



# 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.

## **INFRASTRUCTURE COMMITTEE MEETING**

**Wednesday, April 10, 2024, 1:00 p.m.**

**Or immediately following the Strategic Planning Committee meeting**

**Videoconference meeting<sup>1</sup>**

**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/87980798659?pwd=6RqtSU29hng0DI4gnoKeAaEiSFeufU.1>

Meeting ID: 879 8079 8659

Passcode: 374202

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: 879 8079 8659

Passcode: 374202

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 April 10, 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 AGENDA<sup>2</sup>**

1. Review and approve the minutes of the February 14, 2024 Infrastructure Committee meeting. (*Action Item*)
2. Receive an update on Central Health owned or occupied real property and potential property for acquisition, lease, or development in Travis County, including pending issues and next steps in the redevelopment of the Central Health Downtown Campus, administrative offices of Central Health and System partners, and new developments in Eastern Travis County.<sup>3</sup> (*Informational Item*)
3. Confirm the next Infrastructure Committee meeting date, time, and location. (*Informational Item*)

<sup>1</sup> This meeting may include a member of the Infrastructure 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.**

- <sup>2</sup> The Infrastructure 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.
- <sup>3</sup> Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney) and/or Texas Government Code §551.072 (Deliberation Regarding Real Property).

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.



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**CENTRAL HEALTH**

**STAYS IN FILE**

**Our Vision**

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Came to hand and posted on a Bulletin Board in the  
County Recording Office, Austin, Travis County, Texas on this the  
5th day of April 2024

Dyana Limon-Mercado

County Clerk, Travis County, Texas

By Ashley Miller Deputy

**ASHLEY MILLER**



**202480491**

**FILED AND RECORDED  
OFFICIAL PUBLIC RECORDS**

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

**Apr 05, 2024 12:02 PM**

**Fee: \$0.00**

**MILLERA**

## **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.

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Board Manager Signature

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Date

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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  
INFRASTRUCTURE COMMITTEE

**April 10, 2024**

## **AGENDA ITEM 1**

Review and approve the minutes of the February 14, 2024 Infrastructure Committee meeting.  
*(Action Item)*

MINUTES OF MEETING – FEBRUARY 14, 2024  
CENTRAL HEALTH  
INFRASTRUCTURE COMMITTEE

On Wednesday, February 14, 2024, a meeting of the Central Health Infrastructure Committee convened in open session at 1:00 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

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**Committee members present in person:** Chair Motwani, Manager Jones (departed at 2:29 p.m.), Manager Martin, and Manager Museitif

**Board members present via audio and video or in person:** Manager Kitchen and Manager Valadez

**PUBLIC COMMUNICATION**

**Clerk’s Notes:** Public Communication began at 1:01 p.m. Chair Motwani announced that no speakers signed up for Public Communication.

**COMMITTEE AGENDA**

- 1. Receive an update on Central Health owned or occupied real property and potential property for acquisition, lease, or development in Travis County, including pending issues and next steps in the redevelopment of the Central Health Downtown Campus, administrative offices of Central Health Enterprise partners, and new developments in Eastern Travis County.**

**Clerk’s Notes:** Discussion on this item began at 1:02 p.m.

At 1:04 p.m. Chairperson Motwani announced that the Committee was convening in closed session to discuss agenda item 1 under Texas Government Code §551.071 Consultation with Attorney and Texas Government Code §551.072 Deliberation Regarding Real Property.

At 2:35 p.m. the Committee returned to open session.

Ms. Stephanie McDonald, VP of Enterprise Alignment and Coordination, briefly presented a list of all Central Health real estate assets.

- 2. Confirm the next Infrastructure Committee meeting date, time, and location.**

Manager Museitif moved that the Committee adjourn.

Manager Brinson seconded the motion.

Chairperson Motwani	For
Manager Jones	Absent
Manager Martin	For
Manager Museitif	For

The meeting was adjourned at 2:39 p.m.

ATTESTED TO BY:

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Amit Motwani, Chairperson  
Central Health Infrastructure Committee

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Manuel Martin, Secretary  
Central Health Board of Managers



# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
INFRASTRUCTURE COMMITTEE

**April 10, 2024**

## **AGENDA ITEM 2**

Receive an update on Central Health owned or occupied real property and potential property for acquisition, lease, or development in Travis County, including pending issues and next steps in the redevelopment of the Central Health Downtown Campus, administrative offices of Central Health and System partners, and new developments in Eastern Travis County.<sup>3</sup> (*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 April 10, 2024 Infrastructure Committee

Who will present the agenda item? (Name, Title) a. Update on current development projects – Stephanie Lee McDonald, VP Enterprise Alignment & Coordination  
b. Discussion of medical respite as we plan CH facilities - Alan Schalscha, Chief Medical Officer; Jon Morgan, Chief Operating Officer, Cynthia Gallegos, VP Operations; Megan Clark, Director of Operations, Transitions of Care and Medical Respite; Stephanie Lee McDonald, VP Enterprise Alignment & Coordination

General Item Description Update on current development projects and Discussion of Medical Respite

Is this an informational or action item? Informational

Fiscal Impact In development

Recommended Motion (if needed – action item) NA

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

- 1) What additional information is salient in a high level visual of current capital development projects?
- 2) What services are key to ensure patients have a safe place to heal and remain engaged in their health?

Estimated time needed for presentation & questions? 1 hour

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

Form Prepared By/Date Submitted: Stephanie Lee McDonald 4/6/2024

# MEDICAL RESPITE PLANNING

Infrastructure Committee Meeting

April 10, 2024



CENTRAL HEALTH



# AGENDA



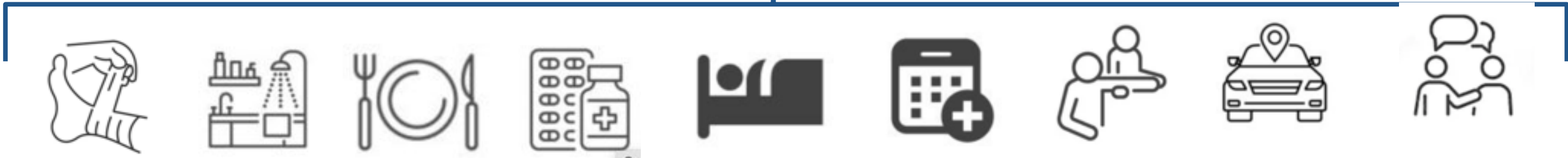
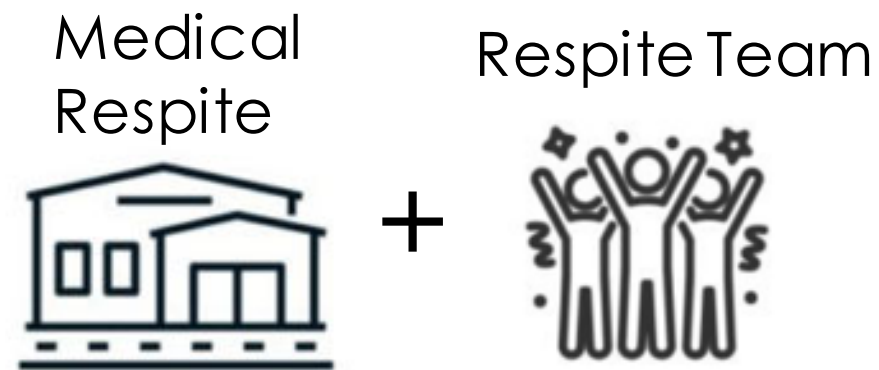
CENTRAL HEALTH

- **What is Medical Respite?**
- **Circle the City Site Visit**
  - Facility/Clinic Overview
  - Lessons Learned
- **Vision for Central Health Medical Respite**
- **Central Health Medical Respite Planning**
  - Bridge Program
  - Clinical Education Center

# 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.



# CIRCLE THE CITY

PHOENIX, AZ

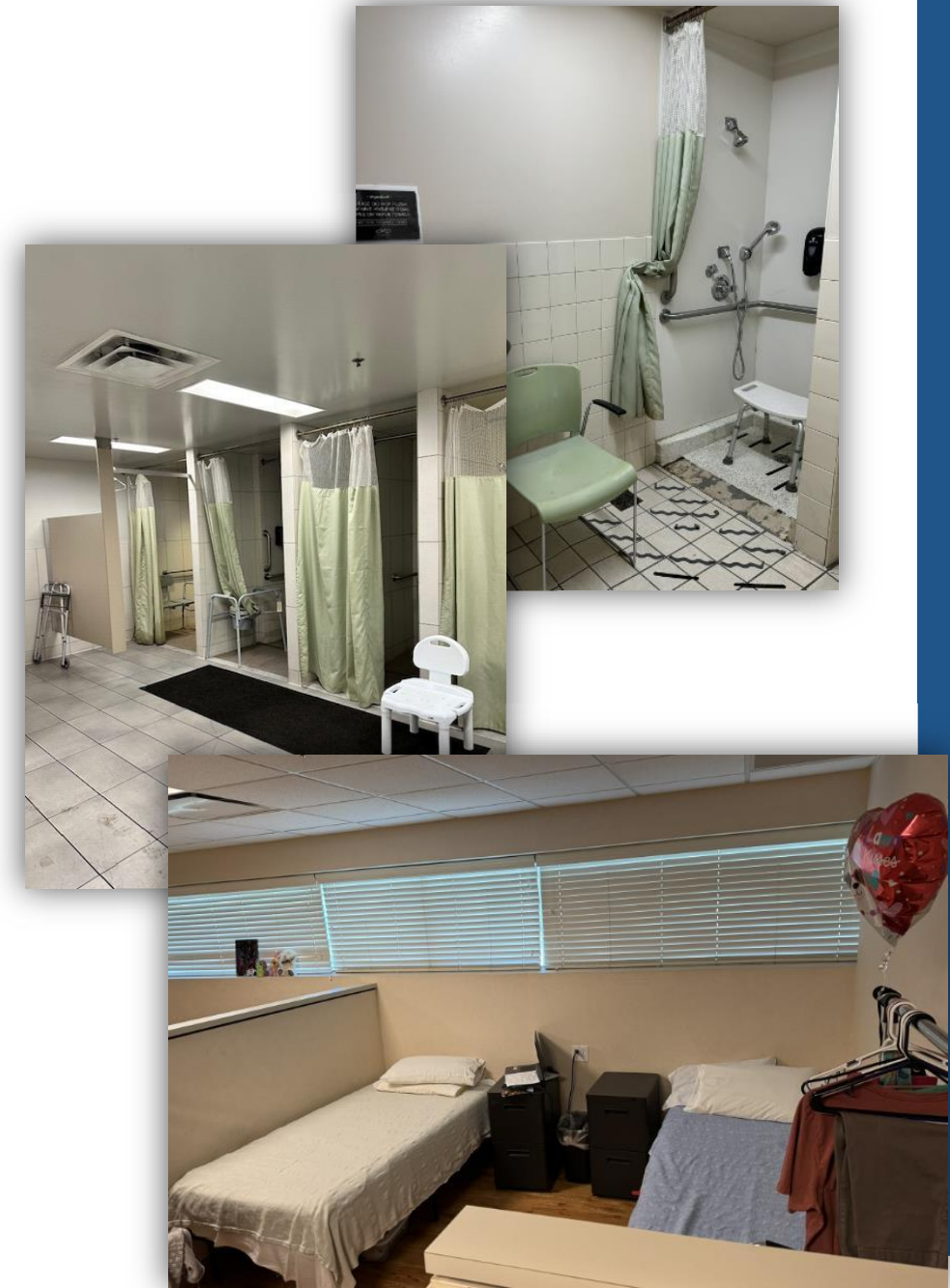


CENTRAL HEALTH

**“Everyone deserves the dignity of a safe place to recover.”**

- Sister Adele O’Sullivan, CSJ, MD

- Established 2012
- ~5,500 homeless pts in Phoenix area
- Respite + Mobile + Clinic
- 50,000 visits; 8,000 unique individuals
- Referral only – about 250/month
- Facilities
  - 50 bed respite (Midtown - 2 stories)
    - 40 men/8 women
    - 2 private rooms(active TB)
  - 50 bed respite(Downtown – 1 story)
    - 40 male/10 women
  - Future: 100 bed respite facility
- Pets allowed
- Visitation Hours -> Monday – Friday; 2-5p



# CIRCLE THE CITY

PHOENIX, AZ



CENTRAL HEALTH

## Facility

- Locked down
- Chapel
- Memorial wall
- Patient artwork
- Commercial kitchen
- On site laundry; outsourced linen service
- Hot box
- On site group activities – games, karaoke, bingo – mostly led by volunteers
  - Over 100 volunteers (require criminal background checks)
- Common room -> TV, computers, puzzles, games, books, etc.
- Women have own bathroom and TV room
- 23 vehicles
- Lots of storage (but not enough!)



# CIRCLE THE CITY

## PHOENIX, AZ



CENTRAL HEALTH

### **Clinic (Midtown – on Health and Human Services Campus)**

- 3 exam rooms
- Large medical supply storage

### **Clinic (Downtown - standalone)**

- 10 exam rooms expanding to 18 exam rooms
- Patient lockers in lobby
- Showers in clinic
- No metal detectors

### **Ideal Facility Design**

- One story
- Dorm of 4 people ideal with bathrooms
- Large Physical Therapy space
- Hair salon space
- More, more and more storage!
- Green space
- Large hallways
- Physical walking track



**VISION FOR  
CENTRAL  
HEALTH  
MEDICAL  
RESPITE**



CENTRAL HEALTH

**Engagement + Housing**

---

**Respite Patients**

**@ 1 year**

**E= Engagement;** Medical Respite improves patient's engagement in their health with the goal of improving and sustaining health outcomes beyond their time in medical respite.

## 7 Guiding Principles for Sustained Engagement



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### Medical Respite:

There is time to gain knowledge, skills and confidence to become better engaged in their health.

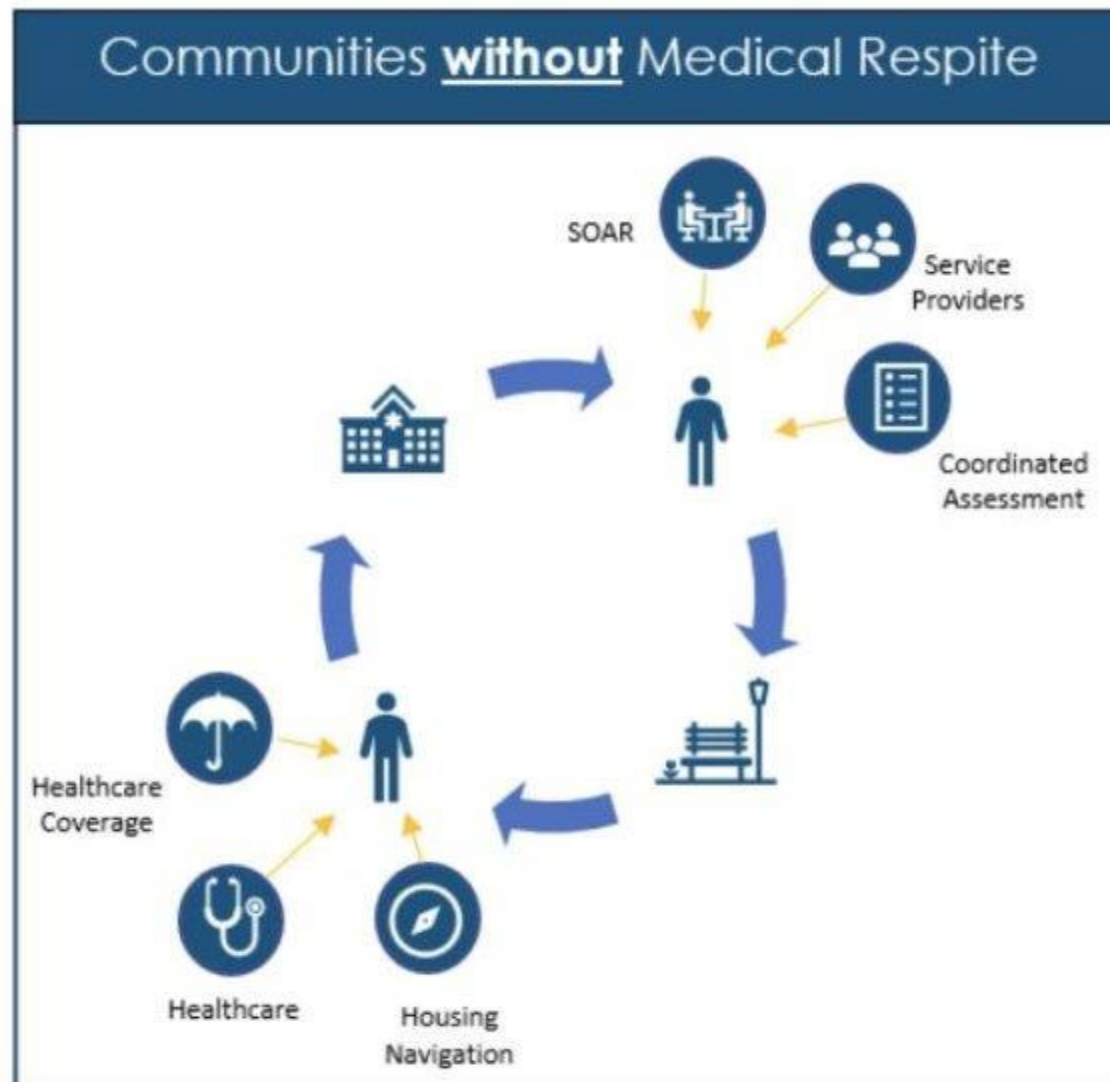
A trauma informed respite environment helps build trust, which is critical for sustained engagement.

Enabling services are provided (benefits, enabling services, care coordination, housing navigation, income, reconnection to family and other support systems) to sustain health long term.



CENTRAL HEALTH

**H=** Housing is a fundamental priority and goal of medical respite, and medical respite programs play a critical role in disrupting the cycle of homelessness.





Services that assist in improving acute and stabilizing chronic medical conditions and addressing co-occurring substance use disorder and mental health conditions.

Services that assist in engagement and sustaining health long term which include housing navigation, connection to support systems, benefits and entitlements.

### Clinical Services

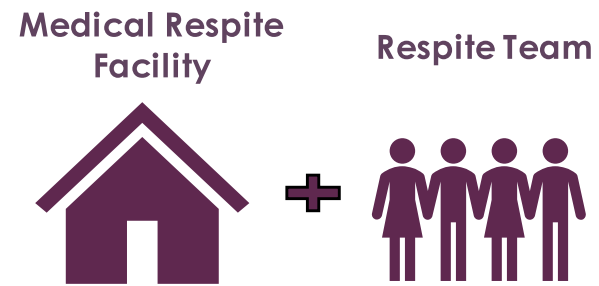
- Vital sign monitoring.
- Management of acute conditions.
- Management of chronic conditions.
- Medication management (education, instruction).
- Care coordination with specialists.
- Mental health screening and intervention.
- Substance use screening and treatment.
- Escorts and support to attend appointments.
- Advocacy and support for clients' health needs.
- Health education.

### Enabling Services

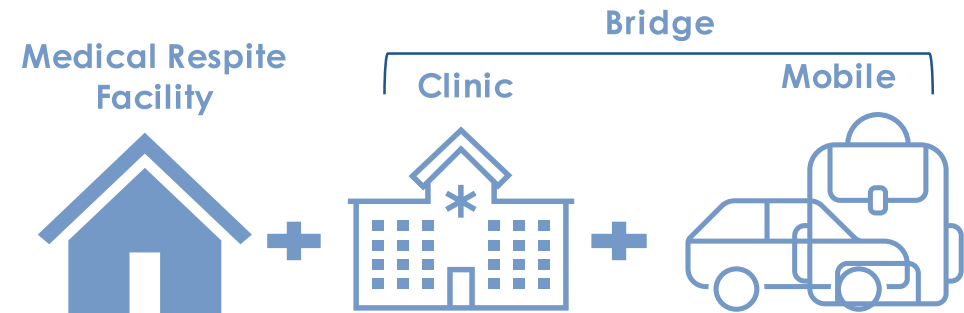
- Connection to benefits programs such as food stamps.
- Initiation of or connection to income, such as Social Security or supported employment programs.
- Care coordination to connect to primary care, attend medical appointments, and follow-up.
- Navigation or connection to Coordinated Entry and housing programs in the community.
- Peer supports.
- Reconnecting to family and other support systems.
- Leisure and recreational activities.

# CH MEDICAL RESPITE PLANNING

**Facilities: ANE, MY, UA**



**Facilities: ANE, MY, UA → TBD/CEC?**  
**Bridge Clinic: Capital Plaza → TBD/CEC?**

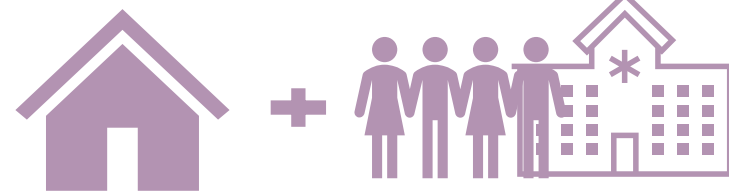


Medical Respite Facility



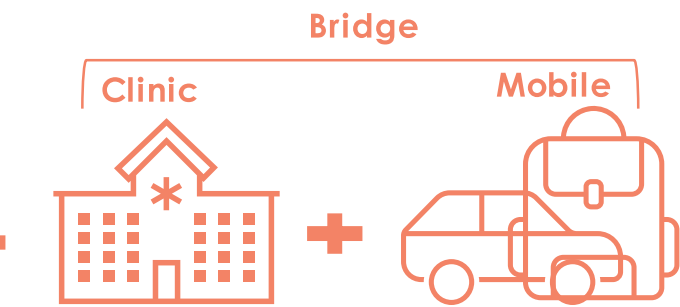
**Facility: ANE**

Medical Respite Facility    Respite Team    Bridge Clinic



**Facilities: ANE, MY, UA**  
**Bridge Clinic: Capital Plaza**

Medical Respite & Facility Team



**Cameron Road**



**CENTRAL HEALTH**

ANE: A New Entry  
 UA: Urban Alchemy (ARCH)  
 MY: Marshalling Yards

# CLINICAL EDUCATION CETNER (CEC)



CENTRAL HEALTH



# CEC OPPORTUNITY



CENTRAL HEALTH

## Potential opportunity:

- Utilize existing hospital rooms on 3rd Floor of Simulation Building
- Clinical infrastructure available with some modification for Central Health and other providers who serve our patients
- Additional bridge site as we refine vision and design Cameron Center facilities

# DISCUSSION



CENTRAL HEALTH

- What is necessary to have readily available housing options for patients?
- What services are key to ensure patients have a safe place to heal and remain engaged in their health?



# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
INFRASTRUCTURE COMMITTEE

**April 10, 2024**

## **AGENDA ITEM 3**

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