



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.

EASTERN CRESCENT SUBCOMMITTEE AND STRATEGIC PLANNING COMMITTEE MEETINGS

Wednesday, July 8, 2020

Via toll-free videoconference¹:

Members of the public may observe and participate in the meeting by connecting to the Ring Central meeting link listed below (copy and paste into your web browser):

<https://meetings.ringcentral.com/j/1484478232?pwd=QnVQd0ttMVVmdWo4dXhXbUhVenZ1dz09>

Password: aidgja

Or to participate by telephone only:

Dial: (888) 501-0031

Meeting ID: 148 447 8232

Password: 696418

A member of the public who wishes to make comments during **Public Communication** portion of the meeting must properly register with Central Health **no later than 10:30 a.m. on July 8, 2020**. Registration can be completed in one of two ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-in/>, or
- Call 512-978-9190. Please leave a voice message with your full name and your request to comment via telephone at the meeting.

PUBLIC COMMUNICATION

Central Health will receive Public Communication for both the Eastern Crescent Subcommittee and the Strategic Planning Committee at the commencement of the Subcommittee meeting. Public Communication will be conducted in the same manner as it has been conducted at in-person meetings, including setting a fixed amount of time for a person to speak and limiting Board responses to public inquiries, if any, to statements of specific factual information or existing policy.

SUBCOMMITTEE AGENDA²

12:00 p.m.

1. Review and approve the minutes of the June 10, 2020 meeting of the Eastern Crescent Subcommittee. (*Action Item*)
2. Discuss and provide direction on processes for healthcare delivery planning and community engagement for interim and long-term facilities in the Eastern Crescent. (*Informational Item*)
3. Receive an update on the staffing and relocation of the resource center from Volma Overton Elementary School to Barbara Jordan Elementary School. (*Informational Item*)
4. Receive an update on the planned land acquisition of the city tract for the future Loyola Town Center. (*Informational Item*)
5. Confirm the next Eastern Crescent Subcommittee meeting date, time, and location. (*Informational Item*)

COMMITTEE AGENDA²

1:00 p.m. or following the Eastern Crescent Subcommittee Meeting

1. Review and approve the minutes of the June 10, 2020 meeting of the Strategic Planning Committee. (*Action Item*)
2. Receive a presentation on Central Health Board reporting dashboards on specialty care, referral, and consultation. (*Informational Item*)
3. Discuss the proposed Fiscal Year 2021 Strategic Priority focus categories: “Ongoing COVID-19 response” and “Enhancing clinical programming and supporting transformational operational initiatives.” (*Informational Item*)
4. Receive and discuss updates on the Central Health Enterprise’s responses to the current COVID-19 pandemic, including testing in Eastern Travis County. (*Informational Item*)
5. Receive a report from the Eastern Crescent Subcommittee on items discussed during the Subcommittee meeting. (*Informational Item*)
6. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

¹ By Emergency Executive Order of the Governor, issued March 16, 2020, Central Health may hold a videoconference meeting with no Board members present at a physical meeting location.

² Agenda item numbers are assigned for ease of reference only and do not necessarily reflect the order of their consideration by the Subcommittee or Committee.

The Eastern Crescent Subcommittee and 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 Subcommittee or 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 agendas. However, Board members who are not Subcommittee or Committee members will not vote on any Subcommittee or 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.



**CENTRAL
HEALTH**

**CENTRAL HEALTH BOARD OF MANAGERS
EASTERN CRESCENT SUBCOMMITTEE**

July 8, 2020

AGENDA ITEM 1

Review and approve the minutes of the June 10, 2020 meeting of the Eastern Crescent Subcommittee.

MINUTES OF MEETING – JUNE 10, 2020
CENTRAL HEALTH
EASTERN CRESCENT SUBCOMMITTEE

On Wednesday, June 10, 2020, a meeting of the Central Health Eastern Crescent Subcommittee convened in open session at 12:00 p.m. remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Subcommittee members present via video and audio: Chair Jones, and Manager Valadez

Board members present via video and audio: Manager Greenberg (12:07 p.m), Manager Bell, and Manager Oliver

PUBLIC COMMUNICATION

Clerk's Notes: Public Communication began at 12:00 p.m, Ivan Davila announced that no speakers had signed up to speak at Public Communication.

SUBCOMMITTEE AGENDA

1. **Review and approve the minutes of the March 11 and May 13, 2020 meetings of the Eastern Crescent Subcommittee.**

Clerk's Notes: Discussion on this item began at 12:03 p.m.

Manager Bell moved that the Subcommittee approve the minutes of the March 11 and May 13, 2020 meetings of the Eastern Crescent Subcommittee.

Manager Valadez seconded the motion.

Chairperson Jones	For
Manager Valadez	For

2. **Discuss and provide direction on processes for health care delivery planning and community engagement for interim and long-term facilities in the Eastern Crescent.**

Clerk's Notes: Discussion on this item began at 12:04 p.m. Ms. Stephanie McDonald, VP of Enterprise Alignment and Coordination, presented on the phases of Eastern Travis County development. Specifically she went into detail on needs assessment/gap analysis and service delivery model planning and development. Ms. Rachel Hardegree, Senior Project Manager of Healthcare Delivery Division, presented on the proposed service planning process roadmap.

No motion necessary.

3. **Receive an update and take action on the relocation of the resource center for Colony Park, from Volma Overton Elementary School to Barbara Jordan Elementary School.**

Clerk's Notes: Discussion on this item began at 12:28 p.m. Ms. Stephanie McDonald, VP of Enterprise Alignment and Coordination, advised that AISD agreed to move, unofficially, an unused modular structure at Volma Overton Elementary to Barbara Jordan Elementary for the start of the school year. She advised that staff is requesting that AISD take care of transportation and installation.

Manager Valadez moved that the Subcommittee recommend that the Strategic Planning Committee direct the President & CEO to take action to relocate the Northeast Health Resource Center to the Jordan Elementary Campus consistent with terms as presented by staff.

Manager Greenberg seconded the motion.

Chairperson Jones	For
Manager Valadez	For

4. Receive an update and take action on the process for staffing the resource center, to be relocated from Volma Overton Elementary School to Barbara Jordan Elementary School.

Clerk's Notes: Discussion on this item began at 12:38 p.m. Ms. Stephanie McDonald, VP of Enterprise Alignment and Coordination, presented the job description for the Program and Resources Manager for the Northeast Health and Wellness Center. Ms. McDonald asked for the Board's recommendations on how they would like the community engagement process around the selection and the job description review to be included.

Manager Bell moved that the Subcommittee recommend that the Strategic Planning Committee direct the President & CEO to work with established community leaders and current and potential patients of the Northeast Health Resources Program in the Colony Park community in a shared decision-making process to assist in the selection of the Program Manager for the Northeast Health Resources Program.

Manager Greenberg seconded the motion.

Chairperson Jones	For
Manager Valadez	For

5. Receive an update on the planned land acquisition on the city tract for the future Loyola Town Center.

Clerk's Notes: Discussion on this item began at 12:50 p.m. Mr. Mike Geeslin, President & CEO, advised the Board that Central Health is engaged with the City on directly purchasing land within the planned Loyola Town Center. He advised that acreage has been identified and that staff are expediting a property evaluation through the city so that negotiations can begin.

No motion necessary.

6. Confirm the next Eastern Crescent Subcommittee meeting date, time, and location.

Manager Greenberg moved that the Subcommittee meeting adjourn.

Manager Valadez seconded the motion.

Chairperson Jones	For
Manager Valadez	For

The meeting was adjourned at 12:56 p.m.

Shannon Jones, Chairperson
Central Health Eastern Travis County
Subcommittee

Cynthia Valadez, Secretary
Central Health Board of Managers

ATTESTED TO BY:



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
EASTERN CRESCENT SUBCOMMITTEE

July 8, 2020

AGENDA ITEM 2

Discuss and provide direction on processes for healthcare delivery planning and community engagement for interim and long-term facilities in the Eastern Crescent.

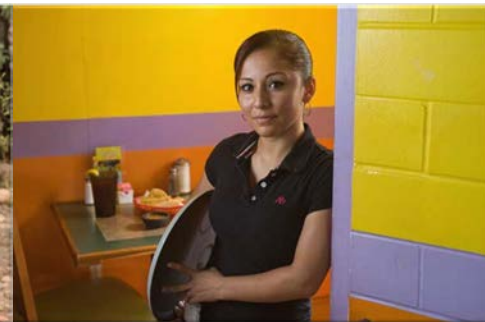


CENTRAL HEALTH

Central Health Eastern Travis County Facility Planning

Central Health Board of Managers
Eastern Crescent Subcommittee

Eastern Travis County Project Team
July 8, 2020



ETC Facility Development Phases

1. Needs Assessment/Gap Analysis
 2. Service Delivery Model Planning and Development
 3. Board Project Approval
 4. Land Acquisition
 5. Facility Design Funding Budget Approval
 6. Facility Design Services Procurement and Contract Award
 7. Facility Design Phase
 8. Board Approval Construction Funding
 9. Space use agreements
 10. Service delivery contracts
 11. Construction Phase
- * Community and Stakeholder Input Throughout



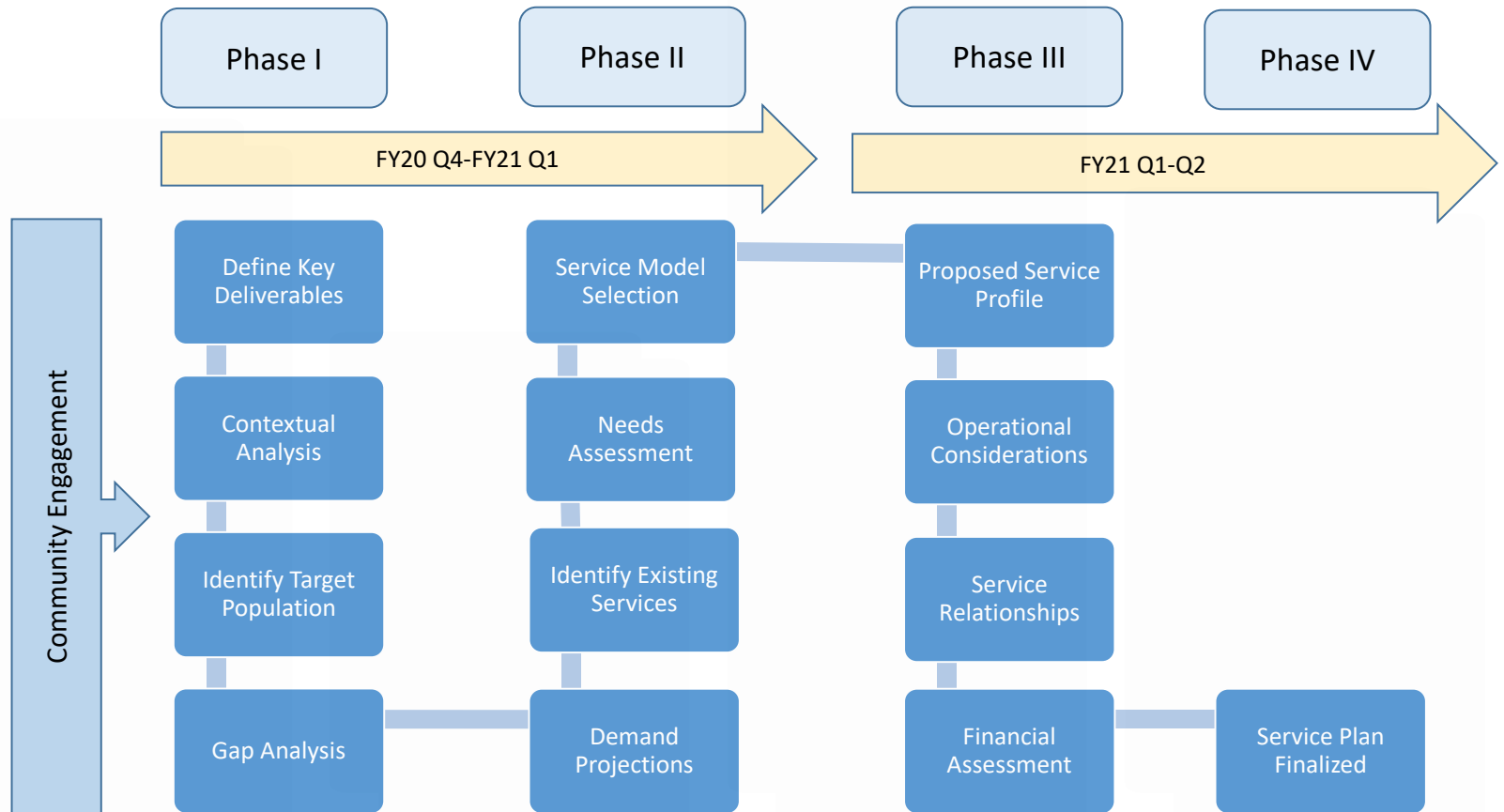
Community Input Activities

- Developing a Plan for Assessing Local Needs and Resources
- Understanding and Describing the Community
- Conducting Public Forums and Listening Sessions
 - Conducting Concerns Surveys
- Collecting Information About the Problem
 - Analyzing Community Problems
 - Conducting Needs Assessment Surveys
- Identifying Community Assets and Resources
- Developing Baseline Measures
- Determining Service Utilization
- Qualitative Methods to Assess Community Issues
- Geographic Information Systems: Tools for Community Mapping
- Leading a Community Dialogue on Building a Healthy Community
- Windshield and Walking Surveys
- Using Small Area Analysis to Uncover Disparities
- Developing and Using Criteria and Processes to Set Priorities
- Arranging Assessments That Span Jurisdictions

Modified from The Community Tool Box is a service of the Center for Community Health and Development at the University of Kansas.



ETC Service Planning Process – DRAFT for Discussion Purposes Only



ETC Service Planning Process – DRAFT for Discussion Purposes Only

Timeline	Process	Rationale/ Activities	Outcome	Community Engagement Activities
Phase I	Define Key Deliverables	To identify the desired future state to result from undertaking the service planning activities	Clear direction for planning process	<ul style="list-style-type: none"> • Develop goals and objectives with Advisory Committee and incorporate community feedback
		<ul style="list-style-type: none"> • Identify and categorize the desired future state, establish consensus among stakeholders • Translate the desired future state into tangible goals, objectives and deliverables 	Goal and Objectives statement to guide planning efforts	
	Contextual Analysis	To analyze, assess and reference relevant organizational policy, mandates, standards, and guidelines for the services being investigated	Regulations, guidelines and broader organizational goals are accounted for	<ul style="list-style-type: none"> • Discuss parameters and rationale for planning process in context of the Goals and Objectives
		<ul style="list-style-type: none"> • Consult with stakeholders and planning team for their views and strategic directions 	Validation that service planning process is in alignment with overall system health directions	
	Stakeholder Engagement	To gain the perspective and interests of a range of stakeholders within scope and assess their relative importance and influence <i>(This process will run concurrently throughout service planning process)</i>	Greater depth and breadth of understanding of issues affecting or impacting stakeholders consulted	<ul style="list-style-type: none"> • Targeted telephone interviews for consumers of services • Virtual Community Conversations (broad) • Online survey (both targeted and broad)
		<ul style="list-style-type: none"> • Identify stakeholders relevant to scope • Perform stakeholder analysis • Consult and engage stakeholders using a variety of techniques 	Documentation of issues arising from groups consulted	
	Identify Target “Catchment” Population	To identify the location of the service and the proximity of the population who are to use health service(s)	Target population is well defined and consensus within planning team is reached	<ul style="list-style-type: none"> • Using information from engagement, service planning process is solidified internally • Discuss planning process with Advisory Committee and incorporate feedback
		<ul style="list-style-type: none"> • Define location of the service(s) • Define the target population within the service area i.e. Central Health patient population • Agree upon the target population and service area • Include description of the geography, history and local economy of the area for the target population and service area 	Planning process for service(s) is specific to defined target population for defined service area	
	Program Manager Selection	To identify a Program Manager to facilitate planning efforts in close collaboration with the community	Revised position description in collaboration with community	<ul style="list-style-type: none"> • Community Screening Committee established • Participate in candidate selection process • Submit pros and cons for each candidate to be used in final selection process
		<ul style="list-style-type: none"> • Post job description, review applicants and select candidates for interview • Establish Community Screening Committee 	Incorporation of community feedback in the selection process	

ETC Service Planning Process – DRAFT for Discussion Purposes Only

Phase II	Needs Assessment	To identify the health needs of the target population using quantitative and qualitative techniques and in consultation with experts in the selected health service(s)	Comprehensive health needs profile is available for the target population	<ul style="list-style-type: none"> To the extent possible, include community in data-validation exercises (i.e. telephone interviews) to ensure that lived experiences are incorporated into overall assessment
		<ul style="list-style-type: none"> Consultation with clinical experts and operators Describe demographic and socioeconomic characteristics of the population (i.e. demographic report, CUC health needs and risk assessments) Assess local/region epidemiological and health status data Collect and analyze health service data Describe geographic factors impacting need Supplement quantitative data with opinions and needs as expressed by health professionals, service providers and the community 	Needs statement	
	Identify Existing Services	To identify current health service supply, health service utilization and service delivery models	Understanding of current health service supply, utilization and models of care	<ul style="list-style-type: none"> Gather input from community to understand how community uses available services and what additional services are needed (all services considered, not just Central Health funded) Share Needs assessment/statement and list of health services available (consider parameters)
		<ul style="list-style-type: none"> Identify and describe current health service supply across the area Collect and analyze current health service utilization patterns and trends Describe the service models being used to delivery patient care 	A profile of current health services	
	Demand Projections	To identify future demand for health services by service types and specialties	A detailed table of demand projections by service type and specialty	
		<ul style="list-style-type: none"> Identify population projections for target population in service area Develop projections for health service demand in the projected target population Produce forecasts based on projections adjusted and verified in expert consultation with service specialists 	Health Service Demand Profile	
	Gap Analysis	To identify the required changes to service capacity to address the health service need and demand	A detailed table of required health services to meet future health demands	<ul style="list-style-type: none"> Discuss service demand and gap profiles along with health projections to involve Advisory Committees in selection of preferred service model
		<ul style="list-style-type: none"> Compare the findings from existing and proposed services and demand projections Identify the gap in health services and quantify 	Service Gap Profile	

ETC Service Planning Process – DRAFT for Discussion Purposes Only

Phase III	Service Model Selection	To identify the service model to best address the health service gap identified	Preferred service model selected	<ul style="list-style-type: none"> Community Conversations, patient interviews and/or surveys to validate selection
		<ul style="list-style-type: none"> Develop service model options to address future demand for services Consider benchmarks, health improvement, performance and overall benefits achieved by each service model Consult with stakeholders on the options Select the preferred service model 	Preferred service model description	
	Proposed Service Profile	To translate the selected service model into service profile by quantifying all necessary requirements	Quantities of physical, personnel and systems required	<ul style="list-style-type: none"> Based on public input and internal analysis, discuss proposed service profile with Advisory Committee
		<ul style="list-style-type: none"> Define specific resources needed in terms of physical, personnel and systems required Quantify the physical requirements in forms of rooms, cubicles, machines and devices by service type, category and specialty 	Proposed service profile description	
	Operational Considerations	To identify and consider various operational components including: location, hours of operation, regulations, organizational structure and staffing, to operate services efficiently	Operational considerations for service profile taken into account	<ul style="list-style-type: none"> Consider including hours of operation in service model engagement efforts
		<ul style="list-style-type: none"> Consult relevant stakeholders to identify location and hours of operation Define structure and determine staff requirements Assess personnel and expertise supply and demand Determine appropriate action to match personnel demand and supply 	Detailed documentation of staff requirements according to hours of operation, personnel plan and organization structure where relevant	
	Service Relationships	To identify all service entities and demonstrate the relationships with one another	Comprehensive knowledge of other health services within the area and a diagram showing relationships of services in a detailed view	<ul style="list-style-type: none"> Update Advisory Committee on service partners and service relationships Provider demand/capacity discussions – phased approach to services similar to SEHWC
		<ul style="list-style-type: none"> Identify service entities and profile their services and capacity Develop a relationship diagram to show the identified groups Describe the potential channels of patient referral and transfer between health services depending on the services provided 	Documentation of potential channels of patient movement between health services and relationship diagram	

ETC Service Planning Process – DRAFT for Discussion Purposes Only

Phase IV	Financial Assessment	To determine a capital and recurrent budget for the proposed services	Comprehensive breakdown of expected resource allocations within the preferred service model	<ul style="list-style-type: none"> Update Advisory Committee on budget proposal and budget process (BOM meetings)/ share opportunities for citizen communication in BOM meetings
		<ul style="list-style-type: none"> Estimate capital and recurrent costs Determine savings or investments required Identify sources of funds where growth is required 	Budget proposal to support preferred service model	
	Service Plan Finalized – Transition to Implementation			

DRAFT



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CENTRAL HEALTH BOARD OF MANAGERS
EASTERN CRESCENT SUBCOMMITTEE

July 8, 2020

AGENDA ITEM 3

Receive an update on the staffing and relocation of the resource center from Volma Overton Elementary School to Barbara Jordan Elementary School.

Community Input Process for Program Manager Position – DRAFT for Discussion Purposes Only

Community Input Process: Program Manager Selection		
Timeline	Internal Process	Community Engagement Process
Stage I	<ul style="list-style-type: none"> • Revise position requirements 	<ul style="list-style-type: none"> • Obtain feedback on job description from community leaders
Stage II	<ul style="list-style-type: none"> • Post job description • Internal review of applicants • Select initial pool of candidates 	
Stage III		<ul style="list-style-type: none"> • Establish Community Screening Committee • Composition will be reflective of patient demographics in Northeast Travis County region and will include some Advisory Committee members: <ul style="list-style-type: none"> ◦ 1/3 of screening committee will be patients/consumers • Review engagement and hiring process with Community Screening Committee • Send candidate resumes to Community Screening Committee • Develop standard set of questions for all candidates for both internal and community interviews with Central Health Human Resources • Community Screening Committee interviews candidates • Submit evaluation for each candidate to Central Health
Stage IV	<ul style="list-style-type: none"> • Central Health interviews candidates • Central Health reviews substantive feedback from Community Screening Committee • Central Health selects finalist(s) based on Community Screening Committee’s evaluations and internal evaluations 	<ul style="list-style-type: none"> • Staff updates Eastern Crescent Subcommittee and Advisory Committee on the process
Stage V		<ul style="list-style-type: none"> • Community Meet and Greet with finalist(s)
Stage VI	<ul style="list-style-type: none"> • Central Health offers position 	

Task Name	Start	Finish	% Completed
Obtain Feedback Job Description	Mon 6/15/20	Tue 6/23/20	100%
Central Health (CH) Posts Job	Wed 6/24/20	Wed 7/1/20	
Develop Community Screening Committee (CSC) and initial criteria with CSC	Wed 6/24/20	Fri 7/10/20	
CH Review Resumes and preliminary screening	Thu 7/2/20	Fri 7/17/20	
Convene Community Screening Committee Develop interview questions & Identify skills/attributes to position/Review resumes	Mon 7/13/20	Fri 7/17/20	
Interviews (CH & Screening Committee)	Mon 7/20/20	Fri 7/31/20	
CH reviews substantive feedback from community screening committee	Fri 7/31/20		
Selection of Finalist(s)	Mon 8/3/20	Wed 8/5/20	
Community Meet & Greet Finalist(s)	Tue 8/11/20	Mon 8/17/20	
Offer of position to candidate	Mon 8/17/20	Tue 8/18/20	
Background Checks/Candidate Provide Notice To Current Employer	Wed 8/19/20		
Onboarding	Wed 9/2/20		



Basic Needs Inventory – Potential Resource or Program for Northeast Health Resource Center

Employment	Type of Service and potential provider partner
Employment Assistance	
Job Readiness	Career Counseling, Job Readiness, Job Training, Resume Preparation Assistance
Job Seeker Assistance	
Special Employment Needs	Disability Employment Support Immigrant/Refugee Assistance
Food/Nutrition	
Children And Youth	After School Meals National School Lunch Program Summer Food Program
Community Meals	Congregate Meals Soup Kitchens Thanksgiving Meals Christmas Meals
Emergency Food	Food Pantries Food Vouchers
Independent Production	Community Gardening Farmers Markets Food Production Support Services Home Gardening Assistance
Public Food Benefits	Food Stamps/SNAP WIC: Women, Infants & Children
Special Nutrition Needs	Formula/Baby Food Grocery Delivery Home Delivered Meals Weight Loss Assistance
Income/Supports	
Clothing	Baby Clothing
Document Expense	Birth Certificate, ID
Financial Resources	Bankruptcy Assistance Credit Counseling Debt Consolidation Services Mortgage Delinquency/Default Counseling Personal Financial Counseling
Public Assistance/Income Support	Children's Health Insurance Program (CHIP) Food Stamps/SNAP Medicaid Temporary Assistance for Needy Families (TANF) Unemployment Benefits
Social Security/Medicare	Medicare Program Social Security Disability Insurance SSI: Supplemental Security Income
Transportation Expense	Bus Fare
Utility Expenses	Discounted Utility Programs Electric, Gas, Water Service Payment



Basic Needs Inventory – Potential Resource or Program for Northeast Health Resource Center

Legal Aid/Victims	
Civil Rights Assistance	Civil Rights Assistance Employment Discrimination Assistance Housing Discrimination Assistance Immigrant Visa Application Filing Landlord/Tenant Dispute Resolution Naturalization Support/Legal Services
Family/Protective Assistance	Child Support Assistance/Enforcement Divorce Assistance Family Violence Legal Services Protective/Restraining Orders
General Legal Assistance	Advocacy Certificates/Forms Assistance General Legal Aid Legal Representation Mediation
Victims Services	Crime Victim Compensation Crime Victim Resources General Victim Assistance Offender Registration/Community Notification Missing Persons Location
Aging/Disability	
Adult Protective Services	
Aging And Disability Services	YMCA - A Matter of Balance: Managing Concerns About Falls is a program designed to reduce the fear of falling and increase activity levels among older adults. The program was designed to benefit community-dwelling older adults who: <ul style="list-style-type: none"> • Are concerned about falls • Have sustained falls in the past • Restrict activities because of concerns about falling • Are interested in improving flexibility, balance and strength • Are age 60 or older, ambulatory and able to problem solve <p>Austin Diaper Bank is dedicated to providing adult incontinence supplies for a healthy and comfortable quality of life.</p>
Assistive/Rehabilitative	
Children With Special Health Needs	
Home Accessibility	
Long Term Care Services	
Transportation Resources	Area Agencies on Aging (age 60+) Disability Related Transportation Errand/Shopping Assistance Medical Appointments Transportation Medicaid Services Transportation Senior Ride Programs



Basic Needs Inventory – Potential Resource or Program for Northeast Health Resource Center

Health/Medical	
Dental Care	
Family Planning	
Health Insurance	Affordable Care Act Assistance Children’s Health Insurance Program (CHIP) County Health Care Programs Insurance Information/Providers Medicaid Texas Women’s Health Program
Transportation	Transportation To/From Appointments
Health Screening/Diagnosis	Diabetes Screening
Health Support Services	
Women’s Health	
Men’s Health	
Immunizations	
Cancer Care	LIVESTRONG at the YMCA is a 12-week YMCA-funded and YMCA-managed physical activity and well-being program designed to help adult cancer survivors achieve their holistic health goals. In addition to physical benefits, LIVESTRONG at the YMCA focuses on the emotional well-being of survivors and their families by providing a supportive community where people impacted by cancer can connect during treatment and beyond.
Medical/Prescription Expense Assistance	
Mother And Infant Care	Austin Diaper Bank is dedicated to providing diapers to Central Texas families who need a clean, reliable supply of diapers for a healthy and comfortable quality of life. Black Mamas ATX is a community collective with the goal of reducing and ultimately eliminating the alarming maternal mortality and morbidity rates among black women. Through programs, advocacy, training, outreach and research, Black Mamas ATX is leading the charge in Travis County to help black mothers get the education and access to resources needed to have healthy pregnancies and birthing experiences. Black Mamas ATX provides continuous physical, emotional and informational support to a mother before, during and postpartum for a year. Studies show that doula care improves outcomes for mothers, largely in part because of the emotional support for the mother and the role doulas play in advocating for their clients. Sister circle support meetings where Sister Doulas are on hand to provide the tools necessary facilitate a healthy pregnancy.
Rehabilitation/Habilitation	
Treatment Centers	
Vision/Hearing/Mobility	Assistive Listening Devices Assistive Phone Equipment Hearing Aid Evaluations, Hearing Aids Vision Screening, Glasses/Contact Lenses Wheelchairs/Wheeled Mobility



Basic Needs Inventory – Potential Resource or Program for Northeast Health Resource Center

Education	
Education	Adult Basic Education, Adult Literacy Programs, Continuing Education, GED Test Instruction
Head Start / Early Head Start	Head Start Locator Head Start Program Information
Education Support	College Entrance Support Drop-Out Prevention Free School Supplies Parent Involvement in Education School Subject Tutoring
Special Populations	Citizenship Education English as a Second Language School Transition for Homeless Youth Special Education Classes/Centers
Student Nutrition	After School Meals National School Lunch Program Summer Food Program
Child Care	Before/After School Care Licensed Child Care Providers
Financial Assistance	Child Care Expense Assistance
Crisis/Emergency	
Crisis/Counseling Hotlines	
Disaster	Coronavirus Disease (COVID-19)
Domestic/Family Violence	
Family Protective Services	
Financial Crisis	
Human Trafficking	
Mental Health	
Crisis/Counseling Hotlines	
Evaluation And Counseling	
Mental Health Education	
Mental Health Services	
Support Groups – Addiction	
Support Groups – Care And Health	
Support Groups – Grief/Loss	
Support Groups – Populations	
Housing/Shelter	
Affordable Housing	
Emergency Shelter	
Home Improvement / Accessibility	
Housing Expense	
Subsidized Housing	



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Basic Needs Inventory – Potential Resource or Program for Northeast Health Resource Center

Supportive Housing	
Veterans	
Health Care/Mental Health	
Housing/Land Assistance	
Veterans Affairs (VA) Benefits	
Veterans Resources	



**CENTRAL
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**CENTRAL HEALTH BOARD OF MANAGERS
EASTERN CRESCENT SUBCOMMITTEE**

July 8, 2020

AGENDA ITEM 4

Receive an update on the planned land acquisition of the city tract for the future Loyola Town Center.



**CENTRAL
HEALTH**

**CENTRAL HEALTH BOARD OF MANAGERS
EASTERN CRESCENT SUBCOMMITTEE**

July 8, 2020

AGENDA ITEM 5

Confirm the next Eastern Crescent Subcommittee meeting date, time, and location.



**CENTRAL
HEALTH**

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

July 8, 2020

AGENDA ITEM 1

Review and approve the minutes of the June 10, 2020 meeting of the Strategic Planning Committee.

MINUTES OF MEETING – June 10, 2020
CENTRAL HEALTH
STRATEGIC PLANNING COMMITTEE

On Wednesday, June 10, 2020, a meeting of the Central Health Strategic Planning Committee convened in open session at 1:00 p.m. remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Committee members present via video and audio: Chair Bell, Manager Jones, Manager Museitif, and Manager Valadez

Board members present via video and audio: Manager Greenberg, Manager Oliver

COMMITTEE AGENDA

1. **Review and approve the minutes of the March 11 and May 13, 2020 meetings of the Strategic Planning Committee.**

Clerk's Notes: Discussion on this item began at 1:00 p.m.

Manager Museitif moved that the Committee approve the minutes of the March 11 and May 13, 2020 meetings of the Committee.

Manager Valadez seconded the motion.

Chairperson Bell	For
Manager Valadez	For
Manager Museitif	For
Manager Jones	For

2. **Discuss proposed Fiscal Year 2021 Strategic Priority focus category: "Improving Access to Care."**

Clerk's Notes: Discussion on this item began at 1:02 p.m. Ms. Monica Crowley, Chief Strategy and Planning Officer, Dr. Jewel Mullen, Associate Dean for Health Equity, and Dr. Alan Schalscha, Chief Medical Officer, presented on the proposed Fiscal Year 2021 Strategic Priority focus category; "Improving Access to Care." The presentation included FY2019 - FY2024 board defined objectives, proposed FY2021 priority categories, and a preview into a systems-based approach.

No motion necessary.

3. **Receive a presentation on Central Health Board reporting dashboards on patient reported outcomes and patient experience.**

Clerk's Notes: Discussion on this item began at 2:15 p.m. Monica Crowley, Chief Strategy and Planning Officer, Sarah Cook, Senior Director of Strategy and Planning, and Sally Gustafson, Quality Measures Analyst, presented on the Central Health Board reporting dashboards on patient-reported outcomes and patient experience.

No motion necessary.

4. **Receive a report on the results of the Telemedicine survey during COVID-19.**

Clerk's Notes: Discussion on this item began at 2:24 p.m. The substance of this item was already discussed under item 3.

No motion necessary.

5. **Receive a report from the Eastern Crescent Subcommittee on items discussed and take appropriate action on items recommended by the Subcommittee, including:**
 - a. **the relocation of the resource center for Colony Park, from Volma Overton Elementary School to Barbara Jordan Elementary School; and**
 - b. **processes for staffing the resource center, to be relocated from Volma Overton Elementary School to Barbara Jordan Elementary School.**

Clerk's Notes: Discussion on this item began at 2:25 p.m. Manager Jones advised that the Eastern Crescent Subcommittee requested that the Strategic Planning Committee approve their recommendations.

Manager Jones moved that the Committee adopt the recommendations of the Eastern Crescent Subcommittee regarding the relocation and staffing of the Northeast Health Resource Center.

Manager Valadez seconded the motion.

Chairperson Bell	For
Manager Valadez	For
Manager Museitif	For
Manager Jones	For

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

Clerk's Notes: Discussion on this item began at 2:28 p.m.

Manager Valadez moved that the Committee meeting adjourn.

Manager Museitif seconded the motion.

Chairperson Bell	For
Manager Valadez	For
Manager Museitif	For
Manager Jones	For

The meeting was adjourned at 2:30 p.m.

Dr. Charles Bell, Chairperson
Central Health Strategic Planning Committee

ATTESTED TO BY:

Cynthia Valadez, Secretary
Central Health Board of Managers



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

July 8, 2020

AGENDA ITEM 2

Receive a presentation on Central Health Board reporting dashboards on specialty care, referral, and consultation.



CENTRAL HEALTH

Systems of Care Planning: Specialty Care Update

Jonathan Morgan- Chief Operating Officer

Cynthia Gallegos - Director, Service Delivery Operations



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Strategic Priorities

- Improving Access to Care [Objectives 1, 2, 3]
- Ongoing COVID-19 Response [Objectives 1 and 2]
- Enhancing clinical programming and supporting transformational operational initiatives [Objectives 1 and 2]
- Implementing the hospital funding model [Objectives 2 and 3]
- Redeveloping the Brackenridge Campus [Objective 3]

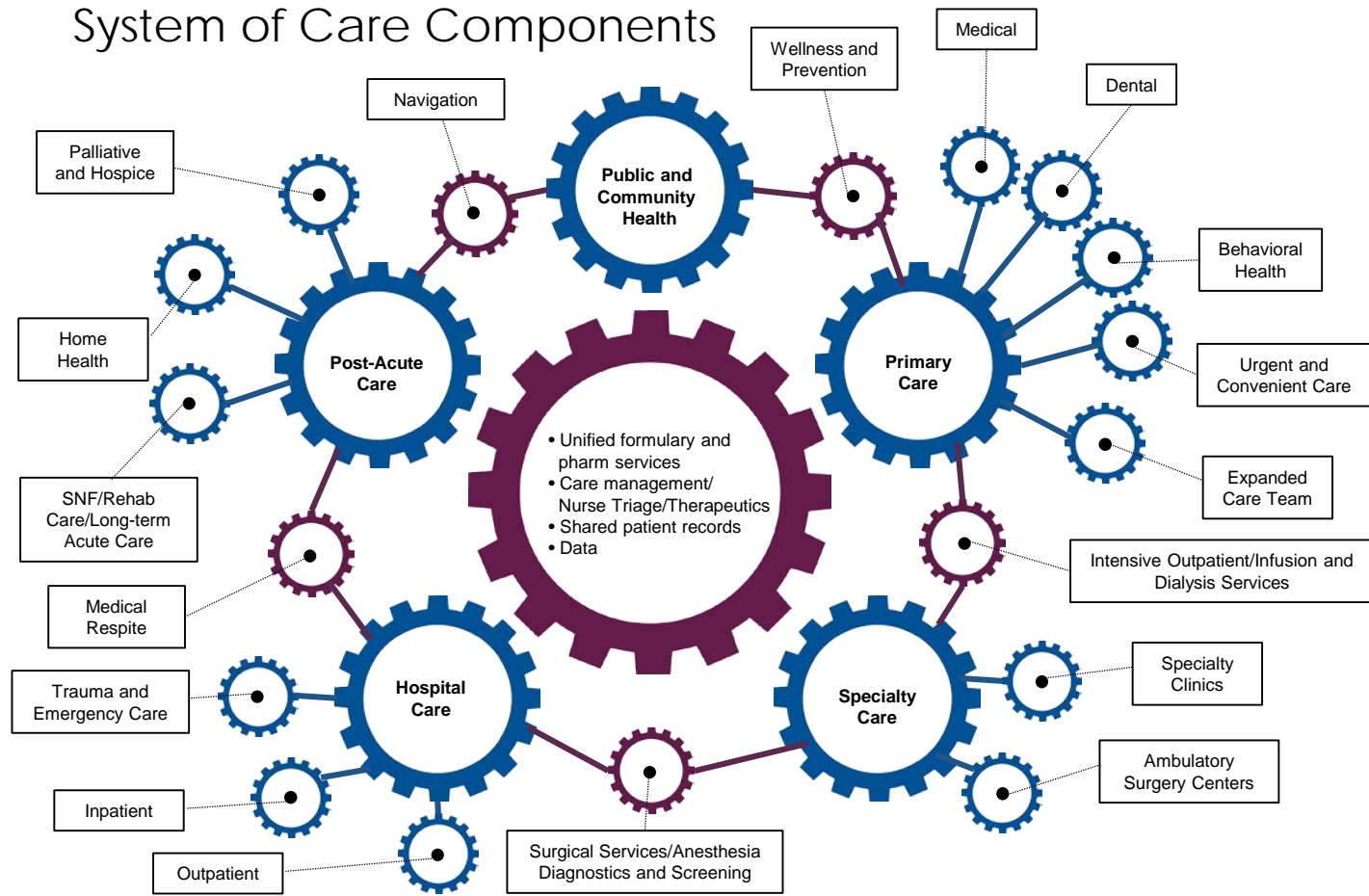


Systems of Care Planning: Specialty Care

- Supports Board of Managers Strategic Priorities:
 - Improving Access to Care [Objectives 1, 2, 3]
 - Enhancing clinical programming and supporting transformational operational initiatives [Objectives 1 and 2]
- Specialty Care is a critical component of comprehensive systems of care planning including access to care improvements and planning complete care pathways
- Identified as an area for continued improvement in 2018 Central Health Performance Review by Germane Solutions



System of Care Components

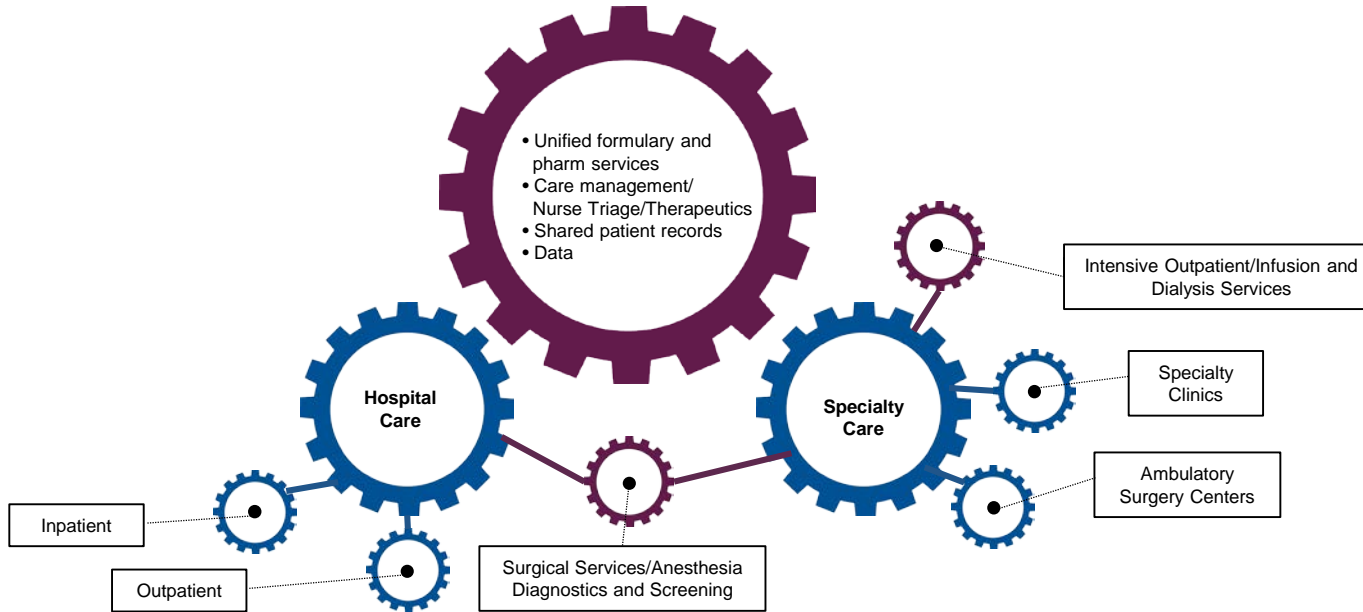


System Design Goals

- Health equity lens
- Comprehensive and coordinated system – with leadership focused on needs of low income population
- Functional care model design including expanded use of technology and care teams
- Effective and efficient to best meet the needs of the population served and reflecting
 - Timely access to care
 - Evidence based
 - Improved clinical outcomes
 - Decreased morbidity /mortality
 - Improved quality of life
- Sustainable funding model that reflects best use of taxpayer resources focused on needs of population



System of Care Components – Specialty Care Related



System Design Goals

- Health equity lens
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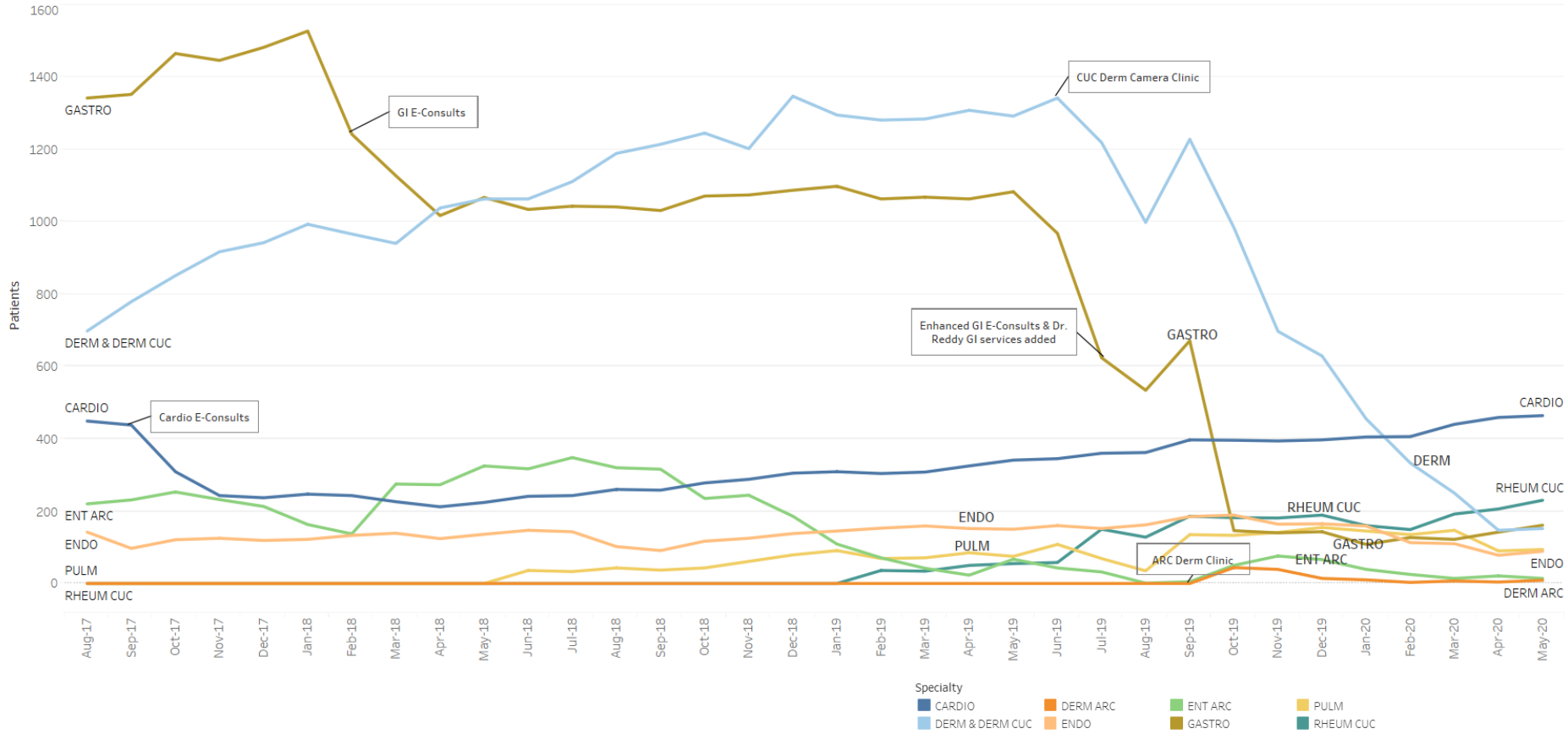


Current Status of Specialty Care Dashboards:

CommUnityCare and other contracted specialists



CUC & OTHER - MAP & SFS



Current Status of Specialty Care Dashboards:

Seton Specialty Clinics

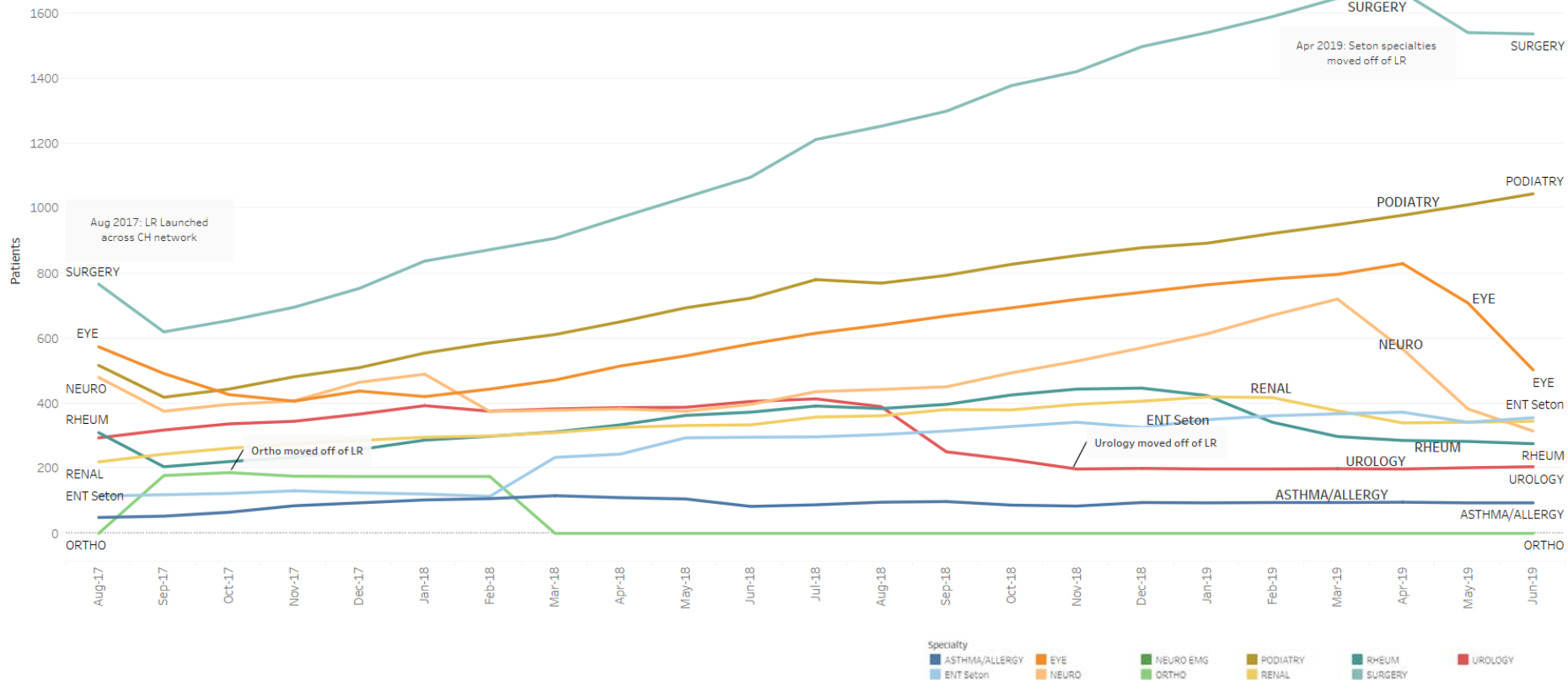


Seton Specialty Clinics

- Gaps in reporting and inconsistent data prevent these clinics from being incorporated into the dashboard
- Transitioning referral systems
- Significant waits and unmet need remains across several specialties:
 - Neurology
 - General Surgery
 - Podiatry
 - Rheumatology
 - Nephrology
 - Ophthalmology
 - ENT
- Recent communication from Seton regarding expanded access in certain specialties sent to FQHCs



SETON - MAP & SFS



Specialty Care Shortcomings

- Current wait times for many specialties remain at unacceptable levels
- Delays in care result in adverse impacts to our patients' clinical outcomes, quality of life and premature mortality
- The current configuration of services has not adequately addressed access deficiencies
- Significant investments and a systems-based planning approach will be needed to improve access and patient outcomes



Access to Care: Current Year Initiatives

Eliminated waitlists for:

- Dermatology (MAP & MAP Basic)
- GI (MAP & MAP Basic)
- ENT (MAP)

Expanded capacity in:

- General Surgery
- Podiatry
- Rheumatology

Expanding capacity in Q4 FY20:

- Nephrology



New initiatives and FY21 service expansions

- Endocrinology
- Podiatry
- Neurology
- Cardiology
- Rheumatology
- Primary Care-based Psychiatry and Substance Use
- Outpatient and Home-based Dialysis
- Neck/Back Pain & Bone Health



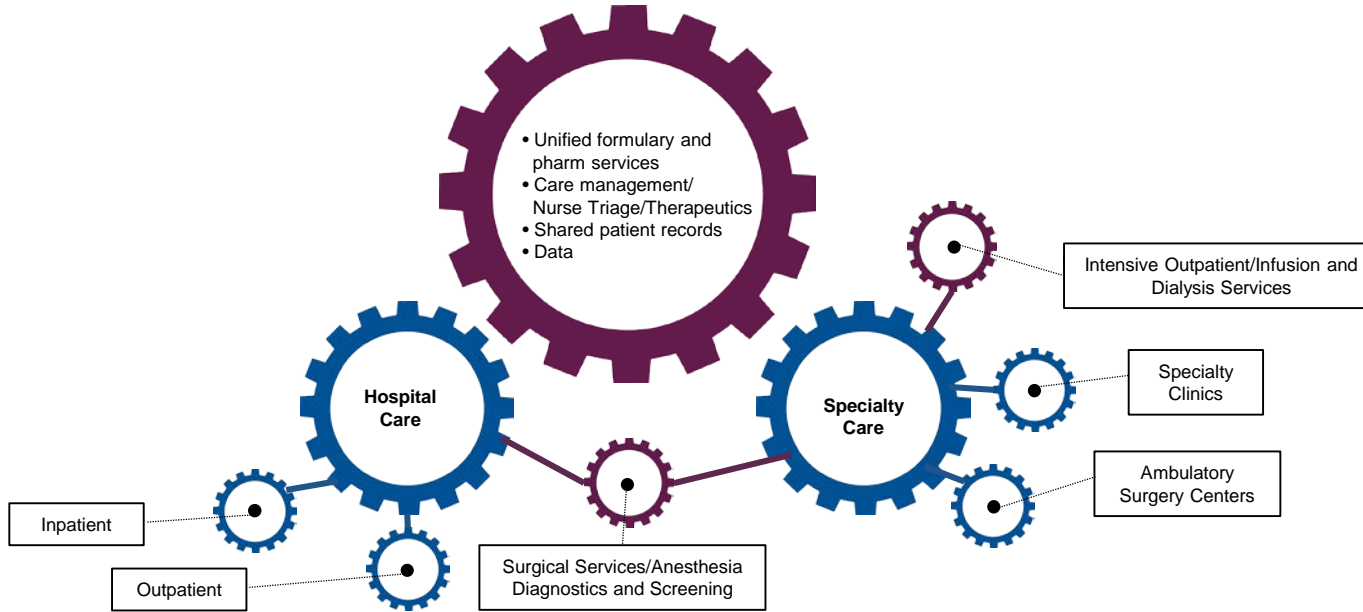
Specialty Care: System of Care Components

FY21 Initiatives/Expansions

- ASC Services
- Diagnostics
- Referral and clinic support staff
- Telemedicine & eConsult capability



Specialty Care: System of Care Components



System Design Goals

- Health equity lens
- Comprehensive and coordinated system – with leadership focused on needs of low income population
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- Sustainable funding model that reflects best use of taxpayer resources focused on needs of population





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Gastroenterology and Liver care for patients at CUC

Deepak Agrawal MD, MPH, MBA

Division of Gastroenterology and Hepatology
Dell Medical School
UT Austin

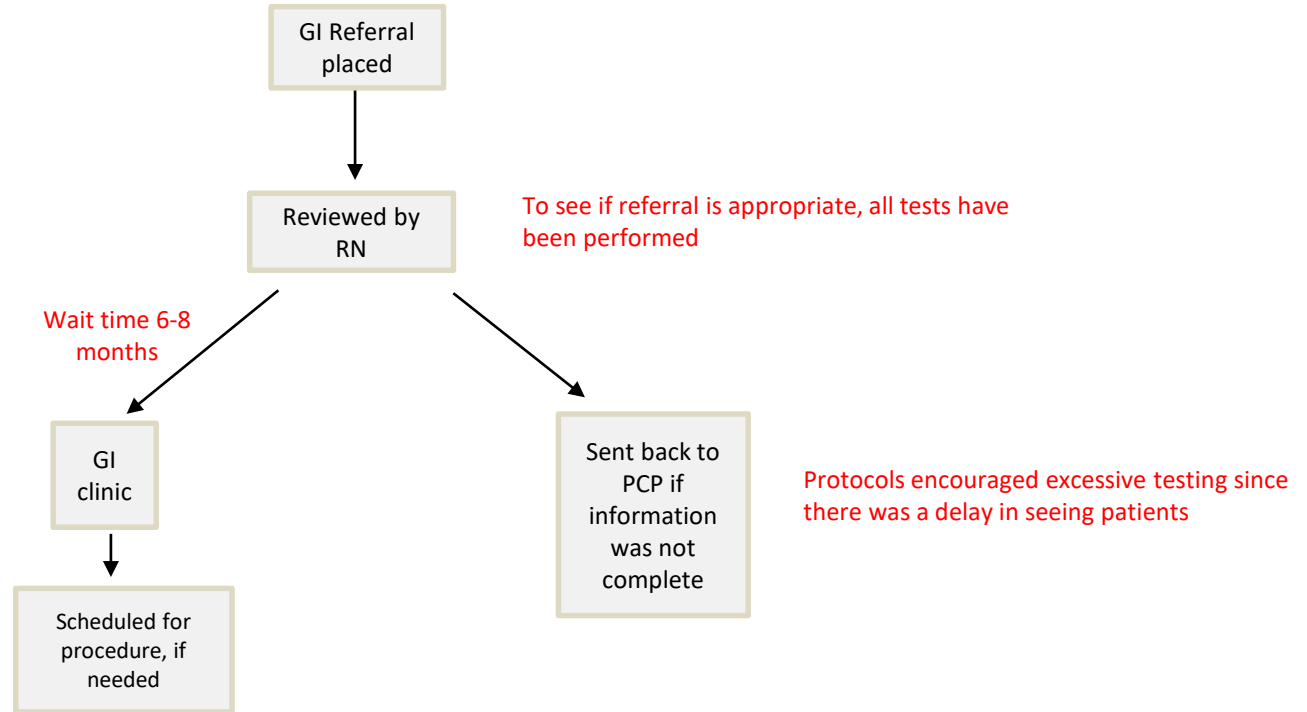
Background

- GI and Liver Diseases are one of the most common reasons for specialty referral
- Examples of referrals
 - Symptoms: Heartburn, abdominal pain, diarrhea, constipation, bloating, blood in stool
 - Inflammatory Bowel Disease
 - Colon cancer screening and surveillance
 - Pancreatitis and pancreas cancer
 - Liver diseases - viral hepatitis, fatty liver disease, alcohol liver disease

Background

- Before GI Division at Dell Med (July 2019), there was a big gap in the need and availability of GI specialists
 - Clinic wait time of > 6 months
 - Backlog of more than 1300 patients
- GI Care was provided at
 - 2 CUC clinics staffed by mid level providers
 - Attending supervised Medicine Resident clinic
 - 2 Attending GI clinics

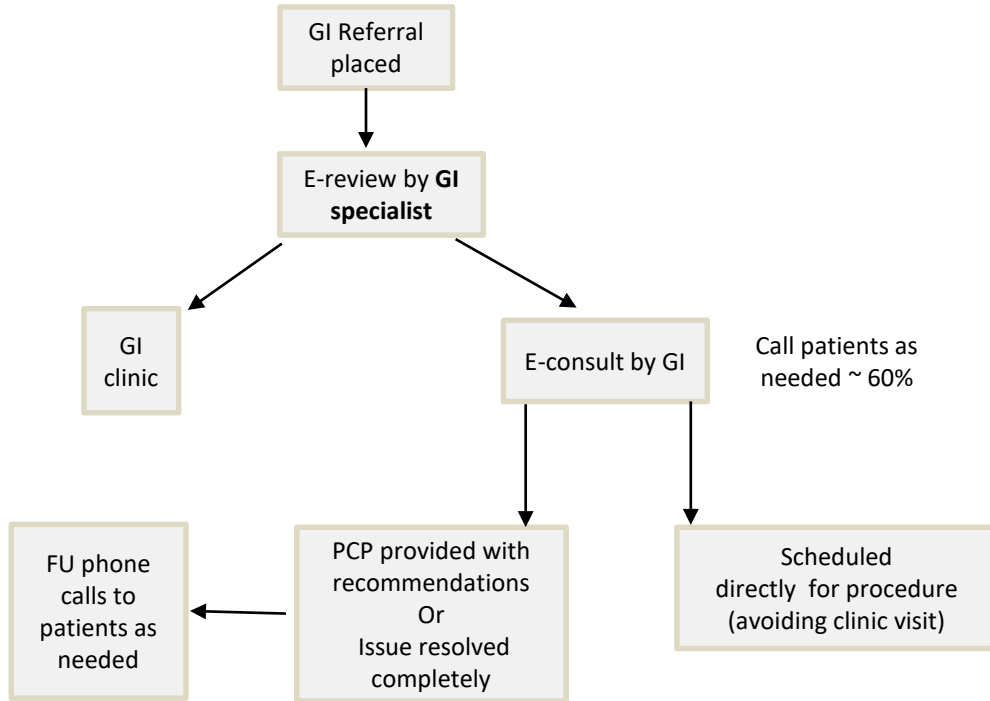
Workflow of GI referrals at CUC before Dell Med



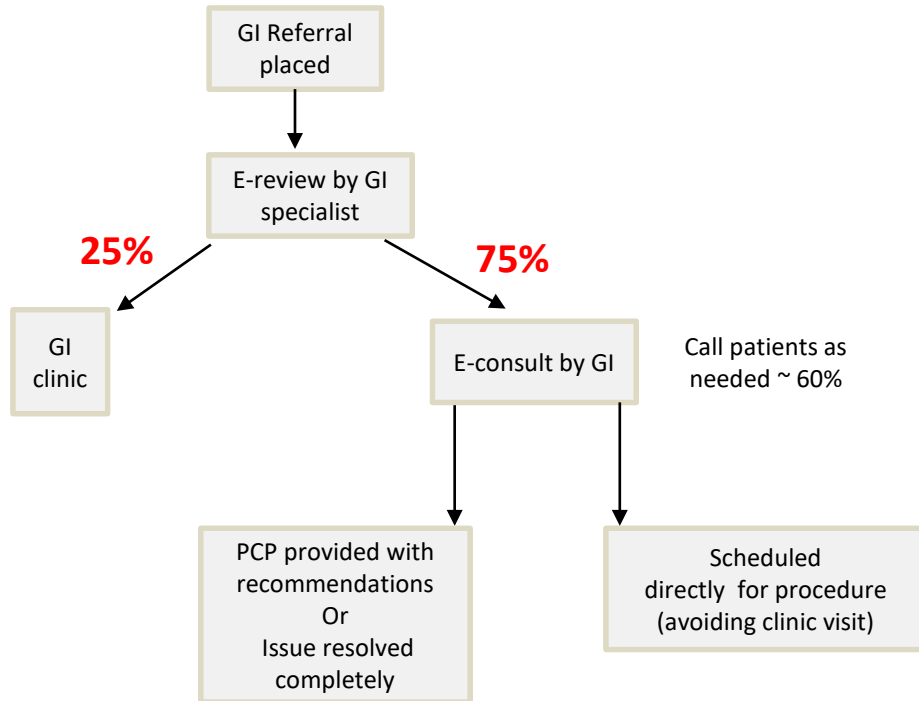
Guiding Principles for CUC and Dell Med GI Program

- Our responsibility starts at time of referral and not when we see patients in clinic
- Conscious about resources and budget
- Patient centric care
- Expand focus from individual patient to population health in Travis County
 - Colon cancer screening rates
 - Liver cancer screening in cirrhosis
 - Hepatitis C screening and treatment
 - Decrease ER visits and hospital admissions

CUC and Dell Med GI Program



CUC and Dell Med GI Program – July 2019 to June 2020



- Cleared backlog of 1300 patients
- E-reviewed ~2300 new patients
- Avoided clinic visits in 75% pts
- Time to consult for new referrals decreased from 6 months to 1 day (~ 11 new referrals / day)
- Clinic wait times decreased from 6 months to 2 weeks

Clinical vignette 1

GI referral placed for Mr. AB for difficulty swallowing. X Ray showed narrowing in the esophagus. E-reviewed → **called pt** → he mentioned that he can't eat solid food → Endoscopy scheduled 3 days later → tight esophageal narrowing which was dilated. Called patient the next day. No complaints.

Prior to econsult program: This patient may have had to wait for many weeks or gone to the ER

Clinical vignette 2

22 year old woman was referred for elevated liver tests, itching and fatigue for 2 months. Initial lab tests and CT scan liver not helpful in making diagnosis. Patient had been on nitrofurantoin for many months for recurrent urinary tract infections. Patient had an **appointment in GI clinic in 5 months.**

Assessment: Patient had liver injury from nitrofurantoin toxicity, which if continued could have resulted in liver failure

Pt contacted. Stopped nitrofurantoin. Called patient in 2 weeks and she was asymptomatic.

Conclusion

- The e-consult model for GI specialty at CUC has improved and expedited patient care
- There is no backlog now, consults are completed the same day, clinic wait times are 2 weeks
- Avoided 75% clinic visits (easier for patients and also no co-pays)
- Decreased unnecessary testing and procedures

More needs to be done

- Move from episodes of care to continuum of care
 - Keep patients symptom free, avoid ER visits and hospital admissions
- Move from fee for service models to value based care
 - Pay for quality of care and outcomes, compliance with guidelines
- Increase patient education, engagement and empowerment
- Discuss how this model can be implemented in other specialties

Collaboration with Central Health and CUC

This would not be possible without CUC and Central Health's commitment towards patient care, forward thinking

Thank you to APPs, RNs, Nurse managers, PCPs at CUC



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

July 8, 2020

AGENDA ITEM 3

Discuss the proposed Fiscal Year 2021 Strategic Priority focus categories: “Ongoing COVID-19 response” and “Enhancing clinical programming and supporting transformational operational initiatives.”



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FY21 Proposed Strategic Focus Categories:

- Ongoing COVID 19 Response
- Enhancing clinical programming and transformational operational initiatives

Strategic Planning Committee

July 8 2020



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FY2021 proposed budget priorities

- Improving Access to Care
 - Eastern Travis County Subcommittee Meetings & Board updates
 - June 16th Systems of Care Planning Presentation
- Ongoing COVID-19 Response
 - *Update today*
- Enhancing clinical programming and supporting transformational operational initiatives
 - *Update today*
- Implementing the hospital funding model
 - July 15 Board Meeting: Executive Session item
- Redeveloping the Brackenridge Campus
 - June 24th Board of Managers Presentation



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Ongoing COVID-19 response

- Testing Sites
 - Approximately \$1m per testing site team per year
- Outreach
 - At risk MAP Members in high risk zip codes
 - Positive patient outreach and education
- Communications & Public Information
 - Community messages
- Operational Adjustments
 - Telehealth
- What else will change?
 - Unprecedented need for financial and staff flexibility



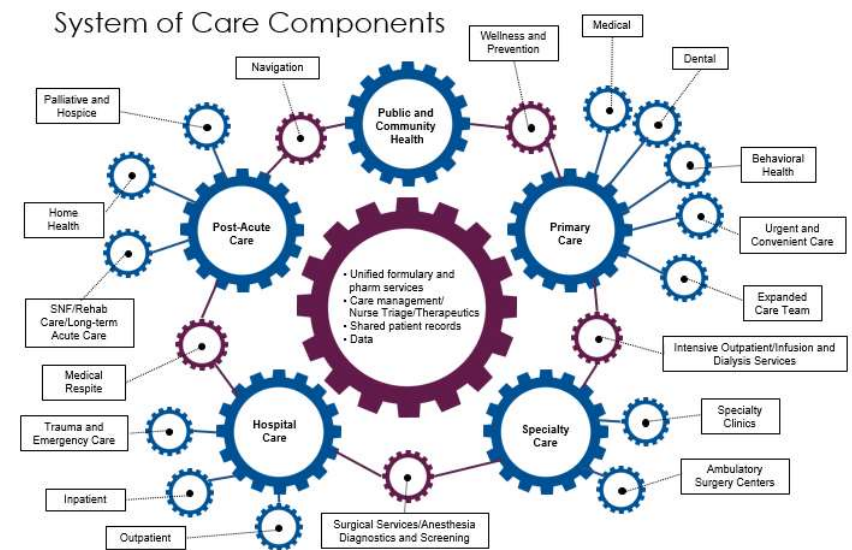
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Systems of care

- Systems Planning is an umbrella for much of the 2021 work
- Includes work on proposed priority areas:
 - Improving access to care
 - Enhancing clinical programming
 - Supporting operational infrastructure
 - Hospital funding model



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Enhancing clinical programming

- Specialty Care enhancements
 - Endocrinology
 - Podiatry
 - Neurology
 - Cardiology
 - Rheumatology
 - Dialysis
 - Neck/Back Pain
 - & ancillary services to support
- Other new initiatives
 - Primary Care Behavioral Health & Substance Use
 - Telemedicine for Primary and Urgent Care
 - Homeless Medical Respite



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Supporting transformational operational initiatives

- EPIC Implementation
 - Better for patients, care teams, and CommUnityCare
 - Telemedicine capability
- Eligibility & Enrollment
 - Dedicated call center
 - Virtual application enhancements
- Medical Management
 - Improved transitions of care and discharge planning
 - Additional care teams for patient & program support
 - Increased benefits application capacity



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Timelines

- EPIC:
 - User and System Readiness Preparation: September-December
 - Training: January – April 2021
 - Go Live: Late spring 2021
- Eligibility & enrollment timeline
 - October 2020: launch new call center
- Medical management timeline
 - October 2020: start adding capacity





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Community
Care
Collaborative

A Central Health and Seton partnership



CommUnityCare



SENDERO
HEALTH PLANS

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CENTRAL HEALTH BOARD OF MANAGERS
THE STRATEGIC PLANNING COMMITTEE

July 8, 2020

AGENDA ITEM 4

Receive and discuss updates on the Central Health Enterprise's responses to the current COVID-19 pandemic, including testing in Eastern Travis County.



CENTRAL HEALTH

Central Health COVID-19 Weekly Updates

Central Health Board of Managers

July 8, 2020

Mike Geeslin, Central Health President and CEO

Ted Burton, Central Health Vice President of Communications

Kit Abney Spelce, Central Health Senior Director of Eligibility Services

Sarita Clark-Leach, Central Health Director of Analytics and Reporting

Matt Balthazar, CommUnityCare Vice President of Health Center Advancement



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COVID-19 Situational Update

Agenda:

- Central Health operations overview
- Community response overview
- Communications and community engagement update
- MAP/MAP BASIC applications and enrollment update
- Data analytics and reporting update
- Clinical operations and testing update





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PROTECT YOURSELF PROTECT YOUR FAMILY
PROTÉJASE Y PROTEJA A SU FAMILIA



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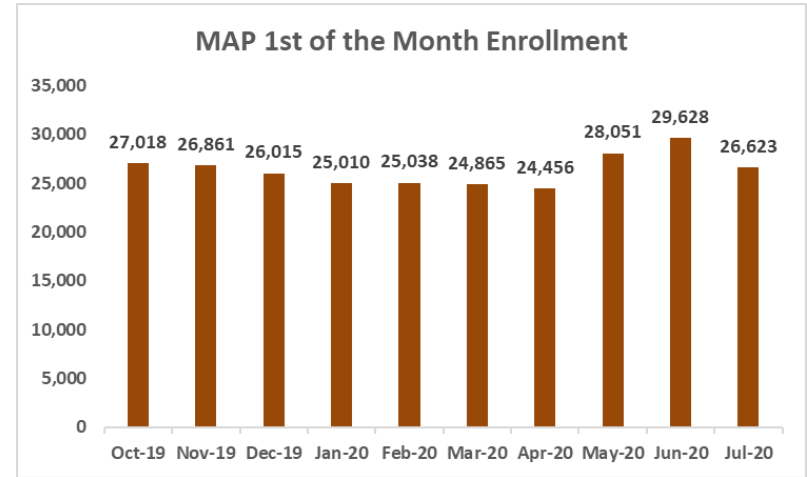
Eligibility and Enrollment Update

Enrollment: 61,725

- MAP: 26,387
- MAP BASIC: 35,338

June MAP Renewals- 5,478 individuals

- 20% have re-enrolled
- 12% have re-applied and are pending
- 68% have not submitted a renewal application
 - 24% were enrolled in MAP-H
 - 34% had a MAP end date less than 14 days ago (as of July 6th)
 - 61% were enrolled 6 months or less



Central Health Analytics Update

As of 7/7/2020:

- 7-day moving daily average of new confirmed cases in Travis Co. continues to be high this week at 411.6.
 - Total new cases reported that day were 482.
 - Doubling time remains low compared to early June, which indicates faster spread.
- The 7-day moving daily average of new hospital admissions was 74.9. Total new admissions as of 7/7/2020 was 73.
 - >70 admissions will take us into Stage 5 of COVID-19: Risk Based Guidelines.
 - Stage 5 Recommendations: Limit gatherings outside of the home, Avoid non-essential dining and shopping, Workplace openings limited to essential businesses only.
- Here are the top 15 zip codes on which we should focus in terms of zip codes with the most cumulative cases, estimated active cases and fastest increase in cases:

78744	78660	78724	78723	78704
78753	78758	78617	78745	78701
78741	78748	78752	78725	78747
- Additional areas of interest due to high rates of increase in cases in the last week, despite lower total confirmed case counts or smaller populations: 78702, 78733, 78735, 78734, 78722, 78756, 78653, 78721, 78754, 78727, 78728

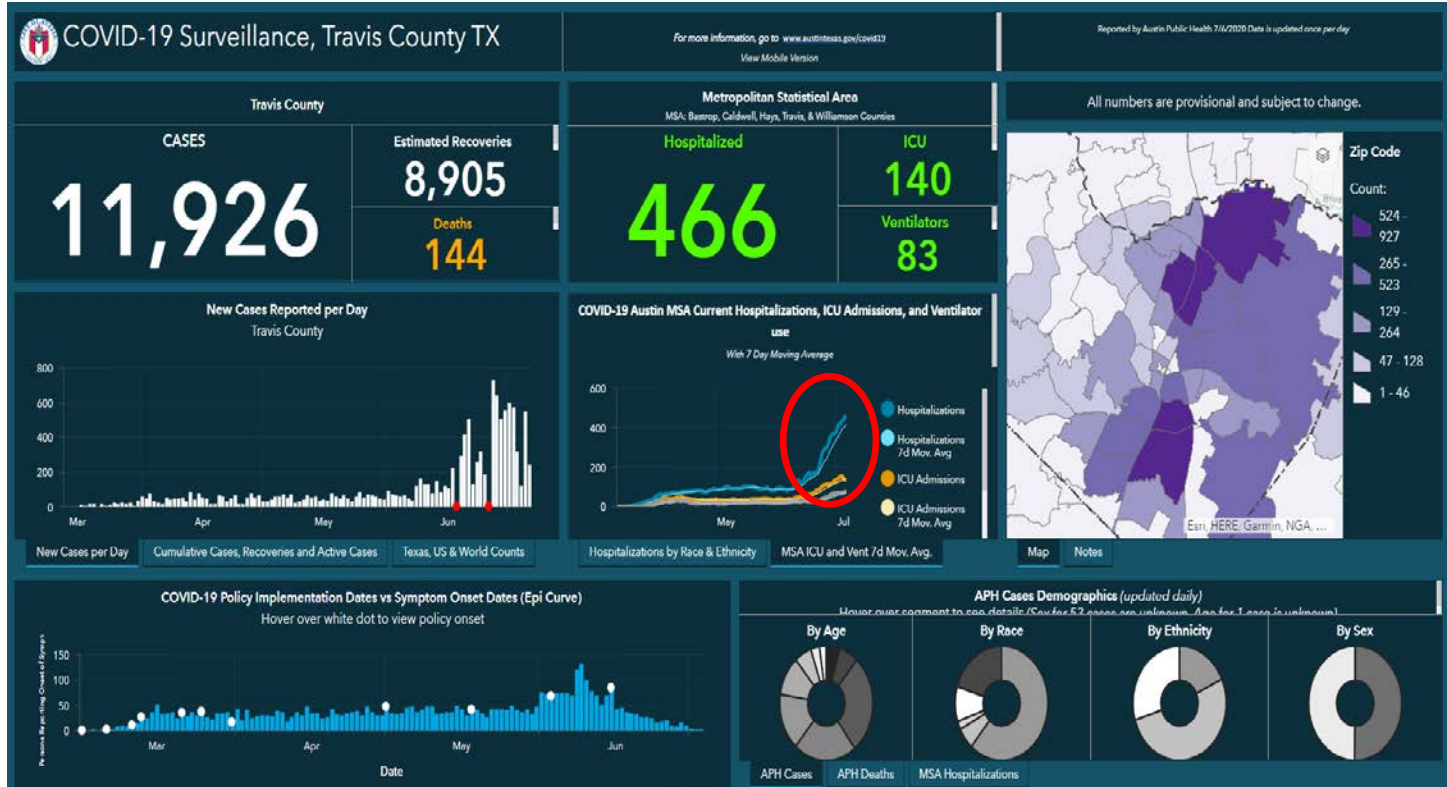




Coronavirus Response Update

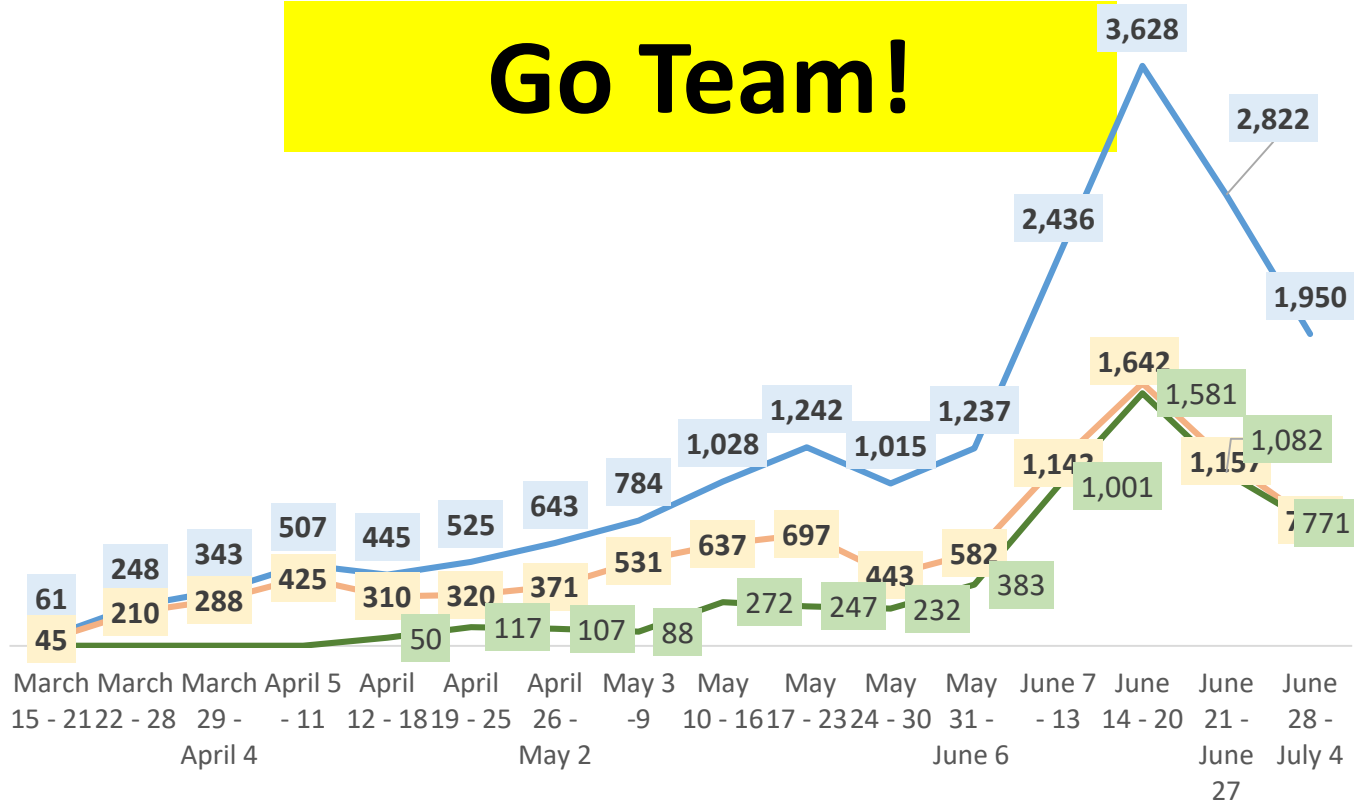
July 8th , 2020

Local Update



Coronavirus Testing Update

Go Team!



— All Testing — Hancock Drive Thru Only — Eastern Crescent Drive Thru Only.

Testing to Date ... By the Numbers

Access To Testing

At the end of last week CUC had administered nearly 19,000 tests with ...

- ❖ 72.2% were City of Austin Residents
- ❖ 82.6% were Travis County Residents
- ❖ 96.6% were Austin MSA County (Travis, Williams, Hays, Bastrop and Caldwell Counties)
- ❖ 66.4% were Latinos; 20.9% were White, Non-Latino; 6.4% were African American, All Ethnicities; 1.4% were Asian, All Ethnicities
- ❖ 36.7% were CommUnityCare patients

- ❖ Established community wide Coronavirus Hotline (512-978-8775)
 - Increasing number of calls week over week
 - June 1 – June 5: Averaged 127 calls per day
 - June 8 – June 12: Averaged 318 calls per day
 - June 15- June 19: Averaged 595 calls per day
 - June 22 – June 26: Averaged 885 calls per day



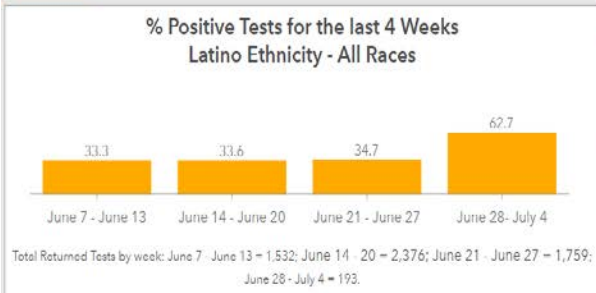
CommUnityCare Coronavirus Testing Dashboard



Overall + Total Tests Tests Returned Pending Tests



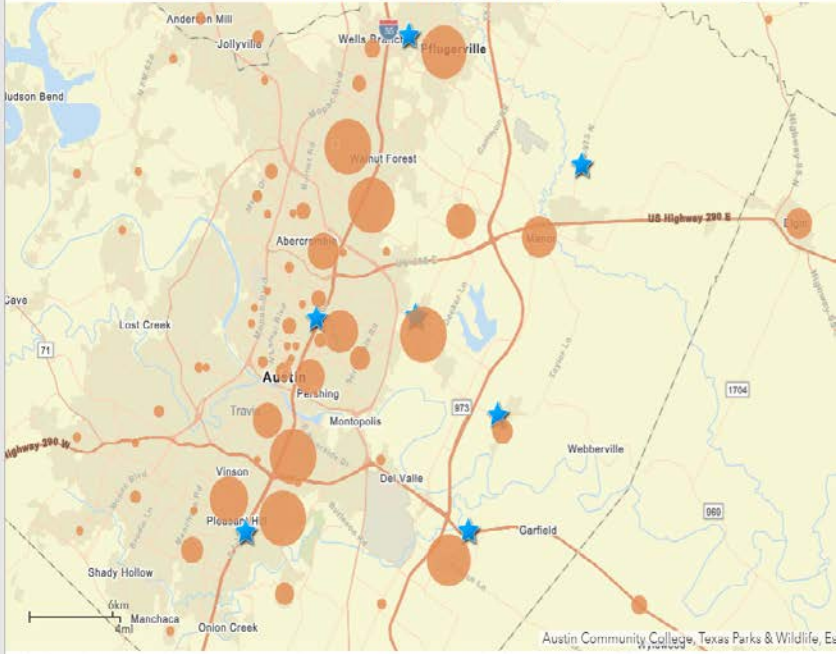
By Week + By Day By Ago By Language By Insurance CUC Patients



Latino African American White - Non-Latino Asian Native American



Coronavirus Testing for All Zip Codes As of July 6, 2020



Click on the "Red Bubble" to see total coronavirus tests provided to residents of that zip code, as well as total coronavirus, total negative, and total tests still pending - i.e. results not yet provided by CommUnityCare's on the "Blue Stars" for information about our testing sites.

Total Tests and Results for All Zip Codes Top 20 Zip Codes with Result Details Results by Zip Code by Overall Population

Testing Location Update

Hours of Operation - 6:30am-1:30pm
(or until we reach capacity)

❖ Monday – Saturday

Hancock Health Center
1000 E 41st St.

❖ Monday

Barbara Jordan Elementary
6711 Johnny Morris Rd, Austin, TX
78724

❖ Tuesday

Hornsby Dunlap Elementary

❖ Wednesday

Manor Senior High
14832 FM 973, Manor, TX 78653

❖ Thursday

Southeast Metro Park
4511 Highway 71 E, Del Valle, TX
78617

❖ Friday

Barbara Jordan Elementary
6711 Johnny Morris Rd, Austin, TX
78724

❖ Two testing sites are in the process of relocating

- Pflugerville
- William Cannon

❖ Next Steps

- Evaluating potential locations
- Coordination with APH to extend resources



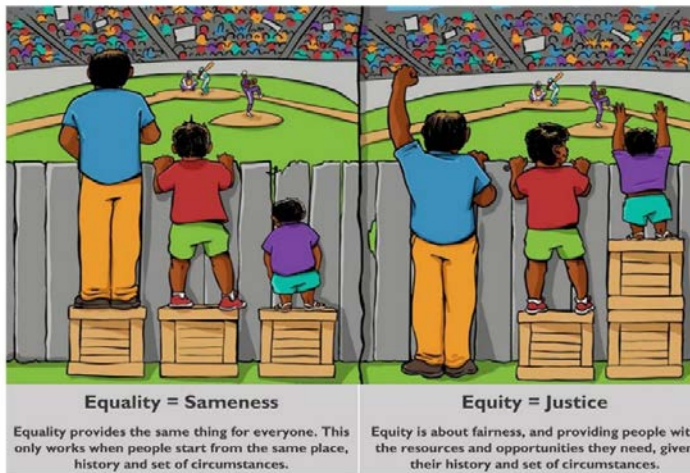
CommUnityCare Mission:

To strengthen the health and well-being of the communities we serve.

CommUnityCare Vision:

Striving to achieve health equity for all by: (1) being the health care home of choice; (2) being a teaching center of excellence; and, (3) providing the right care, at the right time, at the right place.

Strategic Priorities





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Coronavirus Response Update

July 2nd, 2020

Local Update

 COVID-19 Surveillance, Travis County TX

For more information, go to www.austintexas.gov/covid19
View Mobile Version

Reported by Austin Public Health | Updated: 7/1/2020 Data is updated once per day

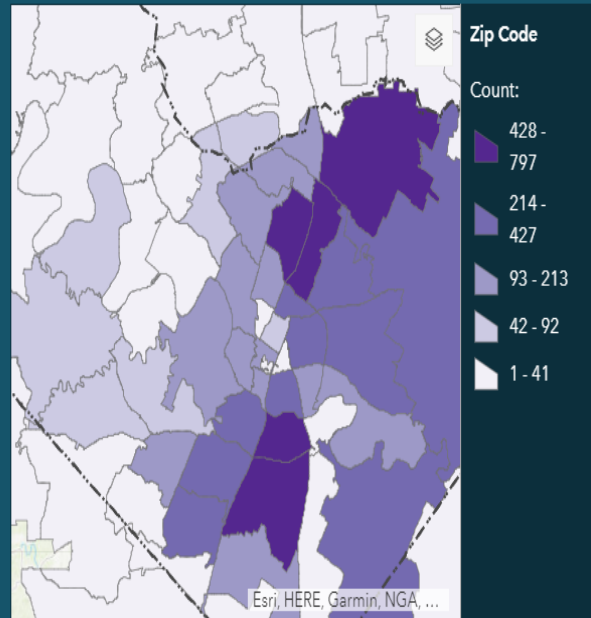
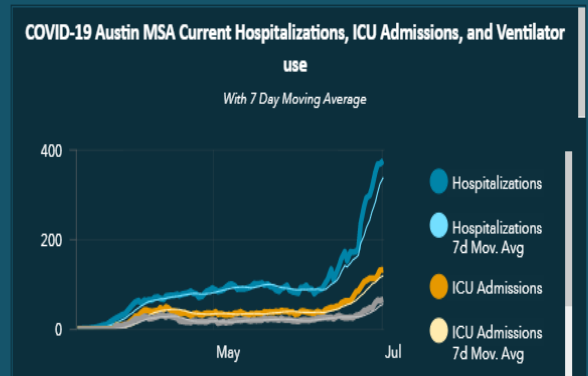
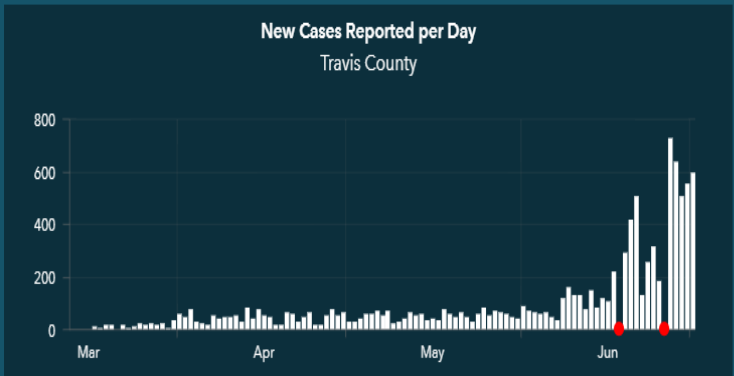
Travis County

CASES	Estimated Recoveries
10,124	7,097
	Deaths
	128

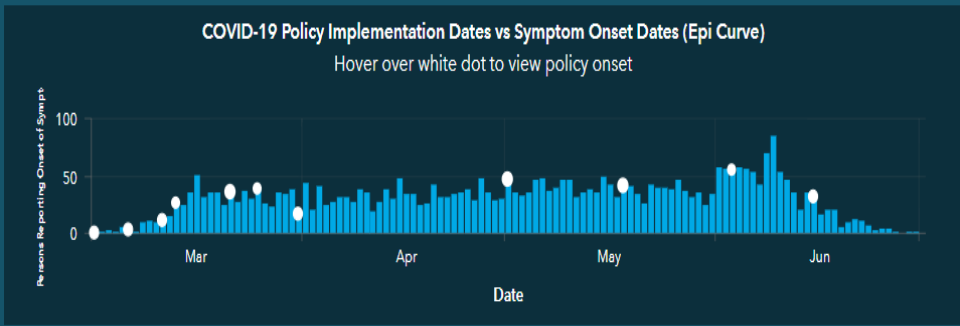
Metropolitan Statistical Area
MSA: Bastrop, Caldwell, Hays, Travis, & Williamson Counties

Hospitalized	ICU
376	133
	Ventilators
	67





All numbers are provisional and subject to change.



New Cases per Day | Cumulative Cases, Recoveries and Active Cases | Texas, US & World Counts | Hospitalizations by Race & Ethnicity | MSA ICU and Vent 7d Mov. Avg. | Map | Notes



APH Cases Demographics (updated daily)
Hover over segment to see details (Sex for 75 cases are unknown, Age for 1 case is unknown)

By Age	By Race	By Ethnicity	By Sex
			
APH Cases	APH Deaths	MSA Hospitalizations	

Testing to Date ... By the Numbers

Access To Testing

To date we have provide over 18,000 tests with ...

- ❖ 72.2% were City of Austin Residents
- ❖ 82.6% were Travis County Residents
- ❖ 96.6% were Austin MSA County (Travis, Williams, Hays, Bastrop and Caldwell Counties)
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Coronavirus Testing Update

Go Team!





CommUnityCare Coronavirus Testing Dashboard

Overall Positivity Rate

22.5

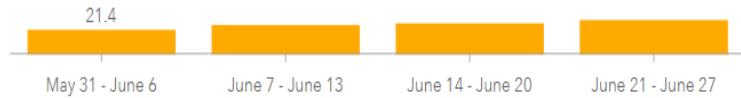
Percent of tests returned positive since testing began . 14,131 Test Results returned through 4 am on June 29, 2020.

Last update: 2 minutes ago

Overall + Total Tests Tests Returned Pending Tests

% Positivity Rate for the last 4 Weeks

For All Races/Ethnicities



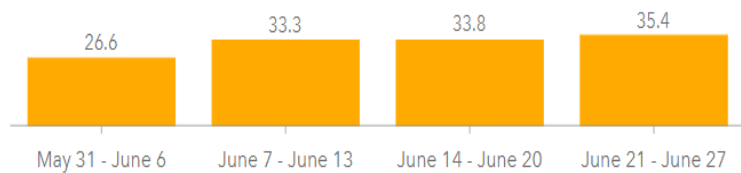
Total Returned Tests by week: May 31 - June 6 = 1,195; June 7 - June 13 = 2,399; June 14 - 20 = 3,479 ; June 21 - 27 = 1,336.

Last update: 2 minutes ago

By Week + By Day By Age By Language By Insurance CUC Patients

% Positive Tests for the last 4 Weeks

Latino Ethnicity - All Races



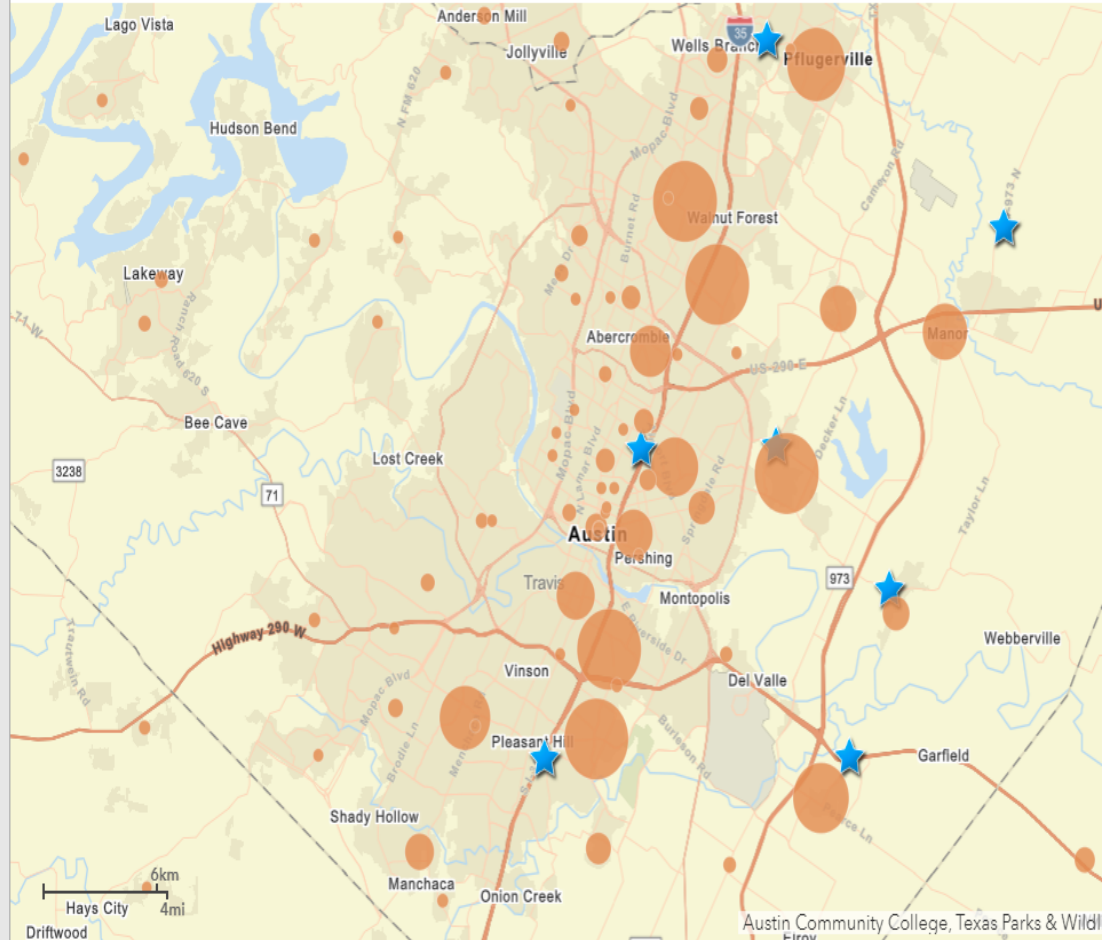
Total Returned Tests by week: May 31 - June 6 = 869; June 7 - June 13 = 1,532; June 14 - 20 = 2,302; June 21 - June 27 = 1,021.

Last update: 2 minutes ago

Latino African American White - Non-Latino Asian Native American



Coronavirus Testing for All Zip Codes As of June 30, 2020



Click on the "Red Bubble" to see total coronavirus tests provided to residents of that zip code, as well as coronavirus, total negative, and total tests still pending - i.e. results not yet provided by CommUnityCare. Click on the "Blue Stars" for information about our testing sites.

Total Tests and Results for All Zip Codes Top 20 Zip Codes with Result Details Results by Zip Code by Overall Population

Coronavirus Precautions in CUC Facilities

- ❖ Required masking and/or face coverings
- ❖ Personal Protective Equipment (PPE) for patient care
- ❖ Symptom screening for all staff (2 x per day)
- ❖ Symptom screening for any patient or visitor to a facility
- ❖ Social distancing within the facility

What has been the impact?

- ❖ 0 Transmissions between patients and staff
 - CUC Staff: 28
 - *Transmissions via community spread: 22*
 - *Transmissions between staff at work: 5*
 - *Unknown transmission vector: 1*
 - *Cleared to work: 18*
 - *In isolation: 10*

COVID-19 Testing Criteria

❖ Symptomatic Testing

- Fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, sore throat
- Not tested in the last 14 days
- Instructed to Self Isolate
 - Do not leave home
 - Avoid others in your residence
 - Disinfect surfaces regularly
 - Monitor for new symptoms

❖ Asymptomatic Testing

- Confirmed exposure in the last 14 days
- Self – Quarantine
 - Stay home and limit interactions with others
 - Monitor for new symptoms
 - If symptoms develop, self-isolate



Help Spread the Word

- ❖ Last week, Austin Public Health, CommUnityCare, and Austin Regional Clinic conducted approximately 11,000 COVID-19 tests
- ❖ CommUnityCare testing locations are targeting uninsured individuals and people who do not have an established doctor relationship
- ❖ Travis County has several other testing resources for COVID-19 open to the public.
 - Please contact your doctor and/or insurance company to determine a suitable testing location

Testing Location Update

Hours of Operation - 6:30am-1:30pm
(or until we reach capacity)

❖ **Monday – Saturday**

Hancock Health Center
1000 E 41st St.

❖ **Monday**

Barbara Jordan Elementary
6711 Johnny Morris Rd, Austin, TX
78724

❖ **Tuesday**

Hornsby Dunlap Elementary

❖ **Wednesday**

Manor Senior High
14832 FM 973, Manor, TX 78653

❖ **Thursday**

Southeast Metro Park
4511 Highway 71 E, Del Valle, TX
78617

❖ **Friday**

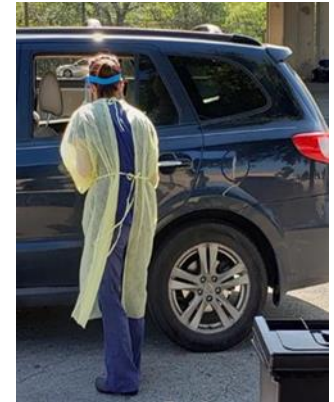
Barbara Jordan Elementary
6711 Johnny Morris Rd, Austin, TX
78724

❖ Two testing sites are in the process of relocating

- Pflugerville
- William Cannon

❖ **Next Steps**

- Evaluating potential new locations
- Focused on possible long term locations



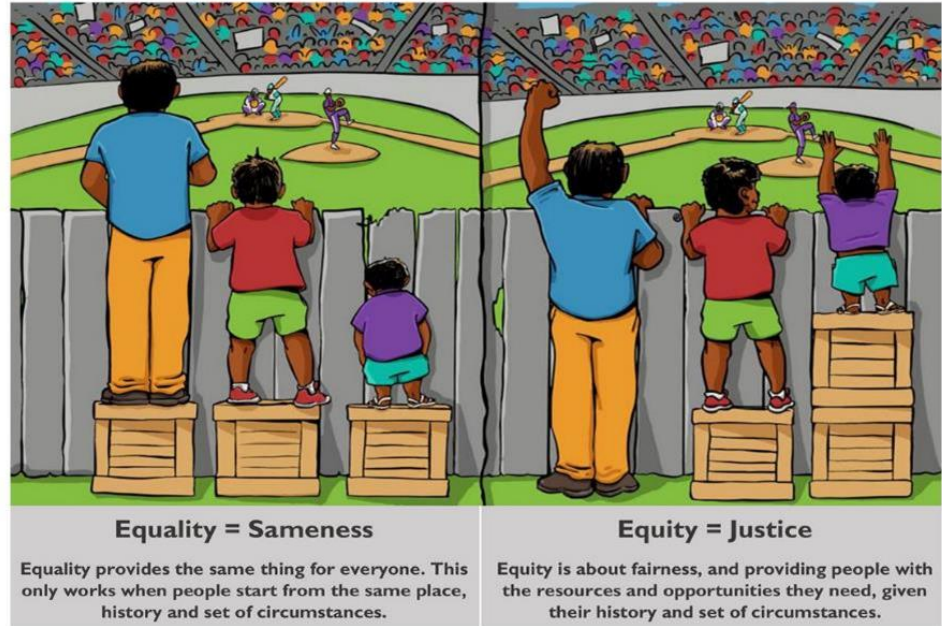
CommUnityCare Mission:

To strengthen the health and well-being of the communities we serve.

CommUnityCare Vision:

Striving to achieve health equity for all by: (1) being the health care home of choice; (2) being a teaching center of excellence; and, (3) providing the right care, at the right time, at the right place.

Strategic Priorities





CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
THE STRATEGIC PLANNING COMMITTEE

July 8, 2020

AGENDA ITEM 5

Receive a report from the Eastern Crescent Subcommittee on items discussed during the Subcommittee meeting.



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
THE STRATEGIC PLANNING COMMITTEE

July 8, 2020

AGENDA ITEM 5

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