

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?



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

February 12, 2025

AGENDA ITEM 1

Receive a presentation from Integral Care and Central Health on the Diversion Steering Committee, including an Austin State Hospital update. (*Informational Item*)



Mental Health Diversion and Austin State Hospital Collaboration

Central Health Board of Managers

January 29, 2025

Patrick T. Lee, M.D., President & CEO &
Jeff Richardson, Integral Care CEO



Agenda

- Community Planning Efforts
- Recommendations of Travis County Mental Health Diversion Steering Committee
- Integral Care/Central Health ASH Planning Collaboration



Community Planning Efforts

Community Planning Efforts

Comprehensive planning intended to address complex and overlapping community challenges

- Lack of appropriate care facilities for people with a range of complex psychiatric needs, including state hospital overcrowding, residential needs, co-occurring mental and physical concerns, crisis care, and secure facilities
- Insufficient crisis care and long-term support for people experiencing homelessness
- Need for enhanced diversion and triage functions to facilitate getting patients in mental health crisis to the appropriate care environment as efficiently and safely as possible

Concurrent Planning Efforts

- Central Health and Integral Care staff collaboratively designed a proposal to establish a full continuum of care on the Austin State Hospital (ASH) campus
- Mental Health Diversion Steering Committee considering diversion and intake strategies
- City of Austin and Travis County are key collaborators
- Both proposals envision ASH campus use and similar financing strategies
- Ideally, the work is coordinated and mutually supporting. As they stand, the proposals could compete with each other.



Travis County Mental Health Diversion Steering Committee Steering Committee

About the Committee

Travis County Mental Health Diversion Steering Committee was formed in 2024 to address the pressing issue of individuals with mental health conditions by providing psychiatric assistance as an alternative to jail sentences for those accused of committing minor crimes.

Committee includes Travis County, the Sherriff's Office, City of Austin, Integral Care, Downtown Austin Alliance and other local organizations.

Committee Proposal: Design a Diversion Center, including Intake Facilities

Strawman Purpose:

- Gather input from committee and community
- Advocate Texas Legislature for use of land on ASH campus
- Develop operational and policy details for Diversion Center

Mental Health Diversion Steering Committee Strawman

Key takeaways:

Trying to serve involuntary, criminal justice population

- High acuity/high intensity
- Violent behavior

Suggesting new “public” psychiatric hospital and receiving center

Strawman Components

Public Psychiatric Hospital

- Open 24/7/365
- Voluntary and involuntary commitments
- <30 day crisis stabilization beds
- Interdisciplinary teams

Central Booking/Intake

- Embedded Diversion Center staff triage incoming patients
- Maximize deflection and diversion opportunities
- Dedicated space for legal support, medical care and social support

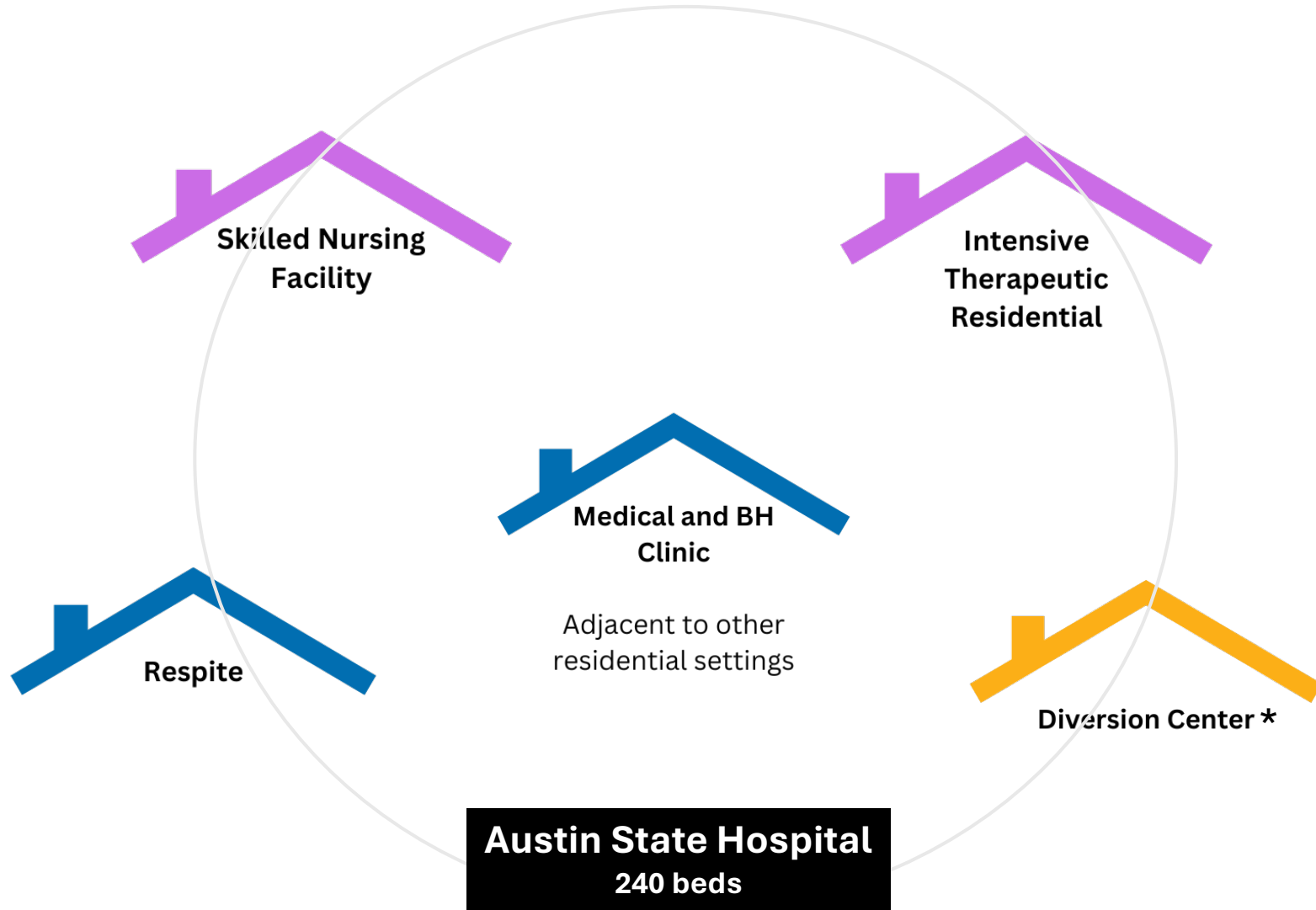
Crisis Receiving Center (Expanded PES)

- Open 24/7/365
- Accepts 100% of drop offs
- Therapeutic environment; de-escalation; space for criminal justice and social service needs
- Interdisciplinary teams (including BH professionals from hospital)



Integral Care/Central Health ASH Planning Collaboration

Austin State Hospital Campus Proposal



Elements of an Ideal System for Adults

- Case Management
- Peer Navigation
- Coordination of care for seamless transitions
- Guardianship and Competency Restoration Services
- Medical screening and triage
- Trauma informed therapeutic environments with campus feel
- SUD Capacity

*Based on broader community discussions, the Diversion Center is depicted in the proposed continuum of facilities, but it is outside the scope of this healthcare-focused white paper.

ASH 2.0: Saving \$2 billion over 30 Years and Lifting 3,000 People out of Homelessness

Proposed ASH facilities

- Skilled Nursing Facility (100 beds) - Operated by Central Health
- Behavioral Health Respite (2 buildings, 32 beds) - Operated by Integral Care
- Therapeutic Residential (3 buildings, 48 beds) - Operated by Integral Care

Financial Estimates

- One-time construction costs: \$120.6 million
- Annual operating costs: \$56.2 million
 - Expected local operating contribution: \$17 million
 - Remaining annual operating need: \$37.6 million

ASH 2.0: Savings and Benefits

- Expands ASH bed capacity by 85 beds
 - Creates clinically appropriate, secure stepdown facilities for patients currently living at ASH, providing better care at reduced cost
 - Frees ASH beds for estimated 200 new patients per year. Estimating half of these are homeless, allows 100 more people annually to transition out of homelessness
- \$29.6 million saved in operating costs Year 1, compared to ASH costs, increases annually
- \$16 million saved in annual avoided emergency services costs
- Time to ROI: Five years for savings to surpass construction costs
- Total ROI: \$2 billion over 30 years, assumes 5% annual inflation, 3,000 patients avoid homelessness



Thank you

Questions?



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

February 12, 2025

AGENDA ITEM 2

Receive and discuss an update on Central Health's enrollment into Medicare and Medicaid programs.^{3,4} (*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 February 12, 2025

Who will present the agenda item? (Name, Title) Jeff Knodel, Chief Financial Officer
Jon Morgan, Chief Operating Officer
Monica Crowley, Chief Strategy and Planning Officer & Sr. Counsel
Alan Schalscha, Chief Medical Officer

General Item Description Receive and discuss an update on Central Health's enrollment into Medicare and Medicaid programs

Is this an informational or action item? Informational – Closed session

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) Closed session
- 2) _____

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

Estimated time needed for presentation & questions? 15 minutes

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

Form Prepared By/Date Submitted: Jon Morgan 1/9/25



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

February 12, 2025

AGENDA ITEM 3

Receive an update from counsel and discuss the impact of certain state and federal policies.³
(*Informational Item*)



AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date February 12, 2025

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

General Item Description Receive and update from counsel on the impact of certain federal and state policies.

Is this an informational or action item? Informational update

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) Verbal update in closed session.
- 2) _____

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

Estimated time needed for presentation & questions? 15 minutes

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

Form Prepared By/Date Submitted: Briana Yanes/February 7, 2025



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

February 12, 2025

AGENDA ITEM 4

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