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.

SPECIAL CALLED BOARD OF MANAGERS MEETING
Wednesday, June 28, 2023, 1:00 p.m.

Videoconference meeting[1]

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

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

Members of the public may attend the meeting at the address above, or observe and participate in the meeting by connecting to the Zoom meeting link listed below (copy and paste into your web browser):
https://us06web.zoom.us/j/89192226280?pwd=amNHMlp4YTIwYVpkalZDTTFCQXR4QT09
Meeting ID: 891 9222 6280
Passcode: 968485

Or to participate by telephone only:
Dial: (346) 248 7799
Meeting ID: 891 9222 6280
Passcode: 968485

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

Members of the public who attend in person should conduct a self-assessment before coming to the building to ensure they do not have a high temperature or any symptoms of COVID-19. Anyone who is symptomatic and/or has a fever should contact their healthcare provider for further instructions. Symptomatic members of the public can still participate, if desired, through the virtual meeting link or telephone number listed on each meeting notice. Resources related to COVID-19 can be found at the following link https://www.austintexas.gov/covid19.

A member of the public who wishes to make comments virtually during Public Communication for the Board of Managers meeting or the Executive Committee meeting must properly register with Central Health ***no later than 11:30 a.m. on June 28, 2023***. Registration can be completed in one of three ways:

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

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

AGENDA[2]

1. Receive an update on the implementation of the Healthcare Equity Plan, including operational and financial sustainability planning. (*Informational Item*)

2. Discuss Central Health's ownership of a Health Plan/Health Maintenance Organization (HMO).[3] (*Informational item*)

3. Discuss and take appropriate action to create a Central Health Board of Managers Medical Committee. (*Action item*)

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

Notes:

[1] This meeting may include one or more members of the Board of Managers participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Administrative Offices, 1111 E. Cesar Chavez, Austin, TX 78702, Board Room. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be both visible and audible to the public whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**

[2] The Board of Managers may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Board announces that the item will be considered during a closed session.

[3] Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney) and/or §551.085 (Governing Board of Certain Providers of Health Care Services).

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

Any individual with a disability who plans to attend this meeting and requires auxiliary aids or services should notify Central Health at least two days in advance, so that appropriate arrangements can be made. Notice should be given to the Board Governance Manager by telephone at (512) 978-8049.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

_____ _____

Board Manager Signature Date

_____

Board Manager Printed Name

Calling In and Repairing Harm

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

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

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

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

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

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

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

Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

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

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

RACIAL and SOCIAL JUSTICE FRAMEWORK

Values and Anti-Racism/Anti-Oppression

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

Intentional and Accountable Storytelling

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

Power Analysis

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

Relationships

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

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SPECIAL CALLED BOARD MEETING

June 28, 2023

REGULAR AGENDA ITEM 1

Receive an update on the implementation of the Healthcare Equity Plan, including operational and financial sustainability planning. (*Informational Item*)

CENTRAL HEALTH

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	6/28/2023
Who will present the agenda item? (Name, Title)	Jeff Knodel (CFO), Monica Crowley (CSO & Sr. Counsel), Dr. Alan Schalscha (CMO), Dr. Abhi Sharma (Partner, Guidehouse), and Danielle Sreenivasan (Director, Guidehouse)
General Item Description	Receive an update on the Healthcare Equity Action Plan, including operational and financial sustainability planning.
Is this an informational or action item?	Informational
Fiscal Impact	Not applicable
Recommended Motion (if needed – action item)	Not applicable

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

1) Central Health worked with Guidehouse to develop and prioritize strategic projects, initiatives and the critical capabilities needed to address identified gaps in medical and health care services for the Travis County safety-net population.
2) With input from stakeholders and SMEs, we developed an Overarching Operational Roadmap, which will guide the implementation of the Healthcare Equity Action Plan, including major milestones and projects, phased over time by Community Need.
3) We also developed a cost estimate by fiscal year and Community Need, phased over a 7-year period that informs the proposed implementation action plan.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	PowerPoint presentation
Estimated time needed for presentation & questions?	1 hour, consisting of 30 mins for presentation and 30 minutes for discussion
Is closed session recommended? (Consult with attorneys.)	
Is closed session recommended? (Consult with attorneys.)	No

CENTRAL HEALTH

Form Prepared By/Date Submitted: Monica Crowley, 05/31/2023

CENTRAL HEALTH

CommUnityCare | Sendero

Healthcare Equity Action Plan - Operational and Financial Sustainability Implementation Planning

Board of Managers Presentation

June 28th, 2023

Agenda

1. Recap of Strategic Planning Committee Meeting
2. Healthcare Equity Action Plan Overview - Operational and Financial Sustainability Implementation Planning
3. Overarching Operational Roadmap and Financial Cost Estimates
4. Next Steps and Key Decisions

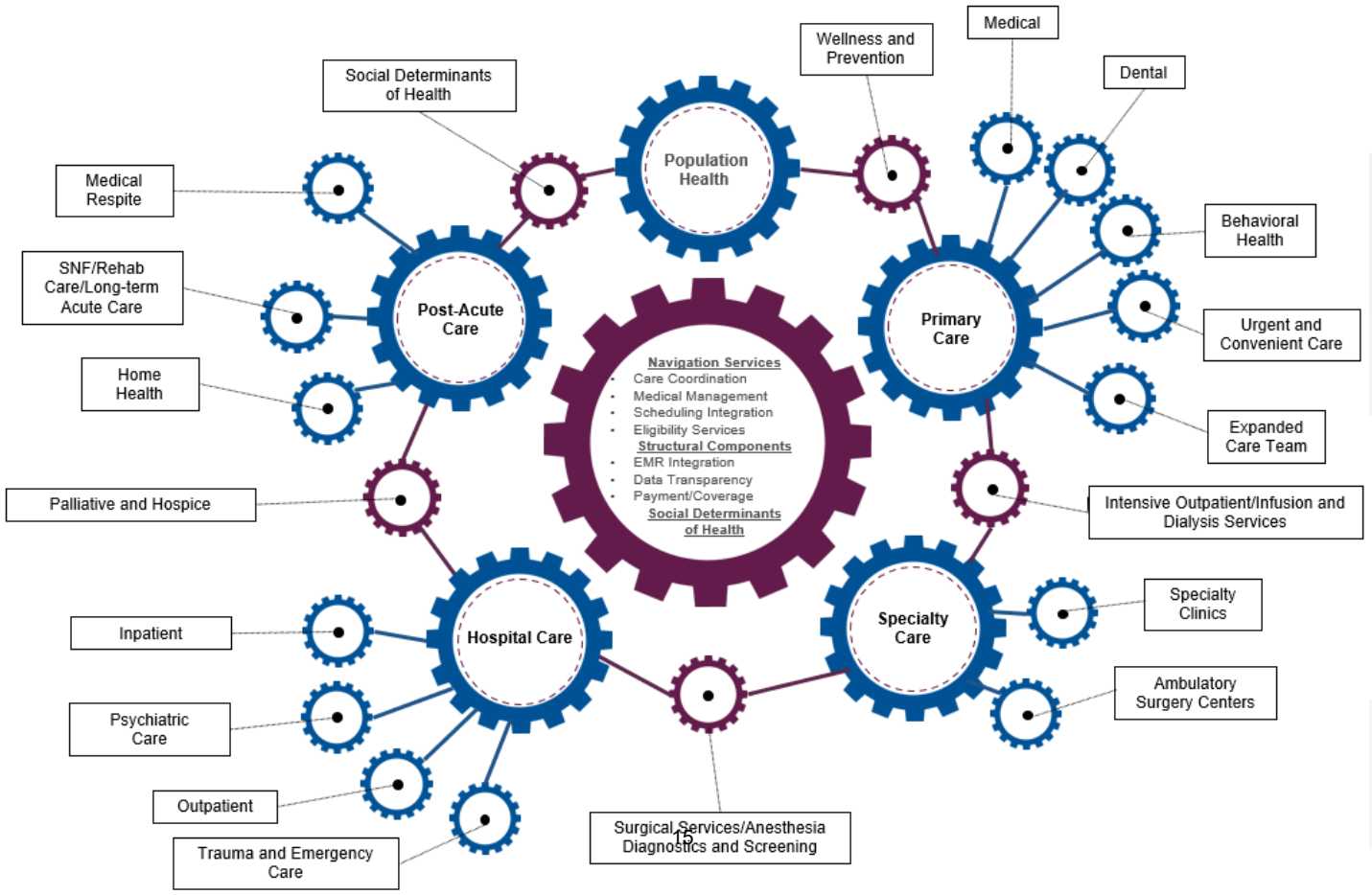
Engagement Progress and Achievements

Tasks completed to date:

1. Completed catalogue of community needs faced by the Travis County safety-net.
2. Identified, refined, and organized projects into initiatives that rely on similar capabilities for implementation.
3. Conducted in-person strategic visioning sessions with the Central Health leadership and SMEs to identify the capabilities and critical components required for each initiative's implementation.
4. Developed high-level financial pro-forma templates and refined early-phase cost estimates to ensure phasing of initiatives to meet the most pressing and impactful needs over a 7-year period.

Designing a High Performing Healthcare System to Meet the Healthcare Needs of Travis County's Safety Net Population

Fostering Meaningful Connections with Our Patients



Central Health Created Operational Roadmaps to Guide Implementation of the Healthcare Equity Strategic Plan

Our ask of you today:

- Validate the process undertaken by Central Health to implement the Healthcare Equity Strategic Plan
- Confirm your understanding of the specific initiatives Central Health will implement
- Consider overarching operational roadmap that will guide Central Health's priorities

Engagement Phases

Operational and Financial Sustainability Implementation Planning

- Define & Prioritize Initiatives to Address Community Needs
- Conduct a Capabilities & Operational Assessment
- Design Operational & Financial Plans

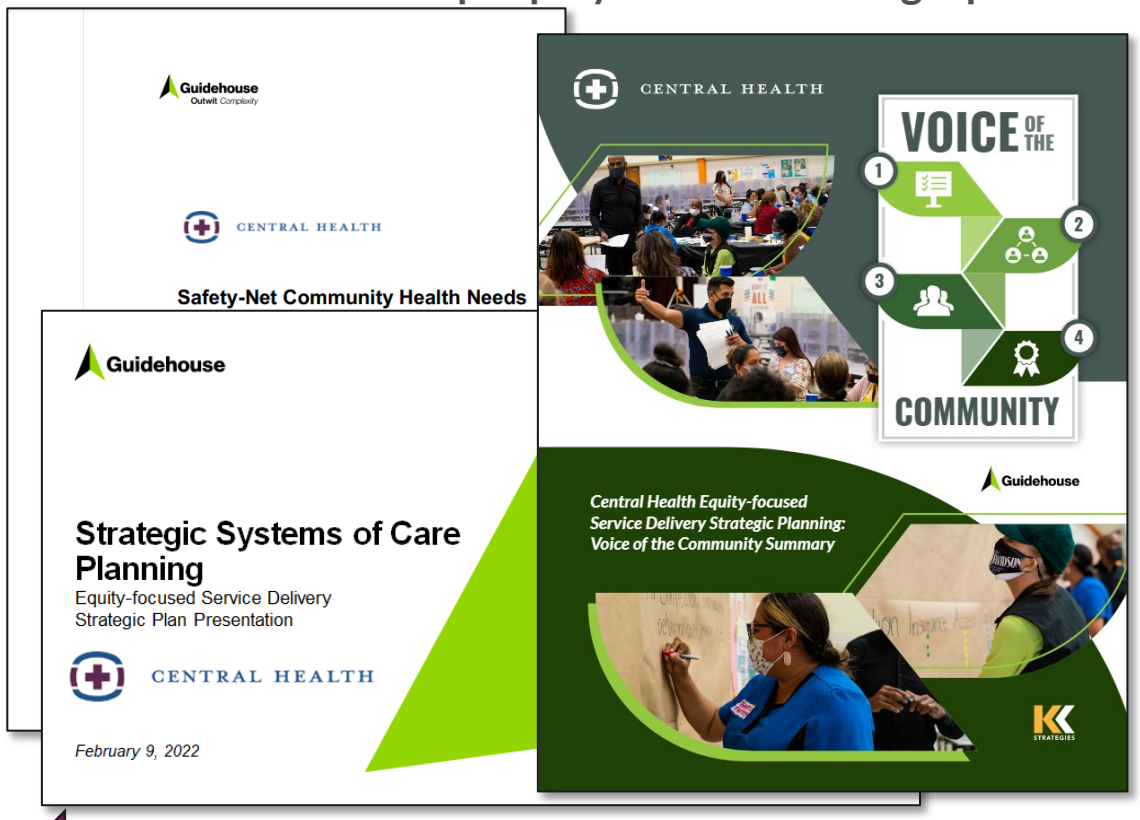
Operational and financial plans inform budget priorities on an ongoing basis

Central Health's Annual Budget Development Process

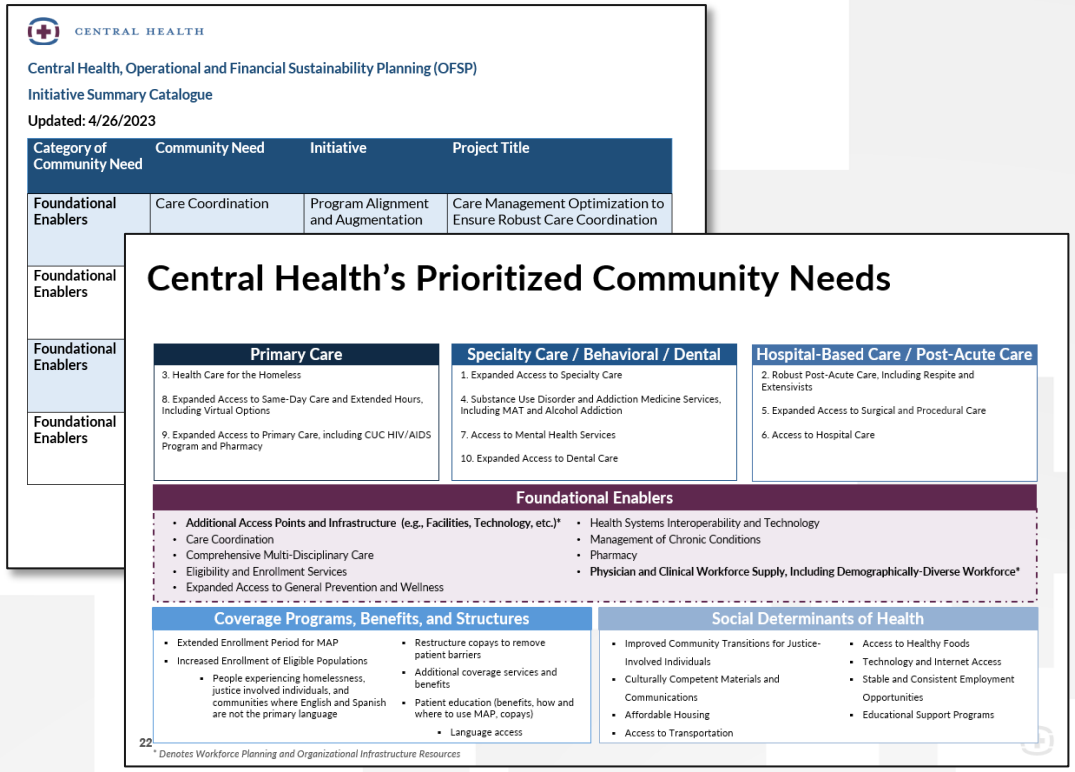
March – April
Analyze Data

Beginning with the Voice of the Community and Safety-Net CHNA, Central Health Developed a Plan to Achieve a Comprehensive, Equity-Focused System of Care

February 2022: Completed assessment of community health needs to develop equity-focused strategic plan



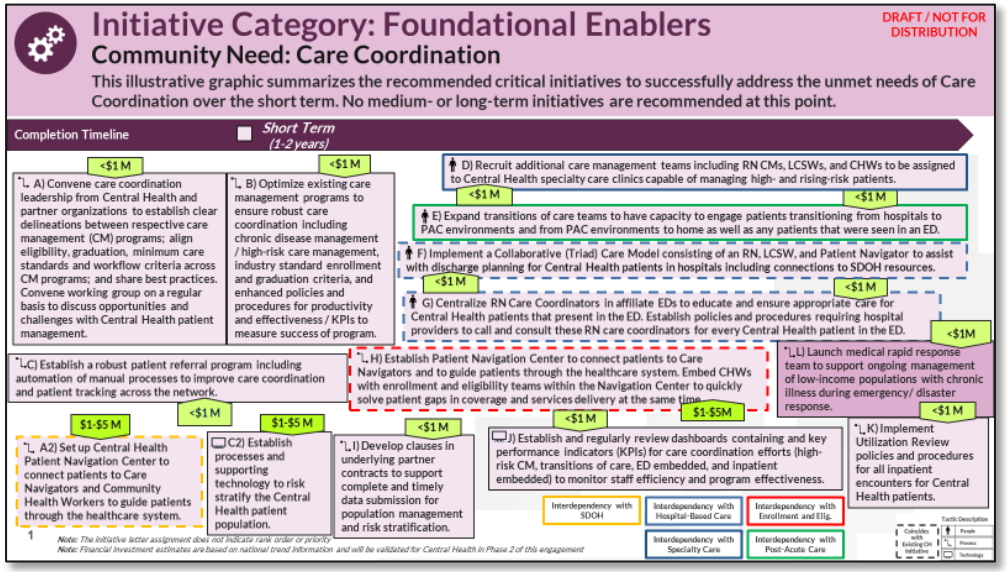
September 2022: Catalogued, defined, and used data to prioritize safety-net community needs



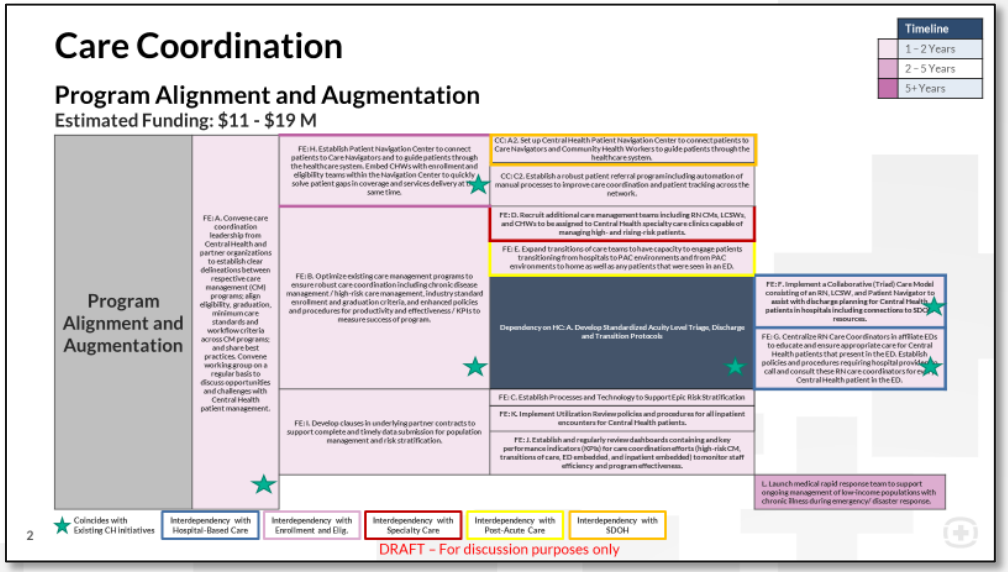
Data-Driven and Community - and Stakeholder-Focused Processes

The Work to Implement the Healthcare Equity Action Plan to Address Identified Gaps Continues

January 2023: Identified, prioritized and sequenced projects based on level of effort and impact

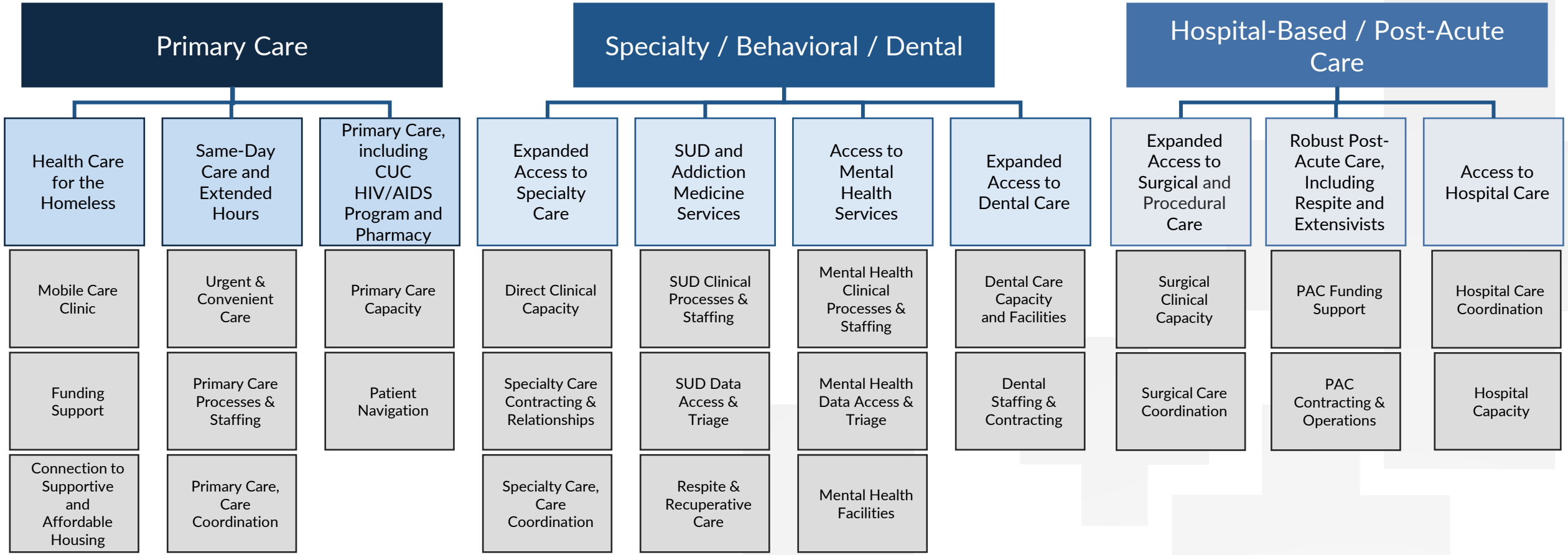


March 2023: Organized related and interdependent projects to develop operational and financial roadmaps



Data-Driven and Community- and Stakeholder-Focused Processes

Central Health will Implement 38 Initiatives to Operationalize the Healthcare Equity Action Plan



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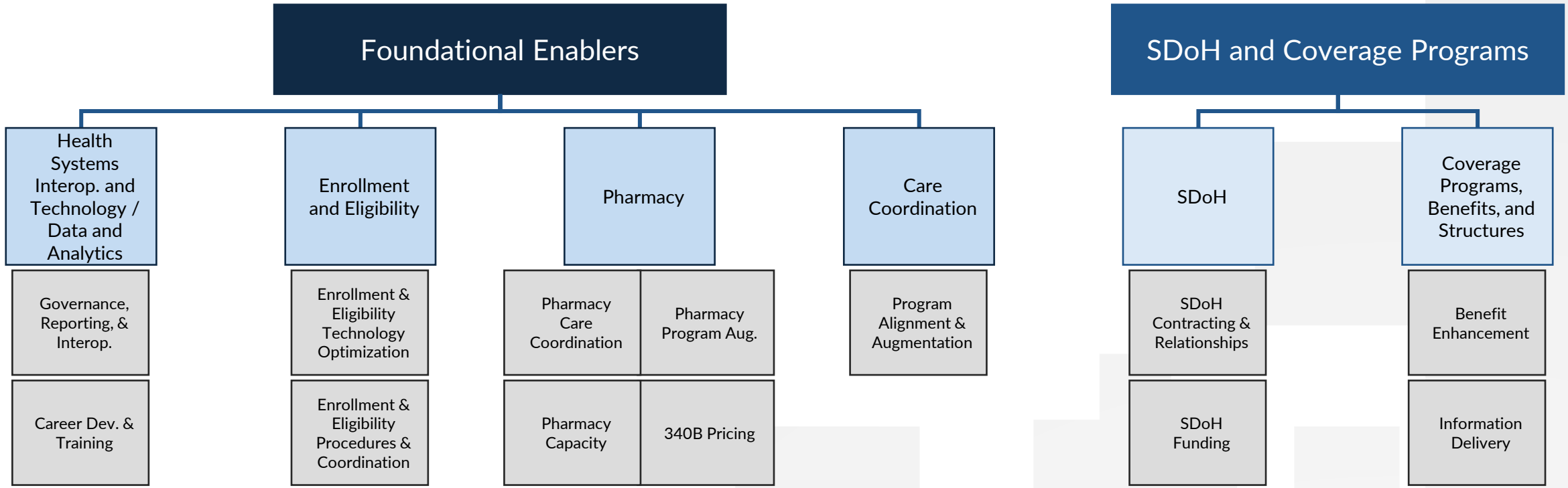


Central Health Created a System-Wide Roadmap and Financial Model to Optimize Use of Resources and Strengthen Program Integration and Coordination

Key Considerations to Implement Central Health's Healthcare Equity Action Plan

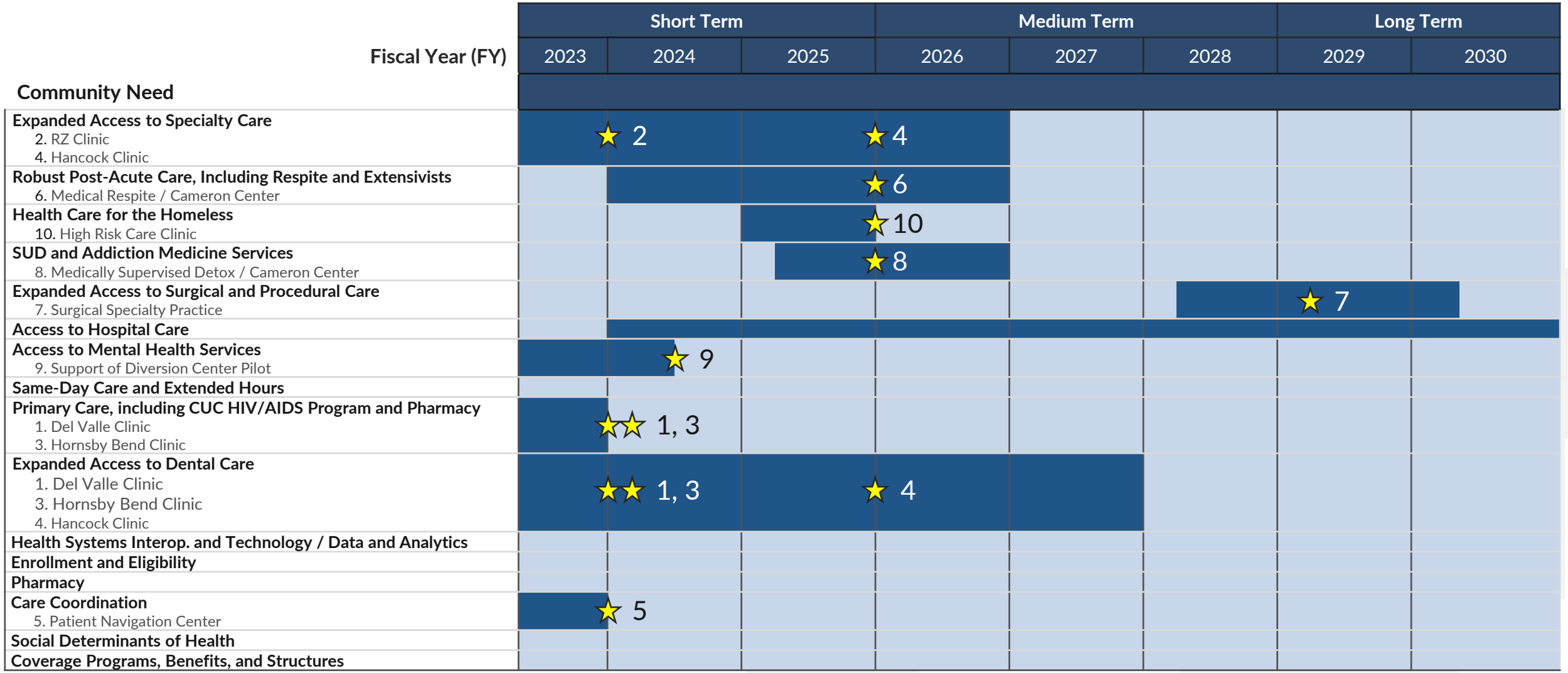
1. There is substantial unmet need for the Travis County safety net population. Central Health has undergone a comprehensive, data-driven process, including a safety-net focused Community Health Needs Assessment and Voice of the Community, to develop a plan that addresses the most critical unmet needs within Central Health's fiscal capacity.

2. In order to optimize the use of available resources and yield the greatest impact, Central Health designed the roadmap through a multi-disciplinary lens to allow resources to extend beyond singular initiatives, potentially freeing funds for future initiatives and programs.

3. We will continue to rely on ongoing feedback from our community as we execute on our operational roadmaps to deliver a healthcare system that considers our patients' medical, cultural, and social needs.

4. Central Health's ongoing investments in previously funded initiatives and projects align to the work and initiatives presented today, while also promoting efficiencies throughout the healthcare system.

Initiatives to Address Community Need are Phased Over Time



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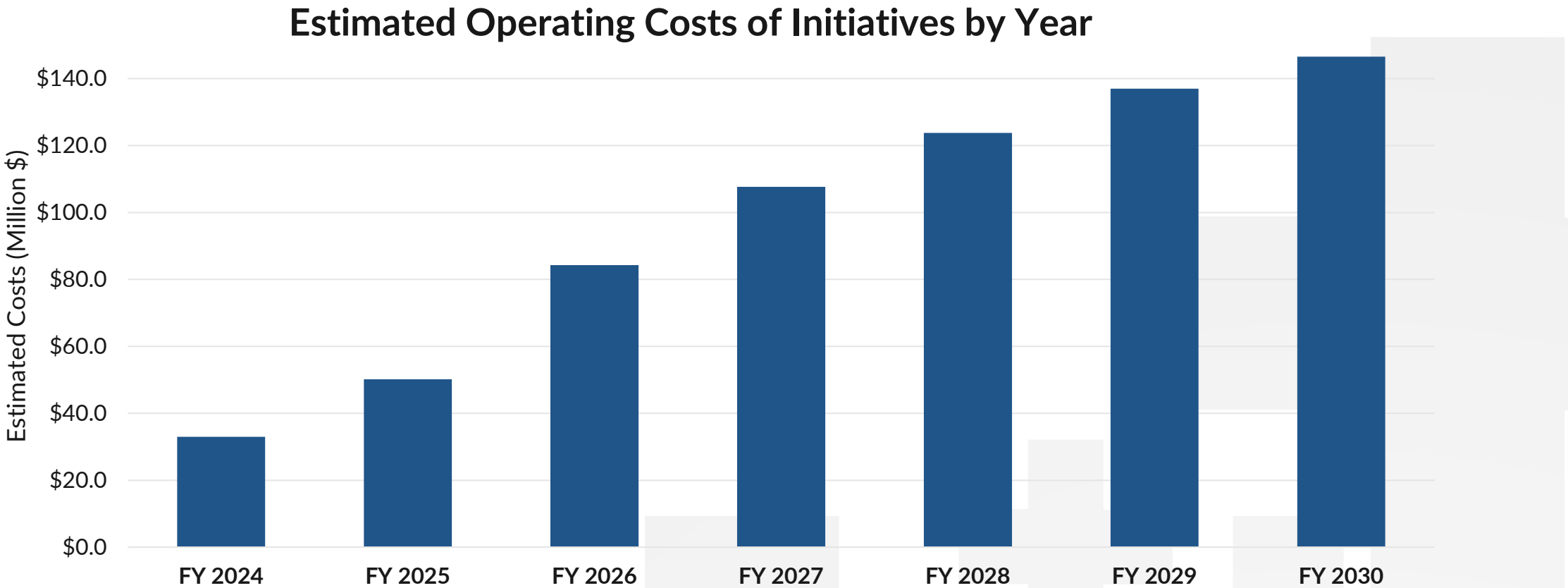

Total Estimated Operating Costs	$ 682,392,474

*Financial estimates were prepared in conjunction with Central Health leadership based upon agreed upon assumptions.

**Cost estimates associated with crosscutting projects and initiatives are attributed to one community need to promote efficiency and maximize available resources.

Initiatives to Address Community Need are Phased Over Time

Estimated Cost by Fiscal Year For Initiatives by Community Need

Community Need	Initiatives	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Expanded Access to Specialty Care	• *Direct Clinical Capacity* • *Specialty Care, Care Coordination* • *Specialty Care Contracting and Relationships*	$ 12,191,280	$ 18,204,033	$ 34,075,825	$ 45,872,649	$ 51,335,031	$ 54,596,707	$ 57,170,949
Access to Mental Health Services	• *Mental Health Clinical Processes and Staffing* • *Mental Health Data Access and Triage* • *Mental Health Facilities*							
Robust Post-Acute Care, Including Respite and Extensivists	• *Post-Acute Care Contracting and Operations* • *Post-Acute Care Funding Support*	$ 2,007,566	$ 3,773,148	$ 6,410,173	$ 8,890,371	$ 9,892,545	$ 12,198,492	$ 13,484,543
Primary Care, including CUC HIV/AIDS Program and Pharmacy	• *Patient Navigation* • *Primary Care Capacity*	$ 2,000,000	$ 3,050,000	$ 3,775,200	$ 4,358,144	$ 5,284,791	$ 6,039,411	$ 6,512,896
SUD and Addiction Medicine Services	• *Respite and Recuperative Care* • *SUD Clinical Processes and Staffing* • *SUD Data Access and Triage*	$ 833,750	$ 2,168,166	$ 4,687,813	$ 7,282,079	$ 7,535,751	$ 7,786,153	$ 8,041,888
Access to Hospital Care	• *Hospital Capacity* • *Hospital Care Coordination*	$ 750,000	$ 768,750	$ 787,500	$ 3,493,750	$ 3,575,000	$ 3,656,250	$ 3,737,500
Health Care for the Homeless	• *Connection to Supportive and Affordable Housing* • *Funding Support* • *Mobile Care Clinic*	$ -	$ 405,410	$ 1,672,159	$ 1,891,316	$ 1,943,442	$ 1,995,345	$ 2,048,206
Expanded Access to Dental Care	• *Dental Care Capacity and Facilities* • *Dental Staffing and Contracting*	$ 400,000	$ 704,688	$ 1,275,750	$ 1,644,750	$ 1,980,000	$ 2,227,500	$ 2,484,000
Care Coordination	• *Care Coordination Program Alignment and Augmentation*	$ 2,876,863	$ 5,592,723	$ 9,195,487	$ 10,825,531	$ 12,011,684	$ 12,962,561	$ 13,750,123
Enrollment and Eligibility	• *Enrollment & Eligibility Technology Optimization* • *Enrollment & Eligibility Procedures & Coordination*							
Coverage Programs, Benefits, and Structures	• *Coverage Program Benefit Enhancement* • *Coverage Program Information Delivery*							

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**Cost estimates associated with crosscutting projects and initiatives are attributed to one community need to promote efficiency and maximize available resources.

Initiatives to Address Community Need are Phased Over Time

Estimated Cost by Fiscal Year For Initiatives by Community Need

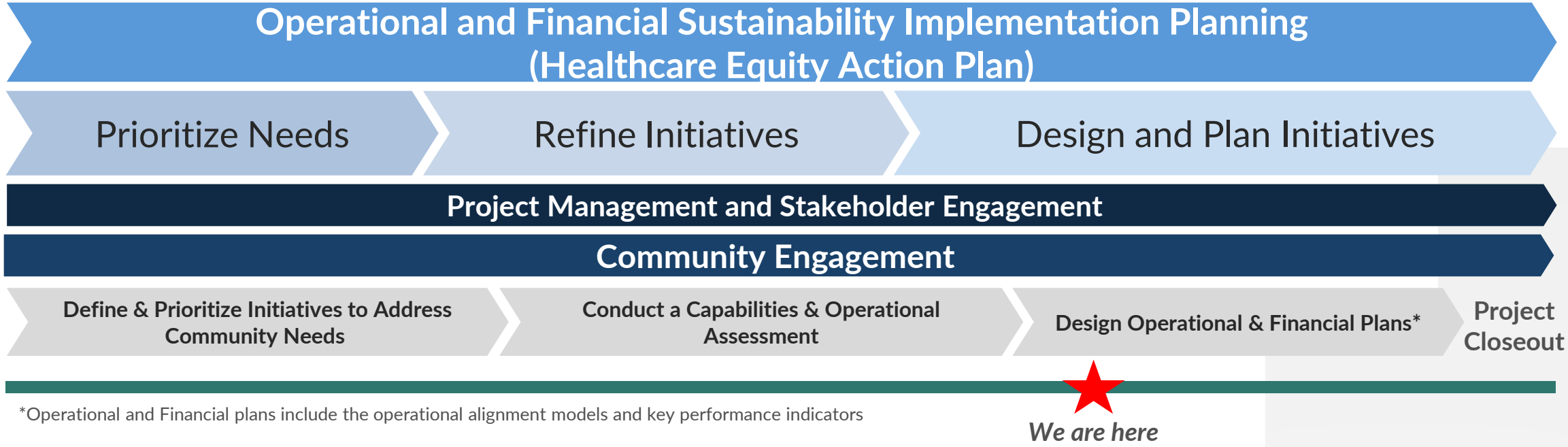
Community Need	Initiatives	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Pharmacy	• *Pharmacy Care Coordination* • *Pharmacy Capacity* • *Pharmacy Program Aug.* • *340B Pricing*	$ -	$ -	$ 3,300,000	$ 3,300,000	$ 5,600,000	$ 5,600,000	$ 5,900,000
Same-Day Care and Extended Hours	• *Primary Care, Care Coordination* • *Primary Care Processes and Staffing* • *Urgent and Convenient Care*	$ -	$ -	$ 105,000	$ 161,250	$ 220,000	$ 281,250	$ 287,500
Expanded Access to Surgical and Procedural Care	• *Surgical Clinical Capacity* • *Surgical Care Coordination*	$ -	$ -	$ -	$ -	$ 3,335,833	$ 7,356,794	$ 10,044,058
Social Determinants of Health (SDOH)	• *SDOH Contracting and Relationships* • *SDOH Funding*	$ 1,024,375	$ 1,312,043	$ 1,808,618	$ 1,899,756	$ 1,956,748	$ 2,015,451	$ 2,075,914
Health Systems Interop. and Technology / Data and Analytics	• *IT Governance, Reporting, and Interoperability* • *IT Career Dev. & Training*	$ 6,844,420	$ 8,122,919	$ 9,623,362	$ 10,293,991	$ 11,105,906	$ 12,036,995	$ 12,571,620
Support Functions								
General Support Costs	• *Human Resources* • *Finance* • *Communications* • *General Administration* • *Strategy* • *Compliance*	$ 4,069,065	$ 6,040,577	$ 7,531,054	$ 7,756,986	$ 7,989,695	$ 8,229,386	$ 8,476,268
Total Operating Expenses		**$ 32,997,319**	**$ 50,142,455**	**$ 84,247,942**	**$ 107,670,572**	**$ 123,766,427**	**$ 136,982,295**	**$ 146,585,465**
Capital Expenditures	• *Debt Service*	$ 14,653,762	$ 18,130,282	$ 18,132,747	$ 19,491,882	$ 19,491,349	$ 19,491,217	$ 19,495,810
Operating Expenses + Capital Expenditures		**$ 47,651,081**	**$ 68,272,737**	**$ 102,380,688**	**$ 127,162,454**	**$ 143,257,775**	**$ 156,473,513**	**$ 166,081,274**

Total Operating Expenses (FY24-FY30)	**$682,392,474**
Capital Expenditures (FY24-FY30)	**$128,887,048**
Total Estimated Cumulative Costs	**$811,279,522**

*Financial estimates were prepared in conjunction with Central Health leadership based upon agreed upon assumptions.

**Cost estimates associated with crosscutting projects and initiatives are attributed to one community need to promote efficiency and maximize available resources.

Next Steps



Key Upcoming Tasks:

- ❑ Complete financial models, plans, and cost estimates for initiatives
- ❑ Complete development of Operational Roadmaps, including phasing, sequencing, and staging of initiatives
- ❑ Continue development of oversight and operational alignment models, and key performance indicators and reporting structures

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.

SPECIAL CALLED BOARD MEETING

June 28, 2023

REGULAR AGENDA ITEM 2

Discuss Central Health's ownership of a Health Plan/Health Maintenance Organization (HMO).[3]
(*Informational item*)

CENTRAL HEALTH

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	June 28, 2023
Who will present the agenda item? (Name, Title)	Chair Bell
General Item Description	Discuss Central Health's ownership of a Health Plan/Health Maintenance Organization (HMO).
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) Understand why Sendero was created.
2) Understand the volatile financial stability of Sendero and some of its causes.
3) Understand why moving MAP patients to Sendero stabilized the health plan.
4) Understand the financial fragility of Sendero and why expansion opportunities were too risky.
5) Discuss what information is needed to support Central Health's continued support of Sendero.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	Verbal presentation
Estimated time needed for presentation & questions?	1 hour
Is closed session recommended? (Consult with attorneys.)	Yes
Form Prepared By/Date Submitted:	Briana Yanes/June 23, 2023

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SPECIAL CALLED BOARD MEETING

June 28, 2023

REGULAR AGENDA ITEM 3

Discuss and take appropriate action to create a Central Health Board of Managers Medical Committee. *(Action item)*

CENTRAL HEALTH

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	June 28, 2023
Who will present the agenda item? (Name, Title)	Chair Bell
General Item Description	Discuss and take appropriate action to create a Central Health Board of Managers Medical Committee.
Is this an informational or action item?	Action
Fiscal Impact	N/A
Recommended Motion (if needed – action item)	Approve the creation of a Central Health Board of Managers Medical Committee.

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

1) The last time the Policy and By-laws committee reviewed the by-laws it was thought that the Medical Executive Board replaced the Medical Committee.
2) The Medical Executive Board did take on the responsibilities of the Medical Committee, but, by law, the Medical Executive Board cannot be a committee of the Board nor can it be supervised by the Board.
3) The Medical Committee (which was deleted) is to be a liaison (a line of communication) between the Medical Executive Board (that supervises the practice of Medicine) and the Board of Managers.
4) However, the by-laws do not create such a committee, the Board must create the Committee.
5)

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

CENTRAL HEALTH

Form Prepared By/Date Submitted: Briana Yanes/June 23, 2023

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SPECIAL CALLED BOARD MEETING

June 28, 2023

REGULAR AGENDA ITEM 4

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