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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.

BOARD OF MANAGERS STRATEGIC PLANNING COMMITTEE

Wednesday, December 5, 2018, 5:30 p.m.

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

AGENDA*

1. Approve the minutes of the following meeting of the Central Health Board of Managers Strategic Planning Committee:
 - a. September 25, 2018. (*Action Item*)
2. Discuss and take appropriate action on the Texas Legislature's upcoming 86th legislative session and Central Health's proposed legislative priorities. (*Action Item*)
3. Receive and discuss an update on the joint medical transportation initiatives of Central Health, the Housing Authority of the City of Austin, and the United Way for Greater Austin. (*Informational Item*)
4. Receive and discuss an update on the Strategic Work Plan, including the development of a strategy reporting schedule, strategy sheets, and related measures or dashboards. (*Informational Item*)
5. Receive and discuss an update on Communications and Community Engagement activities and initiatives. (*Informational Item*)
6. Discuss and take appropriate action on a funding resolution related to the development and delivery of future programs and services with non-clinical partners. (*Informational Item*)
7. Confirm the next regular Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

*The Strategic Planning Committee may take items in an order that differs from the posted order.

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.

Came to hand and posted on a Bulletin Board in the Courthouse,
Austin, Travis County, Texas on this the 30th day of
November 2018.
Dana DeBeauvoir
County Clerk, Travis County, Texas
By D. Campos Jr. Deputy



D. CAMPOS JR.

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OFFICIAL PUBLIC RECORDS

Dana DeBeauvoir

Nov 30, 2018 03:41 PM

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Dana DeBeauvoir, County Clerk

Travis County TEXAS



CENTRAL HEALTH

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

December 5, 2018

AGENDA ITEM 1

Approve the minutes of the following meeting of the Central Health Board of Managers Strategic Planning Committee:

- a. September 25, 2018.

MINUTES OF MEETING – SEPTEMBER 25, 2018

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

On Tuesday, September 25, 2018, 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 Ms. Emily Farris.

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

REGULAR AGENDA

1. **Approve the minutes of the following meeting of the Central Health Board of Managers Strategic Planning Committee:**
 - a. **July 17, 2018.**

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

Manager Valadez moved that the Committee approve minutes of the following meeting of the Central Health Board of Managers Strategic Planning Committee:

- a. July 17, 2018.

Manager Jones seconded the motion.

| | |
|-----------------------|--------|
| Chairperson Greenberg | For |
| Manager Aiken | Absent |
| Manager Jones | For |
| Manager Valadez | For |

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

Clerk’s Notes: This item was taken out of sequence and discussion on this item began at 5:31 p.m. Mr. Ted Burton, Vice President of Communications for Central Health, presented with Ms. Elyse Yates, Founder and CEO of Influence Opinions. Mr. Burton and Ms. Yates shared an update on communication efforts via social media, which include the average monthly social media visibility for Central Health with a breakdown by year per and by and provided information on social media outlines where improvement is needed. Mr. Ivan Dávila, Communications & Community Engagement Manager for Central Health, responded to the committee’s inquiry regarding outreach efforts being made with minority-focused media outlets.

No action was taken on item 4.

2. **Receive and discuss a presentation on the Austin Fast Track Cities Initiative to end the AIDS epidemic.**

Clerk’s Notes: This item was taken out of sequence. Discussion on this item began at 5:56 p.m. Dr. Philip Huang, Health Authority/Medical Director at Austin Public Health, provided updates on the residents in Travis County diagnosed and living with HIV infections. Dr. Huang also presented on Austin’s Fast Track Cities Initiative and the current status of its five goals to end the AIDS epidemic. He also provided data related to new HIV diagnosis in Travis County from the period of 2012-2016, prevention workgroup strategies, and a vast amount of additional data, including new diagnoses and deaths for the period of 1980-2017, disparities based on age and race, future timelines for prevention, and also the economic benefits of reaching the goal of zero new cases by 2030.

No action was taken on item 2.

SEPTEMBER 25, 2018 -STRATEGIC PLANNING COMMITTEE MINUTES

3. Receive and discuss a presentation from Central Health, CommUnityCare, the Housing Authority of the City of Austin, and the United Way on medical transportation initiatives.

Clerk's Notes: Discussion on this item began at 6:26 p.m. Ms. Rachel Toronjo, Research & Planning Coordinator for Central Health; Ms. Pilar Sanchez, Vice-President of the Austin Housing Authority; Ms. Amy Price, Navigation Center Senior Director of United Way for Greater Austin; and Ms. Deborah King, Director of Population Health with CommUnityCare; each presented their 2-1-1 Healthcare Navigation Center findings and future work plans targeting social determinants to the committee. They discussed the community value of having the 2-1-1 program and discussed the medical transportation initiatives underway, which included over 2,100 scheduled rides during phase 1 of the pilot, which ends on November 30, 2018.

Manager Valadez left the meeting at 6:35 p.m.

No action was taken on item 3.

The meeting was adjourned at 6:35 p.m. due to a lack of quorum.

Sherri Greenberg, Chairperson
Central Health Strategic Planning Committee



CENTRAL HEALTH

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

December 5, 2018

AGENDA ITEM 2

Discuss and take appropriate action on the Texas Legislature's upcoming 86th legislative session and Central Health's proposed legislative priorities.



MEMORANDUM

To: Sherri Greenberg, Chair of Board of Managers Strategic Planning Committee

From: Perla Cavazos, Vice President of Government Affairs

CC: Mike Geeslin, President and CEO and Monica Crowley, Chief Strategy Officer

Date: November 30, 2018

Re: Legislative Preview

Overview

The 86th Legislative Session begins on January 8, 2019. To date, 508 bills have been filed since pre-filing of bills began on November 15. Staff has prepared a list of Central Health Enterprise Legislative Principles for the 2019 legislative session, with the top priority being to protect health care financing streams that support the District's patient population and mission, and seek new revenue to help fund care for the District's population and strategic priorities. Staff requests the committee's approval and recommendation to the full board for adoption of the legislative principles.

Staff will also present an update on recent state elections and a preview of the 2019 Legislative Session and key issues.

Action Requested

Staff requests the committee's approval and recommendation to the full board for adoption of the legislative principles.

DRAFT Legislative Guiding Principles for the 86th Regular Session of the Texas Legislature (2019)

Central Health was created by the taxpayers of Travis County in 2004 to ensure the availability of quality health care to low-income uninsured residents. Central Health is an Enterprise and as such has affiliated organizations – CommUnityCare Health Centers (CUC), Sendero Health Plans, Inc. (Sendero), and the Community Care Collaborative (CCC), which is a partnership with Seton Healthcare Family – to help us build and maintain the fabric of our publicly accountable safety-net health system. As partners, we all operate with a common objective to create access to care for those in our community who need it most, and we also share a common vision of improved health outcomes, enhanced patient experience, advancement of population health, and reductions to the cost of care.

To help ensure that we are able to carry out our mission and vision, we support many of the legislative priorities of several statewide advocacy organizations, including the Teaching Hospitals of Texas (THOT), the Texas Hospital Association (THA), the Texas Association of Community Health Centers (TACHC), and the Texas Association of Community-Based Health Plans (TACHP). We also adhere to the following legislative guiding principles as we embark on the 86th Regular Legislative Session.

Guiding Principles:

- **Health Care Financing** – Protect health care financing streams that support vulnerable populations, including Medicaid, 1115 Waiver funds, and other supplemental hospital funding programs. Ensure any health care system redesign or financial policy reforms do not harm the District’s patient population. Seek new revenue to help fund care for the District’s population and strategic priorities.
- **Behavioral and Mental Health** – Ensure appropriate access to, and funding for, a comprehensive array of behavioral and mental health care services.
- **Coverage Gap** – Close the Affordable Care Act-related health care access coverage gap for individuals below the federal poverty level.
- **Health Care Innovations** – Support health care programs, services, and initiatives that will improve patient experiences, advance population health, and reduce costs of care.
- **Health Information Technology** – Support initiatives to enhance operations and funding.
- **Integrated Health Care** – Integrate physical and mental health care delivery to provide a comprehensive array of “person-centered” health care services.
- **Local Control** – Retain local control of health care delivery, tax rates, tax appraisals, debt issuance and revenue caps.
- **Managed Care** – Support efforts to effectively manage patient care. Also, ensure that managed care rates are appropriate, actuarially sound, and developed through a transparent regulatory process.
- **Operational Needs** – Address operational issues as necessary.
- **Prevention and Wellness** – Encourage health care prevention and health wellness amongst Travis County residents.
- **Reimbursement Rates** – Improve health care services reimbursement rates to adequately compensate providers for the services they provide to patients and encourage more providers to participate in programs like Medicaid and CHIP. Also ensure that managed care rates are appropriate, actuarially sound, and developed through a transparent regulatory process.
- **Women’s Health and Family Planning Programs** – Ensure Travis County residents have access to necessary health care services.
- **Workforce Expansion** - Expand the health care workforce team to care for a growing population of vulnerable Travis County residents. Ensure workforce is diverse and culturally competent to reflect our diverse community.

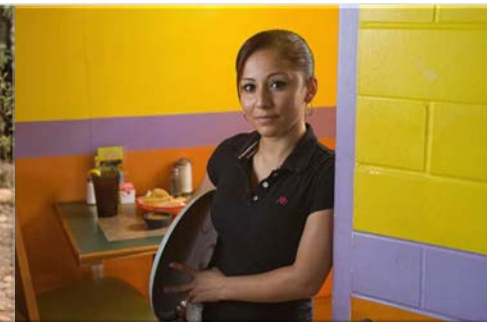


CENTRAL HEALTH

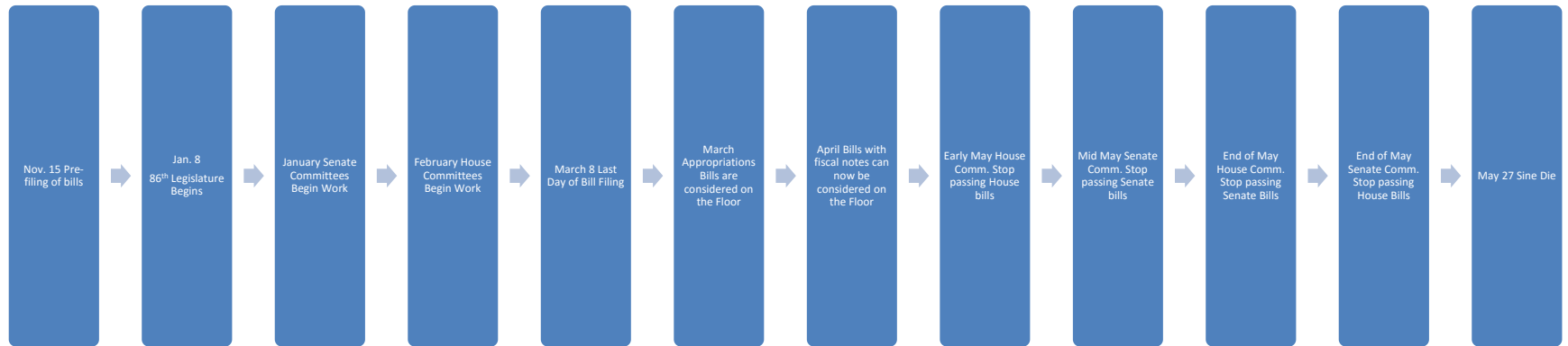
86th Legislative Session

Preview and Guiding Principles
Central Health Strategic Planning Committee
December 5, 2018

Perla Cavazos, Vice President of Government Affairs, Central Health
Marsha Jones, Partner, HillCo Partners



Legislative Session Timeline



Top 10 Election Takeaways

1. Turnout was 2.4% x last gubernatorial election. Early voting exceeded 2006, 2010, and 2014 combined.
2. Ted Cruz was a drag on the Republican down ballot races. Beto was a boost.
3. Voter registration increase of 1.6M+ advantaged Democrat candidates. Delta between # of Republican and Democrat voters moving to even.
4. Ratio of Republican to Democrat voters may eliminate 20-year Republican lead and make 2020 elections start from even.
5. State Senate and House elections indicated a shift toward the middle with shrinking Republican margin potentially forcing more bipartisan coalition building.
6. Cities and suburban areas representing more than 75% of voters turned purple. Rural vote was solid red. Rural vote saved US Senate and several statewide races previously won by 14 points+ last election cycle.
7. 2 Republican State Senators lost their races and 12 Republican State House members lost – 6 of 12 in North Texas with others in Central Texas and Houston tracking city and suburban voting trends of Republican to Democrat (aka purple). Three House races still too close to call.
8. Women and Latinas had a big night – 2 Latinas making history going to Congress for the first time from Texas, more women running and winning, and women deciding races with 2 to 1 Republican to Democrat switch over presidential vote of 2016.
9. George P. Bush was top R vote getter.
10. Texas shows signs of change

Results from Cruz vs. O'Rourke Senate race



Elections Impact

Statewide Races

- Governor wanted to “spike the ball”
- Question was what impact Lupe Valdez turnout has in other Dallas County/North Texas races
- AG Paxton and Lt. Governor surprise

Texas Senate

- 2-3 Republican races targeted by Democrats – North Texas and Houston – 2 flipped (Burton and Huffines)
- Leadership Republicans picked up a traditional Democrat seat in San Antonio in primary
- Democrats picked up one seat net but Republicans only have 19 losing their procedural proof margin

Texas House

- Republican advantage 95 - 55 moved to 83 – 67
- Speaker’s race outcome setting up to be coalition vote
- 15-18 Republican districts targeted by Democrats with 12 wins and huge influx of dollars

Austin Delegation Changes

- Rep. Paul Workman defeated in the General Election by Rep. Elect Vikki Goodwin
- Rep. Dawnna Dukes defeated in her Primary Election by Rep. Elect Sheryl Cole

IMPACT

- More business issue focus as both sides need to avoid marginalizing issues and voters
- New leadership at Agency and new House and Senate chairs bring uncertainty.
- Could focus on cost containment and Medicaid moderate especially with an improving economy?



Interim Committee Hearings

House County Affairs (8/29, 9/25, 9/26)

- Series of hearings focusing on behavioral health needs of inmates & response to natural disasters

House Public Health (6/28, 8/9, 9/12, 9/13)

- Committee reviewed maternal mortality, children in CPS, opioids, and health care delivery in rural communities

House Urban Affairs (9/12)

- Community reviewed housing instability, homelessness, and mental illness

House State Affairs (9/6)

- Reviewed do-not-resuscitate orders

House Human Services (8/9, 8/29)

- Have discussed the managed care system in Texas, particularly services delivered to vulnerable individuals

House Criminal Jurisprudence (8/29)

- Reviewed the state jail system and recidivism

House Opioids & Substance Abuse (6/26, 8/7, 8/8)

- Convened a series of hearing on opioids in Texas, including treatment and prevention methods, anti-overdose agents

House Public Education (6/28)

- Reviewed mental health services for students

House Appropriations (10/9, 6/27 S/C on Art II)

- Full committee reviewed federal criminal justice grants
- Subcommittee addressed HHSC's management of Medicaid managed care contracts

Joint Prescribing & Dispensing Controlled Substances (10/3)

- Discussed monitoring and prescribing of controlled substances in the state, particularly the PMP and EMR integration

Senate Violence in Schools (6/11, 6/12, 7/18, 7/24)

- Addressed school security and safety, including support for students with behavioral health issues

Senate Criminal Justice (9/12)

- Discussed re-entry and rehabilitation programs, also diversion of offenders with physical and behavioral health conditions

Senate Health and Human Services (9/12)

- Addressed service waitlists, maternal mortality, and child safety



Key Issues for 2019

- State Budget
- School Finance
- Property Tax Reform
- Local Government Preemption
- Mental Health
- School Safety
- Child Protective Services
- Health Care
 - Joint efforts to establish a policy and funding framework for coverage expansion after the 1115 waiver
 - Health care transparency/price transparency
 - “Right to Shop”
 - Medicaid managed care reforms
 - Prior authorization and other administrative hassles
 - School-based health clinics
 - Maternal mortality/ Postpartum care



Budget Update

- Comptroller Hegar estimates \$3.5 billion need in supplemental appropriations to cover Medicaid, disaster funding, other deferrals; also estimates \$1 billion in available revenue at the beginning of 86th
- Part of supplemental need is \$2.5 billion Medicaid shortfall, significantly up from previous estimates; includes large caseload and cost growth
- \$569 HHSC deferral to education (HB 30 from 85-1)
- Hurricane Harvey FY 17-18 expenditures as of March 20 @\$2.1 billion in All Funds (\$1.65 billion in federal funds and \$206.2 million in GR)
- Agencies collectively estimate ~\$5.1 billion additional All Funds expected costs for FY 17 (\$4.59 billion in federal funds and \$336 in GR)
 - These additional expected costs come from many sources: DPS required reimbursement of \$47 million for FEMA Transitional Sheltering Assistance, GLO PREPS repairs requiring \$41.1 million state match, etc.
- TEA estimates potential state education costs of \$993 million - \$1.621 billion, derives from displaced students, property tax appraisements, etc.
 - \$426 million of this is legally required, remainder only potential & primarily used to hold impacted schools harmless for loss of local property tax



HHSC LAR & Presentation to the LBB

- In the 2020-21 biennium, HHSC requests \$62.81 billion in All Funds for Medicaid, of this \$24.67 billion is from General Revenue or GR Dedicated funds; total request is \$77.5 billion All Funds over the biennium
- HHSC is expecting a \$2.1 billion supplemental appropriation need for costs left over from the 85th; this does not include the transfer of \$563 million to TEA and TRS through HB 30 Including supplemental funding & exceptional items, HHSC is asking for up to ~\$84 billion
- 58 exceptional items spread into 8 broad categories @ ~\$2.8 billion
- Overview of 8 Categories of Exceptional Item Requests
 - 1 – Maintain Funding for Current Client Services, includes keeping up with cost growth in Medicaid/CHIP, maintaining ECI services, SSLC cost growth, and the Women's Health Program placeholder request (pending waiver)
 - 2 – Compliance with State and Federal Regulations, includes federal EVV regulations & community integration regulations for those with IDD
 - 3 – State/Federal Policy Priorities for IDD Individuals, includes crisis services, independence services, and interest list reduction
 - 4 – Contracting/Procurement, includes additional legal staff and staff for oversight of Medicaid, CHIP, managed care
 - 5 – Behavioral Health Capacity, includes capacity at state hospitals & a placeholder for state hospital planning/construction
 - 6 – Support Services, including vehicles fleet and laundry services for state hospitals and SSLCs, FTEs for regulatory services and childcare licensing
 - 7 – Improve Access to Client Services, including increasing attendant wages & addressing turnover
 - 8 – Updating business applications on common platform across HHS agencies



Governor Abbott's Property Tax Proposal

- 2.5% property tax revenue growth cap to ALL taxing jurisdictions, with mandatory elections
- Cap can only be exceeded for certain expenses (public safety and critical infrastructure)
- Local governments can “bank” capacity for future years
- Even then, only with a supermajority approval by local elected officials and voters
- But can never exceed rate of statewide population growth + inflation



Central Health Legislative Guiding Principles

- Funding
- Behavioral and mental health
- Coverage Gap
- Health care innovations
- Health information technology
- Integrated health care
- Local control
- Managed care
- Operational needs
- Prevention and wellness
- Reimbursement rates
- Women's health and family planning
- Workforce expansion



Central Health Priority #1

- Focus on protecting current funding/revenue streams for our mission and accessing new sustainable funding for strategic priorities.





CENTRAL HEALTH

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CENTRAL HEALTH

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

December 5, 2018

AGENDA ITEM 3

Receive and discuss an update on the joint medical transportation initiatives of Central Health, the Housing Authority of the City of Austin, and the United Way for Greater Austin.



CENTRAL HEALTH

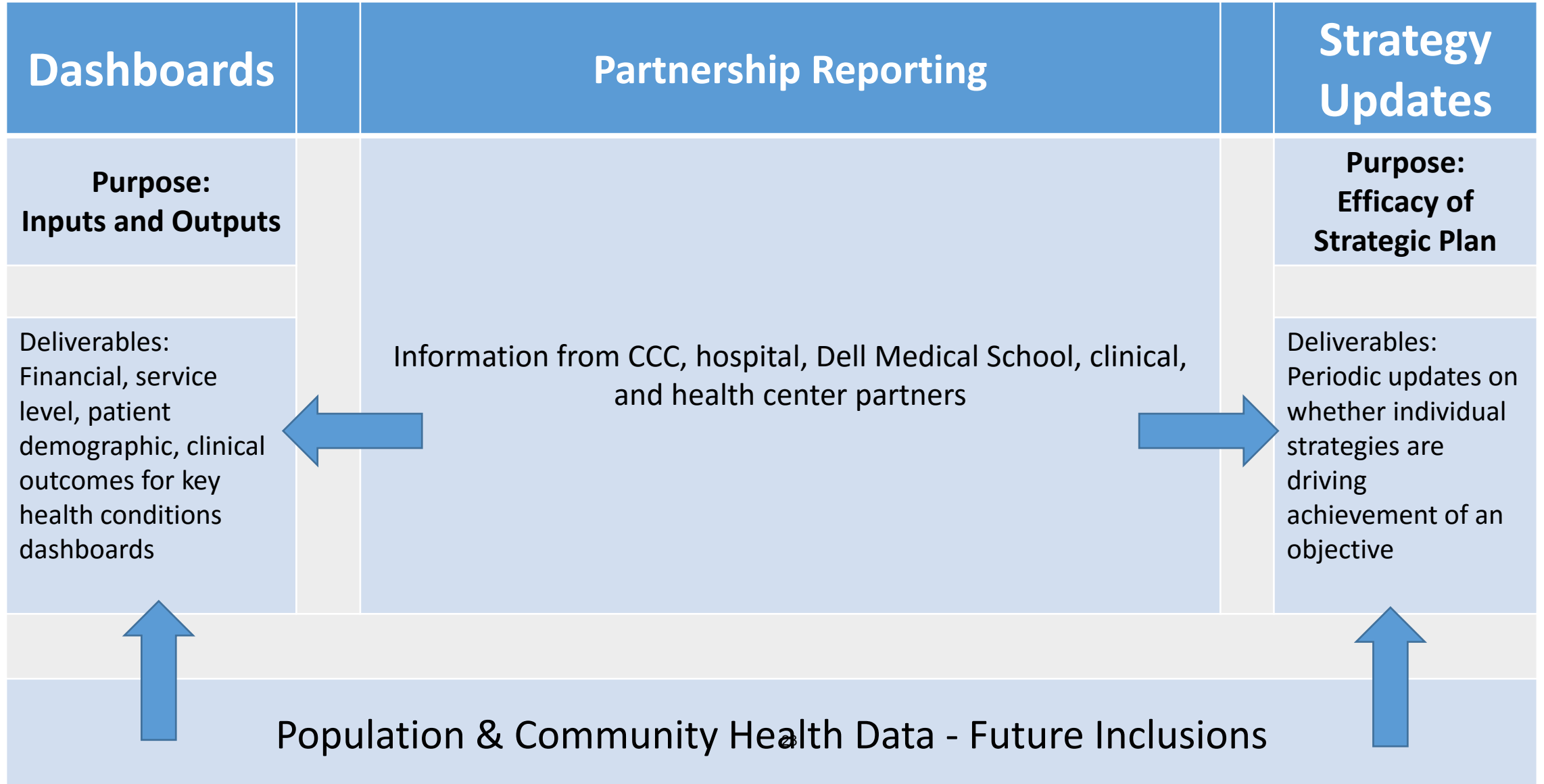
**CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE**

December 5, 2018

AGENDA ITEM 4

Receive and discuss an update on the Strategic Work Plan, including the development of a strategy reporting schedule, strategy sheets, and related measures or dashboards.

Board of Managers Information Platforms





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| Strategy 1.1 | |
| Service Locations & Care Delivery: By data analysis, provider input, and community-based advisory groups, determine funding of business plans for future service delivery sites, and/or mobile services and/or technology solutions for delivering care to served population. | |
| Lead Department/Team: | |
| Central Health, Office of the Chief Administrative Officer, Larry Wallace | |
| Fiscal Year 2019 Key Milestones | |
| Q1 | <ul style="list-style-type: none"> • Focus Areas Identified Sept. 5: Announce dates services will begin in four focus areas • Community First!: Business plans and legal agreements with providers developed • Colony Park Phase II: Pursue acquisition of property from City of Austin and develop business plans. Program plans completed Feb. 2018 for the RFP to inform the Master Developer • Colony Park Phase I: Execute ground lease agreement with AISD or PARD. Develop business plans. • Pflugerville: Pflugerville ISD business plans for CommUnityCare and Integral Care will be developed • Pflugerville Level 1 development: Business plans will begin |
| Q2 | <ul style="list-style-type: none"> • Update Eastern Travis County Collaborative • Focus Areas: Finalize business plans, planning and procurement, facility completion, implementation of mobile clinic • Community First!: Fundraising efforts • Colony Park: Finalize procurement for modular pre-fab • Pflugerville: Pflugerville ISD school based clinic operations will begin, projected to begin • Pflugerville Level 1 development: Finalize business plans with partners and providers • Provider level update(s) on optimum use of transportation and/or technology solutions |
| Q3 | <ul style="list-style-type: none"> • Focus Areas: Implementation and service expansions, land procurement, facility construction/installation start • Community First!: Fundraising efforts • Colony Park: Facility planning and design • Pflugerville new development (Level 1): Procurement of land |
| Q4 | <ul style="list-style-type: none"> • Focus Areas: Land procurement, continuation of construction and operations planning • Community First!: Final review of construction plans and suitability • Colony Park: Implementation • Pflugerville new development (Level 1): Facility planning and design |
| Fiscal and Budget Information | |
| Budget: | Healthcare Services Expansion |
| Specific Allocated Amount or Absorbed in Current Operations: | \$3.48 million |
| Current Total Expenditures: | \$0 |
| Next Scheduled Update: January 2019 | |



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| Strategy 1.2 | |
| Population Health – Social Determinants of Health: Provide funding or reimbursement to provider partners for resources to establish population health goals and address specific social determinants affecting the population served. | |
| Lead Department/Team | |
| Central Health, Office of the Chief Strategy Officer, Monica Crowley | |
| Contributing Department/Teams | |
| CCC Strategy, CUC Strategy | |
| Fiscal Year 2019 Key Milestones | |
| Q2 | <ul style="list-style-type: none"> Frame Population Health priority conversation with Central Health Board of Managers |
| Q3 | <ul style="list-style-type: none"> Work with governmental, provider partners and other organizations to identify and address specific social determinants or to develop broader social determinant strategy Identify Central Health Population Health-SDOH priorities |
| Q4 | <ul style="list-style-type: none"> Work with provider partners and governmental and other organizations to establish population health goals and develop interventions including identifying potential funding for ready programs |
| Fiscal and Budget Information | |
| Budget: | Health Promotions |
| Specific Allocated Amount or Absorbed in Current Operations: | |
| Current Total Expenditures: | \$0 |
| Next Scheduled Update: December 2018 | |



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| Strategy 1.3 | |
| Communications: Improve communication with consumers and the community about Central Health’s pivotal role ensuring the delivery of care to the served population. | |
| Sub-strategies | |
| 1.3.1: Focus communication efforts on the target patient population and the community at-large about Central Health’s role in the delivery of care and programs to access health care. | |
| 1.3.2: Increase consumer awareness of available services, how to be a patient, key health concerns and conditions, and providing partners. Tailor messages to specific patient audiences using preferred languages and culturally relevant themes. | |
| 1.3.3: Increase awareness of Central Health-funded facilities, partners and providers. | |
| Department/Team: | |
| Central Health, Office of the VP of Communications, Ted Burton, Communications & Outreach Team | |
| Contributing Department/Teams | |
| CCC Strategy and Communications, CUC Strategy and Communications, CH Strategy | |
| Fiscal Year 2019 Key Milestones | |
| Q1 | <ul style="list-style-type: none"> Incorporate logic model for outreach and consumer/patient engagement into FY19 work plans for CH Enterprise Communications/Community Engagement. Develop appropriate evaluation baseline measures for outreach and the identification of consumer/patient engagement gaps and opportunities for improvements. Select vendor(s) for Phase 2 of the public education initiative (via Task Order with Central Health’s communications vendor pool). |
| Q2 | <ul style="list-style-type: none"> Conduct review of CH Enterprise branding, Phase 1 of Enterprise co-branding initiative. Evolve the “Community Conversation” public engagement model by taking certain Community Conversations closer to where people live, incorporating new elements to increase participation, and explore creating a mobile version for smaller group meetings led by Community Health Champions. Begin Phase 2 of the public education initiative, including development of methodology and evaluation measures for improving target population’s awareness of services available and how to use services. |
| Q3 | <ul style="list-style-type: none"> Develop and implement a co-branding strategy for CH Enterprise. Review co-branding opportunities with CH Enterprise Partners. Begin implementation of Phase 2 of the public education initiative. |
| Q4 | <ul style="list-style-type: none"> Develop and implement a co-branding strategy for Central Health-funded partners. |
| Fiscal and Budget Information | |
| Budget: | Communications |
| Specific Allocated Amount or Absorbed in Current Operations: | \$450,000 |
| Current Total Expenditures: | \$0 |
| Next Scheduled Update: December 2018 | |



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| Strategy 2.1 | |
| Patient Wait Times: Establish measures and fund projects to improve patient wait times and network adequacy for access to primary and specialty care services. | |
| Sub-strategies | |
| <p>2.1.1: Specialty Care Shortage: Implement use of technology solutions to reduce specialty care wait times.</p> <p>2.1.2: Specialty Care Shortage: Work with Dell Medical School, partner providers, and other educational organizations to develop programs to address specialty care shortage and enhanced primary care training.</p> <p>2.1.3: Primary Care Access: Fill provider vacancies and prioritize condition-specific interventions.</p> | |
| Lead Department/Team: | |
| Community Care Collaborative, Office of the Executive Director, Jon Morgan | |
| Contributing Department/Teams: | |
| CCC Operations, CH Strategy, CH Operations, CH Analytics, CCC Analytics | |
| Fiscal Year 2019 Key Milestones | |
| <p>Q1</p> <ul style="list-style-type: none"> • Launch Digital Urgent Care, ARA network expansion for mammography and support FIT testing for colorectal cancer screening • Identify priority specialty care service lines for PSOP negotiations <p>Q2</p> <ul style="list-style-type: none"> • Implement long-term transportation solution for MAP patients for medical appointments • Launch expanded dental services for MAP through LSCC network • Establish baseline service levels for PSOP specialties <p>Q3</p> <ul style="list-style-type: none"> • Negotiate PSOP terms and conditions between CCC, Central Health and Seton <p>Q4</p> <ul style="list-style-type: none"> • Implement e-Consult in priority specialties • Launch GI IPU with Dell Med • 80% reduction in Dermatology and Rheumatology wait lists • Execute priority PSOPs for specialty care services | |
| Fiscal and Budget Information | |
| Budget: | Urgent Care, Primary Care, Specialty Care, e-Consult |
| Specific Allocated Amount or Absorbed in Current Operations: | |
| Current Total Expenditures: | |
| Next Scheduled Update: February 2019 | |



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| Strategy 2.2 | |
| Patient Reported Outcomes: Establish measures, including measures that address inequity, and improve patient reported health outcomes and experiences; develop quality-of-life and patient experience dashboards. | |
| Lead Department/Team: | |
| Community Care Collaborative, Office of the Executive Director, Jon Morgan | |
| Contributing Department/Teams: | |
| CH Strategy, CH Analytics, CCC Analytics, CUC Analytics | |
| Fiscal Year 2019 Key Milestones | |
| Q1 | <ul style="list-style-type: none"> • Publish Quality of Life and Patient Experience Dashboards • Finalize DSRIP Metric Definition/Specs and baselines • Launch Equity Roadmap Work |
| Q2 | <ul style="list-style-type: none"> • Achieve CY18 DSRIP outcomes |
| Q4 | <ul style="list-style-type: none"> • Present Primary care PROMs measurement plan • Hospital Quality, readmissions & safety dashboard |
| Fiscal and Budget Information | |
| Budget: | DSRIP, Department Budgets |
| Specific Allocated Amount or Absorbed in Current Operations: | |
| Current Total Expenditures: | |
| Next Scheduled Update: February 2019 | |



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| Strategy 2.3 |
| Women’s Health: Expand and improve women’s reproductive health system through Dell Medical School and provider partners. |
| Lead Department/Team: |
| Central Health, Chief of Staff, Stephanie McDonald |
| Contributing Department/Teams: |
| CH Strategy, CUC, CCC |
| Fiscal Year 2019 Key Milestones |
| <p>Q1</p> <ul style="list-style-type: none"> • Conduct environmental assessment of prenatal services for low-income women in Travis County <p>Q2</p> <ul style="list-style-type: none"> • Establish a baseline for contraceptive utilization rates based on FY18 data • Frame Centering Pregnancy business plan • Evaluate business plan from DMS for LARC procedures for CH patient population <p>Q3</p> <ul style="list-style-type: none"> • Establish a contraceptive Rx and counseling phone line through CUC and expanded Rx • Identify optimal sites for Centering Pregnancy and other women’s reproductive health programs <p>Q4</p> <ul style="list-style-type: none"> • Report on FY19 contraception utilization rates • Enable launch of expanded Centering Pregnancy program |
| Fiscal and Budget Information |
| Budget: |
| Specific Allocated Amount or Absorbed in Current Operations: |
| Current Total Expenditures: |
| Next Scheduled Update: January 2019 |



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| Strategy 2.4 | |
| Technology & Data: Improve continuity of care through integrated technology, data, planning and information exchange. | |
| Lead Department/Team: | |
| Central Health, Office of Chief Information Officer, John Clark, Enterprise Joint Technology Team | |
| Contributing Department/Teams: | |
| CCC Analytics, CH Analytics, CCC Legal | |
| Fiscal Year 2019 Key Milestones | |
| Q1 | <ul style="list-style-type: none"> Acquisition of Data Loss Prevention tool and implementation of Endpoint Encryption Device to support secure integration of data |
| Q2 | <ul style="list-style-type: none"> CUC selection of EMR/EPM vendor and commencement of planning process for FY2020 implementation Develop agreements, that could include an updated OHCA, and technology protocols to begin pushing data from the data warehouse to partner organizations |
| Q3 | <ul style="list-style-type: none"> Develop process to use data warehouse as single data source for operational reporting to support management (Phase II) of selected populations served by CH Enterprise partners |
| Q4 | <ul style="list-style-type: none"> Complete the migration of the shared files to cloud hosted environment Report on preliminary data management and work flow activities with CUC to facilitate conversion to new EMR/EPM vendor |
| Fiscal and Budget Information | |
| Budget: | Shared Enterprise Allocation, Joint Tech Budget, CUC, CCC |
| Specific Allocated Amount or Absorbed in Current Operations: | |
| Current Total Expenditures: | \$0 |
| Next Scheduled Update: February 2019 | |



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|---|---|
| Strategy 2.5 | |
| Brain Health: Determine the scope of Central Health’s role in brain health programs. | |
| Lead Department/Team: | |
| Central Health, VP of Financial Operations, Lisa Owens | |
| Contributing Department/Teams: | |
| CH Strategy, CCC Strategy | |
| Fiscal Year 2019 Key Milestones | |
| Q2 | <ul style="list-style-type: none"> • CCC update regarding behavioral health initiatives |
| Q3 | <ul style="list-style-type: none"> • Receive updates from partners and stakeholders around community efforts |
| Q4 | <ul style="list-style-type: none"> • Determine CH scope and participation – including determination of whether there are any identified fundable projects or planning initiatives for FY2020 |
| Fiscal and Budget Information | |
| Budget: | |
| Specific Allocated Amount or Absorbed in Current Operations: | |
| Current Total Expenditures: | \$0 |
| Next Scheduled Update: February 2019 | |



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| Strategy 2.6 | |
| Cancer Care: Determine the scope of Central Health’s role in cancer care programs. | |
| Lead Department/Team: | |
| Central Health, Office of Chief Strategy Officer, Monica Crowley | |
| Contributing Department/Teams: | |
| CH Strategy, CCC Strategy | |
| Fiscal Year 2019 Key Milestones | |
| Q2 | <ul style="list-style-type: none"> • CCC update regarding cancer care initiatives |
| Q3 | <ul style="list-style-type: none"> • Receive updates from partners and stakeholders around community efforts |
| Q4 | <ul style="list-style-type: none"> • Determine CH scope and participation – including determination of whether there are any identified fundable projects or planning initiatives for FY2020 |
| Fiscal and Budget Information | |
| Budget: | |
| Specific Allocated Amount or Absorbed in Current Operations: | |
| Current Total Expenditures: | \$0 |
| Next Scheduled Update: February 2019 | |



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|--|----------------|
| Strategy 3.1 | |
| Fiscal Model: Develop reasonable revenue and health care delivery cost fiscal models through 2024. | |
| Lead Department/Team: | |
| Central Health, Office of VP of Financial Strategy, Jeff Knodel | |
| Contributing Department/Teams: | |
| CH Strategy, CH Analytics, CCC Strategy, CCC Analytics, CUC Analytics | |
| Fiscal Year 2019 Key Milestones | |
| Q3 | |
| <ul style="list-style-type: none"> • Develop and present preliminary five-year forecast as part of tax rate and budget development process • Develop framework to convey awareness of drivers, factors, trends, and analysis that underlie the five-year forecast (including history, FMAP, trends, costs, etc.) | |
| Fiscal and Budget Information | |
| Budget: | Central Health |
| Specific Allocated Amount or Absorbed in Current Operations: | |
| Current Total Expenditures: | \$0 |
| Next Scheduled Update: June 2019 | |



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| Strategy 3.2 | |
| Reserves: Forecast and maintain adequate contingency and emergency reserves to manage adverse financial events and maintain adequate health care service levels. | |
| Lead Department/Team: | |
| Central Health, VP of Financial Operations, Lisa Owens, and VP of Financial Strategy, Jeff Knodel, Finance Team | |
| Fiscal Year 2019 Key Milestones | |
| Q2 | <ul style="list-style-type: none"> Incorporate working capital and days of cash on hand measure as key financial metrics to determine adequacy of reserve levels |
| Q3 | <ul style="list-style-type: none"> Continue to report reserves and estimates as part of tax rate and budget development process. |
| Fiscal and Budget Information | |
| Budget: | Central Health |
| Specific Allocated Amount or Absorbed in Current Operations: | |
| Current Total Expenditures: | \$0 |
| Next Scheduled Update: April 2019 | |



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| Strategy 3.3 | |
| Budgeting: Include revenue and financing sources for new programs in future budget patterns. | |
| Lead Department/Team: | |
| Central Health, VP of Financial Operations, Lisa Owens, Finance Team | |
| Fiscal Year 2019 Key Milestones | |
| Q4 | |
| <ul style="list-style-type: none"> Define and include revenue and financing sources for new programs for FY2020 for including in tax rate and budget. | |
| Fiscal and Budget Information | |
| Budget: | Central Health |
| Specific Allocated Amount or Absorbed in Current Operations: | |
| Current Total Expenditures: | \$0 |
| Next Scheduled Update: August 2019 | |



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| Strategy 3.4 | |
| Brackenridge: Implement sustainable financial model for health care delivery and system strategies through 2022. | |
| Lead Department/Team: | |
| Central Health, VP of Real Estate and Facilities, Steven Lamp | |
| Contributing Department/Teams: | |
| CH Operations, CH Finance | |
| Fiscal Year 2019 Key Milestones | |
| <p>Q1</p> <ul style="list-style-type: none"> • Determine Tower election use for benefit of Enterprise • Determine development options and phases for remaining blocks <p>Q2</p> <ul style="list-style-type: none"> • Incorporate Brackenridge options into larger real estate utilization strategy • Demolition completed • POB vacated <p>Q3</p> <ul style="list-style-type: none"> • Achieve resolution for zoning and Red River Street realignment with City of Austin • Plan implementation of Q1 development options <p>Q4</p> <ul style="list-style-type: none"> • Implement Q1 development options | |
| Fiscal and Budget Information | |
| Budget: | Central Health |
| Specific Allocated Amount or Absorbed in Current Operations: | TBD |
| Current Total Expenditures: | \$0 |
| Next Scheduled Update: January 2019 | |



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| Strategy 3.5 | |
| Contracting and Payment: Implement value-based provider reimbursement models and reporting standards related to patient-reported outcomes, population or health condition outcomes, and positive patient experience measures. | |
| Lead Department/Team: | |
| Community Care Collaborative, Office of the Executive Director, Jon Morgan | |
| Contributing Department/Teams: | |
| CH Strategy, CCC Strategy, CCC Operations, CH Analytics, CCC Analytics, CUC Analytics | |
| Fiscal Year 2019 Key Milestones | |
| Q1 | <ul style="list-style-type: none"> Complete DSRIP contracting for CY19&20 |
| Q2 | <ul style="list-style-type: none"> Push hospital data to primary care providers |
| Q3 | <ul style="list-style-type: none"> Complete planning for FY20 Primary Care Value Based Payment Bundle Pilot(s) |
| Q4 | <ul style="list-style-type: none"> Set baselines for ED & hospital baselines for primary care providers' attributable population In conjunction with Central Health, establish planning criteria to continue to achieve priority selected outcomes previously achieved under DSRIP 2.0 |
| Fiscal and Budget Information | |
| Budget: | DSRIP, OHCA |
| Specific Allocated Amount or Absorbed in Current Operations: | |
| Current Total Expenditures: | \$0 |
| Next Scheduled Update: February 2019 | |



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|---|--|
| Strategy 3.6 | |
| Transparency: Establish partner reporting (Dell Medical School, St. David’s, Seton, CommUnity Care, Integral Care and Sendero) to increase awareness of funds use, ensure stewardship, and assess the efficacy in achieving Central Health objectives. | |
| Lead Department/Team: | |
| Central Health, Office of Chief Strategy Officer, Monica Crowley | |
| Contributing Department/Teams: | |
| CH Strategy, CH Analytics, CCC Analytics, CUC Analytics | |
| Fiscal Year 2019 Key Milestones | |
| Q2 | <ul style="list-style-type: none"> Establish partner reporting process and formats (including necessary financial and service level reporting in order to support SWP strategies and sub-strategies) including reports from: Seton, Dell Medical School, St. David’s, Sendero, Integral Care, CUC, and CCC Present appropriate reporting formats for each strategy |
| Q4 | <ul style="list-style-type: none"> Board has received updates on all strategies including how partners support the work |
| Fiscal and Budget Information | |
| Budget: | Central Health |
| Specific Allocated Amount or Absorbed in Current Operations: | |
| Current Total Expenditures: | \$0 |
| Next Scheduled Update: March 2019 | |

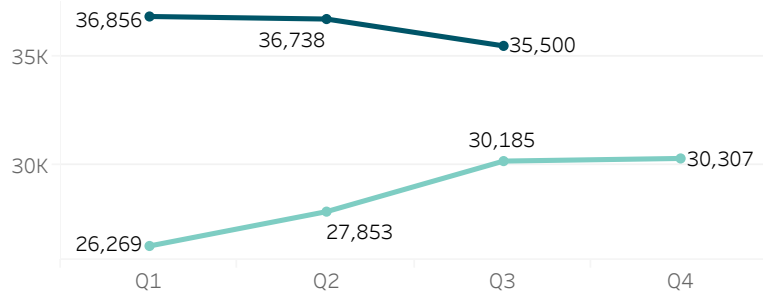
Enterprise Dashboards FY 2019



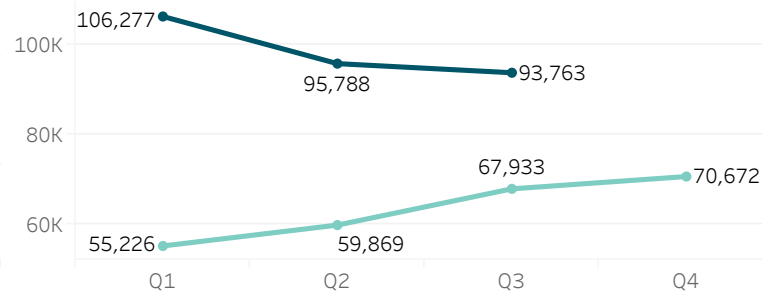
| Monthly | Quarterly | Bi-Annually | Annually |
|--|---|--|--|
| Central Health Financial Dashboard <i>Monthly unaudited financials; three year trend</i> | CCC Service Dashboard <i>Patients, encounters and three year trends</i> | Access To Care Dashboards <i>Utilization of services at Seton facilities</i> | Composite Dashboard <i>Tax revenue and patients served</i> |
| Interactive Provider Map <i>Hospitals, clinical and enrollment locations</i> | Primary Care Clinical Quality Dashboard <i>Performance metrics and benchmarks</i> | Clinical Quality and Patient Satisfaction Dashboard <i>Quality metric reporting for MAP enrollees and Charity Care Patients seen at Seton sponsored facilities</i> | Demographic Characteristics <i>CCC Patients Race/ethnicity, age, gender, language</i> |
| | CUC Service Dashboard <i>Patients, encounters and three year trends</i> | Level of Services <i>Seton specialty care encounters by service line</i> | Clinical Characteristics <i>Leading chronic conditions and cancer diagnoses for CCC patients</i> |

FY2018 CCC Preliminary Reporting

CCC Primary Care Patients



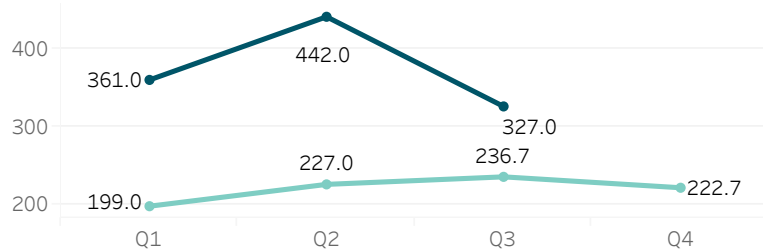
CCC Primary Care Encounters



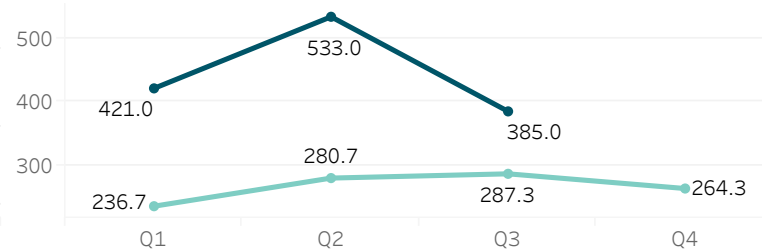
***Primary care summary:** The preliminary patient count for Q3, FY 2018, exceeded the three-year average by 5,315. Encounters for Q3, FY 2018 exceeded the three-year average by 28,830. The increased number of encounters in FY 2018 can be partially attributed to the implementation of new contracting to cover the costs of visits with nutritionists, clinical pharmacists, nurses and medical assistants. FY 2018, particularly the most recent quarter, represents an undercount due to potential billing cycle lags.

Legend
■ FY2015-2017 Average
■ FY2018

CCC Urgent Care Patients

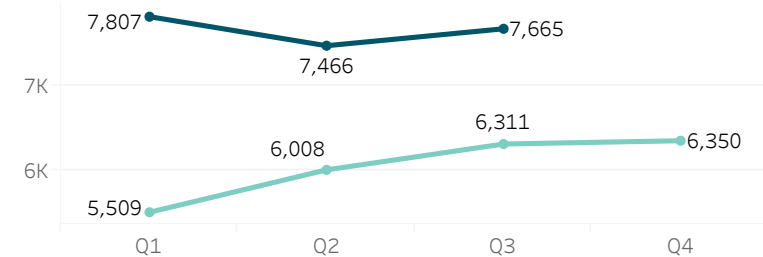


CCC Urgent Care Encounters

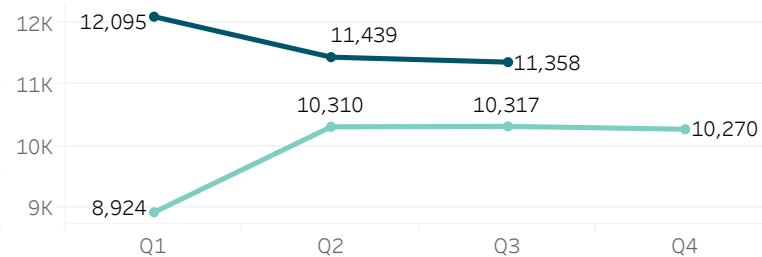


****Urgent care summary:** The preliminary patient count for Q3, FY 2018 exceeded the three-year average by 91. Encounters for Q2, FY 2018 exceeded the three-year average by 97.7. Q3, FY 2018 represents an undercount of urgent care patients and encounters due to a typical 95-day billing cycle lag.

CCC Primary Care Dental Patients



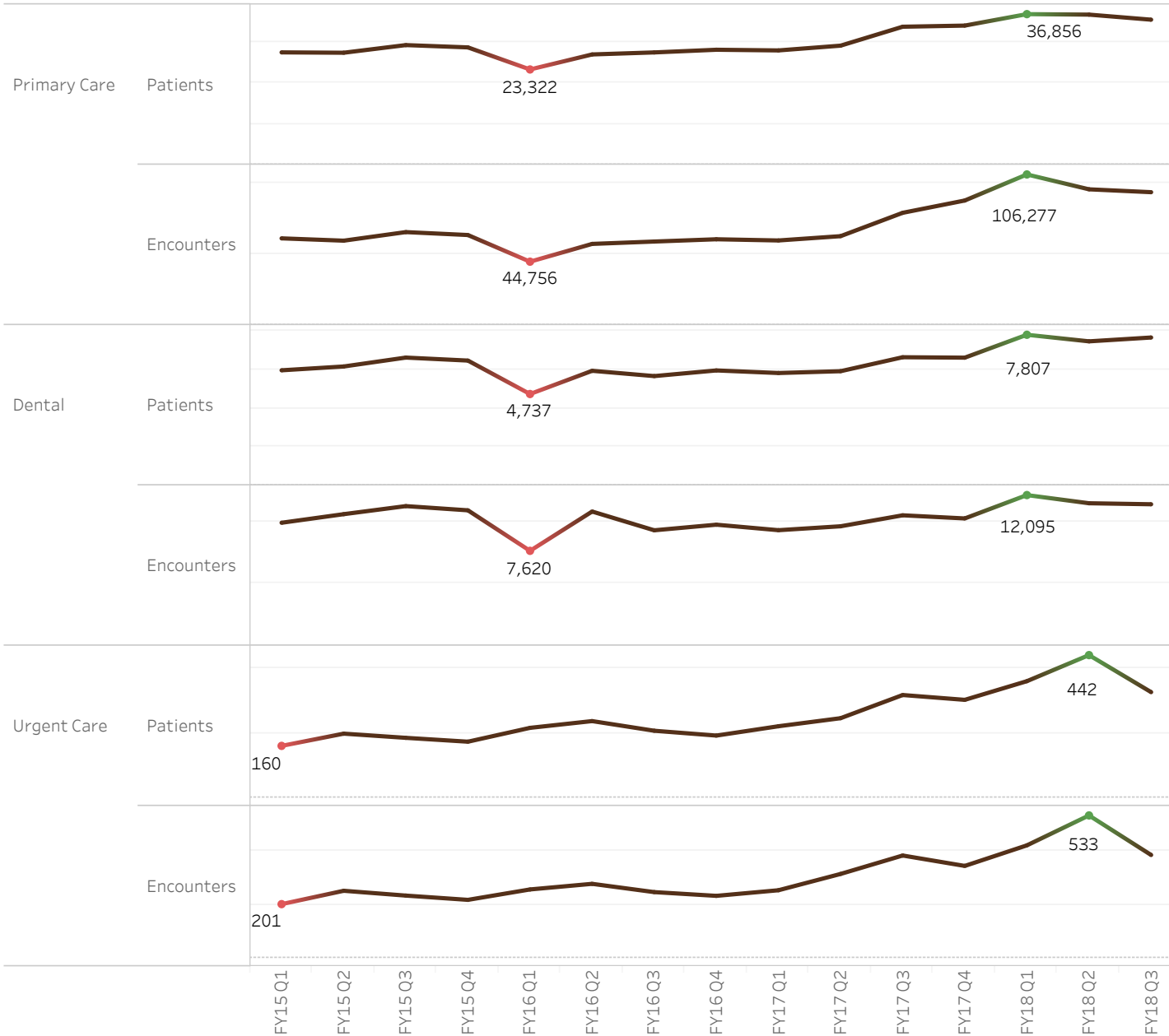
CCC Primary Care Dental Encounters



*****Primary care dental summary:** The preliminary patient count for Q3, FY 2018 exceeded the three-year average by 1,354. Encounters for Q3, FY 2018 exceeded the three-year average by 1,041. FY 2018, particularly the most recent quarter, represents an undercount due to potential billing cycle lags.

Community Care Collaborative, Longitudinal Trends

CCC Longitudinal Trends with Historical Highs and Lows



***Primary care notes:** When multiple services are provided on the same day, each service is counted separately. Additionally, due to a change in billing practice, labs and radiological services were reported as separate encounters starting in Q1 FY18.

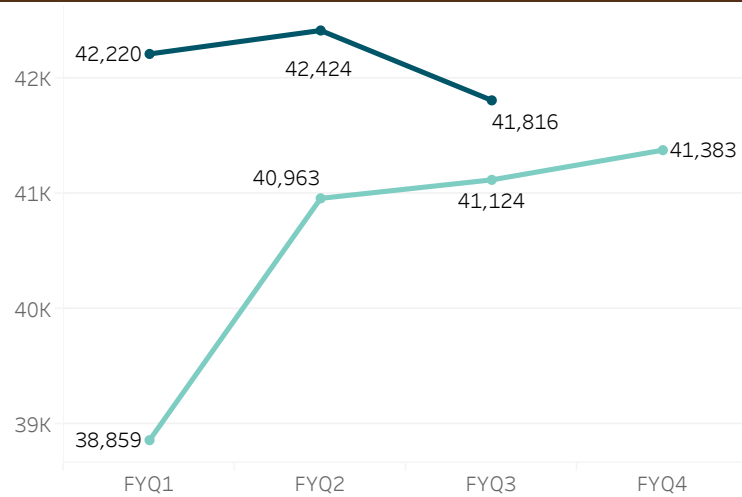
****Urgent care notes:** Includes the following providers: FastMed, Nextcare, RediClinic and Benchmark. Q3 FY18 represents an undercount of urgent care patients and encounters due to a typical 95-day billing cycle lag.

*****Primary care dental notes:** Dental encounters were identified by billing procedure codes that indicated a dental intervention or by place of service that indicated a dental office. Specialty dental is not included.

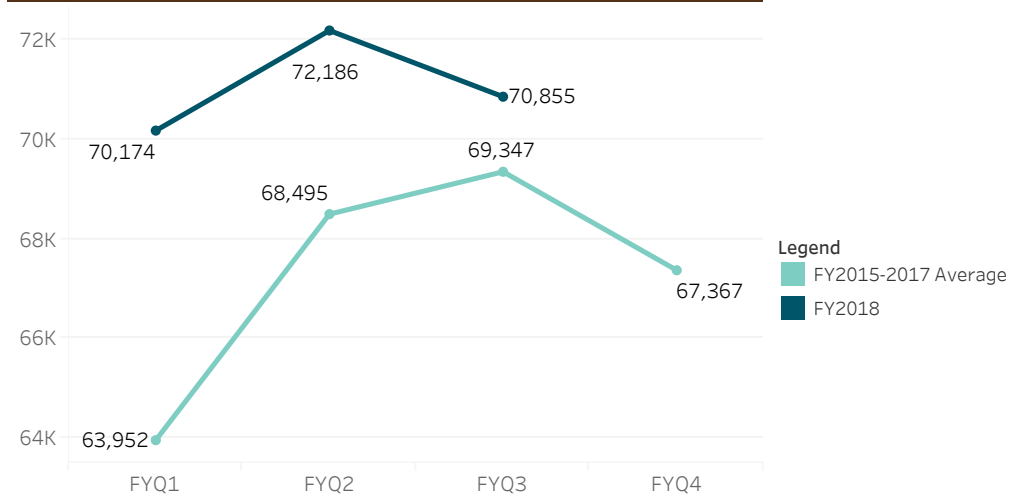
FY 2018, particularly the most recent quarter, represents an undercount due to potential billing cycle lags.

FY2018 CUC Preliminary Reporting - Medical and Behavioral Health Services

CUC Medical Patients

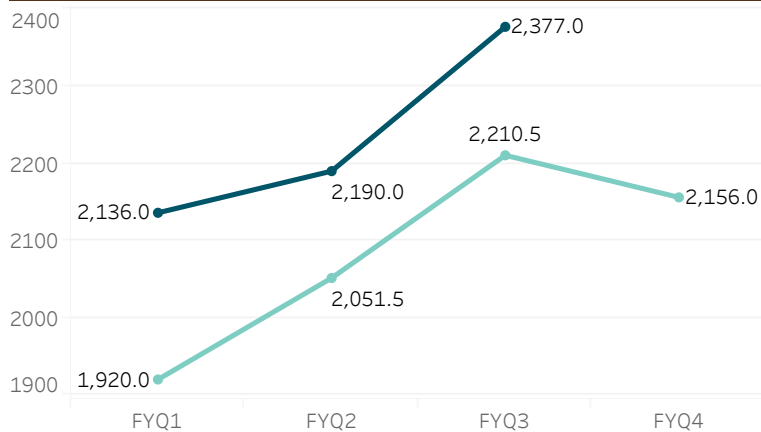


CUC Medical Encounters

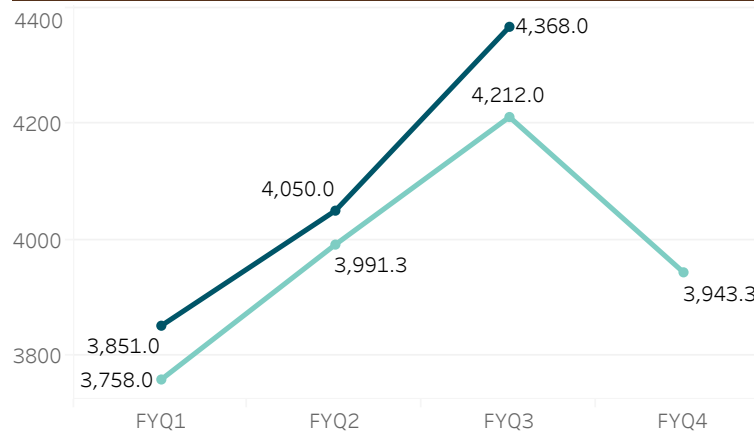


***Medical care summary:** The preliminary patient count for Q3, 2018 exceeded the two-year average by 692. Encounters for Q3, 2018 exceeded the three-year average by 1,508. The increased number of encounters in 2018 can be partially attributed to the implementation of new contracting to cover the costs of visits with nutritionists, clinical pharmacists, nurses and medical assistants. FY 2018, particularly the most recent quarter, represents an undercount due to potential billing cycle lags.

CUC Behavioral Health Patients



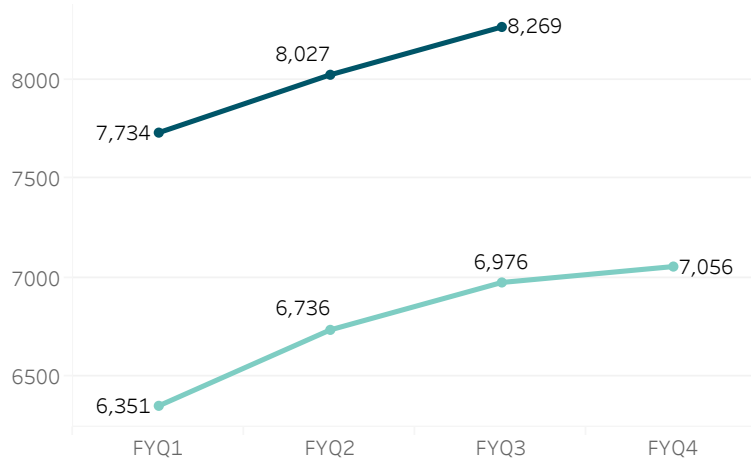
CUC Behavioral Health Encounters



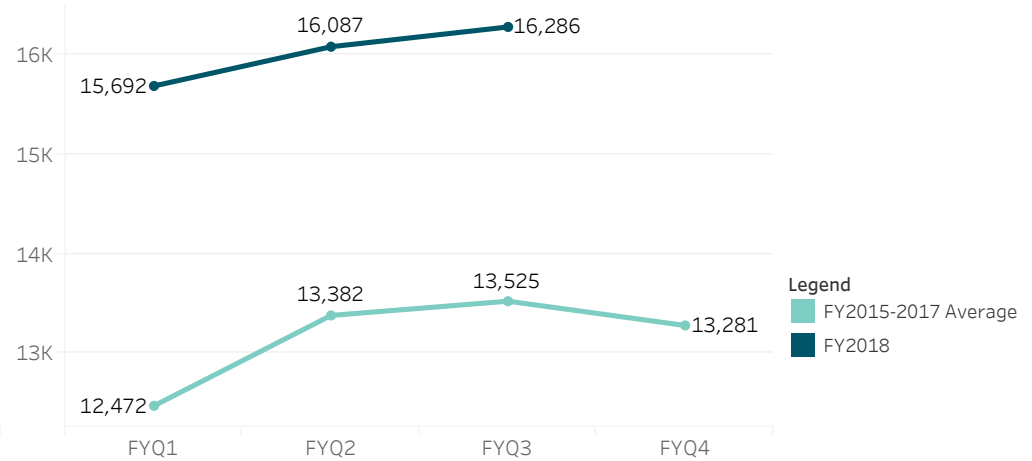
****Behavioral health care summary:** The preliminary patient count for Q3, 2018 exceeded the two-year average by 166.5. Encounters for Q3, 2018 exceeded the three-year average by 156. FY 2018, particularly the most recent quarter, represents an undercount due to potential billing cycle lags.

FY2018 CUC Preliminary Reporting - Dental and Ancillary Services

CUC Dental Patients

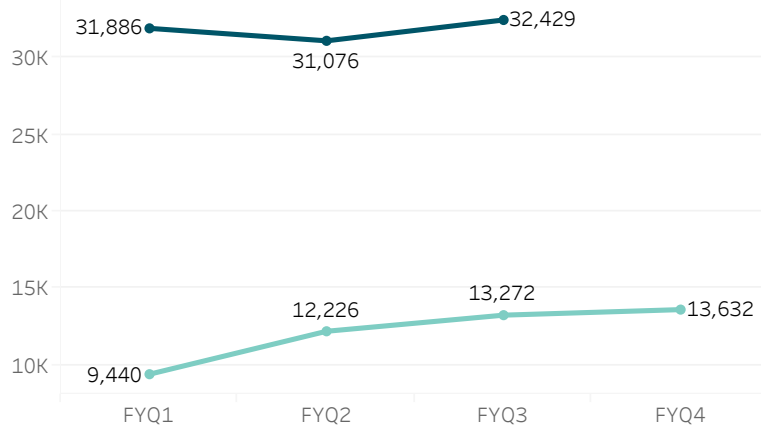


CUC Dental Encounters

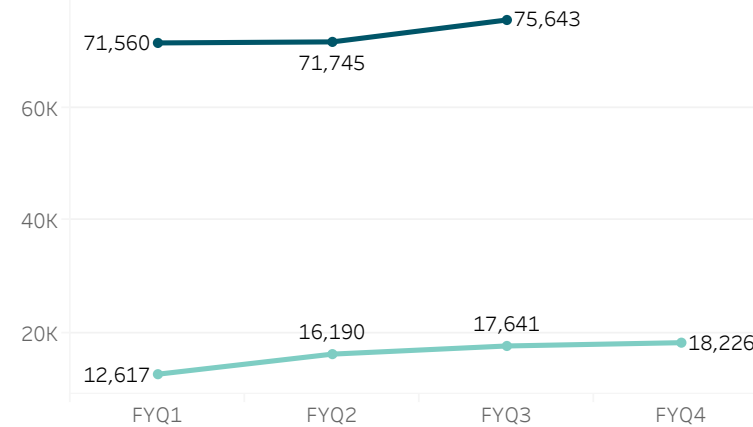


*****Dental care summary:** The preliminary patient count for Q3, 2018 exceeded the two-year average by 1,293. Encounters for Q3, 2018 exceeded the three-year average by 2,761. FY 2018, particularly the most recent quarter, represents an undercount due to potential billing cycle lags.

CUC Ancillary Patients



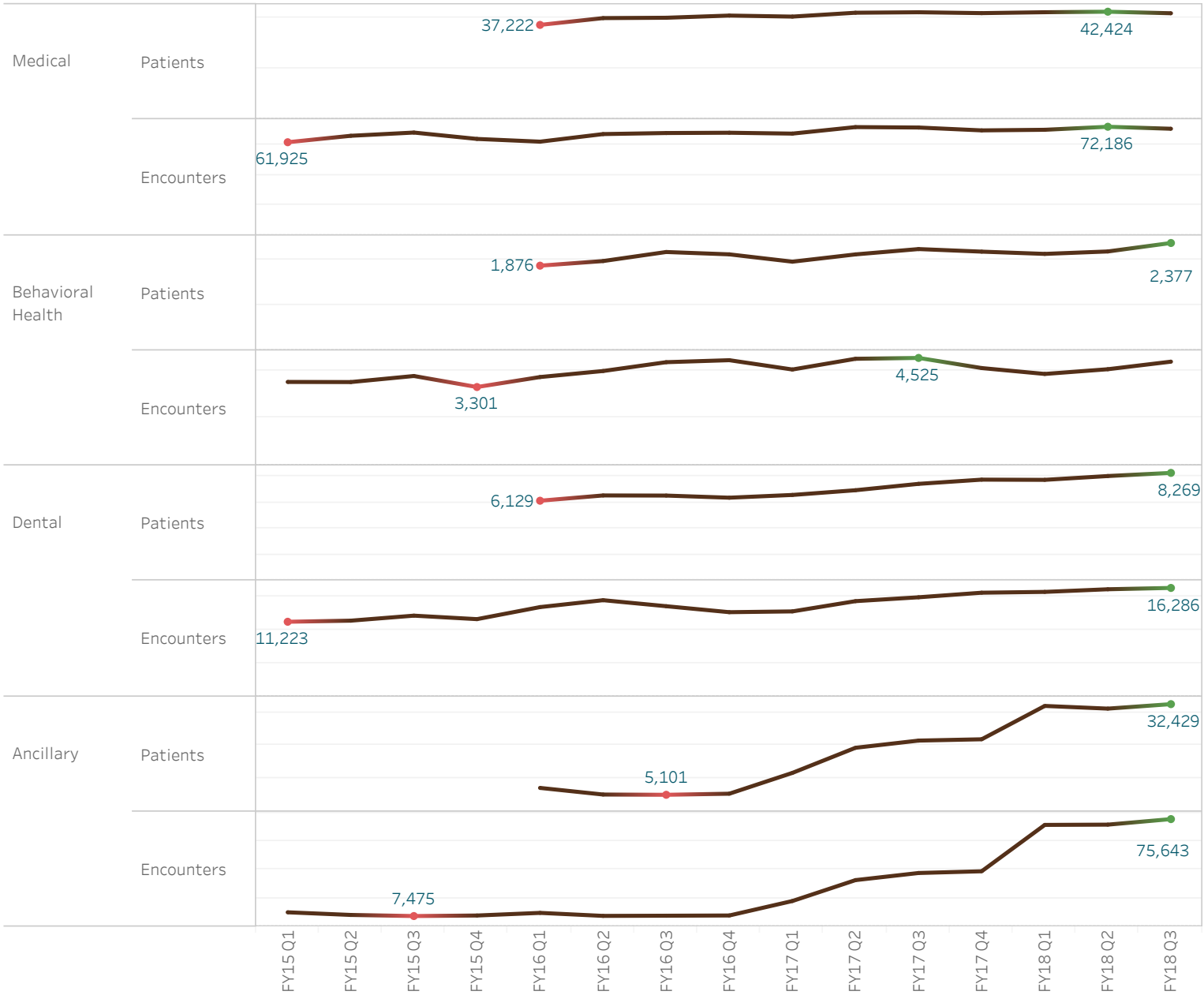
CUC Ancillary Encounters



*****Ancillary care summary:** The preliminary patient count for Q3, FY 2018 exceeded the two-year average by 19,157. Encounters for Q3, 2018 exceeded the three-year average by 58,002. The increased number of patients and encounters in 2018 can be partially attributed to the implementation of new contracting to cover the costs of visits with nutritionists, clinical pharmacists, nurses and respiratory therapists. FY 2018, particularly the most recent quarter, represents an undercount due to potential billing cycle lags.

CommUnityCare Health Centers, Three-Year Trends

CUC Longitudinal Trends with Historical Highs and Lows



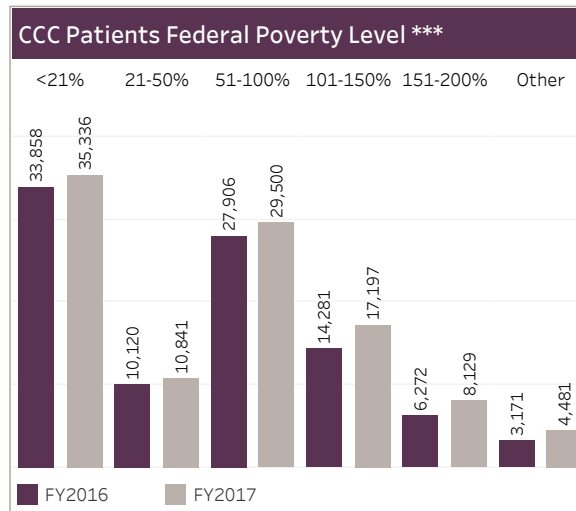
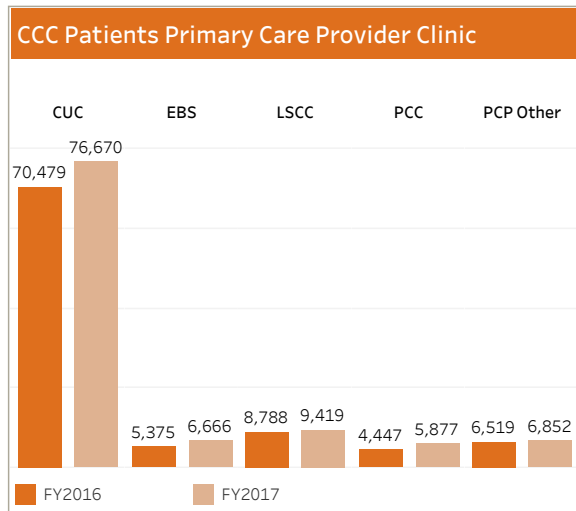
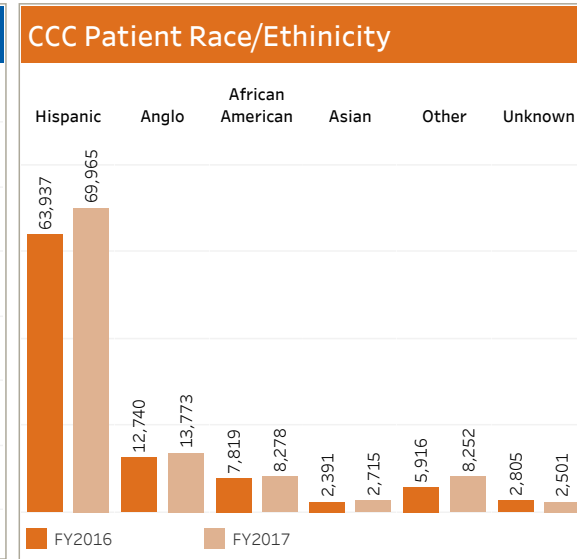
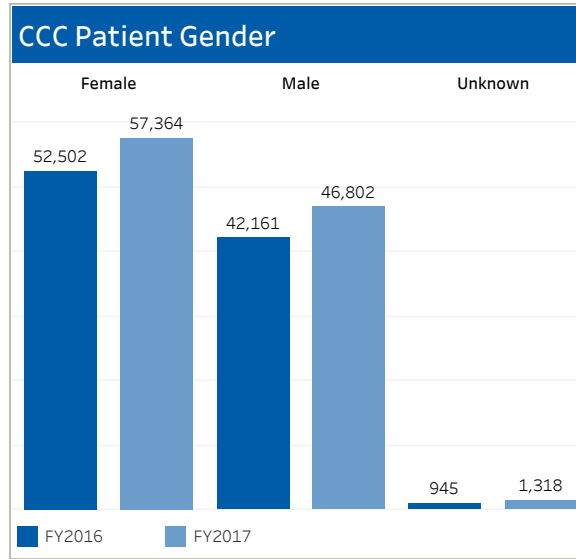
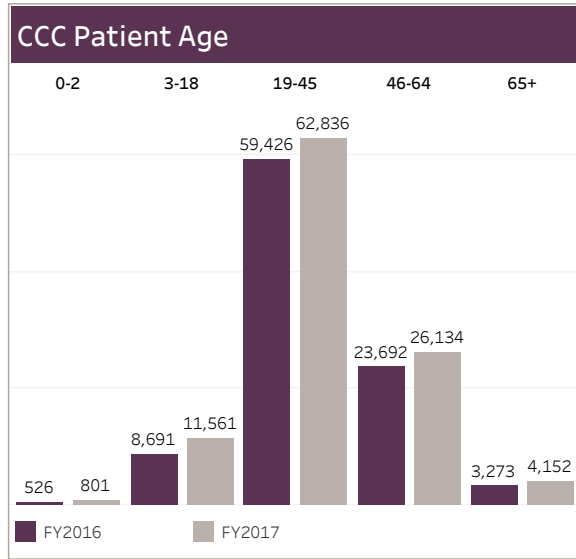
***Notes:**

When multiple services are provided on the same day, each service is counted separately.

Medical care includes Primary Care and Specialty Care visits, such as cardiology, endocrinology, and dermatology.

FY 2018, particularly the most recent quarter, represents an undercount due to potential billing cycle lags.

Medical Access and Sliding Fee Scale Programs*
Demographics Characteristics, CCC patients FY16, FY17
FY16 - 95,700; FY17 - 105,091**



CCC Patients Top 10 Languages

| Language | FY2016 | FY2017 |
|--------------|--------|--------|
| Spanish | 47,122 | 52,647 |
| English | 42,566 | 46,942 |
| Unknown | 4,005 | 3,401 |
| Other | 1,022 | 1,341 |
| Vietnamese | 271 | 284 |
| Arabic | 240 | 388 |
| Nepali | 124 | 146 |
| Burmese | 105 | 145 |
| Mandarin | 63 | 79 |
| SignLanguage | 63 | 70 |

Source: VeritySource (Eligibility Database).

* This includes patients who have been enrolled in the Medical Assistance Program (MAP) administered by the CCC or Sliding Fee Scale (SFS) programs reimbursed by the CCC. Patients seen exclusively through the Seton Charity Care (SCC) program are not included.

** Patients were deduplicated using a Patient Community ID (CID). CID Identifications are unique, site agnostic patient identifiers. They are assigned to all patients included in the eligibility database who are eligible for MAP or Sliding Fee Scale services regardless of whether or not they present in a clinical setting.

*** A total of 9,854 patients were identified as homeless in FY2016 and 10,538 in FY2017.

Primary Care Clinical Quality

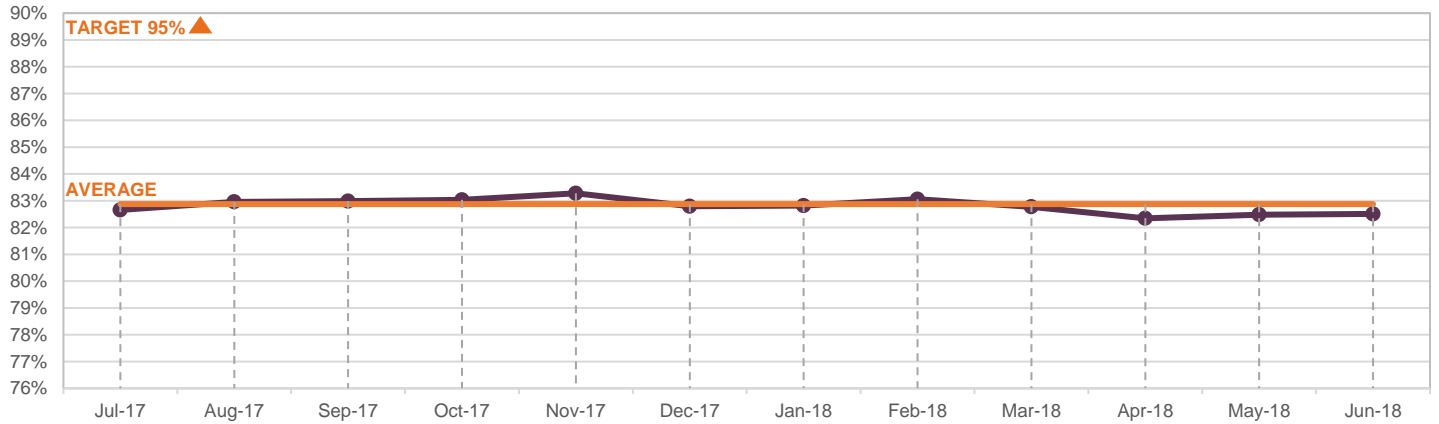
Rolling 12 Months

MAP and Sliding Fee Scale Patients



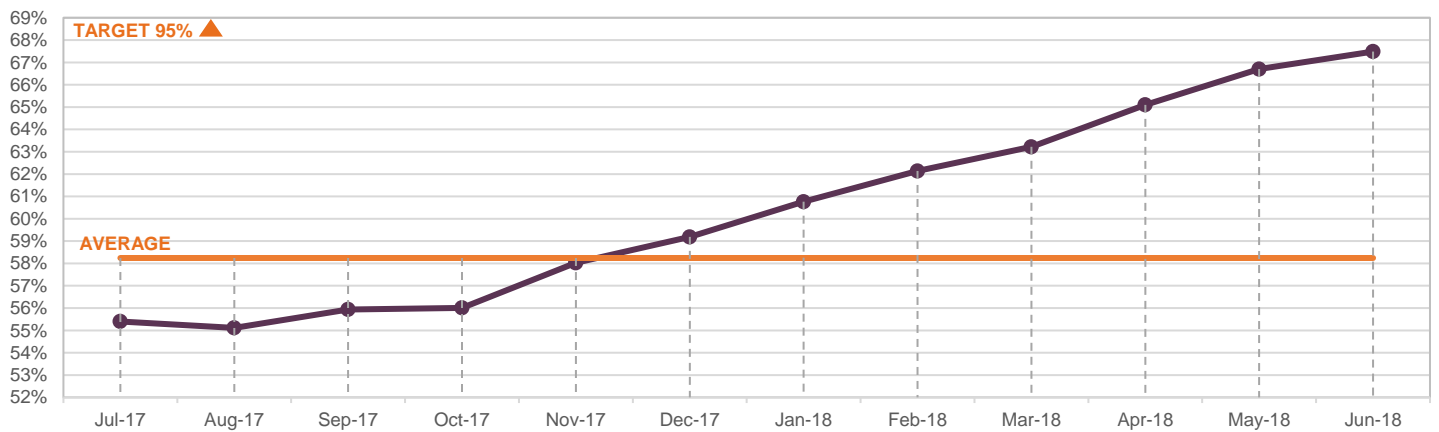
A Central Health and Seton partnership

ACE/ARB MEDICATION MONITORING



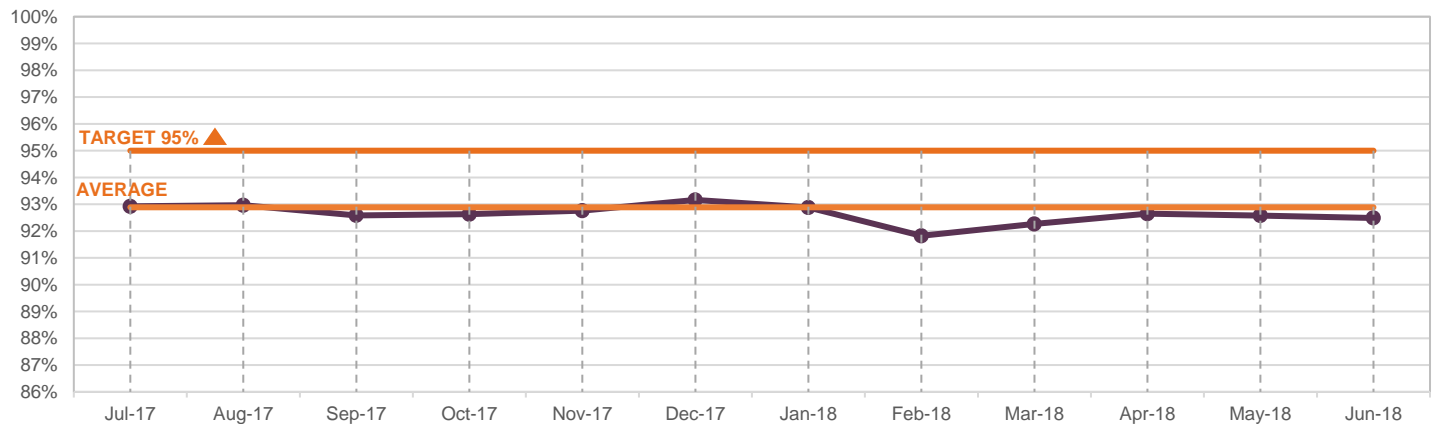
Kidney damage is a rare side effect of these medications which are used to treat high blood pressure. This chart shows the percentage of patients 18 years of age and older with 180 days of treatment whose kidney function was tested as recommended.

ANNUAL FOOT EXAM (DIABETIC PATIENTS)



People with diabetes are more prone to circulatory and nerve problems that can affect their feet. This chart shows the percentage of diabetic patients ages 18 - 75 who received a complete foot examination (visual inspection, a sensory exam and a pulse exam) within the last year.

NEPHROPATHY SCREENING (DIABETIC PATIENTS)



Diabetes can impact a patient's kidney function. This chart shows the percentage of diabetic patients ages 18 - 75 who were screened for nephropathy (kidney damage) as recommended within the last year.

Primary Care Clinical Quality

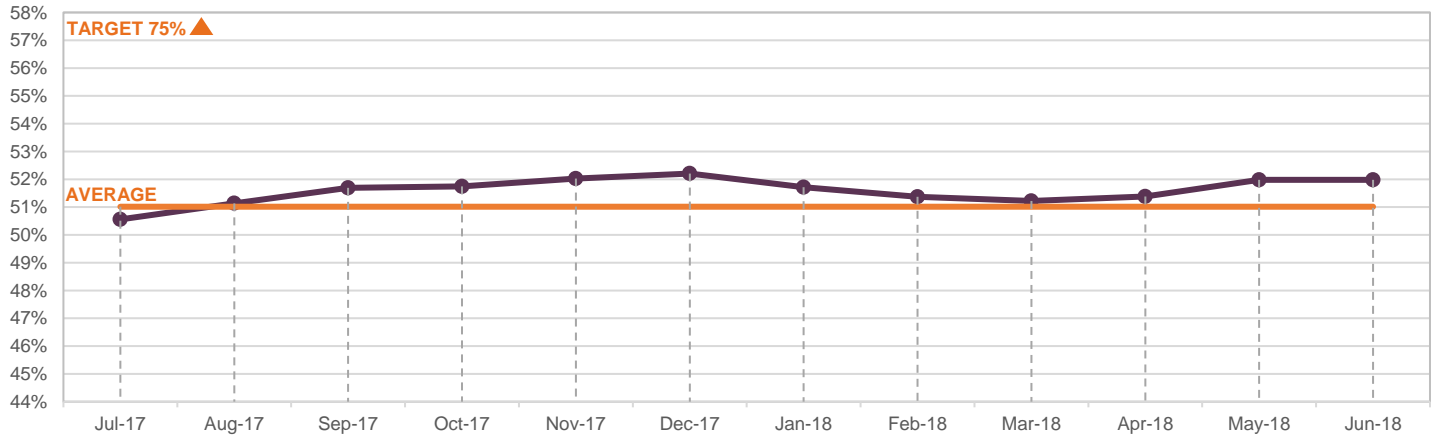
Rolling 12 Months

MAP and Sliding Fee Scale Patients



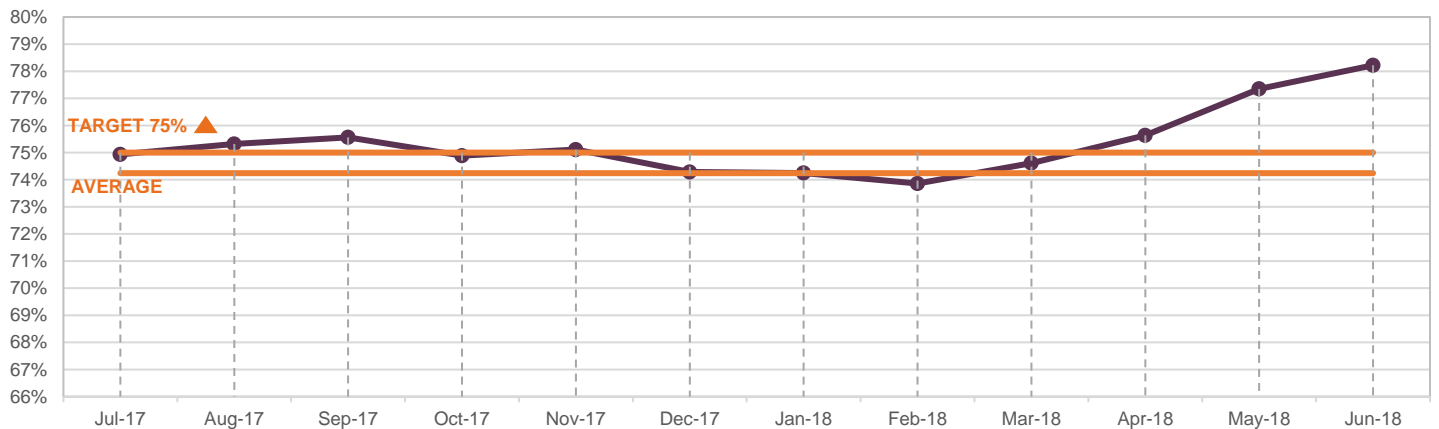
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HbA1c CONTROL <8% (DIABETIC PATIENTS)



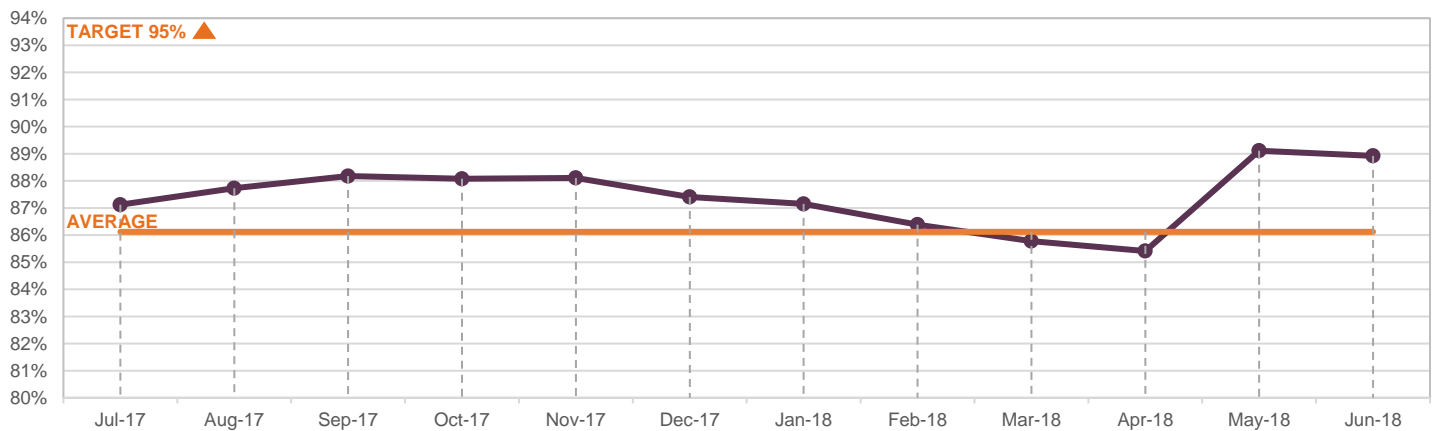
Hemoglobin A1c (HbA1c) is a measure of blood sugar control over the last three months. This chart shows the percentage of diabetic patients ages 18 - 75 whose most recent HbA1c was <8.0 during the measurement year.

BLOOD PRESSURE CONTROL <140/90 (DIABETIC PATIENTS)



This chart shows the percentage of diabetic patients ages 18 – 75 whose most recent recorded blood pressure during the measurement year was below 140/90.

BODY MASS INDEX (BMI) SCREENING AND FOLLOW UP



This chart shows the percentage of patients 18 years and older whose BMI was measured at their last visit or within six months before that visit AND when the BMI was out of range (too high or too low), these patients were given a follow-up plan at the visit or within the previous six months.

Primary Care Clinical Quality

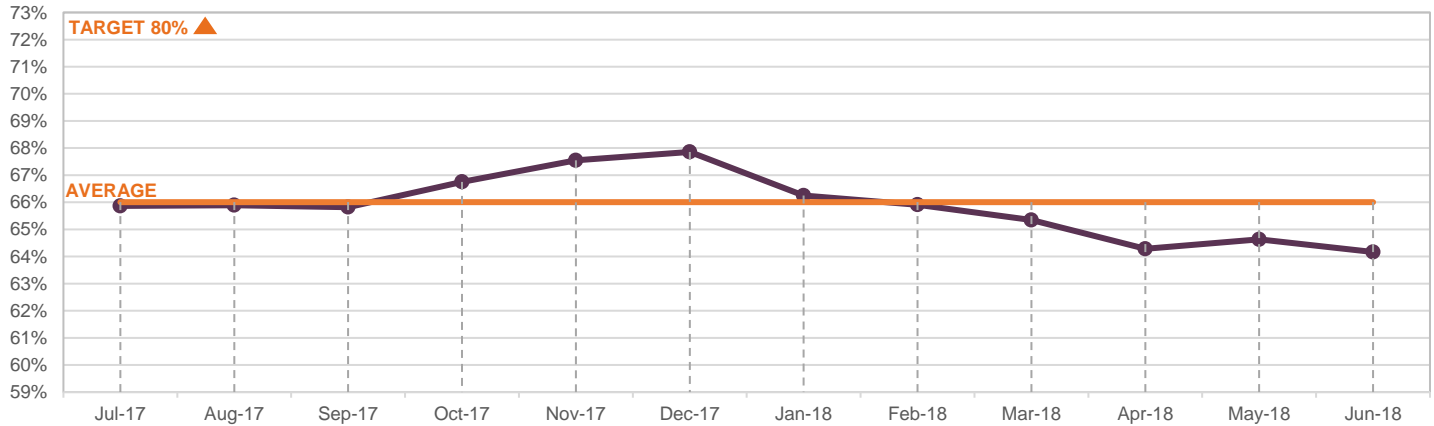
Rolling 12 Months

MAP and Sliding Fee Scale Patients



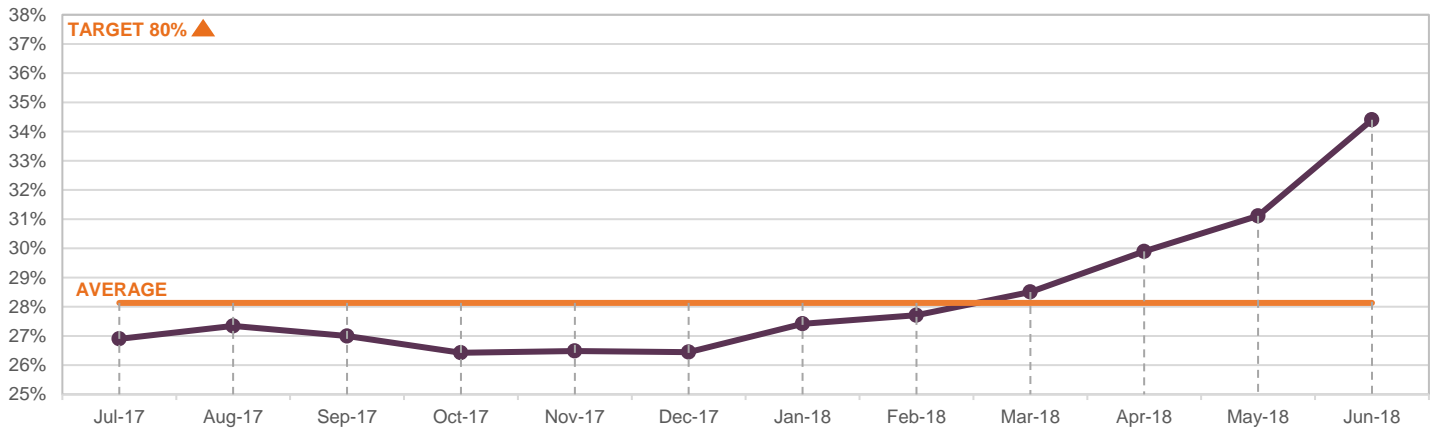
A Central Health and Seton partnership

CERVICAL CANCER SCREENING



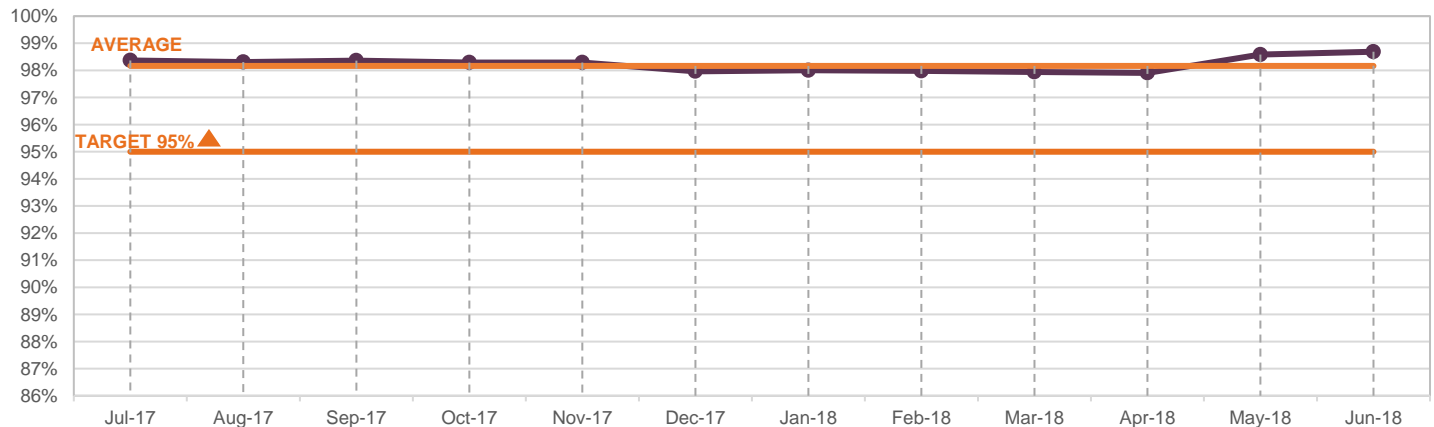
This chart shows the percentage of women ages 21 – 64 who received a Pap test as recommended to screen for cervical cancer.

COLORECTAL CANCER SCREENING



This chart shows the percentage of adults ages 50 - 75 who were screened for colorectal cancer as recommended.

TOBACCO USE SCREENING AND CESSATION INTERVENTION



This chart shows the percentage of patients 18 years or older who were screened for tobacco use within the last 24 months AND if they were a tobacco user, these patients were given tobacco cessation counseling.

Primary Care Clinical Quality

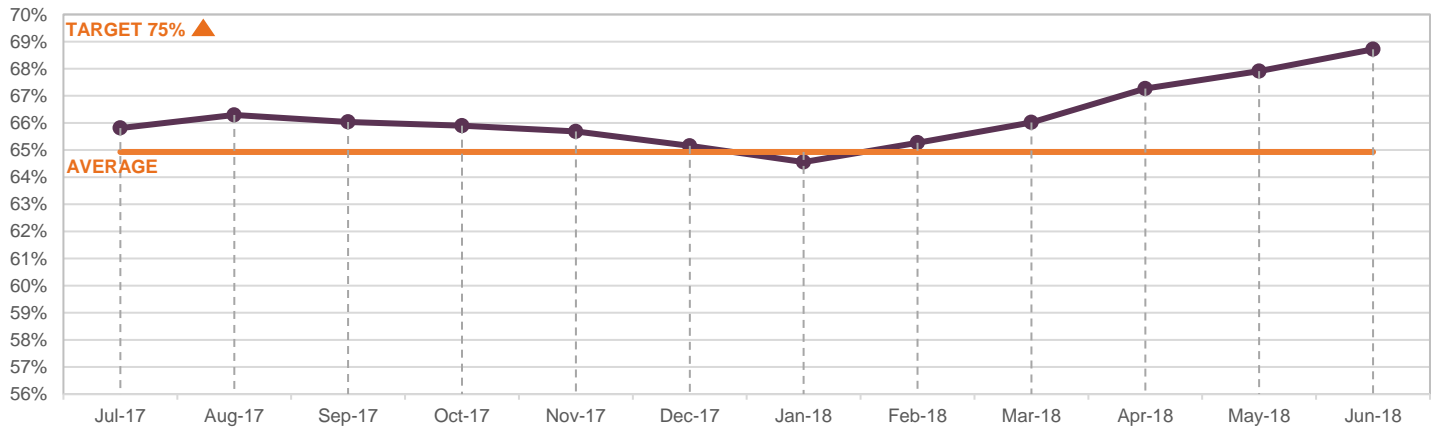
Rolling 12 Months

MAP and Sliding Fee Scale Patients



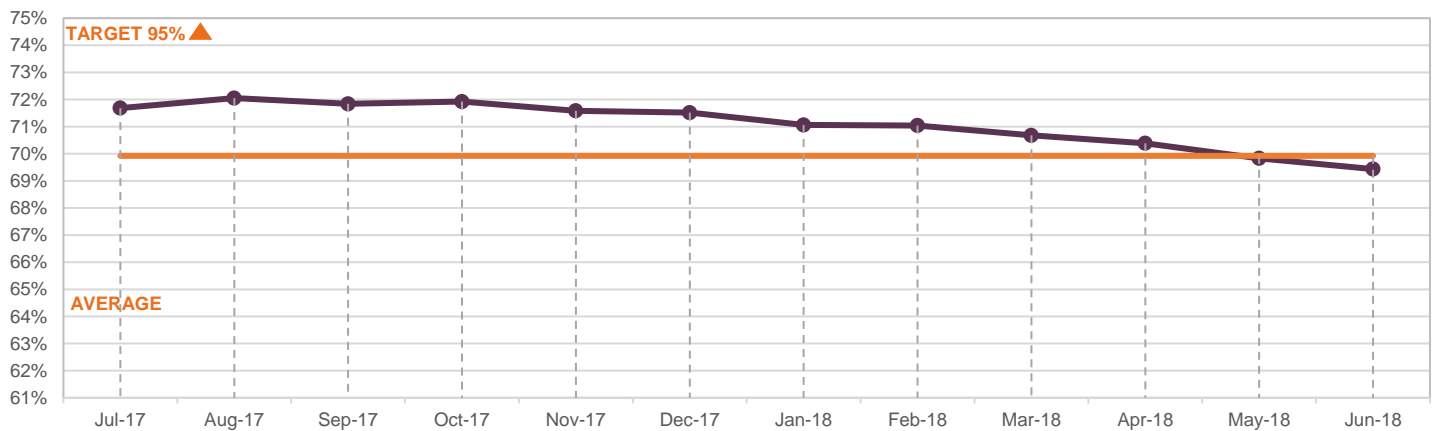
A Central Health and Seton partnership

CONTROLLING HIGH BLOOD PRESSURE



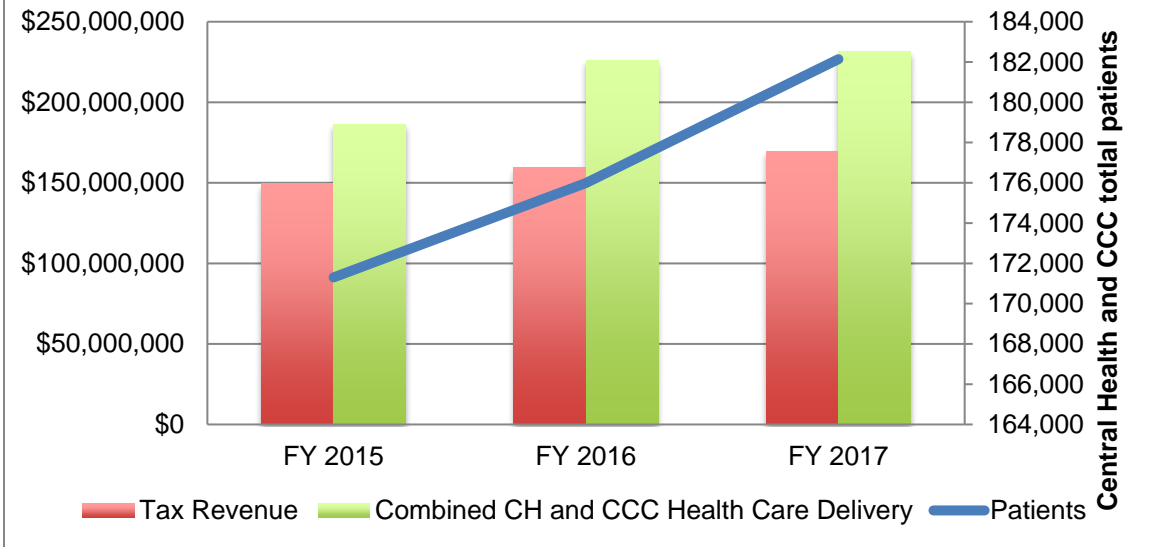
This chart shows the percentage of patients with hypertension ages 18-85 whose most recent recorded blood pressure during the measurement year was below 140/90.

DEPRESSION SCREENING AND FOLLOW UP PLAN



This chart shows the percentage of patients 12 years old or older screened for clinical depression using an age-appropriate standardized tool AND if the screening was positive, these patients were given a follow-up plan on the same day.

Patients, Tax Revenue and Health Care Delivery





CENTRAL HEALTH

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

December 5, 2018

AGENDA ITEM 5

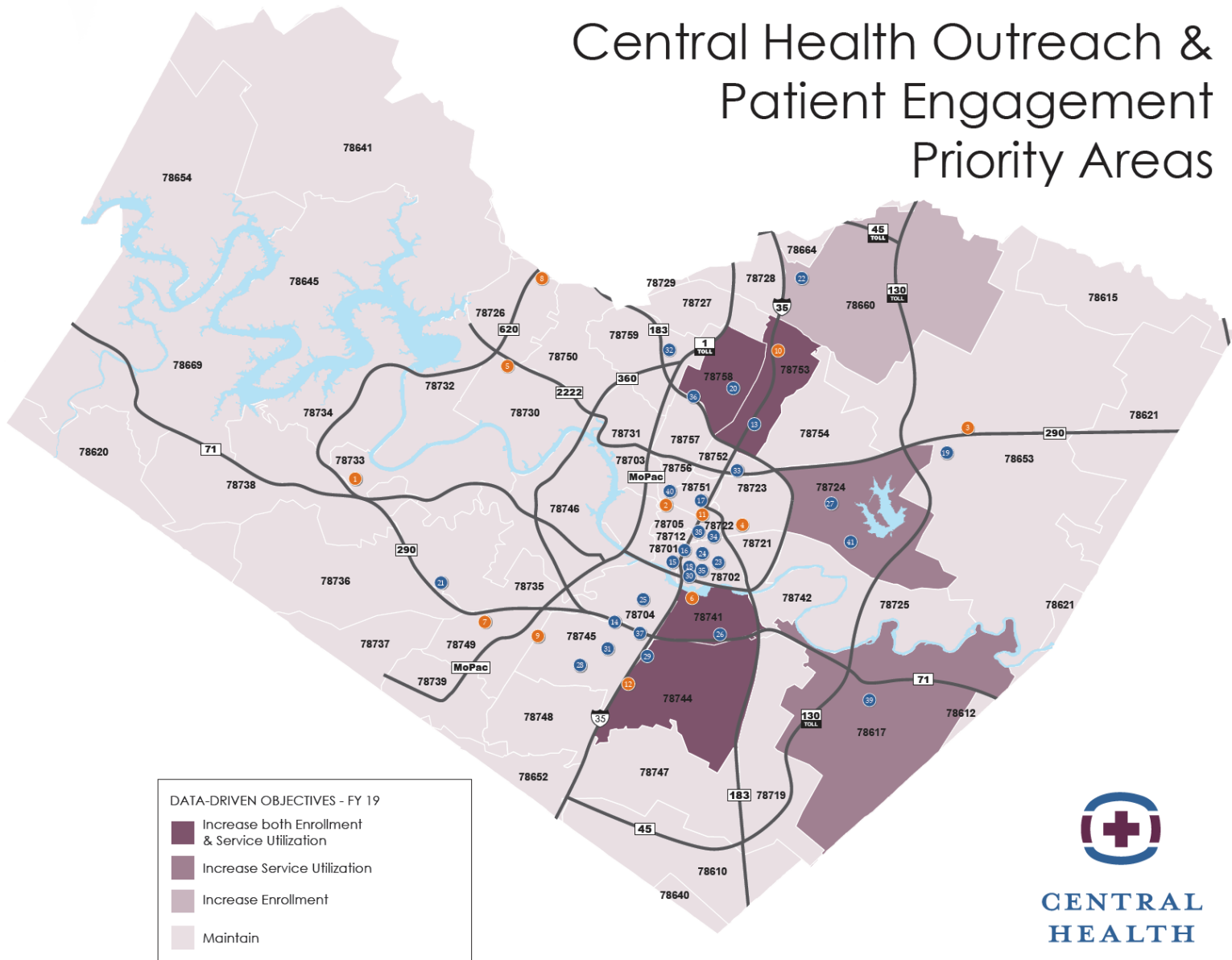
Receive and discuss an update on Communications and Community Engagement activities and initiatives.

Community Conversations: 2019 Calendar

- Saturday, Jan 26 – Northeast Travis County
- Monday, Feb. 4 – Sendero Health Plans
- Monday, March 4 – The Downtown Campus
- Monday, March 25 – Transforming health care through partnerships
- Monday, April 29 – The 2020 Budget
- Thursday, May 16 – The State of Health in Travis County: Central Health's 15th Year Anniversary
- Monday, June 24 – Sendero Health Plans
- Monday, July 29 – The 2020 Budget



Central Health Outreach & Patient Engagement Priority Areas



CENTRAL
HEALTH



CENTRAL HEALTH



CENTRAL HEALTH

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

December 5, 2018

AGENDA ITEM 6

Discuss and take appropriate action on a funding resolution related to the development and delivery of future programs and services with non-clinical partners.



**CENTRAL
HEALTH**

RESOLUTION OF THE CENTRAL HEALTH BOARD OF MANAGERS

WHEREAS, the Central Health Board of Managers (“Board”) has a responsibility to ensure Central Health expends public funds appropriately; and

WHEREAS, the Board desires to adopt criteria for Fiscal Years 2019 and 2020 to guide Central Health and Community Care Collaborative management in funding decisions related to the development and delivery of future programs and services with non-clinical partners; and

NOW THEREFORE BE IT RESOLVED, that the Central Health Board of Managers hereby adopts the following guidelines for Fiscal Years 2019 and 2020 for partnerships:

1. Partners will have a mission or demonstrated commitment to the community that aligns with the missions and purposes of Central Health, clinic operators, and affiliated service organizations; and
2. A determination must be made as to whether Central Health, an Enterprise Partner, or another non-profit agency in Travis County already provides or funds the proposed service; and
3. Planning must include details on the need for the services, how future services will integrate into clinical operations, including reimbursement models, patient outcomes, and the health care experience; and
4. Decisions will take into account the proposed partners’ histories with the places or population to be served, including past projects, program management, and direct services provided with demonstrated outcomes/success; and
5. Central Health and provider partners will evaluate the implementation and impact of the programs and services; and
6. Take into account the diversity of the organization’s leadership, including the governing board, and how the diversity aligns with the Medical Access Program and sliding fee scale population that we serve; including cultural competency; and
7. Evaluate the cultural and linguistic competency training provided to employees of provider partners providing direct healthcare services; and
8. Take into account the employment practices of partners, including the composition of the workforce related to volunteers and paid employees, payment of a living wage, and use of practices which encourage hiring of disadvantaged individuals and improving the socioeconomic status of such individuals; and
9. Include an evaluation of the system of checks and balances to ensure services provided by other governmental entities and organizations within Travis County are not duplicated, unless clinically indicated. Central Health should identify ways in which government partners’ public health or human



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service programs could be better utilized by Central Health and its clinical partners. Central Health's role in funding non-clinical initiatives should aim to fill gaps in the larger social service network and support our mission.

ADOPTED this _____ day of _____, 2018 by the Central Health Board of Managers.

Guadalupe Zamora, Chair
Central Health Board of Managers

Abigail Aiken, Secretary
Central Health Board of Managers

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CENTRAL HEALTH

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

December 5, 2018

AGENDA ITEM 7

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