



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, March 27, 2024, 4:00 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 connecting to the Zoom meeting link listed below (copy and paste into your web browser):

<https://us06web.zoom.us/j/82035318999?pwd=aNSLQkh7o4aalAa0v4fRx33G7CeVkn.1>

Meeting ID: 820 3531 8999

Passcode: 286007

Links to livestream video are available at the URL below (copy and paste into your web browser):

<https://www.youtube.com/@tchealthdistrict/streams>

Or to participate by telephone only:

Dial: (346) 248 7799

Meeting ID: 820 3531 8999

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The Committee may meet via videoconference with a quorum present in person and will 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 2:30 p.m. on March 27, 2024**. 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. Approve the minutes of the February 21, 2024 Budget and Finance Committee meeting. (*Action Item*)
2. Receive a presentation on the February 2024 financial statements for Central Health. (*Informational Item*)
3. Receive and discuss the Fiscal Year 2025 Strategic Priorities and Budget Development process and calendar. (*Informational Item*)
4. Receive updates on Central Health capital projects and take appropriate action to increase the budget for the Hornsby Bend capital project. (*Action Item*)
5. Discuss and take appropriate action directing the President & CEO to negotiate and execute an agreement with the Texas Department of Transportation for transfer of real property impacted by the I-35 Expansion project.³ (*Action Item*)

STAYS IN FILE



3 pgs

202480424



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

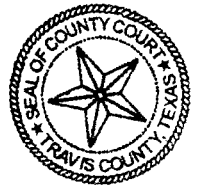
¹ This meeting may include one or more members of the Budget and Finance Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting location 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, and any Committee actions will be in conformance with the Central Health Bylaws.

³ Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney) and/or Texas Government Code §551.072. (Deliberation Regarding Real Property).

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 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.

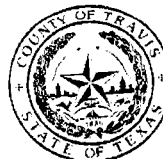


Came to hand and posted on a Bulletin Board in the
County Recording Office, Austin, Travis County, Texas on this the
22 day of March 2024

Dyana Limon-Mercado
County Clerk, Travis County, Texas

By [Signature] Deputy

MEDINA



**FILED AND RECORDED
OFFICIAL PUBLIC RECORDS**

[Signature]
Dyana Limon-Mercado, County Clerk
Travis County, Texas

202480424

Mar 22, 2024 01:31 PM
Fee: \$0.00

MEDINAE

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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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BUDGET & FINANCE COMMITTEE MEETING

March 27, 2024

AGENDA ITEM 1

Approve the minutes of the February 21, 2024 Budget and Finance Committee meeting. (*Action Item*)



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BUDGET & FINANCE COMMITTEE MEETING

March 27, 2024

AGENDA ITEM 2

Receive a presentation on the February 2024 financial statements for Central Health. (*Informational Item*)



Central Health

Financial Statement Presentation

FY 2024 – as of January 31, 2024

(Preliminary)

Central Health Board of Managers

Budget and Finance Committee

March 27, 2024

Jeff Knodel, CFO

Nicki Riley, Deputy CFO

Patti Bethke, Controller



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- Slide 3 Highlights
- Slide 4 Balance Sheet
- Slide 5 Sources & Uses
- Slide 6 Blank
- Slide 7 HCD - Summary
- Slide 8 HCD - Specialty



- January fiscal year-to-date collected net property tax revenue is \$286 million (88.9%), compared to \$237 million (82.4%) year-to-date January 2023 of the adjusted tax levy.
- Healthcare Delivery is \$66 million for the year as of 01/31/2024, compared to \$42 million for prior year.
- TCHD LPPF total restricted balance of LPPF as of 01/31/2024 is \$51 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.



	Preliminary as of 01/31/2024	as of 01/31/2023
ASSETS		
CURRENT ASSETS		
CASH AND CASH EQUIVALENTS	4,988,109	3,374,399
SHORT TERM INVESTMENTS	672,324,242	532,132,428
LEASE RECEIVABLE SHORT TERM*	12,494,146	9,552,425
ACCOUNTS RECEIVABLE TAX	73,224,580	72,592,756
OTHER RECEIVABLES	7,877,778	8,345,123
TOTAL UNRESTRICTED CURRENT ASSETS	770,908,855	625,997,131
RESTRICTED CASH & INVESTMENTS		
RESTRICTED TCHD LPPF CASH & INVESTMENTS	50,947,539	46,544,273
RESTRICTED FOR CAPITAL ACQUISITION	177,798,522	111,140,786
TOTAL RESTRICTED CASH & INVESTMENTS	228,746,061	157,685,059
TOTAL CURRENT ASSETS	999,654,916	783,682,190
LONG TERM ASSETS		
SENDERO PAID-IN CAPITAL	83,000,000	71,000,000
SENDERO SURPLUS DEBENTURE	37,083,000	37,083,000
ADVANCE RECEIVABLE	4,000,000	4,000,000
LEASE RECEIVABLE LONG TERM*	237,780,227	238,640,113
TOTAL LONG TERM ASSETS	361,863,227	350,723,113
TOTAL CAPITAL ASSETS, NET of DEPRECIATION	164,000,820	129,089,984
TOTAL ASSETS	1,525,518,963	1,263,495,287
LIABILITIES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	11,837,675	11,041,032
SALARIES & BENEFITS PAYABLE	5,525,968	4,857,935
DEBT SERVICE PAYABLE	10,652,056	5,208,583
DEFERRED TAX REVENUE	34,736,562	49,413,523
TOTAL CURRENT LIABILITIES	62,752,261	70,521,073
RESTRICTED OR NONCURRENT LIABILITIES		
FUNDS HELD FOR TCHD LPPF	50,947,539	46,544,272
DEBT SERVICE PAYABLE	168,325,848	75,773,702
LEASE & SUBSCRIPTION LIABILITIES*	53,269,985	43,097,980
DEFERRED REVENUE*	234,218,207	238,990,841
TOTAL RESTRICTED OR NONCURRENT LIABILITIES	506,761,580	404,406,795
TOTAL LIABILITIES	569,513,841	474,927,868
NET ASSETS		
RESTRICTED FOR CAPITAL ASSETS	240,662,293	100,232,138
RESTRICTED	46,739,076	55,703,236
UNRESTRICTED	668,603,754	632,632,046
TOTAL NET ASSETS	956,005,123	788,567,419
LIABILITIES AND NET ASSETS	1,525,518,963	1,263,495,287

* New GASB87 & GASB96 reporting requirement for leases and Subscription-Based Information Technology Arrangements.



SOURCES / USES	JAN 2024	FY24 YTD	FY24 Budget	Percent of Budget Used	FY23 YTD
SOURCES					
PROPERTY TAX REVENUE	165,114,720	285,941,894	312,456,814	92%	236,313,546
LEASE REVENUE	1,748,218	6,656,723	12,022,497	55%	6,234,148
INVESTMENT AND OTHER REVENUE	2,644,582	8,832,528	7,500,000	118%	4,152,375
TOBACCO SETTLEMENT REVENUE	0	0	4,500,000	0%	0
TOTAL SOURCES	169,507,519	301,431,144	336,479,311	90%	246,700,069
USES OF FUNDS					
HEALTHCARE DELIVERY PROGRAM	14,541,837	66,494,382	295,246,807	23%	42,142,072
ADMINISTRATIVE PROGRAM	2,934,710	8,252,113	30,944,445	27%	6,792,517
UT AFFILIATION AGREEMENT	0	0	35,000,000	0%	0
TRANSFER TO EMERGENCY RESERVES	0	8,019,240	8,019,240	100%	0
TOTAL USES	17,476,546	82,765,735	369,210,492	22%	48,934,589
EXCESS SOURCES / (USES)	152,030,973	218,665,409	(32,731,181)		197,765,480
RESERVE BALANCES:					
EMERGENCY RESERVE		46,739,076	46,739,076		38,719,836
CONTINGENCY RESERVE			377,296,303		441,168,057



Details for Health Care Delivery on the following slides.

DRAFT



HEALTHCARE DELIVERY SUMMARY	JAN 2024	FY24 YTD	FY24 Budget	Percent of Budget Used	FY23 YTD
PURCHASED HEALTHCARE SERVICES					
PRIMARY CARE	5,522,561	20,069,035	71,782,200	28%	17,836,367
SPECIALTY CARE, INCLD DENTAL	939,813	4,704,164	30,188,000	16%	3,585,261
SPECIALTY BEHAVIORAL HEALTH AND SUBSTANCE USE	476,200	1,973,364	20,675,000	10%	507,719
PHARMACY	537,531	2,885,811	18,000,000	16%	3,547,662
POST ACUTE CARE	256,042	1,284,707	7,250,000	18%	1,078,167
COMMUNITY HEALTHCARE INITIATIVES FUND	0	23,400	875,000	3%	9,360
ALL OTHER HEALTHCARE SERVICES	0	0	2,000,000	0%	0
SUBTOTAL PURCHASED HEALTHCARE SERVICES	7,732,147	30,940,481	150,770,200	21%	26,564,536
DIRECT SERVICES	712,448	2,047,316	29,276,374	7%	57,186
MAP ELIGIBILITY - INCREASE IN PERIOD	0	0	1,000,000	0%	0
SUBTOTAL HEALTHCARE SERVICES	8,444,595	32,987,797	181,046,574	18%	26,621,722
ACA PREMIUM ASSIST	966,551	4,127,083	18,587,364	22%	4,302,805
HEALTHCARE FACILITIES AND CAMPUS REDEVELOPMENT	240,363	949,154	2,957,400	32%	829,787
HEALTHCARE OPERATIONS & SUPPORT	4,331,518	14,195,111	71,689,007	20%	9,858,380
DEBT, RESERVES AND TRANSFERS	558,809	14,235,238	20,966,462	68%	529,377
TOTAL HEALTHCARE DELIVERY	14,541,837	66,494,382	295,246,807	23%	42,142,072



HEALTHCARE DELIVERY - SPECIALTY CARE	JAN 2024	FY24 YTD	FY24 BUDGET	Percent of Budget Used	FY23 YTD	Comments
HCD-Ancillary Services	17,876	258,029	2,998,000	9%	218,405	Includes additional services: Anesthesia, Mammography, DME, Prosthetics
HCD-Cardiology	81,110	185,396	1,215,000	15%	87,271	
HCD-Dental	(105,864)	415,076	1,500,000	28%	312,503	Change in estimate
HCD-Dermatology	77,880	309,405	915,000	34%	255,933	
HCD-Dialysis	117,369	400,963	3,000,000	13%	370,590	
HCD-Endocrinology	53,842	215,367	830,000	26%	198,684	
HCD-Ear, Nose & Throat ENT	22,522	124,749	900,000	14%	87,439	
HCD-Gastroenterology	105,443	415,881	2,030,000	20%	429,823	
HCD-General Surgery	13,552	38,307	600,000	6%	75,059	
HCD-Gynecology	87,166	348,665	1,550,000	22%	99,800	
HCD-Infectious Disease	0	0	100,000	0%	0	
HCD-Musculoskeletal	101,663	645,583	2,500,000	26%	348,950	
HCD-Nephrology	9,533	38,133	200,000	19%	0	
HCD-Neurology	4,550	18,200	100,000	18%	16,000	
HCD-Oncology	110,681	146,857	2,900,000	5%	108,273	
HCD-Ophthalmology	62,589	480,219	3,100,000	15%	465,732	
HCD-Podiatry	62,384	234,905	1,300,000	18%	200,997	
HCD-Project Access	0	0	330,000	0%	0	Agreement Inactive
HCD-Pulmonology	25,775	104,043	425,000	24%	110,000	
HCD-Referral Management	3,167	28,167	585,000	5%	81,492	
HCD-Rheumatology	22,317	89,267	300,000	30%	36,000	
HCD-Sexual & Reproductive Svc	66,259	206,952	2,210,000	9%	82,311	
HCD-Specialty Care Reserve	0	0	300,000	0%	0	
HCD-Urology			300,000	0%	0	Agreement Inactive
Total Healthcare Delivery - Specialty Care	939,813	4,704,164	30,188,000	16%	3,585,261	



Questions ? Comments ?

DRAFT



Balance Sheet

Current Assets

Cash and Cash Equivalents – \$5.0M compared to \$3.4M same month prior year.

Short-term Investments – Short-term investments were \$672M at month-end, net of restricted investments totaling \$178M.

Short-Term Lease Receivables GASB87* - \$12M

Ad Valorem Taxes Receivable – \$73M balance is composed of:

Gross Tax Receivables	\$	77.8M
Taxable Assessed Valuation Adjustment		(1.1)M
Est. Allowance for Doubtful collections		(3.5)M
Total Taxes Receivable	\$	<u>73.2M</u>

Other Receivables – Other receivables total \$7.9M and includes intercompany balances:

- CUC - \$2.7M
- Accrued Interest - \$2.5M
- Prepaid Expenses – \$1.0M
- Sendero - \$1.6M, including risk payment - \$828k

Restricted TCHD LPPF Cash & Investments - \$51M

Restricted for Capital Acquisition - \$178M

Total Current Assets – \$1.0B



Long Term Assets

Sendero Paid-in-Capital – \$83.0M includes \$12M additional funding in current year

Sendero Surplus Debenture – \$37.1M (unchanged)

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

Long-Term Lease Receivables GASB87* - \$238M

Capital Assets – \$164M, net of accumulated depreciation.

Total Assets – \$1.5B



Current Liabilities

Accounts Payable – Major components of the \$12M balance are:

- \$11M estimated IBNR for healthcare services.
- \$738k invoices payable

Salaries and Benefits Payable – \$5.5M balance is comprised of the accrued liability for salary costs unpaid at month-end, the value of accrued personal time off.

Debt Service Payable, Short-Term – \$10.7M in Certificates of Obligation and Interest Payable for Series 2020, 2021 and 2023 Taxable and non-Taxable debt.

Deferred Tax Revenue - \$34.7M

Total Current Liabilities – \$63M

Restricted or Noncurrent Liabilities

Funds held for TCHD LPPF - \$51M receipts from participants in the LPPF.



Debt Service Payable, Long-Term – \$168.3M balance (changed):

	Series 2020	Series 2021	Series 2023	
	General Obligation Bonds	Certificates of Obligation Bonds	Certificates of Obligation Bonds	
Non-tax LT		12.2 M	7.7 M	
Taxable LT	2.5 M	54.6 M	88.6 M	
Premium		2.0 M	0.7 M	
Totals	2.5 M	68.8 M	97.0 M	168.3 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. \$99.4M was issued in 2023 for two clinics. Annual payments are due on 3/1 for all Series.

Lease/SBITA Payable GASB87 and GASB96* - \$53M

Deferred Revenue Long-Term GASB87* - \$234M

Total Restricted or Noncurrent Liabilities – \$507M

Total Liabilities – \$570M



Net Assets

Restricted For Capital Assets - \$241M

CO Construction – \$131M

Investment in Capital Assets – \$109M

Emergency Reserve - \$47M

Unrestricted Net Assets – \$669M

Total Net Assets – \$956M

Total Liabilities and Net Assets – \$1.5B

*Governmental Accounting Standards Board statements 87 & 96, Leases (GASB87) and Subscription-Based Information Technology Arrangements (GASB97 SBITAs), new accounting standards require entities to report future long-term obligations, previously reported as operating activity, on the balance sheet to convey control of the right to use the non-financial asset. This will significantly increase long term governmental balance sheets as a result of these requirements. The new rules require recognition of a lease or SBITA liability and an intangible asset while lessors are required to recognize lease receivables and a deferred inflow of resources on their financial statements.



Sources and Uses Report

January financials → fourth month, 33% of the fiscal year.

Sources – Total \$170M for the month

Property Tax Revenue – Net property tax revenue for the month was \$165M. Net revenue includes \$165M current month's collections; \$78K Penalties and Interest; and (\$142K) in adjustment for prior year delinquent taxes.

Lease Revenue – \$1.7M for Downtown Campus, Cameron, Hancock Clinic, and land leases

Investment and Other Revenue/Expense – \$2.6M primarily for investment income

Uses of Funds – Total \$17M for the month

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$15M for the month and \$66M YTD compared to \$42M Prior YTD.

Administration Program – \$2.9M in expense for the month and \$8M YTD compared to \$7M Prior YTD.

Excess Sources/(Uses) – \$152M current month. Current YTD is \$219M compared to \$198M Prior YTD.



Central Health

Financial Statement Presentation FY 2024 – as of February 29, 2024 (Preliminary)

Central Health Board of Managers
Budget and Finance Committee

March 27, 2024

Jeff Knodel, CFO

Nicki Riley, Deputy CFO

Patti Bethke, Controller



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- Slide 3 Highlights
- Slide 4 Balance Sheet
- Slide 5 Sources & Uses
- Slide 6 Blank
- Slide 7 HCD - Summary
- Slide 8 HCD - Specialty



- February fiscal year-to-date collected net property tax revenue is \$310 million (96.3%), compared to \$276 million (96.3%) year-to-date February 2023 of the adjusted tax levy.
- Healthcare Delivery is \$86 million for the year as of 02/29/2024, compared to \$54 million for prior year.
- TCHD LPPF total restricted balance of LPPF as of 02/29/2024 is \$15 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.



	Preliminary as of 02/29/2024	as of 02/28/2023
ASSETS		
CURRENT ASSETS		
CASH AND CASH EQUIVALENTS	4,617,687	4,464,810
SHORT TERM INVESTMENTS	725,500,603	579,744,554
LEASE RECEIVABLE SHORT TERM*	11,398,766	10,033,224
ACCOUNTS RECEIVABLE TAX	12,237,845	10,767,959
OTHER RECEIVABLES	8,696,587	5,856,474
TOTAL UNRESTRICTED CURRENT ASSETS	762,451,489	610,867,021
RESTRICTED CASH & INVESTMENTS		
RESTRICTED TCHD LPPF CASH & INVESTMENTS	15,170,150	1,889,199
RESTRICTED FOR CAPITAL ACQUISITION	170,915,912	111,999,025
TOTAL RESTRICTED CASH & INVESTMENTS	186,086,062	113,888,224
TOTAL CURRENT ASSETS	948,537,551	724,755,245
LONG TERM ASSETS		
SENDERO PAID-IN CAPITAL	83,000,000	71,000,000
SENDERO SURPLUS DEBENTURE	37,083,000	37,083,000
ADVANCE RECEIVABLE	4,000,000	4,000,000
LEASE RECEIVABLE LONG TERM*	237,766,530	241,375,130
TOTAL LONG TERM ASSETS	361,849,530	353,458,130
TOTAL CAPITAL ASSETS, NET of DEPRECIATION	170,307,572	129,884,443
TOTAL ASSETS	1,480,694,653	1,208,097,817
LIABILITIES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	17,133,351	10,772,184
SALARIES & BENEFITS PAYABLE	6,205,530	5,339,284
DEBT SERVICE PAYABLE	11,220,837	1,393,014
DEFERRED TAX REVENUE	9,889,011	8,682,057
TOTAL CURRENT LIABILITIES	44,448,729	26,186,539
RESTRICTED OR NONCURRENT LIABILITIES		
FUNDS HELD FOR TCHD LPPF	15,170,150	1,889,197
DEBT SERVICE PAYABLE	168,315,877	75,764,583
LEASE & SUBSCRIPTION LIABILITIES*	57,861,210	43,087,558
DEFERRED REVENUE*	233,449,830	242,837,912
TOTAL RESTRICTED OR NONCURRENT LIABILITIES	474,797,067	363,579,250
TOTAL LIABILITIES	519,245,796	389,765,789
NET ASSETS		
RESTRICTED FOR CAPITAL ASSETS	199,946,575	101,216,981
RESTRICTED	46,739,076	54,764,013
UNRESTRICTED	714,763,206	662,351,035
TOTAL NET ASSETS	961,448,857	818,332,029
LIABILITIES AND NET ASSETS	1,480,694,653	1,208,097,817

* New GASB87 & GASB96 reporting requirement for leases and Subscription-Based Information Technology Arrangements.



SOURCES / USES	FEB 2024	FY24 YTD	FY24 Budget	Percent of Budget Used	FY23 YTD
SOURCES					
PROPERTY TAX REVENUE	23,797,367	309,739,260	312,456,814	99%	276,435,238
LEASE REVENUE	1,654,699	8,311,421	12,022,497	69%	8,124,048
INVESTMENT AND OTHER REVENUE	2,959,540	11,792,068	7,500,000	157%	5,876,957
TOBACCO SETTLEMENT REVENUE	0	0	4,500,000	0%	0
TOTAL SOURCES	28,411,605	329,842,749	336,479,311	98%	290,436,243
USES OF FUNDS					
HEALTHCARE DELIVERY PROGRAM	19,562,754	86,057,136	295,246,807	29%	54,449,843
ADMINISTRATIVE PROGRAM	3,240,037	11,492,150	30,944,445	37%	7,928,164
UT AFFILIATION AGREEMENT	0	0	35,000,000	0%	0
TRANSFER TO EMERGENCY RESERVES	0	8,019,240	8,019,240	100%	0
TOTAL USES	22,802,791	105,568,526	369,210,492	29%	62,378,007
EXCESS SOURCES / (USES)	5,608,814	224,274,223	(32,731,181)		228,058,236
RESERVE BALANCES:					
EMERGENCY RESERVE		46,739,076	46,739,076		38,719,836
CONTINGENCY RESERVE			377,296,303		441,168,057



Details for Health Care Delivery on the following slides.

DRAFT



HEALTHCARE DELIVERY SUMMARY	FEB 2024	FY24 YTD	FY24 Budget	Percent of Budget Used	FY23 YTD
PURCHASED HEALTHCARE SERVICES					
PRIMARY CARE	6,756,024	26,825,060	71,782,200	37%	22,941,975
SPECIALTY CARE, INCLD DENTAL	1,621,209	6,325,372	30,188,000	21%	4,948,284
SPECIALTY BEHAVIORAL HEALTH AND SUBSTANCE USE	1,379,702	3,353,066	20,675,000	16%	1,186,262
PHARMACY	2,052,974	4,938,785	18,000,000	27%	4,282,700
POST ACUTE CARE	1,074,495	2,359,202	7,250,000	33%	1,313,841
COMMUNITY HEALTHCARE INITIATIVES FUND	15,200	38,600	875,000	4%	66,107
ALL OTHER HEALTHCARE SERVICES	0	0	2,000,000	0%	0
SUBTOTAL PURCHASED HEALTHCARE SERVICES	12,899,604	43,840,085	150,770,200	29%	34,739,169
DIRECT SERVICES	1,057,317	3,104,633	29,276,374	11%	91,433
MAP ELIGIBILITY - INCREASE IN PERIOD	0	0	1,000,000	0%	0
SUBTOTAL HEALTHCARE SERVICES	13,956,921	46,944,718	181,046,574	26%	34,830,603
ACA PREMIUM ASSIST	1,093,030	5,220,113	18,587,364	28%	5,517,720
HEALTHCARE FACILITIES AND CAMPUS REDEVELOPMENT	211,866	1,161,019	2,957,400	39%	1,082,900
HEALTHCARE OPERATIONS & SUPPORT	3,742,126	17,937,237	71,689,007	25%	12,356,899
DEBT, RESERVES AND TRANSFERS	558,811	14,794,048	20,966,462	71%	661,722
TOTAL HEALTHCARE DELIVERY	19,562,754	86,057,136	295,246,807	29%	54,449,844



HEALTHCARE DELIVERY - SPECIALTY CARE	FEB 2024	FY24 YTD	FY24 BUDGET	Percent of Budget Used	FY23 YTD	Comments	
HCD-Ancillary Services	(97,089)	160,939	2,998,000	5%	201,864	Includes additional services: Anesthesia, Mammography, DME, Prosthetics. Negative value due to Feb change in estimate for prosthetics	
HCD-Cardiology	37,135	222,531	1,215,000	18%	149,273		
HCD-Dental	200,187	615,263	1,500,000	41%	396,607		
HCD-Dermatology	76,227	385,632	915,000	42%	291,158		
HCD-Dialysis	318,217	719,181	3,000,000	24%	479,507		
HCD-Endocrinology	53,841	269,208	830,000	32%	225,292		
HCD-Ear, Nose & Throat ENT	34,270	159,019	900,000	18%	66,791		
HCD-Gastroenterology	127,663	543,545	2,030,000	27%	550,140		
HCD-General Surgery	64,029	102,336	600,000	17%	101,602		
HCD-Gynecology	162,166	510,831	1,550,000	33%	332,981		
HCD-Infectious Disease	978	978	100,000	1%	0		
HCD-Musculoskeletal	199,814	845,397	2,500,000	34%	762,619		
HCD-Nephrology	9,534	47,667	200,000	24%	24,104		
HCD-Neurology	4,550	22,750	100,000	23%	17,875		
HCD-Oncology	87,357	234,214	2,900,000	8%	154,743		
HCD-Ophthalmology	111,170	591,389	3,100,000	19%	496,473		
HCD-Podiatry	54,709	289,614	1,300,000	22%	249,202		
HCD-Project Access	0	0	330,000	0%	0		Agreement Inactive
HCD-Pulmonology	26,931	130,974	425,000	31%	159,250		
HCD-Referral Management	1,773	29,940	585,000	5%	83,170		
HCD-Rheumatology	22,316	111,583	300,000	37%	77,458		
HCD-Sexual & Reproductive Svc	125,431	332,384	2,210,000	15%	128,175		
HCD-Specialty Care Reserve	0	0	300,000	0%	0		
HCD-Urology	0	0	300,000	0%	0	Agreement Inactive	
Total Healthcare Delivery - Specialty Care	1,621,209	6,325,372	30,188,000	21%	4,948,284		



Questions ? Comments ?

DRAFT



Balance Sheet

Current Assets

Cash and Cash Equivalents – \$4.6M compared to \$4.5M same month prior year.

Short-term Investments – Short-term investments were \$726M at month-end, net of restricted investments totaling \$171M.

Short-Term Lease Receivables GASB87* - \$11M

Ad Valorem Taxes Receivable – \$12M balance is composed of:

Gross Tax Receivables	\$	17.7M
Taxable Assessed Valuation Adjustment		(2.0)M
Est. Allowance for Doubtful collections		(3.5)M
Total Taxes Receivable	\$	12.2M

Other Receivables – Other receivables total \$8.7M and includes intercompany balances:

- Accrued Interest - \$2.6M
- Sendero - \$2.3M, including risk payment - \$828k
- CUC - \$2M
- Rent - \$1M
- Prepaid Expenses – \$500k
- Miscellaneous - \$246k

Restricted TCHD LPPF Cash & Investments - \$15M

Restricted for Capital Acquisition - \$171M



Total Current Assets – \$949M

Long Term Assets

Sendero Paid-in-Capital – \$83.0M includes \$12M additional funding in current year

Sendero Surplus Debenture – \$37.1M (unchanged)

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

Long-Term Lease Receivables GASB87* - \$238M

Capital Assets – \$170M, net of accumulated depreciation.

Total Assets – \$1.5B



Current Liabilities

Accounts Payable – Major components of the \$17M balance are:

- \$14M estimated IBNR for healthcare services.
- \$3M invoices payable

Salaries and Benefits Payable – \$6.2M balance is comprised of the accrued liability for salary costs unpaid at month-end, the value of accrued personal time off.

Debt Service Payable, Short-Term – \$11.2M in Certificates of Obligation and Interest Payable for Series 2020, 2021 and 2023 Taxable and non-Taxable debt.

Deferred Tax Revenue - \$9.9M

Total Current Liabilities – \$44M

Restricted or Noncurrent Liabilities

Funds held for TCHD LPPF - \$15M receipts from participants in the LPPF.



Debt Service Payable, Long-Term – \$168.3M balance (changed):

	Series 2020	Series 2021	Series 2023	
	General Obligation Bonds	Certificates of Obligation Bonds	Certificates of Obligation Bonds	
Non-tax LT		12.2 M	7.7 M	
Taxable LT	2.5 M	54.6 M	88.6 M	
Premium		2.0 M	0.7 M	
Totals	2.5 M	68.8 M	97.0 M	168.3 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. \$99.4M was issued in 2023 for two clinics. Annual payments are due on 3/1 for all Series.

Lease/SBITA Payable GASB87 and GASB96* - \$58M

Deferred Revenue Long-Term GASB87* - \$233M

Total Restricted or Noncurrent Liabilities – \$475M

Total Liabilities – \$519M



Net Assets

Restricted For Capital Assets - \$200M

CO Construction – \$131M

Investment in Capital Assets – \$69M

Emergency Reserve - \$47M

Unrestricted Net Assets – \$715M

Total Net Assets – \$961M

Total Liabilities and Net Assets – \$1.5B

*Governmental Accounting Standards Board statements 87 & 96, Leases (GASB87) and Subscription-Based Information Technology Arrangements (GASB97 SBITAs), new accounting standards require entities to report future long-term obligations, previously reported as operating activity, on the balance sheet to convey control of the right to use the non-financial asset. This will significantly increase long term governmental balance sheets as a result of these requirements. The new rules require recognition of a lease or SBITA liability and an intangible asset while lessors are required to recognize lease receivables and a deferred inflow of resources on their financial statements.



Sources and Uses Report

February financials → fifth month, 42% of the fiscal year.

Sources – Total \$28M for the month

Property Tax Revenue – Net property tax revenue for the month was \$24M. Net revenue includes \$24M current month's collections; (\$319K) Penalties and Interest; and \$566K in adjustment for prior year delinquent taxes.

Lease Revenue – \$1.7M for Downtown Campus, Cameron, Hancock Clinic, and land leases

Investment and Other Revenue/Expense – \$3M primarily for investment income

Uses of Funds – Total \$23M for the month

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$20M for the month and \$86M YTD compared to \$54M Prior YTD.

Administration Program – \$3.2M in expense for the month and \$11M YTD compared to \$8M Prior YTD.

Excess Sources/(Uses) – \$6M current month. Current YTD is \$224M compared to \$228M Prior YTD.



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 & FINANCE COMMITTEE MEETING

March 27, 2024

AGENDA ITEM 3

Receive and discuss the Fiscal Year 2025 Strategic Priorities and Budget Development process and calendar. (*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	<u>March 27, 2024 Budget & Finance Committee</u>
Who will present the agenda item? (Name, Title)	<u>Dr. Patrick Lee, President & CEO Monica Crowley, Chief Strategy and Planning Officer & Sr. Counsel</u>
General Item Description	<u>Fiscal Year 2025 Strategic Priorities and Budget Development Process and Calendar.</u>
Is this an informational or action item?	<u>Informational</u>
Recommended Motion (if needed – action item)	<u>Not applicable at this time</u>

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

- 1) Building trust is a key goal throughout the FY25 Strategic Priorities and Budget Development planning cycle.
- 2) FY25 Strategic Priorities and Budget Development process intended to set clear expectations, bring better alignment in the planning and budget development process, assess new emerging priorities and projects guided by the Healthcare Equity Strategic Implementation Plan, and prioritize strategic priorities based highest impact and value.
- 3) FY25 Strategic Priorities and Budget Development calendar highlights key activities, objectives, expected actions and outcomes for each meeting forum.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	<u>Presentation</u>
Estimated time needed for presentation & questions?	<u>45 minutes, inclusive of discussion</u>
Is closed session recommended? (Consult with attorneys.)	<u>No</u>
Form Prepared By/Date Submitted:	<u>Monica Crowley, 3/21/2024</u>

STRATEGIC PRIORITIES, PROPOSED BUDGET DEVELOPMENT TIMELINE

Budget & Finance Committee Meeting

3/27/2024



CENTRAL HEALTH

FY25 GOALS

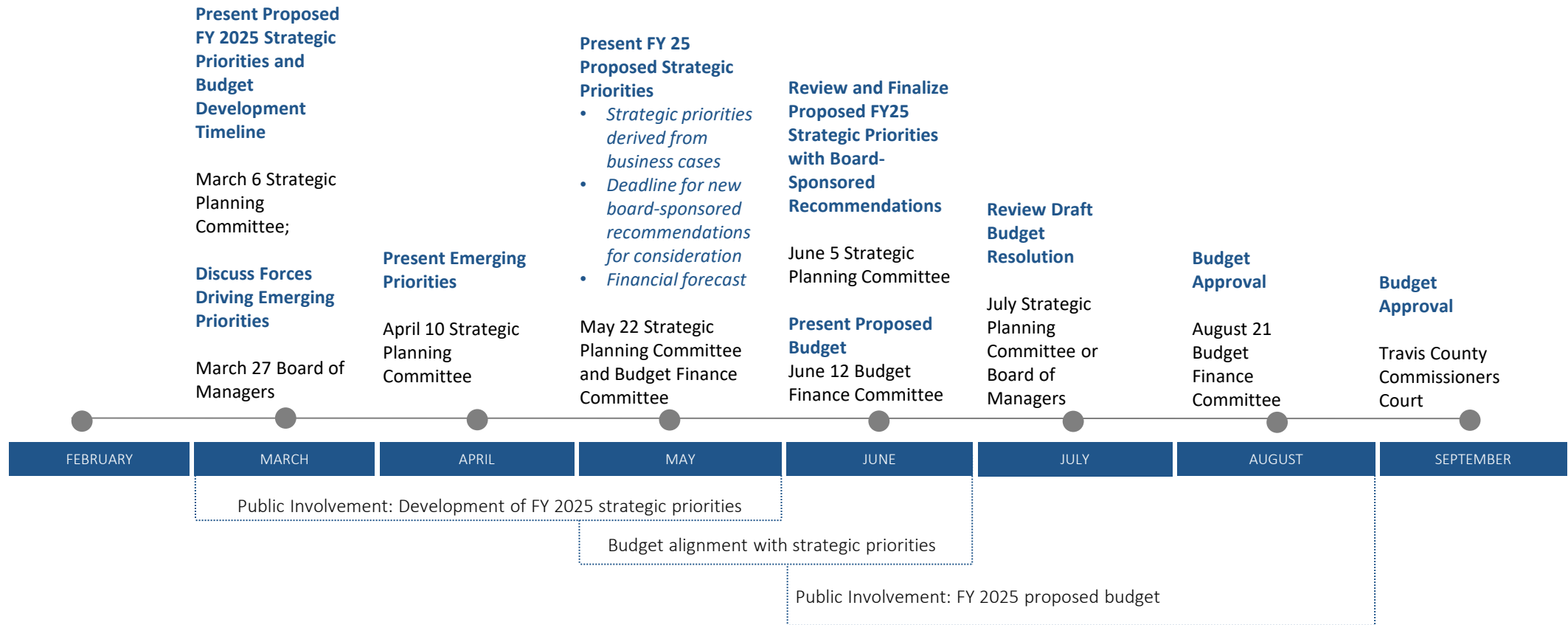
BUILDING TRUST



CENTRAL HEALTH

- **Supports Focus**
- **Promotes Alignment**
- **Supports Healthcare Equity Plan**
- **Promotes Transparency and Equity aka No Surprises**
- **Reflects Growing Reputation and Maturity**

FY 2025 Strategic Priorities and Budget Development Timeline



The public is invited to provide feedback via the website, Central Health Board and Committee meetings, during Community Conversations, and at public hearings.



QUESTIONS?



CENTRAL HEALTH

Increase Access and Capacity				
Executive Sponsor(s)	Strategic Priorities	Forum	Format	Report Out Month(s) *UPDATED 2.20.24
Stephanie McDonald Jon Morgan Dr. Schalscha	SITE EXPANSIONS. Continue site expansions with opening new health centers in Hornsby Bend and Del Valle and commencing with engineering and design for Colony Park Launch, and initial phases of multispecialty services at the East Austin and the Rosewood-Zaragosa clinics.	SPC/Board	Presentation/Memo Update	April or May As needed to report on critical milestones completed for site expansion projects.
Monica Crowley Jon Morgan	INCREASED FUNDING FOR BEHAVIORAL HEALTH AND SUD PROGRAMS/SERVICES PROVIDED BY INTEGRAL CARE. Enhance behavioral health and substance use treatment integration into comprehensive care models, including health related support for diversion or deflection services in conjunction with other local efforts. In addition, increase the funding amount in Integral Care’s FY2023 service agreement by \$7 million for program services that intersect and align with both Central Health’s and Integral Care’s missions to enhance services for low income residents and improve health equity. The Central Health CEO will determine appropriate program services in collaboration with the Integral Care CEO and report to the Board of Managers by October 4th the programs identified and funded as advancing the missions of both organizations. Central Health will work with Integral Care to include programs and services such as the following: <ol style="list-style-type: none"> 1. Crisis Hotline Services 2. Health Equity Through CCBHC Project (prioritizes expanded access to integrated system of care to address population health disparities) 3. Continued Mobile Crisis Outreach Teams (MCOT) and System of Care Services 4. Mood Treatment Center Services (intensive OP services to individuals with bipolar disorder) 5. Expanded Community Mental Health Center Services (to address continued growth of population and community needs) 6. Wellness Services (nutrition and tobacco cessation for individuals with SMI) 	SPC/B&F/Board	Verbal Updates/ Presentations/Memos	March and Quarterly

Increase Access and Capacity				
Executive Sponsor(s)	Strategic Priorities	Forum	Format	Report Out Month(s) *UPDATED 2.20.24
CEO Jon Morgan Monica Crowley Dr. Schalscha	INTEGRAL CARE SERVICE DELIVERY COORDINATION. Considering recent fiscal challenges facing Integral Care, Central Health staff will regularly coordinate with Integral Care to develop approaches to avoid disruptions or delays in the mental and behavioral health services for the low-income population in Travis County. Central Health staff will take steps to avoid, as expeditiously as possible, such service disruptions to eligible, low income persons and may utilize additional contingency reserves to do so, provided that Central Health staff seek Board approval prior to the expenditure of funds under this section. Central Health staff will report to the Board of Managers Budget Committee on a regular basis any allocation of reserves for this purpose, with the first report occurring at the next Budget Committee meeting. This section is intended to take effect if the additional funding specified in Paragraph B. subsection a.ii. is insufficient to avoid disruptions or delays in services.	SPC/B&F/Board	Verbal Updates/ Presentations/Memos	March and Quarterly
Jon Morgan	INTERLOCAL SERVICES AGREEMENT WITH INTEGRAL CARE. The Board of Managers is committed to continued partnership with Integral Care and will collaborate with Integral Care to consider development of an ongoing Interlocal Agreement or services agreement to provide mental, behavioral, and SUD services for low income eligible persons.	SPC/B&F/Board	Verbal Updates/ Presentations/Memos	March and Quarterly Provide additional updates as needed.
Jon Morgan Dr. Schalscha	MEDICAL RESPITE AT CAMERON ROAD. Develop and right size clinical and support services to support the direct practice of medicine, including expanding Medical Respite staff to support contracted services and to develop the future Cameron Road site.	SPC	Presentation	March and October
Jon Morgan Dr. Schalscha	STREET MEDICINE/MOBILE CLINICS. Increase health care services offered through street medicine and mobile clinic teams.	SPC	Presentation	March and October
Dr. Schalscha Jeannie Virden	HIGHER-ED WORKFORCE RECRUITMENT. Coordinate with local secondary and higher education institutions to provide scholarships, internships, and employment to support development of culturally affirming workforce in fulfillment of Central Health’s mission.	SPC/Board	Memo Update	Quarterly
Dr. Schalscha Jon Morgan	CANCER PREVENTIONS. Ensure cancer screening, diagnosis, and treatment services are developed for staging of priorities within the Healthcare Equity Plan, building on cancer services efforts supported by the Central Health FY 2023 Budget Resolution.	SPC/Board	Memo Update	May

Increase Access and Capacity				
Executive Sponsor(s)	Strategic Priorities	Forum	Format	Report Out Month(s) *UPDATED 2.20.24
Monica Crowley Jon Morgan Jeff Knodel Perla Cavazos	<p>JAIL SERVICES.</p> <p>a. The Board of Managers is committed to partnering with the County to develop more effective and sustainable care models to address the needs onflow-income eligible incarcerated individuals. The BOM is committed to co-funding a joint study with Travis County, and other appropriate partners to assess physical, mental, behavioral, and Substance Use Disorder (SUD) care models for serving this population.</p> <p>b. Historic and current analysis of most common conditions, causes of conditions, including if they are pre-existing, treatment efficacy, and final outcomes. Cost analysis including funding sources and billing providers, this specifically would include a review, in the interest of both fiscal analysis and accuracy, including but not limited to health care services billed by providers to the Medicaid funding source when applicable for eligible patients and service billed by providers at "list price" or non-insured market rates.</p> <p>c. Substantial progress within 90-days to enroll individuals who are low-income, uninsured, and residing in Travis County in a health program and connecting to Central Health's contracted or provided services, whether incarcerated or at-risk of incarceration while in law enforcement custody at County jail facilities; commencement of 90-day period conditional on commitment and summary staffing plan from County to support planning and implementation and essential contracts with the Sherriff's' Department. The Board amends the Budget to add \$2 million to fund supplemental healthcare pilot for FY24 for eligible Travis County residents for the purposes stated above.</p>	SPC	Verbal Update/ Presentation	June
Monica Crowley Jon Morgan Dr. Schalscha	<p>FUNDING FOR DIVERSION SERVICES. The Board of Managers has committed to \$1.5 million for a diversion services pilot as allocated in Schedule B of the FY 2024 budget.</p>	SPC	Verbal Update/ Presentation	March, July and November
Jon Morgan Monica Crowley	<p>BLACK MEN'S HEALTHCARE CLINIC NTE (INITIAL). Resolved, that the Central Health Board of Managers provide financial support for the delivery of care and related support for low-income persons within the Black Mens' Health Clinic. These funds will be provided in the services agreement with CommunityUnity Care, not to exceed \$500,000, to support expansion of clinical capacity, related outreach, and resources to include dedicated clinicians and support staff to offer services Monday thru Friday and extended evening, walk-up, or weekend hours to the greatest extent possible, with identified performance measures approved by Central Health and CommUnity Care.</p>	SPC/Board	Presentation/ Memo Update	June, Sept

Increase Access and Capacity				
Executive Sponsor(s)	Strategic Priorities	Forum	Format	Report Out Month(s) *UPDATED 2.20.24
Monica Crowley Jon Morgan Dr. Schalscha	ADDITIONAL FUNDING SUPPORT FOR BLACK MENS HEALTHCARE CLINIC. The Board of Managers adds an additional \$500,000 to the CommUnityCare contract for the purposes of supporting and enhancing the Black Men's Healthcare Clinic to provide additional services, additional outreach, and to work with the Latino and non-English speaking populations, particularly on Latino outreach efforts, focusing on men of color and non-English speaking populations for the next FY24 budget.	SPC/Board	Presentation	Q2 & Q3
Monica Crowley Dr. Schalscha Jon Morgan Jeff Knodel	HEALTHCARE EQUITY. The Board of Managers commits to analyzing the ability to accelerate the implementation of the projects in the health equity plan and other programs that support the goals of a more equitable health system.	SPC	Presentation Focused on Emerging Priorities in Support of HEIP and Healthcare Equity Definition Discussion	April and/or Board Retreat
Enhance Care Coordination with a Focus on Transitions of Care and Enabling Meaningful Information Sharing				
Executive Sponsor(s)	Strategic Priorities	Forum	Format	Report Out Month(s) *UPDATED 2.20.24
Jon Morgan Dr. Schalscha	EPIC, PATIENT PORTAL AND MYCHART. Continue buildout of Epic electronic health record for Central Health, including utilization of a patient portal and MYCHART.	SPC/Board	Presentation	April or May
Jon Morgan Dr. Schalscha	TRANSITIONS OF CARE. Expand transitions of care program within Central Health's practice of medicine in expansion of care teams, Care at Home and in skilled nursing facilities.	SPC	Presentation	June
Jon Morgan Dr. Schalscha	CENTRAL HEALTH NAVIGATION CTR. Improve care coordination and member engagement through the continued development of the Central Health Navigation Center, focused on connecting and guiding patients and members to appropriate care and resources.	SPC	Presentation	May and August

Enhance Member Enrollment and Engagement				
Executive Sponsor(s)	Strategic Priorities	Forum	Format	Report Out Month(s) *UPDATED 2.20.24
Jon Morgan Dr. Schalscha	EXPAND ENROLLMENT SERVICES INCLUDING VIRTUAL ENROLLMENT. Expand enrollment services, including virtual enrollment, in support of new Central Health facilities and clinical practices.	SPC/Board	Presentation	April or May
Ted Burton	HIGH NEED REGION ENGAGEMENT. Continue engagement in high-need planning and assessment regions.	Communications, Community Outreach and Engagement Subcommittee	Presentation/Memo Update	Quarterly
Monica Crowley Jon Morgan Jeff Knodel Perla Cavazos	ENROLLMENT OF JAIL INMATES INTO CENTRAL HEALTH COVERAGE PROGRAMS. Staff coordination with Travis County, including the Sheriff’s Department, to allocate resources to the eligibility and enrollment of low-income county jail inmates in applicable care programs and pursue a shared-cost assessment regarding county jail inmate health needs and care models, including historical and ideal states and associated costs.	SPC	Verbal Update	June
Jon Morgan	EXTEND MAP ELIGIBILITY PERIOD. The Board of Managers reiterates its commitment to extend the eligibility period for MAP patients from 6 to 12 months as soon as it is legally possible to do so and will consider amending the budget as necessary to fund such extension.	SPC (Closed Session)	Verbal Update	June
Continue to Develop System of Care Infrastructure				
Executive Sponsor(s)	Strategic Priorities	Forum	Format	Report Out Month(s) *UPDATED 2.20.24
Monica Crowley	PERFORMANCE TRACKING (KPI). Complete development of performance tracking plan and indicators to measure progress of core elements of the Healthcare Equity Implementation Plan.	SPC	Presentation	April
Monica Crowley Jeff Knodel	OVERSIGHT PROGRAMS. Work to develop and implement oversight programs including hospital care and other service delivery programs.	SPC/Board	Verbal Update/Memo	As needed
Monica Crowley	HOSPITAL CAPACITY. Implement work related to hospital capacity and hospital care coordination initiatives.	SPC/Board	Verbal Update/ Presentation	Q2

Continue to Develop System of Care Infrastructure				
Executive Sponsor(s)	Strategic Priorities	Forum	Format	Report Out Month(s) *UPDATED 2.20.24
Jon Morgan Dr. Schalscha	DIRECT PRACTIC INFRASTRUCTURE. Develop direct clinical practice infrastructure and continue building out clinical services teams.	SPC	Presentation	April or May
Stephanie McDonald (Lead) Executive Team	CENTRAL HEALTH INFRASTRUCTURE. Continue development of Central Health departmental infrastructure including department expansions to support organizational growth including, administrative support, recruitment, hiring, retention, workforce development, employee engagement, legal, strategy, compliance and risk management, marketing and communication, finance and procurement, joint technology, human resources and facilities management.	Infrastructure Committee Meeting	Memo Update and Recommendations for FY25 Budget	Up to Every Other Month/At Least Quarterly (Starting February)
Jeannie Virden	SURVEY TOOL. Acquire and implement a modern survey tool to support employee retention and satisfaction.	SPC/Board	Memo Update	Quarterly
John Clark	JOINT TECH SYSTEMS. Expand joint technology systems and applications to provide operational support and address cyber security, infrastructure, support services, and data management, analytics and reporting systems.	SPC/Board	Presentation/Memo	Quarterly
Jeannie Virden	ORGANIZATIONAL GROWTH. Central Health prioritization of staffing to support organizational growth and enhancement of operational capabilities.	SPC/Board	Memo Update	Quarterly
Monica Crowley Jeff Knodel	PERFORMANCE AUDIT. The Performance Review and Audit, conducted pursuant to an Interlocal Agreement with Travis County, as a means of obtaining a five-year performance review.	SPC/Board	Verbal Update/ Presentation	February, May and June



CENTRAL HEALTH

Our Vision

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Our Mission

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Our Values

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Innovation - We create solutions to improve healthcare access.

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BUDGET & FINANCE COMMITTEE MEETING

March 27, 2024

AGENDA ITEM 4

Receive updates on Central Health capital projects and take appropriate action to increase the budget for the Hornsby Bend capital project. (*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 March 27, 2024

Who will present the agenda item? (Name, Title) Stephanie McDonald, VP of Enterprise Alignment and Coordination
Jeff Knodel, Chief Financial Officer

General Item Description Receive updates on Central Health capital projects and take appropriate action to increase the budget for the Hornsby Bend capital project.

Is this an informational or action item? Action

Fiscal Impact _____

Recommended Motion (if needed – action item) Increase the budget for the Hornsby Bend capital project.

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

- 1) Staff will provide an update on major Central Health capital projects.
- 2) Staff will request a budget increase for the Hornsby Bend capital project.
- 3) _____

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

Estimated time needed for presentation & questions? 10 minutes

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

Form Prepared By/Date Submitted: Briana Yanes/ March 21, 2024

Hornsby Bend Health & Wellness Center Project Budget Request

Central Health Board of Managers
Budget and Finance Committee
March 22, 2024



CENTRAL HEALTH



Central Health

**Hornsby Bend Health and Wellness
Center**

Feb 2024

(in millions)

*Hornsby Bend Health and Wellness Center				
Budget Category	Approved Budget	Spend Since Inception	Future Spend	Under(Over) Budget
Due Diligence, Land Acquisition & Regulatory	\$843,113	(\$789,099)	\$0	\$54,014
Professional Services	\$408,876	(\$1,305,764)	\$0	(\$896,888)
Construction	\$5,463,230	(\$6,673,840)	(\$509,829)	(\$1,720,439)
Furniture, Fixtures & Equipment	\$544,050	(\$631,080)	\$0	(\$87,030)
Other	\$1,794,408	\$0	\$0	\$1,794,408
Total Estimated Project Cost	\$9,053,676	(\$9,399,782)	(\$509,829)	(\$855,935)

* Debt Financed (\$632K of debt proceeds are remaining)



Hornsby Bend Health and Wellness Center Cost Drivers

Professional services: Civil engineering related to the extension of utility services to the site, far exceeded what was originally anticipated

- Greenfield site required 19 new electric poles from Austin Energy

Professional services: Small ground depression (sinkhole) occurred on the site that revealed bones when further excavation to determine cause of ground depression

- Archeologist required and reporting to the State of Texas was required—bones determined to be animal

Equipment: Inclusive playground change and necessary playground ground surface increased construction costs

Construction: Overall inflation, supply chain issues, and labor costs during the pandemic increased project costs



Action Requested:

Request the Budget and Finance Committee recommend the Central Health Board of Managers increase the Hornsby Bend Health and Wellness Center project budget by \$900,000.



Thank you





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BUDGET & FINANCE COMMITTEE MEETING

March 27, 2024

AGENDA ITEM 5

Discuss and take appropriate action directing the President & CEO to negotiate and execute an agreement with the Texas Department of Transportation for transfer of real property impacted by the I-35 Expansion project.³ (*Action Item*)



AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date March 27, 2024

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

General Item Description Discuss agreement with the Texas Department of Transportation for transfer of real property impacted by the I-35 Expansion project.

Is this an informational or action item? Action

Fiscal Impact _____

Recommended Motion (if needed – action item) Direct the President & CEO to negotiate and execute an agreement with the Texas Department of Transportation for transfer of real property impacted by the I-35 Expansion project.

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

- 1) Discussion in closed session.
- 2) _____

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) No backup. Discussion in closed session.

Estimated time needed for presentation & questions? 20 minutes

Is closed session recommended? (Consult with attorneys.) Yes

Form Prepared By/Date Submitted: Briana Yanes/ March 21, 1024



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BUDGET & FINANCE COMMITTEE MEETING

March 27, 2024

AGENDA ITEM 6

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