



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.

Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

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

BUDGET AND FINANCE COMMITTEE MEETING

Wednesday, August 10, 2022, 5:00 p.m.

Videoconference meeting¹

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

Central Health Administrative Offices
1111 E. Cesar Chavez St.
Austin, Texas 78702
Board Room

Members of the public may attend the meeting at the address above, or observe and participate in the meeting by using the Ring Central meeting link below (copy and paste into your web browser):

<https://meetings.ringcentral.com/j/1496675131?pwd=bnlaRXhjRjExd3FvU0NodENvd0dZUT09>

Password: 854658

Or to participate by telephone only:

Dial: (888) 501-0031

Meeting ID: 149 667 5131

The Committee 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 Committee will be physically present at the location posted in this 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 this 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 this meeting notice. Resources related to COVID-19 can be found at the following link:

<https://www.centralhealth.net/covid-info/>.

A member of the public who wishes to make comments virtually during the Public Communication portion of the meeting must properly register with Central Health **no later than 3:30 p.m. on August 10, 2022**. Registration can be completed in one of three ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-up/>;
- Call 512-978-9190 and leave a voice message with your full name, your request to comment via telephone, videoconference, or in-person at the meeting; or
- Sign-in at the front desk on the day of the meeting, prior to the start of the meeting.

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 COMMUNICATION

Public Communication rules for Central Health Committee meetings include setting a fixed amount of time for a person to speak and limiting Committee responses to public inquiries, if any, to statements of specific factual information or existing policy.

COMMITTEE AGENDA²

1. Review and approve the minutes of the October 13, 2021 meeting of the Budget and Finance Committee. (*Action Item*)
2. Receive and discuss a presentation on the proposed Central Health Fiscal Year (FY) 2023 budget and tax rate. (*Informational Item*)
3. Receive the fiscal year-to-date healthcare service expenditures made by, and accept the preliminary May and June 2022 financial statements for, Central Health and the Community Care Collaborative. (*Informational Item*)
4. Confirm the next Budget and Finance Committee meeting date, time, and location. (*Informational Item*)

¹ Although emergency orders allowing for fully virtual meetings have expired, the Travis County area continues to have some COVID-19 infections. This meeting may include one or more members of the Budget and Finance Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. 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 members in attendance 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 Budget and Finance Committee 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 Committee announces that the item will be considered during a closed session. A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the Committee agenda.

Any individual with a disability who plans to attend or view this meeting and requires auxiliary aids or services should notify Central Health as far in advance of the meeting day as possible, but no less than 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 planee 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.

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?



CENTRAL
HEALTH

BUDGET & FINANCE COMMITTEE MEETING

August 10, 2022

AGENDA ITEM 1

Review and approve the minutes of the October 13, 2021 meeting of the Budget and Finance Committee. (*Action Item*)

MINUTES OF MEETING – OCTOBER 13, 2021
CENTRAL HEALTH
BUDGET AND FINANCE COMMITTEE

On Wednesday, October 13, 2021, a meeting of the Central Health Budget and Finance Committee convened in open session at 3:31 p.m. remotely by toll-free videoconference and in-person at Central Health Administrative Offices. Clerk for the meeting was Briana Yanes.

Committee members present in person at Central Health Administrative Offices: Chair Zuniga, Manager Greenberg, and Manager Bell.

Committee members present via video and audio: Manager Motwani, Manager Museitif, Manager Jones, and Manager Zamora.

Board members present via video and audio:

PUBLIC COMMUNICATION

Clerk's Notes: Public Communication began at 3:32 p.m. Ivan Davila announced that no speakers signed up for Public Communication.

AGENDA

1. **Approve the minutes of the June 14, 2021 meeting of the Central Health Budget and Finance Committee.**

Clerk's Notes: Discussion on this item began at 3:32 p.m.

Manager Bell moved that the Committee approve the minutes of the June 14, 2021 meeting of the Central Health Budget and Finance Committee.

Manager Greenberg seconded the motion.

Chair Julie Zuniga	For
Manager Charles Bell	For
Manager Sherri Greenberg	For
Manager Amit Motwani	For
Manager Maram Museitif	For
Manager Jones	For
Manager Zamora	For

2. **Discuss and take appropriate action on revised project budgets for Hornsby Bend and Del Valle Health and Wellness Centers.**

Clerk's Notes: Discussion on this item began at 3:33 p.m. Ms. Stephanie Lee McDonald, VP Enterprise Alignment and Coordination, presented on the revised project budgets for Hornsby Bend and Del Valle Health and Wellness Centers. The presentation included discussion on the reasons for the budget increases and a comparison of the total estimated project budgets to the original total project budgets. Ms. McDonald explained that active solicitation processes are underway for General Contractors for both Hornsby Bend and Del Valle Health and Wellness Centers. She also explained that the proposals received have construction estimates that require project budget revisions to reflect the current construction environment. Ms. McDonald stated that if additional funding available in the Fiscal Year 2022 budget is

provided, the projects will remain on track. Lastly, she noted that staff is asking the Board to take action to increase the project budgets.

Manager Museitif moved that the Committee, acting on behalf of the Board pursuant to our Bylaws, approve revised project budgets as presented by staff for the Hornsby Bend and Del Valle Health and Wellness Centers, including the transfer of necessary funds from the Healthcare Delivery contingency reserves to the Capital reserves.

Manager Bell seconded the motion.

Chair Julie Zuniga	For
Manager Charles Bell	For
Manager Sherri Greenberg	For
Manager Shannon Jones	For
Manager Amit Motwani	For
Manager Maram Museitif	For
Manager Guadalupe Zamora	For

3. Receive an update from Sendero Health Plans, Inc. regarding a proposed business arrangement.

Clerk's Notes: Discussion on this item began at 3:53 p.m.

At 3:53 p.m. Chairperson Zuniga announced that the Board was convening in closed session to discuss agenda item 3 under Texas Government Code §551.085 Governing Body of Certain Providers of Health Care Services, and §551.071 Consultation with Attorney.

At 4:18 p.m. the Board returned to open session.

4. Confirm the next regular Committee meeting date, time, and location.

At 4:18 p.m. Manager Bell moved that meeting adjourn.

Manager Greenberg seconded the motion.

Chair Julie Zuniga	For
Manager Charles Bell	For
Manager Sherri Greenberg	For
Manager Amit Motwani	For
Manager Maram Museitif	Absent
Manager Jones	For
Manager Zamora	For

The meeting was adjourned at 4:18 p.m.

Julie Zuniga, Chairperson – Budget and Finance
Committee

Cynthia Valadez, Secretary
Central Health Board of Managers

ATTESTED TO BY:



CENTRAL
HEALTH

BUDGET & FINANCE COMMITTEE MEETING

August 10, 2022

AGENDA ITEM 2

Receive and discuss a presentation on the proposed Central Health Fiscal Year (FY) 2023 budget and tax rate. (*Informational Item*)



CENTRAL HEALTH

CommUnityCare | Sendero

EMPOWERING COMMUNITIES WITH CARE

FISCAL YEAR 2023 PROPOSED BUDGET

Central Health Budget and Finance
Committee Meeting
August 10, 2022



Central Health FY 2023 Proposed Budget

Attachment A – Sources and Uses with FY2023 Year End Estimate

Based on Certified Roll for Tax Year 2022/Fiscal Year 2023

FY 2022 Approved Budget and FY 2023 Proposed Budget Sources and Uses Summary

DESCRIPTION	FY 2022 APPROVED BUDGET	FY 2022 YEAR END ESTIMATE	FY 2023 PROPOSED BUDGET
TAX RATE	0.111814	0.111814	0.098684
SOURCES			
Property Taxes	260,933,097	260,933,097	281,605,053
Lease Revenue	13,422,399	12,300,000	13,145,328
Tobacco Litigation Settlement	3,000,000	4,676,730	4,500,000
Other	3,000,000	3,323,270	1,500,000
Total Sources	280,355,496	281,233,097	300,750,381
USES			
Healthcare Delivery	192,705,261	172,063,536	277,819,768
Administration & Tax Collection	15,391,099	12,662,269	21,679,767
Total Uses	208,096,360	184,725,805	299,499,534
RESERVES			
Healthcare Delivery Contingency Reserve ⁽¹⁾⁽²⁾	226,521,399	332,391,578	333,642,425
Emergency Reserve	38,719,836	38,719,836	38,719,836

(1) previously reported as an appropriated use of funds in Healthcare Delivery

(2) Healthcare Delivery Contingency Reserves to be appropriated for FY2023



Budget Development Overview



FY2023 Business Cases

Proposal Title	Proposal Summary
Construction/Development Project Manager 1	Increase support for active and future facilities construction and maintenance
Facilities Mgmt, Construction & Development	
Enterprise HR Benefits & Leave Specialist	Expand human resources department to support growing organization and new practice of medicine
Enterprise HR Coordinator	
Human Resources Business Partner	
Language Access Audit/Consulting	Evaluate and implement CLAS (Culturally and linguistically appropriate services)standards
Risk Management	Centralize and enhance risk management
Clinical Services Infrastructure	Deliver direct specialty care services and develop infrastructure to support the practice of medicine
Clinical Practice	
ETC Health & Wellness Operations	Expand staff to support new eastern Travis County Health and Wellness operations
Methadone Maintenance Therapy	Pilot purchased services for substance use disorder treatment
IT Operational Excellence	Expand joint technology to support additional technology and security systems
Mission Support and Resources	Develop internal support operations coordination and integration of operations to support health care delivery



FY22 Clinical Focus Area Accomplishments

Specialty Care

- First **podiatric surgery** 1/17 – two surgeons operating weekly
- Expanded capacity: Cardiology, Endocrinology, Neurology, Rheumatology, Casting, GI, Dermatology
- Transitional outpatient **dialysis services launched July 2022**
- **Tubal Ligations** with People's Community Clinic
- Negotiating new agreements with UTHA: ophthalmology, reproductive health, ASC podiatry, advanced imaging, professional services to support RZ multi-specialty

Healthcare for the Homeless & Behavioral Health

- MAP Basic residential rooming access now available at **Fresh Start**
- **Contracted medical respite** now operational with **A New Entry**
- Expanding **street/mobile** with CUC to include **psychiatry** and dedicated mobile units

Substance Use Disorder & Behavioral Health

- Expanded **MAT program** within CUC with **expanded psychiatry** access
- **IC MAT at Stonegate** for co-occurring SUD & unstable mental health condition

Clinical & Patient Education

- Dietician-Health Management Liaison Program:
 - Hired HML & Nutrition Manager/Registered Dietician
 - Kidney disease outreach & screening
 - Heart failure outreach and management

Transitions of Care

- MAP Basic Pharmacy, Hospice, palliative, home health, orthotics, prosthetics, physical therapy expansions complete
- Director of Transitions of Care

Medical Executive Board & Clinical Services positions added:

Cardiologist
Director of High-Risk Populations
Director of Health Equity and Quality
Director of Transitions of Care
Clinical Informatics and Care Integration
Clinical Podiatrists
MEB Manager
Director of Nursing
Associate Director of Clinical Operations
Nutrition Manager
Manager of Provider Recruiting, Onboarding & Wellness
Case Management & Social Work

HealthCare Equity Plan Goal and Strategic Imperatives

Goal: *Develop an equitable system of care that is comprehensive and accountable, while optimizing the collective use of capabilities and resources to serve the safety-net population.*

Strategic Imperatives:



Access and Capacity

Central Health will more equitably meet the health care needs of the safety-net community, by increasing the number of providers and care teams and the availability of comprehensive, high-quality and timely care.



Care Coordination

Central Health will coordinate care for Travis County's safety-net population by optimizing transitions of care by facilitating communication within patients care teams across the care continuum and enabling meaningful information sharing.



Member Enrollment and Engagement

Central Health will focus on enrollment in identified high-need planning and assessment regions and enhance engagement for the enrolled population, with special emphasis on care transitions, people experiencing homelessness, justice involved individuals, and communities where English and Spanish are not the primary language.



System of Care Infrastructure

Central Health will develop a high functioning system of care to improve health for Travis County's safety-net population via alignment of relationships including joint service-delivery planning and facilitation of timely sharing of health care data.



The scale and scope of unmet clinical needs for the safety-net is substantial across Travis County and is forecasted to increase



Legend Significant Gaps Moderate Gaps Minimal Gaps



TRAVIS COUNTY NEEDS MORE PRIMARY & SPECIALTY CARE DOCTORS

Primary Care	CH Current FTEs (Physician / APP)	Physician FTE Need for Enrolled Population
Family/GPs	15.9/ 16.2	38.9
Internal Med	4/ 0	23.9
Pediatrics	5.7/ 1.6	6.0
OB/Gyn ¹	12.1/ 5.1	19.9
Primary Care Total	37.7 / 23.9	88.7

Medical Subspecialties	CH Current FTEs	Physician FTE Need for Enrolled Population
Allergy/Immunology	0.05	2.6
Cardiology	0.56	3.2
Dermatology	0.69	4.5
Endocrinology	0.84	1.4
Gastroenterology	0.26	5.0
Hematology/Oncology	1.00	1.6
Infectious Disease	2.46	1.6
Nephrology	0.17	0.8
Neurology	0.20	2.6
Psychiatry	5.77	6.5
Pulmonary Medicine	0.94	1.8
Radiation Therapy	0.20	0.5
Rheumatology	0.96	1.3
Medical Total	14.07	33.4

Surgical Subspecialties	Needs for CH Enrolled Pop.
CT Surgery	1.0
Vascular Surgery	0.5
Colorectal Surgery	0.3
Oncology Surgery	1.1
General Surgery	2.6
Gynecology Surgery	8.1
Neurosurgery	2.0
Ophthalmology	4.6
Orthopedics	6.0
ENT	5.7
Plastic Surgery	0.7
Urology	2.3
Surgical Total	34.8

Other Subspecialties	Needs for CH Enrolled Pop.
Physical Med /Rehab	2.3
Radiology	8.1
Other Total	10.4

¹OB/GYN includes capacity for MAP and MAP Basic patients when enrolled in Medicaid for pregnancy

*Notes: CH Current FTEs are provided by CH. Demand for CH Enrolled population is based on CH FY 2020 Enrolled population. Pediatrics demand is estimated based on CH FY 2020 Population <18; OB/GYN, and Gynecology Surgery demand is based on CH FY 2020 Population of Total Women



Direct Service Planning Initiatives

Transitions of Care

- **FY22 Clinical Focus Area:** *Transitions of Care*
- **CHNA Opportunity:** *Care Coordination*

Case Management / Home Visits

- **FY22 Clinical Focus Area:** *Transitions of Care*
- **CHNA Opportunity:** *Care Coordination*

Specialty Care Clinic / Diagnostics

- **FY22 Clinical Focus Area:** *Specialty Care Access*
- **CHNA Opportunity:** *Access and Capacity, System of Care*

Medical Respite / Skilled Nursing

- **FY22 Clinical Focus Area:** *Health Care for the Homeless*
- **CHNA Opportunity:** *System of Care*



Rosewood Zaragosa Specialty Care Clinic: Interior Diagram Concept & Proposed Budget



Rosewood Zaragosa Specialty Care Clinic Renovation

Budget Category	Professional	Final Proposed
	Services	Project Budget
Initial Budget		
Professional Services	\$1,143,000	\$818,105
Construction		6,371,415
Furniture, Fixtures & Equipment		1,537,211
Other		285,070
Total Estimated Project Cost	\$1,143,000	\$9,011,801

FLOOR PLAN - NEW
SCALE: 1/8"=1'-0"



Rosewood Zaragosa Specialty Care Clinic: Patient Impact

- Waitlist reductions
- Dedicated safety net specialty capacity
 - Clinic
 - Diagnostics
 - Procedures/ASC Surgeries
- Optimizing Operations
- Enhanced Patient Experience
 - In-house diagnostics
 - Extended hours
 - eConsults
 - Telehealth
 - Transportation assistance
 - Appointment reminders

Planned Specialties & Expanded Encounter Volumes:

FY24	Pulmonology	Cardiology	Gastroenterology
Clinic Encounters (per FTE)	2700-3500	2400-3700	1350-3700
Expanded Clinical FTE	1.0	2.0	2.0
Total est. clinical encounters	2700-3500	4800-7400	2700-7400
FY24	Podiatry	Neurology	Nephrology
Clinic Encounters (per FTE)	2050-3500	2750-3700	2750-3500
Expanded Clinical FTE	2.0	2.0	2.0
Total est. clinical encounters	4100 - 7000	5500- 7400	5500- 7000

*Encounter volumes do not include referral, eConsult, admin, diagnostic and surgical volumes



Service Delivery Strategic Plan: FY23 Healthcare Delivery Highlights

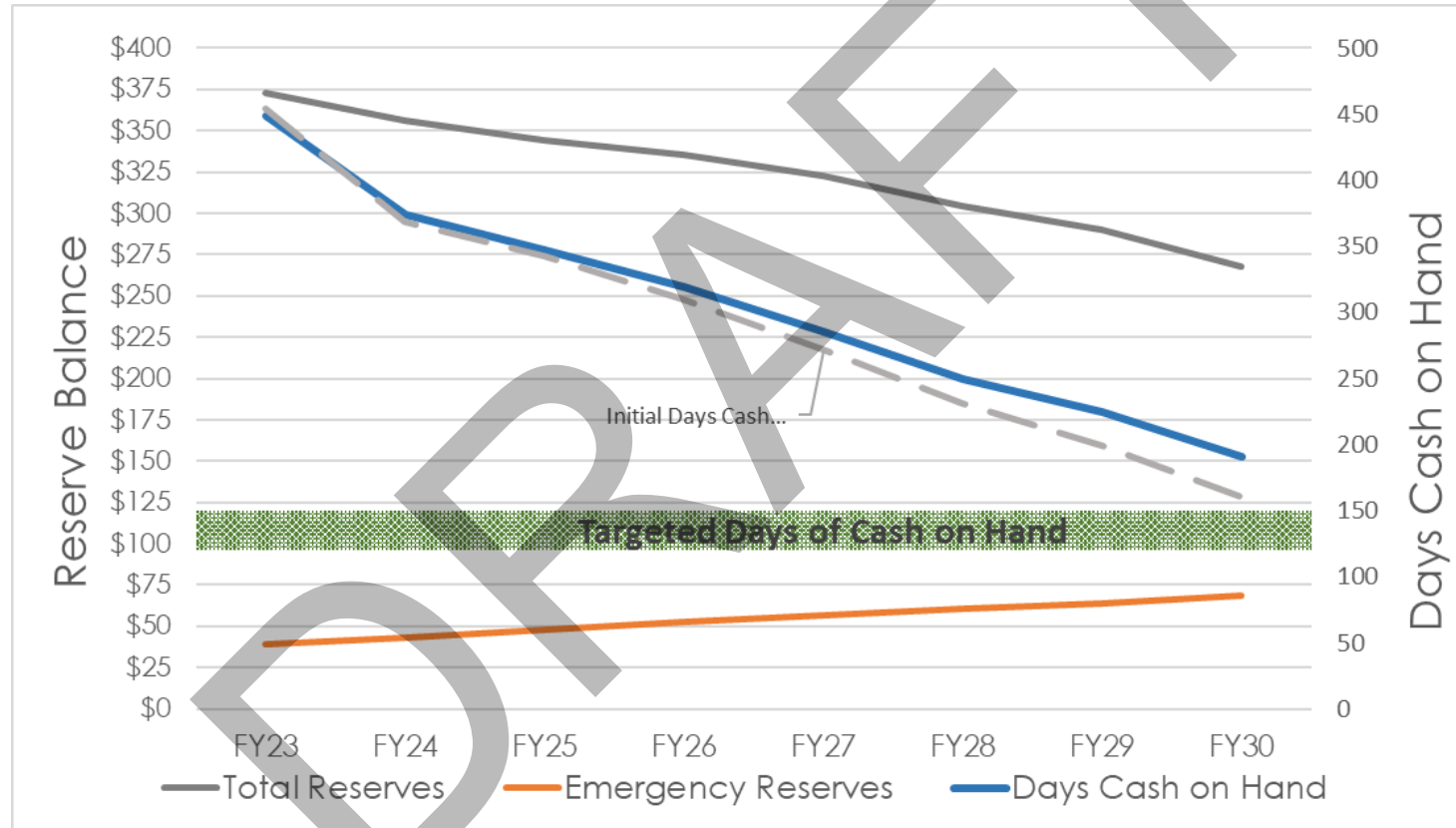
Funding for new, critical programs and service expansions:

- +\$3.0M for expanded primary care including new Eastern Travis County clinics in Del Valle & Hornsby Bend
- +\$6.3M for contracted Specialty Care access
- +\$5.6M for Specialty Care at Rosewood-Zaragosa
- +\$10.6M for Specialty Care Behavioral Health & Substance Use Treatment including expanded access to methadone services
- +\$3.3M for Post-Acute Care



6-Year Forecast 6.0% over M&O No New Revenue Rate

*updated July 2022



	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Total Reserves	367.7	351.3	339.5	330.4	317.4	299.4	284.7	262.9
Emergency Reserves	38.7	42.88	48.08	52.54	56.49	60.43	63.89	68.42
Days Cash on Hand	435	368.4	341.8	314.3	281	245.2	220.4	187.5



FY2022 Proposed Tax Rate

6.0% over M&O No New Revenue Rate

Based on Certified Roll for Tax Year 2022/Fiscal Year 2023

	FY22 Approved	FY23 Proposed
Average Taxable Homestead Value	\$381,238	\$427,918
Average Taxable Homestead Value Appreciation	8.7%	12.2%
Tax Rate	11.1814	9.8684
M&O	10.9204	9.6604
Debt Service	0.2610	0.2080
Tax Bill	\$426.28	\$422.29
M&O	\$416.33	\$413.39
Debt Service	\$9.95	\$8.90
<i>Average Taxable Homestead Property Tax is anticipated to decrease by (\$3.99)</i>		
Homestead Exemption	65 & Older	Disability
20% <i>(maximum allowable by state law)</i>	\$110,000	\$110,000



Central Health FY 2023 Proposed Budget

Attachment A – Sources and Uses with FY2023 Year End Estimate

Based on Certified Roll for Tax Year 2022/Fiscal Year 2023

FY 2022 Approved Budget and FY 2023 Proposed Budget Sources and Uses Summary

DESCRIPTION	FY 2022 APPROVED BUDGET	FY 2022 YEAR END ESTIMATE	FY 2023 PROPOSED BUDGET
TAX RATE	0.111814	0.111814	0.098684
SOURCES			
Property Taxes	260,933,097	260,933,097	281,605,053
Lease Revenue	13,422,399	12,300,000	13,145,328
Tobacco Litigation Settlement	3,000,000	4,676,730	4,500,000
Other	3,000,000	3,323,270	1,500,000
Total Sources	280,355,496	281,233,097	300,750,381
USES			
Healthcare Delivery	192,705,261	172,063,536	277,819,768
Administration & Tax Collection	15,391,099	12,662,269	21,679,767
Total Uses	208,096,360	184,725,805	299,499,534
RESERVES			
Healthcare Delivery Contingency Reserve ⁽¹⁾⁽²⁾	226,521,399	332,391,578	333,642,425
Emergency Reserve	38,719,836	38,719,836	38,719,836

(1) previously reported as an appropriated use of funds in Healthcare Delivery

(2) Healthcare Delivery Contingency Reserves to be appropriated for FY2023



Central Health FY 2023 Proposed Budget

Attachment B – Uses of Funds Details

DESCRIPTION	FY 2022 APPROVED BUDGET	FY 2023 PROPOSED BUDGET 07/27/2022
HEALTHCARE DELIVERY		
Intergovernmental transfers:		
IGT - CCC DSRIP	15,509,298	-
Total Intergovernmental Transfers	15,509,298	-
Purchased Healthcare Services		
Primary Care: Medical, Dental, & Behavioral Health	63,090,000	66,111,822
Specialty Care: including Specialty Dental	17,175,000	23,488,000
Specialty Care: Behavioral Health	1,383,856	12,000,000
Post Acute Care	2,125,000	5,450,000
Pharmacy	14,250,000	16,000,000
Community Health Care Initiatives Fund	875,000	1,750,000
Purchased Healthcare Services	98,898,856	124,799,822
Direct Healthcare Services		
Podiatry		755,400
Cardiology		838,129
Neurology		362,518
Gastroenterology		465,033
Nephrology		196,085
Pulmonology		228,364
Diagnostics and Clinical Expenses		2,832,170
Direct Healthcare Services Total	-	5,677,699
MAP Eligibility - Increase in eligibility period	2,000,000	2,000,000
Total Healthcare Services	100,898,856	132,477,521



Central Health FY 2023 Proposed Budget

Attachment B – Uses of Funds Details

DESCRIPTION	FY 2022 APPROVED BUDGET	FY 2023 PROPOSED BUDGET 07/27/2022
HEALTHCARE DELIVERY		
Healthcare Operations & Support		
ACA Healthcare Premium Assistance Programs	13,319,929	14,648,261
ACA Education and Enrollment	583,000	588,000
Real Estate and Campus Redevelopment	5,303,564	3,714,777
UT land lease for teaching hospital	981,231	1,027,277
Salary and Benefits	18,866,066	25,487,440
Legal	339,000	433,000
Consulting	840,000	1,740,000
Other professional goods & services	9,244,346	8,138,035
Outreach and Education	942,274	1,428,000
Leased Facilities, Security and Maintenance	1,947,000	2,348,500
Insurance and Risk Management	142,000	250,000
Phones, Computer Equipment and Utilities	3,293,473	6,399,775
Printing, Copying, Postage and Signage	384,056	620,305
Travel, training and professional development	280,966	847,752
Other operating expenses	39,741	174,445
Health Care Capital Line of Credit	1,091,773	500,000
Debt service - principal retirement	4,060,000	4,345,000
Debt service - interest	2,092,676	1,651,744
Transfer to capital reserve	12,546,013	49,000,000
Total Healthcare Operations	76,297,107	123,342,310
UT Affiliation Agreement	-	22,000,000
Total Healthcare Delivery	192,705,261	277,819,831



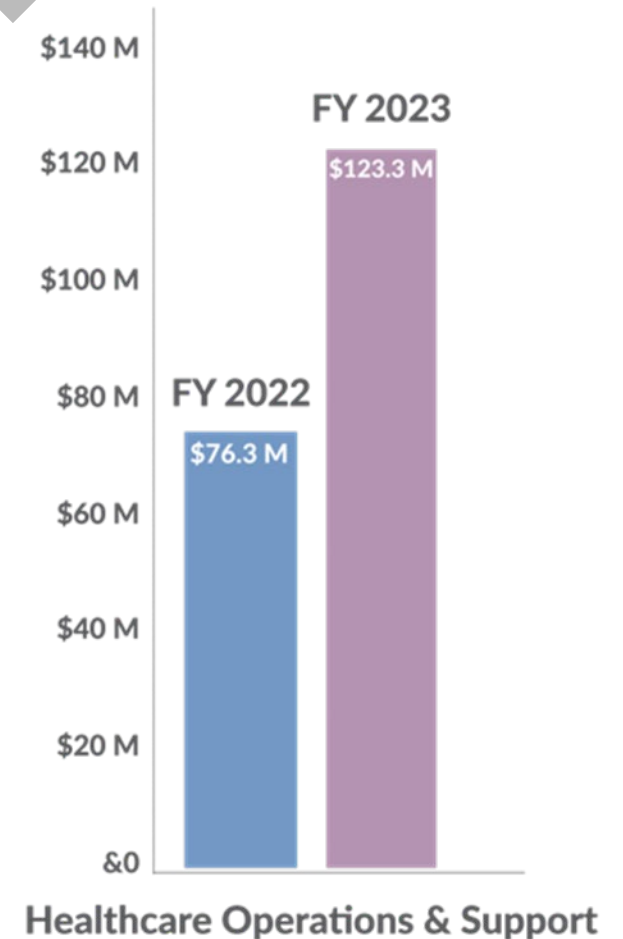
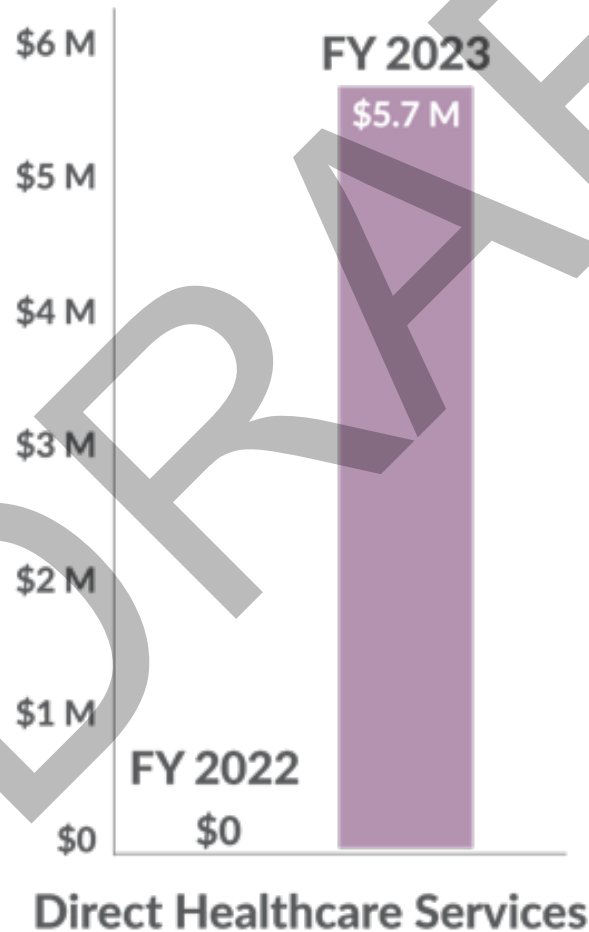
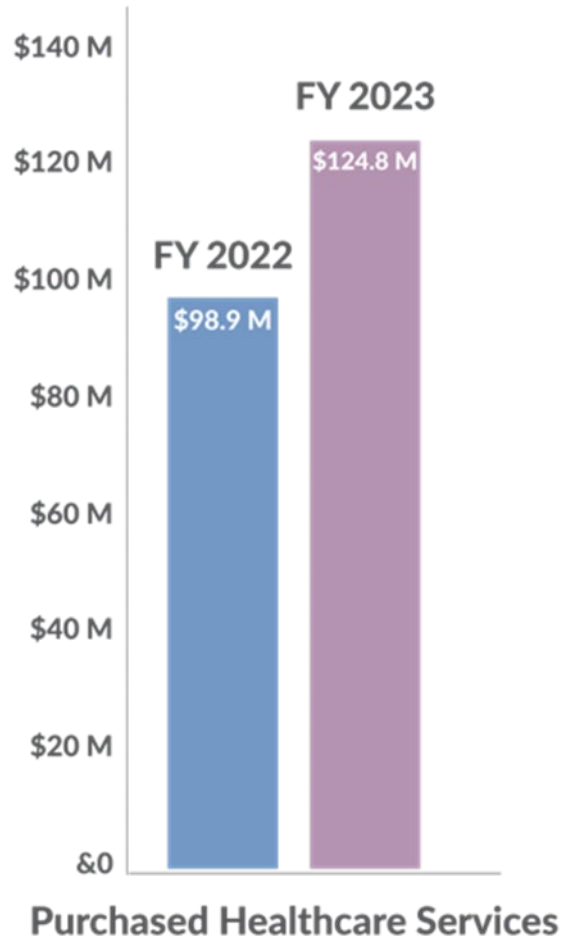
Central Health FY 2023 Proposed Budget

Attachment B – Uses of Funds Details

DESCRIPTION	FY 2022 APPROVED BUDGET	FY 2023 PROPOSED BUDGET 07/27/2022
ADMINISTRATION		
Salary and Benefits	7,134,758	8,662,159
Legal	1,456,636	2,756,636
Consulting	1,341,120	1,636,520
Investment Services (Travis County)	115,000	115,000
Benefits and Payroll Administration Services	168,243	356,266
Other professional goods & services	819,787	1,156,850
Marketing and Communications	209,958	184,098
Leases, Security and Maintenance	274,250	929,200
Insurance and Risk Management	375,000	455,000
Phones, Computer Equipment and Utilities	401,716	629,573
Printing, Copying, Postage and Signage	60,745	54,725
Travel, training and professional development	370,789	439,605
Other operating expenses	492,244	156,485
Appraisal District Svcs	1,179,284	1,155,350
Tax Collection Expense	991,569	992,300
Cash held for self insured employee health benefits	-	2,000,000
Total Administration & Tax Collection	15,391,099	21,679,767
TOTAL USES	208,096,360	299,499,598



Increased Investments in Healthcare Services



FY2023 Healthcare Delivery Programs

Healthcare Delivery Programs FY23 Proposed Budget	<i>Eligibility & Enrollment</i>	<i>Joint Technology</i>	<i>Clinical Services & Medical Management</i>	<i>Provider Reimbursement & Network Services</i>	<i>Health & Wellness Operations</i>	<i>Quality Assessment & Performance</i>	<i>Community Engagement & Outreach</i>	<i>Service Delivery Operations & Project Management Office</i>	<i>RHP7, 1115 Waiver & Population Health Strategy</i>	Total Healthcare Operations and Support	<i>Direct Healthcare Services</i>	Total Healthcare Delivery
Total FY23	6,656,880	11,792,314	9,743,986	3,515,775	6,824,346	2,479,173	2,166,125	3,390,951	1,885,702	48,455,252	5,677,636	54,132,887
Total FY22	6,202,331	6,346,703	6,851,349	3,495,027	6,662,620	2,108,657	1,788,776	2,299,896	1,146,563	36,901,922	-	-
Total FY23 FTEs (end of year)	45.5	26.2	54.6	6.0	21.5	12.0	7.0	28.0	6.1	206.9	62.5	269.4
Total FY22 FTEs	42.0	15.7	34.6	6.0	13.5	11.0	7.0	16.0	5.4	151.1	1.0	152.1

NOTE: Hiring for newly approved positions will align with when services or programs are anticipated to begin throughout the fiscal year



FY2023 Administration Programs

Administration Programs FY23 Proposed Budget	<i>Finance & Procurement Operations</i>	<i>Office of the CEO & Government Affairs</i>	<i>Administration</i>	<i>Strategy</i>	<i>Human Resources</i>	<i>Communications</i>	<i>Compliance</i>	Total
Total FY23	4,736,511	5,184,693	2,196,362	1,654,543	1,936,241	1,076,227	747,538	17,532,117
Total FY22	3,995,028	3,163,864	1,981,564	1,521,384	1,207,811	994,051	356,545	13,220,246
Total FY23 FTEs (end of year)	20.9	7.4	8.0	2.0	7.9	5.5	4.0	55.6
Total FY22 FTEs	20.7	5.4	8.0	3.0	5.7	5.5	2.0	50.2

NOTE: Hiring for newly approved positions will align with when services or programs are anticipated to begin throughout the fiscal year



FY2023 Capital Funds Proposed Budget

Central Health FY2023 Capital Funds Planning				
	Capital Funds Estimated End of Year Balance FY22 (All Sources)	Additional Capital Funds Required in FY23	Anticipated Capital Expenditures in FY23	Capital Funds Estimated End of Year Balance FY23 (All Sources)
Clinical Services Expansion				
Hornbsy Bend Health and Wellness Center	\$1.781	\$3.982	\$5.763	\$0.000
Del Valle Health and Wellness Center	\$4.868	\$5.050	\$9.918	\$0.000
Rosewood Zaragosa Specialty Clinic	\$1.143	\$7.869	\$9.012	\$0.000
Colony Park Health and Wellness Center	\$15.410	\$0.000	\$4.159	\$11.252
Clinical Services and Headquarters Consolidation	\$43.508	\$0.000	\$23.431	\$20.076
Future Clinical Services Funds*	\$3.217	\$26.000	\$15.500	\$13.717
Downtown Campus Redevelopment	\$1.243	\$1.000	\$1.000	\$1.243
Technology and Equipment	\$2.030	\$1.500	\$1.500	\$2.030
Facilities Maintenance and Operations	\$6.228	\$3.599	\$4.000	\$5.827
Total Reserves Required to Fund Capital Projects	\$79.427	\$49.000	\$74.282	\$54.144
<i>*Specific projects not yet identified, all major projects will be approved by the Board of Mangers</i>				



BUDGET CALENDAR

- ✓ May 11 Central Health Strategic Planning Committee Meeting
(FY 2023 Strategic Priorities)
- ✓ May 25 Central Health Board of Managers
(FY 2023 Central Health Long Term Forecast)
- ✓ June 15 Central Health Board of Managers Meeting
(FY 2023 Central Health Capital Planning and Property Tax Exemptions)
- ✓ June 9-23 Community Conversations
(Central Health Equity Focused Service Delivery Strategic Plan)
- ✓ July 27 Central Health Board of Managers Meeting
(FY2023 Central Health Proposed Budget)
- Aug 1-19 Community Conversations
(FY2023 Proposed Budget)



BUDGET CALENDAR

- **Aug 10** **Central Health Budget & Finance Committee Meeting**
(FY2023 Central Health Proposed Budget)
- Aug 24 Central Health Board of Managers Meeting
(FY2023 Central Health Proposed Budget and vote on maximum tax rate)
- Aug 30* Travis County Commissioners Court
(FY2023 Central Health Proposed Budget and tax rate)
- Aug 31 Central Health Public Hearing
(FY2023 Central Health Proposed Budget and tax rate)
- Sept. 7 Central Health Board of Managers Meeting
(FY2023 Central Health Budget and Tax Rate Adopted; CCC Budget Approval)
- Sept. 20 Travis County Commissioners Court
(FY2023 Central Health Budget and Tax Rate Adopted)

*tentative





**CENTRAL
HEALTH**

BUDGET & FINANCE COMMITTEE MEETING

August 10, 2022

AGENDA ITEM 3

Receive the fiscal year-to-date healthcare service expenditures made by, and accept the preliminary May and June 2022 financial statements for, Central Health and the Community Care Collaborative. (*Informational Item*)



Central Health

Financial Statement Presentation

FY 2022 – as of June 30, 2022 (Preliminary)

Central Health Board of Managers

July 27, 2022

Lisa Owens, Deputy CFO

Patti Bethke, Controller

DRAFT



- Slide 2 Index
- Slide 3 Highlights
- Slide 4 Balance Sheet - Assets
- Slide 5 Balance Sheet - Liabilities & Net Assets
- Slide 6 Sources & Uses
- Slide 7 HCD - Summary
- Slide 8 HCD - Blank Page
- Slide 9 HCD - Operating Cost
- Slide 10 HCD - Primary Care
- Slide 11 HCD - Specialty Care

Note: HCD = Health Care Delivery

DRAFT



- Year-to-date through June collected net property tax revenue is \$262 million compared to \$238 million as of June 2021 representing 98.4% of the adjusted tax levy compared to 98.3% as of June 2021.
- Healthcare Delivery is \$98 million for the nine months ending 6/30/2022.
- GAAP reporting Net Assets increased \$129 million year-over-year.
- TCHD LPPF total restricted balance of LPPF as of 6/30/2022 is \$19 million.

GAAP: Generally Accepted Accounting Principles refer to a common set of accounting principles, standards, and procedures issued by the Financial Accounting Standards Board. GAAP primary focus is to improve clarity, consistency, and comparability of the communication of financial information.

DRAFT



Assets	Preliminary as	
	of 6/30/2022	as of 6/30/2021
Current Assets		
Cash and cash equivalents	2,089,893	1,304,103
Short-term investments	445,598,413	341,298,334
Ad valorem taxes receivable	3,023,174	3,452,609
Other receivables	4,300,320	4,228,534
Prepaid expenses	387,060	554,871
Total Current Assets	<u>455,398,860</u>	<u>350,838,452</u>
Restricted Cash and Investments or Noncurrent		
Restricted for capital acquisition	92,095,870	11,143,697
Sendero paid-in-capital	71,000,000	71,000,000
Working capital advance to CommUnityCare	4,000,000	4,000,000
Sendero Surplus Debenture	37,083,000	37,083,000
Restricted TCHD LPPF Cash & Investments	18,552,294	11,687,515
Total Restricted Cash and Investments or Noncurrent	<u>222,731,164</u>	<u>134,914,212</u>
Capital Assets		
Land	26,372,222	13,425,967
Buildings and improvements	56,519,716	57,151,299
Equipment and furniture	17,778,553	9,205,480
Capital Projects in progress	13,720,117	11,321,350
Less accumulated depreciation	(28,815,146)	(24,365,807)
Total Capital Assets	<u>85,575,462</u>	<u>66,738,289</u>
Total Assets	<u><u>763,705,486</u></u>	<u><u>552,490,953</u></u>

DRAFT



Liabilities	Preliminary	
	as of 6/30/2022	as of 6/30/2021
Current Liabilities		
Accounts payable	5,317,709	6,628,816
Salaries and benefits payable	2,962,700	1,738,138
Other Payables	810,431	-
Debt service payable, short-term	4,947,379	1,215,641
Deferred tax revenue	2,634,799	2,714,073
Total Current Liabilities	16,673,018	12,296,668
Restricted or Noncurrent Liabilities		
Funds held for TCHD LPPF	18,552,294	11,687,515
Debt service payable, long-term	75,837,535	4,915,000
Total Restricted or Noncurrent Liabilities	94,389,829	16,602,515
Total Liabilities	111,062,847	28,899,184
Net Assets		
Unrestricted	536,408,097	462,958,481
Restricted	56,055,994	-
Investment in Capital Assets	60,178,549	60,633,289
Total Net Assets	652,642,639	523,591,769
Liabilities and Net Assets	763,705,486	552,490,953

DRAFT



Sources / Uses	Jun 2022	FY22 YTD	FY22 Budget	Percent of Budget Used	FY21 YTD
Sources					
Property Tax Revenue	70,611	259,865,263	260,933,097	100%	237,349,180
Lease Revenue	888,519	9,590,238	13,422,399	71%	9,330,943
Other Revenue	997,924	2,359,041	3,000,000	79%	764,011
Tobacco Settlement Revenue	-	4,676,730	3,000,000	156%	3,872,274
Contingency Reserve (Carryforward)	-	235,884,286	226,521,399	104%	136,179,266
Total Sources	1,957,054	512,375,558	506,876,895	101%	387,495,674
Uses of Funds					
Healthcare Delivery	9,715,100	97,671,352	491,365,797	20%	72,528,631
Administrative Program					
Salaries and benefits	435,351	4,112,830	7,134,758	58%	3,674,794
Consulting Fees	35,683	328,532	1,341,120	24%	225,354
Legal Fees	115,539	677,878	1,456,636	47%	402,932
Other Purchase Goods and Services	121,919	1,146,776	3,287,732	35%	1,237,705
Total Administrative Program	708,492	6,266,016	13,220,246	47%	5,540,785
Tax Collection Expenses	95,049	1,664,793	2,170,853	77%	1,564,050
Total Uses	10,518,641	105,602,161	506,756,896	21%	79,633,466
Excess Sources / (Uses)	(8,561,587)	406,773,397			307,862,208

DRAFT



Healthcare Delivery Summary	Jun 2022	FY22 YTD	FY22 Budget	Percent of Budget Used	FY21 YTD
Inter-Governmental Transfers (IGTs)	-	-	15,509,298	0%	-
Healthcare Services					
Primary Care - (see detail on Slide 10)	4,773,224	36,224,277	59,040,000	61%	28,971,962
Specialty Care, incld Dental - (see detail on Slide 11)	561,425	5,495,084	17,175,000	32%	4,184,047
Specialty Behavioral Health and Substance Use	4,548	454,207	1,383,856	33%	443,350
Pharmacy	893,728	7,970,784	14,250,000	56%	7,126,528
Post Acute Care	31,811	109,074	2,125,000	5%	-
All Other Healthcare Services	57,253	515,276	6,737,035	8%	515,276
Community Healthcare Initiatives Fund	-	-	875,000	0%	1,875
Subtotal Healthcare Services	6,321,989	50,768,702	101,585,891	50%	41,243,038
ACA Premium Assist, Education, Enrollment	1,129,761	9,832,441	13,782,929	71%	8,909,308
Healthcare Facilities and Campus Redevelopment	357,431	2,946,502	6,284,795	47%	1,994,022
Healthcare Delivery Operating Costs	1,773,575	14,822,100	35,631,887	42%	12,638,376
SubTotal	9,582,756	78,369,745	157,285,502	50%	64,784,744
Debt, Reserves and Transfers	132,344	19,301,607	318,570,997	6%	7,743,887
Total Healthcare Delivery	9,715,100	97,671,352	491,365,797	20%	72,528,631

DRAFT



Details for Health Care Delivery on the following slides.

DRAFT



Healthcare Delivery Detail	Jun 2022	FY22 YTD	FY22 Budget	Percent of Budget Used	FY21 YTD
Healthcare Operations and Support					
ACA and Premium Assistance Programs					
High Risk Premium Programs	858,144	7,195,181	10,240,575	70%	6,304,816
CHAP Program	258,578	2,096,431	2,959,354	71%	2,074,092
ACA Enrollment and Education Services	13,039	540,829	583,000	93%	530,400
Subtotal ACA & Premium Assist Program	1,129,761	9,832,441	13,782,929	71%	8,909,308
Healthcare Facilities and Campus					
Salaries and benefits	18,819	235,827	395,914	60%	72,114
Consulting Services	27,816	32,912	1,512,000	2%	229,299
Legal Fees	2,271	36,315	370,000	10%	156,144
Other Goods & Svc incl. UT Ground Lease	308,525	2,641,448	4,006,881	66%	1,536,465
Subtotal Healthcare Facilities and Campus	357,431	2,946,502	6,284,795	47%	1,994,022
Healthcare Delivery Operating Costs					
Salaries and benefits	1,306,524	10,658,145	18,866,066	56%	8,807,829
Consulting Services	-	275,248	840,000	33%	47,246
Legal Fees	7,753	33,156	339,000	10%	75,681
Other Services and Purchased Goods	459,298	3,855,551	15,586,821	25%	3,707,620
Subtotal HCD Operating Cost	1,773,575	14,822,100	35,631,887	42%	12,638,376
Debt Service, Reserves and Transfers					
Debt Service	132,344	5,612,594	6,152,676	91%	1,243,887
Healthcare Capital Line of Credit	-	-	1,091,773	-	-
FY2022 Capital reserve	-	13,689,013	12,546,013	109%	6,500,000
FY2022 Contingency reserve appropriation	-	-	298,780,535	-	-
Subtotal Debt, Reserves and Transfers	132,344	19,301,607	318,570,997	6%	7,743,887
Total Healthcare Delivery	9,715,100	97,671,352	491,365,797	20%	72,528,631



Healthcare Delivery - Primary Care	Jun 2022	FY22 YTD	FY22 Budget	Percent of Budget Used	FY21 YTD
Primary Care					
CommUnity Care	4,300,002	30,558,249	45,885,000	67%	23,658,806
Lone Star Circle of Care	314,374	3,976,806	6,755,000	59%	3,599,008
People's Community Clinic	139,748	1,542,824	2,600,000	59%	1,557,957
Other Primary Care	19,100	146,398	3,800,000	4%	156,191
Subtotal Primary Care Services	4,773,224	36,224,277	59,040,000	61%	28,971,962

(continued on next page)

DRAFT



Healthcare Delivery - Specialty Care	Jun 2022	FY22 YTD	FY22 Budget	Percent of Budget Used	FY21 YTD	YOY Percent Change	Comments*
Specialty Care							
Ancillary Services & DME	4,527	57,901	735,000	8%	66,978	-14%	
Cardiology	84,425	238,741	265,000	90%	73,820	223%	Service Expansion
Referral Services	0	225,000	500,000	45%	225,000	0%	
Dental Specialty	91,572	686,276	1,300,000	53%	577,950	19%	Service Expansion
Dermatology	91,444	583,702	550,000	106%	307,524	90%	
Ear, Nose & Throat ENT	(4,839)	90,821	350,000	26%	185,292	-51%	
Endocrinology	101,644	515,706	575,000	90%	233,543	121%	Service Expansion
Gastroenterology	47,501	878,535	2,100,000	42%	579,826	52%	
General Surgery	(294)	53,423	300,000	18%	32,388	65%	
Gynecology Complex	0	0	100,000	0%	(2,200)	0%	CCC Agreement
Nephrology	12,217	34,642	200,000	17%	10,546	228%	
Oncology	25,138	228,640	700,000	33%	238,613	-4%	
Ophthalmology	92,725	873,808	1,650,000	53%	842,083	4%	
Prosthetics	8,819	74,827	200,000	37%	113,043	-34%	
Podiatry	(9,432)	299,853	350,000	86%	159,938	87%	Service Expansion
Pulmonology	31,900	251,167	375,000	67%	123,361	104%	Service Expansion
Reproductive and Sexual Health	17,090	242,833	1,150,000	21%	271,900	-11%	
Rheumatology	15,865	102,242	250,000	41%	99,817	2%	
Neurology	0	0	100,000	0%	0	0%	New CUC Service
Wound Care	(57,215)	37,050	150,000	25%	44,625	-17%	Service Expansion
Subtotal Specialty Care	553,087	5,475,167	11,900,000	46%	4,184,047	31%	
MAP Basic Expansion	0	0	1,975,000	0%	0	0	
Systems Planning Expansion	0	0	3,300,000	0%	0	0	
Total Specialty Care	553,087	5,475,167	17,175,000	32%	4,184,047	31%	

* Changes greater than \$90,000 and + / - 33%

DRAFT



Questions ? Comments ?

DRAFT



June 2022 Preliminary Monthly Financial Statements (unaudited)

Page 1 of 6

Balance Sheet (Assets) – Slide 4

Current Assets

Cash and Cash Equivalents – \$2.1M compared to \$1.3M June 2021

Short-term Investments – Short-term investments were \$446M at month-end, net of restricted investments totaling \$92M.

Ad Valorem Taxes Receivable – \$3.0M balance is composed of:

Gross Tax Receivables	\$ 8.3M
Taxable Assessed Valuation Adjustment	(2.4)M
Est. Allowance for Doubtful collections	(2.9)M
Total Taxes Receivable	<u>\$ 3.0M</u>

Other Receivables – Other receivables total \$4.3M and includes intercompany balances:

- CommUnityCare - \$2.4M
- Sendero - \$658K
- Community Care Collaborative - \$201K
- Accrued Interest - \$750K
- Miscellaneous Receivables – \$294K



June 2022 Preliminary Monthly Financial Statements (unaudited)

Page 2 of 6

Balance Sheet (Assets) – Slide 4 (continued)

Prepaid Expenses – \$387K balance composed of:

- Prepaid Insurance - \$173K
- Software - \$58K
- Deposits - \$82K
- Memberships - \$46K
- JTT Equipment - \$27K
- Prepaid Tax Collection Fees - \$1K

Total Current Assets – \$455M

Restricted Cash & Investments or Noncurrent

Investments Restricted for Capital Acquisition – \$92M in securities and reserves restricted for capital acquisition.

Sendero Paid-in-Capital – \$71.0M (unchanged)

Working Capital Advance to CommUnityCare – \$4.0M (unchanged)

Sendero Surplus Debenture – \$37.1M (unchanged)

Restricted TCHD LPPF Cash & Investments - \$18.6M

Capital Assets – \$86M, net of accumulated depreciation

Total Assets – \$764M



Current Liabilities – Slide 5

Accounts Payable – Major components of the \$5.3M balance are:

- \$4.6M estimated IBNR for healthcare services.
- \$717K vendor invoices due.

Salaries and Benefits Payable – \$2.9M balance is comprised of the accrued liability for salary costs unpaid at month-end, the value of accrued personal time off.

Other Payables – \$810K Contract Liability.

Debt Service Payable, Short-Term – \$4.9M in Certificates of Obligation and Interest Payable for Series 2020 and 2021 Taxable and non-Taxable debt.

Deferred Tax Revenue - \$2.6M pending collection

Total Current Liabilities – \$17M

Restricted or Noncurrent Liabilities

Funds held for TCHD LPPF - \$18.6M receipts from participants in the LPPF.

Balance Sheet (Liabilities) – Slide 5 (continued)

Debt Service Payable, Long-Term – \$75.8M balance (unchanged):

	Series 2020	Series 2021	
	General Obligation Bonds	Certificates of Obligation Bonds	
Non-tax LT	3.7 M	12.7 M	
Taxable LT		57.4 M	
Premium		2.0 M	
Totals	3.7 M	72.2 M	75.8 M

\$7.285M was originally issued in 2011 for the North Central clinic and refunded May 2020. \$72.9M was issued in 2021 for two clinics and an administration building. Annual payments are due on 3/1 for all Series.

Total Restricted of Noncurrent Liabilities – \$94M

Total Liabilities – \$111M

Net Assets

Unrestricted Net Assets – \$536M

Restricted Net Assets – \$56M

Investment in Capital Assets – \$60M

Total Net Assets – \$653M

Total Liabilities and Net Assets – \$764M



Sources and Uses Report – Slide 6

June financials → nine months, 75% of the fiscal year.

Sources – Total \$1.96M for the month

Property Tax Revenue – Net property tax revenue for the month was \$71K. Net revenue includes \$275K current month's collections; \$68K Penalties and Interest; and (\$272K) in adjustments for prior year delinquent taxes.

Lease Revenue – \$889K recorded for Seton and Hancock Clinic

Other Revenue – \$998K in monthly investment income

Uses of Funds – Total \$10.5M for the month

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$9.7M for the month and \$98M YTD compared to \$73M FY21 YTD.

Healthcare Delivery Budget includes funds for service expansion in Post-Acute Care \$2.1M, Primary & Specialty Care \$6.7M, and Community Health Care Initiatives \$875K

Administration Program – \$708K in expense for the month, which includes:

- Personnel costs – \$435K
- Consulting services – \$36K
- Legal fees – \$116K
- Other general and administrative – \$122K

Tax Collection Expenses – \$95K for the month.

Excess Sources/(Uses) – \$(8.6)M in May. Current YTD is \$407M compared to \$308M FY21 YTD.

Healthcare Delivery Expense – Slide 7

Healthcare Delivery Expense – Total \$9.7M June; \$98M YTD compared to \$73M FY21 YTD.

Intergovernmental Transfers (“IGT’s”) – YTD \$0M for DSRIP IGT compared to \$0M YTD last year for DSRIP IGT.

Healthcare Services – Healthcare delivery providers’ expense for June totaled \$6.3M, which includes:

- Primary care – \$4.8M
- Specialty Care - Dental – \$561K
- Specialty Care - Behavioral Health – \$5K
- Pharmacy - \$894K
- All Other - \$89K

ACA Premium Assist, Education, Enrollment – \$1.1M in expenses for the month; \$9.8M YTD compared to \$8.9M FY21 YTD

Healthcare Facilities and Campus Redevelopment - \$357K in expense for the month and \$2.9M YTD.

Healthcare Delivery Operating Cost – \$1.8M in expenses for the month and includes:

- Personnel costs – \$1.3M
- Consulting Services – \$0K
- Legal Fees - \$8K
- Other services and purchased goods – \$459K

Debt, Reserves and Transfer – \$132K in Debt Service

Total Healthcare Delivery - for the month of June was \$9.7M.

Community Care Collaborative

Financial Statement Presentation

FY 2022 – as of June 30, 2022 (Preliminary)

Central Health Board of Managers
Board of Managers Meeting
July 27, 2022

Jeff Knodel, Chief Financial Officer
Lisa Owens, Deputy Chief Financial Officer



a partnership of Central Health and Seton Healthcare Family

Preliminary

DRAFT

Highlights Community Care Collaborative

June 30, 2022



- * Cash is at \$11.3M compared to \$7.0M last year.
- * Total Liabilities are at \$11.4M at the end of June.
- * Net Assets at the end of June are (\$50K).

DRAFT

Preliminary

Balance Sheet Community Care Collaborative

June 30, 2022



Community Care Collaborative

	<u>6/30/2022</u>	<u>6/30/2021</u>
Assets		
Cash and Cash Equivalents	11,265,159	7,015,930
Other Receivables	23,463	91,344
Prepaid and Other	36,503	112,781
Total Assets	<u>11,325,125</u>	<u>7,220,055</u>
Liabilities		
AP and Accrued Liabilities	4,343,549	5,156,286
Deferred Revenue	6,954,527	3,479,719
Other Liabilities	77,517	170,875
Accrued Payroll	0	108,148
Total Liabilities	<u>11,375,593</u>	<u>8,915,028</u>
Net Assets	<u>(50,468)</u>	<u>(1,694,972)</u>
Liabilities and Net Assets	<u>11,325,125</u>	<u>7,220,055</u>

DRAFT

Preliminary

Sources and Uses Report, Budget vs Actual

Fiscal Year-to-Date through June 30, 2022



Sources of Funds	Budget	YTD Actual	YTD % of Budget	Prior YTD Actual
DSRIP Revenue	61,168,472	500,891	1%	870,509
Operations Contingency Carryforward	5,362,495	9,123,145	170%	11,316,128
Other Sources	100,000	12,539	13%	11,503
Total Sources of Funds	66,630,967	9,636,576	14%	12,198,140
Uses - Programs				
Healthcare Delivery	19,630,967	9,304,570	47%	10,139,783
UT Services Agreement	35,000,000	0	0%	0
DSRIP Project Costs	12,000,000	5,382,473	45%	8,753,330
Total Uses	66,630,967	14,687,043	22%	18,893,113
Net Sources (Uses)	-	(5,050,468)		(6,694,973)
Net Assets		(50,468)		(1,694,973)

* Operating under FY20 approved budget.

Preliminary

DRAFT



Healthcare Delivery Costs - Summary

Fiscal Year-to-Date through June 30, 2022

	Budget	YTD Actual	YTD % of Budget	Prior YTD Actual
Healthcare Delivery				
Primary Care & Emergency Transport	921,822	648,878	70%	690,019
Specialty Care	3,908,000	1,556,508	40%	1,624,263
Specialty Behavioral Health	8,000,000	4,300,481	54%	4,808,324
Post-Acute Care	2,675,000	1,477,700	55%	1,417,303
Urgent and Convenient Care	475,000	59,054	12%	92,537
Healthcare Delivery - Operations	2,849,742	1,261,949	44%	1,507,338
Operations Contingency Reserve	801,403	0	0%	0
Total Healthcare Delivery	19,630,967	9,304,570	47%	10,139,783

DRAFT

* Operating under FY20 approved budget.

Preliminary

Thank You

www.ccc-ids.org



Community Care
COLLABORATIVE

a partnership of Central Health and Seton Healthcare Family

DRAFT

Preliminary



June 2022 FYTD Financial Statements (unaudited)
Page 1 of 4

Balance Sheet

Current Assets

Cash and Cash Equivalents – \$11.3M

Other Receivables – \$23K – Atrium rent receivable

Prepaid and Other – \$37K – Atrium security deposit

Total Assets – \$11.3M

Liabilities

Accounts Payable and Accrued Liabilities – \$4.3M, which includes:

- \$4.1M estimated IBNR (Incurred But Not Received) for healthcare provider services
- \$201K due to Central Health

Deferred Revenue – \$7.0M deferred revenue related to DSRIP projects

Other Liabilities – \$78K includes leasehold improvement allowance liability of \$23K and deferred rent of \$54K

Total Liabilities – \$11.4M

Net Assets

Unrestricted Net Assets – (\$50K)



June 2022 FYTD Financial Statements (unaudited)
Page 2 of 4

Total Net Assets – (\$50K)

Total Liabilities and Net Assets – \$11.3M

Sources and Uses Report

June financials → 9 months, 75% of fiscal year

Sources of Funds, Year-to-Date - \$9.6M

DSRIP Revenue - \$501K

Operations Contingency - \$9.1M from FY2021, excluding emergency reserves of \$5M.

Other Sources – \$13K Interest income

Uses of Funds, Year-to-Date

Operating Expenses

Healthcare Delivery (Excludes DSRIP) – \$9.3M

	Budget	YTD Actual	YTD % of Budget	Prior YTD Actual
Healthcare Delivery				
Primary Care & Emergency Transport	921,822	648,878	70%	690,019
Specialty Care	3,908,000	1,556,508	40%	1,624,263
Specialty Behavioral Health	8,000,000	4,300,481	54%	4,808,324
Post-Acute Care	2,675,000	1,477,700	55%	1,417,303
Urgent and Convenient Care	475,000	59,054	12%	92,537
Healthcare Delivery - Operations	2,849,742	1,261,949	44%	1,507,338
Operations Contingency Reserve	801,403	0	0%	0
Total Healthcare Delivery	19,630,967	9,304,570	47%	10,139,783

UT Services Agreement – \$0M



June 2022 FYTD Financial Statements (unaudited)
Page 4 of 4

DSRIP Project Costs – \$5.4M, primarily made up of provider earnings of:

- CommUnity Care - \$4.9M
- Lone Star Circle of Care – \$368K
- Hospice Austin – \$21K
- DSRIP Operating Expenses - \$75K

DRAFT



**CENTRAL
HEALTH**

BUDGET & FINANCE COMMITTEE MEETING

August 10, 2022

AGENDA ITEM 4

Confirm the next regular Budget and Finance Committee meeting date, time, and location.
(Informational Item)