



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.

EASTERN CRESCENT SUBCOMMITTEE MEETING AND STRATEGIC PLANNING COMMITTEE MEETING

Wednesday, March 8, 2023, 1:00 p.m.

Videoconference meeting¹

A quorum of the Committee 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 using the Zoom meeting link below (copy and paste into your web browser):

<https://us06web.zoom.us/j/87301049967?pwd=dFVOaVFMMScrb2dIVzRBd05ueEZQdz09>

Meeting ID: 873 0104 9967

Passcode: 521373

Or to participate by telephone only:

Dial: (346) 248-7799

Meeting ID: 873 0104 9967

Passcode: 521273

The Committee 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 Committee will be physically present at the location posted in this 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 this 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 this meeting notice. Resources related to COVID-19 can be found at the following link:

<https://www.centralhealth.net/covid-info/>.

A member of the public who wishes to make comments virtually during the Public Communication portion of the meeting must properly register with Central Health **no later than 11:30 a.m. on March 8, 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 and leave a voice message with your full name, your request to comment via telephone, videoconference, or in-person at the meeting; 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.

PUBLIC COMMUNICATION

Public Communication rules for Central Health Committee meetings include setting a fixed amount of time for a person to speak and limiting Committee responses to public inquiries, if any, to statements of specific factual information or existing policy.

SUBCOMMITTEE AGENDA

1. Review and approve the minutes of the May 11, 2022 meeting of the Eastern Crescent Subcommittee. (*Action Item*)
2. Receive and discuss updates on Eastern Travis County Service Expansion. (*Informational Item*)
3. Confirm the next Eastern Crescent Subcommittee meeting date, time, and location. (*Informational Item*)

COMMITTEE AGENDA²

1. Review and approve the minutes of the February 8, 2023 meeting of the Strategic Planning Committee. (*Action Item*)
2. Receive an update on the Central Health Community Healthcare Initiatives Fund (CHIF). (*Informational Item*)
3. Receive an update on the Delivery System Reform Incentive Payment (DSRIP) program. (*Informational Item*)

4. Receive and discuss a briefing regarding Seton Family of Hospitals and Seton Healthcare Family V. Travis County Healthcare District d/b/a Central Health, Cause No. D-1-GN-23-000410.³ (*Informational Item*)
5. Receive and discuss a briefing regarding Birch, et al. V. Travis County Healthcare District d/b/a Central Health and Mike Geeslin, Cause No. D-1-GN-17-005824 in the 345th District Court of Travis County.³ (*Informational Item*)
6. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

¹ This meeting may include a member of the Strategic Planning Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be visible and audible to the public members in attendance 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 Strategic Planning Committee 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 Committee announces that the item will be considered during a closed session. A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the Committee agenda. However, Board members who are not Committee members will not vote on any Committee agenda items, nor will any full Board action be taken.

³ Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).

Any individual with a disability who plans to attend or view this meeting and requires auxiliary aids or services should notify Central Health as far in advance of the meeting day as possible, but no less than two days in advance, so that appropriate arrangements can be made. Notice should be given to the Board Governance Manager by telephone at (512) 978-8049.

Cualquier persona con una discapacidad que planea asistir o ver esta reunión y requiera ayudas o servicios auxiliares debe notificar a Central Health con la mayor anticipación posible de la reunión, pero no menos de dos días de anticipación, para que se puedan hacer los arreglos apropiados. Se debe notificar al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049.

Central Health 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?



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
EASTERN CRESCENT SUBCOMMITTEE

March 8, 2023

AGENDA ITEM 1

Review and approve the minutes of the May 11, 2022 meeting of the Eastern Crescent Subcommittee. (*Action Item*)

MINUTES OF MEETING – MAY 11, 2022
CENTRAL HEALTH
EASTERN CRESCENT SUBCOMMITTEE

On Tuesday, May 11, 2022, a meeting of the Central Health Eastern Crescent Subcommittee convened in open session at 1:00 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Committee members present in person: Chair Jones and Manager Valadez

Board members present via audio and video or in person: Manager Brinson, Manager Greenberg, Manager Museitif, Manager Bell, and Manager Motwani

PUBLIC COMMUNICATION

Clerk’s Notes: Public Communication began at 1:00 p.m. Yesenia Ramos announced that no speakers signed up for Public Communication.

SUBCOMMITTEE AGENDA

- 1. Receive and discuss an update on Communications and Community Engagement activities and initiatives, including an update on groundbreaking events in Hornsby Bend and Del Valle.**

Clerk’s Notes: Discussion on this item began at 1:02 p.m. Mr. Ted Burton, VP of Communications; Mr. Mike McKinnon, Sr. Communications Manager; Mr. Ivan Davila, Director of Communications and Community Engagement; and Ms. Elizabeth Marrero, Senior Director of Community Health and Wellness Initiatives, presented a communications and community engagement update. The presentation highlighted the success and effectiveness of Central Health’s communication, community engagement, and community outreach efforts to promote the groundbreaking of the Hornsby Bend and Del Valle Health and Wellness Centers.

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

Manager Valadez moved that the Subcommittee adjourn.

Manager Brinson seconded the motion.

Chair Jones	For
Manager Valadez	For

The meeting was adjourned at 1:37 p.m.

Shannon Jones, Chairperson
Central Health Eastern Crescent Subcommittee

ATTESTED TO BY:

Cynthia Valadez, Secretary
Central Health Board of Managers



**CENTRAL
HEALTH**

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

March 8, 2023

AGENDA ITEM 2

Receive and discuss updates on Eastern Travis County Service Expansion. (*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 March 8, 2023 Eastern Travis County Subcommittee Meeting

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

General Item Description Update Eastern Travis County Service Expansion

Is this an informational or action item? Informational

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) Receive and discuss updates on Eastern Travis County Service Expansion
- 2) _____
- 3) _____

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

Estimated time needed for presentation & questions? 15 min with questions

Is closed session recommended? (Consult with attorneys.) No unless discussion around Real Property acquisition occurs

Form Prepared By/Date Submitted: Stephanie Lee McDonald 3/2/2023



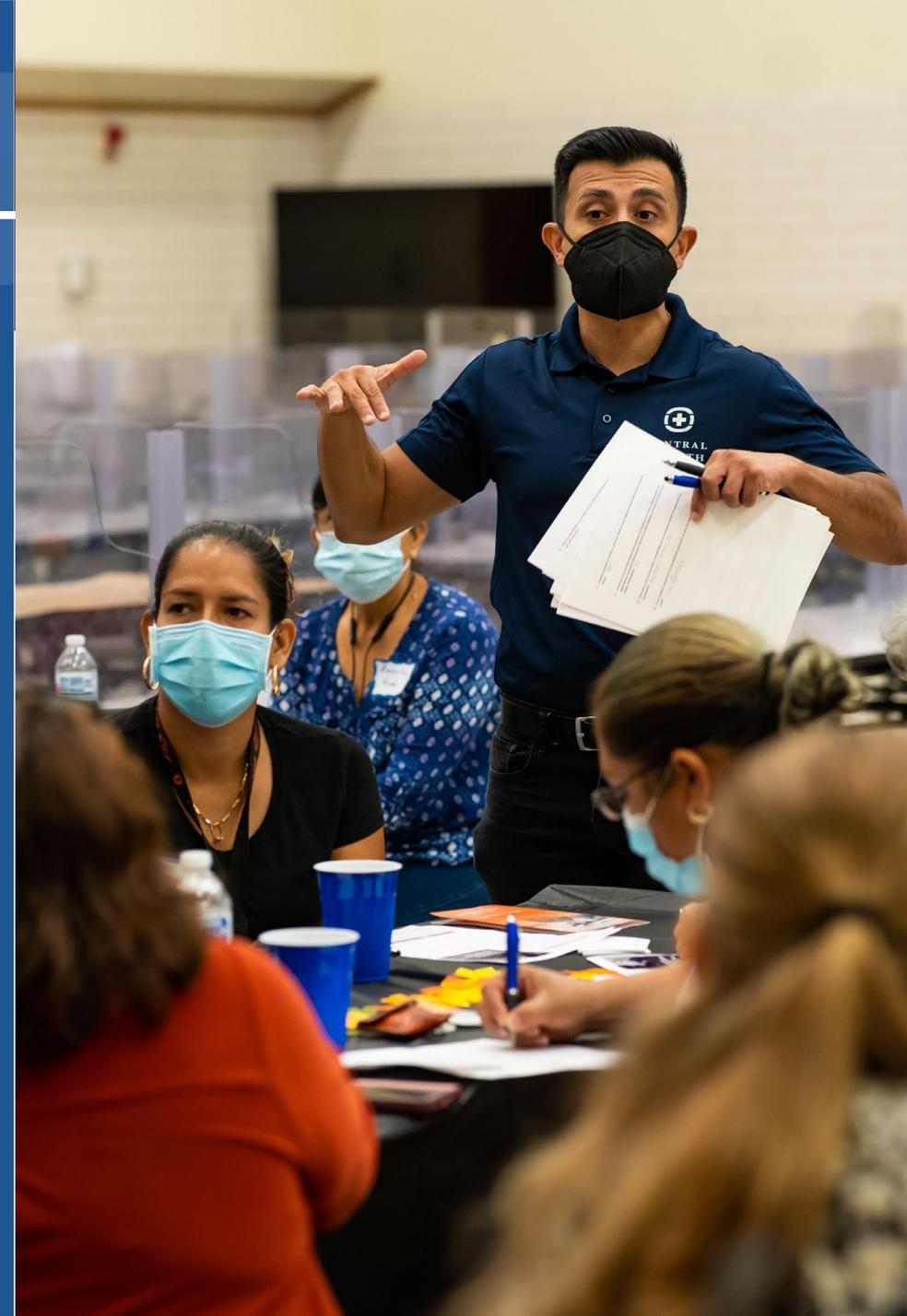
CENTRAL HEALTH

CommUnityCare | Sendero

Central Health Construction and Development Update

Eastern Travis County Subcommittee

*Central Health Board of Managers
March 8, 2023*



HORNSBY BEND

Hornsby Bend Health and Wellness Center

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



Del Valle

Del Valle Health and Wellness Center

- Active construction
- Contractor: O'Haver Contractors
- Architect: O'Connell Robertson
- Civil Engineer: Doucet and Associates

Ongoing:

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



Del Valle



Colony Park

Current:

- Central Health and City of Austin close March 8, 2023

Next Steps:

- Validation of clinical services/building program - NOW
- Preparation for design team solicitation – Spring 2023
- Community engagement on design – Summer 2023
- Construction Commencement Goal – Spring 2024
- Target opening – Fall 2025*

* *Requires utility infrastructure and roads to be installed by COA/Catellus*



THANK YOU





CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
EASTERN CRESCENT SUBCOMMITTEE

March 8, 2023

AGENDA ITEM 3

Confirm the next Eastern Crescent Subcommittee meeting date, time, and location. (*Informational Item*)



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

March 8, 2023

AGENDA ITEM 1

Review and approve the minutes of the February 8, 2023 meeting of the Strategic Planning Committee. (*Action Item*)

MINUTES OF MEETING – FEBRUARY 8, 2023
CENTRAL HEALTH
STRATEGIC PLANNING COMMITTEE

On Tuesday, February 8, 2023, a meeting of the Central Health Strategic Planning Committee convened in open session at 1:03 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Committee members present in person: Board Chair Bell, Manager Kitchen, and Manager Valadez

Committee members present via audio and video: Manager Jones

Board members present via audio, video, or in person: Manager Museitif and Manager Montwani

Absent: Committee Chair Brinson

PUBLIC COMMUNICATION

Clerk's Notes: Public Communication began at 1:04 p.m. Yesenia Ramos announced that no speakers signed up for Public Communication.

COMMITTEE AGENDA

- 1. Review and approve the minutes of the January 18, 2023 meeting of the Strategic Planning Committee.**

Clerk's Notes: Discussion on this item began at 1:05 p.m.

Manager Valadez moved that the Committee approve the minutes of the January 18, 2023 meeting of the Strategic Planning Committee.

Manager Kitchen seconded the motion.

Board Chair Bell	For
Chairperson Brinson	Absent
Manager Jones	For
Manager Kitchen	For
Manager Valadez	For

- 2. Consider and take appropriate action on the appointments to the Central Health Eastern Crescent Subcommittee.**

Clerk's Notes: Discussion on this item began at 1:05 p.m.

Manager Bell moved that the Committee accept the appointments of Managers Valadez and Jones to the Central Health Eastern Crescent Subcommittee.

Manager Kitchen seconded the motion.

Board Chair Bell	For
Chairperson Brinson	Absent
Manager Jones	For
Manager Kitchen	For

Manager Valadez For

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

Clerk's Notes: Discussion on this item began at 1:06 p.m. Ms. Marsha Jones, HillCo Partners, presented a legislative update. The presentation included a look at leadership priority policy issues, bills to watch, and Texas budget in surplus.

Manager Valadez moved that the Committee recommend that the Board add to the CH Legislative Priorities support for a minimum wage increase for home healthcare workers assisting those with disabilities.

Manager Kitchen seconded the motion.

Manager Kitchen amended the motion to specify support for personal attendant healthcare workers with the proviso that should the legislature discuss minimum wage increases for healthcare workers more broadly, that CH would support this effort.

Manager Valadez accepted the amendment.

Manager Jones moved to amend the motion to add that the Committee add to the CH Legislative Priorities support for CH to coordinate with other local governmental entities, such as Austin Public Health, to address healthcare worker salary increases for those working toward public healthcare outreach efforts, such as vaccinations efforts, and in personal attendant health care.

Summary of final motion #1: Manager Jones amended the motion to add to CH Legislative Priorities support for a minimum wage increase for personal attendant healthcare workers assisting those with disabilities and those working in public health more broadly, with the proviso that if the legislature discusses wage increases for other healthcare workers Central Health supports that as well, and for staff to coordinate with other governmental entities in their support of these initiatives.

Manager Valadez accepted the amendment.

Board Chair Bell	For
Chairperson Brinson	Absent
Manager Jones	For
Manager Kitchen	For
Manager Valadez	For

Manager Kitchen moved that the Committee recommend that the Central Health Legislative Priorities support funding for permanent supportive housing related to individuals in need of assistance from the mental and behavioral health perspectives.

Mgr. Valadez seconded.

Board Chair Bell	For
Chairperson Brinson	Absent
Manager Jones	For
Manager Kitchen	For
Manager Valadez	For

Manager Kitchen moved that the Committee recommend that the Board Legislative Priorities support funding for medical respite services.

Manager Valadez seconded.

Board Chair Bell	For
Chairperson Brinson	Absent
Manager Jones	For
Manager Kitchen	For
Manager Valadez	For

Manager Kitchen moved that Committee recommend that the Board approve the Central Health Key Legislative Priorities as recommended by staff and as amended by items added by the Committee today.

Manager Valadez seconded.

Board Chair Bell	For
Chairperson Brinson	Absent
Manager Jones	For
Manager Kitchen	For
Manager Valadez	For

4. 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: Discussion on this item began at 1:48 p.m. Ms. Perla Cavazos, Sendero Interim CEO presented updates on Affordable Care Act and Central Health Assistance Program enrollments along with growth strategies.

At 2:11 p.m. Chairperson Bell announced that the Committee was convening in closed session to discuss agenda item 4 under Texas Government Code §551.085 Governing Board of Certain Providers of Health Care Services.

At 3:08 p.m. the Board returned to open session

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.

Clerk’s Notes: Discussion on this item began at 2:11 p.m.

At 2:11 p.m. Chairperson Bell announced that the Committee was convening in closed session to discuss agenda item 5 under Texas Government Code §551.071 Consultation with Attorney.

At 3:08 p.m. the Board returned to open session

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

Manager Valadez moved that the Committee adjourn.

Manager Kitchen seconded the motion.

Board Chair Bell	For
Chairperson Brinson	Absent
Manager Jones	For
Manager Kitchen	For
Manager Valadez	For

The meeting was adjourned at 3:09 p.m.

ATTESTED TO BY:

Charles Bell, Acting Chairperson
Central Health Strategic Planning Committee

Cynthia Valadez, Secretary
Central Health Board of Managers



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

March 8, 2023

AGENDA ITEM 2

Receive an update on the Central Health Community Healthcare Initiatives Fund (CHIF).
(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 3/08/2023

Who will present the agenda item? (Name, Title) Megan Cermak, Director of Public Health Strategy, Policy, and Disaster Response

General Item Description Receive an update on the Central Health Community Healthcare Initiatives Fund (CHIF).

Is this an informational or action item? Informational

Recommended Motion (if needed – action item) None

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

- 1) Receive reminder of the purpose of the Community Healthcare Initiative Fund pilot program.
2) Receive an update on the CHIF awardee goals and progress to date.
3)
4)
5)

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) A slide deck with appendices slides will be provided.

Estimated time needed for presentation & questions? 10 minutes to present, 10 minutes for questions

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

Form Prepared By/Date Submitted: Megan Cermak on 2/24/2023

COMMUNITY HEALTHCARE INITIATIVE FUND (CHIF)

March 2023 Update

Strategic Planning Committee



CENTRAL HEALTH

OVERVIEW



CENTRAL HEALTH

- **The Community Healthcare Initiative Fund (CHIF)** pilot program was created to support nonprofits in addressing social factors of health outside the clinic for Travis County residents with low income in ways that align with Central Health's Healthcare Equity Plan.
- **FY2022-23 Focus Areas: Wellness and Prevention**
 - Diet, Nutrition, and Exercise
 - Health Literacy and Communication
 - Disease Prevention and Screening
 - Community Health Capacity Building

2022-2023 AWARDEES



CENTRAL HEALTH

- Austin Voices for Education and Youth (AVEY)
- Common Threads
- Health Alliance for Austin Musicians (HAAM)



AVEY



- In partnership with Central Health, AVEY will conduct a comprehensive annual assessment of the needs of families at 18 community schools, totaling 11,469 students, in the I-35 Corridor and in the Eastern Travis County Crescent.
- Staff (including *promotoras*) at AVEY Call Center, AVEY COVID Hotline, and each Family Resource Center (6) will then assess families for unmet health, food, housing, and education needs, and provide information, referrals, and direct services related to identified health needs.
- Award amount: \$182,400.

HAAM



CENTRAL HEALTH

- HAAM has partnered with Central Health to implement the Austin Musician Prevention, Education, and Direction (AMPED) for Better Health program to expand chronic disease education, prevention, and navigation services to low-income working musicians in Travis County living 200% below the Federal Poverty Level (1,332 eligible participants).
- The AMPED for Better Health program will be composed of three pillars:
 - 1) Identification/Screening;
 - 2) Health Literacy; and
 - 3) Navigation.
- Total award: \$166,190.

COMMON THREADS



- Common Threads has partnered with Central Health to provide nutrition education through evidence-based, SNAP-Ed approved, cooking and nutrition education programs and interventions at affiliated health and resource centers.
- Planned programs and activities:
 - Small Bites Sessions
 - Family Cooking Classes .
 - Caregiver Workshops
 - Grocery Store Tours
 - Small Bites Training
- Total award amount: \$200,000

NEXT STEPS

- Conduct Monthly check-ins between awardees their respective contract managers
- Meet as a cohort each quarter
 - Q1 cohort meeting scheduled for April 3, 2023
- Finalize and implement evaluation framework



CENTRAL HEALTH

THANK YOU!

For further information please contact:

Megan Cermak, Director of Public Health Strategy, Policy, and Disaster Response Megan.cermak@centralhealth.net

Arianna Gomez Lopez, Public Health and Policy Specialist, Arianna.gomezlopez@centralhealth.net



CENTRAL HEALTH

PROCESS HIGHLIGHTS

Fall 2021

- RFI announced – 10/20
- Online Information Session – 10/26
- Proposal submission deadline

Spring 2022

- RFP issued – 04/27
- Press release
- Pre-proposal information session – 05/10
- Question Submittal – 05/17
- Question Response – 05/24

Summer 2022

- Proposal submission – 06/03
- 6 proposals received
- Proposal review
- Awardee selection process finalized

Fall 2022

- NOITA sent to 3 awardees – 08/09
- Scope of Work defined
- Initial contracts drafted
- Contract negotiation process
- Reporting requirements finalized

Winter 2022

- Kickoff meeting with leadership from the three awarded organizations – 12/16

Spring 2023

- First quarterly cohort meeting scheduled for 4/3



APPENDIX



CENTRAL HEALTH

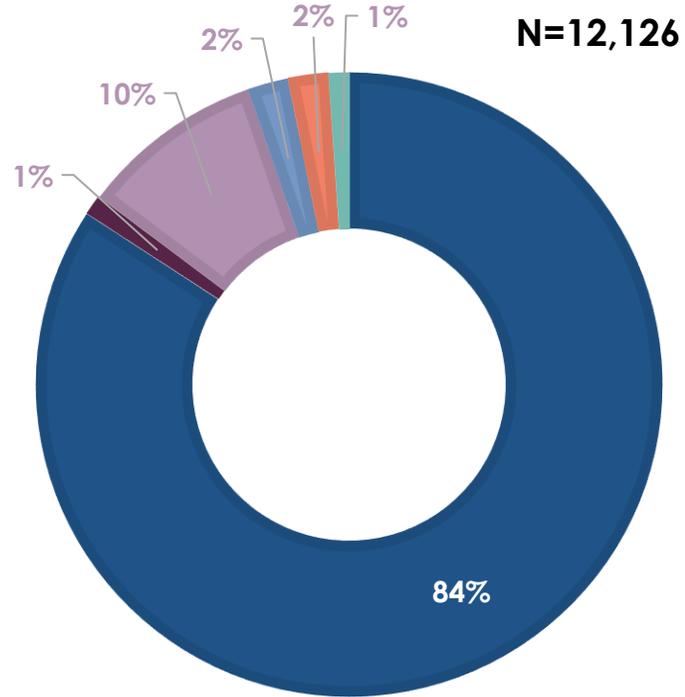
- AVEY demographics
- Common Threads demographics
- HAAM demographics

AVEY



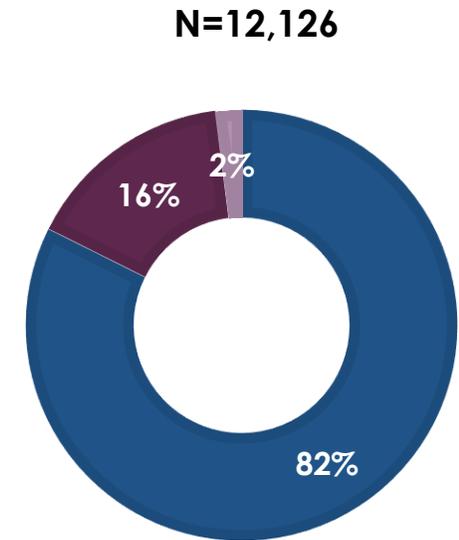
CENTRAL HEALTH

RACIAL DEMOGRAPHICS OF STUDENT POPULATION



- White (Includes Hispanic)
- Native Hawaiian/Pacific Islander
- Black
- American Indian/Alaskan Native
- Asian
- 2 or more races

ETHNIC DEMOGRAPHICS OF STUDENT POPULATION



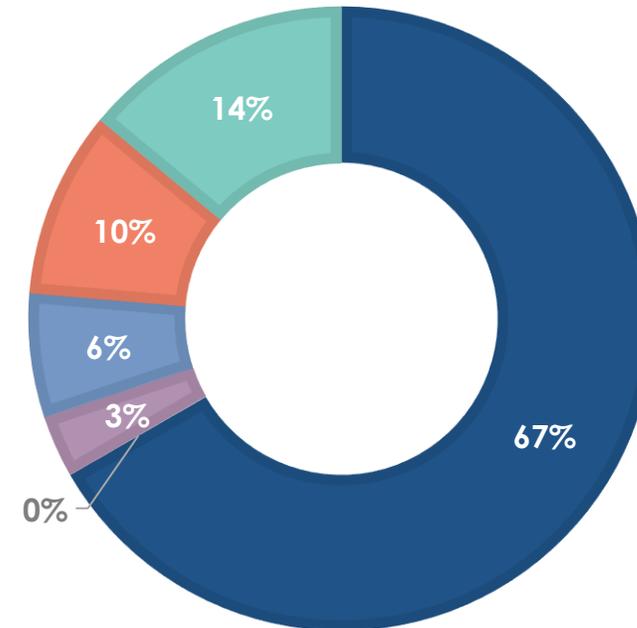
- Hispanic
- Non-Hispanic
- Unanswered

AVEY



CHILDREN'S HEALTH INSURANCE STATUS

N=3,327

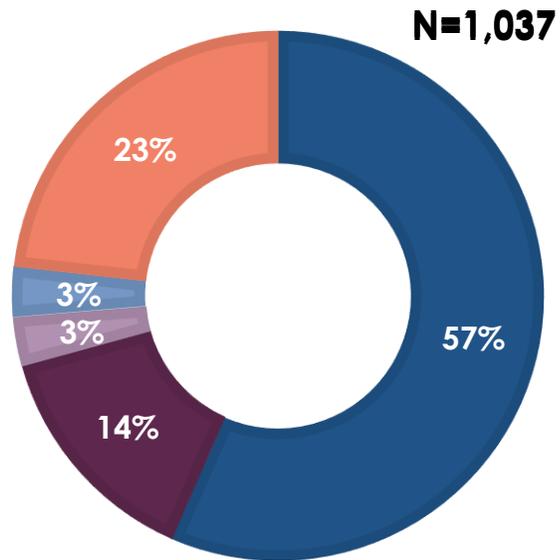


- Medicaid
- Obamacare/Affordable Care Act
- Sliding Fee Scale
- Private Insurance
- CHIP
- None

COMMON THREADS

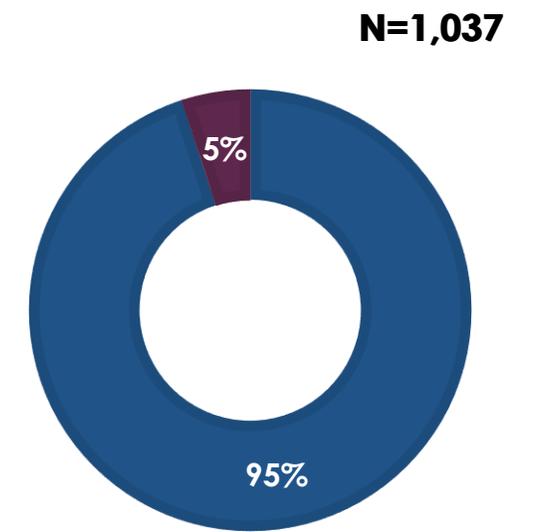


RACIAL DEMOGRAPHICS OF STUDENT POPULATION



- White
- Black
- Asian
- Native American
- Did Not Report

ETHNICITY DEMOGRAPHICS OF STUDENT POPULATION



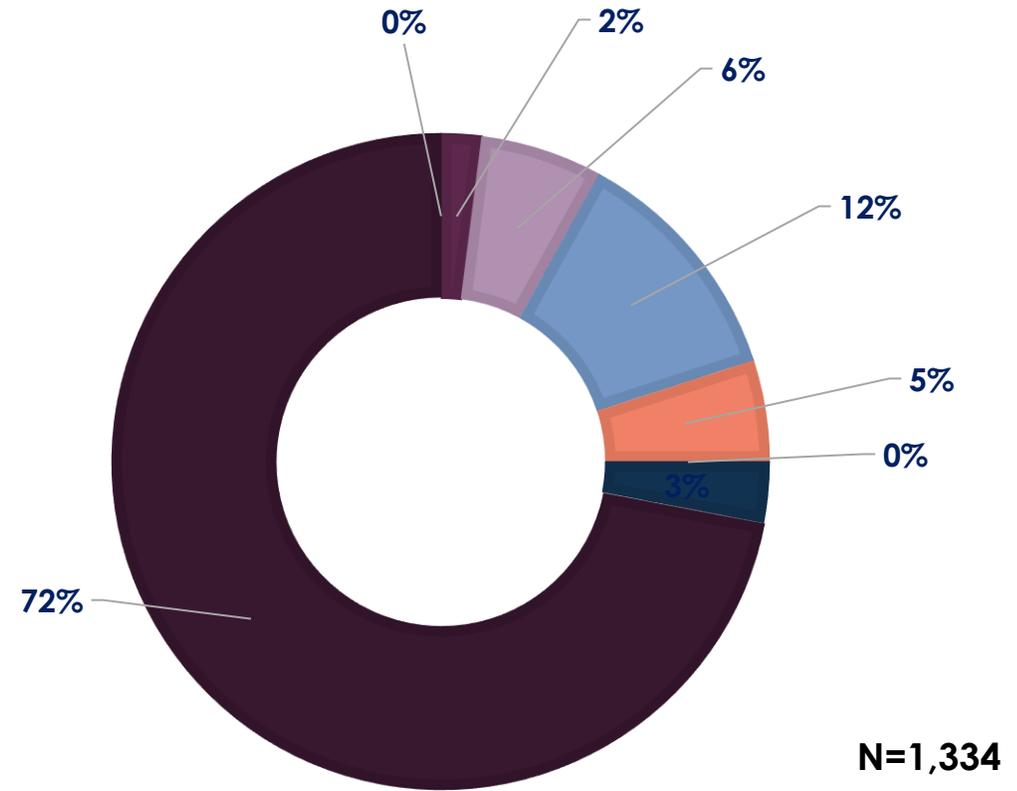
- Hispanic
- Non-Hispanic

HAAM



CENTRAL HEALTH

HAAM MEMBERS UNDER 200% FPL, BY RACE/ETHNICITY



- American Indian/Alaskan Native
- Black
- Multiple
- Other
- Asian
- Hispanic
- Native Hawaiian
- White

From: [Crowley, Monica](#)
To: [Cermak, Megan](#)
Subject: FW: Community Health Initiatives Fund (CHIF) Update
Date: Wednesday, March 1, 2023 4:31:01 PM
Attachments: [image002.png](#)
[image004.png](#)
[image006.png](#)
[image008.png](#)
[image010.png](#)
[image012.png](#)

From: Geeslin, Mike <Mike.Geeslin@centralhealth.net>
Sent: Wednesday, December 14, 2022 3:20 PM
To: Geeslin, Mike <Mike.Geeslin@centralhealth.net>
Cc: Cavazos, Perla <Perla.Cavazos@centralhealth.net>; Yanes, Briana <Briana.Yanes@centralhealth.net>; Trelisha Brown <Trelisha.Brown@traviscountytexas.gov>; Crowley, Monica <Monica.Crowley@centralhealth.net>
Subject: Community Health Initiatives Fund (CHIF) Update

** Please do not reply all; Board of Managers are addressed in the Bcc Field **

Members,

This email is to advise that we have completed contracts for the Community Health Initiatives Fund (CHIF), subsequent to a competitive procurement process. You will recall that the Board of Managers approved funding for CHIF in the FY 2022 and 2023 budgets. We will bring this information back to you at a Strategic Planning Committee meeting, subject to final approval of the chair for agenda(s); however, we wanted to provide summary information in the meantime.

In brief, the final contract awardees are:

- **Common Threads.** Nutrition and meal-prep education programs, youth through adult, English and Spanish-speaking, at on-site school and clinic locations. Exclusive focus will be in low-income areas in Travis County. Contract Amount Not to Exceed: \$93,600; payable upon invoice and work validation.
- **Health Alliance for Austin Musicians (HAAM).** Expand chronic disease education, prevention, and applicable program navigation. Development of culturally affirming outreach materials, focusing on musicians of color. Contract Amount Not to Exceed: \$166,189; payable upon invoice and work validation.
- **Austin Voices.** Comprehensive assessment of service needs of families at 16 community schools in the Central Health Community Needs Assessment planning regions. Connections via English and Spanish social workers or Promotoras. Service connections will be based on individual family need assessment, including but not limited to mental health services, food security, adult education needs, etc. Contract Amount Not to Exceed: \$182,400; payable upon invoice and work validation.

Again, we look forward to discussing these contracts and their objectives in more detail in a future meeting.

Thank You,
Mike

Mike Geeslin

President & CEO

mike.geeslin@centralhealth.net

Office: 512-978-8655

1111 E. Cesar Chavez St. Austin TX 78702

www.centralhealth.net



CENTRAL HEALTH



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CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

March 8, 2023

AGENDA ITEM 3

Receive an update on the Delivery System Reform Incentive Payment (DSRIP) program.
(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	<u>March 8, 2023</u>
Who will present the agenda item? (Name, Title)	<u>Back-up packet only. Staff will be available for questions as needed.</u>
General Item Description	<u>Provide summary information on the 1115 Medicaid Waiver DSRIP program</u>
Is this an informational or action item?	<u>Informational</u>
Fiscal Impact	<u>N/A</u>
Recommended Motion (if needed – action item)	<u>N/A</u>

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

- The Community Care Collaborative participated in the Texas 1115 Medicaid Waiver Delivery System Reform Incentive Payment (DSRIP) program beginning in 2014 and ending in 2021.
In the first iteration of the DSRIP program, the CCC participated in performance-based project opportunities to expand access and develop health system infrastructure, achieving 98.49% of overall project performance metrics.
- In the second iteration of the DSRIP program, Texas HHSC shifted to a program based on improvement to clinical metric bundles. The CCC achieved 98.46% of overall performance metrics in this portion of the program.
- Although the formal DSRIP program ended in December 2021, many of the programs, services and infrastructure established through the DSRIP program have been maintained and continue to grow and evolve.
- Additional detail on both iterations of the CCC’s participation in the DSRIP program is provided in the attached summary.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	<u>Back-up materials only; no presentation or specific agenda item needed</u>
Estimated time needed for presentation & questions?	<u>N/A</u>



CENTRAL HEALTH

Is closed session
recommended? (Consult
with attorneys.)

No

Form Prepared By/Date
Submitted:

Jonathan Morgan, March 2, 2023

Delivery System Reform Incentive Payment (DSRIP)

Summary Report

DSRIP 1

The Community Care Collaborative's participation in DSRIP began in 2014. For the first iteration of DSRIP, the Community Care Collaborative identified 15 projects to build or improve upon healthcare infrastructure supporting the Medical Access Program (MAP) and worked to improve performance metrics related to those projects.

Selected projects could be categorized into four domains: expanded access, disease management, care navigation and care integration.

Expanded Access:

Expanded hours – CommUnityCare (CUC) expanded access to primary care services to include after-hours (until 8:00pm) and Saturday appointments at Central Health's Southeast Health and Wellness Center, contributing to an increase of more than 48,000 patient encounters annually. These additional visits led to a greater percentage of the MAP population being screened for tobacco use, hypertension, and obesity.

Extended hours are still available at SEHWC. Additionally, walk-in appointments are now available at CUC Hancock until 8:00pm on weekdays and Central Health is working with FQHC partners to continue expanding access to after-hours, weekend, convenient care and urgent care services.

Dental Expansion – Dental access for pregnant patients or patients with one or more chronic conditions increased by an additional 8,000 visits per year.

Increasing access to dental services continues to be a priority for Central Health and our partnering primary care and dental providers, with expansions occurring at Lone Star Circle of Care, People's Community Clinic, and starting in 2023, Manos de Cristo. Central Health has substantial additional dental care investments planned for the Del Valle Health & Wellness Center and Hancock Center facility currently under development.

Gastroenterology – This project significantly increased Hepatitis C cure rates for our MAP population and increased gastroenterology encounters by more than 2,000 annual visits over the program period.

Hepatitis C treatment continues at CommUnityCare today. Gastroenterology expansion continues to be a focus with the recent addition of Dr. Sridhar Reddy and Dr. Rajesh Mehta into the MAP network. GI services will also be significantly expanded at Central Health's new Rosewood-Zaragoza multi-specialty clinic.

Pulmonology – This project greatly improved the quality of asthma-related care by increasing access to asthma education, spirometry, and chest x-rays, and expanding clinic access through an embedded pulmonology service at North Central Health Center. This project increased annual pulmonology encounters by nearly 4,000 visits annually over the course of the DSRIP program.

Pulmonology access continues to be a focus for Central Health with planned expansions of pulmonology clinics and diagnostics at the Rosewood-Zaragoza multi-specialty clinic.

Telepsychiatry – In 2014, the CCC introduced telepsychiatry equipment and services to its covered population for the first time, which enabled the expansion of more than 3,000 annual telepsychiatry visits by the end of the DSRIP program. Depression screening (PHQ-9) scores meaningfully improved with the availability of these additional services.

Since DSRIP 1, CUC began directly employing psychiatrists and other behavioral health providers to expand access to care. Psychiatry services have also expanded at Lone Star Circle of Care.

Mobile Health Teams – The Mobile Clinic was a key access to primary care services for many low-income and unhoused communities, especially those in Colony Park, Manor, and northeast Austin. This project helped patients better manage their hypertension as evidenced by monitored outcomes. By the end of the DSRIP program, mobile encounters grew to more than 4,000 annual patient visits.

The Street and Mobile Medicine programs continue to be critical components of our healthcare system for persons experiencing homelessness in Austin. Central Health continues to contract with CommUnityCare to provide mobile health services with plans to enhance and launch additional street and mobile medicine teams.

Pregnancy Planning – This DSRIP project removed a substantial cost barrier for women seeking contraceptive care as the cost of Long Acting Reversible Contraceptive (LARC) devices are expensive and the desire for this form of contraception is very high. Central Health’s partnership with Planned Parenthood for these services continue.

Pregnancy planning services including access to LARC devices continue to be provided to MAP patients by FQHC partners and Planned Parenthood.

Disease Management:

Disease Management Registry – For this project, partnering FQHCs implemented and used the chronic disease management registry (DMR) tool i2i to alert and inform care teams when patients with one or more chronic diseases required intervention and follow-up. The use of a chronic disease registry led to a larger proportion of diabetic MAP patients being screened for hyperlipidemia, nephropathy, and foot sensitivity and reflexes compared to the pre-DSRIP baseline period. More than 12,000 patients with chronic diseases were being enrolled annually in DMR tools by the end of the DSRIP program.

Since the end of the DSRIP program, all three FQHCs continue to use disease management registries and tools although two of the participating FQHCs have transitioned from i2i to other software or electronic health record systems that have this functionality.

Chronic Disease Management Model – The DSRIP 1 project team developed numerous clinical protocols to standardize care for the chronic care population, including: hypertension, Type 2 diabetes, adult asthma, and Hepatitis C. Chronic disease care management best practice protocols are effective and integrated within existing SOPs and clinical workflows. This program contributed to reduction of rates of uncontrolled hypertension in the among MAP members.

Updated chronic disease management best practices continue to be integrated into clinical care practice at contracted FQHCs. Central Health will also open specialty care clinics this year, to continue building solutions to manage patients with chronic illness who require specialized care.

STI Testing and Treatment – This project demonstrated high rates of 3-month follow-up testing after treatment for uncomplicated Gonorrhea. It is likely that the project averted additional negative STI outcomes. Planned Parenthood implemented new processes and protocols related to opt out STI screening for women under 25 years, STI testing specimen drop-off, and more robust STI follow-up, increasing the annual number of individuals receiving an STI test by more than 3,000 by the end of the DSRIP program.

Central Health’s partnership with Planned Parenthood continues. Partnering FQHCs also continue to offer these services.

Care Navigation:

System Navigation – A Care Coordinator educated patients about their benefits and assisted them with service navigation. The Care Coordinator screened the patient for basic needs such as transportation assistance, scheduled ancillary services, connected patients to dental providers, notified the patient’s care team about the patient’s status, and educated patients about appropriate available resources to help avoid preventable ED visits in the future.

Central Health and partnering FQHCs understand the importance of appropriately resourcing health system navigation. Since DSRIP, Central Health further built out its case management functionality to include Community Healthcare Workers in addition to nurses and social workers who document and address social determinants of health. Central Health also established a Transitions of Care team, with team members stationed in local hospital and emergency room settings to ensure the appropriate and timely transition of patients between different clinical environments.

Paramedic Navigation – This program focused on creating strong linkages and support for programs such as Homeless Outreach Street Team (HOST), Mobile Crisis Outreach Team (MCOT), the Travis County jail system, and Integral Care. Community Health Paramedics have served as a crucial support for enrollment of patients, especially persons experiencing homelessness, into MAP.

Since DSRIP 1, CommUnityCare’s Street Medicine program has assumed some of this functionality and continues to be a critical component of care for persons experiencing homelessness in Austin, with plans for expansion. Austin-Travis County EMS continues to operate the Community Health Paramedic program, providing vital services throughout our community.

Care integration

Integrated Behavioral Health – Through the Integrated Behavioral Health (IBH) project, providers worked towards maximizing value of care to patients, increased the utilization of staff skills based on licensure, and increased staff engagement in supporting patient care. This program was associated with better management of patients with hypertension in the MAP population. More than 1,200 patients with a co-occurring mental health condition were treated by the IBH team annually by the end of the DSRIP program.

Integrated behavioral health services remains a major component of all of our FQHC partner clinic services.

Centering Pregnancy – Centering patients were four times as likely to have a postpartum visit during the recommended 21-56 week window, and were four times as likely to have a postpartum visit at any point after delivery, as compared to traditional care patients. This program allowed more time to strengthen provider-patient relationships, and patients were able to bond with each other to support stress reduction and reinforce healthy behaviors, which led to healthy newborns.

Doula services in partnership with CommUnityCare, which began in 2022 offers similar, if not more robust, supportive perinatal services to MAP members.

Patient Centered Medical Home – Through the adoption of the PCMH model, foundational infrastructure and services were developed to allow for better data exchange between medical homes, specialists and patients; to develop and implement shared care standards; and to expand access to care delivered by a patient-focused, multi-disciplinary care team. These efforts contributed to a greater proportion of diabetic MAP patients receiving retinal eye exams and better monitoring of patients on ACE/ARBs or diuretics. FQHC partners continue to maintain PCMH or similar certification.

Between 2014-2017, the CCC achieved over 98% of DSRIP performance measures resulting in significant improvements to healthcare infrastructure and expansions of needed services supporting MAP enrollees.

	Total Achievement
Start-Up Measure selection and core activity descriptions	100%
Category 1 Infrastructure Development: lays foundation for delivery system transformation	-
Category 2 Program innovation and design	99.57%
Category 3 Quality improvement	95.56%
Category 4 Population focused improvements	100%
TOTAL	98.49%

The second iteration of the DSRIP requirements, defined by Texas Health and Human Services Commission, shifted from projects to qualitative performance measures. Measures were grouped into bundles and assigned a point value. The CCC was required to select 75 points worth of bundles and perform to all measures within each selected bundle. The CCC selected the following measure bundles, which included 36 qualitative performance measures:

- A1: Improved Chronic Disease Management: Diabetes Care (6 measures)
- C1: Primary Care Prevention – Healthy Texans (9 measures)
- C2: Primary Care Prevention – Cancer Screening & Follow-Up (3 measures)
- F1: Improved Access to Adult Dental Care (3 measures)
- G1: Palliative Care (6 measures)
- H1: Integration of Behavioral Health in a Primary or Specialty Care Setting (4 measures)
- H3: Chronic Non-Malignant Pain Management (5 measures)

Through partnerships with CommUnityCare, Lone Star Circle of Care, and Hospice Austin, the CCC achieved 100% of the final performance targets for 34 of the 36 measures and 75% for the remaining two by the end of December 2021.

	Total Achievement
RHP Plan Measure bundle selection and core activity descriptions	100%
Category A Description of core activities relating to system, payment reform, cost-savings analysis, and regional learning related to Category C measures	-
Category B Maintain or increase number of Medicaid/Low Income Uninsured patients served	100%
Category C Healthcare quality and system performance measures	97.79%
Category D Population health measures for each provider type	100%
TOTAL	98.46%

Key Successes (Baseline compared to December 2021 final performance)

- Over 1,200 additional foot exams were provided annually to MAP enrollees diagnosed with diabetes
- Lone Star Circle of Care nearly doubled the number of individuals with diabetes who received their HbA1c test annually
- Improved HPV Vaccinations from 12.97% to over 30%
- CommUnityCare improved colorectal cancer screenings by over 15%
- Cervical cancer screening rates improved by 8.43%
- Breast cancer screening rates improved by over 10.5%
- Five of the six hospice measures had an achievement of 100%, one had an achievement of 94.44%
- Depression remission occurred in over 5% more patients
- Over 11,000 more patients were screened and counseled annually, when appropriate, for unhealthy alcohol use
- Significant improvements were made in screening for opioid misuse among CommUnityCare and Lone Star Circle of Care

DSRIP Baselines and Improvement Goals
As of 12/31/2021

Bundle	Measure ID	Measure Title	CCC					FINAL Achievement*
			Baseline Value	CY 2018	CY 2019	CY 2020	CY 2021	
A1: Improved Chronic Disease Management: Diabetes Care	A1-111	Diabetes Eye Exam	62.13%	62.60%	64.01%	64.25%	64.48%	66.51%
	A1-112	Diabetes: Foot Exam	50.59%	51.83%	55.53%	56.40%	56.77%	73.67%
	A1-115	Diabetes: HbA1c >9.0% (Lower is better)	35.45%	34.99%	33.62%	33.39%	33.17%	32.42%
	A1-207	Diabetes: BP control (<140/90mm Hg)	71.51%	71.98%	73.38%	73.61%	73.84%	74.29%
	A1-500	Diabetes Composite Admissions (Lower is better)	3.14%	3.06%	2.82%	2.77%	2.75%	2.07%
	A1-508	Diabetes ED Visits (Lower is better)	89.51%	87.27%	80.56%	78.99%	78.32%	49.64%
C1: Primary Care Prevention - Healthy Texans	C1-105	Tobacco Screening & Cessation	99.14%	99.16%	99.22%	99.24%	99.25%	99.67%
	C1-113	Diabetes: HbA1c testing	90.45%	90.65%	91.25%	91.34%	91.44%	95.49%
	C1-147	BMI Screening and Follow-Up	88.86%	89.18%	90.14%	90.30%	90.46%	68.36%
	C1-268	Pneumonia vaccination	55.43%	56.54%	59.89%	60.67%	61.00%	76.57%
	C1-269	Influenza Immunization	41.51%	42.97%	47.36%	48.38%	48.82%	52.14%
	C1-272	Adults Immunization status	14.20%	16.34%	22.78%	24.28%	24.92%	19.12%
	C1-280	Chlamydia Screening in Women	73.99%	74.39%	75.60%	75.80%	76.00%	76.75%
	C1-389	HPV Vaccine	12.97%	15.15%	21.67%	23.20%	23.85%	30.87%
C1-502	Acute Composite Admissions (Lower is better)	0.47%	0.46%	0.42%	0.41%	0.41%	0.28%	
C2: Primary Care Prevention - Cancer Screening & Follow-Up	C2-106	Cervical Cancer Screening	64.06%	64.49%	65.78%	65.99%	66.21%	72.49%
	C2-107	Colorectal Cancer Screening	26.20%	28.04%	33.58%	34.87%	35.42%	43.84%
	C2-186	Breast Cancer Screening	57.56%	58.25%	60.34%	60.68%	61.03%	68.22%
F1: Improved Access to Adult Dental Care	F1-105	Tobacco Screening & Cessation	99.76%	99.76%	99.78%	99.79%	99.79%	99.72%
	F1-226	Chronic Disease: Dental Services	89.39%	89.66%	90.45%	90.64%	90.72%	78.85%
	F1-227	Dental Caries: Adults (Lower is better)	53.39%	52.06%	48.05%	47.12%	46.72%	48.36%
G1: Palliative Care	G1-276	Hospice & Palliative Care - Pain Assessment	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	G1-277	Hospice & Palliative Care - Treatment Preference	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	G1-278	Beliefs and values	98.21%	98.26%	98.39%	98.42%	98.44%	100.00%
	G1-361	Treated with Opioid and Given Bowel Regimen	87.88%	88.18%	89.09%	89.30%	89.39%	94.44%
	G1-362	Hospice & Palliative Care - Dyspnea Treatment	P4R	P4R	P4R	P4R	P4R	P4R
	G1-363	Hospice & Palliative Care - Dyspnea Screening	80.95%	81.43%	82.86%	83.19%	83.33%	100.00%
H1: Integration of Behavioral Health in a Primary or Specialty Care Setting	H1-146	Depression and Follow-Up	72.55%	73.24%	75.30%	75.78%	75.98%	79.10%
	H1-255	ADHD Medication	P4R	P4R	P4R	P4R	P4R	P4R
	H1-286	Depression Remission	3.57%	5.98%	13.21%	14.90%	15.63%	8.64%
	H1-317	Unhealthy Alcohol Use & Counseling	5.75%	8.11%	15.17%	16.82%	17.53%	63.62%
H3: Chronic Non-Malignant Pain Management	H3-144	Depression and Follow-Up Plan (Chronic Pain)	83.02%	83.44%	84.72%	85.01%	85.14%	92.06%
	H3-287	Current Medications	73.21%	73.88%	75.89%	76.35%	76.56%	89.43%
	H3-288	Pain Assessment and Follow-up	45.24%	46.61%	50.71%	51.67%	52.08%	85.94%
	H3-401	Opioid Therapy Follow-up Evaluation	26.10%	27.95%	33.49%	34.78%	35.34%	65.73%
	H3-403	Risk of Opioid Misuse	0.15%	2.65%	10.14%	11.88%	12.63%	15.97%

*Final Achievements in bold had 100% achievement with HHSC-approved COVID-19 accommodations

*Measures C1-272 and H1-286 had 75% achievement with HHSC-approved COVID-19 accommodations



CENTRAL HEALTH

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

March 8, 2023

AGENDA ITEM 4

Receive and discuss a briefing regarding Seton Family of Hospitals and Seton Healthcare Family V. Travis County Healthcare District d/b/a Central Health, Cause No. D-1-GN-23-000410.³
(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 March 8, 2023

Who will present the agenda item? (Name, Title) Monica Crowley

General Item Description Receive and discuss a briefing regarding Seton Family of Hospitals and Seton Healthcare Family V. Travis County Healthcare District d/b/a Central Health, Cause No. D-1-GN-23-000410.

Is this an informational or action item? Informational

Fiscal Impact N/A

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

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

- Briefing with legal counsel as needed. Please note that this agenda item will be taken up at the discretion of the chair based on status of the situation at the time of the meeting.
- 1) discretion of the chair based on status of the situation at the time of the meeting.
 - 2) _____

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

Estimated time needed for presentation & questions? 10 minutes

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

Form Prepared By/Date Submitted: Briana Yanes/ March 3, 2023



CENTRAL HEALTH

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

March 8, 2023

AGENDA ITEM 5

Receive and discuss a briefing regarding Birch, et al. V. Travis County Healthcare District d/b/a Central Health and Mike Geeslin, Cause No. D-1-GN-17-005824 in the 345th District Court of Travis County.³ (*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 March 8, 2023

Who will present the agenda item? (Name, Title) Monica Crowley

General Item Description Receive and discuss a briefing regarding Birch, et al. V. Travis County Healthcare District d/b/a Central Health and Mike Geeslin, Cause No. D-1-GN-17-005824 in the 345th District Court of Travis County.

Is this an informational or action item? Informational

Fiscal Impact N/A

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

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

- 1) Briefing with legal counsel as needed. Please note that this agenda item will be taken up at the discretion of the chair based on status of the situation at the time of the meeting.
- 2) _____

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

Estimated time needed for presentation & questions? 10 minutes

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

Form Prepared By/Date Submitted: Briana Yanes/ March 3, 2023



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

March 8, 2023

AGENDA ITEM 6

Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)