

# CAN Board of Directors Meeting Minutes, 09/09/16

Central Health Board Room, 1111 E. Cesar Chavez, Austin, TX 78702

**Present:** **William Buster** (for Bobbie Barker, VP, Grants & Community Affairs, St. David's Foundation); **Marina Bhargava**, Executive Director, Greater Austin Asian Chamber of Commerce; **Dominique Bowman**, Senior Development Officer, Huston-Tillotson University; **Bill Clabby**, Associate VP, Global Initiatives, St. Edward's University; **Kelly Crook**, Superintendent, Del Valle ISD; **David Evans**, C.E.O. Austin Travis County Integral Care; **Christie Garbe**, VP & Chief Strategy Officer, Central Health; **Margaret Gomez**, Precinct Four Commissioner, Travis County Commissioners Court; **Dr. Stephanie Hawley**, Associate V.P. for Equity, Diversity and Community Engagement, Austin Community College; **Patricia Hayes**, Chairman of the Board, Greater Austin Black Chamber of Commerce; **Mark Hiemstra**, (for Jerry Davis, President & CEO, Goodwill Industries); **Jeremy Martin**, Senior VP for Strategy, Greater Austin Chamber of Commerce; **Ara Merjanian**, Chair Elect, CAN Community Council; **Simone Talma Flowers**, Executive Director, Interfaith Action of Central Texas, **Yasmin Wagner**, District 7, AISD Board of Trustees, Austin ISD, **Dr. Brian Yearwood** (for Royce Avery, Superintendent, Manor ISD)

**Partners not represented:** Capital Metro, City of Austin, City of Pflugerville, Community Justice Council, Greater Austin Hispanic Chamber of Commerce, One Voice Central Texas, Seton Healthcare Family, United Way for Greater Austin, UT Division of Diversity and Community Engagement, Workforce Solutions,

**CAN staff in attendance:** Raul Alvarez, Mary Dodd and Carlos Soto.

**Guests and Speakers in Attendance:** Celina Bley, Assistant Superintendent of Finance Operations, Del Valle ISD, Cassandra De Leon, Program Manager, Austin/Travis County Health and Human Services; Hailey Hale, CHA/CHIP Planner, Austin/Travis County Health and Human Services, Ellen Richards, Chief Strategy Officer, ATCIC.

**Call to order and introductions:** Board Chair Jeremy Martin called the meeting to order at 1:13 p.m. Members introduced themselves and shared announcements.

## **Citizens Communication:**

**Meredith Norris** with Generation Citizen Central Texas spoke about their mission of empowering youth and young people to actively engage with local and state government. Through in-school active civics curriculum it seeks to engage students in identifying problems, brainstorming solutions, and working to implement solutions. Students concerned with conditions in their community are trained and encouraged to raise the issue with government officials. Currently they are currently seeking schools and educators interested in participating in the program, college students to volunteer in classrooms, and local leaders who would be interested in talking with students when the program begins in the spring.

**Dustin McCormick:** City of Austin, discussed the National Forum for Black Public Administrators Leadership Summit, designed to provide professional development opportunities to those who wish to pursue high-level positions in local, and state government. There will be a number of workshops conducted in four forums. Topics include: Achieving Equity in Systems; Examination of Implicit Bias, Its Impacts, and Methods for Improving Outcomes; and Reaching beyond the Great Divide, which is about reintegrating people who have recently been released from incarceration back into the community. There will also be several panelists from UT discussing My Brother's Keeper.

**Approval of minutes:** The 8/12/16 meeting minutes were approved, with corrections, unanimously, on a motion by Bill Clabby, seconded by Marina Bhargava.

**Executive Director's Report:** 2016 Board Meeting Topics, LAWG, Kettering Community Dialogues, Central Texas Regional Summit, Board Retreat.

The healthcare presentation is divided into two parts. Today we will be hearing from the City, ATCIC, and Central Health. Next month, Seton and St. David's will be presenting. Upcoming activities:

- The Kettering Foundation Learning Exchange Community Dialogue – Bridging the Economic Divide: Building a Community of Equity & Opportunity online dialogue, in partnership with the Interfaith Action of Central Texas (iACT), Leadership Austin and Civic Collaboration will be held September 23, 2016 from 11:30 AM to 1:30 PM.
- The “Equity – Together We Can Achieve It” a cultural competence, diversity, & inclusion equity training, facilitated by the Texas Center for Elimination of Disproportionality and Disparities, is scheduled for October 19 and October 25.
- The Language Access Work Group will be meeting on October 20<sup>th</sup>. Last meeting we looked at a partner's Language Access Plan (LAP) and got feedback from a number of partners present, as part of an ongoing partnership with Capital Metro to update their LAP. This effort is also expected to produce guidelines or recommendations that other partners can then utilize to inform the LAP at their organizations.
- On Wednesday, November 2<sup>nd</sup> will be the Central Texas Regional Summit at the Dell Diamond United Heritage Conference Center in Round Rock, from 10:00 AM to 3:00 PM.
- The CAN Board Retreat will be on November 11.

**Community Council Update:** Ara Merjanian began by reviewing the work done by Community Council (CC) in August, when the CC had a work session where they looked at documents summarizing the work they have done in previous 2 years relating to person centered care. A framework was developed and the findings summarized into a draft report. In September the CC would like to talk to public and private funders, so representatives from City of Austin Health and Human Services, St. David's Foundation, and Mission Capital will provide a closer look at how nonprofits and service providers deal with funding organizations in order to have the biggest effect on the criteria they use to provide those services. This will lead up to the October 17 forum, which will be from 6:00 PM to 8:00 PM in the Multipurpose Room at the Travis County Building located at 700 La Vaca Street. There will also be a moderated panel with representatives from Community Care, Travis County HHS, and Via Hope, an advocacy and training organization focusing on Person Centered Care. The Community Council is also accepting applications and nominations for membership to the Community Council. There is information on the CAN website as well as an application. If you know of somebody or know of somebody that would be interested, please encourage them to apply. It's an excellent opportunity for people who care about their community to get actively engaged in the development of solutions for some of the issues facing our community.

**Discussion:** David Evans mentioned that things have worked well with the CC around person centered planning and how it has explored its impact in the community, but when we meet as a board and hear presentations, and then take what we have learned from the CC and whatever agency is presenting, we need to make sure we are probing those presentations and completing some sort of a loop. Evans also explained to any potential members the very real impact their role as a Community Council Member has, characterizing the CC as a place where they can have a meaningful impact, whether it's on Commissioner's Court, or the Chambers, or most of the member organizations here. In response, Ara Merjanian mentioned how one of the CC's goals is to produce practical guidelines and recommendations, and to serve as a resource for our partners. Raul also mentioned how there is a CAN Ambassadors program in development, which would be more issue-specific.

**Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP):** Cassandra De Leon, Program Manager, and Hailey Hale, CHA/CHIP Planner. Cassandra began by discussing the Health and Human Services Department's purpose of community health improvement planning for Austin & Travis County in partnership with a number of local agencies and nonprofits to lead a comprehensive health planning initiative. As a result of the implementation of this effort, there is a shared vision, mission and shared values. Vision: Healthy People are the Foundation of our Thriving Community. Mission: Our community – individuals and organizations (public, private, non-profit) – works together to create a healthy and sustainable Austin/Travis County. Shared Values: Diverse and inclusive, respectful, health promoting, efficient and results oriented, objective, and shared accountability and ownership. The Community Health Planning process includes two components: the CHA and the CHIP, and it's an iterative process in a 5 year cycle. As community needs emerge, we are capable of adjusting it to meet those needs. In 2011 we started the first iteration of this process for our county. In 2012 we conducted and finalized the CHA. In 2013 we developed a CHIP. Finally, in 2015 and 2016 we implemented and monitored that improvement plan. Currently we are in evaluation mode, looking at the entire process to develop lessons learned and get feedback on how we can improve for the next implementation.

Hailey continued by discussing some more specific topics about the CHA/CHIP implementation process. Regarding the methods of the current cha/chip, in 2012 they engaged over 300 people to garner feedback in order to begin with a quantitative data set with which to begin their evaluation. Engagement took many different shapes, including large community forum events, key informant interviews, and key focus groups. They worked with One Voice Central Texas to identify what these key focus groups were, and they also collaborated with Central Health as well, who were conducting a health assessment around the same time. After 2012, they worked to compile the findings from community outreach as well as what the health data told them. Those findings were presented throughout the community and to the steering committee to determine key priority areas. From those key priority areas they convened a large group of community experts in those priority areas. From these groups they created an actionable work plan with measurable and time sensitive objectives, called SMART, with objectives founded on evidence based practices and community interest. From those objectives, they identified 3 to 7 objectives by Priority Area, further divided into strategies and action steps. They then began a 3 year process of checking in with those organizations and monitoring the progress of the implementation of those objectives, from 2013 to 2016. During the process, they saw a lot of momentum building around the annual planning summit. The Year 3 planning summit saw 64 attendees from 42 unique groups/organizations present. If you are interested in learning more about the three year implementation, the Annual Report reviews the success, challenges, lessons learned, and next steps over the past year, and is available on their website. In June the three year implementation process was completed, and they are currently in collaboration with UT School of Public Health we are working in implementing an evaluation beginning in 2012 to the present to determine implementation success and areas of improvement. Once it is completed it will also be available online. Health Priority Areas that were identified in 2013 are: obesity, access to healthy foods, transportation, and navigating the health care system. CHA/CHIP are very dependent on the community and external forces that affect services. Related projects and collaborations include public health accreditation, healthy equity initiative, Imagine Austin, and the Medicaid Transformation Waiver. Next steps for CHA/CHIP: completion of the evaluation of past CHA/CHIP in October 2016, begin CHA in January 2017, begin drafting next CHIP in Fall 2017, and start implementing CHIP in 2018.

**Discussion:** There was a question asking if there was a report available for the final round of the CHA/CHIP implementation process. Cassandra responded explaining that the report will be available in October. For year two, there is also a report available. Final Report is yet to be released. There was also a question asking if there would be meetings to discuss what happened after findings are presented in October. In terms of opportunities to give feedback to steering committee and partners, the steering committee will consider recommendations in their decision to adopt the Community Health Assessment structure, then when they start the CHA process there will be 2 components: the quantitative component that results from looking

at all the health data they get from a number of sources, and a community engagement piece that asks for their concerns about health in their community and resonates with them.

**Local and Regional Efforts to Address the Economic Divide through Health Care:** Christie Garbe, Central Health, and Ellen Richards, ATCIC. Garbe began by highlighting how the economic divide and the health divide are very closely linked. Austin has great job and economic growth, but it's not all positive. Although ranked #3 in job growth, the projected increase of families living below the poverty line is of over 12.8% by 2019. 109,000 are being served by Central Health. Although there still are 189,247 uninsured residents in Travis County-almost 2 out of 10 residents, the uninsured residents have dropped by 19.3%. Central Health's role in the health care system is to ensure that people are as healthy and productive as they can. Central Health partners with the Community Care Collaborative to build a better health care system, with Community Care Health Centers to build better access to health care, and with Sendero Health Plans to build better local health coverage. Central Health is also working on a new Strategic Plan based on the 3 pillars of: transformation, stewardship, and partnership. In terms of transformation, a public private partnership to create an integrated delivery system was created. In terms of stewardship, leveraging local tax dollars through the 1115 Medicaid Waiver provides an additional \$1.42M health care dollars to the local community. In terms of stewardship, Central Health helped fund a new medical school that will bring research, new services and increase the workforce in this area. The community Care Collaborative tries to knit this fragmented system of care into something that the patient can navigate through. It's a very big initiative utilizing funds from Central Health, Seton and the Community Care Collaborative. Central Health is also partnered with the Dell Medical School, with additional students/faculty immersed in Community Care locations. In terms of improving our infrastructure, Central Health is working on new clinics, data analysis to evaluate system needs and locations, and innovation in new models of care and value based payments such as mobile teams and e-consults, among other innovations aimed at increasing efficiency. To keep taxes and health care costs low, Central Health provides a Medical Assistance Program offering health care coverage for vulnerable populations, Sendero Health Plans offers IdealCare, a marketplace insurance plan, a Premium Assistance Program that pays premiums for eligible participants, and the lowest tax rate of the major health districts in the state.

**Bridging the Economic Divide through Health:** Ellen Richards, Chief Strategy Officer at Austin Travis County Integral Care began with a background of ATCIC's role and responsibilities in dealing with mental health in Travis County. In any given year, 1/5 youth experiences a mental disorder and 26% of adults experience a diagnosable mental disorder every year, and 1/10 of adults live with a serious mental illness. There is also a strong linkage between poverty and mental illness, forming a vicious cycle. Improving people's mental health through treatment improves their economic status. The majority of the people ATCIC serves have incomes of under \$5,000 per year. Rapid population growth, and a high proportion of low-income individuals composing that increase, coupled with a rapidly rising cost of living and lack of affordable housing, is displacing many needy individuals to outlying areas that lack critical resources and infrastructure. In order to bridge the divide, ATCIC employs mobile crisis responders that can partner with APD, Sheriff's office, EMS and City of Pflugerville, homelessness outreach through PATH and HOST, providing wraparound and rehabilitation services in people's homes, and partnering on street medicine teams. Another way ATCIC is bridging the divide is by creating more access points, such as in schools, to make behavioral health care available in more locations. ATCIC also strives to get outside the boundaries of traditional models. Examples are viewing housing as a health intervention that can serve as the foundation for recovery from mental illness, substance abuse disorder, chronic disease, and homelessness, providing opportunities for Supported Employment, and helping people apply for benefits.

**Adjournment:** The Chair adjourned the meeting at 2:58 p.m.