



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

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

BOARD OF MANAGERS MEETING

Wednesday, February 22, 2023, 4:00 p.m.

Or immediately following the Executive Committee Meeting

Videoconference meeting¹

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

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

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

<https://us06web.zoom.us/j/87417587892?pwd=bldhbVY4N2R6V0QremFIU3Evakl1QT09>

Meeting ID: 874 1758 7892

Passcode: 654744

Members of the public may also listen and participate by telephone at:

Dial: (346) 248- 7799

Meeting ID: 874 1758 7892

Passcode: 654744

The Board will meet via videoconference with a quorum present in person and allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Central Health Board will be physically present at the location posted in the meeting notice, we strongly encourage all members of the public to observe the meeting virtually and participate in public comment, if desired, through the virtual meeting link or telephone number listed on each meeting notice.

Members of the public who attend in person should conduct a self-assessment before coming to the building to ensure they do not have a high temperature or any symptoms of COVID-19. Anyone who is symptomatic and/or has a fever should contact their healthcare provider for further instructions. Symptomatic members of the public can still participate, if desired, through the virtual

meeting link or telephone number listed on each meeting notice. Resources related to COVID-19 can be found at the following link <https://www.austintexas.gov/covid19>.

A member of the public who wishes to make comments virtually during Public Communication for the Board of Managers meeting or the Executive Committee meeting must properly register with Central Health ***no later than 2:30 p.m. on February 22, 2023***. Registration can be completed in one of three ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-up/>;
- Call 512-978-9190. Please leave a voice message with your full name and your request to comment via telephone at the meeting; with the name of the meeting at which you wish to speak; or
- Sign-in at the front desk on the day of the meeting, prior to the start of the meeting.

Individuals who register to speak on the website or by telephone will receive a confirmation email and/or phone call by staff with instructions on how to join the meeting and participate in public communication.

CONSENT AGENDA

All matters listed under the CONSENT AGENDA will be considered by the Board of Managers to be routine and will be enacted by one motion. There will be no separate discussion of these items unless members of the Board request specific items be moved from the CONSENT AGENDA to the REGULAR AGENDA for discussion prior to the vote on the motion to adopt the CONSENT AGENDA.

- C1. Approve the minutes of the Central Health Board of Managers January 25, 2023 meeting.
- C2. Receive and ratify Central Health Investments for January 2023.
- C3. Approve the Central Health President and CEO's performance evaluation tool for 2023, or other timeframes as may be appropriate.
- C4. Approve the Central Health Key Legislative Priorities as recommended by the Strategic Planning Committee.
- C5. Receive and take appropriate action on a resolution approving an amendment to the Bylaws of Sendero Health Plans, Inc., regarding ex officio members of the Sendero Board of Directors.
- C6. Approve the appointment of a new member to the Sendero Health Plans Board of Directors as recommended by the Executive Committee.

REGULAR AGENDA²

1. Receive an update on Fiscal Year 2023 Budget Resolution priorities including, but not limited to, expansion of specialty care services; enhancement of behavioral health, substance use

treatment, and methadone services; and continued implementation of Central Health's direct practice of medicine including transitions of care programs. (*Informational Item*)

2. Receive a progress update on Operational and Financial Sustainability Planning (OFSP), including a preview of approach and prioritization methodology overview. (*Informational Item*)
3. Discuss Central Health owned or occupied real property and potential property for acquisition, lease, or development in Travis County, including next steps in the redevelopment of the Central Health Downtown Campus, administrative offices of Central Health Enterprise partners, and new developments in Eastern Travis County.^{3,4} (*Action Item*)
4. Receive and take appropriate action pursuant to consultation with legal counsel regarding the current legislative session.⁴ (*Possible Action Item*)
5. Receive and discuss updates on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) program and associated projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas and the University of Texas at Austin.⁴ (*Informational Item*)
6. Confirm the next regular Board meeting date, time, and location. (*Informational Item*)

Notes:

- ¹ This meeting may include one or more members of the Board of Managers participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Administrative Offices, 1111 E. Cesar Chavez, Austin, TX 78702, Board Room. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be both visible and audible to the public whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**
- ² The Board of Managers may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Board announces that the item will be considered during a closed session.
- ³ Possible closed session discussion under Texas Government Code §551.072 (Deliberation Regarding Real Property).
- ⁴ Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).

A recording of this meeting will be made available to the public through the Central Health website (www.centralhealth.net) as soon as possible after the meeting.

Any individual with a disability who plans to attend this meeting and requires auxiliary aids or services should notify Central Health at least 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.

Consecutive interpretation services from Spanish to English are available during Public Communication or when public comment is invited. Please notify the Board Governance Manager by telephone at (512) 978-8049 if services are needed.

Servicios de interpretación consecutiva del español al inglés están disponibles durante la Comunicación Pública o cuando se le invita al público a comentar. Notifique al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049 si necesita servicios.

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

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

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

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

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

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

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

want to share; is this the right time to share it; and is this in keeping with our collective goal for this particular moment within this particular meeting?

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

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

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

Board Manager Signature

Date

Board Manager Printed Name

Calling In and Repairing Harm

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

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

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

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

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

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

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

Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

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

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

RACIAL and SOCIAL JUSTICE FRAMEWORK

Values and Anti-Racism/Anti-Oppression

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

Intentional and Accountable Storytelling

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

Power Analysis

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

Relationships

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



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BOARD MEETING

February 22, 2023

AGENDA ITEM C1

Approve the minutes of the Central Health Board of Managers January 25, 2023 meeting.

MINUTES OF MEETING – JANUARY 25, 2023
CENTRAL HEALTH
BOARD OF MANAGERS

On Wednesday, January 25, 2023, a meeting of the Central Health Board of Managers convened in open session at 5:59 p.m. remotely by toll-free videoconference and in person at the Central Health Administrative Offices. Clerk for the meeting was Jackie Aguillon.

Board members present at Central Health: Chairperson Bell, Vice Chairperson Brinson, Treasurer Museitif, Secretary Valadez, Manager Jones, Manager Kitchen, Manager Martin, Manager Motwani (departed at 8:25), and Manager Zamora

PUBLIC COMMUNICATION

Clerk’s Notes: There were no commenters wishing to provide Public Communication.

CONSENT AGENDA

- C1. Approve the minutes of the Central Health Board of Managers December 14, 2022 meeting.**
- C2. Receive and ratify Central Health Investments for December 2022.**
- C4. Approve the reappointment of Tom Coopwood, M.D., to the CommunityCare Health Centers Board of Directors as recommended by the Executive Committee.**

At 5:59 p.m. Manager Valadez moved that the Board approve Consent Agenda Items C1, C2, and C4.

Manager Motwani seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Maram Museitif	For
Secretary Cynthia Valadez	For
Manager Shannon Jones	For
Manager Ann Kitchen	For
Manager Manuel Martin	For
Manager Amit Motwani	For
Manager Guadalupe Zamora	For

REGULAR AGENDA

At 6:00 p.m. Manager Brinson moved that the Board of Managers limit debate on all items on the agenda to three minutes per member per item.

Manager Valadez seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Maram Museitif	For
Secretary Cynthia Valadez	For
Manager Shannon Jones	For
Manager Ann Kitchen	For
Manager Manuel Martin	For
Manager Amit Motwani	For

Manager Guadalupe Zamora

For

C3. Approve the CommunityCare Health Centers Board of Directors appointment as recommended by the Executive Committee.

At 9:14 p.m. Manager Museitif moved that the Board approve the appointment of Sedora Jefferson to the CommUnityCare Health Centers Board of Directors.

Manager Brinson seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Maram Museitif	For
Secretary Cynthia Valadez	Against
Manager Shannon Jones	For
Manager Ann Kitchen	For
Manager Manuel Martin	For
Manager Amit Motwani	Absent
Manager Guadalupe Zamora	For

1. Announce appointments to the Central Health Board Committees.

Clerk's Notes: Discussion on this item began at 6:01 p.m. Chair Bell announced that he sent out an email that outlines 2023 committee assignments. He noted that he could be contacted with any concerns or issues.

2. Receive, discuss, and take appropriate action on a presentation of the Central Health Fiscal Year 2022 financial audit.

Clerk's Notes: Discussion on this item began at 6:01 p.m. Mr. Jimmy Romell, the engagement partner of Central Health's external auditors Maxwell, Locke, and Ritter, gave a brief presentation on the fiscal year 2022 financial audit.

At 6:09 p.m. Manager Martin moved that the Board accept the Central Health Fiscal Year 2022 financial audit as presented by Maxwell, Locke, and Ritter.

Manager Valadez seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Maram Museitif	For
Secretary Cynthia Valadez	For
Manager Shannon Jones	For
Manager Ann Kitchen	For
Manager Manuel Martin	For
Manager Amit Motwani	For
Manager Guadalupe Zamora	For

At 7:52 p.m. Manager Valadez moved that the Board of Managers meeting stand in recess.

Manager Museitif seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Maram Museitif	For

Secretary Cynthia Valadez	For
Manager Shannon Jones	For
Manager Ann Kitchen	For
Manager Manuel Martin	For
Manager Amit Motwani	For
Manager Guadalupe Zamora	For

At 8:26 p.m. Manager Brinson moved that the Board of Managers meeting reconvene.

Manager Martin seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Maram Museitif	For
Secretary Cynthia Valadez	For
Manager Shannon Jones	For
Manager Ann Kitchen	For
Manager Manuel Martin	For
Manager Amit Motwani	Absent
Manager Guadalupe Zamora	For

3. Receive and take appropriate action on an update from legislative and government affairs staff and advisors on the upcoming legislative session.

Clerk's Notes: Discussion on this item began at 8:31 p.m. Ms. Katie Coburn, Director of Healthcare Partnerships and Mr. Paul Emerson, Government Relations Manager, asked that the Board approve the proposed legislation to extend the expiration of the Local Provider Participation Fund (LPPF).

At 8:35 p.m. Manager Museitif moved that the Board approve the proposed legislation to extend the expiration of the Local Provider Participation Fund (LPPF) as recommended by staff.

Manager Valadez seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Maram Museitif	For
Secretary Cynthia Valadez	For
Manager Shannon Jones	For
Manager Ann Kitchen	For
Manager Manuel Martin	For
Manager Amit Motwani	Absent
Manager Guadalupe Zamora	For

4. Receive updates on the preliminary October and November 2022 financial statements for Central Health and the Community Care Collaborative.

Clerk's Notes: This item was postponed to the February Budget and Finance Committee meeting.

5. Receive updates on business activities of Sendero Health Plans, Inc., including preliminary updates on Affordable Care Act and Central Health Assistance Program enrollments.

Clerk's Notes: This item was not discussed. Chair Bell announced that backup materials were provided in the packet and it would be discussed in detail at the next meeting in February.

6. **Receive and discuss updates on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) program and associated projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas and the University of Texas at Austin.**

Clerk's Notes: Discussion on this item began at 8:37 p.m.

At 6:10 p.m. Chairperson Bell announced that the Board was convening in closed session to discuss agenda item 6 under Texas Government Code §551.071 Consultation with Attorney.

At 7:52 p.m. the Board returned to open session.

At 8:37 p.m. Chairperson Bell announced that the Board was convening again in closed session to discuss agenda item 6 under Texas Government Code §551.071 Consultation with Attorney.

At 9:13 p.m. the Board returned to open session.

7. **Receive and take appropriate action on the Central Health President and CEO's performance evaluation tool for 2023, or other timeframes as may be appropriate.**

Clerk's Notes: This item was not discussed. Chair Bell announced that this item was discussed at the Executive Committee Meeting and would be placed on the February consent agenda.

8. **Confirm the next regular Board meeting date, time, and location.**

At 9:16 p.m. Manager Valadez moved that the meeting adjourn.

Manager Brinson seconded the motion.

Chairperson Charles Bell	For
Vice Chairperson Cynthia Brinson	For
Treasurer Maram Museitif	For
Secretary Cynthia Valadez	For
Manager Shannon Jones	For
Manager Ann Kitchen	For
Manager Manuel Martin	For
Manager Amit Motwani	Absent
Manager Guadalupe Zamora	For

The meeting was adjourned at 9:16 p.m.

ATTESTED TO BY:

Charles Bell, Chairperson
Central Health Board of Managers

Cynthia Valadez, Secretary
Central Health Board of Managers



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BOARD MEETING

February 22, 2023

AGENDA ITEM C2

Receive and ratify Central Health Investments for January 2023.

STATE OF TEXAS

COUNTY OF TRAVIS

CENTRAL HEALTH

Whereas, it appears to the Board of Managers of the Central Health, Travis County, Texas that there are sufficient funds on hand over and above those of immediate need for operating demand,

Now, Therefore, the Board of Managers hereby orders

- 1.) that the County Treasurer of Travis County, Texas, acting on behalf of Central Health, execute the investment of these funds in the total amount of \$177,169,041.50 in legally authorized securities as stipulated in the Travis County Healthcare District Investment and Collateral Policy for the periods as indicated in Attachment A, which consists of 28 pages.
- 2.) that the County Treasurer, acting on behalf of Central Health, take and hold in safekeeping all individual security investment instruments, relinquishing same only by order of the Board of Managers or for surrender at maturity.

Date: February 22, 2023

CHAIR, BOARD OF MANAGERS

VICE CHAIR, BOARD OF MANAGERS

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/3/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	54,300.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	4.3400%
PRINCIPAL:	54,300.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	54,300.00	CUSIP #:	N/A
TRADE DATE:	1/3/2023	SETTLEMENT DATE:	1/3/2023

AUTHORIZED BY


CASH INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/3/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	8,241.50	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	4.3400%
PRINCIPAL:	8,241.50	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	8,241.50	CUSIP #:	N/A
TRADE DATE:	1/3/2023	SETTLEMENT DATE:	1/3/2023

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/3/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	8,509,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	4.3400%
PRINCIPAL:	8,509,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	8,509,000.00	CUSIP #:	N/A
TRADE DATE:	1/3/2023	SETTLEMENT DATE:	1/3/2023

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/4/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	4,757,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	4.3500%
PRINCIPAL:	4,757,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	4,757,000.00	CUSIP #:	N/A
TRADE DATE:	1/4/2023	SETTLEMENT DATE:	1/4/2023

AUTHORIZED BY:

Deborah A. Lauder milk
CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/5/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	4,394,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	4.3600%
PRINCIPAL:	4,394,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	4,394,000.00	CUSIP #:	N/A
TRADE DATE:	1/5/2023	SETTLEMENT DATE:	1/5/2023

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/5/2023

TIME: 10:30 AM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexasTERM AUG 23	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 10,000,000.00	SAFEKEEPING NO:	P 31317
COUPON RATE: (DISCOUNT)	5.070%	PRICE:	100.0000000
MATURITY DATE:	8/3/2023	US TREASURY CONVENTION YLD	5.0700%
PRINCIPAL:	\$ 10,000,000.00	PURCHASED THROUGH:	TEXASDAILY
ACCRUED INT:	\$ 0.00	BROKER:	N/A
TOTAL DUE:	\$ 10,000,000.00	CUSIP #:	TXTERMCP80323
TRADE DATE:	1/5/2023	SETTLEMENT DATE:	1/6/2023

AUTHORIZED BY:

Deborah A. Laudermilk

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 12/27/2022

TIME: 10:00 AM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	FAMCA BULLET	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 10,000,000.00	SAFEKEEPING NO:	P 31317
COUPON / DISCOUNT RATE	4.540%	PRICE:	100.0000000
MATURITY DATE:	1/6/2025	US TREASURY CONVENTION YLD	4.5400%
PRINCIPAL:	\$ 10,000,000.00	PURCHASED THROUGH:	STIFEL
ACCRUED INT:	\$ 0.00	BROKER:	DARLYNE HABA
TOTAL DUE:	\$ 10,000,000.00	CUSIP #:	31422XU26
TRADE DATE:	12/27/2022	SETTLEMENT DATE:	1/6/2023

AUTHORIZED BY:

Deborah A. Lauder milk

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/9/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	3,676,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	4.3600%
PRINCIPAL:	3,676,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	3,676,000.00	CUSIP #:	N/A
TRADE DATE:	1/9/2023	SETTLEMENT DATE:	1/9/2023

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

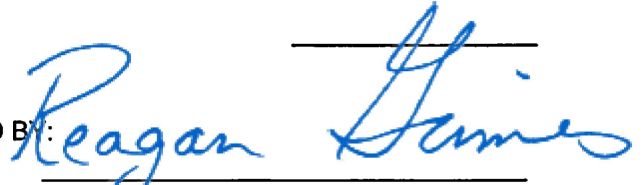
DATE: 1/10/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDAily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	4,283,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	4.3600%
PRINCIPAL:	4,283,000.00	PURCHASED THRU:	TexDAily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	4,283,000.00	CUSIP #:	N/A
TRADE DATE:	1/10/2023	SETTLEMENT DATE:	1/10/2023

AUTHORIZED BY:



CASH INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/11/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	2,965,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	4.3600%
PRINCIPAL:	2,965,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	2,965,000.00	CUSIP #:	N/A
TRADE DATE:	1/11/2023	SETTLEMENT DATE:	1/11/2023

AUTHORIZED BY:

Deborah A. Laudermilk
CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/12/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texdaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	4,655,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	4.3600%
PRINCIPAL:	4,655,000.00	PURCHASED THRU:	Texdaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	4,655,000.00	CUSIP #:	N/A
TRADE DATE:	1/12/2023	SETTLEMENT DATE:	1/12/2023

AUTHORIZED BY:



CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/13/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	2,567,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	4.3700%
PRINCIPAL:	2,567,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	2,567,000.00	CUSIP #:	N/A
TRADE DATE:	1/13/2023	SETTLEMENT DATE:	1/13/2023

AUTHORIZED BY: Deborah A. Lauder milk
CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/18/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	7,615,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	4.3700%
PRINCIPAL:	7,615,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	7,615,000.00	CUSIP #:	N/A
TRADE DATE:	1/18/2023	SETTLEMENT DATE:	1/18/2023

AUTHORIZED BY:

Deborah A. Lauder milk
CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/19/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	TexPool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	8,816,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DAT	N/A	BOND EQ. YIELD:	4.2615%
PRINCIPAL:	8,816,000.00	PURCHASED THRU:	TexPool
ACCRUED INT	N/A	BROKER:	N/A
TOTAL DUE:	8,816,000.00	CUSIP #:	N/A
TRADE DATE:	1/19/2023	SETTLEMENT DATE:	1/19/2023

AUTHORIZED BY:


CASH INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/19/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	<u>TexPool</u>	FUND NAME:	<u>CENTRAL HEALTH</u>
PAR VALUE:	<u>8,816,000.00</u>	SAFEKEEPING NO:	<u>N/A</u>
CPN/DISC RATE	<u>N/A</u>	PRICE:	<u>100%</u>
MATURITY DAT	<u>N/A</u>	BOND EQ. YIELD:	<u>4.2615%</u>
PRINCIPAL:	<u>8,816,000.00</u>	PURCHASED THRU:	<u>TexPool</u>
ACCRUED INT	<u>N/A</u>	BROKER:	<u>N/A</u>
TOTAL DUE:	<u>8,816,000.00</u>	CUSIP #:	<u>N/A</u>
TRADE DATE:	<u>1/19/2023</u>	SETTLEMENT DATE:	<u>1/19/2023</u>

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/5/2023

TIME: 10:30 AM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexasTERM AUG 23	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 10,000,000.00	SAFEKEEPING NO:	P 31317
COUPON RATE: (DISCOUNT)	5.070%	PRICE:	100.0000000
MATURITY DATE:	8/3/2023	US TREASURY CONVENTION YLD	5.0700%
PRINCIPAL:	\$ 10,000,000.00	PURCHASED THROUGH:	TEXASDAILY
ACCRUED INT:	\$ 0.00	BROKER:	N/A
TOTAL DUE:	\$ 10,000,000.00	CUSIP #:	TXTERMCP80323
TRADE DATE:	1/5/2023	SETTLEMENT DATE:	1/6/2023

AUTHORIZED BY:

Deborah A. Laudermilk

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/20/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	5,008,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DAT	N/A	BOND EQ. YIELD:	4.3700%
PRINCIPAL:	5,008,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT	N/A	BROKER:	N/A
TOTAL DUE:	5,008,000.00	CUSIP #:	N/A
TRADE DATE:	1/20/2023	SETTLEMENT DATE:	1/20/2023

AUTHORIZED BY:

Deborah A. Laudermilk
CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/23/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	<u>TexPool</u>	FUND NAME:	<u>CENTRAL HEALTH</u>
PAR VALUE:	<u>5,204,000.00</u>	SAFEKEEPING NO:	<u>N/A</u>
CPN/DISC RATE	<u>N/A</u>	PRICE:	<u>100%</u>
MATURITY DAT	<u>N/A</u>	BOND EQ. YIELD:	<u>4.2667%</u>
PRINCIPAL:	<u>5,204,000.00</u>	PURCHASED THRU:	<u>TexPool</u>
ACCRUED INT	<u>N/A</u>	BROKER:	<u>N/A</u>
TOTAL DUE:	<u>5,204,000.00</u>	CUSIP #:	<u>N/A</u>
TRADE DATE:	<u>1/23/2023</u>	SETTLEMENT DATE:	<u>1/23/2023</u>

AUTHORIZED BY:


CASH INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/24/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	7,307,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	4.3700%
PRINCIPAL:	7,307,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	7,307,000.00	CUSIP #:	N/A
TRADE DATE:	1/24/2023	SETTLEMENT DATE:	1/24/2023

AUTHORIZED BY:



CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/4/2023

TIME: 1:00 PM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	FHLB Callable	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 10,000,000.00	SAFEKEEPING NO:	P 31317
COUPON / DISCOUNT RATE	5.000%	PRICE:	100.0000000
MATURITY DATE:	1/26/2026	US TREASURY CONVENTION YLD	5.0000%
PRINCIPAL:	\$ 10,000,000.00	PURCHASED THROUGH:	BANCROFT CAPITAL
ACCRUED INT:	\$ 0.00	BROKER:	JESSE JEFFERSON
TOTAL DUE:	\$ 10,000,000.00	CUSIP #:	3130AUGB4
TRADE DATE:	1/4/2023	SETTLEMENT DATE:	1/26/2023

AUTHORIZED BY:

Deborah A. Lauder milk

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/25/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	<u>TexDaily</u>	FUND NAME:	<u>CENTRAL HEALTH</u>
PAR VALUE:	<u>5,403,000.00</u>	SAFEKEEPING NO:	<u>N/A</u>
CPN/DISC RATE	<u>N/A</u>	PRICE:	<u>100%</u>
MATURITY DAT	<u>N/A</u>	BOND EQ. YIELD:	<u>4.3800%</u>
PRINCIPAL:	<u>5,403,000.00</u>	PURCHASED THRU:	<u>TexDaily</u>
ACCRUED INT	<u>N/A</u>	BROKER:	<u>N/A</u>
TOTAL DUE:	<u>5,403,000.00</u>	CUSIP #:	<u>N/A</u>
TRADE DATE:	<u>1/25/2023</u>	SETTLEMENT DATE:	<u>1/25/2023</u>

AUTHORIZED BY:

Deborah A. Laudermitte
CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/26/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	<u>TexDaily</u>	FUND NAME:	<u>CENTRAL HEALTH</u>
PAR VALUE:	<u>6,804,000.00</u>	SAFEKEEPING NO:	<u>N/A</u>
CPN/DISC RATE	<u>N/A</u>	PRICE:	<u>100%</u>
MATURITY DAT	<u>N/A</u>	BOND EQ. YIELD:	<u>4.3900%</u>
PRINCIPAL:	<u>6,804,000.00</u>	PURCHASED THRU:	<u>TexDaily</u>
ACCRUED INT	<u>N/A</u>	BROKER:	<u>N/A</u>
TOTAL DUE:	<u>6,804,000.00</u>	CUSIP #:	<u>N/A</u>
TRADE DATE:	<u>1/26/2023</u>	SETTLEMENT DATE:	<u>1/26/2023</u>

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/18/2023

TIME: 1:00 PM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	FHLMC Callable	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 10,000,000.00	SAFEKEEPING NO:	P 31317
COUPON / DISCOUNT RATE	5.150%	PRICE:	99.9750000
MATURITY DATE:	1/27/2026	US TREASURY CONVENTION YLD	5.1591%
PRINCIPAL:	\$ 9,997,500.00	PURCHASED THROUGH:	DAIWA
ACCRUED INT:	\$ 0.00	BROKER:	ANDY TAMAYO
TOTAL DUE:	\$ 9,997,500.00	CUSIP #:	3134GYEK4
TRADE DATE:	1/18/2023	SETTLEMENT DATE:	1/27/2023

AUTHORIZED BY:

Deborah A. Laudermilk

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/27/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texdaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	3,111,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	4.3900%
PRINCIPAL:	3,111,000.00	PURCHASED THRU:	Texdaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	3,111,000.00	CUSIP #:	N/A
TRADE DATE:	1/27/2023	SETTLEMENT DATE:	1/27/2023

AUTHORIZED BY:

Deborah A. Laudermilk
CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/30/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	<u>TexDaily</u>	FUND NAME:	<u>CENTRAL HEALTH</u>
PAR VALUE:	<u>6,627,000.00</u>	SAFEKEEPING NO:	<u>N/A</u>
CPN/DISC RATE	<u>N/A</u>	PRICE:	<u>100%</u>
MATURITY DAT	<u>N/A</u>	BOND EQ. YIELD:	<u>4.3900%</u>
PRINCIPAL:	<u>6,627,000.00</u>	PURCHASED THRU:	<u>TexDaily</u>
ACCRUED INT	<u>N/A</u>	BROKER:	<u>N/A</u>
TOTAL DUE:	<u>6,627,000.00</u>	CUSIP #:	<u>N/A</u>
TRADE DATE:	<u>1/30/2023</u>	SETTLEMENT DATE:	<u>1/30/2023</u>

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/18/2023

TIME: 1:00 PM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	FHLB Callable	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 10,000,000.00	SAFEKEEPING NO:	P 31317
COUPON / DISCOUNT RATE	4.750%	PRICE:	100.0000000
MATURITY DATE:	1/30/2025	US TREASURY CONVENTION YLD	4.7500%
PRINCIPAL:	\$ 10,000,000.00	PURCHASED THROUGH:	STIFEL
ACCRUED INT:	\$ 0.00	BROKER:	DARLYNE HABA
TOTAL DUE:	\$ 10,000,000.00	CUSIP #:	3130AUMW1
TRADE DATE:	1/18/2023	SETTLEMENT DATE:	1/30/2023

AUTHORIZED BY:

Deborah A. Laudermilk

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/30/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	6,627,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DAT	N/A	BOND EQ. YIELD:	4.3900%
PRINCIPAL:	6,627,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT	N/A	BROKER:	N/A
TOTAL DUE:	6,627,000.00	CUSIP #:	N/A
TRADE DATE:	1/30/2023	SETTLEMENT DATE:	1/30/2023

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/31/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	9,965,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	4.3900%
PRINCIPAL:	9,965,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	9,965,000.00	CUSIP #:	N/A
TRADE DATE:	1/31/2023	SETTLEMENT DATE:	1/31/2023

AUTHORIZED BY:



CASH/INVESTMENT MANAGER

CENTRAL HEALTH MONTHLY INVESTMENT REPORT
 PORTFOLIO STATISTICS

DATE: January 31, 2022

By Fund Type		
Operating	\$ 610,204,298.03	85.90%
LPPF	46,518,786.07	6.55%
Bond Proceeds	53,613,846.39	7.55%
Other	-	0.00%
Total Portfolio	<u>\$ 710,336,930.49</u>	<u>100.00%</u>

By Security Type		
Operating-		
TexasDAILY	\$ 151,493,017.09	24.83%
TexPool	\$ 72,470,271.42	11.88%
TexSTAR	\$ 33,258,786.77	5.45%
TexasTERM CP	20,000,000.00	3.28%
Non-Int Bearing Bank Account	1,228,500.00	0.20%
Certificates of Deposit	-	0.00%
Treasury Securities	-	0.00%
Government Agencies	269,988,037.50	44.25%
Commercial Paper	-	0.00%
Municipal Bonds	61,765,685.25	10.12%
Total	<u>\$ 610,204,298.03</u>	<u>100.00%</u>

LPPF-

TexPool	46,518,786.07	100.00%
Total	<u>\$ 46,518,786.07</u>	<u>100.00%</u>

Bond Proceeds-

TexPool	\$ 53,613,846.39	100.00%
Total	<u>\$ 53,613,846.39</u>	<u>100.00%</u>

Compared to Policy Limits		Actual %	Guidelines
TexasDAILY	151,493,017.09	21.36%	30.00%
TexPool	172,602,903.88	24.34%	50.00%
TexSTAR	33,258,786.77	4.69%	30.00%
TexasTERM CP	20,000,000.00	2.82%	30.00%
Total LGIPS	<u>\$ 377,354,707.74</u>	53.22%	70.00%
Certificates of Deposit	-	0.00%	50.00%
Treasury Securities	-	0.00%	100.00%
Government Agencies	269,988,037.50	38.07%	75.00%
Commercial Paper	-	0.00%	20.00%
Municipal Bonds	61,765,685.25	8.71%	20.00%
	<u>\$ 709,108,430.49</u>	<u>100.00%</u>	

Municipal Bonds by Entity as a Percentage of Portfolio

Alpine UT Sch Dist	\$	3,864,844.80	0.63%	5.00%
City of Hampton VA - GO	\$	1,157,199.00	0.19%	5.00%
City of Lafayette LA Utility - Rev	\$	5,870,448.00	0.96%	5.00%
City of Yuma AZ - REV	\$	1,500,000.00	0.25%	5.00%
Clear Creek TX ISD 2/15/2025	\$	4,856,355.00	0.80%	5.00%
Commonwealth of Virginia - GO	\$	5,089,600.00	0.83%	5.00%
DFW Airport - REV	\$	3,616,168.05	0.59%	
Multnomah CNTY OR - GO	\$	5,415,174.00	0.89%	5.00%
NYC Tran Fin Tax - REV	\$	5,000,000.00	0.82%	5.00%
Penn Sate Univ - REV	\$	1,253,057.20	0.21%	5.00%
Port Auth of NY & NJ - REV	\$	4,967,100.00	0.81%	
Port Auth of NY & NJ - REV	\$	4,926,550.00	0.81%	
San Diego CA Pub Facs - Rev	\$	1,067,164.80	0.17%	5.00%
Shakopee, MN ISD - GO	\$	1,000,000.00	0.16%	
State of Hawaii - GO	\$	2,812,170.00	0.46%	
State of Mississippi CP	\$	3,000,000.00	0.49%	5.00%
Texas A&M Univ - REV	\$	1,734,014.40	0.28%	5.00%
Texas Tech Univ	\$	525,840.00	0.09%	5.00%
Univ Cincinnati OH Tax - Rev	\$	1,000,000.00	0.16%	5.00%
Upper Occoquan VA - Rev	\$	3,110,000.00	0.51%	5.00%
	\$	<u>61,765,685.25</u>	<u>10.12%</u>	<u>25.00%</u>

Investment Revenue & Accrued Interest

January-23

Fiscal YTD

Interest/Dividends-			
TexasDAILY	\$	410,090.26	\$ 650,405.42
TexPool		689,578.31	\$ 2,436,675.03
TexSTAR		120,561.03	\$ 147,753.10
TexasTERM CP		0.00	\$ -
Certificates of Deposit		0.00	\$ -
Treasury Securities		0.00	\$ -
Government Agencies		0.00	\$ 327,125.00
Commercial Paper		0.00	\$ -
Municipal Bonds		67,821.50	\$ 296,976.36
	\$	<u>1,288,051.10</u>	<u>\$ 3,858,934.91</u>
Discounts, Premiums, & Accrued Interest			
TexasTERM CP	\$	50,005.48	\$ 50,005.48
-less previous accruals		0.00	\$ -
Certificates of Deposit		0.00	\$ -
-less previous accruals		0.00	\$ -
Treasury Securities		0.00	\$ -
-less previous accruals		0.00	\$ -
Government Agencies		193,568.12	\$ 592,745.49
-less previous accruals		(334.05)	\$ (274,769.19)
Commercial Paper		0.00	\$ -
-less previous accruals		0.00	\$ -
Municipal Bonds		67,674.77	\$ 281,957.46
-less previous accruals		(76,881.85)	\$ (339,801.13)
	\$	<u>234,032.47</u>	<u>\$ 310,138.11</u>
Total Investment Revenue & Accrued Interest	\$	<u>1,522,083.57</u>	<u>\$ 4,169,073.02</u>

STATE OF TEXAS

COUNTY OF TRAVIS

CENTRAL HEALTH - LPPF

Whereas, it appears to the Board of Managers of the Central Health, Travis County, Texas that there are sufficient funds on hand over and above those of immediate need for LPPF demand,

Now, Therefore, the Board of Managers hereby orders

- 1.) that the County Treasurer of Travis County, Texas, acting on behalf of Central Health LPPF, execute the investment of these funds in the total amount of \$23,524,000.00 in legally authorized securities as stipulated in the Travis County Healthcare District Investment and Collateral Policy for the periods as indicated in Attachment A, which consists of 4 page(s).
- 2.) that the County Treasurer, acting on behalf of Central Health LPPF, take and hold in safekeeping all individual security investment instruments, relinquishing same only by order of the Board of Managers or for surrender at maturity.

Date: February 22, 2023

CHAIR, BOARD OF MANAGERS

VICE CHAIR, BOARD OF MANAGERS

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/5/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH LPPF
PAR VALUE:	10,661,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	4.2017%
PRINCIPAL:	10,661,000.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	10,661,000.00	CUSIP #:	N/A
TRADE DATE:	1/5/2023	SETTLEMENT DATE:	1/5/2023

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/9/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH LPPF
PAR VALUE:	169,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	4.2041%
PRINCIPAL:	169,000.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	169,000.00	CUSIP #:	N/A
TRADE DATE:	1/9/2023	SETTLEMENT DATE:	1/9/2023

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

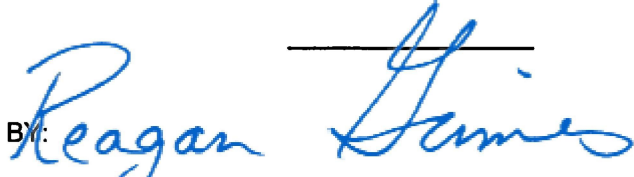
DATE: 1/10/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TExPool	FUND NAME:	CENTRAL HEALTH LPPF
PAR VALUE:	792,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	4.2144%
PRINCIPAL:	792,000.00	PURCHASED THRU:	TExPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	792,000.00	CUSIP #:	N/A
TRADE DATE:	1/10/2023	SETTLEMENT DATE:	1/10/2023

AUTHORIZED BY:



CASH INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 1/10/2023

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	11,902,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	4.2144%
PRINCIPAL:	11,902,000.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	11,902,000.00	CUSIP #:	N/A
TRADE DATE:	1/10/2023	SETTLEMENT DATE:	1/10/2023

AUTHORIZED BY


CASH INVESTMENT MANAGER

CENTRAL HEALTH - LPPF INVESTMENT REPORT
 PORTFOLIO STATISTICS

DATE: January 31, 2023

By Fund Type		
LPPF	\$ 46,518,786.07	100.00%
Total Portfolio	<u>\$ 46,518,786.07</u>	<u>100.00%</u>

By Security Type		
LPPF-		
TexasDAILY	\$ -	0.00%
TexPool	\$ 46,518,786.07	100.00%
TexSTAR	\$ -	0.00%
TexasTERM CP	\$ -	0.00%
Non-Int Bearing Bank Account	\$ -	0.00%
Certificates of Deposit	\$ -	0.00%
Treasury Securities	\$ -	0.00%
Government Agencies	\$ -	0.00%
Commercial Paper	\$ -	0.00%
Municipal Bonds	\$ -	0.00%
Total	<u>\$ 46,518,786.07</u>	<u>100.00%</u>

LPPF Investment Revenue & Accrued Interest	January-23	Fiscal YTD
Interest/Dividends-		
TexasDAILY	0.00	0.00
TexPool	148,978.15	429,953.64
TexSTAR	0.00	0.00
TexasTERM CP	0.00	0.00
Certificates of Deposit	0.00	0.00
Treasury Securities	0.00	0.00
Government Agencies	0.00	0.00
Commercial Paper	0.00	0.00
Municipal Bonds	0.00	0.00
LPPF Total Investment Revenue & Accrued Interest	<u>\$ 148,978.15</u>	<u>\$ 429,953.64</u>



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

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

BOARD MEETING

February 22, 2023

AGENDA ITEM C3

Approve the Central Health President and CEO's performance evaluation tool for 2023, or other timeframes as may be appropriate.



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date 2/22/23

Who will present the agenda item? (Name, Title) N/A- Consent item

General Item Description Performance Evaluation Tool for FY2023

Is this an informational or action item? Action

Fiscal Impact N/A

Recommended Motion (if needed – action item) Approve the performance evaluation tool for FY2023

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

- 1) The Board will approve the FY2022 Performance Evaluation tool.
- 2) _____
- 3) _____
- 4) _____
- 5) _____

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) No backup

Estimated time needed for presentation & questions? Consent item

Is closed session recommended? (Consult with attorneys.) Closed session.

Form Prepared By/Date Submitted: Jeannie Virden – January 17, 2023



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BOARD MEETING

February 22, 2023

AGENDA ITEM C4

Approve the Central Health Key Legislative Priorities as recommended by the Strategic Planning Committee.



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date February 22, 2023

Who will present the agenda item? (Name, Title) Katie Coburn, RHP Director and Paul Emerson, Government Affairs Manager

General Item Description Obtain Board approval for Central Health’s Key Legislative Priorities. Share legislative priorities of key partners.

Is this an informational or action item? Action item

Fiscal Impact None

Recommended Motion (if needed – action item) Approve Central Health’s Key Legislative Priorities

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

- Staff request the Board review and approve Central Health’s key legislative priorities for the 88th legislative session. The priorities are similar to what has been approved in the past. They have been focused and aligned with the implementation of the Health Equity Strategic Plan. These are key priorities; however, the team and consultants will monitor for any additional legislation that may impact the Enterprise and keep the Board updated accordingly.
- 1) that may impact the Enterprise and keep the Board updated accordingly.
- 2) We have also shared legislative priorities from key partners for your information.
- 3) We added the recommendations that were adopted by the BOM during the last board meeting.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Backup packet includes: Central Health Key Legislative Priorities for the 88th Session.

Estimated time needed for presentation & questions? 5 - 10 minutes

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

Form Prepared By/Date Submitted: Paul K. Emerson/February 17, 2023

Central Health Legislative Guiding Principles for the 88th Regular Session of the Texas Legislature (2023)

Travis County taxpayers created Central Health in 2004 to ensure the availability of quality healthcare for residents with low income. The Central Health System – Central Health, CommUnityCare Health Centers (CUC) and Sendero Health Plans, Inc. (Sendero) – are charged with building and maintaining our publicly accountable safety-net health system. Central Health guides these related organizations in meeting the common objective of creating access to care for those in our community who need it most. Central Health is creating an equitable system of care that is comprehensive and accountable, while optimizing the collective use of capabilities and resources to serve residents with low incomes in our community. To ensure we achieve our vision, Central Health supports many of the legislative priorities of statewide advocacy organizations aligned with our goals, 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 Health Plans (TACHP).

As we embark on the 88th Regular Legislative Session, we will adhere to the following key legislative priorities while monitoring other legislation that may affect the Central Health Enterprise and the patients we serve.

Key Legislative Priorities:

- **Healthcare Access**
 - Advance health access initiatives that help achieve Central Health’s Health Equity Strategic Plan, including:
 - **Workforce:** Support loan repayment programs and other legislation that expands availability of health care providers in underserved areas, including pay increases for personal attendants assisting persons with disabilities and public health workers.
 - **Telehealth:** Support initiatives that make telehealth operations and reimbursement easy for patients to access and providers to implement.
 - **Integrated Physical and Mental Health:** Ensure appropriate access to, and funding for, behavioral and mental health services as part of a comprehensive array of “person-centered” care.
 - **Healthcare for Homeless:** Support initiatives that provide access to care for individuals experiencing homelessness such as mobile care, permanent supportive housing, and medical respite.
 - **Coverage:** Support efforts to expand health coverage opportunities in the state, such as twelve months continuous Medicaid eligibility for post-partum women.
- **Health Care Financing**
 - Extend authorization for the Central Health Local Provider Participation Fund, which expires December 31, 2023.
 - Protect health care financing streams that support the District’s patient population, including Medicaid supplemental payments.
- **Local Control**
 - Retain local control of health care delivery, tax rates, tax appraisals, debt issuance, and revenue caps to ensure Central Health has the resources to meet its patients’ needs.

Stabilize and Strengthen Care Delivery and Innovation

Ensuring the recovery and long-term stability of Texas' teaching hospital and health systems' services, patient care, and community investments is our key priority in 2023.

Following three years of COVID-19 response and two years of uncertainty stemming from ongoing negotiations between the state and federal governments over changes in Texas' 1115 waiver and directed payment programs, our health systems are restabilizing and operating in a changed health care environment. Finance changes and inflationary pressures, ongoing workforce disruptions and shortages, and more Texans transitioning to indigent health care systems following the anticipated end of the public health emergency and of continuous Medicaid eligibility will continue to challenge our health systems.



THOT SUPPORTS:

- Preserving state general revenue to ensure stability for the Medicaid program, which currently covers 5.5 million Texans, 77% of whom are children under 21.
- Continuing transparency in Medicaid hospital payments and policies.
- Investing in Medicaid funding to achieve funding parity among hospital types and to target funding for critical teaching and safety net system priorities and services. Our teaching hospitals provide a disproportionate share of underfunded care for Medicaid enrollees as well as other vital community services, such as trauma response, yet these hospitals historically are paid some of the lowest Medicaid reimbursement rates.
- Continuing provider-enabled innovation and value-based adaptations to improve access and outcomes, including telehealth/ telemedicine, audio only for non-behavioral health services, and the hospital at home program.
- Continuing investments in infrastructure to improve access to broadband in underserved areas.
- Continuing and implementing equity in local financing solutions, such as local provider participation funds to support Medicaid payments.
- Protecting 340B-participating hospitals from differential contracting and reimbursement practices by third-party payers.

Safeguard Local Health Care Systems and Public Health Response

Texas must safeguard the ability of its local hospital districts and health systems to meet current, known health care needs and to plan for and invest in responsiveness to unexpected disasters and emerging diseases.

THOT SUPPORTS:

- Upholding the Special Taxing Unit exemption for hospital districts at the current eight percent rollback rate.
- Preserving hospital districts' current bond and certificate of obligation authority.
- Ensuring local communities' ability to educate and advocate at the Legislature about the challenges and needs of their communities.

Enhance Access to Health Care

Texas' teaching hospitals share a mission and commitment to timely access to health care delivered at the right time in the right setting. They provide a significant amount of care in outpatient, community-based settings in the neighborhoods where their neediest patients live and work. Teaching hospitals are also "owned" by and accountable to their communities and are incentivized to maximize health in a cost-effective manner. No matter how Texas chooses to increase access to care, teaching hospitals will partner to improve community-based, cost-effective health services and innovation.

THOT SUPPORTS:

- A comprehensive statewide access initiative that meaningfully engages and includes community-based providers.
- Extending Medicaid coverage for 12 months postpartum.

Maintain Access to Community Provider-Based Health Plans

As part of Medicaid managed care, current law ensures that Medicaid participants can enroll in local, community provider-based health maintenance organizations (HMOs). Community-based HMOs improve the quality and cost-effectiveness of care and create a path to independence through continuity of care by providing services for those who are uninsured; those with Medicaid coverage; and those with health insurance marketplace coverage. As a key partner with local physicians and an important part of community-informed approaches to care, the viability of community provider-based health plans depends on maintaining access to their services in our communities — a position the Legislature has consistently upheld.

THOT SUPPORTS:

- Upholding the statutory provision that allows Medicaid clients to choose community provider-based health plans.

Safeguard Trauma Funding and Emergency Preparedness

The Texas trauma system provides critical infrastructure to respond to mass casualty events, significant weather events, and pandemics as well as heart attacks, strokes, and other individual accidents and injuries, such as motor vehicle crashes. Level I-designated trauma centers provide the highest level of trauma care, have 24/7 responsiveness and are central to a coordinated, statewide trauma response. THOT members operate more than half of the state's 20 Level I trauma centers, which have lower mortality rates than most other states' mortality rates for trauma cases.

THOT SUPPORTS:

- Maintaining Texas trauma funding at last biennium's level, at a minimum, including the trauma, rural, and safety-net hospital add-ons.

Invest in Texas' Health Care Workforce

The pandemic shone the brightest of lights on both the essential work of nurses, physicians, and other clinicians but also on the pressures driving shortages and workforce gaps. Among those pressures is the insufficient number of clinical training sites and preceptors to facilitate hands-on practical education as part of a nursing program curriculum and little or no transition time from graduation to independent clinical practice. The results are "complexity gaps" in new graduates' ability to deliver care on day one and to deliver the high-acuity care provided in a hospital environment and increased nursing turnover. These challenges highlight the need for investments in hospital clinical training and preceptor programs for nurses and other allied health staff; nurse residency programs like those in place and financially supported by the state for physicians; and funding for nurse retention strategies to keep nurses in the workforce and capture the state's education investments.

THOT SUPPORTS:

- Seeking a self-funded federal match for private hospital Medicaid GME costs.
- Maintaining state general revenue to fully fund the state's Health-Related Institutions' Formula Funding and GME Expansion Grants.
- Funding for clinical site nurse preceptors.
- Providing grant funding to clinical sites for nursing innovation and coordination to increase the nurse workforce and improve retention and pilot new graduate readiness programs.
- Investing in clinicians serving as part-time faculty; supporting faculty working part-time in clinical settings.
- Increasing clinical research capacity and representation and reporting to the 89th Legislature on nurse workforce and residency options.

Support Access to Behavioral Health Services

While the 87th Texas Legislature appropriated additional funding for behavioral health services and facilities, timely access to these services continues to be a barrier for some individuals, including children and adolescents.



THOT SUPPORTS:

- Continuing investments in the state's mental health workforce.
- Ongoing initiatives to increase psychiatric beds, including additional community, forensic, and state hospital beds.
- Maintaining funding to ensure access to inpatient and outpatient behavioral health services.
- Supporting and growing existing investments in school-based and tele-enabled behavioral health care for children and adolescents such as CPAN and TCHAT.
- Continuing investments in the Texas Child Mental Health Care Consortium.

About Teaching Hospitals of Texas

THOT is the principal voice and advocate for health systems that teach the next generation of health professionals and who are united in their commitment to support policies and funding that will ensure healthcare access to all Texans. THOT members' shared commitments include:

- Supporting access to care for all in our communities, with a special focus on vulnerable populations.
- Providing and coordinating essential community health services, such as trauma and disaster management.
- Preparing for the future by training tomorrow's healthcare providers and supporting health research and health care transformation.

Community Health Center 2023 Legislative Priority Snapshot

88TH TEXAS LEGISLATIVE SESSION



Federally qualified health centers (FQHCs or health centers) provide comprehensive medical, dental, and behavioral health services to more than **1.7 million Texans** of all ages regardless of insurance coverage or ability to pay. Almost **40% of health center patients** are uninsured and about **two out of three are living in poverty**.

FUND THE FQHC INCUBATOR PROGRAM



Health centers are experiencing a growing demand for services across the state. Over the past 10 years, health center patients have grown by almost 80%. In just the last five years, health centers have increased behavioral health services by 65%. To keep up with this growing demand, health centers need investments to add new providers and increase capacity to serve new patients.

- ✓ **Invest in the FQHC Incubator Program to increase health center capacity to provide comprehensive, cost-saving primary and preventive care.**

INVEST IN COVERAGE FOR MOMS AND KIDS



Almost 90% of pregnancy related deaths in Texas are preventable. Women need comprehensive postpartum coverage to support healthy outcomes for mom and baby. Extending postpartum Medicaid coverage, expanding women's health programs, and ensuring eligible families are enrolled will support healthy Texas families.

- ✓ **Provide 12 months of comprehensive and continuous Medicaid coverage to women after pregnancy.**
- ✓ **Increase funding for women's health programs including Healthy Texas Women, Family Planning, and Breast and Cervical Cancer Services.**
- ✓ **Support funding for the Community Partner Program to get more eligible moms and kids enrolled in state programs.**

STRENGTHEN THE PRIMARY CARE AND BEHAVIORAL HEALTH WORKFORCE



Texas has historically had a primary care provider shortage and health centers struggle to recruit and retain primary care physicians. With the onset of the COVID pandemic, workforce challenges have grown to include all types of providers and staff like medical assistants, behavioral health providers, and other front-line staff, as well as doctors and nurses.

- ✓ **Increase funding for provider loan repayment programs.**
- ✓ **Allow behavioral health providers in training to be reimbursed by Medicaid.**
- ✓ **Increase funding for graduate medical education in primary care and incentivize academic institutions to partner with health centers to train the primary care workforce.**



Now more than ever, Texas hospitals have proven themselves to be critical to the health and safety of Texas. Hospitals were tested and strained like never before throughout the COVID-19 pandemic, and they kept the lights on during a time of uncertainty and darkness.

Hospitals are **open around the clock, caring for all Texans** with emergency conditions, regardless of a patient's ability to pay. Over the course of the pandemic, Texas hospitals tested, vaccinated and cared for millions while many entities had to shut down.



Unfortunately, this has come at a cost. The extreme toll on hospitals has far outpaced relief. Looking forward, it's clear that the battle-worn **hospital industry is in critical need of resources to heal and rebuild.**



Texas hospitals advocate for the resources they need to continue their life-saving mission that has proven to be foundational in a public health emergency – and every day.

Texas hospitals support policies to help rebuild the state's critical health care infrastructure to protect the state's growing population.

Here are the 2023 state policy priorities for the Texas hospital industry:

1. STATE BUDGET



- Maintain state funding of health and human services programs, including Medicaid reimbursement rates for trauma, safety net and rural hospitals.
- Targeted rural Medicaid payments to match state law and prevent additional rural hospital closures.
- Increase state funding to ensure timely and appropriate access to inpatient and outpatient, community-based services and supports for Texans with a behavioral health diagnosis.
- Maintain consistent funding for the state's trauma care network.

2. WORKFORCE



- Support increased state funding for physician, nurse, behavioral health professional and allied health professional training, retention and loan repayment programs to address severe workforce shortages and help care for a growing population.
- Support continued health care workplace safety, retention and workplace violence reduction strategies to maintain a strong workforce.
- Support funding to address increased staffing costs caused by the COVID-19 pandemic.

3. FINANCIAL STABILITY



- Support hospital reimbursement payments closer to the actual cost of services.
- Support stability and maintenance of supplemental Medicaid payments to help cover billions in unreimbursed costs, and ongoing preservation of the Medicaid 1115 Waiver.



- Support continuation of the current tax structure as necessary to adequately fund essential state services, including Medicaid and other health and human services programs.
- Support statewide authorization and use of local or regional hospital provider participation funds to finance Medicaid hospital programs, defray uncompensated care costs and support access to care projects established under the Medicaid 1115 Waiver.
- Oppose decreases in hospital reimbursements, including through the use of site-neutral payments.

4. HEALTH CARE COVERAGE



- Support efforts to increase the number of Texans with comprehensive health insurance.
- Support approval of 12-month postpartum Medicaid coverage for new mothers and other Medicaid expansions.

5. BEHAVIORAL HEALTH ACCESS



- Support funding to address behavioral health needs.
- Support Medicaid coverage for adult behavioral health inpatient care beyond 15 days through a state waiver allowing removal of the federal prohibition on payments to “institutions for mental disease” for most adult inpatient care.

6. PUBLIC HEALTH & EQUITY



- Support efforts to improve vaccination rates for vaccine preventable diseases.
- Support expanded resources to allow the state and Texas hospitals to respond to current and future pandemics, natural and man-made disasters and emergencies.
- Support expanded resources for public health data collection to assist in community protection and emergency response.
- Support policies and legislation that address documented health disparities in access, morbidity and mortality, particularly among racial/ethnic minority groups and those of lower socioeconomic status.

7. PATIENT ACCESS TO CARE



- Support payer policies that reduce red tape and improve patient access to care, including limits on prior authorizations and care location policies.
- Support measures that remove overly burdensome utilization review policies, ensure robust insurance networks and strengthen access to and payment of emergency room care.
- Support patient access to price transparency data and quality data for all health care providers.
- Support increased payer accountability in contracting and payment policies, provider relations, and network adequacy.

8. LIABILITY



- Oppose legislation to repeal or modify limitation on non-economic damages and future medical damages.



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BOARD MEETING

February 22, 2023

AGENDA ITEM C5

Receive and take appropriate action on a resolution approving an amendment to the Bylaws of Sendero Health Plans, Inc., regarding ex officio members of the Sendero Board of Directors.



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date February 22, 2023

Who will present the agenda item? (Name, Title) N/A – Consent item

General Item Description Receive and take appropriate action on a resolution approving an amendment to the Bylaws of Sendero Health Plans, Inc., regarding ex officio members of the Sendero Board of Directors.

Is this an informational or action item? Action

Fiscal Impact N/A

Recommended Motion (if needed – action item) Approve an amendment to the Bylaws of Sendero Health Plans, Inc., regarding ex officio members of the Sendero Board of Directors.

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

- The Board will take action on a resolution approving an amendment to the Bylaws of Sendero Health Plans, Inc., regarding ex officio members of the Sendero Board of Directors. 1) 2) 3)

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

Estimated time needed for presentation & questions? Consent agenda

Is closed session recommended? (Consult with attorneys.) N/A

Form Prepared By/Date Submitted: Briana Yanes/ February 17, 2023

**RESOLUTION OF
TRAVIS COUNTY HEALTH DISTRICT D/B/A CENTRAL HEALTH,
ACTING IN ITS CAPACITY AS
SOLE MEMBER OF
SENDERO HEALTH PLANS, INC.**

Approval of Bylaws Amendments

WHEREAS Travis County Health District d/b/a Central Health (“**Central Health**”) is the sole Member of Sendero Health Plans, Inc. (“**Sendero**”), a Texas nonprofit corporation that operates a managed healthcare plan for the benefit of, to perform the functions of, and to carry out the purposes of Central Health; and

WHEREAS, Section 3 of Article II of the Sendero Second Amended and Restated Bylaws (titled “Member’s Rights”) states that “the approval of the Member shall be necessary for the Corporation to take action on any of the following matters: (a) the adoption, amendment, or repeal of the Certificate of Formation or Bylaws of the Corporation”; and

WHEREAS, the Board of Managers of Central Health suggested in an open meeting that the Sendero Bylaws be amended to add the Central Health CEO and Chair of the Board of Managers as *ex officio* members to the Sendero Board of Directors; and

WHEREAS, the Sendero Board of Directors considered and adopted such an amendment to its Bylaws in its meeting of January 20, 2023 (the “the First Amendment to Sendero Health Plans Inc.’s Second Amended and Restated Bylaws” (“**First Amendment**”), attached to this Resolution as Exhibit A); and

WHEREAS, the Sendero Board of Directors seeks approval of the attached First Amendment from the Central Health Board of Managers, as required by the Sendero Bylaws;

NOW THEREFORE, IT IS HEREBY RESOLVED, that Central Health hereby approves the First Amendment to Sendero Health Plans Inc.’s Second Amended and Restated Bylaws as shown in the attached Exhibit A, and authorizes the officers of Central Health and Sendero to take any and all such additional actions as they may deem to be necessary or advisable to carry out the intent and accomplish the purposes of the foregoing resolution.

Date: _____

Date: _____

Charles Bell, Chair
Central Health Board of Managers

Cynthia Valadez, Secretary
Central Health Board of Managers

Originally adopted February 22, 2023

EXHIBIT A

First Amendment to Sendero Health Plans Inc.'s Second Amended and Restated Bylaws

The Section 2 of Article III to Sendero's Amended and Restated Bylaws shall be amended to read in its entirety as follows:

Section 2. Qualifications, Number, and Tenure.

Directors shall be at least twenty-one (21) years of age, of good standing in the community, and residents of the State of Texas for at least three (3) months before the date of the Director's appointment. The initial Board of Directors of the corporation consists of three (3) directors as named in the Certificate of Formation. The number of Directors shall be set by a resolution of the Member, but the number set shall not be less than three (3) whose terms of office shall be staggered so that not less than one-half ($\frac{1}{2}$) nor more than two-thirds (~~$\frac{2}{3}$~~) of the directors shall be appointed for an initial one (1) year term and the remainder for a two (2) year term each commencing on October 1st. Thereafter, each Director shall be appointed to hold office for a two (2) year term commencing October 1st or until a successor shall have been appointed and qualified. Directors can be reappointed to multiple terms without limit.

The Chair of the Member's Board of Managers and the Chief Executive Officer of the Member shall be Directors of the Corporation (the "Ex Officio Directors"). The Ex Officio Directors shall not count toward the number of Directors required under this section, toward quorum pursuant to Section 8 or have the right to vote pursuant to ~~s~~Section 9. The Ex Officio Directors role is advisory in nature with their purpose being to provide the Corporation with guidance, including the facilitation of communication between the Member, the Corporation, and the other partners in the Member's enterprise. Any reference in these Bylaws to "a majority of the Board of Directors" does not include the Ex Officio Directors.



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

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

BOARD MEETING

February 22, 2023

AGENDA ITEM C6

Approve the appointment of a new member to the Sendero Health Plans Board of Directors as recommended by the Executive Committee.



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date February 22, 2022

Who will present the agenda item? (Name, Title) Chair Bell

General Item Description Discuss and take appropriate action on the appointment of one member to the governing board of Sendero Health Plans.

Is this an informational or action item? Action Item

Fiscal Impact N/A

Recommended Motion (if needed – action item) Recommend Sendero Board appointment to the full Board.

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

- 1) The Executive Committee will discuss candidates for the Sendero Board and make a recommendation to the full Board.
- 2) _____
- 3) _____

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

Estimated time needed for presentation & questions? 15 minutes

Is closed session recommended? (Consult with attorneys.) Yes

Form Prepared By/Date Submitted: Briana Yanes/ February 17, 2022



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BOARD MEETING

February 22, 2023

REGULAR AGENDA ITEM 1

Receive an update on Fiscal Year 2023 Budget Resolution priorities including, but not limited to, expansion of specialty care services; enhancement of behavioral health, substance use treatment, and methadone services; and continued implementation of Central Health's direct practice of medicine including transitions of care programs. (*Informational Item*)



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date February 22, 2023

Who will present the agenda item? (Name, Title) Dr. Alan Schalscha, CMO
Jonathan Morgan, COO
Cynthia Gallegos, VP of Operations
Margarito Flores, Director of Operations-Specialty Care
Nelly Terrazas, Program Specialist
Dr. Brittany Kalapach, DPM
Dr. Garrett Nielson, DPM
Dr. Audrey Kuang, Director of High-risk Populations
Dakasha Leonard, Service Delivery Operations Manager
Dr. Hemali Patel, Director of Transitions of Care

General Item Description Receive an update on FY23 Budget Resolution priorities including:

- Expansion of specialty care services, both contracted and direct
- Enhancement of behavioral health and substance use treatment, including methadone services
- Continue implementation of Central Health’s direct practice of medicine
- Expand transitions of care programs within Central Health’s practice of medicine

Is this an informational or action item? Informational

Fiscal Impact FY23 Budget Resolution strategic priorities

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

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

- 1) **Transitional outpatient dialysis program** launched in July 2022 and served 25 MAP enrollees in 2022 who were subsequently enrolled in other coverage programs including Medicaid and IdealCare during ACA open enrollment.

- 2) **Podiatry surgical services** began in January 2022 with two Central Health-employed surgeons at two Ascension hospitals and Central Park Surgery Center for MAP patients. The program expanded in FY23 to begin serving MAP Basic patients and has now provided more than 65 surgeries since inception.

- 3) **Medical respite** began providing a safe place for enrollees experiencing homelessness to recuperate while being connected to wrap-around resources including housing assistance; Central Health is working to operationalize direct medical services for individuals in the respite



environment while continuing to grow the availability of respite beds for Central Health's patients.

- 4) **Transitions of Care** services are being established within Central Health's direct practice of medicine including inpatient transitions of care, skilled nursing facility care and care at home.
-

- 5) **Substance Use Disorder Treatment** options for opioid use disorders are being expanded in FY23 including Medication Assisted Treatment services within CommUnityCare and methadone treatment with local community-based providers.
-

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

Presentation, memo provided at Strategic Planning Committee

Estimated time needed for presentation & questions?

60-75 minutes

Is closed session recommended? (Consult with attorneys.)

No

Form Prepared By/Date Submitted:

Jonathan Morgan & Dr. Alan Schalscha, February 16, 2023

MEMORANDUM

To: Central Health Board of Managers, Strategic Planning Committee
From: Jonathan Morgan, COO
Dr. Alan Schalscha, CMO
CC: Mike Geeslin, President and CEO
Monica Crowley, Chief Strategy & Planning Officer
Date: February 2, 2022
RE: Information Item: Update on FY23 Budget Resolution Strategic Objectives

Overview

In September 2022, the Board of Managers adopted a Budget Resolution outlining strategic objectives for Fiscal Year (FY) 2023. This memorandum is a preview of a presentation that will be given at the Board of Managers meeting on February 22nd on certain strategic objectives regarding Central Health's progress on expansion of specialty care services, enhancement of substance use treatment, and continued implementation of our direct practice of medicine including medical respite and transitions of care. Additional reporting on strategic objectives will occur at future meetings of the Board of Managers and the Strategic Planning Committee.

Transitional Outpatient Dialysis Program

- Central Health staff organized and contracted for a network of services in collaboration with primary care, nephrology, vascular surgery, ambulatory surgery center, dialysis facility and hospital partners and directly provided wrap-around support and navigation resources to create access to this critical service that has historically been unavailable to our enrollees.
- Central Health launched its transitional outpatient dialysis program in July 2022 with a goal of providing outpatient dialysis access to MAP enrollees with end stage kidney disease while also assisting those individuals with enrollment into other eligible programs.
- Twenty-five MAP patients were enrolled through December 2022 and all individuals were successfully transitioned into Medicare, Medicaid or Sendero Health Plans as appropriate during open enrollment or during other enrollment opportunities throughout the year.
- Central Health staff are assessing opportunities to add additional clinical partners and capacity to the network of services, identifying opportunities to extend these services to MAP Basic enrollees and other MAP enrollees requiring dialysis. Central Health clinical and operational staff are also screening individuals with earlier stage kidney disease and developing full spectrum kidney disease prevention, education and treatment programs in coordination with the establishment of nephrology services at Rosewood-Zaragosa.

Surgical Podiatry

- In collaboration with CommUnityCare, Central Health established primary care-based podiatry, wound care, casting and nail technician services over the past several years to address unmet podiatric needs for MAP and MAP Basic enrollees.
- In FY22 and FY23, Central Health staff constructed the network of service agreements and processes to create additional access to hospital-based and ambulatory surgery center-based podiatry surgeries with Central Health's first surgery for a MAP patient conducted in January 2022. These surgeries provide limb saving surgeries for those treated.

- In FY23, Central Health extended the availability of podiatry surgeries to MAP Basic enrollees with more than sixty-five surgeries conducted by Drs. Brittany Kalapach and Garrett Nielson to-date. Drs. Kalapach and Nielson are employed directly by Central Health and CommUnityCare and provide services within both clinical environments.

Medical Respite for Enrollees Experiencing Homelessness

- In March 2022, Central Health began to implement a new medical respite program when staff contracted for dedicated access for MAP enrollees experiencing homelessness who have a medical condition requiring shelter in a safe environment. In collaboration with A New Entry, we doubled the bed capacity in FY23.
- During short recuperative stays, Central Health team members assist enrollees with accessing social needs including placement into transitional and permanent housing and navigating subsequent medical needs.
- As a progression of Central Health's direct practice of medicine, Central Health will begin deploying a clinical team, under the leadership of Dr. Audrey Kuang, Central Health's Director of High-Risk Populations, to provide direct healthcare services for enrollees in this environment beginning third quarter (Q3) of FY23.
- Central Health staff are assessing opportunities to secure dedicated bed access at additional facilities later this fiscal year with a target capacity of 20-30 dedicated beds.

Transitions of Care

- Central Health's direct practice of medicine also extends to three environments related to patient transitions of care under the direction of Central Health's Director of Transitions of Care, Dr. Hemali Patel: inpatient nurse care transitions, direct clinical care in skilled nursing facilities and care at home.
- Two dedicated registered nurses will begin actively facilitating care transitions for MAP and MAP Basic enrollees who are inpatient at Ascension hospitals to medical respite, skilled nursing, primary care or other care environments as appropriate in Q2 and Q3 of FY23. They will also enable the sharing of information regarding care provided while in the hospital and facilitate post-discharge plans including scheduling of follow-up appointments for patients within their primary care home.
- Central Health is actively working with contracted skilled nursing facilities to begin providing direct clinical oversight of our enrollees in Q3 of FY23 and is beginning recruitment of an Internal Medicine hospitalist physician and two Advanced Practice Providers (APPs) to conduct this care.
- Central Health's Transitions of Care team will also provide continuity of treatment through home-based services for patients recently discharged from hospital and skilled nursing facilities.

Opioid Use Treatment

- Since 2019, Central Health has partnered with CommUnityCare and Integral Care to greatly expand access to substance use treatment through a primary care-based Medication Assisted Treatment (MAT) program that supplements substance use treatment available historically through Integral Care and other community partners.
- In May 2022, the Travis County Commissioners Court declared the opioid overdose epidemic a public health crisis.

- In alignment with community-wide efforts to curb the detrimental effects of opioid use in Travis County, Central Health contracted with Community Medical Services in July 2022 to provide expanded access to methadone treatment for Central Health enrollees. To further expand the availability of treatment at the beginning of FY23, Central Health entered into an agreement with Addiction & Psychotherapy Services to further expand capacity and access points for methadone treatment. More than sixty individuals have benefited from Central Health's expansion efforts in the first seven months.
- Central Health expanded available funding in FY23 and continues to work with multiple partners to expand treatment capacity and the network of healthcare providers who treat individuals with various addiction disorders and to continue increasing same-day and next-day intake capacity for treatment options.

FY23 BUDGET RESOLUTION: CLINICAL SERVICES UPDATE

Central Health Board of Managers
February 22, 2023



CENTRAL HEALTH

OVERVIEW



CENTRAL HEALTH

- **Dialysis Program**
- **Podiatry Surgical Services**
- **Medical Respite**
- **Transitions of Care**
- **Substance Use Disorder Treatment**

DIALYSIS PROGRAM

Margarito Flores, Director of Operations- Specialty Care

Nelly Terrazas, Central Health Program Specialist



CENTRAL HEALTH

BACKGROUND



CENTRAL HEALTH

Objective

- Contract with dialysis providers to provide consistent dialysis care to active MAP patients until they can be transitioned into an alternate payor

Expected Benefits for Patient

- Increased quality of life and longevity
- Reduced ER and hospitalization utilization for emergency dialysis

Eligibility Criteria

- Active MAP member or MAP eligible + diagnosis of end stage renal disease (ESRD)
- Patient agrees to transition to an alternate payor by signing the Dialysis Onboarding Agreement

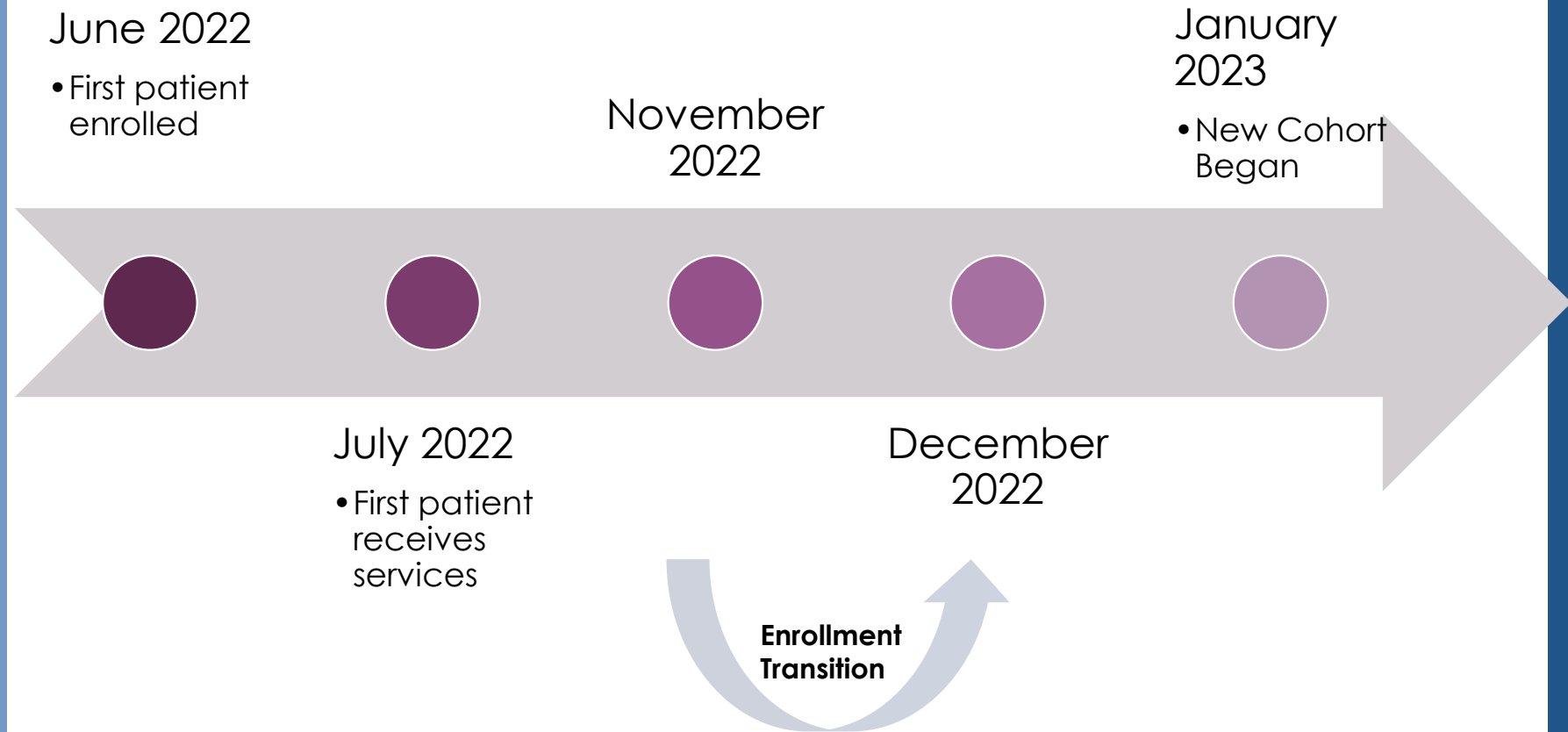
Milestones

- June 2022: First patient enrolled in dialysis program
- July 2022: First patient seen at Satellite
- January 2023: New cohort began

DIALYSIS PROGRAM TIMELINE



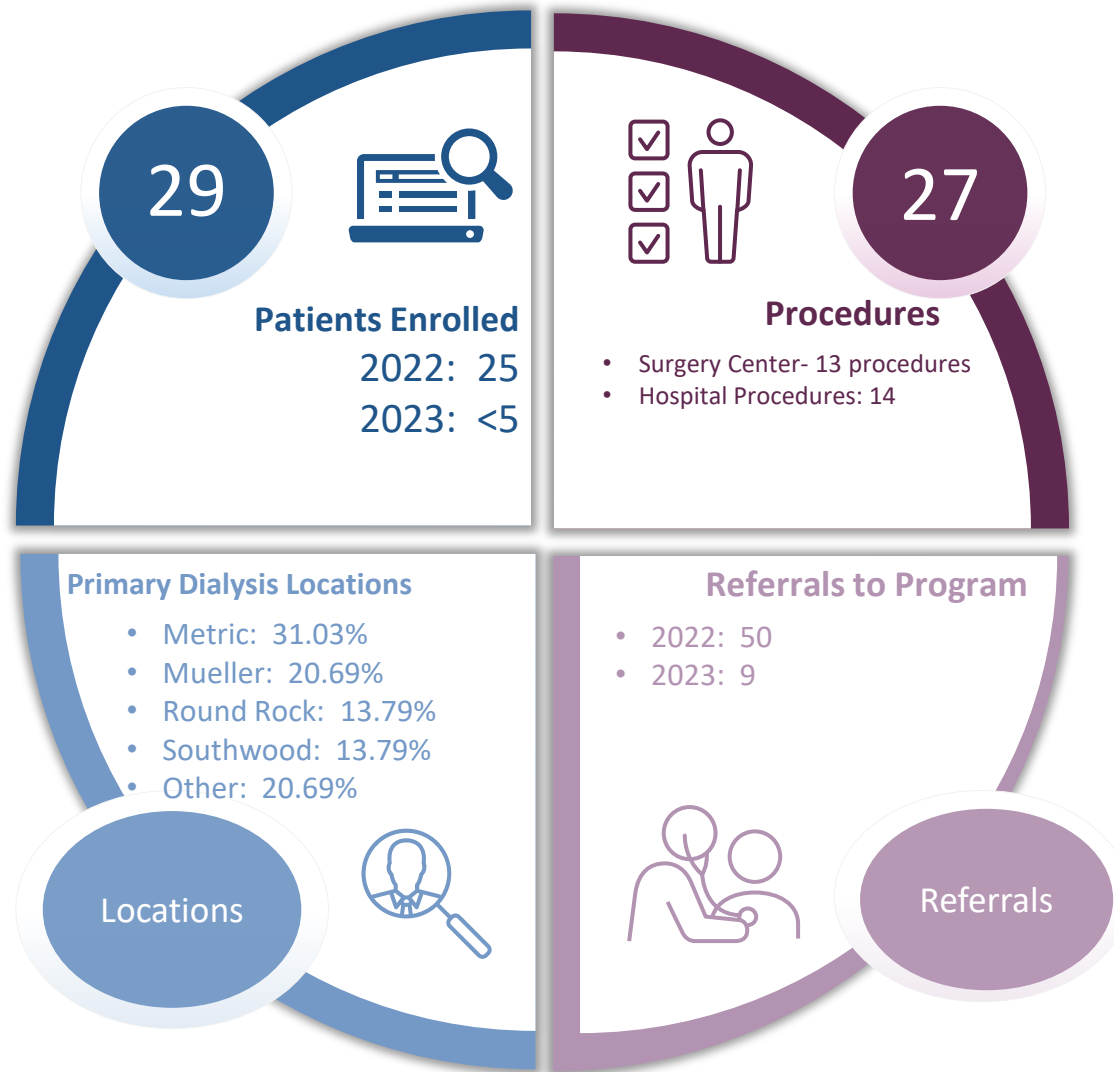
CENTRAL HEALTH



DASHBOARD OVERVIEW



CENTRAL HEALTH

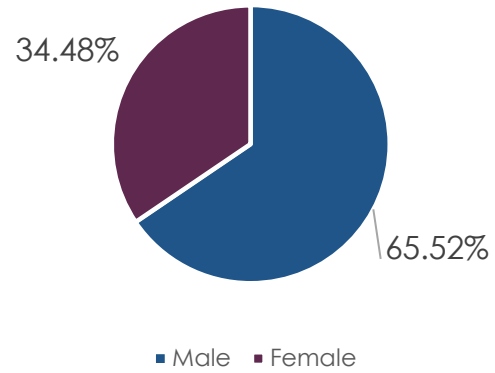


ENROLLEE SNAPSHOT

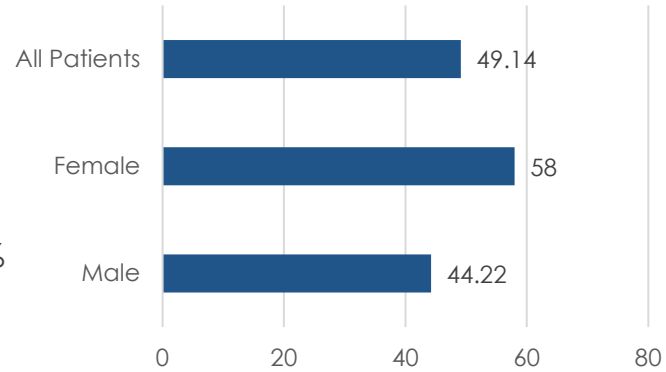


CENTRAL HEALTH

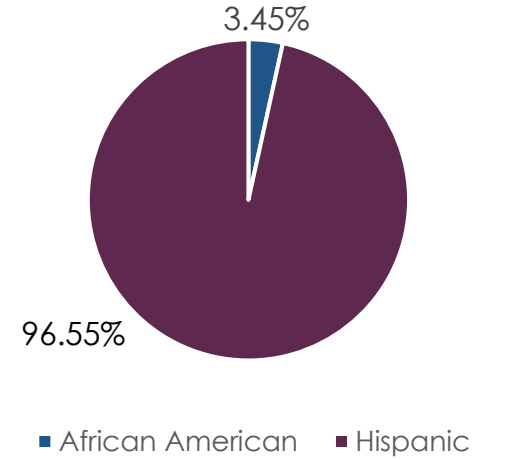
Gender at Birth



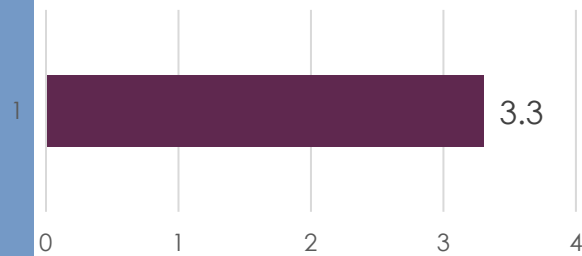
Average Age



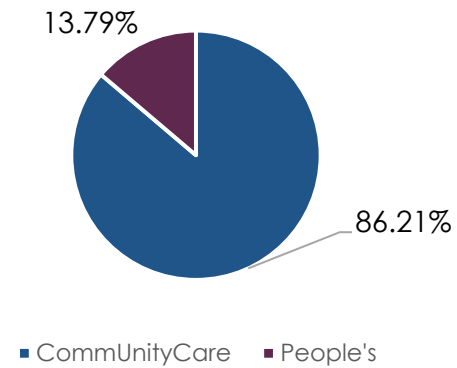
Ethnicity



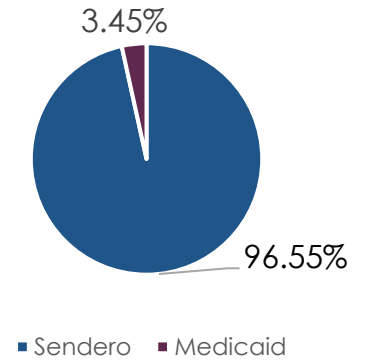
Average Time with ESRD Diagnosis to Enrollment (in Months)



Primary Care Providers



Transition Payors



NEXT STEPS

- Increased awareness about program and enrollment
- Measure patient satisfaction through surveys
- Possible partnership with other dialysis centers



CENTRAL HEALTH

PODIATRY SURGICAL SERVICES

Dr. Brittany Kalapach, DPM

Dr. Garrett Nielson, DPM

Margarito Flores, Director of Operations- Specialty Care



CENTRAL HEALTH

PODIATRY SURGICAL SERVICES PROGRAM OVERVIEW



CENTRAL HEALTH

Program Scope

- Central Health podiatrists
- Dr. Nielson and Dr. Kalapach
- Podiatry Surgical Services
- MAP and MAP Basic

Surgical Locations

- Dell Seton Medical Center
- Seton Medical Center Austin
- Central Park Surgery Center

Operations

- Pre-op and post-op at CommUnityCare
- Transportation assistance
- Referrals to case management and behavioral health

Podiatry Surgical Services Go-Live Dates

2022

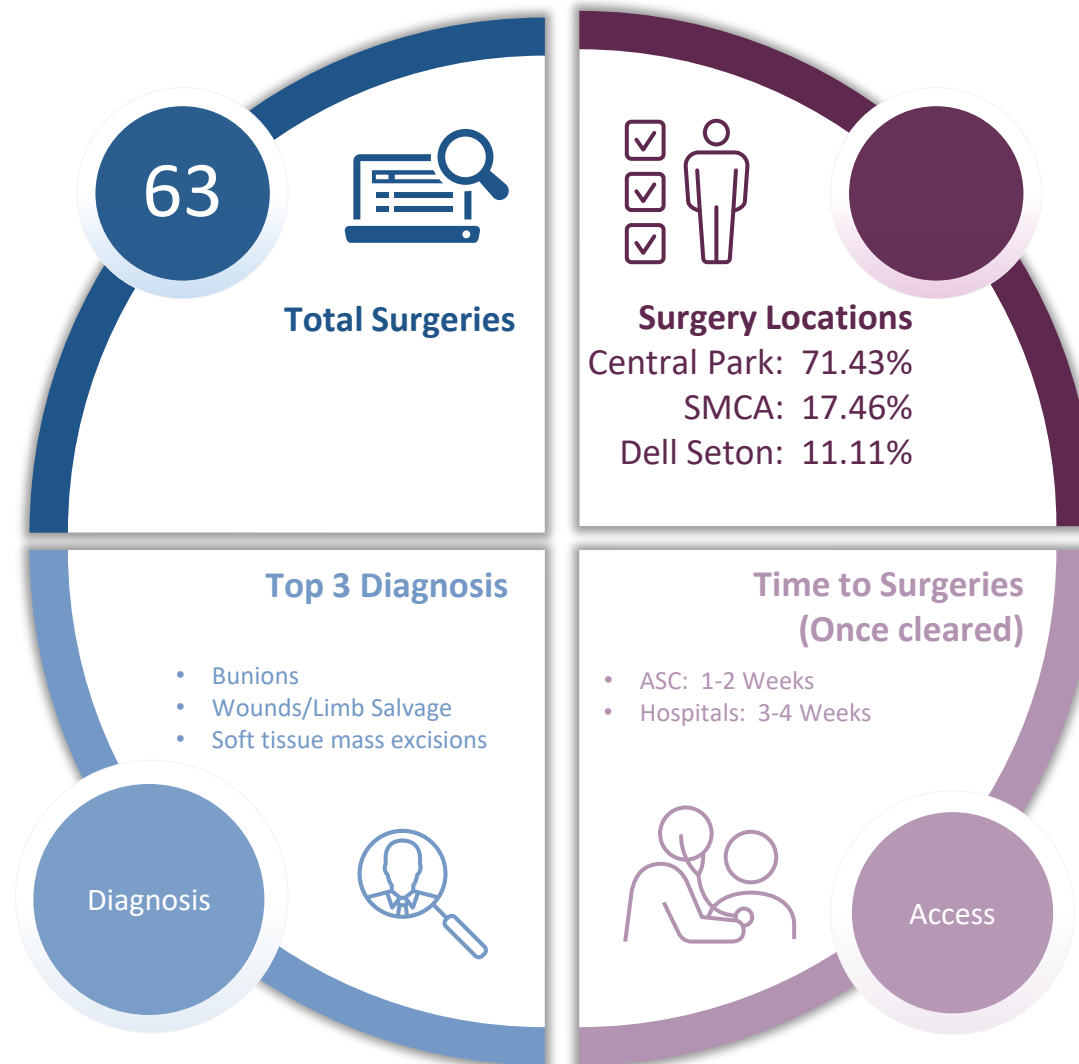


CENTRAL HEALTH

DASHBOARD OVERVIEW PODIATRY



CENTRAL HEALTH



SURGICAL CASE

Garrett Nielson, DPM



CENTRAL HEALTH

CASE:

- 65+ y/o Male
- History of DMII, HTN, Hx of Osteo and chronic ulcer to Right foot (over 3 years)
- Failed Local wound care, offloading, DM shoes
- Can't miss work, dishwasher and afraid of losing his job
 - Sends money back to family in Mexico, but afraid to go back without a healed wound (possible worsening and amputation) and needs to keep working to support family.
- Equinus
 - Tight achilles
 - Causing pressure to forefoot



- **Many years of wound care**
 - Progress at certain locations
 - Worsening at other locations
 - Multiple prominences
- **Difficult with work schedule to come to wound care weekly**
- **Amenable to surgery but worried about recovery and work schedule**



CHRONIC WOUND SURGICAL PLAN:



CENTRAL HEALTH

- **Gastrocnemius recession (lengthens Achilles to keep pressure off of forefoot)**
- **Floating metatarsal osteotomy to offload pressure to ball of foot**
- **Surgical wound bed prep and graft**
- **Surgery in early October**
- **Patient went back to work with Ankle Brace (CAM boot not allowed) four days later**

- Patient had surgery in October

Day of Surgery



CENTRAL HEALTH

- **Remains healed**

- Last seen three months post-op



MEDICAL RESPITE PROGRAM

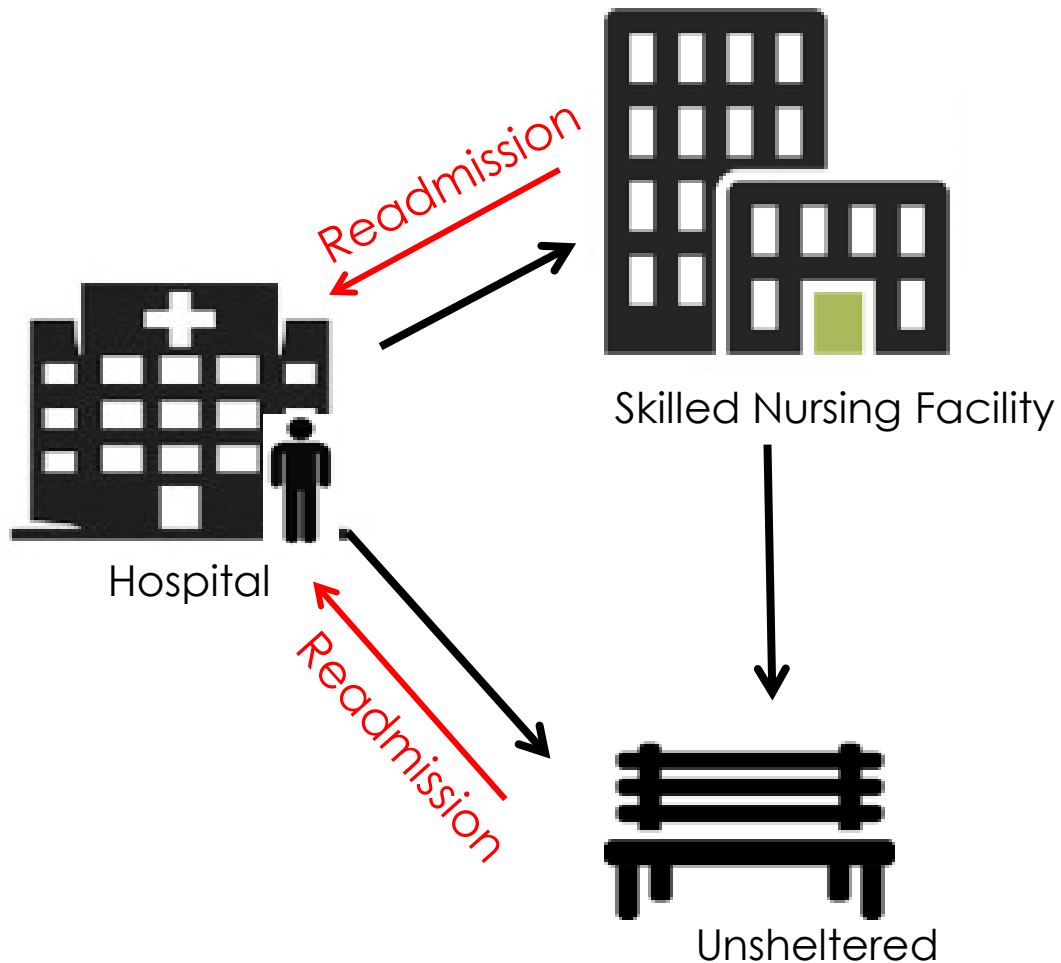
Audrey Kuang, MD – Director of High-Risk Populations

Dakasha Leonard, MSHCM – Service Delivery Operations
Manager



CENTRAL HEALTH

A VICIOUS CYCLE

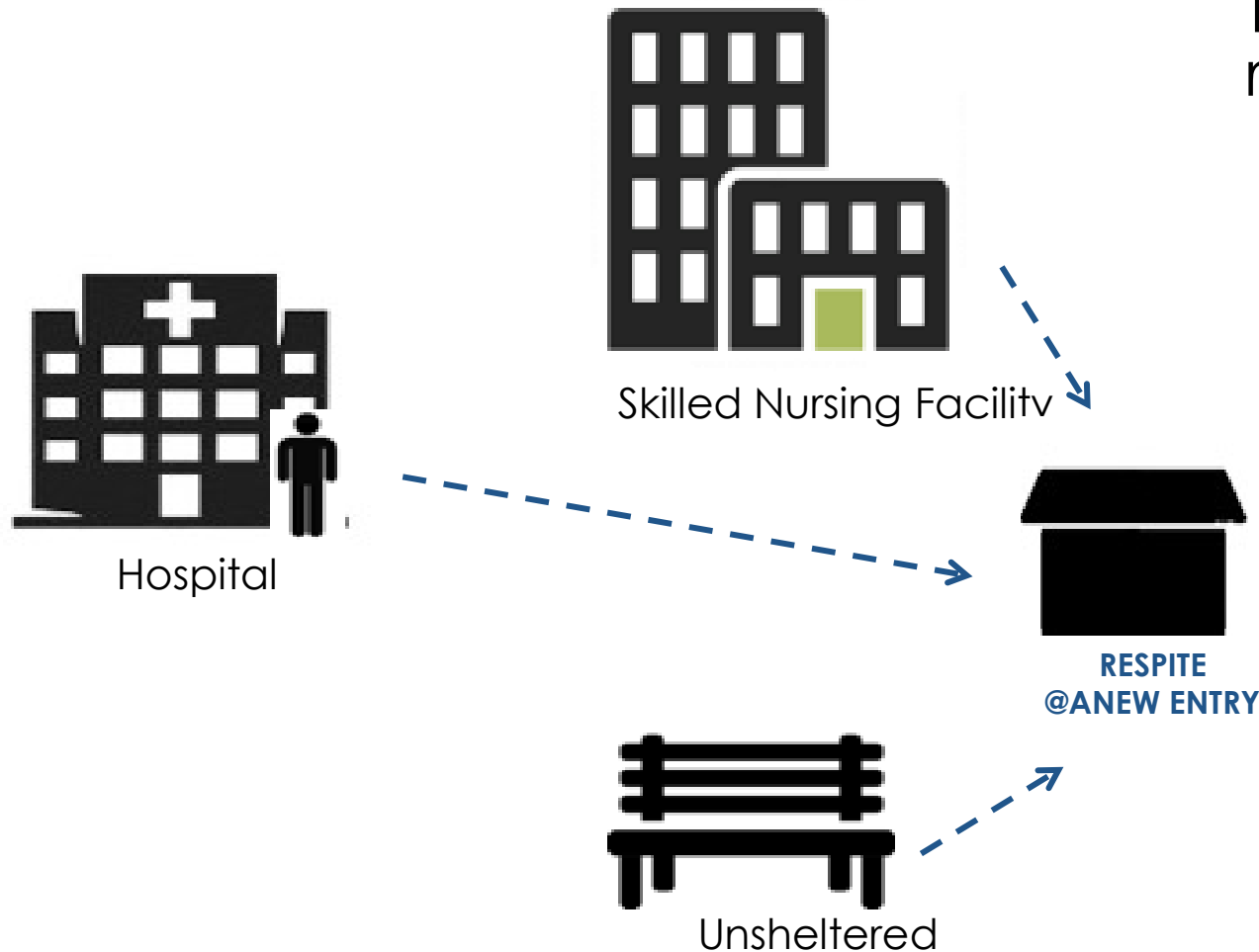


The Problem:

Homelessness causes health problems AND limits healing and recuperation, especially after an acute illness.



A VICIOUS CYCLE



The Problem:

Homelessness causes health problems AND limits healing and recuperation, especially after an acute illness.

A Solution:

Medical Respite gives individuals experiencing homelessness a place to rest and recover from an acute illness.

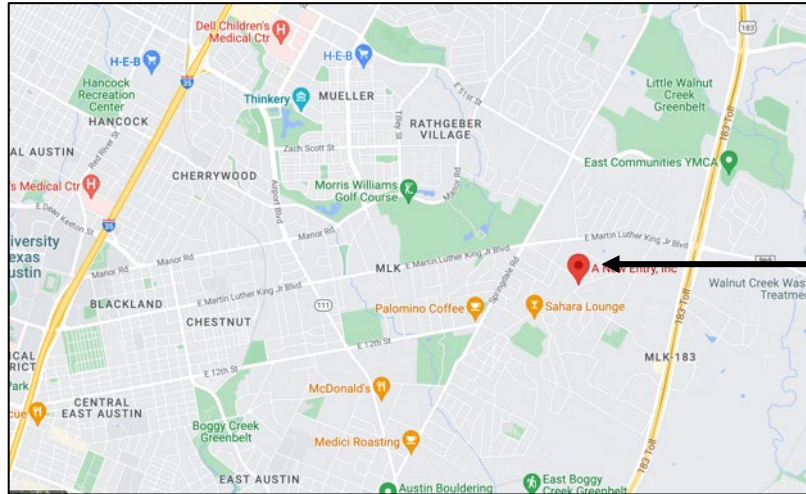


CENTRAL HEALTH

MEDICAL RESPIRE PROGRAM

A New Entry

- Residential treatment facility
- 1808 Webberville Road



Services

- 24-hour access to a bed
- 3 meals per day
- Transportation to any/all medical appointments
- Safe space to store personal items
- Care coordination
- Wellness check at least once every 24 hours
- Access to phone for telehealth/medical needs



CENTRAL HEALTH

Mr. P: From Hospital to Respite to Housing

64 year old man who had been experiencing homelessness for >15 years

- Hit by a car, broke over 10 bones in his body, Stayed in the hospital 39 days, then to a nursing home for 48 days. Instead of being discharged to the street, went to medical respite
- At medical respite, continued recovery with physical therapy, worked on his disability and housing application, treatment for alcohol use disorder.
- After 50 days in medical respite, moved to his own tiny home at CFV



CENTRAL HEALTH

PROGRAM OUTCOMES: MARCH 1, 2022- FEBRUARY 1, 2023



CENTRAL HEALTH

1. Admissions

59 patients admitted:

- 36 (61%) Skilled nursing facility (Phase 1)
- 17 (29%) Healthcare for the Homeless teams- ARCH, street med, MAT clinic (Phase 2)
- 6 (10%) Hospital DSMC (Phase 3)

2. Demographics:

Average: 52.4 years old (range 30-65)

Gender: 46 men (78%), 13 female (22%)

Race/Ethnicity: 59% Anglo, 20 % Black, 14% Hispanic, 7% Asian

3. Top Diagnosis

#1 Fractures (spine, leg, hip)- usually from pedestrian accidents, assault

#2 Cancer (jaw, rectal, renal, pancreatitis, cervical)

#3 End stage renal disease on dialysis, Infections (skin, bone)

#4 Heart failure, Post-op, Progressive arthritis

Other: Cirrhosis, COPD, stroke, heart attack, alcohol use disorder

**PROGRAM
OUTCOMES:
MARCH 1, 2022-
FEBRUARY 1, 2023**



CENTRAL HEALTH

4. Disposition and Length of Stay (LOS)

Still in Respite	6	10%	
Completed	14	24%	Ave LOS: 30.5 d (5-96, outlier 157 days)
Administrative discharge	16*	28%	Ave LOS: 17.8 d (0-49, outlier 131 days)
Self-discharge	17	29%	Ave LOS: 11.6 d (1-46 d)
Hospital	5**	8%	Ave LOS: 19.6 d. (11-30d)
No show	<5		

Transitional Housing**	7	50%
Permanent Housing*	5	36%
Friends and Family	2	14%

HOSPITAL UTILIZATION DATA

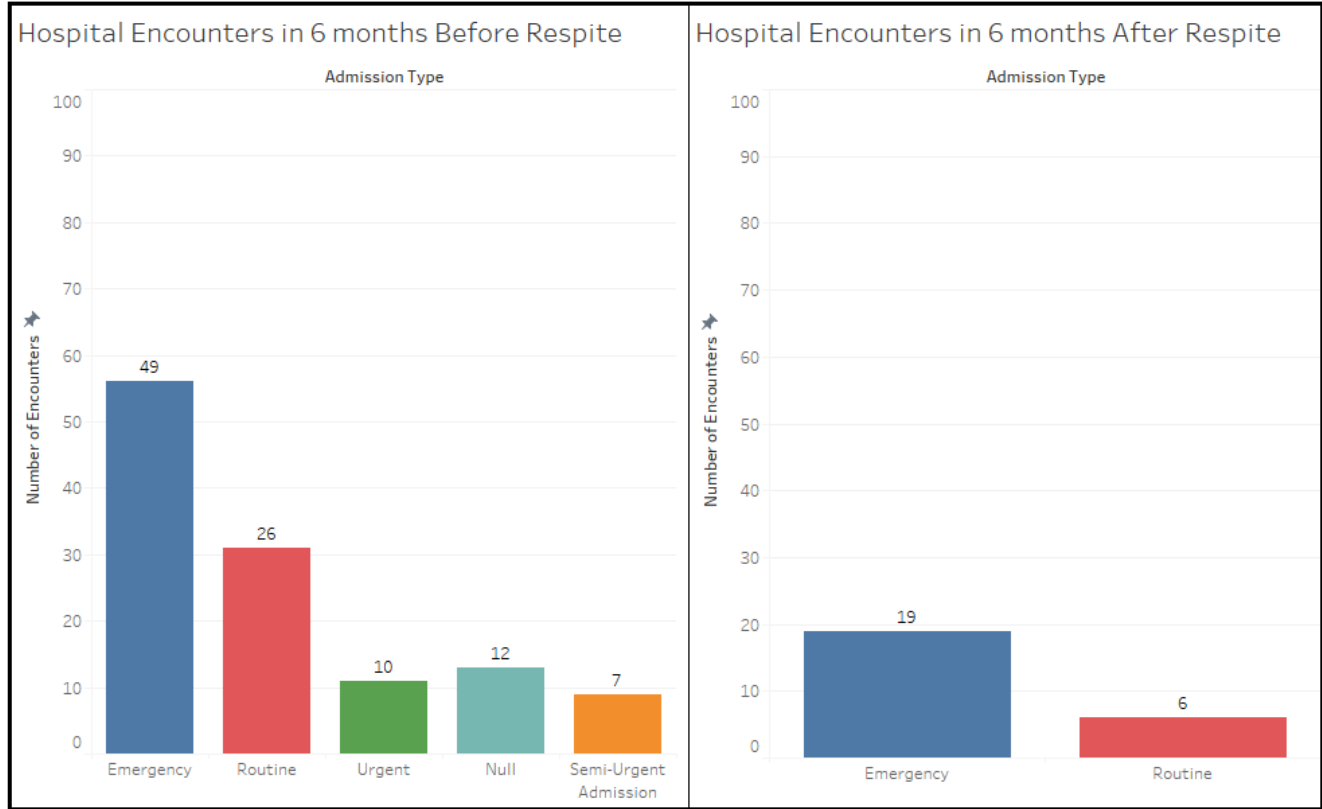


CENTRAL HEALTH



CENTRAL HEALTH

Medical Respite: Hospital Utilization



Admit FY
All

Admit Month
All

**PROGRAM
OUTCOMES:
MARCH 1, 2022-
FEBRUARY 1, 2023**



CENTRAL HEALTH

Snap Benefits

New Connections	28
Already Had	15
Not eligible/Not interested	2

ID Card

New Connections	13
Already Had	27
Not eligible/Not interested	3

Metro Access Transportation

New Connections	35
Already Had	4
Not eligible/Not interested	7

Coordinated Assessment for Housing

New Connections	31
Already Had	11
Not eligible/Not interested	3

Substance abuse referral

New Connections	27
Not applicable/Not interested	17

Mental Health referral

New Connections	19
Not applicable/Not interested	22

MR W: A CHANCE FOR SURGERY AND A PLACE TO RECOVER



CENTRAL HEALTH

64 year old man who lost his his wife during an apartment fire a year ago. He became homeless at that time and eventually found his way to the ARCH.

-Cataracts in both eyes but unable to get surgery while houseless.

-Accepted to medical respite and successfully completed one cataract removal, recovered and then got his second surgery.

“I am so grateful to medical respite to give me a chance to have my surgery and a quiet and calm place to recover after my surgery”

**Medical respite
provides a safe place
to heal from an acute
medical illness,
stabilize chronic
conditions and work
on social needs.**



THE RESPITE TEAM



CENTRAL HEALTH

- **Dakasha Leonard**
- **Dustin Wade, MSW**
- **Laura Malone, RN**
- **Audrey Kuang, MD**

FUTURE EXPANSION



CENTRAL HEALTH

Since program inception have expanded from:

- 5 male beds -> 7 male beds
- -> 3 female beds at A New Entry

Planning to expand services this year in phases:

- 1) Increase external referrals from hospital partners
- 2) Add a RN for coordinated care
- 3) Expand to more beds and additional locations
- 4) Add clinician seeing respite clients onsite

LESSONS LEARNED

- Although the strict recovery environment works for many patients, some people are not ready. Need a less restrictive environment.
- The respite needs extend beyond MAP patients (Opportunities for growth)



CENTRAL HEALTH

CURRENT AND FUTURE STATE

	Residential Rooming	Respite Phase 1	Respite Phase 2A	Respite Phase 2B	Respite Phase 3	Respite Phase 4
Type	Coordinated Care	Coordinated Care	Coordinated Care	Coordinated Care	Coordinated Clinical Care	Integrated Clinical Care
Location	Fresh Start	ANE	ANE	ANE	Multiple sites (ANE + ? + ?)	own building
Staffing	HML	SW + MedDir	SW+ MedDir +RN	SW+ MedDir +RN+ MA	SW+ MedDir +RN+ MA	SW+ MedDir +RN+ MA+MD
Medical Care	coordinated with PCP	coordinated with PCP	coordinated with PCP	Oversite + coor with PCP	clinical onsite + coor with PCP	Integrated
Medication (storage and dispensing)		storage	storage	storage	storage	dispensing
Case Management (housing, benefits, SDOH)	HML	SW	SW	SW	SW	SW
Medical Care Navigation	HML- limited	SW- limited	RN- expanded	RN/MA	RN/MA	RN/MA
Transportation	x	x	x	x	x	x
Food	x	x	x	x	x	x
Security		x	x	x	x	x

Phase 1- Coordinated Care with SW

Phase 2A- ADD RN

Phase 2B- ADD MA, Limited clinical oversight (vitals, wound care)

Phase 3- ADD new location +Clinical Care

Phase 4- ADD own Building + internal provider



EXPANSION MODEL



CENTRAL HEALTH

	A New Entry	Potential Partner	Fresh Start
Number of beds	10	15	4
Female Capacity	3	0	4
Pets	No	No	No
ADA Accessibility	Yes	Yes	No
Medical Oversight by CH Respite Team	Yes	Yes	Yes
Meals, 24- hour staff, Laundry	Yes	Yes	Independent Living, meals can be provided, no 24- hr. staff, laundry
Strict on SUD	Yes- zero tolerance	No- A bit of flexibility	Yes- zero tolerance

MEDICAL RESPIRE IN AUSTIN



CENTRAL HEALTH

1. Unique and Inclusive Access

- Most respite programs focus on hospital discharges.
- Central Health is in a unique position to support patients at all points in care- both after a hospital or nursing home stay and to prevent worsening illness and hospitalization.

2. Unique location

- Most respite programs are located in shelters or hotels.
- The location at A New Entry brings a supportive and healing environment for those with substance use disorder.

3. Unique resources

- Most respite programs start with medical support.
- Central Health leverages medical management team to assist with appointments, housing, transportation, benefits, food stamps and more.

TRANSITIONS OF CARE

Hemali Patel, MD MPH - Director, Transitions of Care

Dakasha Leonard, MSHCM - Service Delivery Operations
Manager



CENTRAL HEALTH

OBJECTIVES



CENTRAL HEALTH

- Describe the mission and team
- Review current post acute program facets and future state
- Review transitions of care (current and future) in the:
 - Emergency department
 - Inpatient setting

THE MISSION



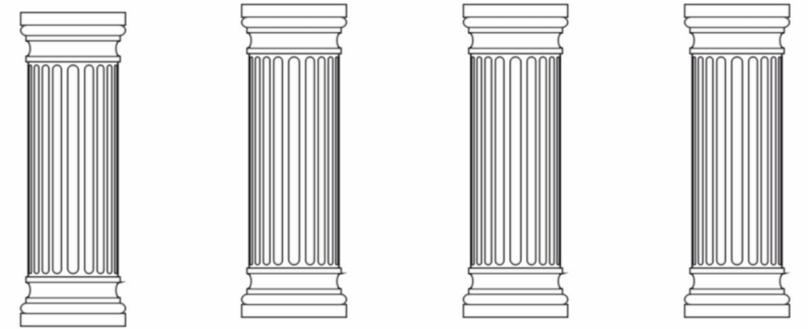
CENTRAL HEALTH

TRIPLE AIM



- Optimize patient experience
- Advance health of community *and health equity*
- Leverage resources and cost

FOUR PILLARS



- Patient & family education
- Access to health information
- Medication management
- Timely outpatient care

THE TEAM



CENTRAL HEALTH

- **Carol Grinnell, RN, MSN**
 - Associate Director, Transitions of Care
- **Renada Tyson, RN**
 - Transitions of Care, Dell Seton Medical Center Emergency Department
- **Danielle Peraza, RN (NEW!)**
 - Transitions of Care, Seton Hospitals Inpatient Based
- **Luisa Flores, RN**
 - Post Acute Care Case Manager
- **Alejandrina McBride, CHW**
 - Post Acute Care Community Health Worker
- **Laura Mackey**
 - Post Acute Care Social Worker
- **Katherine Edmondson, CHW**
 - Community Health Worker
 - Inpatient Transitions of Care
 - Inpatient virtual financial screening and MAP enrollment

TRIAD
MODEL

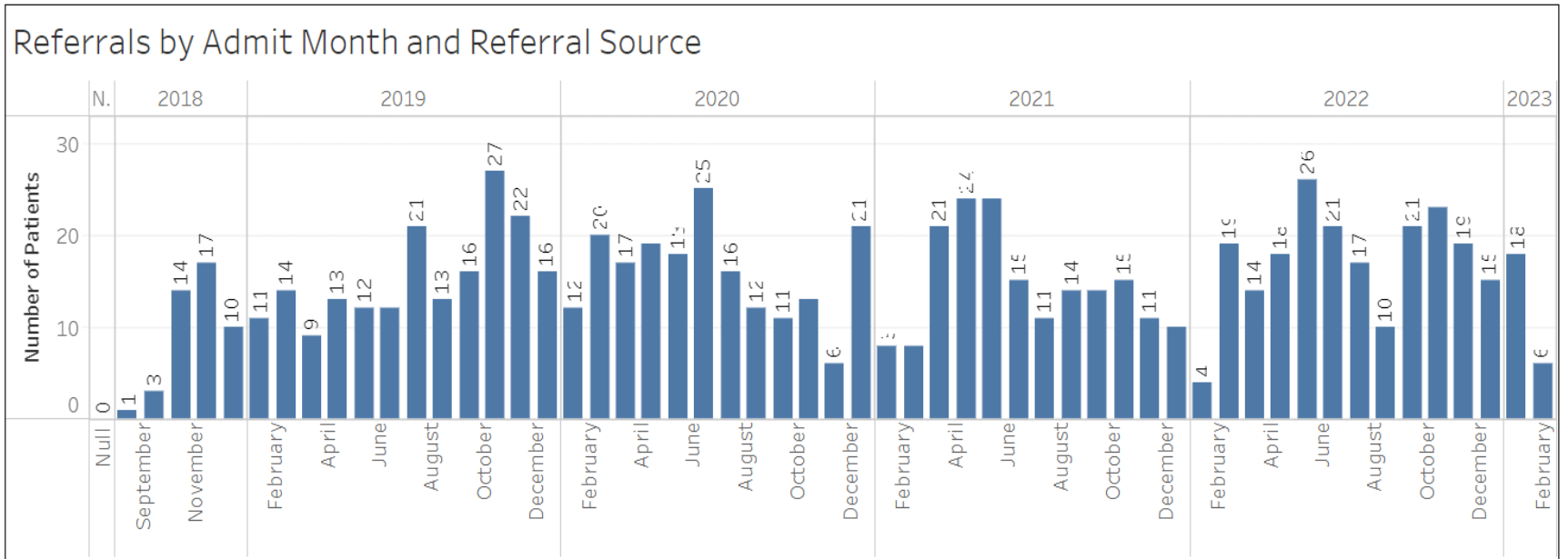
POST ACUTE CARE PROGRAM

SKILLED NURSING FACILITIES



CENTRAL HEALTH

Total Patients (Distinct)	629	Total Admits	827
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CENTRAL HEALTH

Medical Management: Post-Acute Patient Demographics

Distinct Patients

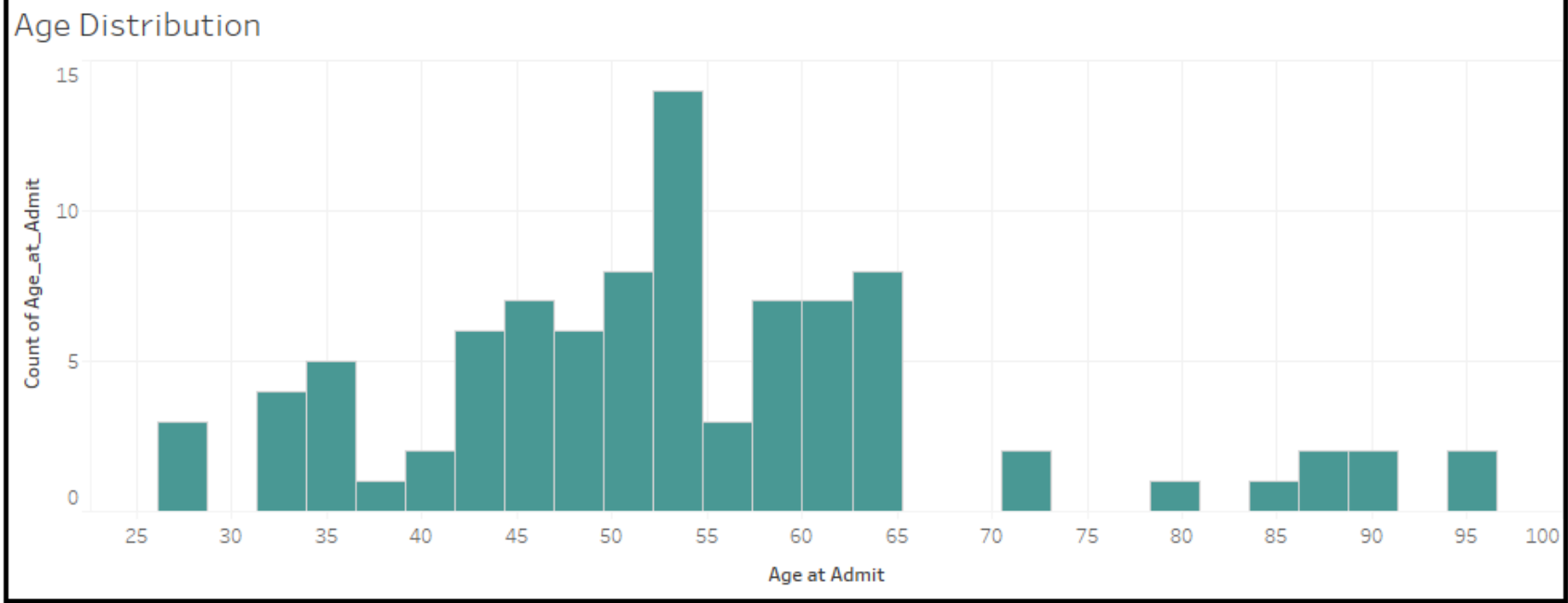
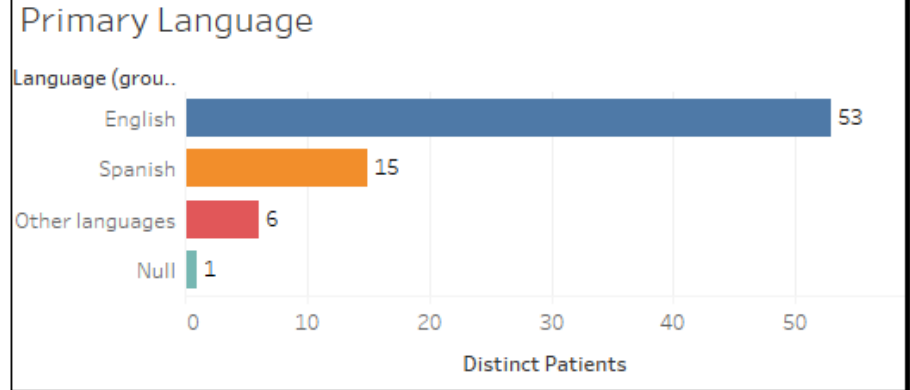
POST ACUTE CARE PROGRAM

SKILLED NURSING FACILITIES (DEMOGRAPHICS)



CENTRAL HEALTH

Race/ethnicity by gender	Female	Male
African American	5%	7%
Anglo	18%	21%
Asian & Other	11%	13%
Hispanic	16%	13%
Grand Total	49%	51%



Admit FY 2023

POST ACUTE CARE PROGRAM

FUTURE STATE



CENTRAL HEALTH

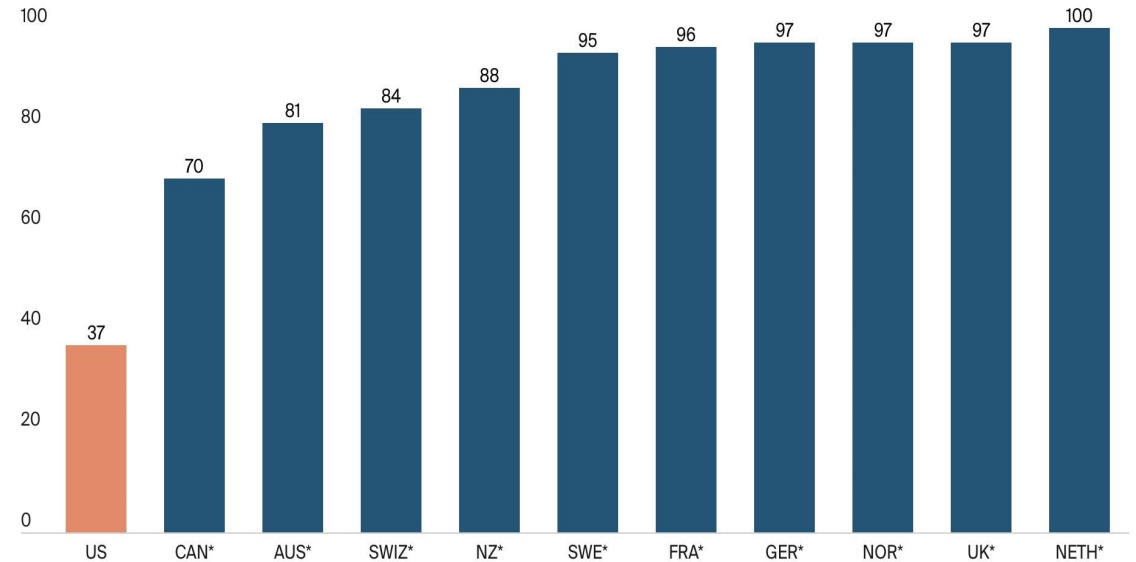
Skilled Nursing Facilities Direct Care

- Central Health attending physician and advanced practice providers (APPs) to provide direct medical care for patients in the post acute care skilled nursing facilities (SNF).
 - Attending physician to have joint affiliation with Dell Medical School and Central Health.
 - Team to overlap with Central Health Care at Home Program.
- **Goals**
 - Improve patient outcomes for medically and socially complex patients.
 - Decrease hospital re-admissions.
 - Optimize medication management and connections to additional MAP resources; (additional post acute care, access to MAT services, eligibility services like disability).

CARE AT HOME

- Transitions of Care program for high-risk transitions from acute and post acute care with a bridge visit led by APPs in coordination with a care triad (RN, SW, CHW).
- **Enrollment criteria**
 - MAP and MAP Basic.
 - Identified patients with high-risk transitions from acute and post acute care and health related social needs.
- **Goals**
 - Improve quality of care with overlapping teams.
 - Reduce readmissions and acute exacerbations of illness
 - Bridge patients between discharges and primary care visits.

Percentage of primary care providers who report making home visits frequently or occasionally



[Download data](#)

Note: * Statistically significant difference from US at $p < .05$ level.

Data: Commonwealth Fund 2019 International Health Policy Survey of Primary Care Physicians.



HOSPITAL TO SNF WARM HANDOFF

Implementation of evidence-based practice of warm handoff program for providers to share information related to patient care at time of transition from acute care to post acute.



CENTRAL HEALTH

HOSPITAL TO SKILLED NURSING FACILITY WARM HANDOFF GUIDE FOR MAP PATIENTS



STEP 1.

Case manager identifies the skilled nursing facility to which the patient is being discharged.

Determine provider name and contact information.

Austin Geriatric Specialists (AGS)

- Brodie Ranch Nursing & Rehabilitation Center
- Riverside Nursing & Rehabilitation Center

Use the AGS pager line and indicate the facility:
512-477-4088

Geriatric Post-Acute Specialists (GPS)

Please reach out to the Advanced Care Provider listed below. If unable to connect, physician name is also provided.

- Gracy Woods
 - Advanced Care Provider: Berril Joseph
 - 512-988-9339 | bjoseph@centxgps.com
- Physician: Raeda Gheewala, MD
- Heritage Park Nursing & Rehabilitation
 - Advanced Care Provider: Jess Sibly
 - 512-743-6113 | jess@centxgps.com
- Physician: Ricardo Cruz, MD



STEP 2.

Case manager shares skilled nursing facility name and provider contact information with hospital primary care team provider prior to discharging the patient.



STEP 3.

Hospital primary care team provider contacts skilled nursing facility prior to discharging the patient.

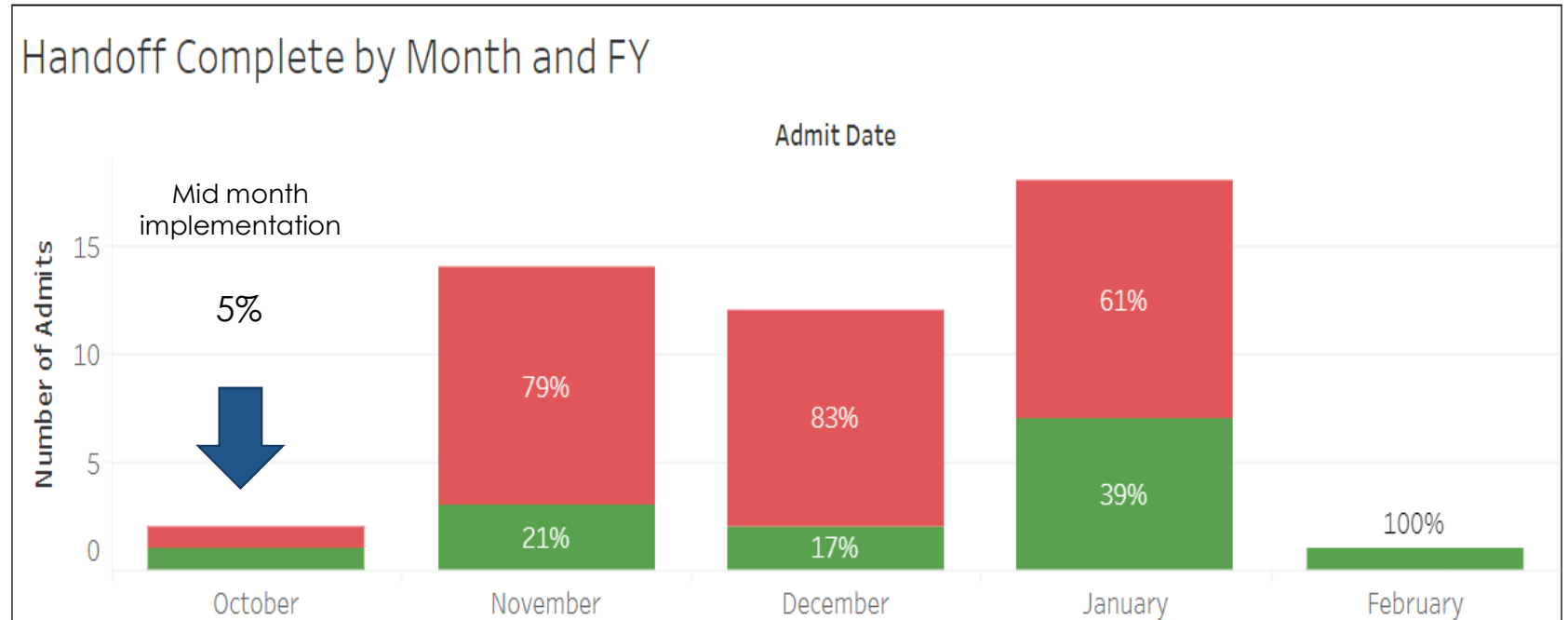
Be ready to share:

- Discharging Provider Name and Contact*
- Accepting Provider Name and Contact*
- Patient name and DOB
- Patient one liner
- Top 5 discharge diagnoses and high falls

HOSPITAL TO SNF WARM HANDOFF OUTCOMES



CENTRAL HEALTH



TRANSITIONS OF CARE RN EMERGENCY DEPARTMENT

Time	Total Patients	Patient Education	Appointments Made	Referrals to CH Case Management
Q1 2022	443	345 (78%)	298 (67%)	22
Q2 2022	382	232 (61%)	267 (70%)	26
Q3 2022	388	328 (84%)	248 (75%)	32
Q4 2022	471	418 (89%)	304 (65%)	26



CENTRAL HEALTH

**TRANSITIONS OF
CARE RN
(EMERGENCY
DEPARTMENT)
*FUTURE STATE***



CENTRAL HEALTH

- **Expansion of team to other emergency departments**
 - Currently available at Dell Seton Medical Center
- **Most Visited Patients (MVP) Program**
 - In collaboration with Dell Seton Medical Center Emergency Department leadership and Emergency Medicine Residency Program
 - Program development: In process

TRANSITIONS OF CARE RN CLINICAL ADVOCATE INPATIENT



CENTRAL HEALTH

- A unique and innovative program to connect with patients during a critical transition phase of discharge from acute care facilities.
- RN will work in collaboration with CHW to enhance CHW models of care as well.
 - CHWs
 - Support RN and facilitate health related social needs
 - Tele-enrollment for MAP screening in the hospital (coming soon).

Transitional Care Model

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

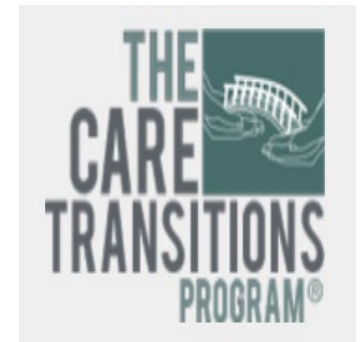


Table 15.1 Essential Elements of Safe and Seamless Care Transitions for Three Multi-Element Models

Essential Elements	Description	Better Outcomes for Older Adults Through Safe Transitions (BOOST)	Care Transitions Intervention (CTI)	Transitional Care Management (TCM)
Medication Management	Ensuring the safe use of medications by patients and their families based on patients' plans of care.	Using the BOOST Assessment Tool, providers can screen patients for one of eight risk factors for readmissions, two of those being problem medications and polypharmacy (patients who are taking more than 5 medications). Risk-specific interventions are then performed using components of the BOOST Toolkit.	CTI promotes medication self-management as one of its four pillars, with the goal of ensuring that the patient is knowledgeable about medication and has a medication management system.	Medication management is a key element of TCM. Led by advanced practice nurses (APNs), medication reviews are done to identify discrepancies and inappropriate prescriptions.
Transition Planning	Creating a plan/process that facilitates the safe transition of patients from one level of care to another, including home or from one practitioner to another.	The BOOST Toolkit provides a universal patient discharge checklist for all patients being discharged from the hospital to home, a general assessment of patient preparedness to be discharged, and patient transition record and discharge patient education tool to assist the care team with transition planning.	CTI formalizes the transition planning process with the implementation of a transitions care coach. The transitions care coach assists with transition planning by encouraging self-management and direct communication between patients/caregivers and primary care providers.	The TCM model facilitates transition for older patients from the hospital to the home setting. An APN meets with patients within 48 hours of discharge and then coordinates follow-up visits for them with their providers. When possible, the APN attends the follow-up visits.
Patient/Family Engagement and Education	Educating and counseling of patients and families to enhance their active participation in their own care, including informed decision making.	BOOST promotes patient education through the use of the teach-back technique. BOOST provides a video and 60–90 minute curriculum to educate the care team about the teach-back technique. BOOST also encourages the use of a DPET (Discharge Patient Education Tool) to help patients understand the discharge instructions given to them.	The transitions coach works directly with the patient/caregiver to increase self-management through a hospital visit, home visit, and three follow-up phone calls. The transitions coach assists patients in asserting a more active role through care transitions by educating them on their condition, medications, patient-centered health record, follow-up care, and any indications that their condition is worsening.	A primary role of the APN care coordinator is to educate patients and caregivers on their care. The APN discusses the care plan with patients and their family caregivers, and ensures that they understand the diagnoses, how to identify symptoms, and when to seek follow-up care.
Communicating and Transferring Information	Sharing of important care information among patient, family, caregiver, and healthcare providers in a timely and effective manner.	The BOOST Model stresses the importance of communicating with patients using the teach-back technique and encourages information transfer from provider to patient through the use of the PASS Tool (Patient Preparation to Address Situations After Discharge Successfully). The tool is a transition record that patients leave the hospital with. Providers are encouraged to use large print, avoid medical jargon, and keep sentences short to address literacy issues.	One of the four pillars of the CTI intervention is a patient-centered record owned and maintained by the patient to facilitate cross-site information transfer. The transitions coach uses the patients' health records/portal to facilitate communication between them and their providers.	Communication is a key element of TCM. APNs develop a relationship with patients and family caregivers to ensure continuity across care. The APN also fosters communication between other members of the patient's care team, including primary care providers and specialists.
Followup Care	Facilitating the safe transition of patients from one level of care or provider to another through effective follow-up care activities.	The BOOST model stresses the importance of a post-hospitalization touchpoint to decrease hospital readmissions. The implementation guide recommends follow-up phone calls within 72 hours of discharge to identify many of the new issues and barriers patients may face after discharge.	The third of the four pillars of the CTI intervention is timely follow-up care. The transitions coach works with patients to schedule and complete follow-up visits with primary care providers or specialists.	TCM emphasizes robust follow-up care. An APN care coordinator follows up with patients in person within 48 hours of discharge from acute care. Additionally, the APN follows up with phone calls and can conduct additional in-person visits through 2–6 months post-discharge.
Healthcare Provider Engagement	Demonstrating ownership, responsibility, and accountability for the care of the patient and family/caregiver at all times.	The model encourages provider engagement by having front-line personnel involved with the process of providing safe, effective care transitions in the hospital.	Health systems involved in CTI designate a care transitions coach, typically an APN, to assist patients in the transition process and encourage self-management.	TCM designates an APN care coordinator, who coordinates both with the patient's care team within the hospital setting and with the patient's primary and specialist providers to follow up post-discharge.
Shared Accountability Across Providers and Organizations	Enhancing the transition of care process through accountability for care of the patient by both the healthcare provider (or organization) transitioning and the one receiving the patient.	The BOOST Model encourages shared accountability by recommending the creation of a care transition improvement team to oversee the implementation of BOOST. The collaboration also includes a year of individual physician mentoring and access to an online resource center to facilitate implementation.	Not provided	The APN acting as care coordinator in TCM primarily takes responsibility for the patient's care by facilitating follow-up visits post-discharge for the patient and promoting communication between inpatient and outpatient providers caring for the patient.

THE FUTURE FOR TRANSITIONS OF CARE

Optimization of Evidence Based
Warm Handoff Processes

Skilled Nursing Facility Direct Care

Transitions of Care Inpatient Nurses

Care at Home

MAP Tele or Virtual Enrollment in
the Hospitals

Most Visited Patients Program in
the Emergency Departments



THANK YOU!



CENTRAL HEALTH



SUBSTANCE USE DISORDER TREATMENT

Dakasha Leonard, MSHCM, SDO Manager



CENTRAL HEALTH

SUBSTANCE USE DISORDER TREATMENT



CENTRAL HEALTH

- Since 2019
 - Central Health, CommUnityCare and Integral Care provide Medication Assisted Treatment (MAT) program.
- May 2022
 - Travis County Commissioners Court declare opioid overdose epidemic a public health crisis.
- July 2022
 - Central Health contracts with Community Medical Services in July 2022 to provide expanded methadone treatment for MAP enrollees. To further expand the availability of treatment,
- FY 2023
 - Central Health expanded available funding and entered into an agreement with Addiction & Psychotherapy Services for methadone treatment services, serving more than sixty individuals in the first seven months.
 - Central Health supported CommUnityCare's efforts to expand care teams, add psychiatric support and operationalize additional service locations including street medicine teams.

Central Health continues to work with multiple partners to expand treatment capacity.



CENTRAL HEALTH

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BOARD MEETING

February 22, 2023

REGULAR AGENDA ITEM 2

Receive a progress update on Operational and Financial Sustainability Planning (OFSP), including a preview of approach and prioritization methodology overview. (*Informational Item*)



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date 2/22/2023

Who will present the agenda item? (Name, Title) Monica Crowley, CSO & Sr. Counsel, Dr. Abhi Sharma (Director, Guidehouse) and Julia Clark (Director, Guidehouse)

General Item Description Progress update on Operational and Financial Sustainability Planning (OFSP), including a preview of initiatives and prioritization methodology overview.

Is this an informational or action item? Informational

Fiscal Impact Not applicable

Recommended Motion (if needed – action item) Not applicable

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

- Based upon community needs identified in the Healthcare Equity Plan and the Demographics Report, Central Health and Guidehouse have drafted short, medium, and long-term initiatives for Central Health and others to address over the next 7-10 years.
1)
The Guidehouse team will outline the approach and methodology to prioritization including estimates of overall depth, breadth, and costs of initiatives.
2)
The work will continue with an operational and capabilities analysis across IT, operational, clinical, and financial domains that will drive FY24 proposed priorities.
3)
Central Health and Guidehouse will present a short and long-term plan for Board approval in early summer.
4)

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

Estimated time needed for presentation & questions? 1 hour, consisting of 30 mins for presentation and 30 minutes for discussion

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



CENTRAL HEALTH

Form Prepared By/Date
Submitted:

Monica Crowley, 02/16/2023



CENTRAL HEALTH

CommUnityCare | Sendero

Central Health Operational and Financial Sustainability Planning (OFSP)

Board of Managers Presentation

February 22, 2023

Agenda

1. **Introductions**
2. **Overview of Phase I: Operational and Financial Sustainability Planning (OFSP)**
 - Engagement Progress Updates and Achievements
 - Developed Initiatives to Address Community Needs
 - Prioritization Methodology
 - Preview Depth of Initiatives and Estimated Investments
3. **Questions and Next Steps**



Engagement Progress and Achievements








OFSP tasks completed to date:

1. Weekly working sessions and update meetings with leadership.
2. Using a data driven approach that addresses the most critical community needs, identified short, medium, and long-term initiatives.
3. Conducted In-Person **Strategic Visioning Sessions with the Central Health leadership and Central Health SMEs** to solicit feedback and validate initiatives.
4. Prioritized initiatives using a data-informed prioritization methodology.



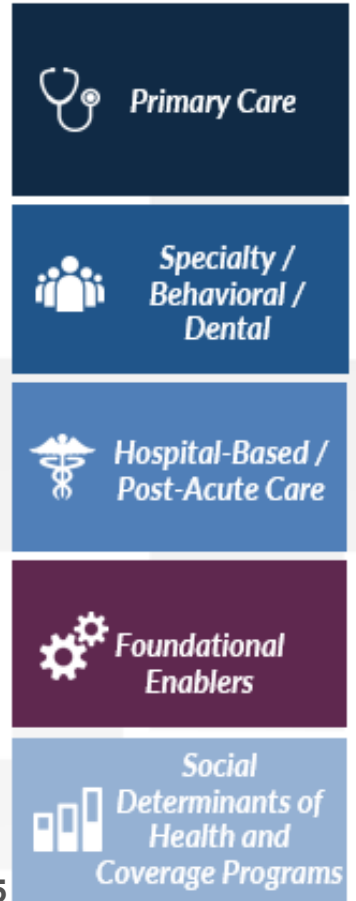
Under Each Initiative Category, Central Health and Guidehouse Developed Initiatives to Address Each Community Need

Category	 Primary Care	 Specialty / Behavioral / Dental	 Hospital-Based / Post-Acute Care	 Foundational Enablers	 Social Determinants of Health and Coverage Programs
Community Needs	<ul style="list-style-type: none"> • Health Care for the Homeless • Expanded Access to Same-Day Care and Extended Hours, Including Virtual Options • Expanded Access to Primary Care, including CUC HIV/AIDS Program and Pharmacy 	<ul style="list-style-type: none"> • Expanded Access to Specialty Care • Substance Use Disorder and Addiction Medicine Services, Including MAT and Alcohol Addiction • Access to Mental Health Services • Expanded Access to Dental Care 	<ul style="list-style-type: none"> • Robust Post-Acute Care, Including Respite and Extensivists • Expanded Access to Surgical and Procedural Care • Expanded Access to Hospital Care 	<ul style="list-style-type: none"> • Care Coordination • Pharmacy • Eligibility and Enrollment Services • Health Systems Interoperability and Technology / Data and Analytics 	<ul style="list-style-type: none"> • Social Determinants of Health <ul style="list-style-type: none"> • Transportation • Transitional & Affordable Housing • Coverage Programs, Benefits, and Structures <ul style="list-style-type: none"> • Enhanced Coverage and Benefits • Expanded Enrollment for Eligible Populations



Central Health and Guidehouse Underwent a Data-Driven Prioritization Exercise to Identify the Priority Level of Each Initiative Along an Effort and Impact Prioritization Matrix

Initiative Categories



Level of Effort
 Amount of time / resources / investment required to activate or optimize initiative.

High ↑

↓

Low

Tier 4: Recalibrate
 Assess how market developments and status of Tier 1 and Tier 2 initiatives impact the need for these initiatives.

Tier 1: Imperatives
 The most urgent and important initiatives with significant execution risk that are critical to realizing Central Health's strategic goals.

Tier 3: Future Priorities
 Initiatives that are unlikely to have a significant impact but also do not present major execution risks.

Tier 2: Quick Wins
 Initiatives with an outsized impact for the safety-net community (relative to effort).

Low

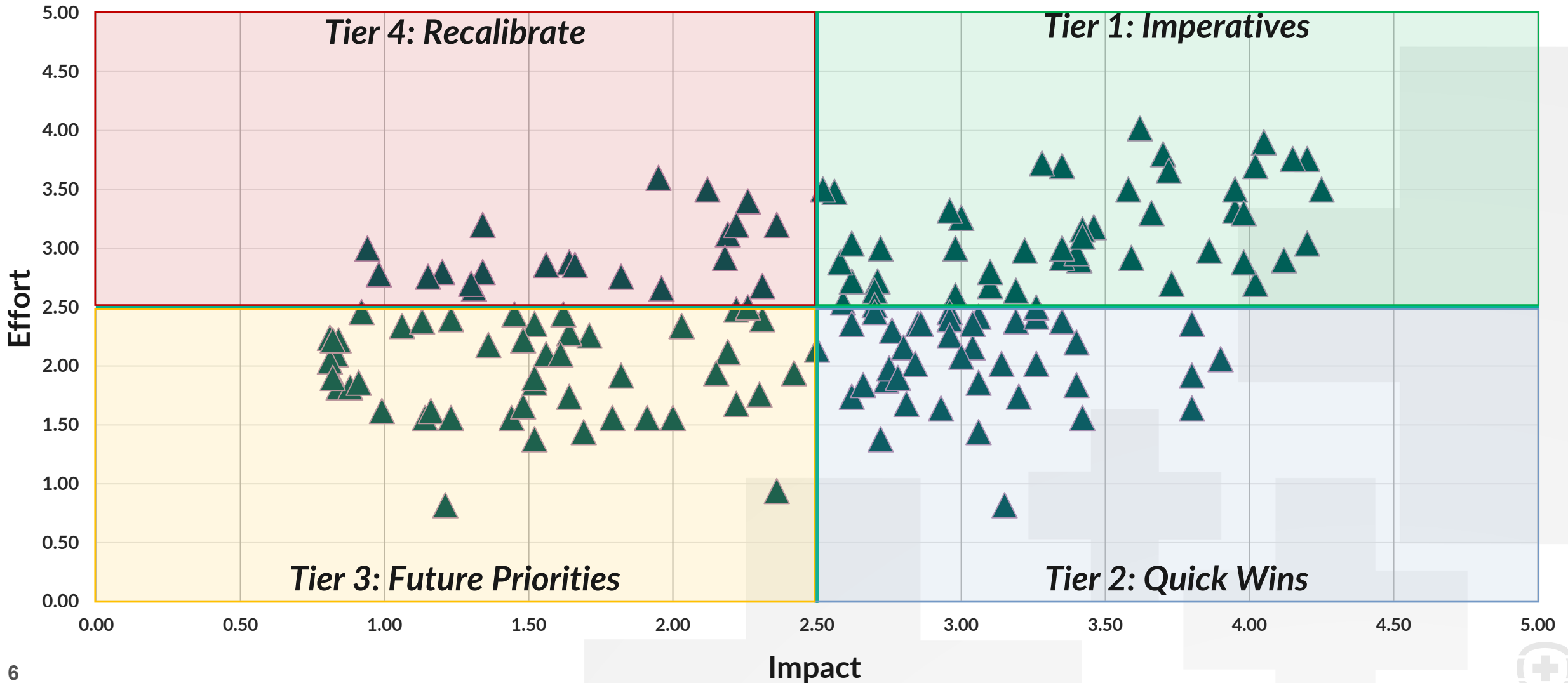
High

Level of Impact

Financial / quality impact that an initiative can support upon implementation / optimization.



Central Health's Portfolio of Clinical and Non-Clinical Initiatives to Address Travis County's Safety Net Needs

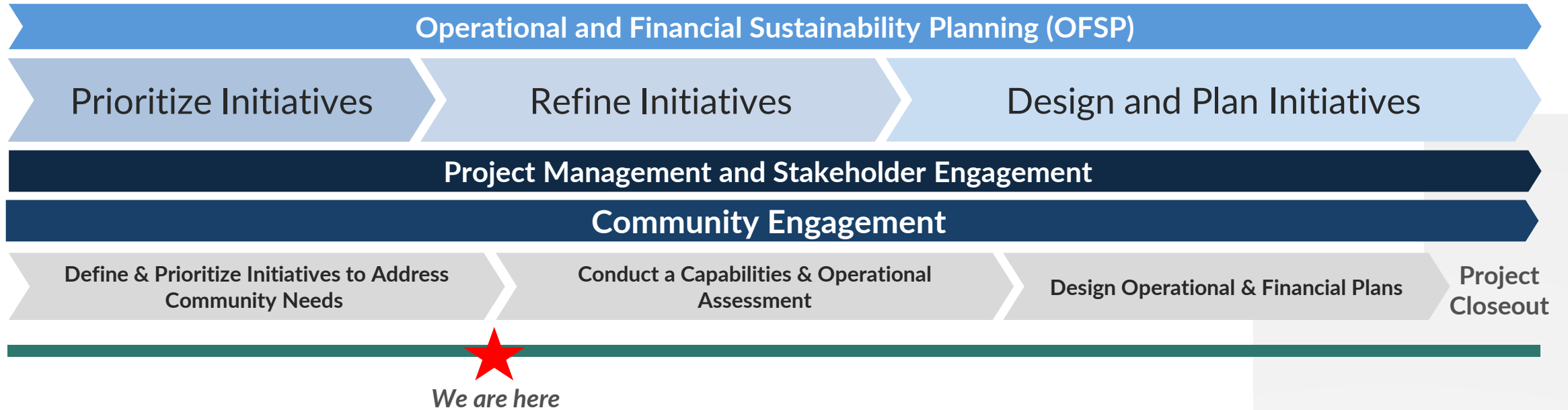


A Significant Financial Investment is Required for Central Health to Effectively Execute and Sustain the Initiatives Over the Next 7 Years

Estimated Gross Investment Needed to Implement All Strategic Initiatives*			
<i>Financial investment estimates are approximations and include operational costs only. Estimates will change as analyses mature.</i>			
Initiative Category	Short Term (1 - 2 years)	Medium Term (2 - 5 years)	Long Term (5+ years)
Primary Care	• \$15 - \$24 M	• \$10 - \$34 M	• To be Determined
Specialty / Behavioral / Dental	• \$23 - \$75 M	• \$35 - \$71 M	• \$2 - \$10 M
Hospital-Based / Post-Acute Care	• \$16 - \$37 M	• \$22 - \$50 M	• To be Determined
Foundational Enablers	• \$34 - \$58 M	• \$16 - \$33 M	• \$11 - \$16 M
Social Determinants of Health and Coverage Programs	• \$18 - \$26 M	• \$4 - \$12 M	• To be Determined
Total	• \$106 - \$220 M	• \$87 - \$200 M	• To be Determined

7 *Financial investment estimates are based on national trend information and industry standards. Financial investment estimates will be validated for Central Health in Phase 2 of this engagement and will align with Central Health's yearly budget planning.

Next Steps



Immediate Next Steps

- Finalize priority levels of initiatives to meet the health needs of Travis County's safety net population
- Begin conducting a capabilities and operational analysis across key IT, operational, financial, and clinical capabilities within Central Health for the strategic initiatives
- Present update to Strategic Planning Committee meeting in March



Appendix

Building Upon the Healthcare Equity Plan, Central Health Identified and Prioritized Critical Health Needs for the Safety-Net

Primary Care

3. Health Care for the Homeless
8. Expanded Access to Same-Day Care and Extended Hours, Including Virtual Options
9. Expanded Access to Primary Care, including CUC HIV/AIDS Program and Pharmacy

Specialty Care / Behavioral / Dental

1. Expanded Access to Specialty Care
4. Substance Use Disorder and Addiction Medicine Services, Including MAT and Alcohol Addiction
7. Access to Mental Health Services
10. Expanded Access to Dental Care

Hospital-Based Care / Post-Acute Care

2. Robust Post-Acute Care, Including Respite and Extensivists
5. Expanded Access to Surgical and Procedural Care
6. Expanded Access to Hospital Care

Foundational Enablers

- **Additional Access Points and Infrastructure (e.g., Facilities, Technology, etc.)***
- Care Coordination
- Comprehensive Multi-Disciplinary Care
- Eligibility and Enrollment Services
- Expanded Access to General Prevention and Wellness
- Health Systems Interoperability and Technology
- Management of Chronic Conditions
- Pharmacy
- **Physician and Clinical Workforce Supply, Including Demographically-Diverse Workforce***

Coverage Programs, Benefits, and Structures

- Extended Enrollment Period for MAP
- Increased Enrollment of Eligible Populations
 - People experiencing homelessness, justice involved individuals, and communities where English and Spanish are not the primary language
- Restructure copays to remove patient barriers
- Additional coverage services and benefits
- Patient education (benefits, how and where to use MAP, copays)
 - Language access

Social Determinants of Health

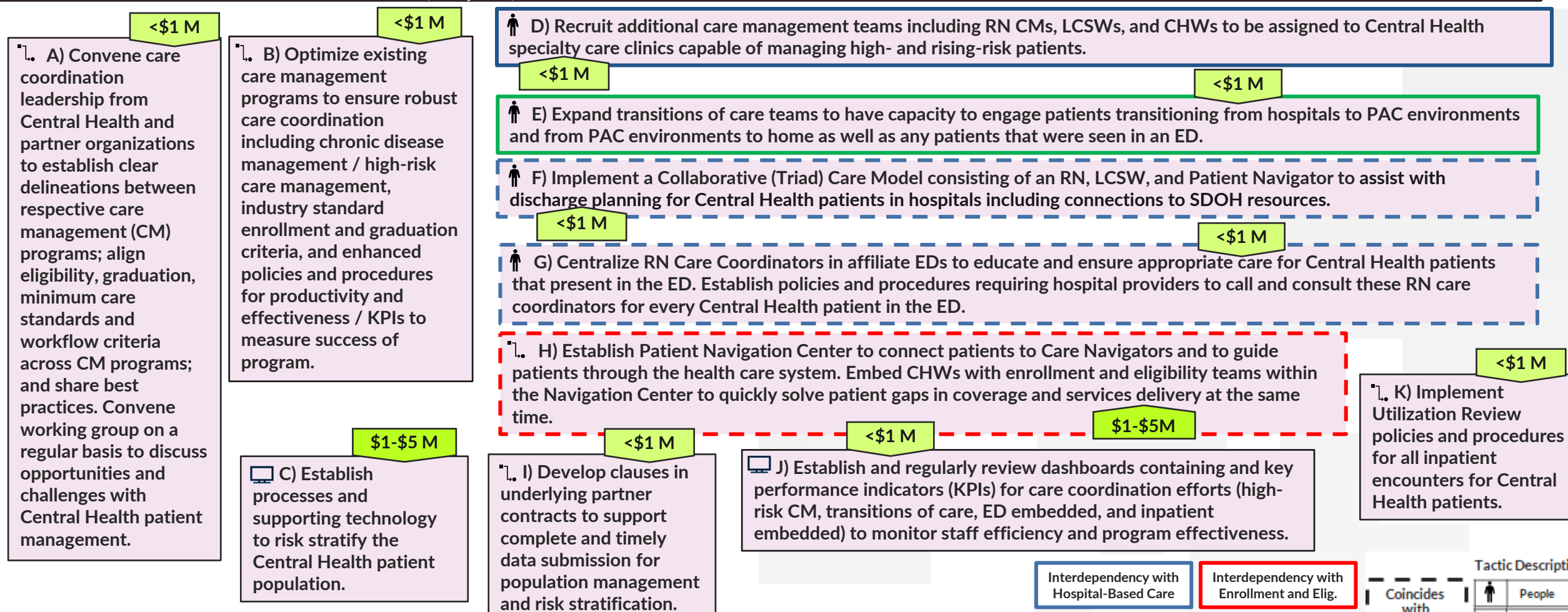
- Improved Community Transitions for Justice-Involved Individuals
- Culturally Competent Materials and Communications
- Affordable Housing
- Access to Transportation
- Access to Healthy Foods
- Technology and Internet Access
- Stable and Consistent Employment Opportunities
- Educational Support Programs



Initiative Category: Foundational Enablers

Community Need: Care Coordination

This illustrative graphic summarizes the recommended critical initiatives to successfully address the unmet needs of Care Coordination over the short term. No medium- or long-term initiatives are recommended at this point.



Tactic Description	
	People
	Process
	Technology

Note: The initiative letter assignment does not indicate rank order or priority
Note: Financial investment estimates are based on national trend information and will be validated for Central Health in Phase 2 of this engagement



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BOARD MEETING

February 22, 2023

REGULAR AGENDA ITEM 3

Discuss Central Health owned or occupied real property and potential property for acquisition, lease, or development in Travis County, including next steps in the redevelopment of the Central Health Downtown Campus, administrative offices of Central Health Enterprise partners, and new developments in Eastern Travis County.^{3,4} (*Action Item*)



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date February 23, 2023 Board of Managers Meeting

Who will present the agenda item? (Name, Title) Stephanie Lee McDonald, VP Enterprise Alignment & Coordination

General Item Description Update on current Construction and Development projects

Is this an informational or action item? Action

Fiscal Impact NA at this time

Recommended Motion (if needed – action item) NA

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

- 1) Update on construction of new health and wellness centers in Eastern Travis County
- 2) Update on real estate strategy including potential acquisition of real property

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

Estimated time needed for presentation & questions? 30 min -- 10 minutes in open session and 20 in closed session with questions

Is closed session recommended? (Consult with attorneys.) Yes

Form Prepared By/Date Submitted: Stephanie Lee McDonald 2/15/2023

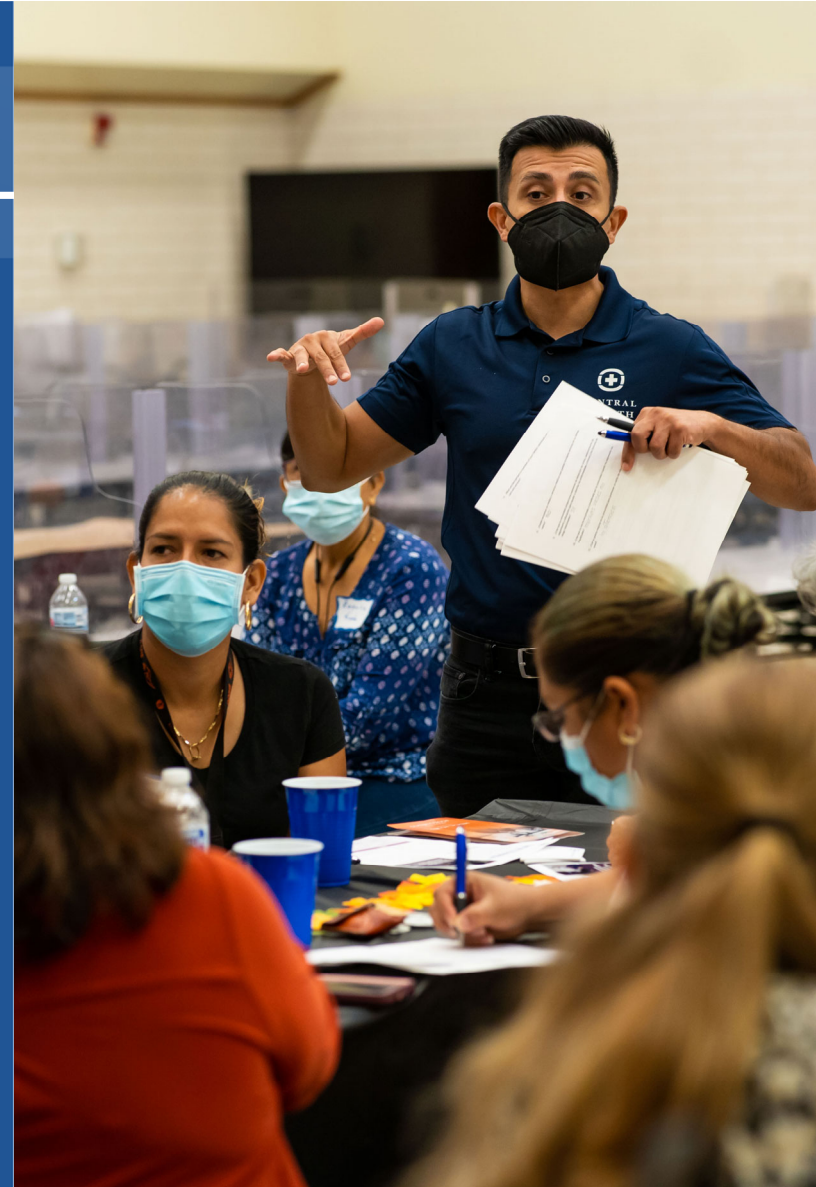


CENTRAL HEALTH

CommUnityCare | Sendero

Central Health Construction and Development Update

*Central Health Board of Managers
February 22, 2023*



HORNSBY BEND

Hornsby Bend Health and Wellness Center Anticipated Opening: July 2023

Current:

- Active construction
- Contractor: IE2
- Architect: BSA LifeStructures
- Civil Engineer: mwm Design Group

Ongoing:

- Operational Planning
- Community Engagement and Outreach
- Posting and recruiting for clinical and wellness center









Hornsby Bend Health and Wellness
Austin, TX
R0061_44931442105



ROSEWOOD ZARAGOSA MULTI SPECIALTY CLINIC

Current:

- Solicitation for General Contractor





CENTRAL HEALTH - ROSEWOOD-ZARAGOSA RENOVATIONS
AUSTIN, TX -01/25/23





CENTRAL HEALTH - ROSEWOOD-ZARAGOSA RENOVATIONS
AUSTIN, TX -01/25/23



Colony Park

Current:

- Central Health and City of Austin to close on land March 8, 2023
 - Subdivision plat approved
 - Temporary construction easement in place

Next Steps:

- Validation of building program
- Preparation for design team solicitation



THANK YOU





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BOARD MEETING

February 22, 2023

REGULAR AGENDA ITEM 4

Receive and take appropriate action pursuant to consultation with legal counsel regarding the current legislative session.⁴ (*Possible Action Item*)



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BOARD MEETING

February 22, 2023

REGULAR AGENDA ITEM 5

Receive and discuss updates on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) program and associated projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas and the University of Texas at Austin.⁴ (*Informational Item*)



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date February 23, 2023

Who will present the agenda item? (Name, Title) No Presentation – draft matrix including active hyperlinks attached

General Item Description Standing Partnership Item

Is this an informational or action item? Informational

Fiscal Impact _____

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

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

- 1) Based on feedback from the Board of Managers, the FY2023 Central Health Budget Resolution, and the Affiliation Agreement between Central Health, CCC and UT, Central Health and University of Texas staff prepared a draft annual reporting matrix from UT to Central Health.
- 2) Pursuant to the timelines set in the Budget Resolution, UT submitted initial examples of the types of data to be reported within the matrix on January 31, 2023.
- 3) The matrix includes live, hyperlinks to datasets and source documents described in the matrix.
- 4) UT will continue to collect data to complete the reporting and present to the Board at the March Board of Managers meeting.
- 5) Future presentations will be compiled and aggregated information, with context. Source documents and datasets are being provided to the Board as a demonstration of work progress.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Draft matrix including active hyperlinks to data

Estimated time needed for presentation & questions? No Presentation

Is closed session recommended? (Consult with attorneys.) N/A

Form Prepared By/Date Submitted: Monica Crowley, February 16, 2023

Affiliation Agreement Term	Relevant Information or Data for Inclusion in Annual Report	Source of Information	Context Notes	Highlights
<p>4.1. UT Austin Dell Medical School. UT will develop, own, and operate the UT Austin Dell Medical School and pursue full accreditation from the Liaison Committee for Medical Education (“LCME”) and the Accreditation Council for Graduate Medical Education (“ACGME”). Subject to continuing funding support from Seton and Central Health, UT Austin Dell Medical School will operate and serve as the Accreditation Council for Graduate Medical Education sponsoring institution of Graduation Medical Education residency programs in Austin, Texas, including those Graduation Medical Education programs currently sponsored by The University of Southwestern Medical Center (“UTSW”) in affiliation with Seton, with rotations at the Teaching Hospital and certain other IDS service sites in Travis County.</p>	<p>Accreditation Timeline and reaccreditation dates and overview of curriculum with any changes highlighted</p>	<p>Dell Medical School to provide</p>	<p>Liaison Committee for Medical Education (LCME) sets curriculum standards and oversight of medical schools through accreditation (hyperlink)</p>	
	<p><i>Graduation destination and specialty</i></p> <p>Comprehensive List of Dell Med UME Graduates Mapped by Residency Match</p>	<p>Dell Medical School to provide to Central Health to use data as desired</p>	<ul style="list-style-type: none"> • Dell Medical School students would <u>only</u> now have the opportunity to match into local fellowships which have been started by Dell Medical School. • A successful medical school matches residents to top tier residency and fellowship programs regardless of location. 	<ul style="list-style-type: none"> • 300% growth in Graduation Medical Education programs (15→45) largely subspecialty fellowships in the last 7 years • Pursuing Excellence in Medical Education (last updated June 2022)
	<p><i>Dell Medical School to provide rotation grids of programs, initial date of accreditation and # of resident positions within the programs for both Accreditation Council for Graduate Medical Education and Texas Medical Board programs</i></p> <p>Cumulative Dell Med ACGME Residency Totals</p> <p>Combined Residency Rotation Grid</p>	<p>The Office of Graduation Medical Education at Dell Medical School to provide with agreement from Ascension.</p>	<p>Accreditation Council for Graduate Medical Education (ACGME) in cooperation with American Boards of Medical Specialties govern residency training requirement including training experiences which influence locations of service provision.</p> <p>Additional grids to be added in the future.</p>	

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	<p><i>Resident Matriculation Data - medical school of origin</i></p> <p>Graduating Med School of Incoming Resident</p>			
<p>4.2.1 Assist the CCC in serving low-income communities by offering opportunities to train Residents and Medical Students in community-based settings</p>	<ul style="list-style-type: none"> • <i>Med student curriculum including associated training sites.</i> <ul style="list-style-type: none"> ○ Dell Med UME Curriculum Overview • PC (Primary Care) Clerkship, Elective Enrollment Numbers <ul style="list-style-type: none"> ○ Primary Care Clerkship Enrollment Locations 	<p>Dell Medical School to provide</p>	<p>Covered in 4.1 with curriculum</p>	
	<p><i>Residency/Fellowship rotation grids including associated training sites</i></p>	<ul style="list-style-type: none"> • The Office of Graduation Medical Education at Dell Medical School to provide with agreement 	<p>Multiple clinics and hospitals across the developing Integrated Delivery System (IDS) are required to meet the necessary Accreditation Council for Graduate Medical Education (ACGME) training requirements to ensure that graduate learners have robust broad and deep training</p>	<p>Dell Med resident demographics (updated annually)</p>

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		from Ascension <ul style="list-style-type: none"> Central Health to determine which are community-based settings associated with the safety net population 	experiences for continued accreditation.	
<p>4.2.2 Assist Central Health and the CCC in developing appropriate levels of clinical services at Community Clinics and new clinic locations in Travis County</p>	<ul style="list-style-type: none"> <i>Annual report for UT Health Austin provided to Central Health including services, volumes, and outcomes for MAP and MAP basic patients</i> Effort allocation matrix for employed faculty could be provided with service specificity to affiliated partner. <ul style="list-style-type: none"> Dell Med MSRDP Allocation Matrix Include data from the master service 	UT Health Austin Information Technology Medical Service, Research, and Development Plan (MSRDP) Allocation Grids (Central Health to determine if affiliate provides services to safety net population and at what level)	We annually provide this data and have for 4 years. Medical Service, Research and Development plan effort allocation matrix represents distribution of Dell Med Clinical Faculty efforts across affiliates. Practice site location coordinated through affiliates.	

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	<p>agreement that is shared at the joint operating committee level once this is completed.</p> <ul style="list-style-type: none"> ○ Executive Summary to be provided ● Include data from grids derived from exhibits to master service provider agreement with Central Health 			
<p>4.2.3 Promote effective and efficient medical practice by training professionals to work together in multi-disciplinary teams</p>	<p>Current examples of UT's accomplishments in this area.</p>	<p>Dell Medical School to provide</p>		<p>Center for Health Interprofessional Practice & Education 2022 Annual Report</p>
<p>4.2.4 Assist the CCC, Central Health, and Seton with their Delivery System Reform Incentive Payment ("DSRIP") projects under the existing Medicaid 1115 Waiver Program of the State.</p>			<p>This work is complete with the end of the DSRIP program.</p>	
<p>4.2.5 Provide medical care with a focus on preventative health care and the multitude of factors that impact health outcomes;</p>	<ul style="list-style-type: none"> ● Listing of all primary care sites where Dell Medical School faculty and residents provide care. (From resident rotation grids and faculty effort allocations outlined below. See 4.3) <ul style="list-style-type: none"> ○ Dell Med GME 			<ul style="list-style-type: none"> ● List other relevant projects in Pop Health and Dell Medical School, e.g., M3 (Mobile, Medical, and Mental Health Care) Street Team, Community Driven initiatives, Community Care, Community Health Worker (CHW) programs in collaboration with Austin Public Health (APH), Lone Star Circle of Care (LSCC),

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	<p style="text-align: center;">Clinical Training Locations</p> <ul style="list-style-type: none"> • Current examples of UT’s accomplishments in this area. <ul style="list-style-type: none"> ○ Examples of Progress and Impact • Medical Student Curriculum – Preventative Care <ul style="list-style-type: none"> ○ Overview of Preventive Care Components of UME Curriculum 			<p>Black Men’s Health Clinic (BMHC), Ascension; Cancer Prevention and Research Institute of Texas (CPRIT) projects (Drs. Pignone, Shokar) and other relevant grants/contracts.</p> <ul style="list-style-type: none"> • A Low-Cost Approach to Increasing Colorectal Cancer Screening in Vulnerable Patients • Innovation in Cancer Prevention & Care • Improving the Continuum of Care for Mental Health
<p>4.2.6 Recruit, train, and educate Medical Students, including those from diverse ethnic and cultural backgrounds, consistent with applicable Laws.</p>	<p><i>Student demographics</i></p>	<p>Dell Medical School to provide</p>	<p>Provided on Dell Med website and updated annually</p> <p>Dell Med student demographics (updated annually)</p>	
<p>4.2.7 Generate and utilize data to educate physicians and patients on methods to achieve better health outcomes and reduce health disparities in Travis County.</p>	<ul style="list-style-type: none"> • Grand Rounds, Speaker Series, Workshops, Symposia and Seminars across the institution on select topics • Ongoing Dell Med/Travis County 	<p>Dell Medical School to provide</p>		

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	Medical Society Town Halls for Central Texas Physicians			
<p>4.2.8 Endeavor to promote training that integrates biomedical science with other disciplines, thereby providing students with a full understanding of the myriad of factors that influence the individual and population health and suggested interventions that improve both, by developing and teaching innovative ways to provide medical care and strengthen population health within Travis County through research, education, public health policy and clinical practice.</p>	<ul style="list-style-type: none"> • Provide MS3 curriculum and tracts populated. <ul style="list-style-type: none"> ○ MS3 Curriculum Overview <ul style="list-style-type: none"> ○ Annual list of community and leadership projects ○ Comprehensive List of MS3 Projects by Year • Provide data on the Distinction tract and residents. <ul style="list-style-type: none"> ○ ACT Curriculum Overview • Health Equity and IPE Curriculum <ul style="list-style-type: none"> ○ Dell Med Health Equity Course Overview by Academic Year ○ Dell Med IPE Curriculum Overview 	Dell Medical School to provide		Healthscape tract students have focused on delivering food for low-income Travis County residents (in the thousands) & eliminating medical debt with a specific focus on low-income communities of color (30+ a month)

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<p>4.2.9 Engage in clinical research to improve the quality of care in the community that will include integration of care, cultural sensitivity in treatment, and effective use of population data in the treatment of patients.</p>	<ul style="list-style-type: none"> • Funded/unfunded clinical research information. <ul style="list-style-type: none"> ○ List of Active Dell Med Research Projects by Department (Funded) • Annual publications/presentations <ul style="list-style-type: none"> ○ Examples of Impactful Research Stories • Blue Ridge Rankings • Annual Funding Levels <p>Dell Med Blue Ridge Ranking and Current Research Funding Overview</p>	<p>Dell Medical School to provide</p>	<p>Should show growth over time</p>	<ul style="list-style-type: none"> • Depression & other mental health for low-income older population with at least one comorbidity through health callers • Diabetes management through non-medical approaches for patients with unmanaged diabetes at LSCC • Mental health support for vulnerable LGBTQ youth • Food vouchers and impact on child diet. • Produce prescription programs with Peoples Community Clinic • Meal delivery for better management of diabetes with Community Care patients.
<p>4.3 UT Austin Dell Medical School Provision of Clinical Services. As soon as the Faculty and Residents are available in Travis County, Texas to provide clinical services, UT will make available, through the Seton 162b Entity or UT Austin Dell Medical School provider practice entities, appropriate members of its Faculty and Residents to provide clinical services at clinics and other facilities acting as providers for the IDS, including the Teaching Hospital, Dell Children’s Medical Center, and other</p>	<ul style="list-style-type: none"> • Resident rotations and sites • Faculty effort allocations as described in section 4.2.2 	<p>Dell Medical School Graduation Medical Education to provide with Ascension approval</p> <p>Central Health to abstract relevant sections.</p>	<p>As students and residents do not operate without supervision, it is not possible to determine at the patient level the level of involvement. The entity could provide based on claims data at the faculty level as we do for UT Health Austin, request between Central Health and entity.</p>	

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<p>reasonably accessible facilities and clinics utilized by such Faculty and Residents to provide clinical services for IDS patients (“Service Sites”). Subject to evolutions in the generally accepted practice of medicine as reflected in periodic adjustments by the UT Austin Dell Medical School to its teaching programs, this participation will include Faculty and Residents providing a comprehensive range of medical services and clinic experiences to residents of Travis County who present to the various Service Sites and coordination with those Service Sites to assure efficient and quality care to the residents seeking services in those settings. At such Service Sites, the Seton 162b Entity or UT Austin Dell Medical School provider practice entities will accept MAP (or its successor) patients, Charity Care Enrollees, members of any health plan owned by Central Health and the CCC, any residents participating in any program of the IDS and uninsured patients, in the same manner and pursuant to procedures that ensure the same access as other patients of the Seton 162b Entity or UT Austin Dell Medical School provider practice entities regardless of the patient’s age, gender, race, color, religion, origin, sexual orientation, disability, health status, insurability, genetic information, source of payment, or utilization of medical or mental health services, consistent with the applicable UT Austin Dell Medical School Charity Care Policy. The Parties understand that the permanent and ongoing funding commitments of Central Health, CCC, and Seton to UT described in this</p>		<p>See Sec. 4.9 for charity care policy response</p>		

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<p>Agreement, in that certain affiliation agreement between Seton and UT being prepared as of the Effective Date of this Agreement, and indirectly through the comprehensive affiliation arrangement existing as of the Effective Date of this Agreement between or among Central Health, Seton, and/or CCC, including the Master Agreement and Omnibus Agreement, are the bases for UT Austin Dell Medical School's provision of clinical services under this Section 4.3. Should such funding commitments be diminished or otherwise compromised during the Term of this Agreement, UT Austin Dell Medical School will use its best efforts to continue to provide the same level of clinical services as furnished prior to the diminution or compromise of such funding commitment, subject to good faith negotiations among the Parties to promptly identify and arrange for comparable, alternative levels of funding to UT Austin Dell Medical School.</p>				

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<p>4.4 Women’s Health. A primary obligation of Central Health and the CCC is to assure that adequate services of all types are available to the women of Travis County. The UT Austin Dell Medical School will assist Central Health and the CCC in meeting this obligation by providing comprehensive education and training in women’s health services to its Residents and Medical Students and comprehensive women’s clinical services to this population as described in Section 4.3 above. Further, the UT Austin Dell Medical School plans to accept the transfer of sponsorship from UTSW and maintain an accredited graduate medical education residency program which includes all aspects of women’s health.</p> <p>4.5 Ethical and Religious Directives. The Parties acknowledge that Seton is limited by the Ethical and Religious Directives of the Catholic Church and cannot provide ERD Restricted Services in Seton facilities. UT agrees that it will cooperate with and assist the CCC and Central Health such that (i) the ERDs shall not impede the delivery of medically appropriate health care to the residents of Travis County outside of Seton facilities and (ii) the ERDs do not limit the education provided by Faculty to Medical Students and Residents. UT will participate with providers other than Seton to assure the education and training of the Residents and Medical Students in a comprehensive range of clinical services and the availability of such clinical services to Travis County residents.</p>	<p>Compliant with LCME and ACGME requirement (hyper link to LCME and ACGME)</p> <ul style="list-style-type: none"> • Curricula and other data to be shared through the JOC <ul style="list-style-type: none"> ○ <i>Current # of interval tubals performed by faculty</i> ○ <i>Current # of postpartum risk reducing salpingectomies done by our faculty at Seton</i> 	<p>Dell Medical School to provide</p> <p>Dell Medical School to provide in conjunction with Ascension and St. David’s</p>	<ul style="list-style-type: none"> • Dell Medical School has recruited and retained 3 Family Planning boarded faculty. • Current residents can no longer rotate at St. David’s. No longer have access in our program for postpartum tubal training except for those procedures done for risk reduction at Seton Medical Center Austin 	

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<p>4.6. Ground Lease. UT will execute and maintain a ground lease with Central Health which shall, consistent with the terms of the ground lease, authorize Central Health to sublease certain property to Seton for the purpose of building and operating the new Teaching Hospital on such property (“Ground Lease”).</p>				
<p>4.7. Permitted Investment Payments. UT shall utilize the Permitted Investment Payments for funding of Permitted Investments and shall periodically inform Central Health and the CCC through the JAC and other means acceptable to UT as to the nature of the Permitted Investments being supported by such Permitted Investment Payments.</p>	<ul style="list-style-type: none"> • Permitted investments to be discussed in the JAC including: <ul style="list-style-type: none"> ○ Clinical Overhead Expenses Breakdown • Annual review with the previously agreed upon procedures. 	<p>Central Health may abstract to present and explain to their board.</p>	<p>Central Health and Dell Medical School will work within the JAC and other relevant working groups to consider a staged approach to provide a university-wide acceptable means of reporting with a goal to complete stage one by September 1, 2023.</p>	
<p>4.8 Medical Support. Consistent with Section 4.3 above, (i) UT will coordinate with the CCC, Central Health, and Seton in developing and staffing programs that will provide medical and clinical services through the Faculty and Residents that will benefit the residents of Travis County and (ii) UT Faculty and Residents licensed, privileged, or otherwise authorized to provide patient care services shall be available to participate in the IDS.</p>	<p>No additional information available beyond the data noted for 4.2.2 and 4.3 above.</p>			
<p>4.9 MAP and Charity Care Patient Access to Clinical Services. As soon as the Faculty and Residents are licensed, privileged, or otherwise authorized and available to provide patient care services in Travis County, they will provide clinical services to the residents of Travis County as described in Section 4.3</p>	<p><i>Annual report to include reference to UT Health Austin Charity Care Policy</i></p> <p><i>Also related to reporting in 4.3 and 4.4</i></p>		<p>UT Health Austin Charity Care Policy previously provided</p>	

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<p>above. Additionally, as described in Section 4.3 above and subject to evolutions in the generally accepted practice of medicine as reflected in periodic program adjustment by the UT Austin Dell Medical School, the UT Austin Dell Medical School shall coordinate with Central Health, the CCC, Seton, the Seton 162b entity and UT Austin Dell Medical School provider practice entities to make available Faculty and Residents to provide part of the physician services component of the (i) MAP Healthcare Services and Charity Care Health Care Services in comparable specialties and scope as are provided as of the Effective Date of this Agreement by UTSW faculty and residents under the Omnibus Agreement, through or in conjunction with that certain UTSW and Seton Affiliation Agreement, effective as of November 30, 2009, and (ii) women’s or other health services that Seton cannot provide because of ERDs. It is understood by the Parties that a period of five (5) years will be required for the UT Austin Dell Medical School to recruit a full complement of Faculty. In conjunction with the recruitment of additional Faculty and expansion of Graduation Medical Education programs by UT Austin Dell Medical School, additional specialty and sub-specialty care will be provided by Faculty and Residents at such Service Sites, consistent with the efficient delivery of clinical services and the UT Austin Dell Medical School mission. Expansion of specific clinical programs will be addressed by the JAC. On an annual basis, the JAC shall</p>				

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<p>consider changes to the types and volume of clinical services that it proposes to be provided by the Faculty and Residents through the Seton 162b Entity or UT Austin Dell Medical School provider practice entities. In the event that the members of the JAC cannot agree on the changes to the type and volume of clinical Dell Medical School services that it proposes to be provided by the Faculty and Residents licensed, privileged, or otherwise authorized to provide patient care services, the UT Austin Dell Medical School shall, consistent with Section 4.3 above, cooperate with Central Health, the CCC, the Seton 162b Entity or UT Austin Dell Medical School provider practice entities to provide in the next year the same type and volume of clinical services to Travis County residents (including MAP Enrollees and Charity Care Enrollees) as were provided in the immediately previous year, subject to evolutions in the generally accepted practice of medicine as reflected in periodic programmatic adjustments by the UT Austin Dell Medical School.</p>				
<p>4.10 Medical and Clinical Research Resources. The Parties acknowledge that UT will, as a part of the UT Austin Dell Medical School’s mission, engage in research activities to develop medical and clinical innovations that will improve and enhance the medical care available to patients. The UT Austin Dell Medical School will participate in clinical research programs that are intended to expand the medical research presently performed in Travis County. UT will pursue a</p>	<p>No additional information available beyond the data noted for 4.2.9 above.</p>			

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broad range of medical research regardless of any potential conflict with the ERDs and in doing so will consider the eventual availability and accessibility to Travis County residents of the innovations developed from this research.				
4.11 Seton/UT Affiliation Agreement. UT intends to enter into and maintain an Affiliation Agreement with Seton that will govern the relationship between the UT Austin Dell Medical School and Seton. UT will use reasonable efforts to maintain a similar affiliation agreement with Seton or any other entity that owns or operates the Teaching Hospital during the term of this Agreement.	Annual report to include reference to Seton affiliation agreement.			
4.12 Master Agreement. UT will cooperate where reasonably possible with the CCC, Central Health, and Seton to assist in their performance under the Master Agreement.	No additional information to include in annual report.			
4.13 Communication. The UT Austin Dell Medical School, CCC, and Central Health will communicate and share information on a regular basis regarding the participation of each Party in the IDS and will coordinate with each other in the effort to achieve IDS integration and efficiency.	Annual report to demonstrate UT's ongoing communication and information sharing.		Annual report to be created specific to Central Health as subset of an overarching Dell Medical School/UT Health Austin report	



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

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

BOARD MEETING

February 22, 2023

REGULAR AGENDA ITEM 6

Confirm the next regular Board meeting date, time, and location. (*Informational Item*)