

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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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.

BOARD MEETING

January 29, 2025

AGENDA ITEM C1

Approve the minutes of the Board of Managers December 11, 2024 and January 8, 2025 meetings.



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BOARD MEETING

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AGENDA ITEM C2

Receive Central Health Investments for December 2024.



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BOARD MEETING

January 29, 2025

AGENDA ITEM C3

Accept the Central Health Fiscal Year 2024 financial audit as recommended by the Budget and Finance Committee.



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BOARD MEETING

January 25, 2025

AGENDA ITEM C4

Approve the Fiscal Year 2025 budget for CommUnityCare Health Centers.

FY25 Budget generates a slight surplus, if all assumptions are met – through enhanced support from Central Health

Revenue/Expense Category	FY24 Approved Budget	FY24 Actual - Pre Audit	FY25 Approved Budget	FY25 % of Revenue /Expense
Third Party Patient Revenue	\$ 65,275,040	\$ 55,647,025	\$ 80,611,885	32%
Central Health Contract Rev	\$ 64,906,672	\$ 67,063,706	\$ 74,106,373	30%
Pharmacy Revenue	\$ 56,947,098	\$ 72,815,932	\$ 78,136,769	31%
Grant/Other Revenue	\$ 27,586,649	\$ 32,183,350	\$ 15,797,990	6%
Total Revenue	\$ 214,715,459	\$ 227,710,013	\$ 248,653,017	100%
Employee Salaries	\$ 106,819,844	\$ 111,465,161	\$ 119,998,572	48%
Employee Benefits	\$ 25,786,573	\$ 29,854,350	\$ 34,403,441	14%
Contract Labor	\$ 7,990,000	\$ 8,031,891	\$ 6,000,000	2%
Pharmacy Supplies/Drugs	\$ 33,865,915	\$ 44,003,104	\$ 46,836,440	19%
Total Direct Care Expenses	\$ 16,348,060	\$ 15,370,043	\$ 17,091,311	7%
Indirect Expenses	\$ 12,008,638	\$ 14,919,491	\$ 13,303,295	5%
Occupancy Expenses/Depreciation	\$ 10,538,026	\$ 10,288,389	\$ 10,693,409	4%
Total Expenses	\$ 213,357,056	\$ 233,932,429	\$ 248,326,468	100%
Net Surplus/Loss	\$ 1,358,403	\$ (6,222,416)	\$ 326,548	

FY25 Budget includes the highest investment from CH to date to include:

- \$55.4M in claims payments based on encounters
- \$18.7M in care management; reporting; support for TC<200% FPL not enrolled in Map/Basic; BMHC costs; DME supplies, Etc.
- Absorption of JT/HR staffing costs – saving CUC about \$6M
- 50% sharing of EPIC hosting/maintenance costs and 13% of associated third party contracts - \$2.1M in savings

Encounters by service line show a projected growth over FY24 Actual of 16%; achieved by adding new sites and care teams

Encounters	FY2024 Budget	FY2024 Actual	FY2025 Budget	FY25 Vs FY24 Projected	% Variance
By Discipline					
Behavioral Health	28,321	33,801	38,250	4,449	13.2%
Cardiology	476	1,791	480	(1,311)	-73.2%
Dental - Adult	48,832	51,857	59,792	7,935	15.3%
Dermatology	543	4,115	2,640	(1,475)	-35.8%
Endocrinology	3,889	4,766	4,080	(686)	-14.4%
Family Practice	164,229	165,154	193,236	28,082	17.0%
Gastroenterology	1,845	3,753	4,232	479	12.8%
Internal Medicine	56,111	43,687	64,260	20,573	47.1%
Medication Assisted Therapy (MAT)	4,794	6,428	6,095	(333)	-5.2%
Nephrology	475	335	-	(335)	-100.0%
Neurology	238	273	240	(33)	-12.1%
Obstetrics/Gynecology	42,984	44,018	48,179	4,161	9.5%
Pediatric Dentistry	16,423	16,664	19,058	2,394	14.4%
Pediatrics	118,777	119,270	134,840	15,570	13.1%
Podiatry	3,194	4,030	2,994	(1,036)	-25.7%
Pulmonology	3,271	3,324	3,203	(121)	-3.6%
Rheumatology	1,426	1,436	1,440	4	0.3%
Therapy	14,172	11,700	16,245	4,545	38.8%
Total All Encounters	510,000	516,402	599,264	82,862	16.0%

- There are several new initiatives included in the budget
 - 3 new care teams
 - Expand Telehealth services with dedicated teams
 - Del Valle, 2nd MAT team, and Bastrop Peds to open in January
 - Chronic Care management for our Medicaid patient population can now be billed at our PPS rate

Projected Payer Mix for FY25 is based on actual from the prior year as well as assumptions on care team changes

Description	FY23 Actual	FY24 Budget	FY24 Year to Date	FY25 Budget	Total FY25 Visits	Projected Revenue
PAYER MIX (% of Total encounters)						
Medicare	3.9%	3.8%	4.6%	5.0%	29,963	4,491,003
Medicaid	35.6%	35.3%	28.0%	28.5%	167,794	58,920,898
CHIP	3.8%	2.3%	3.7%	3.5%	20,974	7,013,880
Gov/Grants (<i>Title V, X, XX, FPS, EPHC, PHC, BCCS</i>)	1.2%	1.2%	2.1%	2.5%	15,032	1,278,444
MAP/Basic	37.0%	41.6%	41.1%	42.5%	254,687	55,385,173
Sliding Fee Scale	4.1%	4.2%	6.2%	6.5%	41,899	486,608
Commercial	6.8%	5.7%	8.3%	6.5%	38,952	3,457,337
Self Pay	7.6%	5.9%	6.0%	5.0%	29,963	1,714,266
Total	100.0%	100.0%	100.0%	100.0%	599,264	132,747,609

Of the total budgeted revenue, 53% is derived from patient encounters based on the payer mix assumptions as the budget is built. If there is a shift in the payer mix percentages, this will impact the revenue generated. A shift to a higher payer will increase revenue, while a shift to a lower payer will decrease revenue

We face ongoing downward pressure on 340B savings, provider turnover, and payer mix - How do we collectively balance the spend?

Our challenges don't end with a new fiscal year and balanced budget

- Continued 340B pressures mean less money to offset operational shortfalls
 - We are seeing climbing drug costs
 - There are changes in the Patient Assistance Program (PAP) program that will impact revenue significantly in FY25
- Provider turnover is higher than anticipated – which will impact our ability to hit targeted encounters and generate revenue

- Medicaid enrollment continues to be a challenge – with growing fears among patients about deportation and enrollment in governmental programs
 - It is not assured that we will meet the budgeted FY25 payer mix

Description	Year to Date	Budget	Prior YTD
PAYER MIX (% of Total encounters)			
Medicare	4.5%	5.0%	4.5%
Medicaid	26.1%	28.0%	27.6%
CHIP	3.7%	3.5%	3.8%
Gov/Grants (<i>Title V, X, XX, FPS, EPHC, PHC, BCCS</i>)	2.9%	3.0%	2.2%
MAP/Basic	41.7%	42.5%	41.1%
Sliding Fee Scale	9.1%	6.0%	6.6%
Commercial	8.5%	7.0%	8.4%
Self Pay	3.5%	5.0%	5.8%



COMMUNITYCARE™
HEALTH CENTERS

Thank you!



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BOARD MEETING

January 29, 2025

REGULAR AGENDA ITEM 1

Discuss and take appropriate action on the performance of the Central Health President and CEO, including activities and performance criteria for the upcoming year.^{3,4} (*Action Item*)



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BOARD MEETING

January 29, 2025

REGULAR AGENDA ITEM 2

Receive and discuss a briefing regarding *Travis County Healthcare District d/b/a Central Health v. Ascension Texas f/k/a Seton Healthcare Family*, Cause No. D-1-GN-23-000398.⁴ (*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 January 29, 2025

Who will present the agenda item? (Name, Title) Monica Crowley, Chief Strategy and Planning Officer & Sr. Counsel

General Item Description Receive and discuss a briefing regarding *Travis County Healthcare District d/b/a Central Health v. Ascension Texas f/k/a Seton Healthcare Family*, Cause No. D-1-GN-23-000398.³ (*Informational Item*)

Is this an informational or action item? Informational

Fiscal Impact N/A

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

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

- Briefing with legal counsel as needed. Please note that this agenda item will be taken up at the discretion of the chair based on status of the situation at the time of the meeting.
- 1) discretion of the chair based on status of the situation at the time of the meeting.
 - 2) _____

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? 30 minutes

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

Form Prepared By/Date Submitted: Briana Yanes/ January 24, 2025



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BOARD MEETING

January 29, 2025

REGULAR AGENDA ITEM 3

Receive and discuss a briefing regarding *Birch, et al. v. Travis County Healthcare District d/b/a Central Health and Dr. Patrick Lee*, Cause No. D-1-GN-17-005824 in the 345th District Court of Travis County.⁴ (*Informational Item*)



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Agenda Item Meeting Date January 29, 2025

Who will present the agenda item? (Name, Title) Monica Crowley, Chief Strategy and Planning Officer & Sr. Counsel

General Item Description Receive and discuss a briefing regarding Birch, et al. V. Travis County Healthcare District d/b/a Central Health and Mike Geeslin, Cause No. D-1-GN-17-005824 in the 345th District Court of Travis County.

Is this an informational or action item? Informational

Fiscal Impact N/A

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

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

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- 1) discretion of the chair based on status of the situation at the time of the meeting.
 - 2) _____

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? TBD

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

Form Prepared By/Date Submitted: Briana Yanes/ January 24, 2025



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BOARD MEETING

January 29, 2025

REGULAR AGENDA ITEM 4

Discuss and take appropriate action on the appointment of a new Central Health Compliance Officer pursuant to Central Health Compliance Policy CMP-003.^{3,4}



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BOARD MEETING

January 29, 2025

REGULAR AGENDA ITEM 5

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