



TRV
2 PGS

201380955

STAYS IN FILE



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS

Agenda

Wednesday, May 15, 2013
5:30 p.m.

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

CITIZENS' 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 time the Board of Managers votes on the motion to adopt the CONSENT AGENDA.

- C1. Approve minutes for the following meeting of the Central Health Board of Managers:
 - a. February 23, 2013.
- C2. Receive the April 2013 Investment Report and ratify Central Health investments for April 2013.

REGULAR AGENDA*

- 1. Receive and discuss a presentation from David Evans, CEO, Austin Travis County Integral Care (ATCIC) on proposed Delivery System Reform Incentive Payment (DSRIP) projects to be implemented by ATCIC relating to the 1115 Medicaid Waiver.
- 2. Receive and discuss an update on CommUnityCare operations for the second quarter of Fiscal Year 2013.
- 3. Receive and discuss a report of the April 2013 financial statements for Central Health.

4. Receive and discuss the CEO's report on the following Central Health activities: (a) procurement activity; (b) current communications/outreach statistics; (c) the Medical Access Program (MAP), including enrollment and activities; and (d) Psychiatric Stakeholder's Meeting.
5. Receive and discuss reports from the Board committees: Budget and Finance Committee; *ad hoc* Strategic Planning Committee; and *ad hoc* Legislative Committee.
6. Discuss and take appropriate action on the following:¹
 - a. Academic Medicine, Senator Watson's "10 in 10" Initiative, and University Medical Center at Brackenridge, including other interrelated community partnerships;
 - b. The 1115 Medicaid Waiver, including an update on the development of the Community Care Collaborative (CCC); and
 - c. A proposed Master Agreement and other ancillary agreements between Central Health and Seton Healthcare Family.
7. Confirm the next regular Board meeting date, time, and location.

* The Board of Managers may take items in an order that differs from the posted order.

Note 1, Possible closed session item.

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



Came to hand and posted on a Bulletin Board in the Courthouse,
 Austin, Travis County, Texas on this the 10 day of
May 2013
 Dana DeBeauvoir
 County Clerk, Travis County, Texas
 By [Signature] Deputy

J. VAN HOOSER

Came to hand and posted on a Bulletin Board in the Courthouse,
 Austin, Travis County, Texas on this the 20
 day of
May 2013
 Dana DeBeauvoir
 County Clerk, Travis County, Texas
 By [Signature] Deputy

FILED AND RECORDED

OFFICIAL PUBLIC RECORDS

Dana DeBeauvoir

May 10, 2013 03:30 PM 201380955

FEE: \$0.00

Dana DeBeauvoir, County Clerk
 Travis County TEXAS



**CENTRAL
HEALTH**

Board of Managers meeting

May 15, 2013

AGENDA Item C1

**Approve minutes for the following meeting of the
Central Health Board of Managers:**

- a. February 23, 2013**

MINUTES OF MEETING - FEBRUARY 23, 2013

CENTRAL HEALTH BOARD OF MANAGERS RETREAT

On Saturday, February 23, 2013, a meeting of the Central Health Board of Managers convened in open session at 9:11 a.m. in the Training Room of the Central Health Administrative Offices located at 1111 E. Cesar Chavez Street, Austin, Texas 78702. Clerk for the meeting was Ms. Rachael Cortez.

Board of Managers present: Chairperson Mendoza, Vice-Chairperson Coleman-Beattie, Treasurer Daniel, Secretary Lightsey, Manager Coopwood, and Manager Heidrick.

REGULAR AGENDA*

1. Discuss and take appropriate action on the development of a new Central Health strategic plan for Fiscal Years 2014 through 2016.

Clerk's notes: Discussion on this agenda item began with Chairperson Mendoza introducing Andy Agwunobi, M.D., Berkley Research Group, the retreat's facilitator, Michael Nowicki, Ed.D, Professor and Director, School of Health Administration, Texas State University, and Mr. Kevin Reed, outside counsel with Davis & Wright.

Chairperson Mendoza explained to the Board that the development of a strategic plan for Central Health is a shared journey, offering the analogy of a white water rafting trip, symbolic of the challenges it will face in the future and the singularity of their vision. She stated that with the flow of funds dramatically changing and spurring involvement in new contractual agreements, the day's aim is to confirm the destination and plan how to arrive there without "capsizing and losing paddles."

Dr. Agwunobi explained that today would be the first of three planning sessions to give management direction in preparing a detailed strategic plan. The Board was asked to add any questions they had to the objectives for the day. Additional questions from the Board were about the following: the potential financial savings by healthcare providers as they switch from FFS (fee for service) to a value-based world; the impact on Central Health due to Medicaid expansion in terms of funding; and establishing metrics to know what is being accomplished with the Community Care Collaborative (CCC).

Dr. Nowicki presented national issues driving the healthcare environment. Referring to a handout, he noted that economic are the driving force, and described health expenditures based on various criteria. He described the Medicare/Medicaid losses over a ten-year period in relationship to hospital uncompensated care (UC). Dr. Nowicki segued into the Affordable Care Act (ACA) by predicting that UC losses for hospitals would decrease with the implementation of the ACA. He stated that the ACA expands Medicare and Medicaid coverage to 32 million people, and is a comprehensive reform that attempts to address healthcare access, quality, and cost, the three worst problems in healthcare. He expects a move towards value-based, patient-centered care as a result.

Mr. Reed presented on state issues affecting the healthcare environment. He noted that the state budget in Texas is key, as it ranks 47th in the country in terms of the amount of state money spent per capita on healthcare. He began his presentation with Medicaid expansion, noting that even conservative groups in Texas are reconsidering Governor Perry's strict stance in opposition to it. He mentioned that ideas such as the state of Florida's adopting conditional expansion could serve to moderate opposition in Texas, but this kind of expansion could very well affect the 1115 Medicaid Waiver negatively.

He said Disproportionate Share Hospital (DSH) funding continues to be an enormous issue. With seven transferring hospitals dropping the amount of money they are putting into DSH because they can make more money with the 1115 Medicaid Waiver, a need for additional \$75 million from the state arises. However, there is no guarantee the state will fund it. The state has continued to drop reimbursement rates, so DSH has become a subsidy program for low Medicaid rates. Mr. Reed emphasized that in the long term, the Medicaid rate problem needs to be fixed in order to solve the DSH issue.

He then reported that cancer funding is currently unavailable given the situation at the Cancer Prevention and Research Institute in Texas. In terms of women's health, Senator Nelson asked for new funding, which is a positive step. As for mental health, Texas remains 49th in funding in the country, but a request for substantial additional funding has been issued. Mr. Reed finished with information on a pending bill, mandating that special districts complete a study of themselves every three years, and the work currently going on to exempt hospital districts.

After a ten minute break, the meeting reconvened with Central Health Vice President of Communications and Planning, Ms. Christie Garbe, reviewing Central Health's history and accomplishments. She underscored that Central Health is still a young governmental entity, but already has some impressive accomplishments. She reminded the Board that Central Health was created to furnish medical and hospital care for indigent and needy residents of Travis County (which remains the focus), but also to conduct educational activities to improve the quality of care rendered, and to promote good health habits in the community.

She emphasized that good strategic planning starts with obtaining community needs data, and noting trends with the impoverished population Central Health aims to serve. The east, southeast, and north central planning regions of Travis County have the greatest portions of families under the federal poverty limit. The northeast has the greatest projected population growth through 2018. Poverty that remains in the central core area will be more densely concentrated because of affordable housing initiatives. She noted trends in Travis County affecting the overall healthcare environment.

Ms. Garbe then divided core initiatives and functions into three categories: clinical care; health promotion; and coverage. She obtained the Board's agreement on the categories and reviewed Central Health's mission statement.

Ms. Garbe finished with a SWOC (Strength, Weaknesses, Opportunities, and Challenges) analysis. Referring to a handout, she detailed Central Health's strengths, weaknesses, opportunities and challenges.

The Board discussed the SWOC analysis.

Manager Zamora arrived at 12:45 p.m.

Central Health Vice President of Service Delivery, Mr. Larry Wallace, presented on the Community Care Collaborative (CCC), stating that the topic will remain as a standing Board agenda item. Mr. Wallace opened by saying that the new healthcare model needs to be driven clinically. More than half of the current CCC workgroups are dealing with clinical issues like operation, protocols, etc. Indicators and metrics will be worked on and an analysis is underway of the capabilities of existing partners (CommUnityCare, Lone Star Circle of Care, etc.). He emphasized that the CCC will stress patient-centered care, and the system of physician and hospital integration is a core tenet. Mr. Wallace said efforts will focus on the sickest people in the existing population.

Mr. Wallace went into detail about the workgroups (up to 25 teams), which are consolidated into four categories: population/eligibility/benefit plan; clinical delivery system; operations/network, including facilities and finance; and workflow/administrative, which includes all non-clinical activities. All partners that will be part of work sessions have timelines, formalized charters, and sponsors, and will be held accountable to complete their work within a certain timeframe.

In terms of Delivery System Reform Incentive Payment (DSRIP) projects, Mr. Wallace said the CCC aims to leverage after-hours and weekend care, integrated and behavioral health, proactive patient engagement, care coordination, and specialty care.

Mr. Wallace responded to questions from the Board, adding that Dr. Mark Hernandez, who will be serving as the CCC's Chief Medical Officer, will be at the next PI Subcommittee meeting on March 6, 2013.

Mr. Wallace reported on the new hospital, saying he has been attending related meetings and will report to the Board on the planning phase (i.e. concepts and data points) at the March 20, 2013 Board meeting. President and CEO, Patricia Young Brown, added that Central Health is talking to University of Texas now about the land that will be utilized. All the following meetings on the hospital will be in open session and Seton will be in attendance.

Ms. Young Brown discussed the new medical school by informing the Board that the steering committee is now formed, and she is a member. The committee includes representatives from University of Texas, Seton Healthcare Family, and University of Texas Southwestern. The committee already held its first meeting, with subsequent meetings to convene on a biweekly basis, starting Monday (February 25, 2013). Workgroups for the project are covering curriculum and land components. The joint communications group, of which Ms. Garbe is a member, aims to communicate to the community as an entire team and in a coordinated way. She informed the Board that an agreement for medical school support is connected to the CCC. The steering committee anticipates that over time GME (Graduate Medical Education) sponsored by University of Texas Southwestern will migrate to the University of Texas at Austin medical school.

At this point, Dr. Agwunobi asked the Board what is missing and what should be explored. Manager Heidrick wanted to know more about a future cancer facility on campus, and Manager Coopwood wanted to stress a focus on inpatient behavioral health beds for the future. He also felt that as the Board collects data with HIE (Health Information Exchange), it is important to be able to train providers on how to access and utilize HIE data. This was noted.

Central Health Director of Planning, Ms. Ellen Richards, then presented on health promotion, wanting input from the Board before initiatives are developed.

She opened by saying that Central Health has to coordinate efforts with the City of Austin and Travis County to align efforts, develop shared goals, and set indicators to help measure the progress of the community in improving the health status of individuals within a targeted population. She discussed factors influencing individual and population health, including social/economic factors, clinical care, health behaviors, and physical environment. Ms. Richards proceeded to describe Central Health's current role in terms of health promotion versus the future vision for this role, emphasizing the importance of aligning efforts and closing gaps through policy, leadership, services, and education.

Board Members then voiced questions and comments. The Board expressed for health promotion being linked with CCC work, but they stressed the following needs: to monitor return on investments; to look at other organizations'; and to be prepared for involvement from other groups.

In terms of health coverage, Mr. Wallace explained Sendero Heath Plans' current role in managing the MAP population, and how they will likely continue performing this role for the CCC.

Evaluation forms were then distributed.

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

Clerk's notes: Chairperson Mendoza confirmed the next Board Meeting on Wednesday, March 6, 2013 at 5:30 p.m. at Central Health's Administrative office, 1111 East Cesar Chavez. Secretary Lightsey moved to adjourn, and Chairperson Mendoza seconded.

Chairperson Rosie Mendoza	For
Vice-Chairperson Brenda Coleman-Beattie	For
Treasurer Katrina Daniel	For
Secretary Rebecca Lightsey	For
Manager Tom Coopwood	For
Manager Clarke Heidrick	For
Manager Lynne Hudson	For
Manager Guadalupe Zamora	For
Manager Anthony Haley	Absent

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

Rosie Mendoza, CPA, Chairperson
Central Health Board of Managers

ATTESTED TO BY:

Rebecca Lightsey, Secretary
Central Health Board of Managers



**CENTRAL
HEALTH**

Board of Managers meeting

May 15, 2013

AGENDA Item C2

Receive the April 2013 Investment Report and ratify Central Health investments for April 2013.

AGENDA ITEM # _____

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 \$16,920,756.81 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 6 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: May 15, 2013

CHAIR, BOARD OF MANAGERS

VICE CHAIR, BOARD OF MANAGERS

MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

ATTACHMENT A

DATE: 4/30/2013

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Tex Pool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	7,267,956.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.0964%
PRINCIPAL:	7,267,956.00	PURCHASED THRU:	Tex Pool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	7,267,956.00	CUSIP #:	N/A
TRADE DATE:	4/30/2013	SETTLEMENT DATE:	4/30/2013

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

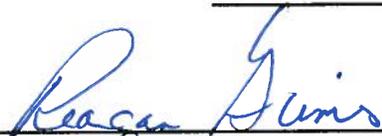
ATTACHMENT A

DATE: 4/19/2013
TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TEXPOOL	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	1,939,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.1068%
PRINCIPAL:	1,939,000.00	PURCHASED THRU:	TEXPOOL
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	1,939,000.00	CUSIP #:	N/A
TRADE DATE:	4/19/2013	SETTLEMENT DATE:	4/19/2013

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

ATTACHMENT A

DATE: 3/27/2013

TIME: 11:30 AM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	FHLB Callable	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 3,500,000.00	SAFEKEEPING NO:	P 31317
COUPON RATE:	0.250%	PRICE:	100.000000
MATURITY DATE:	4/15/2014	US TREASURY CONVENTION YLD	0.2500%
PRINCIPAL:	\$ 3,500,000.00	PURCHASED THROUGH:	DREXEL HAMILTON
ACCRUED INT:	\$ 0.00	BROKER:	FRED PHELAN
TOTAL DUE:	\$ 3,500,000.00	CUSIP #:	313382LR2
TRADE DATE:	3/27/2013	SETTLEMENT DATE:	4/15/2013

AUTHORIZED BY:



CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

ATTACHMENT A

DATE: 4/9/2013

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Tex Star	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	4,001,800.81	SAFEKEEPING NO.:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.1063%
PRINCIPAL:	4,001,800.81	PURCHASED THRU:	Tex Star
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	4,001,800.81	CUSIP #:	N/A
TRADE DATE:	4/9/2013	SETTLEMENT DATE:	4/9/2013

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

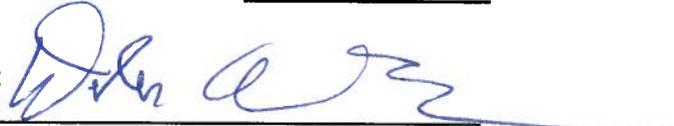
DATE: 4/3/2013

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexStar	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	33,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.1171%
PRINCIPAL:	33,000.00	PURCHASED THRU:	TexStar
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	33,000.00	CUSIP #:	N/A
TRADE DATE:	4/3/2013	SETTLEMENT DATE:	4/3/2013

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 4/1/2013

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexStar	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	179,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.1242%
PRINCIPAL:	179,000.00	PURCHASED THRU:	TexStar
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	179,000.00	CUSIP #:	N/A
TRADE DATE:	4/1/2013	SETTLEMENT DATE:	4/1/2013

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH MONTHLY INVESTMENT REPORT
 PORTFOLIO STATISTICS

DATE: April 30, 2013

By Fund Type

Operating	\$ 133,727,951.99	97.70%
Debt Service	-	0.00%
Bond Proceeds	3,141,643.89	2.30%
Other	-	0.00%
Total Portfolio	\$ 136,869,595.88	100.00%

By Security Type

Operating-

TexasDAILY	\$ 10,421,005.54	7.79%
TexPool	23,057,999.20	17.24%
TexSTAR	16,448,947.25	12.30%
TexasTERM CP	17,000,000.00	12.71%
Certificates of Deposit	-	0.00%
Treasury Securities	-	0.00%
Government Agencies	62,500,000.00	46.74%
Commercial Paper	4,300,000.00	3.22%
Total	\$ 133,727,951.99	100.00%

Debt Service-

TexPool	0.00	#DIV/0!
Total	\$ -	#DIV/0!

Bond Proceeds-

TexPool	\$ 3,141,643.89	100.00%
Total	\$ 3,141,643.89	100.00%

Compared to Policy Limits

		Actual %	Guidelines
TexasDAILY	\$ 10,421,005.54	7.61%	30.00%
TexPool	26,199,643.09	19.14%	50.00%
TexSTAR	16,448,947.25	12.02%	30.00%
TexasTERM CP	17,000,000.00	12.42%	30.00%
Total LGIPS	\$ 70,069,595.88	51.19%	70.00%
Certificates of Deposit	-	0.00%	50.00%
Treasury Securities	-	0.00%	100.00%
Government Agencies	62,500,000.00	45.66%	75.00%
Commercial Paper	4,300,000.00	3.14%	20.00%
Total	\$ 136,869,595.88	100.00%	

Investment Revenue & Accrued Interest

	April 2013	Fiscal YTD
Operating-		
TexasDAILY	\$ 748.72	\$ 9,788.79
TexPool	1,652.20	\$ 13,288.21
TexSTAR	1,381.79	\$ 13,860.71
TexasTERM CP		\$ 13,350.42
Certificates of Deposit		\$ -
Treasury Securities		\$ -
Government Agencies	28,956.00	\$ 144,712.00
Commercial Paper	1,800.00	\$ 1,800.00
	\$ 34,538.71	\$ 196,800.13
Discount Accretion & Accrued Interest		
TexasTERM CP	\$ 2,893.15	\$ 16,568.77
-less previous accruals	0.00	\$ (11,439.45)
Certificates of Deposit	0.00	\$ -
-less previous accruals	0.00	\$ -
Treasury Securities	0.00	\$ -
-less previous accruals	0.00	\$ -
Government Agencies	27,015.70	\$ 155,025.41
-less previous accruals	(24,130.00)	\$ (123,120.00)
Commercial Paper	716.67	\$ 3,411.67
-less previous accruals	(1,620.00)	\$ (1,620.00)
	\$ 4,875.52	\$ 38,826.40
Total Investment Revenue & Accrued Interest	\$ 39,414.23	\$ 235,626.53



**CENTRAL
HEALTH**

Board of Managers meeting

May 15, 2013

AGENDA Item 1

Receive and discuss a presentation from David Evans, CEO, Austin Travis County Integral Care (ATCIC) on proposed Delivery System Reform Incentive Payment (DSRIP) projects to be implemented by ATCIC relating to the 1115 Medicaid Waiver.

ATCIC 1115 WAIVER DSRIP PROJECT LIST - PROJECT VALUATION

Last Update: 11/16/2012

Project Name		DY 2	DY 3	DY 4	DY 5	Total	DSRIP CAP Balance
PASS 1 ALLOCATION	Yearly DSRIP Cap	10,354,233	12,001,922	12,839,265	13,955,723	49,151,143	Pass 1:
1 Integrate Primary and Behavioral Health Care Services (Dove Springs)	Valuation:	4,919,747	5,702,637	6,100,496	7,070,933	23,793,813	25,357,330
2 Expanding Crisis Intervention (MCOT)	Valuation:	5,434,486	6,299,285	6,738,769	6,884,790	25,357,330	0
Total Pass 1		Total Pass 1 Valuation:	10,354,233	12,001,922	12,839,265	13,955,723	49,151,143
PASS 2 ALLOCATION	Yearly DSRIP Cap	33,341,721	38,153,535	40,752,529	44,326,808	156,574,592	Pass 2:
3 Hospital and Jail Diversion Alternative, Crisis Residential Program	Valuation:	3,824,221	4,432,777	4,742,040	5,154,392	18,153,430	138,421,162
4 Community Behavior Support (CBS) Team	Valuation:	1,030,600	1,194,601	1,277,945	1,389,071	4,892,217	133,528,945
5 Implementation of Chronic Disease Prevention/ Management Program	Valuation:	1,579,034	1,830,309	1,958,005	2,128,266	7,495,614	126,033,331
6 Mental Health First Aid and Suicide Prevention	Valuation:	469,876	544,649	582,648	633,313	2,230,486	123,802,845
7 Peer Support & Training	Valuation:	284,271	329,508	352,497	383,149	1,349,425	122,453,420
<i>Original Central Health (CCC) Projects / ATCIC Assume Performing Provider Role:</i>							
8 Expand Specialty Behavioral Health Prescriber Capacity	Valuation:	2,555,076	2,961,671	3,168,300	3,443,804	12,128,851	110,324,569
9 Introduce, Expand, or Enhance Telemedicine/Telehealth	Valuation:	334,507	387,738	414,789	450,858	1,587,892	108,736,677
Total Pass 2		Total Pass 2 Valuation:	10,077,585	11,681,253	12,496,224	13,582,853	47,837,915
TOTAL PASS 1 & 2 ALLOCATION		Total Pass 1 & 2 Alloc	43,695,954	50,155,457	53,591,794	58,282,531	205,725,735
TOTAL VALUATION OF PROJECTS		Total Valuation	20,431,818	23,683,175	25,335,489	27,538,576	96,989,058
TOTAL UNUSED ALLOCATION		Pass 2 Alloc Balance	23,264,136	26,472,282	28,256,305	30,743,955	108,736,677

Austin Travis County Integral Care (ATCIC)
Integrate Primary and Behavioral Health Care Services
Project Identifier - 133542405.3.1

- **Provider**: Since 1966, Austin Travis County Integral Care (ATCIC) has served as the local mental health authority for Travis County. ATCIC is Joint Commission accredited and the only dedicated outpatient specialty behavioral health provider in Austin that serves adults with serious mental illness (SMI) and children with serious emotional disturbance (SED).
- **Intervention(s)**: The goal of this project is to increase access and capacity to specialty behavioral health services by establishing a new outpatient clinic in south-southeast Austin. Additionally, the clinic will provide access to primary care services for adults with co-morbid chronic medical conditions - providing the right care in the right setting.
- **Need for the project**: The regional (RHP-7) CNA revealed that almost 59 percent of Travis County patients with a mental health diagnosis also experienced a co-occurring medical condition. An additional 20 percent had a substance use disorder, including 13 percent who had tri-morbid conditions (mental health, substance use disorder and medical condition). The experience of adults with SMI who are accessing and establishing a primary care medical home in traditional clinic systems may present a barrier to care. Navigating these services is daunting for the patients and primary care providers due to complex clinical presentations, the neuroleptic medications regimen and functional/behavioral impairments. To ensure that these individuals receive the appropriate care, this integrated healthcare delivery strategy has been selected.
- **Target population**: ATCIC contracts with the Texas Department of State Health Services to provide specialty behavioral health services for adults with SMI and children/youth with SED who are below 200 percent of the Federal Poverty Level.
- **Category 1 or 2 expected patient benefits**: Process milestone/metric P-5 and improvement milestone/metric I-8 were selected as they are consistent with the RHP-7 goals of: 1) Expanding access to behavioral health services to ensure timely, effective treatment that minimizes the use of crisis services and promotes recovery, and 2) Improve the patient experience of care by investing in patient-centered, integrated, comprehensive care that is coordinated across systems. Since this project is establishing a new clinic site baselines will have to be established for these milestones and metrics.
- **Category 3 outcomes**: Two Category 3 standalone improvement targets will be implemented for this project: 1) IT-1.18 - Follow-up after hospitalization for mental illness; and 2) IT-6.1 - Percent improvement over baseline of patient satisfaction scores, (1) patients are getting timely care, appointments, and information. Since this project is establishing a new clinic site baselines will have to be established for these milestones and metrics.

Austin Travis County Integral Care
Mobile Crisis Outreach Team (MCOT) Expansion
Performing Provider: 133542405.2.2

- **Provider:** Since 1966, Austin Travis County Integral Care (ATCIC) has provided services for children, families and adults with behavioral health disorders. In fiscal year (FY) 2011, more than 22,000 individuals and families received services from ATCIC.
- **Intervention(s):** ATCIC proposes expanding its Mobile Crisis Outreach Team (MCOT) capacity at key community intercept points to provide specialty behavioral health crisis intervention services by adding MCOT employees 24/7 at: Travis County Jail central booking, the two highest psychiatric volume emergency departments and pairing MCOT staff 24/7 with two trained Mental Health Crisis Intervention Team officers.
- **Need for the project:** This expansion will divert inpatient admissions, jail bookings and emergency department (ED) admissions, provide short-term community-based interventions to stabilize a person in a psychiatric crisis and link them to ongoing supports. Since 2008, the number of emotionally disturbed person reports received by the Austin Police Department has increased 170 percent. In 2012, individuals who experienced a psychiatric crisis at local ED's waited an average of 15.63 hours in January 2012 – a 39 percent increase of wait time from FY 2011. For FY2011, Travis County jail data shows that approximately five percent of individuals booked into the jail experience severe and persistent mental illness and approximately 15 percent were identified with a behavioral health disorder. By stationing MCOT teams with local ED personnel, police in the community and central booking at the county jail can take advantage of naturally occurring, critical opportunities to divert individuals from costly emergency, non-specialty systems and alternatively provide specialty treatment.
- **Target population:** The expanded MCOT model will target individuals in a psychiatric crisis who come in contact with ED's, law enforcement and central booking receive appropriate, cost-effective care to address their specific needs.
- **Category 1 or 2 expected patient benefits:** This project seeks to decrease preventable criminal system admissions and readmissions by five percent compared to baseline in DSRIP Year (DY) 4 and 10 percent compared to baseline in DY5. Improvement milestone/metric I-1 corresponds with the RHP 7 goals: 1) reduce health system costs by expanding access for patients and families to the most appropriate care in the most appropriate setting, and 2) improve the patient experience of care by investing in patient-centered, integrated, comprehensive care that is coordinated across systems.
- **Category 3 outcomes:** One Category 3 standalone improvement target will be implemented for this project: 1) IT-3.8: Behavioral Health/Substance Abuse 30 day readmission rate. By expanding ATCIC mobile capacity to respond to patients at the key system intercept points where individuals engage in the emergency and police systems, an opportunity is created to link individuals in psychiatric crisis to alternative community-based services and decrease Potentially Preventable Readmissions

Austin Travis County Integral Care

Hospital and Jail Alternative Project: Crisis Residential Program, Development of behavioral health crisis stabilization services as alternatives to hospitalization

Performing Provider: 133542405.2.3

- **Provider:** Since 1966, Austin Travis County Integral Care (ATCIC) has provided services for children, families and adults with behavioral health disorders. In fiscal year (FY) 2011, more than 22,000 individuals and families received services from ATCIC.
- **Intervention(s):** This program will specialize in providing psychiatric crisis care for individuals diagnosed with co-occurring substance use and mental health disorders. Crisis residential services are designed to provide short-term, community-based intensive psychiatric treatment for persons experiencing a psychiatric crisis that may pose some risk of harm to self or others and/or may have severe functional impairment.

Need for the project: Currently there are no local *specialized* crisis residential treatment alternatives immediately accessible for individuals with co-occurring substance use and mental health disorders. The prevalence of behavioral health conditions among adults with a substance use diagnosis is approximately 43 percent. In FY2010, the average inpatient cost per individual with four or greater re-admissions (within 30 days) was \$28,288 and the estimated cost of inpatient hospitalization was \$368,000, while the cost for a visit to the ED is an average of \$1,265. In FY2011, Travis County jail data showed that approximately 5 percent of individuals booked experienced severe and persistent mental illness and approximately 15 percent were identified with a behavioral health disorder. During FY2011 the average length of incarceration for individuals with a behavioral health disorder was 54 days, versus 17 days for individuals who did not. Treatment for a person with mental illness who is incarcerated averages \$137 per day. The majority of individuals on forensic commitments in the Travis County jail are transferred directly to the SMHF for psychiatric treatment. In FY2011, the SMHF inpatient bed allocation for individuals on forensic commitments in Travis County accounted for 49 percent of all SMHF funding.

- **Target population:** This project targets individuals with co-occurring substance use and mental health disorders experiencing a psychiatric crisis to provide appropriate, cost effective crisis treatment alternatives to hospitalization and incarceration.
- **Category 1 or 2 expected patient benefits:** The goal of this project is to decrease preventable criminal system admissions and readmissions by five percent compared to baseline in DSRIP Year (DY) 4, and 10 percent compared to baseline in DY5. Improvement milestone/metric I-10 was selected to correspond with the RHP 7 goal to: (1) reduce health system costs by expanding opportunities for patients and families to access the most appropriate care in the most appropriate setting, and (2) improve the patient experience of care by investing in patient-centered, integrated, comprehensive care that is coordinated across systems.
- **Category 3 outcomes:** One Category 3 standalone improvement target will be implemented for this project: 1) IT-3.8: Behavioral Health/Substance Abuse 30 day readmission rate. By expanding crisis residential capacity an opportunity is created to link individuals in psychiatric crisis to alternative community-based services and decrease Potentially Preventable Readmissions.

Austin Travis County Integral Care
Community Behavior Support (CBS) Team
Project Identifier: 0133542405.2.4

- **Provider:** Since 1966, Austin Travis County Integral Care (ATCIC) has been committed to providing services for children, families and adults with behavioral health disorders. In fiscal year 2011, more than 22,000 individuals and families received services from ATCIC, of who 10,000 were adults with serious mental illness (SMI). ATCIC is the Local Mental Health Authority for Travis County and Joint Commission accredited.
- **Intervention(s):** This project will implement a community-based, crisis response team specializing in immediate care, intervention and stabilization for individuals with a co-occurring developmental disability and mental illness (DD/MI) diagnoses. Emergency departments (EDs), medical providers, jails and private providers are just some of the interception points the Community Behavior Supports (CBS) team will respond to.
- **Need for the project:** Current systems of care do not adequately provide specialized support for those individuals with co-occurring DD/MI diagnoses. As a result, individuals with co-occurring diagnoses frequently bounce between EDs, law enforcement agencies, psychiatric hospitals and state supported living centers with little to no continuity and support necessary to sustain long-term success. The CBS team encompasses all necessary components beginning with initial evaluation and continuing care until a solid system of support is in place.
- **Target population:** The target population for this project is individuals who have been identified with a dual diagnosis of DD/MI and are experiencing a crisis. The majority of requests for assistance currently come from EDs and psychiatric hospitals. We will establish baselines in DY2 determining (a) how many people present themselves in these inappropriate setting for care (b) how long they wait for services in these settings and (c) how many of these individuals have Medicaid and/or are considered indigent patents.
- **Category 1 or 2 expected patient benefits:** The project seeks to design specialized interventions for this target population in DY 4 based on information gathered during DY 2 and 3 through our collaborative efforts to identify the needs at the local level. We will expand the percentage and number of individuals served each year between DY 4 and DY 5. Individuals will succeed in our community in the least restrictive environment through this team based approach.
- **Category 3 outcomes:** IT 9.2- Our goal is to ensure appropriate ED utilization and reduce all psychiatric ED visits for this targeted population. The goal is to increase five percent in population reached by DY 4 and 10 percent by DY 5. The baselines will be established in DY 2.

Austin Travis County Integral Care

Implementation of Chronic Disease Prevention/ Management Models: Addressing the Health Promotion and Wellness Needs of Seriously Mentally Ill Adults

Project Identifier: 01335424-05.2.14.1

- **Provider**: Since 1966, Austin Travis County Integral Care (ATCIC) has been committed to providing services for children, families and adults with behavioral health disorders. In fiscal year 2011, more than 22,000 individuals and families received services from ATCIC, of who 10,000 were adults with Serious Mental Illness (SMI). ATCIC is the Local Mental Health Authority for Travis County and Joint Commission accredited.
- **Intervention(s)**: This project will implement evidence-based health promotion programming for adults with (SMI) in chronic disease management. Individuals will learn and understand how to self-manage their chronic disease conditions.
- **Need for the project**: There is a profound disparity in life expectancy for persons with SMI. The latest studies indicate they die 25 years sooner than the rest of the population. This reduction in life expectancy for persons with SMI surpasses the reduction in life expectancy for most racial or ethnic groups due to health disparities. The five percent of Americans who have SMI die of the same chronic disease conditions as the rest of the population — lung cancer, heart disease, stroke, pulmonary disease and diabetes, only at much higher rates. Persons with a serious mental illness are more than twice as likely to smoke cigarettes (they smoke 44 percent of all US produced cigarettes) and more than 50 percent more likely to be obese compared to the rest of the population. People with major depressive disorder are at higher risk for cardiovascular disease and stroke.
- **Target population**: The target population is adults with SMI who are identified with chronic disease conditions through medical records, assessment and health risk assessments.
- **Category 1 or 2 expected patient benefits**: This project seeks to enroll 250 adults with SMI who are identified to have a chronic disease condition. Individuals will receive information and assistance to self-manage their conditions, thus improving their health and functional status.
- **Category 3 outcomes**: This project seeks to establish higher patient satisfaction scores over baseline with enrolled persons health/functional status. The goal is a 25 percent improvement over baseline.

Austin Travis County Integral Care
Mental Health First Aid and Suicide Prevention
Project Identifier: 133542405.1.2.5

Provider: Since 1966, Austin Travis County Integral Care (ATCIC) has been committed to providing services for children, families and adults with behavioral health disorders. In fiscal year 2011, more than 22,000 individuals and families received services from ATCIC, of who 10,000 were adults with serious mental illness (SMI). ATCIC is the Local Mental Health Authority for Travis County and Joint Commission accredited.

Intervention(s): This project proposes the development and implementation of an evidenced-based training program in mental health and suicide prevention for primary care staff such as physicians, nurses, physician assistants, and administrative assistants.

Need for the project: Currently, there are no existing training programs that meet the needs of primary care staff who, given the context of their work, frequently encounter individuals who have a mental illness, experience a mental health crises and are at risk of suicide. Forty percent of individuals with mental health problems initially seek care in primary care settings and well over half of all primary care patients present with co-morbid psychiatric illness. One out of every two patients seen by primary care staff has a co-occurring mental illness. Without adequate training to recognize behavioral health problems among patients and to manage mental health crises including suicidal risk, patients' critical needs go unmet. Primary care staff are aware they lack training and report that they are unprepared to meet the behavioral health needs of their patients. With suicide as the eighth leading cause of death in Travis County, failure to recognize and treat suicide risk could result in loss of life

Target population: The target population for the training described in this project are primary care staff in Austin and Travis County who serve more than 62,000 Medicaid eligible or indigent patients.

Category 1 or 2 expected patient benefits: The project seeks to provide evidence-based training to at least 450 primary care staff in DY 4 and 600 primary care staff in DY5.

Category 3 outcomes: IT-6.2: Our goal is to improve the satisfaction of primary care staff on their competence in mental health literacy and suicide prevention skills.

Austin Travis County Integral Care

Integrate Whole Health Peer Support: Recruit, train, and support consumers of mental health services to provide peer support services

Project Identifier: 133542405.2.6

Provider: Since 1966, Austin Travis County Integral Care (ATCIC) has been committed to providing services for children, families and adults with behavioral health disorders. In fiscal year 2011, more than 22,000 individuals and families received services from ATCIC, of who 10,000 were adults with serious mental illness (SMI). ATCIC is the Local Mental Health Authority for Travis County and Joint Commission accredited.

Intervention(s): The project will implement a multi-component, evidence-based peer support training curriculum addressing the traditional roles of peer supports in mental health and expand skill sets to help peers and those with whom they work to adopt whole health life styles (e.g., tobacco-free, proper nutrition, routine exercise).

Need for the project: While ATCIC already employs peer support specialists, they have not been formally trained to serve the whole health needs of consumers. Given the prevalence of chronic disease conditions with ATCIC's consumers and their struggle with SMI, adding an integrated chronic disease management to a peer support training program would benefit a majority of the 7,500 adults with SMI currently receiving services.

Target population: The target population are ATCIC consumers who are at-risk of or currently have chronic health conditions. The vast majority of ATCIC patients are Medicaid and/or indigent.

Category 1 or 2 expected patient benefits: Providing peers support services of this scope will be a new service for ATCIC and RHP-7 and will require establishing a baseline. The baseline for this project is set with assessments conducted in DY2 and determined by DY3.

Category 3 outcomes: IT-6. Our goal is to improve over baseline patient satisfaction on their health/functional status for those involved in Peer Support programs.

Austin Travis County Integral Care

Expand Specialty Behavioral Healthcare Prescriber Capacity

Project Identifier - 133542405.1.9.3

- **Provider:** Since 1966, Austin Travis County Integral Care (ATCIC) has served as the local mental health authority for Travis County. ATCIC is Joint Commission accredited and the only dedicated outpatient specialty behavioral health provider in Austin that serves adults with serious mental illness (SMI) and children with serious emotional disturbance (SED).
- **Intervention(s):** This project is will increase access and capacity to behavioral healthcare for the safety-net population by adding behavioral health prescribers in four outpatient clinic settings at key service points. Two prescribers will provide services at ATCIC's two outpatient clinics that serve adults with SMI. A third prescriber will provide services at Psychiatric Emergency Services (PES) to individuals experiencing a psychiatric crisis. The fourth prescriber will be located at CommUnityCare's healthcare for the homeless clinic to provide this vital service for the most vulnerable population in our community.
- **Need for the project:** Psychiatric Emergency Services (PES) is a walk-in psychiatric emergency clinic open 24/7. PES is presently funded for only one full-time psychiatrist. In FY 2012, ATCIC served 7,500 unduplicated adults with SMI at two outpatient clinic locations. Staff psychiatrists have caseloads exceeding 700 enrolled adults. These capacity limitations delay access to an initial psychiatric evaluation and treatment for adults with SMI seeking services an average of 90-120 days or more. CommUnityCare is the largest and most comprehensive primary care safety-net provider in Travis County, operating 22 clinics including Austin Resource Center for the Homeless (ARCH). In 2011, more than 1,207 adults received services at the ARCH. Approximately 17 percent also received behavioral health services. Psychiatric services at the ARCH are limited to 16 hours per month, which results in a delay greater than 30 days for a psychiatric evaluation.
- **Target population:** This target population is for adults with SMI who need outpatient psychiatric services. ATCIC contracts with the Texas Department of State Health Services to provide specialty behavioral health services for people below 200 percent of the Federal Poverty Level.
- **Category 1 or 2 expected patient benefits:** The project seeks to increase the number of adult consumers accessing psychiatric and other behavioral health services by five percent in DY 3, 10 percent in DY 4 and 15 percent in DY 5 after establishing baselines.
- **Category 3 outcomes:** Milestone/metric P-3 and I-23 selected to measure: expanding access to behavioral health services to ensure timely, effective treatment that minimizes the use of crisis services and promotes recovery, and increasing specialty care services access and volume of visits for patients seeking behavioral health services.

Austin Travis County Integral Care

Introduce, Expand, or Enhance Telemedicine/Telehealth

Project Identifier - 133542405.1.7

- **Provider:** Since 1966, Austin Travis County Integral Care (ATCIC) has served as the local mental health authority for Travis County. ATCIC is Joint Commission accredited and the only dedicated outpatient specialty behavioral health provider in Austin that serves adults with serious mental illness (SMI) and children with serious emotional disturbance (SED).
- **Intervention(s):** This project addresses the need in Travis County to increase capacity and access to specialty behavioral health psychiatric assessment and medication services for the safety-net population. ATCIC will augment its existing psychiatric services by contracting with a psychiatric telemedicine provider experienced in the assessment and treatment of adults with SMI. ATCIC will initially deploy this service at its Psychiatric Emergency Services (PES) site and its two adult outpatient clinic sites.
- **Need for the project:** PES is a walk-in psychiatric emergency clinic open 24/7 for anyone experiencing psychiatric distress. PES is presently funded for only one full-time psychiatrist. In FY 2012, ATCIC served 7,500 unduplicated adults with SMI at two outpatient clinic locations. Staff psychiatrists currently have caseloads exceeding 700 enrolled adults. ATCIC's chief medical officer has determined that the optimal caseload size for adults with SMI is 500 individuals. These capacity limitations delay access to an initial psychiatric evaluation and treatment for adults with SMI seeking services an average of 90-120 days or more. Such obstacles to accessible treatment can result in delayed care or individuals seeking treatment at hospital EDs and/or PES, the most expensive points of service in our systems.
- **Target population:** ATCIC contracts with the Texas Department of State Health Services to provide specialty behavioral health services for adults with SMI and children/youth with SED who are below 200 percent of the Federal Poverty Level.
- **Category 1 or 2 expected patient benefits:** The project seeks to increase the number of adult consumers who access psychiatric telemedicine services by five percent in DSRIP DY 3, 10 percent in DY 4 and 15 percent in DY 5 over baseline. The baseline will be established in DY 2 as ATCIC has not previously provided this service.
- **Category 3 outcomes:** IT-6.1 Percent Improvement over baseline of patient satisfaction scores utilizing Press-Ganey measurement strategies and tools. This measure was selected to ensure that implementation of this new service meets patient needs for timely and quality care.



**CENTRAL
HEALTH**

Board of Managers meeting

May 15, 2013

**AGENDA Item 2
(NO BACKUP)**

Receive and discuss an update on CommUnityCare operations for the second quarter of Fiscal Year 2013.



**CENTRAL
HEALTH**

Board of Managers meeting

May 15, 2013

AGENDA Item 3

Receive and discuss a report of the April 2013 financial statements for Central Health.



Statement of Revenues, Expenses and Changes in Net Assets

April draft → 7 months, 58% of the fiscal year.

Operating Revenues

Lease revenue –additional rent - The year to date balance is \$1.1 million recorded in October from a 2012-Q4 IGT sent in late September and received on October 2. There is no budget for additional rent revenue in FY 2013.

Operating lease (base rent) – \$91k for each month October 2012 through April 2013 for a total of \$640k year to date. The FY 2013 Approved Budget for base rent revenue is \$30.9 million. Central Health and Seton are in negotiations to amend the lease for UMCB.

Operating Expenses

Healthcare delivery – \$6 million in April; \$41 million year to date which is 32% of \$130 million annual budget. There have been no IGT payments for private UC to date. The budget now reflects the \$25 million amendment approved in April 2013.

Salaries & Benefits – \$480k for April and \$3 million year to date, which is 60% of \$5.1 million annual budget.

Other Purchased Goods & Services – \$373k for the month and \$1.9 million year to date, which is 38% of \$5.1 million annual budget.

Depreciation expense - \$222k for the month and \$1.6 million year to date, which is 56% of \$2.8 million annual budget.

Non Operating Revenues (Expenses)

Net Property Tax Revenue – Collections were \$290k in April and \$78.4 million year to date, and reflect 98% of the \$80 million annual budget and current year levy. At April 2012, collections were at 93% of the levy. Property taxes are at the FY2013 adopted rate of 7.89 cents per \$100 valuation and do not reflect the Proposition 1 increase approved by voters.

Tobacco Settlement – Central Health received \$1.4 million compared to \$1.9 million budgeted. The amounts are calculated by the state using eligible expenditures, and Central Health’s eligible expenditures decreased from last year by \$22 million or 23%. The amount for Travis County of \$321k has been disbursed and the amount



April 2013 Monthly Financial Statements (unaudited)

Page 2 of 5

payable to Seton (\$1 million) is reflected as an Account Payable and being held for possible future IGT use.

Investment Income – \$40k for the month and \$236k year to date, or 118% of \$200k annual budget.

Interest expense for \$16M certificates of obligation – \$37k accrued for the month, as per the debt agreements, and \$269k year to date, or 51% of \$531k annual budget.

Issuance costs for Certificates of Obligation – The annual amortization of the issuance costs (\$15k) will be recorded in September 2013, to reflect 2013's share of the \$232k total issuance costs for the Series 2011 Certificates of Obligation.

Intergovernmental and other revenue – \$9k year to date is mainly auction proceeds recorded in October for sale of excess/obsolete property.

Change in net assets

The decrease in net assets of \$5.3 million for the month and increase of \$33.6 million year to date is higher than last year due to the early payment of private UPL last year. Last year at this time, \$24 million of private UPL had been expended.



Statement of Net Assets (Balance Sheet)

Current Assets

Cash balances are \$76k (operating bank account).

Short-term investments – the District had \$140.2 million in total short-term investments at the end of the month. Investments are separated into current assets of \$118.1 million, and restricted assets of \$15 million for future Sendero paid-in capital and \$7 million for capital acquisition.

Ad valorem taxes receivable – \$1.6 million balance is composed of property taxes receivable of \$3.2 million, offset by estimates of doubtful collections and adjustments of \$1.6 million. In addition, \$62k was paid to Travis County in the last two days of April but not received by Central Health until May.

Other Receivables – Other receivables total \$12.4 million and consist of:

- (a) \$10.3 million – Central Health's \$5.5 million advance waiver UC sent October 10, 2012, plus deferred revenue of \$4.8 million (62.2% of the net UC deposit of October 18, 2012);
- (b) \$1.2 million – CommUnityCare intercompany receivable (There is another \$4 million in a long-term receivable from CommUnityCare in the noncurrent asset section);
- (c) \$660k – Sendero intercompany receivable;
- (d) \$105k – Interest receivable; and
- (e) \$58k – Other receivables

Prepaid expenses – major components of this \$659k balance include \$118k Seton mobile mammography van; \$166k prepaid tax collection fees; \$69k prepaid tax appraisal fees; \$217k unamortized issuance costs for certificates of obligation; \$78k in prepaid insurance; and \$11k in deposits.

Noncurrent assets

Cash and investments restricted for capital acquisition – \$7 million balance consists of \$3.9 million in short-term securities restricted for capital acquisition and \$3.1 million invested from the Series 2011 certificates of obligation construction account.

Investments restricted for future Sendero paid-in capital – (unchanged) \$15.1 million.
Sendero paid-in capital – (unchanged) – \$14 million



April 2013 Monthly Financial Statements (unaudited)

Page 4 of 5

Working capital advance to CommUnityCare – (unchanged) – \$4 million

Capital assets, net of accumulated depreciation – \$116.7 million

Total assets - \$286.3 million



Liabilities

Accounts payable – Major components of the \$4 million balance are:

- \$1 million due to Seton for Tobacco Settlement;
- \$999k in vendor invoices at month end;
- \$1.7 million in estimated costs incurred but not yet reported by healthcare providers;
- \$19k in outstanding checks and \$153k for MAP Claims; and
- \$32k in other liabilities

Salaries and benefits payable – \$552k estimated liability for salary costs not yet paid at month end, the estimated value of accrued leave balances and various fringe benefit amounts withheld and not yet disbursed.

Debt service payable, short term – \$996k balance is principal due March 2014 and interest accrued to April 2013.

Deferred tax revenue – \$1.4 million balance reflects this year’s original tax levy of \$80.2 million, reduced by \$447k in TCAD adjustments and \$78.3 million in property taxes collected for the year.

Other deferred revenue – \$4.8 million balance is the District’s 62.2% net share of the advance UC waiver payment in October. This amount reflects existing terms of the hospital lease.

Debt service payable, long term – \$13.2 million balance is \$16 million in Series 2011 certificates of obligation less payments made in 2012 and 2013 and current portion due within 12 months.

Net assets

Unrestricted net assets – \$141.5 million

Series 2011 certificates of obligation construction account – \$3.1million

Investment in capital assets – \$116.7 million

Total net assets – \$261.4 million

Total liabilities and net assets - \$286.3 million

Travis County Healthcare District
Comparative Budget Report - Operating Expenses

From 4/1/2013 Through 4/30/2013

(In Whole Numbers)

	Actual - Fiscal Year to Date	Budget - Fiscal Year Total	Percent of Annual Budget	Budget - Remainder
Healthcare delivery				
FFS-Primary Care	28,661,180	57,314,865	50.00%	28,653,685
FFS-Specialty Care	780,740	1,388,277	56.23%	607,537
FFS-Mental Health	4,736,275	8,190,319	57.82%	3,454,044
FFS-Pharmacy	2,533,636	5,616,357	45.11%	3,082,721
FFS-Dental	321,344	596,711	53.85%	275,367
Private Regional UPL IGT	0	24,000,000	0.00%	24,000,000
1115 Waiver IGT - Private UC	0	18,329,000	0.00%	18,329,000
1115 Waiver IGT - DSRIP	0	6,671,000	0.00%	6,671,000
Medical Administration	1,954,762	1,541,035	126.84%	(413,727)
Claims Administration	2,041,667	3,500,000	58.33%	1,458,333
Medical Expansions - Enhancements	0	3,000,000	0.00%	3,000,000
Total Healthcare delivery	<u>41,029,603</u>	<u>130,147,564</u>	<u>31.53%</u>	<u>89,117,961</u>
Salaries and benefits	3,031,310	5,079,263	59.68%	2,047,953
Other purchased goods and services	1,923,202	5,056,768	38.03%	3,133,566
Depreciation	1,557,888	2,800,000	55.63%	1,242,112
Total operating expenses	<u><u>47,542,004</u></u>	<u><u>143,083,595</u></u>	<u><u>33.22%</u></u>	<u><u>95,541,591</u></u>

Travis County Healthcare District
Statement of Revenues and Expenditures
From 4/1/2013 Through 4/30/2013
(In Whole Numbers)

	Actual - This Month	Actual - Fiscal Year to Date	Budget - Fiscal Year Total	Percent of Annual Budget	Actual - Prior Year to Date
Operating revenues:					
Lease revenue - additional rent	0	1,145,704	0	0.00%	15,176,056
Lease revenue - base rent	91,388	639,716	30,926,640	2.06%	659,296
Total Operating revenues:	<u>91,388</u>	<u>1,785,420</u>	<u>30,926,640</u>	<u>5.77%</u>	<u>15,835,352</u>
Operating expenses:					
Health care delivery	6,001,294	41,029,603	130,147,564	31.52%	67,987,142
Salaries and benefits	479,869	3,031,310	5,079,263	59.68%	2,480,919
Other purchased goods and services	373,258	1,923,202	5,056,768	38.03%	1,366,334
Depreciation	222,373	1,557,888	2,800,000	55.63%	1,533,799
Total Operating expenses:	<u>7,076,795</u>	<u>47,542,004</u>	<u>143,083,595</u>	<u>33.23%</u>	<u>73,368,193</u>
Operating income (loss)	<u>(6,985,407)</u>	<u>(45,756,584)</u>	<u>(112,156,955)</u>	<u>40.79%</u>	<u>(57,532,841)</u>
Nonoperating revenues (expenses):					
Ad valorem tax revenue	289,648	78,408,585	79,944,069	98.07%	74,610,313
Tax assessment and collection expense	(67,866)	(473,252)	(926,287)	51.09%	(426,623)
Tobacco settlement revenue, net	1,440,705	1,440,705	1,900,000	75.82%	1,902,732
Investment income	39,747	236,168	200,000	118.08%	206,753
Interest expense, certificates of obligation	(37,308)	(269,344)	(530,884)	50.73%	(244,436)
Issuance costs, certificates of obligation	0	0	(15,494)	0.00%	0
Intergovernmental and other revenue	8	9,503	0	0.00%	1,308,295
Total Nonoperating revenues (expenses):	<u>1,664,935</u>	<u>79,352,365</u>	<u>80,571,404</u>	<u>98.49%</u>	<u>77,357,033</u>
Changes in net assets	<u>(5,320,472)</u>	<u>33,595,782</u>	<u>(31,585,551)</u>	<u>(106.36)%</u>	<u>19,824,193</u>

Travis County Healthcare District

Balance Sheet

As of 4/30/2013

(In Whole Numbers)

	FY 2013	FY 2012
Assets		
Current Assets		
Cash and cash equivalents	76,385	37,573
Short-term investments	114,773,279	108,860,805
Ad valorem taxes receivable	1,636,090	1,428,519
Other receivables	12,363,712	3,097,003
Prepaid expenses	659,316	818,750
Total Current Assets	129,508,781	114,242,650
Noncurrent cash and investments		
Restricted for capital acquisition	7,001,381	8,230,880
Restricted for future Sendero paid in capital	15,083,000	15,083,000
Sendero paid in capital	14,000,000	14,000,000
Working capital advance to CommUnityCare	4,000,000	4,000,000
Total Noncurrent cash and investments	40,084,381	41,313,880
Capital Assets		
Land	10,345,124	10,345,124
Buildings and improvements	95,045,672	91,798,581
Equipment and furniture	3,814,973	3,188,483
Construction in progress	26,152,173	29,623,337
Less accumulated depreciation	(18,675,273)	(15,960,316)
Total Capital Assets	116,682,670	118,995,209
Total Assets	286,275,831	274,551,738
Liabilities		
Current Liabilities		
Accounts payable	3,951,887	4,497,547
Salaries and benefits payable	552,482	558,852
Debt service payable, short-term	995,980	987,345
Deferred tax revenue	1,354,579	1,452,837
Other deferred revenue	4,807,303	0
Total Current Liabilities	11,662,232	7,496,581
Noncurrent Liabilities		
Debt service payable, long-term	13,240,000	14,160,000
Total Liabilities	24,902,232	21,656,581
Net Assets		
Unrestricted	141,549,286	128,110,681
Series 2011 CO Construction Account	3,141,644	5,789,267
Investment in Capital Assets	116,682,670	118,995,209
Total Net Assets	261,373,600	252,895,156
Liabilities and Net Assets	286,275,831	274,551,738



**CENTRAL
HEALTH**

Board of Managers meeting

May 15, 2013

AGENDA Item 4

Receive and discuss the CEO's report on the following Central Health activities:

- (a) procurement activity;
- (b) current communications/outreach statistics;
- (c) the Medical Access Program (MAP), including enrollment and activities; and
- (d) Psychiatric Stakeholder's Meeting.

Central Health Procurement Activity Report

Through its purchasing policy (PUR1-001), the Board of Managers has authorized Central Health President and CEO to execute Central Health contracts with a value of less than \$100,000 without requiring board action or approval and to execute certain contracts on its behalf that meet the pre-authorization criteria outlined in policy.

Table 1: Contract actions greater than \$25,000 from April 13, 2013 through May 06, 2013

CONTRACT ACTION	VENDOR NAME	DESCRIPTION OF CONTRACT	AMOUNT	NOTES / COMMENTS
PO 991	Ranch Road Creative Solutions	Design Graphics support for three related public facing presentations	\$25,000	

Conflict-of-Interest Statement Information:

Chapter 176 of the Local Government Code requires that local government officers file a conflict-of-interest statement disclosing certain relationships with a vendor within seven (7) days of becoming aware of facts that give rise to the conflict. Central Health has contracted with the following new vendors:

- Ranch Road Creative Solutions

Please ensure that you have no conflict-of-interest with the vendor(s) that would require the filing of a conflict-of-interest statement. You do not need to do anything if you have no conflict. Completed conflict-of-interest statements should be filed with the Central Health Purchasing Coordinator (Tena Southwell). If you have any questions about whether you have a conflict, please contact Beth Devery.

* Denotes HUB Certified

Vendor Debarment and Suspension List:

Prior to awarding any contracts, state agencies and qualified local government purchasing entities are reminded to check the list of vendors excluded from doing business at the federal and state level by utilizing the following resources:

Federal Excluded Persons List System (EPLS) at <https://www.sam.gov/portal/public/SAM/>

Office of Texas Comptroller at http://www.window.state.tx.us/procurement/prog/vendor_performance/debarred/

Additionally, in compliance with Executive Order #13224 - "Blocking Property and Prohibiting Transactions with Persons Who Commit, Threaten to Commit or Support Terrorism," state agencies are responsible for ensuring they do not enter into transactions or issue payments to those individuals or organizations identified in the

Office of Foreign Assets Control list of Specially Designated Nationals (SDN) and Blocked Persons. The list may be found at <http://www.ustreas.gov/offices/enforcement/ofac/sdn/>.

- The vendors listed on the Procurement Activity Report are not on the above-mentioned Debarment and Suspension Lists.



Events			
Date	Topic/Audience	Presenter	~# in Attendance
5/10	1115 Waiver/ Permanent Supportive Housing Leadership Committee	Christie	15
5/9	UT Medical Campus Press Conference	Trish	25
5/7	CHA CHIP/ Austin Area Funders	Ellen	10
4/30	Central Health Overview/ Leadership Austin	Christie	40
4/26	Overview of CCC/ Community Involvement Team for Dell Medical School	Christie	20
4/24	Overview of CCC/ Woman to Woman Breakfast Series	Trish	12
4/23	Local Opportunities for Healthcare Transformation/ UT Business Healthcare Association	Christie	15

Earned Media		
5/8/13	Statesman	UT regents expected to OK \$334.5 million plan for med school
5/2/13	ABJ	2016 eyed for first UT med school class
4/19/13	Statesman	Health board raises operating budget
4/18/13	Statesman	Austin-based nonprofit seeks to cover uninsured under Obamacare

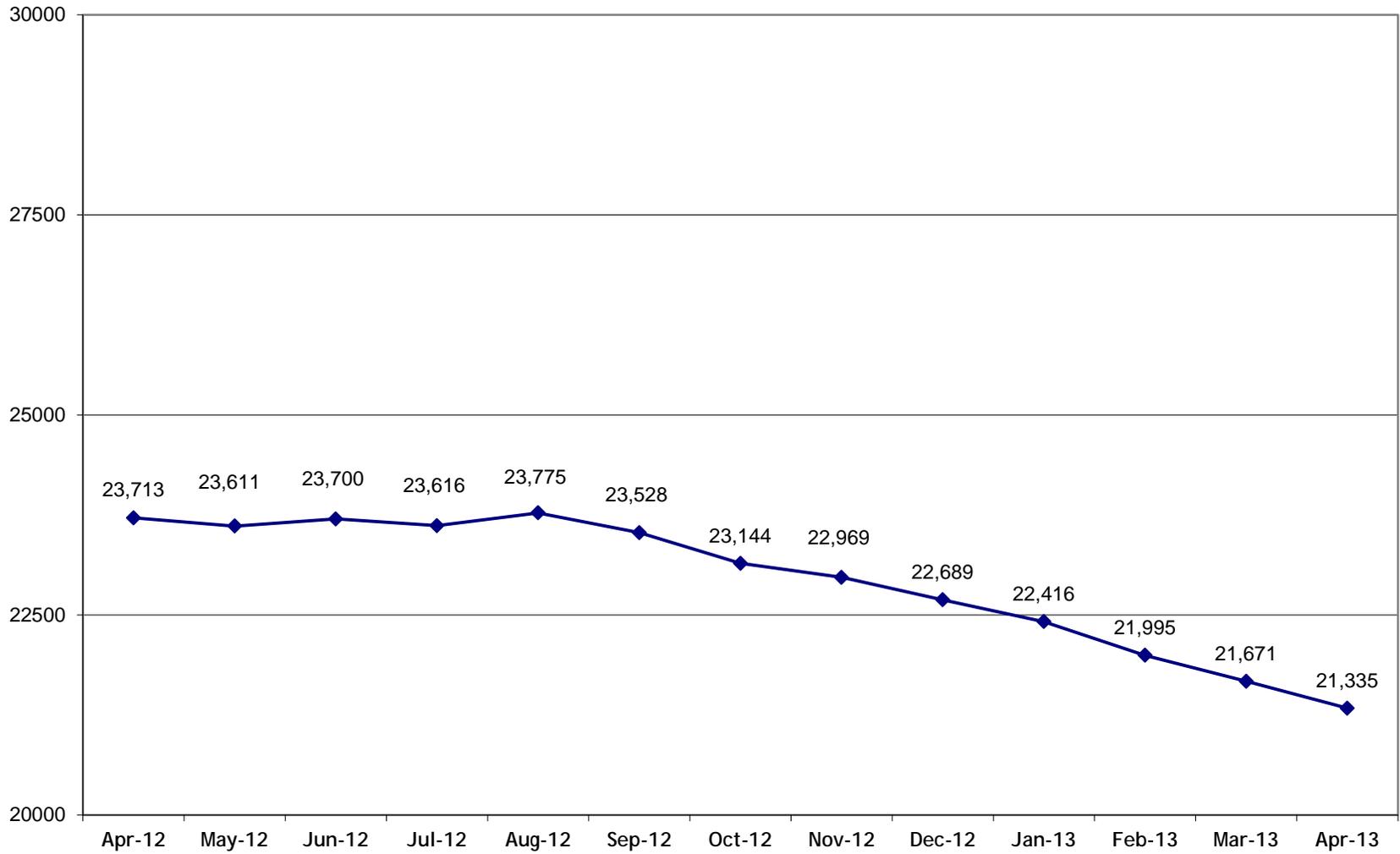
Ongoing Projects & Events
 Master Agreement presentations, annual Report release, CCC & 1115 Waiver education, medical school communications planning, Viva Streets Austin planning

Eligibility Services Events & Presentations				
Date	Event	Purpose	Audience	Presenter
5/7/13	Regional Health Care Coalition	The Central Texas Regional Healthcare Coverage Coalition, RHCC, is a coalition working to obtain healthcare coverage for the underserved	Anyone working with families or individuals that are currently uninsured or enrolled in government sponsored healthcare coverage	Eligibility Staff
5/4/13	Health & Safety Awareness Fiesta	Share information related to fire safety, water safety, sun safety, stranger danger, park and wildlife safety, and of course health and wellness to residents of Dove Springs	Dove Springs Community	Boston and Lourdes
4/25/13	United Way Staff Meeting	Attend the United Way Staff meeting to give a presentation on the Marketplace	United Way Staff	Monica

Web Sites Analytics Report

Central Health Web Site Statistics							Top 3 Pages
Month	Unique Visitors	Total Visits	Mobile Visits	Page Views	Bounce Rate	Time on Site	
www.centralhealth.net							
April	3,195	4,487	498	14,200	28%	1:43	1)centralhealth.net - 41% 2)about_us - 7% 3)employment - 7%
March	3,103	4,161	632	13,793	27%	1:54	1)centralhealth.net - 41% 2)about_us - 7% 3)employment - 6%
Eligibility Web Site Statistics							Top 3 Pages
Month	Unique Visitors	Total Visits	Mobile Visits	Page Views	Bounce Rate	Time on Site	
www.cheligibility.net							
April	1,715	2,212	632	8,068	24%	2:43	1)Cheligibility.net - 31% 2)am_i_eligible - 17% 3)success - 13%
March	1,558	1,967	470	7,425	26%	3:04	1)Cheligibility.net - 31% 2)am_i_eligible - 17% 3)success - 12%
MAP Web Site Statistics							Top 3 Pages
Month	Unique Visitors	Total Visits	Mobile Visits	Page Views	Bounce Rate	Time on Site	
www.medicalaccessprogram.net							
April	3,185	4,135	1,331	13,743	31%	2:14	1)medicalaccessprogram.net - 40% 2)do-i-quality - 19% 3)benefits - 15%
March	2,950	3,950	1,080	12,803	36%	2:15	1)medicalaccessprogram.net - 40% 2)do-i-quality - 18% 3)benefits - 16%

Full Benefit MAP Enrollment



Enrollment as of the 1st of Every Month

Eligibility Services Update

Enrollment

Throughout the past year MAP enrollment has declined due to several reasons

- Loss of staff
 - Full staff in July 2012 with a total of 12 Eligibility interviewers
 - Staffing at its lowest in February 2013 with a total of 8
 - Current staffing level is 10
- Although MAP enrollment is declining, state applications for Medicaid, CHIP, and CHIP Perinatal have remained constant
- Renewal rates are declining at a greater rate than new certifications

Enrollment Process Improvements Recently Put in Place

- Streamlined mail in re-enrollment process

Previous 12 Month average	April 2013
215 certifications	572 certifications

- Continued outreach/marketing for Providers to submit virtual applications

Previous 12 Month average	April 2013
209 certifications	306 certifications

- Expanded sites performing fax applications (target population is hospitals and transitional settings)

Previous 12 Month average	April 2013
44 certifications	139 certifications

Recruitment

- Expand candidate pool by offering jobs that can be done virtually, by mail or fax eliminating the language requirements
- Expanded website postings to national sites and postings at local Universities



MEMORANDUM

TO: Patricia A. Young Brown, President & CEO

FROM: Suling Homsy, Senior Healthcare Planner

DATE: May 10, 2013

RE: Psychiatric Services Stakeholders Update

At the April meeting, the Psychiatric Services Stakeholders group reviewed how the 1115 Medicaid Transformation Waiver behavioral health projects fill some of the gaps identified in the 10 Goals in 10 Years report related to goal 7, “Provide needed psychiatric care and facilities”, for Senator Watson. Using the “Promoting a Mentally Healthy Community – The Desired Continuum of Care” developed in the 10 Goals in 10 Years report as a framework, almost all components of the ideal mental health system either already are or will be filled with Waiver projects. The remaining gap is detoxification services. The group discussed the need to examine how other communities are addressing detoxification services and how to fill this gap.

The impact that Waiver projects may have on psychiatric services dashboard metrics (e.g., 30-day readmission rates, wait times in hospital emergency rooms) also were discussed. Dr. Ziebell spoke about the impact of the telepsychiatry pilot being implemented at University Medical Center Brackenridge. Though they do not yet have firm data, they feel that the use of on-demand telepsychiatry services has helped to provide more appropriate and expedient care for people experiencing psychiatric crises.

Judge Hohengarten introduced the Mental Health Advisory Committee executive committee members to the PSS group as new members of the stakeholders group. The inclusion of the MHAC committee members represents the initial step to expanding the PSS group’s charge beyond crisis mental health. The expanded membership also includes ECHO and Austin Recovery.

Kim McPherson provided an update on the Meadow’s Foundation work on establishing a Mental Health Institute (see Attached document). The goal of the Institute is to identify best practices for preventing and treating mental health and related conditions, and to provide policymakers with reliable, objective information, and analysis.

The next meeting will be held on Monday May 20, 2013.

Attachment:

Description of the Meadows Mental Health Policy Institute for Texas

The Meadows Foundation, after a two-year planning process with input from thousands of stakeholders across Texas, will launch the Meadows Mental Health Policy Institute for Texas with a five-year, \$10 million commitment. This statewide, non-partisan Institute will work with public and private partners in the mental health and substance abuse communities as well as organizations for children, veterans, the homeless and criminal justice systems - anyplace where effective mental health care can make a difference.

The Institute, with its partners, will identify best practices for preventing and treating mental health and related conditions. It will provide state policymakers with reliable, objective information and analysis to make better use of our resources. And, it will help Texans know what works and how to implement these ideas across our communities.

The end result is that people in Texas who require mental health and substance abuse care are more likely to get services that really help and that as a state we use our resources more wisely to reduce the massive costs of incarceration, homelessness, and violence in our families and schools.

The first task is to establish partnerships throughout Texas. In the formation stages we will seek ideas and collaboration. We want to work with each partner in the system to decide how best to contribute, how to be represented, and how to co-create the Institute with us.



**CENTRAL
HEALTH**

Board of Managers meeting

May 15, 2013

**AGENDA Item 5
(NO BACKUP)**

Receive and discuss reports from the Board committees:

Budget and Finance Committee;
ad hoc Strategic Planning Committee; and
ad hoc Legislative Committee.



**CENTRAL
HEALTH**

Board of Managers meeting

May 15, 2013

AGENDA Item 6

Discuss and take appropriate action on the following:¹

- a. Academic Medicine, Senator Watson's "10 in 10" Initiative, and University Medical Center at Brackenridge, including other interrelated community partnerships;
- b. The 1115 Medicaid Waiver, including an update on the development of the Community Care Collaborative (CCC); and
- c. A proposed Master Agreement and other ancillary agreements between Central Health and Seton Healthcare Family.



MEMORANDUM

TO: Central Health Board of Managers

FROM: Patricia A. Young Brown, President & CEO

DATE: May 10, 2013

RE: Master Agreement Presentation for May 15, 2013 – Agenda Item 6c

The presentation on the Master Agreement for this coming board meeting will be a technical and detailed look at the provisions as a pre-cursor to the release of the new foundational documents expected to be approved at the May 22 board meeting. The presentation will be delivered by John Stephens and outside legal counsel David Hilgers. The associated new legal documents will be available to you on Friday May 17 in your board packet which is the same date when they will become available to the public.

The Master Agreement is based upon the concepts outlined in the Central Health and Seton Letter of Intent which has been publically available since April of 2012.

The presentation will outline all the major provisions of the agreement in an order that flows conceptually, but not in the order of the actual legal document. However, there will be references included in the presentation that tie the provisions directly to the legal documents you will receive on the 17th.

Listed below is a high level outline of the presentation for your information. The following acronyms are defined below:

MA-Master Agreement
CH-Central Health
SHF-Seton Healthcare Family
CCC-Community Care Collaborative

1. Recap – May 1 Presentation
 - a. The context for the Agreement will be reviewed including the long standing public private partnership between Seton and Central Health which began with the City of Austin. External opportunities will be explained including the 1115 Medicaid Transformation Waiver and Senator Watson's 10 by 10 initiative.
2. Master Agreement (MA) Overview
 - a. The Master Agreement replaces the current lease arrangement and significantly changes the relationship between SH and CH. The MA will provide for CH and to make joint decisions about people covered, benefits provided and integration of the health care delivery system.

3. Article 3 – Governance
 - a. This section outlines the corporate structure and membership. Central Health has majority ownership but there are reserved powers and requirements for a “super-majority” for certain decisions. Membership is defined. The provisions in this article are consistent with the CCC bylaws so there will not be a separate treatment of the bylaws in the presentation.
4. Article 4 - Funding/Budget Process
 - a. Describes the funding and budget process which the parties will use to jointly fund and provide health care services, including new resources from the tax increase and the 1115 Medicaid Waiver Program. In addition, this section covers the fiscal year process for budget development and how to handle disagreements, if any.
5. Section 4.4 – Transition Funds
 - a. This section defines a new investment from Seton which will be used for expansion of the integrated delivery system.
6. Section 4.5 – Federally Qualified Health Centers
 - a. This section acknowledges the importance of the Federally Qualified Health Centers and their service delivery models to the success of the CCC. It also speaks to requirements that they will need to meet in order to contract with the CCC for services.
7. Section 4.6 – Services Agreement
 - a. This is an ancillary agreement that establishes the baseline for the current level of services.
8. Section 4.7 – Ethical and Religious Directives (ERDs)
 - a. This section assures that while Seton must comply with ERDs that this compliance will not limit the ability of the CCC to provide for a full range of services for the community.
9. Section 4.8 – Teaching Hospital
 - a. Defines high level service parameters for the new teaching hospital and speaks to the need for a lease arrangement between the parties for the teaching hospital site.
10. Section 4.11 – Medical School
 - a. Parties agree and acknowledge that a medical school will operate at or near the UMCB campus and that the parties will work together to fully cooperate with UT in the development and funding of the Medical School.
11. Article 6 – Termination and Article 8 Post Termination
 - a. This section will outline the conditions of termination and various scenarios with regard to default. The post termination section outlines how services will be delivered post termination.
12. Section 4.15 – Central Health Purchase Option
 - a. This section addresses the agreed upon purchase option for the teaching hospital under a variety of conditions.



**CENTRAL
HEALTH**

Board of Managers meeting

May 15, 2013

**AGENDA Item 7
(NO BACKUP)**

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