



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, April 22, 2026 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

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

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

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 Central Health Board will be physically present at the location posted in the meeting notice, all members of the public are free to observe the meeting through the YouTube link provided above and to participate in public comment, if desired, according to the instructions below.

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 April 22 2026**. 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 Board and Committee meetings include setting a fixed amount of time per person to speak and limiting Board and Committee responses to public inquiries, if any, to statements of specific factual information or existing policy. The Public Communication portion of the meeting is expected to begin at approximately 5:30 p.m., unless a member of the public wishes to comment on a specific item on this agenda.

COMMITTEE AGENDA²

1. Approve the minutes of the February 25, 2026 Budget and Finance Committee meeting. (*Action Item*)
2. Discuss and take appropriate action on the Contracting with Community Based Organizations Policy.³ (*Possible Action Item*)
3. Discuss and receive an update on Central Health FY 2026 costs related to CommUnityCare Health Centers.⁴ (*Informational Item*)
4. Receive the February and March 2026 financial statements for Central Health. (*Informational Item*)
5. Receive the February and March 2026 financial statements for CommUnityCare Health Centers. (*Informational Item*)
6. Discuss and take appropriate action on the process for Board Manager proposals for the FY27 budget. (*Possible Action Item*)
7. 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.

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).

⁴ Possible closed session discussion under Texas Government Code §551.085 (Governing Board of Certain Providers of Health Care Services).

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****STAYS IN FILE****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, April 22, 2026 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

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

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

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 Central Health Board will be physically present at the location posted in the meeting notice, all members of the public are free to observe the meeting through the YouTube link provided above and to participate in public comment, if desired, according to the instructions below.

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 April 22 2026**. 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 Board and Committee meetings include setting a fixed amount of time per person to speak and limiting Board and Committee responses to public inquiries, if any, to statements of specific factual information or existing policy. The Public Communication portion of the meeting is expected to begin at approximately 5:30 p.m., unless a member of the public wishes to comment on a specific item on this agenda.

COMMITTEE AGENDA²

1. Approve the minutes of the February 25, 2026 Budget and Finance Committee meeting. (*Action Item*)
2. Discuss and take appropriate action on the Contracting with Community Based Organizations Policy.³ (*Possible Action Item*)
3. Discuss and receive an update on Central Health FY 2026 costs related to CommUnityCare Health Centers.⁴ (*Informational Item*)
4. Receive the February and March 2026 financial statements for Central Health. (*Informational Item*)
5. Receive the February and March 2026 financial statements for CommUnityCare Health Centers. (*Informational Item*)
6. Discuss and take appropriate action on the process for Board Manager proposals for the FY27 budget. (*Possible Action Item*)
7. 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.

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).

⁴ Possible closed session discussion under Texas Government Code §551.085 (Governing Board of Certain Providers of Health Care Services).

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
15th day of April 2024

Dyana Limon-Mercado
County Clerk, Travis County, Texas
By *A. Macedo* Deputy

A. MACEDO



**FILED AND RECORDED
OFFICIAL PUBLIC RECORDS**

Dyana Limon-Mercado
Dyana Limon-Mercado, County Clerk
Travis County, Texas

202680608

Apr 15, 2026 12:54 PM

Fee: \$0.00

MACEDOS



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

April 22, 2026

AGENDA ITEM 1

Approve the minutes of the February 25, 2026 Budget and Finance Committee meeting. (*Action Item*)

MINUTES OF MEETING – FEBRUARY 25, 2026
CENTRAL HEALTH
BUDGET AND FINANCE COMMITTEE

On Wednesday, February 25, 2026, a meeting of the Central Health Budget and Finance Committee convened in open session at 4:05 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Valerie Guerra.

Committee members present in person: Chair Rodriguez, Manager Martin, Manager Motwani, Manager Jefferson, Manager Kitchen, Manager Motwani, Manager May and Manager Valadez

Board members present via audio and video or in person:

Absent: Manager Museitif

PUBLIC COMMUNICATION

Clerk’s Notes: Public Communication began at 4:05 p.m. Chair Rodriguez announced that no speakers registered for Public Communication.

COMMITTEE AGENDA

- 1. Approve the minutes of the January 28, 2026 Budget and Finance Committee meeting.**

Clerk’s Notes: Discussion on this item began at 4:06 p.m.

Manager May moved that the Committee approve the minutes of the January 28, 2026 Budget and Finance Committee meeting.

Manager Valadez seconded the motion.

Chairperson Museitif	Absent
Chairperson Rodriguez	For
Manager Martin	For
Manager Motwani	For
Manager Valadez	For
Manager Jefferson	For
Manager Kitchen	For
Manager Motwani	For
Manager May	For

- 2. Receive a presentation on, review, and take appropriate action on the Central Health Fiscal Year 2025 financial audit and receive a presentation on the audit results of Central Health’s component units (Sendero Health Plans Inc. and CommUnityCare Health Center).**

Clerk’s Notes: Discussion on this item began at 4:06 p.m. Manager Rodriguez shared the item was postponed to the Budget and Finance meeting on March 25, 2026.

No motion.

- 3. Receive the January 2026 financial statements for Central Health.**

Clerk’s Notes: Discussion on this item began at 4:08 p.m. Ms. Nicki Riley, Deputy CFO, and Jon Morgan, Chief Operating Officer, presented five highlights from January’s financial statements: (1) fiscal year-to-

date net property tax revenue collected, (2) direct services year-to-date, (3) specialty services year-to-date, (4) Sendero high-risk claims, and (5) ECHO's program expenses.

4. Receive the January 2026 financial statements for CommUnityCare Health Centers.

Clerk's Notes: Discussion on this item began at 4:16 p.m. Ms. Joy Sloan, Chief Financial Officer of CommUnityCare, and Dr. Nick Yagoda, CEO of CommUnityCare, presented the financial statements for January 2026 and reported a surplus for the month. They noted that CommUnityCare maintained a strong balance sheet despite a 1.5-day closure caused by a winter storm.

5. Confirm the next Budget and Finance Committee meeting date, time, and location.

Manager Valadez moved that the Committee adjourn.

Manager May seconded the motion.

Chairperson Museitif	Absent
Chairperson Rodriguez	For
Manager Martin	For
Manager Motwani	For
Manager Valadez	For
Manager Jefferson	For
Manager Kitchen	For
Manager Motwani	For
Manager May	For

The meeting was adjourned at 4:27 p.m.

ATTESTED TO BY:

Geronimo Rodriguez, Chairperson
Central Health Budget and Finance Committee

Manuel Martin, Secretary
Central Health Board of Managers



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

April 22, 2026

AGENDA ITEM 2

Discuss and take appropriate action on the Contracting with Community Based Organizations Policy.3 (*Possible 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 April 22, 2026

Who will present the agenda item? (Name, Title) Nakia Smith, Chief Compliance Officer

General Item Description Review Board Policy for Contracting with Community Based Organizations (CBO)

Is this an informational or action item? Action

Fiscal Impact N/A

Recommended Motion (if needed – action item) Review and recommend approval of the Contracting with Community Based Organizations (CBO) Policy to the full Board of Managers.

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

- 1) The policy establishes a standardized governance framework for contracting with Community-Based Organizations, promoting consistency, transparency and accountability.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Contracting with Community Based Organizations Policy

Estimated time needed for presentation & questions? 10

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

Form Prepared By/Date Submitted: Nakia Smith, April 15, 2026



NEW — DRAFT

BOARD OF MANAGERS POLICY

Policy Title: Contracting with Community Based Organizations_DRAFT		
Policy #: BD-###P		
Effective Date:		
Board Review and Revision Date:		
Board Initial Approval Date:		
Administration Policy Owner: Deputy Chief Financial Officer		
Administration Executive Sponsor: Chief Financial Officer		
Administration Standard Operation Procedure(s):		
Attachments: None		
<input checked="" type="checkbox"/> Central Health	<input type="checkbox"/> Sendero	<input type="checkbox"/> CommUnityCare

I. PURPOSE

To establish a policy framework for the Board of Managers’ consideration of contracts with community-based organizations to perform services on behalf of the District that the District could otherwise provide, in furtherance of the District’s statutory mission. This policy does not include services that are contracted for pursuant to The Community Healthcare Investment Fund (CHIF) program.

II. DEFINITIONS

Community Based Organizations: For the purposes of this policy, a Community Based Organization ("CBO") is an organization that provides social or related support services that may benefit the health of eligible Central Health patients or enrollees and whose primary purpose is not the provision of clinical, medical or behavioral health care services.

The Community Healthcare Investment Fund (CHIF): This program was established in 2023 as Central Health’s primary mechanism for piloting community-based programs that address clinically defined social needs among MAP and MAP-eligible populations that improve specific health-care related outcomes.

III. POLICY STATEMENT

It is the policy of the Central Health Board of Managers to consider entering into contracts with community-based organizations when such contracts:

1. Are authorized under the Texas Constitution and Chapters 61 and 281 of the Texas Health and Safety Code;
2. Advance the Board of Managers’ adopted goals in the Strategic Plan, Annual Objectives Key Results, and Key Performance Metrics to improve access to health care services and health outcomes for eligible Travis County residents;

3. Support the District’s statutory obligation to provide basic and expanded hospital, medical, and health care services;
4. Are financially feasible and consistent with the District’s approved budget, fiscal policies, and long-term financial sustainability;
5. Do not exceed the approved funding sources and amounts identified through the annual budget process in any fiscal year for cumulative CBO funding allocations

Commented [SN1]: Board discussion: Remove the \$5 million adding the amounts approved through the annual budget process.

6. Do not exceed a term of more than one year unless specified in the procurement and agreement that the term is for two years and subject to a funding out clause if the Board does not choose to approve the funding for the following year;
7. Include specified performance criteria based upon Central Health Board-adopted priority objectives which must be measured to be considered eligible to apply for ongoing or future Central Health contracts; and
5. Are procured in accordance with applicable law and the District’s adopted procurement and contracting policies.

The Board shall exercise its discretion in approving such contracts in accordance with applicable law, sound governance practices, and the best interests of the District and the community it serves.

IV. AUTHORITY

The Central Health Board of Managers may approve contracts with community-based organizations to provide services on behalf of the District in furtherance of its statutory mission when such contracts are authorized by the Texas Constitution and Chapters 61 and 281 of the Texas Health and Safety Code; advance the Board of Managers’ adopted goals to improve access to health care services and health outcomes for eligible Travis County residents; support the District’s statutory obligation to provide basic and expanded hospital, medical, and health care services; are financially feasible and consistent with the District’s budget, fiscal policies, and long-term financial sustainability; and are procured in accordance with applicable law and the District’s procurement and contracting policies.

V. DELEGATION OF AUTHORITY

Consistent with law and the direction of the Board of Managers, the Board of Managers delegates to the President and Chief Executive Officer, or designee, the authority to carry out this policy.

VI. REVIEW CYCLE

This policy shall be reviewed at least every two (2) years, or more frequently if required by law, regulation, or governance need.

VI. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

VII. RELATED POLICIES AND PROCEDURE

DRAFT



NEW — DRAFT

BOARD OF MANAGERS POLICY

Policy Title: Contracting with Community Based Benefit Organizations_DRAFT		
Policy #: BD-###P		
Effective Date:		
Board Review and Revision Date:		
Board Initial Approval Date:		
Administration Policy Owner: <u>Deputy Chief Financial Officer</u>		
Administration Executive Sponsor: <u>Chief Financial Officer</u>		
Administration Standard Operation Procedure(s):		
Attachments: None		
<input checked="" type="checkbox"/> Central Health	<input type="checkbox"/> Sendero	<input type="checkbox"/> CommUnityCare

I. PURPOSE

To establish a policy framework for the Board of Managers’ consideration of contracts with community-based organizations to perform services on behalf of the District that the District could otherwise provide, in furtherance of the District’s statutory mission. [This policy does not include services that are contracted for pursuant to The Community Healthcare Investment Fund the \(CHIF\) program.](#)

II. DEFINITIONS

Community Based Organizations: For the purposes of this policy, a Community Based Organization ("CBO") is an organization that provides social or related support services that may benefit the health of eligible Central Health patients or enrollees and whose primary purpose is not the provision of clinical, medical or behavioral health care services.

[CHIF: The Community Health Investment Fund was established in XXX for the purpose of](#)

[The Community Healthcare Investment Fund \(CHIF\): This program was established in 2023 as Central Health’s primary mechanism for piloting community-based programs that address clinically defined social needs among MAP and MAP-eligible populations that improve specific health-care related outcomes.](#)

III. POLICY STATEMENT

It is the policy of the Central Health Board of Managers to consider entering into contracts with community-based organizations when such contracts:

1. Are authorized under the Texas Constitution and Chapters 61 and 281 of the Texas Health and Safety Code;

2. Advance the Board of Managers' adopted goals in the Strategic Plan, Annual Objectives Key Results, and Key Performance Metrics to improve access to health care services and health outcomes for eligible Travis County residents;
3. Support the District's statutory obligation to provide basic and expanded hospital, medical, and health care services;
4. Are financially feasible and consistent with the District's approved budget, fiscal policies, and long-term financial sustainability;
5. Do not exceed the approved funding sources and amounts identified through the annual budget process ~~a total amount of \$5 million~~ in any fiscal year for cumulative CBO funding allocations

~~5-6.~~ _____;

~~6-7.~~ _____ Do not exceed a term of more than one year unless specified in the procurement and agreement that the term is for two years and subject to a funding out clause if the Board does not choose to approve the funding for the following year;

~~7-8.~~ _____ Include specified performance criteria based upon Central Health Board-adopted priority objectives which must be measured to be considered eligible to apply for ongoing or future Central Health contracts; and

5. Are procured in accordance with applicable law and the District's adopted procurement and contracting policies.

The Board shall exercise its discretion in approving such contracts in accordance with applicable law, sound governance practices, and the best interests of the District and the community it serves.

IV. AUTHORITY

The Central Health Board of Managers may approve contracts with community-based organizations to provide services on behalf of the District in furtherance of its statutory mission when such contracts are authorized by the Texas Constitution and Chapters 61 and 281 of the Texas Health and Safety Code; advance the Board of Managers' adopted goals to improve access to health care services and health outcomes for eligible Travis County residents; support the District's statutory obligation to provide basic and expanded hospital, medical, and health care services; are financially feasible and consistent with the District's budget, fiscal policies, and long-term financial sustainability; and are procured in accordance with applicable law and the District's procurement and contracting policies.

V. DELEGATION OF AUTHORITY

Consistent with law and the direction of the Board of Managers, the Board of Managers delegates to the President and Chief Executive Officer, or designee, the authority ~~and responsibility to develop, implement, and maintain board-approved administrative policies, as well as related administrative procedures, and standard operating procedures, necessary to carry out this policy, including the establishment of evaluation criteria, approval thresholds, financial review, reporting, and procurement requirements, consistent with applicable law and Board direction. The CEO delegation includes the negotiation and execution of agreements pursuant to the delegation policy.~~

Commented [SN1]: Board discussion: Remove the \$5 million adding the amounts approved through the annual budget process.

Commented [NS2]: Delegation of Authority updated: Removed this additional language as requested during the 4/8 Executive Committee meeting. Language recommended per Manager Jefferson.

VI. REVIEW CYCLE

This policy shall be reviewed at least every two (2) years, or more frequently if required by law, regulation, or governance need.

VI. RELEVANT STATUTES, REGULATIONS OR GUIDANCE

VII. RELATED POLICIES AND PROCEDURE

DRAFT



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

April 22, 2026

AGENDA ITEM 3

Discuss and receive an update on Central Health FY 2026 costs related to CommUnityCare Health Centers.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 April 22, 2026

Who will present the agenda item? (Name, Title) Jeff Knodel, VP and Chief Financial Officer

General Item Description Receive a briefing on Central Health costs related to CommUnityCare.

Is this an informational or action item? Informational

Fiscal Impact _____

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

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

- 1) This item will be discussed in closed session.
- 2) _____
- 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.) Yes

Form Prepared By/Date Submitted: Jeff Knodel 4/15/2026



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

April 22, 2026

AGENDA ITEM 4

Receive the February and March 2026 financial statements for Central Health. (*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 April 22, 2026

Who will present the agenda item? (Name, Title) Nicki Riley, Deputy CFO

General Item Description Receive the February and March 2026 financial statements for Central Health.

Is this an informational or action item? Informational Item

Fiscal Impact _____

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

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

- 1) Staff will present CH February and March financials.
- 2) _____

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

Estimated time needed for presentation & questions? 20 minutes

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

Form Prepared By/Date Submitted: Briana Harris/April 15, 2026



CENTRAL HEALTH
TRAVIS COUNTY HOSPITAL DISTRICT

Central Health

Financial Statement Presentation

YTD March 2026

Unaudited

**Central Health Board of Managers
Budget and Finance Committee**

Jeff Knodel, CFO

Nicki Riley, Deputy CFO



Slide 2 - Index

Slide 3 - Highlights

Slide 4 & 5 - Balance Sheet

Slide 6 - Sources & Uses

Slide 7 - Healthcare Delivery

Slide 8 & 9 - Direct Services

Slide 10 - Specialty Care

Slide 11 - FTE Utilization

Highlights

1. Fiscal year-to-date collected net property tax revenue is \$371.5M, which is 96.7% of the levy versus 96.9% this time last year.
2. Direct Services is \$26.8M year-to-date, representing 33% of the annual budget.
The highest budget utilizations are:
 - a. Patient Navigation Center - 51% (Patient transportation highly utilized)
 - b. Bridge Program - 39% (Under budget, but expecting increase)
 - c. Cardiology - 37% (Goods and services less than anticipated)
The lowest budget utilizations are:
 - a. Neurology - 1% (No provider hired yet)
 - b. Psychiatry - 17% (Currently only 2 employees)
 - c. Rheumatology - 17% (One provider FTE)
3. Specialty Services is \$13.2M year-to-date, representing 35% of the annual budget.
The highest budget utilizations are:
 - a. Physical Medication & Rehab - 53% (In line with budget)
 - b. Podiatry - 50% (Very high demand)
 - c. Rheumatology - 50% (CUC activity is the sole contributor)
The lowest budget utilizations are:
 - a. Ophthalmology - 17% (Optometry services have no spend yet)
 - b. General Surgery - 22% (In-house services are in process)
 - c. Sexual & reproductive Services - 29% (Service ending at year end)
4. Opioid Abatement Expenses were \$173.2K this month, \$488.5K year-to-date.
5. Grant expenses were \$63.7K this month, \$302.5K year-to-date.



BALANCE SHEET

3/31/2026

3/31/2025

CURRENT ASSETS

CASH AND CASH EQUIVALENTS	9,280,759	7,064,593
SHORT TERM INVESTMENTS	741,370,529	740,669,303
LEASE RECEIVABLE SHORT TERM	15,149,899	10,948,341
ACCOUNTS RECEIVABLE TAX	11,759,916	10,751,789
OTHER RECEIVABLES	25,515,281	37,351,697
TOTAL UNRESTRICTED CURRENT ASSETS	803,076,384	806,785,723

RESTRICTED CASH & INVESTMENTS

RESTRICTED TCHD LPPF CASH & INVESTMENTS	16,597,316	98,025,124
RESTRICTED OPIOID FUNDS	1,845,058	4,050,620
RESTRICTED FOR GRANTS	1,364,124	-
RESTRICTED FOR CAPITAL ACQUISITION	386,637,515	203,680,649
TOTAL RESTRICTED CASH & INVESTMENTS	406,444,013	305,756,393

TOTAL CURRENT ASSETS

1,209,520,397 **1,112,542,116**

LONG TERM ASSETS

SENDERO PAID-IN CAPITAL	91,000,000	83,000,000
SENDERO SURPLUS DEBENTURE	37,083,000	37,083,000
ADVANCE RECEIVABLE	4,000,000	4,000,000
LEASE RECEIVABLE LONG TERM*	442,623,359	237,666,739
TOTAL LONG TERM ASSETS	574,706,359	361,749,739

TOTAL CAPITAL ASSETS, NET OF DEPRECIATION

297,635,961 **192,415,948**

TOTAL ASSETS

2,081,862,717 **1,666,707,803**

LIABILITIES	3/31/2026	3/31/2025
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	26,005,501	29,066,449
SALARIES & BENEFITS PAYABLE	16,423,255	11,761,795
SHORT-TERM LEASE & SUBSCRIPTION LIABILITIES*	4,234,302	4,493,775
SHORT-TERM DEBT SERVICE PAYABLE	12,798,791	8,843,712
SHORT-TERM DEFERRED REVENUE	1,364,124	-
SHORT-TERM DEFERRED TAX REVENUE	9,971,963	8,641,874
TOTAL CURRENT LIABILITIES	70,797,936	62,807,605
RESTRICTED OR NONCURRENT LIABILITIES		
FUNDS HELD FOR TCHD LPPF	16,597,316	98,025,124
LONG-TERM DEBT SERVICE PAYABLE	407,806,686	151,821,910
LONG-TERM LEASE & SUBSCRIPTION LIABILITIES*	49,194,420	50,524,313
LONG-TERM DEFERRED REVENUE*	427,969,721	226,395,022
TOTAL RESTRICTED OR NONCURRENT LIABILITES	901,568,143	526,766,369
TOTAL LIABILITIES	972,366,079	589,573,974
NET ASSETS		
RESTRICTED FOR CAPITAL ASSETS	215,048,838	248,986,228
RESTRICTED FOR OPIOID SETTLEMENT	1,845,058	4,050,620
RESTRICTED FOR EMERGENCY RESERVE	70,165,232	60,120,090
RESTRICTED FOR GRANTS	1,364,124	-
RESTRICTED FOR HEALTH CENTER	12,000,000	-
UNRESTRICTED	809,073,386	763,976,891
TOTAL NET ASSETS	1,109,496,638	1,077,133,829
LIABILITIES AND NET ASSETS	\$ 2,081,862,717	\$ 1,666,707,803

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

SOURCES AND USES	Actuals Mar 2026	Actuals FY 2026 YTD	Budget FY 2026	Percent of Budget Used	Actuals FY 2025 YTD
SOURCES					
PROPERTY TAX REVENUE	2,224,094	371,478,106	378,061,940	98%	340,392,094
LEASE REVENUE	710,192	4,703,461	10,424,005	45%	7,680,693
GRANT REVENUE	63,716	302,542	1,666,667	18%	-
OTHER REVENUE	3,996,248	18,899,420	24,233,333	78%	43,208,579
NET TOBACCO SETTLEMENT REVENUE	-	-	5,000,000	0%	0
PATIENT REVENUE	57,678	236,911	1,000,000	24%	87,141
TOTAL SOURCES	7,051,928	395,620,441	420,385,945	94%	391,368,507
USES OF FUNDS					
HEALTHCARE DELIVERY PROGRAM	29,762,459	182,684,360	433,984,684	42%	122,085,562
ADMINISTRATIVE PROGRAM	3,514,265	18,527,010	46,369,507	40%	15,735,861
UT AFFILIATION AGREEMENT	-	-	35,000,000	0%	-
OTHER FINANCING USES	-	22,045,142	37,045,142	60%	61,381,015
OPIOID ABATEMENT EXPENSE	173,154	488,546	1,873,501	26%	614,214
GRANT EXPENSES	63,716	302,542	1,666,667	18%	-
TOTAL USES	33,513,594	224,047,600	555,939,500	40%	199,816,652
EXCESS SOURCES / (USES)	\$ (26,461,666)	\$ 171,572,841	\$ (135,553,555)		\$ 191,551,855

	Actuals Mar 2026	Actuals FY 2026 YTD	Budget FY 2026	Percent of Budget Used	Actuals FY 2025 YTD
HEALTHCARE DELIVERY					
PURCHASED HEALTHCARE SERVICES					
PRIMARY CARE	8,646,409	49,937,406	103,446,258	48%	37,650,140
SPECIALTY CARE	2,159,759	13,207,940	37,348,000	35%	12,506,256
SPECIALTY BEHAVIORAL HEALTH AND SUBSTANCE USE	786,672	14,857,911	40,274,000	37%	9,414,609
PHARMACY	1,291,798	7,813,103	19,500,000	40%	6,918,414
POST ACUTE CARE	767,527	3,487,917	9,350,000	37%	2,891,167
COMMUNITY HEALTHCARE INITIATIVES FUND	135,137	214,239	1,000,000	21%	149,125
PURCHASED HEALTHCARE SERVICES	13,787,301	89,518,516	210,918,258	42%	69,529,710
DIRECT SERVICES	4,984,278	26,842,330	81,599,137	33%	16,564,963
SUBTOTAL HEALTHCARE SERVICES	18,771,579	116,360,846	292,517,395	40%	86,094,673
HEALTHCARE OPERATIONS & SUPPORT					
HEALTHCARE SERVICES MANAGEMENT	1,331,897	7,854,895	22,937,604	34%	8,711,849
ELIGIBILITY & ENROLLMENT	891,644	5,853,247	14,382,578	41%	8,944,750
AFFORDABLE CARE ACT SUBSIDY	1,379,172	8,565,285	19,671,820	44%	(780,779)
TECH SUPPORT	4,191,503	19,072,989	35,053,003	54%	10,711,474
FACILITIES SUPPORT	1,638,050	8,528,564	26,959,958	32%	5,144,758
SENDERO RISK-BASED CAPITAL TRANSFER	-	8,000,000	8,000,000	100%	-
DEBT SERVICE	1,558,615	8,448,534	14,462,326	58%	3,258,837
HEALTHCARE OPERATIONS & SUPPORT	10,990,880	66,323,514	141,467,289	47%	35,990,890
TOTAL HEALTHCARE DELIVERY	\$ 29,762,459	\$ 182,684,360	\$ 433,984,684	42%	\$ 122,085,562

DIRECT SERVICES	Actuals Mar 2026	Actuals FY 2026 YTD	Budget FY 2026	Percent of Budget Used	Actuals FY 2025 YTD
Multidisciplinary, Diagnostics and Other	496,689	2,750,041	8,545,939	32%	1,062,204
Clinical Support	1,098,512	5,707,489	17,898,272	32%	4,608,625
Endocrinology	56,976	279,740	883,764	32%	0
Rheumatology	59,507	352,816	2,041,389	17%	14,402
Cardiology	160,925	892,929	2,442,156	37%	731,578
Gastroenterology	237,875	1,255,461	4,266,275	29%	722,226
Nephrology	72,908	421,137	1,449,087	29%	339,389
Neurology	-	5,000	354,559	1%	(0)
Podiatry	90,664	582,016	2,364,183	25%	729,208
Pulmonology	104,822	550,402	1,915,923	29%	480,294
Palliative Care	61,275	388,725	1,027,374	38%	309,373
Pharmacy	101,018	662,086	2,980,011	22%	379,490
Behaviorial Health	177,582	835,981	2,115,947	40%	408,063
Patient Navigation Center	732,865	3,885,895	7,563,164	51%	2,967,027
Physical Medication & Rehab	91,035	301,609	270,771	111%	-
Psychiatry	102,533	560,642	3,221,828	17%	130,130
Medical Respite	431,702	2,255,639	7,424,291	30%	599,736
Bridge Program	210,006	1,245,790	3,235,245	39%	511,137
Transition of Care	649,020	3,746,110	11,598,960	32%	2,572,080
In Kind Expenses - Naloxone	48,363	162,822	-	-	-
Total Direct Services	\$ 4,984,278	\$ 26,842,330	\$ 81,599,137	33%	\$ 16,564,963

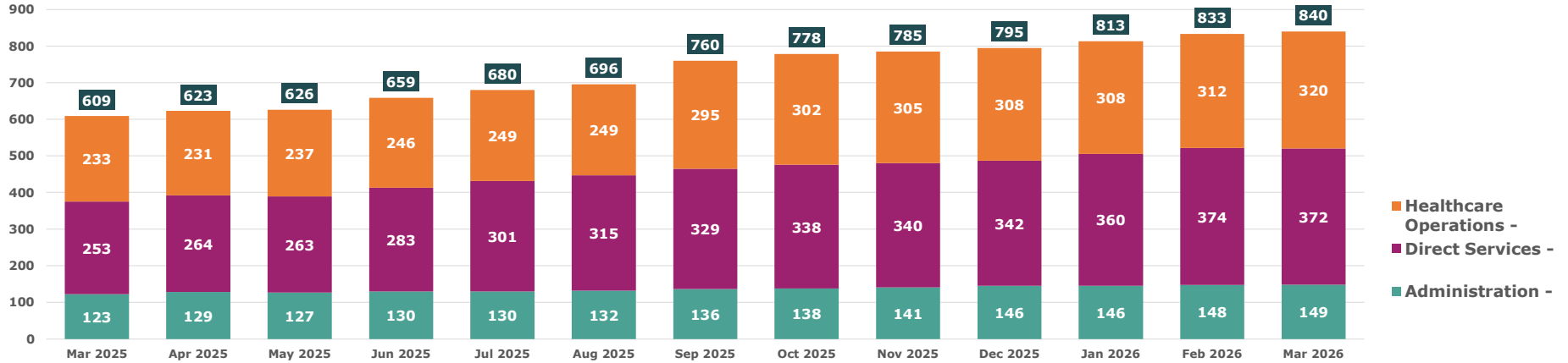
Note: Patient Counts may be adjusted
in prior months.

DIRECT SERVICES	Actual FTEs	Budget FTEs	Co Hires	Mar 2026 Unique Patient Count	FY 2026 Unique Patient Count	Mar 2026 Encounter Patient Count	FY 2026 Encounter Patient Count	Service Line Start Date
Multidisciplinary, Diagnostics and Other	28	40	0.7	925	3,043	1,005	4,821	Various
Clinical Support	89	122	0.0	-	-	-	-	N/A
Endocrinology	4	6	0.0	110	270	128	608	7/21/2025
Rheumatology	4	7	0.8	116	335	117	621	6/16/2025
Cardiology	10	11	0.0	202	635	228	1,129	9/30/2024
Gastroenterology	10	14	1.7	328	1,170	343	1,790	10/2/2023
Nephrology	6	8	0.2	110	486	138	930	2/1/2024
Neurology	0	3	0.0	-	-	-	-	Not Started
Podiatry	9	11	0.0	169	606	261	1,403	10/23/2023
Pulmonology	8	10	0.0	139	526	146	773	10/2/2023
Palliative Care	6	7	0.0	79	204	94	533	2/5/2024
Pharmacy	10	12	0.0	173	531	209	1,116	4/3/2024
Behavioral Health	12	19	0.0	118	309	220	1,167	3/20/2024
Patient Navigation Center	59	66	0.0	-	-	16,294	87,318	N/A
Physical Medication & Rehab	2	4	0.5	188	391	259	961	9/15/2025
Psychiatry	5	14	0.0	81	172	94	536	10/3/2024
Medical Respite	40	51	0.0	53	87	484	1,965	8/23/2023
Bridge Program	16	32	0.5	248	709	381	1,794	9/25/2024
Transition of Care	55	80	0.0	565	1,693	727	2,417	11/15/2023
In Kind Expenses - Naloxone	0	0	0.0	-	-	-	-	N/A
Total Direct Services	372	515	4.4	3,604	11,167	21,128	109,882	

Note: Patient Counts may be adjusted in prior months.

SPECIALTY CARE	Actuals Mar 2026	Actuals FY 2026 YTD	Budget FY 2026	Percent of Budget Used	Actuals FY 2025 YTD
Ancillary Services	221,981	1,456,831	4,633,000	31%	640,216
Cardiology	37,913	352,474	800,000	44%	579,442
Dental	231,683	1,651,831	4,000,000	41%	1,516,788
Dermatology	87,065	512,969	1,100,000	47%	476,748
Durable Medical Equipment	102,393	433,394	1,410,000	31%	585,157
Endocrinology	66,667	400,000	800,000	50%	407,508
Ear, Nose & Throat	44,337	440,829	1,525,000	29%	728,826
Gastroenterology	356,353	1,409,881	2,950,000	48%	1,284,253
General Surgery	2,502	55,456	250,000	22%	104,675
Gynecology	145,479	871,049	2,200,000	40%	1,101,731
Musculoskeletal	207,350	1,239,850	2,525,000	49%	999,060
Neurology	8,333	50,000	100,000	50%	23,888
Nephrology/Dialysis	88,414	707,826	1,850,000	38%	703,712
Oncology	93,854	795,106	2,850,000	28%	857,007
Ophthalmology	154,829	922,041	5,370,000	17%	967,126
Physical Medication & Rehab	18,395	79,395	150,000	53%	58,715
Podiatry	70,833	425,000	850,000	50%	382,312
Pulmonology	76,056	434,813	1,050,000	41%	392,228
Referral Management	16,507	106,840	275,000	39%	22,560
Rheumatology	33,333	200,000	400,000	50%	167,700
Sexual & Reproductive Service	95,479	662,355	2,260,000	29%	506,601
Total Specialty Care	\$ 2,159,759	\$ 13,207,940	\$ 37,348,000	35%	\$ 12,506,256

Total Assigned FTE for a 12 Month Period



Administration		Direct Services		Healthcare Operations	
Office of CEO	Communications	All Service Lines	Electronic Health Records	Clinical Executive Team	Tech Support
Executives - BOM	Government Affairs	Navigation		Provider Reimbursement & Network Services	Facility Support
Finance/Procurement	Compliance	Clinical Management		Quality Assess & Performance (QAP)	Eligibility
People Department	Legal	Revenue Cycle		Community Engagement	
Strategy		Clinical Education and Trainees		Healthcare Planning	
March 2026					



CENTRAL HEALTH
TRAVIS COUNTY HOSPITAL DISTRICT

Central Health

Financial Statement Presentation

YTD February 2026

Unaudited

Central Health Board of Managers Budget and Finance Committee

Jeff Knodel, CFO

Nicki Riley, Deputy CFO



Slide 2 - Index

Slide 3 - Highlights

Slide 4 & 5 - Balance Sheet

Slide 6 - Sources & Uses

Slide 7 - Healthcare Delivery

Slide 8 & 9 - Direct Services

Slide 10 - Specialty Care

Slide 11 - FTE Utilization

Highlights

1. Fiscal year-to-date collected net property tax revenue is \$369.2M, which is 96.1% of the adjusted levy versus 96.2% this time last year.
2. Direct Services is \$21.9M year-to-date, representing 27% of the annual budget.
The highest budget utilizations are:
 - a. Physical Medication & Rehab - 83%
 - b. Patient Navigation Center - 42%
 - c. Palliative Care & Bridge Program - 32%The lowest budget utilizations are:
 - c. Neurology - 1% (Provider job offer extended)
 - a. Psychiatry - 14%
 - b. Rheumatology - 14%
3. Specialty Services is \$11.0M year-to-date, representing 30% of the annual budget.
The highest budget utilizations are:
 - a. Endocrinology - 42%
 - b. Neurology - 42%
 - c. Rheumatology - 42%The lowest budget utilizations are:
 - a. Ophthalmology - 14%
 - b. General Surgery - 21%
 - c. Sexual & reproductive Services - 25%
4. Opioid Abatement Expenses were \$167.6K this month, \$315.4K year-to-date.
5. Permanent Supportive Housing expenses were \$74.6K this month, \$238.8K year-to-date.
6. Debt was paid in the amount of \$8.3M in principal and \$4.2M in interest.

BALANCE SHEET
2/28/2026
2/28/2025
CURRENT ASSETS

CASH AND CASH EQUIVALENTS 8,297,974 5,981,572

SHORT TERM INVESTMENTS 765,782,848 758,253,547

LEASE RECEIVABLE SHORT TERM 15,425,755 11,223,963

ACCOUNTS RECEIVABLE TAX 15,279,780 14,308,938

OTHER RECEIVABLES 24,568,620 37,357,679

TOTAL UNRESTRICTED CURRENT ASSETS 829,354,977 827,125,699
RESTRICTED CASH & INVESTMENTS

RESTRICTED TCHD LPPF CASH & INVESTMENTS 16,545,788 42,721,686

RESTRICTED OPIOID FUNDS 2,018,212 4,664,833

RESTRICTED FOR CAPITAL ACQUISITION 399,232,614 207,239,328

TOTAL RESTRICTED CASH & INVESTMENTS 417,796,614 254,625,847
TOTAL CURRENT ASSETS 1,247,151,591 1,081,751,546
LONG TERM ASSETS

SENDERO PAID-IN CAPITAL 91,000,000 83,000,000

SENDERO SURPLUS DEBENTURE 37,083,000 37,083,000

ADVANCE RECEIVABLE 4,000,000 4,000,000

LEASE RECEIVABLE LONG TERM* 442,714,616 237,695,007

TOTAL LONG TERM ASSETS 574,797,616 361,778,007
TOTAL CAPITAL ASSETS, NET OF DEPRECIATION 293,776,917 188,236,086

TOTAL ASSETS 2,115,726,124 1,631,765,639

LIABILITIES	2/28/2026	2/28/2025
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	31,394,357	25,718,563
SALARIES & BENEFITS PAYABLE	15,169,695	9,640,905
SHORT-TERM DEBT SERVICE PAYABLE	-	-
DEFERRED TAX REVENUE	13,284,553	11,824,623
TOTAL CURRENT LIABILITIES	59,848,605	47,184,091
RESTRICTED OR NONCURRENT LIABILITIES		
FUNDS HELD FOR TCHD LPPF	16,545,788	42,721,686
LONG-TERM DEBT SERVICE PAYABLE	419,066,908	160,153,690
LEASE & SUBSCRIPTION LIABILITIES*	53,696,628	55,459,235
DEFERRED REVENUE*	430,631,242	226,728,071
TOTAL RESTRICTED OR NONCURRENT LIABILITES	919,940,566	485,062,682
TOTAL LIABILITIES	979,789,171	532,246,773
NET ASSETS		
RESTRICTED FOR CAPITAL ASSETS	222,114,214	249,377,403
RESTRICTED FOR OPIOID SETTLEMENT	2,018,212	4,664,833
RESTRICTED FOR EMERGENCY RESERVE	70,165,232	60,120,090
RESTRICTED FOR PERMANENT SUPPORTIVE HOUSING	1,427,841	-
RESTRICTED FOR HEALTH CENTER	12,000,000	-
UNRESTRICTED	828,211,454	785,356,540
TOTAL NET ASSETS	1,135,936,953	1,099,518,866
LIABILITIES AND NET ASSETS	\$ 2,115,726,124	\$ 1,631,765,639

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

SOURCES AND USES	Actuals Feb 2026	Actuals FY 2026 YTD	Budget FY 2026	Percent of Budget Used	Actuals FY 2025 YTD
SOURCES					
PROPERTY TAX REVENUE	40,718,358	369,254,012	378,061,940	98%	338,327,597
LEASE REVENUE	966,488	3,993,270	10,424,005	38%	6,401,605
OTHER REVENUE	3,792,770	15,141,998	25,900,000	58%	39,469,635
NET TOBACCO SETTLEMENT REVENUE	-	-	5,000,000	0%	0
PATIENT REVENUE	26,094	179,233	1,000,000	18%	67,801
TOTAL SOURCES	45,503,710	388,568,513	420,385,945	92%	384,266,637
USES OF FUNDS					
HEALTHCARE DELIVERY PROGRAM	28,557,320	152,921,901	433,984,684	35%	96,810,317
ADMINISTRATIVE PROGRAM	2,918,086	15,012,745	46,369,507	32%	12,868,964
UT AFFILIATION AGREEMENT	-	-	35,000,000	0%	-
OTHER FINANCING USES	-	22,045,142	37,045,142	60%	61,381,015
OPIOID ABATEMENT EXPENSE	167,596	315,392	1,873,501	17%	-
PERMANENT SUPPORTIVE HOUSING	74,597	238,826	1,666,667	14%	-
TOTAL USES	31,717,598	190,534,006	555,939,500	34%	171,060,296
EXCESS SOURCES / (USES)	\$ 13,786,112	\$ 198,034,507	\$ (135,553,555)		\$ 213,206,342

HEALTHCARE DELIVERY	Actuals Feb 2026	Actuals FY 2026 YTD	Budget FY 2026	Percent of Budget Used	Actuals FY 2025 YTD
PURCHASED HEALTHCARE SERVICES					
PRIMARY CARE	4,109,792	41,290,997	103,446,258	40%	27,787,304
SPECIALTY CARE	4,548,682	11,048,182	37,348,000	30%	11,035,948
SPECIALTY BEHAVIORAL HEALTH AND SUBSTANCE USE	4,612,102	14,071,240	40,274,000	35%	7,703,890
PHARMACY	371,866	6,521,305	19,500,000	33%	5,624,364
POST ACUTE CARE	834,996	2,720,390	9,350,000	29%	2,289,559
COMMUNITY HEALTHCARE INITIATIVES FUND	75,071	79,102	1,000,000	8%	149,125
PURCHASED HEALTHCARE SERVICES	14,552,509	75,731,215	210,918,258	36%	54,590,189
DIRECT SERVICES	4,659,680	21,858,052	81,599,137	27%	13,189,945
SUBTOTAL HEALTHCARE SERVICES	19,212,189	97,589,267	292,517,395	33%	67,780,134
HEALTHCARE OPERATIONS & SUPPORT					
HEALTHCARE OPERATIONS & SUPPORT	1,575,037	6,522,999	22,937,604	28%	7,307,127
ELIGIBILITY & ENROLLMENT	937,462	4,961,603	14,382,578	34%	6,253,676
AFFORDABLE CARE ACT SUBSIDY	1,504,801	7,186,114	19,671,820	37%	(780,779)
TECH SUPPORT	2,242,595	14,881,486	35,053,003	42%	9,470,339
FACILITIES SUPPORT	1,502,961	6,890,514	26,959,958	26%	4,044,695
SENDERO RISK-BASED CAPITAL TRANSFER	-	8,000,000	8,000,000	100%	-
DEBT SERVICE	1,582,274	6,889,919	14,462,326	48%	2,735,126
HEALTHCARE OPERATIONS & SUPPORT	9,345,131	55,332,634	141,467,289	39%	29,030,183
TOTAL HEALTHCARE DELIVERY	\$ 28,557,320	\$ 152,921,901	\$ 433,984,684	35%	\$ 96,810,317

DIRECT SERVICES	Actuals Feb 2026	Actuals FY 2026 YTD	Budget FY 2026	Percent of Budget Used	Actuals FY 2025 YTD
Multidisciplinary, Diagnostics and Other	405,827	2,240,211	8,545,939	26%	598,043
Clinical Support	950,061	4,608,976	17,898,272	26%	3,719,796
Endocrinology	40,025	222,764	883,764	25%	15,419
Rheumatology	52,025	293,308	2,041,389	14%	3,540
Cardiology	111,938	732,005	2,442,156	30%	641,377
Gastroenterology	375,317	1,017,587	4,266,275	24%	531,326
Nephrology	9,925	348,229	1,449,087	24%	261,376
Neurology	-	5,000	354,559	1%	192,841
Podiatry	89,689	491,352	2,364,183	21%	593,535
Pulmonology	75,547	445,580	1,915,923	23%	380,701
Palliative Care	66,447	327,450	1,027,374	32%	242,347
Pharmacy	105,067	561,068	2,980,011	19%	316,935
Behavioral Health	124,478	658,399	2,115,947	31%	322,275
Patient Navigation Center	874,716	3,153,030	7,563,164	42%	2,369,691
Physical Medication & Rehab	66,221	223,715	270,771	83%	-
Psychiatry	92,213	458,109	3,221,828	14%	81,380
Medical Respite	407,805	1,823,937	7,424,291	25%	439,513
Bridge Program	194,301	1,035,784	3,235,245	32%	377,057
Transition of Care	618,078	3,097,090	11,598,960	27%	2,102,791
In Kind Expenses - Naloxone	-	114,459	-	-	-
Total Direct Services	\$ 4,659,680	\$ 21,858,052	\$ 81,599,137	27%	\$ 13,189,945

Note: Patient Counts may be adjusted in prior months.

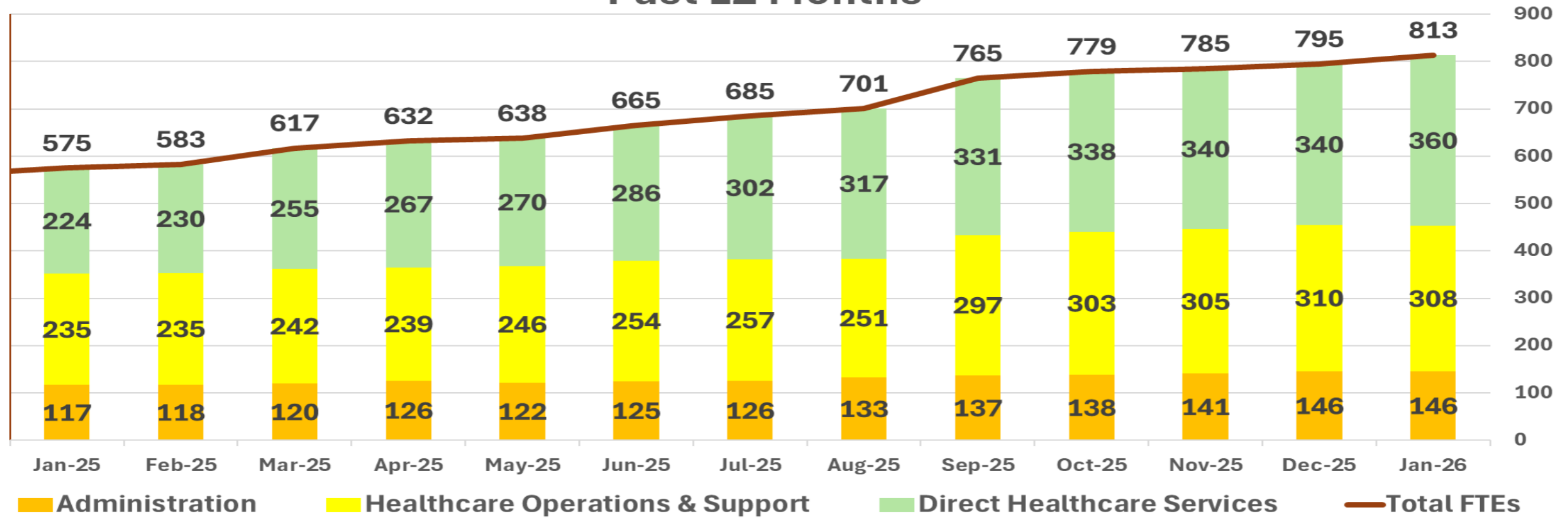


DIRECT SERVICES	Actual FTEs	Budget FTEs	Co Hires	Feb 2026 Unique Patient Count	FY 2026 Unique Patient Count	Feb 2026 Encounter Patient Count	FY 2026 Encounter Patient Count	Service Line Start Date
Multidisciplinary, Diagnostics and Other	28	40	0.7	745	2,369	823	3,759	Various
Clinical Support	93	122	0.0	-	-	-	-	N/A
Endocrinology	4	6	0.0	95	223	109	480	N/A
Rheumatology	4	7	0.8	106	295	110	504	N/A
Cardiology	9	11	0.0	190	547	207	901	9/30/2024
Gastroenterology	10	14	1.7	309	953	325	1,447	10/2/2023
Nephrology	7	8	0.2	146	451	172	792	2/1/2024
Neurology	0	3	0.0	-	-	-	-	N/A
Podiatry	8	11	0.0	103	520	168	1,142	10/23/2023
Pulmonology	8	10	0.0	83	464	88	627	10/2/2023
Palliative Care	6	7	0.0	81	188	92	439	2/5/2024
Pharmacy	9	12	0.0	181	452	229	907	4/3/2024
Behavioral Health	12	20	0.0	129	276	199	947	3/20/2024
Patient Navigation Center	58	66	0.0	-	-	15,014	71,024	N/A
Physical Medication & Rehab	2	4	0.5	125	309	167	702	N/A
Psychiatry	5	13	0.0	86	157	103	442	10/3/2024
Medical Respite	38	51	0.0	42	76	396	1,505	8/23/2023
Bridge Program	19	32	0.5	264	592	387	1,413	N/A
Transition of Care	56	80	0.0	330	1,314	449	1,822	11/15/2023
In Kind Expenses - Naloxone	0	0	0.0	-	-	-	-	N/A
Total Direct Services	374	515	4.4	3,015	9,186	19,038	88,853	

Note: Patient Counts may be adjusted in prior months.

SPECIALTY CARE	Actuals Feb 2026	Actuals FY 2026 YTD	Budget FY 2026	Percent of Budget Used	Actuals FY 2025 YTD
Ancillary Services	272,542	1,234,850	4,633,000	27%	731,823
Cardiology	185,436	314,561	800,000	39%	494,218
Dental	118,538	1,420,147	4,000,000	36%	1,426,191
Dermatology	418,467	425,905	1,100,000	39%	406,400
Durable Medical Equipment	104,995	331,001	1,410,000	23%	401,123
Endocrinology	333,333	333,333	800,000	42%	327,863
Ear, Nose & Throat	30,062	396,492	1,525,000	26%	623,134
Gastroenterology	625,754	1,053,527	2,950,000	36%	1,078,969
General Surgery	(2,046)	52,954	250,000	21%	86,353
Gynecology	625,569	725,570	2,200,000	33%	881,792
Musculoskeletal	215,090	1,032,500	2,525,000	41%	500,000
Neurology	41,667	41,667	100,000	42%	17,875
Nephrology/Dialysis	206,313	619,412	1,850,000	33%	756,926
Oncology	309,507	701,252	2,850,000	25%	798,292
Ophthalmology	30,145	767,212	5,370,000	14%	883,012
Physical Medication & Rehab	27,000	61,000	150,000	41%	354,750
Podiatry	354,167	354,167	850,000	42%	320,586
Pulmonology	175,127	358,757	1,050,000	34%	352,081
Referral Management	82,713	90,333	275,000	33%	18,000
Rheumatology	166,667	166,667	400,000	42%	139,750
Sexual & Reproductive Service	227,637	566,876	2,260,000	25%	436,809
Total Specialty Care	\$ 4,548,682	\$ 11,048,182	\$ 37,348,000	30%	\$ 11,035,948

Number of FTEs by Program Past 12 Months





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

April 22, 2026

AGENDA ITEM 5

Receive the February and March 2026 financial statements for CommUnityCare Health Centers.
(*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 April 22, 2025

Who will present the agenda item? (Name, Title) Joy Sloan, Chief Financial Officer

General Item Description Receive the February and March 2026 financial statements for CommUnityCare Health Centers.

Is this an informational or action item? Informational Item

Fiscal Impact _____

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

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

- 1) Staff will present CUC February and March financials.
- 2) _____

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

Estimated time needed for presentation & questions? 10 minutes

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

Form Prepared By/Date Submitted: Briana Harris/April 15, 2026



March 2026 Financial Report for CommUnityCare

Joy Sloan, CFO CommUnityCare/SVP
Finance CH



March 2026– Surplus fiscal year to date is \$6M

Summary: Statement of Activities

Description	YTD Actual 03/31/2026	YTD Budget	YTD Variance from Budget	% Variance	Prior FYTD 03/31/2025
Pharmacy Revenue	33.86M	40.98M	-7.12M	-17.4%	37.79M
Pharmacy Supplies	25.43M	31.92M	-6.49M	-20.3%	26.53M
Pharmacy Net	8.43M	9.06M	-0.63M	-7.0%	11.25M
Operating Revenue					
Net Third Party Revenue	35.97M	35.35M	0.63M	1.8%	31.70M
CH MDBS Revenue	26.43M	38.90M	-12.47M	-32.1%	27.80M
Total Patient Service Revenue	62.40M	74.25M	-11.85M	-16.0%	59.51M
Grant Revenue	8.39M	8.19M	0.19M	2.3%	8.04M
CH Contract Revenue	22.86M	10.50M	12.36M	117.8%	8.95M
Total Operating Revenue	93.65M	92.94M	0.71M	0.8%	76.49M
Expense					
Wages and Benefits	73.25M	77.77M	-4.52M	-5.8%	72.82M
Contract Labor	3.56M	4.54M	-0.98M	-21.6%	3.51M
Direct Care Expense	7.21M	6.68M	0.53M	7.9%	6.87M
Indirect Care Expense	7.57M	6.95M	0.62M	8.9%	6.40M
Occupancy Expense	4.49M	4.82M	-0.33M	-6.9%	4.87M
Depreciation Expense	0.46M	0.48M	-0.02M	-4.5%	0.46M
Total Expense	96.55M	101.25M	-4.70M	-4.6%	94.94M
Net Operating Surplus/(loss)	5.53M	0.75M	4.78M	635.7%	-7.19M
Non Operating Rev/Exp	0.54M	0.15M	0.39M	262.5%	0.38M
Net Surplus/(loss)	6.07M	0.90M	5.17M	573.6%	-6.81M
Gross cost per encounter-excluding Bad Debt	\$ 451.44	\$ 451.14	\$ 0.29	0.1%	\$ 467.58
Medical cost per Medical Encounter	\$ 259.40				\$ 259.95
Dental cost per Dental Encounter	\$ 216.87				\$ 223.19
Pediatrics Cost per Encounter	\$ 205.46				\$ 202.92
HIV/Aids Cost per Encounter	\$ 696.25				\$ 650.25
Homeless Cost per Encounter	\$ 604.34				\$ 742.44
Net Pharmacy Revenue per Medical Encounter	\$ 24.07	\$ 21.58	\$ 2.49	11.54%	\$ 43.88

Pharmacy Margin is declined March, driving down revenue slightly

Our Medicaid reimbursement rate continues above budget

Wages are running under budget, representing \$4.5M of this surplus

March ended with a strong balance sheet

Summary: Statement of Financial Position

Description	Current Month 03/31/2026	Prior Month 02/28/2026	Variance	Fiscal Year 2025	Variance	Target
Cash and Investments	30.44M	30.00M	0.44M	25.31M	5.13M	
Accounts Receivable	13.95M	15.27M	-1.32M	15.58M	-1.63M	
Non Current Assets	2.36M	2.58M	-0.22M	2.22M	0.14M	
Long Term Assets	36.03M	36.11M	-0.08M	36.39M	-0.36M	
Current Liabilities	18.78M	18.93M	-0.15M	21.58M	-2.80M	
Long Term Liabilities	10.39M	10.39M	0.00M	10.39M	0.00M	
Net Assets	53.60M	54.64M	-1.03M	47.53M	6.07M	
Days Cash on Hand	45	44	0.7	37	7.5	60
Curent Ratio(Assets/Liabilities)	2.36	2.39	(0.03)	1.89	0.47	2.00
Debt to Equity Ratio (total liabilities/net assets)	0.54	0.54	0.01	0.67	(0.13)	<1.0

- Days cash on hand ended at 45 days, with a cash balance at \$30M. AR decreased due to third party collections and CH payments.
- Liabilities have decreased as we continue timely payment to vendors.
- Our current ratio (Assets/liabilities) continues to be over 2.0, indicating a strong cash position.

March had 22 operating days – encounters and unique patients continue to climb

- Positive trends
 - Total encounters outpace last year by 4%
 - We have seen 4,700 more people than this time last year.
 - Provider utilization increased from prior year, increasing access.
 - Providers exceeding 90% of targeted encounters continues to climb, increasing access.
- Headwinds:
 - Medical Provider openings are hovering around 11% (18.46 currently)
 - Women’s health and pediatric provider openings affect Medicaid encounter volumes

Encounters, Performance and Payers					
Description	Year to Date	Budget FYTD	Variance	%	Prior Year to Date
Medical Encounters					
Family Practice	91,807	103,681	(11,874)	-11.5%	81,156
Internal Medicine	22,600	23,546	(946)	-4.0%	23,098
Women's Health	20,559	25,610	(5,051)	-19.7%	22,061
Pediatrics	57,865	62,418	(4,553)	-7.3%	58,363
Specialty Care	14,021	12,233	1,788	14.6%	14,692
Total Medical	206,852	227,486	(20,634)	-9.1%	199,370
Dental Encounters					
General Dentistry	33,118	28,667	4,451	15.5%	28,612
Pediatric Dentistry	7,722	11,178	(3,456)	-30.9%	9,363
Total Dental	40,840	39,844	996	2.5%	37,975
Behavioral Health	18,151	21,903	(3,752)	-17.1%	17,515
Therapy	4,359	5,938	(1,579)	-26.6%	4,932
Total Encounters	270,202	295,172	(24,970)	-8.5%	259,792
Clinic Operating Days	123	124	(1.0)	-0.8%	124.50
Encounters by Working Day					
Medical	1,681.7	1,834.6	(152.8)	-8.3%	1,601.4
Behavioral Health	147.6	176.6	(29.1)	-16.5%	140.7
Dental	332.0	321.3	10.7	3.3%	305.0
Therapy	35.4	47.9	(12.4)	-26.0%	39.6
Total	2,196.8	2,380.4	(183.7)	-7.7%	2,086.7
Provider Utilization % (including Overbooks)	90.2%				85.6%
Medical Provider positions open	18.46				15.02
FT Providers exceeding encounter target-90%	56.1%				47.3%
Unduplicated Patients (fiscal year count)	111,178				106,455
% Patients new to the practice	5.4%				6.5%



COMMUNITYCARE™
HEALTH CENTERS

Thank you!



February 2026 Financial Report for CommUnityCare

Joy Sloan, CFO CommUnityCare/SVP
Finance



February 2026– Surplus fiscal year to date is \$7.1M

Summary: Statement of Activities

Description	YTD Actual 02/28/2026	YTD Budget	YTD Variance from	% Variance	Prior FYTD 02/28/2026
Pharmacy Revenue	29.02M	33.99M	-4.97M	-14.6%	32.43M
Pharmacy Supplies	21.24M	26.48M	-5.24M	-19.8%	22.03M
Pharmacy Net	7.78M	7.51M	0.27M	3.6%	10.39M
Operating Revenue					
Net Third Party Revenue	30.73M	29.06M	1.67M	5.7%	25.52M
CH MDDBS Revenue	21.76M	32.42M	-10.66M	-32.9%	23.07M
Total Patient Service Revenue	52.49M	61.47M	-8.99M	-14.6%	48.59M
Grant Revenue	6.89M	6.83M	0.06M	0.9%	6.28M
CH Contract Revenue	19.30M	8.75M	10.55M	120.5%	7.37M
Total Operating Revenue	78.67M	77.05M	1.62M	2.1%	62.24M
Expense					
Wages and Benefits	60.27M	64.23M	-3.96M	-6.2%	59.91M
Contract Labor	3.14M	3.78M	-0.64M	-16.9%	2.85M
Direct Care Expense	6.05M	5.51M	0.55M	9.9%	5.84M
Indirect Care Expense	6.32M	5.73M	0.59M	10.3%	5.20M
Occupancy Expense	3.71M	3.99M	-0.28M	-7.0%	4.07M
Depreciation Expense	0.38M	0.40M	-0.02M	-4.9%	0.39M
Total Expense	79.88M	83.64M	-3.76M	-4.5%	78.25M
Net Operating Surplus/(loss)	6.58M	0.92M	5.65M	612.8%	-5.62M
Non Operating Rev/Exp	0.53M	0.13M	0.40M	322.7%	0.33M
Net Surplus/(loss)	7.11M	1.05M	6.06M	578.2%	-5.30M
Gross cost per encounter-excluding Bad Debt	\$ 453.07	\$ 453.68	\$ (0.61)	-0.1%	\$ 463.50
Medical cost per Medical Encounter	\$ 257.96				\$ 255.60
Dental cost per Dental Encounter	\$ 216.96				\$ 216.05
Pediatrics Cost per Encounter	\$ 204.50				\$ 202.65
HIV/Aids Cost per Encounter	\$ 629.62				\$ 659.33
Homeless Cost per Encounter	\$ 588.03				\$ 663.06
Net Pharmacy Revenue per Medical Encounter	\$ 28.66	\$ 21.77	\$ 6.89	31.65%	\$ 54.72

Pharmacy Margin is showing improvement this fiscal year.

Our Medicaid reimbursement rate is more in line with our costs after the last rate increase.

Wages are running under budget, representing \$4M of this surplus

February ended with a strong balance sheet

Summary: Statement of Financial Position

Description	Current Month 02/28/2026	Prior Month 01/31/2026	Variance	Fiscal Year 2025	Variance	Target
Cash and Investments	30.00M	26.79M	3.21M	25.31M	4.69M	
Accounts Receivable	15.27M	16.59M	-1.32M	15.58M	-0.31M	
Non Current Assets	2.58M	2.70M	-0.12M	2.22M	0.36M	
Long Term Assets	36.11M	36.18M	-0.07M	36.39M	-0.28M	
Current Liabilities	18.93M	19.06M	-0.13M	21.58M	-2.65M	
Long Term Liabilities	10.39M	10.39M	0.00M	10.39M	0.00M	
Net Assets	54.64M	52.82M	1.82M	47.53M	7.11M	
Days Cash on Hand	44	39	4.8	37	6.8	60
Current Ratio(Assets/Liabilities)	2.39	2.28	0.11	1.89	0.50	2.00
Debt to Equity Ratio (total liabilities/net assets)	0.54	0.56	(0.02)	0.67	(0.14)	<1.0

- Days cash on hand ended at 44 days, with cash up \$3.2M from January. AR decreased slightly because of improved pharmacy margins and outstanding Grant receivable.
- Liabilities have decreased as we continue timely payment to vendors.
- Our current ratio (Assets/liabilities) is now over 2.0, indicating a strong cash position.

February had 20 operating days with 45,386 encounters

- Positive trends
 - Total encounters outpace last year by 3%; averaging 2,269 encounters per day
 - We have seen 4,200 more people than this time last year.
 - Provider utilization increased from prior year, increasing access.
 - Providers exceeding 90% of targeted encounters continues to climb, increasing access.
- Headwinds:
 - Medical Provider openings are hovering around 11% (18.21 currently)
 - Women's health and pediatric provider openings affect Medicaid encounter volumes

Encounters, Performance and Payers					
Description	Year to Date	Budget FYTD	Variance	%	Prior Year to Date
Medical Encounters					
Family Practice	75,399	85,259	(9,860)	-11.6%	67,484
Internal Medicine	18,968	19,362	(394)	-2.0%	19,525
Women's Health	17,127	21,059	(3,932)	-18.7%	18,344
Pediatrics	47,894	51,327	(3,433)	-6.7%	48,510
Specialty Care	11,913	10,059	1,854	18.4%	12,407
Total Medical	171,301	187,067	(15,766)	-8.4%	166,270
Dental Encounters					
General Dentistry	27,238	23,573	3,665	15.5%	23,429
Pediatric Dentistry	6,240	9,192	(2,952)	-32.1%	7,840
Total Dental	33,478	32,765	713	2.2%	31,269
Behavioral Health	14,824	18,012	(3,188)	-17.7%	14,817
Therapy	3,576	4,883	(1,307)	-26.8%	4,013
Total Encounters	223,179	242,727	(19,548)	-8.1%	216,369
Clinic Operating Days	101	102	(1.0)	-1.0%	103.50
Encounters by Working Day					
Medical	1,696.0	1,834.0	(137.9)	-7.5%	1,606.5
Behavioral Health	146.8	176.6	(29.8)	-16.9%	143.2
Dental	331.5	321.2	10.2	3.2%	302.1
Therapy	35.4	47.9	(12.5)	-26.0%	38.8
Total	2,209.7	2,379.7	(170.0)	-7.1%	2,090.5
Provider Utilization % (including Overbooks)	90.2%				85.5%
Medical Provider positions open	18.41				18.11
FT Providers exceeding encounter target-90%	60.4%				53.3%
Unduplicated Patients (fiscal year count)	101,366				97,103
% Patients new to the practice	5.5%				6.4%



COMMUNITYCARE™
HEALTH CENTERS

Thank you!



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

April 22, 2026

AGENDA ITEM 6

Discuss and take appropriate action on the process for Board Manager proposals for the FY27 budget.
(Possible 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	<u>4/22/2026</u>
Who will present the agenda item? (Name, Title)	<u>Drew Kotlarczyk (Strategic Planning Specialist) and Nicki Riley (Deputy Chief Financial Officer)</u>
General Item Description	<u>Receive and discuss submission process for FY27 Board Member Recommended Budget Proposals</u>
Is this an informational or action item?	<u>Informational Item with Possible Action</u>
Fiscal Impact	<u>N/A</u>
Recommended Motion (if needed – action item)	<u>N/A</u>

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

- Staff will present the submission process and form for FY27 Board Member Recommended
- 1) Budget Proposals to be considered in the FY27 Central Health Budget.
 - 2) This is intended to be a collaborative process to enhance our annual budget development.
 - 3) Participation in submitting recommended budget proposals is optional for Board Members.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	<u>Presentation, Memo to follow meeting</u>
Estimated time needed for presentation & questions?	<u>20 minutes</u>
Is closed session recommended? (Consult with attorneys.)	<u>No</u>
Form Prepared By/Date Submitted:	<u>Anisa Kendall, 4/14/2026</u>



FY27 Board Member Recommended Budget Proposals – Submission Process

Budget and Finance Meeting

Presenters: Drew Kotlarczyk, Strategic Planning Specialist

Nicki Riley, Deputy Chief Financial Officer

4/22/2026



Central Health's Mission, Vision and Values

Mission

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

Vision

Central Texas is a model healthy community.

Values

Central Health will achieve excellence through:

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

Innovation: We create solutions to improve health care 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.





Submission Process and Form

Submission Process

This is a collaborative process, intended to enhance the annual budget development. Staff support available throughout the process.

Step 1 – Submit Initial Proposal

- Complete a **short form** for each proposal.

Step 2 – Review & Discussion

- Board will review all submissions and determine which proposals move forward.

Step 3 – Develop Full Proposal

- **Complete and submit one A3 form per approved proposal.** If needed, additional documentation can be included. Submit A3 forms to the Board Liaison email address.

Step 4 – Staff Review for Board Consideration

- Executive Budget Subcommittee assesses all proposals and develops recommendations.
- Staff share recommendations with the Board for feedback, clarification, and collaborative discussion on June 24th, before finalizing the FY27 Budget.

Budget Proposal Short Form

This step provides early visibility into recommended proposals for Board discussion, guiding which proposals advance to more developed proposals for budget consideration.

Note: Please complete one short form for each recommended budget proposal.

Instructions:

- 1) Fill out each column below, using both drop down and free text options.
 - 2) Completed forms should be submitted to the Board Liaison email address.
 - 3) This step is intentionally designed to be a starting point in the process.
- Below are questions from the A3 form that are intended to help prepare the short form and guide discussion.
- Are there any major risks / impacts to the Central Health System?
 - Should this proposal be discussed under an existing Board policy (e.g., CBO Policy)?
 - What alternatives could be considered?
 - What are the estimated resources needed to implement this proposal (e.g. estimated costs and/or staff)?
 - What are the benefits of the proposed solution? Consider investment value.

Proposal Number	Fiscal Year	Name of Board Member Recommending this Proposal	System Objective and Key Result [Draft, Pending Board Approval]	What is the specific problem to be solved, including the scale and scope of the problem? Include estimate of staff or budget.
			- Pick 1, best fit	Explanation should not be more than 3-4 sentences.
1	2027			
2	2027			

Fiscal Year	Proposal Title for Board Member Recommended Budget Proposal	Board Member Name
FY 2027	<i>Enter Proposal Title</i>	<i>Enter Name</i>
OKR: <i>Enter the System Objective and Key Result this proposal most closely aligns to – select at least one, even if it could align to more than one.</i>		
<p>Problem to Be Solved (Align to OKRs) What is the specific problem to be solved, including the scale and scope of the problem? How does this problem connect to a system OKR?</p>		<p>Proposed Solution(s) and Plan Detail the solution(s) <u>including alternatives to be considered</u>. Outline the steps to implement this work, including key dates. Address questions, if applicable:</p> <ul style="list-style-type: none"> • What is the estimated cost? Include any potential cost offsets. • What are the benefits of the proposed solution? Consider return or value on investment. • Are there any major risks / impacts to the Central Health System? • Is there any impact collaboration with other partners or organizations? • Does this proposal require hiring new staff or using existing staff for implementation? If yes, estimate the number of staff needed.
<p>Analysis Use data and/or evidence to confirm that the stated problem exists and the underlying causes. What is the cost/impact of not addressing the problem? If available, address the following,</p> <ul style="list-style-type: none"> • Where in Travis County is the problem most severe – what area or neighborhood? • What population is most impacted and how many people? 		<p>Success Measures How will project results or expected outcomes be measured? Identify key milestones and goals, and indicate key results impacted.</p>



Timelines and Key Dates

Key Dates and Activities

April 22	Review Process For FY27 Board Member Recommended Budget Proposals. Submission process opens.
May 6	Submit Initial FY27 Board Member Recommended Budget Proposals using short form.
May 13	Discuss Initial FY27 Board Member Recommended Budget Proposals
May 22	Final submission date for FY27 Board Member Recommended Budget Proposals using A3 form.
May 27	Update On FY26 Board Member Budget Initiatives
June 24	Discuss Proposed FY27 Strategic Budget Initiatives, Including Board Member Recommended Budget Proposals
July 22	Present Proposed FY27 Joint Budget with CUC, Including Board Recommended Budget Proposals with Staff Recommendations.

FY 2027 Annual Planning and Budget Development Timeline

We Are Here



FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER
February 11 Strategic Planning <ul style="list-style-type: none"> Present Progress Update on Strategic Plan (HEP) 	March 9 Executive Committee <ul style="list-style-type: none"> Discuss Proposed FY27 Driving Forces Present Update on Board Policies 	April 8 Strategic Planning <ul style="list-style-type: none"> Discuss Proposed FY27 System OKRs 	May 6 <ul style="list-style-type: none"> Submit Initial FY27 Board Member Recommended Budget Proposals May 13 Strategic Planning <ul style="list-style-type: none"> Discuss Initial FY27 Board Member Recommended Budget Proposals Discuss Proposed FY27 System KPIs 	June 9 Travis County Commissioners <ul style="list-style-type: none"> Approve Homestead Exemption 	July 22 Budget and Finance (Budget Session) <ul style="list-style-type: none"> Present Proposed FY27 Joint Budget with CUC, Including Board-Recommended Budget Proposals with Staff Recommendations 	August 12 Budget and Finance (Budget Session) <ul style="list-style-type: none"> Present Proposed FY27 Joint Budget with CUC & Tax Rate 	September 2 Board of Managers (Budget Session) <ul style="list-style-type: none"> Public Hearing: FY27 Budget and Tax Rate
February 25 Board of Managers <ul style="list-style-type: none"> Present FY27 Annual Budget Development, Including System OKRs 	March 25 Board of Managers <ul style="list-style-type: none"> Approve FY27 Driving Forces 	April 22 Budget and Finance <ul style="list-style-type: none"> Review Process For FY27 Board Member Recommended Budget Proposals 	May 14 Travis County Commissioners <ul style="list-style-type: none"> Q3 Update May 22 <ul style="list-style-type: none"> Submit FY27 Board Member Recommended Budget Proposals 	June 24 Budget and Finance (Budget Session) <ul style="list-style-type: none"> Present Financial Forecast 		August 26 Board of Managers (Budget Session) <ul style="list-style-type: none"> Approve FY27 Proposed Tax Rate for Public Notice 	September 9 Board of Managers (Budget Session) <ul style="list-style-type: none"> Adopt FY27 Budget and Tax Rate
	March 31 Travis County Commissioners <ul style="list-style-type: none"> Q2 Update 	April 22 Board of Managers <ul style="list-style-type: none"> Approve FY27 System OKRs Approve Board Policies 	May 27 Budget and Finance <ul style="list-style-type: none"> Discuss Proposed Homestead Exemption Present Update on FY26 Board Member Budget Initiatives Board of Managers <ul style="list-style-type: none"> Approve FY27 System KPIs Approve Homestead Exemption 	June 24 Board of Managers (Budget Session) <ul style="list-style-type: none"> Discuss Proposed FY27 Strategic Budget Initiatives, Including Board Member Recommended Budget Proposals 		Date Pending Travis County Commissioners <ul style="list-style-type: none"> Q4 and Budget Update 	Date Pending Travis County Commissioners <ul style="list-style-type: none"> Approve FY27 Budget & Tax Rate

Public Involvement: Development of FY 2027 Strategic Initiatives

Budget Alignment with Strategic Initiatives

Public Involvement: FY 2027 Proposed Budget. September 2nd Public Hearing

All Other Board Activity (Strategic Plan and System-Level Planning, Including OKRs, Policy Development, Litigation, and Other Activities)

Central Health Community Conversations

- 3/4 Oak Hill Community Ctr. (PCT. 3)
- 4/16 Asian American Resource Ctr. (PCT. 1)
- 5/14 Montopolis Recreation and Community Ctr. (PCT. 4)
- 6/11 Austin Community College (ACC) Northridge Campus (PCT. 2)
- 7/16 ACC Highland Campus (FY27 CH Budget Townhall with Judge Brown)

Travis County Commissioners Court

- 3/31 Q2 Update
- 5/14, Q3 Update
- 6/9, Approve Homestead Exemption
- Date Pending, Q4 and Budget Update
- Date Pending, Vote and Adopt FY27 Budget and Tax Rate

★ Denotes Budget Session, Board discussion, action, approval / adoption

Definitions: OKRs = Objectives and Key Results. KPIs = Key Performance Indicators.

The public is encouraged to provide input on the FY 2027 budget via the 10 website at CentralHealth.net, at Board of Managers and committee meetings, during Community Conversations, and at public hearings.



Thank You



Appendix

Terms and Definitions

- **A3** – problem-solving methodology used to clearly define the problem, identify root causes, and outline solutions with measurable progress tracking on a single page.
- **Driving Forces** – an annual SWOT compromised of critical internal and external factors that significantly impact, drive, or alter our work and influence our Annual Budget Planning Process.
- **Objectives and Key Results (OKRs)** – a goal-setting framework to determine what the organization should work on and how to measure progress
 - **Objective:** Defines what the organization seeks to achieve within a defined period (qualitative and inspiring)
 - **Key Result:** How the organization's objectives will be achieved / measurable milestones (quantitative and measurable)

Central Health Mission: By caring for those who need it most, Central Health improves the health of the entire community

ADVANTAGES

VULNERABILITIES

INTERNAL FACTORS

Includes Organizational Capabilities, Culture, and Current Infrastructure

STRENGTHS

1. **Initial Board direction and internal alignment (system transformation resolution)**
 2. **Mission-driven workforce**
 3. **Healthy financial position**
- FQHC at center, integrated ambulatory care continuum, providing "#1 favorability" primary and specialty services
 - Relationships with community, CBOs, partners, Commissioners
 - Unified brand demonstrating value to community
 - "Promises kept" re Healthcare Equity Plan (33 new services lines established), serving 1 in 6 Travis County residents
 - Strong early results in complex care populations (e.g. TOC, homeless, jail/mental health)
 - Progress on system unification (OKRs; major areas de-duplicated)
 - Footprint that can support future growth, pending Comprehensive Facilities and organizational growth plans
 - Uniquely differentiated as a local payer-provider public system
 - Emerging Data-Capabilities to support Board-Approved system KPIs

WEAKNESSES

1. **Organizational growth outpacing system maturity**
 2. **Fragmented data systems, and data reporting dashboards across the system**
 3. **Change management strategies and communication on system transformation**
- Lack of Formal Organizational and Workforce Growth Plan
 - Absence of Finalized Comprehensive Facilities Plan and Updated Enterprise Strategic Plan
 - Delineation of Board governance policies vs operational procedures not established
 - Benchmarking for infrastructure and support functions
 - Capacity strain on internal resources system expansion
 - Competing priorities impacts focus, efficiency and effectiveness
 - Underleveraging funding sources (e.g. 340B and IGT Programs)
 - Misalignment on perceived community needs and timing of planning
 - Gaps in clinical services and unmet needs remain (e.g. cancer, post acute, GI, Derm)
 - Limited capacity in other clinical areas (e.g. lab, diagnostics)
 - Strategic governance alignment across CH system

EXTERNAL FACTORS

Includes Community Need, Policy, Funding, Workforce, and Market Conditions

OPPORTUNITIES

1. **Maturing partnerships in diversion, mental health, SUD, homelessness services**
 2. **Maximizing community value and taxpayer savings through optimal leveraging of state and federal funds, including affordable coverage**
 3. **Emerging coalition for mental health continuum**
- Community supports healthcare as a right
 - Integrate planning assessments to align data, capacity, resources and gain efficiencies
 - Enhance affordable coverage and access
 - Federal funding for high-impact clinical services (e.g. cancer care)
 - Proactive positioning in state and federal policy environments
 - Bridge remaining gaps in care/learning continuum (e.g., Pedi, GME, OB, cancer care)
 - Innovative approaches to care delivery models, potentially using AI
 - Strengthen healthcare workforce pipeline through higher ed partnerships (e.g. ACC, UT, St. E's, Huston-Tillotson, Concordia and Central Texas Healthcare Partnership)
 - Connect students at an early age to diverse healthcare career pathways
 - Preparedness for public health emergencies
 - Maximizing FQHC partnership model
 - Clarify and strengthen Central Health's collaborative role in mental health services in Travis County
 - Utilize appropriate AI to enhance clinical services and patient experience

THREATS

1. **Local, state and federal funding volatility (public/grants/legislature)**
 2. **Workforce competition and retention**
 3. **Funding and capacity impact on mental health continuum**
- Local marketplace dynamics
 - Taxpayer burden, property cost pressures, healthcare, and food
 - Funding for CBOs, pressure to fund activities outside of CH scope and mission
 - Health equity and DEI scrutiny
 - Medicaid and ACA contractions
 - Immigration policies and other state/federal services for safety net-population
 - Reduced public support for social services
 - Need for clearer communication of value and outcomes to taxpayers



FY 2027 System Objectives and Key Results (OKRs)

Central Health’s FY 2027 OKRs adopt a framework modeled after **Cleveland Clinic’s CEO scorecard** to help organize our system-wide priorities across four interdependent pillars: Patients, Caregivers, Community, and Central Health itself. Each pillar carries one strategic objective with measurable key results, creating a shared line of sight from frontline teams to executive leadership. Together, these pillars reflect our commitment to being a mission-driven health authority that serves every stakeholder with intention and accountability.

Care For Patients

Objective	Key Result	FY 2027 Goal
Create Seamless Care Journeys	Appointment Wait Times	14 Days or Less
	People Engaged in Care and Coverage*	+10%
	Heart and Cancer Care*	+10%

Care for Caregivers

Objective	Key Result	FY 2027 Goal
Empower and Develop our Team	Employee Engagement*	80%ile in U.S.
	GUIDE Leadership Behaviors*	+10%

Care for Community

Objective	Key Result	FY 2027 Goal
Demonstrate Value of Community Support	Community Awareness, Favorability and Trust*	+10%
	Non-Tax Revenue*	+5%

Care for Central Health

Objective	Key Result	FY 2027 Goal
Build a Comprehensive Equitable System	System Integration*	90%
	Critical Infrastructure Milestones*	90%

* Preliminary metrics current figures reflect initial estimates pending full benchmarking analysis.



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

April 22, 2026

AGENDA ITEM 7

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