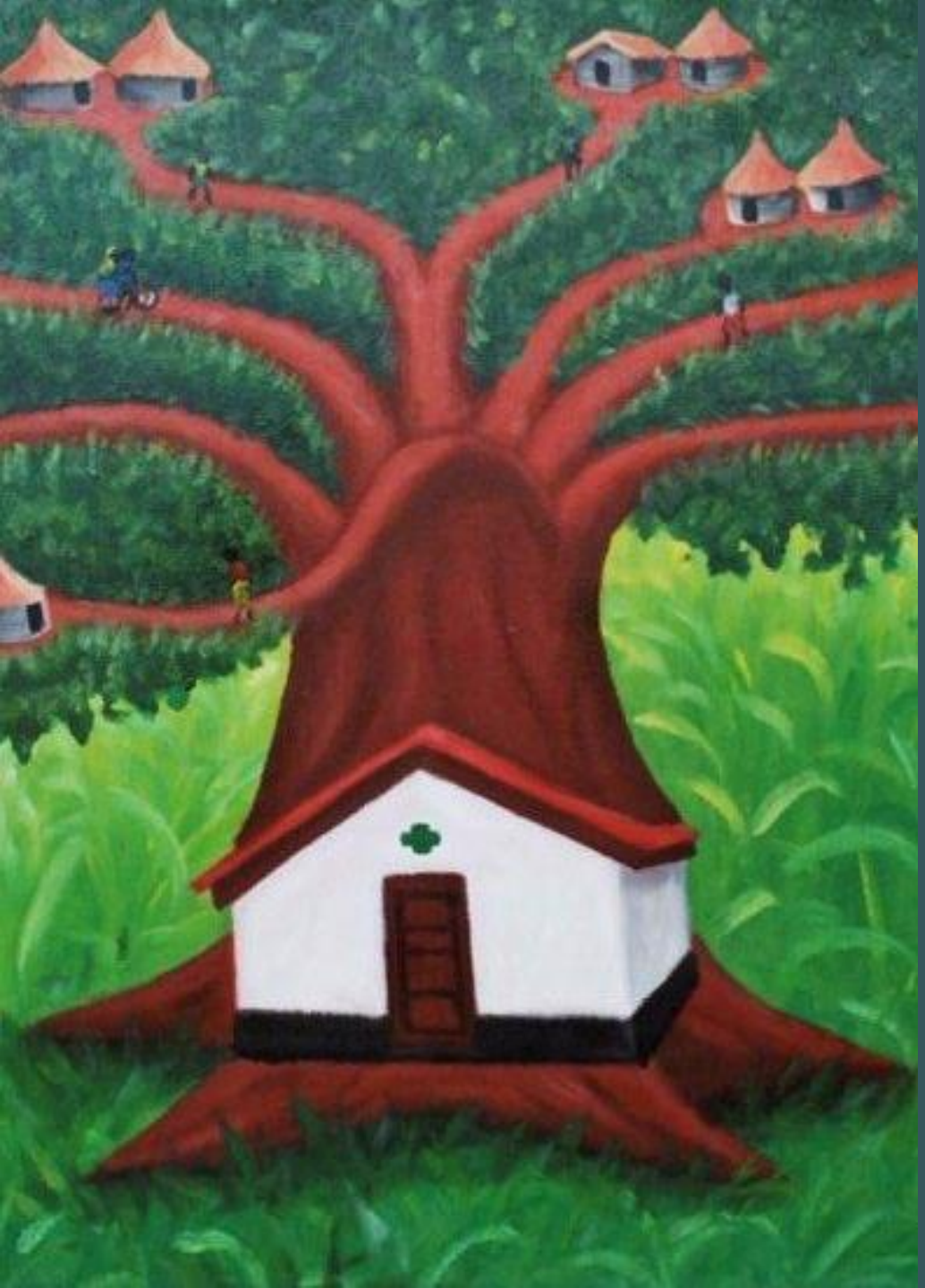


CENTRAL HEALTH
TRAVIS COUNTY HOSPITAL DISTRICT

Trust Makes Health Care Better

Central Health Presentation to

City of Austin Public Health Committee
December 4, 2024

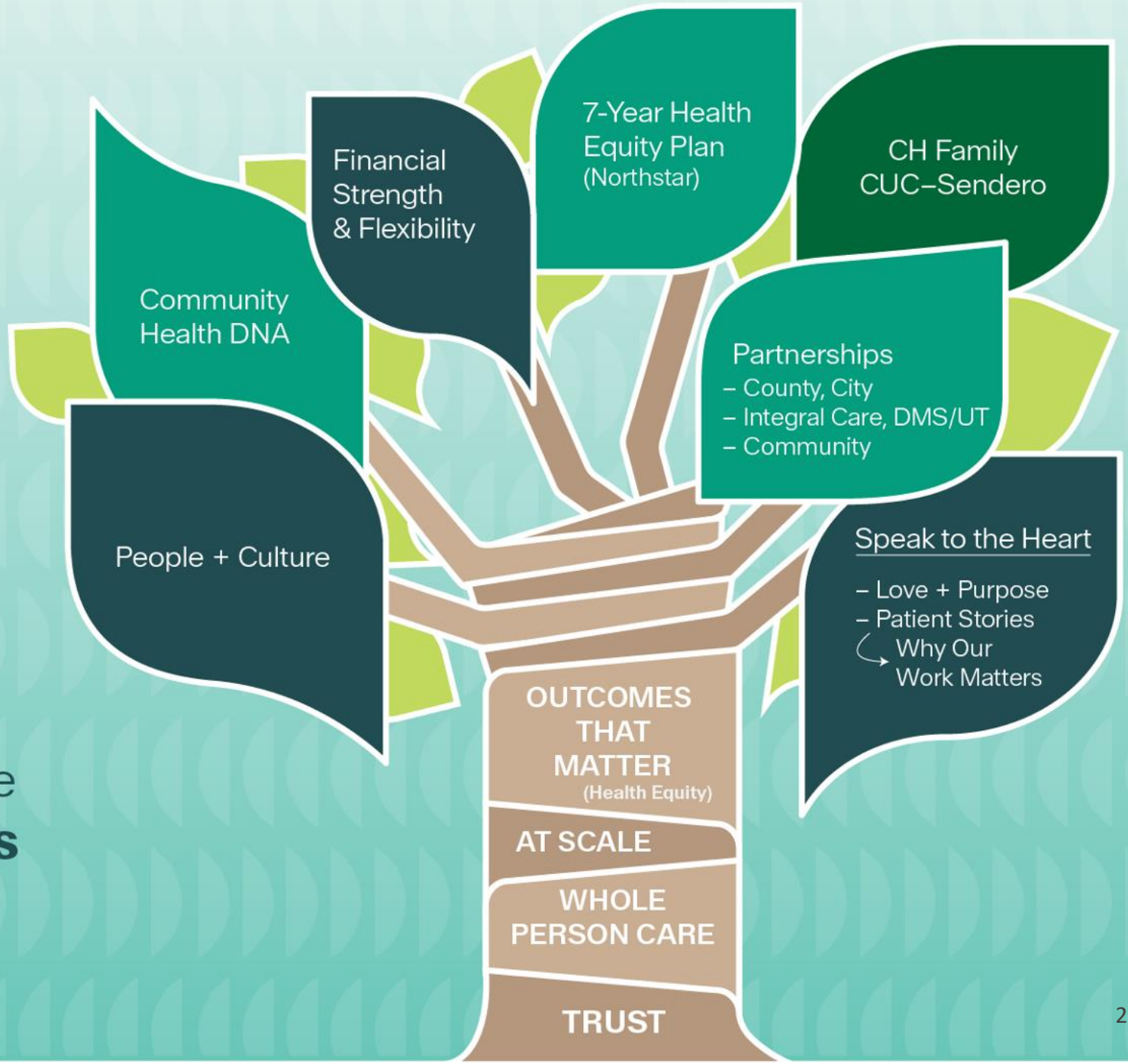
Patrick T. Lee, M.D., President and CEO, Central Health
Perla Cavazos, Deputy Administrator, Central Health
Monica Crowley, Chief Strategy Officer, Central Health
Cynthia Brinson, Vice Chair, Central Health Board of Managers
Amit Motwani, Manager, Central Health Board of Managers

Mural at renovated
Rosewood-Zaragosa Specialty Care Clinic.

CENTRAL HEALTH

We are strongest when we are

One Trunk, Many Branches



7-Year Healthcare Equity Plan: Transforming Community and Patient Care

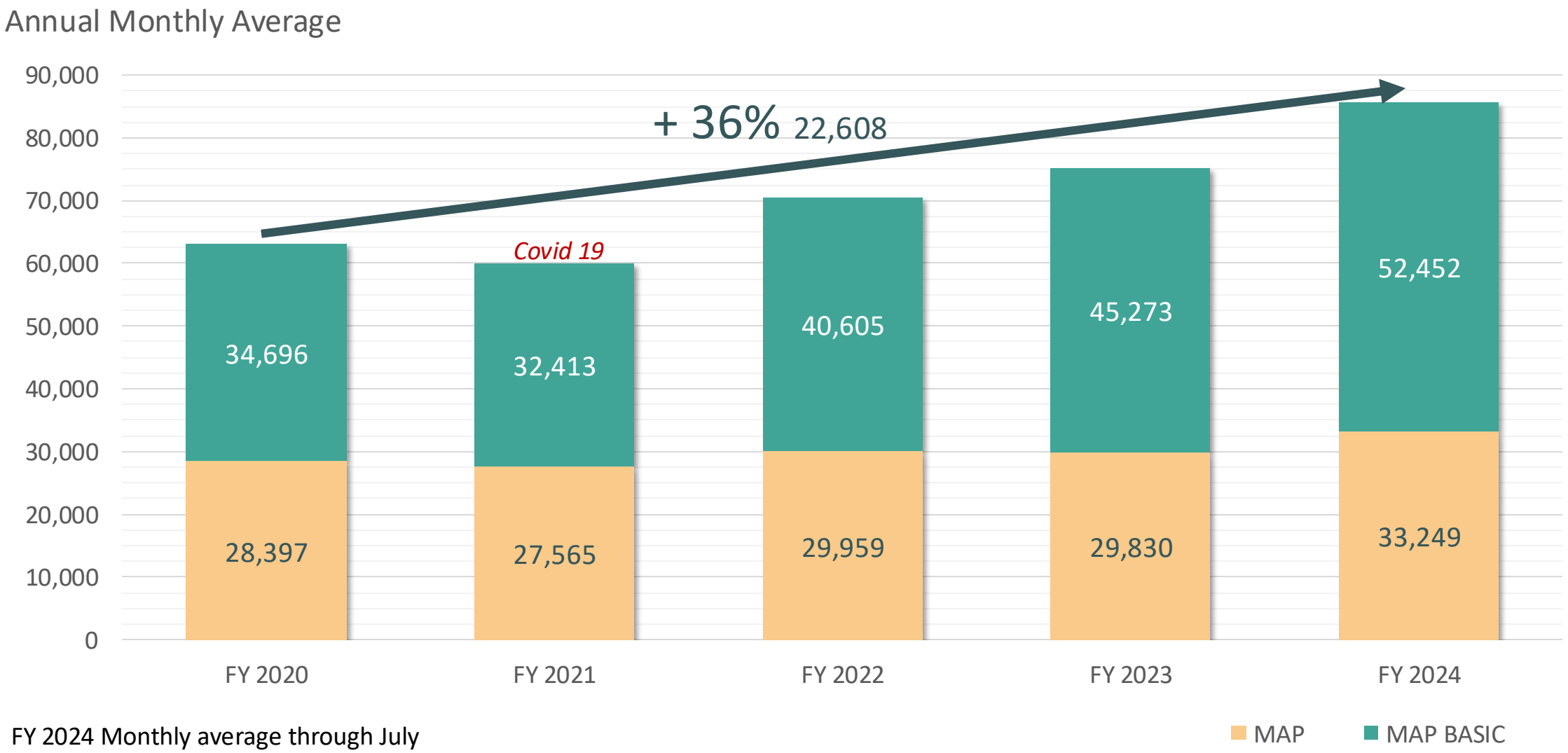
Healthcare Equity Plan Prioritized Initiatives

Community Need	Initiatives
Expanded Access to Specialty Care	• Direct Clinical Capacity • Specialty Care, Care Coordination • Specialty Care Contracting and Relationships
Access to Mental Health Services	• Mental Health Clinical Processes and Staffing • Mental Health Data Access and Triage • Mental Health Facilities
Robust Post-Acute Care, Including Respite and Extensivists	• Post-Acute Care Contracting and Operations • Post-Acute Care Funding Support
Primary Care, including CUC HIV/AIDS Program and Pharmacy	• Patient Navigation • Primary Care Capacity
SUD and Addiction Medicine Services	• Respite and Recuperative Care • SUD Clinical Processes and Staffing • SUD Data Access and Triage
Access to Hospital Care	• Hospital Capacity • Hospital Care Coordination
Health Care for the Homeless	• Connection to Supportive and Affordable Housing • Funding Support • Mobile Care Clinic and High-Risk Care Clinic
Expanded Access to Dental Care	• Dental Care Capacity and Facilities • Dental Staffing and Contracting
Care Coordination	• Care Coordination Program Alignment and Augmentation
Enrollment and Eligibility	• Enrollment & Eligibility Technology Optimization • Enrollment & Eligibility Procedures & Coordination
Coverage Programs, Benefits, and Structures	• Coverage Program Benefit Enhancement • Coverage Program Information Delivery

Community Need	Initiatives
Pharmacy	• Pharmacy Care Coordination • Pharmacy Capacity • Pharmacy Program Aug. • 340B Pricing
Same-Day Care and Extended Hours	• Primary Care, Care Coordination • Primary Care Processes and Staffing • Urgent and Convenient Care
Expanded Access to Surgical and Procedural Care	• Surgical Clinical Capacity • Surgical Care Coordination
Social Determinants of Health (SDOH)	• SDOH Contracting and Relationships • SDOH Funding
Health Systems Interop. and Technology / Data and Analytics	• IT Governance, Reporting, and Interoperability • IT Career Dev. & Training
Support Functions	
Infrastructure and Support Functions	• Human Resources • Finance • Communications • General Administration • Strategy • Compliance
Capital Expenditures	• Debt Service

Central Health Fiscal Year 2024 Accomplishments and Successes

MAP & MAP Basic Enrollment



FY 2024 Monthly average through July

FY 2024 Budget Resolution Update

Project	Status	Updates
Clinical Facilities		
Hornsby Bend Health & Wellness		10/13/23 Go-Live
Del Valle Health & Wellness		February/March 2025 Go-Live
Colony Park		Q1-Q2 2027
East Austin Specialty		10/23 Go-Live
Rosewood-Zaragosa Specialty		8/5/24 Go-Live
Navigation Center		
Navigation Center Implementation		5/5/2023 Go-Live
Eligibility		
12-month MAP eligibility		Q3 2024 Board Discussion RE: Improvements to Eligibility and Enrollment Process
Performance Review		
Mazars Performance Review		Completed 9/2024
Clinical Services		
Jail Specialty Care		Services to Begin in June
Street/Mobile/Bridge Teams for People Experiencing Homelessness		Staffing 3rd CUC Team; CH Bridge
Transitions of Care Embedded in Hospital		2/1/23 Dell Seton Medical Center; 3/13/24 Seton Medical Center Austin
Our Providers in Skilled Nursing Facilities		11/1/23 Go-Live
Transitional Care at Home Services		3/13/24 Go-Live
Respite		8/1/23 Go-Live
Cancer Screening Performance Improvement		Developing Key Performance Indicators with CUC/Sendero
Expansion of Integral Care (IC) Base Services		10/1/23 Base Expand
Mental Health Diversion Services Pilot		IC Psychiatric Emergency Services (PES) Amendment 2/1/24

Project	Status	Updates
Clinical Services –Specialty Care		
Medical Respite		8/23/23 Go-Live
Gastroenterology (GI) and Pulmonology		10/2/23 Go-Live @ East
Podiatry		10/23/23 Go-Live @ East
Pulmonary Function Tests		11/28/23 Go-Live @ East
GI and Pulmonology		1/16/24 Transition to Cap Plaza
Nephrology		2/1/24 Go-Live @ Cap Plaza
Palliative Care		2/5/24 Go-Live @ Cap Plaza
Wound Care		2/5/24 Go-Live @ East
Hepatology		2/15/24 Go-Live @ Cap Plaza
X-Ray		2/15/24 Go-Live @ East
Infectious Disease		2/20/24 Go-Live @ Cap Plaza
Behavioral Health		3/20/24 Go-Live
Pre-op Clearance		3/20/24 Go-Live
Ultrasound		3/25/24 Go-Live
Clinical Pharmacy		4/3/24 Go-Live
Psychiatry		Launch in Fall
Cardiology		Launch in Fall
Neurology		Developing Letter of Intent (LOI)

Updated: 11/24

Fiscal Year 2024 Early Wins for Trust

Driving Positive Change Across Our Organization

- Specialty Care: Enhancing access and equity
- Respite Care: Expanding support services
- People and Culture: Fostering employee satisfaction
- Enterprise Alignment: Unifying our healthcare entities
- Inmate Health and Jail Diversion: Strengthening community partnerships
- Board and Community Support: Improving alignment on priorities and budget

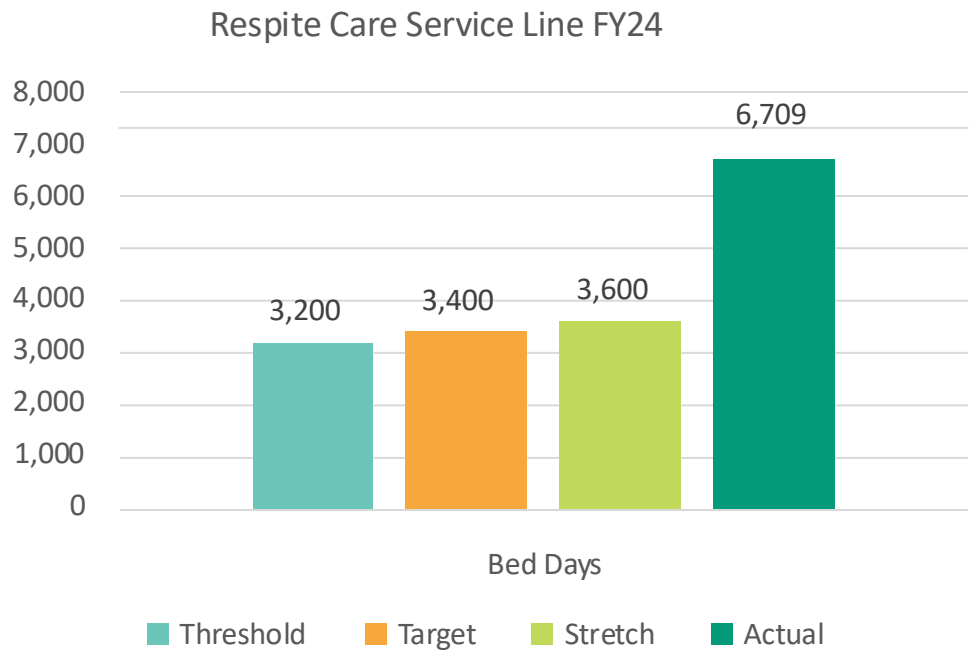
Respite Care Services

Purpose & Value

Purpose: Provide Central Health contracted respite beds to those we serve.

Value: Give people — especially those who are unhoused — the opportunity to rest, recover, and heal in a safe environment while also accessing clinical care and support services.

FY2024



Patients Discharged to the Streets Post-Amputation

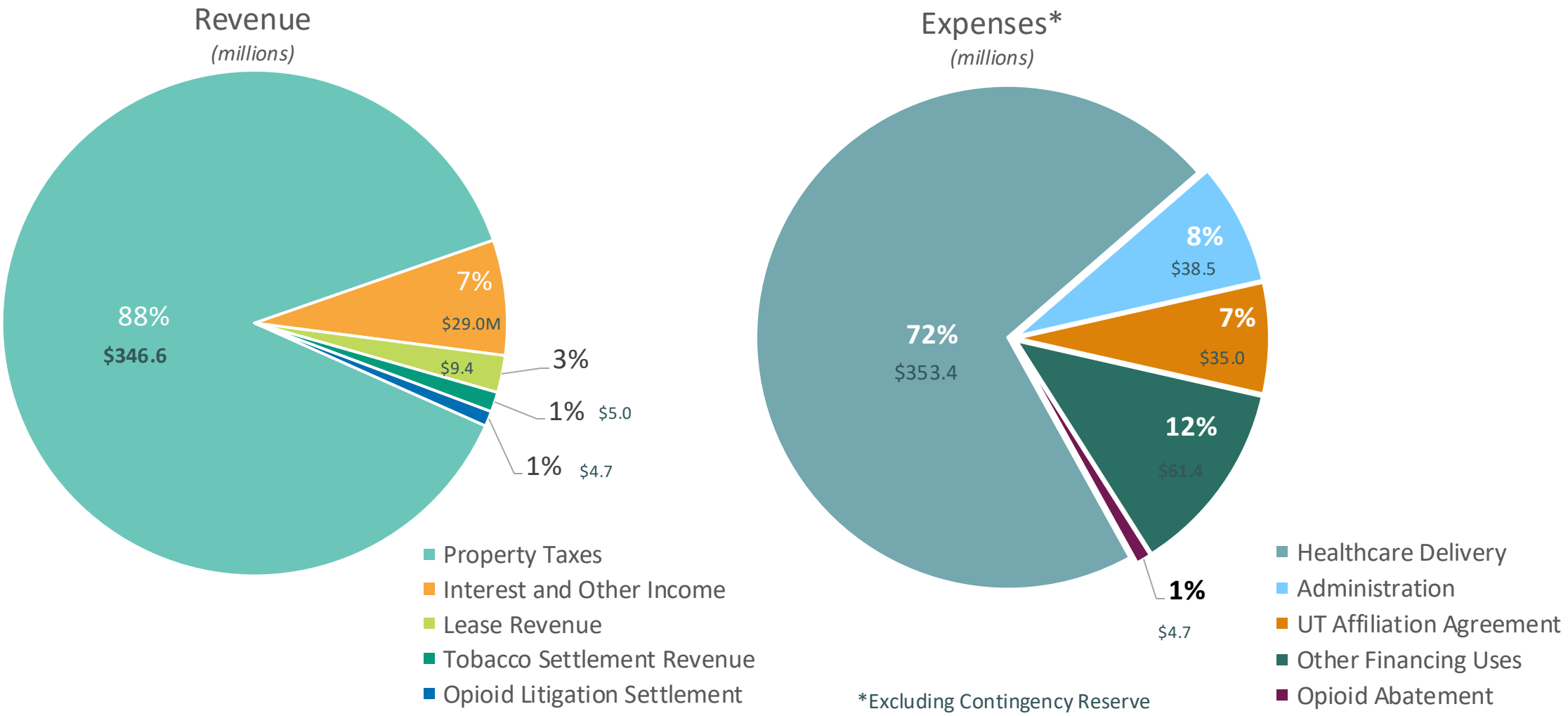
Patients just out of the hospital, even ones with fresh amputations, used to be routinely discharged to the street.

We can and must do better, and we are.

Central Health FY 2025 Budget Highlights & Strategic Priorities

Central Health: Revenue & Expenses

FY 2025 Approved Budget



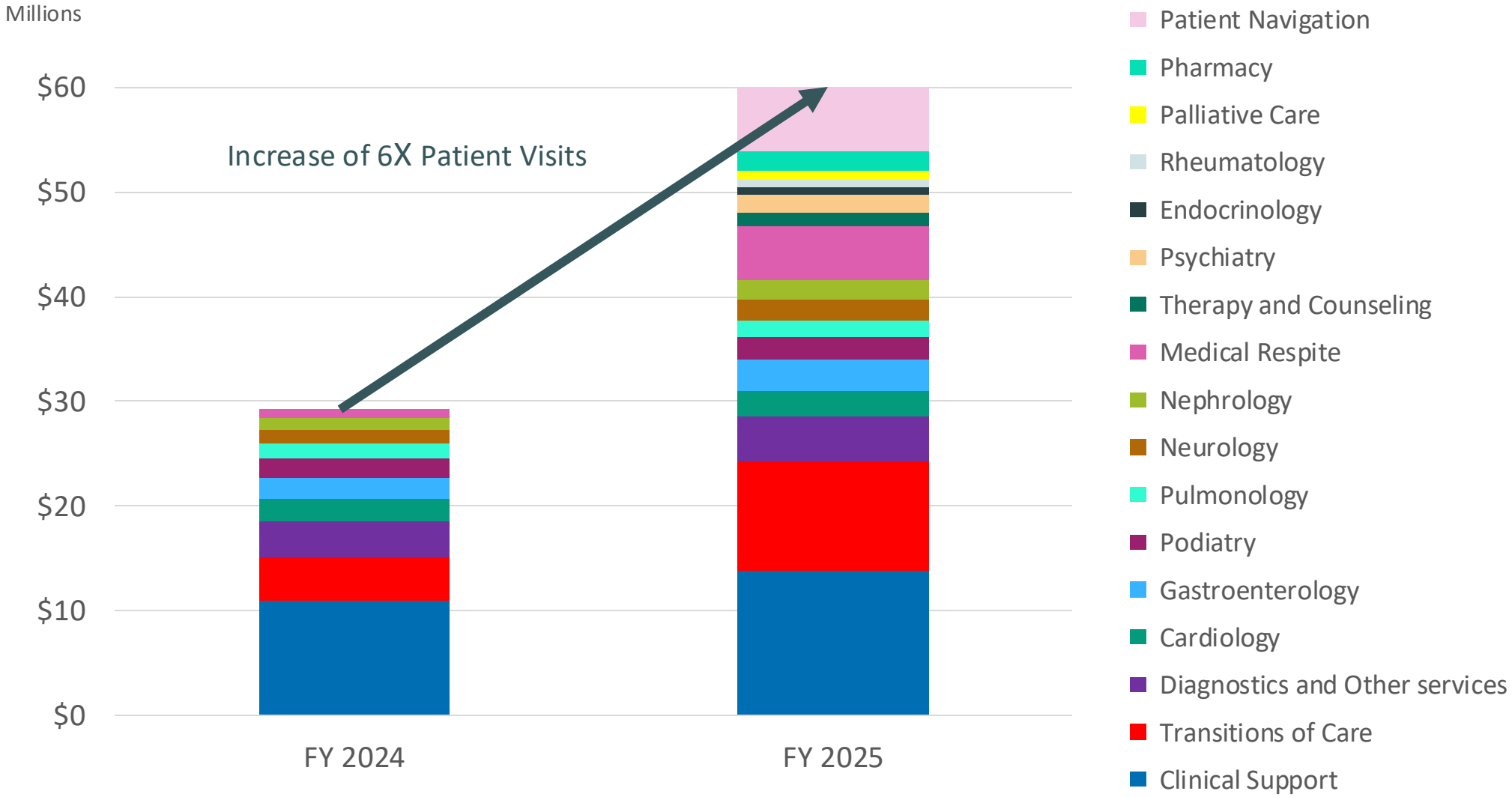
*Excluding Contingency Reserve

Fiscal Year 2025 Budget Highlights

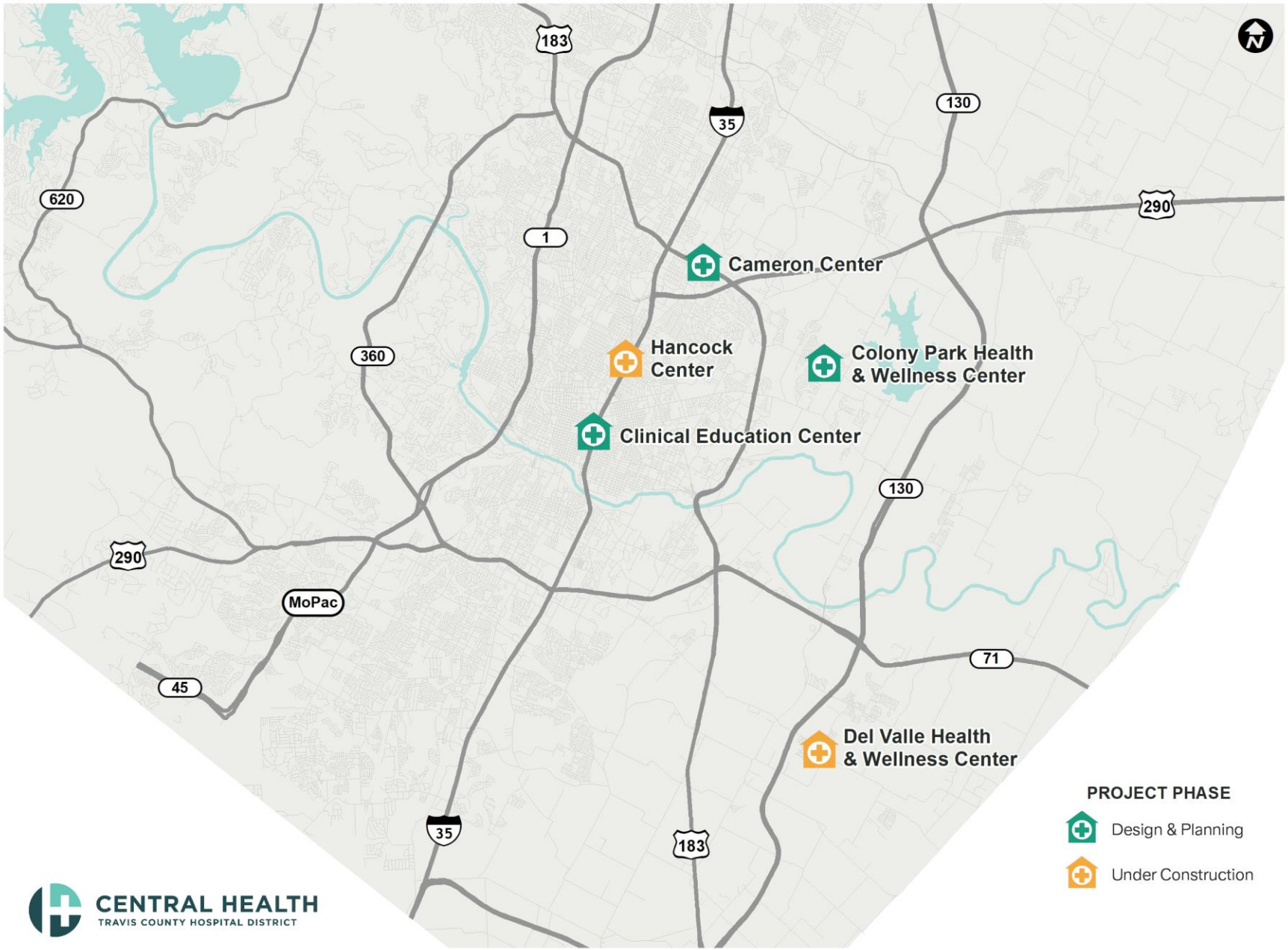
Robustly expanding healthcare services to meet demand and close healthcare gaps for our highest-risk populations

- Increased investment and collaboration with CommUnityCare and Sendero
- Continued collaboration with Travis County to expand inmate health services, diversion, and MAP enrollment
- 6x increase in CH-provided direct specialty care patient visits over FY 2024; Rosewood-Zaragosa, Capital Plaza, East Clinic sites now open
- More than $20 million to fund Integral Care: increased outpatient and psychiatric emergency services over FY 2024
- Investments in Eastern Travis County: Del Valle Health and Wellness Center to open in Spring 2025; construction at Cameron Centre and Colony Park
- Respite care hub at Central Health Downtown Campus (old Children's Hospital/Clinical Education Center)
- Partnerships with community-based organizations to broaden our reach and address food insecurity, housing and homelessness, mental health, and more

Investment in Direct Healthcare Services

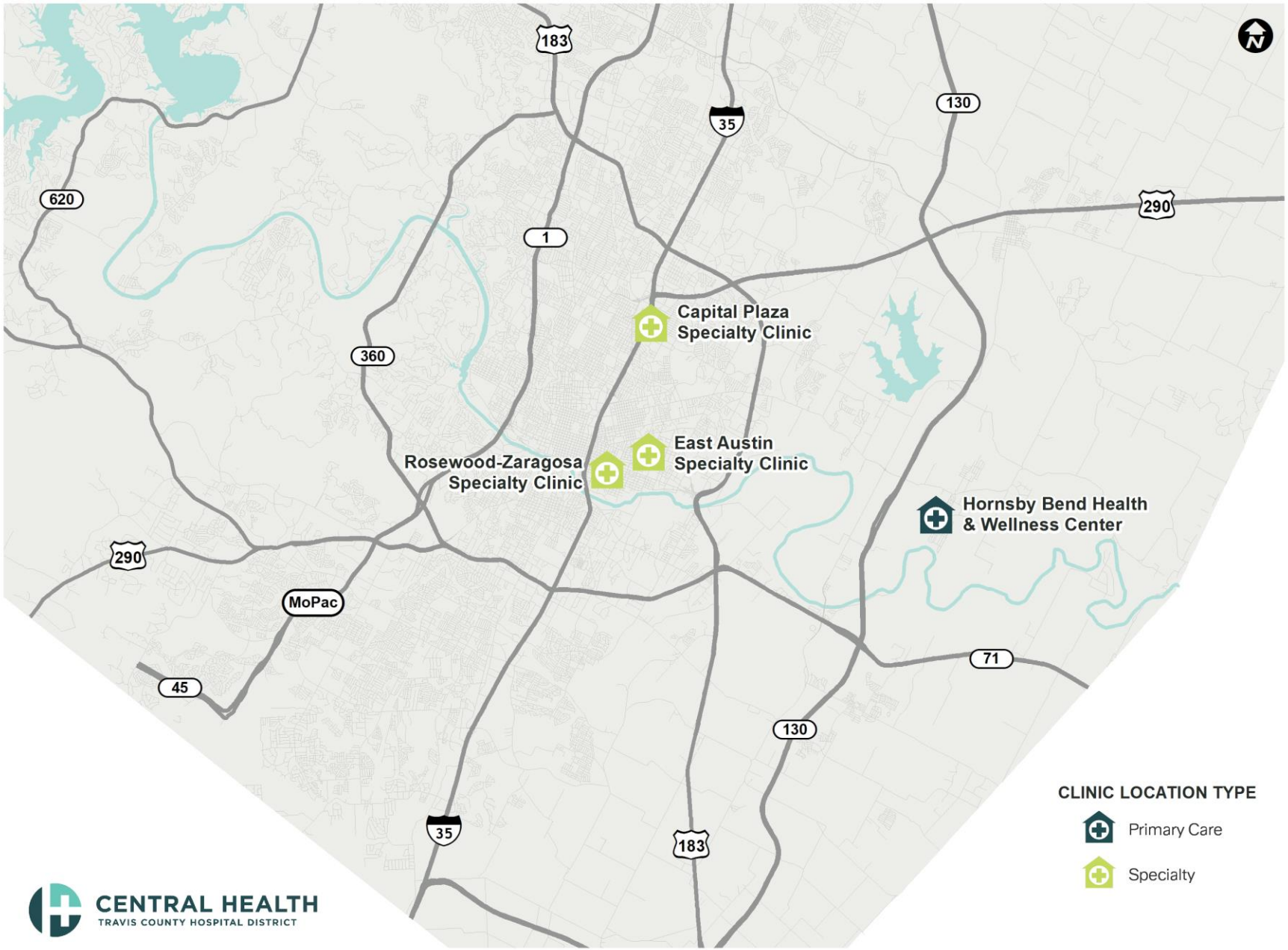


2025 Central Health Capital Projects



CENTRAL HEALTH
TRAVIS COUNTY HOSPITAL DISTRICT

FY24 Direct Practice of Medicine Openings & Builds



CENTRAL HEALTH
TRAVIS COUNTY HOSPITAL DISTRICT

Access and Capacity

Value: Increase access and capacity to comprehensive, high-quality, equitable health care services.	
Community Need	**FY 2025 Budget Highlights**
Expand Access to Specialty Care	**$30.8M** increase from FY2024 Direct Healthcare Services including: • Adding a significant number of specialty service lines with the opening of Rosewood-Zaragosa Multispecialty Clinic • Funding supports a 10x increase in patient volume over FY2024
Healthcare for the Homeless	**$2.2M** for a full year of two Bridge Teams, one mobile and one clinic based
Access to Mental Health Services	**$2.9M** added in Direct Healthcare services for Psychiatry, therapy and counseling services **$20.6M** Integral Care funding for Psychiatric Inpatient, Outpatient, Emergency Services and Medication Assisted Therapy

Access and Capacity continued

Value: Increase access and capacity to comprehensive, high-quality, equitable health care services.	
Community Need	**FY 2025 Budget Highlights**
Robust Post Acute Care, including Respite and Extensivists	**$2.1M** increase to Transitions of Care to expand teams within skilled nursing facilities **$4M** in contracts with skilled nursing facilities FY25 target of 1,440 bed days operated by Central Health and 3,000 contracted bed days, a 30% increase over FY24 targets
Substance Use Treatment and Addiction Medicine Services	**$5.1M** increase in Specialty Behavioral Health contracts including • Substance use treatment • Diversion Services • Medication-Assisted Therapy

Care Coordination

Value: Enhance the quality, safety, efficiency and effectiveness of care transitions to better meet patient needs, remove barriers and improve outcomes.

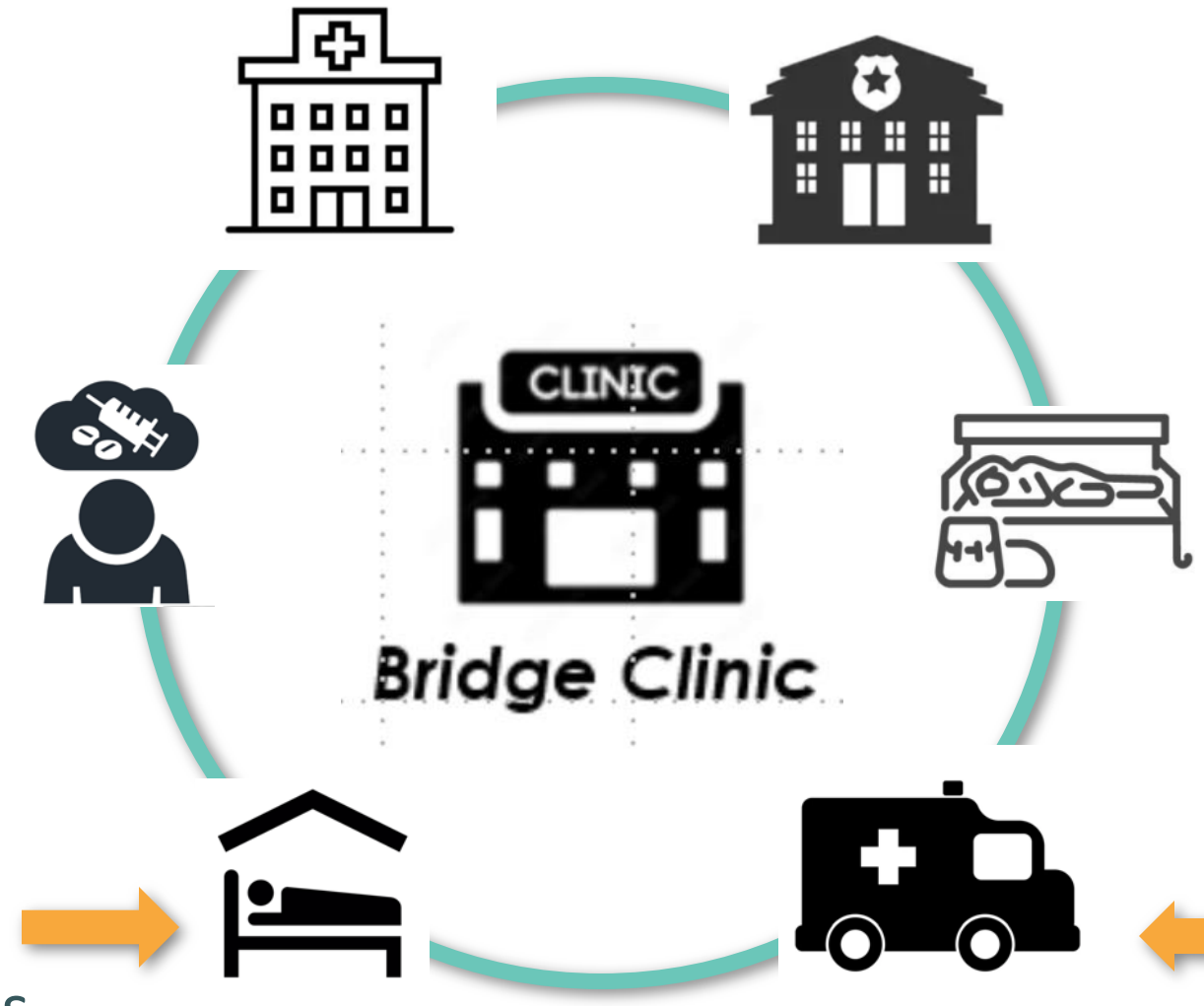
Community Need	FY 2025 Budget Highlights
Program Alignment and Augmentation	**$3.6M** increase and 21 additional FTEs at Patient Navigation center to provide the necessary connections for our patients
Access to Hospital Care	**$1M** increase and 12 additional staff within Transitions of Care to add additional care teams in emergency rooms and inpatient floors who will • Support care coordination with Central Health network providers • Identify, screen, track and monitor care to achieve better patient outcomes • Work with hospital case management teams to identify patients at high risk of readmission to proactively facilitate discharge planning
Social Determinants of Health (SDoH)	**$1M** in Community Health Initiatives Fund expanding programs focusing on food insecurity

Member Enrollment and Engagement

Value: Enhance member enrollment and engagement through multiple outreach, communication touch points and drive effective use of coverage program benefits.	
Community Need	**FY 2025 Budget Highlights**
Enrollment and Eligibility	• **$2.6M** increase in the Eligibility and Enrollment budget to expand: ○ On-site enrollment services at clinical locations ○ Virtual enrollment options ○ Justice involved screening and enrollment ○ MAP and SOAR disability application assistance for individuals experiencing homelessness With the goal of reducing the percentage of uninsured Travis County residents among CUC patients and increase transition of MAP Basic enrollees into Medicaid/CHIP if eligible.
Coverage Programs, Benefits, and Structures	• Continue exploring opportunities to increase standard MAP enrollment period to 12 months • Enrollment in ACA plans including additional patient transitions to Sendero for dialysis, organ transplants and STEM cell therapy

Central Health FY 2025 Addressing Homelessness through Partnerships

The **Bridge Clinic** is a transitional clinic for individuals in our community who are transitioning into or out of a care environment and needing help or stabilization. It is also for individuals who have fallen out of care and trying to get back into care. The clinic is located at Capital Plaza.



Phase 1:
June 6, 2024
Respite Patients

Phase 2:
Sept 23, 2024
EMS patients

Phase 1 Bridge: Respite patients

June 6, 2024: Respite patients seen at Bridge Clinic two ½ days a week.

<u>Highlights</u>

- Services onsite (nutritionist, pharmacist, specialties, BHC, labs, ultrasound)
- Same staff across different environments (Teresa Colin our MA Respite & Bridge)
- Bridge provides comprehensive and timely care to our respite patients

Phase 1: 71 total visits, 41 unique pts

How the EMS referrals works

Paramedics meet patient- determines low acuity

Paramedics call C4 at the command center and discuss

C4 calls Bridge clinic and decision made to bring patient

Paramedics bring patient to Bridge clinic- . Warm handoff to bridge team

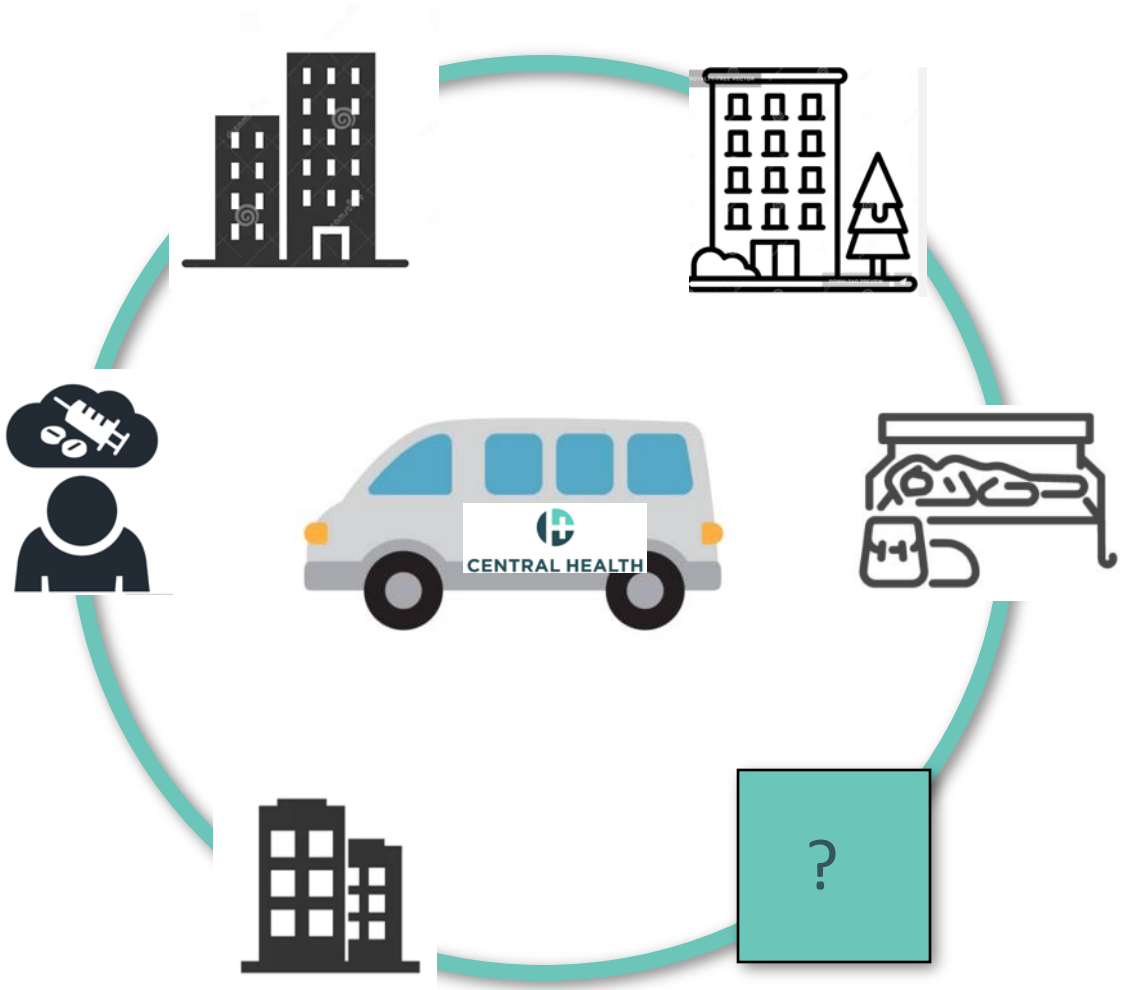
Patient seen - follow up appts made, connections to services/PCP

Phase 1 & 2: At Capital Plaza

June 2024

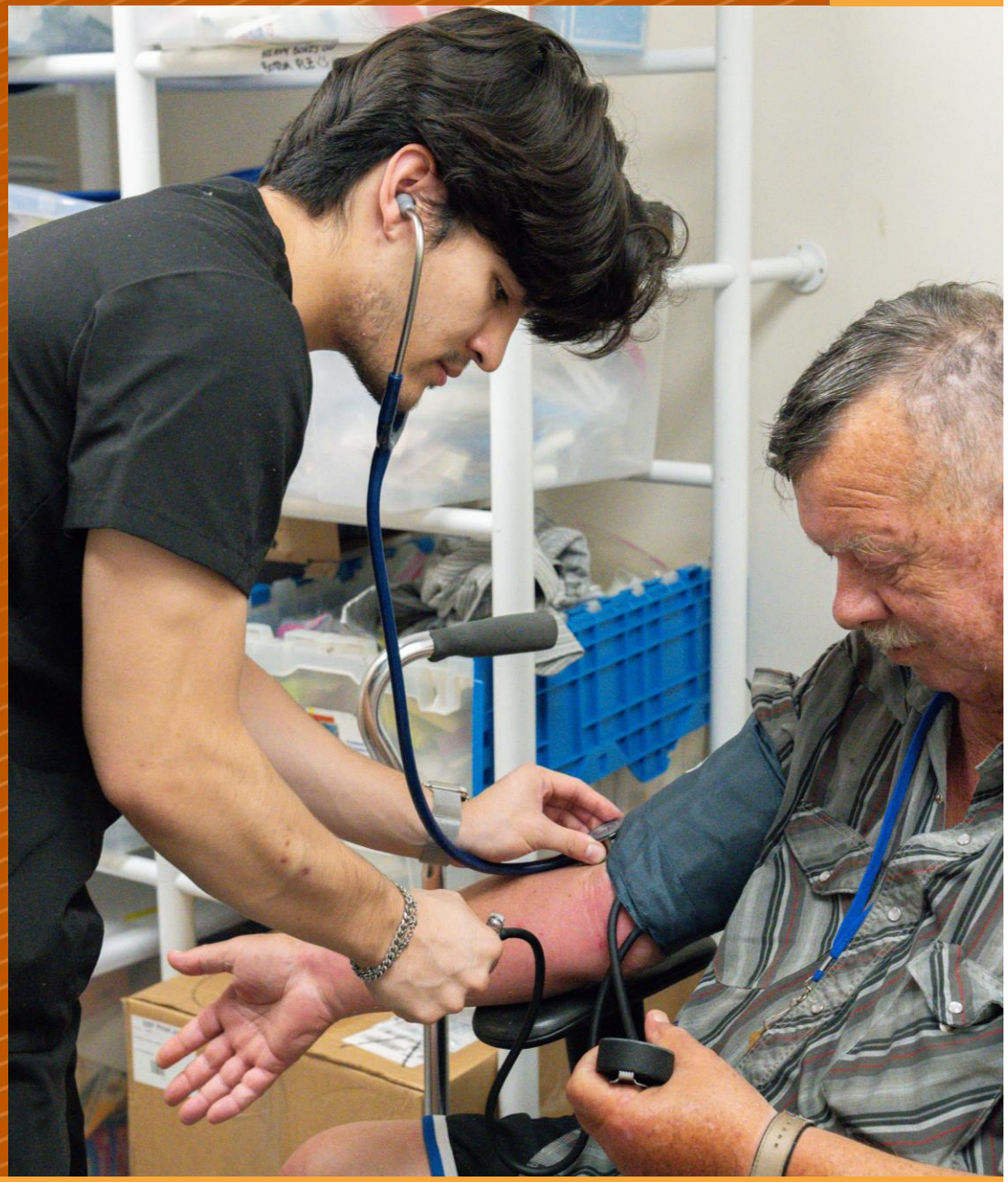
Phase 3: Mobile Team

Jan 2025



CENTRAL HEALTH
TRAVIS COUNTY HOSPITAL DISTRICT

The University of Texas at Austin
Dell Medical School



SUPPORTING THE CARE CONTINUUM: PERMANENT SUPPORTIVE HOUSING HEALTH CARE COLLABORATIVE

Jointly designed by the Ending Community Homelessness Coalition and Dell Med, the Permanent Supportive Housing Health Care Collaborative is bringing **integrated primary and behavioral health support** to residents of more than 1,000 permanent supportive housing units in Austin.

These residents are people who were formerly experiencing homelessness.

DELL MED'S ROLE:

» PLANNING & DESIGN
» EVALUATION

"We are working to create a **seamless, integrated and person-centered system of care** that will make it easier for the residents of these housing units to not just remain in their living spaces … but to thrive in them."

TIM MERCER, M.D., MPH

Associate Professor,
Departments of Population Health & Internal Medicine

COMMITMENTS BY HEALTH CARE PARTNERS

CENTRAL HEALTH
Administrative & Operational Coordination
Contract & Fiscal Management

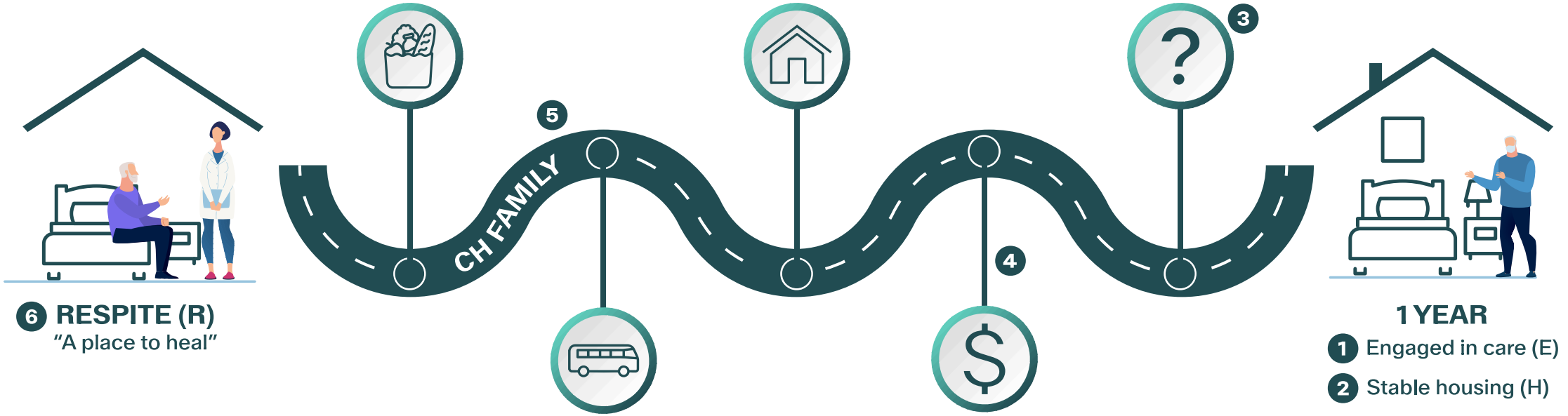
COMMUNITYCARE
Medical Service Delivery

INTEGRAL CARE
Behavioral Health Service Delivery

DELL MEDICAL SCHOOL
Planning & Evaluation

Housing for Health

Goal=Engaged in care and stable housing at one year



CENTRAL HEALTH
TRAVIS COUNTY HOSPITAL DISTRICT

1. What do we mean by Engagement (E) in care ?
2. What do we mean by stable Housing (H)?
3. What are the additional resources needed to reach E + H at one year?
4. How do we build tight connections to those needed resources?
5. What does the central path look like to accompany individuals along this one-year journey, assuring they can access the resources they need and we ensure no one "falls through the cracks"
6. How do we design the respite experience to set individuals up for success for the one-year journey to follow?

UPDATED 06/2024

Key Takeaways from City of Denver

Comprehensive Commitment and Investment

- Denver's "All In Mile High" initiative demonstrates a cohesive, multifaceted approach to addressing homelessness
- Strong mayoral support and aggressive financing have been crucial to the initiative's success
- The city's long-term commitment, dating back to the early 2000s, has provided a solid foundation for current progress

Centralized and Integrated Services

- Strategic placement of the Federally Qualified Health Center (FQHC) campus near shelters and housing solutions has created a centralized support system
- This geographic convenience reduces barriers to care and improves the continuum of services
- Coordinated efforts, including emergency operations and daily coordination calls, have enhanced the effectiveness of service delivery

Flexible Funding and Diverse Housing Options

- Denver's approach includes significant funding allocation, supported by residents through tax-funded solutions
- The city utilizes a mix of coordinated entry and tenant selection plans
- Various shelter options are offered, including innovative solutions like farm-based shelters
- There is a strong emphasis on case management and prioritization of Medicaid expansion, allowing for more tailored and effective interventions

Potential Projects for Austin-Travis County

Integrated Service Coordination

- Monthly multi-agency meetings for case conferencing of individuals with complex needs
- Close coordination between law enforcement and shelters for compassionate encampment resolutions
- Rapid access (within 48 hours) to behavioral health and medical care for people experiencing homelessness

Innovative Housing Solutions

- Diverse shelter options, including farm-based shelters to foster community and provide supportive environments
- Flexible use of coordinated assessment and tenant selection criteria based on medical acuity
- Focus on prevention strategies to address root causes of homelessness

Community Engagement Strategies

- Dedicated transportation services to enhance accessibility to essential services
- Vocational development programs providing job training and skills development
- "Dream House" concept offering peer support and public education about homelessness

Thank you

Questions?

Healthcare Equity Plan – Progress Report

Initiative Achievements, Current Progress and Next Fiscal Year Planning

Community Need and Initiative(s)	FY23 Achievements	FY24 Progress	FY25 Planning
Expanded Access to Specialty Care ❑ Direct Clinical Capacity ❑ Specialty Care, Care Coordination ❑ Specialty Care Contracting and Relationships	▪ Central Health Epic EMR Launch ▪ Central Health Patient Navigation Go-Live to Support Clinic Openings ▪ Hancock Programming/Pre-Design; Design Development ▪ Established Care Model Sub-Committee, Developing Model Components	▪ East Clinic Opened ▪ Capital Plaza Opened ▪ Hancock Schematic Design and Construction Planning ▪ Expanded Outpatient DME Access ▪ Central Health Specialty Care Services for Travis County Jail Inmates ☆ ▪ RZ Clinic Opening Q4 FY24 ☆	▪ Transition Clinical Services from Capital Plaza to Clinical Education Center (CEC) and RZ ▪ Operationalize RZ and Optimize Direct Clinical Services for Gastro, Pulmonology, Infectious Disease, Nephrology, Surgical Optimization, Palliative Care, Neurology, Cardiology, Endocrinology ▪ Continue Planning, Staging and Construction of Hancock, Including Specialty Care Portfolio ☆
Access to Mental Health Services ❑ Mental Health Clinical Processes and Staffing ❑ Mental Health Data Access and Triage ❑ Mental Health Facilities		▪ Expanded Services Agreement with Integral Care to Increase Access to Outpatient Behavioral Health Services and Support Expansion of Diversion Services Related to Psychiatric Emergency Services ☆ ▪ Hired Director of Behavioral Health Services and Manager to Add Access and Build Out Central Health Mental Health Clinical Processes and Staffing	▪ Scale In-Person and Virtual Psychiatry and Counseling Services Across Central Health Clinical Environments ▪ Psychiatric and Counseling Support Services at Cameron Road and Hancock

☆ Major Project Go-Lives in FY23 - FY25

Initiative Achievements, Current Progress and Next Fiscal Year Planning

Community Need and Initiative(s)	FY23 Achievements	FY24 Progress	FY25 Planning
Robust Post-Acute Care, Including Respite and Extensivists ❑ Post-Acute Care Contracting and Operations ❑ Post-Acute Care Funding Support	▪ Hired Central Health Clinical Team for Medical Respite ▪ Central Health Respite Services Expanded to Arch (Urban Alchemy)	▪ Respite Bed Expansion at Arch and Marshalling Yard ▪ Initiated Cameron Road Planning ▪ Development of Central Health Bridge Program ☆ ▪ Central Health Skilled Nursing Direct Practice Services Go-Live	▪ Scale Clinical Teams, Facilities and Practice Model for Post Acute and Respite ▪ Cameron Road and Other Planning for Medical Respite ☆
Primary Care, including CUC HIV/AIDS Program and Pharmacy ❑ Patient Navigation ❑ Primary Care Capacity	▪ Hornsby Bend Health & Wellness Center Opening ▪ Del Valle Health & Wellness Center Under Construction ☆	▪ Del Valle Clinic Opening, Including Retail Pharmacy/Drive Thru ☆ ▪ Supporting Mobile Care Clinic Expansion with CUC ▪ Central Health Pharmacy Assistance Program (PAP) Established	▪ Partner Discussions to Increase Same Day and Next Day Access ▪ Planning Transition and Operationalizing HIV Services, Women's Health, Convenient Care and Dental Services to Hancock ▪ Programming Services Model for Colony Park Health Center

☆ Major Project Go-Lives in FY23 - FY25

Initiative Achievements, Current Progress and Next Fiscal Year Planning

Community Need and Initiative(s)	FY23 Achievements	FY24 Progress	FY25 Planning
SUD and Addiction Medicine Services ❑ Respite and Recuperative Care ❑ SUD Clinical Processes and Staffing ❑ SUD Data Access and Triage	▪ Expanded Services with Methadone Providers to Support Patients Transitioning Between MAT Programs ▪ Established New MAT Access Point at Integral Care for Co-Occurring SUD and Serious Mental Illness	▪ Expanded Capacity at Community Medical Services and Addiction & Psychotherapy Services to Include Methadone Services for MAP Basic ▪ Partnered with Sobering Center for Treatment Holdovers to Facilitate Inpatient Recovery	▪ Opioid and Alcohol Treatment Services at Cameron Road ★ ▪ Planning for Medically Supervised Detox at Cameron Road ▪ Recruiting Department Leadership and Continue Developing Program
Access to Hospital Care ❑ Hospital Care Coordination	▪ Integrated Central Health Transitions of Care Hospital Team at Dell Seton Medical Center to Support Discharge Planning from Inpatient Setting	▪ Expansion of Inpatient Transitions of Care (TOC) at Seton Medical Center Austin	▪ Implementing a Collaborative Dyad Care Model in the Emergency Room Setting ▪ Expand to Additional Hospitals
Health Care for the Homeless ❑ Connection to Supportive and Affordable Housing ❑ Funding Support ❑ Mobile Care Clinic and High-Risk Care Clinic	▪ Increased Streamlined MAP Enrollment ▪ Hired Central Health Clinical Team for Medical Respite ▪ Central Health Respite Services Expanded to Arch (Urban Alchemy)	▪ Respite Bed Expansion at Arch and Marshalling Yard ▪ Expand CUC Street Medicine Program ▪ EMS Contract to Support Health Care Services ▪ Initiated Cameron Road Planning ▪ Development of Central Health Bridge Program ▪ Expanded Services Agreement with Integral Care to Increase Access to Outpatient Behavioral Health Services and Support Expansion of Diversion Services Related to Psychiatric Emergency Services ★	▪ Central Health Respite Facility ▪ Continue Build Out of Bridge Teams ▪ Cameron Road and Other Planning for Medical Respite ★

★ Major Project Go-Lives in FY23 - FY25

Initiative Achievements, Current Progress and Next Fiscal Year Planning

Community Need and Initiative(s)	FY23 Achievements	FY24 Progress	FY25 Planning
Expanded Access to Dental Care ❑ Dental Care Capacity and Facilities ❑ Dental Staffing and Contracting	▪ Added New Network Provider for Primary Care Dental Through Contracting	▪ Del Valle Service Planning to Include Dental ▪ Expanding Oral Surgery Access	▪ Hancock Service Planning, Including Dental ▪ Programming Services Model for Colony Park Health Center
Care Coordination ❑ Care Coordination Program Alignment and Augmentation	▪ Central Health Patient Navigation Center Go-Live ▪ Transitioned Case Management Model to Organize Efforts Based on Outreach, Complex Case Management and Surveillance Patient Cohorts	▪ Continue Staffing of Central Health Patient Navigation Center to Support Expanding Services ▪ Launched Transitional Care at Home ★ ▪ CHWs Embedded Across Transitions of Care and Respite To Support Care Coordination	▪ Developing and Implementing Strategic Approach to Social Determinants Health
Expanded Access to Surgical and Procedural Care ❑ Surgical Clinical Capacity ❑ Surgical Care Coordination		▪ Pre-Surgery Clearance and Optimization Clinic ▪ Hired a General Surgeon to Create Additional Access for Endoscopy and Begin Surgical Practice Planning	▪ Planning and Operationalizing Initial ASC-Focused Surgical Specialties

★ Major Project Go-Lives in FY23 - FY25

Initiative Achievements, Current Progress and Next Fiscal Year Planning

Community Need and Initiative(s)	FY23 Achievements	FY24 Progress	FY25 Planning
Enrollment and Eligibility ❑ Enrollment & Eligibility Technology Optimization ❑ Enrollment & Eligibility Procedures & Coordination	▪ Launched Virtual Applications at CareCo Clinic	▪ Virtual Enrollment Expanded to Dell Seton, Ascension Seton Medical Center and Hornsby Bend ▪ Developing Enrollment Access at Cesar Chavez for Individuals Experiencing Homelessness ▪ Developing Process with Travis County Sherriff's Office to Increase Enrollment Efforts of Justice Involved Prior to Discharge	▪ Discussion Planning to Develop Enterprise Enrollment and Eligibility Strategy, with Shared Enrollment Goals and Tactics for Implementation ▪ Implement Onsite Eligibility for New Central Health Clinical Environments
Coverage Programs, Benefits, and Structures ❑ Coverage Program Benefit Enhancement ❑ Coverage Program Information Delivery	▪ MAT Services Expanded to MAP Basic in FY23 ▪ Completed First Year of Central Health's Transitional Dialysis Program ▪ Gained Access to CAR T-Cell Therapy, Bone Marrow Transplant and Long-Term Dialysis Coverage for Central Health Patients Through Sendero	▪ Expanded the Premium Assistance Program to MAP Basic 150 members ▪ Expanded Enrollment Into CHAP Expansion (High-Risk) Program ▪ Developing a Central Health Financial Assistance Program ▪ Continue Develop Jail Coverage Program	▪ Expand on Jail Health Enrollment Initiative to Access Additional Specialty Care Services ▪ Explore Opportunities to Expand Standard MAP Enrollment Period to 12 Months

★ Major Project Go-Lives in FY23 - FY25

Initiative Achievements, Current Progress and Next Fiscal Year Planning

Community Need and Initiative(s)	FY23 Achievements	FY24 Progress	FY25 Planning
Social Determinants of Health (SDOH) ❑ SDOH Contracting and Relationships ❑ SDOH Funding	▪ FindHelp Integrated into Central Health Instance of Epic, Trained Team Members Across Organization on Platform ▪ Central Health Community Healthcare Initiative Fund (CHIF) - 3 Pilot Programs with CBOs (AVEY, Common Threads and HAAM) ▪ Launched Loaner Device Program for Medical Respite Patients	▪ Internal Workgroup Initiated to Identify SDOH Gaps and Establish Central Health Strategy ▪ Central Health Community Healthcare Initiative Fund (CHIF) 2.0 in Development ▪ Expanding Loaner Device Program to Transitions of Care Patients	▪ Central Health Community Healthcare Initiative Fund (CHIF) 2.0 ▪ Developing and Implementing Strategic Approach to Social Determinants Health ▪ Expanding Access to Transportation Assistance
Health Systems Interop. and Technology / Data and Analytics ❑ IT Governance, Reporting, and Interoperability ❑ IT Career Dev. & Training	▪ Implemented Training Program for All Digital Transformation Platforms (e.g., Cloud, EDW) ▪ Central Health Implementation of Epic to Support Clinical Environment Launches ▪ Implementation of Epic Third-Party Vendors to Support Practice of Medicine ▪ Central Health Implementation of MyChart Patient Portal	▪ Cloud Enterprise Data Warehouse Platform Continuation ▪ Established Data Governance Platform ▪ Enterprise Master Patient Index (EMPI) Implementation ▪ Implementation of Epic Interfaces with Clinical Partners to Support Data Sharing	▪ Design Phase 1 of INFRAM (Infrastructure Adoption Model) to Support Digital Modality Activities ▪ Implement Data Governance Application Tool

★ Major Project Go-Lives in FY23 - FY25