



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

**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=6RgtSU29hng0DI4gnoKeAaEiSFeufU.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/@thealthdistrict/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 March 6, 2024 Strategic Planning Committee meeting. (*Action Item*)
2. Receive an update on FY24 and FY25 Healthcare Equity Plan adopted priorities and receive and discuss proposed Emerging Priorities to include in FY25 Strategic Priorities. (*Informational Item*)
3. Receive an update on Key Performance Indicators (KPIs) as part of the Board adopted Healthcare Equity Implementation Plan. (*Informational Item*)
4. Receive and discuss the proposed Mental Health Diversion Pilot Program term sheet.<sup>3</sup> (*Informational Item*)
5. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

<sup>1</sup> 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.**

- <sup>2</sup> 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.
- <sup>3</sup> Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).

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

Cualquier persona con una discapacidad que 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.



# CENTRAL HEALTH STAYS IN FILE

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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**



**FILED AND RECORDED  
OFFICIAL PUBLIC RECORDS**

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

**202480492**

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  
STRATEGIC PLANNING COMMITTEE

**April 10, 2024**

## **AGENDA ITEM 1**

Review and approve the minutes of the March 6, 2024 Strategic Planning Committee meeting.  
*(Action Item)*

MINUTES OF MEETING – MARCH 6, 2024  
CENTRAL HEALTH  
STRATEGIC PLANNING COMMITTEE

On Tuesday, March 6, 2024, a meeting of the Central Health Strategic Planning Committee convened in open session at 1:00 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerks for the meeting were Chris Hardick and Briana Yanes.

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

**Committee members present via audio and video:** Manager Valadez

**Board members present in person:** Manager Museitif and Manager Motwani

**PUBLIC COMMUNICATION**

**Clerk’s Notes:** Public Communication began at 1:02 p.m. Yesenia Ramos announced that no speakers signed up for Public Communication.

**COMMITTEE AGENDA**

- 1. Review and approve the minutes of the January 17, 2024 Strategic Planning Committee meeting.**

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

Manager Motwani moved that the Committee approve the minutes of the January 17, 2024 Strategic Planning Committee meeting.

Manager Kitchen seconded the motion.

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

- 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.**

**Clerk’s Notes:** Discussion on this item began at 1:03 p.m. Mr. Ted Burton, Chief Communications Officer; Mr. Ivan Davila, Sr. Director of Marketing and Communications; Ms. Isela Guerra, Sr. Engagement and Outreach Manager; Mr. Mike McKinnon, Sr. Communications Manager; Ms. Anastassia Sims, Content Manager; and Ms. Yesenia Ramos, Community Engagement Supervisor, presented a communications update. The presentation included an update on unified branding for the Central Health System, an update on Central Health’s communications, community engagement and community outreach efforts for quarter one, supporting strategic imperative 3, and enhancing member enrollment and engagement.

- 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.**

**Clerk's Notes:** Discussion on this item began at 1:57 p.m. Mr. Jonathan Morgan, Chief Operating Officer, and Ms. Cynthia Gallegos, Vice President of Operations, presented on the behavioral health and substance use treatment system of care. The presentation began with a list of contracted mental health services offered by Integral Care, CommUnityCare, Lone Star Circle of Care, People's Community Clinic, and SIMS Foundation. Next, they shared a list of contracted substance use treatment services offered by CommUnityCare Addiction Medicine Clinic, Integral Care MAT, Community Medical Services (CMS), Addiction & Psychotherapy Services, Sobering Center, and others.

Dr. Alan Schalscha, Chief Medical Officer, then introduced Dr. Nick Yagoda, CommUnityCare Chief Medical Officer, and Mr. John Weems, CommUnityCare Associate Director of Addiction Medicine, who presented on FQHC-based mental health and substance use disorder programming to advance health equity. The presentation included a look at the population health model, strengths of the CommUnityCare addiction medicine clinic, and a look at the growth in CommUnityCare's addiction medicine program since 2020. Lastly, they shared the projected number of Central Health substance use and mental health patients in 2024.

Next, Mr. Jonathan Morgan introduced Dawn Handley, Integral Care Chief Operating Officer; Marlene Buchanan, Integral Care Director of Systems of Care; and Marisa Malik, Integral Care Director of Crisis Services and Justice Initiatives. They began the presentation by sharing a list of Integral Care Clinics. Next, they shared information about the outpatient behavioral health contract. Lastly, they shared information about their Crisis Care Diversion Pilot, Psychiatric Emergency Services, and their Therapeutic Diversion Program.

Lastly, Ms. Katie Coburn, Director of Regional Healthcare Partnership, presented on opioid settlement funding for hospital districts. She explained that Central Health will receive periodic, automatic distributions from the Texas Opioid Abatement Fund Council. The first distribution is expected in late spring of 2024. It will be approximately \$3 million and must be used for approved services, including funding for existing programs.

- 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.**

**Clerk's Notes:** Discussion on this item began at 3:24 p.m. Dr. Audrey Kuang, Director of High-Risk Populations, and Megan Clark, Director of Operations, Transitions of Care and Medical Respite, presented on the medical respite program. The presentation first included background on what medical respite is. Next, they shared the timeline of the Central Health Medical Respite Program beginning in March of 2022. Next, they shared metrics on referrals, admissions, demographics, and services. They then shared a patient story. Lastly, they shared that 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.

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

**Clerk's Notes:** Discussion on this item began at 3:51 p.m. Chair Brinson announced that there would be no presentation on this item, backup was provided in the packet, and staff would be available for questions.

- 6. Receive and discuss an introduction of Fiscal Year 2025 Strategic Priorities and Budget Development process and calendar.**

**Clerk's Notes:** Discussion on this item began at 3:55 p.m. Dr. Patrick Lee, President & CEO, and Ms. Monica Crowley, Chief Strategy and Planning Officer & Sr. Counsel, presented an introduction of the FY25 strategic priorities and budget development process and calendar. The calendar highlighted key activities, objectives, expected actions, and outcomes for each meeting forum.

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

At 4:26 p.m. Manager Jones moved that the Committee adjourn.

Manager Kitchen seconded the motion.

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

The meeting was adjourned at 4:27 p.m.

ATTESTED TO BY:

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Cynthia Brinson, Chairperson  
Central Health Strategic Planning Committee

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Manuel Martin, Secretary  
Central Health Board of Managers



# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**April 10, 2024**

## **AGENDA ITEM 2**

Receive an update on FY24 and FY25 Healthcare Equity Plan adopted priorities and receive and discuss proposed Emerging Priorities to include in FY25 Strategic Priorities. (*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
Who will present the agenda item? (Name, Title)	Monica Crowley (CSO & Sr. Counsel), Jon Morgan (COO), Dr. Alan Schalscha (CMO) and Central Health Staff
General Item Description	Healthcare Equity Implementation Plan Review and Update
Is this an informational or action item?	Informational
Fiscal Impact	Not Applicable
Recommended Motion (if needed – action item)	Not Applicable

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

- Overview of the Board Adopted Healthcare Equity Implementation Plan and strategic approach to addressing the most critical community healthcare needs identified over the seven (7) year plan.
- 1) Healthcare Equity Implementation Plan progress updates and fiscal year planning to support
- 2) FY25 Budget Development.
- 3)

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

PPT Presentation

Estimated time needed for presentation & questions?

1 hour, consisting of 30 mins for presentation and 30 minutes for discussion

Is closed session recommended? (Consult with attorneys.)

No

Form Prepared By/Date Submitted:

Monica Crowley, 4/4/2024



# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**April 10, 2024**

## **AGENDA ITEM 3**

Receive an update on Key Performance Indicators (KPIs) as part of the Board adopted Healthcare Equity Implementation Plan. (*Informational Item*)



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Agenda Item Meeting Date	<u>April 10, 2024</u>
Who will present the agenda item? (Name, Title)	<u>Dr. Pat Lee (CEO), Monica Crowley (CSO &amp; Sr. Counsel), Jon Morgan (COO), Sarita Clark-Leach (VP of Quality, Analytics &amp; Performance Improvement), Anisa Kendall (Director of Strategic Planning) and Central Health Staff</u>
General Item Description	<u>Update on Healthcare Equity Implementation Plan KPIs</u>
Is this an informational or action item?	<u>Informational</u>
Fiscal Impact	<u>Not Applicable</u>
Recommended Motion (if needed – action item)	<u>Not Applicable</u>

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

- Review initial draft of Key Performance Indicators (KPIs) and key takeaways as part of the continuous development of the Central Health Performance Tracking Plan.  
The Key Performance Indicators (KPIs) were developed as part of the Board Adopted Healthcare Equity Implementation Plan, using cross-cutting metrics, best practice and organized into domains to effectively measure quantifiable progress towards achieving a more equitable healthcare system.
- Initial KPIs include measures of Central Health’s growing direct practice areas, quality outcomes, finances, and employment.
- Central Health will continue to develop the overarching performance tracking plan and refine measures for assessment and monitoring organizational performance.

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

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

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

Form Prepared By/Date Submitted: Monica Crowley, 4/4/2024



# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**April 10, 2024**

## **AGENDA ITEM 4**

Receive and discuss the proposed Mental Health Diversion Pilot Program term sheet. <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

Who will present the agenda item? (Name, Title) Monica Crowley, Chief Strategy and Planning Officer & Sr. Counsel

General Item Description Receive and discuss the proposed Mental Health Diversion Pilot Program term sheet.

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) This item will be discussed in closed session.
- 2) \_\_\_\_\_

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

Estimated time needed for presentation & questions? 15 minutes

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

Form Prepared By/Date Submitted: Briana Yanes/April 5, 2024



# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**April 10, 2024**

## **AGENDA ITEM 5**

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