



Board of Directors

Meeting

Tuesday, April 19, 2016

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 January 26, 2016 Community Care Collaborative (CCC) Board of Directors meeting.

B. Regular Agenda

1. Receive and discuss a CCC Delivery System Reform Incentive Payment (DSRIP) Projects update.
2. Receive and discuss an update regarding the CCC's Patient Navigation Project.

3. Receive and discuss a presentation regarding the CCC's Homeless Project.
4. Receive and discuss a presentation on the CCC Financial Statements as of March 31, 2016.
5. Receive and discuss a general update from the CCC Executive Director.

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.



Board of Directors Meeting

April 19, 2016

CONSENT AGENDA ITEM

- A.1. Approve minutes from the January 26, 2016
CCC Board of Directors meeting.



Board of Directors

Meeting

Tuesday, January 26, 2016

1:00 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, January 26, 2016, a public meeting of the CCC Board of Directors was called to order at 1:08 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 secretary for the meeting was Michelle Vassar.

Clerk's Notes:

Secretary Vassar took record of attendance.

Directors Present:

Chairperson Patricia A. Young Brown, Vice-Chairperson Greg Hartman, Christie Garbe, Larry Wallace, Willie Lopez (Proxy for Tim LaFrey), and David Evans (Non-Voting Advisory Board Member)

Officers Present:

Larry Wallace (Interim Executive Director) and Michelle Vassar (Secretary)

Other Attendees Present:

Randy Floyd (General Counsel)

II. Public Comments

Clerk's Notes:

No public comment.

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 December 15, 2015 CCC Board of Directors meeting.

Clerk's Notes:

Director Garbe moved that the Board approve Consent Agenda item A(1). Director Lopez seconded the motion. The motion was passed on the following vote:

Chairperson Patricia A. Young Brown	For
Vice-Chairperson Greg Hartman	For
Director Christie Garbe	For
Director Larry Wallace	For
Director Willie Lopez (Proxy)	For

B. Regular Agenda

1. Receive and take appropriate action on a presentation of the Community Care Collaborative Fiscal Year 2015 financial audit.

Clerk's Notes:

Mr. Jeff Knodel, Central Health Chief Financial Officer, announced that the financial audit report as of September 30, 2015 would be presented by representatives from Maxwell Locke & Ritter. Ms. Dena Jansen, Partner at Maxwell Locke & Ritter, and Ms. Aimee Sanchez, Manager at Maxwell Locke & Ritter, presented the independent auditor's report, which included the basic financial statements, statement of financial position, statement of activities, management letter, and description of internal controls.

Vice-Chairperson Hartman moved that the Board of Directors accept the Community Care Collaborative Fiscal Year 2015 financial audit as presented by Maxwell Locke and Ritter. Director Garbe seconded the motion.

Chairperson Patricia A. Young Brown	For
Vice-Chairperson Greg Hartman	For

Director Christie Garbe
Director Larry Wallace
Director Willie Lopez (Proxy)

For
For
For

2. Receive a presentation on CCC-Funded Psychiatric Hospital Care from Austin Travis County Integral Care (ATCIC).

Clerk's Notes:

Mr. David Evans, Non-Voting Advisory Board Member and ATCIC Chief Executive Officer, introduced Dr. James Baker, ATCIC Systems Chief Medical Officer, to present on CCC-funded psychiatric hospital care including ATCIC's commitment to the CCC, its historic use of Central Health funding, its historic financing model, goal and strategies to increase capacity, innovative risk-based clinical strategy, innovation in clinical care, financing, minimizing wait times for inpatient care, and quick access to outpatient care.

3. Receive a Community Care Collaborative Delivery System Reform Incentive Payment (DSRIP) Projects update.

Clerk's Notes:

Ms. Sarah Cook, Medicaid Waiver Director, presented a DSRIP projects update which focused on DSRIP achievement status, DSRIP integration, and DSRIP capacity. She reported that she expected a payment close to \$54 million total for completion of Demonstration Year (DY) 4 projects. She also discussed her desire for the integration of process and people going forward with the DY 5 projects and shared an example of eligibility staff informing the patient population of Medical Access Program (MAP) benefits in new and more effective ways. Ms. Cook also discussed the effectiveness of the project management training offered to various healthcare providers in DY 5. Ms. Cook responded to questions from the Board.

4. Receive a presentation on CCC Financial Statements as of December 31, 2015.

Clerk's Notes:

Mr. Jeff Knodel, Central Health Chief Financial Officer, and Ms. Diane Hosmer, Director of Medical Management, presented the CCC financial statements from October 1, 2015 to November 30, 2015, which included the balance sheet, sources and uses report, healthcare delivery costs, healthcare delivery providers expenditures, and Integrated Delivery System (IDS) initiatives.

5. Receive a general update from the CCC Executive Director.

Clerk's Notes:

Director Larry Wallace, Interim Executive Director, provided a report on his first week in the CCC Interim Executive Director position. He reported that he expected to serve as Interim Executive Director for a sixty day period, during which time he hoped to help CCC staff complete CCC initiatives as possible. Mr. Jonathan Morgan, Vice-President of Operations, presented highlights of the CCC's work of the last six weeks, which included new hires, specialty care pilots, lease of space at the Atrium Office Centre for co-location space with

CommUnityCare, a patient portal at CommUnityCare, executed Organized Health Care Arrangement (OHCA) agreement, and a submission of actuarial data to create a five-year overview of specialty care.

IV. Closed Session

Clerk's Notes:

No closed session discussion.

V. Closing

Chairperson Young Brown announced that the next regularly scheduled meeting of the CCC Board of Directors is on Tuesday, April 19, 2016 at 2:00 p.m. at Central Health's Administrative Offices, 1111 East Cesar Chavez St., Austin, Texas 78702.

Clerk's Notes:

There being no further discussion or agenda items, Director Garbe moved that the meeting adjourn.

The meeting adjourned at 2:09 p.m.

Patricia A. Young Brown, Chairperson
Community Care Collaborative Board of Directors

ATTESTED TO BY:

Michelle Vassar, Secretary to the Board
Community Care Collaborative



Board of Directors Meeting

April 19, 2016

AGENDA ITEM

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

DSRIP Update



1

- DY5 Update
- DY6 Developments
- Extension Planning



Board of Directors Meeting

April 19, 2016

AGENDA ITEM

2. Receive and discuss an update regarding the CCC's Patient Navigation Project.

DSRIP ED Navigation: Wins and Lessons Learned



CCC BOARD OF DIRECTORS
APRIL 19, 2016

DAYNA FONDELL, MSN, PROGRAM MANAGER





- A review of ED Navigation work supported by the CCC's DSRIP projects
 - Accomplishments
 - Lessons learned

Prior State of Navigation



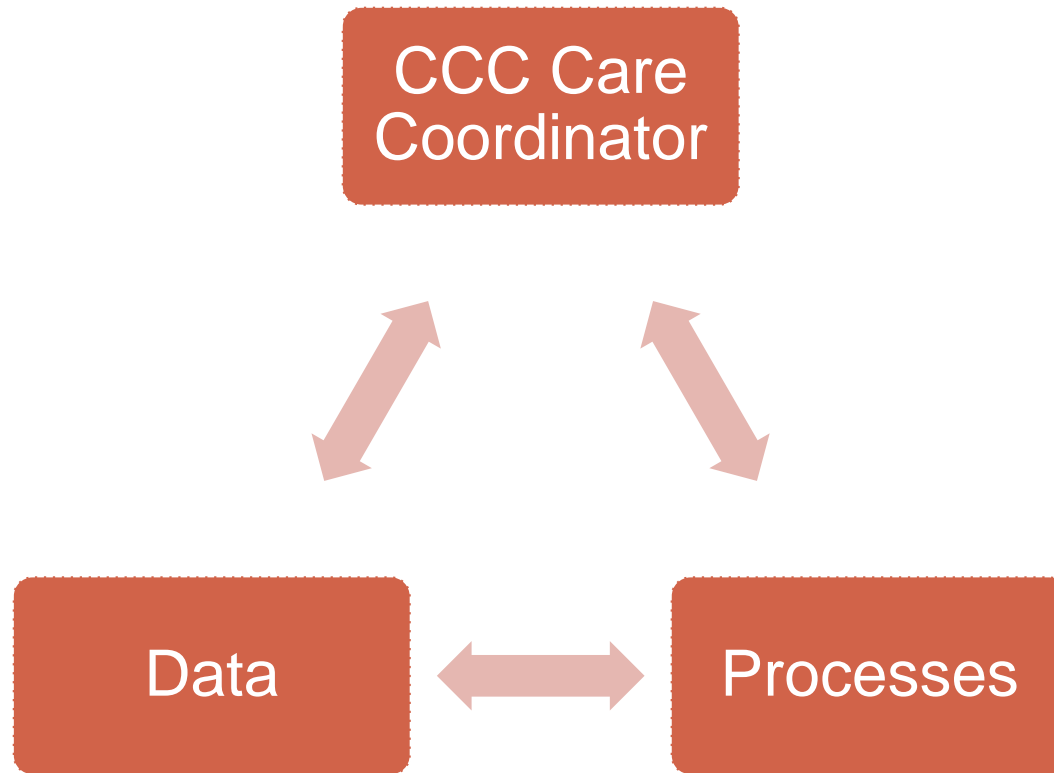
3

- Efforts were limited and varied by provider
- Early DSRIP Programs had a common problem – getting patients reconnected to primary care following discharge from hospital

DSRIP Intervention



4



+ Tailored Interventions for Specific Populations

DY4 Achievement



5

2015 Timeframe	DSRIP Eligible Appointments	Additional Patients Appointed
January – May	27	18
June – October	572	209

+ Hundreds of patients who received calls had their care teams notified and got records added into their charts

Partners to Achieve Success



6

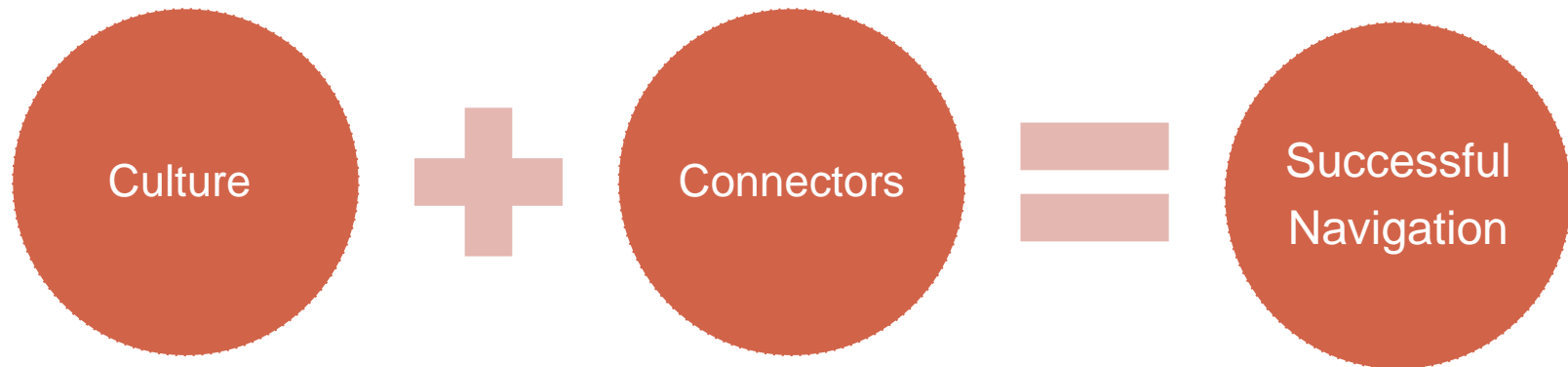
- CommUnityCare Care Coordinators
- Seton Total Health
- Seton Diabetes DSRIP
- UMCB Nurse and Social Work Case Managers
- Community Health Paramedics
- Mobile Health Teams
- ARCH and Blackstock Practice Leaders and Clinical Nurse Supervisors



Building a Culture of Success

7

- Success =
 - Setting up a system
 - Improving our reputation
 - Launching standard of care
 - Creating a culture



Next Steps



8

- Tailored expansions for identified populations
- Screening for barriers to access
- Engagement of full care team in addition to Primary Care Provider
- ‘Closing the loop’ between settings



Board of Directors Meeting

April 19, 2016

AGENDA ITEM

3. Receive and discuss a presentation regarding the CCC's Homeless Project.

Health Care for the Homeless



**SUMMARY OF PATIENT FOCUS GROUPS
COMMUNITY CARE COLLABORATIVE BOARD OF DIRECTORS
APRIL 19, 2016
ERIN RAINOSEK, CCC COORDINATOR**

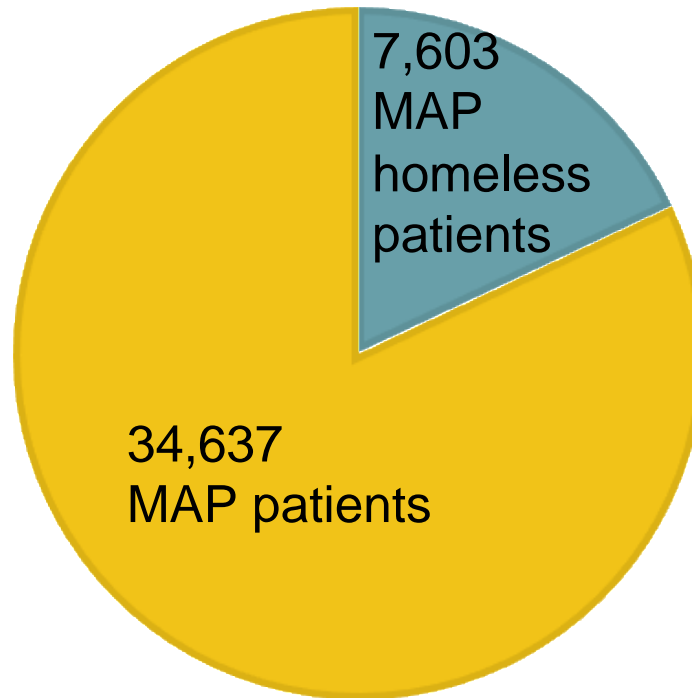


Medical Access Program Breakdown



2

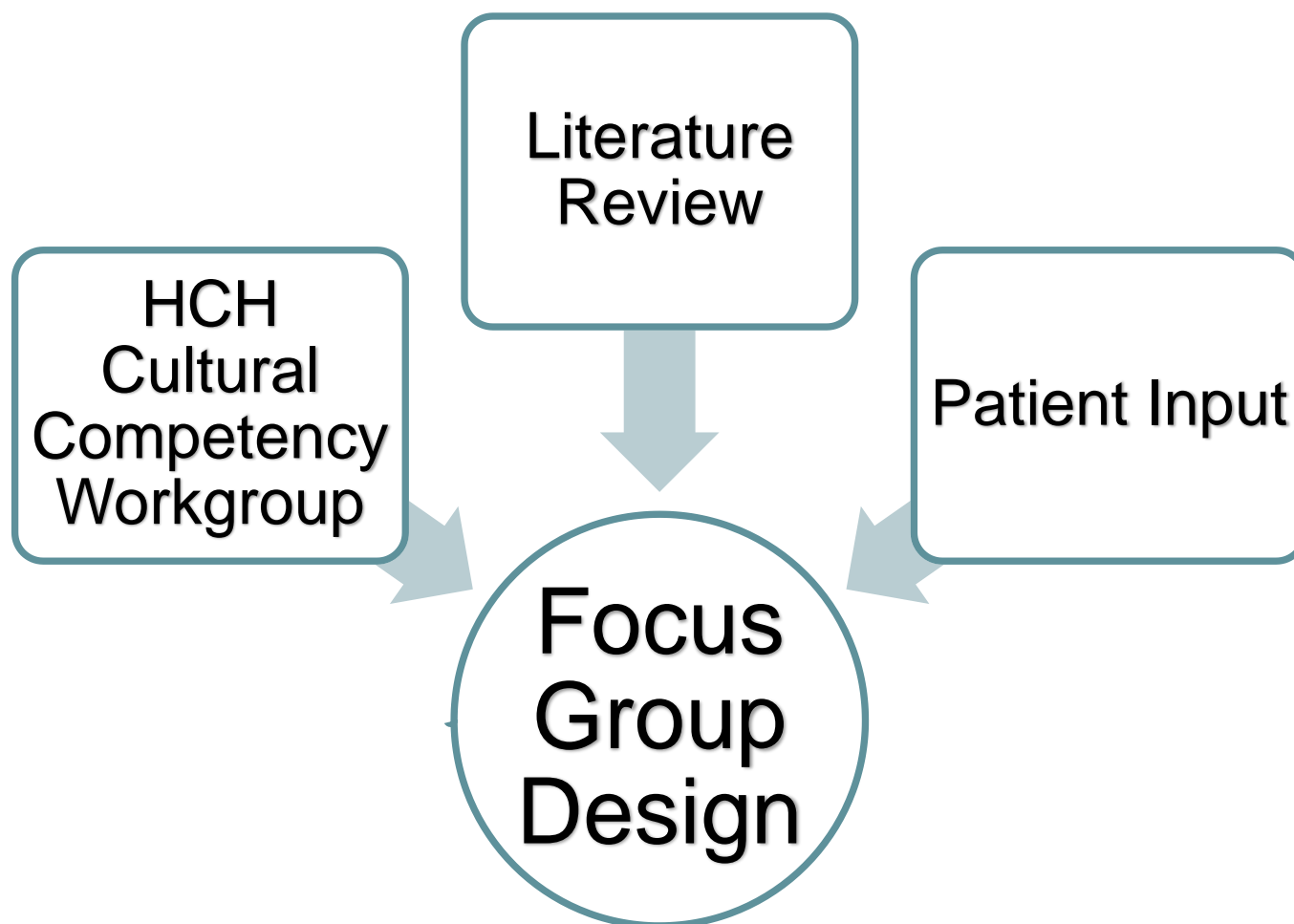
Annual Fiscal Year 2014 unduplicated MAP count



Focus Group Design



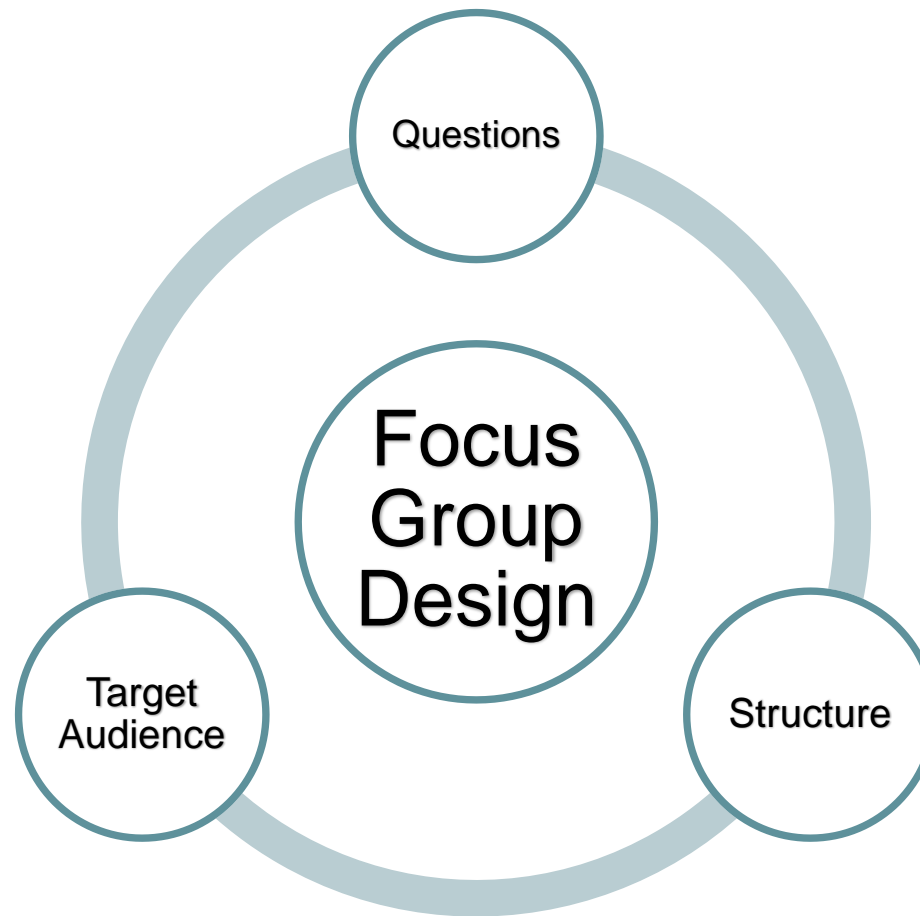
3



Focus Group Design



4

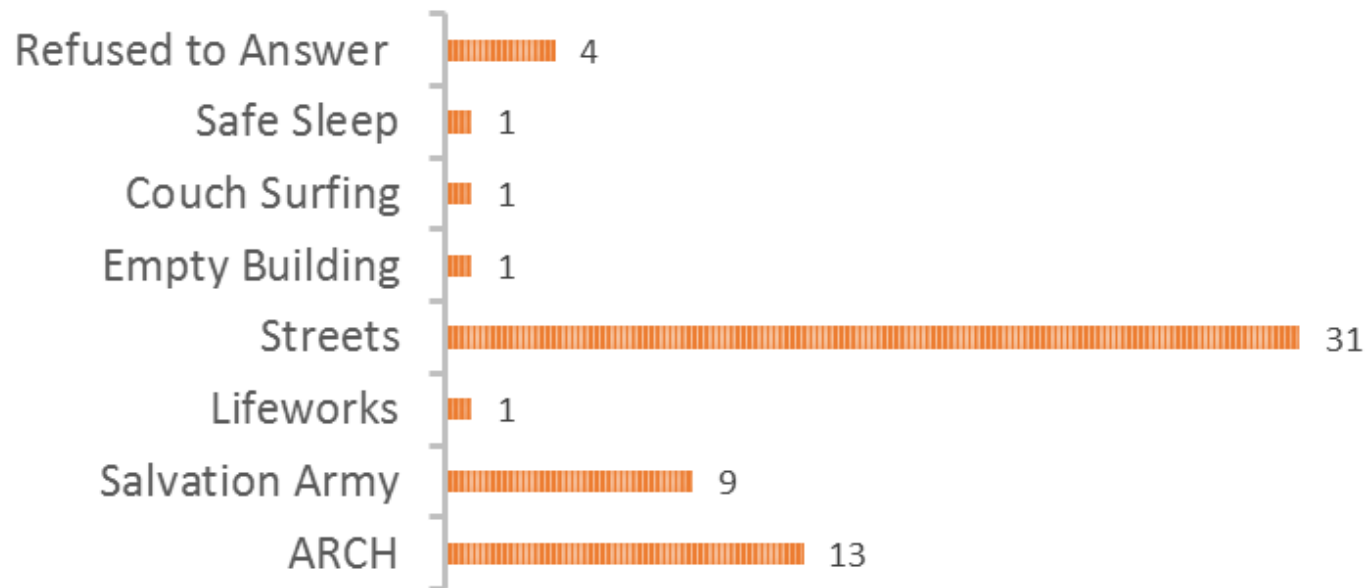


Quantitative Results



5

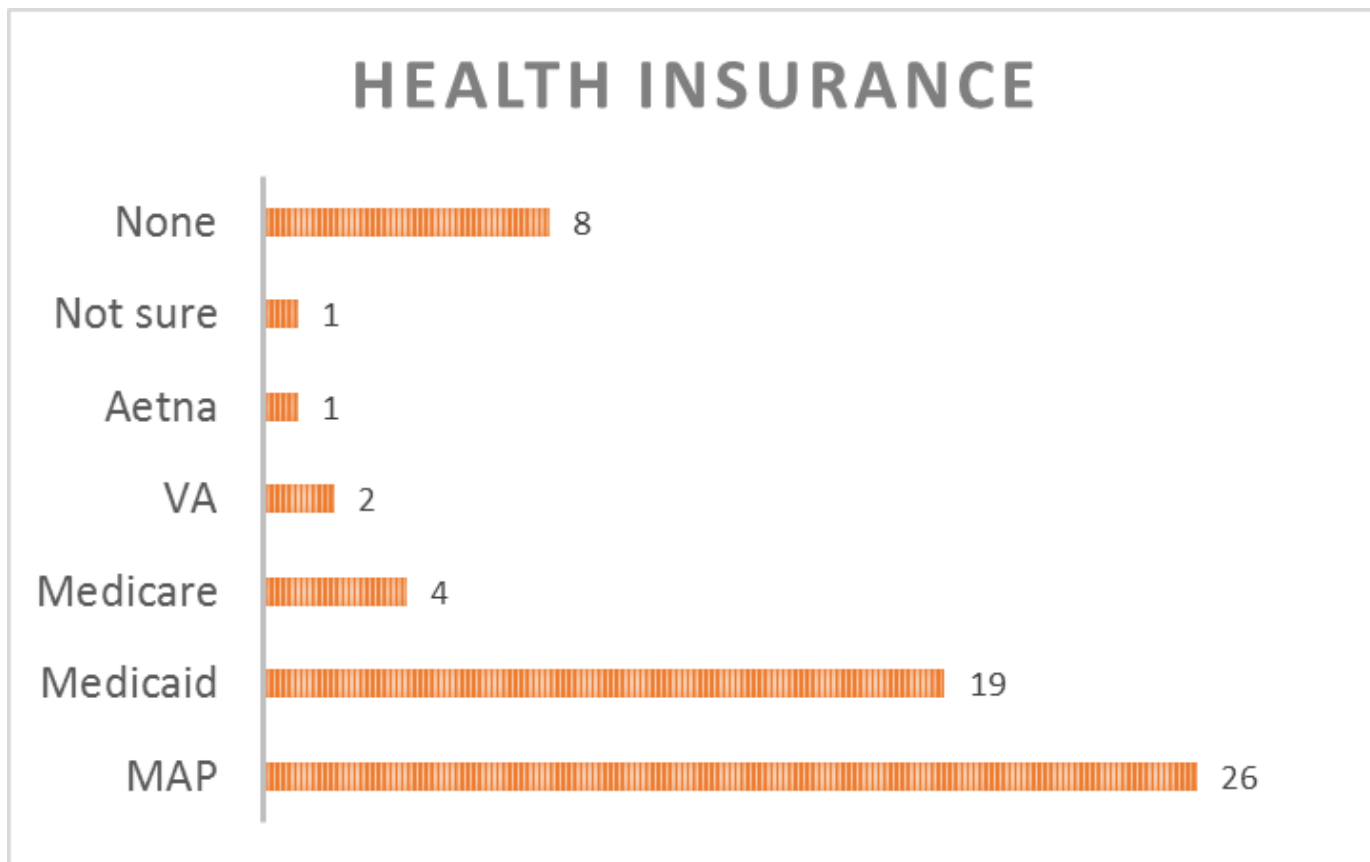
WHERE DO YOU USUALLY SLEEP?



Quantitative Results



6

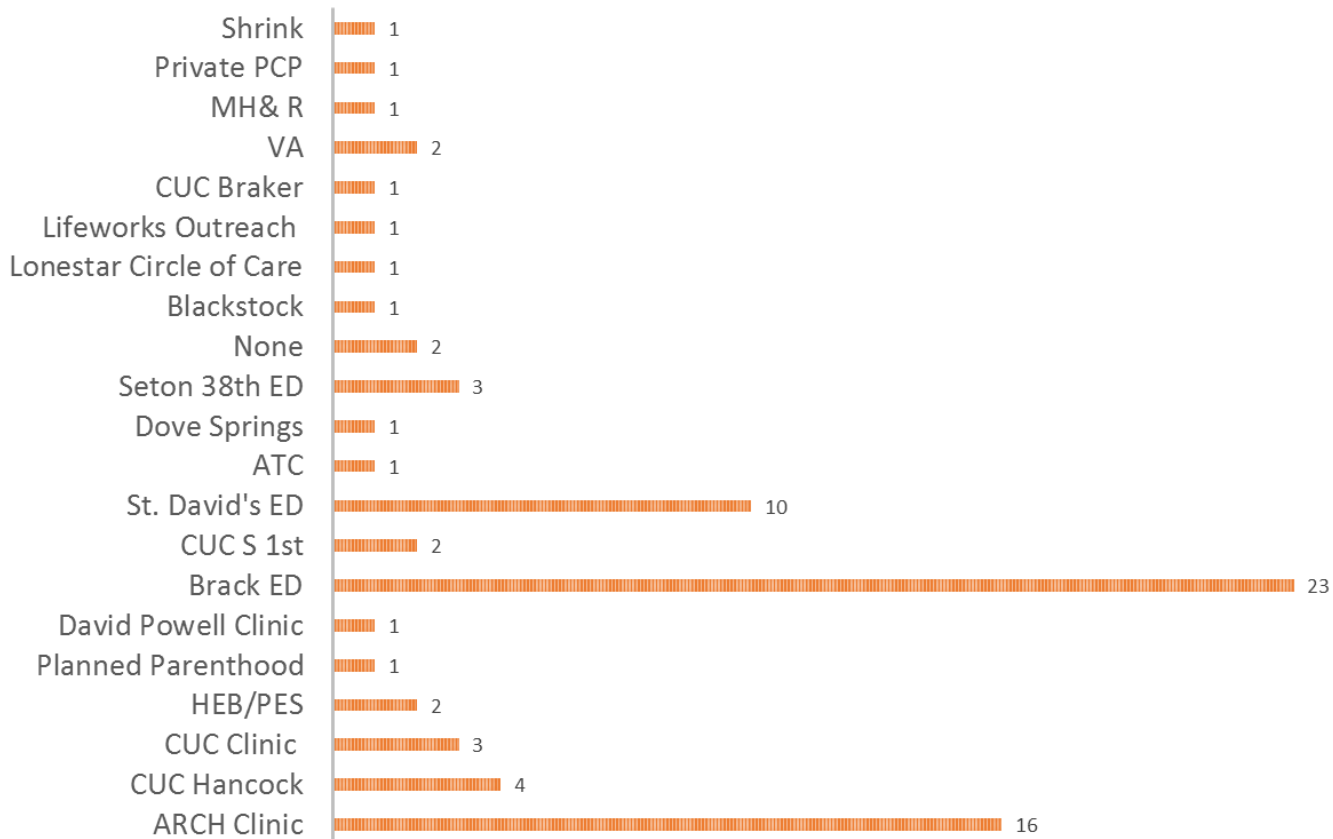


Quantitative Results



7

LOCATION OF MEDICAL CARE

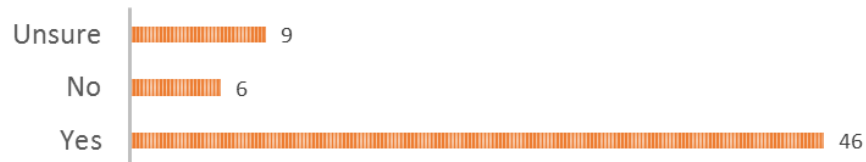


Quantitative Results

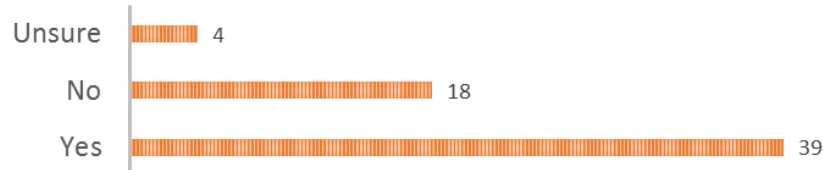


8

WAS THE HEALTHCARE STAFF AWARE THAT YOU WERE HOMELESS?



DOES YOUR HOMELESS STATUS AFFECT YOUR CARE?



Qualitative Results



9

General feedback about top three locations

- Austin Resource Center for the Homeless (ARCH)
- St. David's Medical Center
- University Medical Center Brackenridge



Qualitative Results



10

Patients experiencing homelessness in Austin feel stereotyped by:

- Bad address
- Pink MAP card
- Drug and alcohol usage
- Transient on chart
- Psychiatric history

Qualitative Results



11

Patients experiencing homelessness in Austin feel treated differently by:

- Receiving slower treatment
- Staff becoming condescending
- Not receiving “five-star” treatment
- Being accused of faking illnesses
- Inconvenient appointment times scheduled
- Having more frequent security checks
- Having more hoops to jump through
- Immediate drug and alcohol tests
- Getting laughed at by staff
- Having delayed surgery

Qualitative Results



12

In an ideal world there would be:

- Less accusations
- More helpful people
- Easier refill process
- Doctors who read charts to patients
- Rehabilitation services
- Less stigma
- Equal treatment
- More treatment choices
- Housing
- More locations accepting MAP homeless
- Knowledge of services outside health care
- Place to stay after surgery
- People who listen
- Affordable Hepatitis C medication
- Consistent primary care provider
- More accessible care
- Quicker treatment
- Better insurance
- Common courtesy

Qualitative Results



13

- “Normally people think of homeless people as dirty. Unless we go in there [the hospital/doctor’s office] looking better and cleaner, it’s not going to change. Or at least I don’t think it’s going to.”
- “They think ‘You don’t take care of yourself, so why should we?’”
- “You look at me and you know I’m homeless. I don’t get five-star treatment because of my status.”
- “At Brack [specialty care clinics] you’re just a number.”
- “There is a title on your back, and you’re automatically looked down on.”

Qualitative Results



14

- “Sometimes I don’t feel comfortable taking my meds because I don’t get enough food.”
- “Well, during Christmas they treated me well because they just wanted to do a good deed. In another time of the year my care is different because I’m homeless. I know they can do better.”
- “If people just had a different idea of what homeless people were about. There’s the one homeless person walking around screaming, then they think everyone is like that. They stereotype. They think all homeless people are crazy.”
- “I’m scared to go to my primary care doctor because I’m doing drugs.”

Questions? Comments?





Board of Directors Meeting

April 19, 2016

AGENDA ITEM

4. Receive a presentation on CCC Financials Statements as of March 31, 2016.

Community Care Collaborative

Financial Statement Presentation

FY 2016 – as of March 31, 2016





- Financial Statements
 - Balance Sheet
 - Sources and Uses Report – Budget vs. Actual
 - Detail of Healthcare Delivery Expense
- Six months of operations
 - October 1, 2015 – March 31, 2016

Balance Sheet

As of March 31, 2016



3

Assets:

Cash & cash equivalents (1)	\$ 60,297,781
Other receivable	27,827
Prepaid & Other	<u>70,316</u>
Total Assets	<u>\$ 60,395,924</u>

Liabilities and Net Assets:

AP & Accrued Liabilities	\$ 10,841,156
Deferred Revenue	\$ 2,257,871
Accrued Payroll	<u>288,308</u>
Total Liabilities	<u>13,387,335</u>
Net Assets (1)	<u>47,008,589</u>
Liabilities and Net Assets	<u>\$ 60,395,924</u>

(1) Includes \$5M Emergency Reserve Balance

Sources and Uses Report, Budget vs. Actual

Fiscal Year-to-Date through March 31, 2016



4

		<u>Annual Budget</u>	<u>YTD Actual</u>
Sources of Funds	DSRIP Revenue	\$ 55,665,911	\$ 53,027,726
	Member payment - Seton (1)	46,100,000	-
	Member payment - Central Health (1)	26,245,166	-
	Operations Contingency Carryforward	23,614,250	29,783,176
	Other Sources	15,000	12,440
	Total Sources of Funds	\$ 151,640,327	\$ 82,823,342
Uses - Programs	Healthcare Delivery	92,782,800	34,187,248
	UT Services Agreement	35,000,000	-
	DSRIP Project Costs	23,857,527	6,627,507
	Total Uses	\$ 151,640,327	\$ 40,814,755
	Sources Over Uses	-	42,008,587

(1) Final contributions will be subject to provisions of the MSA, 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 budget, depending upon a variety of factors.

Healthcare Delivery Costs

Fiscal Year-to-Date through March 31, 2016



5

	<u>Annual Budget</u>	<u>Actual</u>	<u>% of Budget</u>
Primary Care	\$ 52,771,147	\$ 23,083,249	44%
Specialty Care	1,622,985	557,930	34%
Mental Health	8,429,022	4,121,211	49%
Vision,Dental & Ortho	1,188,626	458,277	39%
Pharmacy	4,500,000	2,083,238	46%
Client Referral Services	856,309	379,850	44%
Claims Administration/TPA	1,000,000	533,845	53%
HCD Operating Cost	1,276,435	345,577	27%
Service Expansion Funds	500,000	-	0%
Health Information Technology	5,550,000	1,566,399	28%
Integrated Care Collaborative	160,000	-	0%
Administration	1,238,451	584,318	47%
IDS Plan Initiatives	12,024,549	473,356	4%
Operations Contingency	1,665,276	-	0%
Total Healthcare Delivery	<u>\$ 92,782,800</u>	<u>\$ 34,187,248</u>	<u>37%</u>

Selected HCD Providers Expenditures

Fiscal Year-to-Date through March 31, 2016



6

	<u>Annual Budget</u>	<u>YTD Actual</u>	<u>% of Budget</u>
Primary care			
Primary Care - CommUnityCare	\$42,101,395	\$19,449,761	46%
Primary Care - El Buen Samaritano	2,350,000	849,348	36%
Primary Care - Lone Star Circle of Care	4,364,995	1,494,813	34%
Primary Care - Peoples Community Clinic	1,798,000	527,447	29%
Primary Care - Volunteer Clinic	100,000	50,963	51%
Primary Care - Recuperative Care Beds	400,000	128,500	32%
Primary Care - Urgent Care	191,000	76,643	40%
Primary Care - City of Austin EMS	696,822	348,206	50%
Primary Care - Paul Bass Clinic - Primary	709,647	155,741	22%
	<u>\$52,711,859</u>	<u>\$23,081,422</u>	<u>44%</u>
Specialty care			
Paul Bass Clinic - Specialty	\$933,985	\$280,000	30%
Austin Cancer Centers	359,000	112,533	31%
Project Access	330,000	165,000	50%
Ophthalmology	550,915	172,364	31%
Orthotics	41,000	40,361	98%
Oral Surgery/Dental Devices	596,711	243,290	41%
	<u>\$2,811,611</u>	<u>\$1,013,548</u>	<u>36%</u>
Mental health			
ATCIC	\$8,045,166	\$3,882,291	48%
SIMS Foundation	383,856	238,920	62%
	<u>\$8,429,022</u>	<u>\$4,121,211</u>	<u>49%</u>
Pharmacy	<u>\$4,500,000</u>	<u>\$2,083,238</u>	<u>46%</u>

IDS Initiatives

Fiscal Year-to-Date through March 31, 2016



7

	<u>Annual Budget</u>	<u>Actual</u>	<u>% of Budget</u>
Specialty care	\$ 3,518,611	55,108	2%
IDS Plan Contingency Reserve	4,780,938	273,681	6%
Measurement, assessment and performance	475,000	144,567	30%
MAP Redesign	250,000	-	0%
MAP benefits enhancement reserve	3,000,000	-	0%
Total IDS Initiatives	<u>\$ 12,024,549</u>	<u>\$ 473,356</u>	<u>4%</u>

Questions? Comments?





Board of Directors Meeting

April 19, 2016

AGENDA ITEM

5. Receive and discuss a general update from CCC Executive Director.

(No Back up)