

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**

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Innovation - We create solutions to improve healthcare access.

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# EXECUTIVE COMMITTEE MEETING Wednesday, April 24, 2024, 4:00 p.m. Or immediately following the Budget and Finance Committee

## 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/88380902453?pwd=Zf2mGNfKXlaHhxBLFc9WL9WhQhvks5.1

Meeting ID: 883 8090 2453 Passcode: 727585

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: 883 8090 2453

Passcode: 727585

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

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

## https://www.centralhealth.net/covid-info/.

A member of the public who wishes to make comments virtually during Public Communication for the Board of Managers meeting or the Executive Committee meeting must properly register with Central Health *no later than 2:30 p.m. on April 24, 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. Please leave a voice message with your full name and your request to comment via telephone at the meeting; with the name of the meeting at which you wish to speak; or
- Sign-in at the front desk on the day of the meeting, prior to the start of the meeting.

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

## **REGULAR AGENDA<sup>2</sup>**

- 1. Approve the minutes of the Central Health Executive Committee March 27, 2024 meeting. (*Action Item*)
- 2. Review and provide direction to staff on the prioritization and tentative scheduling of items for consideration at future Central Health Board and Committee meetings. (*Informational Item*)
- 3. Confirm the next regular Executive Committee meeting date, time, and location. (*Informational Item*)

## Notes:

- This meeting may include one member of the Executive Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Administrative Offices, 1111 E. Cesar Chavez St., Austin, TX 78702, Board Room. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be both visible and audible to the public whenever the member is speaking.

  Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.
- The Executive 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. If a quorum of the Executive Committee is not present, the items on this agenda may be taken up by the full Board of Managers in the meeting posted at the same time and location.

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

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

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

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

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## 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

Dyana Limon-Mercado

unty Clerk, Travis County Texas

ASHLEY MILLER

Deputy

FILED AND RECORDED OFFICIAL PUBLIC RECORDS

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Dyana Limon-Mercado, County Clerk Travis County, Texas

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Apr 19, 2024 10:46 AM

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## 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.

Manager as of 6/30/2021 and henceforth forward as indicated by signature below.			
Board Manager Signature	Date		

Be it adopted that the above agreements will be honored and acted upon by each Board

**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.		
<ul> <li>What you just said suggests thatpeople don't belong.</li> </ul>		
<ul> <li>That phrase has been identified as being disrespectful and painful to</li> </ul>		
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 thatand the		
word people are learning to use now is		
<ul><li>The term used now by people living with that identity is</li></ul>		

# Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

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

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



# RACIAL and SOCIAL JUSTICE FRAMEWORK

## Values and Anti-Racism/Anti-Oppression

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

## Intentional and Accountable Storytelling

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

## **Power Analysis**

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

# Relationships

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





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## CENTRAL HEALTH BOARD OF MANAGERS EXECUTIVE COMMITTEE

**April 24, 2024** 

## **AGENDA ITEM 1**

Approve the minutes of the Central Health Executive Committee March 27, 2024 meeting. (*Action Item*)

## MINUTES OF MEETING – MARCH 27, 2024 CENTRAL HEALTH EXECUTIVE COMMITTEE

On Wednesday, March 27, 2024, a meeting of the Central Health Executive Committee convened in open session at 5:24 p.m. remotely by toll-free videoconference and in person at the Central Health Administrative Offices. Clerk for the meeting was Briana Yanes.

**Committee members present in-person at Central Health:** Chair Kitchen, Vice Chair Brinson, Treasurer Museitif, and Secretary Martin

**Board members present in-person at Central Health:** Manager Jones, Manager Zamora, and Manager Valadez

Board members present via audio and video at Central Health: Manager Motwani

## **AGENDA**

1. Approve the minutes of the Central Health Executive Committee February 21, 2024 meeting.

Clerk's Notes: Discussion on this item began at 5:25 p.m.

Manager Martin moved that the Committee approve the minutes of the Central Health Executive Committee February 21, 2024 meeting.

Manager Brinson seconded the motion.

Chairperson Ann Kitchen	For
Vice Chairperson Cynthia Brinson	For
Treasurer Maram Museitif	For
Secretary Manuel Martin	For

2. Review and provide direction to staff on the prioritization and tentative scheduling of items for consideration at future Central Health Board and Committee meetings.

**Clerk's Notes:** Discussion on this item began at 5:26 p.m. Chair Kitchen announced that tentative schedules were provided in the packet. She then asked the Board if they would like to have a Retreat sometime this year. The Managers each shared if they would like a Retreat scheduled and what they would like to see discussed at it.

3. Discuss recommendations to increase access to Central Health public meetings.

Clerk's Notes: Discussion on this item began at 5:33 p.m. Mr. Ted Burton, Chief Communications Officer; Mr. Ivan Davila, Sr. Director of Marketing and Communications; and Mr. Mike McKinnon, Sr. Communications Manager, presented on awareness, accessibility, and community connections at Board of Managers meetings. The presentation included a look at how Board of Managers meetings are being promoted, how meetings are currently being broadcast, and the current cable television broadcast options. Lastly, they shared different ways that the Board can connect to the community.

4. Confirm the next regular Executive Committee meeting date, time, and location.

At 6:02 p.m. Manager Museitif moved that the meeting adjourn.

Manager Brinson seconded the motion.

Chairperson Ann Kitchen Vice Chairperson Cynthia Brinson Treasurer Maram Museitif Secretary Manuel Martin	For For For For
The meeting was adjourned at 6:03 p.m.	ATTESTED TO BY:
Ann Kitchen, Chairperson Central Health Executive Committee	Manuel Martin, Secretary Central Health Board of Managers



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## CENTRAL HEALTH BOARD OF MANAGERS EXECUTIVE COMMITTEE

**April 24, 2024** 

## **AGENDA ITEM 2**

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



## **MEMORANDUM**

**To:** Members of the Central Health Board of Managers Executive Committee

From: Briana Yanes, Board Governance Senior Manager

**Cc:** Perla Cavazos, Deputy Administrator

**Date:** April 19, 2024

**Re:** Review prioritization and tentative scheduling of items for consideration at future Central

Health Board and Committee meetings. (Informational Item)

## **Overview:**

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

## **Action Requested:**

This is an informational item and requires no action.

FY2024 Q3 Tentative Agenda Items

APRIL	MAY	JUNE
Strategic Planning Committee- April 10, 2024:  Minutes 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. Receive an update on Key Performance Indicators (KPIs) as part of the Board adopted Healthcare Equity Implementation Plan. Receive and discuss proposed Mental Health Diversion Pilot Program term sheet.	<ul> <li>Strategic Planning Committee- May 8, 2024:         <ul> <li>Minutes</li> <li>Present staff emerging priorities</li> <li>Healthcare Equity Definition Update and Discussion</li> <li>Higher ed workforce recruitment update</li> <li>Receive and discuss an update on Central Health's communications, engagement, and outreach efforts.</li> <li>Annual report</li> </ul> </li> </ul>	
Infrastructure Committee- April 10, 2024:  Standing real estate item  CEC and Cameron		Infrastructure Committee- June 5, 2024:  • Standing real estate item

	Strategic Planning Committee- May 22, 2024:  • Present FY25 proposed strategic priorities derived from business cases	Strategic Planning Committee- June  12, 2024:  Minutes  Inrollment and utilization dashboard update (no presentation/informational item)  Integral Care related items (SPC/B&F/Board)  Increased funding for behavioral health and SUD program/services  Service delivery coordination  Interlocal services agreement  Jail Services update  Black Men's Healthcare Clinic update (SPC or Board)  Enrollment of jail inmates into Central Health coverage programs update  Extend map eligibility period  Transitions of Care update  Cancer preventions (SPC or Board)
Budget and Finance Committee- April 24, 2024:	Budget and Finance Committee- May 22, 2024:	Budget and Finance Committee- June 12, 2024:
<ul> <li>Minutes</li> <li>March financials</li> <li>Annual HUB report</li> <li>Staff emerging priorities (initial discussion)</li> </ul>	<ul> <li>Minutes</li> <li>April financials</li> <li>Q2 fiscal and operational updates from CUC and Sendero</li> <li>Financial forecast</li> <li>Process of CEO financial contract authorization</li> </ul>	<ul> <li>Minutes</li> <li>May financials</li> <li>Homestead tax exemptions</li> <li>Present proposed budget</li> </ul>
<ul> <li>Executive Committee- April 24, 2024:</li> <li>Minutes</li> <li>Tentative schedules</li> </ul>	<ul> <li>Executive Committee- May 22, 2024:</li> <li>Minutes</li> <li>Tentative schedules</li> </ul>	<ul> <li>Executive Committee- June 12, 2024:</li> <li>Minutes</li> <li>Tentative schedules</li> <li>Discuss Retreat agenda</li> </ul>

FY2024 Q3 Tentative Agenda Items		
Board of Managers- April 24, 2024:	Board of Managers- May 22, 2024:	Board of Managers- June 12, 2024:
Public Communication	Public Communication	Public Communication
Mission moment	Mission moment	Mission moment
Consent items	Consent items	Consent items
<ul> <li>Minutes</li> </ul>	<ul> <li>Minutes</li> </ul>	<ul> <li>Minutes</li> </ul>
<ul> <li>Investments</li> </ul>	<ul> <li>Investments</li> </ul>	<ul> <li>Investments</li> </ul>
<u>Financial items</u>	<u>Financial items</u>	<ul> <li>Homestead exemptions</li> </ul>
Committee report outs as needed:	Committee report outs as needed:	<u>Financial items</u>
Budget resolution updates     Survey tool update (memo update)     Joint tech systems update (presentation/memo)     Organizational growth (memo update)      Lawsuit updates	<ul> <li>Other items</li> <li>FY24 Service Delivery budget priority update</li> <li>Lawsuit updates</li> <li>Performance review update</li> <li>CEO Update</li> <li>Integral Care update</li> <li>Unified branding update</li> </ul>	Committee report outs as needed: Other items  Support operations update Lawsuit updates Performance review update
	TCCC:  • May 9, 2024, Work Session	TCCC:  • June Work Session TBD



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## CENTRAL HEALTH BOARD OF MANAGERS EXECUTIVE COMMITTEE

**April 24, 2024** 

## **AGENDA ITEM 3**

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