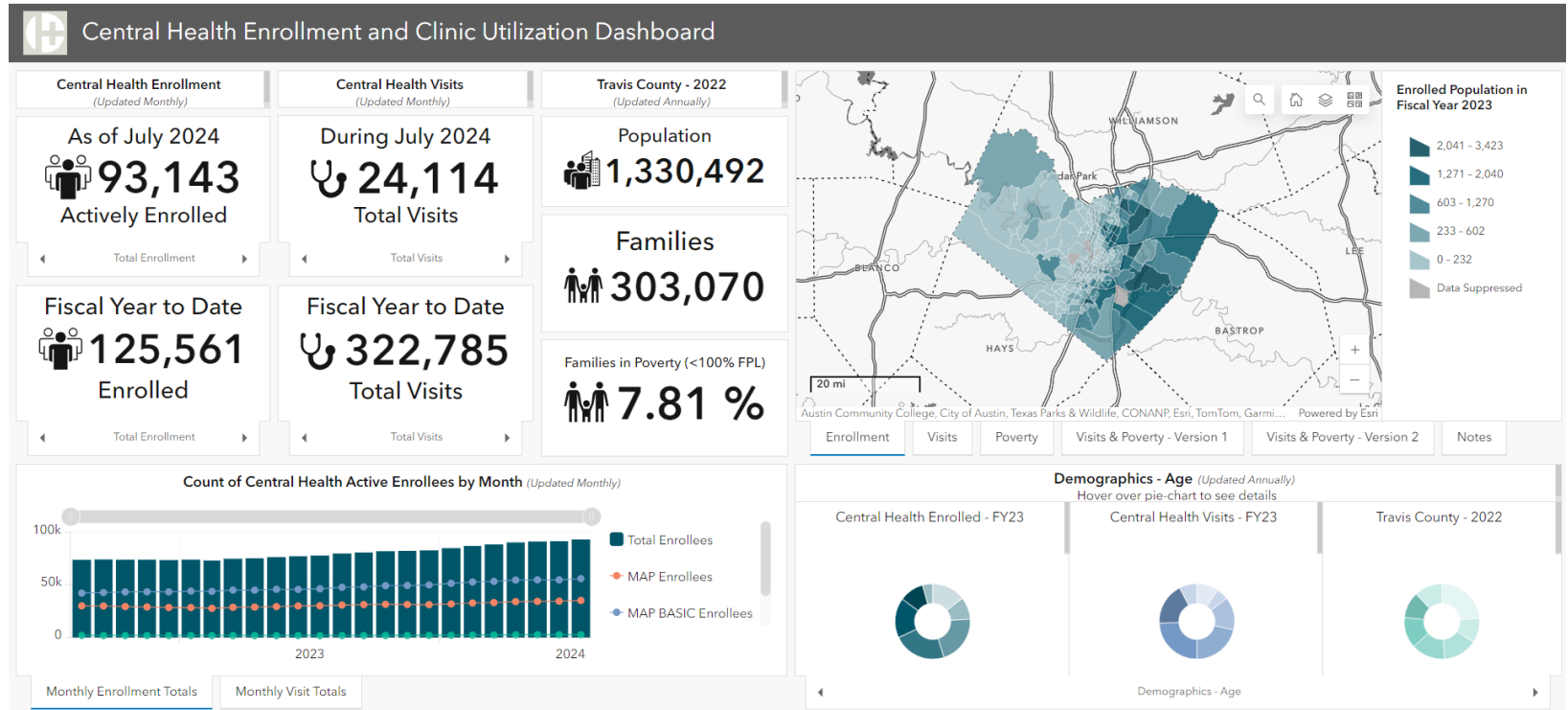


<https://www.centralhealth.net/newsroom/provider-network-map/>

ENROLLMENT AND CLINIC UTILIZATION DASHBOARD



CENTRAL HEALTH

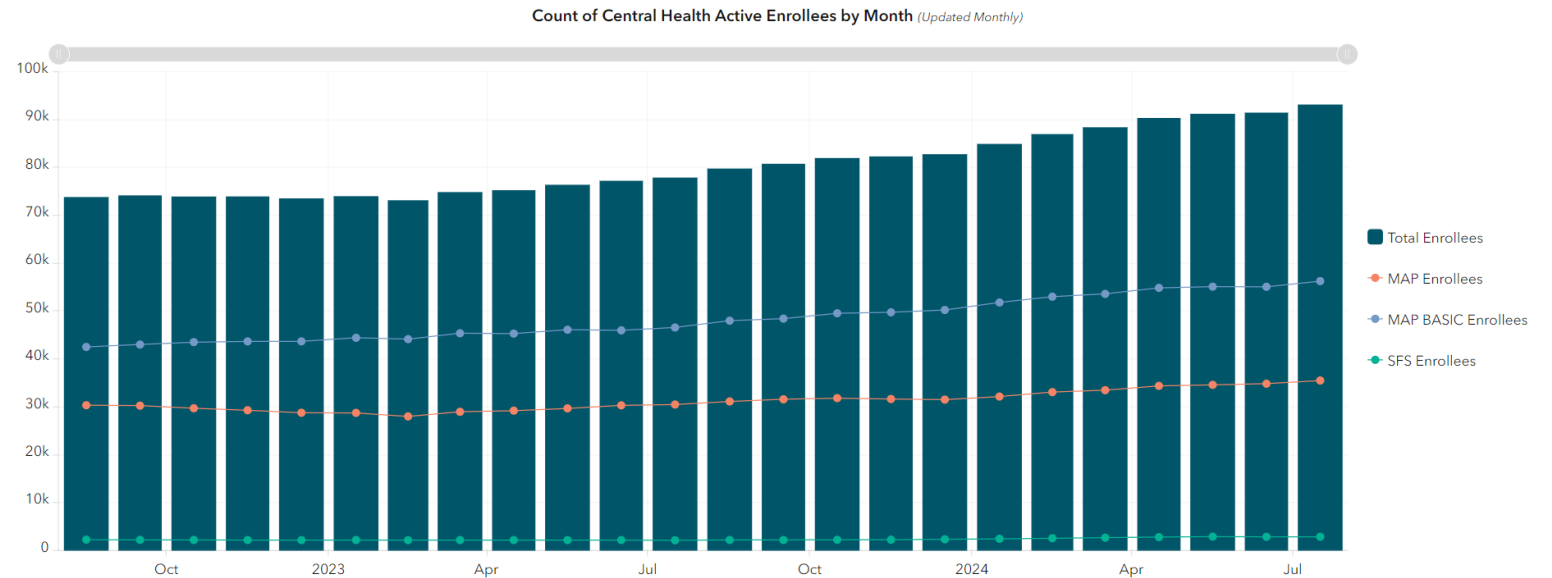
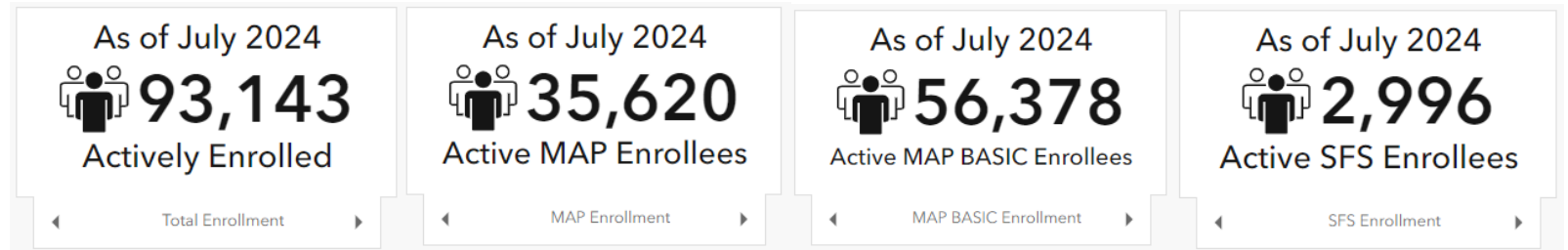


Since March 2024, the unduplicated count of actively enrolled members has increased by 4,875.

- MAP Members: ↑ 2,021
- MAP BASIC Members: ↑ 2,811
- SFS Members: ↑ 232

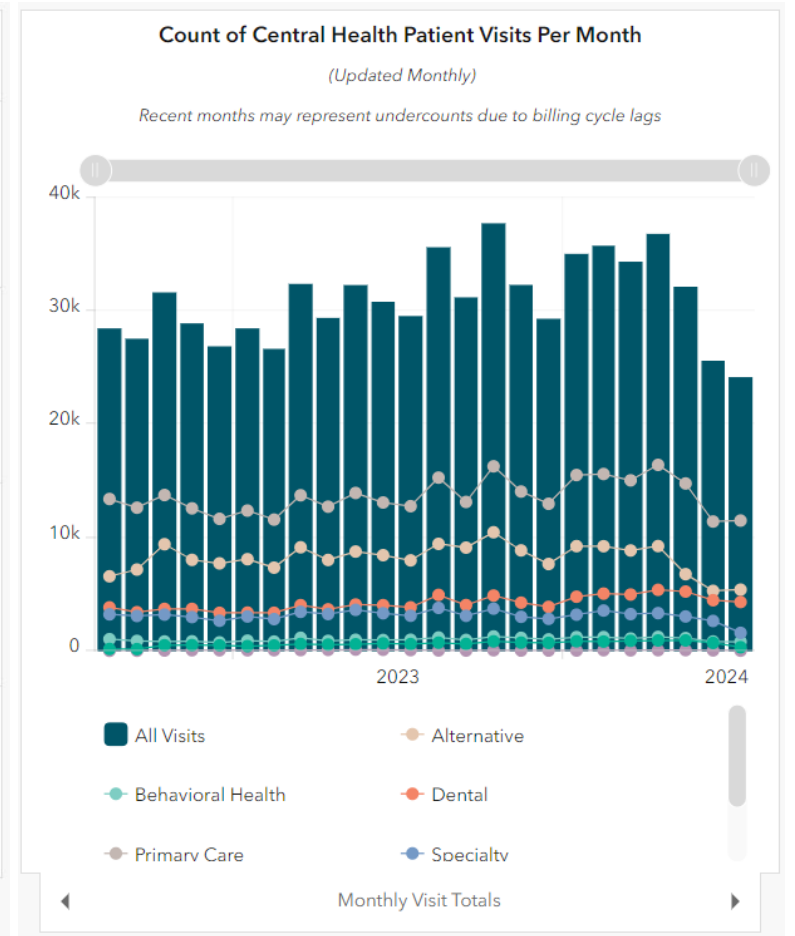


CENTRAL HEALTH



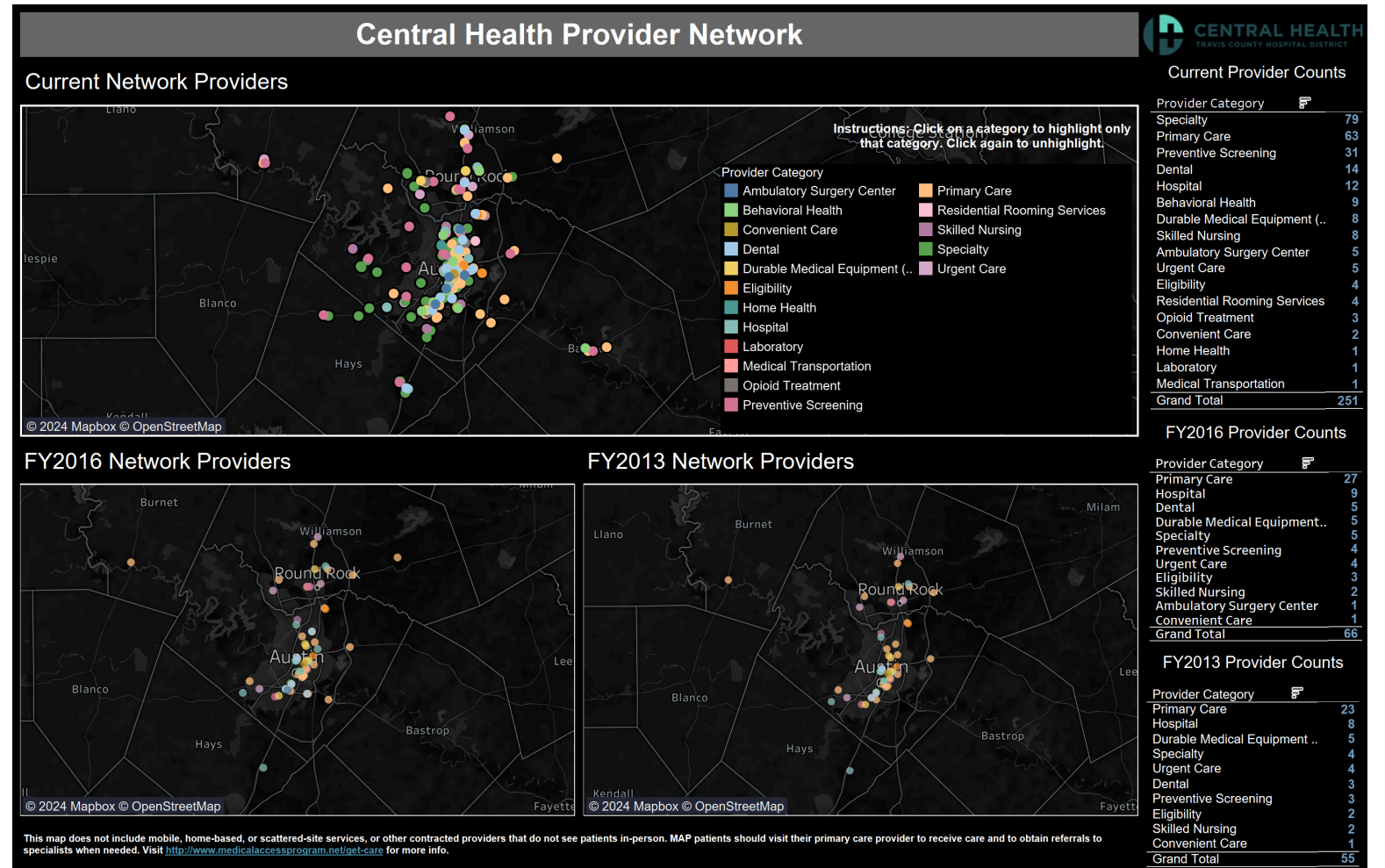
In FY24 to date, there have been 322,785 clinical visits with Central Health providers.

- 44.6% Primary Care Visits
- 25.2% Alternative Visits
- 14.7% Dental Visits
- 9.4% Specialty Visits
- 3.5% Behavioral Health Visits
- 2.4% Other Visits
- 0.2% Urgent/ Convenient Care Visits



CENTRAL HEALTH PROVIDER NETWORK DASHBOARD

- There are currently 251 provider locations mapped within the Central Health Provider Network
 - 280% increase in provider locations since FY16 and 356% increase since FY13
- Specialty, Primary Care, and Preventative Screening providers represent the majority of locations in Central Health's network





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STRATEGIC PLANNING COMMITTEE

September 11, 2024

AGENDA ITEM 5

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