



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.

PUBLIC HEARING AND BOARD OF MANAGERS MEETING

Thursday, September 9, 2021, 5:00 p.m.

or immediately following the Executive Committee Meeting

Videoconference meeting¹

A quorum of the Board and the presiding officer will be present at:

Austin City Hall
301 W. Second Street
Austin, TX 78701

Members of the public may attend the meeting at the address above, or 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/1496106656?pwd=RHZaSDIVZ2ZPZjZPUG9meW1KcnY1UT09>

Password: 675453

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

Dial: (888) 501-0031
Meeting ID: 149 610 6656

The Central Health Board of Managers will modify its meeting practices in light of recent orders by the Governor during the COVID-19 pandemic. Effective September 1, 2021, Governor Abbott has rescinded emergency waivers allowing Open Meetings to be conducted virtually. To reduce the possibility of infection as a result of attendance at in-person meetings, the Board will meet via videoconference with a quorum present in person and allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Central Health Board will be physically present at the location posted in the meeting notice, we strongly encourage all members of the public to observe the meeting virtually and participate in public comment, if desired, through the virtual meeting link or telephone number listed on each meeting notice.

Members of the public who attend in person should conduct a self-assessment before coming to the building to ensure they do not have a high temperature or any symptoms of COVID-19. Anyone who is symptomatic and/or has a fever should contact their healthcare provider for further instructions. Symptomatic members of the public can still participate, if desired, through the virtual meeting link or telephone number listed on each meeting notice. Masks are required inside City Hall and individuals should maintain proper social distancing from others. Resources related to COVID-19 can be found at the following link <https://www.austintexas.gov/covid19>.

REGISTERING FOR PUBLIC HEARING OR PUBLIC COMMUNICATION

Members of the public who wish to make comments during the Public Hearing or Board of Managers Meeting should register with Central Health **no later than 3:30 p.m. on September 9, 2021**. Registration can be completed in one of three ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-up/> by 3:30pm on the day of the meeting;
- Call 512-978-9190 by 3:30 pm on the day of the meeting; or
- Members of the public who attend the meeting in person are also invited to register in person to speak until the time that the Chair closes the public hearing.

Those registering by phone should leave a voice message by 3:30pm on the day of the meeting with your full name, the meeting at which you wish to make public comment, and your mode of public communication (internet, telephone, or in person).

Individuals who register to speak on the website or by telephone will receive a confirmation email and/or phone call by staff with instructions on how to join the meeting and participate in public communication.

PUBLIC HEARING

1. Present an overview of the proposed Central Health Fiscal Year 2022 budget and its associated tax rate. (*Informational Item*)
2. Receive public comment on the proposed Central Health Fiscal Year 2022 budget and its associated tax rate. (*Informational Item*)

PUBLIC COMMUNICATION

Public Communication rules for Central Health Board and Committee meetings include 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.

CONSENT AGENDA

All matters listed under the CONSENT AGENDA will be considered by the Board of Managers 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 be moved from the CONSENT AGENDA to the REGULAR AGENDA for discussion prior to the vote on the motion to adopt the CONSENT AGENDA.

- C1. Receive and ratify Central Health Investments for August 2021.
- C2. Approve a contract amendment and renewal with JP Morgan Chase for depository services.

REGULAR AGENDA²

- 1. Receive and discuss a presentation on CommUnityCare Health Centers' Fiscal Year 2022 budget. (*Informational Item*)
- 2. Discuss and take appropriate action on the Central Health proposed Fiscal Year 2022 Budget. (*Action Item*)
- 3. Discuss and take appropriate action regarding Central Health's proposed Fiscal Year 2022 (Tax Year 2021) tax rates:
 - a. Total Maintenance and Operations Tax Rate (Roll Call Vote);
 - b. Total Debt Service Tax Rate (Roll Call Vote); and
 - c. Total Ad Valorem Tax Rate (Roll Call Vote). (*Action Item*)
- 4. Discuss and take appropriate action to authorize the President and CEO to negotiate and execute contracts with general contractor vendors for the Hornsby Bend and Del Valle Health and Wellness Centers. (*Action item*)
- 5. Receive and discuss updates on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) program and associated projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas.³ (*Informational item*)
- 6. Confirm the next regular Board meeting date, time, and location. (*Informational Item*)

Notes:

- ¹ Although emergency orders allowing for fully virtual meetings have expired, the Travis County area continues to have a high COVID-19 infection rate. This meeting may include one or more members of the Board of Managers participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Austin City Hall, 301 W. 2nd Street, Austin, Texas 78701. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be visible and audible to the public whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**

- 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.



202181174

**FILED AND RECORDED
OFFICIAL PUBLIC RECORDS**

Dana DeBeauvoir

Dana DeBeauvoir, County Clerk
Travis County, Texas

Sep 03, 2021 01:24 PM

Fee: \$0.00

LOPEZS

Came to hand and posted on a Bulletin Board in the Courthouse
Austin, Travis County, Texas on this the 3 day of

September 20 21.

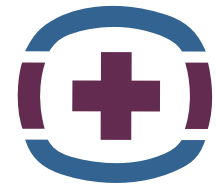
Dana DeBeauvoir

County Clerk, Travis County, Texas

By: *Samantha Lopez* Deputy

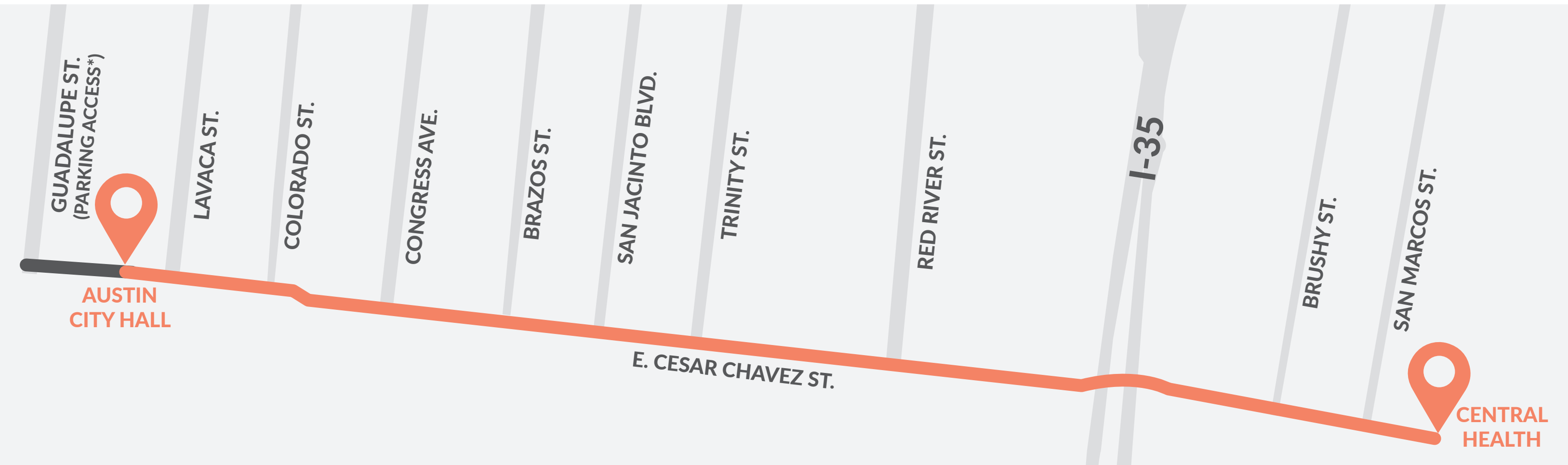
SAMANTHA LOPEZ





CENTRAL HEALTH

Central Health's Public Hearing for FY 2022 Budget & Tax Rate has been moved to **5 p.m. on Thursday, September 9 at Austin City Hall (301 W. Second Street, Austin, TX 78701)** due to heightened COVID-19 guidelines.



To sign up to speak, visit CentralHealth.net and click on meetings.

While in-person attendance is allowed, we encourage members of the public to observe the meeting and participate in the public hearing virtually or by phone. Visit CentralHealth.net for more information.

Parking Access

Vehicles may only enter City Hall from Guadalupe Street. Parking will be validated.

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

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.

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?



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PUBLIC HEARING

September 9, 2021

AGENDA ITEM 1

Present an overview of the proposed Central Health Fiscal Year 2022 budget and its associated tax rate. (*Informational 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 09/09/2021

Who will present the agenda item? (Name, Title) Jeff Knodel, CFO
Lisa Owens, Deputy CFO

General Item Description Receive public comment on the proposed Central Health Fiscal Year (FY) 2022 budget and its associated tax rate.

Is this an informational or action item? Informational

Fiscal Impact FY2022 Budget

Recommended Motion (if needed – action item) N/A

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

- 1) FY2022 Tax Rate will be presented
- 2) FY2022 Budget will be presented
- 3) _____
- 4) _____
- 5) _____

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

Estimated time needed for presentation & questions? 5 minutes

Is closed session recommended? (Consult with attorneys.) No

Form Prepared By/Date Submitted: Lester Hannaher – 09/09/21



CENTRAL HEALTH

CommUnityCare | Sendero

EMPOWERING COMMUNITIES WITH CARE

FISCAL YEAR 2022 PROPOSED BUDGET

PUBLIC HEARING

SEPTEMBER 9, 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

Annual Increase=\$39.75 (10.14%)

(M&O=\$31.77 & Debt Service=\$7.99)

HOMESTEAD EXEMPTION	OVER 65 HOMESTEAD EXEMPTION	DISABILITY HOMESTEAD EXEMPTION
FY22 Approved (A)	\$100, 000	\$100, 000

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



CENTRAL HEALTH FY 2022 PROPOSED BUDGET

Attachment A – Sources and Uses

DESCRIPTION	FY 2021 APPROVED BUDGET	FY 2022 PROPOSED BUDGET
TAX RATE	0.110306	0.111814
SOURCES		
Property Taxes	234,057,519	260,933,097
Lease Revenue	12,909,866	13,422,399
Tobacco Litigation Settlement	2,800,000	3,000,000
Other	1,720,000	3,000,000
Subtotal Revenue	251,487,385	280,355,496
Contingency Reserve Carryforward	115,856,728	226,521,399
Total Sources	367,344,113	506,876,895
USES		
Healthcare Delivery	353,858,895	491,485,796
Administration	11,399,403	13,220,246
Tax Collection	2,085,816	2,170,853
Total Uses	367,344,113	506,876,895
RESERVES		
Emergency Reserve	38,719,836	38,719,836



ADDITIONAL INFORMATION AVAILABLE

<https://www.centralhealth.net/about/finance/fy2022-budget/>



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PUBLIC HEARING

September 9, 2021

AGENDA ITEM 2

Receive public comment on the proposed Central Health Fiscal Year 2022 budget and its associated tax rate. (*Informational Item*)



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BOARD MEETING

September 9, 2021

AGENDA ITEM C1

Receive and ratify Central Health Investments for August 2021.

STATE OF TEXAS

COUNTY OF TRAVIS

CENTRAL HEALTH

Whereas, it appears to the Board of Managers of the Central Health, Travis County, Texas that there are sufficient funds on hand over and above those of immediate need for operating demand,

Now, Therefore, the Board of Managers hereby orders

- 1.) that the County Treasurer of Travis County, Texas, acting on behalf of Central Health, execute the investment of these funds in the total amount of \$1,588,983.40 in legally authorized securities as stipulated in the Travis County Healthcare District Investment and Collateral Policy for the periods as indicated in Attachment A, which consists of 11 pages.
- 2.) that the County Treasurer, acting on behalf of Central Health, take and hold in safekeeping all individual security investment instruments, relinquishing same only by order of the Board of Managers or for surrender at maturity.

Date: September 9, 2021

CHAIR, BOARD OF MANAGERS

VICE CHAIR, BOARD OF MANAGERS

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 8/2/2021

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	6,900.40	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.0200%
PRINCIPAL:	6,900.40	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	6,900.40	CUSIP #:	N/A
TRADE DATE:	8/2/2021	SETTLEMENT DATE:	8/2/2021

AUTHORIZED BY


CASH INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 8/2/2021

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	2,402.17	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.0200%
PRINCIPAL:	2,402.17	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	2,402.17	CUSIP #:	N/A
TRADE DATE:	8/2/2021	SETTLEMENT DATE:	8/2/2021

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 8/2/2021

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	854,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.0200%
PRINCIPAL:	854,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	854,000.00	CUSIP #:	N/A
TRADE DATE:	8/2/2021	SETTLEMENT DATE:	8/2/2021

AUTHORIZED BY


CASH INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 8/2/2021

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	15,583.33	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.0200%
PRINCIPAL:	15,583.33	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	15,583.33	CUSIP #:	N/A
TRADE DATE:	8/2/2021	SETTLEMENT DATE:	8/2/2021

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

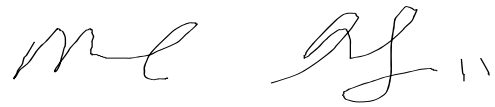
DATE: 8/3/2021

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	40,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.0199%
PRINCIPAL:	40,000.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	40,000.00	CUSIP #:	N/A
TRADE DATE:	8/3/2021	SETTLEMENT DATE:	8/3/2021

AUTHORIZED BY:



CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 8/12/2021

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	20,500.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.0206%
PRINCIPAL:	20,500.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	20,500.00	CUSIP #:	N/A
TRADE DATE:	8/12/2021	SETTLEMENT DATE:	8/12/2021

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 8/16/2021

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TEXDAIY	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	12,500.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.0200%
PRINCIPAL:	12,500.00	PURCHASED THRU:	TEXDAIY
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	12,500.00	CUSIP #:	N/A
TRADE DATE:	8/16/2021	SETTLEMENT DATE:	8/16/2021

AUTHORIZED BY:


C/S INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 8/16/2021

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TEXDAIY	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	7,347.50	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.0200%
PRINCIPAL:	7,347.50	PURCHASED THRU:	TEXDAIY
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	7,347.50	CUSIP #:	N/A
TRADE DATE:	8/16/2021	SETTLEMENT DATE:	8/16/2021

AUTHORIZED BY:


CA INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 8/24/2021

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	596,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.0239%
PRINCIPAL:	596,000.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	596,000.00	CUSIP #:	N/A
TRADE DATE:	8/24/2021	SETTLEMENT DATE:	8/24/2021

AUTHORIZED BY:

 
CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 8/25/2021

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	18,750.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.0233%
PRINCIPAL:	18,750.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	18,750.00	CUSIP #:	N/A
TRADE DATE:	8/25/2021	SETTLEMENT DATE:	8/25/2021

AUTHORIZED BY:

CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 8/26/2021

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	15,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.0229%
PRINCIPAL:	15,000.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	15,000.00	CUSIP #:	N/A
TRADE DATE:	8/26/2021	SETTLEMENT DATE:	8/26/2021

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH MONTHLY INVESTMENT REPORT
 PORTFOLIO STATISTICS

DATE: August 31, 2021

By Fund Type

Operating	\$	298,750,591.72	89.21%
LPPF		36,149,080.92	10.79%
Bond Proceeds		-	0.00%
Other		-	0.00%
Total Portfolio	\$	<u>334,899,672.64</u>	<u>100.00%</u>

By Security Type

Operating-

TexasDAILY	\$	42,697,999.78	14.29%
TexPool	\$	3,324,799.95	1.11%
TexSTAR	\$	2,543,777.74	0.85%
TexasTERM CP		35,000,000.00	11.72%
Non-Int Bearing Bank Account		928,000.00	0.31%
Certificates of Deposit		-	0.00%
Treasury Securities		-	0.00%
Government Agencies		159,496,100.00	53.39%
Commercial Paper		7,992,520.00	2.68%
Municipal Bonds		46,767,394.25	15.65%
Total	\$	<u>298,750,591.72</u>	<u>100.00%</u>

LPPF-

TexPool		36,149,080.92	100.00%
Total	\$	<u>36,149,080.92</u>	<u>100.00%</u>

Bond Proceeds-

TexPool	\$	-	#DIV/0!
Total	\$	<u>-</u>	<u>#DIV/0!</u>

Compared to Policy Limits

		Actual %	Guidelines
TexasDAILY	42,697,999.78	12.78%	30.00%
TexPool	39,473,880.87	11.82%	50.00%
TexSTAR	2,543,777.74	0.76%	30.00%
TexasTERM CP	35,000,000.00	10.48%	30.00%
Total LGIPS	\$ 119,715,658.39	35.85%	70.00%
Certificates of Deposit	-	0.00%	50.00%
Treasury Securities	-	0.00%	100.00%
Government Agencies	159,496,100.00	47.76%	75.00%
Commercial Paper	7,992,520.00	2.39%	20.00%
Municipal Bonds	46,767,394.25	14.00%	20.00%
	\$ 333,971,672.64	100.00%	

Commercial Paper by Entity as a Percentage of Portfolio

ING 9/22/2021	\$ 7,992,520.00	2.39%	5.00%
	<u>\$ 7,992,520.00</u>	<u>2.39%</u>	<u>20.00%</u>

Municipal Bonds by Entity as a Percentage of Portfolio

Alabama ST Pub Sch & Clg	\$ 1,000,000.00	0.33%	5.00%
City of Hampton VA - GO	\$ 1,157,199.00	0.39%	5.00%
Chippewa Valley School Go Bonds	\$ 2,022,800.00	0.68%	5.00%
San Bernardino COPS	\$ 2,027,420.00	0.68%	5.00%
Harris County TX Transit	\$ 1,090,843.20	0.37%	5.00%
Oklahoma County OK ISD	\$ 4,662,698.00	1.56%	5.00%
Alabama ST Pub Sch & Clg 2022	\$ 1,000,000.00	0.33%	5.00%
Texas Tech Univ	\$ 525,840.00	0.18%	5.00%
Commonwealth of Virginia - GO	\$ 5,089,600.00	1.70%	5.00%
City of Dallas Waterworks	\$ 5,154,300.00	1.73%	5.00%
Multnomah CNTY OR - GO	\$ 5,415,174.00	1.81%	5.00%
Upper Occoquan VA - Rev	\$ 3,110,000.00	1.04%	5.00%
San Diego CA Pub Facs - Rev	\$ 1,067,164.80	0.36%	5.00%
City of Yuma AZ - REV	\$ 1,500,000.00	0.50%	5.00%
NYC Tran Fin Tax - REV	\$ 5,000,000.00	1.67%	5.00%
WA DC INC Tax - Rev	\$ 4,944,355.25	1.66%	5.00%
Shakopee MN ISD - GO	\$ 1,000,000.00	0.33%	5.00%
Univ Cincinnati OH Tax - Rev	\$ 1,000,000.00	0.33%	5.00%
	<u>\$ 46,767,394.25</u>	<u>15.65%</u>	<u>25.00%</u>

Investment Revenue & Accrued Interest

August-21

Fiscal YTD

Interest/Dividends-

TexasDAILY	\$ 908.70	\$ 23,845.82
TexPool	59.23	\$ 31,896.75
TexSTAR	21.70	\$ 2,036.22
TexasTERM CP	0.00	\$ 97,070.86
Certificates of Deposit	0.00	\$ -
Treasury Securities	0.00	\$ -
Government Agencies	66,750.00	\$ 414,763.89
Commercial Paper	0.00	\$ -
Municipal Bonds	<u>32,233.40</u>	<u>\$ 370,749.13</u>
	\$ 99,973.03	\$ 940,362.67

Discounts, Premiums, & Accrued Interest

TexasTERM CP	\$ 4,768.27	\$ 31,818.17
-less previous accruals	0.00	\$ (5,876.71)
Certificates of Deposit	0.00	\$ -
-less previous accruals	0.00	\$ -
Treasury Securities	0.00	\$ -
-less previous accruals	0.00	\$ -
Government Agencies	45,607.42	\$ 430,440.98
-less previous accruals	(55,959.05)	\$ (372,411.17)
Commercial Paper	1,240.00	\$ 12,426.31
-less previous accruals	0.00	\$ -
Municipal Bonds	32,880.18	\$ 429,555.05
-less previous accruals	<u>(44,875.77)</u>	<u>\$ (656,706.85)</u>
	\$ (16,338.95)	\$ (130,754.22)

Total Investment Revenue & Accrued Interest

\$ 83,634.08

\$ 809,608.45

STATE OF TEXAS

COUNTY OF TRAVIS

CENTRAL HEALTH

Whereas, it appears to the Board of Managers of the Central Health, Travis County, Texas that there are sufficient funds on hand over and above those of immediate need for operating demand,

Now, Therefore, the Board of Managers hereby orders

- 1.) that the County Treasurer of Travis County, Texas, acting on behalf of Central Health, execute the investment of these funds in the total amount of \$355,000.00 in legally authorized securities as stipulated in the Travis County Healthcare District Investment and Collateral Policy for the periods as indicated in Attachment A, which consists of 4 pages.
- 2.) that the County Treasurer, acting on behalf of Central Health, take and hold in safekeeping all individual security investment instruments, relinquishing same only by order of the Board of Managers or for surrender at maturity.

Date: September 9, 2021

CHAIR, BOARD OF MANAGERS

VICE CHAIR, BOARD OF MANAGERS

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM


DATE: 8/3/2021

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TEXPOOL	FUND NAME:	CENTRAL HEALTH LPPF
PAR VALUE:	18,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.0199%
PRINCIPAL:	18,000.00	PURCHASED THRU:	TEXPOOL
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	18,000.00	CUSIP #:	N/A
TRADE DATE:	8/3/2021	SETTLEMENT DATE:	8/3/2021

AUTHORIZED BY:

CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 8/5/2021

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TEXPOOL	FUND NAME:	CENTRAL HEALTH LPPF
PAR VALUE:	124,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.0200%
PRINCIPAL:	124,000.00	PURCHASED THRU:	TEXPOOL
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	124,000.00	CUSIP #:	N/A
TRADE DATE:	8/5/2021	SETTLEMENT DATE:	8/5/2021

AUTHORIZED BY:


CAFM INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 8/11/2021

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TEXPOOL	FUND NAME:	CENTRAL HEALTH LPPF
PAR VALUE:	149,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.0204%
PRINCIPAL:	149,000.00	PURCHASED THRU:	TEXPOOL
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	149,000.00	CUSIP #:	N/A
TRADE DATE:	8/11/2021	SETTLEMENT DATE:	8/11/2021

AUTHORIZED BY:

 
CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 8/12/2021

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TEXPOOL	FUND NAME:	CENTRAL HEALTH LPPF
PAR VALUE:	64,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.0206%
PRINCIPAL:	64,000.00	PURCHASED THRU:	TEXPOOL
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	64,000.00	CUSIP #:	N/A
TRADE DATE:	8/12/2021	SETTLEMENT DATE:	8/12/2021

AUTHORIZED BY:


CAS INVESTMENT MANAGER

CENTRAL HEALTH - LPPF INVESTMENT REPORT
 PORTFOLIO STATISTICS

DATE: August 31, 2021

By Fund Type		
LPPF	\$ 36,149,080.92	100.00%
Total Portfolio	\$ 36,149,080.92	100.00%

By Security Type		
LPPF-		
TexasDAILY	\$ -	0.00%
TexPool	\$ 36,149,080.92	100.00%
TexSTAR	\$ -	0.00%
TexasTERM CP	\$ -	0.00%
Non-Int Bearing Bank Account	\$ -	0.00%
Certificates of Deposit	\$ -	0.00%
Treasury Securities	\$ -	0.00%
Government Agencies	\$ -	0.00%
Commercial Paper	\$ -	0.00%
Municipal Bonds	\$ -	0.00%
Total	\$ 36,149,080.92	100.00%

LPPF Investment Revenue & Accrued Interest	August-21	Fiscal YTD
Interest/Dividends-		
TexasDAILY	0.00	0.00
TexPool	685.92	6,851.89
TexSTAR	0.00	0.00
TexasTERM CP	0.00	0.00
Certificates of Deposit	0.00	0.00
Treasury Securities	0.00	0.00
Government Agencies	0.00	0.00
Commercial Paper	0.00	0.00
Municipal Bonds	0.00	0.00
LPPF Total Investment Revenue & Accrued Interest	\$ 685.92	\$ 6,851.89



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 MEETING

September 9, 2020

AGENDA ITEM C2

Approve a contract amendment and renewal with JP Morgan Chase for depository services.



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 September 9, 2021

Who will present the agenda item? (Name, Title) Consent

General Item Description Approve a contract amendment with JPMorgan Chase for depository services.

Is this an informational or action item? Action

Fiscal Impact As budgeted, fees outlined in approved contract.

Recommended Motion (if needed – action item) Consent

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

- 1) Central Health Entered into a depository Agreement with JPMorgan Chase Bank NA on August 8, 2017 which were solicited by Travis County.
- 2) The contract allowed for an amendment in Third Biennial that allowed for potential changes to fees as outlined in the bank fees schedule C-2.
- 3) The relationship between Central Health and JPMorgan Chase Bank is currently strong and highly cost effective due to the alignment and partnership we maintain with Travis County Cash Management and Investments department.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Memo from Investments Dept. of Travis County, draft contract amendment, fee schedule

Estimated time needed for presentation & questions? Consent

Is closed session recommended? (Consult with attorneys.) N/A

Form Prepared By/Date Submitted: Lisa Owens, September 2, 2021

**AMENDMENT ONE AND THIRD BIENNIAL RENEWAL
OF THE CONTRACT FOR DEPOSITORY SERVICES
BETWEEN TRAVIS COUNTY HEALTHCARE DISTRICT AND JPMORGAN CHASE
BANK, N.A.**

THIS AMENDMENT ONE AND THIRD BIENNIAL RENEWAL OF THE CONTRACT FOR DEPOSITORY SERVICES BETWEEN TRAVIS COUNTY HEALTHCARE DISTRICT AND JPMORGAN CHASE BANK, N.A. is entered into by and between the Travis County Healthcare District d/b/a Central Health, a hospital district formed under Texas Health and Safety Code Chapter 281 (“the District”), and JPMorgan Chase Bank, N.A., a national banking association (“Bank”).

RECITALS

- A. The District and Bank entered into a Contract for Depository Services (“District Depository Contract”), dated August 8, 2017, designated Bank as the depository bank for the District pursuant to Texas Health and Safety Code Section 281.095. The District Depository Contract was based upon an agreement between Travis County and Bank for Depository Services to be provided to the County (“County Depository Contract”).
- B. Section 116.021 (a) and (c) of the Texas Local Government Code authorizes the County to establish, on the basis of negotiations with Bank, an extension of the Contract for an additional two years, including new interest rates and financial terms that will take effect during the Third Biennial of the County Depository Contract.
- C. At an open meeting on July 21, 2021 the Travis County Commissioners Court adopted amendments the County Depository Contract to update the interest rates and financial terms and renewed the agreement for a Third Biennial term.
- D. Central Health desires to renew the District Depository Contract for the Third Biennial Term, including incorporation of the new interest rates and financial terms from the revised County Depository Contract
- E. Paragraph 21.1 of the District Depository Contract (adopted County Depository Contract) authorizes the District and Bank to amend the Depository Contract.

AMENDMENT AND RENEWAL OF DEPOSITORY CONTRACT

In consideration of the provisions in this Amendment One and Third Biennial Renewal and for other good and valuable consideration, Bank and the District amend and renew the District Depository Contract as stated below.

1. **AMENDMENTS TO DEPOSITORY CONTRACT.** The District Depository Contract is amended as follows:

- a. During the Third Biennial of the District Depository Contract, the interest rates shall remain the same as the interest rates payable by Bank during the First Biennial and the Second Biennial of the District Depository Contract.
 - b. Fees payable by District during the Third Biennial of the District Depository Contract pursuant to sections 12.1, 12.2, and 12.3 of the County Depository Contract, as amended, are listed in Attachment C-2 to this Amendment One and Third Biennial Renewal.
 - c. During the Third Biennial of the District Depository Contract, the rate payable by Bank for the earnings credit rate shall remain the same as the earnings credit rate payable during the First Biennial and the Second Biennial of the District Depository Contract.
 - d. Section 23.4.4 of the County Depository Contract is deleted and replaced by the following section 23.4.4 for purposes of the Third Biennial of the District Depository Contract:

23.4.4 Attachment C, Schedule of Fees for the District for the First and Second Biennial of the Depository Contract and entitled Appendix C—Form 1 and Appendix C—Form 2 in Bank’s Application and Attachment C-2 Travis County Bank Fees for the Third Biennial of the Depository Contract,
2. **RATIFICATION.** Bank and the District ratify and reaffirm the terms and conditions of the District Depository Contract as amended by this Amendment One and Third Biennial Renewal.
 3. **RENEWAL FOR THIRD BIENNIAL TERM.** Bank and the District hereby renew the District Depository Contract for a third two-year term (“Third Biennial”) from July 1, 2021 through June 30, 2023.
 4. **INCORPORATION OF CONTRACT.** Bank and the District incorporate this Amendment One and Third Biennial Renewal into the District Depository Contract. Except as otherwise amended in this Amendment One and Third Biennial Renewal, all terms of the District Depository Contract shall continue and shall remain in full force and effect.
 5. **EFFECTIVE DATE.** This Amendment One and Third Biennial Renewal is effective July 1, 2021.

TRAVIS COUNTY HEALTHCARE DISTRICT, TEXAS

By: _____
 Sherri Greenberg - Chairperson, Board of Managers
 Travis County Healthcare District
 Date: _____

JPMORGAN CHASE BANK, N.A.

By: _____
Name: _____
Title: _____
Date: _____

DISTRICT ACKNOWLEDGMENT

STATE OF TEXAS §
COUNTY OF TRAVIS §

Before me, the undersigned authority, on this day personally appeared _____,
Chairperson, Board of Managers, Travis County Healthcare District, known to me to be the person
whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed
it as the act and deed of Travis County Healthcare District, for the purposes and consideration
expressed in it and in the capacity stated in it.

Given under my hand and seal of office on _____, 2021.

Notary Public in and for
the State of Texas

Stamped or printed name of
Notary Public
My commission expires:



BANK ACKNOWLEDGMENT

STATE OF TEXAS §
COUNTY OF TRAVIS §

Before me, the undersigned authority, on this day personally appeared _____, an
Authorized Officer, known to me to be the person whose name is subscribed to the foregoing
instrument, and acknowledged to me that he/she executed the same as the act and deed of
JPMORGAN CHASE BANK, N.A as the case may be, for the purposes and consideration
expressed in it and in the capacity stated in it.

Given under my hand and seal of office on _____, 2021.

Notary Public in and for
the State of Texas

Stamped or printed name of
Notary Public
My commission expires:

Attachment C-2

Travis County Healthcare District Bank Fees

Appendix C, FORM 1

Earnings Credit Rate: 23bps*

JPM Bank CODE	AFF CODE	SERVICES	Service Used by Your Bank	Proposed Charge per unit July 2017	Jul-19	Oct-20	Jun-21	Notes
2	000210	NEGATIVE COLLECTED BALANCE FEE	Prime plus 3%	Prime+3%				
35	000230	FDIC FEE	Currently @ 13bps	Waived				Service name change (now BALANCE BASED CHARGES)
105	000212	DAILY OVERDRAFT OCCURRENCE FEE		No Charge				
1005	010000	ACCOUNT MAINTENANCE		\$ 3.500				
1006	010010	ACCT MAINT-INT		\$ 3.500				
1010	010307	STATEMENT CYCLES		\$ -				
1014	010310	PRINTED STATEMENT		\$ 25.000				Service name change (now ACCOUNT STATEMENT PAPER)
1015	010307	STATEMENT CYCLES - ENHANCED		\$ -				
1019	010320	DDA IMAGE STATEMENTS	N/A	N/A				
1025	010320	STATEMENT PHOTOCOPY		\$ -				
1023	010320	DDA CREDIT DOCUMENTS RETURNED	N/A	N/A				
1026		ADDITIONAL DDA STATEMENT	N/A	N/A				
1055	010020	CASH CONCENTRATION MAINT MASTER		\$ 5.000				Service code updated (now 7856)
1065	010021	CASH CONCENTRATION MAINT SUB		\$ 2.000				Service code updated (now 7857)
7633	N/A	INTERNET DDA STATEMENT		\$ -		N/A		Service code discontinued
7632	N/A	BASIC PLUS INTERNET STATEMENT	N/A	N/A				
7640	010101	CREDIT POSTED - ELECTRONIC		\$ 0.002				
7641	010100	DEBIT - POSTED ELECTRONIC		\$ 0.002				
1073		LARGE DOLLAR CHECK REVIEW		\$ 30.000		N/A		Service code discontinued
1076	010630	AUDIT CONFIRMATIONS		\$ 50.000				
1304	010101	ARP PAID ITEM RETURN CREDIT		\$ -				
2316	150341	OVERDRAFT NSF ITEM PAID		\$ 10.000				
3499	1500ZZ	POST NO CHECKS		\$ 2.000			\$0.0000	Charge discontinued
5185	019999	INTEREST EXPENSE		\$ 900.680			\$0.0000	Charge discontinued
1033	010400	EDI 82Z ANALYSIS MODULE MAINT	N/A	N/A			\$50.0000	Service is available for use
1034	010400	EDI 82Z ANALYSIS ACCT MAINT	N/A	N/A			\$0.0000	Service is available for use
		ACCESS ONLINE ACCT ANALYSIS STATEMENT		\$ -				
BANKING CENTER SERVICES								
1306	100000	BRANCH CREDITS POSTED		\$ 1.500				
	100000	BRANCH DEPOSIT IMMEDIATE VERIF		\$ 0.003		N/A		Billing method changed, see below.
7174	100000	TELLER LINE CASH VERIFICATION					\$0.0030	Applicable to both immediate and post-verification
7173	100000	NIGHT DROP CASH VERIFICATION			0.002			
1318	100044	BRANCH ORDER COIN ROLL		\$ 0.030				
1319	10004A	BRANCH ORDER CURRENCY STRAP		\$ 0.020				
1320	100099	BRANCH DEPOSIT IN NON STD BAG		\$ 2.000				
1333	100040	BRANCH ORDER PROCESSED		\$ -				
1332	100500	BRANCH DEPOSIT ADJUSTMENT		\$ 4.000				
1311	100000	ATM CHECK DEPOSIT - IMAGE		\$ 1.000				
1312	100000	ATM CASH DEPOSIT - IMAGE		\$ 1.000				
VAULT SERVICES								
1310	100100	VAULT DEPOSIT		\$ 0.750				
1535	100104	VAULT ENVELOPE DEPOSIT VERIF		\$ 0.500				
1461	100154	VAULT DEPOSIT RECEIPT MAILERS		\$ -				
1468	100154	VAULT EMAIL NOTIFICATION		\$ 0.050			\$0.0000	Charge discontinued
1475	100110	VAULT DEPOSIT ROLLED COIN		\$ 0.200				
1477	100146	VAULT ORDER COIN ROLLS-BOX		\$ 0.080				
1482	100115	VAULT DEPOSIT STD STRAP NOTES		\$ 0.004		N/A		Service code discontinued
1486	100114	VAULT DEP NON STD STRAP NOTES		\$ 0.020		N/A		Service code discontinued
1459	10011Z	VAULT DEP PER \$1,000			\$ 0.500			Replaced 1482 & 1486
1495	100141	VAULT STANDARD ORDERS		\$ 4.000				
1497	10014A	VAULT ORDER CURRENCY STD STRAP		\$ 0.350				
1498	100143	VAULT EXPEDITED SPECIAL ORDERS		\$ 6.000				
1499	100148	VAULT ORDER NON STANDARD STRAP		\$ 0.020				
1506	100111	VAULT DEP PARTIAL OR MIXED BAG		\$ 4.000				
1525	100113	VAULT DEPOSIT STD COIN BAG		\$ 2.000				
1573	1008ZZ	VAULT ORDER SUPPLIES		\$ 18.850		At cost		Costs are passed through account analysis without markup.
1617	100501	VAULT DEPOSIT ADJUSTMENT		\$ 4.000				
1618		VAULT DEPOSIT ADJUSTMENT NOTIF		\$ 4.000				Service code discontinued
1620	109999	SMART SAFE MAINTENANCE		\$ 25.000		N/A		Service code discontinued
1621	109999	SMART SAFE ADVANCE CREDIT		\$ 3.000		N/A		Service code discontinued
1641	109999	REMOTE CASH CAPTR PER LOC FEE		\$ 100.000				Replaced 1620
1623	109999	REMOTE CASH CAPTR DEP PER \$1K		\$ 1.250				Replaced 1621
DEPOSITORY SERVICES								
501	100220	DEP CHECKS ON US		\$ 0.100				
503		DEP CHECKS CLEARINGHOUSE		\$ 0.150		N/A		Service code discontinued
504		DEP CHECKS LOCAL CITY		\$ 0.150		N/A		Service code discontinued
506		DEP CHECKS LOCAL RCPC		\$ 0.150		N/A		Service code discontinued
509		DEP CHECKS IN DISTRICT CITY		\$ 0.150		N/A		Service code discontinued
510		DEP CHECKS IN DISTRICT RCPC		\$ 0.150		N/A		Service code discontinued
513		DEP CHECKS NATIONAL FRB OTHER		N/A		N/A		Service code discontinued
513	100224	CHECK DEPOSITED-TRANSIT		\$ 0.150				
515		DEP CHECKS HIGH DOLLAR GROUP	N/A	N/A				
516		DEP CHECKS BASIC	N/A	N/A				
541	101320	CHECK IMAGE DEPOSIT		\$ 0.045				Service name change (now REMOTE DEPOSIT CAPTURE ITEM)
548	101300	IDD MONTHLY MAINTENANCE		\$ 20.000				Service name change (now REMOTE DEPOSIT CAPTURE MAINT)
	101300	IDD SOFTWARE MAINTENANCE FEE		\$ 16.000		N/A		Service code discontinued (IDD product discontinued)
1140		IDD CHECK SCANNER		\$ -		N/A		
1385		PANINI IDD CHECK SCANNER 50/50				N/A		Scanner charges are at cost, a scanner order guide has been provided from J.P. Morgan vendor
1387		EPSON CAPTURE ONE CHECK SCANNER		\$ 511.910		N/A		
1382	101330	IDD IMPLEMENTATION FEE		N/A				
701		DEP CHECKS MICR REJECT REPAIR		Expired				
702		DEP CHECKS ENCODING		Expired				
703		CKS MICR REJECT REPAIR >9%		Expired				
704	100230	DEPOSIT CORRECTION		\$ -				
1400	010101	CREDITS POSTED			\$ 0.500			
7634		CREDITS POSTED - ELECTRONIC	N/A	N/A				
1429	100411	DEP RETURN-TRANSMISSION DATA/PER ACCT		\$ 100.000				Service name change (now TRANSMISSION OF RETURNS DATA)
1433	100430	DATA KEYING RETURN ITEM		\$ 0.500				
1435	100400	DEP RETURN ITEMS RETURNED		\$ 1.000				Service name change (now RETURN ITEM)
1436	100400	RCK ACH REDEPOSIT		\$ 2.500				

JPM Bank CODE	AFP CODE	SERVICES	Service Used by Your Bank	Proposed Charge per unit July 2017	Jul-19	Oct-20	Jun-21	Notes
1437	100430	DEP RETURN-MULIPLE LOCATIONS		\$ 3.000				Service name change (now RETURN MULTIPLE LOCATIONS)
1438	100401	DEP RETURN ALTERNATE ADDRESS		\$ 1.000				Service name change (now RETURN ALTERNATE ADDRESS)
1439	100403	DEP RETURN-EXPEDITED DELIVERY		\$ 3.000				Service name change (now RETURN EXPEDITED DELIVERY)
1440	100420	DEP RETURN-PHONE NOTIFICATION		\$ 5.000				Service name change (now RETURN PHONE NOTIFICATION)
1441	100415	DEP RETURN-FAX NOTIFICATION		\$ 2.000				Service name change (now RETURN FAX COPY)
1444	100415	DEP RETURN DUPLICATE CK COPY		\$ 2.000				Service name change (now RETURN DUPLICATE CK COPY)
1445	100440	DEP RETURN DUPLICATE ADVICE		\$ 2.000				Service name change (now RETURN DUPLICATE ADVICE)
1446	100415	DEP RETURN-TRANSMISSION PER ITEM		\$ 0.100				Service name change (now RETURN IMAGE)
1448	100411	DEP RETURN-DETAILED ITEM REPORTING		\$ -				Service name change (now RETURN DETAIL REPORTING)
1449	100401	DEP RETURN SINGLE ITEM ADVICE		\$ 3.000				Service name change (now RETURN SINGLE ITEM ADVICE)
1450	100402	DEP RETURN REDEPOSIT RECLEAR		\$ 0.750				Service name change (now RETURN ITEM REDEPOSIT)
1452	100419	RETURN - EMAIL NOTIFICATION		\$ 1.000				
1455	100430	DEP RETURN-MAKER NAME		\$ 0.500				Service name change (now DEP RETURN-MAKER NAME)
1457	100401	DEP RETURN-REQUALIFICATION ITEM		\$ 1.500				Service name change (now REQUALIFICATION OF RETURN ITEM)
4606	100401	RETURN CHARGE ALTERNATE ACCT		\$ -				
7978		DEP RETURN-SPECIAL HANDLING	N/A	N/A				
574		DOMESTIC COLLECTIONS		\$ 25.000				
3948	609999	INTERNATIONAL COLLECTIONS		\$ 35.000				Service name change (now FOREIGN CHECK COLLECTION)
IMAGE CASH LETTER								
519	100214	IMAGE GROUP ONE		\$ 0.040				
520	100214	ON-US STANDARD		\$ 0.020				
521	100214	IRD PERIOD ONE		\$ 0.070				
522		IRD PERIOD TWO	N/A	N/A				
523		FILE TRANSMISSION REC. -FTP	N/A	N/A				
524	100210	FILE TRANSMISSION REC. -VPN		\$ 6.818			\$150.0000	Flat fee, appears as average file cost on statement
526	100214	IMAGE GROUP TWO		\$ 0.035				
527		IRD SELECT	N/A	N/A				
528	100214	IMAGE GROUP TWO - TIER 2		\$ 0.035				
1382	101330	IDD IMPLEMENTATION FEE	N/A	N/A				
746	100210	ON US PREMIUM		\$ 0.025				
747	N/A	IRD PERIOD THREE	N/A	N/A				
748	100200	ICL DEPOSIT - LATE (BETWEEN 11:00PM & 2:00AM CT)		\$ 1.000				
749	999999	CQD DEPOSITORY CREDIT		\$ -				
751	100214	IMAGE GROUP ONE - PERIOD TWO		\$ 0.050				
756	100200	ICL DEPOSIT - STANDARD		\$ 0.200				
757	999999	IMAGE QUALITY SUSPECT ITEMS		\$ 0.250				
758	999999	NONCONFORMING IMAGE		\$ 5.000				
759	100200	ICL DEPOSIT - EARLY (BETWEEN 3:01AM & 5:59PM CT)		\$ 0.150				
1387		IDD EPSON CAPTURE ONE SCANNER	N/A	N/A				
DISBURSEMENT SERVICES								
1030	10610	CHECK PHOTOCOPY RETRIEVAL	N/A	N/A				
	150131	MULTIPLE SIGNATURE REVIEW		\$ 30.000		N/A		Service code discontinued
1321	150501	COMMERCIAL CHECK CASHING		\$ -				Service name change (now CHECK CASHING NON-ACCT HOLDER)
2205	150000	CONT DISB MAINTENANCE		\$ 25.000				
2210	150110	CONT DISB CHECKS PAID		\$ 0.030				
2370	010100	CHECKS/DEBITS POSTED		\$ 0.050				
2320	150420	STOP PAYMENT (Bank Assisted)		\$ 16.000				Service name change (now STOP PAYMENT - MANUAL)
2322	150421	RANGE STOP PAYMENT-MANUAL		\$ 6.000				
2321	150410	RANGE STOP PAYMENT-ELECTRONIC		\$ 10.000				
2325	150511	OFFICIAL CHECKS		\$ 2.000				
2326		TOC STOP PAYMENT	N/A	N/A				
2334		STOP PAYMENT NOTICE	N/A	N/A				
2336		ONE NET CK SVCS STOP PAYMENT	N/A	N/A				
2338	150412	STOP PAYMENT AUTOMATIC RENEWAL		\$ 1.000				
2340		ONE NET CS STOP PHOTO MAINT	N/A	N/A				
2525		ONE NET CS STOP PHOTO MAINT	N/A	N/A				
2360		DELUXE 3RD PARTY PRINT SVCS		\$ 213.620		At cost		Passed through AA if ordered by Client Service Associate
3270	150030	POSITIVE PAY WITHOUT RECON MAINT		\$ 5.000				
3306	159999	PAPER CHECK RETURN		\$ 0.100				
3307		PAPER CHECK RETURN MAINTENANCE	N/A	N/A				
3495	151351	IMAGE RETENTION PER ITEM		\$ 0.015				Service name change (now IMAGE STORAGE PER ITEM)
3498		ONE NET CK SVCS IMAGE RETRIEVE	N/A	N/A				
5234	010112	CONT DISB FUNDING TRANSFER		\$ -				Service name change (now CONTROLLED DISB FUNDING)
6618	151710	PWS CHECK SERVICES MAINTENANCE		\$ 5.000				Service name change (now CHECK INQUIRY MAINTENANCE)
6691	N/A	PWS DDA BANK Statements		\$ -				
6620	200306	PWS RECON REPORTS/STATEMENTS	N/A	N/A			\$0.0000	Active service code, no charge. Service name change now RECON REPORT/STATEMENT MAINT)
6621	151350	PWS IMAGING MAINTENANCE		\$ -				Service name change (now IMAGING MAINTENANCE)
6625	150030	PWS POS PAY EMAIL EXCEPT NOTIF		\$ 5.000				Service name change (now EXCEPTION NOTIFICATION - ACCT)
6639	150410	PWS STOP PAYMENTS -Electronic		\$ 3.500				Service name change (now STOP PAYMENT - ELECTRONIC)
6641	200306	DATA DOWNLOAD		\$ 10.000				
6645	151352	IMAGE RETRIEVAL PER RETRIEVAL < 90 DAYS		\$ 1.000				Service name change (now IMAGE RETRIEVAL PER RETRIEVE)
6636	150031	RPP EXCEPTION REVIEW MAINT		\$ 20.000				
6637	999999	EXTENDED REPORT RETRIEVAL		\$ -				
6638	999999	REVERSE POS PAY EXCEPTIONS		\$ -				

JPM Bank CODE	AFP CODE	SERVICES	Service Used by Your Bank	Proposed Charge per unit July 2017	Jul-19	Oct-20	Jun-21	Notes
6646	151352	IMAGE RETRIEVAL LT PER RETRIEVAL > 91 DAYS		\$ 1,000				Service name change (now IMAGE RETRIEVAL-91 DAY)
RECONCILIATION SERVICES								
3205	200110	FULL RECON ITEMS		\$ 0.050				
3322	100600	FULL RECON MAINT		\$ 5,000				
3209	200020	PARTIAL RECON MAINTENANCE		\$ 5,000				
3209	200020	PARTIAL RECON MAINTENANCE	Duplicate	\$ 5,000				
3210	200120	PARTIAL RECON ITEMS		\$ -				
3226	N/A	FULL RECON WITH POS PAY ITEMS		\$ 0.030				
3227	N/A	FULL RECON WITH POS PAY MAINT		\$ -				
3228	150122	POS PAY PAYEE NAME REVIEW		\$ 0.020				
3231	N/A	PARTIAL RECON WITH POS PAY		\$ -				
3232	N/A	PARTIAL WITH POS PAY MAINT		\$ -				
3262	150030	POSITIVE PAY MAINTENANCE		\$ 5,000				
3263	150300	EXCEPTION ITEM		\$ 1,000				
3267		ARP FAX FEES		\$ -		N/A		Service code discontinued
3268	150030	POS PAY WITHOUT RECON MAINT		\$ 10,000				
3269	200201	ISSUE INPUT WITHOUT RECON		\$ 2,000				
3262	150120	POSITIVE PAY MAINTENANCE		\$ 0.010			\$0.0000	Charge discontinued
3271	200201	INCOMING TRANS WITH RECON		\$ -				Service name change (now ISSUE INPUT FILE WITH RECON)
3272		CHECK EXCEPTION RETURN		\$ 3,000				
3291		ARP OUTGOING TRANSMISSION		\$ 3,000				Service name change (now OUTPUT FILE)
3293	200210	EXCESSIVE ARP REJECTS		\$ -				
3294	200210	ARP (BANK ASSISTED-MANUAL) (Reject) KEY ENTRY		\$ 1,000				Service name change (now DATA ENTRY - MANUAL)
3322	100600	DEPOSIT RECON MAINTENANCE		\$ 5,000				
3325	100610	DEPOSIT RECON ITEMS		\$ 0.050				
3348	1512ZZ	ARP SHIPPING PREP FEE		\$ 3,000				
3350		CHECK SERIAL SORT ITEMS	N/A	Expired				
3351		CHECK SERIAL SORT MAINTENANCE	N/A	Expired				
3384	151353	CD ROM MEDIA		\$ 20,000				Service name change (now CD ROM - PER CD)
3385	151353	CD ROM MAINTENANCE		\$ 30,000				
3387	151353	ADDITIONAL CD ROM PER DISK		\$ 20,000				
3386	151351	IMAGE CAPTURE PER ITEM		\$ 0.020				
FUNDS TRANSFER SERVICES								
5822	350124	ELECTRONIC BOOK DEBIT S/T		\$ 1,000				
5823	350122	ELECTRONIC BOOK DEBIT REPAIR		\$ 2,000				
5824	350100	ELECTRONIC FED DEBIT S/T		\$ 3,000				
5823	350122	ELECTRONIC FED DEBIT REPAIR		\$ 2,000				
5824	350100	ELECTRONIC CHIPS DEBIT S/T		\$ 3,000				
5825	350102	ELECTRONIC CHIPS DEBIT REPAIR		\$ 4,000				
5841	350220	BANK INIT. ACC. DEBIT TRANSFER		\$ 3,000				
5847	350220	PHONE OPERATOR BOOK DEBIT		\$ 15,000				
5848	350200	PHONE OPERATOR FED DEBIT		\$ 12,000				
5849	350210	PHONE OPERATOR CHIP DEBIT		\$ 12,000				
5856		INTL PHONE OP REPT DEBIT		\$ -				Service code discontinued
5875		(RM) BANK ASSISTED DEBIT		\$ 30,000				Service code discontinued
5878	350703	INTL ELECTRONIC DEBIT		\$ 30,000				
5879	359999	INTL PHONE OP NON-REPT DEBIT		\$ -				
5882	350551	REPETITIVE LINESHEET STORAGE		\$ 1,000				
5883	350599	FED TRANSFER FEE		\$ -				
5884	350599	CHIPS MESSAGE FEE		\$ -				
5891	350320	ELECTRONIC BOOK CREDIT S/T		\$ -				
5887	350300	ELECTRONIC FED CREDIT S/T		\$ 1,000				
5888	350330	ELECTRONIC FED CREDIT REPAIR		\$ 1,000				
5889	350300	ELECTRONIC CHIPS CREDIT S/T		\$ 1,000				
5890	350330	ELECTRONIC CHIPS CREDIT REPAIR		\$ 1,000				
5927	350412	MAIL DEBIT ADVICE		\$ 5,000				
5928	350412	MAIL CREDIT ADVICE		\$ 5,000				No charge for review on J.P. Morgan Access
5929	350412	PHONE DEBIT ADVICE		\$ 7,000				
5930	350412	PHONE CREDIT ADVICE		\$ 7,000				
5933	350402	DIRECT DELIVERY WIRE NOTIFY1-2		\$ 0.500				
5934	350402	DIRECT DELIVERY WIRE NOTIFY3-4		\$ 0.500				
5443	409999	SOFTI (AUTOMATIC STANDING WIRE)		\$ 5,000				
5446	350599	FW SURCHARGE \$10 MILLION + D/C		\$ -				
5974	350560	RESEARCH NOTIFICATION	N/A	\$ -				
5978	350560	RESEARCH INVESTIGATION		\$ -				
5979	350560	RESEARCH INQUIRY CONFIRMATIONS		\$ -				
6014	359999	BANK INITIATED INTL DEBIT		\$ 45,000				
6016	#N/A	DIRECT DELIVERY	N/A	N/A				
6408	999999	ADVICE - NOT CHARGED	N/A	\$ -				
AUTOMATED CLEARING HOUSE								
2695	250000	ACH MAINTENANCE		\$ 5,000				
2697	#N/A	IRD CREATION		\$ 0.150				
2700	250101	ACH CREDITS ORIGINATED		\$ 0.020				Service name change (now CREDIT ORIGINATED)
2705	250100	DEBIT ORIGINATED		\$ 0.020				
2710	250620	ACH DELETIONS		\$ 10,000				
2716	250201	ACH CREDIT RECEIVED		\$ -				
2717	250200	ACH DEBIT RECEIVED		\$ -				
2720	250302	ACH RETURN		\$ 0.500				
2730	250400	ACH NOTIFICATION OF CHANGE		\$ -				
2732	259925	ELOCKBOX FILE PROCESSING		\$ 10,000				
2740	250310	ACH REDEPOSIT/RECLEARS		\$ 2,000				Service name change (now RETURN ITEM REDEPOSIT)
2742	250101	ACH INTERNET-CREDIT ORIGINATED		\$ 0.020				Service name change (now CREDIT ORIGINATED - JPM ACCESS)
2744	250100	ACH INTERNET-DEBIT ORIGINATED		\$ 0.020				Service name change (now DEBIT ORIGINATED - JPM ACCESS)
2746	250000	ACH INTERNET - MAINTENANCE		\$ 5,000				Corrected service code, service name change (now JPM ACCESS ACH MAINTENANCE)
2751	250302	ELOCKBOX RETURN - ELECTRONIC		\$ 2,500				
2752	251070	ELOCKBOX NOC - ELECTRONIC		\$ 2,000				
2753	250620	DELETION/REVERSAL - ELEC		\$ 5,000				
2765	250501	ACH FILE PROCESSING		\$ 2,500				Service name change (now ACH BATCH/FILE PROCESSED)
2776	#N/A	ONE NET INTERNAL TRANSFER	N/A	N/A				

JPM Bank CODE	AFP CODE	SERVICES	Service Used by Your Bank	Proposed Charge per unit July 2017	Jul-19	Oct-20	Jun-21	Notes
2796	250120	ACH ADDENDA RECORDS		\$ -				Service name change (now Addenda Record Originated)
2811		ACH MAIL NOC		\$ 5.000		N/A		Service code discontinued (faxing decommissioned)
	251071	ACH FAX NOC		\$ 5.000		N/A		Service code discontinued (faxing decommissioned)
2820		ACH RETURN MAIL NOTIFICATION		\$ 5.000		N/A		Service code discontinued (mailing decommissioned)
	250401	ACH RETURN FAX NOTIFICATION		\$ 5.000		N/A		Service code discontinued (faxing decommissioned)
2860	251050	ACH ADA MAINTENANCE		\$ 2.000				Service name change (now TRANSACTION BLOCK MAINTENANCE)
2861	251051	ACH ADA AUTHORIZED ID		\$ 0.250				Service name change (now ACH TRANS BLOCK AUTHORIZED ID)
1151	#N/A	IDD NEW APPLICATION	Duplicate	\$ 100.000		N/A		Service code discontinued (IDD product discontinued)
1139	#N/A	IDD SOFTWARE MAINT PER SCANNER	Duplicate	\$ 20.000		N/A		Service code discontinued (IDD product discontinued)
3124	#N/A	TOC CASH CON DEP ITEM	N/A	N/A				
3127	#N/A	TOC CASH CON LOCATIONS ON FILE	N/A	N/A				
2605	260000	ACH - CASHCON MAINTENANCE		\$ 1.000				
5488	251000	ELOCKBOX IMPLEMENTATION		\$ -				
5489	050030	ELOCKBOX MAINTENANCE		\$ 50.000				
5490	050300	ELOCKBOX TRANSACTION RECEIVED		\$ 0.040	0.015			Consolidated with 5491
5491	050311	ELOCKBOX TRANSACTION REFORMAT		\$ 0.010	0.015			Service code discontinued
7614	260502	ACH - CASH CON - LOCATION MAINT		\$ 1.000				
7612	N/A	ACH Cash Con - Location Add		\$ 1.000		N/A		Service code discontinued
7619	N/A	ACH DAILY TRANSMISSION JOURNAL		\$ 8.000				Service name change (now TRANSACTION SUMMARY REPORT)
8021	250101	ACH ORIGINATED SAME DAY CREDIT		\$ 0.250				Service name change (now ACH ONLINE SAME DAY CREDIT)
1132	25010F	DARC ITEM ORIGINATED		\$ 0.090				Service name change (now REMOTE DEPOSIT ACH ITEM)
1152	250000	DPC MAINTENANCE		\$ 40.000				Service name change (now REMOTE DEPOSIT ACH MAINT)
1155	250302	DPC ACH RETURN		\$ -				Service name change (REMOTE DEPOSIT ACH RETURN)
8022	250100	ACH ORIGINATED SAME DAY DEBIT		\$ 0.250				Service name change (now ACH ONLINE SAME DAY DEBIT)
8023	250312	ACH UNAUTHORIZED ENTRY FEE		\$ 4.500				
ELECTRONIC DATA INTERCHANGE								
2696		EDI TRANSMISSION		\$ 2.000		N/A		
2663		EDI DETAIL REPORTING PER ITEM - VIA FAX		\$ 1.500		N/A		
2631	300524	RS EDI RPTG DETAILED REPORTING (JPM Access)		\$ 1.000				Service name change (now EDI DETAIL REPORT JPMACCESS)
2661	300121	RS EDI FAX REPORT		\$ 1.500				Service name change (now EDI FAX REPORT)
4211	300200	RS FILE PROCESSING		\$ 6.000				Service name change (now FILE PROCESSING)
4230	300212	RS EDI RPTG SEGMENT - NACHA				\$ 0.100		Service name change (now EDI ADDENDA REPORTING NACHA)
INFORMATION SERVICES								
3122	N/A	TOC CASH CONCENTRATION MAINT	N/A	N/A				
3504	N/A	TOC PREVIOUS DAY MAINTENANCE	N/A	N/A				
3515	N/A	TOC PREVIOUS DAY ACCOUNT	N/A	N/A				
3518	N/A	TOC PREVIOUS DAY ITEM	N/A	N/A				
3531	N/A	TOC PREVIOUS DAY BAI MAINT	N/A	N/A				
3533	N/A	TOC PREVIOUS DAY BAI ACCT	N/A	N/A				
3536	N/A	TOC PREVIOUS DAY BAI ITEM	N/A	N/A				
3542	N/A	TOC INTRADAY MAINTENANCE	N/A	N/A				
3546	N/A	TOC INTRADAY ACCOUNT	N/A	N/A				
3550	N/A	TOC INTRADAY ITEM	N/A	N/A				
3551	N/A	TOC INTRADAY BAI MAINTENANCE	N/A	N/A				
3553	N/A	TOC INTRADAY BAI ACCOUNT	N/A	N/A				
3554	N/A	TOC INTRADAY BAI ITEM	N/A	N/A				
3557	N/A	TOC SPECIAL REPORT MAINTENANCE	N/A	N/A				
3560	N/A	TOC SPECIAL REPORT LINE	N/A	N/A				
6040	400610	CLIENT MAINTENANCE		\$ 25.000				Service name change (now MONTHLY SERVICE)
6041	40044Z	ACCOUNT MAINTENANCE		\$ 8.000				Service name change (now ACCOUNTS REPORTED)
6043	40066Z	TRANS REPORTED - 45 DAY		\$ 0.020				Service name change (now TRANSACTIONS REPORTED - 45 DAY)
6044	40066Z	TRANS REPORTED - 90 DAY		\$ 0.020				Service name change (now TRANSACTIONS REPORTED - 90 DAY)
6052	40066Z	CONT DISB CHECK REPORTED		\$ 0.020				
6053	40066Z	EXTENDED TRANSACTION DETAIL		\$ -				
6074	N/A	ACCT MAINT FEE (10 DAY HIST)	N/A	N/A				
6067	N/A	ACCT MAINT FEE (45 DAY HIST)	N/A	N/A				
6068	N/A	ACCT MAINT FEE (90 DAY HIST)	N/A	N/A				
6079	N/A	INFO SVCS TRANSACTIONS LOADED	N/A	N/A				
6084	N/A	JPMORGAN ACCESS LICENSE FEE	N/A	N/A				
6087	N/A	JPMORGAN ACCESS SUBSCRIP FEE	N/A	N/A				
6099	N/A	JPMORGAN SPECIAL REPORT FEE	N/A	N/A				
6069	N/A	CASH POSITION WORKSHEET	N/A	N/A				
6065	N/A	ACCT MAINT FEE (365 DAY HIST)	N/A	N/A				
ACCOUNT TRANSFER								
6075	N/A	ACCOUNT TRANSFER MAINT	N/A	N/A				
6076	400699	ACCOUNT TRANSFER ITEM		\$ 0.020				
7357	N/A	CLIENT MAINT	N/A	N/A				
BAI/SWIFT/ISO REPORTING								
3645	4004ZZ	DT FILE IMPLEMENTATION FEE		\$ 1,000.000				
	4004ZZ	FILE TRANSMISSION-IRIS		\$ -				Service code discontinued, billing methodology changed
3653	4004ZZ	H2H FILES TRANSMITTED OVER 67				\$ 5.000		Per file charge in excess of 67 transmissions
3654	4004ZZ	H2H FILES TRANSMIT OVER 500KB				\$ 5.000		Per file charge for files in excess of 500KB
6085	4004ZZ	DT PER ACCOUNT CHARGE		\$ 75.000				Service name change (now H2H ACCOUNTS REPORTED)
6093	400110	DT PER CHECK ITEM CHARGE		\$ 0.080				Service name change (now H2H CHECK ITEMS REPORTED)
6094	400110	DT PRIOR DAY EXTENDED DETAIL		\$ 0.080				Service name change (now H2H TRANS DETAIL REPORTED)
6095	400110	DT PRIOR DAY TRANSACTIONS		\$ 0.100				Service name change (now H2H NON-CHECK ITEMS REPORTED)
3615		PAYSOURCE ANALYSIS & CONSULTING		\$ 100.000		N/A		Service code discontinued
INTERNATIONAL SERVICES								

JPM Bank CODE	AFP CODE	SERVICES	Service Used by Your Bank	Proposed Charge per unit July 2017	Jul-19	Oct-20	Jun-21	Notes
3941	609999	FOREIGN CHECK DEPOSIT (CAD)		\$ 3,500				
3947	609999	FOREIGN CHECK RETURN (CAD)		\$ 3,000				
3948	609999	FOREIGN CHECK COLLECTION		\$ 35,000				
5115	609999	FOREIGN CHECK COLLECTION - RETURN			\$ 15.00			
3947	609999	FOREIGN CHECK RETURN (CAD)	Duplicate	\$ 3,000				
ENTERPRISE CONTENT MANAGEMENT								
1650	#N/A	ECM - Document Scanning	N/A	N/A				
1657	#N/A	ECM - CD/DVD	N/A	N/A				
SECURITIES SERVICES (Before Migration)								
8215	N/A	Dep/Wdr Bk Entry STP	N/A	N/A				
8216	N/A	DEP/WDR BK ENTRY NONSTP	N/A	N/A				
8217	N/A	RECEIPTS HELD BOOK ENTRY	N/A	N/A				
8233	N/A	Dep/Wdr.Com Entry STP	N/A	N/A				
8221	N/A	Maturity Processing DTC	N/A	N/A				
SECURITIES SERVICES (After Migration)								
8230	N/A	Monthly Account Fee		\$ 400,000				
OTHER CHARGES AND CREDITS								
19999	N/A	MISCELLANEOUS SERVICES - Texprint		At Cost				
19999	N/A	MISCELLANEOUS SERVICES - Deluxe		At Cost				
19999	N/A	MISCELLANEOUS SERVICES - Superior		At Cost				
7731	N/A	Explicit Charge	N/A	N/A				
1650	N/A	ECM - DOCUMENT SCANNING	N/A	N/A				
1657	N/A	ECM - CD DVD	N/A	N/A				
8809	N/A	RESEARCH ADJUSTMENT CREDIT	N/A	N/A				
8810	N/A	RESEARCH ADJUSTMENT DEBIT	N/A	N/A				
1100	N/A	SAFE DEPOSIT ANNUAL RENTAL FEE	ANNUAL Charge	\$ 400,000		At Cost		Safe deposit fees assessed at cost from consumer banking
OTHER DEPOSITORY SERVICES								
8233	N/A	DEP/WDR COMM PAPER STP	N/A	N/A				
3948	609999	FOREIGN CHECK COLLECTION	Duplicate	\$ 35,000				
ADDITIONAL OFFERINGS								
5159	250000	CORPORATE QUICK PAY - MAINTENANCE		\$ 150,000				Service name change (now CQP CLIENT PROGRAM MAINTENANCE)
5161	250101	CQP- CUSTOMER ACCEPTED PAYMENTS		\$ 0.200				Service name change (now CQP TRANS ACCEPTED)
5160	250101	CQP- CUSTOMER DECLINES OF EXPIRES PAYMENT		\$ 0.650				Service name change (now CQP TRANS DECLINE/EXPIRE)
3472	151810	CQP- CHECK PRINT		\$ 0.350				Service name change (now CHECK PRINT ITEM-JPM ACCT)
3487	151850	CQP- POSTAGE		\$ 0.401				Service name change (now CHECK PRINT POSTAGE)
3470	150040	CHECK PRINT MAINTENANCE		\$ 20,000				
3471	151880	CHECK PRINT -PRINT OUTSOURCING SET UP		\$ 5,000,000				Service name change (now TS OUTSRING SETUP)
3472	151810	CHECK PRINT PER ITEM		\$ 0.350				Duplicate
3474	151830	CHECK PRINT STATEMENT PRINT		\$ 1,000				
3475	151830	CHECK PRINT ADDITIONAL PAGE		\$ 0.150				
3476	151820	CHECK PRINT MANUAL PULL		\$ 35,000				
3480	151800	CHECK PRINT INPUT FILE		\$ 10,000				
3487	151850	CHECK PRINT POSTAGE		\$ 0.401				Duplicate
5269	250101	CQC TRANSACTION ACCEPTED		\$ 0.065				Service name change (now CQC TRANS ACCEPTED)
5270	250101	CQC TRANSACTION DECLINED		\$ 0.20				Service name change (now CQC TRANS DECLINE/EXPIRE)
5157	250000	CORPORATE QUICK COLLECT - MAINTENANCE		\$ 150,000				Service name change (now CQC PROGRAM MAINTENANCE)
5851	600221	ELECTRONIC FX DEBIT, "OUR"		\$ 10,00				
6179	050005	RECEIVABLES MAINT - ONLINE		\$ 30,30				
4218	300225	EDI EMAIL REPORT			\$ 1.50			
1762	151352	CHECK IMAGES RECEIVED			\$ 0.50			
1761	151352	CHECK IMAGES REQUESTED			\$ 8.00			
ADDITIONAL SERVICES (IN USE OR APPLICABLE BASED ON EXISTING SERVICES)								
								Average Monthly Volume
1017	010310	DUPLICATE PAPER STATEMENT					\$0.0000	Charge for an additional copy of the current bank statement mailed to the primary client address.
1018	010310	ADDITIONAL ADDRESS PAPER					\$0.0000	Charge for an additional copy of the current bank statement mailed to an alternate address for the client.
1756	010630	ONLINE AUDIT CONFIRMATIONS					\$50.0000	Flat fee for audit confirmations submitted online via 1 Confirmations.com
2315	150340	OVERDRAFT NSF ITEM RETURNED					\$0.0000	Overdraft charge per item for each item returned due to 1 insufficient funds.
2237	250000	TRANS REVIEW MAINTENANCE					\$0.0000	Charge for each account enabled for ACH Transaction Review via 5 ACCESS Checks
2238	250102	TRANS REVIEW FILTER EXCEPTION					\$0.0000	Charge for each transaction viewed as a result of a filter criteria 0 in ACH Transaction Review
2239	250302	TRANS REVIEW REJECT - MANUAL					\$2.0000	Request to Client Service Associate for a manual ACH Transaction 0 Review item rejection (not currently in use)
2722	251070	NOTIFICATION OF CHANGE					\$0.0000	Charge for each ACH notification of change transaction received and processed by the Bank.
2729	250400	RETURN NOTIFICATION - ONLINE					\$0.0000	Charge for each Return item reported online via the J.P. Morgan 14 ACCESS Special Report module
2809	251070	NOTIFICATION OF CHANGE-EMAIL					\$1.0000	29 Charge for each Notification of Change item reported via email
2810	250400	RETURN NOTIFICATION - EMAIL					\$1.5000	137 Charge for each Return item reported via email
2814	251070	NOTIF OF CHANGE - TRANSM					\$3.5000	29 Charge for each Notification of Change item reported via direct transmission
2818	250400	RETURN NOTIFICATION TRANSM					\$1.5000	136 Charge for each Return item reported via direct transmission
8019	250101	ACH ORIGINATED SAME DAY CREDIT					\$0.2500	11 Charge for each ACH credit transaction originated with same day settlement.
8020	250100	ACH ORIGINATED SAME DAY DEBIT					\$0.2500	0 Charge for each ACH debit transaction originated with same day settlement.
1316	100012	BRANCH DEPOSIT-BAGGED COIN					\$5.0000	0 Charge per bag for a deposit which includes bags of same or mixed coin made at a Banking Center
1317	100014	BRANCH COIN DEPOSIT FULL BAG					\$2.0000	0 Charge per bag for a deposit which includes full bags of coin of the same denomination made at a Banking Center.
752	100214	IMAGE GROUP ONE-PERIOD THREE					\$0.0350	0 Image Cash Letter items received between 12:01am-6:00am ET
6187	050620	LONG TERM STORAGE-CHECK					\$0.0000	Assessed first month for each check image page for long term storage in the bank's archive for a lockbox subscribing to Receivables Online. Includes initial month on high-speed storage 30,845 & 10 years in tape archive

JPM Bank CODE	AFP CODE	SERVICES	Service Used by Your Bank	Proposed Charge per unit July 2017	Jul-19	Oct-20	Jun-21	Notes
6188	050620	LONG TERM STORAGE-DOCUMENT					\$0.0600	Assessed first month for each document image page for long term storage in the bank's archive for a lockbox subscribing to Receivables Online. Includes initial month on high-speed storage 0 & 10 years in tape archive
6191	011021	ALERTS - PER ALERT					\$0.0000	Charge for each transaction included in an alert sent to the client for a lockbox.
3943	609999	FOREIGN CHECK DEPOSIT (GROUP 1)					\$3.5000	Charge per check for processing checks in euro, Australian Dollar, British Pound or Pound Sterling currencies.
3946	609999	FOREIGN CHECK DEPOSIT (GROUP 2)					\$3.5000	Charge per check for processing a foreign check in all currencies EXCEPT the Euro, Australian Dollar, British Pound or Pound Sterling.
1471	100118	VAULT NOTES DEPOSITED					\$0.0000	48,099 Charge per note for bills deposited through the vault.
1476	100144	VAULT ORDER COIN ROLLS					\$0.0700	Charge for a rolled coin order that is less than a full box of 50 rolls.
1479	100147	VAULT ORDER COIN BAG LOOSE					\$2.0000	0 Charge per FED standard bag of coin ordered.
1493	100199	VAULT DEPOSIT IN NON STD BAG					\$1.0000	Charge for a deposit made in a non-standard bag. A non-standard bag may be cloth, canvas, or plastic which does not meet bag specifications - no dual pouch, improperly prepared deposit, or cash mixed with checks or deposit slip.
5447	350599	FW SURCHARGE \$100 MILLION+ D/C					\$0.0000	Pass-through of Fed surcharge on all Fedwire debit or credit 1 instructions received by JPMC that are greater than \$100 million
5826	350110	ELECTRONIC CHIP DEBIT S/T					\$3.0000	Charge per transaction for a debit to a client's account, initiated via an electronic banking system and processed straight through without operator intervention, which resulted in an outbound 0 CHIPS payment
5827	350541	ELECTRONIC CHIP DEBIT REPAIR					\$4.0000	Charge per transaction for a debit to a client's account, initiated via an electronic banking system and that required a Bank operator's intervention to process, which resulted in an outbound 0 CHIPS payment.
5836	600221	ELECTRONIC FX DEBIT					\$5.0000	Charge per transaction for a foreign exchange wire payment instruction initiated via an Auto FX solution such as J.P. Morgan 0 ACCESS, Insight, PaySource, or SWIFT
5886	350320	BOOK CREDIT					\$0.0000	479 Credit to customer's account where the debit party was another J.P.Morgan account holder.
5961	350521	DRAWDOWN FED DEBIT					\$16.0000	Charge per transaction for a debit to client's account in response 0 to a Fedwire drawdown request.
5964	350560	INVESTIGATION					\$10.0000	Charge for an investigation that causes an accounting change or a 0 change to a payment (amendment, cancellation, recall).
5967	350560	RETURNED PAYMENT INVESTIGATION					\$0.0000	Charge for an investigation of a Fed or CHIPS payment returned 0 from the receiving bank.
5968	350560	UNEXECUTED PAYMENT					\$25.0000	Charge for an investigation when a payment is not able to be 0 executed.
5969	350580	SAMEDAYAMEND/CANCEL USAGE					\$50.0000	Charge per transaction for a Same Day Payment Amendment or 0 Cancellation request initiated by the client.
5980	350580	ESERVE SDA/SDC USAGE					\$0.0000	Charge per transaction for a Same Day Payment Amendment or 1 Same Day Cancellation request initiated via eServe.
6300	359999	INV CREDIT NOT CHARGED					\$0.0000	Credits posted to a client account from a transaction resulting 0 from an investigation.
6409	359999	TRANSFER NO CHARGE					\$0.0000	1 Clearing code cost - no charge to the County.
5445	350599	FW SURCHARGE POST 5PM RECEIPT					\$0.0000	1 Pass-through of Fed surcharge on all Fedwire debit instructions received by JPMC after 5pm for settlement
VALUE-ADD SERVICES (CURRENTLY NOT IN USE)								
1008	010010	ACCT MAINT-INT ADJ BAL					\$50.0000	Interest and ECR-bearing DDA (Hybrid DDA)
3440	259999	ARTIFICIAL INTEL MAINTENANCE					\$50.0000	ACH Artificial Intelligence
3441	259999	ARTIFICIAL INTEL ITEM SCANNED					\$0.0025	ACH Artificial Intelligence
5493	250220	ELOCKBOX ADDENDA RECEIVED					\$0.0200	Ability to receive addenda sent by remitters via ACH Receiver Services
5497	999999	ELOCKBOX TRN REPAIR MAINT					\$10.0000	Update/repair incorrect ACH Receiver Services items
5498	999999	ELOCKBOX TRN REPAIR ITEM EDIT					\$0.2500	Update/repair incorrect ACH Receiver Services items
6080	4004ZZ	H2H CURRENT DAY MONTHLY SVC					\$0.0000	Current Day reporting via transmission
5149	250101	CQP ZELLE TRANSACTION					\$0.6500	Per item charge for Corporate Quick Pay items cleared through the Zelle network
760	099999	ACH ELIGIBILITY TESTING/FILTER					\$0.0030	Image Cash Letter items converted to ACH
1390	101300	REMOTE DEPOSIT CAPTURE MOBILE					\$1.0000	Remote Deposit Capture deposit of items via mobile phone
3477	151800	CHECK PRINT REGISTER FILE					\$10.0000	Charge per transmission for sending a Check Print register file
3479	151870	CHECK PRINT INSERT					\$0.0100	Charge for material provided by the County, and inserted into a check print envelope
3488	151871	CHECK PRINT FOREIGN POSTAGE					\$0.9800	Per item postage charge for check print items sent outside of the U.S.
3491	151870	CHECK PRINT OUTSOURCING ADVICE PRINT					\$1.0000	Charge per advice for printing a non-negotiable advice.
3493	151870	CHECK PRINT OUTSOURCING ENVELOPES					\$0.0522	Envelope fee when mailing checks printed by the Bank requires an oversized flat envelope.
3494	151870	CHECK PRINT OUTSOURCING SHIPPING BOX					\$2.9021	Postage charge per box for a mailing of printed checks that requires a shipping box.
7714	151810	CHECK PRINT CASHIER'S CHECK					\$10.0000	Charge for printing of a cashier check via the ACCESS Check Print application.
7715	151810	CHECK PRINT DIRECT ENTRY					\$3.0000	Direct Entry Check print fee for single check upload via ACCESS Checks.
7772	150040	CHECK PRINT ONLINE MAINT					\$75.0000	Monthly maintenance charge per client for the J.P. Morgan Access Check Print module. Includes ability to create/test check templates, create/test file formats, maintain special handling codes, upload files.
7773	151800	CHECK PRINT FILE UPLOAD					\$10.0000	Charge per file for uploading or transmitting a Check Print file to J.P. Morgan Access
6198	05031Z	RECEIVABLES MAIN - REPORTS					\$5.0000	Monthly charge for each special report a lockbox subscribes to from Receivables Online. Special reports include CSV+ Detail, Extended Detail and Box Complete Report
6045	40066Z	TRANSACTIONS REPORTED - 1 YEAR					\$0.2500	Charge per transaction loaded to J.P. Morgan Access Cash Balances and Transactions Reporting with a 1 year history.
6051	40066Z	TRANSACTIONS REPORTED - 2 YEAR					\$0.3000	Charge per transaction loaded to J.P. Morgan Access Cash Balances and Transactions Reporting with a 2 year history.
6890	359999	RTP ORIGINATED TRANSACTION					\$1.0000	Per item charge for Real Time Payments
2629	300524	EDI SUMMARY REPORT JPMACCESS					\$2.0000	Charge per page for an EDI formatted report at the payment level, exported from J.P. Morgan Access
2642	300010	EDI ACCOUNT FEE					\$50.0000	Per account charge for EDI reporting via transmission
2669	300210	EDI 820 SEGMENT FEE					\$0.0300	Per segment fee for EDI reporting via transmission

JPM Bank CODE	AFP CODE	SERVICES	Service Used by Your Bank	Proposed Charge per unit July 2017	Jul-19	Oct-20	Jun-21	Notes
4219	300224	EDI X12 820 PER ACCT JPMACCESS					\$35.0000	Monthly maintenance charge for EDI receiving data reporting via a download of X12 820 information via J.P. Morgan Access.
4221	300224	EDI X12 820 SEGMENT-JPMACCESS					\$0.1900	Charge per segment for EDI report segments included in X12 820 Information in a print image delivered via J.P. Morgan Access.
1472	100118	REMOTE CASH CAPTR NOTES DEP					\$0.0000	Charge per note for bills deposited in a Remote Cash Capture (formerly Smart Safe) device
1624	100199	WEB CUR.SVCS-DEPOSIT DETAILS					\$1.0000	Monthly charge per location for online deposit details to view currency and coin vault deposit transaction details by denomination
1627	100199	WEB CUR SVC-VAULT TREND REPORT					\$2.0000	Charge per location for an online Vault Trend Report to provide detailed analysis of vault transactions
5443	409999	SOFTI STANDARD CALCULATION					\$5.0000	Charge per transaction to determine the balance requirement for a SOFTI (Standing Order Financial Transaction Initiation) automated funds transfer.
5444	409999	SOFTI NONSTANDARD CALCULATION					\$16.0000	Charge per transaction to determine the balance requirement for a SOFTI (Standing Order Financial Transaction Initiation) automated funds transfer.
2639	300320	EDI FORMAT IMPLEMENTATION					\$0.0000	One-time implementation charge for ReceiptStream EDI receiving services.
3207	200010	FULL RECONCILEMENT - MAINT					\$5.0000	Monthly charge for each account on the Full Reconciliation service.

*Earnings Credit Rate is a bank managed rate, subject to change based on various factors such as market conditions. Stated rate is a gross rate as of June 2021, before Balance Based Charges (formerly FDIC fees) of 13bps are deducted. The County's net Earnings Credit Rate will be published monthly on the Account Analysis Statement.



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 MEETING

September 9, 2021

REGULAR AGENDA ITEM 1

Receive and discuss a presentation on CommUnityCare Health Centers' Fiscal Year 2022 budget.
(*Informational Item*)

FY2021 – 22

BUDGET OVERVIEW

DR. JAESON T. FOURNIER, PRESIDENT AND CEO
JOY SLOAN, CHIEF FINANCIAL OFFICER

FY 2021-22 OPERATIONAL PRIORITIES & FISCAL PRESSURES

Operational Priorities

1. **Stabilize Workforce - Recruit and Retain Staff**
 - Project 1,300 plus care team members.
2. **Stabilize Epic**
3. **Enhance Data Integrity and Quality Infrastructure**
4. **COVID-19 Response and Recovery**
5. **Optimize Access and Enhance Care Model**

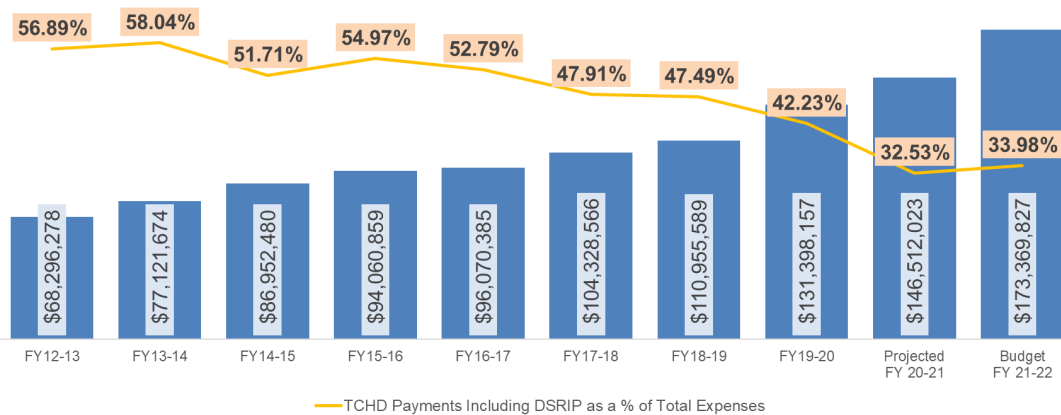
Fiscal Pressures

1. **Increasing Staff Costs**
 - Employee benefits & competitive wages
2. **Continued Impact of COVID-19**
3. **Loss of Delivery System Reform Incentive Payments (DSRIP) Funding**
 - \$8.5 Million in FY 2020-21 in funding opportunity lost moving forward
4. **Escalating pharmacy costs and erosion of pharmaceutical patient assistance program rebates.**
5. **Increasing technology costs (@ 30% more)**
 - Partly Epic related and expected.
 - Partly cybersecurity and Enterprise investments that were not expected.

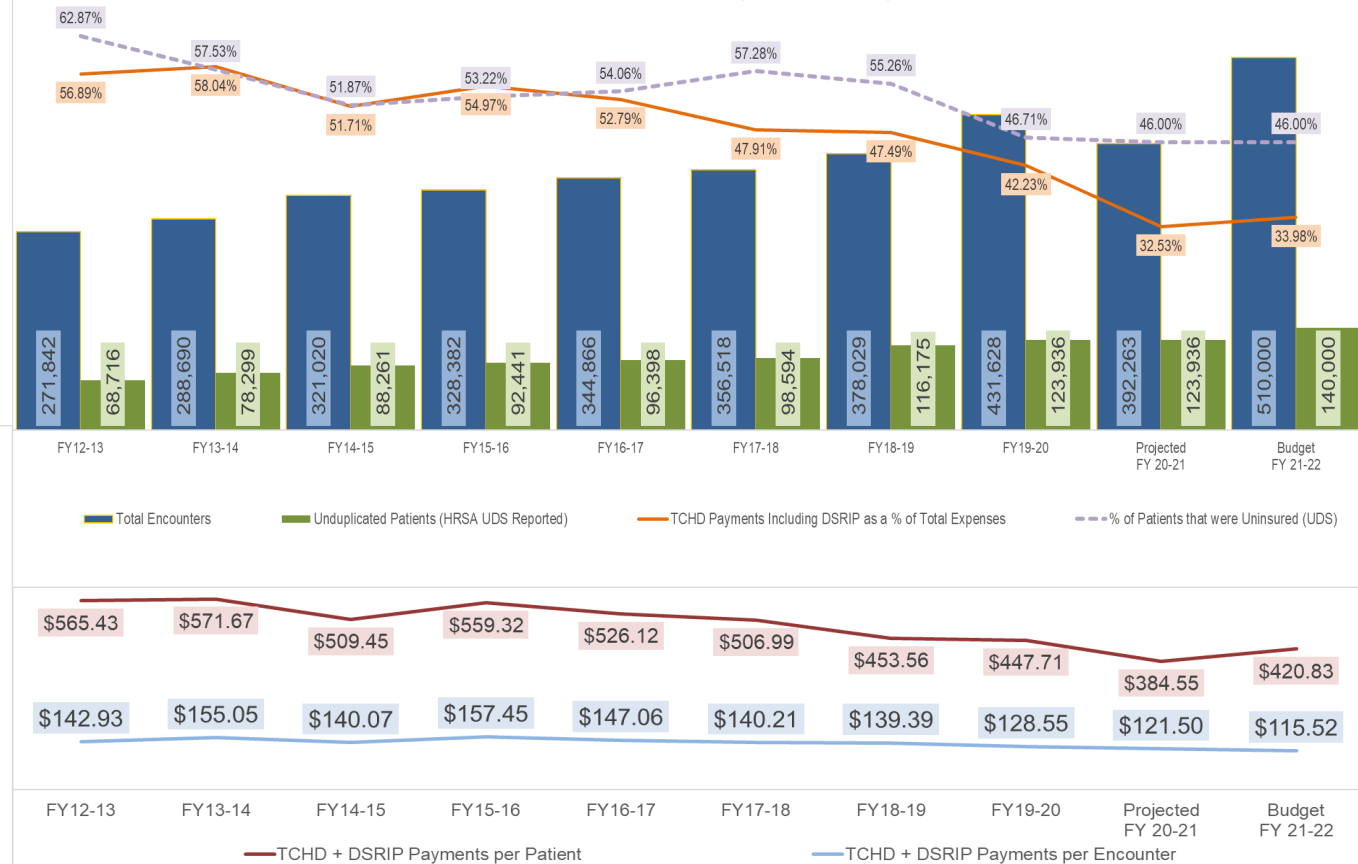
FY 2021-22 BUDGET PREPARATION

- Still being developed with CommUnityCare Board of Directors' approval expected on 09/28/2021.
- Projecting 140,000 patients to be served through 500,000 plus face-to-face visits with a clinician.
- Assumes Central Health will provide funding as requested by CommUnityCare (current deficit of @ \$4 million).
- Expect \$3.75 million in additional investment for service expansion (mostly specialty medicine and dental) as requested by Central Health.

Central Health Funding Including DSRIP of CommUnityCare Expenses



10 Year Trend of Central Health Funding of CommUnityCare Operations





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BOARD MEETING

September 9, 2021

REGULAR AGENDA ITEM 2

Discuss and take appropriate action on the Central Health proposed Fiscal Year 2022 Budget.
(*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 09/09/2021

Who will present the agenda item? (Name, Title) Jeff Knodel, CFO Lisa Owens, Deputy CFO

General Item Description Discuss and take appropriate action on the Central Health proposed Fiscal Year (FY) 2022 budget.

Is this an informational or action item? Action

Fiscal Impact FY2022 Budget

Recommended Motion (if needed – action item) N/A

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

- 1) Receive final update on proposed budget.
2) Vote on final proposed budget.
3)
4)
5)

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

Estimated time needed for presentation & questions? 10 minutes

Is closed session recommended? (Consult with attorneys.) No

Form Prepared By/Date Submitted: Lester Hannaher – 09/09/21



CENTRAL HEALTH

CommUnityCare | Sendero

EMPOWERING COMMUNITIES WITH CARE

FISCAL YEAR 2022 BUDGET

BOARD OF MANAGERS MEETING
SEPTEMBER 9, 2021

Jeff Knodel, CFO

Lisa Owens, Deputy CFO

Lester Hannaher, Budget Analyst



OUR REQUEST – TAX RATE AND BUDGET APPROVAL

Approve a proposed property tax rate of **11.1814 cents per \$100 of taxable property value**, which is 6% above the Maintenance & Operations No-New-Revenue Tax Rate.

Approve Central Health's Fiscal Year 2022 budget of **\$506M** as presented by staff to support the strategic priorities outlined in the budget resolution.

Adopt the Fiscal Year 2022 Budget Resolution as presented by staff.



FY 2022 PROPOSED STRATEGIC PRIORITIES

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



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

Annual Increase=\$39.75 (10.14%)

(M&O=\$31.77 & Debt Service=\$7.99)

HOMESTEAD EXEMPTION	OVER 65 HOMESTEAD EXEMPTION	DISABILITY HOMESTEAD EXEMPTION
FY22 Approved (A)	\$100, 000	\$100, 000

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



CENTRAL HEALTH FY 2022 PROPOSED BUDGET

Attachment A – Sources and Uses

DESCRIPTION	FY 2021 APPROVED BUDGET	FY 2022 PROPOSED BUDGET
TAX RATE	0.110306	0.111814
SOURCES		
Property Taxes	234,057,519	260,933,097
Lease Revenue	12,909,866	13,422,399
Tobacco Litigation Settlement	2,800,000	3,000,000
Other	1,720,000	3,000,000
Subtotal Revenue	251,487,385	280,355,496
Contingency Reserve Carryforward	115,856,728	226,521,399
Total Sources	367,344,113	506,876,895
USES		
Healthcare Delivery	353,858,895	491,485,796
Administration	11,399,403	13,220,246
Tax Collection	2,085,816	2,170,853
Total Uses	367,344,113	506,876,895
RESERVES		
Emergency Reserve	38,719,836	38,719,836



CENTRAL HEALTH FY 2022 PROPOSED BUDGET

Attachment B – Uses

DESCRIPTION	FY 2021 APPROVED BUDGET	FY 2022 PROPOSED BUDGET
HEALTH CARE DELIVERY		
Intergovernmental transfers:		
IGT - CCC DSRIP	23,528,575	15,509,298
Total Intergovernmental Transfers	23,528,575	15,509,298
Healthcare Services		
Primary Care: Medical, Dental, & Behavioral Health	56,935,000	59,040,000
Specialty Care: including Specialty Dental	13,715,000	17,175,000
Specialty Care: Behavioral Health	1,883,856	1,383,856
Post Acute Care	5,400,000	2,125,000
Pharmacy	13,250,000	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
Integrated Care Collaboration (ICC)	719,990	687,035
Community Health Care Initiatives Fund	875,000	875,000
Primary & Specialty Care Reserves	2,000,000	4,050,000
Total Healthcare Services	155,078,846	101,585,891



CENTRAL HEALTH FY 2022 PROPOSED BUDGET

Attachment B – Uses

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



CENTRAL HEALTH FY 2022 PROPOSED BUDGET

Attachment B – Uses

DESCRIPTION	FY 2021 APPROVED BUDGET	FY 2022 PROPOSED BUDGET
HEALTH CARE DELIVERY		
Reserves, appropriated uses & transfers:		
Transfer to capital reserve	34,100,000	12,546,013
Transfer to emergency reserve	-	-
Transfer to Hospital Services Reserve	4,000,000	-
Sendero risk-based capital	-	-
Contingency reserve appropriation	87,064,169	298,780,535
Total Reserves, appropriated uses & transfers	125,164,169	311,326,548
Debt service:		
Debt service - principal retirement	1,180,000	4,060,000
Debt service - interest	84,357	2,092,676
Total Debt Service	1,264,357	6,152,676
Total Healthcare Delivery	353,858,895	491,485,796



CENTRAL HEALTH FY 2022 PROPOSED BUDGET

Attachment B – Uses

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



Central Health FY2022 Proposed Budget

Anticipated healthcare providers, specialties or programs

Service Type	Provider	FY2022 Proposed Budget
Primary Care	CommUnity Care Lone Star Circle of Care People's Community Clinic Planned Parenthood Lonestar MTC AMR Circulation FastMed NextCare	
Total Primary Care		59,040,000
Specialty Care		
Ophthalmology	Eye Physicians of Austin UT Health Austin Retina Consultants of Austin Austin Retina Associates Bailey Square Surgery Center CommUnityCare IRIS	
Total Ophthalmology		
Oncology	Austin Cancer Centers Texas Oncology UT Health Austin Austin Radiology Associates CommUnityCare	
Total Oncology		
Complex Gynecology	UT Health Austin Bailey Square Surgery Center	
Total Complex Gynecology		
Musculoskeletal	UT Health Austin Texas Physical Therapy Specialist	
Total Musculoskeletal		
Cardiology	CommUnityCare	
ENT	Austin Regional Clinic Northwest Surgery Center Capitol Anesthesia	
Total ENT		
Rheumatology	CommUnityCare	
Dermatology	CommUnityCare Austin Regional Clinic	
Total Dermatology		
Gastroenterology	CommUnityCare Dr Sidhar Reddy North Austin Surgery Center Dr. Mehta	
Total Gastroenterology		

Service Type	Provider	FY2022 Proposed Budget
Pulmonology	CommUnityCare Emergency Service Partners (ESP)	
Total Pulmonology		
Endocrinology	CommUnityCare	
Orthotics & Prosthetics	Hanger	
Total Orthotics & Prosthetics		
DME	EdgePark Medical Supplies The Comfort Store Austin Wheelchair	
Total DME		
Ancillary	Clinical Pathology Associates (CPA) Clinical Pathology Laboratories (CPL) Labcorp UT Health Austin Neu Limbs dba Hill Country Orthotics & Prosthetics Foot Pain Relief Center U.S. Anesthesia Austin Anesthesia Group Austin Radiology Associates	
Total Ancillary		
Referral Management & E-Consults	CommUnityCare Lone Star Circle of Care	
Total Referral Management & E-Consults		
General Surgery	Austin Surgeons Central Park Surgery Center	
Total General Surgery		
Podiatry	CommUnityCare Central Park Surgery Center UT Health Austin	
Wound Care		
Sexual & Reproductive Health	CommUnityCare	
Sexual & Reproductive Health	Planned Parenthood CommUnity Care Lone Star Circle of Care People's Community Clinic UT Health Austin	
Total Sexual & Reproductive Health		
Specialty Dental	DDS Dentures and Implants Lone Star OMS CommUnityCare	
Total Specialty Dental		
Neurology	CommUnityCare	
Nephrology	CommUnityCare Austin Kidney Associates Austin Diagnostic Clinic Fresenius Medical Care Holdings Satellite Healthcare	
Total Nephrology		
Total Specialty Care		17,175,000

Service Type	Provider	FY2022 Proposed Budget
Specialty Behavioral	Integral Care Communities for Recovery SIMS Foundation CommUnityCare	
Total Specialty Behavioral		1,383,856
Post Acute	Hospice Austin Central Texas Palliative Care Gilead Halcyon Fresh Start A New Entry	
Total Post Acute		2,125,000
Pharmacy	CommUnityCare Lone Star Circle of Care Peoples Community Clinic	
Total Pharmacy		14,250,000
ACA Education and Enrollment	Foundation Communities United Way	
Total ACA Education and Enrollment		583,000

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 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. 9 Central Health Public Hearing & Board of Managers Meeting
(FY2022 Central Health Budget and Tax Rate Adopted)
- Sept. 21 Travis County Commissioners Court
(FY2022 Central Health Budget and Tax Rate Adopted)



QUESTIONS

APPENDIX



FY 2021 ACCOMPLISHMENTS

Approved New Healthcare Clinic Plans

- Del Valle
- Hornsby Bend

Provided COVID-19 Support

- Funded healthcare services
- Communication and engagement community outreach
- Provided programmatic support to CommUnityCare

Supported Countywide Pandemic Response

- Testing clinics in Southwest Travis County
- Contact tracing and vaccine registration
- PPE campaigns
- Outreach to businesses, faith-based centers, multi-family housing
- Vaccine education: grassroots and paid media

Launched Customer Service Center

- Now handling 8,000 calls per month
- Staffed with eligibility and enrollment specialists
- Created online application process during pandemic

Addressed High-Need Area: Dialysis

- Access to consistent, standard dialysis
- Vascular and catheter access
- Case management and transportation services

Expanded Medical Management

- Added team members to reach more patients
- Developed added infrastructure to meet case management needs where people are



FY2022 PROPOSED BUDGET HIGHLIGHTS

- Investment in Healthcare Delivery Program
- Implement strategic priorities in healthcare services to support new initiatives and ongoing programs
 - Specialty Care Access
 - Health Care for the Homeless
 - Behavioral Health
 - Substance Use Disorder Treatment
 - Transitions of Care
 - Clinical and Patient Education
- Increased investments in MAP and MAP Basic programs
 - Primary Care/Urgent Care
 - Pharmacy
 - Increase length of MAP eligibility
- Clinical practice development
 - Application for NPI/TPI
- System of Care Planning
 - Addresses system of care gaps
- Investment in Operational Excellence and Staff
 - Robust business case planning process used for 20 initiatives
 - Implement HUB Disparity Study results
 - Enhancing diversity and inclusion
 - initiatives



EMPOWERING COMMUNITIES WITH CARE

Our plan for the coming year

EMPOWERING COMMUNITIES WITH CARE

Central Health FY 2022 proposed budget: Empower communities by helping them understand and access healthcare services and lead healthier lives.

How:

- Address the most important needs of often overlooked communities (e.g. people experiencing homelessness, people of color, families with low income)
- Collaborate with patients, healthcare workers and advocates to identify and eliminate health disparities by empowering communities through programs such as:
 - Specialty care access
 - Health care for the homeless
 - Behavioral health
 - Substance use disorder
 - Clinical and patient education
 - Transitions of care



STRIVING FOR ORGANIZATIONAL EXCELLENCE

- 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.
- Government Finance Officers Association of the United States and Canada (GFOA) Distinguished Budget Presentation Award



CONNECTING WITH MAP MEMBERS

VACCINE REGISTRATION

- 1,883 people w/out internet access registered for COVID-19 vaccine.

ACA APPLICATION ASSISTANCE

- 90 MAP BASIC members scheduled for ACA application assistance with Foundation Communities.

DIRECT MAIL

- Mailed 6 postcards (avg. 35,560 MAP member households) information on COVID-19 prevention, testing, vaccines, and Census.

PHONE CALLS

- 2,382 phone calls reaching 1,358 MAP members in high-priority ZIP codes.
- Topics: COVID-19 prevention, testing, vaccine facts, Census, and ACA Open Enrollment Period.

VIRTUAL TOWN HALLS

- 5 Town Halls, 3,999 views.
- Topics: COVID-19 prevention, testing and vaccine facts.

SMALL BUSINESS OUTREACH

- 1,126 small business visits in 10 high-priority ZIP codes.
- Delivered PPE, posters and flyers to 990 small businesses.



CONNECTING WITH THE COMMUNITY

Community Engagement: Oct. 1 - Aug. 16, 2021

- 822 participants; 74% increase over last year.

Digital Media Since Oct. 1, 2020

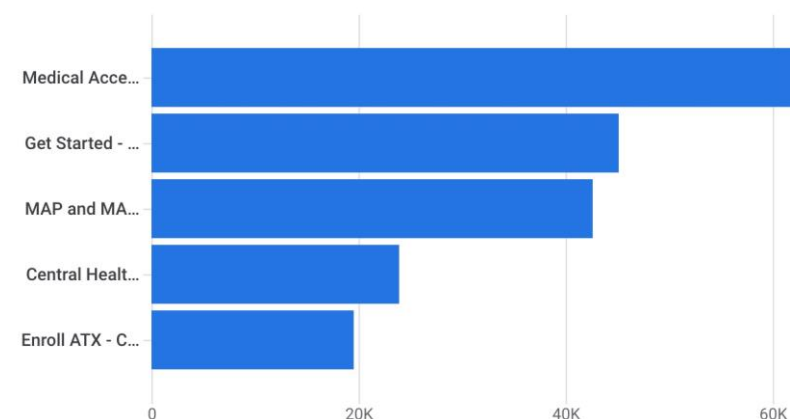
- +5,000 followers on Facebook, our most effective way to reach local community members (English & Spanish).
- Engaged approximately 12,000 times (each time a user clicked on or responded to one of our posts) since.
- CentralHealth.net had almost 500,000 views
- “Why I Choose to Wear a Mask” video >650,000 views on Twitter

Traditional Media since 10/1/20

- Central Health was covered or mentioned almost 700 times in local to global media
- Reached more than 1.6B viewers
- Generated \$38.1M in advertising equivalency value

Website Traffic

Views by Page title and screen class



Social Media



Top Tweet earned 667K impressions

We choose to **#WearAMask** to protect the community. How about you?

#MaskUpATX #MaskOn
pic.twitter.com/RPTdVZH6jv



64 replies 200 retweets 501 likes

Earned Media

Coverage Summary

2020/10/01 - 2021/09/30

Total Mentions
691

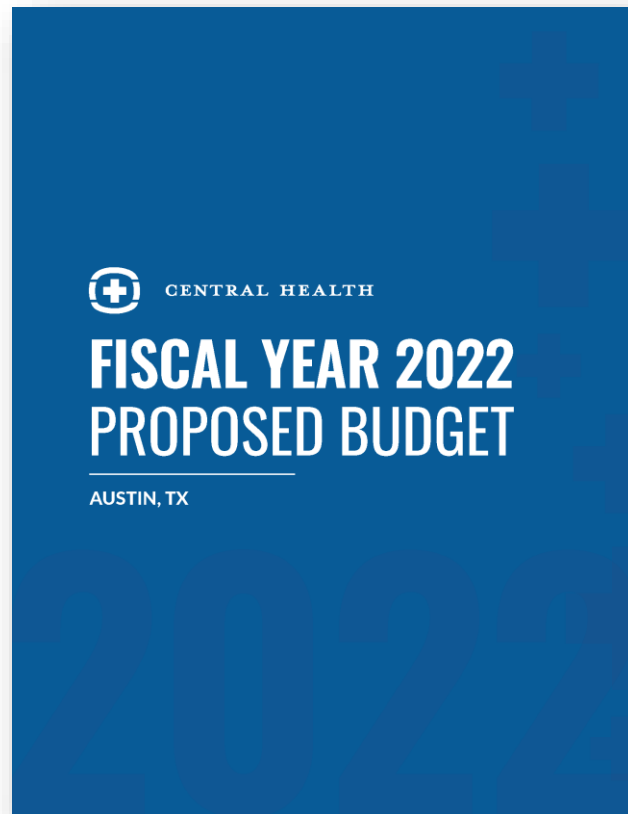
Audience Reach
1.6B

AVE
\$38.1M



CONNECTING WITH COMMUNITY LEADERS

BUDGET BOOK



EASTERN TRAVIS COUNTY CLINIC UPDATES

Project Update July 2021: Del Valle Health & Wellness Center

About the Project:
The Health Del Valle Health & Wellness Center will bring expanded clinical services to Del Valle and its surrounding communities.

Location:
Southeast

Proposed Services:

- Primary care
- Integrated behavioral health and oral health assessment
- Select specialty care services via Telehealth
- Accessible community gathering space (indoor community room, outdoor community garden, play areas and green space)

Project Milestones:
This represents milestones planned. Dates subject to change.

- Purchase land for eventual Hornsby Bend Health & Wellness Center – July 2019 – completed
- Hire architect and engineering firm – December 2020 – completed
- Central Health Board of Managers approve project budget and plan – January 2021 – completed
- Community Conversation – February 2021 – completed
- Community Engagement: Telephone interviews and online survey – February and March 2021 – completed
- Community Conversation – June 2021 – completed
- Site plan submitted – June 2021 – completed
- Procurement documents go live – August 2021
- Construction contract awarded – October 2021
- Groundbreaking Event – October 2021*
- Anticipated grand opening – Spring 2023

***Contingent upon site plan and building review process and approval from both the City of Austin and Travis County.**

Update on Project Milestones:
Staff is preparing procurement documents to select the most appropriate general contractor for this project. Staff will release procurement documents as outlined above. Our Procurement and Community Engagement teams are working together to share this procurement opportunity with a list of contractors, including historically underutilized businesses, contractors' associations and minority chambers of commerce.

For updated information, visit bit.ly/HornsbyBendHWCenter.

SPOTLIGHT REPORTS

CENTRAL HEALTH SPOTLIGHT
DIVERSITY, EQUITY, INCLUSION

PEOPLE

Equity and Inclusion Employee Task Force (created Aug. 2019): Led by employees, this group of dedicated volunteers, divided into subcommittees, address equity and inclusion goals, objectives, standards and values for Central Health. The Task Force is creating employee affinity groups and offering internal networking opportunities while providing a platform for new ideas and innovative solutions. The Task Force creates opportunities for mentoring and career development, and will help attract and retain a more diverse workforce.

Diversity and Inclusion Manager (starting Dec. 2020): A newly created position dedicated to promoting a culture of sensitivity and inclusiveness, and to lead the internal training of staff, focusing on diversity, inclusion and equity.

POLICIES & PROGRAMS

Emerging Leaders Program: The ELP provides career pathways for staff and supervision by providing them with education and training that will help them obtain a leadership position within Central Health Enterprise.

Health equity training: Central Health provides all team members with training focused on the relationship between racial inequalities and the issues surrounding health and health care access in the U.S. and Travis County.

Anti-harassment training: All Central Health team members receive enhanced and expanded training on an annual basis.

HR Workforce Recruiting Strategy: The HR team is enhancing its recruitment efforts and working on strategies that will build a larger minority applicant pool.

Central Health Equity Analysis of Hiring Practices: We have conducted an in-depth review of hiring decisions of management positions. The results were shared with the Board of Managers in September 2020.

FISCAL YEAR 2020

Central Health Hires by Race/Ethnicity

Race/Ethnicity	Percentage	Count
Hispanic or Latino	47%	17
White	28%	10
Black	19%	7
Asian	3%	1
Native Hawaiian or Other Pacific Islander	3%	1
Two or more races	1%	0
Unreported	2%	0
Other	0%	0

Central Health Staff Racial/Ethnic Distribution

Race/Ethnicity	Percentage	Count
Hispanic or Latino	40%	72
White	41%	74
Black	12%	21
Asian	5%	9
Native Hawaiian or Other Pacific Islander	2%	3
Two or more races	1%	1
Unreported	0%	0
Other	0%	0

Population Served by Race/Ethnicity

Race/Ethnicity	Percentage
Hispanic or Latino	67%
White	24%
Black	8%
Asian	5%
Native Hawaiian or Other Pacific Islander	2%
Two or more races	7%
Unreported	0%
Other	0%

BUDGET SURVEY RESULTS



NEW FACILITIES



**SPECIALTY
CARE ACCESS**



**HOMELESS
HEALTHCARE**



**BEHAVIORAL
HEALTH**



**SUBSTANCE USE
TREATMENT**



**TRANSITIONS
OF CARE**



**CLINICAL & PATIENT
EDUCATION**



**EQUITY
CULTURE**



**LONG-TERM
SUSTAINABILITY**



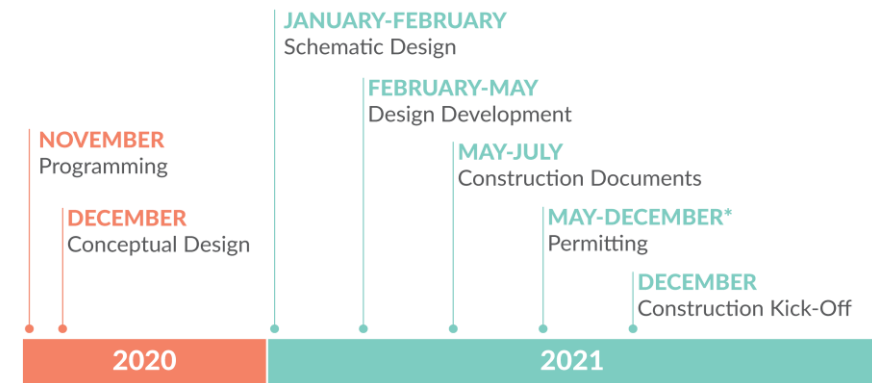
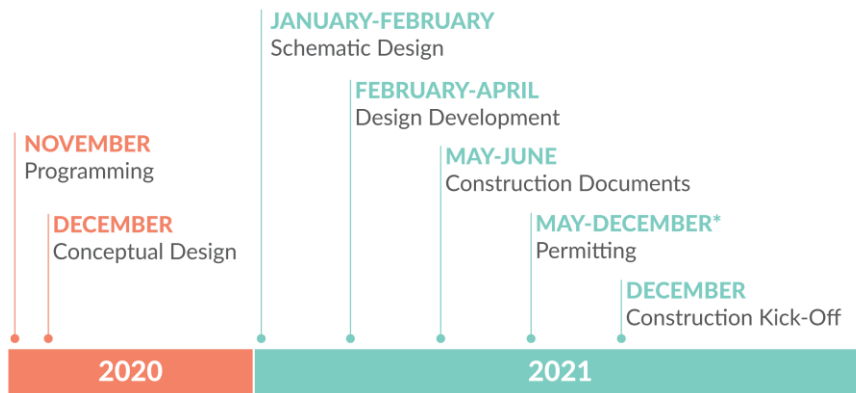
OBJECTIVE 1: DEVELOP & EXECUTE HEALTH CARE DELIVERY BASED ON PEOPLE & PLACE

Del Valle, Hornsby Bend, Colony Park

Del Valle Rendering & Design Schedule



Hornsby Bend Rendering & Design Schedule



*The site plan and building permit review process is identified as high risk to timeline. Regulatory review process and timeline is dependent upon both the City of Austin and Travis County review.

*The site plan and building permit review process is identified as high risk to timeline. Regulatory review process and timeline is dependent upon both the City of Austin and Travis County review.



NORTHEAST HEALTH RESOURCE CENTER

Central Health and partners now offering health and wellness services in Northeast Travis County.

LOCATIONS

- Barbara Jordan Elementary School and Volma Overton Elementary School.

SERVICES AVAILABLE

- MAP/MAP BASIC enrollment assistance
- In-person and virtual community resources and referrals
- CommUnityCare mobile clinic
- Primary care services
- WIC mobile unit



OBJECTIVE 2: IMPLEMENT PATIENT-FOCUSED & COORDINATED HEALTH CARE SYSTEM

Increased spending on new, critical programs:

- +\$3.2M in new Specialty Care Access spending
- +\$1.7M in new spending for Health Care for the Homeless
- +\$1M for Transitions of Care & Clinical Patient Education
- +\$.9M Behavioral Health & Substance Abuse Therapy



INVESTMENTS TO SUPPORT PERSONS EXPERIENCING HOMELESSNESS

Ongoing Investments to support persons experiencing homelessness:

- 10,000+ individuals experiencing homelessness served annually through Central Health's Medical Access Program (MAP).
- The traditional healthcare system is not designed to serve homeless individuals – unique medical and social needs require dedicated solutions and currently include two clinics, street teams, COVID response, case management, transition and enrollment programs and zero copays.
- Estimated investment of \$67.7 in FY2020 and \$54.7M in FY2019

FY 2022 Additional \$1.7M in new investments in the following areas:

- Medical respite
- Street medicine & mobile units
- Case management
- Routine outpatient dialysis
- Wound care & podiatry
- Infectious disease, psychiatry and behavioral health
- Complex primary care (Care Connections Clinic)
- Substance use disorder peer support programs



DSRIP PROGRAM REPORTING AND OUTCOMES

Bundle	Measure ID	Measure Title	CCC					December 30, 2020 Achievement
			Baseline Value	CY 2018	CY 2019	CY 2020	CY 2021	
A1^: Improved Chronic Disease Management: Diabetes Care	A1-111	Diabetes Eye Exam	62.13%	62.60%	64.01%	64.25%	64.48%	62.43%
	A1-112	Diabetes: Foot Exam	50.59%	51.83%	55.53%	56.40%	56.77%	67.90%
	A1-115	Diabetes: HbA1c >9.0% (Lower is better)	35.45%	34.99%	33.62%	33.39%	33.17%	35.81%
	A1-207	Diabetes: BP control (<140/90mm Hg)	71.51%	71.98%	73.38%	73.61%	73.84%	71.69%
	A1-500	Diabetes Composite Admissions (Lower is better)	3.14%	3.06%	2.82%	2.77%	2.75%	3.05%
	A1-508	Diabetes ED Visits (Lower is better)	89.51%	87.27%	80.56%	78.99%	78.32%	52.44%
C1^: Primary Care Prevention - Healthy Texans	C1-105	Tobacco Screening & Cessation	99.14%	99.16%	99.22%	99.24%	99.25%	99.93%
	C1-113	Diabetes: HbA1c testing	90.45%	90.65%	91.25%	91.34%	91.44%	91.74%
	C1-147	BMI Screening and Follow-Up	88.86%	89.18%	90.14%	90.30%	90.46%	92.70%
	C1-268	Pneumonia vaccination	55.43%	56.54%	59.89%	60.67%	61.00%	80.52%
	C1-269	Influenza Immunization	41.51%	42.97%	47.36%	48.38%	48.82%	59.28%
	C1-272	Adults Immunization status	14.20%	16.34%	22.78%	24.28%	24.92%	22.60%
	C1-280	Chlamydia Screening in Women	73.99%	74.39%	75.60%	75.80%	76.00%	75.99%
	C1-389	HPV Vaccine	12.97%	15.15%	21.67%	23.20%	23.85%	25.63%
C2^: Primary Care Prevention - Cancer Screening & Follow-Up	C1-502	Acute Composite Admissions (Lower is better)	0.47%	0.46%	0.42%	0.41%	0.41%	0.52%
	C2-106	Cervical Cancer Screening	64.06%	64.49%	65.78%	65.99%	66.21%	70.12%
C2-107	C2-107	Colorectal Cancer Screening	26.20%	28.04%	33.58%	34.87%	35.42%	44.53%
	C2-186	Breast Cancer Screening	57.56%	58.25%	60.34%	60.68%	61.03%	70.15%
	F1: Improved Access to Adult Dental Care	F1-105	Tobacco Screening & Cessation	99.76%	99.76%	99.78%	99.79%	99.79%
F1-226		Chronic Disease: Dental Services	89.39%	89.66%	90.45%	90.64%	90.72%	92.00%
F1-227		Dental Caries: Adults (Lower is better)	53.39%	52.06%	48.05%	47.12%	46.72%	41.07%
G1: Palliative Care	G1-276	Hospice & Palliative Care - Pain Assessment	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	G1-277	Hospice & Palliative Care - Treatment Preference	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	G1-278	Beliefs and values	98.21%	98.26%	98.39%	98.42%	98.44%	100.00%
	G1-361	Treated with Opioid and Given Bowel Regimen	87.88%	88.18%	89.09%	89.30%	89.39%	100.00%
	G1-362	Hospice & Palliative Care - Dyspnea Treatment	P4R	P4R	P4R	P4R	P4R	P4R
	G1-363	Hospice & Palliative Care - Dyspnea Screening	80.95%	81.43%	82.86%	83.19%	83.33%	100.00%
H1: Integration of Behavioral Health in a Primary or Specialty Care Setting	H1-146	Depression and Follow-Up	72.55%	73.24%	75.30%	75.78%	75.98%	75.95%
	H1-255	ADHD Medication	P4R	P4R	P4R	P4R	P4R	P4R
	H1-286	Depression Remission	3.57%	5.98%	13.21%	14.90%	15.63%	9.73%
	H1-317	Unhealthy Alcohol Use & Counseling	5.75%	8.11%	15.17%	16.82%	17.53%	32.34%
H3^: Chronic Non-Malignant Pain Management	H3-144	Depression and Follow-Up Plan (Chronic Pain)	83.02%	83.44%	84.72%	85.01%	85.14%	88.78%
	H3-287	Current Medications	73.21%	73.88%	75.89%	76.35%	76.56%	77.30%
	H3-288	Pain Assessment and Follow-up	45.24%	46.61%	50.71%	51.67%	52.08%	82.73%
	H3-401	Opioid Therapy Follow-up Evaluation	26.10%	27.95%	33.49%	34.78%	35.34%	45.97%
	H3-403	Risk of Opioid Misuse	0.15%	2.65%	10.14%	11.88%	12.63%	7.83%

- Over 2,300 more people received the flu vaccine
- Improved the % of people reaching remission for depression by almost 275%
- Screened over 4,600 additional people for alcohol use and provided counseling



OBJECTIVE 3: SUSTAINABLE FINANCIAL MODEL FOR HEALTH CARE DELIVERY

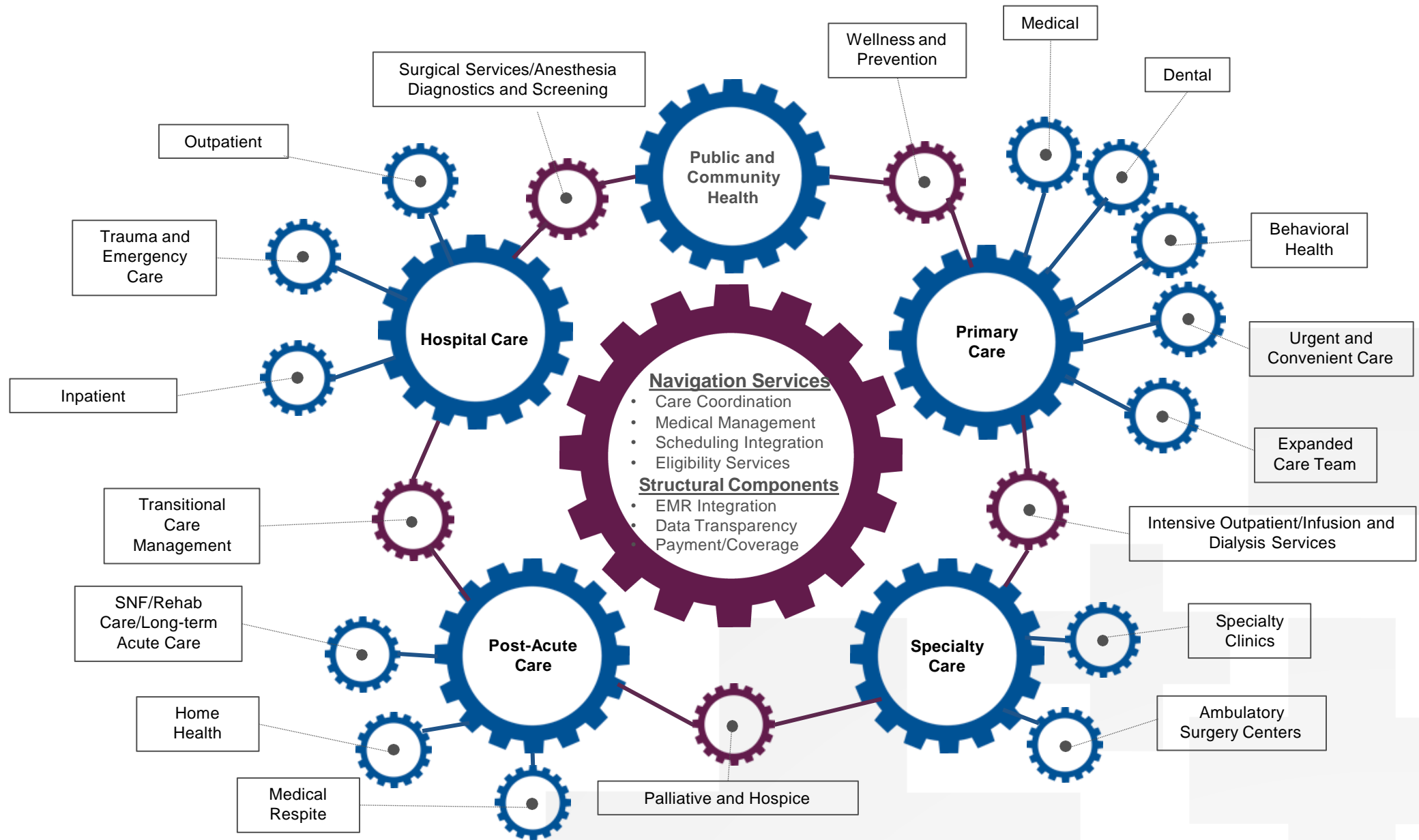


Downtown Property

- Rezoning approved by City Council in June 2021 as Planned Unit Development (PUD).
- 2033 Higher Education Development Foundation is constructing 17-story office building with a 99-year ground lease, open in 2022, generating approximately \$430 million to Central Health over the life of the lease.
- Central Health received approximately \$10.9M in lease revenue in FY2020 to support healthcare delivery to the community
- Central Health will continue to evaluate development options on other parts of the property.
- Central Health aims to ensure long term efficiency in land use by strategically diversifying future revenue sources, including planned headquarters consolidation.



Components of a High Functioning System & Current Identified Gap Areas



THE FISCAL YEAR 2022 BUDGET

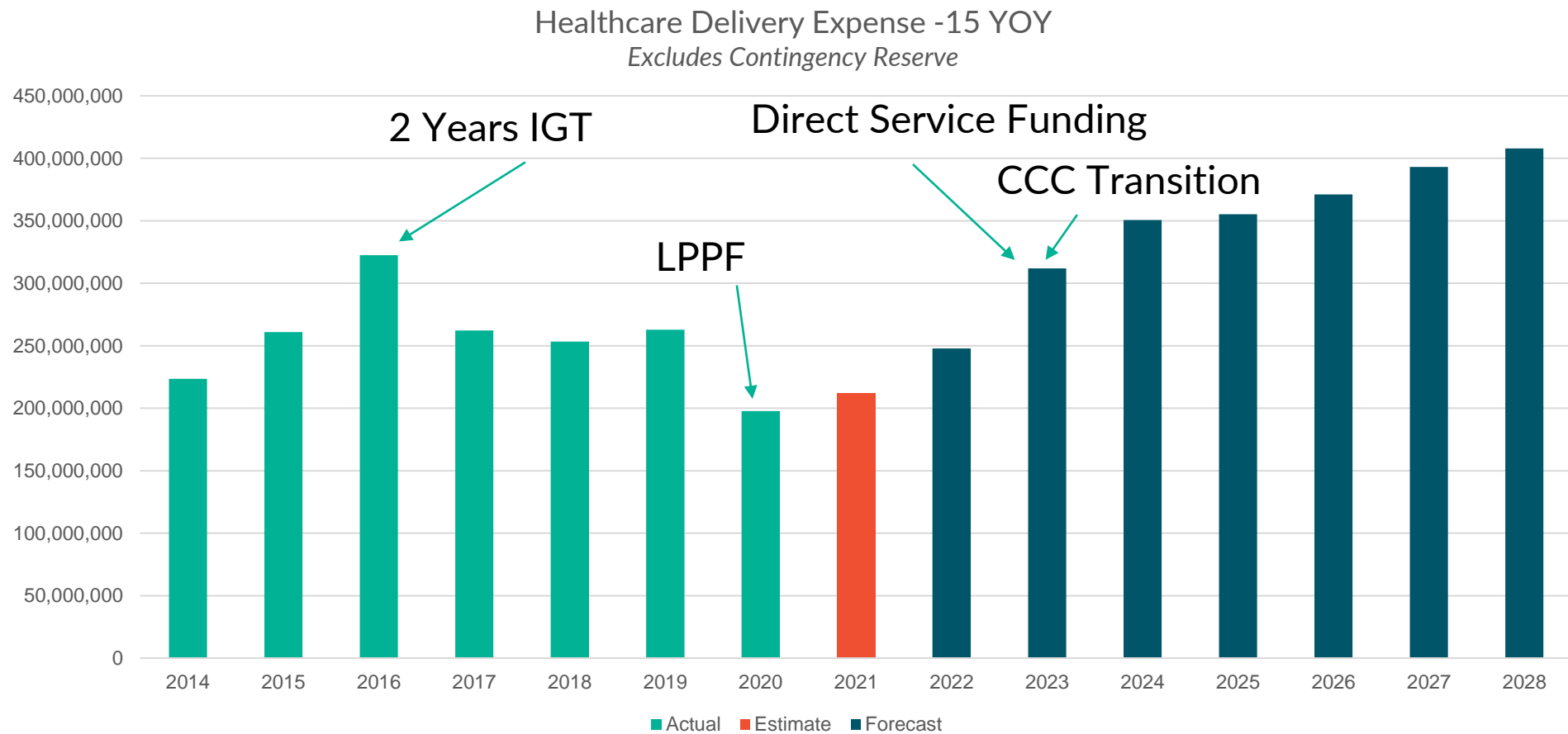
THE FINANCIAL ENVIRONMENT

Built on a solid foundation:

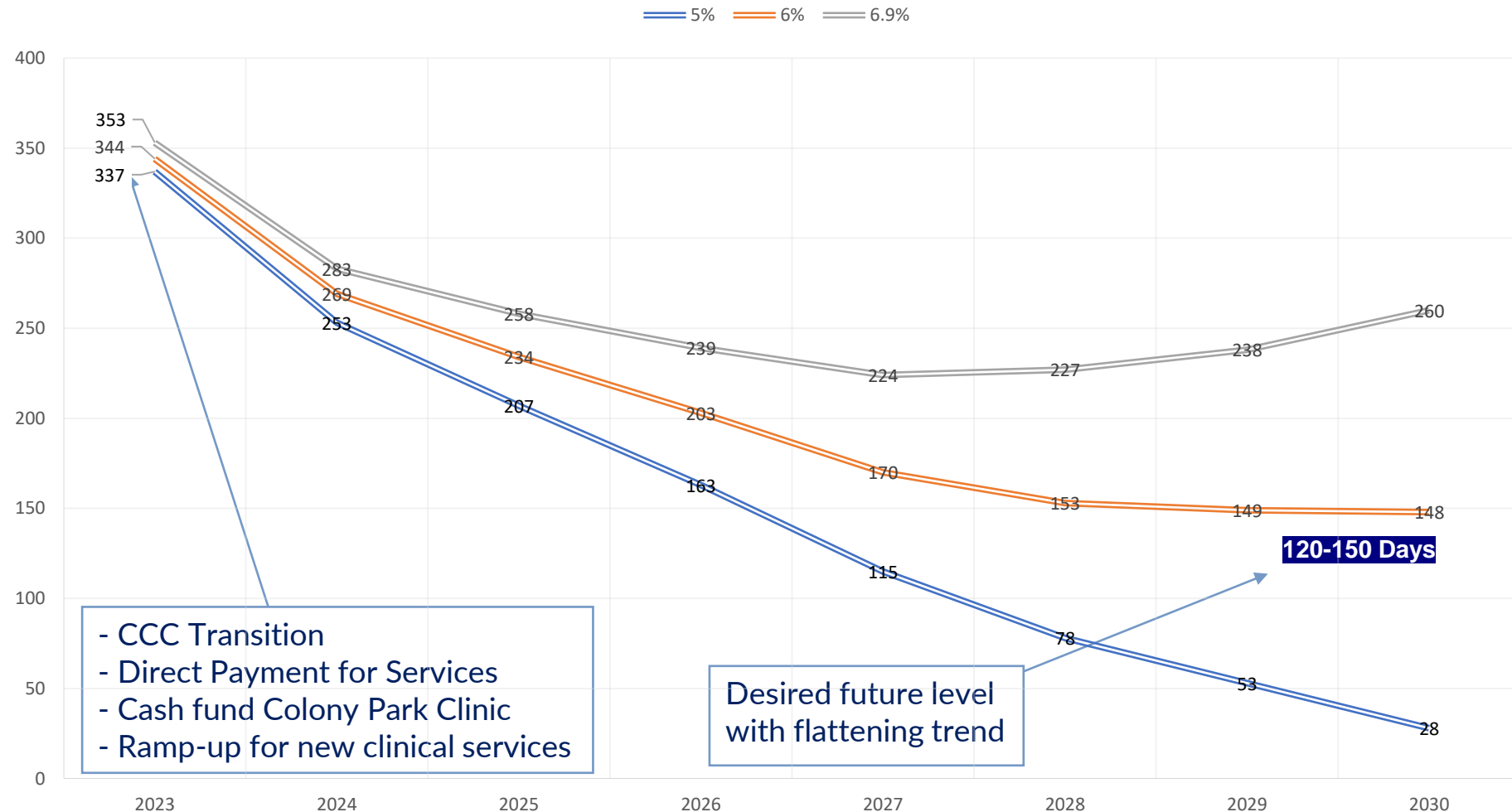
- Strong credit rating – recently received Moody’s Outlook Summary – Aa2 Credit Rating
- Received GFOA Distinguished Budget Award
 - FY2020 and FY2021
- Long-term outlook to provide sustainable funding for system of care service levels



HISTORY AND FORECAST OF HEALTHCARE DELIVERY EXPENDITURES



FUTURE RESERVE LEVELS & DAYS OF CASH ON HAND



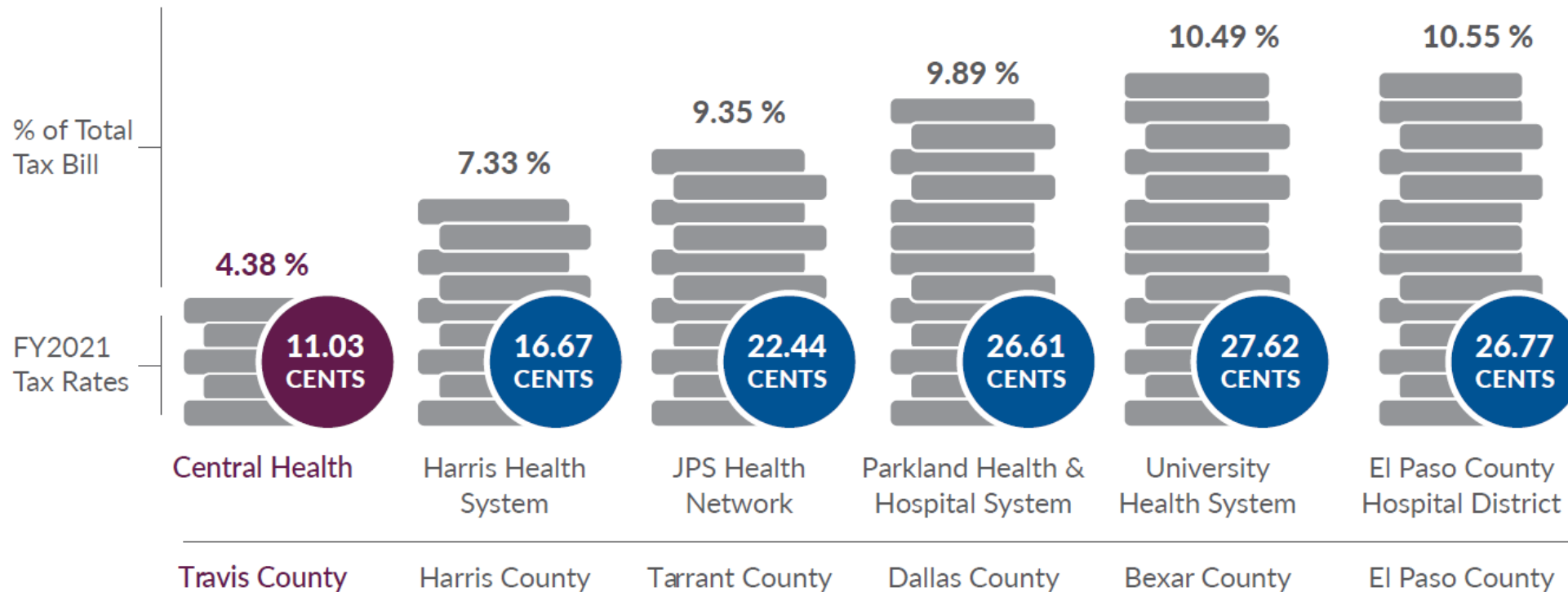
- CCC Transition
- Direct Payment for Services
- Cash fund Colony Park Clinic
- Ramp-up for new clinical services

Desired future level with flattening trend

120-150 Days

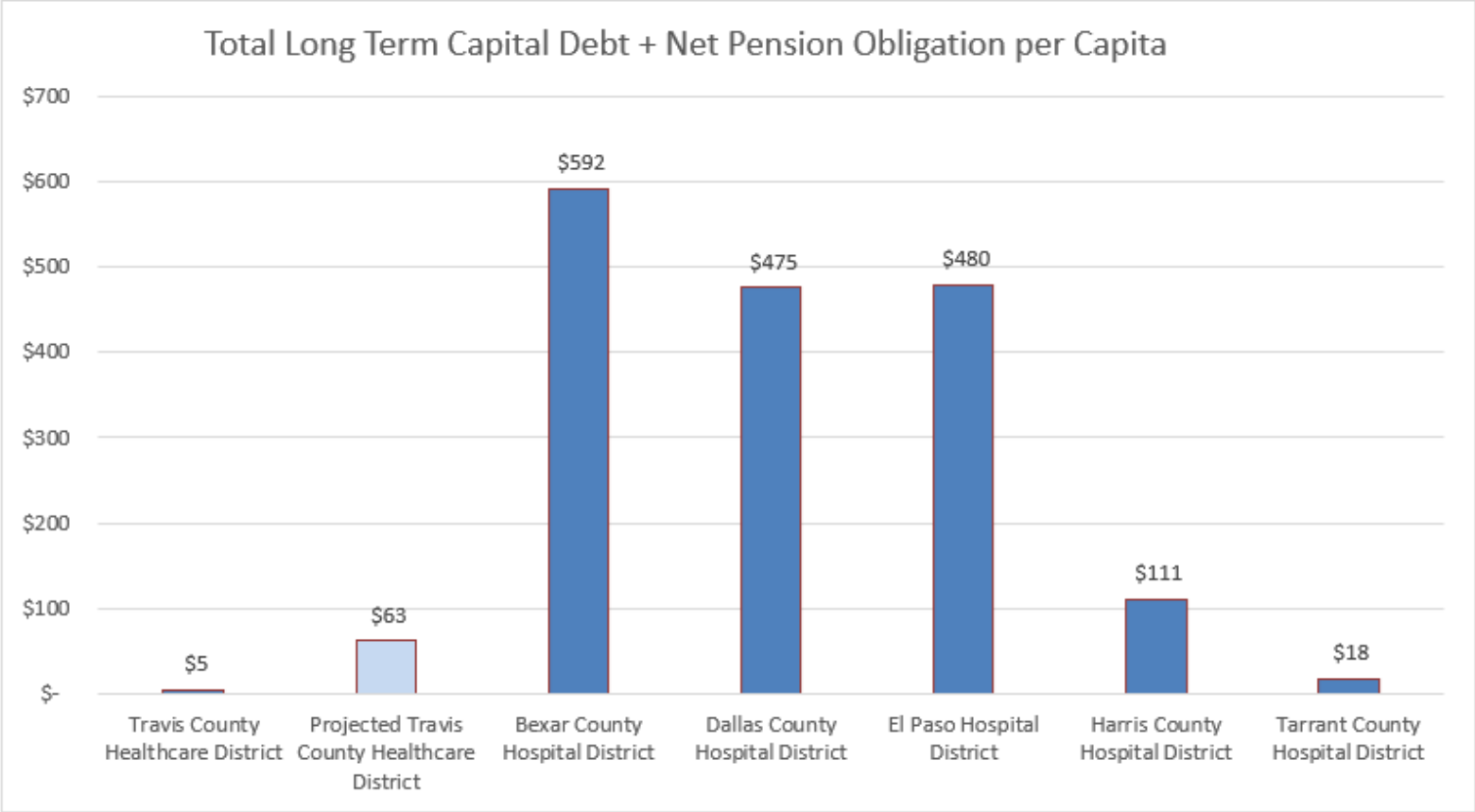


MAJOR TEXAS HOSPITAL DISTRICTS FY 2021 TAX BURDEN COMPARISONS

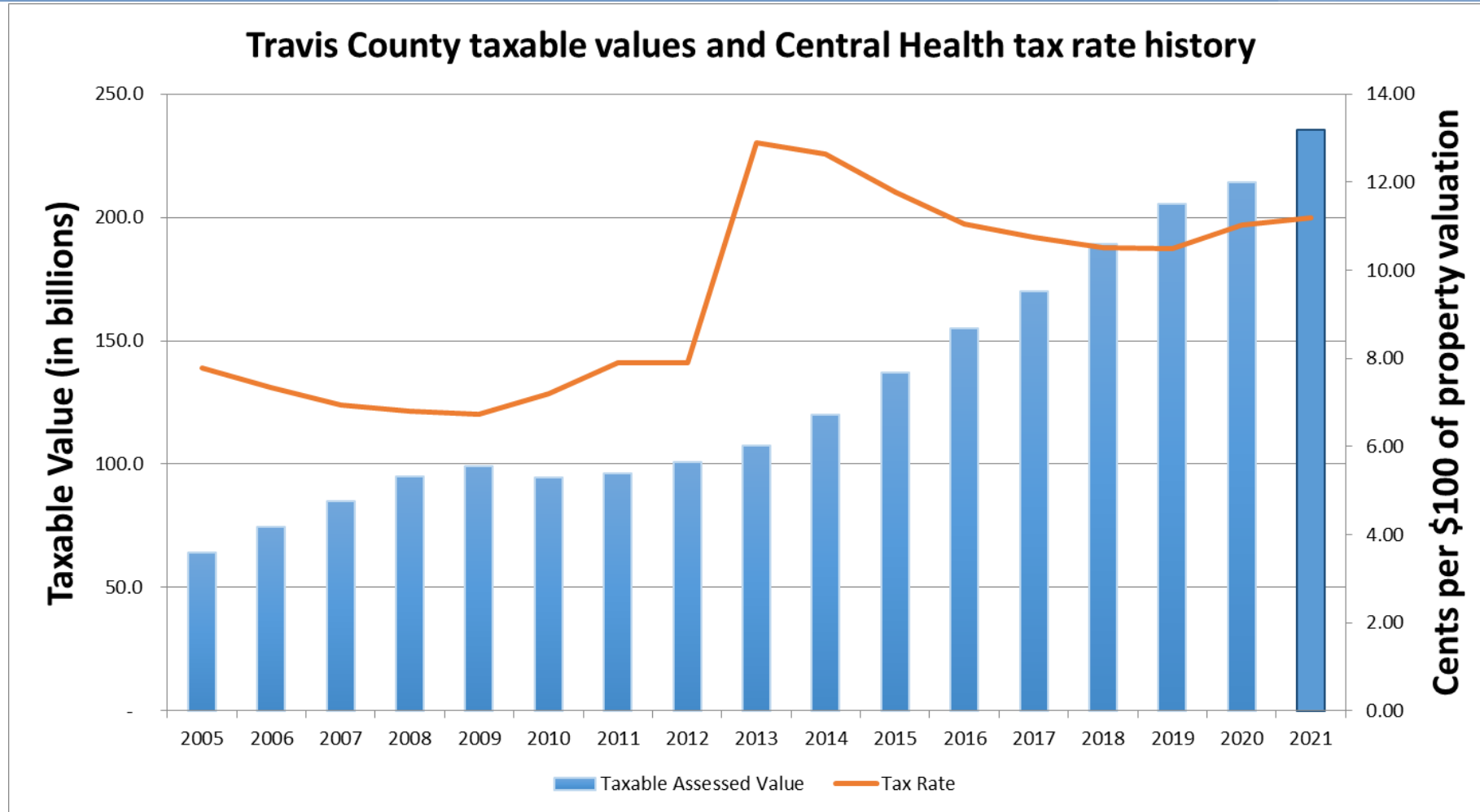


HOSPITAL DISTRICT DEBT COMPARISON PER CAPITA

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



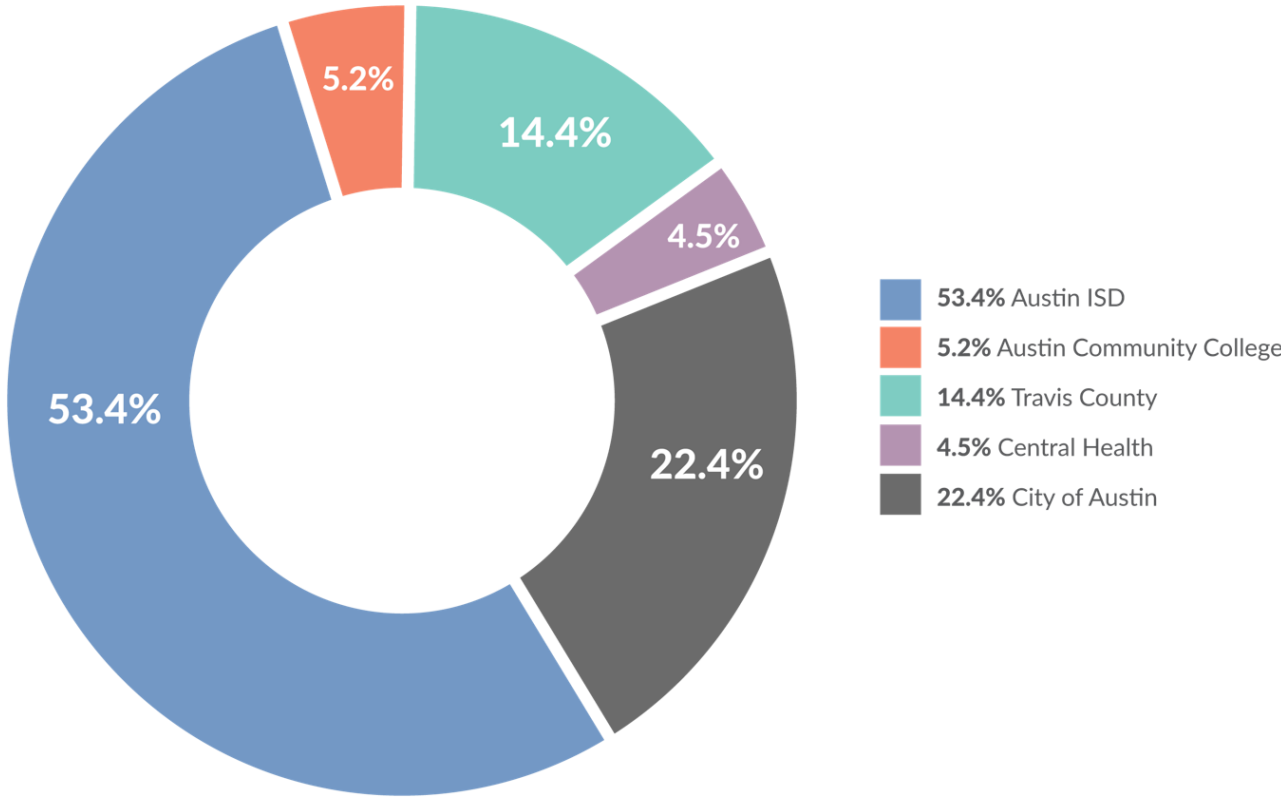
TAXABLE VALUES BY TAX YEAR (IN BILLIONS)



*Tax Year 2021 Certified Roll received July 20, 2021



FY 2022 TRAVIS COUNTY TAX BURDEN COMPARISONS



CENTRAL HEALTH PROPERTY TAX IMPACT STATEMENT: FY2021-2022

FY2021 HOMESTEAD VALUE	FY2021 TAXABLE HOMESTEAD VALUE*	FY2021 TAX BILL**	FY2022 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¢)



HEALTH CARE DELIVERY PROGRAM: YEAR-OVER-YEAR COMPARISON

	ELIGIBILITY & ENROLLMENT	JOINT TECHNOLOGY	CLINICAL SERVICES & MEDICAL MANAGEMENT	PROVIDER REIMBURSEMENT & NETWORK SERVICES	HCD & WELLNESS OPERATIONS	QUALITY ASSESS & PERFORMANCE	COMMUNITY ENGAGEMENT	SERVICE DELIVERY OPERATIONS & PMO	RHP7, 1115 WAIVER, & POPULATION HEALTH STRATEGY	TOTAL
Total FY22	6,202,331	5,659,668	6,944,887	3,406,122	6,667,304	2,109,773	1,774,763	2,303,477	1,164,563	36,232,887
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	369,158	1,136,844	2,235,451	42,193	2,380,767	11,652	123,722	(33,396)	(107,854)	6,158,536
YOY % Change	6%	25%	47%	1%	56%	1%	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

	FINANCE & PROCUREMENT OPERATIONS	EXTERNAL AFFAIRS	ADMINISTRATION	STRATEGY	HUMAN RESOURCES	COMMUNICATIONS	COMPLIANCE	TOTAL
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	11,339,406
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



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



**TRAVIS COUNTY HEALTHCARE DISTRICT D/B/A CENTRAL HEALTH
BOARD OF MANAGERS
RESOLUTION ADOPTING THE FISCAL YEAR 2022 BUDGET**

The Travis County Healthcare District (the “District”), d/b/a Central Health, Board of Managers (the “Board”) hereby adopts the Central Health Fiscal Year 2022 Budget, which:

(i) consists of the Central Health Fiscal Year 2022 Budget Sources and Uses Summary (attached as Attachment A) and the Central Health Fiscal Year 2022 Budget Uses Detail (attached as Attachment B), both of which are incorporated herein by reference as if set out in full;

(ii) directs the President and CEO to advance the following Strategic Goals and Objectives of the District, as previously established, and the related work with periodic reports due to the Board of Managers as follows:

- i. Develop and execute health care delivery based on people and place.
 - a. Continue service site expansion of health centers in Hornsby Bend and Del Valle, including the selection of contractors, commencement of site development and agreements on initial scopes of clinical and non-clinical services.
 - b. Continue the planning process for Colony Park site expansion, including budget development, site development, identification of services, and potential service delivery partners.
- ii. Implement a patient-focused and coordinated health care system.
 - a. Complete phases III and IV of the equity-based systems planning initiative to improve access to care among Central Health’s patient population, including the development and adoption of:
 - i. A comprehensive, equity-focused Strategic Services Plan that; identifies current and future levels of need (e.g. demand) and available service levels (e.g. supply) and lays out a short-, medium-, and long-term plan to address those needs and a methodology for prioritizing future needs in a way that reflects Central Health’s role in building and shaping the system of care;
 - ii. A Service Delivery Operational Implementation Plan to identify short-, medium-, and long-term measures of progress; develop recommendations for service line partners, locations, facilities or other modalities for meeting service delivery plan goals; develop

- recommendations for additional quality and performance improvement initiatives to meet service delivery plan goals; and plan for addressing projected new demand in service lines where gaps in care exist or are likely to increase;
- iii. A Financial Implementation Plan to define financial objectives, and develop financial modeling to meet proposed goals and initiatives.
- b. Continue the development of a high-functioning healthcare system to meet the needs of Central Health patients by prioritizing near-term improvements in identified service delivery focus areas:
- i. Specialty care access, including continued expansion of endocrinology, cardiology, nephrology, and podiatry; as well as new service areas such as medical weight loss and outpatient dialysis;
 - ii. Health care for the homeless, including expanding street medicine teams, additional mobile services that will support the purchase of an additional mobile unit by CommUnityCare Health Centers, and launching medical respite for homeless MAP members;
 - iii. Behavioral health initiatives, including expanding psychiatry and therapy access in primary care settings, and expanding service through telemedicine;
 - iv. Substance use disorder treatments, including peer support specialist counseling; substance use disorder care transitions; and the expansion of the medication assistance therapy (MAT) program;
 - v. Clinical and patient education, including health equity and implicit bias training for care teams; and introducing dietician pilots and dietician-integration into primary care and adding a clinical education program manager to support patient education;
 - vi. Transitions of care initiatives, including congestive heart failure transitions; infectious disease treatment expansion; remote patient monitoring; medical respite; and outpatient dialysis transitions.
- iii. Implement a sustainable financial model for healthcare delivery, including optimizing the former Brackenridge Campus (n/k/a Downtown Campus) redevelopment to fund Central Health's Mission.
- a. Establish and implement a hospital care and services funding model that is transparent and structured such that any funding commitments and assumptions of risk ensure optimum use of local tax dollars and other public funds. Further, the model should ensure quality, accountability, public benefit, and be based on measurable hospital and specialty services for Central Health's funded patients. This work will require Central Health

to adopt additional operational responsibilities and maintain a sufficient level of reserves.

- b. Present options and approaches to the Board of Managers for the redevelopment of the Brackenridge Campus, optimizing the property as a source of non-tax revenue that will benefit Central Health's patient population.

(iii) acknowledges that culturally, for Central Health to operate and function as an inclusive and equitable employer, organization, and enterprise, we must deliberately focus on the implementation of recommendations from the disparity study for Historically Underutilized Businesses (HUBs), to be completed in Fiscal Year 2022, and continue to foster a workplace that holds space for training, awareness, and activation on behalf of marginalized communities to address the health effects of discrimination, racism, and disproportionate burdens of disease;

(iv) acknowledges that the Central Health Fiscal Year 2022 Budget will require focused improvement of support operations activities to ensure that Central Health, CommUnityCare Health Centers, and Sendero Health Plans, achieve the mission of greater access to care, promote health equity, and reduce health disparities in those we are privileged to serve. Further, with the expansion of health care in Travis County, Central Health, as a government agency, will need to allocate resources to scale operations. The following will be focused improvements in support operations:

1. Finance Procurement Operational Excellence
2. HUB Program Expansion
3. Enterprise Organizational Development for Operations Improvements
4. Administrative Department Expansion
5. Human Resources Recruiting Expansion
6. Human Resources Employee Programs Expansion
7. Public Relations Services Development
8. Technology Operations Expansion
9. Technology Project Management Office (PMO) Expansion
10. Technology Support Ticketing System
11. Technology Applications Expansion
12. Technology Development Expansion
13. Technology Security Expansion

The Board further acknowledges that staff time and resources will be dedicated to maintaining needed levels of operations, in addition to new initiatives and

improvements, in the areas of compliance, technology, facility operations, communications and outreach, administration of the Medical Access Program, human resources, governance, procurement, and sound business and fiscal practices.

Pursuant to Chapter 281 of the Texas Health & Safety Code, the Central Health Fiscal Year 2022 Budget Sources and Uses Summary and any amendments thereto must be approved by the Travis County Commissioners Court before the budget becomes effective. Moreover, any expenditures incurred or paid pursuant to this Central Health Fiscal Year 2022 Budget shall be controlled by the Travis County Healthcare District Financial Policies, and any other policies adopted by the Board related to reserve levels or the expenditure of funds that explicitly require the Central Health Board of Managers' approval. The acquisitions and services funded by Central Health will, to the greatest extent possible, be predicated on the submission of service or business plans that measure viability, sustainability for the intended term, and value to Central Health's mission.

ADOPTED at an open meeting of the Central Health Board of Managers held on the 9th day of September 2021.

Sherri Greenberg, Chairperson

Charles Bell, Vice-Chairperson

Julie Zuniga, Treasurer

Cynthia Valadez, Secretary

Cynthia Brinson, Manager

Shannon Jones, Manager

Amit Motwani, Manager

Maram Museitif, Manager

Guadalupe Zamora, Manager



FISCAL YEAR 2022 BUDGET & STRATEGIC PRIORITIES
COMMUNITY ENGAGEMENT
FINAL REPORT

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EXECUTIVE SUMMARY

To ensure its strategic priorities and budget align with the health care needs of our community, Central Health staff rely heavily on demographic and clinical data. In addition, staff annually prioritize involving residents in a robust community engagement process.

Through systematic community engagement methods, the goal of staff is to involve residents in the planning, implementation and evaluation of Central Health projects. This report thematically summarizes the public input staff have gathered for consideration during the Fiscal Year (FY) 2022 budget development process.

Staff collected public and consumer feedback through Community Conversations, an online survey, one-on-one interviews (by phone), and a public hearing. In addition, staff received comments and answered questions online: participate.centralhealth.net/2022budget.

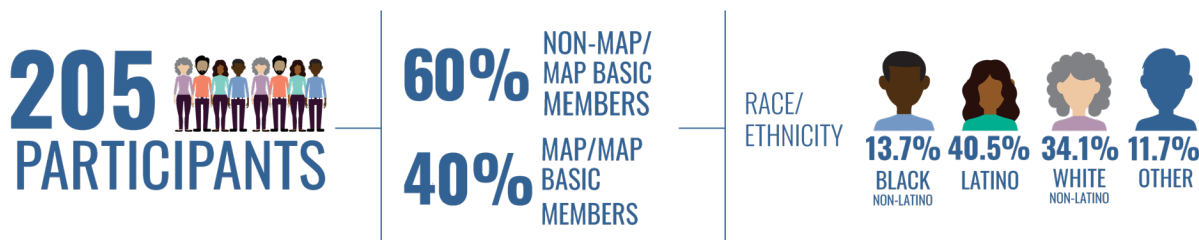
While the budget development process continues through September 21, as of August 16, a total of **237 community members have provided input**.

# of Activities	Type of Activity	# of participants
4	Community Conversations	88*
1	Survey (including One-on-One Interviews)	205
1	Online Comment Form	6
1	Public Hearing	0
Total number of people		299

*As of Sept. 1, the Community Conversation recordings had 1,071 views.

Summary: Survey and Telephone Interviews

205 community members and consumers participated in the online survey and one-on-one interviews. See detailed report in Exhibit A.



Key Findings

- Large majorities of respondents either strongly or somewhat agree with all the proposed budget priorities (Table 1, Exhibit A). The strategies with the strongest support were Healthcare for the Homeless and Transitions of Care (both at 90.6%). Current and former MAP and MAP BASIC members tended to have even more positive views of the proposed strategies.
- Wait times, the referral process, and communication concerns surfaced repeatedly in the structured and open-ended responses from members.
- MAP and MAP BASIC members report higher satisfaction with their clinical care experience than the non-member respondents. Members largely feel that their doctors understand them, that the care team respects their culture, that they are included and have a voice in their care, and that their preferences are taken into account (Table 2, Exhibit A). They also feel more confident about their ability to



manage their health after a visit with a provider and that the amount of information provided at the visit was “about right.”

“Si no fuera por la tarjeta, ya me hubiera muerto.”
Translation: “If it wasn’t for the card, I would have died by now.”
Current MAP member on the impact of having her MAP card.

COMMUNITY ENGAGEMENT APPROACH

As a tax-funded public entity, Central Health uses a systematic approach to community engagement and public participation. This approach employs methods recommended by the Systematic Development of Informed Consent (SDIC) public engagement process from the Institute for Participatory Management & Planning (IPMP), as well as the International Association for Public Participation (IAP2). Both best-practice models are widely used by other local public entities, including the City of Austin, Capital Metro, and the Austin Independent School District.

Tactics & Activities

Central Health staff engage with residents to gather their feedback through community conversations, community advisory committees, online/paper surveys and one-on-one interviews (in person or by phone). In addition, we rely on communications tactics, as well as outreach tactics to ensure we involve our consumers in the public participation process. The graphic below illustrates how Central Health’s four core external relations functions support one another to carry out our strategic objectives.



Because we highly value input from our patient population, we consistently engage them by employing feedback-gathering tactics that meet them where they are. To inform and obtain **feedback** from consumers and patients, we employ the following tactics:

1. Online/paper surveys
2. One-on-one interviews (in person or by phone)

To inform and obtain feedback from the community at-large, we employ the following tactics:

1. Community Advisory Committees
2. Community Conversations

While Community Conversations are meant to cast a wide net to inform and obtain feedback from the general public, community advisory committees are designed to inform and obtain feedback from highly active community members around a particular project – through ongoing dialogue.

Below you'll find a description of each community engagement and communications tactic as well as a sample list of the community groups we have engaged for community outreach purposes.

COMMUNITY ENGAGEMENT TACTICS

Community Conversations

Central Health hosts Community Conversations – or public meetings – to keep the community at large informed. New in 2021, Central Health now holds Community Conversations in English and in Spanish. Additionally, staff ensure accommodations for additional language translation services. Since the beginning of the Coronavirus pandemic, these events have been taking place virtually.

Central Health's FY 2022 Priorities

On Thursday, June 17, staff held two Community Conversations (one in English and one in Spanish) via Facebook Live. Attendees learned about Central Health's 2022 proposed priorities, as well as ways to get involved throughout the budget development process. As of Sept. 1, the English-language recording had 470 views and the Spanish-language had 112 views. Staff addressed the questions and comments during the Q&A portion of the meeting. To view the recording, visit [Facebook.com/CentralHealthTX/live_videos](https://www.facebook.com/CentralHealthTX/live_videos).

Questions and Comments

- “Please include in your budget a proper phone system. The hold times are outrageous! Also the people who answer have no rights to do anything other than make an appointment.”
- “I am glad to see that you are addressing inequality.”

Central Health's FY 2022 Budget

On Thursday, Aug. 26, staff held two Community Conversations (one in English and one in Spanish) via Facebook Live. During these, attendees learned about Central Health's FY 2022



budget. As of Sept. 1, the English-language recording had 408 views and the Spanish-language had 81 views. Staff addressed the questions and comments during the Q&A portion of the meeting. To view the recording, visit [Facebook.com/CentralHealthTX/live_videos](https://www.facebook.com/CentralHealthTX/live_videos).

Questions and Comments

- "Why are we raising tax rates? Appraisals values are up over 10%. Isn't 10% increase in valuations enough? What do the other 88% of Travis County residents with insurance get from Central Health? Can we help reduce the actual cost of health care for the rest of us?"
- "Why do you need a \$68 million admin building? That money should go to opening more clinics and services in Travis County. Funds for the admin. building should have gone to the voters not the Court for approval."
- "I do not have a link to speak - I never received a virtual link, JUST FYI. I support the African American Men's Health Clinic Initiative." "Has Central Health included the proposal for the African American men's Health Clinic?"
- "Is today a community conversation to add to the 205 responses received thus far? Or is this conversation more of a report on a budget that has already been determined?"
- "Central Health funds \$35million a year to the UT Medical School. Why don't you fund CAPITAL IDEA \$300,000 for nurse training for many who receiving services from Central Health. Capital Idea provides education funding the working poor to empower them to better paying jobs, such as nurses. Please provide this funding. Thank you."
- "I would think an increase of 3.5% is more reasonable. Cities and counties are limited by 3.5% increases."
- Is Central Health in support of the creation of a Pubic Health Commission? How can CH help move it forward?
- What's Central Health's plans on dealing with nutritious food as a core social determinant of health
- Does Central Health stand in allyship, partnership and fiscal backing of the African American Health Clinic for the following things: Clinic Lease Project Manager Contracted Services (planning, marketing, community engagement, etc.)?"
- "Is there a budget for special initiatives (specialty care, chronic disease treatment and prevention, mental health) for the groups that are most adversely impacted by long-term health disparities? I'm speaking specifically about the Eastern Travis County residents with a focus on African Americans and people of color. Building clinics is a great level of intervention but engaging the community has to be a priority area. Community trust and inclusion will massage the effectiveness of all programmatic interventions."
- Question 9: "With all the \$\$ Central Health gets why are we still living in a health care desert?"
- Question 10: "How long is the wait time for new patients to be seen in a CommUnityCare clinic?"



Community Engagement Platform

Central Health recently launched a community engagement platform that allows community members to participate, ask questions, and comment on the organization's projects either online or via text (coming soon). People could participate online by visiting participate.centralhealth.net/2022budget. Staff publicized this website page using every community outreach and communication tactic below. Aside from the online survey described above, members of the public had the ability to submit their questions or comments online. Staff addressed each of the questions and comments submitted. A document (see attachment) was uploaded with one of the comments.

Questions and Comments

- "Greetings Board Members. My name is Maria Emerson, member of the Texas Anti-Poverty Project (TAPP). For years others and I have requested funding for Capital Idea, a job training program for the working poor. Capital Idea pays for tuition, books, uniforms, childcare, and transportation. For years we have had a shortage of nurses and now due to the pandemic the urgency has increased tremendously. Please include in the budget Community Care funding for the training of nurses. \$300,000 for Capital Idea through Community Care will allow job training for nurses some from the communities that receive services from Central Health. Please empower the working poor to improve their lives and provide a much-needed service. We will all benefit from this investment. Thank you."
- "Why are we raising tax rates? Appraisals values are up over 10%. Isn't 10% increase in valuations enough? What do the other 88% of Travis County residents with insurance get from Central Health? Can we help reduce the actual cost of health care for the rest of us?"
- "Hi, thank you for the community conversation last week. I am interested in whether Central Health will be providing funding support for the African American's Men's Health Clinic. Thank-you."
- "Following up on last Thursday's presentation of Central Health's budget, I'd like to follow up to provide input -- I will email you a business case summary that has been drafted for the African American Men's Health Clinic and Wraparound Service Model to get the input going. Please know that I am in support of this summary request, as Black men experience the greatest disparities in health of all groups in Central Texas and beyond, and we have yet to see a model specifically designed toward and/or effectively achieving positive outcomes for this group. This is a historical imbalance, created by racist practice and inequity over time for this most vulnerable population, which clearly our policies, practices, and approaches thus far have been unable to resolve. Coming from a Community Based Participatory Approach, which is research based, was well as my lived experience as a Black individual/family and extensive experience in working to support black-led initiatives, businesses, and community-serving strategies in Central Texas now for 28 years, it is clearer to me than ever that our current systems leaders CANNOT develop effective solutions that do not come from the Black community. It is time for Central Health to embrace the approach of supporting a strategic initiative coming from the Black community and, as an equity measure, doing so because it makes sense and adapting its policy and procedure as necessary to achieve in-common priorities of equity and reaching the most adversely impacted, vulnerable populations. There are some business strategic planning best practices that come into play here as well,



which I'd like to share with you and/or the group that will be at the Public Hearing on September 2nd -- my business background consists of a Master's in Business Administration, Public Relations, and a long, successful history of assisting businesses and public systems that are looking to support equity strategies and achieve measurable, tangible results in doing so. We are hoping for a St. David's Foundation grant to complete a full business plan that will bring clarity to these strategies and our recommended approach, but in the meantime, we have enough to strongly recommend that Central Health include some 2022 budgeted funds to support the launch of this initiative."

- "Please know that I support the addition of startup costs for the African American Men's Health Clinic and Wraparound supposed model to Central Health's 2022 budget."
- "As president and CEO of the Austin Area Urban League I fully support the funding of the African American Men's Health Clinic/Initiative in Central Health FY 2022 budget."

Online Survey and Telephone Interviews

To capture feedback from individuals unable to attend Community Conversations, Central Health administered online surveys via its recently launched community platform

(participate.centralhealth.net/2022budget), and

conducted over-the-phone interviews with a representative sample of MAP and MAP BASIC members from June 21 through Aug. 10, 2021. In-person interviews were conducted in places where our target population gathers – clinics, enrollment offices for health coverage programs, schools, faith-based centers, events, etc. Given pandemic restrictions, Central Health staff made direct phone calls to MAP/MAP BASIC members to conduct these interviews. See the detailed results of the online and telephone surveys in Exhibit A.



Meetings with Neighborhood Groups

Throughout the budget engagement process, Central Health staff is taking its Community Conversations on the road to a variety of neighborhood groups, including but not limited to:

- St. John's Neighborhood
- Austin Colony Homeowners
- Del Valle Community Coalition
- City of Creedmoor
- North Austin Civic Association
- Georgian Manor
- Southeast Neighborhood Plan Contact Team
- Anti-Displacement Organizational Team
- LGBTQ2IA+ Coalition



COMMUNICATION TACTICS

Central Health staff use best-practice communication and outreach methods, using a logic model based on the Theory of Change. The model helps ensure we are thoughtful and methodical in the selection, implementation, and evaluation of communications and outreach tactics. Below is a sample of the tactics used during the Budget Engagement process.

Media Relations

Central Health uses a variety of traditional media outreach strategies to inform the community through local media channels.

Paid Digital Advertising

Our paid media efforts specifically target residents with low income living in Travis County. Digital ads are in Spanish and in English. A most recent digital ad reached 1.3 million users, resulting in 7,661 clicks.

Newsletter/Email Invitations

Prior to any Community Conversation, staff send an email invitation and two reminders to a list of more than 6,000 contacts, including elected officials, health care partners, nonprofit organizations, community groups, advisory committees, and Community Health Champions.

Social Media

In addition to the email invitation and reminders, Central Health promotes Community Conversations and any online survey on the organization's Facebook, Twitter, and Instagram social media channels. These posts have historically reached about 1,700 users.

Facebook Group Outreach

Staff share information about Community Conversations and online surveys on 120 Facebook Groups targeting communities of color in Travis County.

Weekly Emails

Staff share information with advisory committee members, Community Health Champions, health care partners, and nonprofit organizations through a weekly email. The information is in both Spanish and English, and it goes to more than 600 contacts. The emails contain information that is ready to be shared by partners via their social media platforms, newsletters or in person. Information about Community Conversations and online surveys is included in these weekly emails.

Phone Calls

Staff engage with MAP members, as well as representatives from community groups, faith-based centers, schools and organizations by phone. MAP members participate in one-on-one interviews while stakeholders are encouraged to spread the word about online surveys.



COMMUNITY OUTREACH PARTNERS

Central Health staff collaborate with a variety of faith-based centers, community groups, schools, and organizations to raise awareness of health care services and health care coverage programs. They also share information about ways to participate in our public involvement process to ensure we hear from all walks of life in Travis County. Below is only a sample list of faith-based centers, community groups, schools, and organizations with whom we have continuously engaged.

Community groups

- AC Rivercreek HOA
- African American Heritage Network
- Austin's Colony Homeowner's Association
- Austin Latino Coalition
- Chaparral Crossing Neighborhood Association
- Colony Park Neighborhood Association
- Community Resilience Trust ATX
- Del Valle Community Coalition
- Dove Springs Proud
- Forest Bluff Residential Association
- Hispanic Advocates Business Leaders of Austin (HABLA)
- Hermanos de East Austin
- Hispanic Women's Network of Texas – Austin Chapter
- Hispanos Network of Austin
- Kennedy Ridge Community
- Latinos Ready to Vote
- Network of Asian American Organizations
- Phase III Austin's Colony HOA
- Taiwanese American Professionals – Austin Chapter
- Travis County Hispanic Network

Faith-based centers

Central Health is in continuous communication with about twelve faith-based centers in Eastern Travis County that reach communities of color. Central Health provides these faith-based centers with information to share with congregants.

- Austin Eastview Church of God
- Center Union Missionary Baptist Church Creedmoor
- Church of Christ at Eastside
- David Chapel Missionary Baptist Church
- Greater Mt. Zion
- Holy Cross Catholic Church
- Hornsby Bend Assembly of God
- New Hope Missionary Baptist Church
- Pleasant Valley Missionary Baptist Church
- San Francisco Javier Catholic Church
- San Juan Diego Catholic Church
- Santa Barbara Catholic Church



Organizations

- Asian American Resource Center
- Asian Family Support Services of Austin
- Austin Voices for Education & Youth
- City of Pflugerville
- Commission on Immigration Affairs
- Community Coalition for Health
- Go! Austin/Vamos! Austin
- Greater Austin Asian Chamber of Commerce
- Greater Austin Black Chamber of Commerce
- Greater Austin Hispanic Chamber of Commerce
- Greater Austin LGBT Chamber of Commerce
- Latino HealthCare Forum
- OneVoice Central Texas
- Workers Defense Project
- Young Hispanic Professional Association of Austin

Schools

- Austin ISD
- Austin Achieve Public Schools
- Barbara Jordan Elementary School
- Creedmoor Elementary School
- Decker Middle School
- Del Valle ISD
- Dailey Middle School
- Gilbert Elementary School
- Hornsby-Dunlap Elementary School
- KIPP Texas Public Schools
- Manor ISD
- Manor Senior High School
- Pflugerville ISD
- Volma Overton Elementary School



EXHIBIT A: SURVEY SUMMARY RESULTS

Background:

In support of the Fiscal Year 2022 (FY22) budget development process, Central Health actively engaged MAP/MAP BASIC members and the community June 24 through August 10, 2021 for input on the proposed budget priorities. The Community Engagement and Outreach team worked with the Analytics and Reporting team to develop, test, and deploy bilingual (English/Spanish) online and telephone surveys designed to capture community input in a structured way while still allowing respondents to provide additional feedback through open-ended responses. While largely similar to the online survey, the telephone survey was adapted and reduced in length: Several questions around facility expansion, fiscal, equity, and sustainability were not asked of the telephone respondents.

The results provided in this document are based on 205 total responses - 147 online surveys open to the public and 58 targeted telephone surveys of MAP and MAP BASIC members. 81 total MAP and MAP BASIC members are included in the sample (40% of the total). The question-specific denominator varies as not all respondents answered every question.

Survey Goals:

- 1.) Educate the public and members about Central Health's functions, how it pays for medical services and its budget priorities and strategies for FY22.
- 2.) Gather input from Central Health MAP/MAP BASIC members and the community at-large on the proposed budget priorities and strategies.

Key Findings:

- The sample captures diverse community roles, ages, races, ethnicities, gender identities, geography, and primary language and is broadly representative of the Central Health MAP and MAP BASIC member population (Table 5, page 9). Females, English speakers, persons 45-64 years of age, and Black/African American respondents are overrepresented in the sample compared to their proportion in the FY2020 Central Health member cohort.
- Large majorities of respondents either strongly or somewhat agree with all the proposed budget priorities (Table 1, next page). The strategies with the strongest support were Healthcare for the Homeless and Transitions of Care (both at 90.6%). Current and former MAP and MAP BASIC members tended to have even more positive views of the proposed strategies.
- Wait times, the referral process, and communication concerns surfaced repeatedly in the structured and open-ended responses from members.
- MAP and MAP BASIC members report higher satisfaction with their clinical care experience than the non-member respondents. Members largely feel that their doctors understand them, that the care team respects their culture, that they are included and have a voice in their care, and that their preferences are taken into account (Table 2, page 3). They also feel more confident about their ability to manage their health after a visit with a provider and that the amount of information provided at the visit was "about right."
- Respondents provided hundreds of responses to open response questions soliciting their input, particularly on the topics of service expansion and specialty care access.
- The level of financial knowledge about Central Health's operations is low, with majorities of respondents underestimating how much of the budget Central Health spends on health care while overestimating the Central Health tax burden for Travis County residents and businesses.



Table 1: Summary of Respondent Agreement/Disagreement with Proposed Strategies

Strategy	Strongly Agree/Somewhat Agree	Neither Agree Nor Disagree	Strongly Disagree/Somewhat Disagree	Don't Know/Unsure
1. Service Expansion to Meet Clients Where They Are: New Facilities (n=204)	88.7%	8.3%	3.0%	0.0%
2. Service Delivery Focus Area: Specialty Care Access (n=204)	82.4%	15.2%	2.0%	0.4%
3. Service Delivery Focus Area: Healthcare for the Homeless (n=204)	90.6%	4.4%	5.0%	0.0%
4. Service Delivery Focus Area: Behavioral Health (n=192)	82.8%	6.8%	7.8%	2.6%
5. Service Delivery Focus Area: Substance Use Disorder Treatment (n=201)	89.0%	8.0%	2.0%	1.0%
6. Service Delivery Focus Area: Transitions of Care (n=201)	90.6%	7.0%	2.0%	0.4%
7. Service Delivery Focus Area: Clinical and Patient Education (n=201)	86.0%	9.0%	5.0%	0.0%
8. Building a Culture of Equity (n=147)	78.9%	9.5%	11.6%	0.0%
9. Long-term Sustainability (n=147)	83.6%	6.8%	9.6%	0.0%

In the following sections of this report, we drill down into each of these strategies to look at differences between MAP/MAP BASIC members and other respondents in greater detail, as well as the open responses provided by the respondents for insights into how Central Health can continue to improve the quality of care for the communities we serve.

The clinical experience of Central Health's MAP and MAP BASIC members is extremely important to Central Health and its care partners. Table 2 summarizes member responses across seven clinical experience domains. Interestingly, members rated each of these domains more positively than did the other respondents. The sections for Strategies 6 and 7 delve more deeply into the findings.



Table 2: Summary of Clinical Experience for MAP/MAP BASIC members (n=81)

Clinical Experience Questions	Rarely/Neve er	Some of the time	All/most of the time	
Thinking about your own experience with health care, how often did you feel like you or someone you cared about “got lost” between providers?	27.3%	27.3%	45.4%	
	Strongly or somewhat agree	Neither agree nor disagree	Somewhat or strongly disagree	Don't know/Unsur e
My doctor understands me.	82.1%	5.1%	11.5%	1.3%
The care team respects my culture.	84.6%	7.7%	7.7%	0.0%
I am included and have a voice in my care.	87.2%	5.1%	7.7%	0.0%
My preferences are taken into account.	80.8%	6.4%	12.8%	0.0%
	Very or somewhat confident	Neutral	Not very or not at all confident	Don't know/Unsur e
How confident do you typically feel about your ability to manage your health after leaving a medical visit?	88.5%	3.8%	6.4%	1.3%
	About Right	Too much	Not enough	Don't know/Unsur e
How do you feel about the amount of information your health care providers give you?	74.4%	5.1%	19.2%	1.3%

Methods:

Engagement, Outreach, and Data Analytics staff deployed the surveys in two formats – online and telephone – as well as in two languages (English and Spanish).

Staff conducted the online survey using Central Health's new Bang the Table engagement platform (participate.centralhealth.net). This site included infographics, videos, and considerable text and took around 20 minutes to complete during pilot testing.

Staff then adapted the telephone survey from the online survey and streamlined it to reduce its length and generate a more organic conversation with the respondent. Staff captured the telephone surveys in REDCap. Each survey taking around 30 minutes to complete during pilot testing. The Community Outreach team conducted the phone survey interviews of a representative random sample of 691 current and former MAP and MAP BASIC members in their preferred language. Up to three call attempts were made both during business hours and after hours as requested by the member.

Staff merged, cleaned, recoded, and translated the four data sets as necessary. Staff used Structured Query Language (SQL) to join additional data elements from existing tables, such as race/ethnicity and city/ZIP for member phone interviewees.



When analyzing survey responses in Spanish, staff conducted translations using the DeepL Translator (<https://www.deepl.com/translator>). English translations are provided below the original Spanish response within the same cell. Aside from translation, the respondent comments were not edited in any way.

The cleaned master data table was connected to Tableau for analysis and visualization purposes. As appropriate, qualitative open responses were analyzed for their valence (positive, neutral, mixed, negative) and theme or category. Where possible, quantitative results are presented as percentages to one decimal place. Null values were generally excluded. Both survey tools are available upon request.

Results: Demographics

Total respondents: n=205

Table 3: Number of Completed Surveys by Survey Method and Language (n=205)

Survey Method	Language	Number of Responses	% of Total
Online survey	English	143	69.8%
	Spanish	4	2.0%
Telephone survey	English	34	16.6%
	Spanish	24	11.6%

Figure 1: Age of All Respondents, by Five-year Age group and Survey Method (n=189)

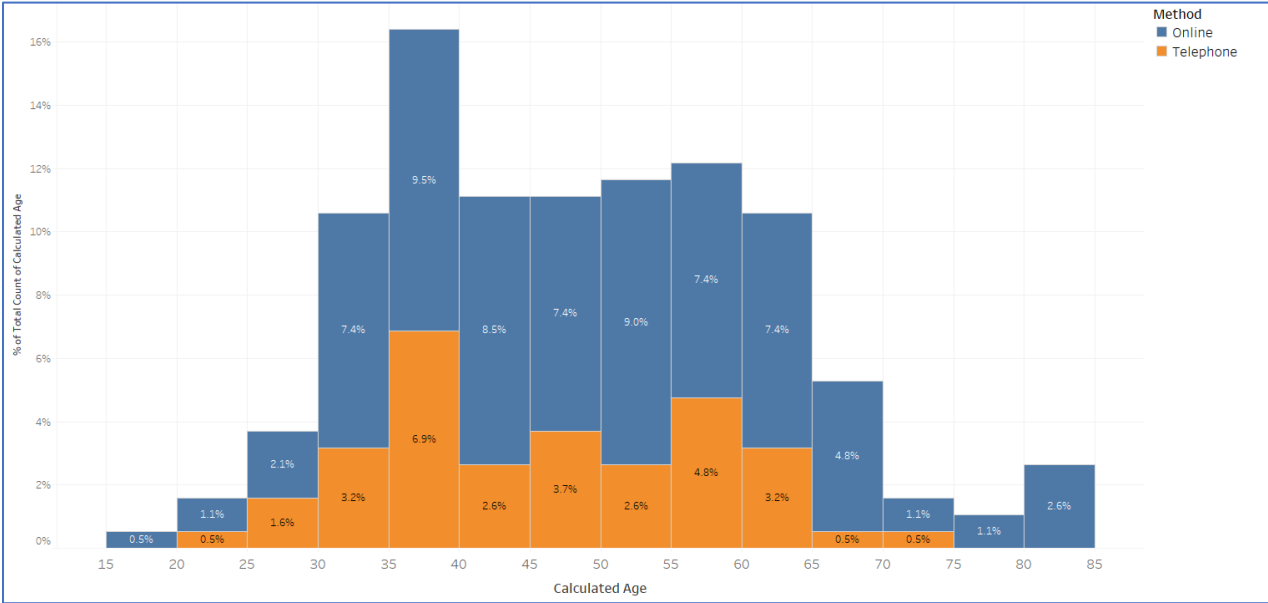


Figure 2: Gender Identity of All Respondents

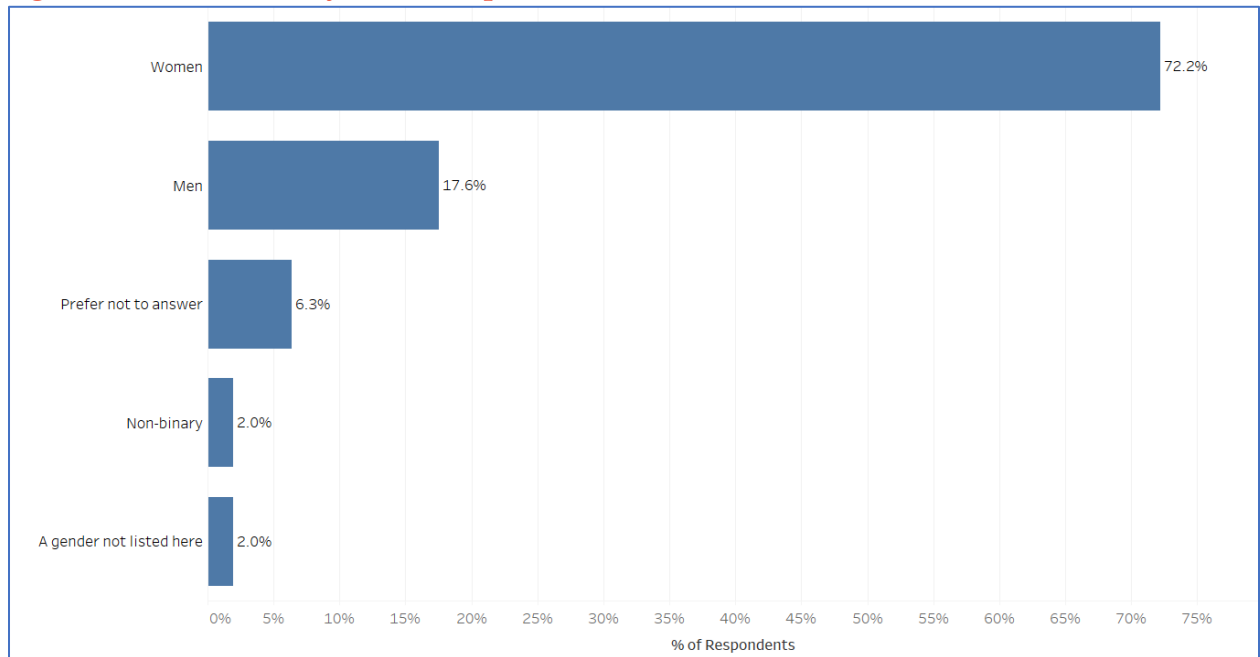


Figure 3: All Respondents by Race/Ethnicity

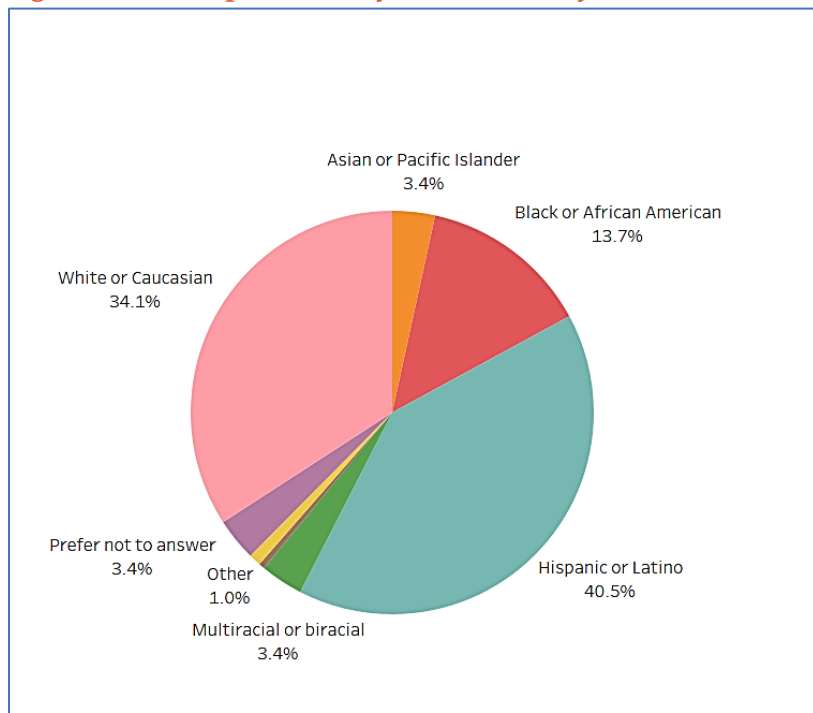


Figure 4: All Completed Surveys by Language

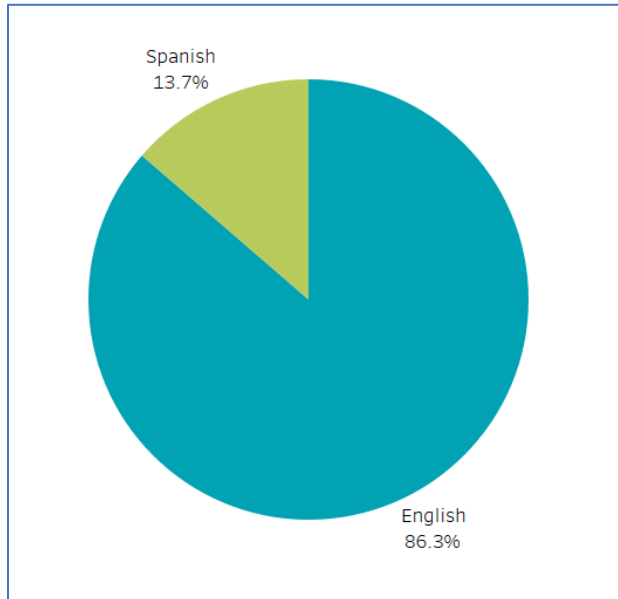


Figure 5: All Respondents by Self-Described Community Role

Note: Respondents could select multiple community roles, so these categories are not mutually exclusive.

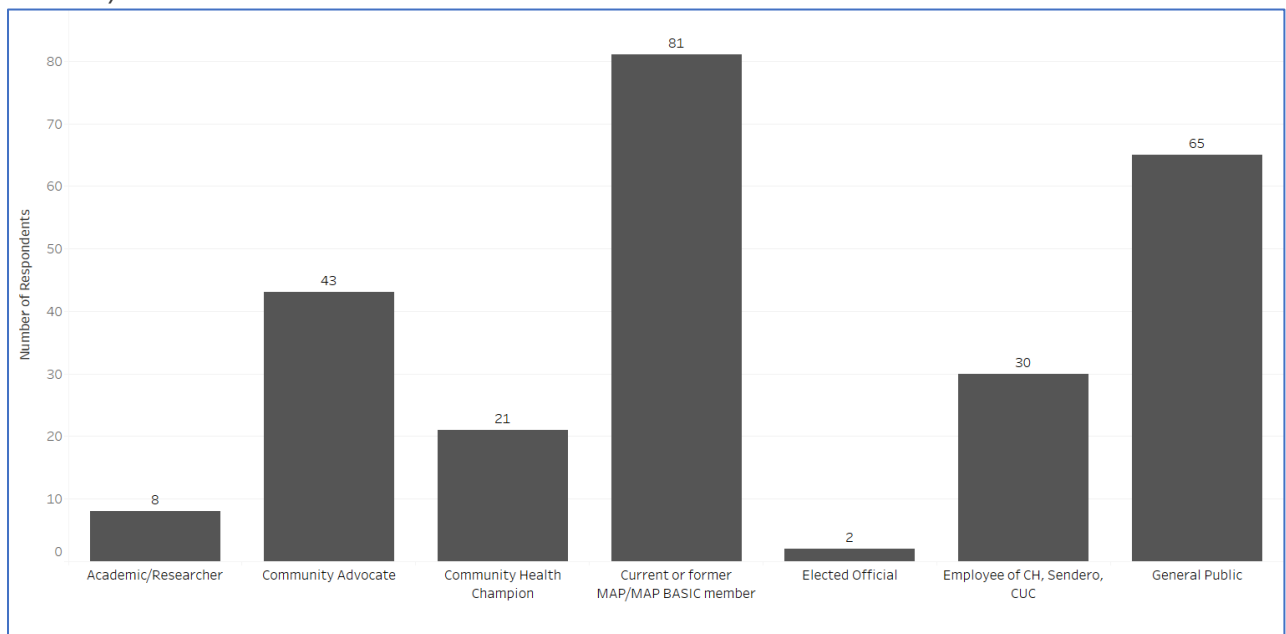
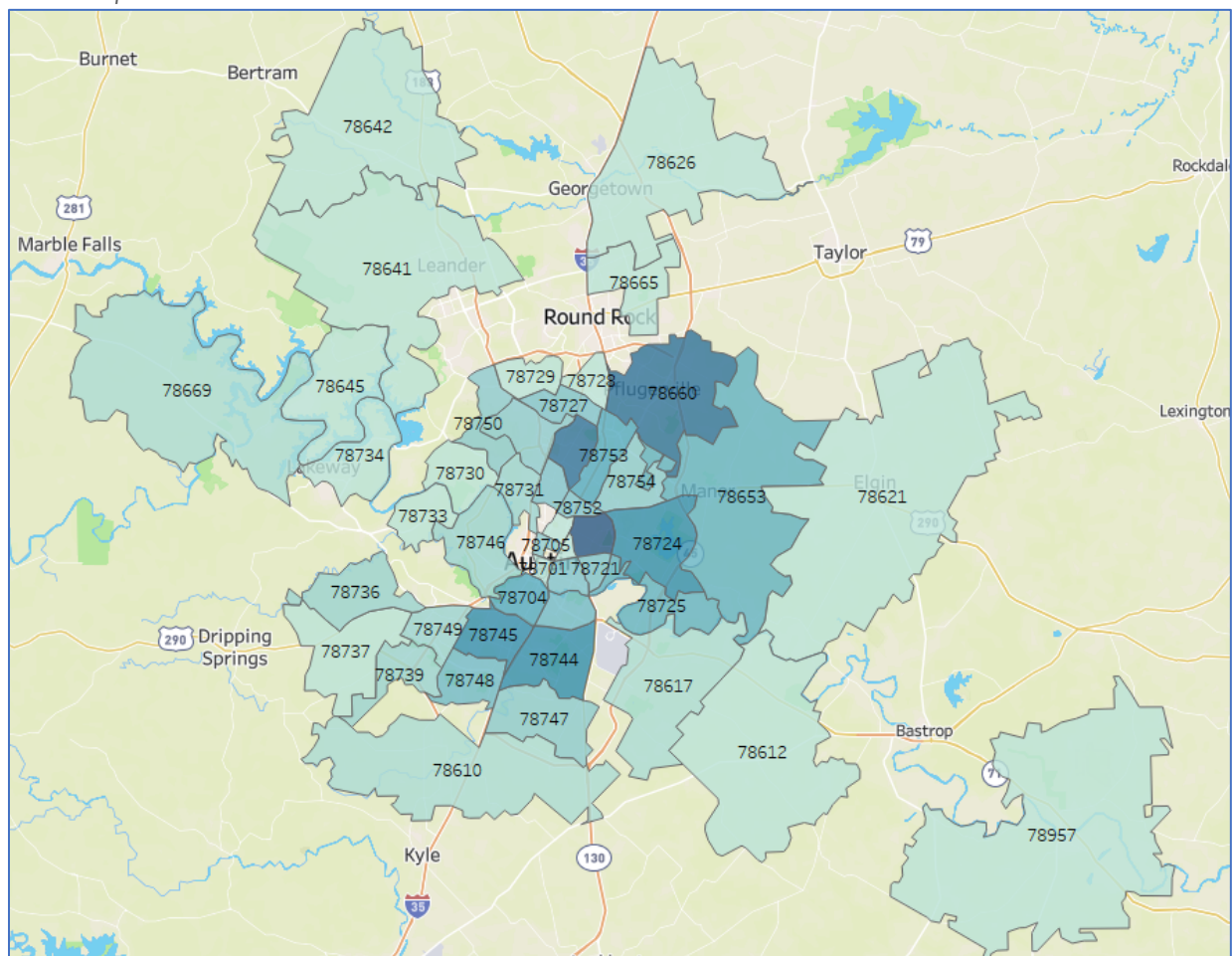


Figure 6: Map of All Respondents by ZIP Code

Total Respondents n=200



Respondents represent nearly every ZIP code in Travis County as well as a small number of persons living in other counties. The IH-35 corridor and East Austin are well-represented, as is Pflugerville. An analysis of the number of respondents by ZIP code also shows representation by the high priority ZIP codes identified in the FY2020 Demographics Report.

Table 4 provides a comparison of the 81 current and former MAP and MAP BASIC members in the survey sample to the overall FY2020 Central Health member population. Because of the small sample size, it is important to understand how representative the sample is of the target population.

Table 4: Demographic Comparison of MAP/MAP BASIC Sample Population to FY2020 Central Health member population (n=81, online and telephone surveys combined)

Dimension	Current or Former MAP/MAP BASIC members (n=81)	FY2020 Central Health member population (n=108,102)	Difference
Men	21.0%	45.4%	(24.4%)
Women	72.8%	54.4%	17.4%
Non-binary	2.5%	Unknown	2.5%
A gender not listed here	1.2%	Unknown	1.2%
Prefer not to answer	2.5%	Unknown	2.5%
White or Caucasian	21.0%	11.3%	9.7%
Hispanic or Latino	45.7%	65.8%	(20.1%)



Black or African American	25.9%	6.6%	19.3%
Asian or Pacific Islander	0.0%	2.6%	(2.6%)
Other race/biracial/multiracial	6.2%	6.9%	(0.7%)
Race/ethnicity unreported	1.2%	6.8%	(5.6%)
English as primary language	65.4%	39.0%	26.4%
Spanish as primary language	34.6%	49.3%	(14.7%)
Age 18-45 years	51.9%	56.9%	(5.0%)
Age 46-64 years	44.3%	24.7%	19.6%
Age 65+ years	3.8%	3.6%	4.7%

In general, it is difficult to get a perfectly representative sample of a larger population. For the purposes of these surveys, the sample is reasonably diverse and representative of the overall MAP/MAP BASIC population – that is, the proportions were not much more than 20% away from the target population. However, there were some notable exceptions. First, the member sample is overwhelmingly and disproportionately female with almost three out of every four responses being from women. Second, Hispanics/Latinos were underrepresented by about the same percentage that Black/African Americans were overrepresented. Third, and probably related to the underrepresentation of Hispanics/Latinos, English language speakers were overrepresented and thus Spanish language speakers were underrepresented equally. Lastly, persons ages 46-64 were overrepresented. However, it should also be noted that minors are excluded entirely from the sample.

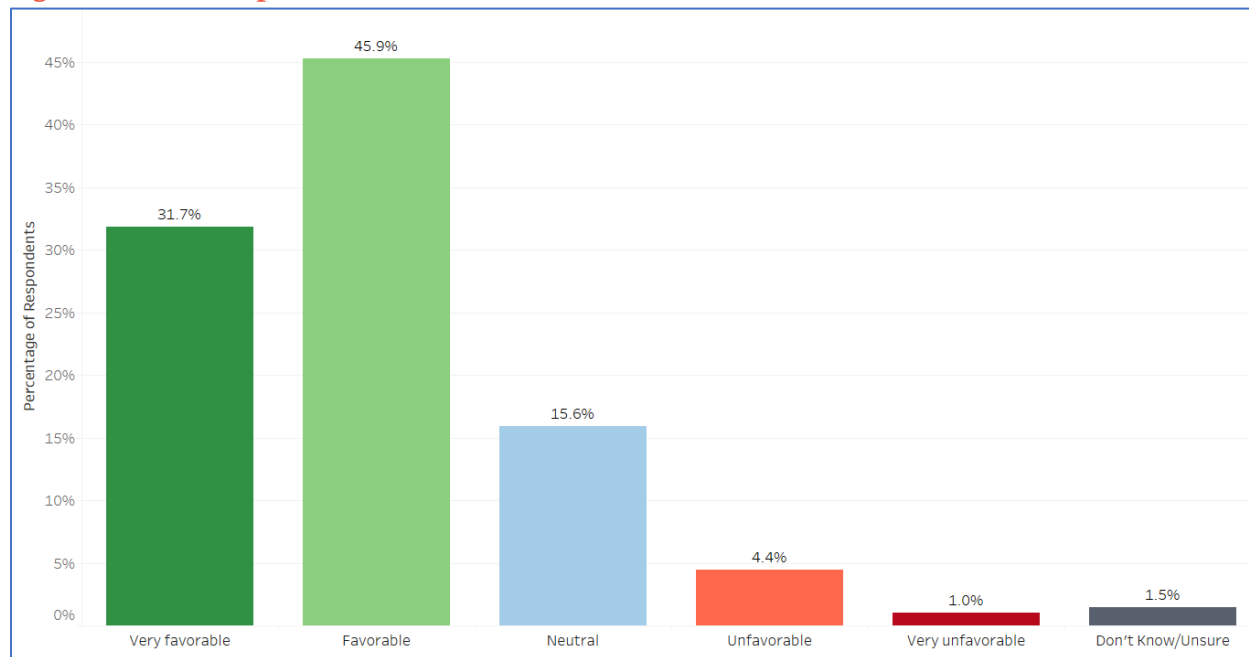
Results: Goal 1 - Educate the public and members about Central Health's functions and funding

Subjective Overall Impression of Central Health (pre/post)

Total number of respondents: n=205

Respondents were asked at the beginning of the survey to rate their current impression of Central Health, from Very Unfavorable to Very Favorable (Figure 7). 77.6% of respondents had an initial overall impression of Central Health that was either Favorable or Very Favorable.

Figure 7: Initial Impression of Central Health



After all the information in the survey was presented, the respondents were asked how their impression had **changed after they had learned more about Central Health and its priorities for next year** from Less Favorable, About the same, or More Favorable (Figure 8, next page). Generally, respondents who were initially Favorable or Very Favorable tended to respond their impression was either More Favorable or About the Same after learning more through the survey. Respondents who were initially Neutral to Very Unfavorable tended to report that their impression after the survey was About the Same. Where respondents did report a change in their impression of Central Health after taking the survey, it was almost exclusively toward More Favorable.

Figure 8: Impact of Survey on Impression of Central Health



Percentage of Budget Spent on Health Care

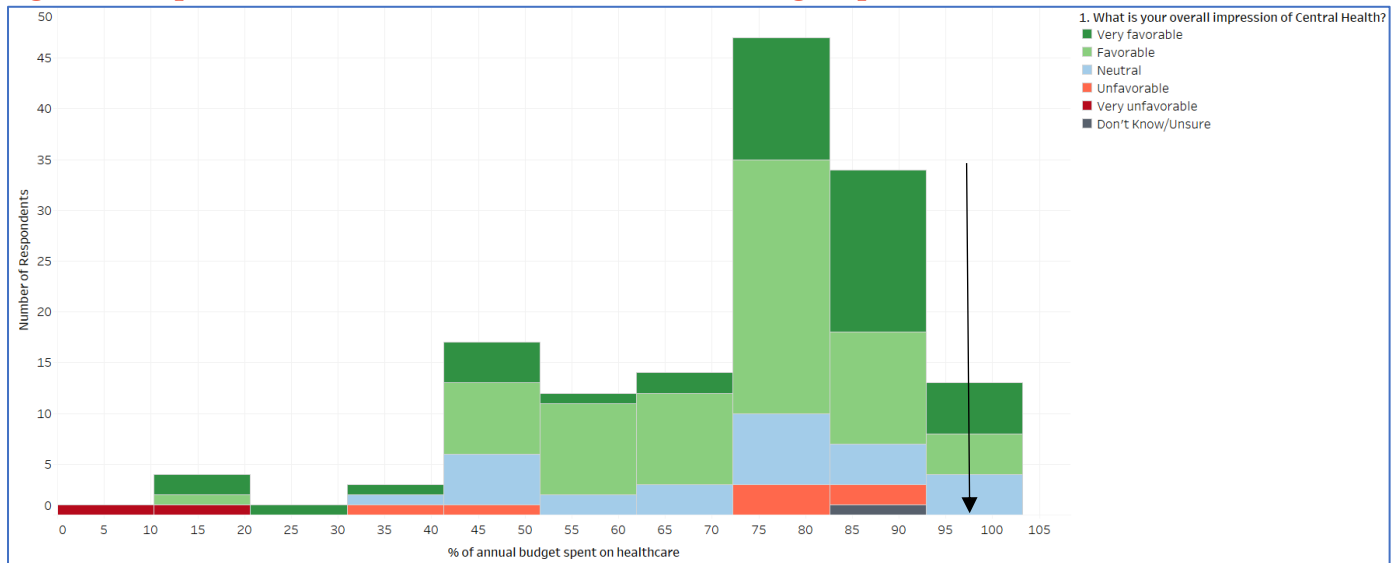
Total number of respondents: n=146

Almost all of the survey respondents vastly underestimated how much of Central Health's budget is used for health care (Figure 9). Interestingly, the more favorably the respondents thought of Central Health, the less they thought Central Health spent on providing medical care.

The Neutral respondents tended to have higher expectations of Central Health for the percentage of the budget spent providing medical care. The actual value for Fiscal Year 2020 (FY20) was 97%, indicated by the black arrow (Figure 9, next page).



Figure 9: Respondent estimates of % of Central Health Budget Spent on Health Care

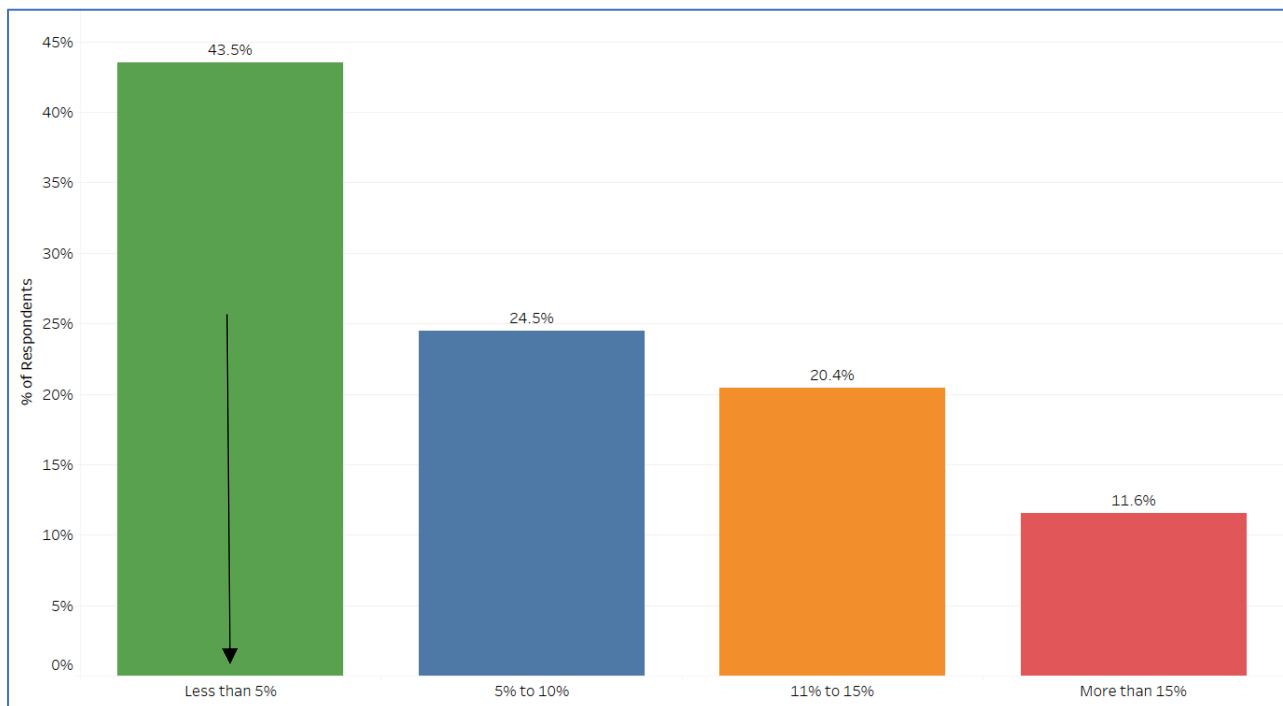


“What percent of Travis County taxes would you guess is spent funding Central Health?”

Total number of respondents: n=147

Respondents were asked to pick from a list of ranges to estimate the percentage of Travis County taxes that were used to fund Central Health (Figure 10). Less than half the respondents guessed the correct range (4.38% in FY20, black arrow). Most respondents significantly overestimated the tax burden of Central Health on the taxpayers of Travis County. This may be an opportunity for continued community engagement and education.

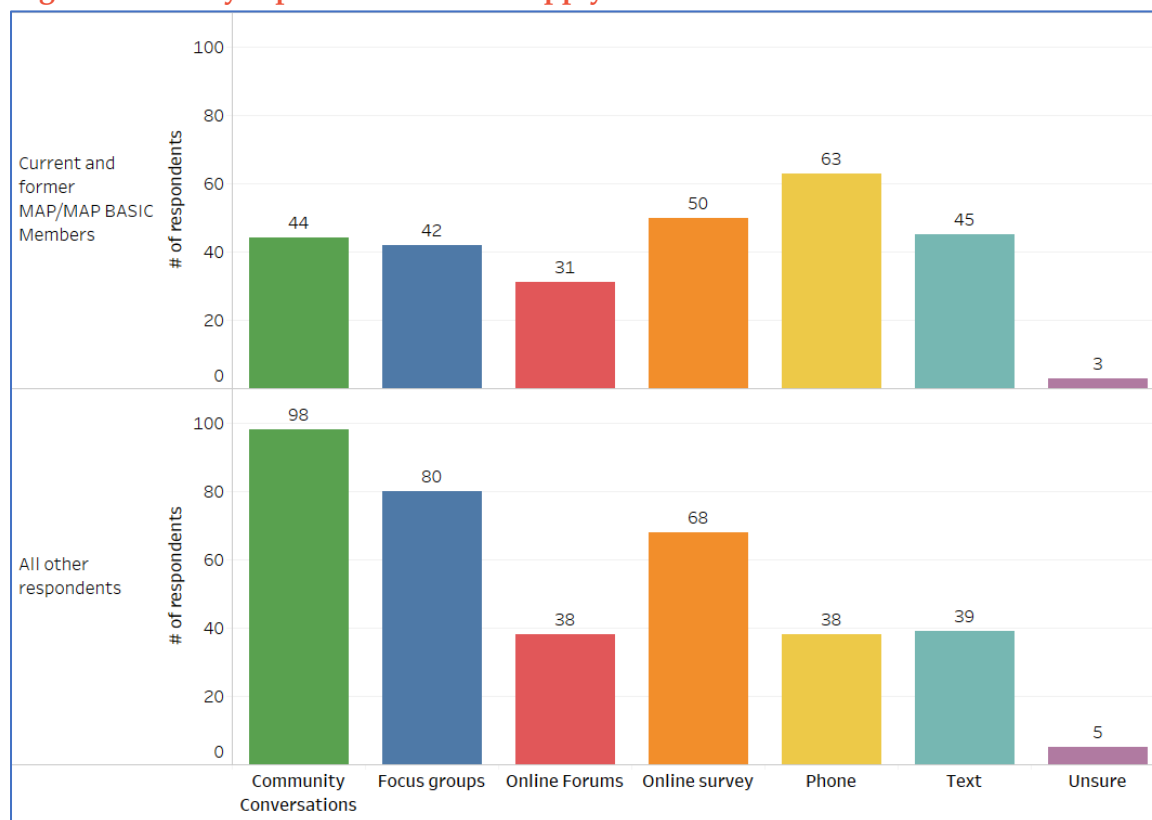
Figure 10: Respondent estimates of Percentage of Travis County Taxes Used for Central Health



Survey respondents were also asked about their preferred methods for providing community input in the ongoing strategic planning process (Figure 11, next page).

As seen throughout this report, there are important differences between the current or former MAP/MAP BASIC members and all the other respondents. For this reason, most of the results are stratified by what is termed “Community Role.” While all of the phone survey respondents were verified members, online respondents could indicate one of their community roles was as a current or former MAP/MAP BASIC member. Because responses were collected anonymously, there is no way to verify membership.

Figure 11: Central Health is hiring a consultant to help us evaluate our system and help plan for the future based on community input. What do you think would be the best ways for us to get community input? Select all that apply.



MAP/MAP BASIC members preferred phone and online surveys, whereas other respondents preferred Community Conversations and focus groups. This may be attributable to the mode of contact, since the majority of MAP/MAP BASIC members were contacted directly by phone. In the online survey, the sample is dominated by non-members. It may also reflect socioeconomic differences in the two groups, such as availability of time for in-person meetings and focus groups. Also, the impact of the continued COVID-19 pandemic is apparent in several of the open responses. Where in-person events may generally be preferred, there is evidence that some respondents are concerned about face-to-face meetings.

Respondents also provided suggestions for other ways that Central Health could solicit input. Some of the most frequently mentioned were:

- Mailing surveys to members
- Holding group events like block parties at apartment complexes, back-to-school events
- Conducting in-person interviews at clinic locations



Results: Goal 2 - Gather community input on the proposed budget priorities and strategies

Strategy 1: Service Expansion to Meet Clients Where They Are

Our Proposed Solution:

Currently, Central Health is excited to be planning three new community health centers in Hornsby Bend, Del Valle, and Colony Park.

After being presented with additional details, respondents were asked to rate their level of agreement/disagreement with four statements about the new facilities. These results are summarized in Table 5 below.

Table 5: Summary of Attitudes Towards the New Facilities, all Respondents

	Strongly agree/somewhat agree	Neither agree nor disagree	Strongly disagree/somewhat disagree	Don't know/Unsure
The new facilities will benefit the community (n=203)	89.7%	7.4%	1.0%	2.0%
Services well-matched to needs of community (n=147)	74.8%	15.6%	2.0%	7.5%
Would enjoy receiving care at the new facilities (n=147)	50.4%	30.6%	9.5%	9.5%
Important community gathering places (n=147)	80.3%	14.3%	4.8%	0.7%

However, this isn't the full story. Those respondents who were either former or current members viewed the questions through the lens of their direct experience with Central Health and were generally more positive in their responses. This trend continues throughout the survey results, with some exceptions.



Figure 12: Central Health’s new facilities will benefit the community

Total number of respondents: n=203

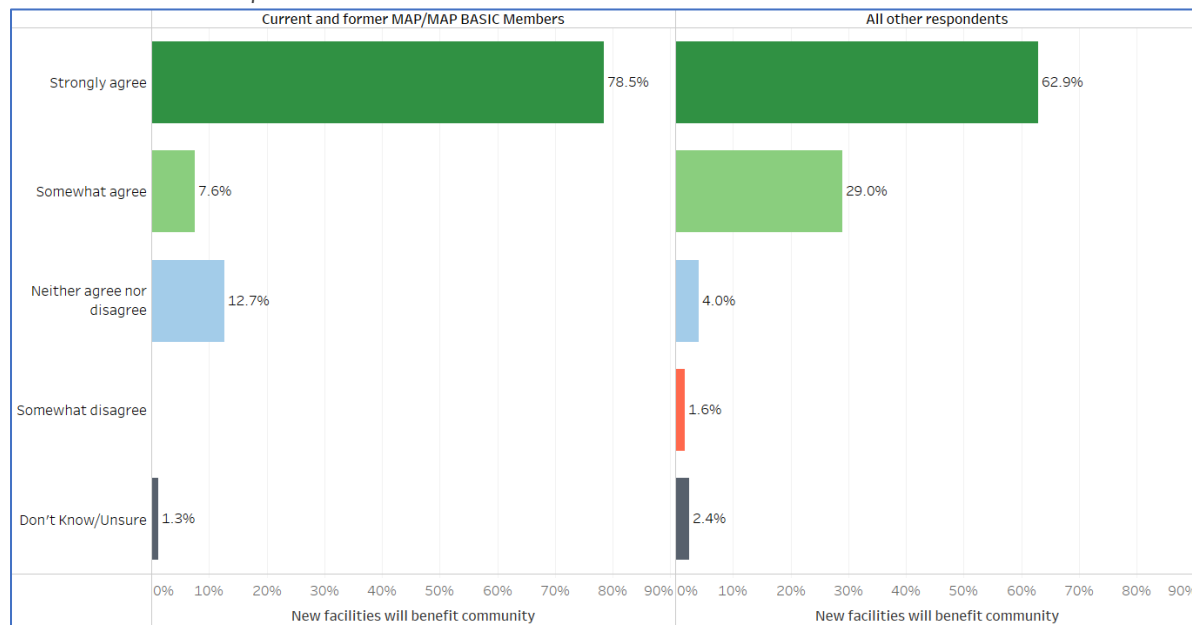
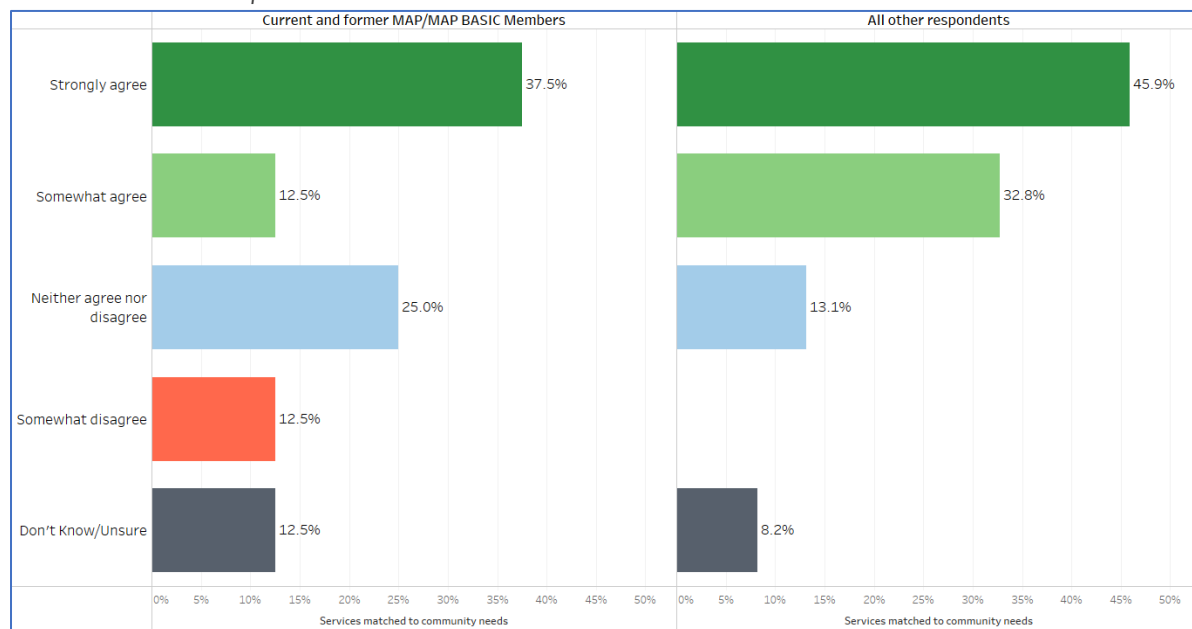


Figure 13: The services to be provided are well matched to the needs of these communities.

Total number of respondents: n=147

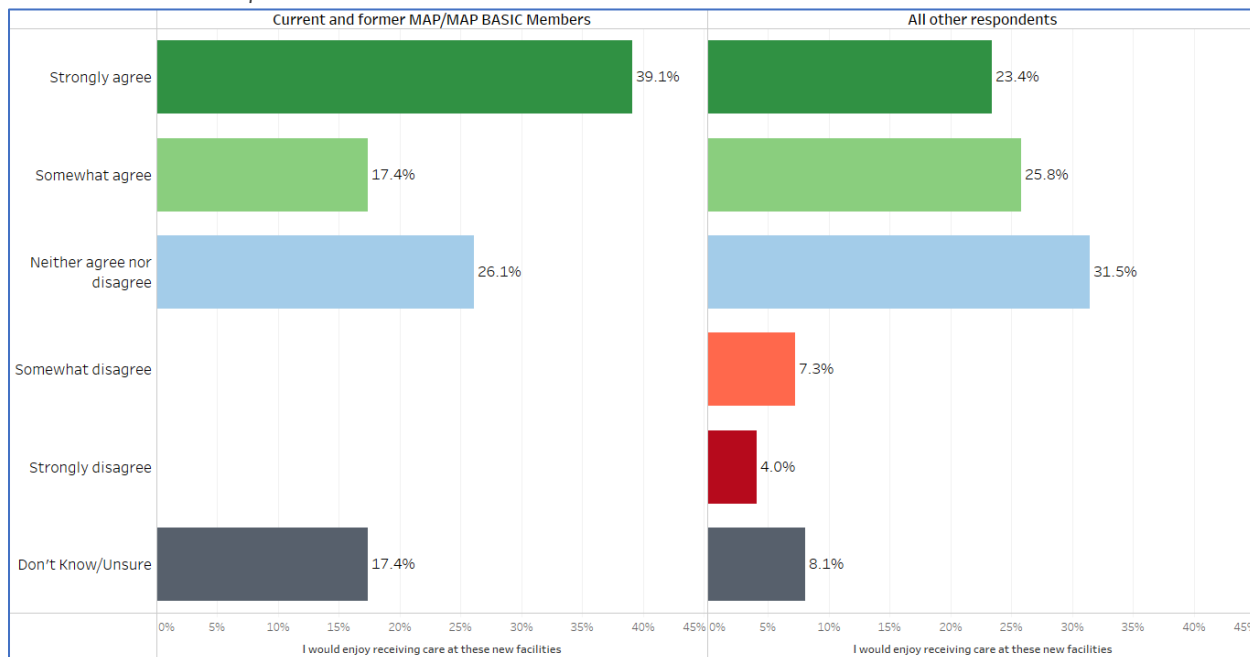


This response is an exception to the larger trend – members were **less** positive on this question about the services being well-matched to the needs of these communities. Some of the respondents mentioned in their open responses that they were not familiar with one or more of the communities, and as such couldn't say whether the facilities were well-matched to those communities. This is also visible in the Neither Agree nor Disagree and Don't Know/Unsure bars on Figure 13 above.



Figure 14: I would enjoy receiving care at one of these facilities.

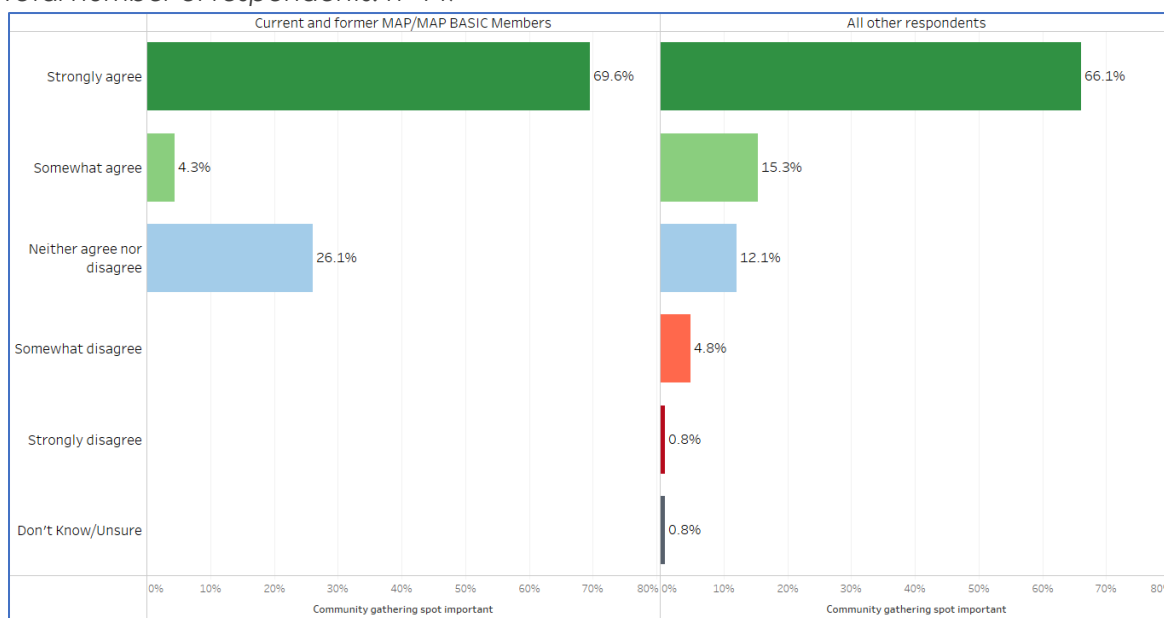
Total number of respondents: n=147



These results are somewhat surprising, because of the high level of uncertainty. Members are more positive than other respondents, but still have high levels of Neither agree nor disagree and Don't Know/Unsure. This may be an opportunity for education and promotion of the quality-of-care experience planned for these new facilities.

Figure 15: It is important to me that these facilities be places where the community can gather.

Total number of respondents: n=147

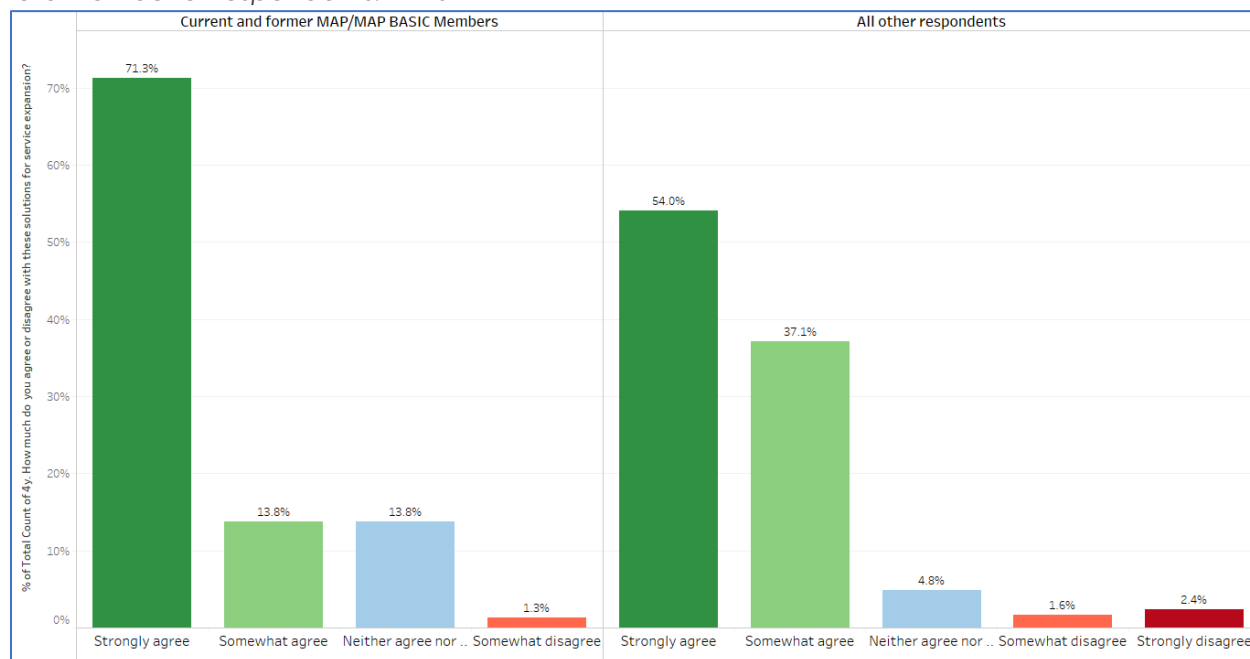


Survey respondents submitted 66 additional comments about the proposed new facilities. Of those, 31 were positive (47%), 30 were neutral (45%), 1 was mixed, and 4 were negative (6%). These comments were generally:

- Requests for more facilities and for facilities in other areas that don't have nearby clinics,
- Requests for extended hours of operation to better accommodate working families,
- Inquiries about assessments of the needs of youth and teens in these communities,
- Suggestions for enhancements, like electric vehicle charging, dog parks, on-site childcare,
- Suggestions for on-site wraparound services, like evening health education classes,
- Emphasis on integrating mental and behavioral health into primary care, and
- Requests to try to hire staff and contractors for the new facilities from these communities

Figure 16: Respondent agreement or disagreement for service expansion solutions

Total number of respondents: n=204



Members were more strongly positive on this strategy of facility development than other respondents, but support is high overall.

16 respondents somewhat or strongly disagreed with the service expansion strategy. Their comments were largely:

- Questions about the cost and sustainability,
- Concerns about patient transportation, particularly via public transit,
- Requests for additional services, like allergists, vision, nutrition, and wellness, and
- Requests for Central Health to “first, do the basics well” – reducing phone wait times, decreasing no-show rates, improving follow-up, and increasing the quality of care at existing sites

Strategy 2: Specialty Care Access

Total number of respondents: n=194

Our Proposed Solutions:

Central Health currently helps by coordinating care and providing medical management across the health care system so clients can focus on their health instead of the hassle.



Central Health currently provides access to 29 different specialties to clients, but provider availability, wait times, and eligibility can be an issue for some clients. In the year ahead, we will work to improve timely access to specialists by expanding access to more specialties for more clients, including a focus on:

1. Cardiology - treat problems with the heart and cardiovascular system

All respondents were asked to choose their top three barriers to specialty care access. The top barriers were:

1. **Wait time (n=159)**
2. **Choice of specialists (n=105)**
3. **Getting a referral (n=99)**

2. Neurology - treat problems with the brain, nerves, and spinal cord
3. Rheumatology - treat problems due to the immune system attacking joints, muscles, bones, and/or organs (arthritis, etc.)
4. Wound care - care for wounds, especially those that take a long time to heal
5. Podiatry - treat problems with the feet
6. Nephrology – treat problems with the kidneys, including dialysis outside of the hospital

When asked about specialty care barriers, respondents had a lot to say. Ninety-one comments were submitted about additional barriers. The valences of the comments are summarized in Table 6.

Table 6: Other Specialty Care Barriers, by Group and Valence (n=91)

Community Role/Group	Positive	Neutral	Mixed	Negative	Grand Total
Current and former MAP/MAP BASIC Members	2	9	1	12	24
All other respondents		43		24	67
Grand Total	2	52	1	36	91

These comments were further grouped into emergent themes using thematic qualitative analysis. Table 7 provides a summary of the top five themes mentioned in the respondent comments. Other barriers mentioned were:

- trust/fear of the medical system,
- access to on-site childcare,
- respite for caregivers,
- access to allergists, and
- fiscal/housing stability.

Table 7: Summary of Top Five Other Specialty Care Barriers, by Category

Themes	Examples	Number of comments
Accessibility	Extended hours, difficulty getting an appointment, very long hold times on the phone, time between diagnosis and treatment, distance to care/area of	36



	town not convenient, length of process to seek care, limited choices of providers.	
Communication	Culturally competent and respectful care, patient education, lack of knowledge about services, language barriers, healthcare literacy, communication between providers and care teams.	25
Wait Times	Excessive wait times for specialists, providers	20
Care Coordination	Broken referral process and lack of “closing the loop” on the referrals, multiple intakes at different providers, lack of patient navigation.	14
Language	Not enough Spanish-speaking providers, rude treatment by staff to Spanish clients, assistance with completing forms/paperwork.	11

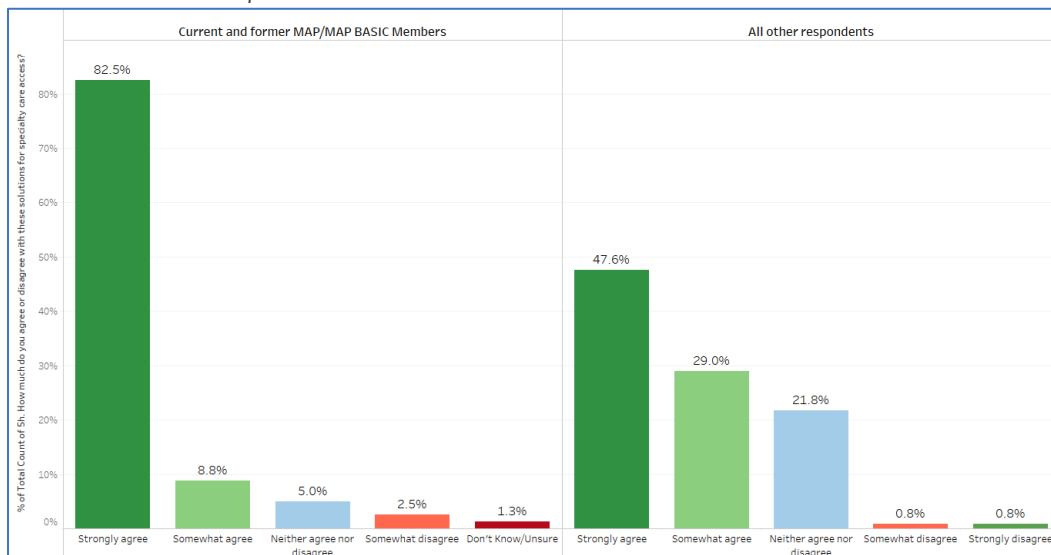
Respondents also had a lot of suggestions for improving specialty care access. Many of the responses again mentioned the impact of the long wait times and the need for a patient-centered approach that removes barriers to care:

- extended hours,
- on-site childcare,
- providing/paying for transportation,
- “one stop shopping” points of care,
- minimizing the number of different places the patients need to go,
- reducing wait times through increased providers and specialists,
- improved care coordination, and
- fixing the referrals process.

It should be noted that both members and employees noted the issues with the referral process.

Figure 17: Respondent agreement or disagreement for specialty care access solutions

Total number of respondents: n=204



The specialty care access strategies have broad support, and members are more strongly in favor than other respondents. Where respondents disagreed with these strategies, they noted that the cost to see a specialist is still a significant barrier.



Strategy 3: Health Care for the Homeless

Total number of respondents: n=204

Our Proposed Solutions:

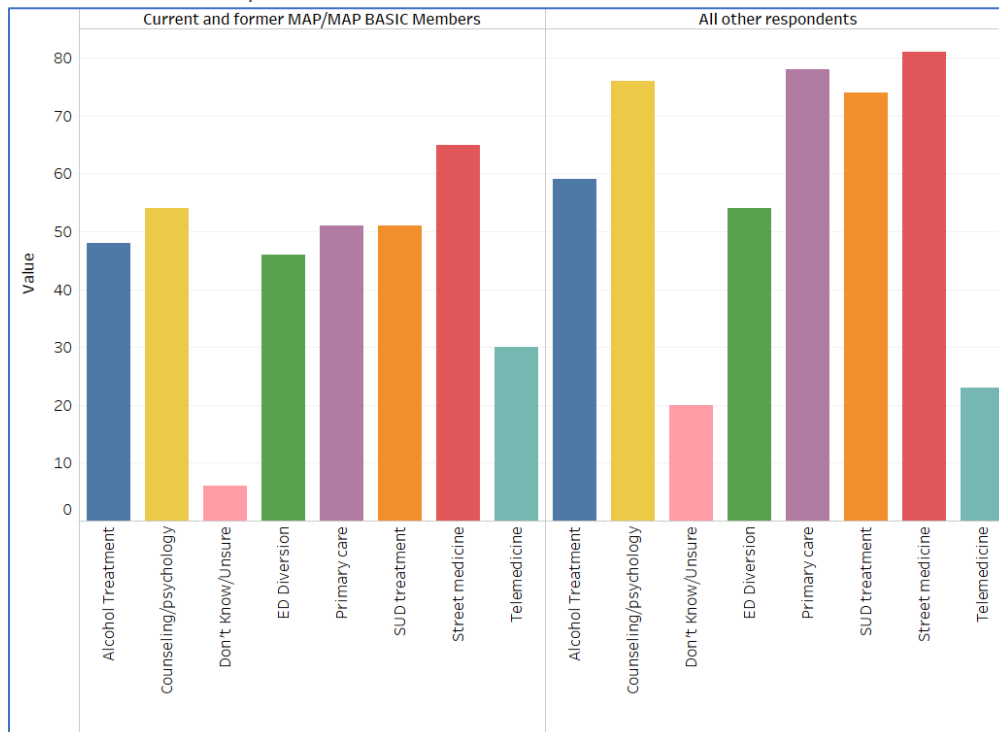
Improving the health of the population experiencing homelessness is a major focus for our service delivery.

We will do this by working with community partners to:

1. Expand existing services like our street medicine teams,
2. Expand other services to support people experiencing homelessness,
3. Launch medical respite services for MAP members experiencing homelessness so they have a safe place to stay while recovering from an illness or treatment under the care of medical staff, and
4. Introduce behavioral health into street medicine teams and homeless service sites to help patients in acute mental distress.

Figure 18: In your experience with unhoused neighbors/people, what types of health care or behavioral health programs have they benefitted from?

Total number of respondents: n=204

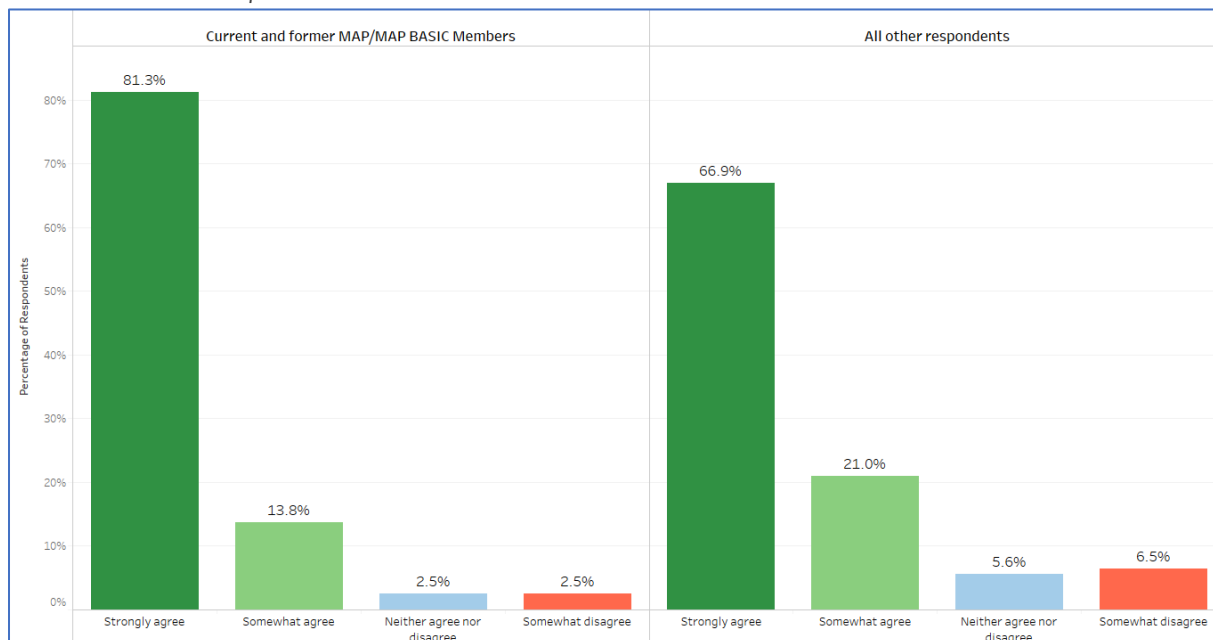


Street medicine, counseling/psychology, alcohol and substance use disorder (SUD) treatment, and primary care were noted by members and other respondents as the most effective, with telemedicine ranking as least effective by both groups.



Figure 19: Respondent agreement or disagreement for healthcare for the homeless solutions

Total number of respondents: n=204



Again, we see broad support generally and stronger support from members for these strategies to provide healthcare for the homeless. However, 16 respondents submitted comments about why they somewhat or strongly disagreed. Several comments indicated that some of the respondents viewed housing and other assistance as a higher priority, or were unsure of the logistics of telemedicine for people experiencing homelessness. A small group of respondents expressed discomfort with the subsidizing care for people who aren't employed and/or don't pay taxes.

Strategy 4: Behavioral Health

Total number of respondents: n=204

Our Proposed Solutions:

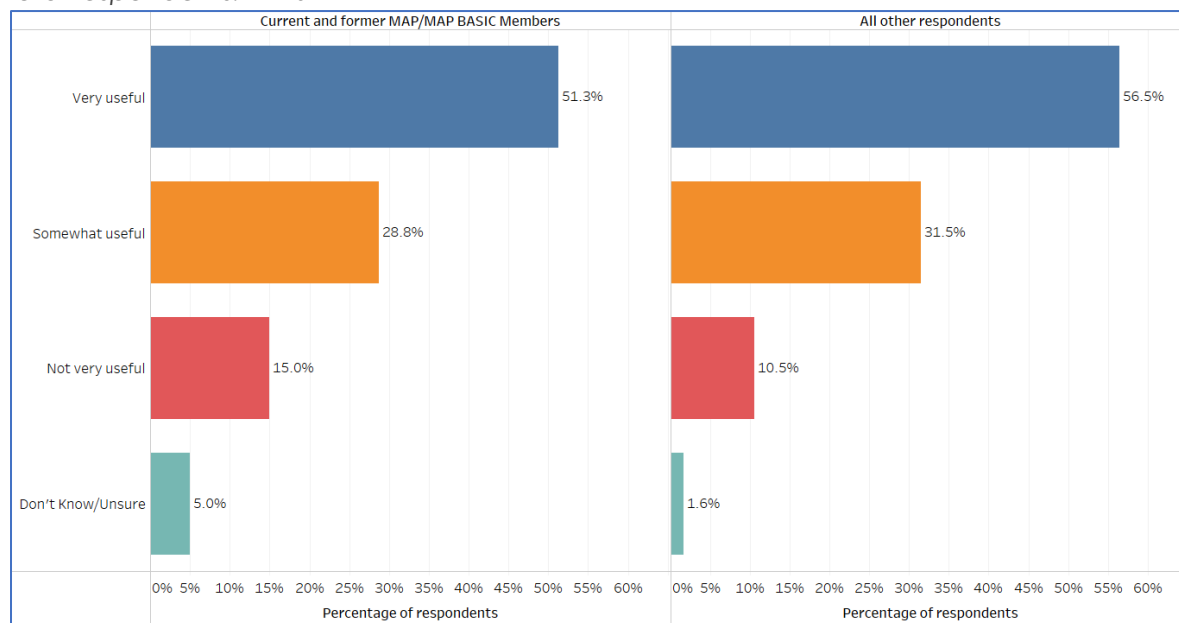
Along with our work around Health Care for the Homeless, our priorities for next year include:

1. Expanding psychiatry access and therapy in the primary care setting, and
2. Providing more behavioral health services via telemedicine. This will bring expanded access to mental health services into members' medical homes, leading to better integration of care.



Figure 20: If you could see a doctor on a computer or phone for your mental health needs, how useful would that be for you?

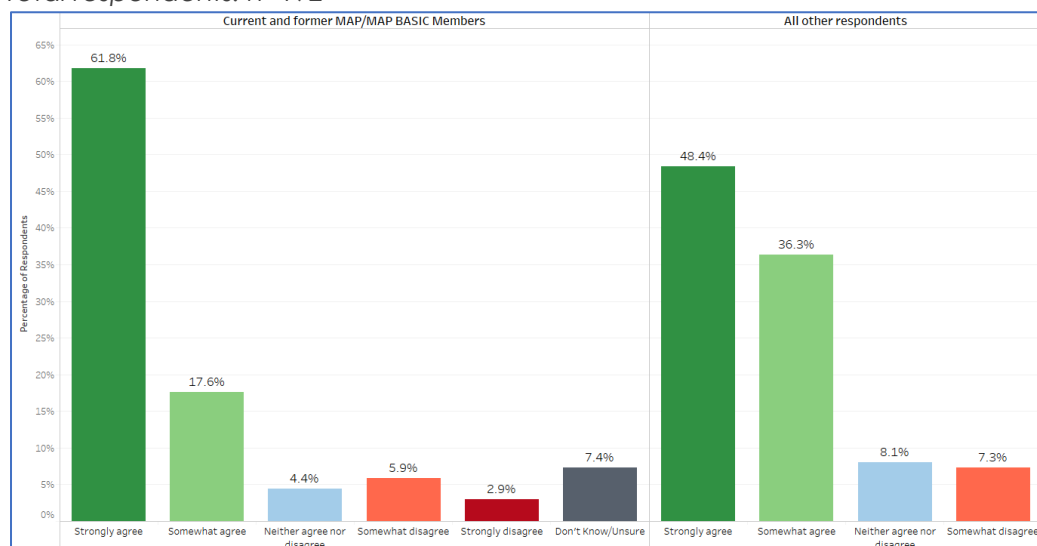
Total respondents: n=204



About 80% of respondents thought that mental health care via telemedicine would be somewhat or very useful. MAP/MAP BASIC members were less enthusiastic about telemedicine for mental health needs, and many respondents noted in their open responses that in-person counseling would be preferable.

Figure 21: Respondent agreement or disagreement for behavioral health solutions

Total respondents: n=192



Still, the behavioral health strategies have broad support, with stronger support from members. Several respondents indicated in their comments that telemedicine for behavioral health would be more convenient and help resolve their transportation issues for appointments. Others felt that behavioral health issues require in-person services or had concerns about the logistics of telemedicine.



Strategy 5: Substance Use Disorder (SUD) Treatment

Total respondents: n=203

Our Proposed Solutions:

To address the growing need for substance use disorder treatment, Central Health plans to introduce multiple initiatives to give patients the support, tools, and medications to help them in their journey to sobriety. Specifically, in the next year we are proposing to:

1. Introduce access to peer support specialists - people who've been there and done that and recovered - to engage with empathy with our patients in the hospital for alcohol use-related conditions.
2. Expand the use of Medication Assisted Therapy (MAT) - a combination of counseling, therapy, and medicine that's been shown to help prevent relapses.

Figure 22: I would feel more comfortable talking about my alcohol and substance use with someone who'd been through what I'm going through.

Total respondents: n=203

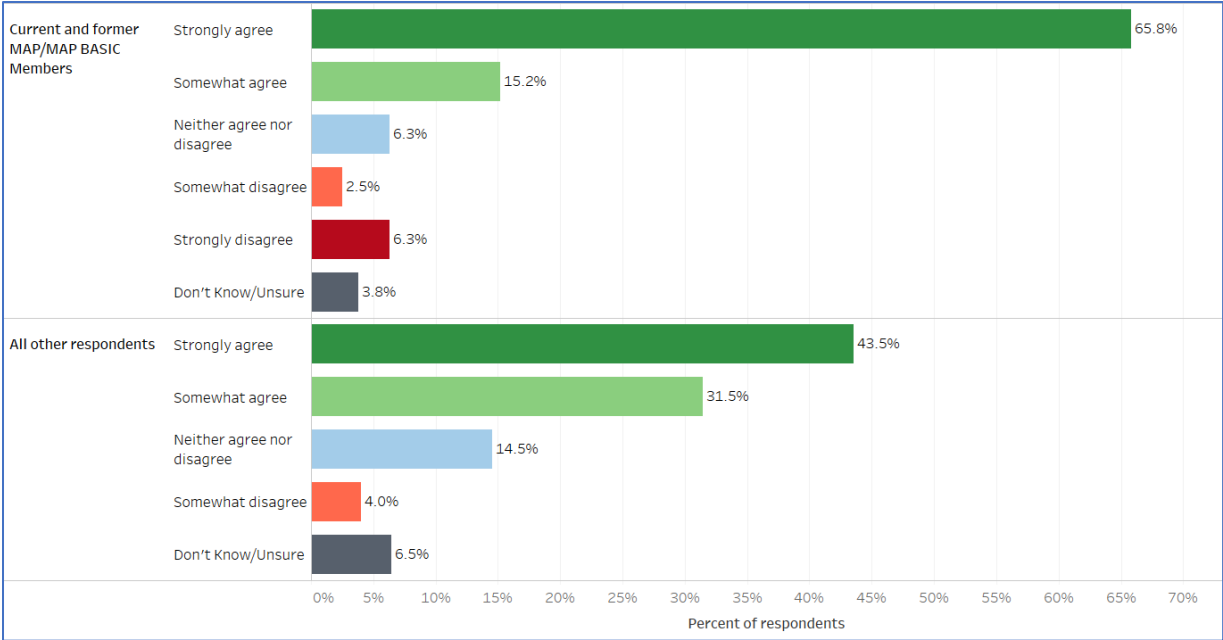


Figure 23: Stigma around alcohol and substance abuse is a real barrier to care.

Total respondents: n=202

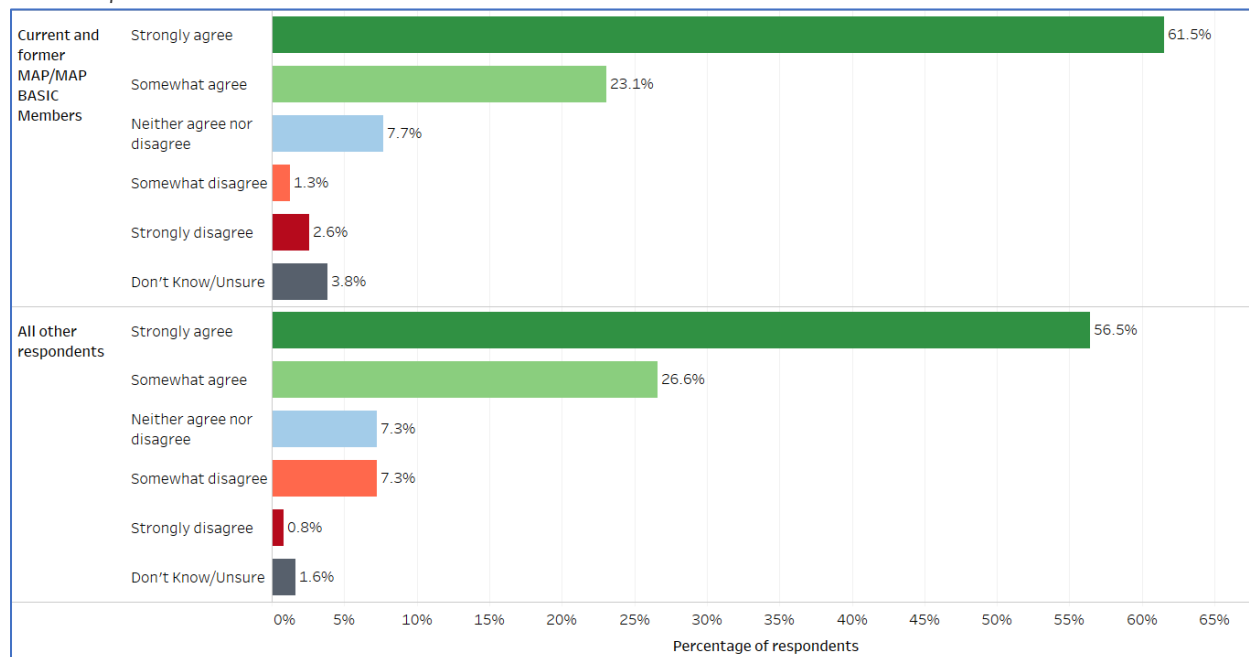
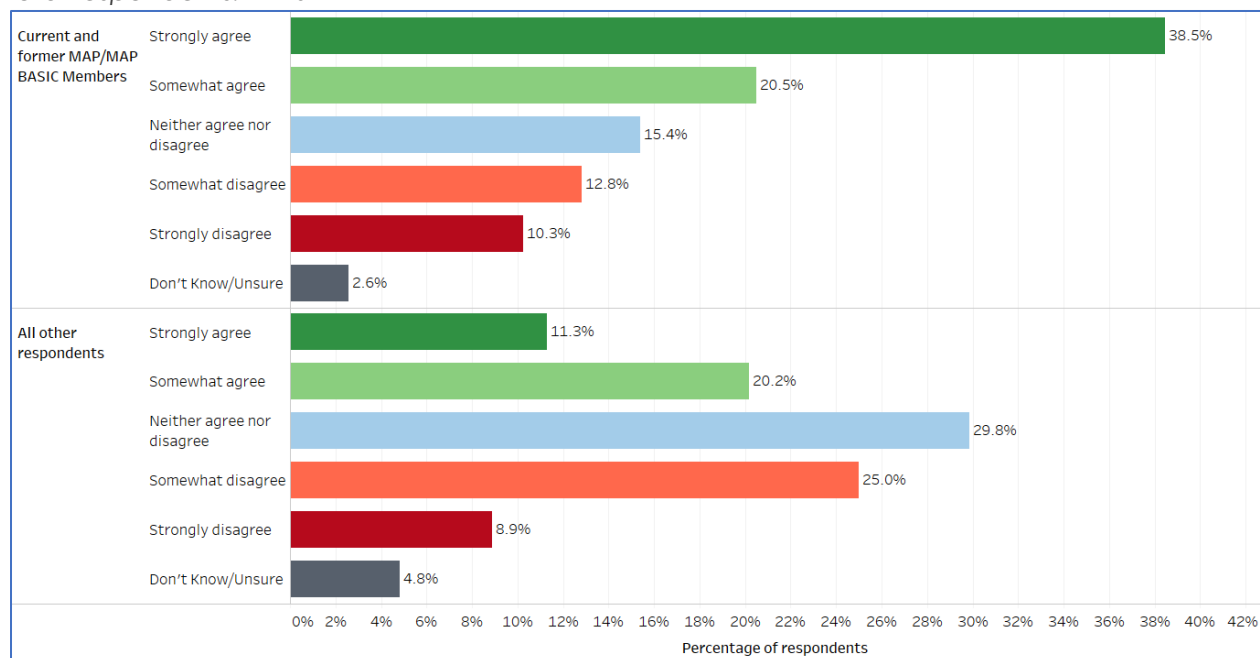


Figure 24: I would feel more comfortable talking only with a medical provider.

Total respondents: n=202

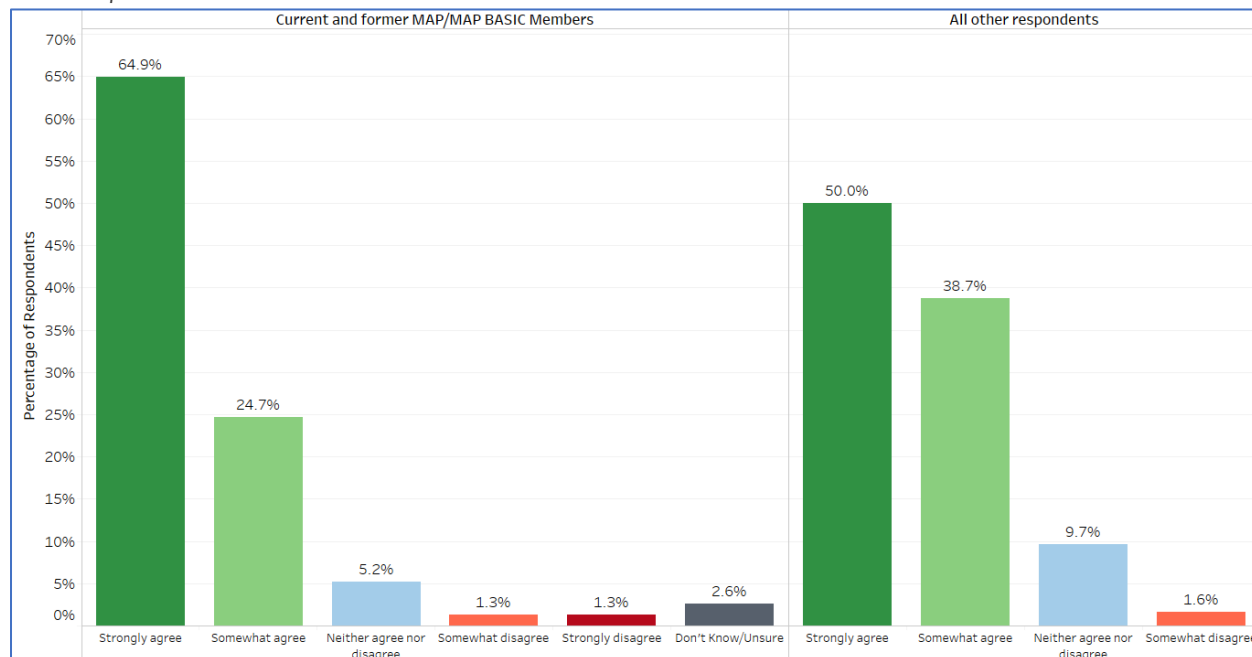


The peer support initiative has strong support, especially among members. However, respondents also noted the importance of their relationship with the provider. A hybrid approach is recommended.



Figure 25: Respondent agreement or disagreement for SUD treatment solutions

Total respondents: n=201



The SUD strategy also enjoys strong support, especially among members.

Strategy 6: Transitions of Care

Total respondents: n=201

Our Proposed Solutions:

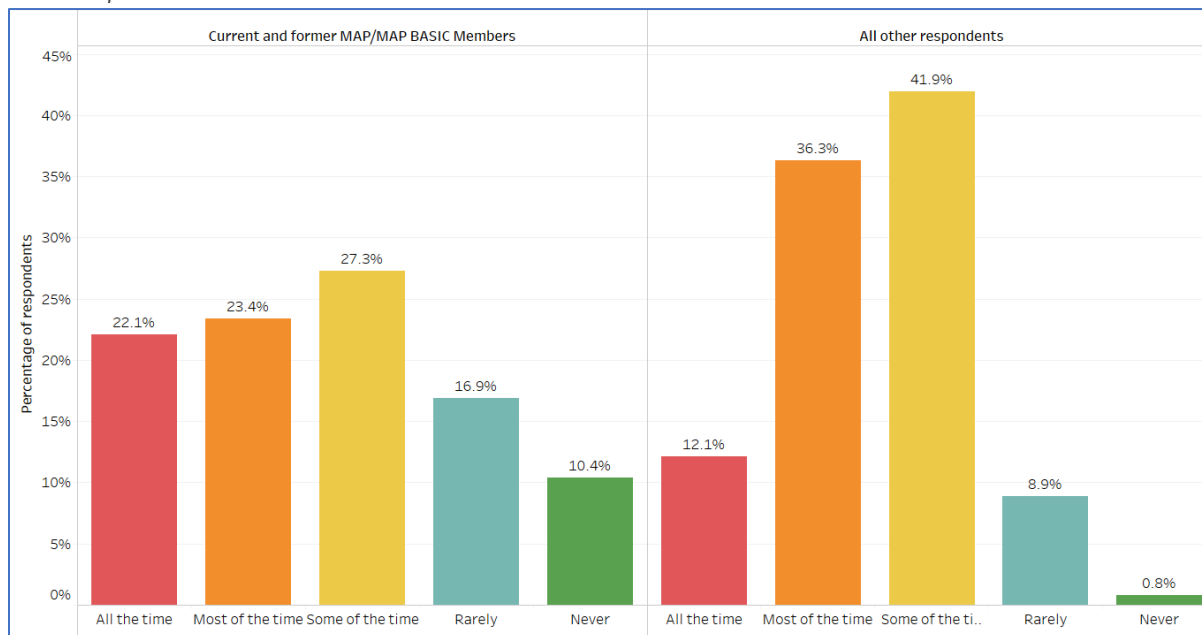
We are dedicated to providing its members seamless transfers between providers, services, and settings because effective transitions lead to reduced readmissions to the hospital, shorter inpatient stays, higher patient satisfaction, and better outcomes. We will do this by:

1. Expanding our medical management team to reach a larger group of MAP/MAP BASIC members, including those with complex medical problems like congestive heart failure, and
2. Providing services to help patients after a hospitalization, including transitions to skilled nursing facilities, home health visits, palliative care, and hospice care.



Figure 26: Thinking about your own experience with health care, how often did you feel like you or someone you cared about “got lost” between providers?

Total respondents: n=201

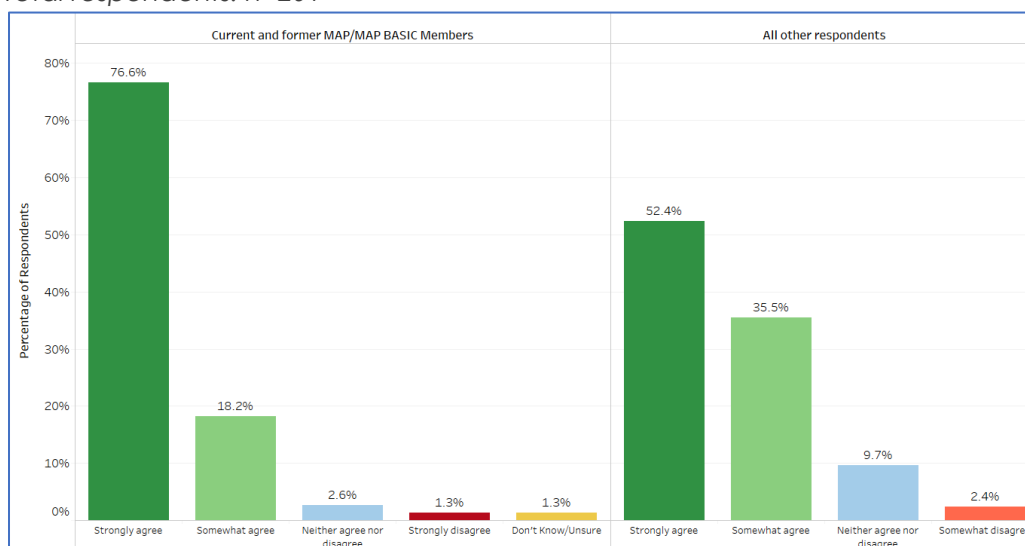


Although there is still clearly room for improvement, MAP and MAP BASIC members were less likely to report getting “lost” between providers Most or Some of the time, and almost three times more likely to report that they had Rarely or Never gotten “lost” when compared to non-member respondents.

Survey respondents had a lot to say about what Central Health could do to improve transitions of care, with many of the comments echoing similar concerns about communicating with patients, following up on referrals and diagnostic tests, and closing the referral loop through care coordination and patient navigation efforts.

Figure 27: Respondent agreement or disagreement for transitions of care solutions

Total respondents: n=201



Member support again exceeds non-member support for the transitions of care strategies. Respondents also noted in their open responses that members need greater assistance with specialist referrals, especially if their medical conditions make it difficult to communicate and remember information.



Strategy 7: Clinical and Patient Education

Total respondents: n=202

Our Proposed Solutions:

We believe that as communication between patients and their providers improves, patients' trust increases and adherence to their care plans improves, leading to better health outcomes. As such, we are developing a Clinical Education Program to improve culturally appropriate communication centered on the patient's goals and health.

The Clinical Education Program will:

1. Focus on culturally appropriate, disease-specific education for each patient's unique situation, and
2. Deliver disease prevention messages, like information on annual flu vaccines, the benefits of annual wellness visits, and age-appropriate cancer screenings.

Figure 28: My doctor understands me.

Total respondents: n=202

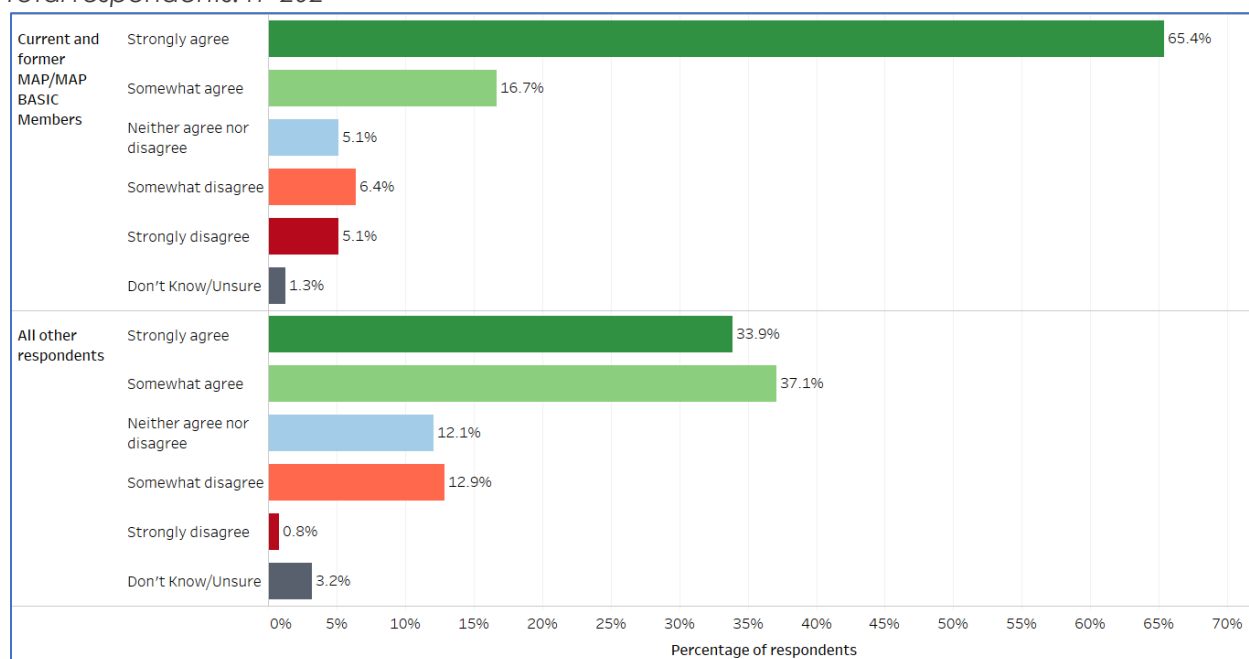


Figure 29: The care team respects my culture.

Total respondents: n=202

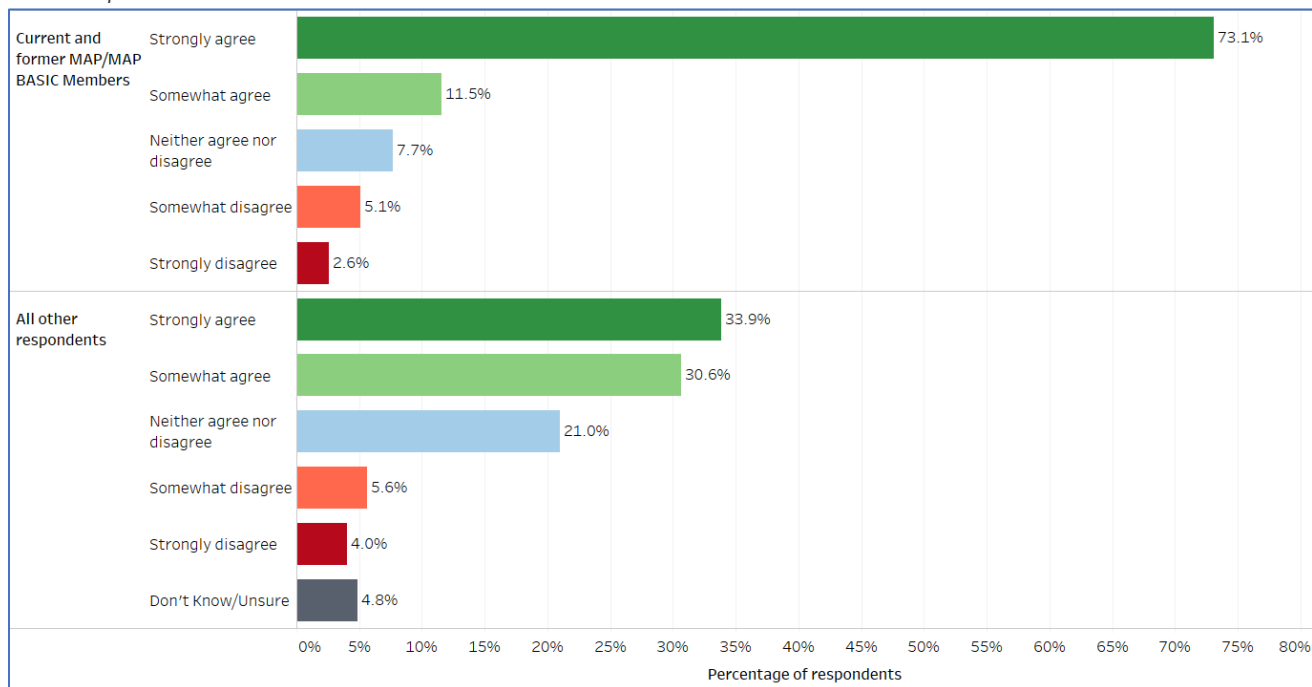


Figure 30: I am included and have a voice in my care.

Total respondents: n=202

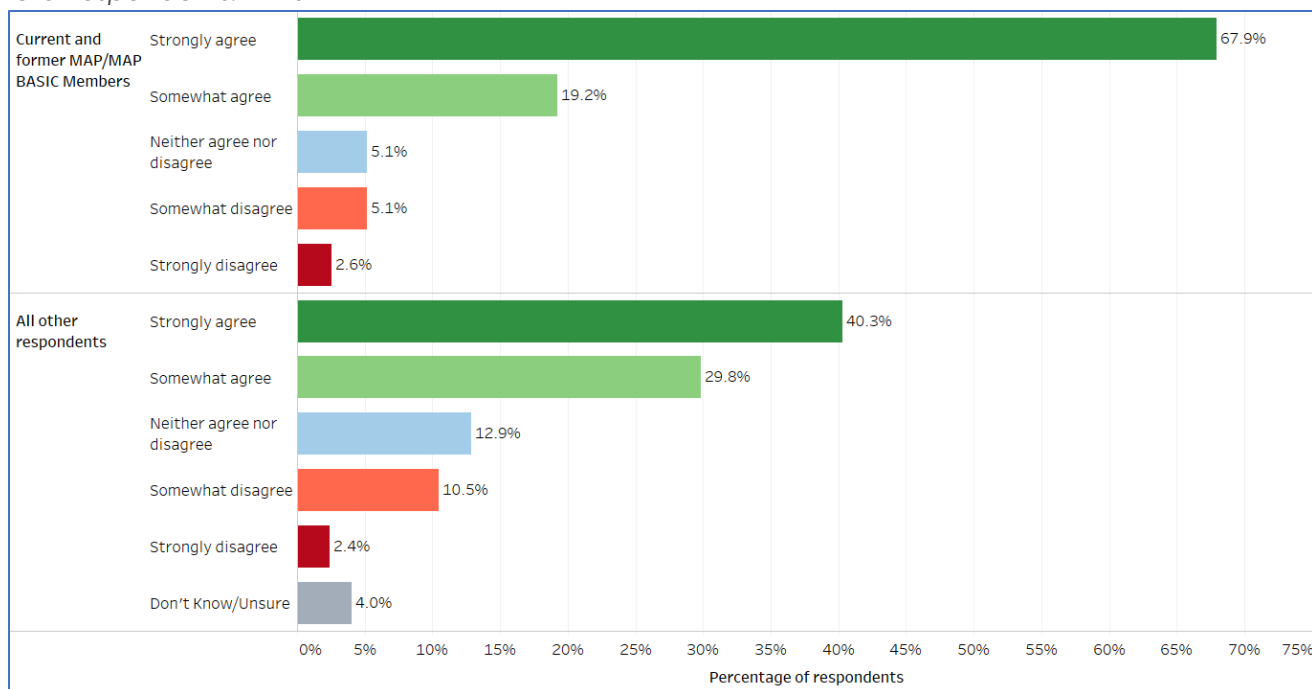
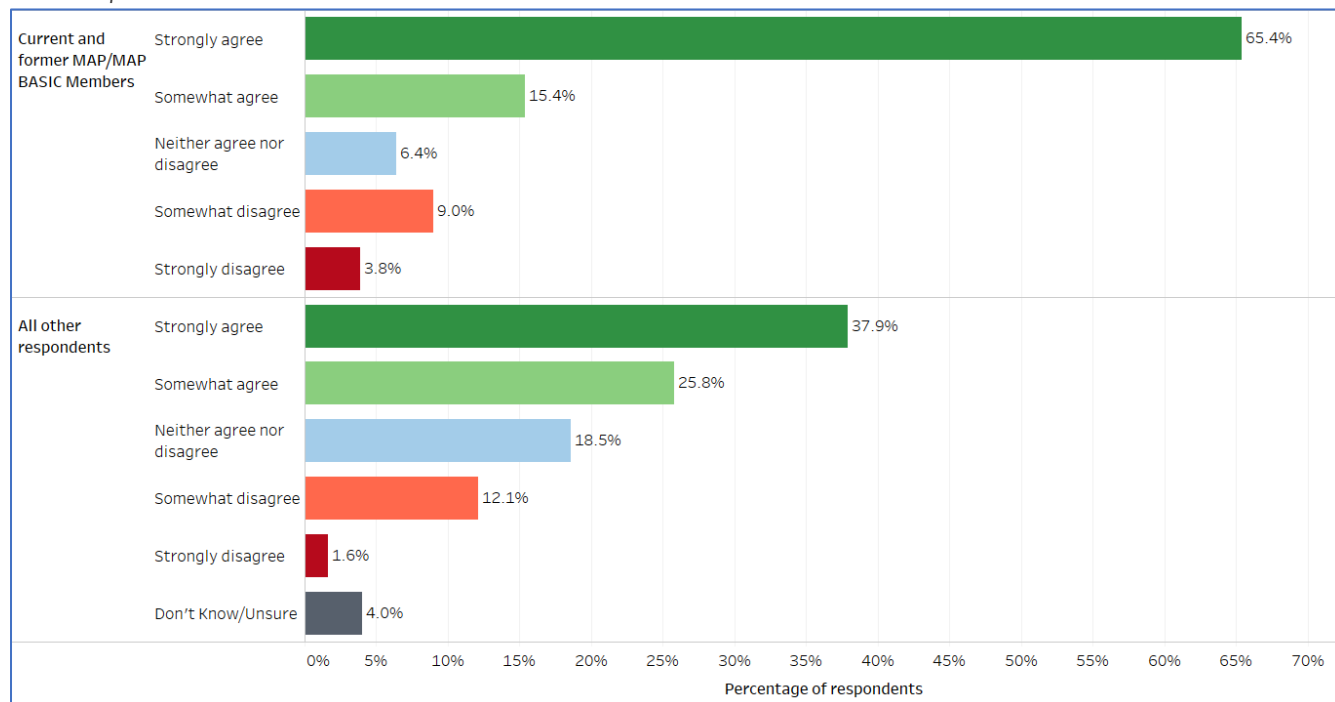


Figure 31: My preferences are taken into account.

Total respondents: n=202



MAP and MAP BASIC members rated all four clinical patient education dimensions higher than did non-members, which reflects well on efforts by providers to provide patient-centered care.

Figure 32: How confident do you typically feel about your ability to manage your health after leaving a medical visit?

Total respondents: n=202

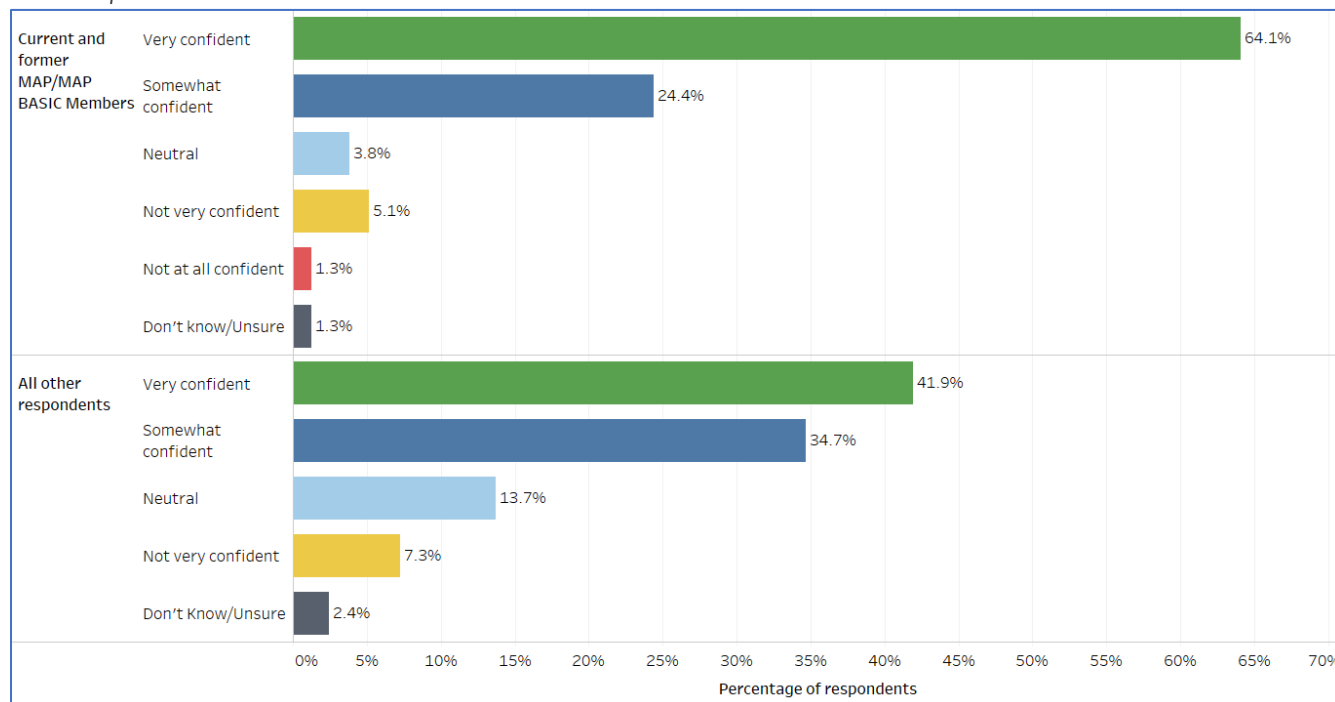
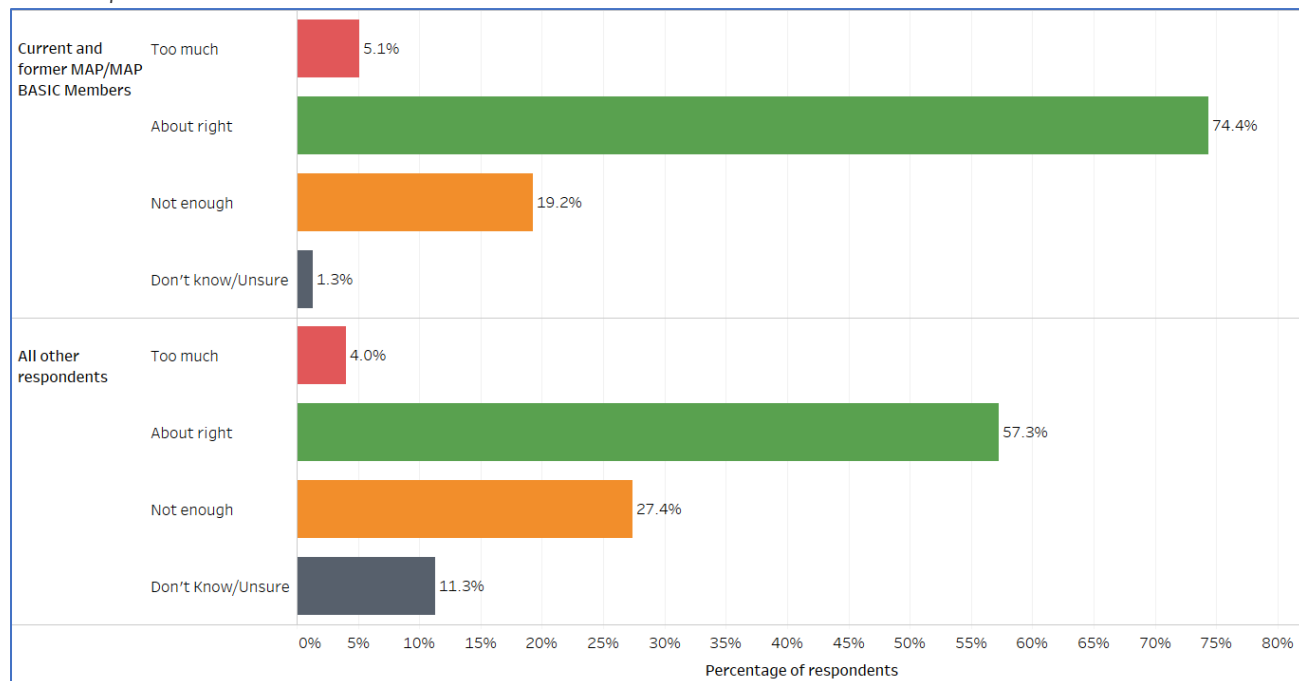


Figure 33: How do you feel about the amount of information your healthcare providers give you?

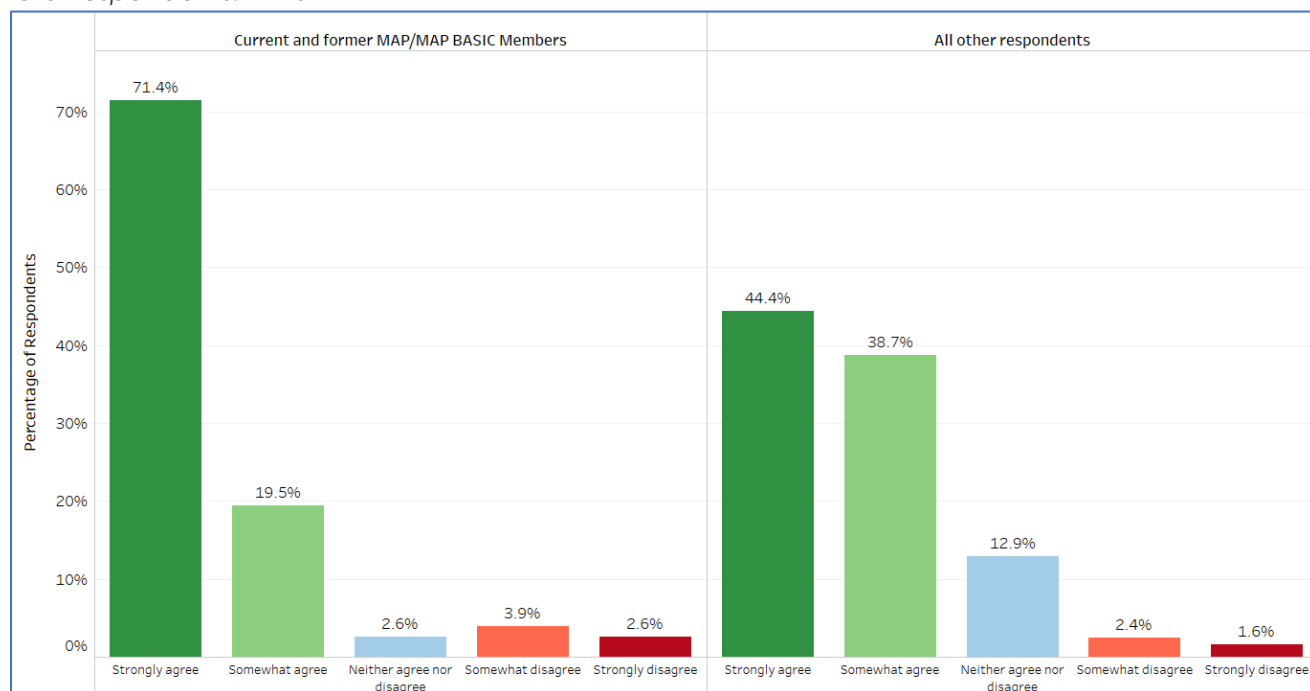
Total respondents: n=202



Central Health members also felt more confident than non-members about their ability to manage their care after a medical visit, and that the amount of information they received was “About Right”.

Figure 34: Respondent agreement or disagreement for clinical and patient education solutions

Total respondents: n=201



This clinical patient education strategy also garnered strong support.



Strategy 8: Building a Culture of Equity (Online survey only)

Total respondents: n=147

For reasons of brevity, this question section was excluded from the telephone surveys. Data are provided from the online surveys only.

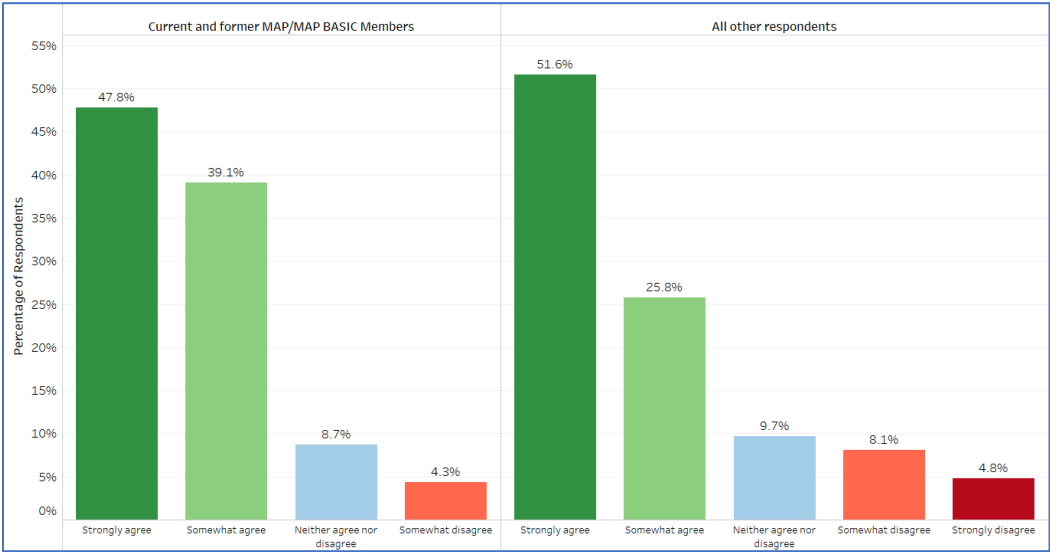
Our Proposed Solutions:

To effectively address the health inequities our members experience, we must intentionally create a culture of equity across the Enterprise – keeping our collective purpose in mind: to improve health outcomes for those who are most impacted by health disparities. In 2019, Central Health created an Employee Equity and Inclusion Task Force. This group of dedicated staff created equity and inclusion goals, objectives, standards, and values for Central Health. The Task Force is now creating employee resource groups, opportunities for mentoring and career development, and will help attract and retain a more diverse workforce.

In addition to the employee Task Force, Central Health hired a Diversity and Inclusion Manager, dedicated to promoting a culture of inclusiveness, and to lead the internal training of staff, focusing on diversity, equity and inclusion.

Figure 35: Respondent agreement or disagreement for equity solutions

Total respondents: n=147



Although a greater proportion of members either agreed or strongly agreed, this strategy is another exception to the trend because non-members were slightly stronger in their agreement. However, members were less like to neither agree nor disagree and disagree.

Strategy 9: Long-term Sustainability (Online survey only)

Total respondents: n=147

For reasons of brevity, this question section was excluded from the telephone surveys. Data are provided from the online surveys only.

Our Proposed Solutions:

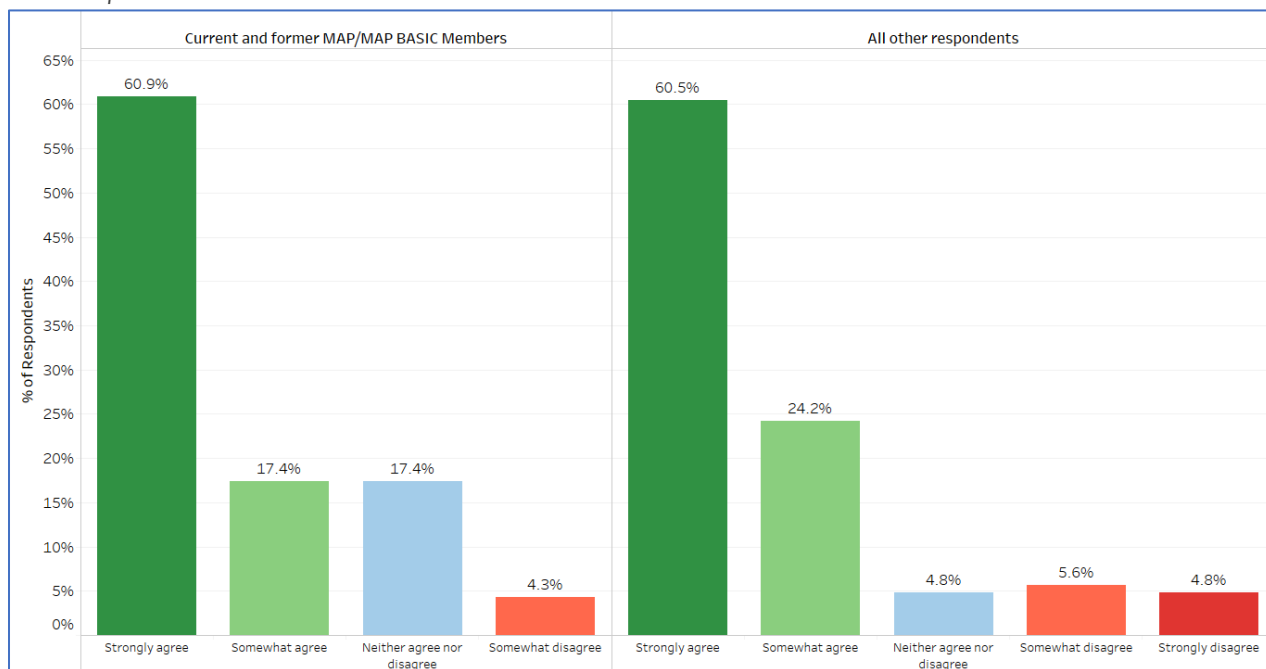
We will ensure Central Health’s long-term sustainability by:

1. Maintaining sufficient reserves to continue increasing access to care.
2. Maximizing the use of Central Health real estate. Central Health is redeveloping and leasing portions of its Downtown Property to diversify revenue streams to pay for health care now and in the future. With a diverse mix of revenue sources, Central Health won’t have to rely solely on property taxes to fund health care for Travis County residents with low income. This plan is already proving to be a viable way of generating money for our health care operations.



Figure 36: Respondent agreement or disagreement for fiscal sustainability solutions

Total respondents: n=147



There was little difference between members and other respondents on this strategy, which still had strong support. Eight responses were submitted in disagreement, generally concerns about the cost and capital expenses.

Open response: “We’ve talked about a lot of different services that are or will be available to our members. Are there any services we didn’t mention that you think we should consider adding?”

Total respondents: n=93

Staff performed qualitative analyses on this open response question to identify emergent themes in the responses. The responses were coded for their valence (positive, neutral, mixed, or negative) as well as the general theme. A comment could be coded to one or more themes, and all comments have at least one theme. Table 8 provides a summary by valence and community role.

Table 8: Open response to “Are there any services we didn’t mention that you think we should consider adding?”, count by community role and valence of comment

Community Role	Positive	Neutral	Mixed	Negative	Row Total
Current and former MAP/MAP BASIC Members	11	16	1	10	38
All other respondents	1	52		2	55
Column Total	12	68	1	12	93

Current and former MAP/MAP BASIC members provided more positive and negative comments than all other respondents, who were largely neutral in their comments. 13 of the responses were members simply indicating their satisfaction with the services they received (14%). The other 80 responses were grouped into one or several of the 32 emergent themes based on the thematic qualitative analysis. Table 9 on the next page provides a summary of the top 10 themes.



Other themes worth noting were:

- Wait time
- Equity involvement
- COVID-19 sequelae
- Capacity/Number of Providers
- Transportation
- Diagnostic Imaging

Table 9: Summary of Top 10 Themes from Open Responses to “Are there any services we didn’t mention that you think we should consider adding?”

Theme	Examples	Total
Communication	More training for all staff, but especially providers, with a focus on trauma-informed care. Better patient education. Cultural training and listening to patients.	19
Chronic Disease Prevention	Focusing on a variety of preventative services, including nutrition and social workers to help solve problems before they get worse. Obesity prevention. Diabetic educators/education. Healthy food and food preparation. Wellness classes. Health coaches.	13
Care Coordination/Integration	More integration with providers to make care a more seamless experience. Follow-up on referrals and closing the referral loop. Case management and more complete hospital care and ED diversion.	12
Nutrition	Access to free food to include fresh fruits and vegetables. Development of community gardens. Nutrition and healthy cooking classes. Eating disorder care. Nutrition counseling and messaging.	12
Access/Enrollment	Make renewing coverage easier. Reduce phone call wait and hold times. Streamline MAP application process for the homeless. Expand prescription and specialty care benefits to MAP BASIC members. Assist with applications for disability benefits, which can unlock Medicaid/Medicare. Expand MAP access and lower the cost for members. Help people sign up for health insurance.	10
Dental	More dental coverage and more dental providers that accept MAP. Expand dental services. Mobile dentist services. Preventive services for educating on proper dental care. Figure out primary and specialist dental and vision services as well.	8
Mental Health	Eating disorder care and support groups. Mental health for adolescents and young adults very critical for the future of our country. More mental healthcare options easier access. More intensive and accessible mental health services that do not rely on Integral Care.	7
Non-medical services (e.g., CHWs, Health Coaches)	Doula and midwifery. Focusing on variety of preventative services, including nutrition and social workers to help solve problems before they get worse. The plan leaves out the need for Health Coaches and Community Health Workers. More non-medical alternative therapies need to be included (meditation, sleep therapy, physical fitness programs, etc.). Mental health through therapy, massage, and nature holistic.	5
Specialist Referrals	Add or expand dialysis, Ears/Nose/Throat, and ophthalmology. Fix the referral process, to include closing the referral loop and improving communication with patients. Decrease wait times for specialists. Consider adding access to plastic and cosmetic surgery (ex. – for visible scars, burn wounds).	5
Affordable/Stable housing	Investing in affordable housing. Especially affordable housing that specifically serves medically vulnerable people. Stable housing helps lead to stable health. More staff for healthcare for the	4



	homeless and street medicine teams. Please focus on [the homeless] population even if it means raising my taxes. Please.	
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Limitations:

This final analysis has a number of important limitations. First, the sample size is still too small to allow for meaningful statistical comparisons across subgroups. Although many of our members speak a language other than English or Spanish the survey was only conducted in those two languages. An analysis of the members who refused to participate has not been conducted, so we do not know if the refusals are similar or dissimilar demographically from the respondents. However, the refused data are expected to be somewhat skewed due to exclusion criteria (e.g., minors, Austin Transition Center members) and an uneven distribution of wrong phone numbers based on source.

There was self-selection bias by the respondents; those individuals predisposed favorably towards Central Health and willing to spend 30 minutes or more completing the survey chose to participate. Of the 691 potential telephone interviewees, only 58 completed a phone survey (8.4%). The surveys were also quite long, which may have hampered the completion rate. Because online surveys can be submitted anonymously, it is not possible to see how many of the respondents were verified MAP or MAP BASIC members for that survey methodology. All answers are subjective responses of the respondents, and survey responses are only snapshots in time.

Next Steps:

The knowledge gained from these surveys will be shared back internally at Central Health with the Service Delivery Operations staff as well as the consultant for the strategic planning process. Central Health will present these results to leadership and the Board of Managers for consideration. Also, Community input and conversations will continue, informed by the respondents' input preferences. Lessons learned from this year's budget survey will be captured and documented for next year.

Fiscal Year 2022 Budget & Strategic Priorities Community Engagement Report	
Authors:	Iván Dávila, Director of Communications and Community Engagement
	Matt Richardson, Sr. Data Strategy Analyst
Editors:	Sarita Clark-Leach, Director of Analytics and Reporting
	JP Eichmiller, Senior Director of Strategy and Information Design
	Isela Guerra, Community Outreach Supervisor
	Jessie Patton-Levine, Senior Epidemiologist
	Yesenia Ramos, Communications & Community Engagement Program Mgr.





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.

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BOARD MEETING

September 9, 2021

REGULAR AGENDA ITEM 3

Discuss and take appropriate action regarding Central Health's proposed Fiscal Year 2022 (Tax Year 2021) tax rates:

- a. Total Maintenance and Operations Tax Rate (Roll Call Vote);
- b. Total Debt Service Tax Rate (Roll Call Vote); and
- c. Total Ad Valorem Tax Rate (Roll Call Vote). (*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 09/09/2021

Who will present the agenda item? (Name, Title) Jeff Knodel, CFO
Lisa Owens, Deputy CFO

Discuss and take appropriate action regarding Central Health’s proposed 2022 tax rates:

a. Total Maintenance and Operations Tax Rate (Roll Call Vote);

b. Total Debt Service Tax Rate (Roll Call Vote); and

General Item Description c. Total Ad Valorem Tax Rate (Roll Call Vote).

Is this an informational or action item? Action

Fiscal Impact FY2022 Budget

Recommended Motion (if needed – action item) N/A

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

- 1) Final proposed tax rates will be presented.
- 2) _____
- 3) _____

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

Estimated time needed for presentation & questions? 5 minutes

Is closed session recommended? (Consult with attorneys.) No

Form Prepared By/Date Submitted: Lester Hannaher – 09/09/21



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BOARD MEETING

September 9, 2021

REGULAR AGENDA ITEM 4

Discuss and take appropriate action to authorize the President and CEO to negotiate and execute contracts with general contractor vendors for the Hornsby Bend and Del Valle Health and Wellness Centers. (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 September 9, 2021

Who will present the agenda item? (Name, Title) Stephanie Lee McDonald, VP Enterprise Alignment & Coordination

General Item Description Authorization for CEO to negotiate and execute contracts with General Contractors for the construction of the Hornsby Bend Health and Wellness Center and Del Valle Health and Wellness Center

Is this an informational or action item? ACTION

Fiscal Impact Budgeted. Lump Sum and terms per contract.

Recommended Motion (if needed – action item) Authorize the President and CEO to negotiate and execute contracts for General Contractor services for both Hornsby Bend and Del Valle Health and Wellness Centers with terms similar to or more favorable than presented.

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

- 1) BOM does not have a scheduled meeting until October 27, 2021. To expedite the projects, authorization to negotiate and execute contracts is requested.
- 2) BOM will receive notice once General Contractors are selected.

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

Estimated time needed for presentation & questions? 15 minutes

Is closed session recommended? (Consult with attorneys.) No

Form Prepared By/Date Submitted: Stephanie Lee McDonald 9/1/2021



CENTRAL HEALTH

CommUnityCare | Sendero

Eastern Travis County Healthcare Service Delivery Expansion - GC Awards

ACTION ITEM

Central Health Board of Managers

September 9, 2021

Del Valle and Hornsby Bend Health and Wellness Centers

Work in Progress

- Competitive Sealed Proposal (CSP) solicitation for General Contractors for both Hornsby Bend and Del Valle Health and Wellness Centers
- Site Plan Review Process with City of Austin & Travis County

Milestones

- Construction Documents finalized and approved (*COMPLETE*)
- CSP solicitation Go-Live (*COMPLETE*)
- Board Approval
- Contract Awarded



Hornsby Bend and Del Valle General Contractor Solicitation Timeline

- CSP (Competitive Sealed Proposal) Preparations for Construction Contractors
 - Contracts, Evaluation Criteria, Construction Documents
- Email communication to stakeholders

July 2021

- CSPs Close
- Final Selection of the Contractors
- Contract Negotiations
- Board Presentation

September 2021

August 2021

- Finalize CSP Documents
- Hornsby Bend and Del Valle CSP Go-Live
- Submit For Building Permits

Fall 2021

- Contracts Awarded to Contractors



2021


2021


Aug Sep Oct Nov


Today


Hornsby Bend

 **CSP Go-Live**
Aug 3

CSP Close 
Sep 7


Board Meeting 
Sep 9


Final Selection 
Sep 24

Contract Awarded 
Nov 1


Del Valle

Aug 12  **CSP Go-Live**

Board Meeting 
Sep 9

CSP Close 
Sep 17

Final Selection 
Oct 1

Contract Awarded 
Nov 1

Attachment J

Not Used



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BOARD MEETING

September 9, 2021

REGULAR AGENDA ITEM 5

Receive and discuss updates on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) program and associated projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas.³ (*Informational item*)



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BOARD MEETING

September 9, 2021

REGULAR AGENDA ITEM 6

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