Board of Directors

Meeting

Tuesday, May 13, 2014

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 April 8, 2014 CCC Board of Directors meeting.

B. Regular Agenda

   1. Receive a Delivery System Reform Incentive Payment (DSRIP) Projects update.

   2. Discuss and take appropriate action on agreements for performing CCC DSRIP Projects.


   4. Receive a presentation on the Austin Travis County Integral Care (ATCIC) Overview of Services Report.
5. Receive a presentation on CCC Financial Statements as of April 30, 2014.

6. Receive and discuss a report on clinical protocols and associated clinical metrics.

7. Receive a report on the current number of Unique MAP Enrollees.

IV. Closed Session

1. Receive and discuss matters impacting Community Care Collaborative’s business strategy development.

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.

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Board of Directors Meeting

May 13, 2014

CONSENT AGENDA ITEMS

A. Approve minutes from the April 8, 2014 CCC Board of Directors meeting.
Board of Directors

Meeting

Tuesday, April 8, 2014

2:00 p.m.

Central Health Administrative Offices

1111 E. Cesar Chavez St.

Austin, Texas 78702

Meeting Minutes

I. Call to Order and Record of Attendance
On Tuesday, April 8, 2014, a public meeting of the CCC Board of Directors was called to order at 2:15 p.m. in the Board Room at Central Health Administrative Offices located at 1111 E. Cesar Chavez St, Austin, Texas 78702. Chairperson Patricia A. Young Brown and Vice-Chairperson Greg Hartman were both present. The clerk for the meeting was Margo Gonzalez.

Clerk's Notes:
Secretary Gonzalez took record of attendance.

Directors Present:
Chairperson Patricia A. Young Brown, Vice-Chairperson Greg Hartman, Christie Garbe, Jeff Knodel, Tim LaFrey, and David Evans (Non-Voting Advisory Board Member)

Officers Present:
Larry Wallace (Executive Director) and Margo Gonzalez (Secretary)

Other Attendees Present:
Pam Gregerson (General Counsel)

II. Public Comments

Clerk's Notes:
None.

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 March 18, 2014 CCC Board of Directors meeting.

Clerk’s Notes:
Vice-Chairperson Hartman moved that the Board approve Consent Agenda item A(1). Director Knodel seconded the motion. The motion was passed on the following vote:

- Director Patricia A. Young Brown (Chair) - For
- Director Greg Hartman (Vice-Chairperson) - For
- Director Christie Garbe - For
- Director Jeff Knodel - For
- Director Tim LaFrey - For

B. Regular Agenda

1. Receive a Delivery System Reform Incentive Payment (DSRIP) Projects update.

Clerk’s Notes:
Sarah Cook provided an update on the current CCC DSRIP projects and presented a revised report of the Demonstration Year 3 Status Updates. The revised report is a dashboard of aggregate information for performance monitoring of DSRIP projects, including objective factors for scoring, contract status and project milestones. There are 15 DSRIP Projects that have been initiated. However, the status of each DSRIP Project depends on varying factors that may impact its risk score. Ms. Cook also explained the objective factors that modify a DSRIP Project’s risk score which determines if the DSRIP Project is on target. CCC Staff is creating a reporting plan for milestones which will include specific requirements for performing DSRIP Projects.

2. Discuss and take appropriate action on agreements for performing CCC DSRIP Projects.

Clerk’s Notes:
Ms. Cook explained that there are 10 contracts pending for DSRIP Projects. The CCC is contracting with CommUnityCare for 5 of the projects including disease management registry, expanded hours, mobile health teams, patient centered medical homes (PCMH), and the chronic disease management model. The disease management registry has three baseline establishments – annual foot checks for diabetics, annual low-density lipoprotein (LDL) screens for diabetics, and annual nephropathy screen for diabetics. CommUnityCare and Lone Star Circle of Care are the contracted providers for these services. CommUnityCare will expand clinic hours at Rosewood Zaragoza Health Center by at least 15 hours per week and will provide services for tobacco screening and cessation, blood pressure screening and treatment plan, and body mass index (BMI) screening and treatment plan. The PCMH DSRIP Project includes services for blood pressure control for diabetics, annual retinal eye exams, ACE/ARB diuretics, and monitoring of patients diuretics. This project will be provided at CommUnityCare and People’s Community Clinic. Both organizations will also provide a chronic disease management model where each clinic location will monitor and help diabetics control high blood pressure. The CCC will partner with United Way 2-1-1 Call Line to provide patient navigation expanding outbound call hours for new MAP enrollees. The purpose of this contract is to provide MAP enrollees with useful information that may help them understand their benefits. The CCC will contract with El Buen Samaritano to meet specific deliverables in support of the disease management model.
management registry, PCMH, chronic care management model, and patient navigation DSRIP Projects.

Director Garbe moved that the Board approve the following agreements for performing CCC DSRIP Projects as presented by staff: Disease Management Registry; Expanded Hours; Mobile Health Teams; Patient-Centered Medical Home; Chronic Disease Management Model; Patient Navigation; and Infrastructure Project Workgroups, contingent upon approval of the Central Health Board of Managers. Director Knodel seconded the motion. The motion was passed on the following vote:

- Director Patricia A. Young Brown (Chair) For
- Director Greg Hartman (Vice-Chairperson) For
- Director Christie Garbe For
- Director Jeff Knodel For
- Director Tim LaFrey For

This agenda item was taken out of order.


Clerk’s Notes:
Mr. Knodel reported on the CCC’s Financial Statements as of March 31, 2014 and explained activities on the balance sheet, sources and uses report, and health care delivery costs and operations. He also reviewed a Budget Expenditure Comparison report for March 2013 and March 2014 which compares contracted expenses for a twelve month period.

This agenda item was taken out of order and no action was taken.

4. Discuss and take appropriate action regarding the use of Fiscal Year 2014 Central Health service expansion funds.

Clerk’s Notes:
Diane Hosmer explained the request for service expansion funds which will support behavioral health and specialty care services through September 30, 2014. The CCC monitors contract expenditures to ensure that expenditures do not exceed 80 percent before the contract term date. When a contract exceeds 80 percent before its term date, the CCC conducts an analysis to determine the reason for the increase, then makes a recommendation to the appropriate CCC and Central Health governance structures to adjust the annual contract amount to allow sufficient funding for services that will carry the contract to September 30, 2014. The contracted providers of ophthalmology are experiencing an increase in referrals from primary care providers for diabetic retinopathy screenings.

Larry Wallace explained that the CCC adopted Central Health’s standard operating procedures for contracts. Additionally, any substantive changes to CCC contracts will be presented to the CCC Board of Directors as well as the Central Health Budget and Finance Committee and Board of Managers for recommendation and consideration for approval. This funding increase will help ensure access to behavioral health services at SIMS Foundation and ophthalmology services for MAP enrollees to accommodate increased utilization.

Mr. Knodel explained the history of Central Health contract budget expenditures for services. In prior years, Central Health anticipated budget expenditures for services that increased due
to utilization or cost to provide services, but when those contracts transferred to the CCC, they were reset to their base budget to make the best use of the CCC’s financial resources.

Dr. Mark Hernandez also explained that the service expansion funds offer increased utilization and is an efficient approach to continuing contracted services without disruption or delay for patients in need of those services.

Director Knodel moved that the Board approve the request for the use of Fiscal Year 2014 Central Health service expansion funds and approve the related amendment of the Fiscal Year 2014 Community Care Collaborative budget as presented by staff, contingent upon approval of the Central Health Board of Managers. Director LaFrey seconded the motion. The motion was passed on the following vote:

- Director Patricia A. Young Brown (Chair) For
- Director Greg Hartman (Vice-Chairperson) For
- Director Christie Garbe For
- Director Jeff Knodel For
- Director Tim LaFrey For

5. Receive a report on the current number of Unique MAP Enrollees.

Clerk's Notes:
Dr. Hernandez reported the current number of unique MAP enrollees for March 2014 which was 24,235 and comparable to trends from last year.

No action was taken.

IV. Closed Session

Clerk's Notes:
No closed session discussion.

V. Closing

Clerk's Notes:
There being no further discussion or agenda items, Director Garbe moved that the meeting adjourn. Director Knodel seconded the motion.

- Director Patricia A. Young Brown (Chair) For
- Director Greg Hartman (Vice-Chairperson) For
- Director Christie Garbe For
- Director Jeff Knodel For
- Director Tim LaFrey For

The meeting was adjourned at 3:40 p.m.

_____________________________________________________
Patricia A. Young Brown, Chairperson
Community Care Collaborative Board of Directors
ATTESTED TO BY:

_______________________________________________________
Margo Gonzalez, Secretary to the Board
Community Care Collaborative
AGENDA ITEM

1. Receive a Delivery System Reform Incentive Payment (DSRIP) Projects Update.
AGENDA ITEM

2. Discuss and take appropriate action on agreements for performing CCC DSRIP Projects.
AGENDA ITEM

Central Health’s ACA Marketplace Efforts

Presentation to the CCC Board of Directors
May 13, 2013
Coordinated Efforts

Goal: Enroll Central Texas residents in health coverage offered through the Health Insurance Marketplace

- Coordinated, systematic approach
- Help prevent confusion
- Avoid duplication of efforts
- Maximize use of existing resources
Convened Stakeholders

Hosted regular stakeholder meetings with local:

- Government entities
- Non-profit organizations
- Federally Qualified Health Centers
- Austin Community College
- Enroll America staff
- Community organizations
Stakeholder Committees

Formed Committees to focus on strategic activities

- Outreach & Enrollment Committee
  - Outreach and education of local residents
  - Referrals to local facilities providing in person application assistance
  - Coordinated two Community Enrollment events

- Communications Committee
  - Fielded media inquiries
  - Hosted press conferences
  - Promoted consistent messaging
Stakeholder Committees

- Data & Analytics Committee
  - Develop a standard set of metrics
  - Capture data for our community wide efforts

- Small Business Committee
  - Work closely with local Chamber of Commerce
  - Ensure business owners were aware of options available to them and their employees
    - Limited manpower available to focus on these efforts
    - Definitely want to enhance for next open enrollment period
Central Health’s Support

- Central Health invested $1.3M to support local efforts related to the Affordable Care Act

- Dedicated funding for outreach and education efforts to promote the benefits and financial assistance available through the Health Insurance Marketplace
Outreach and Education

Contract with United Way for Greater Austin

- Three local community organizations
- Provided culturally competent, community based outreach & education services
  
  - Promote the Health Insurance Marketplace in Travis County
  - Attended over 925 events with 85,000 in attendance
  - Provided over 25,000 direct referrals to facilities providing in person application assistance

- These efforts
  
  - Directed at targeted populations and underserved areas of county
  - Compliment services provided by Enroll America
One Central Resource

- Identified the need for one central resource for local information & referrals
- United Way for Greater Austin
  - Manages the local 2-1-1 Center
  - Serves 10 County Central Texas Region
- Familiar, trusted, community resource
- 2-1-1 is local number that was easy to remember
- Perfect fit
In December of 2013 Central Health launched a Public Information & Awareness Campaign:

2-1-1 Health Connect
**Goal:** Build awareness of the health insurance opportunities available in Travis County and promote enrollment using 2-1-1 as the initial point of contact.

**Target Audiences:** ~100K Travis County residents living between 100-200% FPL with inadequate or no health insurance

**Communications Plan and Media Mix**

- **Broadcast**
  - Extensive radio placements on English and Spanish language stations
  - Selected low-cost TV opportunities (e.g., news segment sponsorships)

- **Print**
  - Advertising in community and Spanish-language papers
  - Inserts and flyers for distribution through neighborhood/community channels

- **Digital**
  - Selected display advertising extensions of print and broadcast placements
  - Paid social media and PPC/keyword search

- **Social, Earned and Owned**
  - Social, collateral and display (posters/flyers) for music and restaurant targets
  - Leveraging Central Health’s and partner’s owned and social media channels
Radio Advertising

- 2200+ total radio spots in February on 11 stations
- Spots include :30 PSAs, :60 endorsements, :60 vignettes w/2-1-1 specialists
- Radio demos targeted to reach highest numbers of ACA-eligible uninsured including:
  - HHI < $50K
  - M/F under 40
  - African-American
  - Women 25-54
  - Hispanic (both English and Spanish)
  - Musicians and music venues, restaurants

Reaching more than 1 million listeners each month:

- ± 600,000 English-language
- ± 460,000 Spanish-language
Univision TV

Vignettes and interview segments feature local experts informing audiences about the importance of health coverage and the availability of local resources to assist with enrollment.

TV media plan reaches 1.6 million viewers monthly

Also includes value-added social media and community events
# Spanish Radio (Univision) Events

## Community Coffees and Events

*Sponsored by Central Health, promoted by Univision • Spanish-language Speakers coordinated through United Way*

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/5/14</td>
<td>Dia de Reyes - La Michoacana</td>
<td>Latino Health Care Forum</td>
<td>Festival</td>
</tr>
<tr>
<td>2/1/14</td>
<td>Las Delicias Meat Market</td>
<td>Foundation Communities</td>
<td>Café/Platic a</td>
</tr>
<tr>
<td>2/15/14</td>
<td>Las Delicias Meat Market</td>
<td>Latino Health Care Forum</td>
<td>Café/Platic a</td>
</tr>
<tr>
<td>2/22/14</td>
<td>Feria Para Aprender-Highland Mall</td>
<td>Foundation Communities</td>
<td>Festival</td>
</tr>
<tr>
<td>3/1/14</td>
<td>Highland Mall</td>
<td>Foundation Communities</td>
<td>Café/Platic a</td>
</tr>
<tr>
<td>3/15/14</td>
<td>El Buen Samaritano</td>
<td>CommUnityCare</td>
<td>Café/Platic a</td>
</tr>
<tr>
<td>3/22/14</td>
<td>Las Delicias Meat Market</td>
<td>Austin Interfaith</td>
<td>Café/Platic a</td>
</tr>
</tbody>
</table>

## Radio Interviews

- **1/29** Radio Nora Cadena Foundation Comm
- **2/26** Radio Isaac Pozos CommUnityCare
- **3/4** Radio Univision Talent: Mar 8 event promo
- **3/11** FB Video Univision Talent: Mar 8 event promo

www.CentralHealth.net
Online Marketing Plan

**Goal:** Build awareness of the health insurance opportunities available in Travis County and promote enrollment using 2-1-1 as the initial point of contact.

**Target Audiences:** ~100K Travis County residents living between 100-200% FPL with inadequate or no health insurance

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**Campaign Websites**

- Provided a content hub for the overall campaign and allowed for defined metrics tracking such as: unique site visits, the duration of those visits, and click-throughs to:
  - [www.211healthconnect.org](http://www.211healthconnect.org) (General English Site)
  - [www.musicianhealthcare.org](http://www.musicianhealthcare.org) (Musician-Targeted English Site)
  - [www.conexiondesalud.org](http://www.conexiondesalud.org) (Spanish Site)

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**Ads**

- Served as an entry point for target audiences to the information on the landing pages (campaign websites), using these channels:
  - Google ads
  - Facebook ads
  - Promoted posts on Facebook and Twitter accounts owned by Central Health
Campaign Websites

www.211healthconnect.org

www.conexiondesalud.org

www.musicianhealthcare.org
$8,498 in online pay-per-click advertising got us:

- **1,962,125** people to see our messages
- **12,239** people to click on our messages (ads)
- **6,215** people to visit our campaign websites
- Facebook accounted for **91%** of all clicks to our websites
- Spanish-speaking ads were **2x** more likely to be clicked on

### Advertising Metrics

<table>
<thead>
<tr>
<th>Campaigns</th>
<th>Total Clicks</th>
<th>Total Ad Views</th>
</tr>
</thead>
<tbody>
<tr>
<td>Google</td>
<td>1,040</td>
<td>309,000</td>
</tr>
<tr>
<td>Facebook</td>
<td>10,688</td>
<td>1,595,125</td>
</tr>
<tr>
<td>Twitter</td>
<td>511</td>
<td>58,000</td>
</tr>
<tr>
<td>TOTALS</td>
<td>12,239</td>
<td>1,962,125</td>
</tr>
</tbody>
</table>

### Landing Pages Metrics

<table>
<thead>
<tr>
<th>Landing Pages</th>
<th>Total Clicks</th>
<th>Avg. Visit Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.211healthconnect.org">www.211healthconnect.org</a></td>
<td>2,913</td>
<td>38 seconds</td>
</tr>
<tr>
<td><a href="http://www.musicianhealthcare.org">www.musicianhealthcare.org</a></td>
<td>474</td>
<td>12 seconds</td>
</tr>
<tr>
<td><a href="http://www.conexiondesalud.org">www.conexiondesalud.org</a></td>
<td>2,828</td>
<td>36 seconds</td>
</tr>
</tbody>
</table>

www.CentralHealth.net
Reports from the Field: Challenges

Healthcare.gov

- System down during high traffic times
  - Beginning of open enrollment
  - December deadline (for coverage effective January)
  - End of open enrollment
- Identification issues
- Inaccurate Advanced Premium Tax Credits and Cost Sharing subsidies
- Negative press
Reports from the Field: Challenges

Lack of insurance literacy
- Low monthly premiums vs high out of pocket costs
- What is a deductible - how does it work?

Lack of computer literacy
- Creation of email and user accounts
- Forgotten usernames and passwords
Reports from the Field: Challenges

Marketplace Call Center

- Often experienced:
  - Inaccurate and inconsistent information
  - Long hold times
  - Poor customer service
  - Calls transferred to numerous representatives and supervisors - only to be disconnected or asked to call back
A Few Lessons Learned

- Accurate enrollment outcomes required knowledge of health and dental insurance, taxes, immigration, and public programs
  - Did not anticipate the complexity or in depth knowledge required
- Communicating regularly via phone and email to ask questions, share best practices, tools and work-arounds
  - Real-time communication amongst local CACs was the most helpful when addressing immediate needs
- Maximize resources by planning outreach events around facilities that were providing application assistance
Next Steps for Collaboration

- Develop and standardize CAC training materials and tools
  - Enhance training on taxes and immigration
  - Expand training on individual health and dental plans to provide CACs with a deeper understanding of various benefit summaries
    - What costs are applied towards deductibles
    - How prescription benefits work for each plan
    - How each plan covers specific medical conditions & treatments
Next Steps for Collaboration

- Develop a triage form to assist CACs in determining if an employer offers affordable health coverage
  - Work with local employers to develop a database of employee coverage details in our area
- Develop a local provider database with details on which providers accept which Marketplace health plans
- Enhance consumer education material
Summary

- Coordinated, systematic approach
- Prevent confusion & avoid duplication of efforts
- Maximize use of existing resources
- Enhanced outreach & education efforts
- Public Information & Awareness Campaign
  - Media and on line resources
- In person application assistance at multiple facilities
Summary

- Regular meetings with key stakeholders
- Committees focused on strategic activities
- Central resource for local information & referrals - United Way 2-1-1 Center
- Planning next steps
Questions?
AGENDA ITEM

4. Receive a presentation on the Austin Travis County Integral Care (ATCIC) Overview of Services Report.
Overview of Integral Care and Possible Role(s) with the CCC

CCC Board Meeting

Mark Hernandez, M.D.
CCC Chief Medical Officer

Beth Peck, PMP
CCC Special Projects Manager

May 13, 2014

Overview

• Integral Care Review Project
  ➢ Purpose
  ➢ Activities
• Integral Care 101 (CCC Focus)
• Potential Roles for Integral Care within CCC
• Conclusions and Recommendations
• Next Steps
Integral Care Review Project

Purpose
- Facilitate planning for the integration of all care services provided through the IDS,
- Establish a baseline for planning and outcome analysis, and
- Identify ways in which the entity under review can most effectively participate in the CCC, either as a contracted provider, CCC affiliate partner, or a full risk-sharing partner.

Activities Conducted

Chartering of Project, Project Planning & Kick-Off, Meetings with Program Managers, Writing of Report, Vetting with Integral Care, Presentation of Findings
### Integral Care 101

#### FY 2014 Budget

<table>
<thead>
<tr>
<th>Role</th>
<th>Governing/Funding Entity</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Mental Health Authority</td>
<td>Texas Department of State Health Services (DSHS)</td>
<td>Behavioral Health and support services</td>
</tr>
<tr>
<td>Local Authority for IDD</td>
<td>Texas Department of Aging and Disability Services (DADS)</td>
<td>Program enrollment, community support services, service coordination, etc.</td>
</tr>
<tr>
<td>Grant Recipient</td>
<td>Federal – SAMHSA, Ryan White State – DSHS, DARS, TDCJ</td>
<td>Health Integration, In-Shape, HIV Services Child and Family Services, Mental Health First Aid, ECI, Juvenile TCOOMI</td>
</tr>
<tr>
<td>Community Collaborator</td>
<td>Psychiatric Stakeholder Committee DACC/TCJD</td>
<td>Crisis Service Planning and Funding Services for criminal-justice involved individuals Integrated behavioral health</td>
</tr>
<tr>
<td></td>
<td>FQHCs</td>
<td></td>
</tr>
</tbody>
</table>
Integral Care 101

Local Mental Health Authority

- Mandated Services
  - 24-Hour Emergency Screening and Crisis Stabilization
  - Crisis Residential Services
  - Community-Based Assessments
  - Family Support Services, including respite
  - Case-Management
  - Medication-Related Services
  - Psycho-social Rehabilitation Programs (social support, independent living skills, vocational training)

Integral Care 101

Local Mental Health Authority

- Mandated Populations

  **Children**
  - Ages 3-17
  - Have a Mental Health Diagnosis
  - Exhibit serious emotional, behavioral, or mental disorders AND
    - Have a serious functional impairment; or
    - Are at risk of disruption of a preferred living environment; or
    - Are enrolled in a school’s special education program

  **Adults**
  - Have a severe and persistent mental illness which requires crisis resolution or on-going treatment
Integral Care 101

Prevention & Wellness
- In-Shape
- Chronic Disease Management
- Peer Support
- Whole Health Peer Support

Adult Behavioral Health
- Integrated Behavioral Health & Primary Care
- Ambulatory Detox
- CARE Program
- Narcotic Treatment Program
- Oak Springs Treatment

Psychiatric Crisis Services
- PES/Crisis Hotline
- MCOT
- ACT
- The Inn
- Hospital & Jail Alternative Program
- Next Step
Integral Care 101

Child and Family Services

- Outpatient Behavioral Health Services
- Integrated Behavioral Health and Primary Care in Schools

Intellectual and Developmental Disability Services

- Systematic, Therapeutic, Assessment, Respite and Treatment (START) Center

PES Hotline

General Population
- Integrated Behavioral Health and Primary Care
- Oak Springs – IOP
- Mobile Crisis Outreach Team
- The Inn
- Hospital and Jail Alternative Project
- Next Step – Inpatient and Outpatient
- Outpatient Behavioral Health (Youth)

At-Risk Populations
- CARE (HIV)
- School-Based Integrated Care
- Chronic Disease
- Chronic Disease Management
- Frequent Hospital Admissions
- ACT
- Substance Use/Co-occurring
- Ambulatory Detox
- Narcotic Treatment
- Oak Springs (COPSD)
- Developmental Disability and SMI
- START

Service Enhancers/Extenders

Enhancers
- In-Shape
- Peer Support
- Whole Health Peer Support
- Homeless and Housing Services

Extenders
- Telemedicine
- Expanded Provider Capacity
Potential Roles for Integral Care within CCC

**Current State**
- **Partner** -- Integral Care is not a full partner of the CCC.
- **Contracted Provider** -- Integral Care is not a CCC-contracted provider.
- **Covered Benefit** -- Integral Care services are not included as a covered benefit in the CCC Medical Access Program (MAP).
- **Key Provider of Consumer-Needed Services** -- CCC patients are eligible for and use Integral Care services.

**Potential Roles for Integral Care within CCC**

- **Central Health Founding Partner**
  - Funder
  - Financial Risk
  - Public Accountability
- **Seton Healthcare Family Founding Partner**
  - Funder
  - Financial Risk
  - Board Accountability
- **Contracted Community Providers**
  - Integral Care
  - What is Best Role?
Potential Roles for Integral Care in the CCC

<table>
<thead>
<tr>
<th>Risk Model</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonus Payment at Risk</td>
<td>Provider is at risk of not receiving a bonus payment based on quality and/or efficiency performance</td>
</tr>
<tr>
<td>Market Share Risk</td>
<td>Patients are incentivized by lower co-pays or premiums to select certain providers so providers are at risk of loss of market share</td>
</tr>
<tr>
<td>Risk of Baseline Revenue Loss</td>
<td>Build on a fee-for-service “chassis”; providers face a financial or payment loss if they fail to meet certain cost or quality thresholds, and/or if actual costs exceed a target cost</td>
</tr>
<tr>
<td>Financial Risk for Population Health</td>
<td>Providers manage patient treatment costs for all or a designated set of services within a predetermined payment stream and are at risk for costs that exceed payments (e.g., partial/full capitation, global budget)</td>
</tr>
</tbody>
</table>

Conclusions and Recommendations

Strengths for Alignment

- **Local Mental Health Authority** – has long-standing and mandated role in behavioral health
- **Continuum of Services** – provides or contracts for the provision of services across the continuum of care
- **Community Collaborator** – has established relationships with numerous community entities
Conclusions and Recommendations

Challenges regarding Alignment

• Lack of Funding Flexibility – much of Integral Care’s budget is constrained in the ways it can be spent

• Limited Knowledge of Integral Care Roles in Community – many CCC service providers have a limited understanding of Integral Care’s roles and responsibilities

• Need for Stronger Clinical Leadership Position in the Community – need to establish a more prominent and collaborative role as a clinical leader in behavioral health care

Next Steps

• The CCC and Integral Care should begin a series of conversations regarding the strategic alignment of the organizations.

• Integral Care should begin working to ensure that it is connecting with other entities in the CCC in a meaningful fashion.

• Integral Care must commit to building a strong clinical leadership role in the area of behavioral health service delivery.
Questions? Comments?
AGENDA ITEM

5. Receive a presentation on CCC Financial Statements as of April 30, 2014.
General

- Interim Financial Statements
  - Balance Sheet
  - Sources and Uses Report – Budget vs. Actual
- Seven months of operations
  - October 1, 2013 – April 30, 2014
## Balance Sheet

*April 30, 2014*

<table>
<thead>
<tr>
<th>Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; cash equivalents</td>
<td>66,816,347</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>915,474</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>67,731,822</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>2,394,580</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>354,311</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>2,748,891</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>64,982,930</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities and Net Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>67,731,822</strong></td>
</tr>
</tbody>
</table>
## Sources and Uses Report
### Budget vs. Actual
#### As of FYTD April 30, 2014

<table>
<thead>
<tr>
<th>Sources</th>
<th>Adopted Budget</th>
<th>Adopted Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSRIP Revenue</td>
<td>49,152,105</td>
<td>49,287,465</td>
</tr>
<tr>
<td>Seton Indigent Care Payments (1)</td>
<td>60,000,000</td>
<td>30,000,000</td>
</tr>
<tr>
<td>Central Health Indigent Care Payments (1)</td>
<td>16,106,479</td>
<td>10,906,479</td>
</tr>
<tr>
<td>Operations Contingency Carry-forward</td>
<td>10,354,156</td>
<td>12,393,741</td>
</tr>
<tr>
<td><strong>Total Sources</strong></td>
<td><strong>135,612,740</strong></td>
<td><strong>102,587,685</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Uses – Programs</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Delivery</td>
<td>74,025,209</td>
<td>35,068,692</td>
</tr>
<tr>
<td>Permitted Investments - UT</td>
<td>35,000,000</td>
<td>0</td>
</tr>
<tr>
<td>Emergency Reserve</td>
<td>5,000,000</td>
<td>2,916,667</td>
</tr>
<tr>
<td>DSRIP Project Costs</td>
<td>21,587,531</td>
<td>2,536,063</td>
</tr>
<tr>
<td><strong>Total Uses</strong></td>
<td><strong>135,612,740</strong></td>
<td><strong>40,521,422</strong></td>
</tr>
</tbody>
</table>

| Sources over uses                            | 0             | 62,066,263    |

<table>
<thead>
<tr>
<th>Net Assets:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>62,066,263</td>
<td></td>
</tr>
<tr>
<td>Emergency Reserve</td>
<td>2,916,667</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>64,982,930</strong></td>
<td></td>
</tr>
</tbody>
</table>

(1) Final contributions will be subject to provisions of the Master Agreement, which requires the parties to collaborate to adequately fund the CCC, but leaves the amount of funding up to each parties’ discretion. Each member contribution could be more or less than the estimate, depending upon a variety of factors.
# Healthcare Delivery Report
As of FYTD April 30, 2014

<table>
<thead>
<tr>
<th>Healthcare Delivery</th>
<th>Budget</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Services *</td>
<td>63,194,556</td>
<td>35,068,692</td>
</tr>
<tr>
<td>Operations Contingency</td>
<td>10,330,653</td>
<td>0</td>
</tr>
<tr>
<td>Expansion Funds</td>
<td>500,000</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>74,025,209</td>
<td>35,068,692</td>
</tr>
</tbody>
</table>

*Healthcare Services budget reflects $906,479 in expansion funds from Central Health
## Healthcare Delivery Costs
### As of FYTD April 30, 2014

<table>
<thead>
<tr>
<th>Healthcare Delivery Costs</th>
<th>Adopted Budget</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>50,231,419</td>
<td>28,677,218</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>2,175,900</td>
<td>1,093,727</td>
</tr>
<tr>
<td>Mental Health</td>
<td>383,856</td>
<td>218,680</td>
</tr>
<tr>
<td>Dental Care</td>
<td>596,711</td>
<td>245,801</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>5,571,670</td>
<td>2,260,719</td>
</tr>
<tr>
<td>Client Referral Services</td>
<td>735,000</td>
<td>526,801</td>
</tr>
<tr>
<td>Claims Administration</td>
<td>3,500,000</td>
<td>2,041,667</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>4,079</td>
</tr>
<tr>
<td><strong>Total Healthcare Delivery Costs</strong></td>
<td><strong>63,194,556</strong></td>
<td><strong>35,068,692</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expansion Funds Detail</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>$ 118,856.00</td>
</tr>
<tr>
<td>Specialty Care-Vision</td>
<td>$ 315,638.00</td>
</tr>
<tr>
<td>Specialty Care-Paul Bass</td>
<td>$ 471,985.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 906,479.00</strong></td>
</tr>
</tbody>
</table>
# Budget Expenditure Comparison
## April FY13 to April FY14

<table>
<thead>
<tr>
<th>Operating expenses:</th>
<th>FY13 10/1/12 to 04/30/13 Actual</th>
<th>FY13 Budget</th>
<th>% Budget Expensed</th>
<th>FY13 Year End Actual</th>
<th>FY14 10/1/13 to 4/30/14 Actual</th>
<th>FY14 Budget *</th>
<th>% Budget Expensed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care - CommunityCare</td>
<td>$22,688,021</td>
<td>$38,893,751</td>
<td>58%</td>
<td>$39,893,751</td>
<td>$23,500,297</td>
<td>$40,330,910</td>
<td>58%</td>
</tr>
<tr>
<td>Primary Care - El Buen Samaritano*</td>
<td>$1,116,141</td>
<td>$2,754,400</td>
<td>41%</td>
<td>$1,756,914</td>
<td>$1,166,968</td>
<td>$1,800,000</td>
<td>65%</td>
</tr>
<tr>
<td>Primary Care - Lone Star Circle of Care</td>
<td>$2,353,078</td>
<td>$4,364,995</td>
<td>54%</td>
<td>$4,009,668</td>
<td>$2,244,339</td>
<td>$4,364,995</td>
<td>51%</td>
</tr>
<tr>
<td>Primary Care - Peoples Community Clinic</td>
<td>$753,028</td>
<td>$1,398,000</td>
<td>54%</td>
<td>$1,306,796</td>
<td>$777,064</td>
<td>$1,398,000</td>
<td>56%</td>
</tr>
<tr>
<td>Primary Care - Volunteer Clinic</td>
<td>$59,963</td>
<td>$100,000</td>
<td>60%</td>
<td>$96,283</td>
<td>$59,032</td>
<td>$100,000</td>
<td>59%</td>
</tr>
<tr>
<td>Primary Care - Recuperative Care Beds</td>
<td>$188,500</td>
<td>$300,000</td>
<td>63%</td>
<td>$362,500</td>
<td>$164,750</td>
<td>$300,000</td>
<td>55%</td>
</tr>
<tr>
<td>Primary Care - Urgent Care</td>
<td>$90,562</td>
<td>$166,000</td>
<td>55%</td>
<td>$165,364</td>
<td>$77,318</td>
<td>$166,000</td>
<td>47%</td>
</tr>
<tr>
<td>Primary Care - Planned Parenthood*</td>
<td>$351,166</td>
<td>$690,197</td>
<td>51%</td>
<td>$515,508</td>
<td>$233,333</td>
<td>$400,000</td>
<td>58%</td>
</tr>
<tr>
<td>Primary Care - Paul Bass Clinic - Primary</td>
<td>$265,908</td>
<td>$709,647</td>
<td>37%</td>
<td>$398,937</td>
<td>$173,662</td>
<td>$709,647</td>
<td>24%</td>
</tr>
<tr>
<td>Primary Care - Blackstock</td>
<td>$90,953</td>
<td>$262,045</td>
<td>35%</td>
<td>$221,555</td>
<td>$85,266</td>
<td>$262,045</td>
<td>33%</td>
</tr>
<tr>
<td>Ancillary - Austin EMS</td>
<td>$406,206</td>
<td>$696,822</td>
<td>58%</td>
<td>$696,822</td>
<td>$406,000</td>
<td>$696,822</td>
<td>58%</td>
</tr>
<tr>
<td><strong>Total Specialty Care</strong></td>
<td>$2,363,526</td>
<td>$5,335,857</td>
<td>58%</td>
<td>$5,088,029</td>
<td>$5,528,419</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty Care - Vision*</td>
<td>$239,487</td>
<td>$389,077</td>
<td>62%</td>
<td>$419,756</td>
<td>$290,454</td>
<td>$550,915</td>
<td>53%</td>
</tr>
<tr>
<td>Specialty Care - Paul Bass Clinic - Specialty</td>
<td>$64,443</td>
<td>$462,000</td>
<td>14%</td>
<td>$108,911</td>
<td>$378,035</td>
<td>$493,928</td>
<td>40%</td>
</tr>
<tr>
<td>Oncology - Austin Cancer Centers</td>
<td>$184,249</td>
<td>$334,000</td>
<td>55%</td>
<td>$266,038</td>
<td>$203,494</td>
<td>$334,000</td>
<td>61%</td>
</tr>
<tr>
<td>Orthotics</td>
<td>$17,560</td>
<td>$27,000</td>
<td>65%</td>
<td>$36,706</td>
<td>$19,507</td>
<td>$27,000</td>
<td>72%</td>
</tr>
<tr>
<td><strong>Total Mental Health</strong></td>
<td>$505,739</td>
<td>$1,212,077</td>
<td>58%</td>
<td>$891,490</td>
<td>$1,845,900</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health - ATCIC Austin Travis County Integral Care</td>
<td>$4,512,835</td>
<td>$7,925,319</td>
<td>57%</td>
<td>$8,227,395</td>
<td>$4,623,103</td>
<td>$7,925,319</td>
<td>58%</td>
</tr>
<tr>
<td>Mental Health - SIMS Foundation*</td>
<td>$223,440</td>
<td>$435,075</td>
<td>51%</td>
<td>$375,120</td>
<td>$218,680</td>
<td>$383,856</td>
<td>57%</td>
</tr>
<tr>
<td><strong>Total Pharmacy</strong></td>
<td>$4,736,275</td>
<td>$8,360,394</td>
<td>58%</td>
<td>$8,481,783</td>
<td>$8,309,175</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy - MedImpact/ScriptCare</td>
<td>$2,533,636</td>
<td>$5,444,687</td>
<td>47%</td>
<td>$4,042,113</td>
<td>$2,260,719</td>
<td>$5,400,000</td>
<td>42%</td>
</tr>
<tr>
<td><strong>Total Dental</strong></td>
<td>$321,344</td>
<td>$596,711</td>
<td>54%</td>
<td>$488,154</td>
<td>$245,801</td>
<td>$596,711</td>
<td>41%</td>
</tr>
</tbody>
</table>

* FY14 Budget includes $906,479 expansion funds from Central Health Expenditures
Questions? Comments?
AGENDA ITEM

6. Receive and discuss a report on clinical protocols and associated clinical metrics.
1 Purpose & Objective
This protocol provides evidence-based care recommendations in the screening and treatment of patients with Hypertension in the primary care setting.

2 Scope of Protocol

2.1 Target Population
This protocol was derived from clinical guidelines for individuals in the CCC population diagnosed with Hypertension, 18 years of age or older.

2.2 Target Users
This protocol is developed for use in primary care settings.

2.3 Excluded Topics
This protocol does not address the clinical management of patients with Pre-Hypertension or Malignant Hypertension.

2.4 Related Guidelines
James P.A. et al. (2014) Evidence-based guideline for the management of high blood pressure in adults: Report from the panel members appointed to the Eighth Joint National Committee (JNC 8). JAMA
1 Purpose & Objective
This protocol provides evidence-based care recommendations in the screening and treatment of patients with Stage A, B, or C Heart Failure in the primary care setting.

2 Scope of Protocol
2.1 Target Population
This protocol will serve those patients in the CCC population deemed “at-risk” due to a co-morbid disease or as identified by the risk tool; both included in this document under item 4.1.

This protocol was derived from clinical guidelines for individuals in the CCC population diagnosed with Stage A, B, or C Heart Failure, 18 years of age or older.

2.2 Target Users
This protocol is developed for use in primary care settings.

2.3 Excluded Topics
This protocol does not address the clinical management of patients with Refractory Heart Failure (Stage 4), as those individuals should be referred to specialty care or other care as needed.

2.4 Related Guidelines
Protocol Title: Type 2 Diabetes Mellitus

<table>
<thead>
<tr>
<th>Effective Date: TBD</th>
<th>Revised Date: TBD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval By: TBD</td>
<td>Planned Review Date: TBD</td>
</tr>
</tbody>
</table>

1 Purpose & Objective
This protocol provides evidence-based care recommendations in the screening and treatment of patients with Type 2 Diabetes Mellitus in the primary care setting.

2 Scope of Protocol

2.1 Target Population
This protocol was derived from clinical guidelines for individuals in the CCC population diagnosed with Type 2 Diabetes Mellitus, 18 years of age or older.

2.2 Target Users
This protocol is developed for use in primary care settings.

2.3 Excluded Topics
This protocol does not address the clinical management of patients with Pre-Diabetes, Type I Diabetes, Gestational Diabetes, or Pediatric patients.

2.4 Related Guidelines
2014 ADA Diabetes Standards of Medical Care

2013 AACE Comprehensive Diabetes Management Algorithm

2014 ADA National Standards for Diabetes Self-Management Education and Support

2013 Joslin Diabetes Center and Joslin Clinic Guideline for Specialty Consultation/Referral

Texas Diabetes Council Tool Kit
Purpose & Objective

This protocol provides evidence-based care recommendations in the screening and treatment of patients with Depression and/or Generalized Anxiety Disorder in the primary care setting.

Scope of Protocol

2.1 Target Population

This protocol was derived from clinical guidelines for individuals in the CCC population diagnosed with Depression and/or Generalized Anxiety Disorder, 18 years of age or older.

2.2 Target Users

This protocol is developed for use in primary care settings.

2.3 Excluded Topics

2.4 Related Guidelines


Simon G. Collaborative care for depression. BMJ. 2006;332:249-250
AGENDA ITEM

7. Receive a report on the current number of Unique MAP Enrollees.
## Monthly MAP Enrollment FY14

<table>
<thead>
<tr>
<th>Enrollment on:</th>
<th>FY2014 MAP Enrollment</th>
<th>FY2013 MAP Enrollment</th>
<th>Change from Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td>26,251</td>
<td>25,666</td>
<td>2%</td>
</tr>
<tr>
<td>November</td>
<td>25,760</td>
<td>25,400</td>
<td>1%</td>
</tr>
<tr>
<td>December</td>
<td>25,409</td>
<td>25,023</td>
<td>2%</td>
</tr>
<tr>
<td>January</td>
<td>24,774</td>
<td>24,810</td>
<td>0%</td>
</tr>
<tr>
<td>February</td>
<td>24,305</td>
<td>24,096</td>
<td>1%</td>
</tr>
<tr>
<td>March</td>
<td>24,235</td>
<td>23,947</td>
<td>1%</td>
</tr>
<tr>
<td>April</td>
<td>24,726</td>
<td>23,974</td>
<td>3%</td>
</tr>
<tr>
<td>May</td>
<td>24,147</td>
<td></td>
<td>-100%</td>
</tr>
<tr>
<td>June</td>
<td>24,367</td>
<td></td>
<td>-100%</td>
</tr>
<tr>
<td>July</td>
<td>25,293</td>
<td></td>
<td>-100%</td>
</tr>
<tr>
<td>August</td>
<td>25,682</td>
<td></td>
<td>-100%</td>
</tr>
<tr>
<td>September</td>
<td>25,907</td>
<td></td>
<td>-100%</td>
</tr>
<tr>
<td><strong>FY14 Avg to date</strong></td>
<td><strong>25,066</strong></td>
<td><strong>24,859</strong></td>
<td><strong>1%</strong></td>
</tr>
</tbody>
</table>

### Notes:

1) MAP enrollment is the count of all individuals enrolled at any point in that month.

2) Full benefit includes CBRA2KQ and CPENDSSI. Enrollees have access to primary care, hospital based services care as well as ancillary services such as laboratory, pharmacy, etc. Dental services are also available to individuals in this group.

Updated: 5 May 14