



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Respect - We honor our relationship with those we serve and those with whom we work.

Collaboration - We partner with others to improve the health of our community.

BOARD OF MANAGERS MEETING

Wednesday, August 11, 2021, 5:00 p.m.

via toll-free videoconference¹

Members of the public may observe and participate in the meeting by connecting to the Ring Central meeting link listed below (copy and paste into your web browser):

<https://meetings.ringcentral.com/j/1490565024?pwd=Rjk3Um14QU95WWI3SWJrbGVhV2JEdz09>

Password: 854674

Members of the public may also listen and participate by telephone only:

Dial: (888) 501-0031

Meeting ID: 149 056 5024

Password: 854674

A member of the public who wishes to make comments during Public Communication must properly register with Central Health **no later than 3:30 p.m. August 11, 2021**. Registration can be completed in one of two ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-up/>, or
- Call 512-978-9190. Please leave a voice message with your full name and your request to comment via telephone at the meeting.

PUBLIC COMMUNICATION

Central Health will conduct Public Communication in the same manner as it has been conducted at in-person meetings, including setting a fixed amount of time per person to speak and limiting Board responses to public inquiries, if any, to statements of specific factual information or existing policy.

REGULAR AGENDA²

1. Receive and take appropriate action on a contract with Guidehouse, Inc. for strategic systems of care planning services.³ (*Action Item*)
2. Receive and discuss a presentation on the proposed Central Health Fiscal Year (FY) 2022 budget and tax rate, including proposed strategic priorities. (*Informational Item*)

3. Confirm the next regular Board meeting date, time, and location. (*Informational Item*)

Notes:

- ¹ By Emergency Executive Order of the Governor, issued March 16, 2020, Central Health may hold a videoconference meeting with no Board members present at a physical meeting location.
- ² The Board of Managers may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Board announces that the item will be considered during a closed session.
- ³ Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).

A recording of this meeting will be made available to the public through the Central Health website (www.centralhealth.net) as soon as possible after the meeting.

Any individual with a disability who plans to attend this meeting and requires auxiliary aids or services should notify Central Health at least two days in advance, so that appropriate arrangements can be made. Notice should be given to the Board Governance Manager by telephone at (512) 978-8049.

Cualquier persona con una discapacidad que planea asistir o ver esta reunión y requiera ayudas o servicios auxiliares debe notificar a Central Health con la mayor anticipación posible de la reunión, pero no menos de dos días de anticipación, para que se puedan hacer los arreglos apropiados. Se debe notificar al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049.

Consecutive interpretation services from Spanish to English are available during Public Communication or when public comment is invited. Please notify the Board Governance Manager by telephone at (512) 978-8049 if services are needed.

Servicios de interpretación consecutiva del español al inglés están disponibles durante la Comunicación Pública o cuando se le invita al público a comentar. Notifique al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049 si necesita servicios.

Central Health Board of Managers Shared Commitments **Agreed adopted on June 30, 2021**

Whereas, the Board of Managers of Central Health has come together as a governing body to ensure the Vision of Central Health: Central Texas is a model health Community;

Whereas, the Board of Managers of Central Health bring this vision into reality by enacting the mission of caring for those who need it most and thereby improving the health of our community;

Whereas, the Board of Managers of Central Health achieves excellence toward this vision and mission through the stated values of Stewardship, Innovation, Respect, and Collaboration;

Whereas, the Board of Managers of Central Health further known as *we* in this document understand that systemic racism is the root of health inequities that emerge from a history of racism in Texas including Travis County that contributes to the social determinants of health that play a primary role in producing inequitable health outcomes;

Whereas, as an organization, Central Health is anti-racist and committed to a diverse and inclusive culture that seeks equity and social justice in the pursuit of its mission:

1. We Commit to informing all of our actions as Board Managers with the understanding that we are accountable to recognizing and to interrupting systems of oppression. This includes understanding the power structure in the United States, and Texas, and Travis County, that advantages certain community members and has historically disadvantaged other community members based on the color of their skin, race, ethnicity, language, and/or other characteristics. We further understand that to disrupt this power structure and the health inequities it produces, we must collaborate to collectively respond to the lived realities of all ethnicities, races, and identities disadvantaged within this system and all historically oppressed identities and communities disadvantaged within this system. We Commit to understanding that when disadvantaged communities compete against each other, we all lose in this system, and the only way forward is to work together for the benefit of all oppressed communities collectively.
2. We Commit to a model of Generative Leadership which requires us to understand and practice collaboration and accountability demonstrated by following our agreed upon meeting procedures and ensuring all members have the opportunity for comparable speaking time. We further Commit to intentionality prior to speaking including: considering: what is the goal of what I

want to share; is this the right time to share it; and is this in keeping with our collective goal for this particular moment within this particular meeting?

3. We Commit to Generative Conflict which includes engaging in disagreements and differences in perspective in a way that deepens relationships and trust by expanding knowledge and understanding of each other, including expecting our ideas to be expanded and enriched by learning and engaging with other Board Manager ideas, choosing curiosity over competition of ideas, and anchoring our conversations in our common purpose.
4. We Commit to practicing emotional intelligence as leaders which includes being aware of our own emotions and reactions and managing them, as well as being aware of our impact on others and managing this impact for the collective good when we are in our role as Board Managers.
5. We Commit to being aware of our own privileges and advantages in the sociopolitical and economic structure of the United States, Texas, and Travis County to use these for the benefit of interrupting inequities across historically disadvantaged identities.
6. We Commit to preventing the commission of microaggressions through the awareness of the history and oppression of diverse identities and communities. To this end, we Commit to strive to learn the historical context informing the lived realities of all historically oppressed identities and communities, and to use this to prevent use of language and commission of actions that can be harmful given these histories.
7. If we inadvertently commit a microaggression, we strive to immediately become aware on our own of the harm we have caused. If another Board Manager generously helps us become aware of a microaggression we have committed we welcome the support in our learning and growing process as a leader and immediately express appreciation for having made us aware, own the mistake we have made, acknowledge the impact of the harm we have caused, and engage repair through apology and the articulation of what we will do to avoid the repetition of such harm in the future.
8. If we observe one of our fellow Board Managers commit a microaggression, we Commit to calling them in by letting them know in a respectful and kind manner of the mistake that has been made.
9. We understand that many of us, as survivors of historically oppressed identities and communities, carry internalized narratives of oppression, and we can inadvertently express these oppressions against others in ways that cause harm and we Commit to the same process identified in 7 and 8 to engage repair and return to generative collaborative processes.
10. We understand that even without the history of oppression potentiating the weight of harm, expressions of prejudice and rudeness can also cause harm to our shared aims, and we Commit to the same process identified in 7 and 8 to engage repair and return to generative collaborative processes.

11. We Commit to using our Racial and Social Justice Framework (next page) for decision-making as we work together for the collective good of our communities as we eradicate health inequities and create a model healthy community.
12. We understand that we are entrusted with a vital responsibility for our communities and are accountable stewards for the time and resources available to our Board of Managers. We understand that these commitments are entered into to ensure responsible stewardship of this time and resources through generative collaborative processes to reach our vision and mission and we agree that if we do not follow any one of these commitments we welcome our Board Manager colleagues to bring this to our attention through the agreed upon process reflected here and when this occurs, we commit to immediately acknowledging the mistake and engaging in a repair and correction process as indicated in these commitments so that our work to dismantle systemic racism and resulting barriers and achieve health equity can move forward.

Be it adopted that the above agreements will be honored and acted upon by each Board Manager as of 6/30/2021 and henceforth forward as indicated by signature below.

Board Manager Signature

Date

Board Manager Printed Name

RACIAL and SOCIAL JUSTICE FRAMEWORK

Values and Anti-Racism/Anti-Oppression

- Is this consistent with our values?
- Are we taking steps so we cannot predict outcomes by race and other systemically disadvantaged characteristics?

Intentional and Accountable Storytelling

- What data are we using and has it been disaggregated by race? What is the source of the data? Who is it making visible and invisible? Whose experience is being centralized and whose is being marginalized in the data? Does the way we are using the data reflect the complexity of the issues and reflect the issues accurately?
- What are the stories and narratives we are telling? What is the purpose? Who is interpreting the meaning? Who's it meant for? Who's impacted and how?
- Are we refusing to be ahistorical? Are we fully considering history and the impacts of the historical context?

Power Analysis

- What are the power dynamics in this situation? What are the intersecting spheres of oppression at work in this situation?
- What are the cultural norms of white supremacy at work in this situation?
- Who would benefit and who would be harmed by this action/decision?
- Does this interrupt/disrupt or collude with/reinforce oppressive systems/power structures?
- If this is attempting a solution, where are we locating the problem?
- Does the solution/strategy we are proposing change the system or the individual?
- Who are we asking to change and why?

Relationships

- Who is in the room and who isn't and why? Who is sharing and who is not and why?
- Whose perspective is represented/who is left out? And who is doing the representing? Who do we believe, who do we find credible? Why? Why not?
- Whose experience is being centralized and whose experience is being marginalized? Who is gazing and who is being gazed upon?
- Are we boldly leading toward our racial justice aim by building a broad coalition of support?
- Are we operating from a similar/shared understanding of anti-racism work? Do we have a shared anti-racist understanding of where the problem is located and a shared anti-racist theory of change to generate a solution? Have we agreed upon a shared goal?

Calling In and Repairing Harm

Calling In after Harm in Groups with Shared Values and Aims Stance

Hey, this thing you said/did hurt some folks or could hurt some folks.

A) Here's why that can be hurtful or,

B) Please do some research to learn the history of why that's hurtful.

Implied message: I know you are good and are on this journey with us and we are all going to make mistakes as we unlearn things.

Calling In after Harm in Groups with Shared Values and Aims Sample Language

- I know it wasn't your intention, but what you just said minimizes the horror of _____ e.g. the history of racism, enslavement, the holocaust, etc.
- I know it wasn't your intention but what you just said has the impact of implying that _____ are not competent or as intelligent as others.
- What you just said suggests that _____ people don't belong.
- That phrase has been identified as being disrespectful and painful to _____ people and it's important that we not use it.
- Oh, I have also used that term, but I have now learned that when we use it we are leaving out people who _____ or we are implying that _____ and the word people are learning to use now is _____.
- The term used now by people living with that identity is _____.

Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

- Own / Name it
- Recognize the Impact
- Apologize (Do not share context or explanations)
- Make any amends that are possible
- State what you are going to do to learn and do better in the future.

Sample Language: Thank you so much for letting me know. You are right, I used this term or said that phrase and realize that it has the impact of minimizing the experience of _____ or implying that _____. I am deeply sorry and will practice learning the correct language and will research and learn more about this to ensure that I do not make this mistake and cause this harm in the future.



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BOARD MEETING

August 11, 2021

REGULAR AGENDA ITEM 1

Receive and take appropriate action on a contract with Guidehouse, Inc. for strategic systems of care planning services.³ (*Action Item*)



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date August 11, 2021

Who will present the agenda item? (Name, Title) Monica Crowley, Mike Geeslin

General Item Description Receive and take appropriate action on a contract with Guidehouse, Inc. for Strategic Systems of Care Planning Services

Is this an informational or action item? Action

Fiscal Impact N/A (grant funded)

Recommended Motion (if needed – action item) Delegate authority to the President and CEO to negotiate and execute a contract for up to \$500,000 on the terms identified in the staff presentation, or terms at least as favorable to Central Health as those discussed

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

- 1) A RFP for assistance in developing a foundational strategic and services delivery plan was issued in March of 2021. The RFP was advertised on BidSync, Central Health’s website, ESBD-State website, the Austin American Statesman, The Villager, LaVoz (English and Spanish) and ElMundo (Spanish) newspapers. The solicitation closed on April 19, 2021 – 32,264 vendors were notified including 6261 HUB vendors. Seven responsive proposals were received.
2) The highest evaluation score was awarded to Guidehouse Inc based upon qualifications and overall value to Central Health.
3) Guidehouse has extensive experience working with healthcare systems serving low income populations in Texas and across the United States.
4) The Guidehouse team working with Central Health is diverse and experienced. Guidehouse is working with a HUB subcontractor, Broaddus Planning, as part of the community health needs assessment.
5) Terms presented by staff include that the contract will be for a fixed fee of \$494,000 with a contract term of 1 year with 4 possible renewal options. This work is funded by a \$600,000 grant from the Episcopal Health Foundation

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Presentation



CENTRAL HEALTH

Estimated time needed for presentation & questions?

15 minutes

Is closed session recommended? (Consult with attorneys.)

No

Form Prepared By/Date Submitted:

Monica Crowley, August 5, 2021



MEMORANDUM

To: Central Health Board of Managers
Cc: Mike Geeslin, Chief Executive Officer
From: Balena Bunch, Procurement Manager
Date: August 5, 2021
Re: Strategic Systems of Care Planning Solicitation

Overview:

In March, 2021, Central Health issued a Request for Proposals (RFP) looking for a qualified consultant and/or pool of consultants to assist in developing a foundational strategic and services delivery plan.

Synopsis:

RFP 2103-001 for **Strategic Systems of Care Planning** on behalf of Central Health and was posted on March 24th 2021. The RFP was advertised on BidSync, Central Health's website, ESBD-State website, the Austin American Statesman, The Villager, LaVoz (English and Spanish) and ElMundo (Spanish) newspapers. The solicitation closed on April 19, 2021 – 32,264 vendors were notified including 6261 HUB vendors. 919 Disadvantaged Business Enterprises, 1432 Minority Business Enterprises, 2645 Small Businesses and 1324 Women Business Owned through BidSync. In addition, 811 vendors were targeted via direct email.

The Evaluation Committee was comprised of seven Central Health Executives and employees working in Strategy & Healthcare Delivery as well as one UT Professor, all culturally diverse with experience working directly with the population targeted in this proposal.

A good faith effort to recruit Historically Underutilized Businesses (HUB) was requested of proposers.

Seven responsive proposals were received and evaluated by a Central Health evaluation team. The proposals were reviewed for qualifications and best overall value. The highest evaluation score was awarded to Guidehouse Inc., which means the evaluation committee believes they will provide the best overall value to Central Health and the enterprise partners.

Contract Award

The unanimous recommendation by the evaluation team was to award to Guidehouse Inc. a contract to provide services identified in the RFP Scope of Work.

Contract Term

The initial contract term will be one (1) year with four (4) possible twelve (12) month options.

Action Requested

Request that the Board of Managers approve an agreement between Central Health and Guidehouse Inc. for strategic system of care planning.

Fiscal Impact:

The contract was negotiated at an amount not to exceed \$494,000. This amount will be funded by a grant from the Episcopal Health Foundation for Central Health to develop a foundational strategic and services delivery plan for the safety-net health care system of Travis County that is included in the FY2021 and FY2022 budgets.

Recommendation:

Request that the Board of Managers approve an agreement between Central Health and Guidehouse Inc. for Consulting services.



CENTRAL HEALTH

CommUnityCare | Sendero

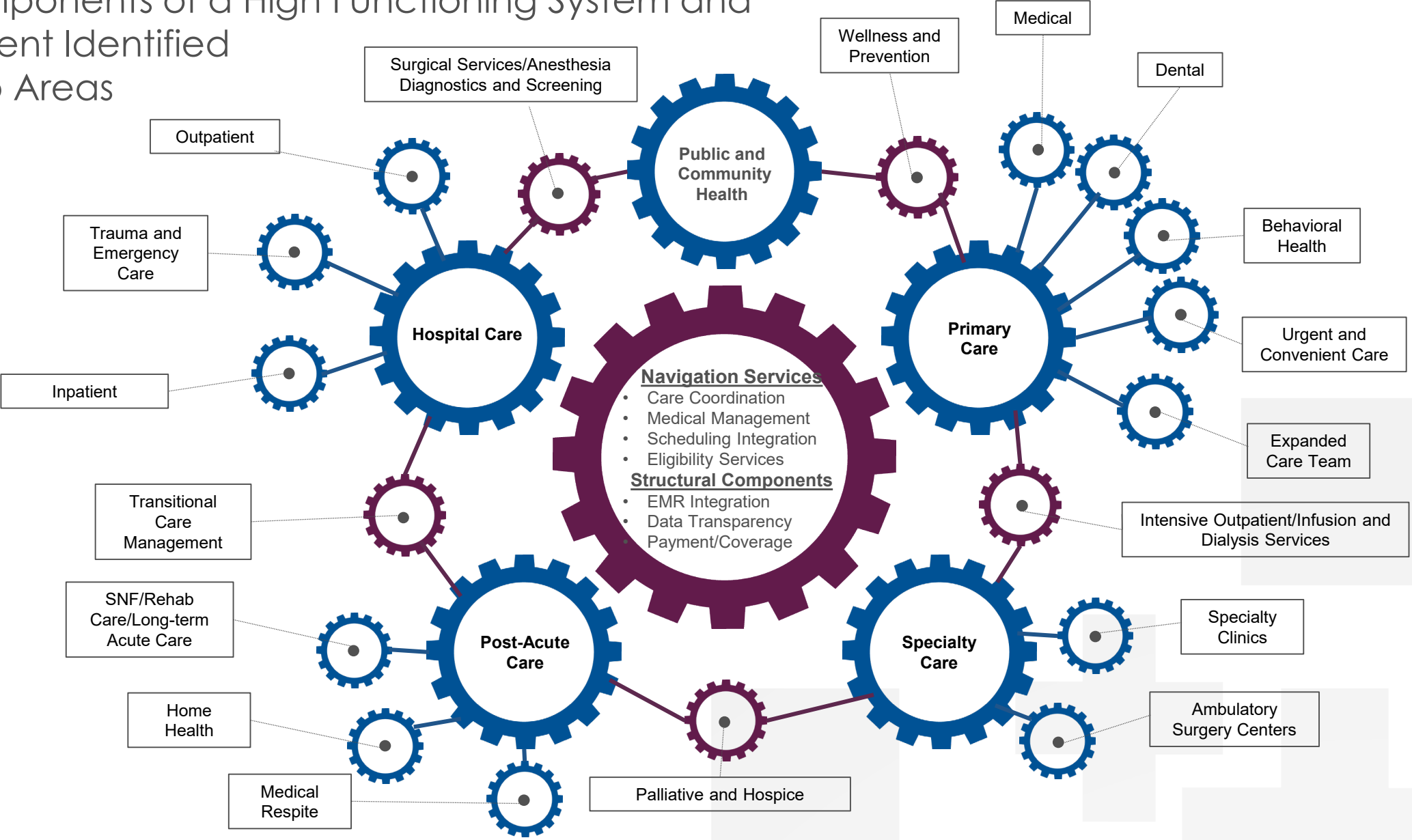
Strategic Systems of Care Consultant Engagement

Systems of Care Planning - Phase III

Central Health Board of Managers

Aug. 11, 2021

Components of a High Functioning System and Current Identified Gap Areas



Equity-Based Systems Planning Prioritization Timeline



Grant Funded

- **Applied for Episcopal Health Foundation grant to fund this planning work earlier this year**
- **Awarded \$600,000 grant to develop a foundational strategic and services delivery plan for the safety-net health care system in Travis County**
- **Central Health board of managers accepted the grant at its June 30, 2021 board meeting**



Guidehouse – Background and Team

- **Team Demographics: 11 members**
 - 18% Hispanic (2 members)
 - 27% African American (3 members)
 - 36% Asian (4 members)
 - 18% White (2 members)
- **HUB Subcontractors for Community Engagement and Planning Support**
 - Broaddus (Market Assessment/Planning Support)
 - K Strategies (Communications and Community Engagement)



Guidehouse – Background and Team

- **Guidehouse Relevant Experience – National leader in safety net system planning and development with equity lens**
 - 60+ safety-net provider and payer engagements across the US. Provided services to 25 Medicaid states in 2020 alone
 - Harris Health – Building capacity for public health innovation, strategic partnerships and sustainability
 - JPS Health – Building integrated strategic financial operating plan, master facilities plan and physician operations plan
 - National Institute on Minority Health and Health Disparities (NIMHD) – strategic planning
 - Prior Engagements with Central Health



Technical Approach

Through a highly interactive and inclusive process, Guidehouse will support Central Health in developing a strategic and services delivery plan. The approach will include three phases:

- Phase 1 – Project planning
- Phase 2 – Safety net community needs assessment including gap analysis and current state assessments
- Phase 3 – Strategic planning culminating with delivery of recommended multi-year, equity focused, service delivery strategic plan
- Extensive communications and community engagement throughout



Terms

- **Initial contract term of 1 year with 4 possible renewals**
- **The contracts was negotiated at an amount not to exceed \$ 494,000– funded through a \$600,000 grant from Episcopal Health Foundation**



Procurement Process

- **March of 2021 - Issued RFP looking for assistance in developing a foundational strategic and services delivery plan**
- **Advertised in The Villager, LaVoz (English and Spanish), EIMundo (Spanish), and the Austin American Statesman and on BidSynch, Central Health's website and the ESBD-State website**
- **Solicitation closed on April 19, 2021 – 32,264 vendors were notified including 6261 HUB vendors**
- **Evaluation Committee comprised of seven CH staff and one UT professor – culturally diverse with experience working directly with the population targeted in this proposal**
- **Seven responsive proposals were received and evaluated by the evaluation team for qualifications and best overall value**
- **Highest evaluation was awarded to Guidehouse Inc.**





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BOARD MEETING

August 11, 2021

REGULAR AGENDA ITEM 2

Receive and discuss a presentation on the proposed Central Health Fiscal Year (FY) 2022 budget and tax rate, including proposed strategic priorities. (*Informational Item*)

Fiscal Year 2022 Final Proposed Budget

Central Health Board of Managers

August 11, 2021

Jeff Knodel, CFO

Lisa Owens, Deputy CFO

Lester Hannaher, Budget Analyst

Budgeting and Tax Rate Setting

Risks

- Regulatory/Legislative
- Funding Changes (including Affiliates)
- Overall Pandemic or disruption to Healthcare System
- Economic

Events

- Discontinuance of 1115 DSRIP Program
- Uncertainty of future 1115 Waiver funding levels
- Transition to more direct payment model for healthcare services
- Construction and operation of new clinical facilities
- Transition to direct healthcare provider

RESULTS IN LONG-TERM OUTLOOK TO PROVIDE SUSTAINABLE
FUNDING FOR SYSTEM OF CARE SERVICE LEVELS



Moody's Outlook Summary – Aa2

Credit strengths

- » Continued maintenance of healthy liquidity and an extremely modest debt burden
- » Large tax base that has experienced consistent, strong growth

Credit challenges

- » Ongoing provision of support for the district's insurance provider
- » Uncertainty regarding relationship with key service provider and federal revenue

Rating outlook

The stable outlook reflects the hospital's important role within the county that will continue to support stable operations. Additionally, the district's large tax base and conservative budgeting practices will enable the district to maintain a solid financial position.

Factors that could lead to an upgrade

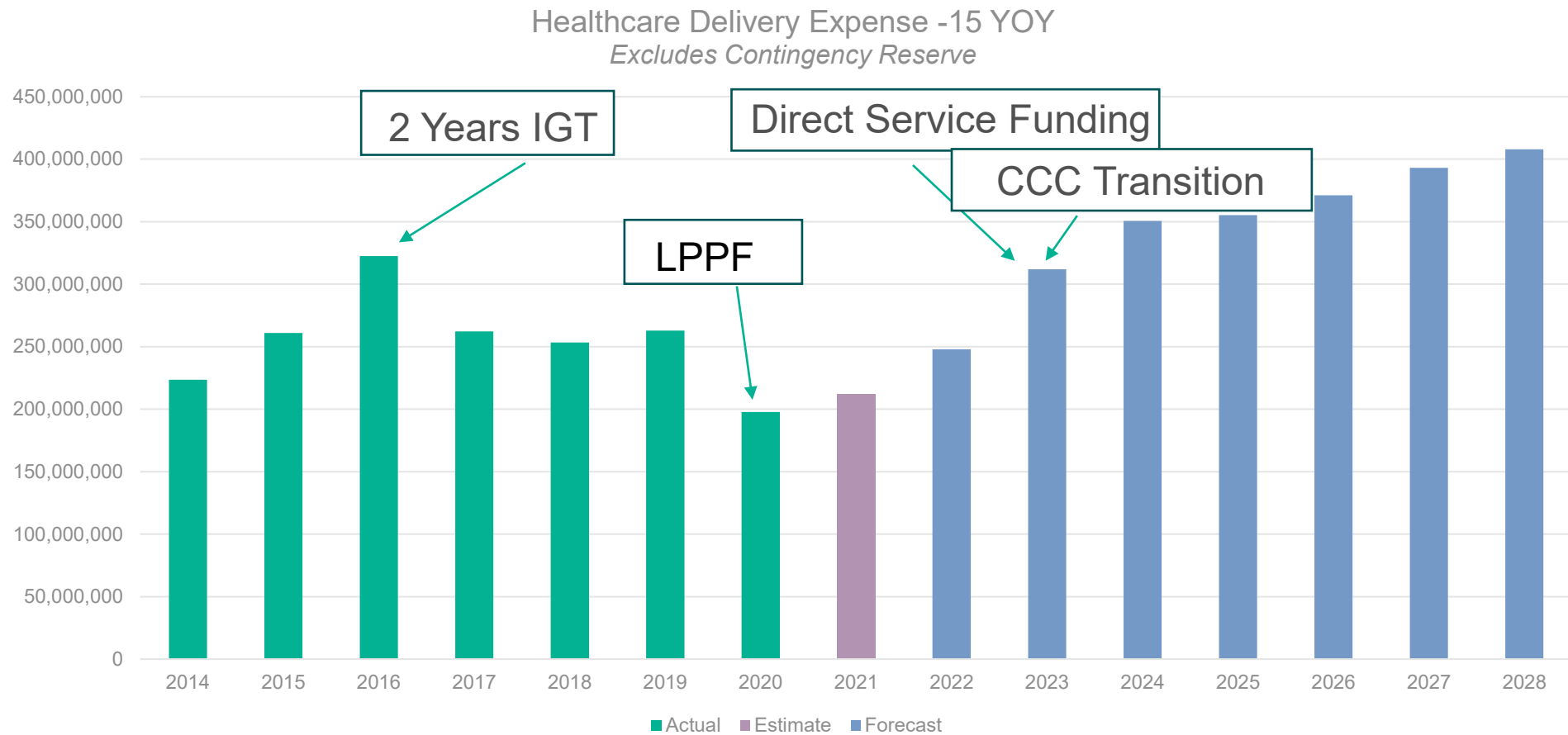
- » Material improvement in cash reserves coupled with a sustained trend of strong operating cash flow margins
- » Improved certainty of key hospital revenue

Factors that could lead to a downgrade

- » Significant reduction in federal, state, or local funding that results in weaker operating performance and a material deterioration of cash levels
- » Substantial tax base contraction
- » Further leveraging without corresponding tax base and/or operating revenue growth

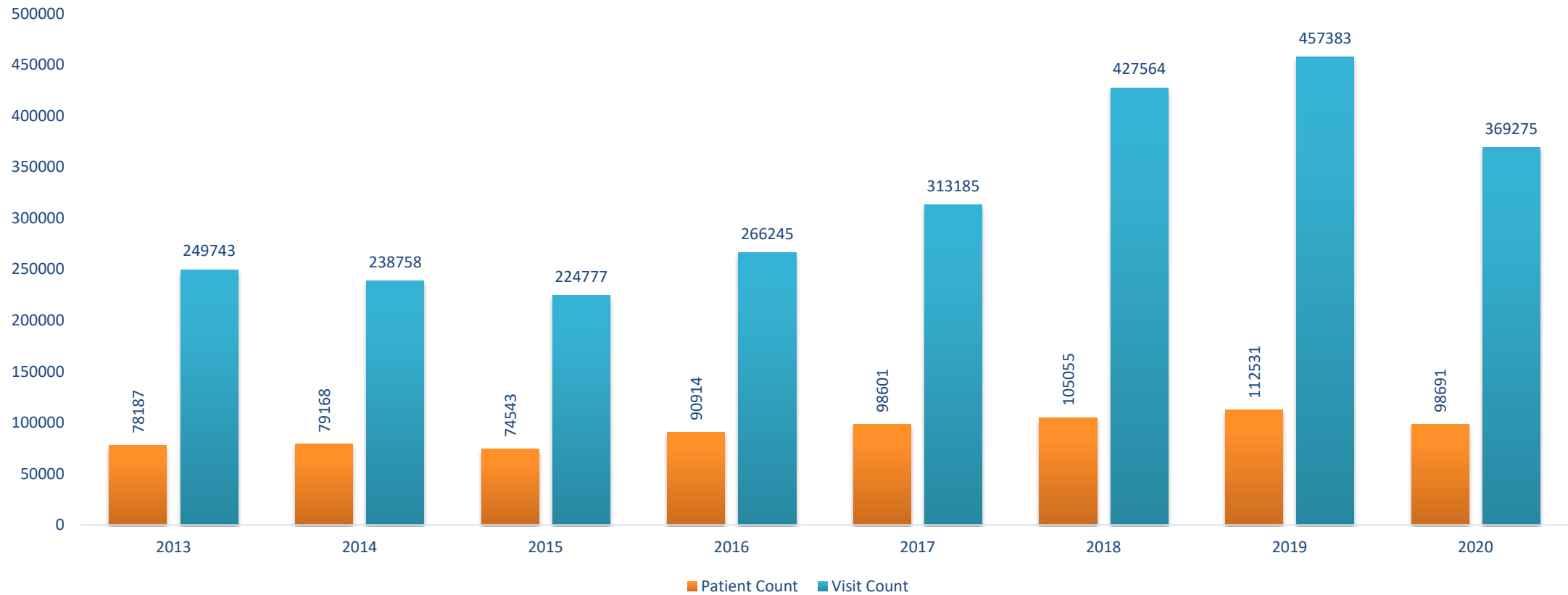


History and Forecast of Healthcare Delivery Expenditures

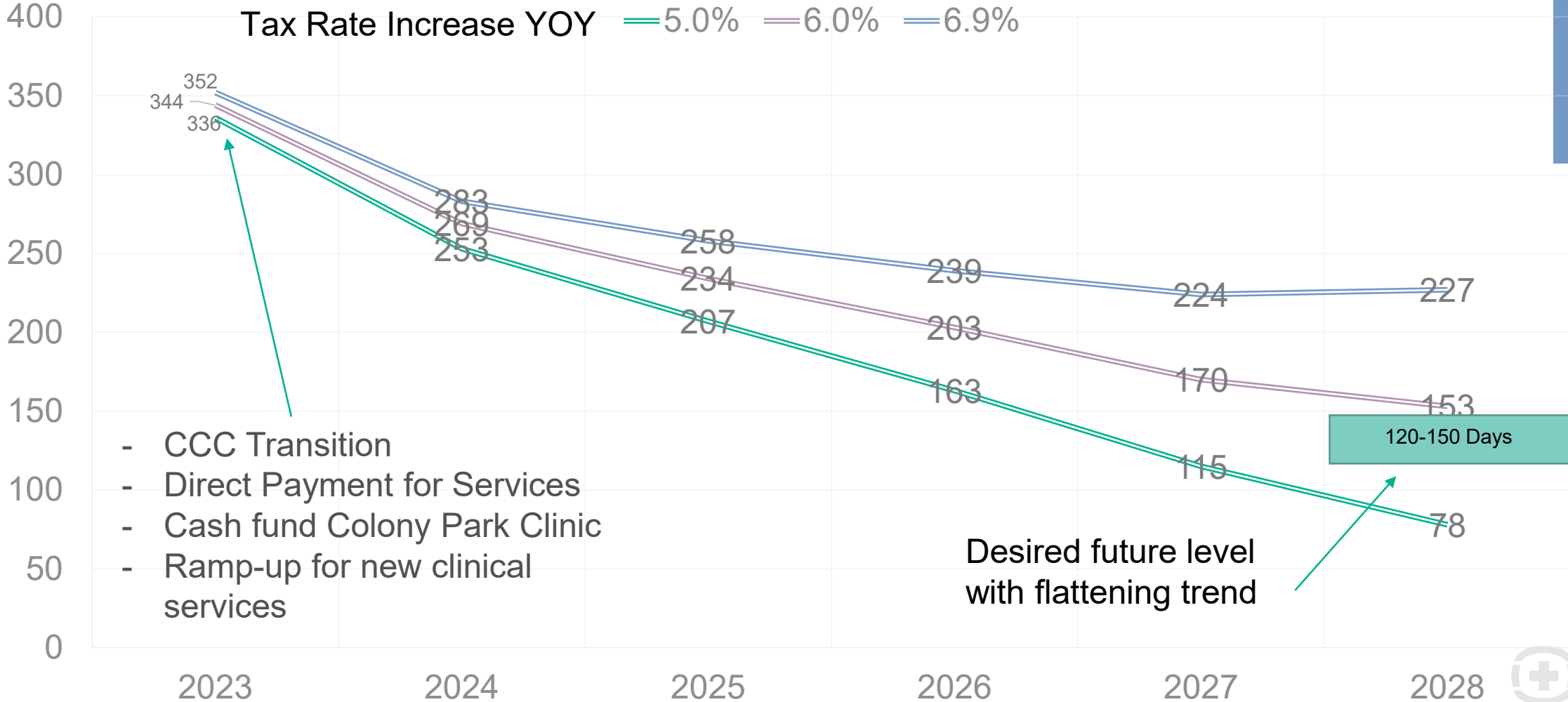


Healthcare Utilization – 2013-2020

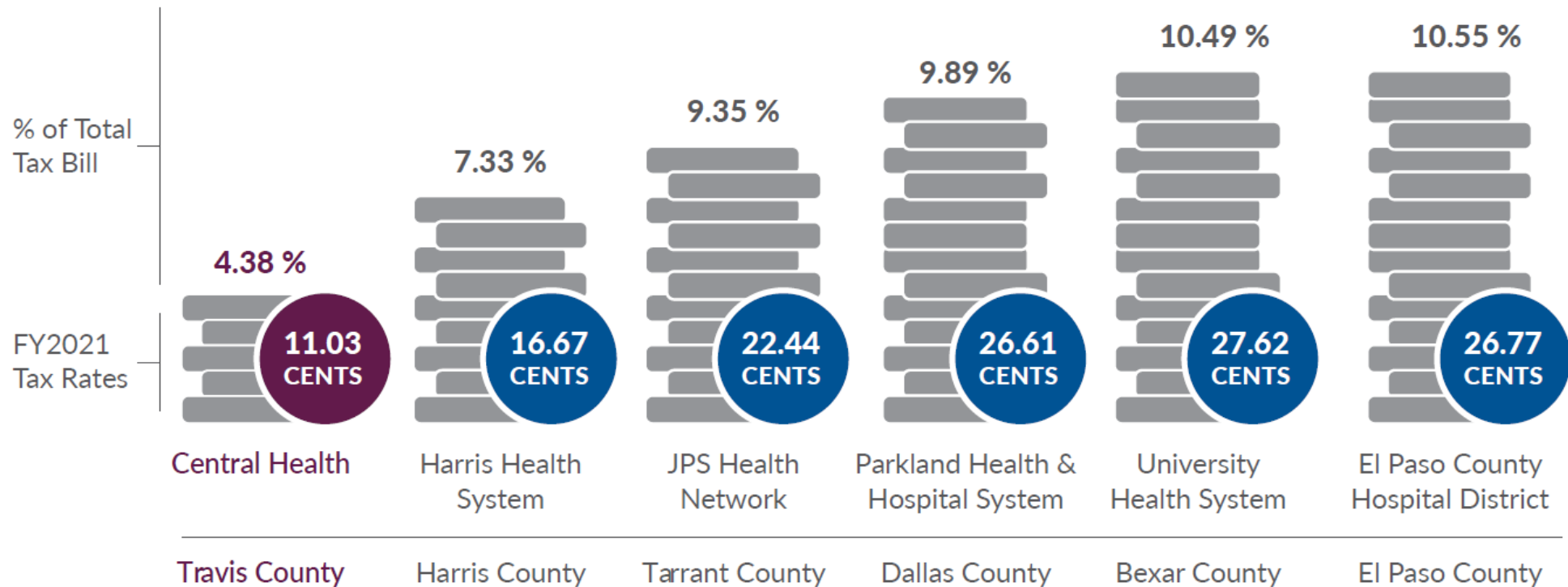
Patient and Visit Counts
Utilization in Ambulatory and Hospital Settings



Future Reserve Levels Days of Cash on Hand

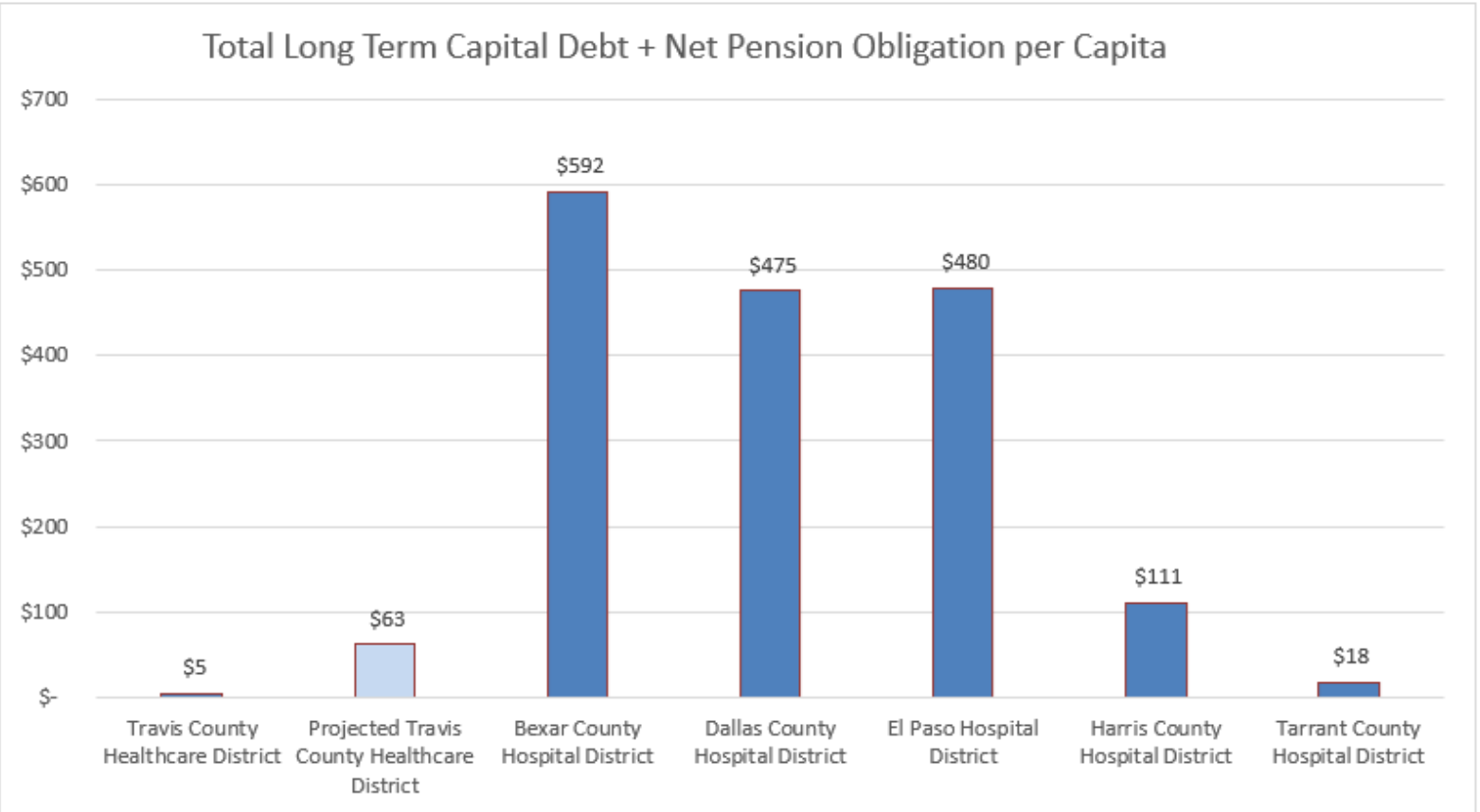


MAJOR TEXAS HOSPITAL DISTRICTS: FY 2021 TAX BURDEN COMPARISONS

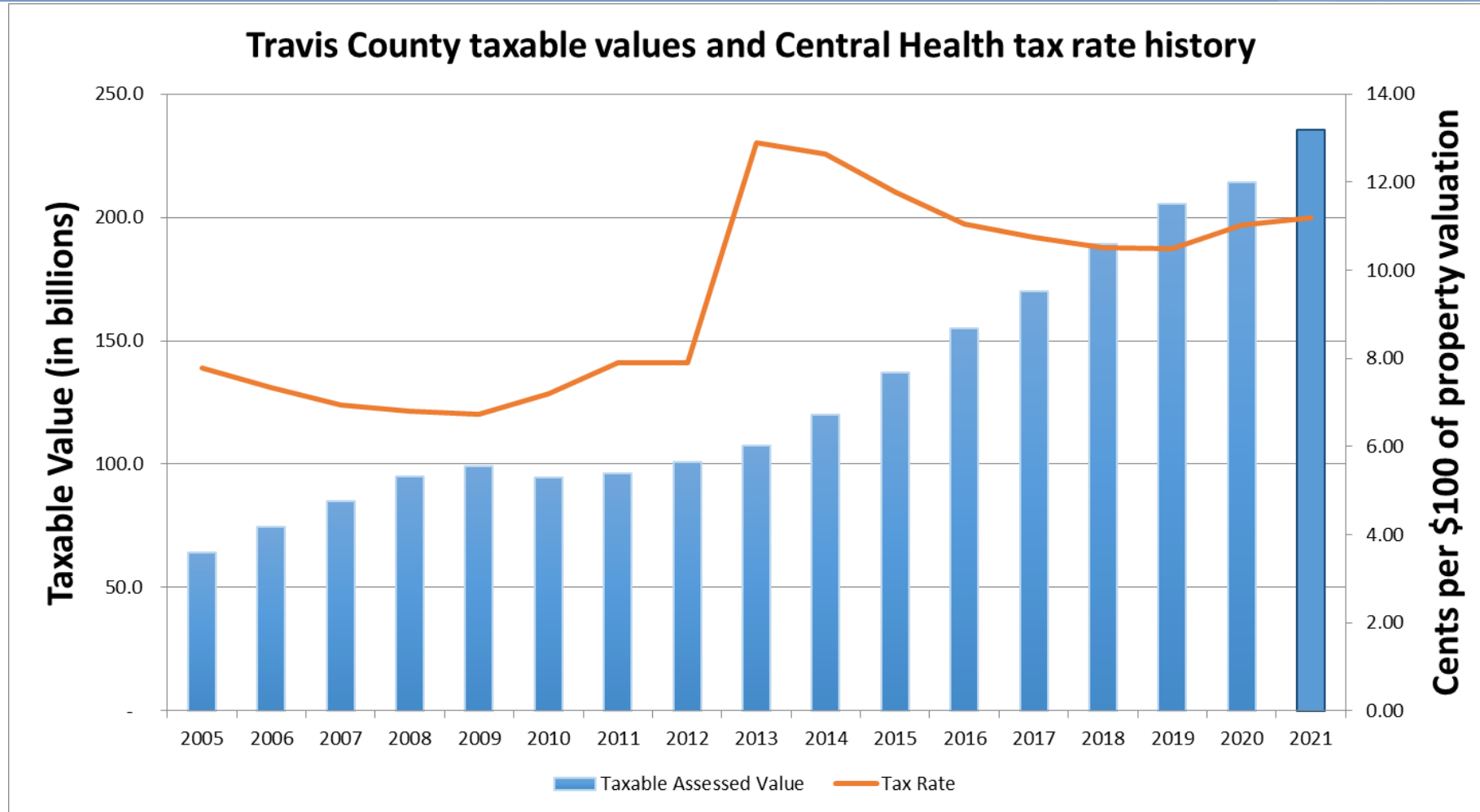


Hospital District Debt Comparison per Capita

MAJOR TEXAS HOSPITAL DISTRICTS:
FY 2020 DEBT BURDEN COMPARISON (in millions)



Taxable Values by Tax Year (in billions)



*Tax Year 2021 Certified Roll received July 20, 2021



FY2022 Proposed Tax Rate

6.0% over M&O No New Revenue Rate

	FY21 Approved	FY22 Proposed
Average Taxable Homestead Value	\$355,379	\$386,136
Average Taxable Homestead Appreciation	2.2%	8.7%
Tax Rate	11.0306	11.1814
M&O	10.9717	10.9204
Debt Service	0.0589	0.2610
Tax Bill	\$392.00	\$431.75
M&O	\$389.91	\$421.68
Debt Service	\$2.09	\$10.08
<i>Annual Increase = \$39.75 (10.14%) (M&O=\$31.77 & Debt Service = \$7.99)</i>		

Homestead Exemption	65 & Older	Disability
FY22 Approved (A)	\$100,000	\$100,000

(A) Includes 20% the maximum allowable by state law (\$5,000 minimum)



Central Health Property Tax Impact Statement: FY2021-2022

FY2021 Homestead Value	FY2021 Taxable Homestead Value*	FY2021 Tax Bill**	FY22 Average Homestead Value Appreciation	FY2022 Homestead Value	FY2022 Taxable Homestead Value*	FY2022 Tax Bill (6.0% over effective)***	Annual Increase	Percent Increase
150,000	\$120,000	\$132	9.4%	\$164,085	\$131,268	\$147	\$14	10.9%
250,000	\$200,000	\$221	8.9%	\$272,318	\$217,854	\$244	\$23	10.4%
350,000	\$280,000	\$309	8.8%	\$380,711	\$304,569	\$341	\$32	10.3%
450,000	\$360,000	\$397	8.7%	\$489,125	\$391,300	\$438	\$40	10.2%
550,000	\$440,000	\$485	8.3%	\$595,678	\$476,543	\$533	\$47	9.8%
650,000	\$520,000	\$574	8.1%	\$702,855	\$562,284	\$629	\$55	9.6%
750,000	\$600,000	\$662	8.3%	\$812,474	\$649,979	\$727	\$65	9.8%
850,000	\$680,000	\$750	7.8%	\$916,570	\$733,256	\$820	\$70	9.3%

*Includes 20% homestead exemption

**FY2021 Tax Rate: 11.0306¢ per \$100/valuation

***FY2022 Tax Rate: 11.1814¢ per \$100/valuation (M&O=10.9204¢, Debt Service=0.261¢)



PROPOSED STRATEGIC GOALS & OBJECTIVES: FY 2022

Objective 1: Develop and execute health care delivery based on people and place.

- Eastern Travis County Site expansions
 - Hornsby Bend
 - Del Valle
 - Colony Park

Objective 3: Sustainable financial model for health care delivery

- Ensure sustainable hospital service funding model that provides measurable timely access and high-quality care
- Ensure long term efficiency in land use
 - Brackenridge/Downtown Campus
 - Administration consolidation

Objective 2: Implement patient-focused and coordinated health care system

Systems-Based Planning & Health Equity -
Phase III and IV

- Strategic services plan
- Operational implementation plan
- Operational financial plan

Systems-Based Planning & Health Equity -
Immediate Service Delivery Focus Areas

- Specialty care access
- Health care for the homeless
- Behavioral health
- Substance use disorder
- Clinical and patient education
- Transitions of care



PROPOSED ORGANIZATIONAL EXCELLENCE PRIORITIES: FY 2022

- Building culture of equity
 - Equity and Inclusion Task Force
 - Implement HUB disparity study
 - HR Recruitment, Pathways & Training
- Expanded compliance program
- Focus on change management and cross-organizational alignment
- Operational strategies for critical areas; e.g., facilities, technology, administration, etc.



Central Health FY 2022 Business Cases

Health Care Delivery Business Cases	FTEs	FY22 Impact
Healthcare Systems Planning Expansion		\$ 6,900,000
Healthcare Service Operations Expansion	5.6	\$ 1,218,082
Technology Operations Expansion	1.2	\$ 308,378
MAP Basic Dental Expansion		\$ 300,000
Dietician-CHW Pilot Program	3	\$ 250,428
Increased Eligibility Services	6	\$ 210,862
Technology PMO Expansion	1.2	\$ 138,060
Technology Support Ticketing System		\$ 100,000
Technology Applications Expansion	0.64	\$ 76,560
Technology Development Expansion	0.32	\$ 23,426
Technology Security Expansion	0.16	\$ 21,301
Total	18.12	\$ 9,547,098

Administration Business Cases	FTEs	FY22 Impact
Finance Procurement Operational Excellence	2	\$ 244,760
HUB Program Expansion	2	\$ 230,700
Enterprise Organizational Development	1	\$ 114,446
Administrative Department Expansion	1	\$ 81,276
HR Recruiting Expansion		\$ 20,000
HR Employee Program Expansion		\$ 7,000
Public Relations Services Development	1	\$ (43,420)
Total	7	\$ 654,762



Central Health FY 2022 Proposed Budget

Attachment A – Sources and Uses

DESCRIPTION	FY 2021 APPROVED BUDGET	FY 2022 PROPOSED BUDGET 06/14/2021	FY 2022 PROPOSED BUDGET 08/11/2021	6/14 to 8/11 Variance
TAX RATE	0.110306	0.114226	0.111814	(0.0024121)
SOURCES				
Property Taxes	234,057,519	264,320,981	260,933,097	(3,387,884)
Lease Revenue	12,909,866	13,422,399	13,422,399	-
Tobacco Litigation Settlement	2,800,000	3,000,000	3,000,000	-
Other	1,720,000	3,000,000	3,000,000	-
Subtotal Revenue	251,487,385	283,743,380	280,355,496	(3,387,884)
Contingency Reserve Carryforward	115,856,728	226,521,399	226,521,399	-
Total Sources	367,344,113	510,264,779	506,876,895	(3,387,884)
USES				
Healthcare Delivery	353,858,895	494,843,857	491,485,796	(3,358,061)
Administration	11,399,403	13,250,069	13,220,246	(29,823)
Tax Collection	2,085,816	2,170,853	2,170,853	-
Total Uses	367,344,113	510,264,779	506,876,895	(3,387,884)
RESERVES				
Emergency Reserve	38,719,836	38,719,836	38,719,836	-



Central Health FY 2022 Proposed Budget

Attachment B – Uses

DESCRIPTION	FY 2021 APPROVED BUDGET	FY 2022 PROPOSED BUDGET 06/14/2021	FY 2022 PROPOSED BUDGET 8/11/2021	6/14 to 8/11 Variance
HEALTH CARE DELIVERY				
Intergovernmental transfers:				
IGT - CCC DSRIP	23,528,575	15,509,298	15,509,298	-
Total Intergovernmental Transfers	23,528,575	15,509,298	15,509,298	-
Healthcare Services				
Primary Care: Medical, Dental, & Behavioral Health	56,935,000	59,465,000	59,040,000	(425,000)
Specialty Care: including Specialty Dental	13,715,000	16,925,000	17,175,000	250,000
Specialty Care: Behavioral Health	1,883,856	1,383,856	1,383,856	-
Post Acute Care	5,400,000	2,150,000	2,125,000	(25,000)
Pharmacy	13,250,000	14,250,000	14,250,000	-
Hospital & Specialty Services	57,000,000	-	-	-
Hospital Performance Incentive	2,700,000	-	-	-
Healthcare Services - PSH/PFS Payment	600,000	-	-	-
MAP Eligibility Enhancements Reserve	-	2,000,000	2,000,000	-
Integrated Care Collaboration (ICC)	719,990	687,035	687,035	-
Community Health Care Initiatives Fund	875,000	875,000	875,000	-
Primary & Specialty Care Reserves	2,000,000	4,050,000	4,050,000	-
Total Healthcare Services	155,078,846	101,785,891	101,585,891	(200,000)



Central Health FY 2022 Proposed Budget

Attachment B – Uses

DESCRIPTION	FY 2021 APPROVED BUDGET	FY 2022 PROPOSED BUDGET 06/14/2021	FY 2022 PROPOSED BUDGET 8/11/2021	6/14 to 8/11 Variance
HEALTH CARE DELIVERY				
Healthcare Operations & Support				
ACA Healthcare Premium Assistance Programs	11,559,354	13,049,983	13,319,929	269,946
ACA Education and Enrollment	601,320	583,000	583,000	-
Healthcare Facilities and Campus Redevelopment	5,156,629	5,303,564	5,303,564	-
UT land lease for teaching hospital	940,843	981,231	981,231	-
Salary and Benefits	15,021,176	19,529,372	18,866,066	(663,306)
Legal	332,000	339,000	339,000	-
Consulting	1,085,500	840,000	840,000	-
Other professional goods & services	7,065,656	6,785,398	8,557,311	1,771,913
Marketing, Community Relations & Engagement	839,990	1,082,274	942,274	(140,000)
Leases, security & maintenance	1,774,296	1,947,000	1,947,000	-
Insurance and Risk Management	-	142,000	142,000	-
Phones, Technology and Utilities	2,449,460	3,293,473	3,293,473	-
Printing, copying, postage & signage	334,522	384,056	384,056	-
Travel, training and professional development	276,607	280,966	280,966	-
Other operating expenses	293,822	39,741	39,741	-
Health Care Capital Line of Credit	1,091,773	1,091,773	1,091,773	-
Total Health Care Operations	48,822,947	55,672,830	56,911,384	1,238,554



Central Health FY 2022 Proposed Budget

Attachment B – Uses

DESCRIPTION	FY 2021 APPROVED BUDGET	FY 2022 PROPOSED BUDGET 06/14/2021	FY 2022 PROPOSED BUDGET 8/11/2021	6/14 to 8/11 Variance
HEALTH CARE DELIVERY				
Reserves, appropriated uses & transfers:				
Transfer to capital reserve	34,100,000	4,300,000	12,546,013	8,246,013
Transfer to emergency reserve	-	-	-	-
Transfer to Hospital Services Reserve	4,000,000	-	-	-
Sendero risk-based capital	-	-	-	-
Contingency reserve appropriation	87,064,169	311,090,727	298,780,535	(12,310,192)
Total Reserves, appropriated uses & transfers	125,164,169	315,390,727	311,326,548	(4,064,179)
Debt service:				
Debt service - principal retirement	1,180,000	4,083,335	4,060,000	(23,335)
Debt service - interest	84,357	2,401,776	2,092,676	(309,100)
Total Debt Service	1,264,357	6,485,111	6,152,676	(332,436)
Total Healthcare Delivery	353,858,895	494,843,857	491,485,796	(3,358,061)



Central Health FY 2022 Proposed Budget

Attachment B – Uses

DESCRIPTION	FY 2021 APPROVED BUDGET	FY 2022 PROPOSED BUDGET 06/14/2021	FY 2022 PROPOSED BUDGET 8/11/2021	6/14 to 8/11 Variance
ADMINISTRATION				
Salary and Benefits	5,561,651	7,054,581	7,134,758	80,177
Legal	1,497,136	1,456,636	1,456,636	-
Consulting	1,259,570	1,341,120	1,341,120	-
Investment Services (Travis County)	115,500	115,000	115,000	-
Benefits & Payroll administrative services	185,337	168,243	168,243	-
Other professional goods & services	1,257,450	929,787	819,787	(110,000)
Marketing, Community Relations & Engagement	182,350	209,958	209,958	-
Leases, security & maintenance	244,940	274,250	274,250	-
Insurance & Risk Management	150,000	375,000	375,000	-
Phones, Technology and Utilities	135,449	401,716	401,716	-
Printing, copying, postage & signage	85,245	60,745	60,745	-
Travel, training and professional development	222,282	370,789	370,789	-
Other operating expenses	502,494	492,244	492,244	-
Total Administration	11,399,403	13,250,069	13,220,246	(29,823)
TAX COLLECTION				
Appraisal District Svcs	1,123,128	1,179,284	1,179,284	-
Tax Collection Expense	962,688	991,569	991,569	-
Total Tax Collection	2,085,816	2,170,853	2,170,853	-
TOTAL USES	367,344,113	510,264,779	506,876,895	(3,387,884)



Health Care Delivery Program: Year-Over-Year Comparison

CH Healthcare Delivery Programs FY22 Proposed Budget	<i>Eligibility & Enrollment</i>	<i>Joint Technology</i>	<i>Clinical Services & Medical Management</i>	<i>Provider Reimbursement & Network Services</i>	<i>HCD & Wellness Operations</i>	<i>Quality Assess & Performance</i>	<i>Community Engagement</i>	<i>Service Delivery Operations & PMO</i>	<i>RHP7, 1115 Waiver & Population Health Strategy</i>	<i>Total</i>
FY22 Salaries	2,767,437	1,613,593	4,070,059	490,172	1,305,435	1,125,406	518,691	1,551,379	646,613	14,088,785
Total FY22	6,170,081	5,659,668	6,944,887	3,406,122	6,667,304	2,090,423	1,774,763	2,303,477	1,164,563	36,181,287
Total FY21	5,833,173	4,522,824	4,709,436	3,363,929	4,286,537	2,098,121	1,651,041	2,336,873	1,272,417	30,074,351
YOY HCD Variance	336,908	1,136,844	2,235,451	42,193	2,380,767	(7,698)	123,722	(33,396)	(107,854)	6,106,936
YOY % Change	6%	25%	47%	1%	56%	0%	7%	-1%	-8%	20%
Total FY22 FTEs	42.0	15.7	35.6	5.0	13.5	11.0	7.0	16.0	5.4	151.1
Total FY21 FTEs	36.0	10.2	25.0	5.0	14.5	11.0	7.0	17.0	5.6	131.3
YOY FTE Variance	6.0	5.5	10.6	-	(1.0)	-	-	(1.0)	(0.3)	19.8



Administration Program: Year-Over-Year Comparison

CH Administration Programs FY22 Proposed Budget	<i>Finance & Procurement Operations</i>	<i>External Affairs</i>	<i>Administration</i>	<i>Strategy</i>	<i>Human Resources</i>	<i>Communications</i>	<i>Compliance</i>	<i>Total</i>
FY22 Salaries	2,113,626	829,593	503,218	482,468	559,652	524,091	242,050	5,254,697
Total FY22	4,003,741	3,163,864	1,981,564	1,521,384	1,207,811	985,337	356,545	13,220,246
Total FY21	2,993,868	3,134,760	1,614,031	1,112,953	1,196,041	1,071,141	276,612	11,399,406
YOY Admin Variance	1,009,873	29,104	367,533	408,431	11,770	(85,804)	79,933	1,820,840
YOY % Change	34%	1%	23%	37%	1%	-8%	29%	16%
Total FY22 FTEs	20.7	5.4	8.0	3.0	5.7	5.5	2.0	50.2
Total FY21 FTEs	13.4	5.4	7.0	3.0	3.7	4.5	2.0	38.9
YOY FTE Variance	7.3	-	1.0	-	2.0	1.0	-	11.3

*Replaces PY contract/professional services costs



FY2022 Capital Reserve Estimates (in millions)

FY2022 Proposed Capital Reserves Budget	Estimated Opening Balance FY22	Reserves	Total Sources of Capital Reserves	Estimated FY22 Uses of Capital Reserves	Estimated Capital Reserves Ending Balance FY22
Eastern Travis County Facilities	\$14.8	\$3.0	\$17.8	\$7.3	\$10.5
Campus Redevelopment	4.9	-	4.9	4.4	0.5
Technology and Equipment	0.9	3.4	4.3	2.3	2.0
Facilities and Operations	1.9	6.1	8.1	4.3	3.8
Total	\$22.5	\$12.5	\$35.0	\$18.2	\$16.8



Central Health Major Capital Projects Update

Major Capital Project Budget and Planning	Board of Mangers Approved Budget	Estimate of Expenses through 9/30/2021	Remaining Project Budget for Future Years	Primary Financing Source
Epic Electronic Health Record	\$9,100,000	\$9,100,000	\$0	Line of Credit
Hornsby Bend Health and Wellness Center	\$5,072,000	\$1,169,196	\$3,902,804	CO Issue 2021
Del Valle Health and Wellness Center	\$10,083,000	\$1,277,190	\$8,805,810	CO Issue 2021
Colony Park Health and Wellness Center	\$16,143,586	\$1,608,447	\$14,535,139	Capital Reserves*
Red River Realignment	\$8,464,000	\$4,788,644	\$3,675,356	Capital Reserves
Clinical Services and Administrative Consolidation	\$62,590,000	\$22,500,000	\$40,090,000	CO Issue 2021

*currently anticipated to be funded by capital reserves



FY2022 Budget Calendar

- ✓ April 28 Central Health Board of Managers
(FY 2022 Central Health 5 Year Forecast)
- ✓ May 12 Central Health Strategic Planning Committee Meeting
(FY 2022 Strategic Priorities)
- ✓ May 26 Central Health Board of Managers Meeting
(FY 2022 Central Health Capital Budget and Forecast)
- ✓ June 14 Central Health Board of Managers Meeting
(FY 2022 Central Health Proposed Budget)
- ✓ June 17 Community Conversation
- ✓ June 30 Central Health Board of Managers Meeting
(FY2022 Central Health Proposed Budget)
- ✓ Aug. 4 Central Health Strategic Planning Committee Meeting
(FY 2022 Strategic Priorities)



FY2022 Budget Calendar

- ✓ Aug. 11 Central Health Board of Managers Meeting
(FY2022 Central Health Proposed Budget and tax rate)
- Aug. 23 Central Health Board of Managers Special Called Meeting
- Aug. 25 Central Health Board of Managers Meeting
(FY2022 Central Health Proposed Budget and Tax Rate)
- Aug. 26 Community Conversation
(FY2022 Proposed Budget)
- Aug. 31 Travis County Commissioners Court
(FY2022 Central Health Budget)
- Sept. 2 Central Health Public Hearing
(FY2022 Central Health Proposed Budget and Tax Rate)
- Sept. 9 Central Health Board of Managers Meeting
(FY2022 Central Health Budget and Tax Rate Adopted; CCC Budget Approval)
- Sept. 21 Travis County Commissioners Court
(FY2022 Central Health Budget and Tax Rate Adopted)



Questions?

Specialty Care Access: \$3.2M

Specialty Care Service Expansion to Improve Health



Cardiology



Endocrinology



Nephrology



Neurology



Podiatry



Rheumatology



Wound Care



eConsults



Podiatry Surgical Services



Outpatient Dialysis



Cardiology Diagnostics and Transitions



Medical Weight Loss



Healthcare for the Homeless: \$1.7M



Medical Respite



Street/Mobile Medicine



Case Management



Infectious Disease Support



Mental Health Access



Behavioral Health & Substance Abuse Therapy: \$.9M



Enhanced Behavioral Health Access
in Primary Care, Street Medicine &
Sites Serving Homeless



Substance Use Disorder Care
Transitions



Peer Support Specialist Counseling
for Substance Use Disorder



Transitions of Care & Clinical Patient Education: \$1M



Pilot Dietician/Community Health Worker Model



Availability of Dietician/Nutritionists in Care Teams



Health Equity & Implicit Bias Training Support

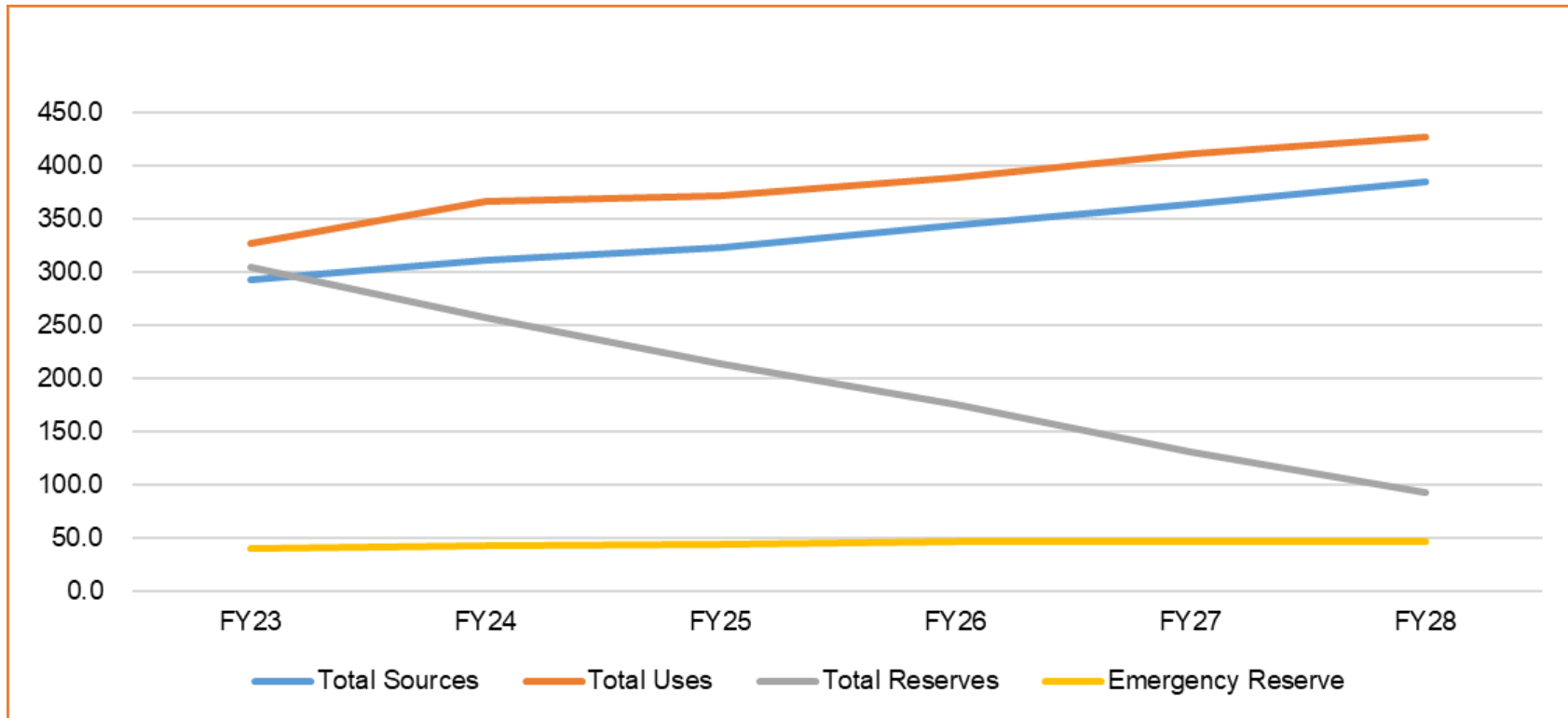


Pilot Remote Home-Monitoring Disease Management



6-Year Forecast: 5.0% over No New Revenue Rate

Updated August 2021

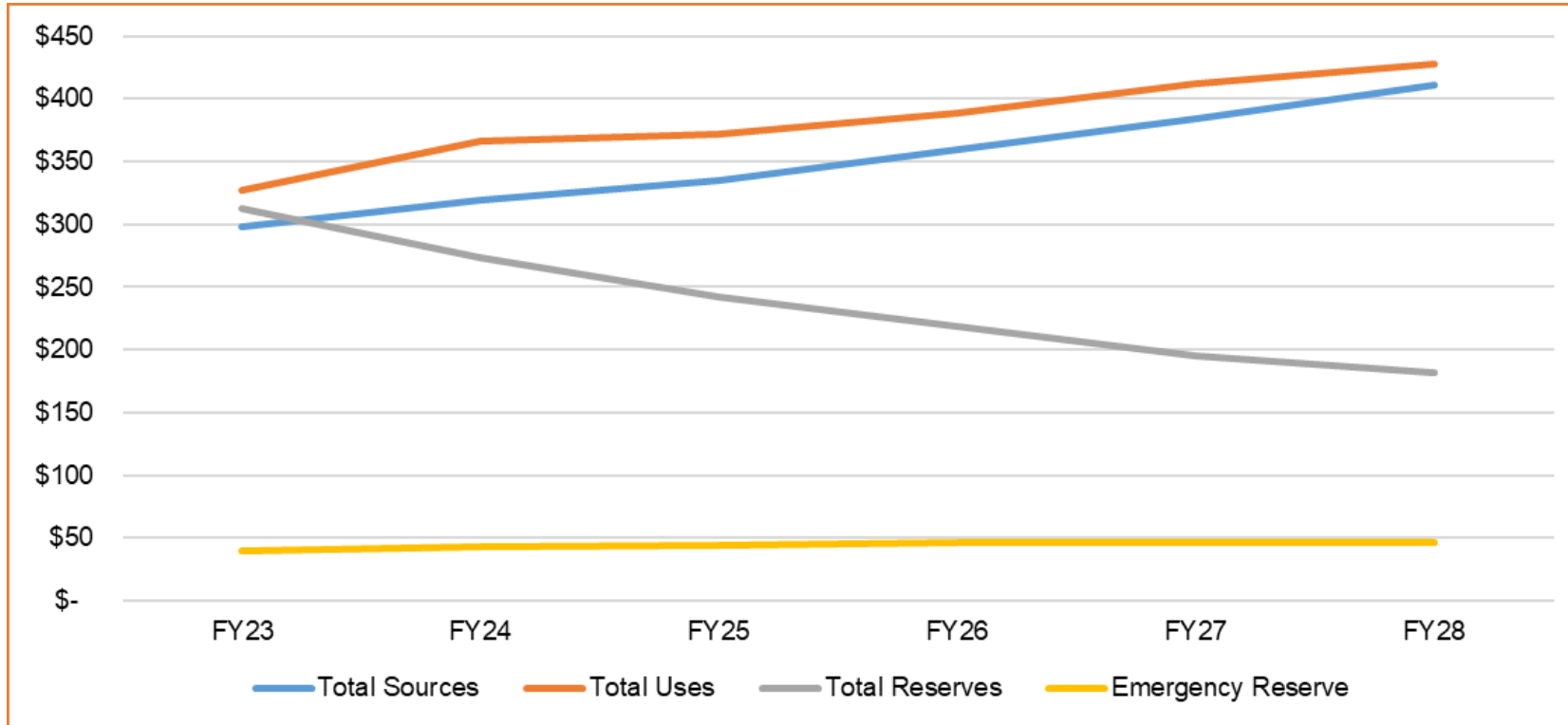


	FY23	FY24	FY25	FY26	FY27	FY28
Total Sources	292.5	311.2	323.7	344.3	363.7	385.6
Total Uses	326.9	366.5	372.0	388.8	412.0	427.8
Total Reserves	305.0	257.6	214.2	175.6	131.4	93.2
Days of Cash on Hand	336	253	207	163	115	78



6-Year Forecast: 6.0% over No New Revenue Rate

Updated August 2021

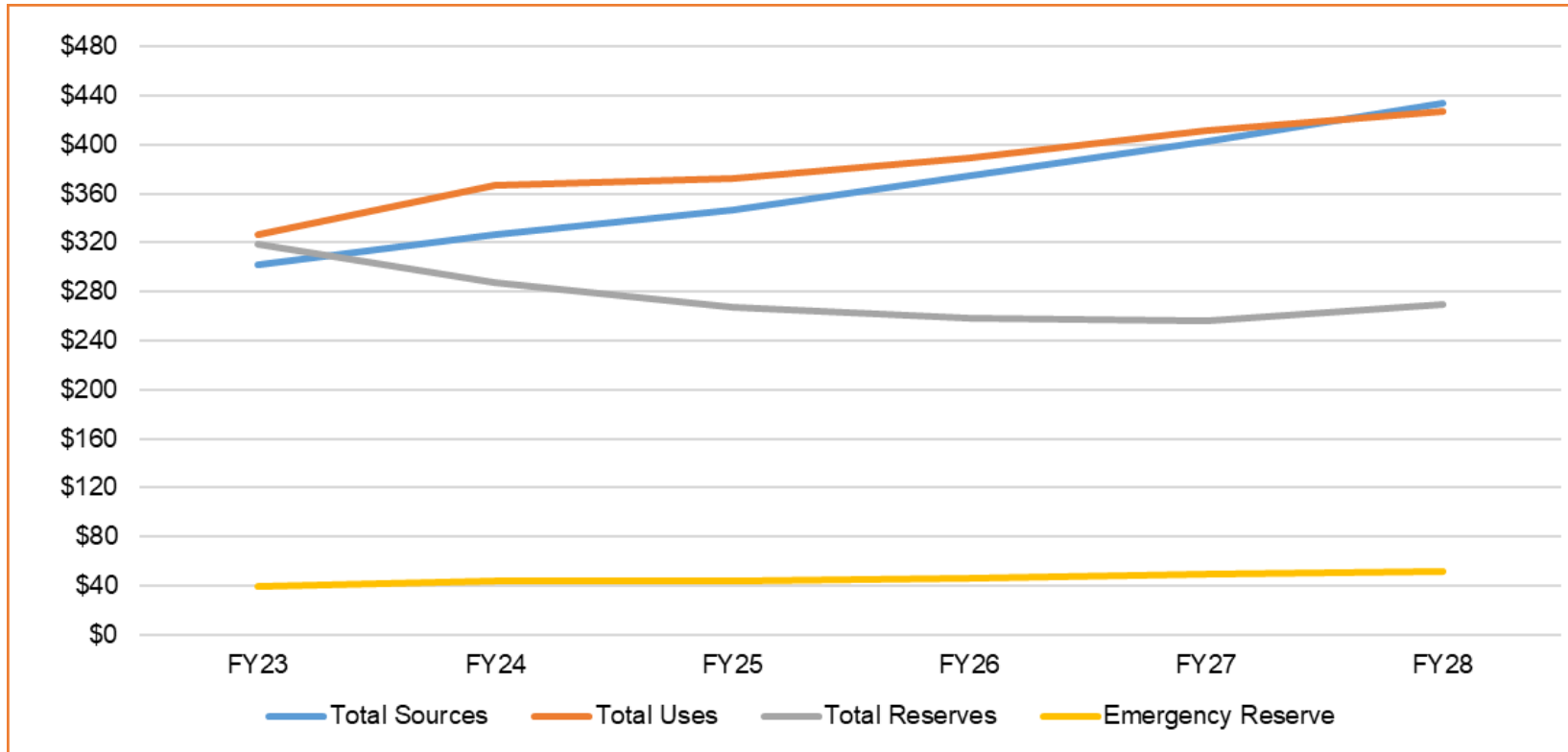


	FY23	FY24	FY25	FY26	FY27	FY28
Total Sources	\$ 298	\$ 319	\$ 335	\$ 360	\$ 384	\$ 411
Total Uses	\$ 327	\$ 366	\$ 372	\$ 389	\$ 412	\$ 428
Total Reserves	\$ 313	\$ 273	\$ 242	\$ 219	\$ 195	\$ 182
Days of Cash on Hand	344	269	234	203	170	153



6-Year Forecast: 6.9% over No New Revenue Rate

Updated August 2021



	FY23	FY24	FY25	FY26	FY27	FY28
Total Sources	\$ 302	\$ 327	\$ 346	\$ 375	\$ 403	\$ 435
Total Uses	\$ 327	\$ 366	\$ 372	\$ 389	\$ 412	\$ 428
Total Reserves	\$ 319	\$ 288	\$ 267	\$ 259	\$ 257	\$ 270
Days of Cash on Hand	352	283	258	239	224	227



FY22-27 Capital Project Budget Sources and Uses of Funds (in millions)

	FY22	FY23	FY24	FY25	FY26	FY27
Clinical Services/Eastern Travis Co	19.0	23.9	3.0	1.0	1.0	1.0
Campus Redevelopment	4.4	0.5	0.5	0.5	0.5	0.5
Technology and Equipment	2.3	1.5	1.5	1.5	1.5	1.5
Facilities and Operations	4.3	0.8	20.6	6.5	4.0	4.0
	30.0	26.7	25.6	9.5	7.0	7.0
Reserves/Cash	18.2	5.8	8.0	7.0	7.0	7.0
Debt/Line of Credit	11.8	20.9	17.6	2.5	-	-
	30.0	26.7	25.6	9.5	7.0	7.0

