



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.

PUBLIC HEARING AND BOARD OF MANAGERS MEETING Wednesday, August 30, 2023, 5:00 p.m.

Videoconference meeting¹

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

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

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

<https://us06web.zoom.us/j/88117230734?pwd=OHNyeTk3NzVoUjYwREpPL1NCR0JZdz09>

Meeting ID: 881 1723 0734

Passcode: 705844

Links to livestream video are available at the URL below (copy and paste into your web browser):

<https://www.youtube.com/watch?v=zKloE22q9r0>

Or to participate by telephone only:

Dial: (346) 248 7799

Meeting ID: 881 1723 0734

Passcode: 705844

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>.

REGISTERING FOR PUBLIC HEARING OR PUBLIC COMMUNICATION

A member of the public who wishes to make comments virtually during the Public Hearing or Board of Managers Meeting must properly register with Central Health **no later than 3:30 p.m. on August 30, 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
- Members of the public who attend the meeting in person are also invited to register in person to speak until the time that the Chair closes the public hearing.

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 HEARING

1. Present an overview of the proposed Central Health Fiscal Year 2024 budget and its associated tax rate. (*Informational Item*)
2. Receive public comment on the proposed Central Health Fiscal Year 2024 budget and its associated tax rate. (*Informational Item*)

PUBLIC COMMUNICATION

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

CONSENT AGENDA

- C1. Approve the criteria and timelines to be used by the Appointments Committee to solicit, evaluate, and recommend candidates for appointment to outside boards and committees, allowing for modifications by the Committee to address unique circumstances, as recommended by the ad hoc Appointments Committee.
- C2. Approve the steps to be followed by the Appointments Committee in evaluating candidates for appointments, allowing for modifications by the Committee to address unique circumstances, as recommended by the ad hoc Appointments Committee.

- C3. Approve the formation and implementation of a nursing peer review committee and approve the Nursing Incident Report Peer Review and Nursing Safe Harbor Peer Review Policies, as recommended by the Medical Committee.

REGULAR AGENDA²

1. Receive and discuss an initial update on cancer care, focusing on contracted services and future updates. (*Informational Item*)
2. Review and provide direction to staff on the prioritization and tentative scheduling of items for consideration at future Central Health Board and Committee meetings. (*Informational Item*)
3. Discuss and provide direction to staff on making Board meetings materials more environmentally friendly. (*Informational Item*)
4. Discuss and take appropriate action on oversight of Central Health funded entities and others to which the Central Health Board appoints governing or advisory members. (*Action Item*)
5. Discuss and take appropriate action on the impact of potential changes on the proposed 2024 budget, tax rate, and future delivery of health care.³ (*Action Item*)
6. Discuss updates on a Performance Review contracted by Travis County, including delegations to the President & CEO to execute necessary agreements between Central Health, Travis County, and Mazars USA.³ (*Action Item*)
7. Receive and discuss a briefing regarding *Travis County Healthcare District d/b/a Central Health v. Ascension Texas f/k/a Seton Healthcare Family*, Cause No. D-1-GN-23-000398.³ (*Informational Item*)
8. 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*)
9. 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).

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 Pública o cuando se le invita al público a comentar. Notifique al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049 si necesita servicios.

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

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

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

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

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

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

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

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

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

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

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

Board Manager Signature

Date

Board Manager Printed Name

Calling In and Repairing Harm

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

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

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

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

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

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

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

Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

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

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

RACIAL and SOCIAL JUSTICE FRAMEWORK

Values and Anti-Racism/Anti-Oppression

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

Intentional and Accountable Storytelling

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

Power Analysis

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

Relationships

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



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PUBLIC HEARING

August 30, 2023

AGENDA ITEM 1

Present an overview of the proposed Central Health Fiscal Year 2024 budget and its associated tax rate. (*Informational Item*)

HEALTHCARE IS GETTING BETTER.

Fiscal Year 2024 Proposed Budget & Tax Rate

Public Hearing

August 30, 2023



CENTRAL HEALTH



EASTERN TRAVIS COUNTY
Hornsby Bend Health and Wellness Center
Opening October 2023

FISCAL YEAR 2024 BUDGET & TAX RATE



CENTRAL HEALTH

HEALTHCARE IS
GETTING BETTER

DESCRIPTION	FY 2023 APPROVED BUDGET	FY 2024 PROPOSED BUDGET
TAX RATE	0.098684	0.100692
FTEs	333.7	530.5
SOURCES		
Property Taxes	281,605,053	312,456,814
Lease Revenue	13,145,328	12,022,497
Tobacco Litigation Settlement	4,500,000	4,500,000
Other	1,500,000	7,500,000
Total Sources	300,750,381	336,479,311
USES		
Healthcare Delivery	212,208,877	282,946,806
Administration	22,149,360	28,647,030
UT Affiliation Agreement	22,000,000	35,000,000
Other Financing Uses	49,000,000	8,019,240
Total Uses	305,358,237	354,613,076
RESERVES		
Healthcare Delivery Contingency Reserve ⁽¹⁾	327,783,722	389,595,303
Emergency Reserves ⁽²⁾	38,719,836	46,739,076

(1) Healthcare Delivery Contingency Reserves to be appropriated for FY2024

(2) Emergency Reserves cannot be accessed without Board Approval

FISCAL YEAR 2024 BUDGET DETAIL



CENTRAL HEALTH

HEALTHCARE IS
GETTING BETTER

DESCRIPTION	FY 2023 APPROVED BUDGET	FY24 PROPOSED BUDGET
HEALTHCARE DELIVERY		
Purchased Healthcare Services		
Primary Care: Medical, Dental, & Behavioral Health	66,236,822	68,282,200
Specialty Care: including Specialty Dental	27,163,000	30,388,000
Specialty Care: Behavioral Health	12,040,000	13,675,000
Post Acute Care	5,650,000	7,250,000
Pharmacy	17,000,000	18,000,000
Community Health Care Initiatives Fund	1,750,000	875,000
Purchased Healthcare Services	129,839,822	138,470,200
Direct Healthcare Services		
Podiatry	751,726	1,877,022
Cardiology	837,410	2,079,895
Neurology	362,511	1,264,294
Gastroenterology	465,026	2,039,621
Nephrology	196,081	1,129,700
Pulmonology	228,359	1,370,648
Transitions of Care	-	4,074,868
Medical Respite	-	906,886
Diagnostics and Ancillary	2,832,148	3,511,294
Clinical Support	-	11,022,146
Direct Healthcare Services Total	5,673,261	29,276,374
MAP Eligibility - Increase in eligibility period	2,000,000	1,000,000
Total Healthcare Services	137,513,083	168,746,574

FISCAL YEAR 2024 BUDGET DETAIL



CENTRAL HEALTH

HEALTHCARE IS
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DESCRIPTION	FY 2023 APPROVED BUDGET	FY24 PROPOSED BUDGET
HEALTHCARE DELIVERY		
Healthcare Operations & Support		
Salary and Benefits	25,545,451	33,878,558
ACA Healthcare Premium Assistance Programs	14,648,261	18,587,364
Enrollment Assistance	588,000	575,000
Real Estate and Campus Redevelopment	3,693,750	1,920,360
UT land lease for teaching hospital	1,027,277	1,037,550
Legal	433,000	766,000
Consulting	1,740,000	2,315,000
Other professional goods & services	8,138,035	10,198,035
Outreach and Education	1,428,000	1,352,211
Leased Facilities, Security and Maintenance	2,348,500	5,699,000
Insurance and Risk Management	250,000	400,000
Information Technology	6,762,525	13,855,455
Printing, Copying, Postage and Signage	620,305	724,105
Travel, training and professional development	801,502	1,186,250
Other operating expenses	174,445	738,883
Health Care Capital Line of Credit	500,000	500,000
Debt service - principal retirement	4,345,000	7,440,000
Debt service - interest	1,651,744	7,026,462
Transfer to Sendero Risk-Based Capital	-	6,000,000
Total Healthcare Operations	74,695,794	114,200,233
Total Healthcare Delivery	212,208,877	282,946,806

FISCAL YEAR 2024 BUDGET DETAIL



CENTRAL HEALTH

HEALTHCARE IS
GETTING BETTER

DESCRIPTION	FY 2023 APPROVED BUDGET	FY24 PROPOSED BUDGET
ADMINISTRATION		
Salary and Benefits	9,131,752	14,673,415
Legal	2,756,636	2,745,136
Consulting	1,626,520	2,419,750
Investment Services (Travis County)	115,000	126,000
Benefits and Payroll Administration Services	356,266	635,483
Other professional goods & services	1,156,850	2,040,350
Marketing and Communications	184,098	249,061
Leases, Security and Maintenance	929,200	1,253,250
Insurance and Risk Management	455,000	412,500
Phones, Computer Equipment and Utilities	629,573	1,149,186
Printing, Copying, Postage and Signage	54,725	53,425
Travel, training and professional development	449,605	386,695
Other operating expenses	156,485	205,365
Appraisal District Svcs	1,155,350	1,213,118
Tax Collection Expense	992,300	1,084,297
Cash held for self insured employee health benefits	2,000,000	-
Total Administration & Tax Collection	22,149,360	28,647,030
UT Affiliation Agreement	22,000,000	35,000,000
OPERATING TRANSFERS		
Transfer to capital reserve	49,000,000	-
Transfer to emergency reserve	-	8,019,240
TOTAL USES	305,358,237	354,613,076



BUDGET CALENDAR



CENTRAL HEALTH

HEALTHCARE IS
GETTING BETTER

- ✓ July 12 Central Health Strategic Planning Committee Meeting
(FY 2024 Strategic Priorities)
- ✓ July 26 Central Health Board of Managers
(FY 2024 Central Health Long-Term Forecast)
- ✓ August 2 Central Health Strategic Planning Committee Meeting
(Central Health – Healthcare Equity Action Plan)
- ✓ August 9 Central Health Board of Managers Meeting
(FY 2024 Central Health Proposed Budget)
- ✓ August 17 Community Conversation Northeast Austin
- ✓ August 22 Community Conversation Pflugerville
- ✓ August 28 Community Conversation Southeast Austin
(FY 2024 Proposed Budget)



BUDGET CALENDAR



CENTRAL HEALTH

HEALTHCARE IS
GETTING BETTER

- ✓ August 23 Central Health Board of Managers Meeting
(FY 2024 Proposed Budget and vote on maximum tax rate)
- ✓ August 24 Travis County Commissioners Court Work Session
(FY 2024 Key Central Health budget drivers and
Healthcare Equity Action Plan)
- **August 30 Central Health Public Hearing**
(FY 2024 Proposed Budget and tax rate)
- September 6 Central Health Board of Managers Meeting
(FY 2024 Budget and tax rate adoption)
- September 12 Travis County Commissioners Court
(FY 2024 Central Health Proposed Budget and tax rate)
- September 19 Travis County Commissioners Court
(FY 2024 Central Health Budget and tax rate adoption)

FIND ADDITIONAL INFORMATION:

<https://www.centralhealth.net/about-central-health/finance/fy2024-budget/>



CENTRAL HEALTH

HEALTHCARE IS
GETTING BETTER



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PUBLIC HEARING

August 30, 2023

AGENDA ITEM 2

Receive public comment on the proposed Central Health Fiscal Year 2024 budget and its associated tax rate. (*Informational Item*)



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BOARD MEETING

August 30, 2023

AGENDA ITEM C1

Approve the criteria and timelines to be used by the Appointments Committee to solicit, evaluate, and recommend candidates for appointment to outside boards and committees, allowing for modifications by the Committee to address unique circumstances, as recommended by the ad hoc Appointments Committee.



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BOARD MEETING

August 30, 2023

AGENDA ITEM C2

Approve the steps to be followed by the Appointments Committee in evaluating candidates for appointments, allowing for modifications by the Committee to address unique circumstances, as recommended by the ad hoc Appointments Committee.

Outside Board Appointment/Reappointment Process

This document is a guide for the Ad Hoc Appointments Committee (“Committee”). As such, the Chair or the Committee may from time to time modify the process to address unforeseen or unique circumstances to that the Board of Managers for Central Health (“Board”) can fulfill the purpose of appointing qualified individuals.

1. Central Health staff receives a request from a board, council, or other group (“Requestor”) for reappointment or original appointment. The following information will be ascertained and reported in writing to the Committee, except for reappointments as noted below.
 - Central Health staff will request from the Requestor an outline of the duties, objectives, level of experience (if relevant), and expectations for the appointee.
 - They will also request from the Requestor whether a member of the Central Health board or staff, and what level of staff, is preferred. Reappointments can be handled as a discussion with the Ad Hoc Appointments Committee to discuss their time and experience on the board, challenges, evolution as a board member, and what objectives Central Health and the candidate for reappointment would like to achieve moving forward.
2. Recruitment: A broad, diverse standing list of groups and associations (or, “Source Pool“) will act as a source of recruitment, with the understanding that anyone on the Central Health Board of Managers or Central Health executives/staff can propose an organization or an individual to be part of the Source Pool or otherwise approached .
3. Application process: Applicant should submit a standard cover letter outlining their work and personal experience. The Committee will also distribute to each applicant a standard list of questions. The applicant will provide written responses to the questions which will be submitted with their cover letter. The applicants will also respond verbally to the questions (in person) when interviewed.
 - Written questions will be reviewed by CH staff if more than three applicants are interested. If there are three or fewer candidates, the written responses to questions are reviewed by the Committee members individually prior to a quorum meeting of the Committee. When a quorum of the Committee is convened, the members present will note or prioritize candidate(s) for interview.
 - The Committee will vote on the slate of applicants to interview, with such slate not exceeding three candidates. [Note: Seek legal counsel advice on how to handle non-present member input outside of a closed-session or open-session meeting. E.g., message board, email from counsel, etc.]

The above process should occur over an 8-week period unless otherwise modified by the Committee.

4. The Committee will interview candidates, make a final decision, and formally announce.
 - a. All interviews will take place in one day unless excepted by the Chair of the Committee.
 - b. Upon completion of the interviews, the Committee will vote to make a recommendation to the full Board.

5. A presentation will be made to the Central Health Board of Managers by the Committee.
6. A letter from Committee Chair will be sent to selected and not selected candidates.
7. There will be recognition in the media of the person and the role of the Board and its partnership with or relationship to Central Health.



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BOARD MEETING

August 30, 2023

AGENDA ITEM C3

Approve the formation and implementation of a nursing peer review committee and approve the Nursing Incident Report Peer Review and Nursing Safe Harbor Peer Review Policies, as recommended by the Medical Committee.



Policy Title: Nursing Incident-Based Peer Review Policy
Policy #:
Effective Date:
Revision Dates:
Review Dates:
Policy Owner: Director of Nursing
Executive Sponsor:
Attachments: None
<i>Central Health Medical Executive Board [or Board of Managers or its delegee]</i>

I. PURPOSE

This Nursing Incident Based Peer Review Policy (“Policy”) is developed to comply with Texas law and the rules and regulations of the Texas Board of Nursing (“Board”) regarding peer review for professional and vocational nurses. To meet the requirements, and to protect its patients, Central Health has created a Nursing Peer Review Committee and Nursing Peer Review Policies and Procedures for Incident-Based Peer Review and for Safe Harbor Peer Review.

The purpose of the Nursing Peer Review Committee (“Committee”) is to evaluate nursing services, the qualifications of a nurse, the quality of patient care rendered by a nurse, the merits of a complaint concerning a nurse or nursing care, and a determination or recommendation regarding a complaint. The Committee determines if licensure violations have occurred and, if so, if the violations require reporting to the Board. The peer review process is one of fact finding, analysis and study of events of nurse conduct, by nurses in a climate of collegial problem-solving, focused on obtaining all relevant information about an event. The Committee must comply with the Nurse Peer Review Law and applicable Board rules related to incident-based or safe harbor nursing peer review.

Incident-based nursing peer review focuses on determining if a nurse’s action should be reported to the Board, or if the nurse’s conduct does not require reporting because the conduct constitutes a minor incident that can be remediated.

II. SCOPE

All Central Health Advanced Practice Registered Nurses, Registered Nurses, and Licensed Vocational Nurses; as well as all team members involved in nursing incident-based peer review.

III. DEFINITIONS

- **Advanced Practice Registered Nurse (“APRN”)** – A registered nurse authorized by the Board to practice as an Advanced Practice Registered Nurse based on completing an

advanced practice nursing educational program acceptable to the Board. The Advanced Practice Registered Nurse has an independent scope of practice to provide nursing services that require substantial specialized judgment and skill and does not require supervision by another health care provider for RN practice.

- **Assignment** – The designated responsibility for the provision or supervision of nursing care for a defined period of time in a defined work setting. This includes, but is not limited to, the specified functions, duties, practitioner orders, supervisory directives, and amount of work designated as the individual nurse’s responsibility. Changes in the nurse’s assignment may occur at any time during the work period.
- **Bad Faith** – Knowingly or recklessly taking action that is not supported by a reasonable factual or legal basis. The term includes misrepresenting the facts surrounding the events under review, acting out of malice or personal animosity, acting from a conflict of interest, or knowingly or recklessly denying a nurse due process.
- **Board** – Texas Board of Nursing
- **Conduct Subject to Reporting to Board** – Conduct by a nurse that:
 - Violates the Nursing Practice Act or a Board rule and contributed to the death or serious injury of a patient;
 - Causes a person to suspect that a nurse’s practice is impaired by chemical dependency or drug or alcohol abuse;
 - Constitutes abuse, exploitation, fraud, or a violation of professional boundaries; or
 - Indicates that the nurse lacks knowledge, skill, judgment, or conscientiousness to such an extent that his/her continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior.
- **Confidential Peer Review Information** – All proceedings of the Committee and all communications made to the Committee are confidential and privileged.
- **Duty to a Patient** – A nurse’s duty to always advocate for patient safety, including any nursing action necessary to comply with the standards of nursing practice found in 22 Texas Administrative Code §217.11 and to avoid engaging in unprofessional conduct, as found in 22 Texas Administrative Code §217.12. This includes administrative decisions directly affecting a nurse’s ability to comply with that duty.
- **Good Faith** – Taking action against a nurse that is supported by a reasonable factual or legal basis. Good faith precludes misrepresenting the facts surrounding the events under review, acting out of malice or personal animosity, acting from a conflict of interest, or knowingly or recklessly denying a nurse due process.
- **Incident-Based Nursing Peer Review** – Peer review that focuses on determining whether a nurse’s actions, be it a single event or multiple events (such as in reviewing up to five (5) minor incidents by the same nurse within a year’s period of time), should be reported to the Board, or whether the nurse’s conduct does not require reporting because the conduct constitutes a minor incident that can be remediated. The review also must include an evaluation of whether external factors beyond the nurse’s control may have contributed to any deficiency in care by the nurse, and if so, to report such findings to the Safety & Infection Control Subcommittee, as applicable.

- **Malice** – Acting with specific intent to do substantial injury or harm to another.
- **Minor Incident** – Conduct that does not indicate that a nurse’s continued practice poses a risk of harm to a patient or another person.

Exclusions to what can be considered a Minor Incident: The following conduct cannot be considered a minor incident and must be reported to a nursing peer review committee or the Board under 22 Texas Administrative Code §217.16(h):

- Conduct that ignores a substantial risk that exposed a patient or other person to significant physical, emotional, or financial harm or the potential for harm;
 - Conduct that violates the NPA or a Board rule and contributed to a patient’s death or serious injury;
 - A practice related violation involving impairment or suspected impairment by reason of chemical dependency, intemperate use, misuse or abuse of drugs or alcohol, mental illness, or diminished mental capacity;
 - A violation of the Board’s Unprofessional Conduct Rule §217.12 involving actions that constitute fraud, patient abuse, patient exploitation, or a violation of professional boundaries; or
 - Actions that indicate the nurse lacks knowledge, skill, judgment, or conscientiousness to such an extent that the nurse’s continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior.
- **Nurse** – Professional Nurse or a Vocational Nurse licensed under Texas law and employed by or working at Central Health.
 - **Nursing Peer Review Committee (“Committee”)** – The committee established by Central Health for the purpose of conducting peer review for Nurses. The Committee includes an employee or agent of the Committee, including an assistant, an investigator, an intervenor, an attorney, and any other person who serves the Committee in any capacity.
 - **Nursing Practice Act (“NPA”)** – Chapter 301 of the Texas Occupations Code.
 - **Peer Review** – The evaluation of nursing services, the qualifications of a nurse, the quality of patient care rendered by a nurse, the merits of a complaint concerning a nurse or nursing care, and a determination or recommendation regarding a complaint. The nursing peer review process is one of fact finding, analysis and study of events by nurses in a climate of collegial problem solving focused on obtaining all relevant information about an event. Nursing peer review conducted by any entity must comply with Nursing Peer Review Law and with applicable Board rules related to incident-based or safe harbor nursing peer review. Peer review includes:
 - The evaluation of the accuracy of a nursing assessment and observation, and the appropriateness and quality of care provided by the nurse;
 - A report made to the Committee concerning an activity under the Committee’s review authority;
 - A report made by the Committee to another committee or to the Board as permitted or

- required by law;
- Implementation of a duty of the Committee by a member, employee or agent of the Committee; and
- The provision of information, advice, and assistance to nurses and other persons relating to:
 - The rights and obligations of and protections for nurses who raise care concerns or report under Chapter 301 of the Texas Occupations Code or other state or federal law;
 - The rights and obligations of and protections for nurses who request nursing peer review;
 - Nursing practice and patient care concerns; and
 - The resolution of workplace and practice questions relating to nursing and patient care.
- **Peer Review Records** – Includes, but is not limited to, copies of Central Health’s records related to the Committee’s proceedings and the identities of the specific nurses who were involved in the proceeding.
- **Professional Nurse** – A Registered Nurse, including Advanced Practice Registered Nurses. A Professional Nurse has an independent scope of practice to provide nursing services that require substantial specialized judgment and skill and does not require supervision by another health care provider for RN practice.
- **Registered Nurse (RN)** – A Registered Nurse licensed under Texas law.
- **Safe Harbor Peer Review** – A process created by the Board to protect a nurse from employer retaliation, suspension, termination, discipline, discrimination, and licensure sanction when the nurse makes a good faith request for peer review of an assignment or conduct the nurse is requested to perform that the nurse believes could result in a violation of the NPA or Board rules. or the nurse’s duty to the patient. See Nursing Safe Harbor Peer Review policy.
- **Safety & Infection Control Subcommittee** – The subcommittee of the Central Health Quality Assurance & Improvement Committee of the Medical Executive Board that addresses issues related to patient safety, including the evaluation of a report from a Central Health nursing peer review committee that a factor beyond a nurse’s control resulted in a deficiency in care by the nurse.
- **Licensed Vocational Nurse (LVN)** – A Licensed Vocational Nurse licensed under Texas law.

IV. POLICY

The Central Health Nursing Peer Review Committee shall act in accordance with the Nursing Peer Review Law (Texas Occupation Code, Ch. 303), the Nursing Practice Act (Texas Occupations Code, Chapter 301), the Texas Board of Nursing Rule 271.11 (standards of nursing practice), Rule 217.12 (unprofessional conduct), Rule 217.19 (incident-based nursing peer review), Rule 217.16 (minor incidents) and Rule 217.20 (safe harbor nursing peer review) (collectively “Nursing Peer Review Laws”).

Except as otherwise required under Texas law, all Committee proceedings and records shall be deemed strictly confidential, and any communication made to the Committee shall be

privileged.

V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

- Texas Occupations Code, Chapters 301 and 303
- 22 Texas Administrative Code 217.11, 217.12, and 217.19

VI. RELATED POLICIES AND PROCEDURES

Nursing Incident Based Peer Review Standard Operating Procedure

Nursing Safe Harbor Peer Review Policy

Nursing Safe Harbor Peer Review Standard Operating Procedure

VII. PROCEDURE

A. NURSING PEER REVIEW COMMITTEE

1. Functions of the Nursing Peer Review Committee (hereafter, "Committee")
 - a. The role of the Committee is to determine if nurse licensure violations have occurred, and, if so, whether the violations require reporting to the Board. If a report to the Board is required under the NPA and Board regulations, the role of the Committee is then to investigate whether external factors impacted the error or situation, and to report the Committee's findings to the appropriate persons and committees of Central Health.
 - b. The Committee may review complaints and reports ("complaints") of specific conduct and complaints about nurses employed or working at Central Health.
 - c. After appropriate investigation, the Committee shall determine whether the incident should be reported to the Board for further investigation. See Reporting Procedures section below.
 - d. The Committee shall determine if the alleged deficiency was the result of external factors or factors beyond the nurse's control. If the Committee believes that external factors were involved in the incident (whether or not the nurse is being reported to the Board) the Committee is required to report the issue to Central Health's Safety & Infection Control Subcommittee. If reported to the Safety & Infection Control Subcommittee, the Safety & Infection Control Subcommittee must report its findings back to the Committee. If it is determined that the nurse's action was a result of factors outside the nurse's control, in addition to reporting to the Safety & Infection Control Subcommittee, the Committee may also make recommendations for the nurse, up to and including reporting to the Board.
 - e. The Committee does not have the authority to make employment decisions. Central Health may take disciplinary action before review by the Committee is conducted. If Central Health terminates a nurse (voluntarily or involuntarily), suspends the nurse for seven (7) or more days, or takes other substantive disciplinary action against a nurse, or substantially equivalent action against a nurse

who is a staffing agency nurse, because the nurse engaged in conduct subject to reporting, Central Health must report to the Board in writing:

1. The identity of the nurse;
2. The conduct subject to reporting that resulted in the termination, suspension or other substantive disciplinary action or substantially equivalent action; and
3. Any additional information the Board requires.

2. Committee Composition

- a. The Director of Nursing shall designate a nurse as the Chair of the Committee.
 - b. Three-fourths (3/4) of the Committee's members shall, at all times, be Nurses.
 - c. If the Committee is conducting a peer review involving a LVN, the Committee shall include LVNs as members to the extent feasible, and the only voting members of the Committee shall be RNs and LVNs.
 - d. If the Committee is conducting a review of a RN, the Committee will have RNs as two-thirds (2/3) of its members and only RNs shall be voting members of the Committee.
 - e. If the Committee is conducting a review of an APRN, the Committee will have APRNs and RNs as two-thirds (2/3) of its members. The only voting members of the Committee shall be APRNs and RNs.
 - f. To the extent feasible, at least one nurse on the Committee shall have a working familiarity of the area of nursing practice of the nurse being reviewed.
 - g. Committee members shall be fair and impartial. No member of the Committee presiding over a particular case shall have been directly involved in the reporting of the incident currently before the Committee. Direct involvement includes a person with direct supervisory authority over the nurse being reviewed. If a current member of the Committee is involved or has direct supervisory authority over the nurse being reviewed, that member shall not serve on the Committee. Any person or persons with administrative authority for personnel decisions directly relating to the nurse under review, may not serve on the committee nor attend the hearing. A person who is administratively responsible over the nurse being reviewed may however appear before the Committee to speak as a fact witness. In the case of a recusal, the Chair of the Committee shall appoint a temporary replacement for the recused member, if necessary, to meet the required prior nursing ratios.
- ## 3. Appointment of Committee Members
- a. The Chair of the Committee shall appoint the Committee members, with a maximum number of voting members.
 - b. The Committee may appoint outside nurses, experts, or other individuals to serve as agents of the Committee to assist in carrying out the functions and responsibilities of the Committee. Such members shall be designated as agents of the Committee prior to participating in any review.

- c. Members of the Committee, other than the Chair, shall serve a two (2) year term, unless the Chair extends the term.
 - d. The Committee includes any employee or agent of the Committee, including an assistant, an investigator, an intervener, an attorney, and any other person who serves the Committee in any capacity. The Chair may appoint the Healthcare Compliance Director to serve on the Committee as a non-voting, ex-officio member. The Committee may also be represented by legal counsel in its proceedings.
4. Responsibilities of Committee
- a. Responsibilities of Committee Chair:
 - i. Signing a Confidentiality Statement and maintaining the confidentiality of all peer review information (oral and written) created by, or presented to the Committee at the Committee's request, the Committee's decision-making and reports from the Committee;
 - ii. Providing sufficient and accurate written notice to Nurses involved in peer review matters either in person or by certified mail at the last known address the Nurse has on file with Central Health;
 - iii. Overseeing the peer review process, including peer review proceedings, investigation which includes a root cause analysis(RCA), and hearings, and reporting to the Central Health Director of Nursing, as appropriate;
 - iv. Reviewing all correspondence between the nurse involved in the peer review proceeding and the Committee;
 - v. Providing information that needs to be shared between the Committee and Central Health's Director of Nursing;
 - vi. Reviewing all correspondence between the Nurse involved in the peer review proceeding and the Committee; and
 - vii. Knowing the requirements of this Policy and the Texas legal requirements regarding peer review. The Committee Chair must take reasonable steps to assure that peer review is implemented and conducted in compliance with this Policy and Texas law.
 - b. Responsibilities of Committee Members:
 - i. Signing a Confidentiality Statement and maintaining the confidentiality of all Confidential Peer Review Information (oral and written) presented to, requested or created by, the Committee, including the Committee's decision-making process and reports from the Committee;
 - ii. Attending and remaining present during all scheduled meetings and proceedings;
 - iii. Maintaining impartiality and acting in good faith in examining information and making a determination, or withdrawing from any deliberations or determination if for any reason, including prior involvement, personal concerns or biases, the member is unable to make an impartial, fair, and good faith decision;
 - iv. Considering only the facts provided to the Committee or developed during Committee deliberations based on the facts presented to the Committee,

when making any determination.

5. Quorum and Voting

- a. A quorum is fifty percent (50%) of the eligible voting members.
- b. A simple vote of fifty-one percent (51%) of eligible voting members in attendance is sufficient to make a determination on behalf of the Committee.
- c. The Chair shall only vote in the event of a tie.



Policy Title: Nursing Safe Harbor Peer Review Policy
Policy #:
Effective Date:
Revision Dates:
Review Dates:
Policy Owner: Director of Nursing
Executive Sponsor:
Attachments: None
<i>Central Health Medical Executive Board [or Board of Managers or its delegee]</i>

I. PURPOSE

This Nursing Safe Harbor Peer Review Policy (“Policy”) is developed to comply with Texas law and the rules and regulations of the Texas Board of Nursing (“Board”) regarding peer review for professional and vocational nurses. To meet the requirements, and to protect its patients, Central Health has created a Nursing Peer Review Committee and Nursing Peer Review Policies and Procedures for Incident-Based Peer Review and for Safe Harbor Peer Review.

The purpose of the Nursing Peer Review Committee (“Committee”) is to evaluate nursing services, the qualifications of a nurse, the quality of patient care rendered by a nurse, the merits of a complaint concerning a nurse or nursing care, and a determination or recommendation regarding a complaint. The Committee determines if licensure violations have occurred and, if so, if the violations require reporting to the Board. The peer review process is one of fact finding, analysis and study of events of nurse conduct, by nurses in a climate of collegial problem-solving, focused on obtaining all relevant information about an event. The Committee must comply with the Nurse Peer Review Law and applicable Board rules related to incident-based or safe harbor nursing peer review.

Safe harbor is a nursing peer review process that a nurse may initiate when asked to engage in an assignment or conduct that the nurse believes, in good faith, would potentially result in a violation of the Texas Nursing Practice Act (“Act”) or Board rules.

II. SCOPE

All Central Health Advanced Practice Registered Nurses, Registered Nurses, and Licensed Vocational Nurses; as well as all team members involved in nursing safe harbor peer review.

III. DEFINITIONS

- **Advanced Practice Registered Nurse (“APRN”)** - A registered nurse authorized by the Board to practice as an Advanced Practice Registered Nurse based on completing an

advanced practice nursing educational program acceptable to the Board. The Advanced Practice Registered Nurse has an independent scope of practice to provide nursing services that require substantial specialized judgment and skill and does not require supervision by another health care provider for RN practice.

- **Assignment** - The designated responsibility for the provision or supervision of nursing care for a defined period of time in a defined work setting. This includes, but is not limited to the specified functions, duties, practitioner orders, supervisory directives, and amount of work designated as the individual nurse's responsibility. Changes in the nurse's assignment may occur at any time during the work period.
- **Bad Faith** - Knowingly or recklessly taking action that is not supported by a reasonable factual or legal basis. The term includes misrepresenting the facts surrounding the events under review, acting out of malice or personal animosity, acting from a conflict of interest, or knowingly or recklessly denying a nurse due process.
- **Board** - Texas Board of Nursing.
- **Conduct Subject to Reporting to Board** - Conduct by a nurse that:
 - Violates the Nursing Practice Act or a Board rule and contributed to the death or serious injury of a patient;
 - Causes a person to suspect that a nurse's practice is impaired by chemical dependency or drug or alcohol abuse;
 - Constitutes abuse, exploitation, fraud, or a violation of professional boundaries; or
 - Indicates that the nurse lacks knowledge, skill, judgment, or conscientiousness to such an extent that his/her continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior.
- **Confidential Peer Review Information** - All proceedings of the Committee and all communications made to the Committee are confidential and privileged.
- **Duty to a Patient** - A Nurse's duty to always advocate for patient safety, including any nursing action necessary to comply with the standards of nursing practice found in 22 Texas Administrative Code §217.11 and to avoid engaging in unprofessional conduct, as found in Texas Administrative Code §217.12. This includes administrative decisions directly affecting a nurse's ability to comply with that duty.
- **Good Faith** - Taking action against a nurse that is supported by a reasonable factual or legal basis. Good faith precludes misrepresenting the facts surrounding the events under review, acting out of malice or personal animosity, acting from a conflict of interest, or knowingly or recklessly denying a nurse due process.
- **Incident-Based Nursing Peer Review** - Peer review that focuses on determining whether a nurse's actions, be it a single event or multiple events (such as in reviewing up to five (5) minor incidents by the same nurse within a year's period of time) should be reported to the Board, or whether the nurse's conduct does not require reporting because the conduct constitutes a minor incident that can be remediated. The review also must include an evaluation of whether external factors, beyond the nurse's control, may have contributed to any deficiency in care by the nurse, and if so, to report such

findings to the Safety & Infection Control Subcommittee as applicable.

- **Malice** - Acting with specific intent to do substantial injury or harm to another.
- **Minor Incident** - Conduct that does not indicate that a Nurse's continued practice poses a risk of harm to a patient or another person.

Exclusions to what can be considered a Minor Incident: The following conduct cannot be considered a minor incident and must be reported to a nursing peer review committee or the Board under 22 Texas Administrative Code Rule §217.16(h):

- Conduct that ignores a substantial risk that exposed a patient or other person to significant physical, emotional, or financial harm or the potential for harm;
 - Conduct that violates the NPA or a Board rule and contributed to a patient's death or serious injury;
 - A practice related violation involving impairment or suspected impairment by reason of chemical dependency, intemperate use, misuse or abuse of drugs or alcohol, mental illness, or diminished mental capacity;
 - A violation of the Board's Unprofessional Conduct Rule §217.12 involving actions that constitute fraud, patient abuse, patient exploitation, or a violation of professional boundaries; or
 - Actions that indicate the nurse lacks knowledge, skill, judgment, or conscientiousness to such an extent that the nurse's continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior.
- **Nurse** - Professional Nurse or a Vocational Nurse licensed under Texas law and employed by or working at Central Health.
 - **Nursing Peer Review Committee ("Committee")** - The committee established by Central Health for the purpose of conducting peer review for Nurses. The Committee includes an employee or agent of the Committee, including an assistant, an investigator, an intervenor, an attorney, and any other person who serves the Committee in any capacity.
 - **Nursing Practice Act ("Act")** - Chapter 301 of the Texas Occupations Code.
 - **Peer Review** - The evaluation of nursing services, the qualifications of a nurse, the quality of patient care rendered by a nurse, the merits of a complaint concerning a nurse or nursing care, and a determination or recommendation regarding a complaint. The nursing peer review process is one of fact finding, analysis and study of events by nurses in a climate of collegial problem solving focused on obtaining all relevant information about an event. Nursing peer review conducted by any entity must comply with Nursing Peer Review Law and with applicable Board rules related to incident-based or safe harbor nursing peer review. Peer review includes:
 - The evaluation of the accuracy of a nursing assessment and observation, and the appropriateness and quality of care provided by the nurse;
 - A report made to the Committee concerning an activity under the Committee's review authority;

- A report made by the Committee to another committee or to the Board as permitted or required by law;
- Implementation of a duty of the Committee by a member, employee or agent of the Committee; and
- The provision of information, advice, and assistance to nurses and other persons relating to:
 - The rights and obligations of and protections for nurses who raise care concerns or report under Chapter 301 of the Texas Occupations Code or other state or federal law;
 - The rights and obligations of and protections for nurses who request nursing peer review;
 - Nursing practice and patient care concerns; and
 - The resolution of workplace and practice questions relating to nursing and patient care.
- **Peer Review Records** - Includes, but is not limited to, copies of Central Health's records related to the Committee's proceedings and the identities of the specific Nurses who were involved in the proceeding.
- **Professional Nurse** - A Registered Nurse, including Advanced Practice Registered Nurses. A Professional Nurse has an independent scope of practice to provide nursing services that require substantial specialized judgment and skill and does not require supervision by another health care provider for RN practice.
- **Registered Nurse ("RN")** - A Registered Nurse licensed under Texas law.
- **Safe Harbor Peer Review** - A process created by the Board to protect a nurse from employer retaliation, suspension, termination, discipline, discrimination, and licensure sanction when the nurse makes a good faith request for peer review of an assignment or conduct the nurse is requested to perform that the nurse believes could result in a violation of the Act or Board rules or the nurse's duty to the patient. In order for these protections to extend to a nurse, the "invoking of Safe Harbor" by the nurse must take place prior to engaging in the conduct or assignment for which peer review is requested and may be invoked at any time during the work period when the initial assignment changes.
- **Safety & Infection Control Subcommittee** – The subcommittee of the Central Health Quality Assurance & Improvement Committee of the Medical Executive Board that addresses issues related to patient safety, including the evaluation of a report from a Central Health nursing peer review committee that a factor beyond a nurse's control resulted in a deficiency in care by the nurse.
- **Supervisor** - Nurse Manager, Associate Director of Clinical Services, or Director of Nursing
- **Licensed Vocational Nurse ("LVN")** - A Licensed Vocational Nurse licensed under Texas law.

IV. POLICY

The Central Health Nursing Peer Review Committee shall act in accordance with the Nursing

Peer Review Law (Texas Occupation Code, Ch. 303), the Nursing Practice Act (Texas Occupations Code, Chapter 301), the Texas Board of Nursing Rule 271.11 (standards of nursing practice), Rule 217.12 (unprofessional conduct), Rule 217.19 (incident-based nursing peer review), Rule 217.16 (minor incidents) and Rule 217.20 (safe harbor nursing peer review) (collectively “Nursing Peer Review Laws”).

Except as otherwise required under Texas law, all Committee proceedings and records shall be deemed strictly confidential, and any communication made to the Committee shall be privileged.

V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

- Texas Occupations Code, Chapters 301 and 303
- 22 Texas Administrative Code 217.11, 217.12, and 217.20

VI. RELATED POLICIES AND PROCEDURES

Nursing Safe Harbor Peer Review Standard Operating Procedure

Nursing Incident-Based Peer Review Policy

Nursing Incident-Based Peer Review Standard Operating Procedure

VII. PROCEDURE

A. NURSING PEER REVIEW COMMITTEE

1. Functions of the Nursing Peer Review Committee (hereafter, “Committee”)
The role of the Committee is to determine whether the requested conduct violates the Nurse’s duty to a patient, in accordance with standards of practice or professional conduct adopted by the Board for Nurses.
2. Committee Composition
 - a. The Clinical Support Lead shall serve as the Chair of the Committee.
 - b. Three-fourths (3/4) of the Committee’s members shall, at all times, be Nurses.
 - c. If the Committee is conducting a peer review involving a LVN, the Committee shall include LVNs as members to the extent feasible, and the only voting members of the Committee shall be RNs and LVNs.
 - d. If the Committee is conducting a review of a RN, the Committee will have RNs as two-thirds (2/3) of its members and only RNs shall be voting members of the Committee.
 - e. If the Committee is conducting a review of an APRN, the Committee will have APRNs and RNs as two-thirds (2/3) of its members. The only voting members of the Committee shall be APRNs and RNs.
 - f. To the extent feasible, at least one Nurse on the Committee shall have a working familiarity of the area of nursing practice of the Nurse being reviewed.

- g. Committee members shall be fair and impartial. No member of the Committee presiding over a particular case shall have been directly involved in the reporting of the incident currently before the Committee. Direct involvement includes a person with direct supervisory authority over the Nurse being reviewed. If a current member of the Committee is involved or has direct supervisory authority over the Nurse being reviewed, that member shall not serve on the Committee. Any person or persons with administrative authority for personnel decisions directly affecting the Nurse under review, may not serve on the Committee. A Director of Nursing, nurse administrator, or other individual with administrative authority over the Nurse, including the individual who requested the conduct or made the assignment, may have limited attendance at the safe harbor nursing peer review hearing to appear before the Committee to speak as a fact witness. In the case of a recusal, the Chair of the Committee shall appoint a temporary replacement for the recused member, if necessary, to meet the required prior nursing ratios.
- 3. Appointment of Committee Members
 - a. The Chair of the Committee shall appoint the Committee members, with a maximum number of voting members.
 - b. The Committee may appoint outside Nurses, experts, or other individuals to serve as agents of the Committee to assist in carrying out the functions and responsibilities of the Committee. Such members shall be designated as agents of the Committee prior to participating in any review.
 - c. Members of the Committee, other than the Chair, shall serve a two (2) year term, unless the Chair extends the term.
 - d. The Committee includes any employee or agent of the Committee, including an assistant, an investigator, an intervener, an attorney, and any other person who serves the Committee in any capacity. The Chair may appoint the Healthcare Compliance Risk Manager to serve to serve on the Committee as non-voting, ex-officio members. The Committee may also be represented by legal counsel in its proceedings.
 - 4. Responsibilities of Committee Members
 - a. The Committee Chair is responsible for:
 - i. Signing a Confidentiality Statement and maintaining the confidentiality of all peer review information (oral and written) created by, or presented to the Committee at the Committee's request, the Committee's decision-making and reports from the Committee;
 - ii. Providing sufficient and accurate written notice to Nurses involved in peer review matters either in person or by certified mail at the last known address the Nurse has on file with Central Health.
 - iii. Overseeing the peer review process, including peer review proceedings, investigation, and hearings, and reporting to the Central Health Director of Nursing as appropriate;

- iv. Reviewing all correspondence between the Nurse involved in the peer review proceeding and the Committee;
 - v. Providing information that needs to be shared between the Committee and the Central Health's Director of Nursing; and
 - vi. Knowing the requirements of this Policy and the Texas legal requirements regarding peer review. The Committee Chair must take reasonable steps to assure that peer review is implemented and conducted in compliance with this Policy and Texas law.
- b. Each Committee Member is responsible for:
- i. Signing a Confidentiality Statement and maintaining the confidentiality of all Confidential Peer Review Information (oral and written) presented to, requested or created by, the Committee, including the Committee's decision-making process and reports from the Committee;
 - ii. Attending and remaining present during all scheduled meetings and proceedings;
 - iii. Maintaining impartiality and acting in good faith in examining information and making a determination, or withdrawing from any deliberations or determination if for any reason, including prior involvement, personal concerns or biases, the member is unable to make an impartial, fair, and good faith decision;
 - iv. Considering only the facts provided to the Committee or developed during Committee deliberations based on the facts presented to the Committee, when making any determination.
5. Quorum and Voting
- a. A quorum is fifty percent (50%) of the eligible voting members.
 - b. A simple vote of fifty-one percent (51%) of eligible voting members in attendance is sufficient to make a determination.
 - c. The Chair shall only vote in the event of a tie.



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

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

Our Values

Central Health will achieve excellence through:

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

Innovation - We create solutions to improve healthcare access.

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

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

BOARD MEETING

August 30, 2023

REGULAR AGENDA ITEM 1

Receive and discuss an initial update on cancer care, focusing on contracted services and future updates. (*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>August 30, 2023</u>
Who will present the agenda item? (Name, Title)	<u>Dr. Alan Schalscha, Jonathan Morgan</u>
General Item Description	<u>Present an update on current oncology services and initiatives</u>
Is this an informational or action item?	<u>Informational only</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:

- 1) Central Health provides cancer screening services for MAP and MAP Basic patients primarily through primary care providers and contracted specialty care practices and has worked with partners for many years to improve cancer screening processes, available services and technologies, and screening rates.
- 2) Cancer treatments are provided for low-income, Travis County residents through a variety of contracted network providers and facilities.
- 3) Staff continue to evaluate opportunities to expand cancer screening, diagnostics and treatment options with contracted providers throughout the community.
- 4) Central Health’s practice of medicine will contribute to our ability to screen and prevent cancer in our patient population, particularly related to colorectal cancers.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	<u>PowerPoint will be provided</u>
Estimated time needed for presentation & questions?	<u>20-30 minutes</u>
Is closed session recommended? (Consult with attorneys.)	<u>No</u>

CENTRAL HEALTH ONCOLOGY: CURRENT SERVICES & INITIATIVES

August 23, 2023



CENTRAL HEALTH

PREVENTION & SCREENING



CENTRAL HEALTH

Breast cancer

- In-house screening mammography at N. Central and SEHWC
- Upgrading to 3D mammography at CUC in FY24
- Additional access points: Ascension, UT Health Austin, Austin Radiological Associates and the Big Pink Bus through Lone Star Circle of Care

Colorectal cancer

- FIT testing reimbursed by Central Health and UT Health Austin's CPRIT grant through all FQHC partners
- Colonoscopies: Ascension, Dr. Reddy (N. Austin), Dr. Mehta (S. Austin)
- Planned Central Health services in FY24 at East Austin and Rosewood-Zaragosa and UT Health Austin's Ambulatory Surgery Center

Cervical cancer

- Routine screenings provided by primary care providers and gynecology
- Complex gynecology services provided by UT Health Austin
- Current initiative to add ambulatory surgery center procedures with People's Community Clinic

Lung cancer

- Annual low-dose CT scans screening of heavy smokers
- Tobacco cessation consultations incorporated into primary care services
- Planned expansion of current CPRIT-funded screening initiative led by UT Health Austin

Skin cancer

- Routine screenings provided by primary care providers and dermatology
- Dermatology clinic access provided by CommUnityCare and Austin Regional Clinic

Pay For Performance

- Performance metrics and incentives at all FQHCs for cervical, colorectal and breast cancer screenings
- Former CCC DSRIP Category C performance metrics

TREATMENT SERVICES



CENTRAL HEALTH

Diagnostics

- Diagnostic services primarily provided by Ascension
- Additional colonoscopy access: Dr. Reddy (N. Austin), Dr. Mehta (S. Austin)
- Planned colonoscopies in FY24 from Central Health's East Austin and Rosewood-Zaragosa to UT Health Austin's Ambulatory Surgery Center
- Current initiative to add additional breast diagnostic access through ARA to include diagnostic mammography, biopsy and ultrasound

Medical & Surgical Oncology

- Office and hospital-based medical and surgical oncology services primarily provided by Ascension
- Central Health staff evaluating opportunities for additional contracted providers and access points

Chemotherapy

- Chemotherapy services primarily provided by Ascension Seton Infusion Center
- Central Health staff evaluating opportunities for additional contracted providers and access points

Radiation Oncology

- Office-based professional and technical services provided by Texas Cancer Specialists and Texas Integrated Medical Specialists with costs shared by Ascension and Central Health for MAP patients only
- Central Health expanded access including MAP Basic patients through a new contract with Texas Oncology in FY23



CENTRAL HEALTH

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BOARD MEETING

August 30, 2023

REGULAR AGENDA ITEM 2

Review and provide direction to staff on the prioritization and tentative scheduling of items for consideration at future Central Health Board and Committee meetings. (*Informational Item*)

MEMORANDUM

To: Members of the Central Health Board of Managers Executive Committee
From: Briana Yanes, Board Governance Manager
Cc: Mike Geeslin, President & CEO
Date: August 25, 2023
Re: Review prioritization and tentative scheduling of items for consideration at future Central Health Board and Committee meetings. (Informational Item)

Overview:

Attached are Quarter four (September) tentative agenda items for your review. To assist with planning of future Board meeting and committee agendas, we will review and discuss these items in Executive Committee.

Action Requested:

This is an informational item and requires no action.

JULY	AUGUST	SEPTEMBER
	<p><u>Special Called Board of Managers - August 2, 2023:</u></p> <ul style="list-style-type: none"> • Guidehouse (action) • Performance review update 	
<p><u>Strategic Planning Committee- NO MEETING:</u></p>	<p><u>Strategic Planning Committee- August 9, 2023:</u></p> <ul style="list-style-type: none"> • Minutes • Dashboard- Service reporting • HAAM update • Strategic priority updates <ul style="list-style-type: none"> Strategic Priority: Member Engagement <ul style="list-style-type: none"> a. Report on Central Health outreach efforts Strategic Priority: Access and Capacity <ul style="list-style-type: none"> b. Marketing and Communications Efforts promoting new Hornsby Bend Health & Wellness Center 	<p><u>Strategic Planning Committee- September 6, 2023:</u></p> <ul style="list-style-type: none"> • Minutes • Dashboard service reporting- provide more access point information (hospital utilization, specialty care patients, etc.)
<p><u>Special Called Budget and Finance Committee- July 12, 2023:</u></p> <ul style="list-style-type: none"> • Discuss concepts proposed by Travis County for Central Health to fund some or all health care costs for adult inmates within the Travis County jail system. 	<p><u>Budget and Finance Committee- August 9, 2023</u></p> <ul style="list-style-type: none"> • Minutes • FY24 proposed budget (preview of direct services) • Performance review (action) 	
<p><u>Ad Hoc Appointments Committee- July 24, 2023:</u></p> <ul style="list-style-type: none"> • Discuss and take appropriate action on criteria for a timeline to be used by the Appointments Committee to solicit, evaluate, and recommend candidates for appointment to outside boards and committees. • Discuss and take appropriate action on steps to be followed by the Committee in evaluating candidates for appointments, including: <ul style="list-style-type: none"> ○ Recruitment of candidates ○ Evaluation of written applications using set criteria for vetting candidates 	<p><u>Ad Hoc Appointments Committee- August 21, 2023:</u></p> <ul style="list-style-type: none"> • Discuss and take appropriate action on criteria for a timeline to be used by the Appointments Committee to solicit, evaluate, and recommend candidates for appointment to outside boards and committees. • Discuss and take appropriate action on steps to be followed by the Committee in seeking and evaluating candidates for appointments, including: <ul style="list-style-type: none"> ○ Recruitment of candidates ○ Evaluation of applications using consistent criteria for vetting candidates ○ Interview process and development of questions ○ Procedure for recommending finalist(s), including sole finalists, for 	

<ul style="list-style-type: none"> ○ Interview process and development of questions ○ Procedure for recommending a single finalist for consideration by the full Board of Managers ○ Notification of successful and non-selected candidates 	<p>consideration by the full Board of Managers</p> <ul style="list-style-type: none"> ○ Notification of successful and non-selected candidates 	
	<p><u>Medical Committee- August 23, 2023:</u></p> <ul style="list-style-type: none"> • Receive a report from the Medical Executive Board on governance, functions, compliance, quality, and future communications. • Discuss and take appropriate action on a nursing peer review committee, and its related Nursing Incident Report Peer Review and Nursing Safe Harbor Peer Review Policies. • Discuss registration with the National Practitioner Data Bank (NPDB). 	<p><u>Ad hoc Succession Committee- September 5, 2023:</u></p>
<p><u>Budget and Finance Committee- July 26, 2023:</u></p> <ul style="list-style-type: none"> • Minutes • May and June financials and capital projects update • Budget forecast 	<p><u>Budget and Finance Committee- August 23, 2023:</u></p> <ul style="list-style-type: none"> • Minutes • July financials and capital projects update • Proposed FY24 Budget and Tax Rate • Quarterly fiscal and operational updates from Sendero and CUC • BMHC update • Sendero update 	<p><u>Budget and Finance Committee- September 6, 2023:</u></p> <ul style="list-style-type: none"> • Minutes • August financials and capital projects update • Sendero update (TENTATIVE) – continuation from executive work session #1
<p><u>Executive Committee- July 26, 2023:</u></p> <ul style="list-style-type: none"> • Minutes • Tentative schedules • Oversight of funded and appointed entities • Performance review standing item 	<p><u>Executive Committee- August 23, 2023 :</u></p> <ul style="list-style-type: none"> • Minutes • Tentative schedules • Oversight of funded and appointed entities • Discuss and provide direction to staff on making Board meetings materials more environmentally friendly. 	<p><u>Executive Committee- September 6, 2023:</u></p> <ul style="list-style-type: none"> • Minutes • Tentative schedules • Performance review standing item
<p><u>Board of Managers- July 26, 2023:</u></p> <p><u>Consent items</u></p> <ul style="list-style-type: none"> • Minutes • Investments <p><u>Financial items</u></p> <p><u>Committee report outs as needed:</u></p>	<p><u>Board of Managers- August 23, 2023:</u></p> <p><u>Consent items</u></p> <ul style="list-style-type: none"> • Minutes • Investments <p><u>Financial items</u></p> <ul style="list-style-type: none"> • Vote on max tax rate 	<p><u>Board of Managers- September 6, 2023:</u></p> <p><u>Consent items</u></p> <ul style="list-style-type: none"> • Minutes • Investments

<p><u>Other items</u></p> <ul style="list-style-type: none"> • Dell Medical School update • Lawsuit updates • Sendero update 	<ul style="list-style-type: none"> • Set public hearing date, location, time <p><u>Committee report outs as needed:</u></p> <p><u>Other items</u></p> <ul style="list-style-type: none"> • Cancer care update • Performance review update • Lawsuit updates 	<p><u>Financial items</u></p> <ul style="list-style-type: none"> • Vote on FY24 Budget & priorities, and tax rate • LPPF rate amendment <p><u>Committee report outs as needed:</u></p> <ul style="list-style-type: none"> • HR Updates: Department and leadership changes. • EEOC report/demographics <p><u>Other</u></p> <ul style="list-style-type: none"> • TBD Sendero • Partnership update • CCI update (memo only) • Map eligibility
	<p><u>Board of Managers and Public Hearing- August 30, 2023:</u></p> <p><u>Public Hearing</u></p> <ul style="list-style-type: none"> • Overview of FY24 budget and associated tax rate • Receive public comment <p><u>Consent items</u></p> <ul style="list-style-type: none"> • Approve the criteria and timelines to be used by the Appointments Committee to solicit, evaluate, and recommend candidates for appointment to outside boards and committees, allowing for modifications by the Committee to address unique circumstances. • Approve the steps to be followed by the Appointments Committee in evaluating candidates for appointments, allowing for modifications by the Committee to address unique circumstances. • Approve the formation and implementation of a nursing peer review committee and approve the Nursing Incident Report Peer Review and Nursing Safe Harbor Peer Review Policies. <p><u>Financial items</u></p> <ul style="list-style-type: none"> • FY24 proposed budget changes <p><u>Other</u></p> <ul style="list-style-type: none"> • Cancer Care update • Tentative schedules • Oversight of funded and appointed entities • Discuss and provide direction to staff on making Board meetings materials more environmentally friendly. • Performance review update • Lawsuit updates 	

<p><u>Community Conversation- July 13, 2023</u></p> <ul style="list-style-type: none"> Healthcare Equity Plan 	<p><u>Community Conversations- FY24 Central Health Proposed Budget</u></p> <ul style="list-style-type: none"> Thursday, August 17, 2023 (Asian American Resource Center) Tuesday, August 22, 2023 (Pflugerville Recreation Center) Monday, August 28, 2023 (SEHWC/Hybrid) 	<p><u>TCCC:</u></p> <ul style="list-style-type: none"> August 24, 2023 Work Session September 7, 2023 Initial Presentation of and Adoption of Tax Rate and Budget September 19, 2023 Final Presentation of and Adoption of Tax Rate and Budget
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Tentative agenda items- FY24 Quarter One

- Brackenridge campus update (October)
- Guidehouse (October)
- CommUnityCare budget (October)
- Discuss research and survey reports and alignment with Board responsibilities and level of desired engagement, including but not limited to such reports regarding the monitoring of delivery of care, health outcomes, and other relevant information (October)
- CHIF update (November)
- Integral Care update (October or November)

FY23 Central Health Adopted Budget Resolution

Strategic Objectives	Report Out Month(s)	Reported
Increase Access and Capacity		
Continue site expansions with new health centers in Hornsby Bend, Del Valle and Colony Park areas	March/May, as needed	February 22, 2023 BOM Meeting, March 8.2023 ETC Meeting
Expansion of Specialty Care services, both contracted and direct	February	February 22, 2023 BOM Meeting
Develop multispecialty clinic at Rosewood-Zaragosa site	April/May	Memo- April 12, 2023 SPC Meeting , Presentation- May 24, 2023
Enhance Behavioral Health & Substance Use Treatment with Methadone Services	February	February 22, 2023 BOM Meeting
Continue implementation of Direct Practice of Medicine	February	February 22, 2023 BOM Meeting
Increase healthcare services purchased through contracted services as appropriate	April/May	Memo- April 12, 2023 SPC Meeting , Presentation- May 24, 2023
Strategic Objectives		
Enhance Care Coordination with a Focus on Transitions of Care and Enabling Meaningful Information Sharing		
Implement Epic electronic health record for Central Health	May	Memo- April 12, 2023 SPC Meeting , Presentation- May 24, 2023
Expand transitions of care program within Central Health’s practice of medicine	February	February 22, 2023 BOM Meeting
Strategic Objectives		
Enhance Member Enrollment and Engagement		
Implement MyChart patient portal	May	Memo- April 12, 2023 SPC Meeting , Presentation- May 24, 2023
Focus enhanced engagement in high-need planning and assessment regions and improve effectuation of care in the primary care setting.	April/May	Memo- April 12, 2023 SPC Meeting , Presentation- May 24, 2023
Within the CommUnityCare agreement for services, allocate \$290,000 for personnel costs to conduct outreach and patient engagement among men of color, and any concurrent opportunities for at-risk persons of affinity or proximity, who are low-income or residing in assessment regions with the highest social vulnerability scores as outlined in the Healthcare Equity Plan. Further, the funding of personnel costs will be concurrent with agreements between CommUnityCare and the Black Mens’ Clinic as detailed in a prospective engagement plan presented to the Central Health Board of Managers by CommUnityCare by the end of the First Quarter of Fiscal Year 2023, if not sooner.	December (Complete) July/August	December 14, 2022 BOM Meeting August 23, 2023 Budget and Finance Meeting

Strategic Objectives	Report Out Month(s)	
Continue to Develop System of Care Infrastructure		
Complete development and adoption of service delivery operational implementation and financial sustainability plans, alignment, and accountability.	Monthly	October 12, 2022 SPC Meeting, December 14, 2022, January 18, 2023 SPC Meeting, BOM Meeting, February 22, 2023 BOM Meeting, April 26, BOM Meeting
Continue to develop and implement a hospital care and services funding model that is transparent and structured such that any funding commitments and assumptions of risk ensure optimum use of local tax dollars and other public funds to improve health of population to be served.	At least quarterly but up to monthly	Closed session discussions
Continue development of direct clinical practice infrastructure	April/May	Memo- April 12, 2023 SPC Meeting , Presentation- May 24, 2023
Include cancer screening, diagnosis, and treatment services as service lines are developed for staging of priorities within the Healthcare Equity Plan, and further provide a descriptive summary of the landscape for cancer prevention and care in Travis County.	July/August	August 23, 2023 BOM Meeting
<p>Central Health staff will present to the Central Health Board of Managers a defined reporting matrix, in collaboration with UT-Austin and the Dell Medical School and consistent with all terms of the Affiliation Agreement, that will include details on the clear reporting of the expenditures from the Permitted Investment Payment (\$35,000,000 per year) related to each of the six categories of Permitted Investments and other obligations within the Affiliation Agreement.</p> <p>1. The reporting matrix shall include, but is not limited to, the information requested by the Central Health Board of Managers in advance of the July 27, 2022 Board Meeting, and to the extent possible any subsequent requests.</p> <p>2. This matrix shall be developed by December 1, 2022 and presented at the following Board of Managers meeting.</p> <p>3. The reporting information shall be provided to the Central Health Board of Managers on a schedule beginning January 31, 2023 and continuing through January 31, 2024, with specific reporting elements and intervals in accordance with the agendas for the Board of Managers' meetings.</p> <p>4. Concurrently, the Board and CEO, and other staff as designated, shall continue to optimize all the provisions, including the enforcement remedies, in the affiliation agreement for the benefit of the patients served by or eligible for the Medical Access Program.</p>	January	Maxtrix presented- December 14, 2022 BOM Meeting

Strategic Objectives	Report Out Month(s)	
Support Operations		
Increase support for active and future facilities construction and maintenance	<ul style="list-style-type: none"> •Part of FY 2024 budget development and any new business cases. •Memo with update August 2023 	June BOM Meeting
Expand human resources department to support growing organization and new practice of medicine	Quarterly, reflecting the most current month of information.	
Evaluate and implement CLAS (Culturally and linguistically appropriate services) standards	Preliminary findings by May; Report August	
Centralize and develop a visible and robust risk management program	July/August	
Enhance records management program	March	
Expand resources to support new eastern Travis County Health and Wellness operations	July/August	
Expand joint technology to support additional technology and security systems	April/August	
Utilize health system resources to leverage healthcare infrastructure	TBD	
Develop HUB policy recommendations and finalize planning to implement program	<p>Reported overview of new program in November to Board; Proceeding with implementation.</p> <p>Report out schedule:</p> <ul style="list-style-type: none"> -February: FY22 HUB report presentation and verbal update on HUB implementation -July/August: Written update on HUB program implementation progress -September: Written update on HUB program implementation progress 	
Staff will procure services necessary to conduct the five-year performance review. Further, as part of the performance review, staff will present information on the major past events, conditions, and circumstances that have influenced the strategic direction of the Travis County Health Care District. This information will also be shared for the benefit of developing the Healthcare Equity - Operational and Financial Sustainability Plan pursuant to Section B.	TBD	



CENTRAL HEALTH

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BOARD MEETING

August 30, 2023

REGULAR AGENDA ITEM 3

Discuss and provide direction to staff on making Board meetings materials more environmentally friendly. (*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 August 30, 2023

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

General Item Description Discuss and provide direction to staff on making Board meetings materials more environmentally friendly.

Is this an informational or action item? Informational item

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) The Committee will discuss and suggest to staff ways to make Board meeting materials more environmentally friendly.
- 2) _____
- 3) _____

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.) No

Form Prepared By/Date Submitted: Briana Yanes/ August 16, 2023



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BOARD MEETING

August 30, 2023

REGULAR AGENDA ITEM 4

Discuss and take appropriate action on oversight of Central Health funded entities and others to which the Central Health Board appoints governing or advisory members. (*Action Item*)

AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date August 30, 2023

Who will present the agenda item? (Name, Title) Mike Geeslin, President & CEO

General Item Description Discuss oversight of funded and appointed entities.

Is this an informational or action item? Possible action item

Fiscal Impact N/A

Recommended Motion (if needed – action item) _____

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

1) In March 2023, the Board received a high-level update on oversight of affiliated entities.

2) The next step will be to focus on Scope of Deliberations.

From the March 2023 discussion:

Scope of Deliberations. Determine what issues will be deliberated and ultimately what will be presented to the full Board and action sought.

E.g., Purpose of oversight, proper role of the CH Board, timelines, governing documents for oversight, etc.

3) Allowance for Subject Matter Experts to provide information and respond to questions.

The discussion at the Executive Committee will frame the general oversight approach and set the stage for future discussion with the full board, placement on regular or consent agenda, or other

4) action.

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

Estimated time needed for presentation & questions? 15 minutes

Is closed session
recommended? (Consult
with attorneys.)

No

Form Prepared By/Date
Submitted:

Briana Yanes and Mike Geeslin/ August 16, 2023

Discussion Guide – Central Health Board of Managers Oversight of Select Entities

** This discussion guide is not a legal memorandum*

Overview & Recap

In March 2023, the Board reviewed a graphic and text outline of the current oversight structure for entities for which oversight has traditionally occurred (attached, see *Excerpts from March 2023 Presentation*).

The next step will be to focus on Scope of Deliberations. From the March 2023 discussion:

Scope of Deliberations. Determine what issues will be deliberated and ultimately what will be presented to the full Board and action sought.

E.g., Purpose of oversight, proper role of the CH Board, timelines, governing documents for oversight, etc.

Allowance for Subject Matter Experts to provide information and respond to questions.

Framing Criteria

There are numerous philosophical and practical questions related to oversight of entities conducted by political subdivision boards, such as the Central Health Board of Managers (CHBOM). Rather than identifying and dispositively answering all the possible questions up-front, I'll present a few framing criteria:

1. **Meaning of "Oversight."** There is not a single or exclusive definition for the word "oversight" that applies to hospital districts. There is, however, a legal fiduciary duty based on the principles of duty, loyalty, and care.
2. **Focus and Prioritization.** The recommended focus, initially, is the larger of the funded and CHBOM board-appointee entities of Central Health: Sendero, CommUnityCare (CUC), and Integral Care (IC). Secondarily in sequence for future conversations, but not importance are: 1) Entities that receive substantial funding though do not have appointments to governing boards; e.g., UT Austin Dell Medical School; and 2) All others having CHBOM appointment of board members or liaisons and/or smaller fiscal consideration than Sendero, CUC, IC, or UT Dell Med; e.g. Community Care Collaborative, Capital City Innovation, Council of Government, etc.

From the above criteria, we can posit the following:

- **Define.** Oversight needs to be defined by the CHBOM and understood by the overseen organization(s).
- **Prioritize.** Oversight for the larger funded entities will require significant effort. Other entities have very little or no oversight at all because the CHBOM merely appoints or delegates a person to serve on an advisory board representing Central Health, i.e., there is no governing role for Central Health.
- **Allow for Variance.** Oversight will vary by organization given how funds and governance are linked with Central Health, e.g., statutory, by agreement or contract, budget allocation, investment versus transactional, etc.

Defining Oversight

- Purpose – What is the purpose of oversight? Given organizations have separate boards, management teams, governing law, etc. what duty or imperative does the CHBOM have?
- Scope, Depth, and Standardization - Is there a common approach that applies to multiple organizations? Are there specific oversight elements that are unique to a single organization? What is the proper role or posture for the CHBOM, e.g., strategic alignment, activity monitoring, awareness, directive (and in what instances), what requires board engagement vs. management?
- Key Oversight Means
 - Board appointments and reports from appointees.
 - Fiscal approvals, e.g., budgets.
 - Operational approvals, e.g., business plan approvals for new insurance products (Sendero).
 - Foundational agreements & jointly recognized documents, including formal strategic directions and priorities established by the Central Health Board.
 - Central Health Bylaws and bylaws or charters (or equivalent) of the organization of which oversight will occur.
- Other Means of Oversight
 - Central Health budgets, Board resolutions, and regular financial reports that delineate relationships with other organizations.
 - Quarterly or other established reports from organizations, the formats of which were recently revised by the Central Health Board.
 - Ad hoc updates, and the natural cycle for updates based on fiscal year activity or fulfillment of contractual obligations.

Prioritize the Oversight

- Allocation of Time by Organization Characteristics: Consider the magnitude of funding involved, whether there is an appointment to the governing board, requirements of the Central Health Board, and the level of impact that an organization has on serving the safety net population.
- For reporting items, indicate what is more important to the Central Health Board (or rank priorities of items).

Allow for Variance

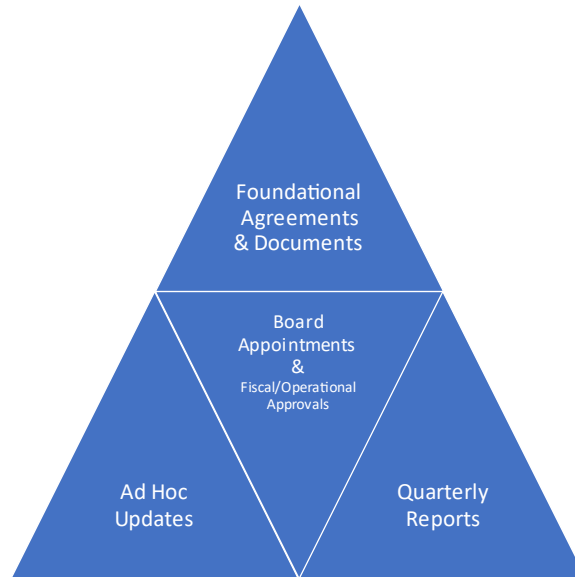
- Public emergencies or disaster response activities can impact reporting organizations.
- Organizational situations can also affect adherence to oversight, e.g., changes in leadership or regulatory requirements.

Next Steps – Timeline Elements (Target Completion Periods TBD)

- Conclude discussion on Definition, Prioritization, and Variance. Include Subject Matter Experts as needed.
- Decide on approach to socialize with other entities boards/management teams.
- Consider: Five-Year Performance Review Conclusions (January 2024), New CEOs for Sendero and Central Health, Central Health’s Health Equity/Operational and Financial Sustainability Planning
- Propose target completion periods for both oversight approach(es) and period of official implementation.
- Determine whether the Executive Committee adopts oversight approach or recommends adoption to the CHBOM.

###

Excerpts from March 2023 Presentation



- **Forum.** Decide which committee will deliberate *Recommendation: Executive*
- **Scope of Deliberations.** Determine what issues will be deliberated and ultimately what will be presented to the full Board and action sought
 - E.g., Purpose of oversight, proper role of the CH Board, timelines, governing documents for oversight, etc.
 - Allowance for Subject Matter Experts to provide information and respond to questions
- **Timeline.** TBD



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BOARD MEETING

August 30, 2023

REGULAR AGENDA ITEM 5

Discuss and take appropriate action on the impact of potential changes on the proposed 2024 budget, tax rate, and future delivery of health care.³ (*Action Item*)

HEALTHCARE IS GETTING BETTER.

Fiscal Year 2024 Proposed Budget & Tax Rate

Central Health Board of Managers Meeting

August 30, 2023



CENTRAL HEALTH



EASTERN TRAVIS COUNTY
Hornsby Bend Health and Wellness Center
Opening October 2023

FISCAL YEAR 2024 BUDGET REVISED FORMAT – ATTACHMENT A



CENTRAL HEALTH

HEALTHCARE IS
GETTING BETTER

DESCRIPTION	FY 2023 APPROVED BUDGET	FY 2024 PROPOSED BUDGET
TAX RATE	0.098684	0.100692
FTEs	333.7	530.5
Beginning Balance	327,783,722	407,730,068
REVENUE		
Property Taxes	281,605,053	312,456,814
Lease Revenue	13,145,328	12,022,497
Tobacco Litigation Settlement	4,500,000	4,500,000
Other	1,500,000	7,500,000
Total Revenue	300,750,381	336,479,311
Available Budgeted Resources	628,534,103	744,209,379
EXPENSES		
Healthcare Delivery	212,208,877	285,746,806
Administration	22,149,360	28,647,030
UT Affiliation Agreement	22,000,000	35,000,000
Transfers Out	49,000,000	8,019,240
Contingency Reserves	323,175,866	386,796,303
Total Expenses	628,534,103	744,209,379
Increase/Decrease in Fund Balance	-	-
Ending Fund Balance	-	-
RESERVES		
Emergency Reserves	38,719,836	46,739,076

Changes from 8/23:

- Added \$3 Million for Primary Care

FISCAL YEAR 2024 BUDGET ATTACHMENT B



CENTRAL HEALTH

HEALTHCARE IS
GETTING BETTER

DESCRIPTION	FY 2023 APPROVED BUDGET	FY24 PROPOSED BUDGET
HEALTHCARE DELIVERY		
Purchased Healthcare Services		
Primary Care: Medical, Dental, & Behavioral Health	66,236,822	71,282,200 *
Specialty Care: including Specialty Dental	27,163,000	30,388,000
Specialty Care: Behavioral Health	12,040,000	13,675,000
Post Acute Care	5,650,000	7,250,000
Pharmacy	17,000,000	18,000,000
Community Health Care Initiatives Fund	1,750,000	875,000
Purchased Healthcare Services	129,839,822	141,470,200
Direct Healthcare Services		
Podiatry	751,726	1,877,022
Cardiology	837,410	2,079,895
Neurology	362,511	1,264,294
Gastroenterology	465,026	2,039,621
Nephrology	196,081	1,129,700
Pulmonology	228,359	1,370,648
Transitions of Care	-	4,074,868
Medical Respite	-	906,886
Diagnostics and Ancillary	2,832,148	3,511,294
Clinical Support	-	11,022,146
Direct Healthcare Services Total	5,673,261	29,276,374
MAP Eligibility - Increase in eligibility period	2,000,000	1,000,000
Total Healthcare Services	137,513,083	171,746,574

Changes from 8/23:

- Added \$3 Million for Primary Care

FISCAL YEAR 2024 BUDGET ATTACHMENT B



CENTRAL HEALTH

HEALTHCARE IS
GETTING BETTER

DESCRIPTION	FY 2023 APPROVED BUDGET	FY24 PROPOSED BUDGET
HEALTHCARE DELIVERY		
Healthcare Operations & Support		
Salary and Benefits	25,545,451	33,878,558
ACA Healthcare Premium Assistance Programs	14,648,261	18,587,364
Enrollment Assistance	588,000	575,000
Real Estate and Campus Redevelopment	3,693,750	1,920,360
UT land lease for teaching hospital	1,027,277	1,037,550
Legal	433,000	766,000
Consulting	1,740,000	2,315,000
Other professional goods & services	8,138,035	10,198,035
Outreach and Education	1,428,000	1,352,211
Leased Facilities, Security and Maintenance	2,348,500	5,699,000
Insurance and Risk Management	250,000	400,000
Information Technology	6,762,525	13,855,455
Printing, Copying, Postage and Signage	620,305	724,105
Travel, training and professional development	801,502	1,186,250
Other operating expenses	174,445	738,883
Health Care Capital Line of Credit	500,000	500,000
Debt service - principal retirement	4,345,000	7,440,000
Debt service - interest	1,651,744	7,026,462
Transfer to Sendero Risk-Based Capital	-	6,000,000
Total Healthcare Operations	74,695,794	114,200,233
Total Healthcare Delivery	212,208,877	285,946,806

FISCAL YEAR 2024 BUDGET ATTACHMENT B



CENTRAL HEALTH

HEALTHCARE IS
GETTING BETTER

DESCRIPTION	FY 2023 APPROVED BUDGET	FY24 PROPOSED BUDGET
ADMINISTRATION		
Salary and Benefits	9,131,752	14,673,415
Legal	2,756,636	2,745,136
Consulting	1,626,520	2,419,750
Investment Services (Travis County)	115,000	126,000
Benefits and Payroll Administration Services	356,266	635,483
Other professional goods & services	1,156,850	2,040,350
Marketing and Communications	184,098	249,061
Leases, Security and Maintenance	929,200	1,253,250
Insurance and Risk Management	455,000	412,500
Phones, Computer Equipment and Utilities	629,573	1,149,186
Printing, Copying, Postage and Signage	54,725	53,425
Travel, training and professional development	449,605	386,695
Other operating expenses	156,485	205,365
Appraisal District Svcs	1,155,350	1,213,118
Tax Collection Expense	992,300	1,084,297
Cash held for self insured employee health benefits	2,000,000	-
Total Administration & Tax Collection	22,149,360	28,647,030
UT Affiliation Agreement	22,000,000	35,000,000
OPERATING TRANSFERS		
Transfer to capital reserve	49,000,000	-
Transfer to emergency reserve	-	8,019,240
TOTAL USES	305,358,237	357,613,076

PURCHASED HEALTHCARE SERVICES

Purchased Healthcare Services	FY2023 Approved Budget	FY2024 Proposed Budget	Change
Description	CH	CH	
Primary Care	\$66,236,822	\$71,282,200	\$5,045,378
Specialty Care	\$27,163,000	\$30,388,000	\$3,225,000
Specialty Behavioral Health	\$12,040,000	\$13,675,000	\$1,635,000
Post-Acute Care	\$5,650,000	\$7,250,000	\$1,600,000
Pharmacy	\$17,000,000	\$18,000,000	\$1,000,000
Community Health Care Initiatives Fund	\$1,750,000	\$875,000	(\$875,000)
Total	\$129,839,822	\$141,470,200	\$11,630,378



CENTRAL HEALTH

HEALTHCARE IS
GETTING BETTER

OVERALL PREMIUM SUBSIDY STRATEGY



CENTRAL HEALTH

HEALTHCARE IS
GETTING BETTER

- **Steady membership in Central Health Premium Assistance High Risk – focus on balancing overall membership and Medical Loss Ratio (MLR)**
- **NEW - Transition MAP Basic 150 to Sendero Idealcare 94 – increases regular Affordable Care Act (ACA) membership**
 - Utilize ACA tax credits to offset premium costs
 - Improved patient co-pays and co-insurance amounts with subsidies
- **Evaluate clinical opportunities to utilize Sendero network**
 - Dialysis (continued)
 - Chronic Kidney Disease
 - Organ Transplants
 - Other
- **Continue Health Alliance for Austin Musicians (HAAM) subsidy program**
- **Take advantage of Special Open Enrollment Period**
- **Increase Central Health ACA subsidized enrollment by 2,000**

SENDERO FINANCING UPDATE



CENTRAL HEALTH

HEALTHCARE IS
GETTING BETTER

- Insolvencies of 2 new large health carriers caused disruptions to the Texas market related to 2022 risk adjustment program; re-occurrence in future years not likely
- Currently, a reinsurer provides majority of Sendero claims financing and assumes majority of risk for CHAP High Risk Program – accomplished by leveraging risk adjustment program
- As part of a broader strategy, current reinsurer has given notice of exit from Sendero agreement after 2023
- Sendero is currently searching for alternate, sustainable third-party financing options that may include Central Health needing to provide all or a portion of FY 2024 funding
- Backed by Central Health, Sendero will assume risk of CHAP High Risk Program beginning CY 2024
- Central Health – as the sole member – assumes overall capital risk that ensures Sendero capital levels are maintained

BUDGET CALENDAR



CENTRAL HEALTH

HEALTHCARE IS
GETTING BETTER

- ✓ July 12 Central Health Strategic Planning Committee Meeting
(FY 2024 Strategic Priorities)
- ✓ July 26 Central Health Board of Managers
(FY 2024 Central Health Long-Term Forecast)
- ✓ August 2 Central Health Strategic Planning Committee Meeting
(Central Health – Healthcare Equity Action Plan)
- ✓ August 9 Central Health Board of Managers Meeting
(FY 2024 Central Health Proposed Budget)
- ✓ August 17 Community Conversation Northeast Austin
- ✓ August 22 Community Conversation Pflugerville
- ✓ August 28 Community Conversation Southeast Austin
(FY 2024 Proposed Budget)

BUDGET CALENDAR



CENTRAL HEALTH

HEALTHCARE IS
GETTING BETTER

- ✓ August 23 Central Health Board of Managers Meeting
(FY 2024 Proposed Budget and vote on maximum tax rate)
- ✓ August 24 Travis County Commissioners Court Work Session
(FY 2024 Key Central Health budget drivers and
Healthcare Equity Action Plan)
- **August 30 Central Health Public Hearing**
(FY 2024 Proposed Budget and tax rate)
- September 6 Central Health Board of Managers Meeting
(FY 2024 Budget and tax rate adoption)
- September 12 Travis County Commissioners Court
(FY 2024 Central Health Proposed Budget and tax rate)
- September 19 Travis County Commissioners Court
(FY 2024 Central Health Budget and tax rate adoption)

APPENDIX



CENTRAL HEALTH

HEALTHCARE IS
GETTING BETTER



CENTRAL HEALTH

CommUnityCare | Sendero

External Dashboard Update


Sarita Clark-Leach, Director of Analytics & Reporting

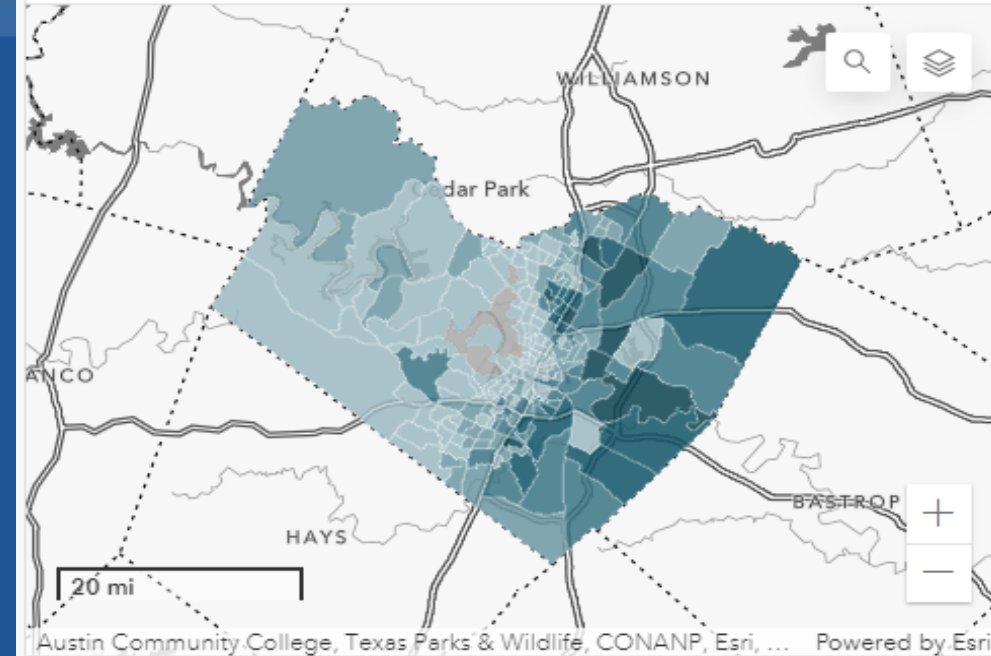
JP Eichmiller, Senior Director of Strategy & Information Design

Ashley Levulett, Geospatial Data Scientist

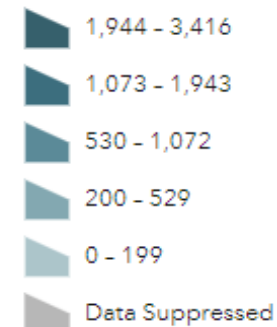
Enrollment and Clinic Utilization Dashboard

(Desktop version: <https://arcg.is/1GLnGW0>)

Select the  icon to view and change map layers.



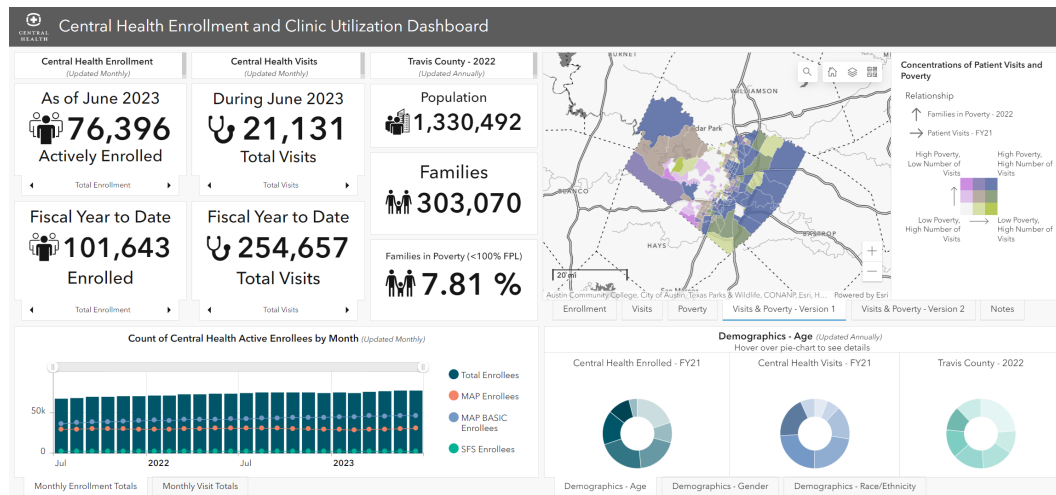
Enrolled Population in Fiscal Year 2021



Enrollment, Visit, and Poverty Maps

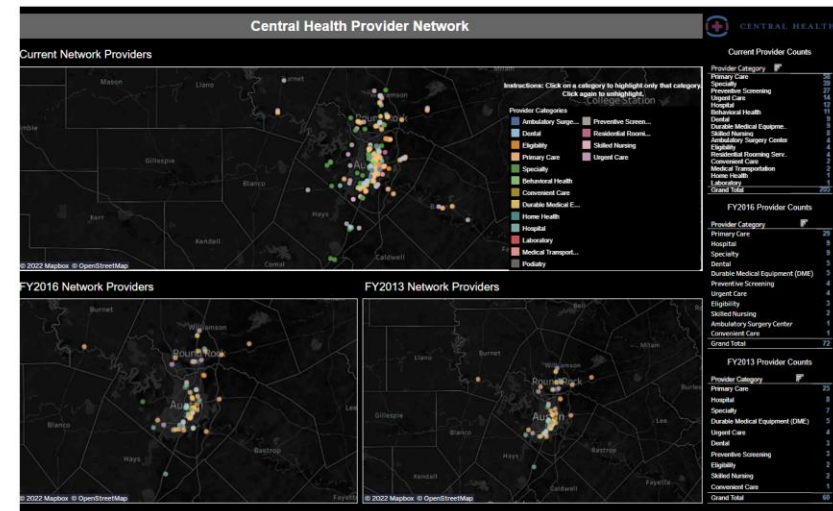
Central Health External Dashboards

Enrollment & Clinic Utilization



<https://www.centralhealth.net/our-work/enrollment-clinic-utilization-dashboard/>

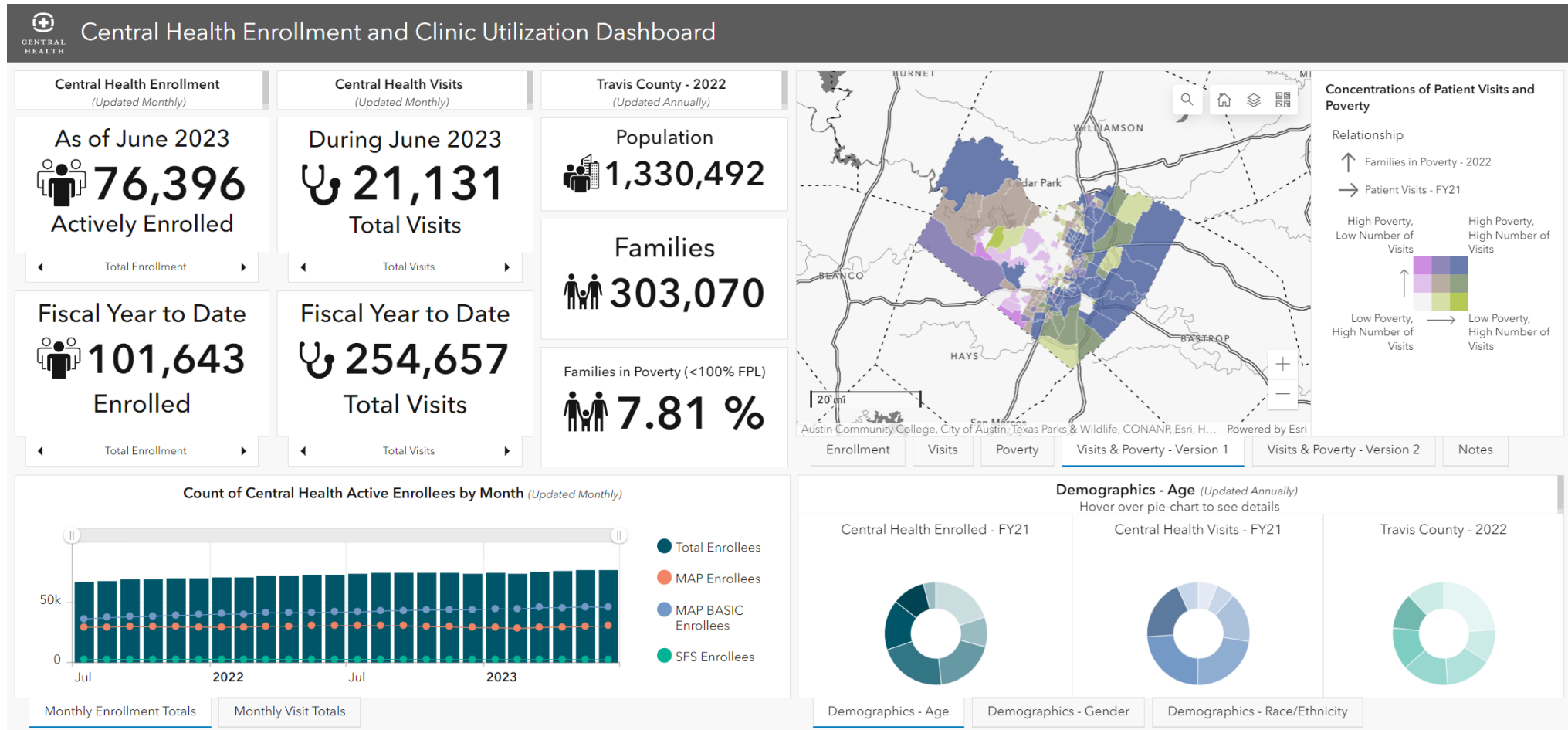
Provider Network



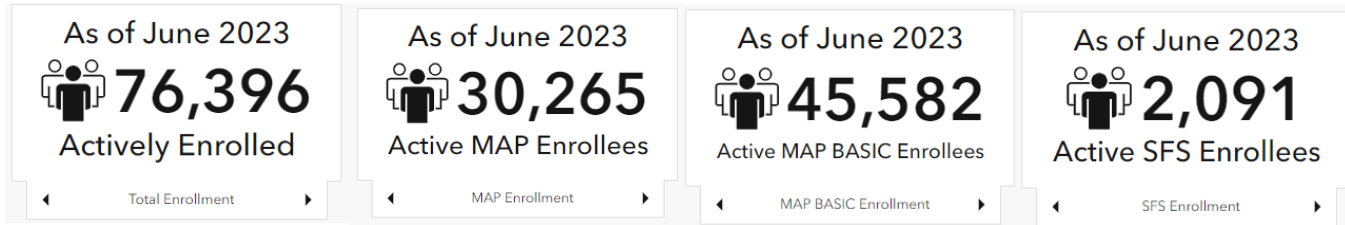
<https://www.centralhealth.net/our-work/provider-map/>



Enrollment and Clinic Utilization Dashboard

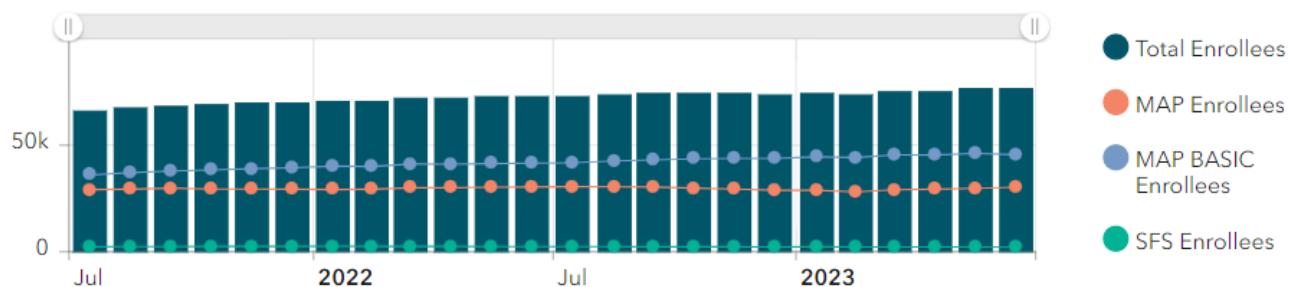


Enrollment and Clinic Utilization Dashboard: Change in Enrollment



- Since February 2023, the unduplicated count of actively enrolled members has increased by 3,640.

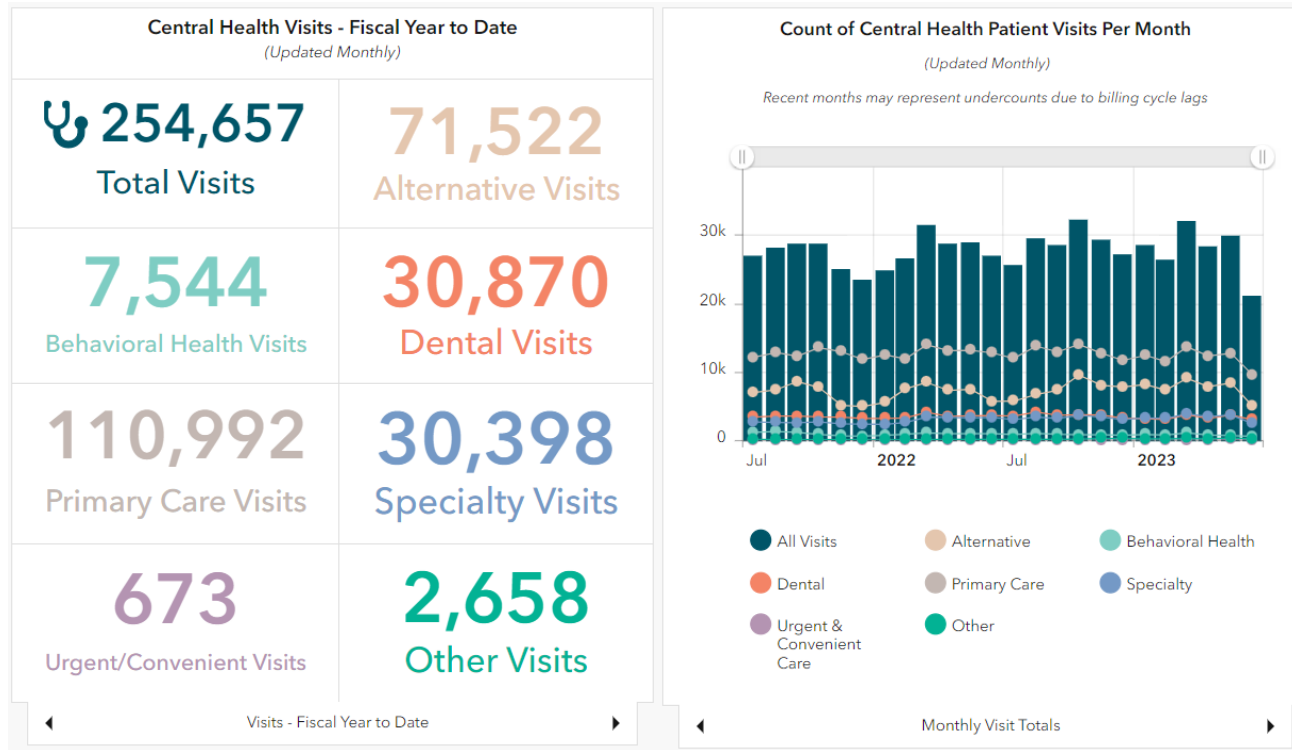
Count of Central Health Active Enrollees by Month (Updated Monthly)



- MAP Members: ↑ 2,142
- MAP BASIC Members: ↑ 1,569
- SFS Members: ↓ 18



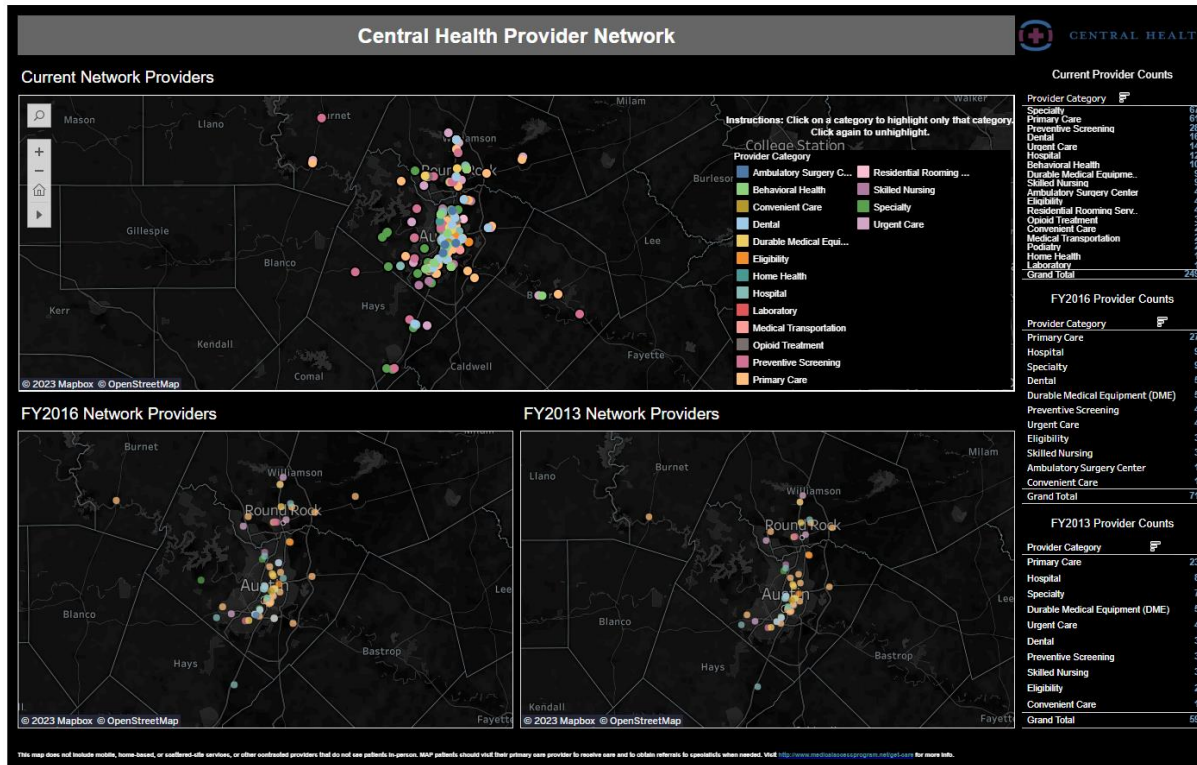
Enrollment and Clinic Utilization Dashboard: Visits Fiscal Year to Date



- In FY23 to date, there have been 254,657 clinical visits with Central Health providers.
 - 43.6% Primary Care Visits
 - 28.1% Alternative Visits
 - 12.1% Dental Visits
 - 11.9% Specialty Visits
 - 3.0% Behavioral Health Visits
 - 1.0% Other Visits
 - 0.3% Urgent/ Convenient Care Visits



Central Health Provider Network Dashboard



- There are currently 249 provider locations mapped within the Central Health Provider Network
 - 251% increase in provider locations since FY16 and 322% increase since FY13
- Primary Care, Specialty, and Preventative Screening providers represent the majority of locations in Central Health's network



Understanding the Budget Resolution

- Foundational document, adopting the budget and outlining strategic priorities supported by the budget
- Not an exhaustive list of work; but, rather, a public commitment as to what will be prioritized over the course of the fiscal year
- Double-duty as a management tool for the allocation of time and resources and scheduling of reports to the Board

Understanding the Budget Resolution

- Key Sections and Purpose:
 - Paragraph A - Reference to Schedules A & B of the Budget; these schedules are the official budget
 - Schedule A is a summary
 - Schedule B outlines the line items in detail by Health Care Delivery, Administration, and other sections
 - Paragraph B - FY 2024 initiatives that are carry-forwards from FY 2023 and prior fiscal years, the Health Care Equity Implementation Plan, and operations needed to support new initiatives or improve Central Health's organizational culture
 - Paragraph C – Additional priorities

**TRAVIS COUNTY HEALTHCARE DISTRICT D/B/A
CENTRAL HEALTH BOARD OF MANAGERS
RESOLUTION ADOPTING THE FISCAL YEAR 2024
BUDGET APPROVED**

The Travis County Healthcare District (the “District”), d/b/a Central Health, Board of Managers (the “Board”) hereby adopts the Central Health Fiscal Year 2024 Budget, which:

- A. consists of the Central Health Fiscal Year 2024 Budget Sources and Uses Summary (attached as Attachment A) and the Central Health Fiscal Year 2024 Budget Uses Detail (attached as Attachment B), both of which are incorporated herein by reference as if set out in full;
- B. directs the President and CEO to advance the following Strategic Priorities of the District, which include initiatives and projects carried-forward from prior fiscal years and as established in the Healthcare Equity Implementation Plan, as adopted by the Board on August 2, 2023 (noted in Excerpts, below) with periodic reports due to the Board of Managers:
 - a. Increase Access and Capacity
 - i. Continue site expansions with opening new health centers in Hornsby Bend and Del Valle and commencing with engineering and design for Colony Park Launch, and initial phases of multispecialty services at the East Austin and the Rosewood-Zaragosa clinics
 - ii. Enhance behavioral health and substance use treatment integration into comprehensive care models, including health-related support for diversion or deflection services in conjunction with other local efforts
 - iii. Develop and right size clinical and support services to support the direct practice of medicine, including expanding Medical Respite staff to support contracted services and to develop the future Cameron Road site
 - iv. Increase health care services offered through street medicine and mobile clinic teams
 - v. Coordinate with local secondary and higher education institutions to provide scholarships, internships, and employment to support development of culturally affirming workforce in fulfillment of Central Health’s mission

- b. Enhance care coordination with a focus on transitions of care and enabling meaningful information sharing
 - i. Continue buildout of Epic electronic health record for Central Health, including utilization of a patient portal
 - ii. Expand transitions of care program within Central Health's practice of medicine in expansion of care teams, Care at Home and in skilled nursing facilities
 - iii. Improve care coordination and member engagement through the continued development of the Central Health Navigation Center, focused on connecting and guiding patients and members to appropriate care and resources

- c. Enhance member enrollment and engagement
 - i. Expand enrollment services in support of new Central Health facilities and clinical practices
 - ii. Expand enrollment services through Virtual Enrollment
 - iii. Continue engagement in high-need planning and assessment regions
 - iv. Implement MyChart patient portal

- d. Continue to develop system of care infrastructure including implementation of FY2024 business cases subject to conditions such as readiness checks conducted by management to ensure dependent operations are ready and in place prior to commencement.
 - i. Complete development of performance tracking plan and indicators to measure progress of core elements of the Healthcare Equity Implementation Plan
 - ii. Work to develop and implement oversight programs including hospital care and other service delivery programs
 - iii. Implement work related to hospital capacity and hospital care coordination initiatives
 - iv. Develop direct clinical practice infrastructure and continue building out clinical services teams
 - v. Continue development of Central Health departmental infrastructure

including department expansions to support organizational growth including, administrative support, recruitment, hiring, retention, workforce development, employee engagement, legal, strategy, compliance and risk management, marketing and communication, finance and procurement, joint technology, human resources and facilities management

- vi. Acquire and implement a modern survey tool to support employee retention and satisfaction
- vii. Expand joint technology systems and applications to provide operational support and address cyber security, infrastructure, support services, and data management, analytics and reporting systems

C. The Board further acknowledges and supports the following:

- a. Central Health prioritization of staffing to support organizational growth and enhancement of operational capabilities.
- b. The Performance Review and Audit, conducted pursuant to an Interlocal Agreement with Travis County, as a means of obtaining a five-year performance review.
- c. Staff coordination with Travis County, including the Sheriff's Department, to allocate resources to the eligibility and enrollment of low-income county jail inmates in applicable care programs and pursue a shared-cost assessment regarding county jail inmate health needs and care models, including historical and ideal states and associated costs.
- d. Continuation of FY2023 amounts in CommUnityCare's FY2024 service agreement for the Black Mens Health Clinic, a/k/a Men of Color Clinic, with such amounts being used for improving engagement with and health outcomes for low-income persons, adhering to effective and sustainable care models for culturally affirming care.

Pursuant to Chapter 281 of the Texas Health & Safety Code, the Central Health Fiscal Year 2024 Budget Sources and Uses Summary and ad valorem rate must be approved by the Travis County Commissioners Court before the budget becomes effective. Moreover, any expenditures incurred or paid pursuant to this Central

Health Fiscal Year 2024 Budget shall adhere to Travis County Healthcare District Financial Policies, and any other policies adopted by the Board related to reserve levels or the expenditure of funds that explicitly require the Central Health Board of Managers' approval. The acquisitions and services funded by Central Health will be predicated on fulfilling the mission of Central Health to provide access to healthcare services for residents in Travis County that are low income and uninsured.

ADOPTED at an open meeting of the Central Health Board of Managers held on the XXX day of September 2023.

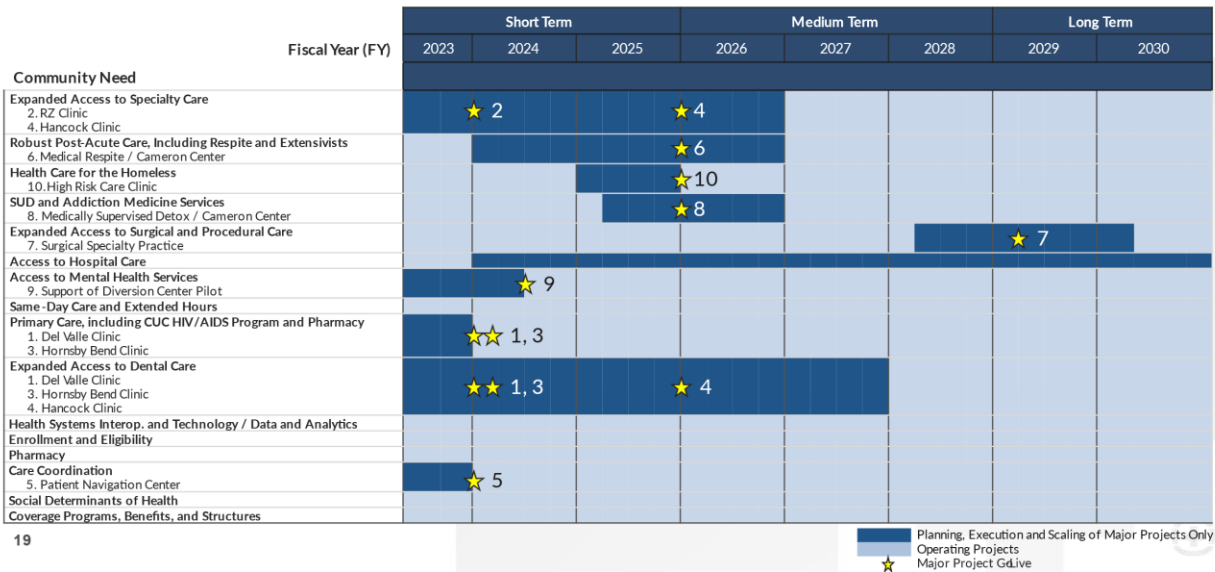
THIS SECTION FOR SIGNATURE BLOCKS

Excerpts from the Health Care Equity Implementation Plan

To Close These Gaps, Central Health Identified and Prioritized the Community Needs and Developed Projects to Address the Needs

Primary Care	Specialty Care / Behavioral / Dental	Hospital -Based Care / Post -Acute Care
3. Health Care for the Homeless 8. Expanded Access to Same -Day Care and Extended Hours, Including Virtual Options 9. Expanded Access to Primary Care, including CUC HIV/AIDS Program and Pharmacy	1. Expanded Access to Specialty Care 4. Substance Use Disorder and Addiction Medicine Services, Including MAT and Alcohol Addiction 7. Access to Mental Health Services 10. Expanded Access to Dental Care	2. Robust Post -Acute Care, Including Respite and Extensivists 5. Expanded Access to Surgical and Procedural Care 6. Access to Hospital Care
Foundational Enablers		
<ul style="list-style-type: none"> • Additional Access Points and Infrastructure (e.g., Facilities, Technology, etc.)* • Care Coordination • Comprehensive Multi -Disciplinary Care • Eligibility and Enrollment Services • Expanded Access to General Prevention and Wellness 		
<ul style="list-style-type: none"> • Health Systems Interoperability and Technology • Management of Chronic Conditions • Pharmacy • Physician and Clinical Workforce Supply, Including Demographically -Diverse Workforce* 		
* Denotes Workforce Planning and Organizational Infrastructure Resources		
Coverage Programs, Benefits, and Structures	Social Determinants of Health	
<ul style="list-style-type: none"> • Extended Enrollment Period for MAP • Increased Enrollment of Eligible Populations <ul style="list-style-type: none"> • People experiencing homelessness, justice involved individuals, and communities where English and Spanish are not the primary language • Restructure copays to remove patient barriers • Additional coverage services and benefits • Patient education (benefits, how and where to use MAP, copays) <ul style="list-style-type: none"> • Language access 	<ul style="list-style-type: none"> • Improved Community Transitions for Justice Involved Individuals • Culturally Competent Materials and Communications • Affordable Housing • Access to Transportation • Access to Healthy Foods • Technology and Internet Access • Stable and Consistent Employment Opportunities • Educational Support Programs 	

Select Projects are Highlighted as Milestones Over the Next 7 Years To Respond to Unmet Community and Patient Needs



Working Impact Overviews FY 2024

Current Requests/Concepts – All Content Subject to Revision

Request: Inmate Health (a/k/a Jail Health)

Fiscal: The Travis County staff request is approximately \$3.2 million; however, the request was limited to “outside” expenditures for care rendered by non-Travis County providers. For perspective, \$3.2 million represents 2.3% of the total purchased health care budget for FY 2024. There is currently no allocation for assuming the \$3.2 million expenditures in the proposed FY 2024 budget.

Opportunity: Improving delivery of integrated health services for low-income inmates, including physical, mental and behavioral, substance use, and complex condition care. While not advised of evidence-based research, reasonable assumption is such access would reduce future involvement with criminal justice system.

Risk: Total costs for ideal state of care system unknown. Legal issues regarding tax rates and extent of obligations of both County and Hospital District need final resolution. Full measure of diligence needed by way of a comprehensive assessment to determine future investments. Staff capacity will be diverted from other initiatives for which there are public commitments.

Current Recommendation, Subject to Revision:

- Focus on re-starting MAP enrollment for low-income inmates being released; transition to enrolling all low-income inmates, early fiscal year 2024 or when staff capacity is available following current work to improve enrollment and eligibility system
- Allocate staff time in FY 2024, following launch of key initiatives for care and service delivery, to begin reviewing expenditures for the County to determine if there are more cost-effective means of delivering care
- Jointly fund and scope the procurement for a system assessment to commence end of 2024 or early 2025, following end of diligence and increasing MAP enrollments. This assessment and subsequent work plans could take 2 to 4 years, based on staff consultations with Harris Health.

Request: Criminal Justice Diversion & Deflection

Fiscal: Estimate is approximately \$1.5 million, though this amount is under review. Funded activities would include coordinated physical, mental and behavioral, substance

use, and related care for persons who would be eligible for diversion or deflection from incarceration. These amounts are included in the proposed FY 2024 budget.

Opportunity: Improving delivery of integrated care model involving CommUnityCare and Integral Care for low-income persons who enter diversion programs. Improvements in mental and behavioral health at all levels of acuity will enable participating individuals to avoid incarceration.

Risk: Total costs beyond FY 2024 unknown. Synchronizing with protocol and training for law enforcement and crisis response teams is currently not assessed. Lack of consensus on which model or models from other regions will be emulated and whether diversion is a series of programs or a place. Staff capacity will be diverted from other initiatives for which there are public commitments.

Current Recommendation, Subject to Revision:

- Continue work with Integral Care and CommUnityCare on care model and accelerating work in mental and behavioral health and substance use disorder.
- Allocate staff time in FY 2024 to better understand the law enforcement aspect of Diversion and Deflection.

###

Staff Contact: Mike Geeslin



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

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

Our Values

Central Health will achieve excellence through:

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

Innovation - We create solutions to improve healthcare access.

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

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

BOARD MEETING

August 30, 2023

REGULAR AGENDA ITEM 6

Discuss updates on a Performance Review contracted by Travis County, including delegations to the President & CEO to execute necessary agreements between Central Health, Travis County, and Mazars USA.³ (*Action Item*)

AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date August 30, 2023

Who will present the agenda item? (Name, Title) Mike Geeslin, President & CEO

General Item Description Discuss updates and take possible action on a Performance Review contracted by Travis County, including delegations to the President & CEO to execute necessary agreements between Central Health, Travis County, and Mazars USA.

Is this an informational or action item? Action

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) Finalize the Interlocal Agreement (ILA), pending receipt from Travis County.

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? TBD

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

Form Prepared By/Date Submitted: Briana Yanes/ August 16, 2023



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BOARD MEETING

August 30, 2023

REGULAR AGENDA ITEM 7

Receive and discuss a briefing regarding *Travis County Healthcare District d/b/a Central Health v. Ascension Texas f/k/a Seton Healthcare Family*, Cause No. D-1-GN-23-000398.³ (*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 August 30, 2023

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

General Item Description Receive and discuss a briefing regarding *Travis County Healthcare District d/b/a Central Health v. Ascension Texas f/k/a Seton Healthcare Family*, Cause No. D-1-GN-23-000398.³ (*Informational Item*)

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? TBD

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

Form Prepared By/Date Submitted: Briana Yanes/ August 16, 2023



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

BOARD MEETING

August 30, 2023

REGULAR AGENDA ITEM 8

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 August 30, 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:

- 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? TBD

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

Form Prepared By/Date Submitted: Briana Yanes/ August 16, 2023



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

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

Our Values

Central Health will achieve excellence through:

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

Innovation - We create solutions to improve healthcare access.

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

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

BOARD MEETING

August 30, 2023

REGULAR AGENDA ITEM 9

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