



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.

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BOARD OF MANAGERS SPECIAL MEETING - BOARD RETREAT & JOINT MEETING WITH INTEGRAL CARE BOARD OF DIRECTORS Wednesday, October 8, 2025, 5:00 p.m.

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/87098829575?pwd=IDeo2uSglgTkAyoPsHiA5NdCgD5t1a.1>

Meeting ID: 870 9882 9575

Passcode: 126386

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: 870 9882 9575

Passcode: 126386

The Board 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 Central Health Board will be physically present at the location posted in the meeting notice, all members of the public are free 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.

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 3:30 p.m. on October 8, 2025**. 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 the public hearing or public communication.

PUBLIC COMMUNICATION

Public Communication rules for Central Health Board and Committee meetings include setting a fixed amount of time per person to speak and limiting Board and Committee responses to public inquiries, if any, to statements of specific factual information or existing policy. The Public Communication portion of the meeting will begin at approximately 5:00 p.m.

REGULAR AGENDA²

1. Receive an update on the Mental Health System of Care for low-income and uninsured people in Travis County. (*Informational Item*)
2. Discuss, identify, and take appropriate action on how the Central Health and Integral Care Boards will implement strategies, principles, and processes to collaborate on the delivery of mental health services for low-income and uninsured people in Travis County. (*Action Item*)
3. Confirm the next regular Board Retreat meeting date, time, and location. (*Informational Item*)

Notes:

- ¹ The Board of Managers 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 Board announces that the item will be considered during a closed session.

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

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 Pública 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.

**CENTRAL HEALTH****Our Vision**

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STAYS IN FILE



Came to hand and posted on a Bulletin Board in the
County Recording Office, Austin, Travis County, Texas on this the
02 day of October 2025

Dyana Limon-Mercado

County Clerk, Travis County, Texas

By J. S. Williams Deputy



**FILED AND RECORDED
OFFICIAL PUBLIC RECORDS**

Dyana Limon-Mercado

Dyana Limon-Mercado, County Clerk
Travis County, Texas

202581366

Oct 02, 2025 03:30 PM

Fee: \$0.00

WILLIAMSJ



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**BOARD OF MANAGERS
SPECIAL MEETING - BOARD RETREAT & JOINT MEETING WITH
INTEGRAL CARE BOARD OF DIRECTORS**

OCTOBER 8, 2025

REGULAR AGENDA ITEM 1

Receive an update on the Mental Health System of Care for low-income and uninsured people in Travis County. (*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 10/8/2025

Who will present the agenda item? (Name, Title) Dr. Pat Lee, President and Chief Executive Officer; Jeff Richardson, Dr. Nick Yagoda, Chief Executive Officer and Executive Vice President; Dawn Handley, Vice President and Chief Operations Officer; Dr. Alan Schalscha, Executive Vice President and Chief Medical Officer; Jon Morgan, Chief Operations Officer; Dr. Ziyad Nuwayhid, Chief Medical Officer; Dr. Ashley Trust, Behavioral Health Medical Director; Dr. Susan Dubois, Associate Chief Medical Officer

General Item Description Collaborative Behavioral Health Care Continuum

Is this an informational or action item? Informational

Fiscal Impact Integration of collaborative partners

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

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

- 1) Review of the current integrated practice
- 2) Cultivate strong understanding of future state

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Powerpoint presentation and pre-reads

Estimated time needed for presentation & questions? 60 min

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

Form Prepared By/Date Submitted: Viktoria Samuel 10.3.25



Behavioral Health Care Continuum Development and System Integration

Integral Care, CommUnityCare, and Central Health “connecting the islands of care” for comprehensive system performance

Pat Lee, MD – President & CEO, Central Health
Jeff Richardson – President & CEO, Integral Care
Nick Yagoda, MD – EVP of Ambulatory Services & CEO, CommUnityCare
Jon Morgan – EVP & Chief Operating Officer, Central Health
Dawn Handley – Vice President & Chief Operating Officer, Integral Care
Alan Schalscha, MD – EVP & Chief Medical Officer, Central Health
Ziyad Nuwayhid, MD – Chief Medical Officer, Integral Care
Susan Dubois, MD – Associate Chief Medical Officer, CommUnityCare
Ashley Trust, MD – Director of Behavioral Health, Central Health

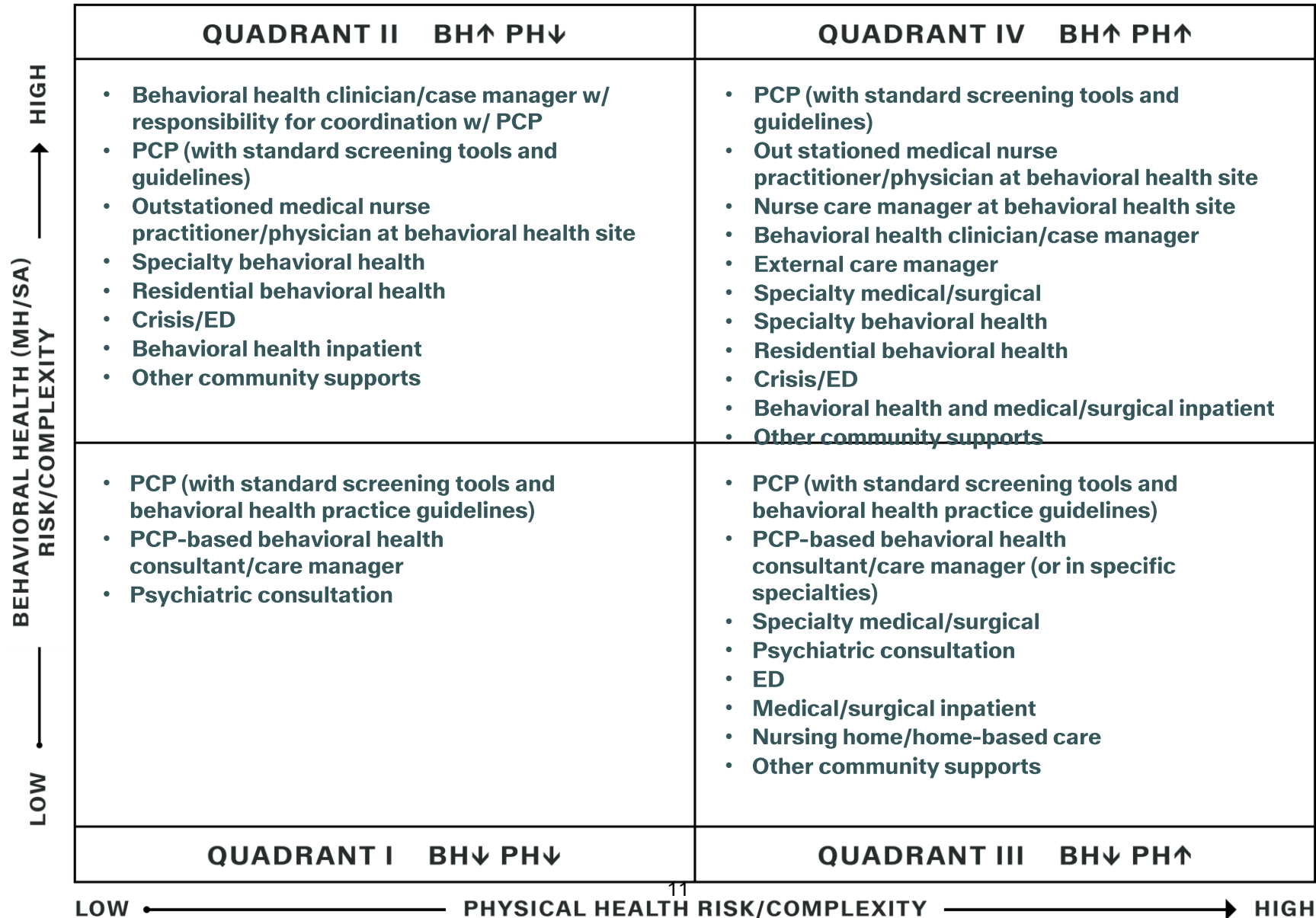
Problem Statement

Individuals with behavioral health needs across Integral Care, CommUnityCare, and Central Health may experience care that feels disconnected at times. Strengthening coordination among providers offers an opportunity to reduce duplication, ease transitions, and improve timely access to support.

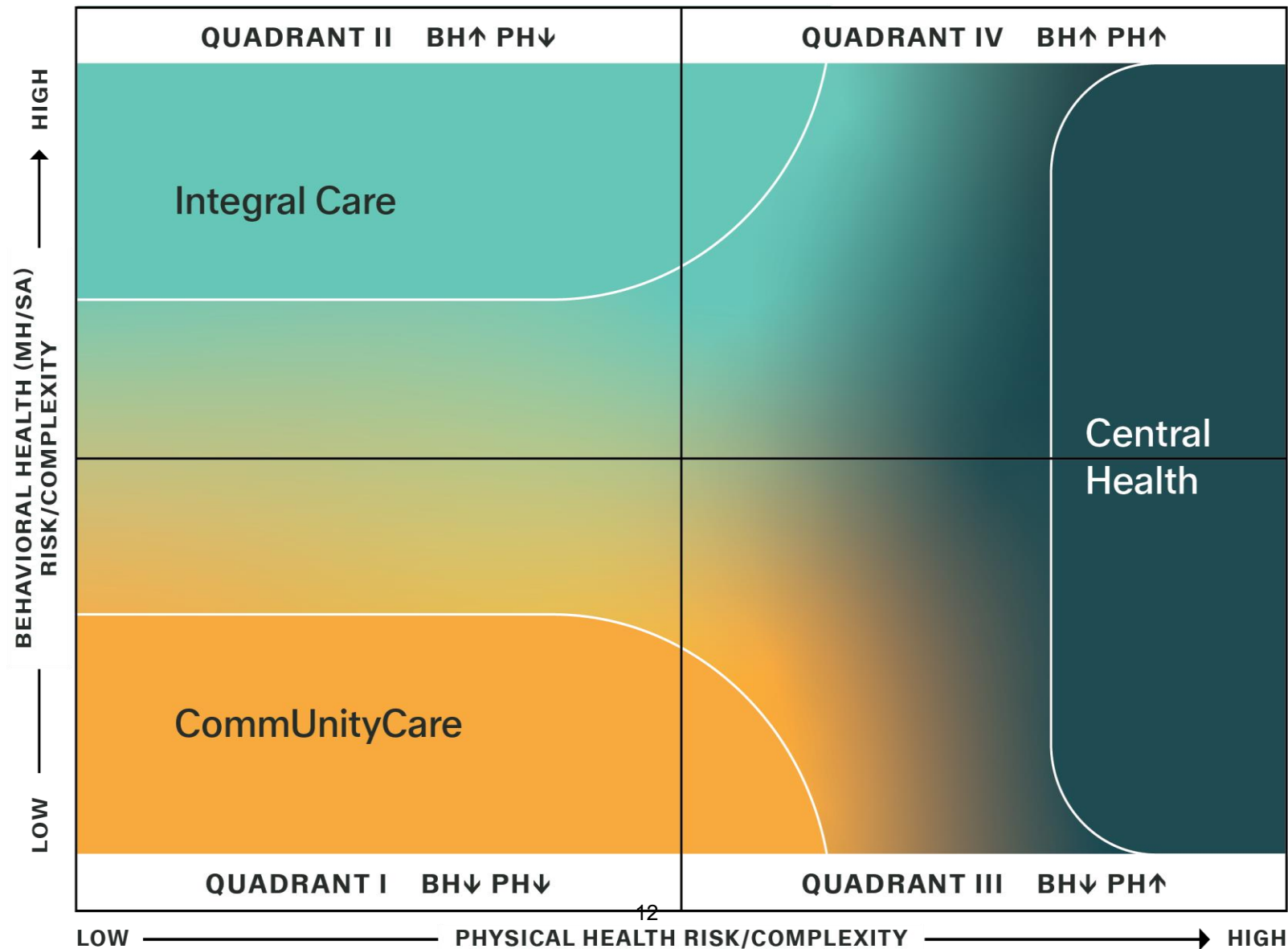
Current Collaborative Efforts

TASK	PROGRESS	START	END
Governance & Coordination			
Work group identified	100%	8/19/25	8/22/25
Integrated Care Networks			
Process Improvement work group	100%	8/23/25	9/12/25
Short term facility/team	50%	8/25/25	10/1/25
Long term facility/team	50%	8/25/25	10/1/25
Crisis Continuum of Care			
CH funding bed days	100%		
CH funding services at Psych Emergency Services (PES)	100%		
Early Identification & Prevention			
CH funding Outpatient BH services	100%		
Housing + Health Models			
Permanent Supportive Housing Healthy Community Collaborative project	80%		
Equity-Focused Workforce			
TBD	0%		
Justice Diversion Pathways			
CH funding services at PES	100%		
Community Based Recovery Supports			
CH Medication Assisted Treatment contract	100%		
Data Sharing & Outcome Reporting			
Data integration	80%	8/25/25	10/4/25
Financing Innovation			
Blended funding modules	80%		

The Quadrant Clinical Integration Model



The Quadrant Collaborative Integration Model



Patient Journey Overview

A 60-Year-Old Female

Medical dx: Myasthenia Gravis and Epilepsy

Psych dx: Major depressive disorder vs bipolar II, Generalized anxiety disorder, and Chronic suicidal ideation

Initial Disclosure and Challenges

Patient first disclosed behavioral health concerns in March 2021 but declined services.

Diagnosis and Early Treatment

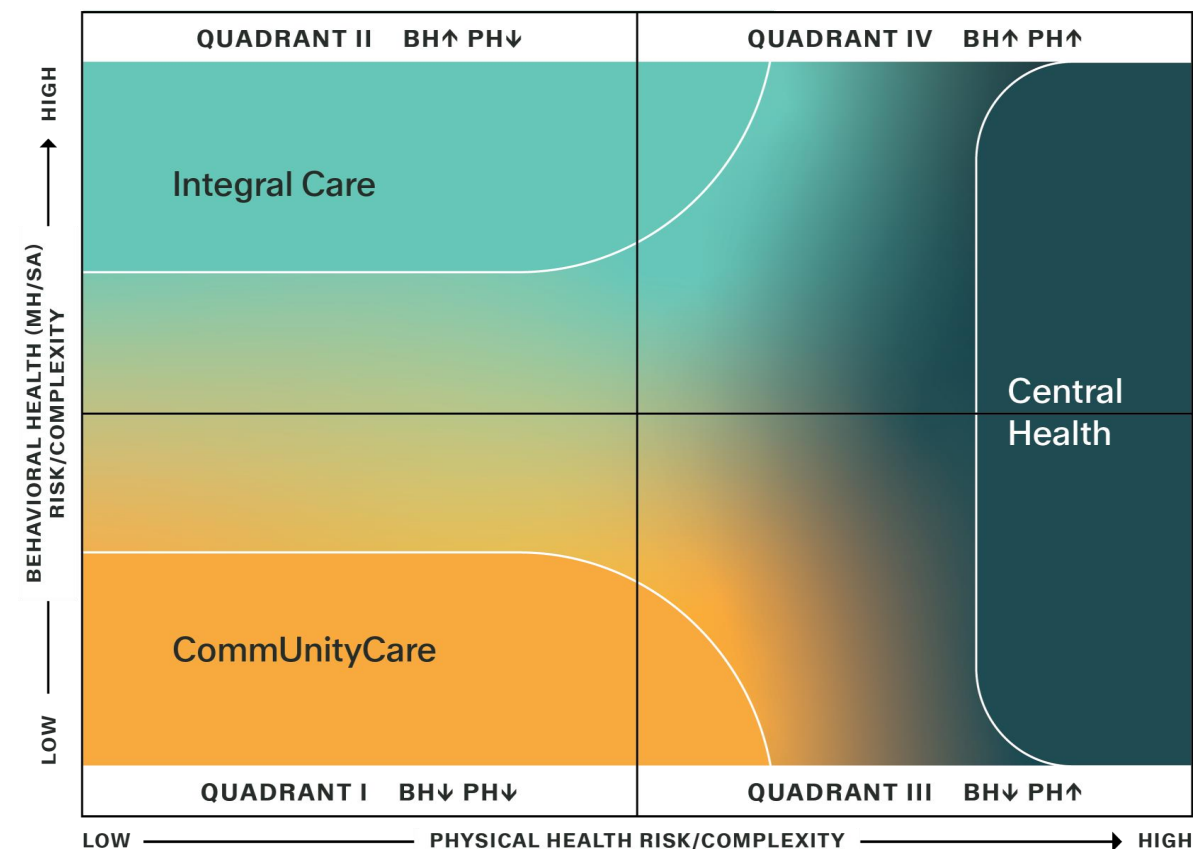
In July and October 2021, patient was diagnosed with major depression and suicidal ideation, beginning antidepressant and psychiatric care.

Disengagement and Re-engagement

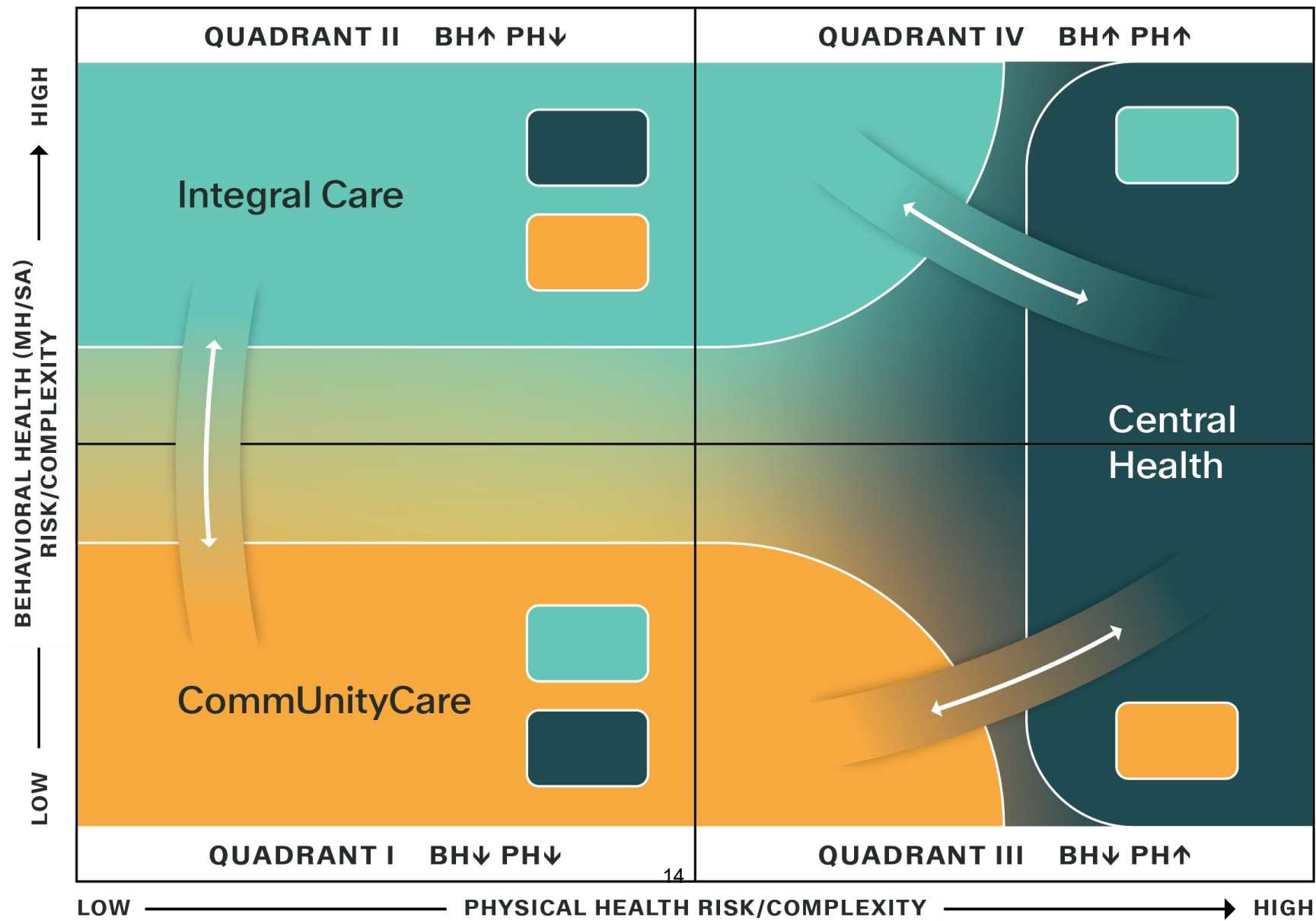
Patient disengaged from care for 2.5 years, then restarted treatment with short-term therapy referral in May 2024.

Integrated Care and Stabilization

Between July and September 2025, multiple systems coordinated to stabilize patient with active psychiatric and behavioral health support.



Future State: Connecting the Islands of Care



Coordination Activities to Date

- 1. Initial working group across the domains of mental and physical health**
- 2. Continued Planning – Connecting the Islands of Care**
- 3. Establish the “Behavioral Health Continuum Coordinating Counsel”**
 - Who: Integral Care, Central Health, and CommUnityCare**
 - What: Meet every other week**
 - How: Identify near-, medium, and long-term focus areas, activate working groups and task forces to complete activities**



Next Steps

Addressing Mental Health Concerns

Health Information Group & Bright Futures at Georgetown University



MODULE 13

Using Systems to Address Pediatric Mental Health

- The Current Approach to Mental Health Care for Children and Youth
- About Systems of Care
- Barriers to Receiving Mental Health Care
- Surmounting the Barriers: A Public Health Approach
- Primary Care as the "Right Door" to Mental Health Care
- The Pediatric Medical Home
- Toward a Public Health Approach to Mental Health Care in Pediatric Primary Care
- Take a Population Approach
- Intervene, Treat, or Refer when Necessary
- Collaborate to Provide Coordinated Care
- Consider New Practice Models to Support Mental Health

Consider New Practice Models to Support Mental Health

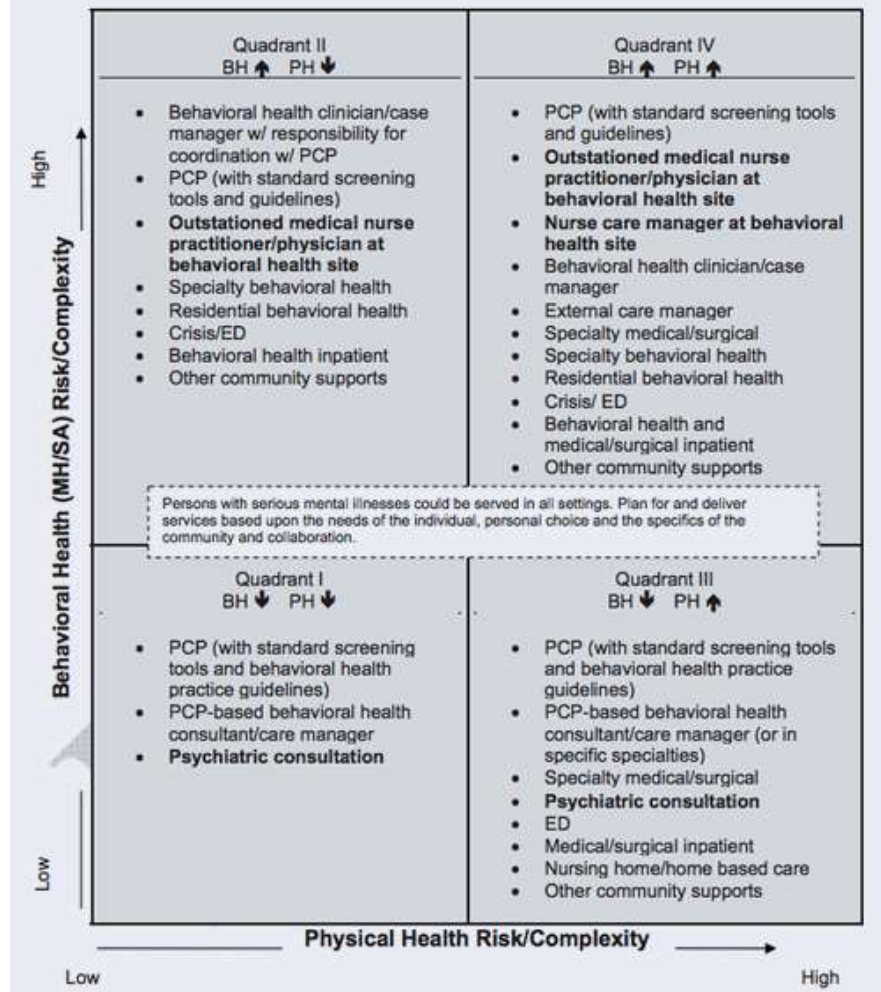
To integrate mental health care into their practice structures, pediatric primary care providers will want to consider several practice models.

First, Determine Needs

The National Council for Community Behavioral Healthcare (NCCBH) developed the Four-Quadrant Clinical Integration Model to help providers plan on how they will address the needs of different populations with different levels of medical and mental problems and disorders. Because children and families are constantly changing in terms of their needs, preferences and circumstances, it should be expected that children may shift from one quadrant to another.¹

Practices that are tracking patient mental health needs with registries and population management techniques should be able to identify where the bulk of their patients fall on the four-quadrant model.¹

The Four Quadrant Clinical Integration Model



The Four Quadrants:

Quadrant I: Children have low to moderate behavioral health problems and low to moderate physical health conditions

Quadrant II: Children have moderate to high behavioral health problems and low to moderate physical health conditions

Quadrant III: Children have low to moderate behavioral health conditions and moderate to high physical health conditions

Quadrant IV: Children have moderate to high behavioral health conditions and moderate to high physical health conditions

[Source: [Integrating Behavioral Health and Primary Care for Children and Youth: Concepts and Strategies](#)]


1. Marshall, N. (2013). *Integrating behavioral health and primary care for children and youth: Concepts and strategies*. Retrieved from SAMHSA-HRSA Center for Integrated Health Solutions website: http://www.integration.samhsa.gov/integrated-care-models/13_June_CIHS_Integrated_Care_System_for_Children_final.pdf.

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next →

- [Disorders](#)
 - [Anxiety Disorders](#)
 - [Attention Deficit Hyperactivity Disorders](#)

- [Autism Spectrum Disorders](#)
- [Child Maltreatment](#)
- [Domestic Violence](#)
- [Eating Disorders](#)
- [Learning Disorders](#)
- [Mental Retardation \(Intellectual Disability\)](#)
- [Mood Disorders](#)
- [Oppositional and Aggressive Behaviors](#)
- [Parental Depression](#)
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 - [Curriculum Progress](#)
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Core Components of an Optimal Behavioral Health System in Travis County

Domain

1. Governance & Coordination

2. Integrated Care Networks

3. Crisis Continuum of Care

4. Early Identification & Prevention

5. Housing + Health Models

6. Equity-Focused Workforce

7. Justice Diversion Pathways

8. Community-Based Recovery Supports

9. Data Sharing & Outcome Monitoring

10. Financing Innovation

Strategic Component

Multisectoral Behavioral Health Authority to align funding, planning, data, and outcomes.

Full integration of **behavioral health, primary care, and substance use services.**

24/7 mobile crisis teams, stabilization centers, walk-in crisis services, accessible coordinated inpatient care, and post-crisis recovery services.

School-based mental health, universal screening, and youth resiliency programs.

Expansion of supportive housing with behavioral health embedded; align with City of Austin, Travis County, **ECHO** and Central Health.

Culturally and linguistically diverse behavioral health workforce with lived-experience peer support staff.

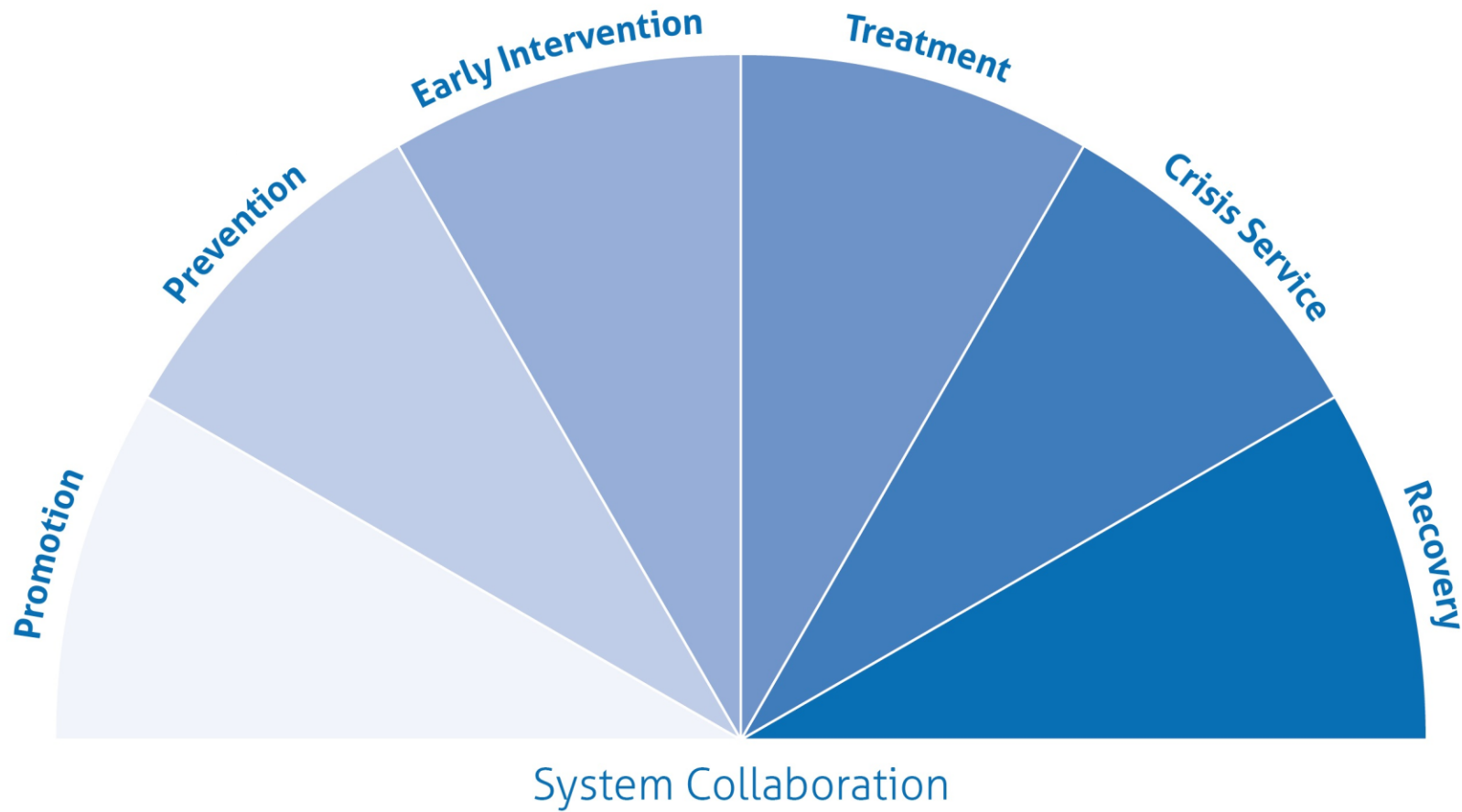
Stronger mental health courts, jail diversion, and pre-booking alternatives with wraparound supports.

Peer-run recovery centers, family support groups, community integration programs.

Unified Health Information Exchange (HIE), real-time performance dashboards, and cross-agency data access.

Blended and braided funding from HHSC, Medicaid, Austin City, Travis County, Central Health, philanthropy, and federal grants. Flexible funding!

Behavioral Health Continuum of Care





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**BOARD OF MANAGERS
SPECIAL MEETING - BOARD RETREAT & JOINT MEETING WITH
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OCTOBER 8, 2025

REGULAR AGENDA ITEM 2

Discuss, identify, and take appropriate action on how the Central Health and Integral Care Boards will implement strategies, principles, and processes to collaborate on the delivery of mental health services for low-income and uninsured people in Travis County. (*Action Item*)



AGENDA ITEM SUBMISSION FORM

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Agenda Item Meeting Date	<u>10/8/2025</u>
Who will present the agenda item? (Name, Title)	<u>Ann Kitchen, Chair of Central Health Board, Trish Young Brown, Chair of Integral Care Board, and Pam Benson Owens, Facilitator</u>
General Item Description	<u>Discuss, identify, and take appropriate action on how the Central Health and Integral Care Boards will implement strategies, principles and processes to collaborate on the delivery of mental health services for low income and uninsured people in Travis County.</u>
Is this an informational or action item?	<u>action</u>
Fiscal Impact	<u>TBD</u>
Recommended Motion (if needed – action item)	<u>TBD</u>
	<u></u>

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

- Facilitator Pam Benson Owens will lead both boards through a facilitated discussion on how to improve coordination and collaboration on the delivery of mental health services for low income and uninsured people in Travis County, including decision-making and optimization of resources to fill the gaps.
- 1)
 - 2)
 - 3)
 - 4)
 - 5)

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	<u>None</u>
Estimated time needed for presentation & questions?	<u>1.5 - 2 hours</u>

Is closed session
recommended? (Consult
with attorneys.)

No

Form Prepared By/Date
Submitted:

Perla Cavazos 10/3/25



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OCTOBER 8, 2025

REGULAR AGENDA ITEM 3

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