



A Central Health and Seton partnership

## **Board of Directors**

### **Meeting**

**Thursday April 5, 2018**

**2:00 p.m.**

**Central Health Administrative Offices**

**1111 E. Cesar Chavez St.**

**Austin, Texas 78702**

### **AGENDA\***

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#### **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 January 26, 2018 Community Care Collaborative (CCC) Board of Directors meeting.

##### **B. Regular Agenda**

1. Receive and discuss an update on the Delivery System Reform Incentive Payment (DSRIP) Program.
2. Receive and discuss an update on surgery scheduling standard operating procedures.
3. Receive and discuss an update on the Community Care Collaborative Strategic Plan and Work Plan Priorities for Fiscal Year 2018.
4. Discuss FY19 Community Care Collaborative budget priorities.

#### **IV. Closed Session, if necessary.**

## **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.*



A Central Health and Seton partnership

## **Board of Directors Meeting**

**April 5, 2018**

### **CONSENT AGENDA ITEM**

- A. 1. Approve minutes from the January 26, 2018 Community Care Collaborative (CCC) Board of Directors meeting.**





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## **Board of Directors**

### **Meeting**

**Friday, January 26, 2018**

**2:00 p.m.**

**Central Health Administrative Offices**

**1111 E. Cesar Chavez St.**

**Austin, Texas 78702**

### **Meeting Minutes**

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#### **I. Call to Order and Record of Attendance**

On Friday, January 26, 2018, a public meeting of the CCC Board of Directors was called to order at 2:05 p.m. in the Board Room at Central Health Administrative Offices located at 1111 E. Cesar Chavez St., Austin, Texas 78702. Chairman Larry Wallace and Vice-Chairman Greg Hartman were both present. The secretary for the meeting was Shannon Sefcik.

##### Clerk's Notes:

Secretary Sefcik took record of attendance.

##### Directors Present:

Chairman Larry Wallace, Vice-Chairman Greg Hartman, Mike Geeslin, Stephanie McDonald, Craig Cordola, and David Evans (Non-Voting Advisory Board Member)

##### Officers Present:

Jonathan Morgan (Interim Executive Director) and Shannon Sefcik (Secretary)

##### Other Attendees Present:

Randy Floyd (General Counsel)

#### **II. Public Comments**

Clerk's Notes: No 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 8, 2017 Community Care Collaborative (CCC) Board of Directors meeting.

Clerk's Notes:

Director McDonald moved that the Board approve Consent Agenda item A(1). Vice-Chairman Hartman seconded the motion. The motion was passed on the following vote:

Chairman Larry Wallace	For
Vice-Chairman Greg Hartman	For
Director Mike Geeslin	For
Director Stephanie McDonald	For
Director Craig Cordola	For

#### B. Regular Agenda

1. Receive and take appropriate action on a presentation of the Community Care Collaborative Fiscal Year 2017 financial audit.

Clerk's Notes: Ms. Danielle Stanley, Controller for Central Health, introduced Ms. Dena Jansen, Partner from Maxwell Locke & Ritter LLP, to present the financial audit for the CCC for Fiscal Year (FY) 2017. Ms. Jansen provided an overview of the audit report, which included an Independent Auditor's Report, Statement of Financial Position, Statement of Activities, Statement of Cash Flows, and Notes to the Financial Statements. She noted that the CCC received an unmodified opinion, or best opinion that can be received on audited financial statements. Ms. Jansen discussed the Statements of Financial Position and Statements of Activities, and explained the required communications to those charged with governance. She noted that the CCC had no new accounting policies during fiscal year 2017, no difficulties encountered performing the audit, no misstatements detected as a result of the audit procedures, and no disagreements with management during the course of the audit. Ms. Jansen also noted that the auditors did not identify any deficiencies in internal control considered to be material weaknesses. Ms. Jansen responded to questions from the Board of Directors.

Vice-Chairman Hartman moved that the Board accept the Community Care Collaborative Fiscal Year 2017 financial audit as presented by Maxwell Locke & Ritter. Director McDonald seconded the motion. The motion was passed on the following vote:

Chairman Larry Wallace	For
Vice-Chairman Greg Hartman	For
Director Mike Geeslin	For
Director Stephanie McDonald	For
Director Craig Cordola	For

2. Receive and take appropriate action on a presentation of the Delivery System Reform Incentive Payment (DSRIP) Program.

Clerk's Notes: Dr. Mark Hernandez, Chief Medical Officer, Ms. Sarah Cook, Director, Integrated Delivery System Strategy & Planning, and Ms. Lydia Long, DSRIP Program Manager at Seton Family of Hospitals, presented on the DSRIP Program planned for Performance Years (PY) 7 through 10. Dr. Hernandez discussed the importance of both members of the CCC and the roles they played participating in the 1115 Waiver, including the monies earned by Seton Family of Hospitals through DSRIP project participation and Central Health's role as an RHP7 anchor that successfully pulled down funds through Intergovernmental Transfers (IGTs). Ms. Cook and Ms. Long discussed an overview of Demonstration Year (DY) 1 through 6 DSRIP projects, including the CCC's 15 projects with associated outcome measures contracted with community partners and its ability to earn over 97% of available incentive in the first six years. Ms. Cook summarized the program planned for PY 7 through 10 and the reduced DSRIP funding throughout the next five years of the 1115 Waiver. She discussed payment by category, and described Category C requirements, which include selecting measure bundles totaling 75 points and defining sites of service provision. She explained that the current CCC Category C measure selection exceeds 75 points, and that the CCC will finalize measures following a discussion with Health and Human Services (HHSC), Seton Family of Hospitals, and community providers. Ms. Cook provided a list of possible CCC Category C selections and corresponding anticipated community providers. She also presented an outline of the contracting methodology for the PY 7 DSRIP agreements. Mr. Jonathan Morgan, Interim Executive Director, requested that the CCC Board of Directors authorize the Executive Director to select the Category C Measure Bundles totaling 75 points or more for PY 7 and 8, and negotiate the necessary contracts with community providers to perform the DSRIP projects. Mr. Morgan, Ms. Cook and Ms. Long all responded to questions from the Board of Directors.

Director McDonald moved that the CCC Board of Directors authorize the Executive Director to select Performance Year 7 and 8 DSRIP Category C Measure bundles totaling 75 points or more as required by the 1115 Waiver Program, and negotiate and execute contracts with providers as presented to perform DSRIP program requirements in calendar year 2018

(Performance Year 7) for cumulative contract amounts not to exceed \$17,895,812, as itemized in the CCC's approved Fiscal Year 2018 Budget. Director Geeslin seconded the motion.

Chairman Larry Wallace	For
Vice-Chairman Greg Hartman	For
Director Mike Geeslin	For
Director Stephanie McDonald	For
Director Craig Cordola	For

3. Receive and discuss an update on Unified Payer analysis and planning.

Clerk's Notes: Mr. Jeff Knodel, Chief Financial Officer for Central Health, presented an update on the Unified Payer analysis and planning. Mr. Knodel explained that an essential element of the partnership of the members of the CCC is to implement joint planning and a strategic use of resources, also referred to as "Unified Payer." He discussed that the key objectives of a Unified Payer plan are to improve patient access by delivering services in the appropriate place and manner, to provide transparency through performance measures, and to create sustainability by member risk sharing. He explained that Unified Payer required reconstituting historical obligations between the members and updating historic agreements to reflect the global approach to using resources. He also explained that Central Health had engaged Navigant Consultants to help create a framework for the Unified Payer model. He stated that he planned to present a Unified Payer model to the Central Health Board of Managers in February. Mr. Knodel responded to questions from the Board of Directors.

4. Receive and discuss an update on the Community Care Collaborative Strategic Plan and Work Plan priorities for Fiscal Year 2018.

Clerk's Notes: Mr. Jonathan Morgan, Interim Executive Director, discussed the schedule and agenda items for upcoming CCC Board of Directors meetings. Mr. Morgan explained that the agenda planned for the March 2<sup>nd</sup> meeting included a discussion of Medical Access Program (MAP) Benefit Expansion as well as a discussion of Unified Payer. The Board of Directors discussed that they would like to schedule an additional meeting at the end of March to discuss and take action on an item relating to Unified Payer planning. Mr. Morgan postponed the remainder of the presentation for a later date.

5. Receive and discuss a first quarter update from the Community Care Collaborative Executive Director and Chief Medical Officer.

Clerk's Notes: Postponed for a later date.

#### **IV. Closed Session, if necessary.**



**V. Closing**

Chairman Wallace announced that the next regularly scheduled meeting is on Friday, March 2, 2018 at 2:00 p.m. at Central Health's Administrative Offices, 1111 E. Cesar Chavez St., Austin, Texas 78702.

Director Geeslin motioned to adjourn the meeting. Vice-Chairman Hartman seconded the motion.

Chairman Larry Wallace	For
Vice-Chairman Greg Hartman	For
Director Mike Geeslin	For
Director Stephanie McDonald	For
Director Craig Cordola	For

**Clerk's Notes:**

The meeting adjourned at 3:34 p.m.

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Larry Wallace, Chairperson  
Community Care Collaborative Board of Directors

**ATTESTED TO BY:**

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Shannon Sefcik, Secretary to the Board  
Community Care Collaborative





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## **Board of Directors Meeting**

**April 5, 2018**

### **AGENDA ITEM**

- B.1. Receive and discuss an update on the Delivery System Reform Incentive Payment (DSRIP) Program.**



# CCC DSRIP Program Update

## CCC Board of Managers

**Dr. Mark Hernandez, CCC Chief Medical Officer**  
**Melanie Diello, Director, Service Delivery Operations**



**Community Care  
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# Incentives by Category



		DY7	DY8
<b>RHP Plan</b>	Measure selections & baselines	20% (\$13.3m)	-
<b>Category A</b>	Description of core activities relating to system, project, and payment reform, Medicaid integration, and regional learning	-	-
<b>Category B</b>	Maintain or increase number of Medicaid/Low Income Uninsured patients served	10% (\$6.6m)	10% (\$6.6m)
<b>Category C</b>	Health care quality and system performance measures	55% (\$36.6m)	75% (\$49.9m)
<b>Category D</b>	Population health measures for each provider type	15% (\$9.9m)	15% (\$9.9m)
<b>Total</b>		<b>\$66.6m</b>	<b>\$66.6m</b>



# Draft CCC Category C Selections



Bundle	Measure ID	Measure Title	Point Value
A1: Improved Chronic Disease Management: Diabetes Care	A1-111	Comprehensive Diabetes Care: Eye Exam (retinal) performed	
	A1-112	Comprehensive Diabetes Care: Foot Exam	
	A1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control ( $\geq 9.0\%$ )	
	A1-207	Diabetes care: BP control ( $<140/90$ mm Hg)	12
	A1-500	PQI 93 Diabetes Composite (Adult short-term complications, long-term complication, uncontrolled diabetes, lower-extremity amputation admission rates)	4
	A1-508	Reduce Rate of Emergency Department visits for Diabetes	4
C1: Primary Care Prevention - Healthy Texans	C1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	
	C1-113	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing	
	C1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	
	C1-268	Pneumonia vaccination status for older adults	
	C1-269	Preventive Care and Screening: Influenza Immunization	
	C1-272	Adults (18+ years) Immunization status	
	C1-280	Chlamydia Screening in Women (CHL)	
	C1-389	Human Papillomavirus Vaccine (age 18-26)	12
	C1-502	PQI 91 Acute Composite (Adult Dehydration, Bacterial Pneumonia, Urinary Tract Infection Admission Rates)	4
	C2-106	Cervical Cancer Screening	
C2: Primary Care Prevention - Cancer Screenin & Follow-Up	C2-107	Colorectal Cancer Screening	
	C2-186	Breast Cancer Screening	6
	F1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	
F1: Improved Access to Adult Dental Care	F1-226	Chronic Disease Patients Accessing Dental Services	
	F1-227	Dental Caries: Adults	7
	G1-276	Hospice and Palliative Care – Pain Assessment	
G1: Palliative Care	G1-277	Hospice and Palliative Care – Treatment Preferences	
	G1-278	Beliefs and Values - Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or opt out of conversation	
	G1-361	Patients Treated with an Opioid who are Given a Bowel Regimen	
	G1-362	Hospice and Palliative Care - Dyspnea Treatment	
	G1-363	Hospice and Palliative Care - Dyspnea Screening	6
	H1-146	Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	
H1: Integration of Behavioral Health in a Primary or Specialty Care Setting	H1-255	Follow-up Care for Children Prescribed ADHD Medication	
	H1-286	Depression Remission at Six Months	
	H1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	
	H3-144	Screening for Clinical Depression and Follow-Up Plan (CDF-AD) for individuals with a diagnosis of chronic pain	12
H3: Chronic Non-Malignant Pain Management	H3-287	Documentation of Current Medications in the Medical Record	
	H3-288	Pain Assessment and Follow-up	
	H3-401	Opioid Therapy Follow-up Evaluation	
	H3-403	Evaluation or Interview for Risk of Opioid Misuse	10
TOTAL			77

# Partnerships and Collaboration



## **DSRIP Contracted Partners:**

- CommUnityCare
- Lone Star Circle of Care
- Hospice Austin

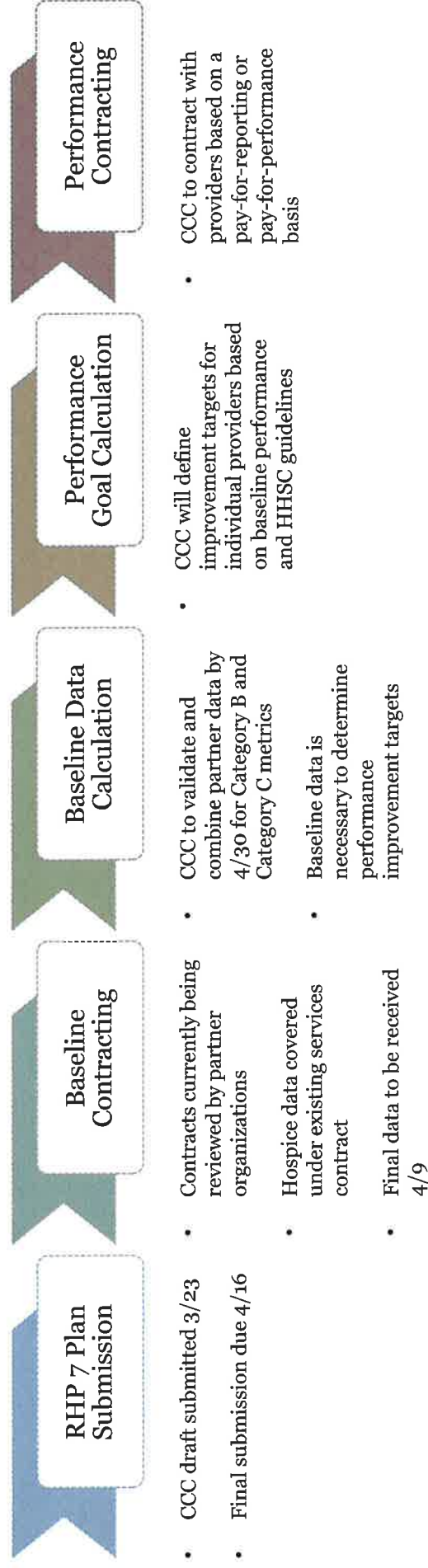
## **Other Opportunities:**

- People's Community Clinic
- El Buen Samaritano
- Seton Healthcare Family





# Program Milestones





Thank You





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## **Board of Directors Meeting**

**April 5, 2018**

### **AGENDA ITEM**

- B.2. Receive and discuss an update on surgery scheduling standard operating procedures.**





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## **Board of Directors Meeting**

**April 5, 2018**

### **AGENDA ITEM**

- B.3. Receive and discuss an update on the Community Care Collaborative Strategic Plan and Work Plan Priorities for Fiscal Year 2018.**



## CCC FY18 Activity through Quarter 2

To: CCC Board of Managers

From: Jon Morgan, Interim Executive Director & Chief Operating Officer

This memo lays out CCC Activity within the first six months of FY18 (October 1 2017 through March 31 2018) and previews work that will take place in Q3 & Q4. The work is arranged by Strategic Focus Area from the CCC 2018-2020 Strategic Plan.

### Mission and Mission Metrics:

*Optimize the health of our population while using our resources efficiently and effectively.*

*Metric 1: Longevity and Quality of Life*

*Metric 2: Cost of Care*

- The CCC has begun to measure our first Mission Metric with a telephonic survey to MAP enrollees that asks about their self-reported **Quality of Life**. Using a validated survey instrument, United Way's call center gathers information from a sample of MAP patients every month. Based on preliminary rate of data collection, we should receive a sample representative of the MAP population every six months.
- Our activities to measure the total **Cost of Care** continue as we complete our FY17 Actuarial study.

### Strategic Focus 1: Build an Integrated Delivery System

*Ensure access to appropriate services for enrollees, while enhancing care coordination and continuity of care*

- We continue to build on efforts to improve **data connectivity** across safety net providers. The second version of our **Organized Health Care Agreement (OHCA)** has been drafted and is under legal review. The first version of the OHCA enabled the CCC to collect encounter-level clinical data from its providers for population that the CCC supports. We have received 4,304,706 patient encounter records on 305,580 patients from our contracted providers since the start of data collection in 2017. Executing this second version will enable the CCC to share collected data back with provider partners for those patients who are assigned to the provider.
- We are adding **service sites** to our network. The CCC and Central Health collaborated to support the establishment of a Lone Star Circle of Care **primary care** clinic in Jonestown. We continue to support increased use of our **urgent care** network, with an 88% increase in visits in the first six months of FY18 compared to the same period in FY17.
- In Q3&Q4, we will articulate our **health management** strategy, including plans for our post-acute, palliative & hospice care, recuperative care, and home health activity, and have these reflected in our FY19 budget proposal

### Strategic Focus 2: Redesign Coverage Programs

*Redesign local coverage programs (Medical Access Program, Sliding Fee Scale, Seton Charity Care), eligibility rules and covered services to better serve residents for whom the CCC is responsible.*

- The CCC board is reviewing a proposal to develop the organization's own **Sliding Fee Scale** (SFS) program for Travis County residents seeking care at CCC-affiliated clinics. This SFS program would reduce complexity and provide a program through which the CCC could contact enrolled patients and track utilization across systems, patients for whom the CCC already reimburses clinics. The program will ensure that medical benefits are continued for enrollees, and will extend reimbursement for prescriptions these patients receive across contracted providers.
- We have launched our **patient engagement** process with focus groups in Quarter 1 and a patient intercept survey in Q2. Simultaneously, telephonic surveys of MAP enrollees are occurring to collect patient satisfaction and patient quality of life data.
- The CCC's **Healthcare for the Homeless** workgroups worked with community partners to develop short, medium and long term strategies to serve our patient population experiencing homelessness. In Q1&Q2, the CCC sponsored Austin/Travis County EMS' **Pop Up Resource Clinics** for the homeless, which served over 200 persons with meaningful services, and were adopted by the City of Austin as a model for service delivery to this population.
- The CCC's **Social Determinants of Health** strategy is circulating in draft form. It contains three areas for action: programming to address specific areas of MAP and SFS patients' need; a systems approach to improve connectivity between and among social service providers and the medical system; and a community-based approach to support capacity-building and community-directed improvement.
- The CCC launched its TEF-funded **transportation pilot** with RideAustin in January 2018. Currently, we support the provision of approximately 30 round trips per week. We expect to spend the \$50,000 grant by late 2018. We are conducting analysis to compare impact on health outcomes, missed appointments, and patient satisfaction; this analysis will help us understand how to continue the program and to whom the benefit should be offered.
- In Q3&Q4, we will prepare a strategic roadmap to enhance the **eligibility** experience for our enrollees and for the organization; we will gather more feedback from enrollees as we understand how we can use **Patient Reported Outcome Measures**.

### Strategic Focus 3: Gain Value in Care

- The CCC has worked with Dell Med to ensure regular operations of two **IPUs**, treating musculoskeletal and complex gynecological disorders. These IPU's have treated 438 and 145 patients, respectively, within the first five months of FY17.
- We continued our work to increased access to specialty care, adding two half day of **ENT** services with Austin Regional Clinics, and started **Ophthalmology** service provision with Eye Physicians of Austin. Within FY17, 204 new patients have received ENT services.
- With CommUnityCare, the CCC developed a program to **increase provision of Rheumatology** services within community clinics; a trio of community-based Internal



Medicine doctors will receive specialized ongoing training from a Rheumatologist to expand the system's capacity to care for patients with musculoskeletal disease and systemic autoimmune conditions. CCC's governing bodies approved the project in March; it is expected to begin in the summer.

- The governing bodies authorized the CCC to pursue a contract with Fibroblast, our selected **e-consult and referral management** solution. This tool, which has also been selected by Dell Med, should become operational in this fiscal year.
- In Q3 and Q4, the CCC will launch our **digital medicine** pilots, including teledermatology, digital urgent care, and Remote Patient Monitoring programs. We will also start the pilot to reduce overall cardiovascular **service line expenses** by decreasing unnecessary diagnostic testing.

### Strategic Focus 4: Improve the Health of our Covered Population

- The CCC has selected its **DSRIP measures** for the current five-year 1115 waiver extension. These 36 outcome measures include primary care, behavioral health, dental, hospice care, and DSMC admissions measures for the MAP population served by Lone Star Circle of Care and CommUnityCare. These measures, along with our primary care data set, will establish baselines and targets to improve meaningful health indicators for our population.
- The first cohorts of pre-diabetic MAP patients have been enrolled in the YMCA's evidence-based **Diabetes Prevention Program**. These patients will receive 12-weeks of cohort-based lifestyle change education in weekly classes, supported by childcare. Participants will also receive a 12 month family membership to the Y. Activities related to Diabetes Prevention also include screening tool outreach and education at community events.
- The CCC launched Central Texas' first community-based **Medication Assisted Treatment** program for opioid use disorders focusing on underinsured populations. This program has enrolled 25 patients, with referrals coming from the ambulatory and hospital setting.
- We resubmitted one of two **CPRIT grants** that did not receive funding. The resubmitted grant proposes providing Low Dose CT screening to heavy smokers and increasing support of tobacco cessation programs within CommUnityCare. We should hear about the grant, which has a budget of \$1.5m over three years, in August; we have launched pre-work planning activities within the clinics already. Other **cancer screening** efforts continue with collaborations relating to cervical and breast cancer detection under exploration.
- In Q3&4, we will launch our **service line committees**, starting with Oncology; we will launch internal research to understand **health disparities** among our covered populations.





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## **Board of Directors Meeting**

**April 5, 2018**

### **AGENDA ITEM**

- B.4. Discuss FY19 Community Care Collaborative budget priorities.**



# CCC FY19 Initiatives & Budget Priorities Discussion

**CCC Board of Directors**

**April 5, 2018**



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# FY19 Initiatives & Budget Priorities

## Staff recommendations

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### Focus Areas:

- Primary Care
- Specialty Care
- Care Management
- Healthcare for the Homeless
- Social Determinants of Health

# FY19 Initiatives & Budget Priorities

## Staff recommendations

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### Primary Care:

- Emphasize value in care through increased pay-for-performance, care management and expanded access initiatives
- Focus will be DSRIP performance, implementation of new program for SFS patients and building toward capitation, at-risk contracts
- Build specialty care access through primary care homes where appropriate

# FY19 Initiatives & Budget Priorities

## Staff recommendations

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### Specialty Care:

- Implementation of Fibroblast platform for referral management, utilization management and data collection including integration with Seton, Dell Med and the CCC contracted provider network
- Wait-list focused initiatives including GI, ENT, Dermatology, Urology, Rheumatology and Neurology
- Establish e-consult and telemedicine interventions including Dermatology and Neurology
- Dell Med initiatives include imaging services, GI comprehensive program, neurology services, and ASC planning for late FY19 or early FY20



# FY19 Initiatives & Budget Priorities

## Staff recommendations

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### Care Management:

- Continue to fill gaps for the post-acute care spectrum including home health, palliative care, wound care, and IP, OP and home-based rehab services
- Develop a sustainable, long-term model for the provision of complex primary care services
- Using OHCA and other system-wide datasets, develop data-driven approaches to coordinate the care of complex, high utilizer populations with flexibility to respond to the unique needs of individual patients

# FY19 Initiatives & Budget Priorities

## Staff recommendations

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### Healthcare for the Homeless:

- Pilot healthcare interventions and improvements to the delivery system for the CCC's homeless patients
- Explore medical respite and supported housing solutions as medical interventions to improve the health of our homeless patients with complex care needs
- Partner with Integral Care, ECHO, contracted providers, community agencies and others to develop comprehensive healthcare and social services solutions that incorporate each organization's services and expertise

# FY19 Initiatives & Budget Priorities

## Staff recommendations



### Social Determinants of Health:

- Explore participation in Pay for Success permanent supportive housing initiative to support improved healthcare outcomes for the CCC's homeless patient population
- Expand and evaluate the Diabetes Prevention Program through the YMCA of Austin
- Develop a long-term, sustainable model for transportation assistance building from the CCC's Ride Austin pilot in FY18
- Work with partner organizations to explore a systems approach to connect medical and social services organizations across the community to improve coordination or services and transitions between sites of care
- Work with partner organizations to identify additional opportunities and develop a coordinated strategy for addressing SDOH impacting the CCC's covered population

# Thank You

[www.ccc-ids.org](http://www.ccc-ids.org)



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