Board of Directors

Meeting

Tuesday, October 22, 2013

2:00 p.m.

Central Health Administrative Offices

1111 E. Cesar Chavez St.

Austin, Texas 78702

AGENDA*

I. Call to Order and Record of Attendance

II. Public Comments

III. General Business

A. Consent Agenda

All matters listed under the Consent Agenda will be considered by the Board of Directors to be routine and will be enacted by one motion. There will be no separate discussion of these items unless members of the Board request specific items to be moved from the Consent Agenda to the Regular Agenda for discussion prior to the time the Board of Directors votes on the motion to adopt the Consent Agenda.

1. Approve minutes from the September 10, 2013 CCC Board of Directors meeting.

B. Regular Agenda

1. Announce appointment of the Advisory Committee Chair.

2. Announce appointment of Jeff Knodel to replace Juan Garza on the CCC Board of Directors.

3. Present and discuss new CCC logo.
4. Discuss and take appropriate action on the CCC Strategic Plan Mission, Vision, Values, Foundational Elements, and Goal Statements.

5. Discuss and take appropriate action on a new CCC Three-Year DSRIP Project.


IV. Closed Session

V. Closing

*The Board of Directors may take items in an order that differs from the posted order.

The Board of Directors may consider any matter posted on the agenda in a closed session if there are issues that require consideration in a closed session and the Board announces that the item will be considered during a closed session.

Consecutive interpretation services from Spanish to English are available during Citizens Communication or when public comment is invited. Please notify the front desk on arrival if services are needed.

Los servicios de interpretación consecutiva del español al inglés están disponibles para la comunicación de los ciudadanos o cuando se invita al público a hacer comentarios. Si necesita estos servicios, al llegar sírvase notificarle al personal de la recepción.
AGENDA Item III-A-1

Approve minutes from the September 10, 2013 CCC Board of Directors meeting.

NO BACKUP
Board of Directors Meeting

October 22, 2013

AGENDA Item III-B-1

Announce appointment of the Advisory Committee Chair.

NO BACKUP
Board of Directors Meeting

October 22, 2013

AGENDA Item III-B-2

Announce appointment of Jeff Knodel to replace Juan Garza on the CCC Board of Directors.

NO BACKUP
Board of Directors Meeting

October 22, 2013

AGENDA Item III-B-3

Present and discuss new CCC logo.

NO BACKUP
AGENDA Item III-B-4

Discuss and take appropriate action on the CCC Strategic Plan Mission, Vision, Values, Foundational Elements, and Goal Statements.
We are flexible and resilient.

Adaptable:

We partner to improve the delivery of care and health outcomes for people we serve.

Collaborative:

We encounter new ideas and creativity at every level of the organization.

Innovative:

We are responsible to our patients, our partners, and the public.

Accountable:

We are responsive to the needs and interests of the people we serve.

Person-centered:

CCD Values:

System alignment and accountability

Continuity of information

Continuous quality improvement and innovation

Clinical integration and care coordination

Person-centered and population-focused care delivery

that demonstrates –

To more effectively and efficiently serve its target population, the CCD is committed to creating an integrated delivery system

Fundamental Elements and Goal Statements:

Improve care delivery

Whole person, enables patients as part of the care team, focuses on prevention and wellness and utilizes outcome data to

Proposed Mission (How to Reach Vision):

Improve health outcomes

A healthcare delivery system that is a national model for providing high-quality, cost-effective, person-centered care and

Proposed Initial Strategic Plan for the Community Care Collaboration (CCD)

Draft – For Discussion Purposes Only
<table>
<thead>
<tr>
<th>Measures</th>
<th>Strategy</th>
<th>Goal Statement</th>
<th>Foundation Element</th>
</tr>
</thead>
</table>

CCCHM High-Level Strategic Plan FY14-FY19

Draft – For Discussion Purposes Only
<table>
<thead>
<tr>
<th>Measures</th>
<th>Strategy(ies)</th>
<th>Goal Statement</th>
<th>Foundational Element</th>
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</table>

Coordinating care between service based care homes and efficiently providing care in the most effective range of care. Treat the whole person by facilitating coordination and integration of care.
<table>
<thead>
<tr>
<th>Measures</th>
<th>Strategies</th>
<th>Goal Statement</th>
<th>Foundational Element</th>
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Outcomes:
- Individual care experience and improve
  innovative strategies to enhance
  members of the care team to employ
  and guidelines and empowering all
  establishing evidence-based protocols.
- Quality Improvement Framework; clear, well-developed Continuous
  Quality Improvement for health and services by PI and maintain a
  Self-Assessment/Quality of

Innovation and Continuous Quality
<table>
<thead>
<tr>
<th>Measures</th>
<th>Strategy(ies)</th>
<th>Goal Statement</th>
<th>Foundational Element</th>
</tr>
</thead>
</table>

- Effectiveness of services: track health outcomes and evaluate
-秩序 to inform point-of-care decisions,
- Individual and system-level data in
- Supports easy and timely access to
- Information exchange (HIE) that
- Implementing in effective health
- Improve care delivery by designing and

**Draft - For Discussion Purposes Only**
<table>
<thead>
<tr>
<th>Accountability</th>
<th>System Alignment and Foundation Element</th>
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<tbody>
<tr>
<td>Measures</td>
<td>(Strategy)</td>
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<tr>
<td></td>
<td>Establish the foundation for a leading</td>
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<tr>
<td></td>
<td>edge, integrated healthcare delivery</td>
</tr>
<tr>
<td></td>
<td>System-wide alignment with strategic,</td>
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<tr>
<td></td>
<td>financial, and operational</td>
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<tr>
<td></td>
<td>planning through comprehensive</td>
</tr>
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<td>sufficient resources, and demonstration</td>
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DRAFT – For Discussion Purposes Only
AGENDA Item III-B-5

Discuss and take appropriate action on a new CCC Three-Year DSRIP Project.
Three Year DSRIP Project Summary

CenteringPregnancy Program
The Community Care Collaborative

General Information

- African American women have significantly worse birth outcomes than their Caucasian or Latina counterparts. This is true nationally, in Texas, and in Travis County.
- This project will provide group-based prenatal care and education to at least 170 low-income African American women in Travis County via the CenteringPregnancy model.
- CenteringPregnancy provides women close together in gestational age with 10 two-hour group sessions, and individual meetings with their ob-gyn provider worked into meeting time.
- Sessions include facilitated discussions of topics related to pregnancy, birth and newborn care as well overall health and self-management, handling stress, and relationships.
- Program outcomes include: increased rate and duration of breastfeeding; improved patient satisfaction; increased birth weights, and reduced preterm births*.
- The preterm birth rate is the selected Category 3 outcome.
Community Need

- RHP 7 CNA: “Compared with Hispanic and White mothers, Black mothers ... have more than twice the rate of low birthweight babies and infant mortality.”
- CN 12: Lack of adequate prenatal care
- Complements Seton OB Navigation, City of Austin MIOP and Healthy Families DSRIP Projects
- Provides prenatal group and clinical care that is not included in existing or proposed projects

Patient Impact by Demonstration Year

<table>
<thead>
<tr>
<th>Quantifiable Patient Impact</th>
<th>DY 3</th>
<th>DY 4</th>
<th>DY 5</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Medicaid/Uninsured</td>
<td>20</td>
<td>50</td>
<td>100</td>
<td>170 patients</td>
</tr>
<tr>
<td>Total Served in Project</td>
<td>20</td>
<td>50</td>
<td>100</td>
<td>170 patients</td>
</tr>
<tr>
<td>% Medicaid/Uninsured</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
System Transformation and Likelihood of CMS Approval

- CenteringPregnancy achieves the triple aim: improves health outcomes, reduces the cost of care, and increases patient satisfaction.
- CMS just awarded over $4m in “Start Strong” grants to new CenteringPregnancy sites.
- 100% of the women served will be low-income Medicaid or un/underinsured.
- Project addresses a glaring health disparity within our community with a proven intervention that can be replicated elsewhere.
RHP 7 PROPOSED NEW 3-YEAR DSRIP PROJECTS
3YR Project Short Form – UPDATED 10/3/13

Performing Provider Name, TPI: Community Care Collaborative. 307459301

Category 1 or 2 Project Option: 2.7.3: Implement innovative evidence-based strategies to reduce low birth weight and preterm birth.

Brief Project Description:
The preterm birth rate among African-Americans in central Texas mirrors the national rate, at about 16.8% births occurring before 37 weeks, compared to 10% for the White population. Preterm birth is highly correlated with low birth weight, infant mortality, and long-term disability; in Austin, African-Americans represent only 8% of births, but 14% of admissions to the NICU, and have a rate of infant mortality 2.5 times higher than Whites and Hispanics. (DSHS data) This disparity in birth outcomes is not only a pressing social justice issue, but also has a significant medical-economic impact.

This initiative will implement a CenteringPregnancy program tailored to meet the unique needs of the African American population. CenteringPregnancy is an evidence-based, multifaceted model of prenatal care that integrates three major components of care: health assessment, education and support. Following the IOM Rules for Healthcare Redesign, CenteringPregnancy offers these components in a unified program within a group setting designed to empower women to choose health-promoting behaviors and improve health outcomes for pregnancy. CenteringPregnancy care starts around the beginning of the second trimester and goes through delivery. Eight to twelve women with similar gestational ages meet together, learn care skills, participate in a facilitated discussion, and develop a support network with other group members. Specific topics covered in the group sessions will include: the importance of breast-feeding; finding social supports; birth spacing and contraceptive options. The practitioner, within the group space, completes one-on-one standard physical health assessments. Each Pregnancy group meets for a total of 10 sessions throughout pregnancy and early postpartum.

Project Goals:

1. Enroll 170 women into the CenteringPregnancy program.
2. Reduce the preterm birth rate in our African American cohort.
3. Improve satisfaction with prenatal care by creating a patient-centered experience unique to the needs of the African American population.
4. Create an evidence-based curriculum for CenteringPregnancy specific to African Americans which can be disseminated nationwide through the Centering Healthcare Institute, in the hopes of improving outcomes on a national level.

IGT Entity (please attach written confirmation from IGT Source): Central Health

Valuation

<table>
<thead>
<tr>
<th>Category 1 or 2 Valuation</th>
<th>Category 3 Valuation</th>
<th>Total</th>
</tr>
</thead>
</table>

3YR Project Short Forms due to sarah.cook@centralhealth.net by COB Friday October 11th.
| DY 3 | 667,643 | 74,182 | 741,825 |
| DY 4 | 1,018,364 | 179,711 | 1,198,075 |
| DY 5 | 1,281,751 | 631,310 | 1,913,061 |

Description of Community Need(s) Addressed (Include Reference Number from the CNA Needs Table):

CN.12- lack of adequate prenatal care

Target Population:
Pregnant African American women who are on Medicaid or are low-income uninsured.

Anticipated Medicaid and Un/Underinsured Population Impact by DY:

- DY3: 20 enrollees
- DY4: 50 enrollees
- DY5: 100 enrollees

Category 1 or 2 Expected Patient Benefits:

170 pregnant African-American women will receive care under the model.

Category 3 Outcome(s):

[IT-8.12] Pre-term birth rate: decrease the percent of births delivered preterm (singleton live births delivered with less than 37 completed weeks of gestation).

Relationship (If any) to:

Provider’s existing DSRIP projects
- None

Other existing DSRIP projects in RHP 7
- 137265806.2.1 - University Medical Center Brackenridge - OB Navigation
- 176692501.1.1 - St. Mark's Medical Center - Expanding Access to Specialty Care (Obstetrics)
- 201320302.2.4 - City of Austin Health & Human Service Department - Prenatal & Postnatal Improvement Program
- 201320302.2.5 - City of Austin Health & Human Services Department - Healthy Families Program Expansion

This project can be implemented immediately upon CMS approval:

Check one:

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<tr>
<th></th>
<th>Yes</th>
<th>YES</th>
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</table>

Include the number and description of the Improvement Milestone from the Category 1 or 2 menu you will implement in DY 3: I-5: Identify number or percent of patients in target population receiving innovative intervention consistent with evidence-based model.

3YR Project Short Forms due to sarah.cook@centralhealth.net by COB Friday October 11th.
AGENDA Item III-B-6

Present and discuss CCC Financial Statements as of September 30, 2013.
Community Care Collaborative
Financial Statement Presentation
FY 2013 – as of September 30, 2013

CCC Board of Directors
OCTOBER 22, 2013

General

- Preliminary financial statements
  - Amounts subject to change
  - September 30th – end of fiscal year 2013
  - Four months of operations – June 1 – Sept 30, 2013
  - Audited financial statements as of September 30, 2013 to be produced
## Balance Sheet

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<tr>
<th>Assets</th>
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<tbody>
<tr>
<td></td>
<td>Current Assets</td>
<td>Cash &amp; Cash Equivalents</td>
<td>Total Current Assets</td>
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<tr>
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<td></td>
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<td>Total Assets</td>
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<td></td>
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</tr>
<tr>
<td>Liabilities</td>
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<tr>
<td></td>
<td>Short-term Liabilities</td>
<td>Accounts Payable</td>
<td>Total Short-term Liabilities</td>
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<tr>
<td>Total Liabilities</td>
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<tr>
<td>Net Assets</td>
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<td>Total Net Assets</td>
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<tr>
<td>Liabilities and Net Assets</td>
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</table>

## Budget vs. Actual (preliminary)

*As of September 30, 2013*

<table>
<thead>
<tr>
<th>Sources</th>
<th>Amended Budget</th>
<th>Estimate</th>
<th>Preliminary Actual</th>
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</thead>
<tbody>
<tr>
<td>DSRIP Revenue</td>
<td>8,994,823</td>
<td>8,994,823</td>
<td>8,994,823</td>
</tr>
<tr>
<td>Seton Indigent Care Payments</td>
<td>17,000,000</td>
<td>17,000,000</td>
<td>17,000,000</td>
</tr>
<tr>
<td>Central Health Indigent Care Payments</td>
<td>3,578,889</td>
<td>3,578,889</td>
<td>3,578,889</td>
</tr>
<tr>
<td>Total Sources</td>
<td>29,573,712</td>
<td>28,573,712</td>
<td>29,573,712</td>
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<tr>
<td>Uses - Programs</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare Delivery</td>
<td>20,578,889</td>
<td>16,824,796</td>
<td>15,759,136</td>
</tr>
<tr>
<td>DSRIP Project Costs</td>
<td>2,951,294</td>
<td>2,500,000</td>
<td>1,420,849</td>
</tr>
<tr>
<td>Total Uses</td>
<td>23,530,183</td>
<td>19,324,796</td>
<td>17,180,985</td>
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<tr>
<td>Ending Balance</td>
<td>0</td>
<td>10,518,956</td>
<td>12,393,741</td>
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</tbody>
</table>

**Highlights**

1. Total sources at Budget
   - DSRIP DY1 Revenue
   - Both Seton and Central Health Indigent Care Payments at budget
2. Uses
   - Healthcare Delivery approx. $1m less than estimated
   - DSRIP Project costs $800,000 less than estimates
   - A portion of project management costs will be paid in FY 2014
   - Fewer DY2 DSRIP contracts than estimated
3. Anticipate $13.5 m as budgeting operations contingency in FY 2014
Healthcare Delivery (preliminary)
As of September 30, 2013

<table>
<thead>
<tr>
<th>Uses - Healthcare Delivery</th>
<th>Amended Budget</th>
<th>Estimate</th>
<th>Preliminary Actual</th>
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</thead>
<tbody>
<tr>
<td>Provider Contract Services</td>
<td>$ 16,824,796</td>
<td>16,824,796</td>
<td>15,759,136</td>
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<tr>
<td>Operations Contingency</td>
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<td>0</td>
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<tr>
<td>Service Expansion Funds</td>
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<td>0</td>
</tr>
<tr>
<td>Total - Healthcare Delivery</td>
<td>$ 20,588,889</td>
<td>16,824,796</td>
<td>15,759,136</td>
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</tbody>
</table>

Highlights
1. Provider Contract Services

<table>
<thead>
<tr>
<th>Provider</th>
<th>Amended Budget</th>
<th>Prelim Actual</th>
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<tbody>
<tr>
<td>CommunityCare</td>
<td>12,964,584</td>
<td>12,964,584</td>
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<tr>
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<td>Sendero</td>
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<td>875,000</td>
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<td>Other</td>
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<tr>
<td>TOTAL</td>
<td>16,824,796</td>
<td>15,759,136</td>
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DSRIP Project Timelines

FY 14
Dec 2011 - Sept 2012
Preparation
Oct 2012 - Sept 2014
Planning

FY 15
Oct 2014 - Sept 2015
Implementation & Outcomes
Oct 2015 - Sept 2016
Performance & Outcomes
Questions? Comments?