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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.

Respect - We honor our relationship with those we serve and those with whom we work.

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

STRATEGIC PLANNING COMMITTEE

Wednesday, November 13, 2019, 5:30 p.m.

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

STAYS IN FILE

AGENDA*

*Agenda item numbers are assigned for ease of reference only and do not necessarily reflect the order of their consideration by the Committee.

1. Consider and approve the minutes of the October 15, 2019 meeting of the Central Health Board of Managers Strategic Planning Committee. (*Action Item*)
2. Receive and discuss an update on Communications and Community Engagement activities and initiatives, including the naming system initiative. (*Informational Item*)
3. Receive and discuss an overview of Central Health Enterprise activities related to individuals experiencing homelessness in Travis County.¹ (*Informational Item*)
4. Receive and discuss the Fiscal Year (FY) 2019 End of Year Performance Report. (*Informational Item*)
5. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Action Item*)

Note 1, Possible closed session item.

The Strategic Planning Committee may consider any matter posted on the agenda in a closed session if there are issues that require consideration in a closed session and the Committee announces that the item will be considered during a closed session.

A quorum of Central Health's Board of Managers may convene to discuss matters on the agenda. 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 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.

Came to hand and posted on a Bulletin Board in the Courthouse,
Austin, Travis County, Texas on this the 8th day of
November 2019.
Dana DeBeauvoir
County Clerk, Travis County, Texas
By A. Macedo Deputy
A. MACEDO



201981603

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Dana DeBeauvoir
Dana DeBeauvoir, County Clerk
Travis County, Texas

Nov 08, 2019 02:49 PM
Fee: \$0.00 MACEDOS



**CENTRAL
HEALTH**

STRATEGIC PLANNING COMMITTEE MEETING

November 13, 2019

AGENDA ITEM 1

Consider and approve the minutes of the October 15, 2019 meeting of the Central Health Board of Managers Strategic

MINUTES OF MEETING – OCTOBER 15, 2019

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

On Tuesday October 15, 2019, the Central Health Board of Managers Strategic Planning Committee convened at 5:30 p.m. in the Training Room, 1111 East Cesar Chavez, Austin, Texas 78702. Clerk for the meeting was Briana Yanes.

Committee Members present: Chairperson Greenberg, Manager Jones, and Manager Valadez

Board Members present: Zamora

REGULAR AGENDA

1. Consider and approve the minutes of the August 7, 2019 meeting of the Central Health Board of Managers Strategic Planning Committee.

Clerk's Notes: Discussion on this item began at 5:30 p.m.

Manager Valadez moved that the Committee approve minutes of the August 7, 2019 meeting of the Central Health Board of Managers Strategic Planning Committee.

Manager Jones seconded the motion.

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

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

Clerk's Notes: Discussion on this item began at 6:24 p.m.

Ted Burton, Vice President of Communications, Ivan Davila, Director of Communications & Community Engagement, and Isela Guerra, Community Outreach Supervisor presented on communications and community engagement activities and initiatives. The presentation discussed the Community Health Worker Pilot Program, and status of the Minority Outreach RFP. The presentation gave results from various media initiatives and an update on the process for the naming/branding initiative currently underway for Central Health.

No action was taken on item 2.

3. Receive and discuss an overview of Central Health Enterprise activities related to individuals experiencing homelessness in Travis County.

Clerk's Notes: Discussion on this item began at 5:31 p.m.

Dr. Audrey Kuang, Dr. Holli Sadler and Dr. Josh Rivera, from CommUnity Care, presented on homeless healthcare in Austin and Care Connections Clinic. They discussed how they deliver comprehensive health care to those experiencing homelessness, while being part of a broader strategy to provide stable housing and essential support services to those same individuals as well. They shared many success stories of homeless patients they have cared for, , and the stories of those who ultimately found housing.

No action was taken on item 3.

OCTOBER 15, 2019 -STRATEGIC PLANNING COMMITTEE MINUTES

4. Discuss and take appropriate action on the Central Health Equity Policy Council's FY2020 campaign.

Clerk's Notes: Discussion on this item began at 6:55 p.m.

Megan Cermak, Manager of Community and Population Health Strategy, presented on the Central Health Equity Policy Council's FY2020 campaign. The presentation included a brief overview of the vision and mission of the Council, as well as definitions of health equity, health inequities, and health disparities. The Council's top three policy recommendations were presented to the Committee Members. These policies included a city requirement to capture and analyze comprehensive demographic data and transparently report the outcomes, healthier default beverages with restaurant/fast food children's menus, and prohibiting the sale of electronic cigarettes & flavored nicotine products.

No action was take on item 4.

5. Receive and discuss an update on the development of Central Health Board reporting dashboards, and reporting associated with the Fiscal Year 2020 Budget Resolution.

Clerk's Notes: Discussion on this item began at 7:22 p.m.

Mike Geeslin, President & CEO and Monica Crowley, Chief Strategy & Planning Officer, gave a brief update on what future reporting dashboards will look like.

No action was taken on item 5.

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

Clerk's Notes: Discussion on this item began at 7:37 p.m.

Chairperson Greenberg announced that the next Central Health Board of Managers Strategic Planning Committee meeting is tentatively scheduled for November 11, 2019 at 5:30 p.m., at Central Health Administrative Offices, 1111 E. Cesar Chavez St., Austin, Texas 78702.

Manager Jones moved that the Committee adjourn.

Manager Valadez seconded the motion.

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

The meeting was adjourned at 7:38 p.m.

Sherri Greenberg, Chairperson
Central Health Strategic Planning Committee



**CENTRAL
HEALTH**

STRATEGIC PLANNING COMMITTEE MEETING

November 13, 2019

AGENDA ITEM 2

Receive and discuss an update on Communications and Community Engagement activities and initiatives, including the naming system initiative.

STROP

INSIGHTS



CENTRAL
HEALTH

Central Health Market Research

November 2019

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Study #1: Online Survey Approach

Online survey (English/Spanish); 400 Travis County residents. **Goals:** Understanding (i) awareness and support of Central Health Enterprise mission (ii) awareness and usage of Central Health/Travis County health care organizations/programs (ii) perceptions of relevant organizations/programs and (iii) evaluation of Enterprise name/brand attributes (iv) messaging preferences and resonance.

General Study Screeners

- Reside in Travis County (relevant ZIP codes only)
- Age 18 or older
- Makes health care decisions for household
- Representative of Travis County demographics (based on U.S. Census data)

Current Patient Screening Criteria

- Respondents are classified as a current patient if the respondent or someone in household has used or interacted with any of the organizations below in the past 2 years or more recently:
 - Central Health
 - CommUnityCare Health Centers
 - Sendero Health Plans
 - Medical Access Program (MAP)

Key Survey Elements

- Awareness and interaction
 - Unaided awareness, aided awareness, recency of visit, and overall opinion
- Familiar with the organization
- Perceptions of four health care organizations/programs: Central Health, CommUnityCare, Sendero Health Plans, Medical Access Program (MAP). Evaluations include:
 - Perceived performance across a selection of operational areas
 - Ability to cost effectively serve residents with low income
 - Perception statements related to the name of the organization
 - Open-ended questions on the organization's strengths and opportunities
- Central Health Messaging evaluation



Survey Highlights & Key Findings

Patient-focused Organizations/Programs Generate Higher Awareness: CommUnityCare (35%) and MAP (27%) have the highest **aided** awareness amongst the Central Health Enterprise organizations, although still **significantly** lower in comparison to other Travis county health care organizations: St. David's Healthcare (82%); Seton (79%); Planned Parenthood (78%).

Note:

- These organizations have large marketing budgets and have been around for much longer than Central Health Enterprise.
- Patient status has a large impact on awareness levels. Current patients have higher awareness levels than non-patients, CommUnityCare (76%) and MAP (61%).

Central Health Awareness: Central Health awareness is 14% today, compared to 37% in December of 2017. **However, 33% of current patients are aware of Central Health.**

Note:

- *Dec. '17 survey followed substantial paid media initiative including one-month of television (total media approx. \$180,000)*

Survey Highlights & Key Findings

Ethnicity impacts Awareness: Hispanic residents have higher awareness of CommUnityCare, Sendero and MAP.

- Hispanic respondents: 44% aware of CommUnityCare, 32% aware of MAP, 26% aware of Sendero and 13% are of Central Health
- African-Americans respondents: 27% aware of CommUnityCare, 28% aware of MAP, 20% aware of Sendero and 9% aware of Central Health
- White respondents: 31% aware of CommUnityCare, 24% aware of MAP, 18% aware of Sendero and 15% aware of Central Health

Interaction: CommUnityCare has the highest interaction rate within the Central Health Enterprise, and the 3rd highest interaction rate across all Travis county organizations tested in this study. Central Health and MAP were close behind CUC, while Sendero ranked last amongst the group.

Survey Highlights & Key Findings

Favorability: All Central Health enterprise organizations receive positive favorability scores from respondents who are aware of the respective organization. The following favorability scores are for respondents who have a very or somewhat favorable opinion.

- MAP- 85%
- CommUnityCare- 82%
- Central Health- 80%
- Sendero- 70%

Additionally, respondents who interacted with the organization more recently, have higher favorability scores than those who haven't interacted recently.

Multiple Branding/Naming Options: Based on favorable perceptions, either Central Health or CommUnityCare could be positioned as the overarching umbrella organization for the Enterprise. These options should be analyzed and discussed in-depth in the next round of research (i.e. patient/nonpatient/employee focus groups) to determine the optimal pathway forward.

Name Only: Central Health and CommUnityCare both receive high scores from respondents on their names. 58% of respondents "like the name" Central Health and believe "the name explains the org mission". 68% of respondents "like the name" CommUnityCare and 76% believe "the name explains the org mission."

Survey Highlights & Key Findings

Strong Mission Support: Nearly 100% of the community support Central Health's mission: *"Everyone regardless of income or employment should have access to quality health care."*

- 80% of respondents strongly agree
- 95% of respondents strongly/somewhat agree

Message that Resonates: "Central Health helps about 184,000 low-income people get quality health care - that's about 1 in 7 Travis County residents" performed the best, amongst all messaging, with 49% of respondents saying it improved their opinion of Central Health a lot and 78% saying it improved their opinion of Central Health somewhat or a lot.

- Many of the other messaging statements' performance varies across segments (patients v non-patients, ethnicity, and language) and Central Health can leverage this insight to target different consumers with different messages across different media.

Study #2: Focus Groups Approach

Focus Groups were conducted in Austin with current patients, non-patients, Travis County Residents and Central Health Enterprise employees. Strop Insights conducted 5 focus groups in English and Spanish, with 9-10 participants in each group, with the goals of understanding (i) current awareness and understanding of Central Health and CommUnityCare (ii) perceptions of the current names (iii) perceptions of the 4 new naming options and how/if the names provide a clear and integrated view of the overall enterprise.

General Focus Group Screeners

- Reside in Travis County (relevant ZIP codes only)
- Age 18 or older
- Makes health care decisions for household
- Representative of Travis County demographics

Test Details

- Location: Austin, Texas
- Dates: September 25 – 26
- Group 1: Current Patients & Non-Patients (Spanish, Bilingual)
- Group 2: Current Patients (Spanish, Bilingual)
- Group 3: Enterprise Employees (English)
- Group 4: Current Patients (English)
- Group 5: Non-Patients (English)

Key Discussion Guide Elements

- Awareness and interaction with health care organizations in Travis County, and with Central Health, CommUnityCare and Sendero (10-20 minutes)
- Naming exercise (20-25 minutes)
- Naming exercise discussion and deep-dive (45 minutes)
- Additional discussion around taxes, new names exercise, enterprise integration and the importance level for this to be clear to the community (5-10 minutes)

Key Name Concepts Tested

Current Names	<ul style="list-style-type: none"> • Central Health • CommUnityCare Health Centers
Option A	<ul style="list-style-type: none"> • Central Health of Travis County • CommUnityCare Health Centers by Central Health
Option B	<ul style="list-style-type: none"> • Central Health of Travis County • Central Health Care Centers
Option C	<ul style="list-style-type: none"> • CommUnityCare of Travis County • CommUnityCare Health Centers
Option D	<ul style="list-style-type: none"> • TravisHealth Community Health District • TravisHealth CareCenters



Key Findings

- 1 Consistent with the quantitative survey, current patients had higher awareness of, and interaction with, the Central Health Enterprise than non-patients
- 2 Consistent with the Germane Solutions report, all groups (including employees) felt that the community is confused surrounding the Enterprise as a whole, how the organizations work together and what is offered
- 3 CommUnityCare had significantly higher awareness and interaction level than Central Health, and participants felt a stronger affinity to the organization due to their interaction and understanding of what the organization provides for them and the community.
- 4 All 5 groups gravitated to Option C (CommUnityCare of Travis County, CommUnityCare Health Centers) as they liked the use of Community and felt that it created the best cohesion
- 5 There were mixed emotions towards the inclusion of “Travis” or “Travis County”, with the Spanish groups having a more negative feeling towards it as it felt exclusive and could limit future care

Additional Findings

- **Health Centers vs. Care Centers vs. Clinics:**
 - Respondents had varied opinions towards health centers, care centers and clinics
 - Health Centers was the popular choice, as many felt that this name signified “comprehensive”, “full-service” and “higher quality” health care
 - Clinics received the least amount of support, as many felt clinic signaled “poor care and quality” and made the participants feel ‘less of themselves’ due to the negative perception of the word

- **Travis County Healthcare District vs. Central Health:**
 - There were groups of participants and employees who liked each of these names, but the vast majority did not feel that either of these names would solve the confusion for the broader community
 - Both names are not as “welcoming” as other names, and the use of “Travis County” and “District” were seen as exclusive

- **Naming Exercise:**
 - Most participants felt that changing Central Health’s name would be helpful, but keeping CommUnityCare’s name was the preferred route
 - However, some participants and employees questioned whether Central Health’s name truly matters to the public, as patients will be most concerned with the health centers and getting the care they need

Spanish Language Groups: Enterprise Discussion

Current Patients and Non-Patients

(10 participants)

- **Enterprise Awareness:** 0 participants were aware of Central Health, 7 participants were aware of CommUnityCare and 2 participants were aware of Sendero
- **Enterprise Interaction:** There was a mix of participants who had used CommUnityCare services before or knew friends/family who had used it as well
- **Participant Quotes:**
 - *"CommUnityCare is a clinic for people who have low income and qualify to go there"*
 - *"Helps people from Mexico with no insurance and no papers"*
 - *"I have a friend who goes there, and she had a good experience"*
- **Enterprise Integration:** Participants were confused and unsure if Central Health, CommUnityCare and Sendero were connected
 - Participants were unsure how the organizations were funded, while ~3 thought the organizations were public (vs. private)

Current Patients Only

(10 participants)

- **Enterprise Awareness:** 1 participant was aware of Central Health, 9 participants were aware of CommUnityCare and 4-5 participants were aware of Sendero
- **Enterprise Interaction:** There was a mix of participants who had used CommUnityCare services before or knew friends/family who had used it as well
- **Participant Quotes:**
 - *"Experiences have been good and bad, but at least there is an option to get treatment"*
 - *"Sometimes remedy is worse than the sickness"*
 - *"Had a very positive experience, immediately took me to a room as my knee was bleeding and called me two weeks after to check on me. I wasn't expecting a follow-up, which was nice"*
- **Enterprise Integration:** Some participants thought the organizations were connected but were not sure how. Others didn't think there was any connection.
 - There was lack of clarity on how the organizations were funded, as 1 or 2 participant thought they shared funding, while others didn't know

Spanish Language Groups: Naming Discussion

Options	Name Concepts	Current Patients & Non-Patients	Current Patients Only
Current Names	<ul style="list-style-type: none"> Central Health CommUnityCare Health Centers 	<ul style="list-style-type: none"> Names seems like 2 disjointed organizations. “Central Health seems like its an insurance company” “Like Community as it includes everyone” 	<ul style="list-style-type: none"> Participants perceived the name Central Health as a “large or inaccessible” organization, while CommUnityCare as more accessible and making you feel “accepted” Participants who had interacted with CommUnityCare in the past (vs. Central Health) had a higher comfort level with CommUnityCare and its name Unclear on whether organizations were connected
Option A	<ul style="list-style-type: none"> Central Health of Travis County CommUnityCare Health Centers by Central Health 	<ul style="list-style-type: none"> Names are too long, but better integrated than current names Don’t like “Travis County” inclusion as it feels exclusive “Do I have to take my telephone bill to prove I live there” 	<ul style="list-style-type: none"> Participants were mixed on use of “Travis County” as some felt it was exclusive, while others felt it gave clear information CommUnityCare’s name was too long for participants and felt it was confusing
Option B	<ul style="list-style-type: none"> Central Health of Travis County Central Health CareCenters 	<ul style="list-style-type: none"> Participants didn’t like “Central Health” usage in any name (and especially not in both names) Better integrated, but not a popular choice Mixed emotions on “carecenters” as some liked it and others thought it signaled lower quality 	<ul style="list-style-type: none"> Participants had varied responses to this option, as a few felt it was integrated and clear on the offerings, while others did not like the usage of “Central Health” or “Travis County” Participants didn’t like that Community was taken out of all the names
Option C	<ul style="list-style-type: none"> CommUnityCare of Travis County CommUnityCare Health Centers 	<ul style="list-style-type: none"> Participants liked this option the best and felt the names were very integrated and clear “Community tells me that it is for everybody” Participants were still weary of including “Travis County”, and preferred something around Texas or Lonestar to be more inclusive 	<ul style="list-style-type: none"> Participants liked this option the best and felt the names were very integrated and clear Participants felt that including “Travis” meant that the organizations may not want “to help them” and would divide the community
Option D	<ul style="list-style-type: none"> TravisHealth Community Health District TravisHealth CareCenters 	<ul style="list-style-type: none"> Participants did not like this option, as they didn’t like the “Travis County” reference with Travis and felt that it could also signal someone’s name with just using “Travis” “District” was not a popular word to use and participants recommended to remove it 	<ul style="list-style-type: none"> 1/3 of the participants in this group liked this name concept the best Positive feedback around a different type of name, shows clear integration between the organizations and is a professional name Other feedback included mixed feelings on “carecenters” and inclusion of “Travis”

English Language Groups: Overview Discussion

Current Patients Only

(9 participants)

- **Enterprise Awareness:** 5 participants were aware of Central Health, 9 participants were aware of CommUnityCare and 4 participants were aware of Sendero
- **Enterprise Interaction:** There were 2 very knowledgeable participants who knew a lot about Central Health, CommUnityCare and Sendero. Many other participants had visited a CommUnityCare health center in the recent past
- **Participant Quotes:**
 - “I enrolled in the MAP program to get cheap access to CommUnityCare. I used it for dental and medical”
 - “Healthcare is very confusing. I had ACA a few years ago, but now have MAP as a student, since it’s free”
 - “I prefer CommUnityCare over ARC, but it can be crowded”
- **Enterprise Integration:** A couple of participants led this conversation with their detailed understanding of the organizations
 - The other 8 participants were not clear on the integration between the 3 organizations, but did recognize some logos based upon their MAP cards
 - Overall perception was that these organizations are public

Non-Patients Only

(10 participants)

- **Enterprise Awareness:** 0 participants were aware of Central Health, 8 participants were aware of CommUnityCare and 2 participants were aware of Sendero
- **Enterprise Interaction:** This group had only non-patient participants, so none had interacted with CommUnityCare but a few participants had friends who had interacted with CommUnityCare and/or were patients there in the last year
- **Participant Quotes:**
 - “I have a friend who goes there to get preventative care. She has gone there for a number of years and has been ok with it”
 - “Sendero is difficult got get into doctors, so not many people are on this insurance”
 - “I haven’t been to a CommUnityCare Health Center, but I see them all the time”
- **Enterprise Integration:** Participants had minimal awareness and interaction with the different organizations, and thus were unsure of whether they were connected or integrated with each other, or how they were funded

English Language Groups: Naming Discussion

Options	Name Concepts	Current Patients Only	Non-Patients Only
Current Names	<ul style="list-style-type: none"> Central Health CommUnityCare Health Centers 	<ul style="list-style-type: none"> Did not feel that the names are integrated CommUnityCare is clearer on what it provides vs. Central Health “Central Health seems like 2 random words put together”, it is very broad 	<ul style="list-style-type: none"> Participants did not feel there was a connection between the organizations, as they felt that Central Health sounded like an insurance company and was too broad They liked CommUnityCare’s name and the capitalization of the “U” for unity
Option A	<ul style="list-style-type: none"> Central Health of Travis County CommUnityCare Health Centers by Central Health 	<ul style="list-style-type: none"> Participants felt that this option was better than the current names, but the names were very wordy Many participants liked the “by Central Health” addition as a tagline or extra explanation 	<ul style="list-style-type: none"> Participants had mixed feelings towards “Travis County” as some felt it was exclusive and would not serve everyone, while others liked that it made it clear it was for Travis County residents
Option B	<ul style="list-style-type: none"> Central Health of Travis County Central Health CareCenters 	<ul style="list-style-type: none"> Participants did not like this option with “Central Health”, but did feel they were more integrated by using the same naming convention Many participants didn’t like “carecenters” as it sounded like senior care 	<ul style="list-style-type: none"> Participants felt there was better integration between these names than the current names or Option A The removal of “Community” caused participants to feel that it neutralized their positive feelings towards the organizations, the names didn’t seem as “friendly” anymore
Option C	<ul style="list-style-type: none"> CommUnityCare of Travis County CommUnityCare Health Centers 	<ul style="list-style-type: none"> This was participants favorite option, as “community” was a powerful word that signaled it serves everybody Participants felt CommUnityCare was a unique name and stood-out more than Central Health 	<ul style="list-style-type: none"> This was participants favorite option, as it was the most descriptive with the use of “community”, and was better from a brand perspective as it explained the function of the org. Participants felt that these names were “warm and caring” and “higher quality” and would be more willing to go and interact if needed
Option D	<ul style="list-style-type: none"> TravisHealth Community Health District TravisHealth CareCenters 	<ul style="list-style-type: none"> Participants had mixed feelings toward the inclusion of “Travis”, as some felt it defined who these organizations served well, while others felt it was exclusive Most participants felt that if “Travis” was included, it should say “Travis County” and not just “Travis” “District” was a polarizing word that many didn’t like, as they felt that it signaled a school district or was a smaller area than jut Travis County as a whole 	<ul style="list-style-type: none"> Participants thought the use of “district” made these organizations sound like a school or warehouse district versus a healthcare district They felt that these names signaled “lower quality” than previous options and were not “welcoming”

Employee Group

Overview Discussion

- **Perceived Enterprise Awareness:** Employees made it clear that residents do not understand what Central Health is or does, while residents often do recognize and connect more with the patient-facing organization, CommUnityCare.
- **Marketing and Messaging:** Although Central Health is not widely known/understood, employees stressed the effort and time that the enterprise has put in to get this message out to the community.
- **Integration is Confusing:** Employees stressed that the enterprise is confusing to explain to residents, as the interconnection between the organizations is complex.
- **Tactical vs. Strategic:** Employees had various points of view on whether changing the name and messaging will matter to residents. While some did view this as an interesting exercise and felt that names/colors/logos could help make things clearer to the community, others felt that residents just want to know where they can get care and ensure they get the best care possible.

Options	Name Concepts	Employees
Current Names	<ul style="list-style-type: none"> • Central Health • CommUnityCare Health Centers 	<ul style="list-style-type: none"> • Employees did not feel that the current names are integrated and clear to the community • Many liked CommUnityCare’s name, as it includes community and explains the function of the organization, but do not understand the origins and purpose of the Central Health name
Option A	<ul style="list-style-type: none"> • Central Health of Travis County • CommUnityCare Health Centers by Central Health 	<ul style="list-style-type: none"> • Employees felt that these names were too long • Others felt that by making these names more complex, it could create more confusion
Option B	<ul style="list-style-type: none"> • Central Health of Travis County • Central Health CareCenters 	<ul style="list-style-type: none"> • Employees did not like this option as they felt that “community” should be in the names in some form, and really preferred to keep CommUnityCare’s name intact, especially since it is a patient-facing organization
Option C	<ul style="list-style-type: none"> • CommUnityCare of Travis County • CommUnityCare Health Centers 	<ul style="list-style-type: none"> • Employees brought-up concerns about using “Travis County,” as CommUnityCare provides care to more than just Travis County • While employees liked this option the best, many felt that there was confusion already with the CCC, and now this could create the same challenge
Option D	<ul style="list-style-type: none"> • TravisHealth Community Health District • TravisHealth CareCenters 	<ul style="list-style-type: none"> • Employees were mixed on the inclusion of “Travis”, as some liked it but felt that “County” should be included, while others felt that it excluded those who were getting care already outside of Travis County • Some employees felt that this name may be short-sighted, as Central Health could grow over time and expand or partner outside of Travis County



**CENTRAL
HEALTH**

STRATEGIC PLANNING COMMITTEE MEETING

November 13, 2019

AGENDA ITEM 3

Receive and discuss an overview of Central Health Enterprise activities related to individuals experiencing homelessness in Travis County.¹



MEMORANDUM

TO: Central Health Board of Managers
FROM: Sarah Cook, Senior Director of Strategy, Communications and Population Health;
JP Eichmiller, Senior Director of Strategy and Information Design;
CC: Mike Geeslin, President and CEO; Jaeson Fournier, CEO, CommUnityCare Health
Centers; Monica Crowley, Chief Strategy and Planning Officer
DATE: Oct. 25, 2019
RE: Agenda Item 3- Receive and discuss an overview of Central Health Enterprise
activities related to individuals experiencing homelessness in Travis County.
INFORMATIONAL ITEM

Overview

This memo transmits an update regarding the Central Health Enterprise's ongoing initiatives to support Travis County residents experiencing homelessness, as well as the demographic characteristics of this served population.

Background

The Central Health Enterprise leads and participates in many initiatives serving the needs of Travis County's homeless population. This work is carried out by Enterprise staff and through a network of health care and social service providers. Central Health tracks the number and demographics of people experiencing homelessness through patient-reported data gathered during enrollment in Medical Access Program (MAP) and sliding fee scale (SFS) programs.

Central Health's homeless population includes people experiencing street homelessness, residents of transition programs, and others who may be "couch surfing" or experiencing other forms of housing instability. Therefore, Central Health's homeless population census—10,811 in FY2018—is larger than estimates of other local homeless advocacy groups such as the annual ECHO Point in Time count.

Demographics

According to MAP/SFS enrollment data, the total number of homeless enrollees increased from 9,806 in 2016 to 10,811 in 2018 (see Attachment 1, Table 1). However, during the same time period, the percentage of MAP/SFS enrollees reporting themselves homeless decreased from 11.4% to 10.2%. CommUnityCare Health Centers alone served 4,207 homeless patients in CY2018—an increase of 8.68% over CY2016 when they served 3,871 unique homeless patients.

The gender of homeless enrollees skews heavily male, with 73% reporting as male and 27% as female (Table 2). When reporting their race/ethnicity, enrollees can indicate African American, Anglo, Asian, Hispanic, Native American or other (Table 3). In 2018, "other" was the highest selection (29.1%), followed by Anglo (28.1%), Hispanic (21.3%) and African American (19.2%).

In 2018, homeless enrollees ages 18-45 comprised 59.4% of the population (Table 4), followed by enrollees ages 46-64 (40.4%). Despite being a smaller part of the enrolled population, enrollees in the 46-64 age group reported 6,044 more primary care visits than the 18-45 age group. English was the reported language of 92.3% of enrollees in 2018 (Table 5), followed by Spanish (3.7%), “not reported” (3.2%) and “other” (0.7%). Data on other reported languages is suppressed to protect patient confidentiality.

Programing

Within MAP, eligible individuals experiencing homelessness receive a MAP zero copay, with all MAP-covered benefits provided at no cost to the member. Unstable housing situations require more coordination and system navigation, so the Central Health Enterprise provides services to meet patients’ needs wherever they arise. For example, a transitions-of-care nurse stationed at the Dell Seton Medical Center Emergency Department assisted 213 homeless patients from May through July 2019—representing 47% of all patients assisted.

Recent service delivery enhancements include DSRIP-supported mobile medicine and street medicine teams, models now also adopted by CommUnityCare. The Hepatitis C treatment program is also proving highly successful when serving persons experiencing homelessness: more than 90% of homeless patients show no detectable viral load after completing treatment, demonstrating that all patients can benefit from cutting-edge services, regardless of housing status. Additional homeless-focused services include:

CommUnityCare Care Connections (“CareCo”) Clinic

CommUnityCare opened its Care Connections clinic this spring to provide care to patients with complex needs, including those experiencing homelessness. This clinic is located at the former Seton Kozmetsky Clinic site. Over four hundred patients are being provided with extensive medical care and case management each month; specialized services at this clinic are tailored to the population, and include wound care, podiatry, and a nephrology clinic beginning in Fiscal Year 2020. Case review suggests that within its first 8 months of operation, the Wound Care program avoided 15 hospitalizations that might have led to amputations.

Residential Rooming Services: Board and Care

The inspiration to use “board and care” homes as convalescent care locations for MAP patients experiencing homelessness arose many years ago, at a CCC-sponsored health care for the homeless roundtable. The idea turned into a reality in August 2019, when the CCC executed a contract for residential rooming services with a local provider. Homeless MAP patients will now have a place to stay, convalesce, and continue recovery after hospitalizations. Within the first two months of operation, the program has been successful enough to merit an expansion: within the next few months, the MAP program will have access to four beds at any given time.

Recuperative Care

For many years, the CCC has contracted with Front Steps (the non-profit providing services at the ARCH) to administer the Recuperative Care Program. Through this program, homeless MAP patients exiting the hospital are transferred to a skilled nursing facility (SNF) where they receive medical services, and case management from Front Steps. In addition, SNF services are available to patients through skilled nursing contracts, which can offer even higher levels of medical care.

SOAR: Applications for SSI and SSDI Benefits

Through the federal SOAR program, persons experiencing homelessness who also have a serious mental illness, medical impairment, and/or co-occurring substance use disorder have a facilitated path to enrollment in Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) programs. Acceptance into SSDI/SSI comes with Medicaid coverage and a monthly cash benefit. The Central Health Enterprise's Medical Management department has transitioned more than 30 MAP members into this program.

CommUnityCare Street Medicine

CommUnityCare has provided health care to individuals experiencing homelessness through street medicine teams since summer 2014. Today, a CUC nurse practitioner and a licensed clinical social worker provide services two days per week, including acute care interventions; connections to CUC clinics for procedures or extensive wound care; and limited medication assisted therapy (MAT) for substance abuse treatment through the street program. The CUC team works with the ATC-EMS Community Health Paramedics to gain access to known campsites, transporting the team to meet mutual clients and connecting patients to medications and CUC clinics. This program is anticipated to have over 800 encounters in FY2019.

Pop Up Resource Clinics

In 2017, Central Health and the Community Care Collaborative (CCC) supported EMS's initial Pop Up Resource Clinics (PURCs) by providing volunteers, loan of equipment, and services. MAP eligibility management and administrative staff continue to attend the PURCs, accepting new MAP applicants and reissuing lost MAP cards. CommUnityCare's medical teams also attend the clinics, offering basic screenings, check-ups, and appointment scheduling. During the life of the program, more than 100 individuals have been connected, or reconnected, with the MAP program

ECHO Membership Council

Central Health holds an advisory seat on the ECHO Membership Council, which is comprised of service providers supporting greater Austin's homeless population. The council shapes the organization's annual workplan, reviews an annual continuum of care funding application, and informs community practices.

Health Care for the Homeless Principles for System Development

In conjunction with CommUnityCare, Integral Care and other peripheral partners, the Central Health Enterprise developed a statement of principles to guide the provision of health care for persons experiencing homelessness (Attachment 2).

MyPass: Blockchain Project through the City of Austin and Robert Wood Johnson Foundation

The City of Austin received a \$409,000, 12-month, Robert Wood Johnson Foundation grant for pioneering ideas in technology, infrastructure, and health. The funding will support the development and testing of MyPass, a blockchain-enabled platform to store, secure, validate, and automatically package personal documents. Central Health supports program development and the grant application, using the MAP application as the test case to understand how to support persons experiencing homelessness who may not be able to produce documents for their MAP eligibility appointments. MAP will continue to be the primary service provider partner as staff explore how to facilitate access to services vital to ending homelessness, such as housing, benefits, and medical care.

MAP Eligibility Services at the Library

Central Health is working with the City of Austin to locate MAP eligibility services at the Faulk Library downtown. The agreement should be concluded within 2019, and services should launch by 2020; the MAP Office will be open once a week.

Additional upcoming opportunities ~~for work~~ include:

- Piloting a program to provide persons experiencing homelessness with specially-equipped smartphones to support case management, connection to medical care, enrollment into additional benefit programs, and placement into housing;
- Gaining better understanding of the composition and health needs of different segments of the MAP population experiencing homeless, including by health condition and by gender;
- Developing strategies to assist homeless patients with alcohol and substance use disorders;
- Improving hospital discharge planning workflows and services for persons experiencing homelessness;
- Exploring additional respite opportunities for homeless members not appropriately served through SNF, recuperative care, or residential rooming service options.

Action needed

None.

ATTACHMENT 1

Table 1: Homeless by Program Membership

Program	Homeless Members			% of Total MAP and SFS Members		
	2016	2017	2018	2016	2017	2018
MAP	9,806	10,648	10,811	11.4%	11.7%	10.2%
SFS	<20	<20	<20	N/A	N/A	N/A
Total	9,806	10,648	10,813	11.4%	11.7%	10.2%

Table 2: Homeless by Gender

Gender	Homeless Members			% of Total Homeless Members			Homeless Members' Primary Care Visits		
	2016	2017	2018	2016	2017	2018	2016	2017	2018
Male	7,143	7,758	7,927	72.8%	72.9%	73.3%	10,911	12,786	18,281
Female	2,663	2,890	2,886	27.2%	27.1%	26.7%	6,080	7,082	9,907
Total	9,806	10,648	10,813	100.0%	100.0%	100.0%	16,990	19,867	28,187

Table 3: Homeless by Race/Ethnicity

Ethnicities	Homeless Members			% of Total Homeless Members			Homeless Members' Primary Care Visits		
	2016	2017	2018	2016	2017	2018	2016	2017	2018
African American	2,167	2,141	2,078	22.1%	20.1%	19.2%	4,277	4,968	6,511
Anglo	2,934	3,064	3,035	29.9%	28.8%	28.1%	6,180	7,079	10,116
Asian	44	50	39	0.4%	0.5%	0.4%	99	117	195
Hispanic	2,475	2,263	2,492	25.2%	21.3%	23.0%	4,844	5,346	8,051
Native American	25	29	27	0.3%	0.3%	0.2%	66	91	83
Other	2,161	3,102	3,142	22.0%	29.1%	29.1%	1,529	2,271	3,236
Grand Total	9,806	10,648	10,813	100.0%	100.0%	100.0%	16,990	19,867	28,187

Table 4: Homeless by Age

Age Ranges	Homeless Members			% of Total Homeless Members			Homeless Members' Primary Care Visits		
	2016	2017	2018	2016	2017	2018	2016	2017	2018
46-64	4,107	4,331	4,371	41.9%	40.7%	40.4%	9,987	11,800	17,103
18-45	5,724	6,332	6,427	58.4%	59.5%	59.4%	7,108	8,174	11,059
65+	40	51	46	0.4%	0.5%	0.4%	187	241	386
0-17	35	33	47	0.4%	0.3%	0.4%	64	61	114
Grand Total	9,806	10,648	10,813	100.0%	100.0%	100.0%	16,990	19,867	28,187

Table 5: Homeless by Language

Language	Homeless Members			% of Total Homeless Members			Homeless Members' Primary Care Visits		
	2016	2017	2018	2016	2017	2018	2016	2017	2018
English	9,194	9,817	9,978	93.8%	92.2%	92.3%	15,870	18,485	25,991
Spanish	323	385	402	3.3%	3.6%	3.7%	847	946	1,568
Not Reported	236	389	351	2.4%	3.7%	3.2%	209	334	401
Other	37	43	74	0.4%	0.4%	0.7%	53	69	169
Vietnamese	<20	<20	<20	N/A	N/A	N/A	<20	<20	33
Sign Language	<20	<20	<20	N/A	N/A	N/A	<20	<20	<20
Burmese	<20	<20	<20	N/A	N/A	N/A	<20	<20	<20
Arabic	<20	<20	<20	N/A	N/A	N/A	<20	<20	<20
Nepali	<20	<20	<20	N/A	N/A	N/A	<20	<20	<20
Karen	<20	<20	<20	N/A	N/A	N/A	<20	<20	<20
Grand Total	9,806	10,648	10,813	100.0%	100.0%	100.0%	16,990	19,867	28,187

ATTACHMENT 2

Principles to Guide the Development of a Healthcare System for Persons Experiencing Homelessness

*Developed by CommUnityCare, Integral Care, and the Community Care Collaborative
Summer 2018*

The ideal healthcare for the homeless system will:

1. Approach the provision of services with the **philosophy** that social service, behavioral health, and health care must be offered together through multi-disciplinary teams, and strive towards **intensive case management with shared care records**
2. Run off a **hub-and-spoke** model, with
 - a. A *centralized hub* providing:
 - i. health care services that require a fully outfitted health care clinic
 - ii. a place for informal and formal team-based case management and care coordination to occur
 - iii. information and referral, navigation, and care coordination for system stakeholders including both service consumers and service providers
 - b. Multiple *spokes* where system engagement and basic primary care services are offered, with spokes including both fixed and mobile sites for care
3. Include **comprehensive health care** service lines including:
 - a. Respite and convalescent care
 - b. A continuum of substance use disorder treatment options
 - c. Truly integrated behavioral health services, including co-visits
 - d. Complete services including vision care, dental care, podiatry, wound care, and lab services
4. Be **characterized** by:
 - a. Emphasis on the **Housing First** model, with an understanding that clinically-directed and facilitated **SOAR application** process can speed entry into housing
 - b. **Low barriers** to system engagement including open access to services
 - c. **Trauma informed** care
 - d. A **harm reduction** approach
 - e. Participation of a **Consumer Advisory Board**
 - f. **Inclusion** of hospital, LMHAs, FQHCs, public health departments, social service providers, public safety officers, housing advocates and others as partners



**CENTRAL
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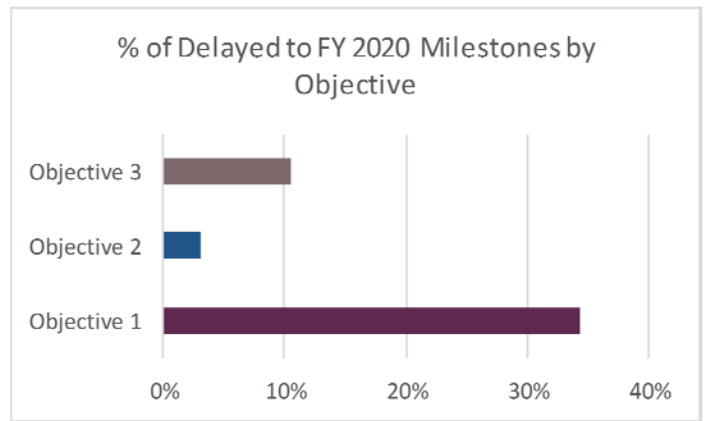
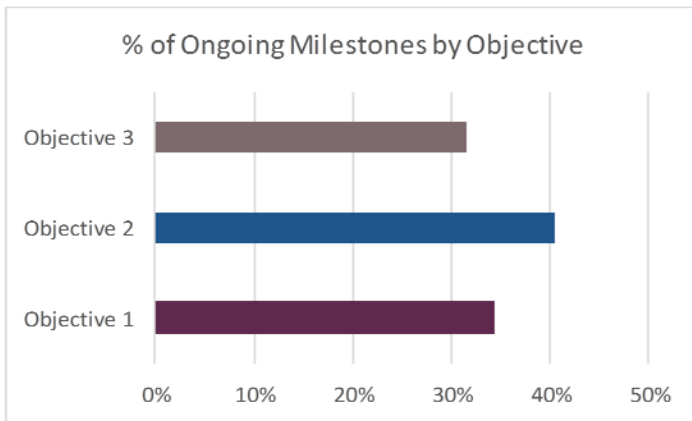
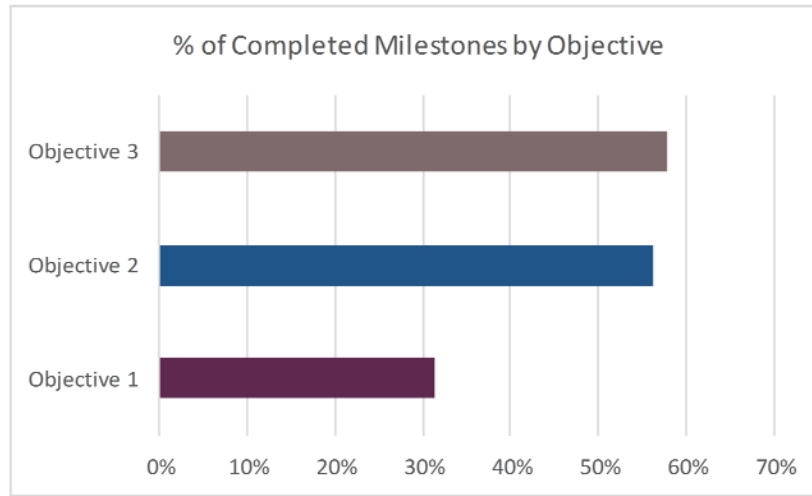
**STRATEGIC PLANNING COMMITTEE MEETING
November 13, 2019**

AGENDA ITEM 4

Receive and discuss the Fiscal Year (FY) 2019 End of Year Performance Report.



Central Health Milestones Progress by Objective



Notes:

- ◆ “Completed” is a status indicating the milestone has been achieved.
- ◆ “Ongoing” is a status indicating the milestone is still in progress.
- ◆ “Delayed” is a status indicating the milestone is postponed to FY 2020.

OBJECTIVE 1

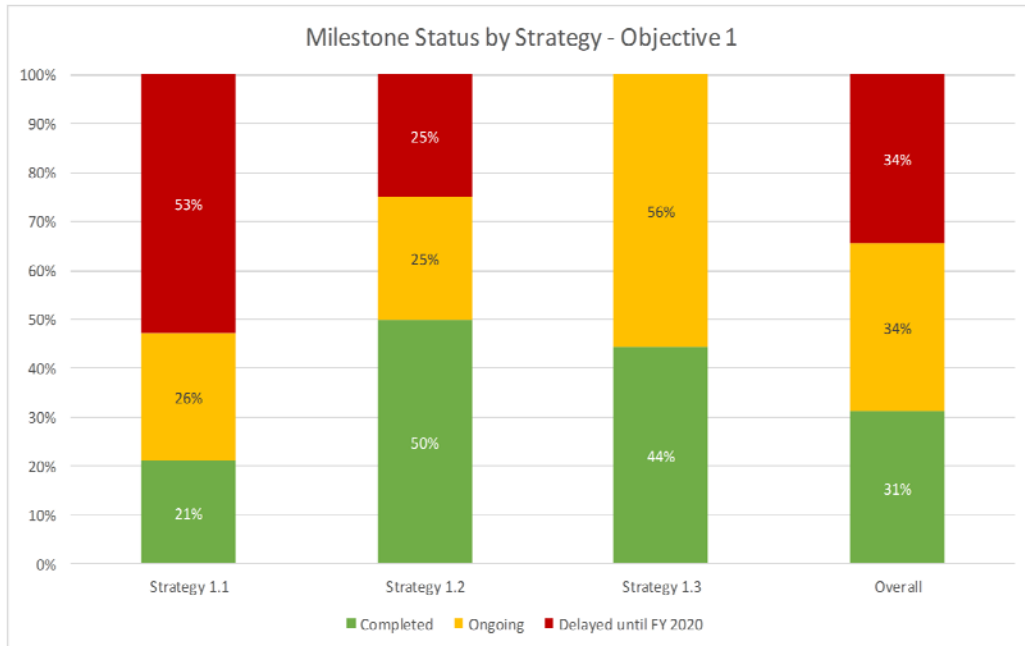
OBJECTIVE 2

OBJECTIVE 3

Develop and execute health care delivery strategy based on people and place.	Implement patient-focused and coordinated health care system	Implement sustainable financial model for health care delivery and system strategies through 2024
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Performance of Objective 1 Strategies



Highlights:

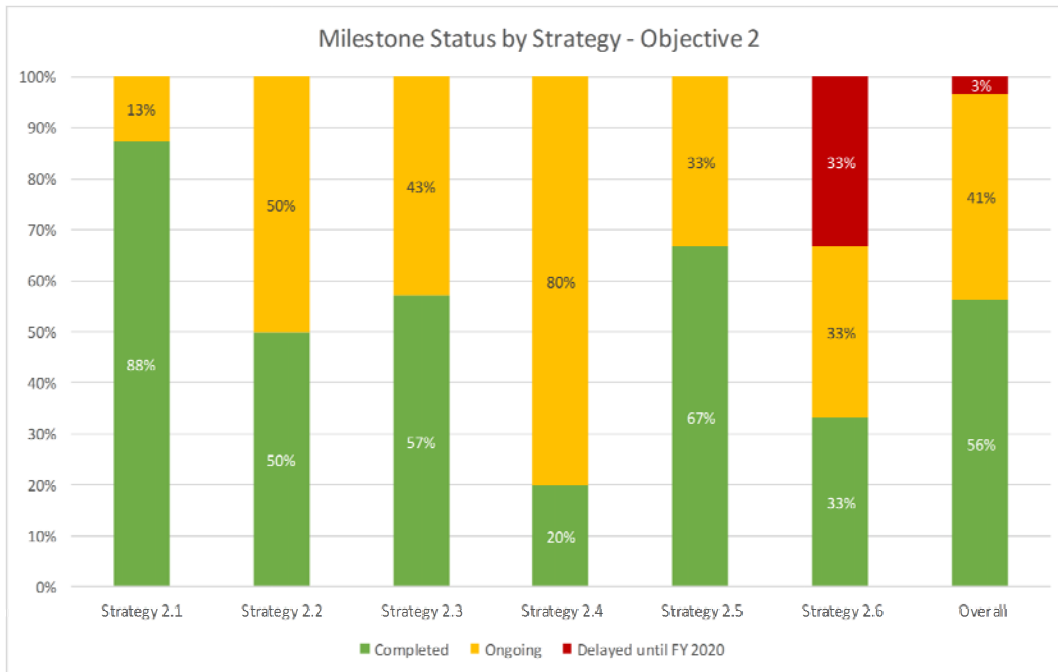
- ◆ Strategy 1.2, Milestone 1.2A — In Q2, Central Health Board of Managers participated in a Population Health workshop on Central Health enterprise’s population health strategy and application.
- ◆ Strategy 1.3, Milestone 1.3B — In Q2, Belmont Icehouse of Dallas was selected for Phase 2 of the public education initiative which includes research, branding, messaging, and paid media to improve communications with consumers and the community about Central Health’s pivotal role ensuring the delivery of care to the served population.

Challenges:

- ◆ Strategy 1.1, Milestone 1.1A — In Q1, announcing dates when services would begin in the four Eastern Travis County focus areas encountered challenges including but not limited to:
 - ◆ Strategic location and program planning for a vast geographic area
 - ◆ Funding models for partnerships engaged in a co-location service model
 - ◆ Lack of basic infrastructure
 - ◆ Transportation (barriers and limited options)
 - ◆ Legal, finance, governance approval process across multiple governmental entities.



Performance of Objective 2 Strategies



Highlights:

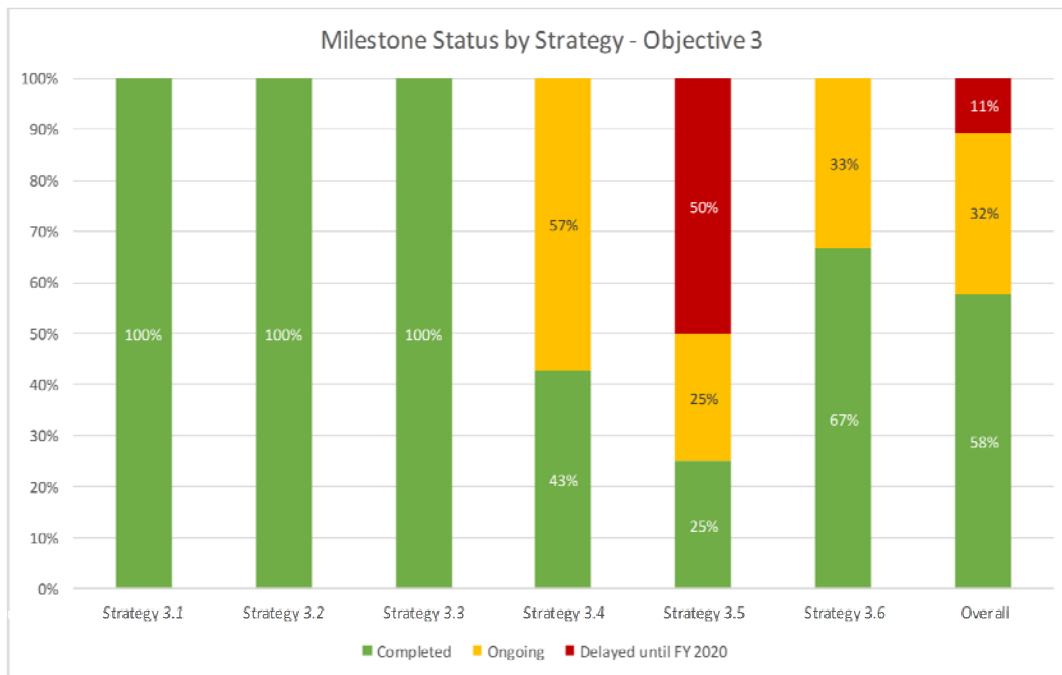
- ◆ Strategy 2.1, Milestone 2.1A — In Q1, Community Care Collaborative (CCC) launched Digital Urgent Care with the CCC medical management team. This service was promoted with Community First! Village and MAP patients at outreach events and MAP eligibility offices. Additionally, contracts were executed to expand 3D mammography services and FIT testing for colorectal cancer screenings.
- ◆ Strategy 2.6, Milestone 2.6A — In Q2, the CCC presented to the Central Health Board of Managers’ Strategic Planning Committee on broad cancer prevalence data in the CCC population, CCC’s priorities and approach to cancer care and CCC’s recommendations for next steps.

Challenges:

- ◆ Strategy 2.2, Milestone 2.2D — In Q1, CY18 DSRIP outcomes were reported to HHSC. CCC encountered challenges with HHSC as it continued to issue new guidance such as requesting new baseline submissions for a handful of measures, based on HHSC’s interpretation of published guidelines.
- ◆ Strategy 2.4, Milestone 2.4A — In Q1, acquisition of a Data Loss Prevention tool was delayed because of gaps in key technology components, budget, and governance. A strategy was needed in order to address the identified gaps.



Performance of Objective 3 Strategies



Highlights:

- ◆ Strategy 3.4, Milestone 3.4C — In Q2, Central Health executive leadership and Board of Managers approved expanding Downtown Campus Committee’s oversight purview to include all Central Health enterprise real estate.
- ◆ Strategy 3.4, Milestone 3.4E—In Q2, the Professional Office Building (POB) was vacated triggering Block 164 Rent Commencement Date (\$1.83 million payment to Central Health).

Challenges:

- ◆ Strategy 3.4, Milestone 3.4 D — In Q3, delayed because of challenges with City of Austin and permit application for demolition of Brackenridge building.
- ◆ Strategy 3.5, Milestone 3.5A — In Q1, challenges encountered executing DSRIP contracts because of changes in state program guidelines and measure specifications led to delays in contracting.

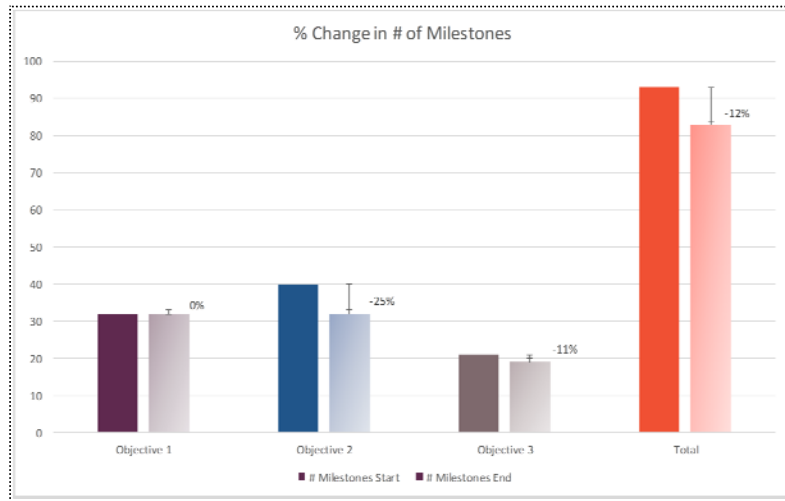


Looking Forward — FY 2020

STRATEGIC PRIORITY

Access to Care

- ◆ FY 2019 milestones designated as “Delayed”, “Ongoing” or “Deleted” must be reviewed to understand the barriers and nuances around the work associated with the work. This will inform the development of performance metrics for FY 2020 work and help to mitigate any risks or dependencies that could impede the completion of the ongoing work in FY 2020.



- ◆ The report out of performance and outcomes will be captured at regular intervals. A different form of reporting will be produced for the Central Health Board of Managers and will replace the Milestone Review Memo from FY 2019.
- ◆ FY 2020 work will take into consideration the ongoing/delayed work from FY 2019 and, if needed, clearly delineate the relationship with the overarching strategic priority of increasing access to care.

OBJECTIVE 1

Develop and execute health care delivery strategy based on people and place.

OBJECTIVE 2

Implement patient-focused and coordinated health care system

OBJECTIVE 3

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



**CENTRAL
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**STRATEGIC PLANNING COMMITTEE MEETING
November 13, 2019**

AGENDA ITEM 5

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