



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.

STRATEGIC PLANNING COMMITTEE MEETING

Wednesday, March 6, 2024, 1:00 p.m.

Videoconference meeting¹

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

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

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

<https://us06web.zoom.us/j/87229348299?pwd=vehmEISGS1zrU2DbSPx1yXvXiZeXfL.1>

Meeting ID: 872 2934 8299

Passcode: 517414

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

<https://www.youtube.com/@tchealthdistrict/streams>

Or to participate by telephone only:

Dial: (346) 248 7799

Meeting ID: 872 2934 8299

Passcode: 517414

The Committee may meet via videoconference with a quorum present in person and allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Committee will be physically present at the location posted in this meeting notice, we strongly encourage all members of the public to observe the meeting virtually

and participate in public comment, if desired, through the virtual meeting link or telephone number listed on this meeting notice.

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

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

A member of the public who wishes to make comments virtually during the Public Communication portion of the meeting must properly register with Central Health **no later than 11:30 a.m. on March 6, 2024**. Registration can be completed in one of three ways:

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

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

PUBLIC COMMUNICATION

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

COMMITTEE AGENDA²

1. Review and approve the minutes of the January 17, 2024 Strategic Planning Committee meeting. (*Action Item*)
2. Receive and discuss an update on Central Health's communications, engagement, and outreach efforts, including an update on Unified Branding for the Central Health System. (*Informational Item*)
3. Receive an update on Central Health's behavioral health and substance use services, including information on direct and contracted services, diversion and deflection pilot services, and potential opioid settlement funding. (*Informational Item*)
4. Receive an update on two of Central Health's services focused on people experiencing homelessness, including the development of additional respite care services and "Bridge" clinical services. (*Informational Item*)
5. Receive an update on the Central Health dashboards associated with service-level reporting for Fiscal Year 2024. (*Informational Item*)

6. Receive and discuss an introduction of Fiscal Year 2025 Strategic Priorities and Budget Development process and calendar. (*Informational Item*)
7. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

¹ This meeting may include a member of the Strategic Planning Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be visible and audible to the public members in attendance whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**

² The Strategic Planning Committee may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Committee announces that the item will be considered during a closed session. A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the Committee agenda. However, Board members who are not Committee members will not vote on any Committee agenda items, nor will any full Board action be taken.

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

Cualquier persona con una discapacidad que 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.



STAYS IN FILE



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.

STRATEGIC PLANNING COMMITTEE MEETING

Wednesday, March 6, 2024, 1:00 p.m.

Videoconference meeting¹

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

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

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

<https://us06web.zoom.us/j/87229348299?pwd=vehmEISGS1zrU2DbSPx1yXvXiZeXfl.1>

Meeting ID: 872 2934 8299

Passcode: 517414

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

<https://www.youtube.com/@tchealthdistrict/streams>

Or to participate by telephone only:

Dial: (346) 248 7799

Meeting ID: 872 2934 8299

Passcode: 517414

The Committee may meet via videoconference with a quorum present in person and allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Committee will be physically present at the location posted in this meeting notice, we strongly encourage all members of the public to observe the meeting virtually

and participate in public comment, if desired, through the virtual meeting link or telephone number listed on this meeting notice.

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

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

A member of the public who wishes to make comments virtually during the Public Communication portion of the meeting must properly register with Central Health **no later than 11:30 a.m. on March 6, 2024**. Registration can be completed in one of three ways:

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

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

PUBLIC COMMUNICATION

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

COMMITTEE AGENDA²

1. Review and approve the minutes of the January 17, 2024 Strategic Planning Committee meeting. *(Action Item)*
2. Receive and discuss an update on Central Health's communications, engagement, and outreach efforts, including an update on Unified Branding for the Central Health System. *(Informational Item)*
3. Receive an update on Central Health's behavioral health and substance use services, including information on direct and contracted services, diversion and deflection pilot services, and potential opioid settlement funding. *(Informational Item)*
4. Receive an update on two of Central Health's services focused on people experiencing homelessness, including the development of additional respite care services and "Bridge" clinical services. *(Informational Item)*
5. Receive an update on the Central Health dashboards associated with service-level reporting for Fiscal Year 2024. *(Informational Item)*

6. Receive and discuss an introduction of Fiscal Year 2025 Strategic Priorities and Budget Development process and calendar. (*Informational Item*)
7. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

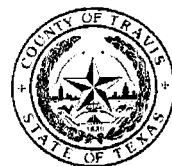
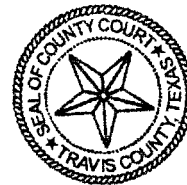
¹ This meeting may include a member of the Strategic Planning Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be visible and audible to the public members in attendance whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**

² The Strategic Planning Committee may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Committee announces that the item will be considered during a closed session. A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the Committee agenda. However, Board members who are not Committee members will not vote on any Committee agenda items, nor will any full Board action be taken.

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

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

Came to hand and posted on a Bulletin Board in the
 County Recording Office, Austin, Travis County, Texas on this the
1st day of March 2024
 Dyana Limon-Mercado
 County Clerk, Travis County, Texas
 By [Signature] Deputy
E. MEDINA



**FILED AND RECORDED
 OFFICIAL PUBLIC RECORDS**

Dyana Limon-Mercado
 Dyana Limon-Mercado, County Clerk
 Travis County, Texas

202480301

Mar 01, 2024 02:04 PM

Fee: \$0.00

MEDINAE 6

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

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

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

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

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

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

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

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

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

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

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

Board Manager Signature

Date

Board Manager Printed Name

Calling In and Repairing Harm

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

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

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

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

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

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

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

Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

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

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

RACIAL and SOCIAL JUSTICE FRAMEWORK

Values and Anti-Racism/Anti-Oppression

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

Intentional and Accountable Storytelling

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

Power Analysis

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

Relationships

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



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

March 6, 2024

AGENDA ITEM 1

Review and approve the minutes of the January 17, 2024 Strategic Planning Committee meeting.
(Action Item)

MINUTES OF MEETING – JANUARY 17, 2024
CENTRAL HEALTH
STRATEGIC PLANNING COMMITTEE

On Wednesday, January 17, 2024, a meeting of the Central Health Strategic Planning Committee convened in open session at 1:02 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Committee members present in person: Chair Brinson, Manager Jones, and Manager Valadez

Committee members present via audio and video: Manager Motwani (arrived in-person at 1:29 p.m.)

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

Absent: Manager Kitchen

PUBLIC COMMUNICATION

Clerk’s Notes: Public Communication began at 1:03 p.m. Chair Brinson announced that no speakers for Public Communication.

COMMITTEE AGENDA

- 1. Review and approve the minutes of the November 8, 2023 Strategic Planning Committee meeting.**

Clerk’s Notes: Discussion on this item began at 1:03 p.m.

Manager Valadez moved that the Committee approve the minutes of the November 8, 2023 Strategic Planning Committee meeting.

Manager Martin seconded the motion.

Chairperson Brinson	For
Manager Jones	For
Manager Kitchen	Absent
Manager Valadez	For

- 2. Receive and discuss an update on the Black Men’s Health Clinic.**

Clerk’s Notes: Discussion on this item began at 1:04 p.m. Dr. Nick Yagoda, CommUnityCare Chief Medical Officer, presented an update on the Black Men’s Health Clinic. The presentation included updates on increasing outreach to and engagement in care of low-income individuals and persons of color, as well as increasing funding for additional days of service at the BMHC site, which are identified as priorities in the Central Health FY24 Budget Resolution. The presentation included a look at project milestones, a list of Central Health funded activities, and a look at the clinical progress. Lastly, the demographics of patients and 2024 objectives were shared. The objectives include provider recruitment, updated facilities, access expansion, outreach, engagement and navigation, and patient experience.

- 3. Receive a 2023 year-end update on Central Health communications.**

Clerk’s Notes: Discussion on this item began at 1:26 p.m. Mr. Ted Burton, Chief Communications Officer; Mr. Ivan Davila, Sr. Director of Marketing and Communications; Mr. Mike Clark-Madison, Public Relations Manager; and Ms. Anastassia Sims, Content Manager, presented an FY 2023 communications report.

A few highlights mentioned during the presentation are listed below:

- They tripled the number of media mentions compared to the previous year.
- Through paid media they increased clicks by 55% and landing and page views by 46% from the previous year.
- Through social media they increased engagement by 17% and link clicks by 46% from the previous year.

4. Receive an update on the Central Health Latino Family Support Conference.

Clerk's Notes: Discussion on this item began at 2:23 p.m. Mr. Ted Burton, Chief Communications Officer; Mr. Ivan Davila, Sr. Director of Marketing and Communications; and Ms. Yesenia Ramos, Community Engagement Supervisor, presented an update on the Central Texas Latino Family Support Conference. They began the presentation by reminding Managers that in September 2023, the Central Health Board of Managers adopted an amendment to the FY 2024 budget spending plan to include \$125,000 to plan a "Latino Family Support Conference." Next, they shared the event concept recommendations, event objectives, desired outcomes, and next steps. Next steps include staff forming a planning workgroup and a community advisory committee to further develop and refine the concept of the Conference. Staff will continue updating the Board through the event planning process.

5. Review tentative reporting schedules for Fiscal Year 2024.

Clerk's Notes: Discussion on this item began at 2:34 p.m. Chair Brinson announced that there would not be a presentation for this item and backup was provided in the packet.

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

Manager Valadez moved that the Committee adjourn.

Manager Martin seconded the motion.

Chairperson Brinson	For
Manager Jones	For
Manager Kitchen	Absent
Manager Valadez	For

The meeting was adjourned at 2:35 p.m.

ATTESTED TO BY:

Cynthia Brinson, Chairperson
Central Health Strategic Planning Committee

Manuel Martin, Secretary
Central Health Board of Managers



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

March 6, 2024

AGENDA ITEM 2

Receive and discuss an update on Central Health's communications, engagement, and outreach efforts, including an update on Unified Branding for the Central Health System. (*Informational Item*)



AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date March 6, 2024

Who will present the agenda item? (Name, Title) Ted Burton, Chief Communications Officer; Iván Dávila, Sr. Director of Marketing and Communications; Isela Guerra, Sr. Engagement and Outreach Manager; Mike McKinnon, Sr. Communications Manager; Anastassia Sims, Content Manager; Yesenia Ramos, Community Engagement Supervisor

General Item Description Receive and discuss an update on Central Health’s communications, engagement, and outreach efforts, including an update on Unified Branding for the Central Health System.

Is this an informational or action item? Informational

Fiscal Impact N/A

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

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

- 1) Update on Unified Branding for the Central Health System.
Provide an update on Central Health’s communications, community engagement and community outreach efforts for Q1 (Oct ‘23 – Jan. ‘24) supporting Strategic Imperative 3: Enhance Member
- 2) Enrollment and Engagement (in high-need planning and assessment regions).

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

Estimated time needed for presentation & questions? 20 minutes

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

Form Prepared By/Date Submitted: Ted Burton, Jan. 10, 2024

COMMUNICATION, ENGAGEMENT, OUTREACH UPDATE MARCH 2024

Ted Burton, Chief Communications Officer

Iván Dávila, Sr. Director of Marketing & Communications

Isela Guerra, Sr. Community Engagement & Outreach Mgr.

Mike McKinnon, Sr. Communications Mgr.

Anastassia Sims-Mitchell, Content Mgr.



CENTRAL HEALTH

BRANDING UPDATE

Ted Burton

Chief Communications Officer



CENTRAL HEALTH



COMMUNITYCARE
HEALTH CENTERS



SENDERO
HEALTH PLANS

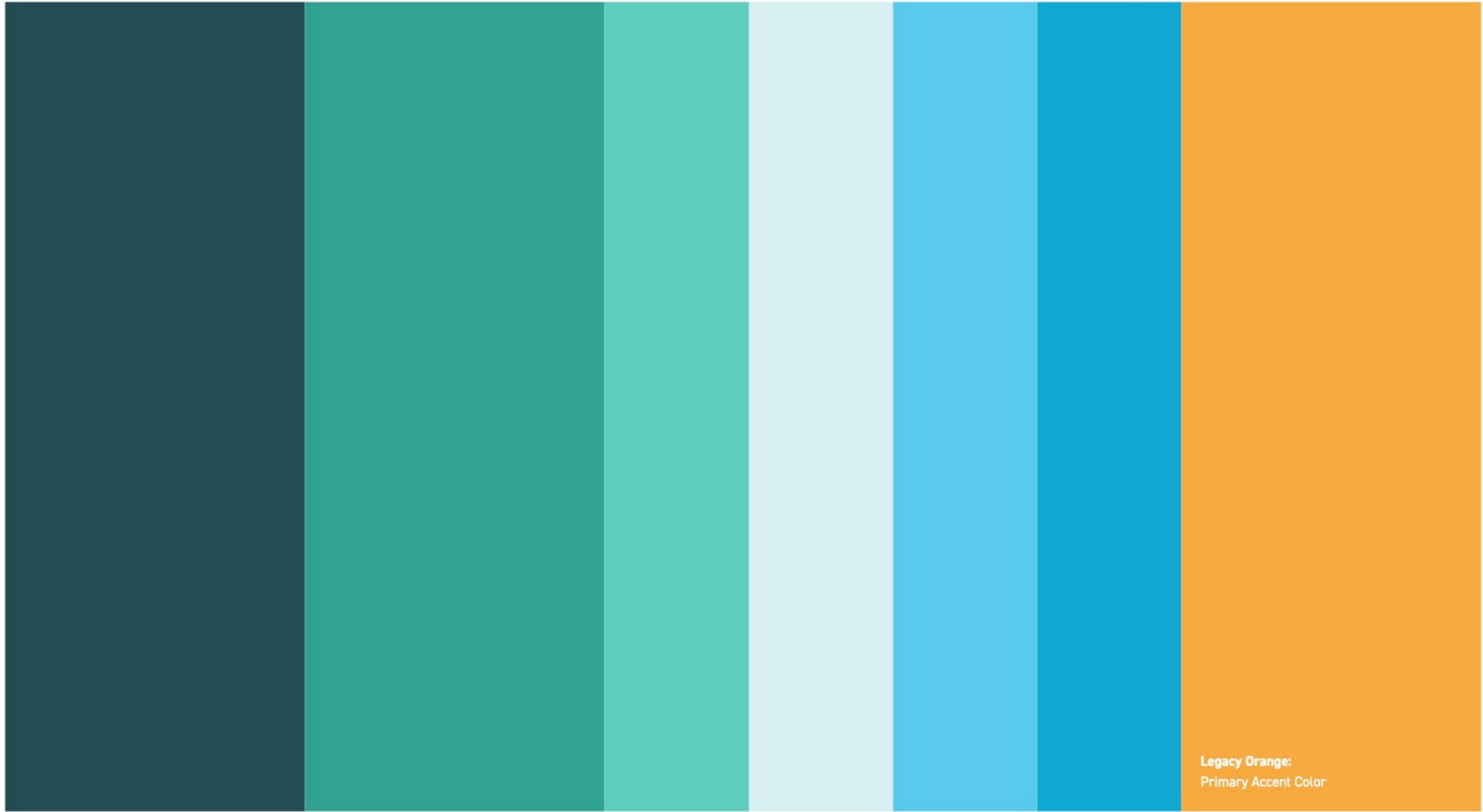


CENTRAL HEALTH
TRAVIS COUNTY HOSPITAL DISTRICT



SYSTEM AT A GLANCE

- The brands have been unified under a single color to share brand equity and credibility across the network.
- The choice of dark green and mint blue-green combo was not only recommended by the focus groups for being calming and trustworthy, but this approach is also timeless and future proof.
- This color palette was built with ownability in mind. We created a space for Central Health and its affiliates to own without being confused with other brands within the healthcare space.



HEALTHCARE IS GETTING BETTER

Central Health is building a comprehensive, high- functioning healthcare system for residents with low income who need it most.

ABOUT CENTRAL HEALTH

Central Health, Travis County's hospital district, is building a comprehensive, high-functioning healthcare system for residents with low income who need it most. The district's Healthcare Equity Plan, adopted in early 2022, is guiding up to \$700 million in investments to close the gaps that persist throughout the safety-net healthcare system – in primary care, specialty care, dental and behavioral health, hospital-based care, and post-acute transitions of care.

228

PROVIDER LOCATIONS,
INCLUDING COMMUNITY
HEALTH CENTERS, HOSPITALS,
SPECIALISTS, DENTISTS, AND
URGENT CARE LOCATIONS.

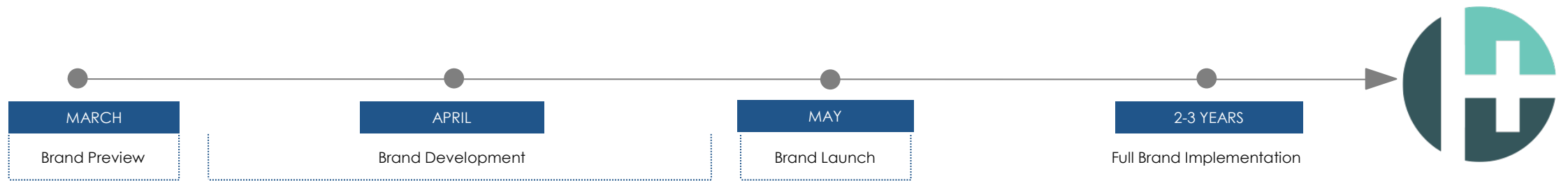


OUR GROWTH

Central Health's provider network increased by 12%. Twenty-four new providers were added to the network including opioid treatment, primary care, and specialty providers.

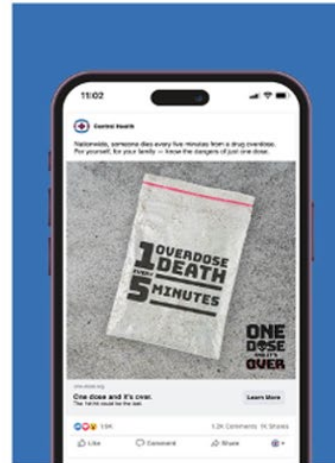
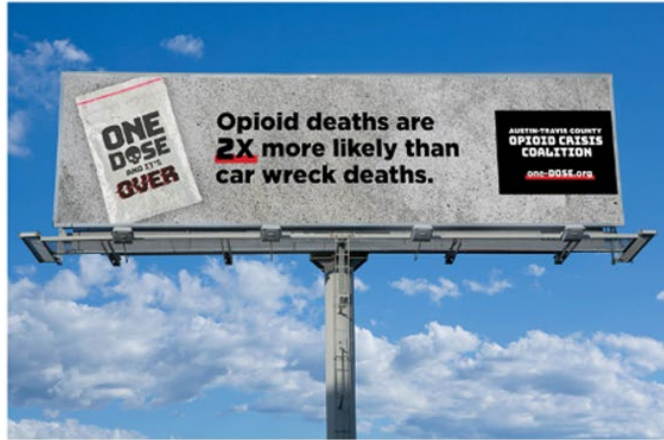


Brand Development and Implementation Timeline



ONE DOSE & IT'S OVER

AUSTIN-TRAVIS COUNTY
OPIOID AWARENESS COALITION



CENTRAL HEALTH

COMMUNITY OUTREACH

Isela Guerra, Sr. Community Engagement & Outreach Manager

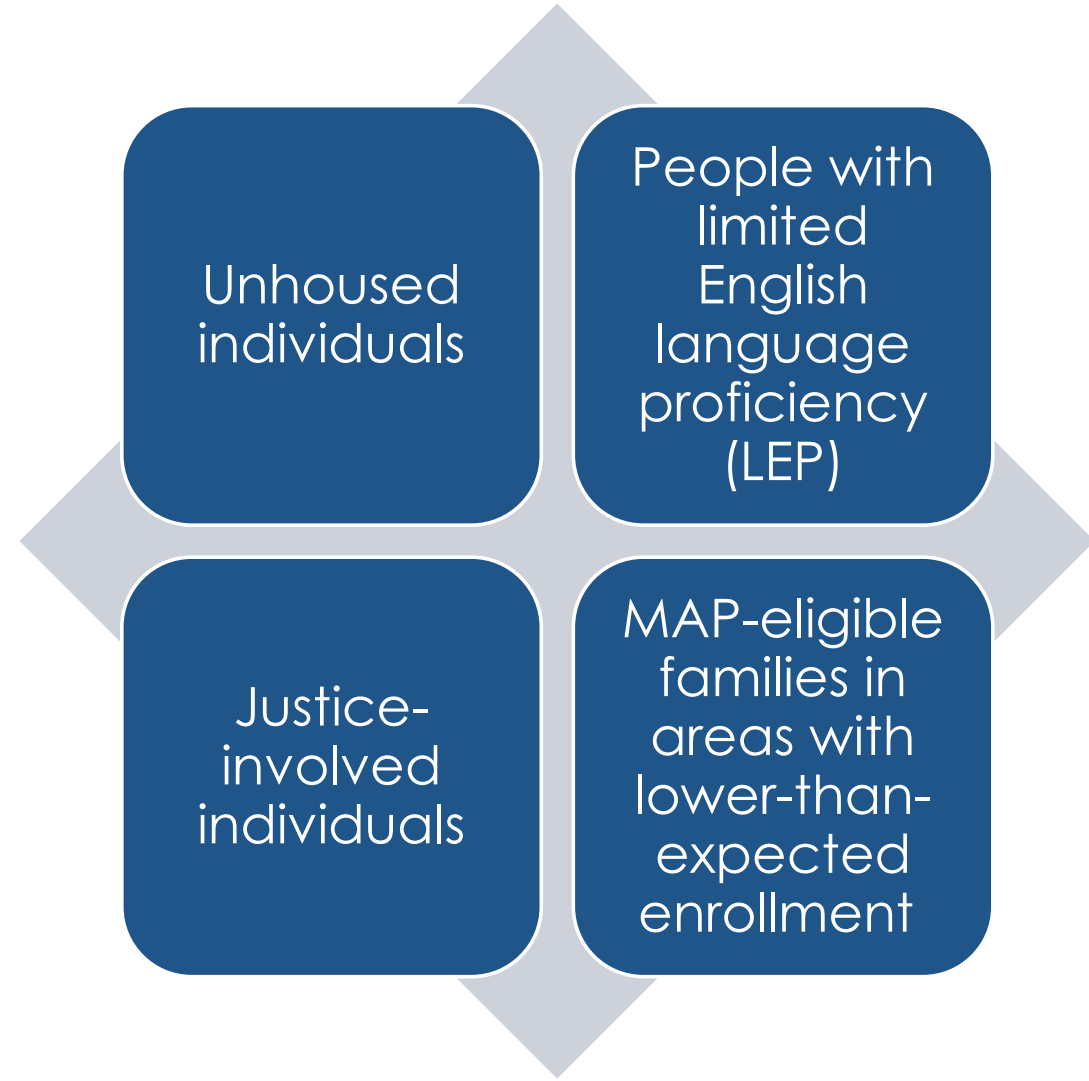


CENTRAL HEALTH

OUR PRIORITY POPULATIONS



CENTRAL HEALTH



OUR OUTREACH STRATEGY



CENTRAL HEALTH



OUTREACH SUMMARY

October – January 2024



CENTRAL HEALTH

Reach

- Interacted with 5,893 people

Application Assistance

- 98 applications submitted

Enrollment

- 88 applications approved

COMMUNITY ENGAGEMENT

Isela Guerra, Sr. Community Engagement & Outreach Manager



CENTRAL HEALTH

COMMUNITY ENGAGEMENT GOALS



CENTRAL HEALTH

1. Educate members and the public about Central Health's functions, how it pays for medical services, the Healthcare Equity Plan, and its budget priorities for FY 2024.
2. Gather community input on strategic initiatives of interest to the public and the proposed budget.

COMMUNITY ENGAGEMENT TACTICS



CENTRAL HEALTH



COMMUNITY
CHAMPIONS



COMMUNITY
CONVERSATIONS



LISTENING SESSIONS



INTERCEPT INTERVIEWS
AND SURVEYS

COMMUNITY ENGAGEMENT SUMMARY

October – January 2024



CENTRAL HEALTH

Community Conversations

- 105 attendees

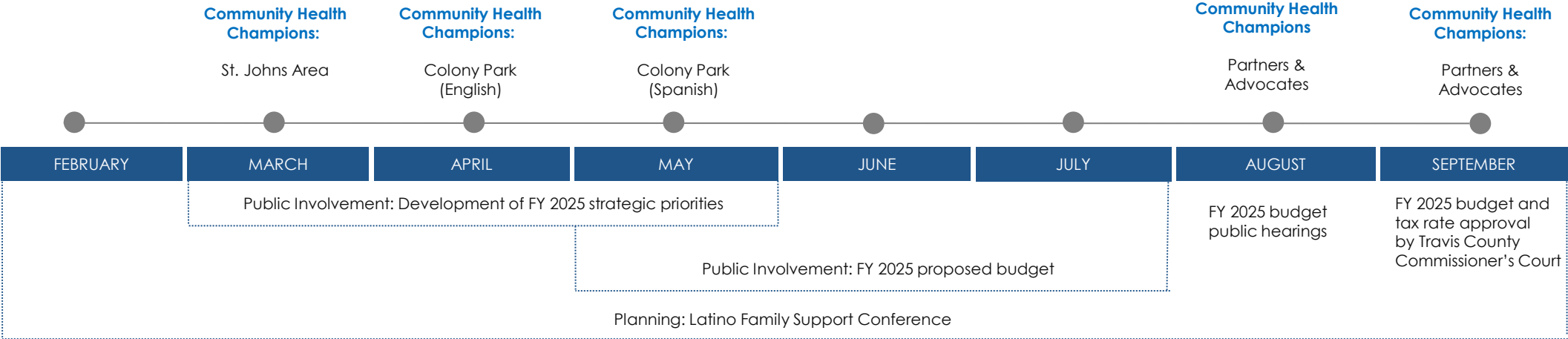
Community Health Champions

- 37 community graduated
- Total alumni: 361

Community Meetings

- Texas Anti-Poverty Project
- Central Texas Community Outreach Leaders
- Colony Park Neighborhood Association
- Austin Voices for Education & Youth Block Leaders
- St. Johns Alliance
- Rundberg Alliance
- Navarro Early College High School Alliance

2024 Community Engagement Cycle



The public is invited to provide feedback via the website, Central Health Board and Committee meetings, during Community Conversations, and at public hearings.



ADVERTISING

Iván Dávila, Sr. Director of Marketing & Communications



CENTRAL HEALTH

ENHANCED MEMBER ENGAGEMENT: ACA OPEN ENROLLMENT

Objective: Raise awareness of open enrollment, focusing on individuals who are a good fit for health coverage through the Health Insurance Marketplace

Approach: a multimedia campaign

Geo-Target: Hyper-focused on top 20 ZIP codes where 90% of MAP members reside

Dates: Nov. 6, 2023 – Jan. 14, 2024

Tactics:

- Streaming/online video
- Streaming audio
- Digital display
- Paid social
- Radio

Note: Tactics are strictly based on the campaign objectives and target audience



ENHANCED MEMBER ENGAGEMENT: ACA OPEN ENROLLMENT

**AUSTIN'S
HOMETOWN
HEALTH PLAN.**

SENDERO HEALTH PLANS ★★★★★

**EL PLAN DE
SEGURO MÉDICO
LOCAL DE AUSTIN.**

SENDERO HEALTH PLANS ★★★★★

**HEALTH PLANS
FOR THOSE WHO
TAKE THE STAGE.**

CENTRAL HEALTH

HEALTH ALLIANCE OF
MID-TENNESSEE

**BETTER
HEALTHCARE
STARTS WITH
4 STARS.**

SENDERO HEALTH PLANS ★★★★★

**LA MEJOR ATENCIÓN
MÉDICA INICIA
CON 4 ESTRELLAS.**

SENDERO HEALTH PLANS ★★★★★

**SEGUROS MÉDICOS
PARA LOS QUE SE
SUBEN AL ESCENARIO.**

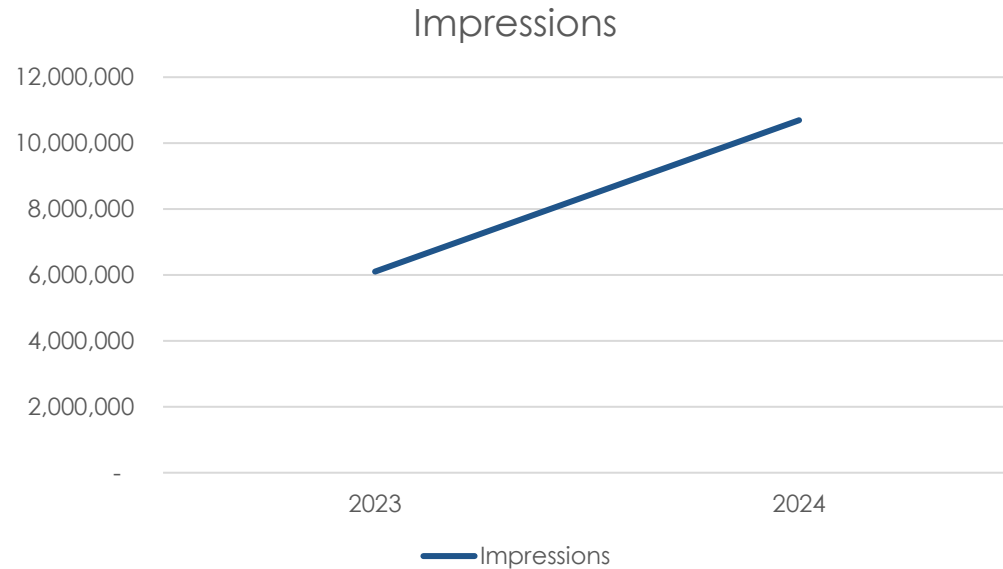
CENTRAL HEALTH

HEALTH ALLIANCE OF
MID-TENNESSEE

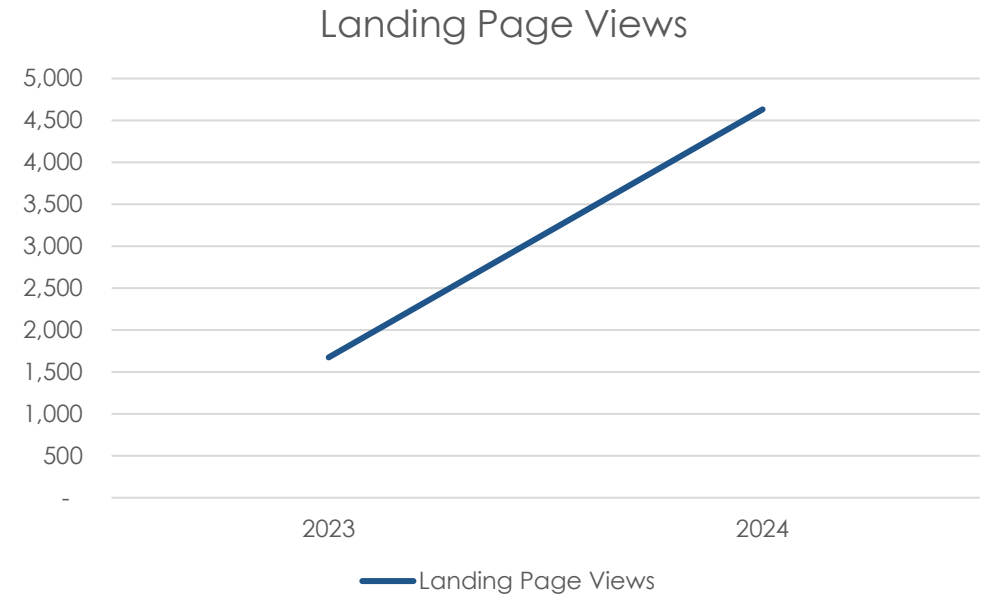


CENTRAL HEALTH

ENHANCED MEMBER ENGAGEMENT: ACA OPEN ENROLLMENT



- 10.7 million impressions
- A 75% increase over 2023



- 4,631 landing page views
- A 177% increase over 2023



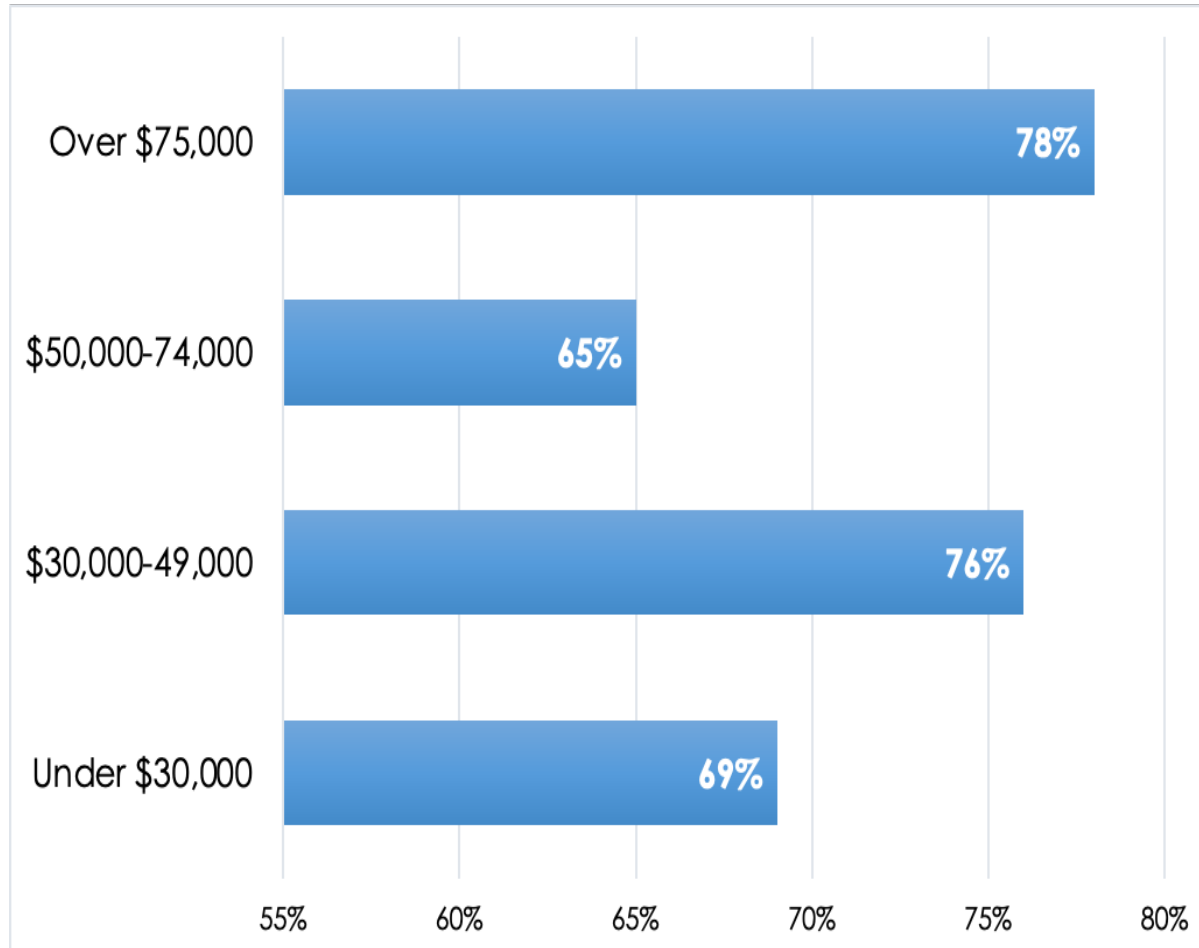
ORGANIC SOCIAL MEDIA

Anastassia Sims Mitchell, Content Manager



CENTRAL HEALTH

U.S. ADULTS WHO USE SOCIAL MEDIA NETWORKS



- **2021: Seven out of Ten** Americans had at least one social media profile.* (Including adults with an income of less than **\$30k**)
- **85%** of Hispanic Americans say they use social media to some extent.**
- **41%** of Hispanic Americans say social media is important to their life.**
- **Hispanic adults** are **more likely than** non-Hispanic adults to use social media for **two or more hours per day**.**

*KARMAJACK DIGITAL MARKETING AGENCY - Statistics for Social Media Use

**CIVIC SCIENCE - Key Social Media Insights Among U.S. Hispanic Adults



CENTRAL HEALTH

SOCIAL MEDIA



CENTRAL HEALTH

	FY 24 (Quarter 1)
Impressions	5,088,681
Engagement	36,574
Post-Link Clicks	13,389
Video Views	67,370

POSTS PER PLATFORM

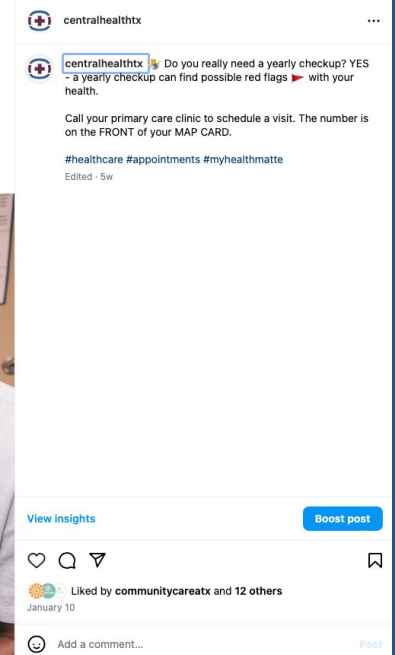


CENTRAL HEALTH

- Facebook: 417
- Instagram: 424
- LinkedIn: 65
- Twitter: 118

Nurse: Yes, you really do need a yearly physical.

Me:



VIDEO VIEWS



CENTRAL HEALTH



centralhealthtx
Mike Block · Barber Of Seville

centralhealthtx We're the Northeast Health Resource Center of course we can help you. Feel free to give us a call at 512-978-8680 and we'll be happy to assist you. 😊

📍 6711 Johnny Morris Rd, Austin, TX, United States, Texas

#ATX #HealthisWealth
3w

una_dre_ana Can y'all help families update their child's immunizations?!
3w Reply

[View insights](#) [Boost again](#)

👍 🗨️ 📌

👍 Liked by **chornsbybend** and 54 others
January 19

😊 Add a comment... [Post](#)

Platform	Video Views
Facebook	36,857
Twitter	807
Instagram	22,308
LinkedIn	7,398

WEBSITE

Mike McKinnon, Sr. Communications Manager



CENTRAL HEALTH

INTERNET ACCESS IN TRAVIS COUNTY



CENTRAL HEALTH

	Travis County 1,023,958	Travis County 200% FPL 250,504	Travis County + 200% FPL (English) 160,049	Travis County + 200% FPL (Spanish) 90,455
Have Internet Access	99.0%	96.9%	96.3%	97.9%
Have cable TV with PEG channels	18.3%	31.3%	21.3%	49.1%
Use YouTube at least once a month	64.3%	53.4%	46.7%	65.3%

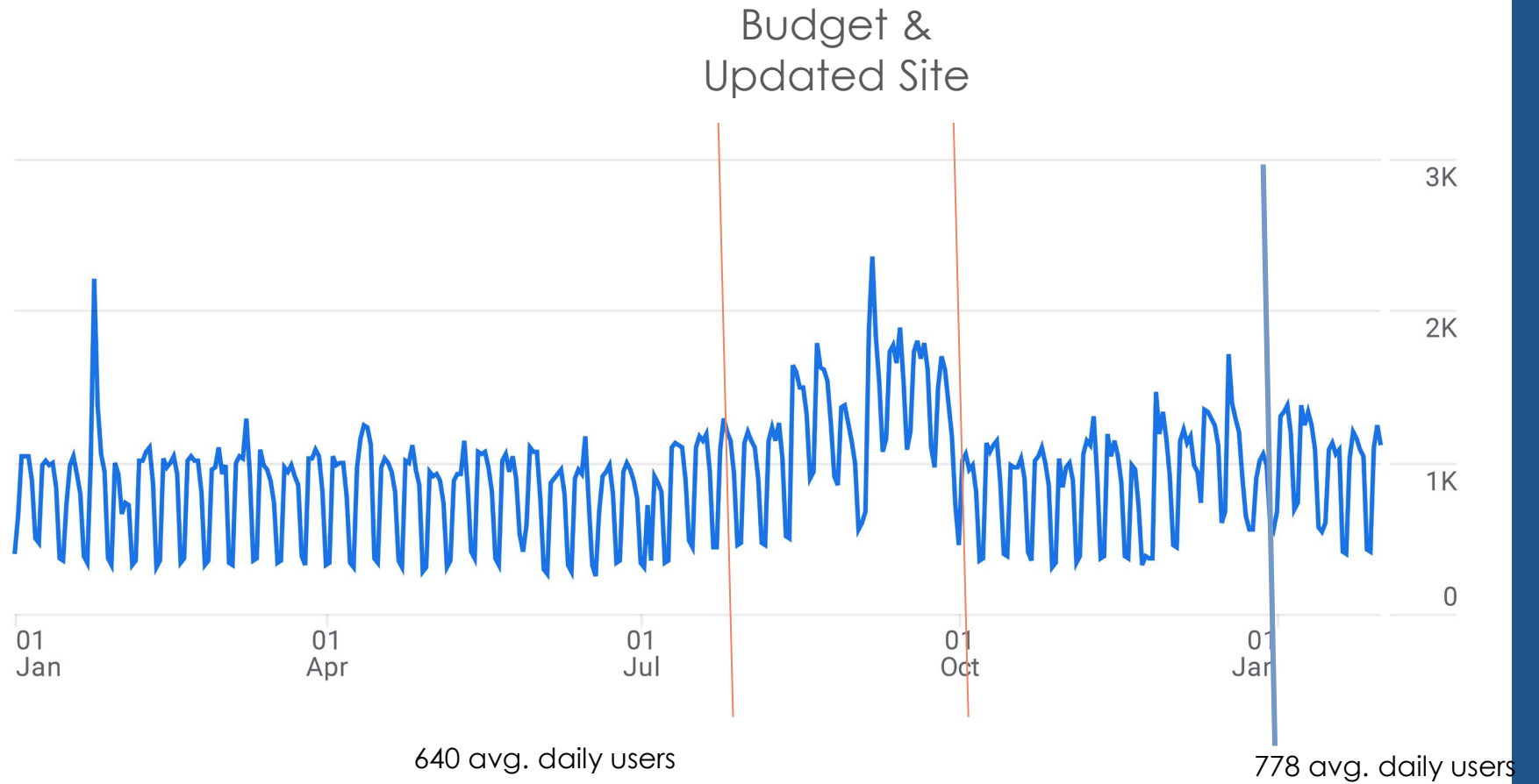
U.S. Census and DECA

Over the past year, Central Health has been partnering with the Digital Empowerment Community of Austin (DECA) to assist our patients who don't have internet access get service and even hardware. DECA representatives regularly table at events to help get people online.

WEBSITE FULL YEAR COMPARISON



CENTRAL HEALTH



WEBSITE JANUARY 2024 SUMMARY



CENTRAL HEALTH

Visits

- Users – 24,121 (778/day)
- Sessions – 36,792 (1,187/day)

Engagement

- Engaged sessions – 34,380 / 93.5%
- Pageviews – 203,000

Technology

- Mobile users – 13,000 / 56%
- Desktop users – 10,000 / 41%
- Tablet users – 1,000 / 3%

Top 10 Pages

1. MAP – English
2. Homepage
3. MAP – Spanish
4. MAP member
5. Provider Handbook
6. Careers
7. MAP required documents
8. ACA Enrollment
9. Clinical Services
10. Coverage programs formulary

WEBSITE ACQUISITION



CENTRAL HEALTH

October – December 2023

New users by First user primary channel gro...

FIRST USER PRIMARY CHA...	NEW USERS
Organic Search	28K
Direct	13K
Referral	5.4K
Display	3.1K
Paid Other	2.3K
Organic Social	1.3K
Unassigned	1K

January 2024

New users by First user primary channel gro...

FIRST USER PRIMARY CHA...	NEW USERS
Organic Search	11K
Direct	5.1K
Referral	1.8K
Display	1.3K
Paid Other	828
Organic Social	585
Organic Video	390



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

March 6, 2024

AGENDA ITEM 3

Receive an update on Central Health's behavioral health and substance use services, including information on direct and contracted services, diversion and deflection pilot services, and potential opioid settlement funding. (*Informational Item*)



AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date March 6, 2024

Who will present the agenda item? (Name, Title) Jon Morgan, Dr. Alan Schalscha, Monica Crowley, Nick Yagoda, Dawn Handley

General Item Description Receive an update on Central Health's behavioral health and substance use services, including information on direct and contracted services, diversion and deflection pilot services, and potential opioid settlement funding.

Is this an informational or action item? Informational

Fiscal Impact _____

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

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

- 1) Behavioral Health and Substance Use Disorder treatment are integral components of a comprehensive, high-functioning health care system.
- 2) Central Health’s contracts for these services are increasing while we build direct services and on long-standing collaborations with key partners.
- 3) Substance Use contracts are increasing, and Central Health is collaborating with CUC to develop, build and grow direct services in order to more sufficiently address community need.
- 4) Central Health’s long-standing partnership with Integral Care is deepening with expanded collaboration and alignment in the development of services and care models, increased contracted services and the development of diversion and deflection service models.
- 5) Opioid Settlement Funds will be a potential resource as Central Health grows its own behavioral health practice.

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

Estimated time needed for presentation & questions? 1 hour 30 minutes, inclusive of discussion



Is closed session
recommended? (Consult
with attorneys.)

No

Form Prepared By/Date
Submitted:

Monica Crowley, 2/29/2024

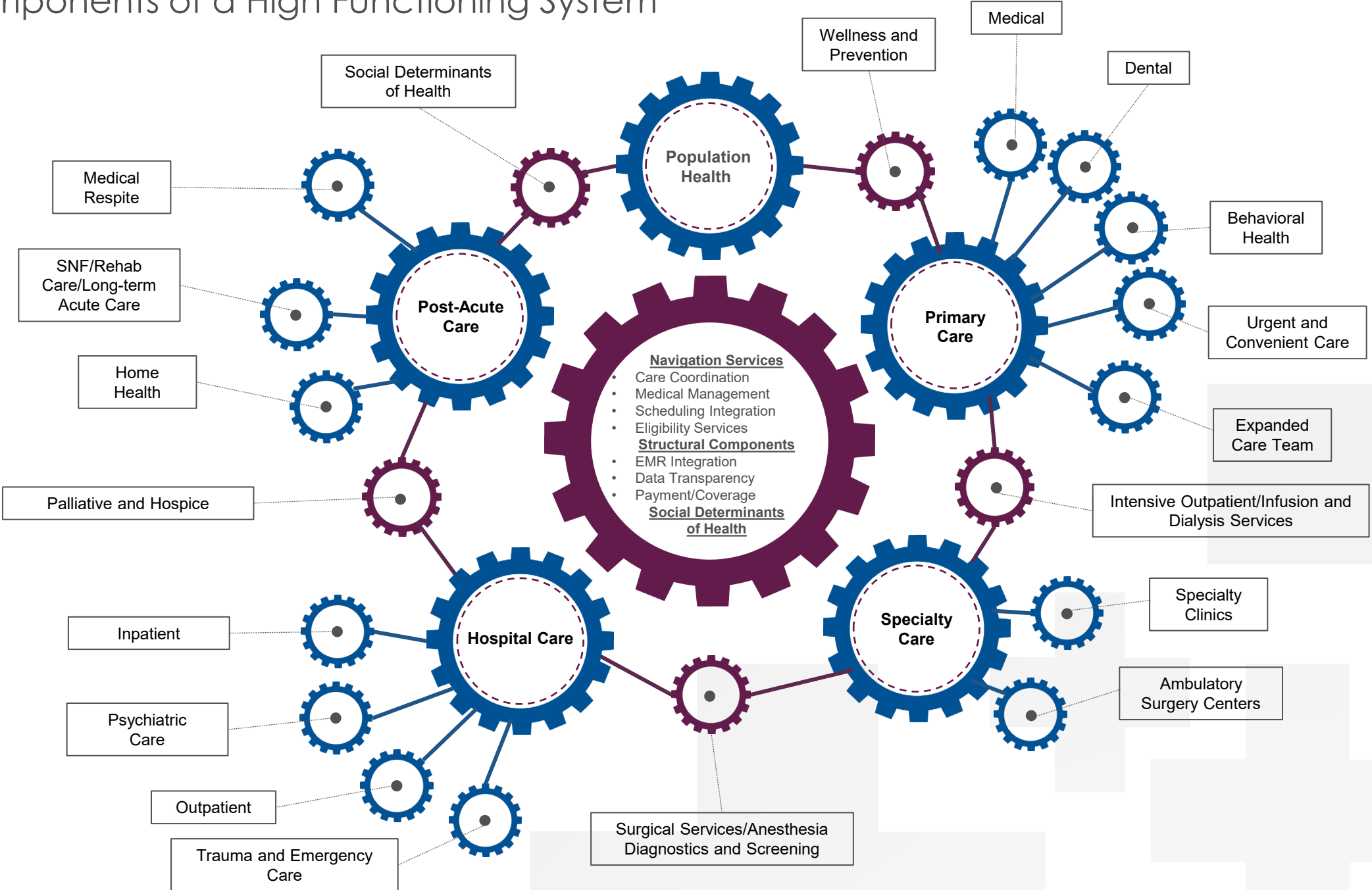
BEHAVIORAL HEALTH & SUBSTANCE USE TREATMENT SYSTEM OF CARE

March 6, 2024



CENTRAL HEALTH

Components of a High Functioning System



MENTAL HEALTH SERVICES



CENTRAL HEALTH

Integral Care

- Inpatient Psychiatric Services
- Crisis Respite-Residential
- Intensive Outpatient
- Outpatient clinical psychiatry and counseling
- Case management
- Psychiatric emergency services

CommUnityCare

- Behavioral Health Therapy & Counseling
- Psychiatry
- SBIRT Services

Lone Star Circle of Care

- Behavioral Health Therapy & Counseling
- Psychiatry

People's Community Clinic

- Behavioral Health Therapy & Counseling

SIMS Foundation

- Substance Use Disorder Services
- Psychiatric Services
- Behavioral Health Therapy

SUBSTANCE USE TREATMENT SERVICES



CENTRAL HEALTH

CommUnityCare Addiction Medicine Clinic

- Opioid, alcohol, stimulant, and sedative use disorders treatment
- HUB & Spoke model for Suboxone/Buprenorphine
 - HUB- Southeast Health and Wellness
 - Spokes across CUC, including street medicine and mobile

Integral Care MAT

- Dual diagnosis of opioid use disorders and serious mental illness

Community Medical Services (CMS)

- Methadone Therapy
- Suboxone

Addiction & Psychotherapy Services

- Methadone Therapy
- Suboxone

Sobering Center

- Safe Holdovers to substance use treatment

Other

- Naloxone
- ATCEMS

COMMUNITYCARE

March 6, 2024



CENTRAL HEALTH

FQHC-BASED MENTAL HEALTH AND SUBSTANCE USE DISORDER PROGRAMMING TO ADVANCE HEALTH EQUITY

Nicholas Yagoda, MD

Chief Medical Officer

John Weems, MD, Fellow of the American Society of Addiction Medicine

Associate Director of Addiction Medicine



LA NALOXONA
SALVA VIDAS

CommUnityCare
HEALTH CENTERS

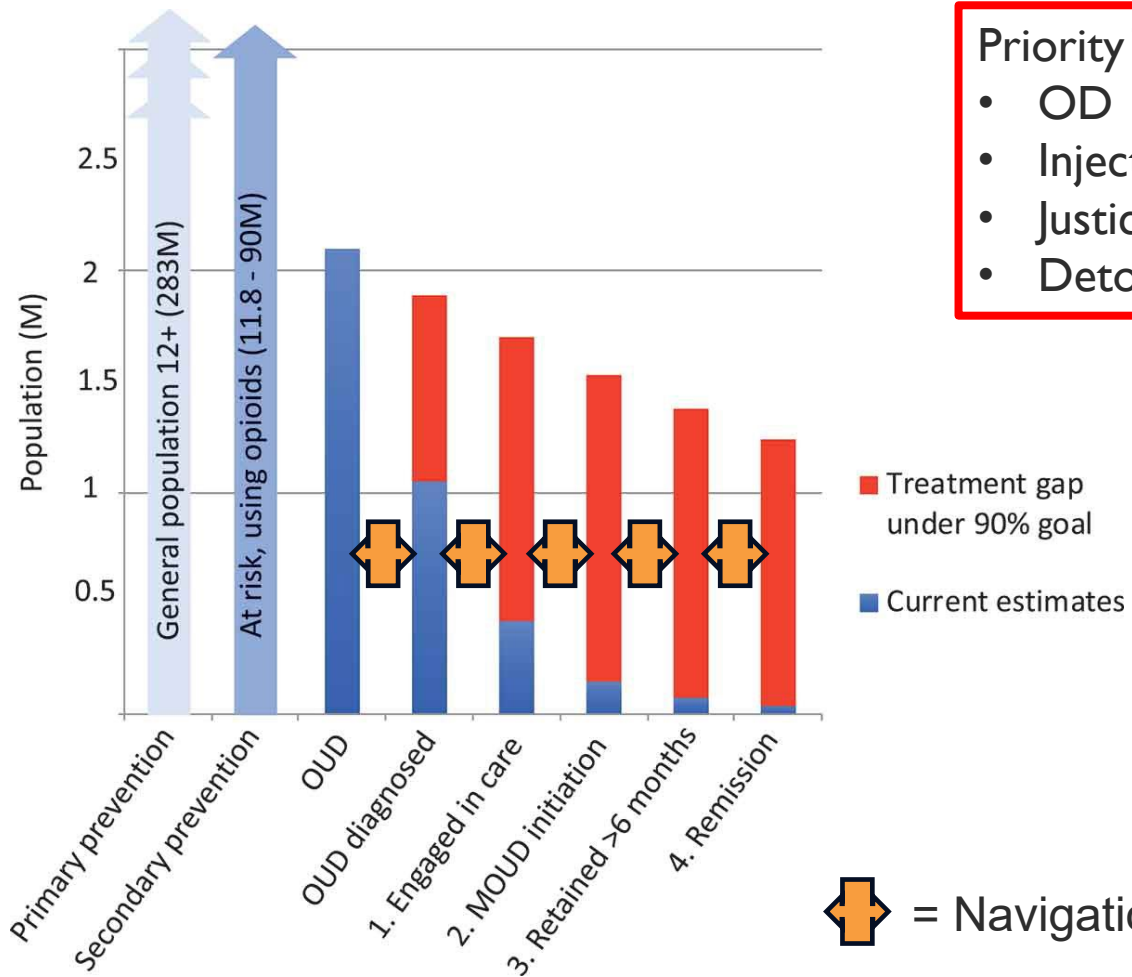
LA NALOXONA ES UN
MEDICAMENTO SEGURO
QUE REVIERTE LA
SOBREDOSIS DE OPIOIDES.

Pregúntale a nuestro
equipo sobre la
Naloxona gratis.

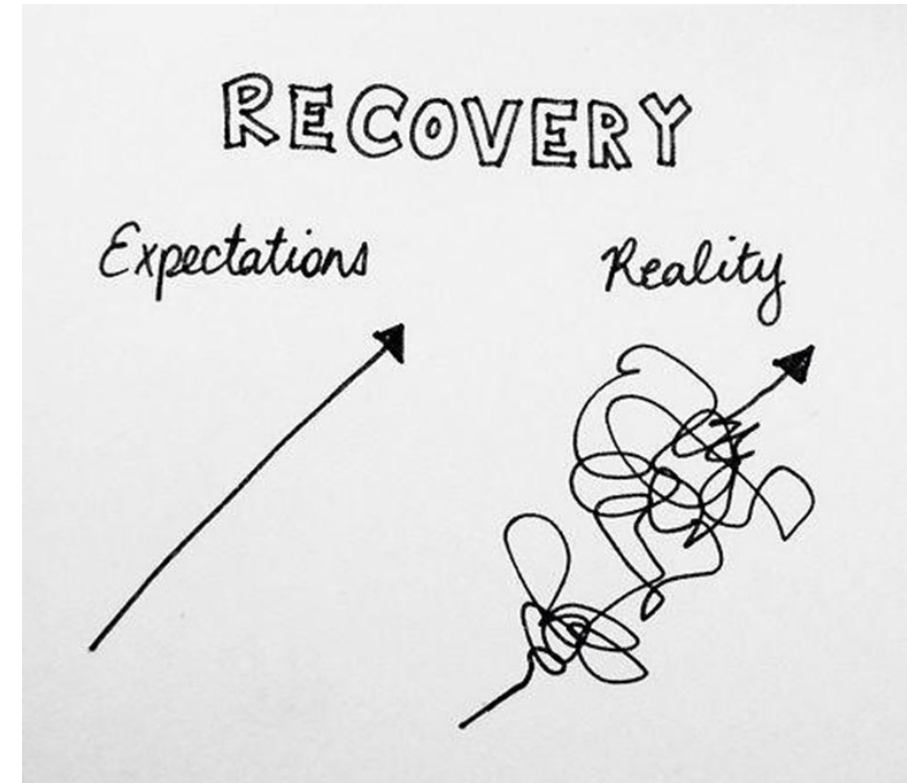
¿Tiene preguntas?
Comuníquese con la Clínica de Medicina de
Adicción de CommUnityCare (MAT) al
512-978-9401.
¿No tiene teléfono? Visite nos de 8:00 am
a 10:00am, de lunes a viernes
Southeast Health and Wellness Center
2901 Montopolis Drive Austin, TX 78741

Visite www.cdc.gov/stopoverdose/naloxone para obtener más información.

POPULATION HEALTH MODEL



- Priority Touch Points:
- OD
 - Injection Wounds
 - Justice-Involved
 - Detox



↔ = Navigation/Linkage Gap

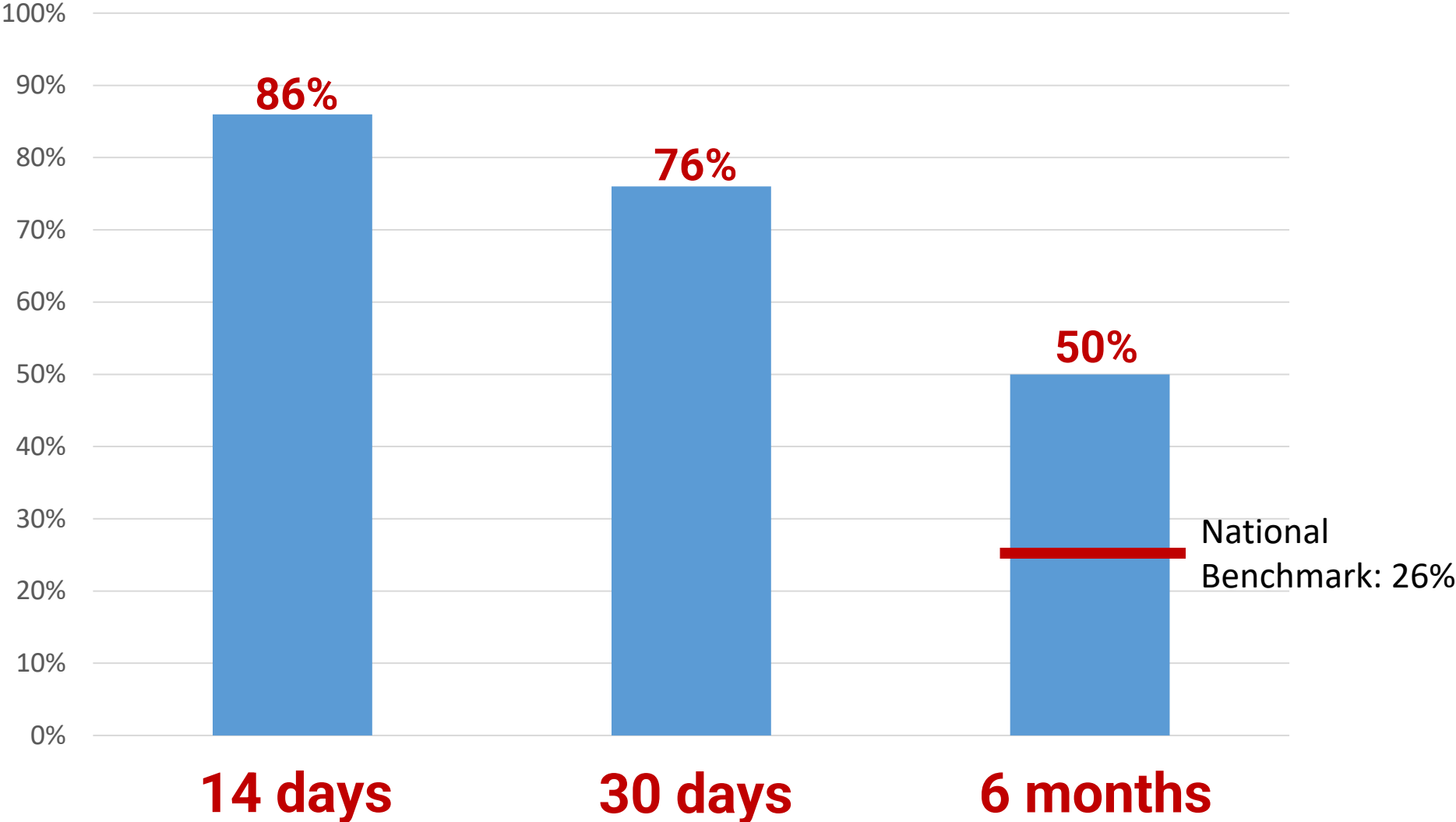
CUC ADDICTION MEDICINE CLINIC



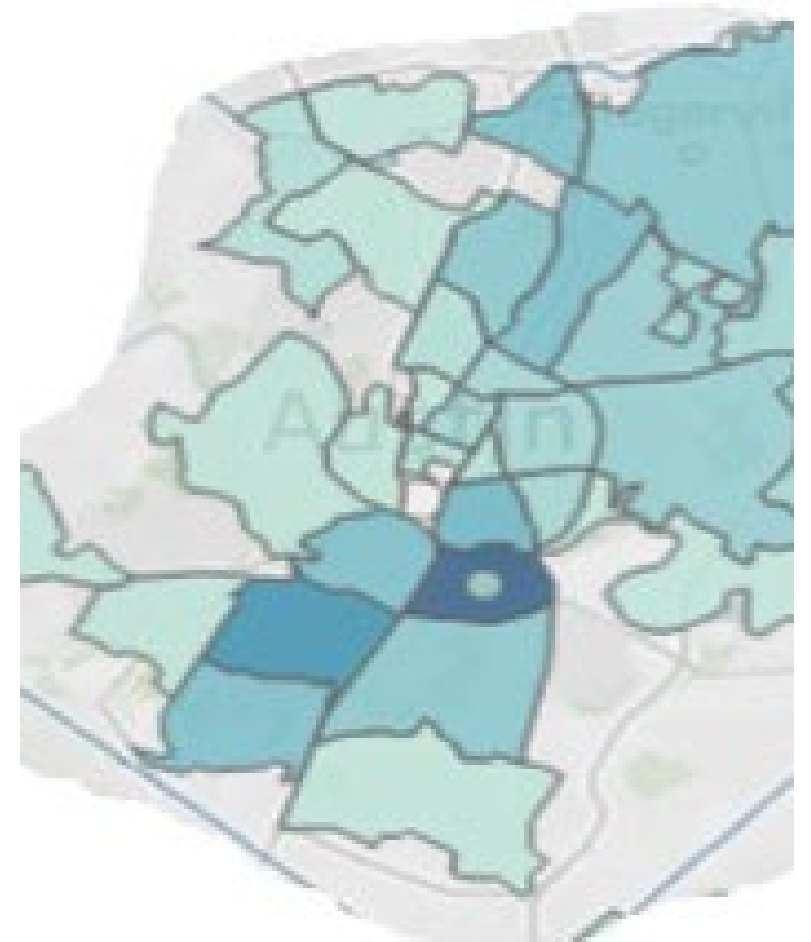
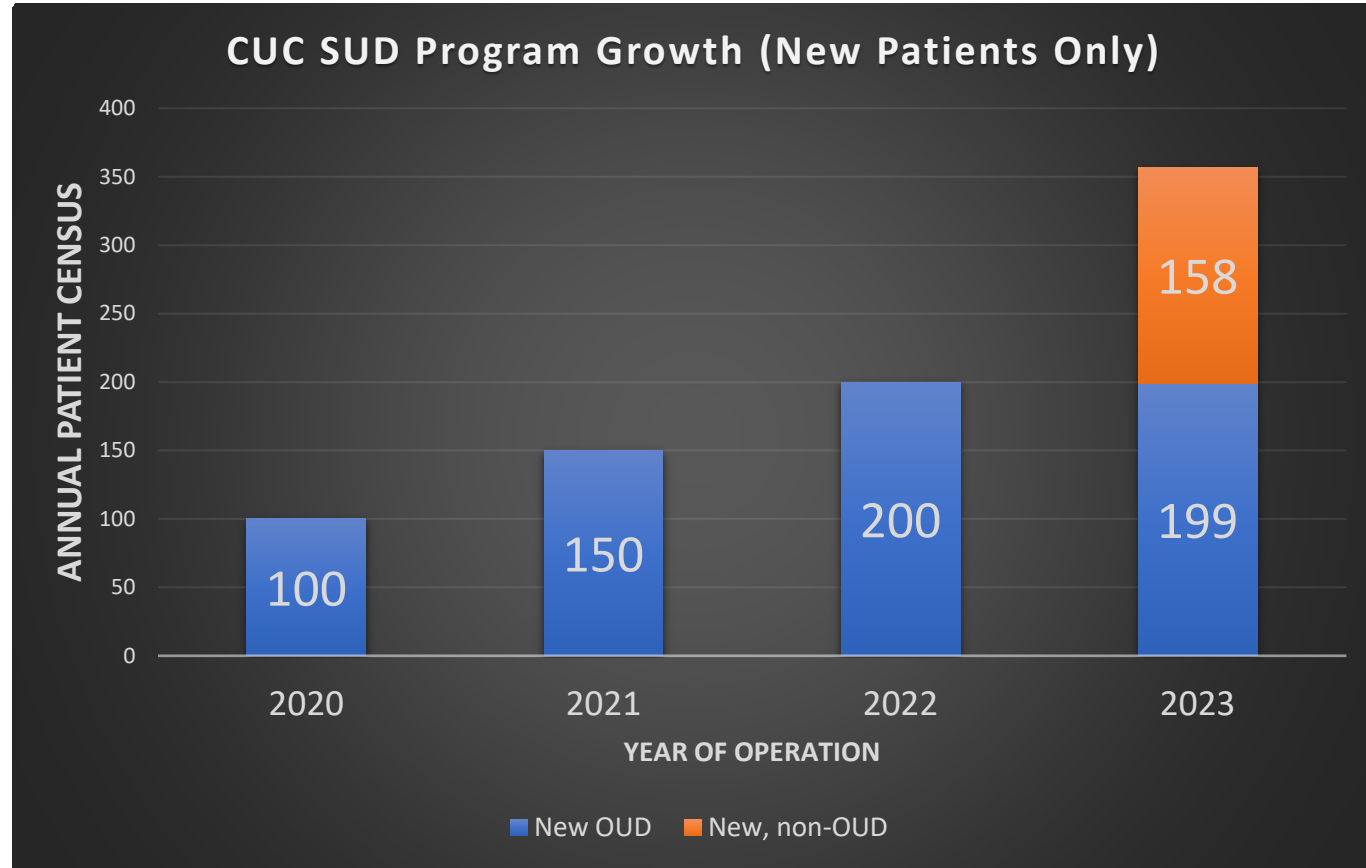
Strengths

- Low-barrier, high-support care model
- Guided by lived experience
- Evidence-based practice
- Integrated, comprehensive Primary Care
- Go to where are patients are (Street Med, HCH)
- Tight collaboration with Central Health and community partners

CUC's new patient retention substantially outperforms benchmarks



GROWTH IN COMMUNITYCARE'S ADDICTION MEDICINE PROGRAM



PROJECTED CH PATIENTS (2024): 164,649

Substance Use

6,256 patients

Severe
3.8%*

CUC Addiction Medicine Hub

Integral Care

Addiction & Psychotherapy Services

Community Medical Services

22,062 patients

Mild to Moderate SUD
13.4%*

Primary Care-Based Addiction Medicine

SUD E-consults

CUC Addiction Medicine Hub

136,164 patients

No SUD Diagnosis
82.7%*

Primary Care Behavioral Health

Trauma Informed Care

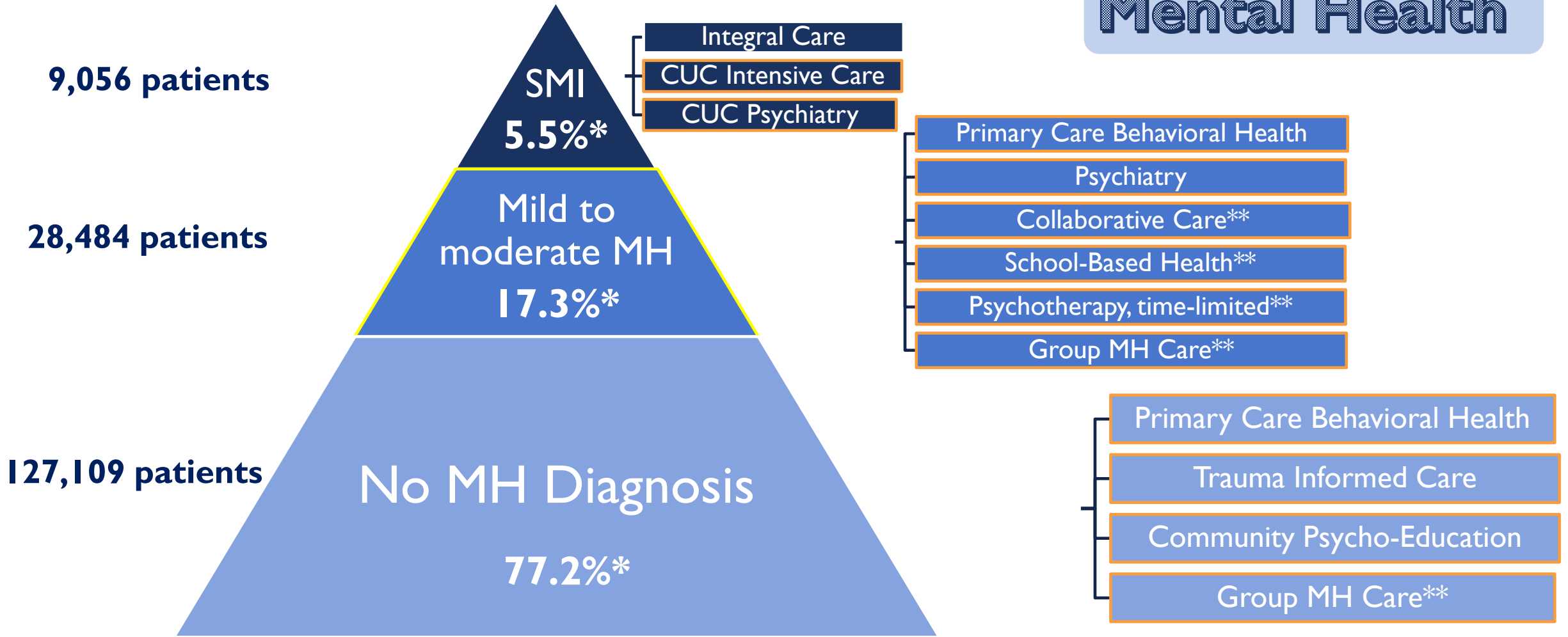
Community SUD Education

Harm Reduction

Social Determinants Investments

PROJECTED CH PATIENTS (2024): 164,649

Mental Health



*Extrapolated 2021 NIMH Data, accessed 3/2/24: <https://www.nimh.nih.gov/health/statistics/mental-illness>

** in development

SUMMARY: SPACE, STAFF, STUFF, SYSTEMS

- Systems:
 - Navigation (no wrong door, outreach, wrap-around, warm handoffs)
 - Payer-level data: understand gaps and needs
 - Build for and with community
- Space
 - More Addiction Medicine Specialty Clinics: Northern CUC Hub
 - More Mental Health Clinics
 - Higher levels of addiction care: inpatient, residential, intensive outpatient care
- Staff
 - More peer support (CUC contracting with C4R)
 - More providers (CUC recruiting)
 - Workforce pipeline and education (stigma, harm reduction)
- Stuff
 - Housing (ongoing PSH work with a local consortium)
 - Naloxone saturation in the community
 - Contingency Management (best intervention for Stimulant Use Disorders)
 - Long-Acting Injectable Medications (particularly if high risk or in transition: carceral or hospital discharge)

INTEGRAL CARE

March 6, 2024



CENTRAL HEALTH

Psychiatric Emergency Services

(Mon – Fri, 8am to 8pm; Sat/Sun, 10am to 3pm; Holidays, 10am to 8pm)

A walk-in clinic for adults and children having a mental health crisis

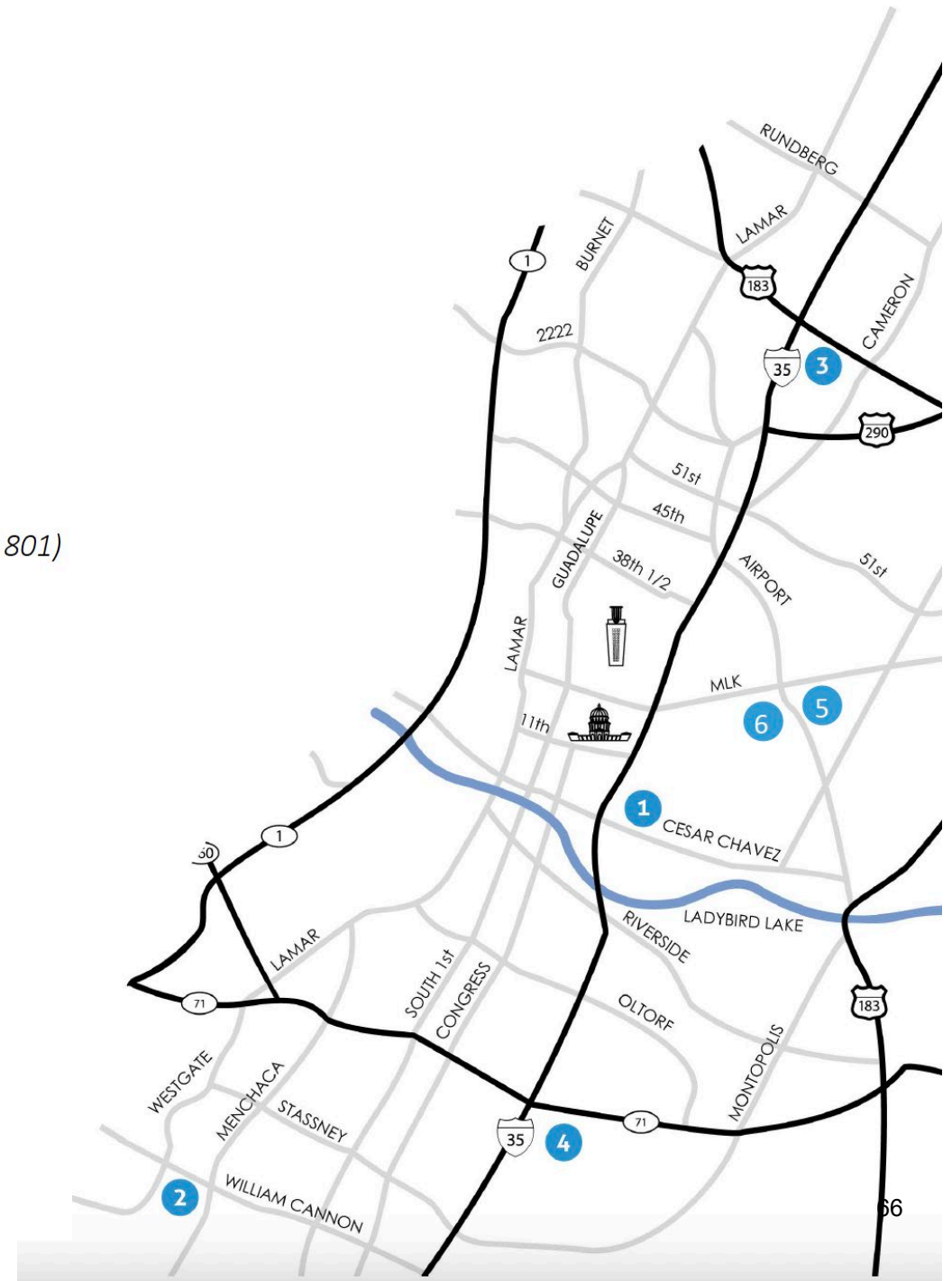
- 5 **Hopkins Clinic – East Austin** (Bus: 350, 485 and 2)
1165 Airport Boulevard | Austin, TX 78702

Adult Integrated Care Clinics (Monday – Friday 8am to 5pm)

- 1 **East 2nd Street Clinic – Central Austin** (Bus: 350, 485 and 2)
1631 East 2nd Street, Building D | Austin, Texas 78702
- 2 **Stonegate Clinic – South Austin** (Bus: 3, 7, 10, 171, 201, 315, 318, 333, 801)
2501 W. William Cannon Dr. | Austin, TX 78745
- 3 **St. John Clinic – North Austin** (Bus: 300 and 337)
6937 N. IH-35 | Austin, TX 78752
- 6 **Oak Springs Clinic – East Austin** (Bus: 350 and 2)
3000 Oak Springs Drive | Austin, TX 78702

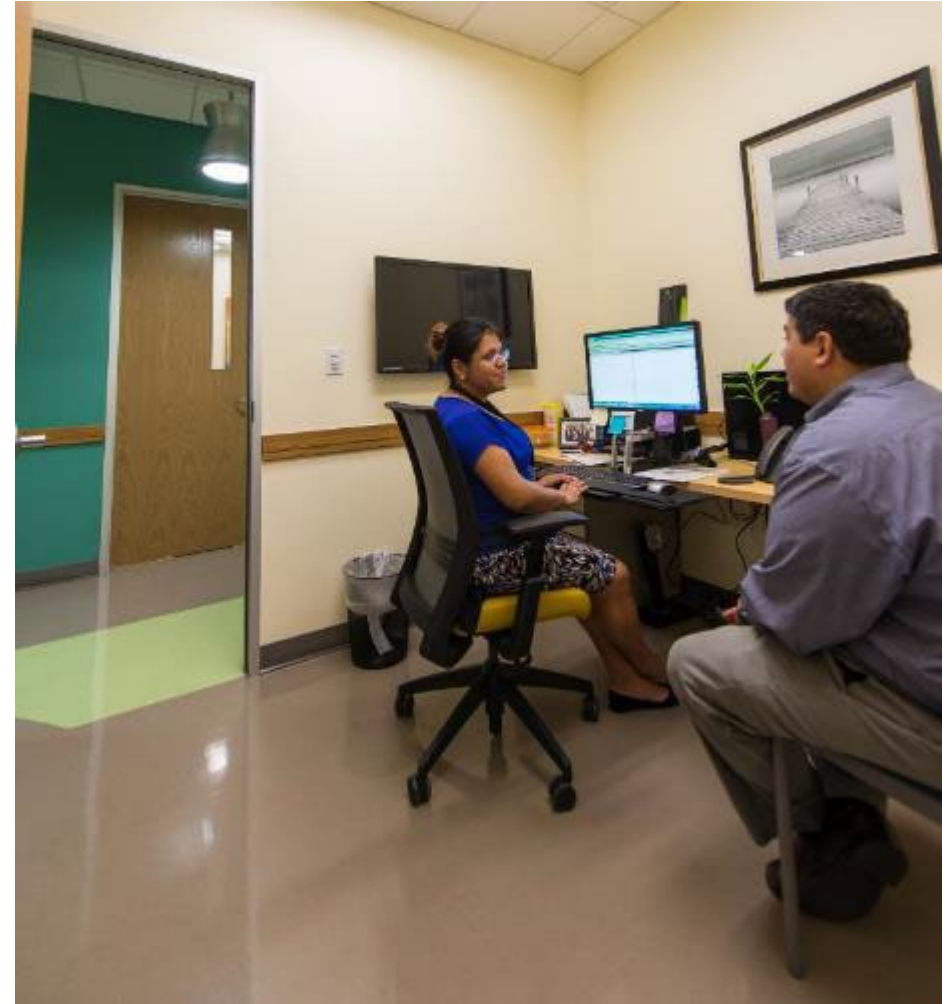
Child & Family Clinics (Monday – Friday 8am to 5pm)

- 3 **St. John Clinic – North Austin** (Bus: 300 and 337)
6937 N. IH-35 | Austin, TX 78752
- 4 **Dove Springs Clinic – South Austin** (Bus: 7)
5015 S. IH-35, Suite 200 | Austin, TX 78744

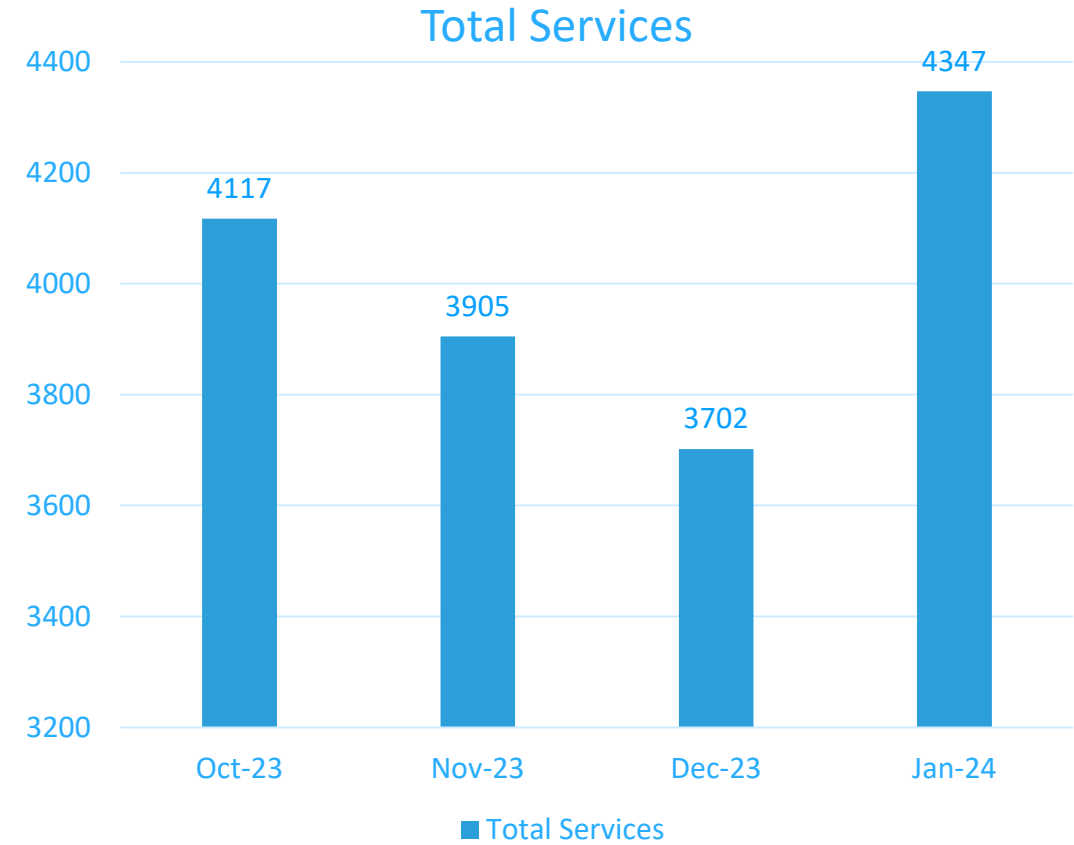
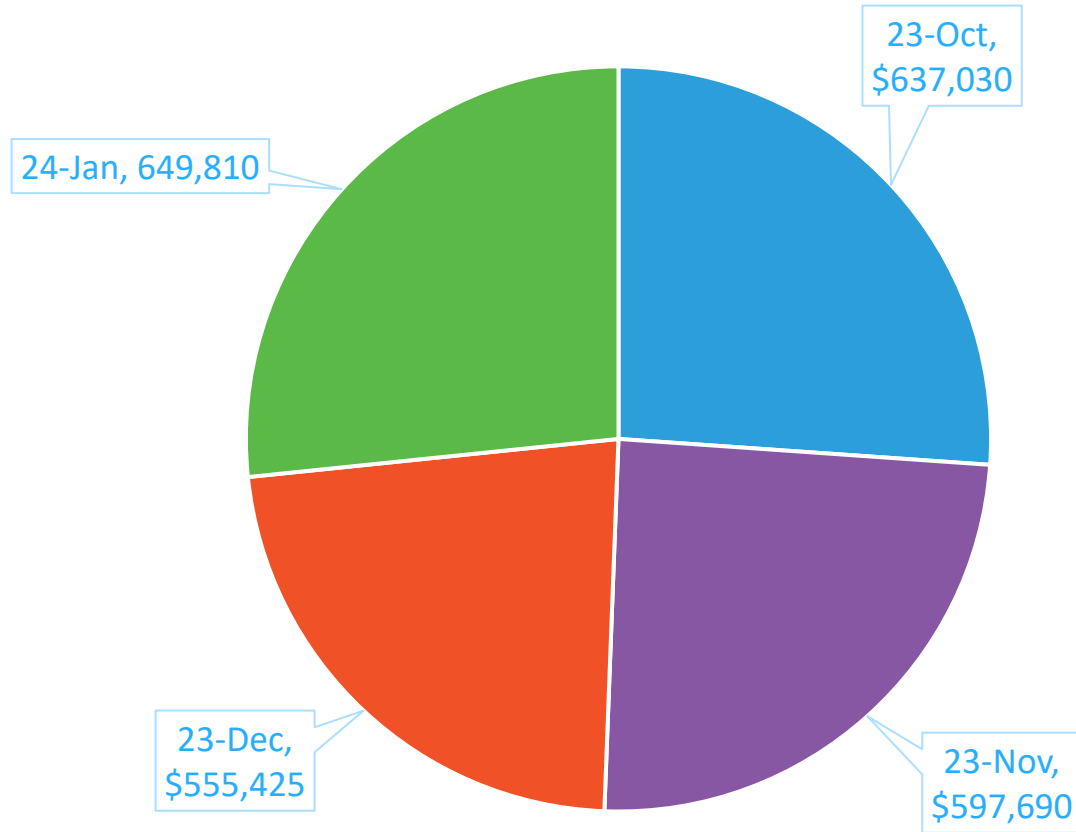


Outpatient Behavioral Health Contract

- In FY24, Central Health's Board of Directors adopted a resolution to increase the funding amount in Integral Care's FY2023 service agreement by \$7 million for program services that intersect and align with both Central Health's and Integral Care's missions to enhance services for low-income residents and improve health equity.
- Funds are utilized for individuals with no insurance and/or underinsured who are MAP eligible.
- Services began in October of 2023.



Outpatient Behavioral Health Contract



Total Expended: \$2,439,955
Total Services: 16,071



Crisis Care Diversion Pilot

The purpose of the Crisis Care Diversion Program is to initiate a collaborative diversion program by leveraging existing programs and facilities to expand community resources to immediately address the unmet community needs.

Three-year community collaborative stakeholders include Central Health, Integral Care, Travis County, City of Austin.

Contract executed February 2024

PES expansion hours to be provided 24 hours per day, 7 days a week expected to begin May 1, 2024



Psychiatric Emergency Services

A walk-in mental health clinic urgent care clinic for adults and children having a behavioral health crisis.

Eligibility: Adults experiencing a mental health crisis in Travis County, voluntary, regardless of ability to pay

Referral Sources:

- Law enforcement
- Emergency departments
- Sobering Center
- Justice personnel (jail counseling staff, attorneys, judges)
- Integral Care's Jail Liaison and mobile crisis outreach teams





Therapeutic Diversion Program (TDP)

A 25-bed facility that offers extended therapeutic respite care with wrap around services.

Eligibility: Adults with mental health, substance use disorder or Intellectual and Developmental Disability (IDD) who need ongoing behavioral health services.

- 18 or older
- Low risk of harm to self or others
- Able to self administer medications

Referral Sources:

- Deflection referrals from PES Emergency
- Justice personnel (jail counseling staff, attorneys, judges)
- Integral Care's Jail Liaison



OPIOID SETTLEMENT FUNDING FOR HOSPITAL DISTRICTS

Katie Coburn, Healthcare Finance Policy Director



CENTRAL HEALTH

KEY TAKEAWAYS



CENTRAL HEALTH

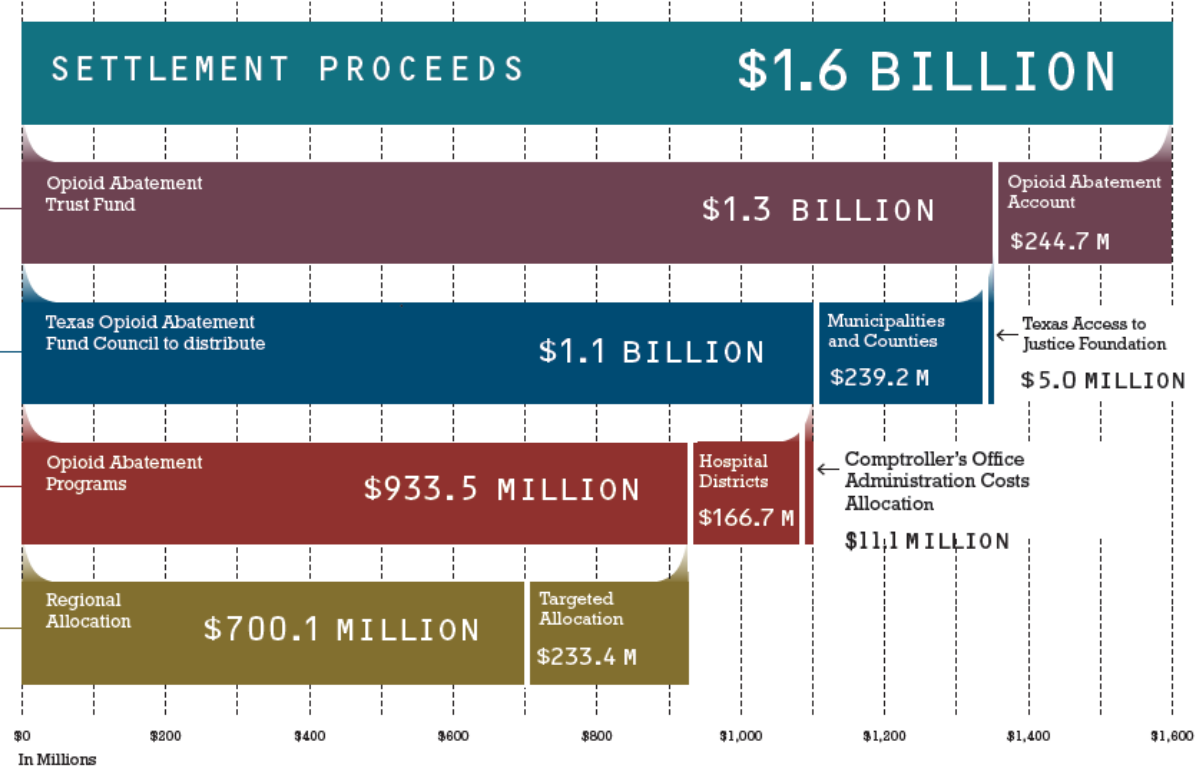
- **Central Health will receive periodic, automatic distributions from the Texas Opioid Abatement Fund Council**
- **First distribution expected late spring 2024, approximately \$3 million**
- **Must be used for approved services; can fund existing programs**

STATEWIDE OPIOID SETTLEMENT INITIATIVE

Texas currently expects to receive an estimated \$1.6 billion* over 18 years from settlement agreements with, and court judgments against, companies related to their role in the opioid crisis.

The Texas Opioid Abatement Fund Council, administered by the Texas Comptroller of Public Accounts, was created by the 87th Legislature to ensure the money is fairly distributed using efficient, cost-effective methods.

- Part of the money goes to the Opioid Abatement Account, a [General Revenue-dedicated account](#) that will fund programs by legislative appropriation.
- Most of the money goes to the [Opioid Abatement Trust Fund](#) held by the Texas Treasury Safekeeping Trust Company. Of this money:
 - Portions are directly allocated to the Texas Access to Justice Foundation and to municipalities and counties.
 - Part is provided for hospital districts, while a small percentage is allowed for administration.
 - The remainder is distributed by the council, with 75% divided among the Texas Health and Human Services regional healthcare partnership areas and 25% to select programs.



*Includes only funds designated for the Opioid Abatement Trust Fund and Opioid Abatement Account in accordance with statute. The funds will come in at different times as described in the individual settlement agreements. The amount may vary based on future settlements and changes to settlement agreements.

Note: Totals may not sum because of rounding.

OPIOID REMEDICATION USES



CENTRAL HEALTH

- **Core Strategies**
 - Naloxone to reverse overdoses
 - Medication assisted treatment (MAT)
 - Services for pregnant and postpartum women
 - Expand treatment for neonatal abstinence syndrome
 - Expand warm hand-off programs and recovery services
 - Treatment for people who are incarcerated
 - Prevention programs
 - Data collection and research on effective strategies

From the Texas Attorney General's Opioid Settlement website

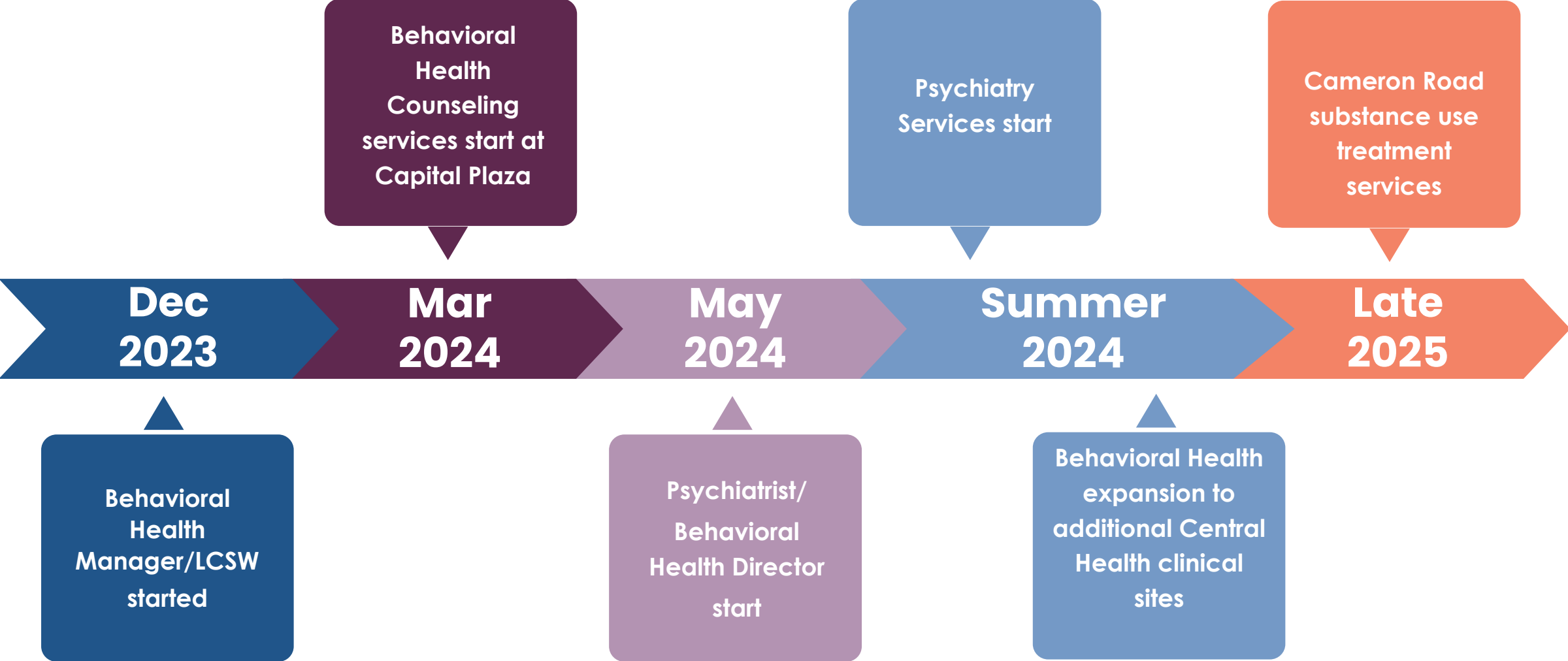
KEY TAKEAWAYS



CENTRAL HEALTH

- **Central Health will receive periodic, automatic distributions from the Texas Opioid Abatement Fund Council**
- **First distribution expected late spring 2024, approximately \$3 million**
- **Must be used for approved services; can fund existing programs**

Central Health Behavioral Health Services





CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

March 6, 2024

AGENDA ITEM 4

Receive an update on two of Central Health's services focused on people experiencing homelessness, including the development of additional respite care services and "Bridge" clinical services. (*Informational Item*)



AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date March 6, 2024

Who will present the agenda item? (Name, Title) Dr. Audrey Kuang, Director of High Risk Populations, Megan Clark, Director of Operations, Transitions of Care and Medical Respite

General Item Description Receive an update on two of Central Health's services focused on people experiencing homelessness, including the development of additional respite care services and "Bridge" clinical services.

Is this an informational or action item? Informational

Fiscal Impact _____

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

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

- Medical respite is a foundational component of the healthcare infrastructure providing post acute and short term residential care for people who need an environment to rest while accessing clinical and support services that has been largely gapped in Travis County and that
- 1) Central Health has been building as part of its medical practice over the past 2 years.
- Increasing access to respite care and services makes a meaningful impact on the lives of individuals and the health of our community, and we are not able to purchase enough respite beds to sufficiently meet community needs.
- 2)
- Central Health’s development of a respite facility at its Cameron Road site will be an essential step in providing the quantity, quality and level of respite care services with wrap around care services to care for our community.
- 3)
- For many individuals in our community without a primary care home, their options are to go to the emergency room or wait months for primary care or seek no care. These are a few groups who are especially high risk, who could benefit from a transitional clinic.
- 4)

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

Estimated time needed for presentation & questions? 1 hour total, includes 30 minute presentation and 30 minute discussion



Is closed session recommended? (Consult with attorneys.)

No

Form Prepared By/Date Submitted:

Monica Crowley, 2/29/2024

MEDICAL RESPITE PROGRAM

Audrey Kuang, MD, Director of High-Risk Populations

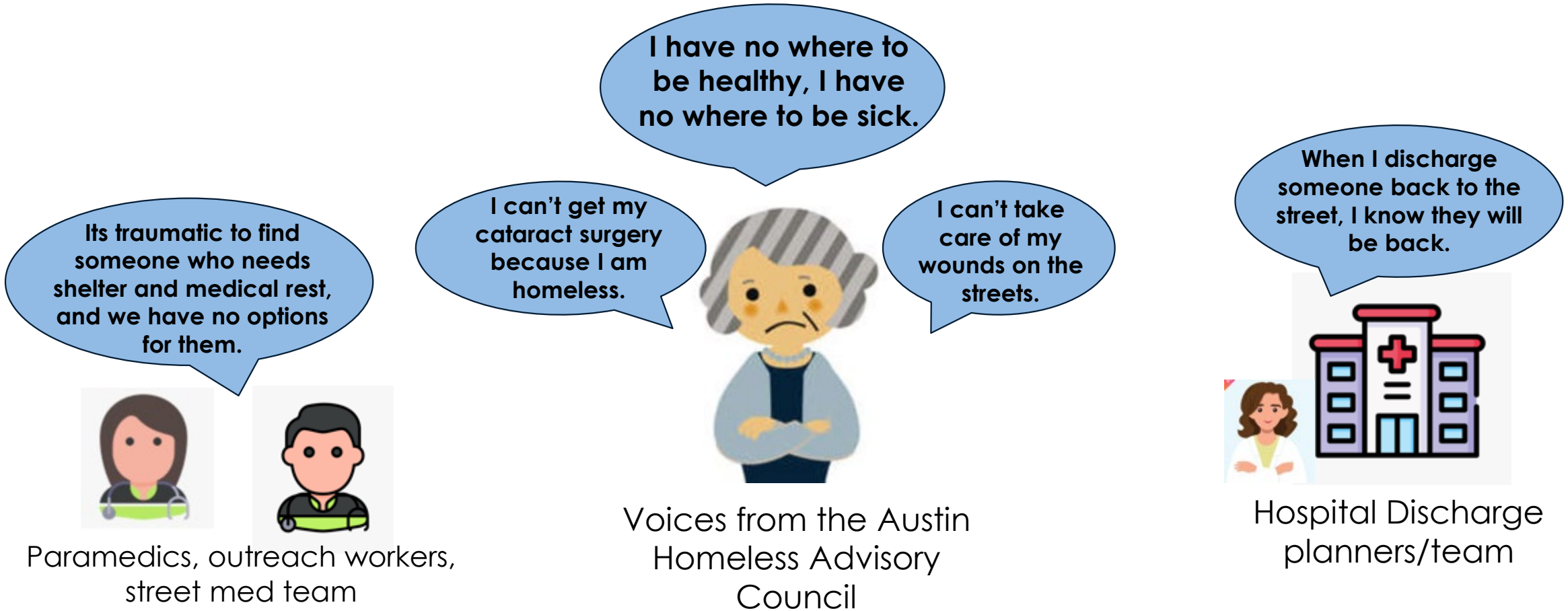
Megan Clark, MHA, Director of Operations, Transitions of Care
and Medical Respite

March 6, 2024



CENTRAL HEALTH

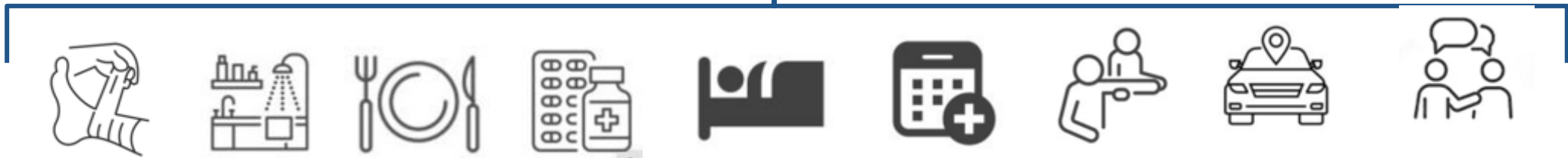
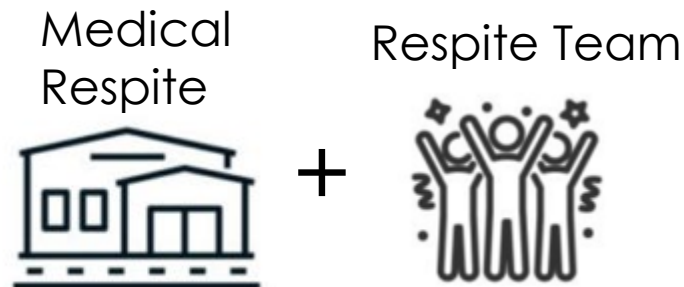
The Case for Medical Respite



What is medical respite

Post-Acute care for people experiencing homelessness who are too ill or frail to recover from an illness or injury on the street or in shelter, but who do not require hospital level of care

Short-term residential care for people experiencing homelessness that allows people an opportunity to rest, recovery and heal in safe environment while also accessing clinical care and support services.



Timeline of CH Medical Respite Program

	March 2022	Sept 2022	March 2023	Sept 2023	March 2024
Staff	SW		RN, MA-CHW , SW		2 RN, 2 MA , SW
Bed capacity	ANE 5 beds (1 location)	ANE 10 beds	ANE 10 beds ARCH 5 beds (2 locations)	ANE 10 beds ARCH 5 beds MY 5 beds (3 locations)	ANE 10 beds ARCH 10 beds MY 5 beds
Referral Source	Referrals from SNFs only	Referrals from SNFs, HCH Teams	Referrals from SNFs, HCH, and few Hospitals	Referrals from SNFs, HCH, few Hospitals, Specialty	
Medical practice	Care Coordination and social services			Vital signs, basic wound care, glucose checks	

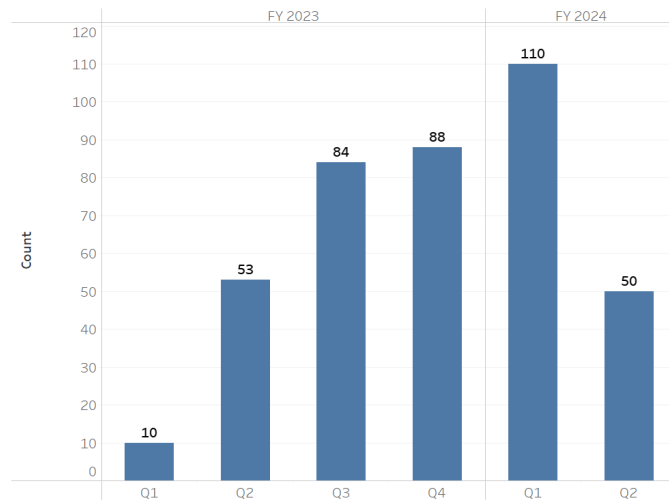
To date, we have received over 400 referrals and admitted over 170 individuals.



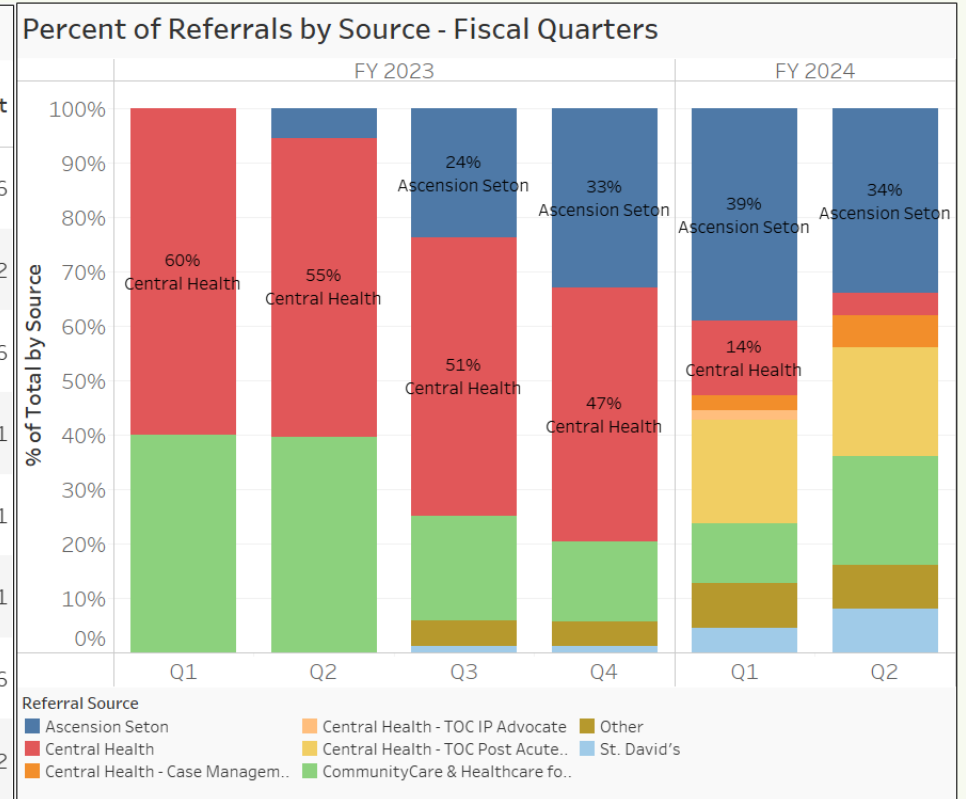
METRICS: REFERRALS

- Referrals have steadily increased over the last year with new staff and additional bed capacity.
- Referrals have increased from hospitals because of our phased approach: CH/SNF (40%) → HCH team (20%) → hospitals (29%)

Number of Referrals by Fiscal Quarter, FY23-24



Referral Source	% of Total Referrals	Count
Central Health	34.4%	136
Ascension Seton	28.4%	112
CommunityCare & Healthcare for the Hom..	19.2%	76
Central Health - TOC Post Acute/SNF	7.8%	31
Other	5.3%	21
St. David's	2.8%	11
Central Health - Case Management	1.5%	6
Central Health - TOC IP Advocate	0.5%	2



METRICS: ADMISSIONS

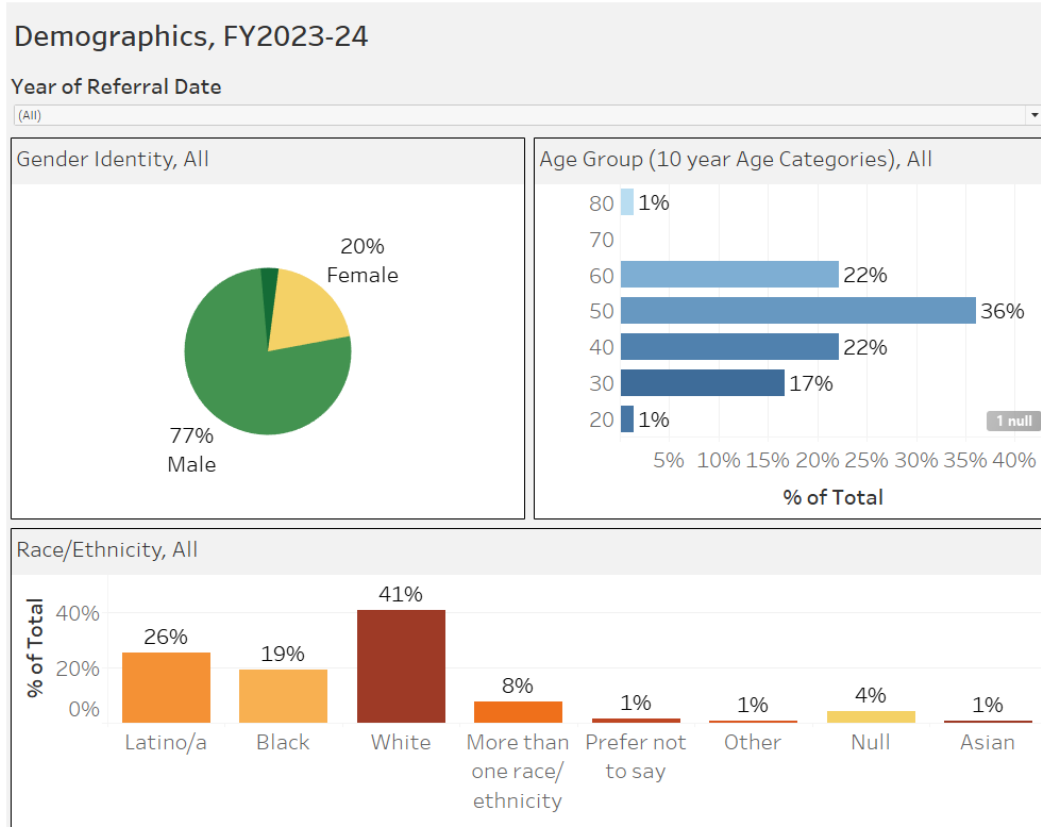
- 46% of our patients complete respite with an average length of stay of 41 days
- 30% move into CH's residential rooming program with continued CM follow up, 14% discharge to permanent housing, 14% discharge to family

Total Admissions, FY23-24						Discharge Location		
145						Discharge Location	% of Total	count of admission
Discharge Status and Length of Stay						To streets	17.9%	26
Type of Discharge	Percent of Total	Count	Average LOS	Min. Length of Stay in ..	Max. Length of Stay in ..	Self-discharge	17.2%	25
Active /Pending Admission	14.5%	21				Fresh Start	9.0%	13
Administrative	10.3%	15	24.4	2	58	To family	6.9%	10
Completed	46.2%	67	41.1	1	179	Other	9.7%	14
Hospitalized	5.5%	8	35.9	6	160	Transitional housing	6.2%	9
Self-discharged	23.4%	34	18.4	1	165	To rehab	4.1%	6
Grand Total	100.0%	145	32.5	1	179	Permanent housing	5.5%	8
						ARCH	2.8%	4
						Marshalling Yard	6.2%	9
						Grand Total	100.0%	145



METRICS: DEMOGRAPHICS AND SERVICES

- Individuals at respite are predominantly male (77%) and in their 50s (36%). 41% White, 19% Black, 26% Latino
- Individuals at respite get help with housing, ID cards, Food stamps, benefits enrollment as well as help with medications and appointments.



Respite Services Received, FY2023-24

	Count	Percent of Total		Count	Percent of Total
Appointment scheduling and coordination	125	86.2%	Metro Access	43	29.7%
Case Management	109	75.2%	RESW	30	20.7%
Transportation	88	60.7%	SNAP	40	27.6%
Prescription refill	89	61.4%	SUD Referral	28	19.3%
Housing application assistance	50	34.5%	SSDI	20	13.8%
Id card assistance	41	28.3%	MAP Status Update	14	9.7%
Job application assistance	8	5.5%	PCP establish	31	21.4%
Other	12	8.3%	Home Health	23	15.9%



PATIENT STORY: LEO



CENTRAL HEALTH



- Winter Storm Preparations mid-January: alerted community partners and increased respite capacity.
- **62 yo man with recurrent stage 4 lymphoma, metastasis to spine lost to follow up**
- 1/14: Call from Sunrise outreach team that man just hospitalized with cancer, staying at Oak Hill Methodist church will need respite
 - Admitted to respite (1/18/24)
 - Established with PCP (1/24/24)
 - Obtained glasses through TSO (1/30/24)
 - Reestablished with Oncology (2/8/24)
 - Chemo cycle #1 complete (2/12-2/15)

Other Benefits

- Health Education and reinforcement
- Medication Teaching and improved adherence
- Improved mobility
- Wound healing and closure
- Referrals to specialty, other services
- Outpatient surgeries completed
- Preventative Care



Free Standing Medical Respite on Cameron Road



For many individuals in our community with out a primary care home, their options are to go to the emergency room or wait months for primary care or seek no care. These are a few groups who are especially high risk, who could benefit from a transitional clinic.



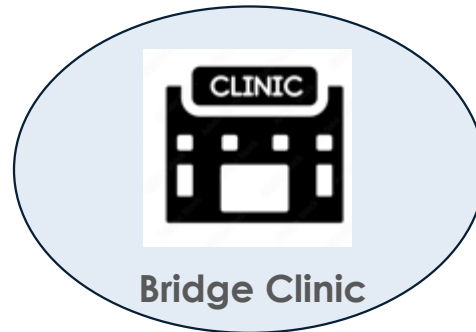
Transitional care for individuals from SNF who are waiting for PCP



Transitional care for individuals from hospital



Transitional care for justice involved individuals



Bridge Clinic



Transitional care for individuals with addiction disorders



Transitional care for individuals experiencing homelessness



Transitional care for individuals placed in permanent supportive housing



THANK YOU!



CENTRAL HEALTH

Questions?



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

March 6, 2024

AGENDA ITEM 5

Receive an update on the Central Health dashboards associated with service-level reporting for Fiscal Year 2024. (*Informational Item*)



AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date March 6, 2024

Who will present the agenda item? (Name, Title) No presentation

General Item Description Enrollment, utilization, and provider network dashboard updates – FY 2024 through January.

Is this an informational or action item? Informational

Fiscal Impact N/A

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

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

- 1) Active enrollment in MAP and MAP Basic increased by 7,545 since June.
- 2) More than 50% of all patient visits are for primary care.
- 3) There are now 232 active provider locations in the Central Health network.
- 4) The provider network has grown 246% since 2016.

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

Estimated time needed for presentation & questions? None

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

Form Prepared By/Date Submitted: JP Eichmiller – 2/15/24



CENTRAL HEALTH

CommUnityCare | Sendero

External Dashboard Update


Sarita Clark-Leach, Vice President of Quality, Analytics & Performance Improvement

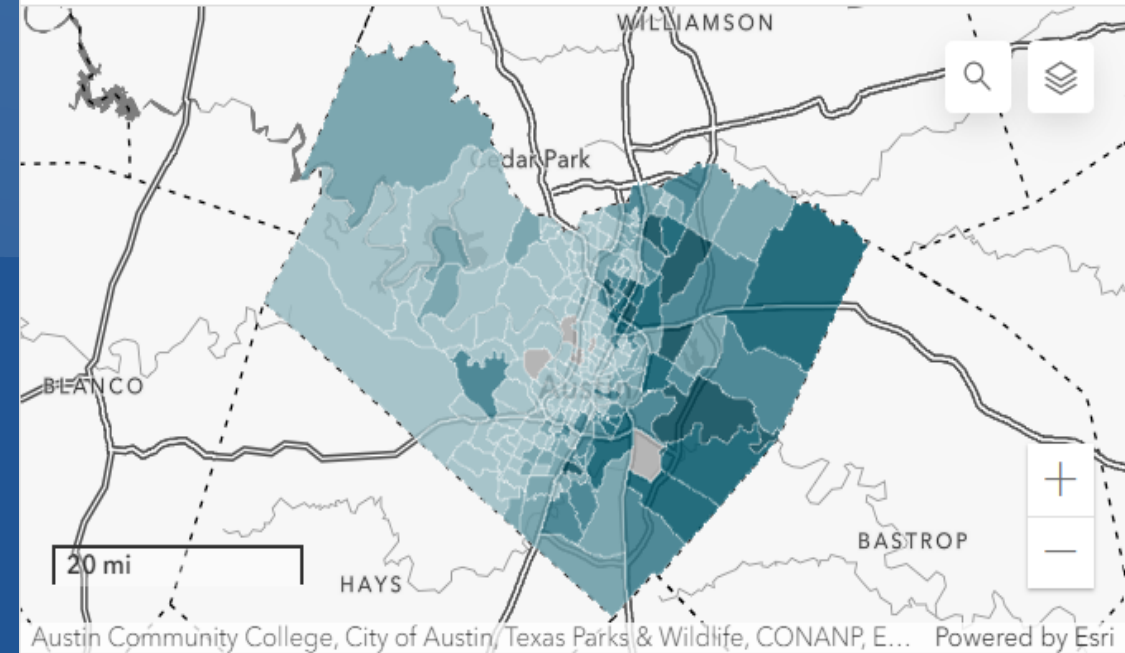
JP Eichmiller, Senior Director of Strategy & Information Design

Ashley Levulett, Geospatial Data Scientist

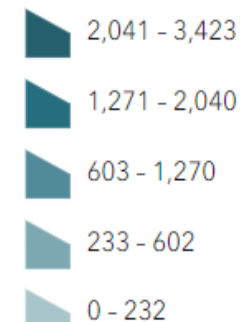
Enrollment and Clinic Utilization Dashboard

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

Select the  icon to view and change map layers.



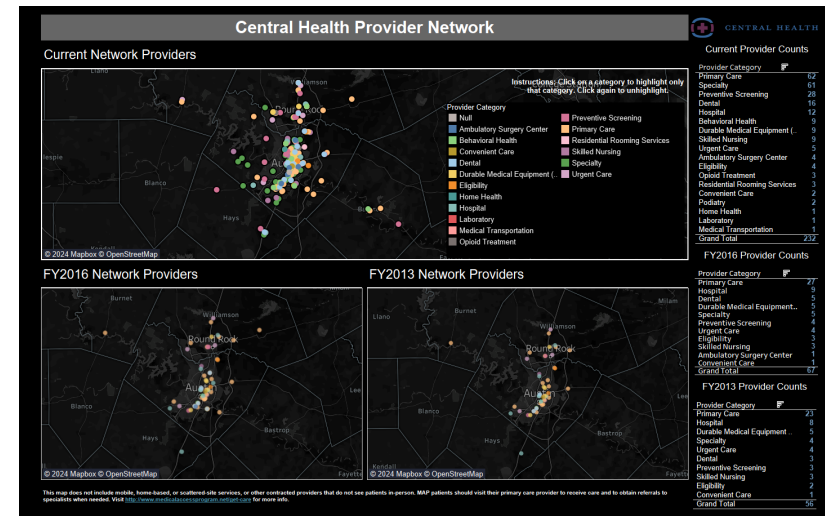
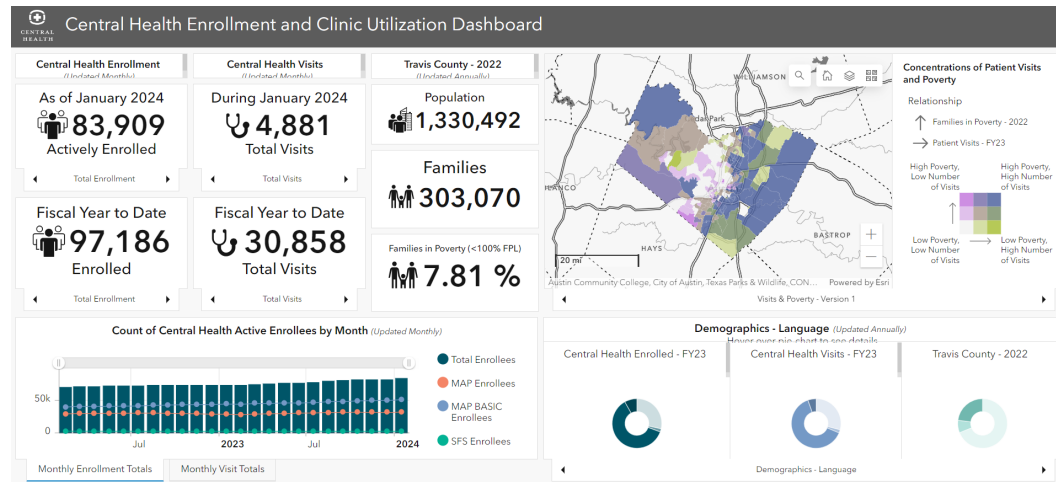
Enrolled Population in Fiscal Year 2023



Central Health External Dashboards

Enrollment & Clinic Utilization

Provider Network

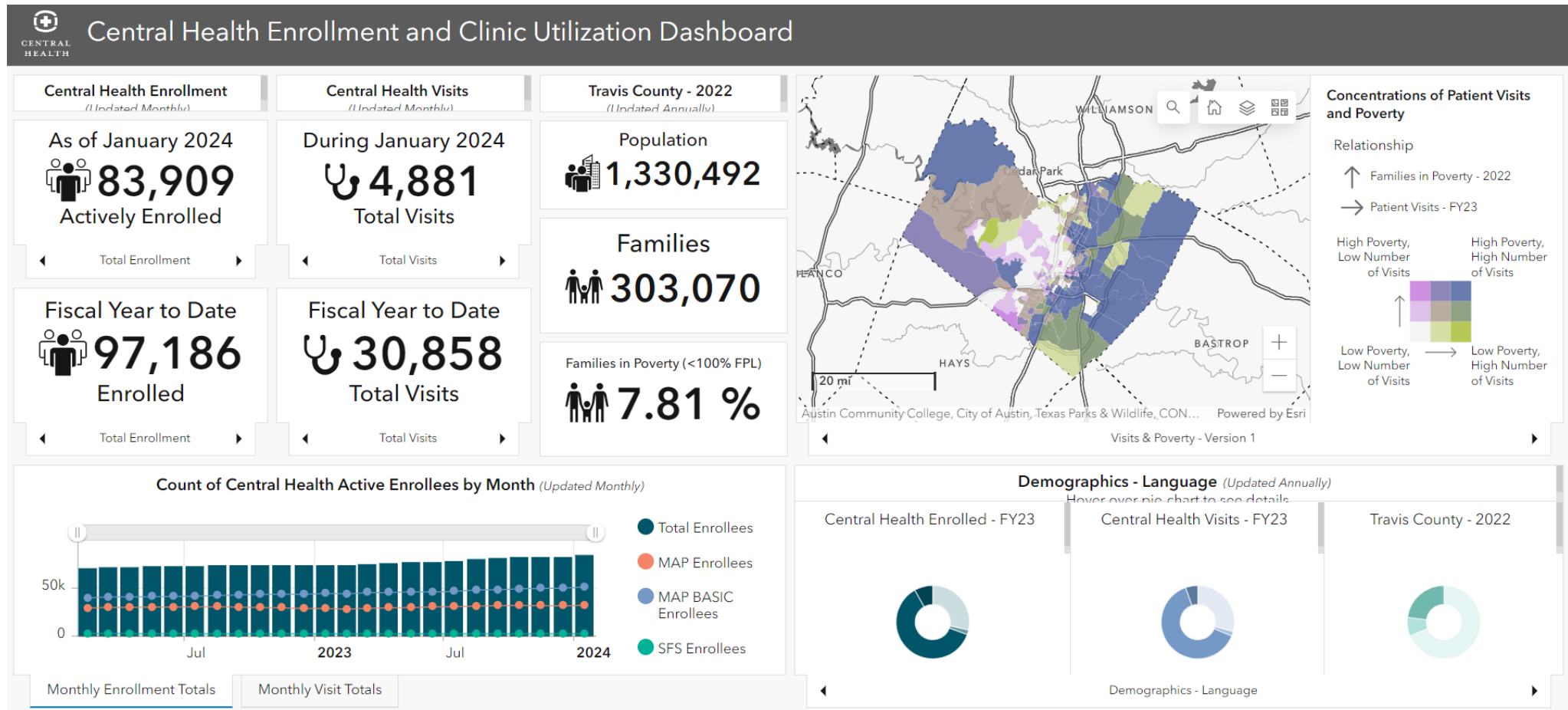


<https://www.centralhealth.net/our-work/enrollment-clinic-utilization-dashboard/>

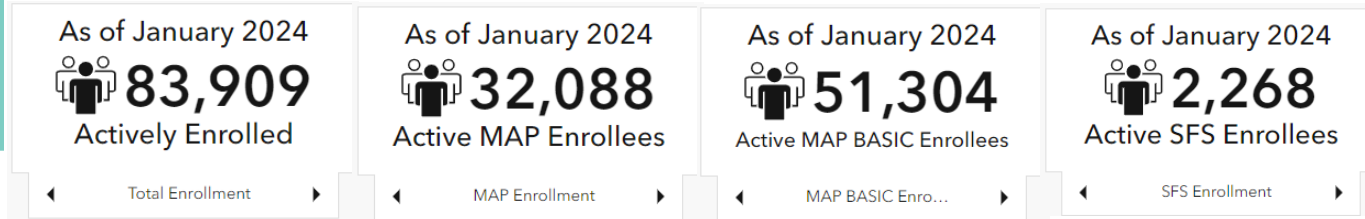
<https://www.centralhealth.net/our-work/provider-map/>



Enrollment and Clinic Utilization Dashboard

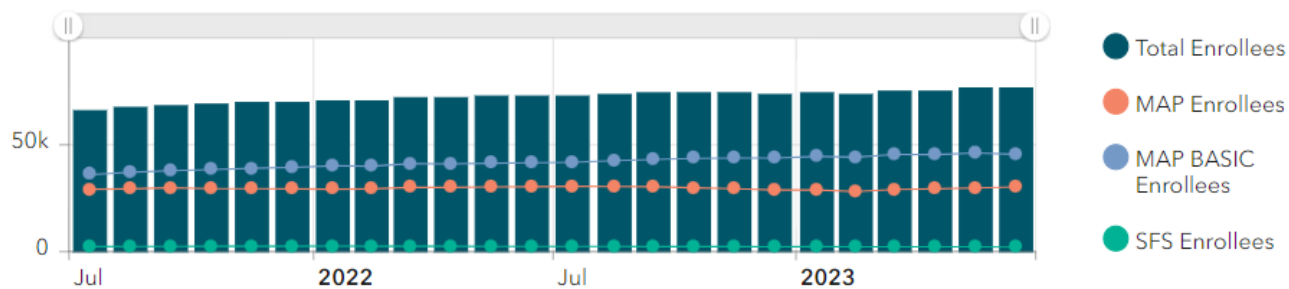


Enrollment and Clinic Utilization Dashboard: Change in Enrollment



- Since June 2023, the unduplicated count of actively enrolled members has increased by 7,513.

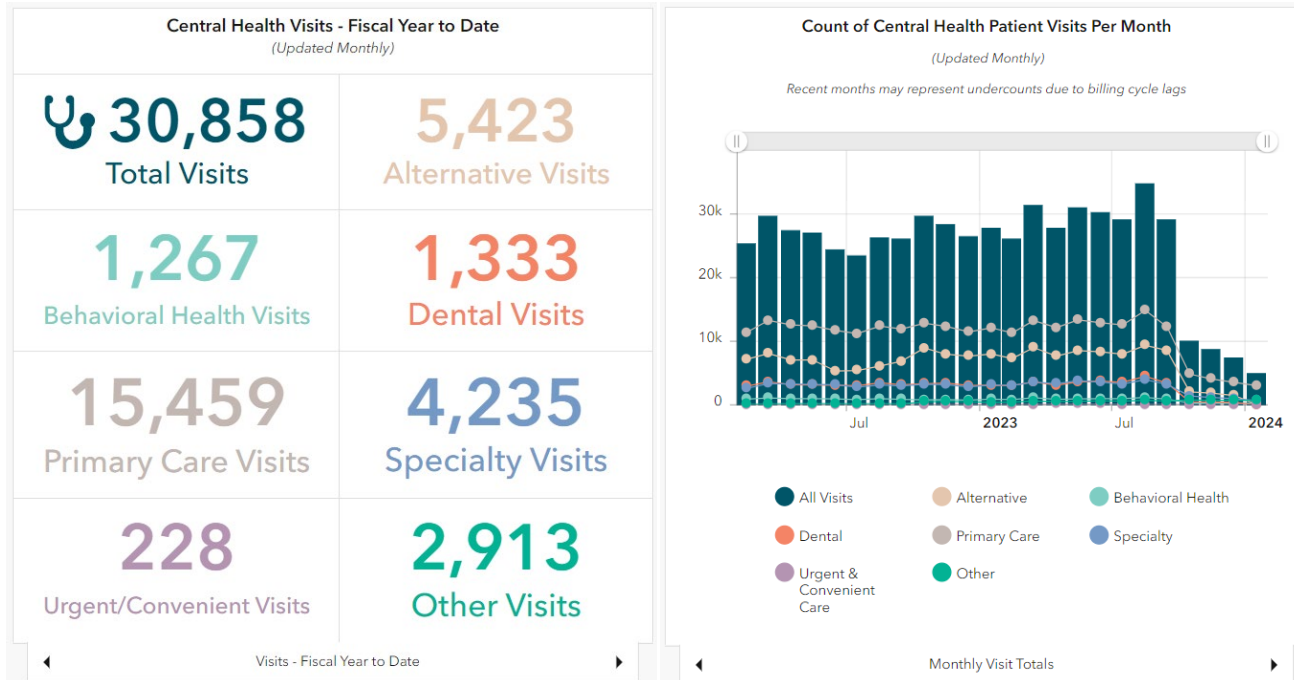
Count of Central Health Active Enrollees by Month (Updated Monthly)



- MAP Members: ↑ 1,823
- MAP BASIC Members: ↑ 5,722
- SFS Members: ↑ 177



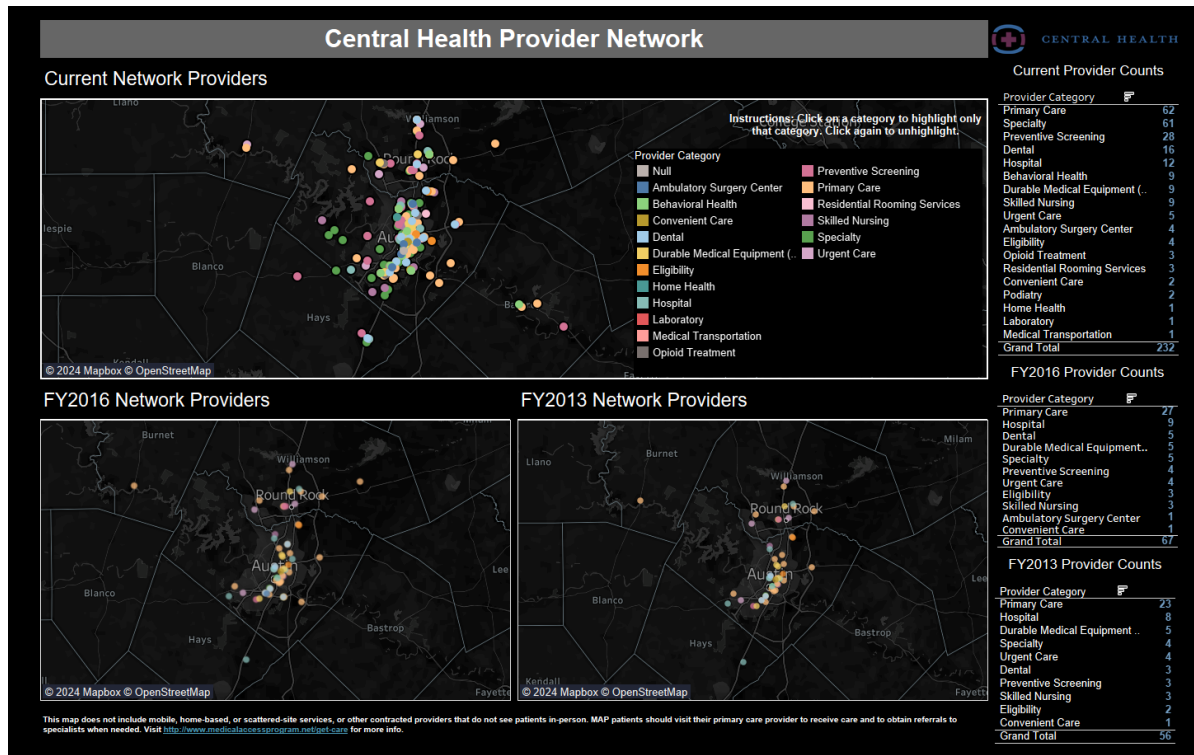
Enrollment and Clinic Utilization Dashboard: Visits Fiscal Year to Date



- In FY24 to date, there have been 30,858 clinical visits with Central Health providers.
 - 50.1% Primary Care Visits
 - 17.6% Alternative Visits
 - 13.7% Specialty Visits
 - 9.5% Other Visits
 - 4.3% Dental Visits
 - 4.1% Behavioral Health Visits
 - 0.7% Urgent/ Convenient Care Visits



Central Health Provider Network Dashboard



- There are currently 232 provider locations mapped within the Central Health Provider Network
 - 246% increase in provider locations since FY16 and 314% increase since FY13
- Primary Care, Specialty, and Preventive Screening providers represent the majority of locations in Central Health's network







CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

March 6, 2024

AGENDA ITEM 6

Receive and discuss an introduction of Fiscal Year 2025 Strategic Priorities and Budget Development process and calendar. (*Informational Item*)



AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date March 6, 2024

Who will present the agenda item? (Name, Title) Dr. Pat Lee (CEO) and Monica Crowley (CSO & Sr. Counsel)

General Item Description Introduction of Fiscal Year 2025 Strategic Priorities and Budget Development Process and Calendar.

Is this an informational or action item? Informational

Fiscal Impact N/A

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

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

- 1) FY25 Strategic Priorities and Budget Development process intended to set clear expectations, bring better alignment in the planning and budget development process, assess new emerging priorities and projects guided by the Healthcare Equity Strategic Implementation Plan, and prioritize strategic priorities based highest impact and value.
- 2) FY25 Strategic Priorities and Budget Development calendar highlights key activities, objectives, expected actions and outcomes for each meeting forum.

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

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

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

Form Prepared By/Date Submitted: Monica Crowley, 2/28/2023

FY 2025 Strategic Priorities and Budget Development Timeline



The public is invited to provide feedback via the website, Central Health Board and Committee meetings, during Community Conversations, and at public hearings.



Increase Access and Capacity				
Executive Sponsor(s)	Strategic Priorities	Forum	Format	Report Out Month(s) *UPDATED 2.20.24
Stephanie McDonald Jon Morgan Dr. Schalscha	SITE EXPANSIONS. 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.	SPC/Board	Presentation/Memo Update	April or May As needed to report on critical milestones completed for site expansion projects.
Monica Crowley Jon Morgan	INCREASED FUNDING FOR BEHAVIORAL HEALTH AND SUD PROGRAMS/SERVICES PROVIDED BY INTEGRAL CARE. 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. In addition, increase the funding amount in Integral Care’s FY2023 service agreement by \$7 million for program services that intersect and align with both Central Health’s and Integral Care’s missions to enhance services for low income residents and improve health equity. The Central Health CEO will determine appropriate program services in collaboration with the Integral Care CEO and report to the Board of Managers by October 4th the programs identified and funded as advancing the missions of both organizations. Central Health will work with Integral Care to include programs and services such as the following: 1. Crisis Hotline Services 2. Health Equity Through CCBHC Project (prioritizes expanded access to integrated system of care to address population health disparities) 3. Continued Mobile Crisis Outreach Teams (MCOT) and System of Care Services 4. Mood Treatment Center Services (intensive OP services to individuals with bipolar disorder) 5. Expanded Community Mental Health Center Services (to address continued growth of population and community needs) 6. Wellness Services (nutrition and tobacco cessation for individuals with SMI)	SPC/B&F/Board	Verbal Updates/ Presentations/Memos	March and Quarterly

Increase Access and Capacity				
Executive Sponsor(s)	Strategic Priorities	Forum	Format	Report Out Month(s) *UPDATED 2.20.24
CEO Jon Morgan Monica Crowley Dr. Schalscha	INTEGRAL CARE SERVICE DELIVERY COORDINATION. Considering recent fiscal challenges facing Integral Care, Central Health staff will regularly coordinate with Integral Care to develop approaches to avoid disruptions or delays in the mental and behavioral health services for the low-income population in Travis County. Central Health staff will take steps to avoid, as expeditiously as possible, such service disruptions to eligible, low income persons and may utilize additional contingency reserves to do so, provided that Central Health staff seek Board approval prior to the expenditure of funds under this section. Central Health staff will report to the Board of Managers Budget Committee on a regular basis any allocation of reserves for this purpose, with the first report occurring at the next Budget Committee meeting. This section is intended to take effect if the additional funding specified in Paragraph B. subsection a.ii. is insufficient to avoid disruptions or delays in services.	SPC/B&F/Board	Verbal Updates/ Presentations/Memos	March and Quarterly
Jon Morgan	INTERLOCAL SERVICES AGREEMENT WITH INTEGRAL CARE. The Board of Managers is committed to continued partnership with Integral Care and will collaborate with Integral Care to consider development of an ongoing Interlocal Agreement or services agreement to provide mental, behavioral, and SUD services for low income eligible persons.	SPC/B&F/Board	Verbal Updates/ Presentations/Memos	March and Quarterly Provide additional updates as needed.
Jon Morgan Dr. Schalscha	MEDICAL RESPITE AT CAMERON ROAD. 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.	SPC	Presentation	March and October
Jon Morgan Dr. Schalscha	STREET MEDICINE/MOBILE CLINICS. Increase health care services offered through street medicine and mobile clinic teams.	SPC	Presentation	March and October
Dr. Schalscha Jeannie Virden	HIGHER-ED WORKFORCE RECRUITMENT. 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.	SPC/Board	Memo Update	Quarterly
Dr. Schalscha Jon Morgan	CANCER PREVENTIONS. Ensure cancer screening, diagnosis, and treatment services are developed for staging of priorities within the Healthcare Equity Plan, building on cancer services efforts supported by the Central Health FY 2023 Budget Resolution.	SPC/Board	Memo Update	May

Increase Access and Capacity				
Executive Sponsor(s)	Strategic Priorities	Forum	Format	Report Out Month(s) *UPDATED 2.20.24
Monica Crowley Jon Morgan Jeff Knodel Perla Cavazos	<p>JAIL SERVICES.</p> <p>a. The Board of Managers is committed to partnering with the County to develop more effective and sustainable care models to address the needs onflow-income eligible incarcerated individuals. The BOM is committed to co-funding a joint study with Travis County, and other appropriate partners to assess physical, mental, behavioral, and Substance Use Disorder (SUD) care models for serving this population.</p> <p>b. Historic and current analysis of most common conditions, causes of conditions, including if they are pre-existing, treatment efficacy, and final outcomes. Cost analysis including funding sources and billing providers, this specifically would include a review, in the interest of both fiscal analysis and accuracy, including but not limited to health care services billed by providers to the Medicaid funding source when applicable for eligible patients and service billed by providers at "list price" or non-insured market rates.</p> <p>c. Substantial progress within 90-days to enroll individuals who are low-income, uninsured, and residing in Travis County in a health program and connecting to Central Health's contracted or provided services, whether incarcerated or at-risk of incarceration while in law enforcement custody at County jail facilities; commencement of 90-day period conditional on commitment and summary staffing plan from County to support planning and implementation and essential contracts with the Sherriff's' Department. The Board amends the Budget to add \$2 million to fund supplemental healthcare pilot for FY24 for eligible Travis County residents for the purposes stated above.</p>	SPC	Verbal Update/ Presentation	June
Monica Crowley Jon Morgan Dr. Schalscha	<p>FUNDING FOR DIVERSION SERVICES. The Board of Managers has committed to \$1.5 million for a diversion services pilot as allocated in Schedule B of the FY 2024 budget.</p>	SPC	Verbal Update/ Presentation	March, July and November
Jon Morgan Monica Crowley	<p>BLACK MEN'S HEALTHCARE CLINIC NTE (INITIAL). Resolved, that the Central Health Board of Managers provide financial support for the delivery of care and related support for low-income persons within the Black Mens' Health Clinic. These funds will be provided in the services agreement with CommunityUnity Care, not to exceed \$500,000, to support expansion of clinical capacity, related outreach, and resources to include dedicated clinicians and support staff to offer services Monday thru Friday and extended evening, walk-up, or weekend hours to the greatest extent possible, with identified performance measures approved by Central Health and CommUnity Care.</p>	SPC/Board	Presentation/ Memo Update	June, Sept

Increase Access and Capacity				
Executive Sponsor(s)	Strategic Priorities	Forum	Format	Report Out Month(s) *UPDATED 2.20.24
Monica Crowley Jon Morgan Dr. Schalscha	ADDITIONAL FUNDING SUPPORT FOR BLACK MENS HEALTHCARE CLINIC. The Board of Managers adds an additional \$500,000 to the CommUnityCare contract for the purposes of supporting and enhancing the Black Men's Healthcare Clinic to provide additional services, additional outreach, and to work with the Latino and non-English speaking populations, particularly on Latino outreach efforts, focusing on men of color and non-English speaking populations for the next FY24 budget.	SPC/Board	Presentation	Q2 & Q3
Monica Crowley Dr. Schalscha Jon Morgan Jeff Knodel	HEALTHCARE EQUITY. The Board of Managers commits to analyzing the ability to accelerate the implementation of the projects in the health equity plan and other programs that support the goals of a more equitable health system.	SPC	Presentation Focused on Emerging Priorities in Support of HEIP and Healthcare Equity Definition Discussion	April and/or Board Retreat
Enhance Care Coordination with a Focus on Transitions of Care and Enabling Meaningful Information Sharing				
Executive Sponsor(s)	Strategic Priorities	Forum	Format	Report Out Month(s) *UPDATED 2.20.24
Jon Morgan Dr. Schalscha	EPIC, PATIENT PORTAL AND MYCHART. Continue buildout of Epic electronic health record for Central Health, including utilization of a patient portal and MYCHART.	SPC/Board	Presentation	April or May
Jon Morgan Dr. Schalscha	TRANSITIONS OF CARE. 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.	SPC	Presentation	June
Jon Morgan Dr. Schalscha	CENTRAL HEALTH NAVIGATION CTR. 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.	SPC	Presentation	May and August

Enhance Member Enrollment and Engagement				
Executive Sponsor(s)	Strategic Priorities	Forum	Format	Report Out Month(s) *UPDATED 2.20.24
Jon Morgan Dr. Schalscha	EXPAND ENROLLMENT SERVICES INCLUDING VIRTUAL ENROLLMENT. Expand enrollment services, including virtual enrollment, in support of new Central Health facilities and clinical practices.	SPC/Board	Presentation	April or May
Ted Burton	HIGH NEED REGION ENGAGEMENT. Continue engagement in high-need planning and assessment regions.	Communications, Community Outreach and Engagement Subcommittee	Presentation/Memo Update	Quarterly
Monica Crowley Jon Morgan Jeff Knodel Perla Cavazos	ENROLLMENT OF JAIL INMATES INTO CENTRAL HEALTH COVERAGE PROGRAMS. 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.	SPC	Verbal Update	June
Jon Morgan	EXTEND MAP ELIGIBILITY PERIOD. The Board of Managers reiterates its commitment to extend the eligibility period for MAP patients from 6 to 12 months as soon as it is legally possible to do so and will consider amending the budget as necessary to fund such extension.	SPC (Closed Session)	Verbal Update	June
Continue to Develop System of Care Infrastructure				
Executive Sponsor(s)	Strategic Priorities	Forum	Format	Report Out Month(s) *UPDATED 2.20.24
Monica Crowley	PERFORMANCE TRACKING (KPI). Complete development of performance tracking plan and indicators to measure progress of core elements of the Healthcare Equity Implementation Plan.	SPC	Presentation	April
Monica Crowley Jeff Knodel	OVERSIGHT PROGRAMS. Work to develop and implement oversight programs including hospital care and other service delivery programs.	SPC/Board	Verbal Update/Memo	As needed
Monica Crowley	HOSPITAL CAPACITY. Implement work related to hospital capacity and hospital care coordination initiatives.	SPC/Board	Verbal Update/ Presentation	Q2

Continue to Develop System of Care Infrastructure				
Executive Sponsor(s)	Strategic Priorities	Forum	Format	Report Out Month(s) *UPDATED 2.20.24
Jon Morgan Dr. Schalscha	DIRECT PRACTIC INFRASTRUCTURE. Develop direct clinical practice infrastructure and continue building out clinical services teams.	SPC	Presentation	April or May
Stephanie McDonald (Lead) Executive Team	CENTRAL HEALTH INFRASTRUCTURE. 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.	Infrastructure Committee Meeting	Memo Update and Recommendations for FY25 Budget	Up to Every Other Month/At Least Quarterly (Starting February)
Jeannie Virden	SURVEY TOOL. Acquire and implement a modern survey tool to support employee retention and satisfaction.	SPC/Board	Memo Update	Quarterly
John Clark	JOINT TECH SYSTEMS. Expand joint technology systems and applications to provide operational support and address cyber security, infrastructure, support services, and data management, analytics and reporting systems.	SPC/Board	Presentation/Memo	Quarterly
Jeannie Virden	ORGANIZATIONAL GROWTH. Central Health prioritization of staffing to support organizational growth and enhancement of operational capabilities.	SPC/Board	Memo Update	Quarterly
Monica Crowley Jeff Knodel	PERFORMANCE AUDIT. The Performance Review and Audit, conducted pursuant to an Interlocal Agreement with Travis County, as a means of obtaining a five-year performance review.	SPC/Board	Verbal Update/ Presentation	February, May and June



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

March 6, 2024

AGENDA ITEM 7

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