



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

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

Our Values

Central Health will achieve excellence through:

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

Innovation - We create solutions to improve healthcare access.

Respect - We honor our relationship with those we serve and those with whom we work.

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BOARD OF MANAGERS

Meeting Agenda

Wednesday, March 28, 2018, 5:30 p.m.

Central Health Administrative Offices

1111 E. Cesar Chavez St.

Austin, Texas 78702

Board Room

CITIZENS' COMMUNICATION

CONSENT AGENDA

All matters listed under the CONSENT AGENDA will be considered by the Board of Managers to be routine and will be enacted by one motion. There will be no separate discussion of these items unless members of the Board request specific items be moved from the CONSENT AGENDA to the REGULAR AGENDA for discussion prior to the time the Board of Managers votes on the motion to adopt the CONSENT AGENDA.

- C1. Approve minutes for the following meeting of the Central Health Board of Managers:
 - a. February 28, 2018
 - b. March 19, 2018
- C2. Receive a report of the February 2018 financial statements for Central Health, as presented to the Budget and Finance Committee.
- C3. Receive a report of the January 2018 financial statements for the Community Care Collaborative, as presented to the Budget and Finance Committee.
- C4. Receive the Quarterly Investment Report and ratify Central Health Investments for February 2018.
- C5. Approve, and direct the Central Health appointees to the Community Care Collaborative ("CCC") Board of Directors to approve, a contract between the Community Care Collaborative and Fibroblast, for specialty care referral management, in an amount not to exceed \$700,000 as recommended by the Budget and Finance Committee.

- C6. Approve the commitment of \$400,000 of New Initiatives funds to the Ending Homelessness Coalition's permanent supportive housing project expected to reduce emergency department visits and hospitalization rates among homeless Travis County residents, as recommended by the Budget and Finance Committee.

REGULAR AGENDA*

Executive Session: *This item may be taken ahead of the consent agenda.*

Discuss and take appropriate action on Central Health owned property, including the Downtown Campus and adjacent properties.¹ (Item 8)

Items for consideration and possible action:

1. Discuss and take appropriate action on items related to the Community Care Collaborative:
 - a. Amendments to the benefit plan for Travis County residents up to 200 percent of the Federal Poverty Level who are not enrolled in MAP; and
 - b. Amendment to the agreement between the Community Care Collaborative and CommUnityCare for the addition of rheumatology and complex primary care services.

Presentations and reports:

2. Receive and discuss an update from the Community Care Collaborative.
3. Receive and discuss the Central Health Performance Review conducted by Germane Solutions.
4. Receive and discuss reports from Board committees: Budget and Finance Committee.

Standing Items:

5. Receive and discuss a report from the President & CEO on Central Health operations and current activities, including: (a) the Fiscal Year 2018 Central Health Board of Managers work plan and operational priorities; (b) an assessment of systems and processes; and (c) the Central Health Organizational Chart and other personnel matters.¹
6. Discuss and take appropriate action on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) projects, the Community Care Collaborative, including health care delivery arrangements, and other interrelated community partnerships.¹
7. Discuss and take appropriate action on an update regarding Sendero Health Plans, Inc., including the effect of federal legislative and regulatory actions.¹
8. Discuss and take appropriate action on Central Health owned property, including the Downtown Campus and adjacent properties.¹
9. Confirm the next regular Board meeting date, time, and location.

*The Board of Managers may take items in an order that differs from the posted order.

Note 1, Possible closed executive session item.

The Board of Managers may consider any matter posted on the agenda in a closed session if there are issues that require consideration in a closed session and the Board announces that the item will be considered during a closed session.

Consecutive interpretation services from Spanish to English are available during Citizens Communication or when public comment is invited. Please notify the front desk on arrival if services are needed.

Los servicios de interpretación consecutiva del español al inglés están disponibles para la comunicación de los ciudadanos o cuando se invita al público a hacer comentarios. Si necesita estos servicios, al llegar sírvase notificarle al personal de la recepción.



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BOARD MEETING

March 28, 2018

AGENDA ITEM C1

Approve minutes for the following meeting of the Central Health Board of Managers:

- a. February 28, 2018
- b. March 19, 2018

MINUTES OF MEETING – FEBRUARY 28, 2018
CENTRAL HEALTH
BOARD OF MANAGERS

On Wednesday, February 28, 2018, a meeting of the Central Health Board of Managers convened in open session at 5:31 p.m. in the Board Room of the Central Health Administrative Offices located at 1111 E. Cesar Chavez Street, Austin, Texas 78702. Clerk for the meeting was Ms. Emily Farris.

Board of Managers present: Chairperson Zamora, Treasurer Bell, Secretary Aiken, Manager Jones, Manager Museitif, Manager Oliver, and Manager Valadez

CITIZENS' COMMUNICATION

Clerk's Notes: At 5:33 p.m., Chairperson Zamora introduced six speakers for Citizens' Communication.

Members of the Board heard from:

Mr. Mike Geeslin, Central Health

Mr. JP Eichmiller, Central Health

Mr. Larry Wallace, Central Health

Ms. Stephanie Morgan, The University of Texas at Austin School of Nursing, Fire Chief Ken Bailey, Travis County Emergency Services District 11

Mr. Raul Alvarez, Community Action Network

Vice-Chairperson Greenberg joined the meeting at 5:34 p.m.

Manager Daniel joined the meeting at 5:37 p.m.

REGULAR AGENDA

3. Discuss and take appropriate action on the biennial Board of Managers Self-Assessment Tool and current and future Board functioning.¹

Clerk's Notes: This item was postponed.

6. Receive and discuss an update from Integral Care.

Clerk's Notes: Discussion on this item began at 5:50 p.m. Mr. David Evans, CEO of Integral Care, Ms. Ellen Richards, Chief Strategy Officer for Integral Care, and Ms. Luanne Southern, Vice-Chair of Integral Care's Board of Trustees, gave an operational and financial overview of Integral Care. The presentation included information on the services provided by Integral Care, local public investments for FY18, and the total number of staff employed by Integral Care in the following areas – Child & Family Services, Mental Health Crisis Services, 1115 Waiver, Adult Mental Health, Substance Abuse, Intellectual & Development Disabilities, Administration, and Program Support & Community Collaboration, . Mr. Evans presented Integral Care's plans to improve crisis care, tackle opioid addiction, collaborate with UT Health Austin, and work with housing and homelessness issues. Mr. Evans, Ms. Richards, and Ms. Southern responded to questions and comments from the Board.

No action was taken on item 6.

CONSENT AGENDA

**C1. Approve minutes for the following meetings of the Central Health Board of Managers:
a. January 24, 2018.**

- C2. Receive a report of the December 2017 and January 2018 financial statements for Central Health, as presented to the Budget and Finance Committee.
- C3. Receive a report of the December 2017 financial statements for the Community Care Collaborative, as presented to the Budget and Finance Committee.
- C4. Receive the January 2018 Investment Report and ratify Central Health Investments for January 2018.
- C5. Approve the use of service expansion funds, in an amount not to exceed \$200,000, to increase the Central Health member payment to the Community Care Collaborative for capital improvements to a health center operated by Lone Star Circle of Care in Jonestown, as recommended by the Budget and Finance Committee.
- C6. Approve the renewal of a lease agreement between Central Health and Sigland Properties II, Ltd. for the CommUnityCare Rundberg Health Center, as recommended by the Budget and Finance Committee.
- C7. Approve an agreement between Central Health and Enercon Services, Inc. for environmental consulting services, in an amount not to exceed \$275,000, and authorize Central Health's President and CEO to negotiate and enter into an agreement on terms similar to those presented or on terms more favorable to Central Health, as recommended by the Budget and Finance Committee.
- C8. Authorize the CCC Executive Director to select Performance Year 7 and 8 DSRIP Category C Measure bundles totaling 75 points or more as required by the 1115 Medicaid Waiver, the execution of provider contracts to perform the work required in a cumulative amount not to exceed \$17,895,812, and the commitment of Central Health IGT funding for the CCC, Seton, and St. David's DSRIP program participation, as recommended by the Budget and Finance Committee.
- C9. Approve the strategy framework and associated funding allocations for women's health services, as recommended by the *ad hoc* Women's Health Committee.
- C10. Approve an amendment to the Travis County Healthcare District Compliance Policies.

Clerk's Notes: Discussion on this item began at 6:37 p.m.

Treasurer Bell moved that the Board approve Consent Agenda items C1 - C10. Vice Chairperson Greenberg seconded the motion.

Manager Valadez pulled items C8 and C9. Manager Jones pulled item C5.

Treasurer Bell amended the motion to approve consent agenda items C1, C2, C3, C4, C6, C7 and C10. Vice Chairperson Greenberg seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	For
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	For
Manager Cynthia Valadez	For

REGULAR AGENDA

- C5. Approve the use of service expansion funds, in an amount not to exceed \$200,000, to increase the Central Health member payment to the Community Care Collaborative for capital improvements to a health center operated by Lone Star Circle of Care in Jonestown, as recommended by the Budget and Finance Committee.**

Clerk's Notes: Discussion on this item began at 6:42 p.m. Mr. Mike Geeslin, President and CEO for Central Health, responded to a question regarding the operational structure of Lone Star Circle of Care.

Vice-Chairperson Greenberg moved that the Board approve the use of service expansion funds, in an amount not to exceed \$200,000, to increase the Central Health member payment to the Community Care Collaborative for capital improvements to a health center operated by Lone Star Circle of Care in Jonestown, as recommended by the Budget and Finance Committee. Treasurer Bell seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	For
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	For
Manager Cynthia Valadez	For

- C8. Authorize the CCC Executive Director to select Performance Year 7 and 8 DSRIP Category C Measure bundles totaling 75 points or more as required by the 1115 Medicaid Waiver, the execution of provider contracts to perform the work required in a cumulative amount not to exceed \$17,895,812, and the commitment of Central Health IGT funding for the CCC, Seton, and St. David's DSRIP program participation, as recommended by the Budget and Finance Committee.**

Clerk's Notes: Discussion on this item began at 6:46 p.m. Mr. Geeslin and Ms. Sarah Cook, Senior Director of Strategy, Communications & Population Health for the Community Care Collaborative, responded to questions from the Board regarding the approval of the provider contracts and how the Category C Measure Bundles are chosen.

Treasurer Bell moved that the Board authorize the CCC Executive Director to select Performance Year 7 and 8 DSRIP Category C Measure bundles totaling 75 points or more as required by the 1115 Medicaid Waiver, the execution of provider contracts to perform the work required in a cumulative amount not to exceed \$17,895,812, and the commitment of Central Health IGT funding for the CCC, Seton, and St. David's DSRIP program participation, as recommended by the Budget and Finance Committee. Secretary Aiken seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	For
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	Abstain
Manager Cynthia Valadez	Abstain

C9. Approve the strategy framework and associated funding allocations for women’s health services, as recommended by the *ad hoc* Women’s Health Committee.

Clerk’s Notes: Discussion on this item began at 6:54 p.m. Secretary Aiken, Chairperson for the *ad hoc* Women’s Health Committee, responded to questions regarding the funding allocation and the outreach conducted for the project.

Treasurer Bell moved that the Board approve the strategy framework and associated funding allocations for women’s health services, as recommended by the *ad hoc* Women’s Health Committee. Second not necessary.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	For
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	For
Manager Cynthia Valadez	For

1. Discuss and take appropriate action on:

- a. Healthcare Workforce Development policy framework; and**
- b. Social determinants of health policy framework.**

Clerk’s Notes: Discussion on this item began at 6:58 p.m. Ms. Megan Cermak, Senior Healthcare Planner with Central Health summarized the process used to develop the frameworks for both Healthcare Workforce Development and Social Determinants of Health. A Request for Proposal will be issued for both frameworks.

Manager Daniel moved that the Board approve the Healthcare Workforce Development policy framework, as presented by staff. Treasurer Bell seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	For
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	For
Manager Cynthia Valadez	Opposed

Manager Daniel moved that the Board approve the Social Determinants of Health policy framework, as presented by staff. Treasurer Bell seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	For
Manager Katrina Daniel	For
Manager Shannon Jones	Opposed
Manager Maram Museitif	Opposed
Manager Julie Oliver	For
Manager Cynthia Valadez	Opposed

2. Discuss and take appropriate action on a potential commitment to a permanent supportive housing project expected to reduce emergency department visits and hospitalization rates among homeless Travis County residents.

Clerk's Notes: Discussion on this item began at 7:35 p.m. Mr. Mike Geeslin and Ms. Cook explained the purpose of the project, described how it would benefit Central Health, and the expected financial resources that Central Health could be.

[Treasurer Bell read resolution] Treasurer Bell moved that the Board adopt a resolution expressing interest in improving health outcomes for Travis County's homeless population through support of the Ending Community Homelessness Coalition. Manager Daniel seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	For
Manager Katrina Daniel	For
Manager Shannon Jones	For
Manager Maram Museitif	For
Manager Julie Oliver	For
Manager Cynthia Valadez	Abstain

5. Discuss and take appropriate action on a presentation related to the Integrated Delivery System (coordinated, patient-centric care) funding model.¹

Clerk's Notes: Discussion on this item began at 7:55 p.m. Chairperson Zamora announced that the Board is convening in executive session to discuss agenda item 5 under Section 551.085 of the Texas Government Code, Deliberation of Governing Board of Certain Providers of Health Care Services.

The Board reconvened in open session at 8:31 p.m.

Clerk's Notes: Discussion on this item began at 8:32 p.m. Chairperson Zamora announced that the Board is convening in executive session to discuss agenda items 5 and 12 under Section 551.085 of the Texas Government Code, Deliberation of Governing Board of Certain Providers of Health Care Services and Section 551.071 of the Texas Government Code, Consultation with Attorney.

Secretary Aiken and Manager Daniel left the meeting at 9:41 p.m.

The Board reconvened in open session at 10:07 p.m.

Manager Museitif and Manager Jones left the meeting at 10:07 p.m.

No action was taken on item 5.

12. Discuss and take appropriate action on an update regarding Sendero Health Plans, Inc., including the effect of federal legislative and regulatory actions.¹

Clerk's Notes: No action was taken on item 12

7. Receive and discuss the Central Health Performance Review conducted by Germane Solutions.

Clerk's Notes: Discussion on this item began at 10:07 p.m. Chairperson Zamora postponed the item until the next Board meeting.

4. Discuss and take appropriate action on a framework for guiding strategic partnerships.

Clerk's Notes: Discussion on this item began at 10:07 p.m. Chairperson Zamora postponed the item until the next Board meeting.

8. Receive and discuss reports from Board committees: Budget and Finance Committee, Strategic Planning Committee, and *ad hoc* Women's Health Committee.

Clerk's Notes: Discussion on this item began at 10:10 p.m. Chairperson Zamora postponed the item until the next Board meeting.

9. Receive and discuss a report from the President & CEO on Central Health operations and current activities, including: (a) the Fiscal Year 2018 Central Health Board of Managers work plan and operational priorities; (b) an assessment of systems and processes; and (c) the Central Health Organizational Chart and other personnel matters.¹

Clerk's Notes: Discussion on this item began at 10:10 p.m. Chairperson Zamora postponed the item until the next Board meeting.

10. Discuss and take appropriate action on Central Health owned property, including the Downtown Campus and adjacent properties.¹

Clerk's Notes: Item 10 was not discussed.

11. Discuss and take appropriate action on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) projects, the Community Care Collaborative, including health care delivery arrangements, and other interrelated community partnerships.¹

Clerk's Notes: Item 11 was not discussed.

13. Confirm the next regular Board meeting date, time, and location.

Clerk's Notes: Discussion on this item began at 10:11 p.m. Chairperson Zamora announced that the next Central Health Board of Managers meeting is scheduled on Wednesday, March 28, 2018 at 5:30 p.m. at Central Health Administrative Offices, 1111 E. Cesar Chavez Street, Austin, Texas 78702.

Vice-Chairperson Greenberg moved that the meeting adjourn. Manager Valadez seconded the motion.

Chairperson Guadalupe Zamora	For
Vice Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	Absent
Manager Katrina Daniel	Absent
Manager Shannon Jones	Absent
Manager Maram Museitif	Absent
Manager Julie Oliver	For
Manager Cynthia Valadez	For

The meeting was adjourned at 10:11 p.m.

Guadalupe Zamora, Chairperson
Central Health Board of Managers

ATTESTED TO BY:

Abigail Aiken, Secretary
Central Health Board of Managers

MINUTES OF MEETING – MARCH 19, 2018
CENTRAL HEALTH
BOARD OF MANAGERS

On Monday, March 19, 2018, a meeting of the Central Health Board of Managers convened in open session at 5:58 p.m. in the board room of the Central Health Administrative Offices located at 1111 East Cesar Chavez Street, Austin, Texas 78702. Clerk for the meeting was Stephanie Lee McDonald.

Board of Managers present: Chairperson Zamora, Vice Chairperson Greenberg, Treasurer Bell, Manager Museitif, and Manager Valadez

AGENDA

1. Discuss the Central Health Performance Review.

Clerk's Notes: Discussion on this item began at 5:58 p.m. Mr. Mike Geeslin, Central Health President and CEO, introduced Ms. Tracy Kulik, Vice-President of Health Access for Germane Solutions, who presented the findings reached and recommendations made in the Central Health Performance Review. The Board and members of the community, engaged in discussion about four of the recommendations contained in the Central Health Performance Review.

Treasurer Bell left the meeting at 7:00 p.m., which resulted in the loss of a quorum.

Vice Chairperson Greenberg moved to adjourn.

The meeting adjourned at 7:05 p.m.

Dr. Guadalupe Zamora, Chairperson
Central Health Board of Managers

ATTESTED TO BY:

Abigail Aiken, Secretary
Central Health Board of Managers



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BOARD MEETING

March 28, 2018

AGENDA ITEM C2

Receive a report of the February 2018 financial statements for Central Health, as presented to the Budget and Finance Committee.



CENTRAL HEALTH

Central Health

Financial Statement Presentation

FY 2018 – as of February 28, 2018

Central Health Budget and Finance Committee

March 21, 2018

Lisa Owens, Deputy CFO





February 2018 Financial Highlights

- Sent Intergovernmental Transfer of \$24.4 million, related to Uncompensated Care, in February.
- Year-to-date, collected net property tax revenue of \$179 million (98.4% of fiscal 2018 budget).



Balance Sheet
As of February 28, 2018
(Page 1 of 2, Assets)

	<u>FY 2018</u>	<u>FY 2017</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 2,068,708	\$ 2,602,712
Short-term investments	145,231,428	137,832,226
Ad valorem taxes receivable	4,792,254	4,152,497
Other receivables	6,033,155	3,338,480
Prepaid expenses	164,262	21,506
Total Current Assets	<u>158,289,807</u>	<u>147,947,421</u>
Noncurrent or restricted cash and investments		
Restricted for capital acquisition	6,506,179	5,659,617
Sendero paid-in-capital	51,000,000	35,000,000
Working capital advance to CommUnityCare	4,000,000	4,000,000
Sendero Surplus Debenture	<u>17,083,000</u>	<u>17,083,000</u>
Total Noncurrent or restricted cash and investments	78,589,179	61,742,617
Capital Assets		
Land	11,770,184	11,770,184
Buildings and improvements	132,393,816	125,083,766
Equipment and furniture	8,909,710	9,078,151
Construction in progress	2,508,871	10,431,481
Less accumulated depreciation	<u>(37,811,495)</u>	<u>(34,676,232)</u>
Total Capital Assets	<u>117,771,086</u>	<u>121,687,350</u>
Total Assets	<u>\$ 354,650,072</u>	<u>\$ 331,377,388</u>



Balance Sheet
As of February 28, 2018
(Page 2 of 2, Liabilities and Net Assets)

	<u>FY 2018</u>	<u>FY 2017</u>
Liabilities		
Current Liabilities		
Accounts Payable	\$ 1,890,425	\$ 1,593,489
Salaries and Benefits Payable	543,120	491,841
Other Payables	5,906,044	1,186,364
Debt Service Payable, Short-Term	-	1,179,605
Capital Lease Obligation, Short-Term	82,332	81,075
Deferred Tax Revenue	4,119,727	3,774,495
Other Deferred Revenue	-	3,174,900
Total Current Liabilities	12,541,648	11,481,769
Noncurrent Liabilities		
Debt Service Payable, Long-Term	9,380,000	10,380,000
Capital Lease Obligation, Long-Term	157,286	240,656
Total Noncurrent Liabilities	9,537,286	10,620,656
Total Liabilities	22,078,934	22,102,425
Net Assets		
Unrestricted	214,800,054	187,587,614
Investment in Capital Assets	117,771,085	121,687,350
Total Net Assets	332,571,139	309,274,963
Liabilities and Net Assets	<u>\$ 354,650,072</u>	<u>\$ 331,377,388</u>



Sources and Uses Report

Fiscal Year-to-Date through February 28, 2018

(Excludes Depreciation Expense)

	This Month	Fiscal Year-To-Date	Fiscal Year Budget	Percent of Budget Used	Prior Year-To-Date
Sources					
Property Tax Revenue	\$ 12,390,768	\$ 178,898,852	\$ 181,839,054	98.4%	\$ 167,435,393
Lease Revenue	782,552	4,362,759	10,303,467	42.3%	15,874,500
Other Revenue	169,912	639,305	400,000	159.8%	220,437
Tobacco Settlement Revenue	-	-	1,800,000	0.0%	-
Contingency Reserve (Appropriated) ⁽¹⁾	-	51,560,311	43,482,960	118.6%	-
Total Sources	13,343,232	235,461,227	237,825,481	99.0%	183,530,330
Uses of Funds					
Total Healthcare Delivery Program	25,296,334	103,509,212	227,029,205	45.6%	99,125,249
Administration Program					
Personnel Salary and Benefits	158,824	1,457,419	4,413,183	33.0%	1,535,191
Other Purchased Goods and Services					
Legal Fees	56,755	293,724	926,200	31.7%	574,128
Consulting Services	52,275	285,881	1,208,800	23.6%	111,464
Other General and Administrative	230,793	890,863	2,595,333	34.3%	679,297
Subtotal Other Purchased Goods and Services	339,823	1,470,468	4,730,333	31.1%	1,364,889
Total Administration Program	498,647	2,927,887	9,143,516	32.0%	2,900,080
Tax Collection Expenses	147,029	1,512,535	1,652,760	91.5%	1,432,245
Total Uses	25,942,010	107,949,634	237,825,481	45.4%	103,457,574
Excess Sources Over (Under) Uses	\$ (12,598,778)	\$ 127,511,593	\$ -		\$ 80,072,756

⁽¹⁾ Emergency reserve (not included within the Contingency Reserve) is \$29,895,000 at fiscal year-end 2017.



Healthcare Delivery Expense
Fiscal Year-to-Date through February 28, 2018
(Excludes Depreciation Expense)

	This Month	Fiscal Year-To-Date	Fiscal Year Budget	Percent of Budget Used	Prior Year-To-Date
Intergovernmental Transfers (IGTs) ⁽¹⁾	\$ 24,406,597	\$ 92,706,152	\$ 142,920,000	64.9%	\$ 82,909,966
Provider Costs					
Primary Care	60,902	262,054	1,731,800	15.1%	243,930
DSRIP Project Expense	54,675	585,483	-		364,486
Charity Care	-	1,062,933	4,251,733	25.0%	1,771,555
New Healthcare Initiatives	-	-	500,000	0.0%	-
Member Payment to CCC ⁽²⁾	-	-	29,245,166	0.0%	-
Medical Administration	-	308,638	666,657	46.3%	308,638
Subtotal Provider Costs	115,577	2,219,108	36,395,356	6.1%	2,688,609
Service Expansion Funds	-	-	2,000,000	0.0%	-
Total IGTs and Provider Costs	24,522,174	94,925,260	181,315,356	52.4%	85,598,575
Healthcare Delivery Operating Costs					
Personnel Costs	324,305	1,195,437	3,897,517	30.7%	1,233,782
Consulting Services	32,651	(35,119)	389,000	-9.0%	81,541
Legal Fees	(2,292)	10,004	31,200	32.1%	30,351
Other Services and Purchased Goods	158,334	493,750	3,894,184	12.7%	536,668
Subtotal HCD Operating Costs	512,998	1,664,072	8,211,901	20.3%	1,882,342
Other Costs					
UMCB Campus Redevelopment	28,446	221,109	4,360,644	5.1%	305,582
ACA Enrollment and Subsidy	200,516	1,119,852	2,700,000	41.5%	628,967
Debt Service	32,200	160,998	1,372,795	11.7%	170,504
Subtotal Other Costs	261,162	1,501,959	8,433,439	17.8%	1,105,053
Reserves, Appropriated Uses and Transfers					
Subtotal Reserves, Appropriated Uses and Transfers	-	5,417,922	29,068,509	18.6%	10,539,279
Total Healthcare Delivery	\$ 25,296,334	\$ 103,509,213	\$ 227,029,205	45.6%	\$ 99,125,249

⁽¹⁾ Budget includes allocated portion of the contingency reserve appropriation, for IGT timing differences.

⁽²⁾ Final contributions will be subject to provisions of the MSA, which requires the parties to collaborate to adequately fund the CCC, but leaves the amount of funding up to each parties' discretion. Each member contribution could be more or less than the budget, depending upon a variety of factors.



Recap of FY18 IGT Payments
Actuals Through February 28, 2018

<i>\$ in millions</i>	This Month	Fiscal Year-To-Date	Fiscal Year Budget	Under (Over) Budget
Private UC	\$ 13.8	\$ 16.0	\$ 24.0	\$ 8.0
UMCB UC	10.6	12.6	25.0	12.4
DSH	-	14.1	35.0	20.9
DSRIP - CCC	-	24.4	29.3	4.9
DSRIP - UMCB, Dell Children's	-	25.4	29.0	3.6
DSRIP - St. David's	-	0.2	0.6	0.4
Total	\$ 24.4	\$ 92.7	\$ 142.9	\$ 50.2



Questions? Comments?



Balance Sheet (Assets) – Slide 3

Current Assets

Cash and Cash Equivalents – \$2.1 million

Short-term Investments – Short-term investments were \$145.2 million at month-end, which is net of restricted investments of \$6.5 million for capital acquisitions.

Ad Valorem Taxes Receivable – \$4.8 million balance is composed of the 2017 tax levy of \$5.2 million, delinquent prior years' taxes of \$2.5 million, and tax distributions in transit from the Travis County Tax Office of \$485 thousand, partially offset by estimated allowances for doubtful collections and adjustments of \$3.3 million.

Other Receivables – Other receivables total \$6.0 million and consists of intercompany balances of \$5.9 million, interest receivable of \$42K, and other receivables of \$6K.

Prepaid Expenses – \$164K balance composed of \$153K appraisal and collection fees and \$11K in deposits.

Total Current Assets – \$158.3 million

Noncurrent Assets

Investments Restricted for Capital Acquisition – \$6.5 million in short-term securities restricted for capital acquisition.

Sendero Paid-in Capital – \$51.0 million (additional \$6 million transferred in February)

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

Sendero Surplus Debenture – \$17.1 million (unchanged)

Capital Assets – \$117.8 million, net of accumulated depreciation.

Total Assets – \$354.6 million



Balance Sheet (Liabilities and Net Assets) – Slide 4

Current Liabilities

Accounts Payable – Major components of the \$1.9 million balance are:

- \$600k in vendor invoices at month-end, and
- \$1.3 million in estimated healthcare delivery costs for services incurred but not yet billed or paid.

Salaries and Benefits Payable – \$543K balance is comprised of the accrued liability for salary costs unpaid at month-end, the value of accrued leave balances and various fringe benefit amounts withheld and not yet disbursed.

Other Payables – \$5.9 million in other payables is comprised of the amount due to Seton for Charity Care and the distribution of the 2016 tobacco settlement proceeds.

Debt Service Payable, Short-Term – The annual principal payment and accrued interest on the Series 2011 Certificates of Obligation was paid in February.

Capital Lease Obligation, Short-Term – \$82K related to medical equipment leased at Southeast Health and Wellness Center.

Deferred Tax Revenue – \$4.1 million for the uncollected portion of the 2017 tax levy.

Total Current Liabilities – \$12.5 million

Noncurrent Liabilities

Debt Service Payable, Long-Term – \$9.4 million balance of the \$16 million in Series 2011 Certificates of Obligation, reduced by six principal payments made to date. This debt was issued for the North Central clinic and the Southeast Health and Wellness Center.

Capital Lease Obligation, Long-Term – \$157K related to medical equipment leased at Southeast Health and Wellness Center.

Total Noncurrent Liabilities – \$9.5 million

Total Liabilities – \$22 million



Net Assets

Unrestricted Net Assets – \$214.8 million

Investment in Capital Assets – \$117.8 million

Total Net Assets – \$332.6 million

Total Liabilities and Net Assets – \$354.6 million

Sources and Uses Report – Slide 5

February financials → Five months, 41.6% of the fiscal year

Sources

Property Tax Revenue – Net property tax revenue for the month of February was \$12.4 million. Net revenue includes \$12.5 million current month's collections, less \$68K in adjustments for prior year delinquent taxes. Current month's collections were 98.4% of the fiscal 2018 budget.

Lease Revenue – \$783K recorded for Seton lease payment.

Other Revenue – \$170K interest income on investments.

Uses of Funds

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$25.3 million for the month.

Administration Program – \$499K in expense for the month, which includes:

- Personnel costs – \$159K
- Legal fees – \$57K
- Consulting services – \$52K
- Other general and administrative – \$231K

Tax Collection Expenses – \$147K

Excess Sources Over (Under) Uses – Net assets decreased by \$12.6 million in January. Year-to-date, net assets have increased by \$127.5 million.



Healthcare Delivery Expense – Slide 6

Intergovernmental Transfers (IGTs) – IGT expense for the month of January was \$24.4 million.

Provider Costs – Healthcare delivery providers' expense for January totaled \$116K, which includes:

- Primary care – \$60K
- DSRIP project expense – \$50K

Healthcare Delivery Operating Cost – \$513K in expenses for the month and includes:

- Personnel costs – \$324K
- Consulting services – \$33K
- Legal fees – (\$3K) due to adjustments
- Other services and purchased goods – \$158K

Other Costs – \$261K in expense for the month, which includes:

- UMCB Campus Redevelopment – \$28K
- ACA Enrollment and Subsidy – \$201K
- Debt Service – \$32K

Total Healthcare Delivery for the month of January was \$25.3 million.

Recap of FY18 IGT Payments – Slide 7

On February 2, 2018, \$24.4 million in IGTs, related to Uncompensated Care for Seton and St. David's, was sent.



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

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

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Central Health will achieve excellence through:

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

Innovation - We create solutions to improve healthcare access.

Respect - We honor our relationship with those we serve and those with whom we work.

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

BOARD MEETING

March 28, 2018

AGENDA ITEM C3

Receive a report of the January 2018 financial statements for the Community Care Collaborative, as presented to the Budget and Finance Committee.

Community Care Collaborative

Financial Statement Presentation

FY 2018– as of January 31, 2018

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

Lisa Owens, Deputy CFO



a partnership of Central Health and Seton Healthcare Family

General



- Financial Statements
 - Balance Sheet
 - Sources and Uses Report, Budget vs. Actual
 - Healthcare Delivery Summary
- Four months of information, October – January

Balance Sheet

As of January 31, 2018



	<u>FY 2018</u>	<u>FY 2017</u>
Assets:		
Cash and Cash Equivalents ⁽¹⁾	\$ 80,337,271	\$ 77,264,867
Other Receivables	436,831	2,040
Prepaid and Other	206,591	254,057
Total Assets	<u>\$ 80,980,693</u>	<u>\$ 77,520,964</u>
Liabilities and Net Assets:		
AP and Accrued Liabilities	\$ 18,251,846	\$ 11,038,463
Deferred Revenue	2,801,052	2,801,052
Other Liabilities	200,334	246,955
Accrued Payroll	366,392	368,689
Total Liabilities	21,619,623	14,455,159
Net Assets ⁽¹⁾	59,361,070	63,065,805
Total Liabilities and Net Assets	<u>\$ 80,980,693</u>	<u>\$ 77,520,964</u>

⁽¹⁾ Includes \$5M Emergency Reserve Balance

Sources and Uses Report, Budget vs Actual

Fiscal Year-to-Date through January 31, 2018



		Approved Budget	YTD Actual
Sources of Funds	DSRIP Revenue	\$ 58,000,000	\$ 56,542,764
	Member Payment - Seton ⁽¹⁾	58,800,000	10,000,000
	Member Payment - Central Health ⁽¹⁾	29,245,166	-
	Operations Contingency Carryforward	9,883,321	13,065,346
	Other Sources	100,000	17,970
	Total Sources of Funds	\$ 156,028,487	\$ 79,626,080
Uses - Programs	Healthcare Delivery	103,132,675	24,772,321
	UT Services Agreement	35,000,000	-
	DSRIP Project Costs	17,895,812	492,689
	Total Uses	\$ 156,028,487	\$ 25,265,010
	Sources Over (Under) Uses	\$ -	\$ 54,361,070

⁽¹⁾ Final contributions will be subject to provisions of the MSA, which requires the parties to collaborate to adequately fund the CCC, but leaves the amount of funding up to each parties' discretion. Each member contribution could be more or less than the budget, depending upon a variety of factors.

Healthcare Delivery Costs - Summary

Fiscal Year-to-Date through January 31, 2018



	Approved Budget	YTD Actual	% of Budget
Healthcare Delivery Services			
Primary Care ⁽¹⁾	\$ 52,186,817	\$ 15,133,113	29%
Specialty Care	13,475,915	1,700,540	13%
Specialty Behavioral Health	8,833,856	3,212,433	36%
Specialty Dental Care	629,711	121,322	19%
Post-Acute Care	2,400,000	136,951	6%
Pharmacy	6,350,000	1,305,039	21%
Medical Management	2,111,102	858,283	41%
Urgent and Convenient Care	600,000	37,190	6%
Healthcare Delivery Operations ⁽¹⁾	12,931,378	2,267,450	18%
Contingency Reserve	3,613,896	-	
Total Healthcare Delivery	\$ 103,132,675	\$ 24,772,321	24%

⁽¹⁾ Additional Detail Provided

HCD Providers Expenditures – Primary Care Detail

Fiscal Year-to-Date through January 31, 2018



	<u>Annual Budget</u>	<u>YTD Actual</u>	<u>% of Budget</u>
Primary Care			
CommUnityCare	\$ 41,850,000	11,908,428	28%
El Buen Samaritano	2,350,000	779,805	33%
Lone Star Circle of Care	4,364,995	1,314,525	30%
Peoples Community Clinic	2,500,000	887,725	36%
Volunteer Clinic	100,000	58,679	59%
UT School of Nursing	100,000	8,333	8%
Prevention and Wellness	225,000	1,344	1%
City of Austin EMS	696,822	174,274	25%
	<u>\$ 52,186,817</u>	<u>\$ 15,133,113</u>	<u>29%</u>

HCD Operations Expenditures

Fiscal Year-to-Date through January 31, 2018



	<u>Annual Budget</u>	<u>YTD Actual</u>	<u>% of Budget</u>
Healthcare Delivery Operations			
Eligibility & Enrollment	\$1,478,005	\$253,253	17%
Quality, Assessment and Performance	1,995,199	306,902	15%
Project Management Office	1,463,784	258,098	18%
Operations Department	3,497,608	307,282	9%
Health Information Technology	3,236,029	776,051	24%
Administration	1,260,753	365,864	29%
	<u>\$ 12,931,378</u>	<u>\$2,267,450</u>	<u>18%</u>

Thank You

www.ccc-ids.org



a partnership of Central Health and Seton Healthcare Family



Balance Sheet

Current Assets

Cash and Cash Equivalents – \$80.4 million

Other Receivables – \$437k, which includes:

- \$82k for Seton partial service obligation payment
- \$355k receivable from providers

Prepaid and Other – \$207K

Total Assets – \$81.0 million

Liabilities

Accounts Payable and Accrued Liabilities – \$18.3 million, which includes:

- \$14.2 million estimated IBNR to providers
- \$1.9 million non-provider accruals
- \$2.2 million to Central Health

Deferred Revenue – \$2.8 million deferred revenue related to DSRIP projects

Other Liabilities – \$200k; includes leasehold improvement allowance liability of \$177k

Payroll Liabilities – \$366k; includes PTO liability

Total Liabilities – \$21.6 million

Net Assets

Emergency Reserve – \$5.0 million

Unrestricted Net Assets – \$55.4 million

Total Net Assets – \$59.4 million

Total Liabilities and Net Assets – \$81 million



January 2018 Preliminary FYTD Financial Statements
Page 2 of 2

Sources and Uses Report

January financials → four months, 33% of the fiscal year

Sources of Funds, Year-to-Date

DSRIP Revenue - \$56.5M for DY6 DSRIP Projects

Member Payments - \$10M for Seton Member Payment

Operations Contingency Carryforward - \$13M from FY2017 (does not include \$5M in emergency reserves)

Other Sources – \$18k for interest income

Uses of Funds, Year-to-Date

Operating Expenses

Healthcare Delivery Services

Primary Care	\$52,186,817	\$15,133,113	29%
Specialty Care	13,475,915	1,700,540	13%
Specialty Behavioral Health	8,833,856	3,212,433	36%
Specialty Dental Care	629,711	121,322	19%
Post-Acute Care	2,400,000	136,951	6%
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Medical Management	2,111,102	858,281	41%
Urgent and Convenient Care	600,000	37,190	6%
Healthcare Delivery Operations	12,931,378	2,267,450	18%
Contingency Reserve	3,613,896	-	
Total Healthcare Delivery	\$103,132,675.00	\$24,772,321	24%

DSRIP Project Costs: \$17,895,812 \$492,689 3%

Change in Net Assets – Year-to-date change in net assets is a increase of \$54.4M.



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BOARD MEETING

March 28, 2018

AGENDA ITEM C4

Receive the Quarterly Investment Report and ratify Central Health Investments for February 2018.

**INVESTMENT MANAGEMENT DEPARTMENT
TRAVIS COUNTY, TEXAS**



Travis County Administration Building
700 Lavaca, Suite 1560
P.O. Box 1748
Austin, Texas 78767

Phone: (512) 854-9779
Fax: (512) 854-4210
Email: Deborah.laudermilk@traviscountytx.gov

DATE: February 20, 2018

TO: Guadalupe Zamora, M.D., Chairperson
Sherri R. Greenberg, M.S., Vice Chairperson
Charles E. Bell, M.D., M.S., Treasurer
Abigail Aiken, M.D., M.P.H., PhD, Secretary
Katrina Daniel, R.N., Manager
Shannon Jones III, M.P.A., Manager
Maram Museitif, Manager
Julie Oliver, J.D. Manager
Cynthia Valadez, Sr., Manager

FROM: Deborah A. Laudermilk, Travis County Chief Investment Officer *DAZ*
Reagan Grimes, Travis County Investment Manager
Michael G'Benoba, Sr. Financial Analyst

RE: Central Health FY 2018 First Quarter Investment Report

INVESTMENT EARNINGS

Total portfolio earnings for this quarter: \$ 298,663
Total portfolio earnings for this fiscal year: \$ 298,663

These earnings are determined on an accrual basis. Investment balances are in the Portfolio Statistics section of this report.

CASH AVAILABILITY

Operating Account for the Quarter Ended December 31, 2017:

The cash availability in the bank operating account is monitored daily. Typically, cash balances are invested as soon as they are known and available. The cash availability (includes the controlled disbursement) for the quarter ended December 31, 2017:

	2017 Average Daily Collected Balance	2016 Average Daily Collected Balance
October	\$ 1,651,947	\$ 2,604,861
November	\$ 1,620,635	\$ 2,602,633
December	\$ 1,611,782	\$ 2,851,861

Several years ago we opened a dedicated non-interest bearing account at Chase that we have managed with the goal of earning additional ECR (earnings credit) to offset annual bank charges. The current balance is \$1,500,000 and is reflected in the totals listed above.

MARKET REVIEW

The Federal Reserve is struggling with the lack of evidence that the target inflation rate will reach their goal of 2%. It seems to be hovering around that area, but fails to maintain the target rate. At the last FOMC meeting, there were three different presentations that discussed 3 different theories regarding the relationship between inflation and the other key statistics that the Fed tracks as indicators of the health of the economy to determine their strategy/timing on tightening the Fed funds rate. The unemployment rate has reached their target of 4% and likewise, GDP has hovered around their 3% target. The only missing piece has been inflation. Several experts that have reviewed the minutes of the meeting and the 3 presentations by staff, and have concluded that the FOMC is still struggling with why inflation has remained below the 2% target. All this being said, most financial experts believe that there will be 3 fed funds increases this year and a growing possibility of a fourth. Currently, the rate is at 1.50%, so the increase in March is expected to be to 1.75%. Granted all these decisions will be based on how the year progresses with each increase. It is almost 100% assured that there will be an increase announced at the March 20-21st meeting. The new Chairman of the Federal Reserve, Jay Powell, is expected to continue on a similar path of gradualism that the previous Chairman, Janet Yellen was following.

The number of jobs added in January exceeded most forecasts. The official unemployment rate held steady at 4.1%, but is expected to drop further in the months ahead. Average hourly wages increased 2.9%, the most since June 2009. The tightening of the labor market is forcing companies to find ways to increase production in addition to determining what can be achieved by adding workers. It is expected that the unemployment rate will fall over the next several months. The Fed continues to be concerned that wage inflation will spark inflation rates which is why the FOMC will increase rates to slow the economy. In the long run they are very concerned about the economy overheating and want to have the ability to make changes to prevent this. Gradual economic improvements is far more palatable.

Even though GDP for the fourth quarter rose 2.6%, which was quite a bit weaker than the 3.0% consensus, final sales increased 3.2% indicating that there is stronger growth to come. Personal consumption had the biggest increase since Q2 2016, at 3.8%. Durable goods rose 14.2% and non-durable goods increased 5.2%, combined increases total goods consumption 8.2%. All other key components of GDP had healthy increases, including an import rate higher than exports which brought down trade 1.13%, subtracting from GDP growth. These numbers are evidence of strong demand, but with domestic companies not producing enough, imports rose and there was a shortfall in inventory investment. Business confidence remains strong and the tax cut could fuel stronger growth.

The CPI (Consumer Price Index) rose 0.5% in January versus a consensus of a 0.3% increase. Year over year, the CPI inflation rate was 2.1%. The PPI (Producer Price

Index) rose 0.4% in January reflecting inflationary pressure in hospital outpatient services and a weaker dollar, driving commodity prices higher. Even though this seems to be a seasonal pattern, reflected in the increasing tendency to raise prices of goods and services in January, this data reinforces the growing sentiment that inflation is about to take off. In addition, these numbers shore up the belief that there is a strong evidence for at least three rate hikes this year.

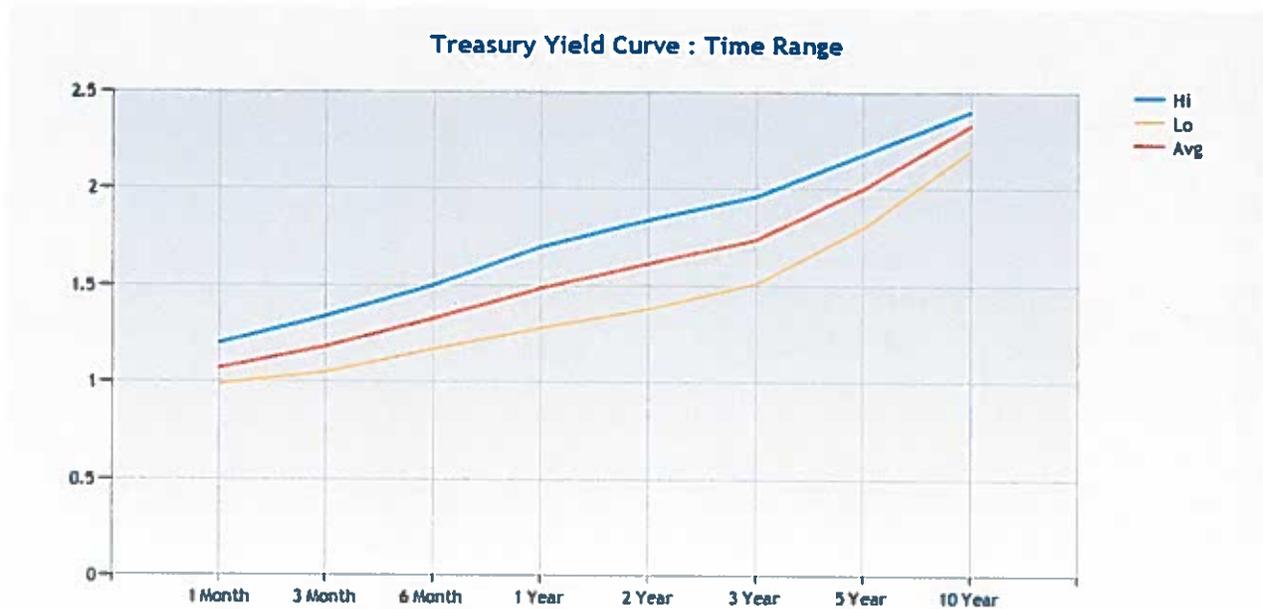
Housing starts jumped 9.7% (the second highest of the nine year recovery cycle) in January and building permits surged 7.4%, existing home sales fell 3.2% which was the second month of declines. This fall most likely can be attributed to the exceptionally low inventory which also has contributed to the increase in home prices. Strong demand and weak supply is the key to the solid price gains. So far, the increasing interest rates has had little impact on mortgage rates as the yield curve has flattened for rates beyond 10 years. In January 2017 the average 30 year mortgage rate was 4.15% versus the average for January 2018 at 4.03%.

Economic growth is steady in the Eurozone and accelerating in France, Spain, Germany, Italy and Greece. The Chinese economy is remaining steady, but Japan's growth is increasing in an expansion that started in 2008. Quantitative Easing (QE) ended in the U.S. in 2014, when the Fed stopped buying bonds and then took another step in 2017 by reducing its securities holdings. QE is still being followed in Europe and Japan, but it is becoming increasingly difficult to justify as their economies are continuing to grow at accelerating rates.

The Fed funds effective rate has traded between 1.15% and 1.42% between the end of September and until mid-February. The two year treasury yields began the quarter around 1.50% and in January traded right above 2.00%. The ten year treasury yields started out the quarter around 2.30 %, and then after the rate hike in December, bounced a little to moving to the high 2.40's until the speculation solidified in January that it was highly likely that there would be another rate increase in March. The ten-year ended January around 2.70%. As you can see, the ten-year is a good example of how the longer maturities are flattening. The steepest part of the yield curve is in the 6 months to 2 year range.

As the Fed Funds Rate continues to be increased, it is important to reemphasize that the yield of the portfolio has the potential to fall below the benchmark as the financial markets rise. We have always employed a buy and hold strategy with the investments, particularly since our mandate has always been to prioritize our goals of 1) security, 2) liquidity, and 3) yield. We invest the funds for each portfolio taking into consideration the best use of the funds at that point in time and so in a rising rate environment there will be times when the yield for the portfolios can fall below the benchmark whose yield changes on a daily basis. This is also why in this type of rate environment we have attempted to take advantage of the potential for increasing rates by keeping some of the investments shorter, allowing us to reinvest later when rates are higher and also purchasing some step securities that increase the rates they pay at varying points during the life of the security. It seems that the most prudent strategy is to invest for the short-term and as the market momentum improves then extend out the maturities. Currently, we are focusing our investing on the steepest part of the yield curve. Again, we will continue to

apply the best strategy for improving the portfolio's yield as much as possible, but most importantly maintain sufficient liquidity in order to meet potential needs.



Data	1 Month	3 Month	6 Month	1 Year	2 Year	3 Year	5 Year	10 Year
Hi	1.20	1.34	1.50	1.70	1.84	1.96	2.18	2.40
Lo	0.99	1.05	1.17	1.28	1.38	1.51	1.80	2.20
Avg	1.07	1.18	1.33	1.49	1.62	1.74	2.00	2.33

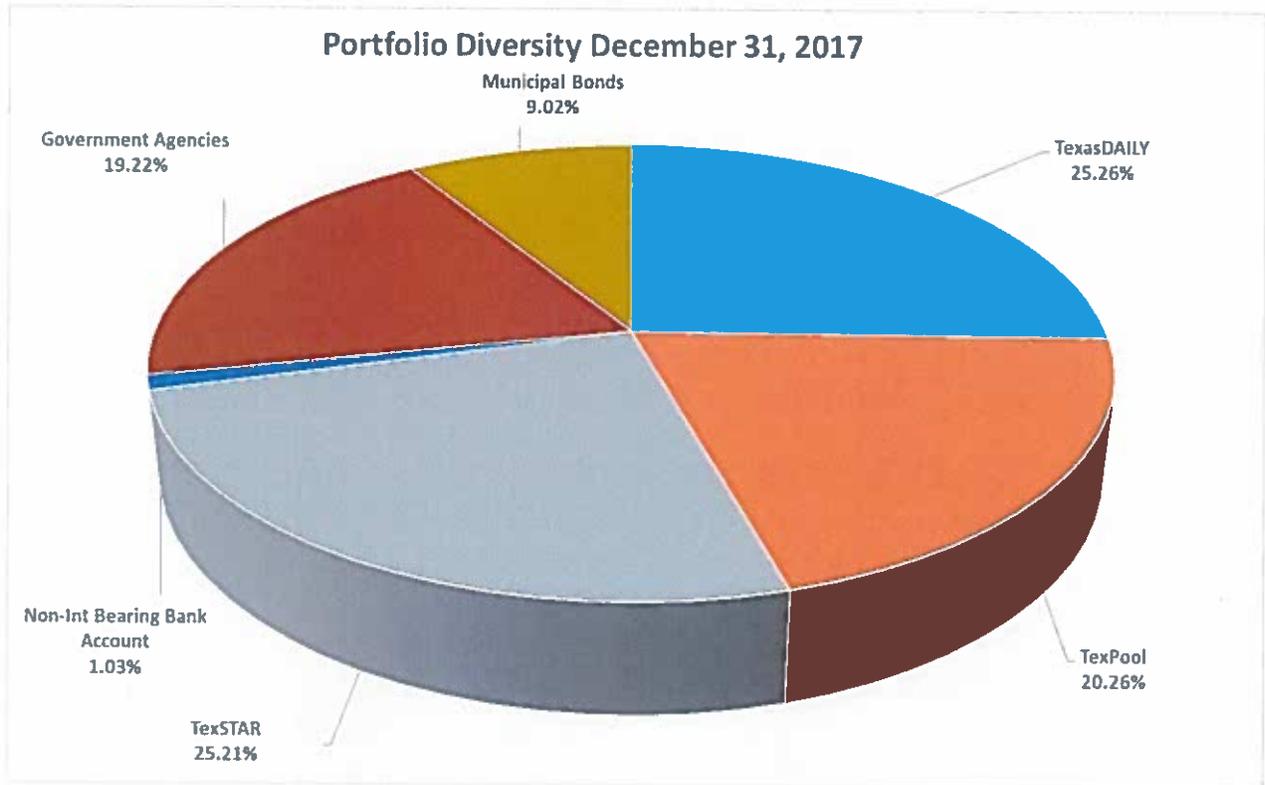
Date	1 Month	3 Month	6 Month	1 Year	2 Year	3 Year	5 Year	10 Year
Sep 2017	0.99	1.05	1.17	1.28	1.38	1.51	1.80	2.20
Oct 2017	1.00	1.09	1.25	1.40	1.55	1.68	1.98	2.36
Nov 2017	1.09	1.25	1.39	1.56	1.69	1.80	2.05	2.35
Dec 2017	1.20	1.34	1.50	1.70	1.84	1.96	2.18	2.40

INVESTMENT STRATEGY - NEXT QUARTER

Operating Portfolio

During the first quarter, only one investment matured and no purchases were made. Up to this point in this quarter we have purchased two pieces of commercial paper and one piece of TexasTERM CP, keeping the investments relatively liquid and allowing the portfolio to earn a better yield than the LGIPs. Our investment strategy will continue to be a prudent approach to remain relatively liquid near-term and laddering investments when it fits our criteria and needs. Our first priority in investing remains the security of the principal of the Central Health investments. We will continue to seek higher yielding securities when they are available and when we believe that they can also lineup with Central Health's liquidity needs. The investment goal for Central Health funds is to continue to take advantage of the higher short term rates with investments, as the Fed

tightens. This strategy would also help our performance which can often lag our benchmark when rates are rising since the benchmark adjusts immediately with a rate increase and it can take time for the performance of our longer-term investments to exceed the benchmark.



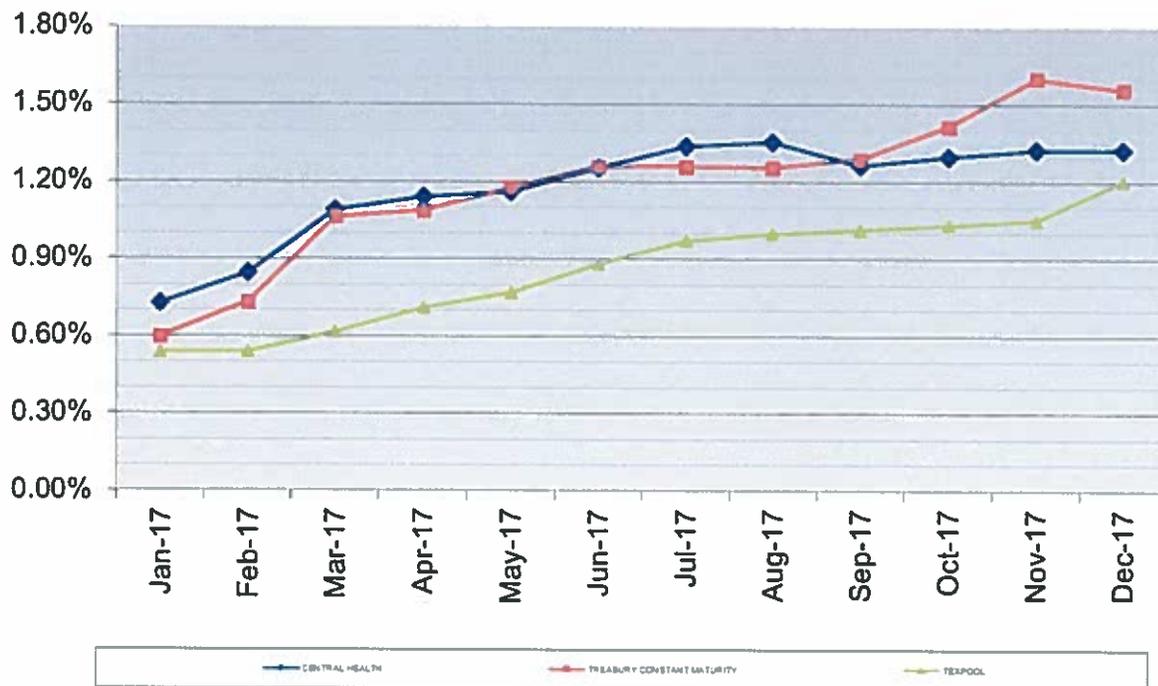
PORTFOLIO DIVERSITY

Safety of principal is the first priority of any public investing portfolio. An important way to maintain safety is to diversify by purchasing a variety of security types. Total investment in the overnight pools is at 71%. The percent of Agencies in the portfolio is currently at 19%. During the quarter, there was one maturity. These transaction resulted in an increase in the percentage invested in the overnight pools from 57% at the end of September to 71% at the end of December.

	<u>Actual Percent</u>	<u>Policy Limit</u>
Government Agencies	19.22%	75%
TexasDAILY	25.26%	30%
TexPool	20.26%	50%
TexSTAR	25.21%	30%
Texas TERM CP	0.00%	30%
Treasury Securities	0.00%	100%
Non-Int Bearing Bank Acct	1.03%	--
Certificates of Deposits	0.00%	50%
Municipal Bonds	9.02%	20%
Commercial Paper	0.00%	20%
	<u>100.00%</u>	

Portfolio percentage limits are tested at least monthly and reported to the Board of Managers. All investments during this quarter were within the Policy Limits with the exception of the total percentage of LGIPs. Due to the ever changing nature of healthcare funding, the timing of tax proceeds and the cash flow volatility for Central Health, we surpassed the maximum investment percentage for the LGIPs during the first quarter. It was determined that the safety and liquidity of the LGIPs provided an appropriate and flexible, short-term vehicle for Central Health funds until a more predictable cash flow could be determined and longer term investments chosen. As always, we will continue to monitor the needs of Central Health and choose appropriate short and long-term investments. We expect the pools to be within the limits of the Investment Policy by the end of the second quarter.

Portfolio Performance December 31, 2017



PERFORMANCE ANALYSIS

	<u>October</u>	<u>November</u>	<u>December</u>
Healthcare District	1.30%	1.33%	1.32%
Treas. Bill-Constant Maturity	1.42%	1.60%	1.56%
TexPool	1.03%	1.05%	1.21%

At the meeting of the FOMC in December, the Federal Funds rate was raised to the range of 1.25% and 1.50%. At this point in time, the financial/market experts are expecting 3 rate increases in 2018, the first increase anticipated in March.

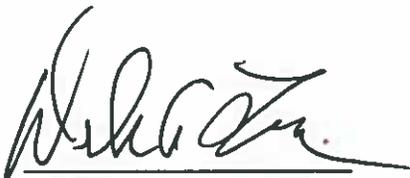
The weighted average maturity (WAM) of the Central Health portfolio decreased from 325 days at the end of the fourth quarter on September 30, 2017, to 202 days at the end of the first quarter on December 31, 2017.

COLLATERAL ADEQUACY

Collateral coverage was more than the 105% of bank balances required by policy on every day during the first quarter.

Based on policy requirements, the highest collateral coverage during the first quarter was 280.97% on October 2, 2017, and the lowest was 115.87% on November 29, 2017.

This report was prepared jointly by Deborah Laudermilk, Travis County Chief Investment Officer, Reagan Grimes, Travis County Investment Manager, and Michael G'Benoba, Sr. Financial Analyst. The investment portfolio of Central Health complies with the investment parameters in the Public Funds Investment Act of Texas.



Deborah A. Laudermilk
Chief Investment Officer



Reagan Grimes
Investment Mgr.



Michael G'Benoba
Financial Analyst

CENTRAL HEALTH QUARTERLY INVESTMENT REPORT
 PORTFOLIO STATISTICS
 DATE: December 31, 2017

By Security Type			WAM in Days	December Yield to Maturity
Operating-				
TexasDAILY	\$ 36,801,213.24	25.26%	1	1.22%
TexPool	\$ 29,510,870.53	20.26%	1	1.21%
TexSTAR	\$ 36,719,530.82	25.21%	1	1.21%
Texas TERM CP	-	0.00%	0	0.00%
Non-Int Bearing Bank Account	1,500,000.00	1.03%	0	0.00%
Certificates of Deposit	-	0.00%	0	0.00%
Treasury Securities	-	0.00%	0	0.00%
Government Agencies	27,998,500.00	19.22%	751	1.61%
Commercial Paper	-	0.00%	0	0.00%
Municipal Bonds	13,132,929.37	9.02%	605	1.56%
Total	\$ 145,663,043.96	100.00%	202	1.32%

Bond Proceeds			
TexasPool		100.00%	
	\$ -	100.00%	
Total	\$ 145,663,043.96	100.00%	

Compared to Policy Limits		Actual %	Guidelines
TexasDAILY	\$ 36,801,213.24	25.26%	30.00%
TexPool	29,510,870.53	20.26%	50.00%
TexSTAR	36,719,530.82	25.21%	30.00%
Texas TERM CP	0.00	0.00%	30.00%
Total LGIPS	\$ 103,031,614.59	70.73%	70.00%
Non-Int Bearing Bank Account	1,500,000.00	1.03%	100.00%
Certificates of Deposit	0.00	0.00%	50.00%
Treasury Securities	0.00	0.00%	100.00%
Government Agencies	27,998,500.00	19.22%	75.00%
Commercial Paper	0.00	0.00%	20.00%
Municipal Bonds	13,132,929.37	9.02%	20.00%
	\$ 145,663,043.96	100.00%	

Municipal Bonds by Entity as a Percentage of Portfolio

Florida State Board of Education Rev Bond	\$ 1,056,483.25	0.73%	5.00%
NY State Dormitory Rev Bond	\$ 1,136,145.67	0.78%	5.00%
City of Cedar Park, TX	\$ 2,478,324.96	1.70%	5.00%
NYC GO Bonds	\$ 4,057,631.11	2.79%	5.00%
Georgia Power Muni Rev Bond	\$ 1,355,899.88	0.93%	5.00%
TX A&M Univ Rev Bond	\$ 3,048,444.50	2.09%	5.00%
	\$ 13,132,929.37	9.02%	20.00%

<u>Investment Revenue & Accrued Interest</u>	<u>1st Quarter 2018</u>	<u>FY 2018</u>
TexasDAILY	\$ 72,823.94	\$ 72,823.94
TexPool	33,503.06	\$ 33,503.06
TexSTAR	50,861.83	\$ 50,861.83
Texas TERM CP	0.00	\$ -
Certificates of Deposit	0.00	\$ -
Treasury Securities	0.00	\$ -
Government Agencies	50,000.00	\$ 50,000.00
Commercial Paper	0.00	\$ -
Municipal Bonds	77,095.00	\$ 77,095.00
	<u>\$ 284,283.83</u>	<u>\$ 284,283.83</u>
Discount Accretion & Accrued Interest		
TexasTERM CP	\$ -	\$ -
-less previous accruals	0.00	\$ -
Certificates of Deposit	0.00	\$ -
-less previous accruals	0.00	\$ -
Treasury Securities	0.00	\$ -
-less previous accruals	0.00	\$ -
Government Agencies	79,961.95	\$ 79,961.95
-less previous accruals	(41,458.33)	\$ (41,458.33)
Commercial Paper	0.00	\$ -
-less previous accruals	0.00	\$ -
Municipal Bonds	65,744.86	\$ 65,744.86
-less previous accruals	(89,869.18)	\$ (89,869.18)
	<u>\$ 14,379.30</u>	<u>\$ 14,379.30</u>
Total Investment Revenue & Accrued Interest	<u>\$ 298,663.13</u>	<u>\$ 298,663.13</u>

<u>Portfolio Yield and WAM</u>	<u>Yield</u>	<u>Weighted Average Maturity</u>
October 2017	1.30%	343 days
November 2017	1.33%	343 days
December 2017	1.32%	202 days

SUMMARY OF MARKET VALUES FOR THE QUARTER ENDED 12/31/17

(Excludes funds in TexPool, TexasDAILY, and TexSTAR because the difference between book value and market value of Central Health shares is immaterial)

Operating Portfolio

	<u>Cost Value</u>	<u>Market Value</u>	<u>Unrealized Gain/(Loss)</u>	<u>Accrued Interest</u>
9/30/2017	\$ 42,060,574.85	\$ 41,911,596.15	\$ (148,978.70)	\$ 160,405.62
Changes	\$ (1,000,000.00)	\$ (1,207,796.85)	\$ (207,796.85)	\$ 39,270.99
12/31/2017	<u>\$ 41,060,574.85</u>	<u>\$ 40,703,799.30</u>	<u>\$ (356,775.55)</u>	<u>\$ 199,676.61</u>

The primary source of market values was JP Morgan Chase safekeeping.
This pricing was uploaded into our Tracker Investment Software.

**Central Health
 Q1 2018 - Qrtly Report - Matured, Sold and Called Investments
 10/01/2017 - 12/31/2017**

Portfolio Name	Description	CUSIP/Ticker	Face Amount/Shares	Principal	Maturity Date	Coupon Rate
Matured						
Healthcare Operating	Vanderbilt Univ Rev Bond 0.84 10/1/2017	592041XE2	1,000,000.00	1,000,000.00	10/01/2017	0.840
Sub Total / Average			1,000,000.00	1,000,000.00		

Central Health
 Q1 2018 - Beg-End Balance Quarterly Report
 9/30/2017 - 12/31/2017

Description	CUSIP/Ticker	Beginning Face Amount/Shares	Coupon Rate	Beginning Cost Value	Maturity Date	Ending YTM @ Cost	Ending Cost Value	Total Buys	Total Sells	Ending MV	Ending Market Accrued Interest	Unrealized Gain/Loss-CV
Healthcare Operating												
Vanderbilt Univ Rev Bond 0.84 10/1/2017	592041XE2	1,000,000.00	0.840	1,000,000.00	10/01/2017		0.00	0.00	1,000,000.00	0.00	0.00	0.00
Florida State Board of Education Rev Bond 4.941 7/1	341507ZF1	1,000,000.00	4.941	1,048,660.00	07/01/2018	1.270	1,048,660.00	0.00	0.00	1,015,120.00	24,705.00	-33,540.00
NY State Dormitory Rev Bond 2.45 8/15/2018	6499027L1	1,115,000.00	2.450	1,135,159.20	08/15/2018	1.200	1,135,159.20	0.00	0.00	1,119,415.40	10,319.94	-15,743.80
FHLB Step 1/30/2019-18	3130A024	9,000,000.00	1.000	9,000,000.00	01/30/2019	1.496	9,000,000.00	0.00	0.00	8,997,840.00	37,500.00	-2,160.00
City of Cedar Park, TX 1.516 2/15/2019	150461B67	2,455,000.00	1.516	2,460,646.50	02/15/2019	1.400	2,460,646.50	0.00	0.00	2,436,783.90	14,060.06	-23,862.60
NYC GO Bonds 2 12/1/2019	64966MGF0	4,000,000.00	2.000	4,042,520.00	12/01/2019	1.604	4,042,520.00	0.00	0.00	3,994,480.00	6,666.67	-48,040.00
Georgia Power Muni Rev Bond 3.78 1/1/2020	373541X48	1,285,000.00	3.780	1,348,209.15	01/01/2020	1.990	1,348,209.15	0.00	0.00	1,304,018.00	24,286.50	-44,191.15
FFCB 1.67 2/6/2020-18	3133EG5R2	9,000,000.00	1.670	9,000,000.00	02/06/2020	1.670	9,000,000.00	0.00	0.00	8,924,282.00	60,537.50	-75,708.00
Texas A&M Univ Rev Bonds 2.193 5/15/2020	88213ABR5	3,000,000.00	2.193	3,026,880.00	05/15/2020	1.900	3,026,880.00	0.00	0.00	2,899,490.00	8,406.50	-27,390.00
FHLB Step 11/23/2020-17	3130A9XU0	10,000,000.00	1.000	9,998,500.00	11/23/2020	1.650	9,998,500.00	0.00	0.00	9,912,360.00	13,194.44	-86,140.00
Total Central Health		41,855,000.00		42,060,574.85		1.609	41,060,574.85	0.00	1,000,000.00	40,703,799.30	199,676.61	-356,775.55

STATE OF TEXAS

COUNTY OF TRAVIS

CENTRAL HEALTH

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

Now, Therefore, the Board of Managers hereby orders

- 1.) that the County Treasurer of Travis County, Texas, acting on behalf of Central Health, execute the investment of these funds in the total amount of \$48,943,969.87 in legally authorized securities as stipulated in the Travis County Healthcare District Investment and Collateral Policy for the periods as indicated in Attachment A, which consists of 21 pages.
- 2.) that the County Treasurer, acting on behalf of Central Health, take and hold in safekeeping all individual security investment instruments, relinquishing same only by order of the Board of Managers or for surrender at maturity.

Date: March 28, 2018

CHAIR, BOARD OF MANAGERS

VICE CHAIR, BOARD OF MANAGERS

MANAGER

ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

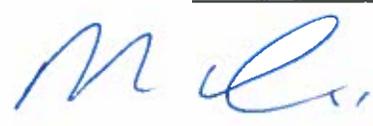
DATE: 2/27/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texas Daily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$18,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.4400%
PRINCIPAL:	\$18,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$18,000.00	CUSIP #:	N/A
TRADE DATE:	2/27/2018	SETTLEMENT DATE:	2/27/2018

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

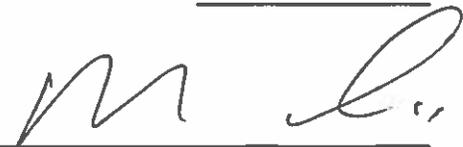
CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 2/26/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texas Daily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$82,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.4300%
PRINCIPAL:	\$82,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$82,000.00	CUSIP #:	N/A
TRADE DATE:	2/26/2018	SETTLEMENT DATE:	2/26/2018

AUTHORIZED BY: 
CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 2/23/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Tex Daily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$196,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.4400%
PRINCIPAL:	\$196,000.00	PURCHASED THRU:	Tex Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$196,000.00	CUSIP #:	N/A
TRADE DATE:	2/23/2018	SETTLEMENT DATE:	2/23/2018

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

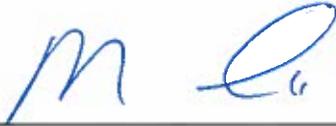
DATE: 2/16/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Tex Star	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$49,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.3594%
PRINCIPAL:	\$49,000.00	PURCHASED THRU:	Tex Star
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$49,000.00	CUSIP #:	N/A
TRADE DATE:	2/16/2018	SETTLEMENT DATE:	2/16/2018

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 2/15/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texas Daily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$87,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.3900%
PRINCIPAL:	\$87,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$87,000.00	CUSIP #:	N/A
TRADE DATE:	2/15/2018	SETTLEMENT DATE:	2/15/2018

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 2/15/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texas Daily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$18,608.90	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.3900%
PRINCIPAL:	\$18,608.90	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$18,608.90	CUSIP #:	N/A
TRADE DATE:	2/15/2018	SETTLEMENT DATE:	2/15/2018

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

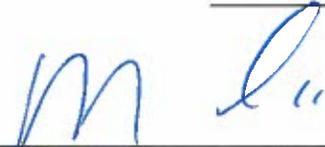
DATE: 2/15/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texas Daily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$13,658.75	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.3900%
PRINCIPAL:	\$13,658.75	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$13,658.75	CUSIP #:	N/A
TRADE DATE:	2/15/2018	SETTLEMENT DATE:	2/15/2018

AUTHORIZED BY:



CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 2/14/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texas Daily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$620,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.3900%
PRINCIPAL:	\$620,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$620,000.00	CUSIP #:	N/A
TRADE DATE:	2/14/2018	SETTLEMENT DATE:	2/14/2018

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 2/13/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texas Daily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$36,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.3800%
PRINCIPAL:	\$36,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$36,000.00	CUSIP #:	N/A
TRADE DATE:	2/13/2018	SETTLEMENT DATE:	2/13/2018

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 2/9/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texas Daily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$1,317,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.3900%
PRINCIPAL:	\$1,317,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$1,317,000.00	CUSIP #:	N/A
TRADE DATE:	2/9/2018	SETTLEMENT DATE:	2/9/2018

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 2/8/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texas Daily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$1,328,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.3800%
PRINCIPAL:	\$1,328,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$1,328,000.00	CUSIP #:	N/A
TRADE DATE:	2/8/2018	SETTLEMENT DATE:	2/8/2018

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

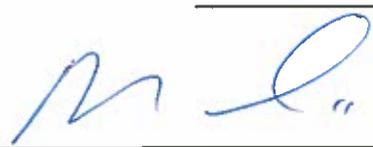
DATE: 2/7/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texas Daily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$1,490,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.3800%
PRINCIPAL:	\$1,490,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$1,490,000.00	CUSIP #:	N/A
TRADE DATE:	2/7/2018	SETTLEMENT DATE:	2/7/2018

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

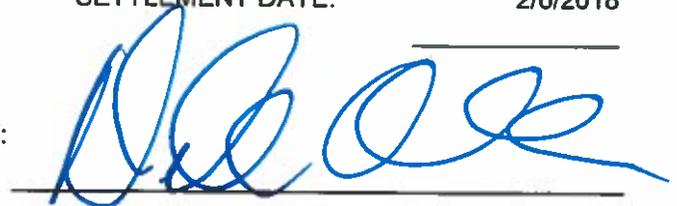
DATE: 2/6/2018

TIME: 900:00 AM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	ING CP (Discount)	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 7,000,000.00	SAFEKEEPING NO:	P 31317
COUPON / DISCOUNT RATE	1.960%	PRICE:	99.0145556
MATURITY DATE:	8/6/2018	US TREASURY CONVENTION YLD	2.0070%
PRINCIPAL:	\$ 6,931,018.89	PURCHASED THROUGH:	WELLS FARGO
ACCRUED INT:	\$ 0.00	BROKER:	MIKE MINAHAN
TOTAL DUE:	\$ 6,931,018.89	CUSIP #:	4497W1H66
TRADE DATE:	2/6/2018	SETTLEMENT DATE:	2/6/2018

AUTHORIZED BY:



ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

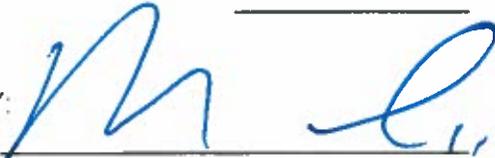
DATE: 2/6/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texas Daily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$2,866,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.3800%
PRINCIPAL:	\$2,866,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$2,866,000.00	CUSIP #:	N/A
TRADE DATE:	2/6/2018	SETTLEMENT DATE:	2/6/2018

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

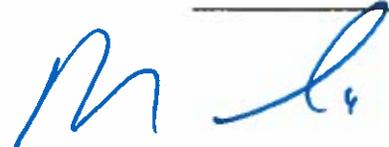
DATE: 2/6/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texas Daily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$75,150.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.3800%
PRINCIPAL:	\$75,150.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$75,150.00	CUSIP #:	N/A
TRADE DATE:	2/6/2018	SETTLEMENT DATE:	2/6/2018

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 2/5/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texas Daily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$3,762,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.3800%
PRINCIPAL:	\$3,762,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$3,762,000.00	CUSIP #:	N/A
TRADE DATE:	2/5/2018	SETTLEMENT DATE:	2/5/2018

AUTHORIZED BY:


CASH/INVESTMENT MANAGER



ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 2/2/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Tex Pool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$783,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.3172%
PRINCIPAL:	\$783,000.00	PURCHASED THRU:	Tex Pool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$783,000.00	CUSIP #:	N/A
TRADE DATE:	2/2/2018	SETTLEMENT DATE:	2/2/2018

AUTHORIZED BY: 
CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 2/2/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texas Daily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$7,881,500.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.3600%
PRINCIPAL:	\$7,881,500.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$7,881,500.00	CUSIP #:	N/A
TRADE DATE:	2/2/2018	SETTLEMENT DATE:	2/2/2018

AUTHORIZED BY:



CASH/INVESTMENT MANAGER

ATTACHMENT A

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 2/2/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Tex Pool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$7,881,500.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.3172%
PRINCIPAL:	\$7,881,500.00	PURCHASED THRU:	Tex Pool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$7,881,500.00	CUSIP #:	N/A
TRADE DATE:	2/2/2018	SETTLEMENT DATE:	2/2/2018

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

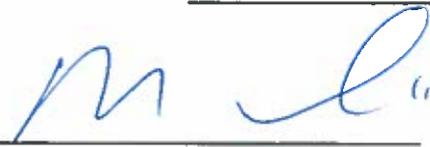
DATE: 2/1/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$8,568,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	YIELD:	1.3600%
PRINCIPAL:	\$8,568,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$8,568,000.00	CUSIP #:	N/A
TRADE DATE:	2/1/2018	SETTLEMENT DATE:	2/1/2018

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH MONTHLY INVESTMENT REPORT
 PORTFOLIO STATISTICS

DATE: February 28, 2018

By Fund Type

Operating	\$	153,674,923.59	100.00%
Debt Service		-	0.00%
Bond Proceeds		-	0.00%
Other		-	0.00%
Total Portfolio	\$	<u>153,674,923.59</u>	<u>100.00%</u>

By Security Type

Operating-

TexasDAILY	\$	43,462,170.53	28.28%
TexPool	\$	32,594,478.39	21.21%
TexSTAR	\$	27,115,293.08	17.64%
TexasTERM CP		5,000,000.00	3.25%
Non-Int Bearing Bank Account		1,500,000.00	
Certificates of Deposit		-	0.00%
Treasury Securities		-	0.00%
Government Agencies		18,998,500.00	12.36%
Commercial Paper		11,871,552.22	7.73%
Municipal Bonds		13,132,929.37	8.55%
Total	\$	<u>153,674,923.59</u>	<u>99.02%</u>

Debt Service-

TexPool		0.00	#DIV/0!
Total	\$	<u>-</u>	<u>#DIV/0!</u>

Bond Proceeds-

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

Compared to Policy Limits

		Actual %	Guidelines
TexasDAILY	43,462,170.53	28.56%	30.00%
TexPool	32,594,478.39	21.42%	50.00%
TexSTAR	27,115,293.08	17.82%	30.00%
TexasTERM CP	5,000,000.00	3.29%	30.00%
Total LGIPS	\$ 108,171,942.00	71.08%	60.00%
Certificates of Deposit	-	0.00%	50.00%
Treasury Securities	-	0.00%	100.00%
Government Agencies	18,998,500.00	12.48%	75.00%
Commercial Paper	11,871,552.22	7.80%	20.00%
Municipal Bonds	13,132,929.37	8.63%	20.00%
	\$ 152,174,923.59	100.00%	

Commercial Paper by Entity as a Percentage of Portfolio

Toyota CP 9/12/18	\$ 4,940,533.33	3.21%	5.00%
ING CP 8/6/18	\$ 6,931,018.89	4.51%	5.00%
	<u>\$ 11,871,552.22</u>	<u>7.73%</u>	<u>20.00%</u>

Municipal Bonds by Entity as a Percentage of Portfolio

Florida State Board of Education Rev Bond	\$ 1,056,483.25	0.69%	5.00%
NY State Dormitory Rev Bond	\$ 1,136,145.67	0.74%	5.00%
City of Cedar Park, TX	\$ 2,478,324.96	1.61%	5.00%
NYC GO Bonds	\$ 4,057,631.11	2.64%	5.00%
Georgia Power Muni Rev Bond	\$ 1,355,899.88	0.88%	5.00%
TX A&M Univ Rev Bond	\$ 3,048,444.50	1.98%	5.00%
	<u>\$ 13,132,929.37</u>	<u>8.55%</u>	<u>20.00%</u>

Investment Revenue & Accrued Interest

February-18

Fiscal YTD

Interest/Dividends-

TexasDAILY	\$ 48,035.54	\$ 160,118.08
TexPool	39,032.15	\$ 104,905.53
TexSTAR	28,493.41	\$ 108,315.06
TexasTERM CP	0.00	\$ -
Certificates of Deposit	0.00	\$ -
Treasury Securities	0.00	\$ -
Government Agencies	75,150.00	\$ 170,150.00
Commercial Paper	0.00	\$ -
Municipal Bonds	32,267.65	\$ 158,354.15
	<u>\$ 222,978.75</u>	<u>\$ 701,842.82</u>

Discounts, Premiums, & Accrued Interest

TexasTERM CP	\$ 7,671.24	\$ 7,671.24
-less previous accruals	0.00	\$ -
Certificates of Deposit	0.00	\$ -
-less previous accruals	0.00	\$ -
Treasury Securities	0.00	\$ -
-less previous accruals	0.00	\$ -
Government Agencies	9,403.75	\$ 112,339.19
-less previous accruals	(63,877.50)	\$ (142,835.83)
Commercial Paper	15,584.44	\$ 15,858.41
-less previous accruals	0.00	\$ -
Municipal Bonds	18,282.97	\$ 101,554.93
-less previous accruals	(35,031.98)	\$ (174,146.66)
	<u>\$ (47,967.08)</u>	<u>\$ (79,558.72)</u>

Total Investment Revenue & Accrued Interest

	<u>\$ 175,011.67</u>	<u>\$ 622,284.10</u>
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CENTRAL HEALTH

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BOARD MEETING

March 28, 2018

AGENDA ITEM C5

Approve, and direct the Central Health appointees to the Community Care Collaborative ("CCC") Board of Directors to approve, a contract between the Community Care Collaborative and Fibroblast, for specialty care referral management, in an amount not to exceed \$700,000 as recommended by the Budget and Finance Committee.

MEMORANDUM

To: Central Health Board of Managers
Mike Geeslin, President & CEO, Central Health

From: Melanie Diello, Director of Service Delivery Operations, Community Care Collaborative
Dr. Mark Hernandez, CMO, Community Care Collaborative
Jonathan Morgan, Interim Executive Director and COO, Community Care Collaborative

CC: Larry Wallace, CAO, Central Health & Chairman, CCC Board of Directors

Date: March 8, 2018

RE: Item 2; Discuss and take appropriate action on a contract between the Community Care Collaborative and Fibroblast for specialty care referral management.

ACTION REQUESTED

Overview:

Since its inception, the CCC has been committed to specialty care service delivery through both expanded access and an improved specialty referral process. As part of its FY17 planning activities and FY18 budgeted activities, the CCC began exploring scalable, long-term solutions to optimize the referral management process and facilitate eConsults (provider-to-provider consults) for Medical Access Program and Sliding Fee Scale patients. Based on that research, the CCC requests approval to contract with Fibroblast, Inc. to support referral management and eConsultation across the CCC contracted provider network.

Synopsis:

The key objectives of the referral management and eConsultation initiative is to streamline referral management between CCC contracted primary care and specialty care providers while facilitating eConsultation and providing key data analytics to assess wait-times and areas for delivery system improvement.

The CCC defined platform requirements through FY17 eConsult pilots and a series of network-wide stakeholder meetings in June 2017. In total, the CCC assessed 12 possible solutions and made its final decision to explore a partnership with Fibroblast based on feedback from partner entities, including CommUnityCare, El Buen Samaritano, People's Community Clinic, Lone Star Circle of Care, Seton Healthcare Family, Dell Medical School and Central Health's Joint Technology team.

Through implementation of a system-wide referral management and eConsult platform, the CCC will drive forward our strategic vision and further transform specialty care in the following ways:

1. Increasing access, quality and timeliness of specialty care by:
 - Establishing a standardized mechanism to facilitate eConsults across all network providers;
 - Integrating referral guidance into the eConsult process to empower primary care providers;
 - Investing in a solution that meets requirements defined by providers across the CCC network.
2. Increasing value in care by:
 - Facilitating CCC's role as the coordination hub for referral management for the CCC's covered population;

- Minimizing the administrative burden of multiple management systems to process referrals;
- Enabling real-time referral management reporting into the CCC data warehouse to inform decision-making.

Benefit measures will be set to measure the effectiveness of the Fibroblast platform and to ensure that the CCC has received the functionality outlined in the agreement with Fibroblast. Providers will receive an increased reimbursement rate when they utilize the referral management and eConsult system to incentivize adoption of the new platform.

Additionally, this initiative aligns with Central Health’s strategic work plan objectives to implement a coordinated and patient-focused health care system and to refine health care delivery strategy based on place and people. Implementation of the Fibroblast platform will allow the CCC to accurately track and report on specialty care service lines and improve the ability of primary care providers to address specialty care needs without unnecessary visits to a specialist. Specifically, this CCC initiative aligns with Central Health’s “Health Care Delivery – Service Locations, System Design, and Care Delivery” strategy and the “Coordinated System – Patient Wait Times” strategy.

Action Requested

Approve an initial agreement for a referral management and eConsult platform between the Community Care Collaborative and Fibroblast, Inc. in an amount not-to-exceed \$700,000.

Fiscal Impact:

Funds to be drawn from existing FY18 CCC budget line item *Consultation & Referral Platform*. The CCC allocated \$700,000 for this line item in FY18. The enhanced reimbursement rate to incentivize utilization of the platform was anticipated in the FY18 healthcare delivery budgets for the CCC.

CCC Specialty Care Referrals and eConsults

Central Health Budget & Finance Committee

March 21, 2018

Dr. Mark Hernandez, CCC Chief Medical Officer

Melanie Diello, Director of Service Delivery Operations



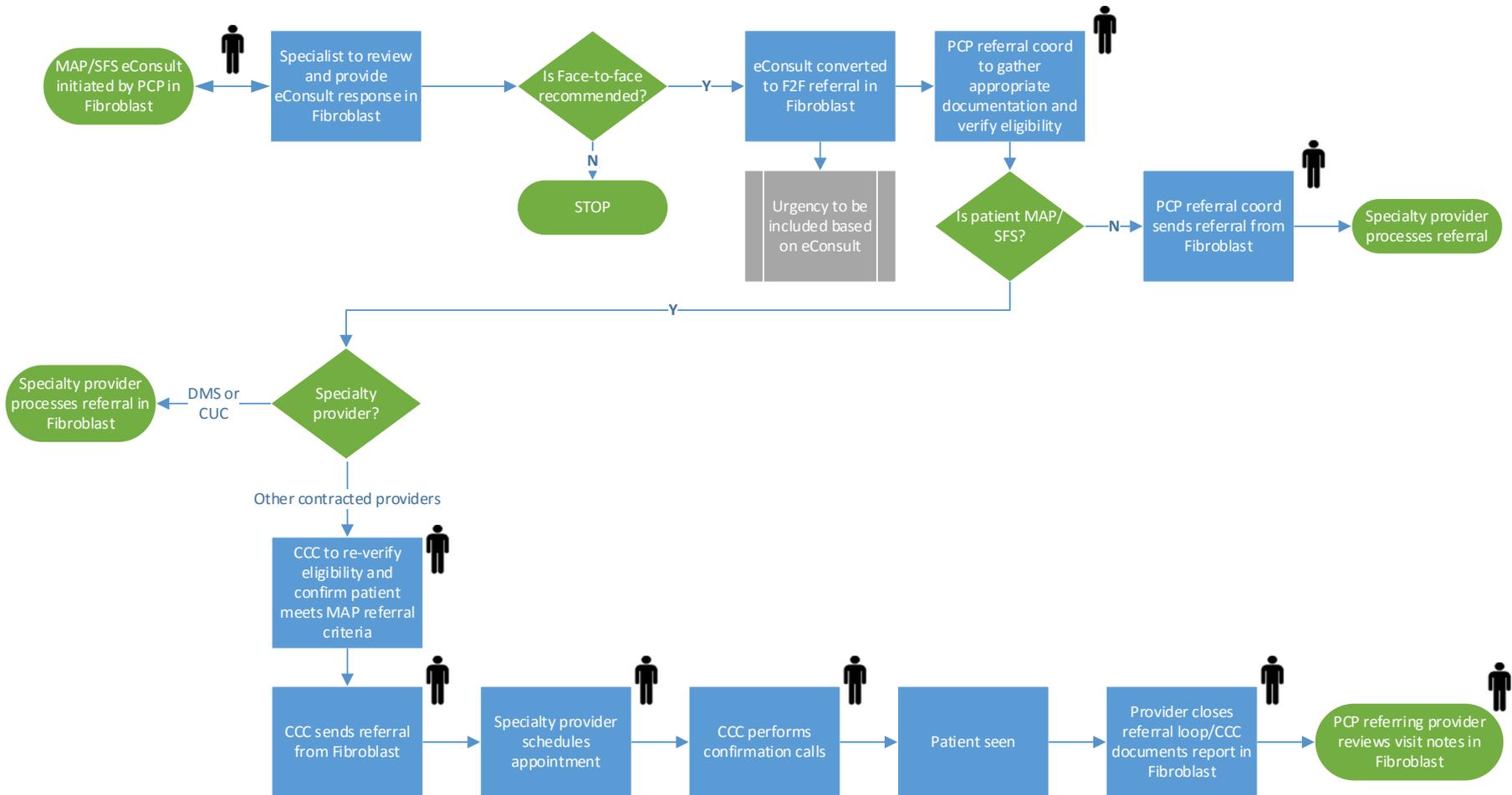
A Central Health and Seton partnership

Fibroblast



- Will provide necessary infrastructure to support achievement of CCC specialty care goals
- Centralizes referral management and eConsults into one platform
- Integrates and embeds in EMR and also offers web-based access
- Specialty and primary care network provider buy-in
- Supports interoperability with Dell Medical School and CommUnityCare
- Offers accurate, real-time reporting to drive decision-making
- Customizable, scalable and sustainable

Future State Referrals and eConsults



Request



- Approve an agreement for a referral management and eConsult platform between the Community Care Collaborative (CCC) and Fibroblast
- Approve agreements as needed between the CCC and contracted providers for platform implementation

Amount	Not-to-exceed \$700,000
Budgeted Item	FY18 CCC Budget Consultation & Referral Platform
Proposed Term	March 2018 - September 2018

Section 2.7.16 of the CCC Bylaws requires Central Health Board of Managers' approval of "any contract over \$100,000 in value or that includes a term of greater than one year."

Thank You

www.ccc-ids.org



A Central Health and Seton partnership



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BOARD MEETING

March 28, 2018

AGENDA ITEM C6

Approve the commitment of \$400,000 of New Initiatives funds to the Ending Homelessness Coalition's permanent supportive housing project expected to reduce emergency department visits and hospitalization rates among homeless Travis County residents, as recommended by the Budget and Finance Committee.



MEMORANDUM

To: Central Health Budget & Finance Committee
From: Mike Geeslin, President & CEO
Date: March 21, 2018
Re: Agenda item 4: Discuss and take appropriate action on a recommendation for a commitment to a permanent supportive housing project expected to reduce emergency department visits and hospitalization rates among homeless Travis County residents.
ACTION ITEM

Overview:

During the February Board of Managers meeting, Central Health Managers passed a resolution supporting the exploration of funding and consideration of recommendations from the Ending Community Homelessness Coalition (ECHO) for a Pay-for-Success project. This memo serves as a response to the resolution.

Synopsis:

The ECHO project would provide housing and Assertive Community Treatment, an evidence-based practice, for up to 250 persons experiencing homelessness who are also high utilizers of criminal justice and acute and emergency medical services. At enrollment, participants would be enrolled in MAP or uninsured, and identified through a match between the Homeless Management Information System (HMIS) and the Integrated Care Collaboration's Health Information Exchange.

Funding for the project's operations will be provided in part by private investors, who in turn are paid (principal or some other basis) back by end-payers when metrics are achieved. End-payers are not obligated to pay for unachieved metrics; the investors assume the risk for non-performance. A similar model has been used in Salt Lake City, Utah and Santa Clara, California.

Funding Model

The City of Austin and Travis County have been asked to serve as end-payers for housing stability outcomes, which serve as a proxy for reduction in jail and shelter use. Healthcare payers have been asked to commit \$1.2m per year to serve as end payments for metrics relating to housing stability, and reduction in Emergency Department and Inpatient utilization. As noted above, these funds will be payable only when outcome metrics are achieved on a pre-set schedule.

The Pay for Success project contract assumes a five-year commitment from the end payers. None of the end payers for this project can guarantee funding over this period, given their budget-making process as public entities. Instead, in any given budget year, the participating end-payers would set

aside funding for the next year's outcomes. Thus, FY18 funding commitment would pay for project outcomes achieved in FY19.

Both the City of Austin and Travis County have committed funding for the project in their FY18 budgets; the City earmarked \$1.2m for the project during the course of its budget development in September 2017, and on March 6th, the Travis County Commissioners' Court unanimously approved to reserve \$600,000 for the project. Both St. David's Foundation and the Episcopal Health Foundation are expected to provide any supplemental end-payer funding required for the program.

As we investigate other opportunities and are brought forward other projects requiring financial commitment, Central Health will prioritize opportunities where there are other partners/funders at the table.

Considerations & Recommendations

Central Health Board of Managers' support of this project would further the organization's goal of promoting value-based care albeit through addressing a social determinant factor rather than the outright purchase of healthcare. Additionally, this project would be the first of its kind Pay-for-Success contract with multiple end-payers.

Although Central Health does bear some of the responsibility for these health care outcomes, particularly through our Intergovernmental Transfer Program for supplemental payments, our hospital provider partners would likely also reap the benefit of lower inappropriate utilization achieved through this project.

Staff recommends that Central Health Board of Managers allocate no more than \$400,000 to the program from its New Initiatives line in the Healthcare Initiatives budget. If the Board of Managers wants to fully fund the program, staff recommends that the Managers allocate \$800,000 from the \$1,800,000 remaining in the Healthcare Services Expansion line its FY18 budget. These allocations will serve as negotiating guidelines for future discussions.

Next Steps

If the Board chooses to commit funding for the project, ECHO and its project consultant, SocialFinance, will start to structure a deal. This entails, among other things: Working through the contracting process with each end payer; determining payment structures and time periods for metrics; and identifying the private investors who will fund the program operations. This deal structuring should be complete by the end of the summer. At that time, end payers and investors will be able to sign the program contract and launch the program as soon as possible.

Action Requested:

Adopt a recommendation to the full Central Health Board of Directors to commit \$400,000 absent any action to fully fund the ECHO Pay-for-Success project's request. Further, staff will negotiate accordingly with ECHO and work to include collaboration with Central Health partners.

Fiscal Impact:

Should the Central Health Board of Managers choose to allocate funding for this project, staff will enter into negotiations with the intent to bring a contract forward before the end of this fiscal year. Funding the ECHO Pay-for-Success project will preclude funding of other new programs for FY 2018 and will necessitate that additional funds be allocated in future budgets.



FY 2017 Approved Budget and FY 2018 Approved Budget Sources and Uses Summary

DESCRIPTION	FY 2017 APPROVED BUDGET	FY 2018 APPROVED BUDGET
HEALTH CARE DELIVERY		
Intergovernmental Transfers:		
IGT - Private UC	\$27,900,000	\$24,000,000
IGT - Public UC	25,000,000	25,000,000
IGT - Disproportionate Share	32,500,000	35,000,000
IGT - CCC DSRIP	29,300,000	29,300,000
IGT - Seton DSRIP	26,250,000	29,000,000
IGT - St. David's DSRIP	620,000	620,000
Total Intergovernmental Transfers	141,570,000	142,920,000
Healthcare Services:		
Member Payment to CCC	26,245,166	29,245,166
Charity Care - Seton	4,251,733	4,251,733
Primary Care - Planned Parenthood	585,000	731,800
Womens Health Services	-	1,000,000
Integrated Care Collaboration (ICC)	877,273	666,657
Healthcare Services Expansion	2,000,000	2,000,000
Total Healthcare Services	33,959,174	37,895,356
Healthcare Initiatives:		
UMCB Campus Redevelopment	2,047,675	1,360,644
New Initiatives - Cancer, Women's Health, Healthcare Workforce Development	-	500,000
Total Healthcare Initiatives	2,047,675	1,860,644
Total Healthcare Services & Initiatives	35,746,849	42,756,000
Healthcare Operations:		
Salary and Benefits	3,763,563	3,773,584

CCC DY2-5 DSRIP Projects with a Large Proportion of Patients Experiencing Homelessness

Project Title	Target Population	Intervention	Dollars Earned	Dollars Missed	Current State and Lessons Learned
Mobile Health Clinics	<p>Travis County residents at or below 200% of the FPL, many of whom have chronic conditions. The project also targets geographically underserved populations, including low-income residents with transportation barriers that limit access to primary care.</p> <p>The street medicine team specifically served people experiencing homelessness and operated 3 days per week, averaging 39 encounters per month.</p>	<p>The CCC expanded primary care access through mobile health teams and a street medicine team that provided scheduled and same day appointments outside the walls of a traditional medical clinic. The mobile health teams also held community outreach and screening events.</p>	<p>\$7,886,555</p>	<p>\$0</p>	<p>While the mobile health clinics and street medicine teams facilitated primary care access for many low-income communities, especially those in Colony Park, Manor and Northeast Austin, key feedback from care team providers included:</p> <ul style="list-style-type: none"> ▪ Street medicine and mobile health teams reach patients who may not otherwise engage with the healthcare system; ▪ Standard rules and practices for clinical operations had to be adapted, given the population and mobile setting; ▪ It was difficult to support consistent patient follow-up due to the population moving from place to place without predictability, which affected their ability to build relationships with patients over time; ▪ Provider ability to refer patients to other necessary services was limited; ▪ The program is resource and time intensive, and providers had to rotate through the service to prevent burn out. <p>In FY17 and FY18, CCC expanded transportation services for geographically underserved populations through its RideAustin pilot. Learnings from the Mobile Health Clinics DSRIP also align with current initiatives in Eastern Travis County, led by Larry Wallace, which will expand primary care services through the development of additional health centers.</p>
Community Health Paramedic (CHP) Navigation	<p>Travis County residents at or below 200% of the FPL who have multiple chronic conditions and frequently utilize the emergency department.</p> <p>Between 2013 and 2017, approximately 419 homeless patients were served (25% of the total population served by this project). In the last year, approximately 40% of the patients served by this project were homeless.</p>	<p>The CCC partnered with Austin Travis County Emergency Medical Services (ATCEMS) to increase the number of chronically ill patients receiving short-term care management and patient navigation services, such as home visits, helping patients establish or reconnect to a medical home and ensuring patients were properly adhering to prescribed medications and care management plans set by their care team.</p>	<p>\$8,782,960</p>	<p>\$2,105,923 (ED utilization metrics)</p>	<p>The CHP DSRIP helped facilitate strong connections to programs such as the Homeless Outreach Street Team (HOST), Mobile Crisis Outreach Team (MCOT), the Travis County jail system and Integral Care, among others. CHPs enrolled a high number of patients into MAP, particularly those experiencing homelessness. However, based on an independent evaluation, the CHP DSRIP did not demonstrate effectiveness in reducing ED utilization beyond 30-days post-enrollment. Based on lessons learned, other models of care should be explored to serve patients experiencing homelessness or to target reduction of ED utilization. The CCC is also developing its 3-5 year healthcare for the homeless strategy, which will be presented and reviewed with the Board of Managers at the appropriate time.</p>



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BOARD MEETING

March 28, 2018

REGULAR AGENDA ITEM 1

Discuss and take appropriate action on items related to the Community Care Collaborative:

- a. Amendments to the benefit plan for Travis County residents up to 200 percent of the Federal Poverty Level who are not enrolled in MAP; and
- b. Amendment to the agreement between the Community Care Collaborative and CommUnityCare for the addition of rheumatology and complex primary care services.

MEMORANDUM

To: Central Health Board of Managers
Mike Geeslin, President & CEO, Central Health

From: Kit Abney Spelce, Senior Director of Eligibility Services, Central Health
Dr. Mark Hernandez, Chief Medical Officer, Community Care Collaborative
Jonathan Morgan, Interim Executive Director and COO, Community Care Collaborative

CC: Larry Wallace, CAO, Central Health & Chairman, CCC Board of Directors

Date: March 20, 2018

RE: Item 1a: Amendments to the benefit plan for Travis County residents up to 200% of the Federal Poverty Limit – **ACTION ITEM**

Overview:

Currently, there is no single, or common, sliding fee scale program for Travis County residents who are not eligible for or enrolled in the Medical Assistance Program (MAP). Instead, residents must apply for a specific clinic's sliding fee scale program. This creates an administrative burden for patients and results in patients not being assigned a consistent member identification number or benefits, as both vary based on the primary care medical home selected by the patient.

Approving the proposed item creates a standard program for uninsured Travis County residents at or below 200% of the Federal Poverty Level (FPL) who are not enrolled in or eligible for MAP. Under the new program, the Community Care Collaborative (CCC) will pay for medical services through a common sliding fee scale (SFS) program at all of our primary care providers. It will also pay for patient prescriptions at Lone Star Circle of Care, People's Community Clinic, and El Buen Samaritano. The CCC currently only reimburses CommUnityCare for prescriptions their sliding fee scale program patients receive.

Synopsis:

The CCC Strategic Plan includes a focus on redesigning local programs such as the Medical Access Program, sliding fee scale, and Seton Charity Care programs to better serve residents for whom the CCC is responsible. The proposed new program creates CCC enrollment in and improves how the CCC tracks and pays for services received by the sliding fee scale population. This aligns with Central Health's objective to create a coordinated system and focuses on the strategy to improve the patient experience. This program change incorporates feedback from patients to create a more unified system and standardizes benefits for sliding fee scale program patients at all CCC primary care providers.

Currently each clinic system financially screens and enrolls their patients into their own sliding fee scale program. SFS eligibility criteria, the copays assigned, and the pharmacy benefits available to enrollees vary by clinic organization. Depending on their medical needs, patients may be enrolled in more than one clinic SFS program, requiring them to go through multiple eligibility screenings. This results in patients having multiple member identification numbers across the safety-net system, creating difficulties in data collection, analysis, and management of patient care.

The CCC is financially contracted to reimburse prescription costs for SFS patients of CommUnityCare, but does not currently reimburse Lone Star Circle of Care, People's Community Clinic nor El Buen Samaritano. These SFS patients are subject to higher pharmacy expenses relative to CommUnityCare

patients and often have difficulty accessing their prescriptions and controlling their medical conditions.

Creating a new program, will allow the CCC to standardize its eligibility criteria, the copays assigned and a pharmacy formulary for all enrollees. Enrollees will receive a unique member number to be used across the safety net system enhancing data collection and analysis; in addition, the CCC will be able to contact enrollees and assist in managing their care. Central Health Eligibility will be able to help transition enrollees into funded coverage programs or new programs as they are established or as a patient's eligibility changes.

The CCC estimates around 65,000 Travis County residents will be eligible for enrollment in the new coverage program.

Action Requested:

The CCC requests the Central Health Board of Managers approve the creation of a program for uninsured Travis County residents at or below 200% of the Federal Poverty Level who are not enrolled in or eligible for MAP. Implementation will begin in FY19 and will include standard benefits, copay structures, and system configurations.

Fiscal Impact:

The current FY18 budget includes the funding required to build and configure the eligibility system and printed materials needed to launch enrollment into the new program in FY 2019. The fiscal impact of adding a pharmacy benefit for Lone Star Circle of Care, Peoples Community Clinic, and El Buen Samaritano is estimated to be approximately \$250,000 and will be included in the FY 2019 CCC budget.

MEMORANDUM

To: Central Health Board of Managers
Mike Geeslin, President & CEO, Central Health

From: Dr. Mark Hernandez, Chief Medical Officer, Community Care Collaborative
Jonathan Morgan, Interim Executive Director and COO, Community Care Collaborative

CC: Larry Wallace, CAO, Central Health & Chairman, CCC Board of Directors

Date: March 20, 2018

RE: Item 1b: Approval to amend CommUnityCare contract Contracted Partner: **CommUnityCare**

Overview:

In accordance with the CCC bylaws, amendments to contracts with affiliates of Central Health require approval of both members of the CCC, Central Health and Seton Healthcare Family. The CCC is seeking approval of an amendment to the current contract with CommUnityCare to account for two recent service delivery enhancements. Each of these enhancements – one to improve Rheumatology services, another to provide care for complexly ill patients – requires an amendment to the CCC’s contract with CommUnityCare, despite no additional funding or personnel requirements.

Rheumatology

As we have done in other specialty care disciplines, the CCC has begun to explore options to reduce the Rheumatology waitlist and enhance our contracted providers’ ability to care for these conditions in the primary care setting. Currently the Rheumatology service line has a wait list of more than 200 patients with an average wait time to a routine appointment of approximately eight months.

The CCC and CommUnityCare are working together to expand Rheumatology expertise within the primary care setting. Through this new model of care, newly-trained physician subject matter experts (MD-SMEs) will be trained by a community-based Rheumatologist to care for a portion of CommUnityCare’s Rheumatology patients rather than referring them to a specialist. These MD-SMEs will also review each patient on the Rheumatology waitlist to determine which cases can be appropriately managed via a PCP-to-Specialist e-consult, and which cases need to be seen by the specialist in person.

Three CommUnityCare Internal Medicine physicians have volunteered to become MD-SMEs for this pilot. They are located at the North Central, South Austin and Southeast Health and Wellness clinics. The MD-SMEs will receive initial training and monthly follow up support from the Rheumatologist.

The CCC is requesting approval to amend its FY18 contract with CommUnityCare to support these specialty care services beginning in April 2018; no additional funding outside of the existing \$43,850,000 is being requested for this service opportunity.

Complex Primary Care

In March 2018, CommUnityCare established a Complex Primary Care Clinic in the Clinical Education Center at the Brackenridge Campus. The clinic serves approximately 90 patients with complex health and social needs, who had been served by the Seton Total Health DSRIP project; they are now being transitioned into CommUnityCare as the initial 1115 Waiver DSRIP program concludes.

The CCC is requesting approval to amend its FY18 contract with CommUnityCare to include reimbursement for services from the Complex Primary Care Clinic and its operations. No additional funding outside of the existing \$43,850,000 contract is being requested for this service opportunity.

Synopsis:

Each of the projects detailed above enhances our system's ability to provide more appropriate services and improved access to patients in our covered population, with no new additional funding requests.

Action Requested:

Approve an amendment to the current agreement between the CCC and CommUnityCare to:

- Provide Rheumatology MD-SME services; and
- Provide services through the Complex Primary Care Clinic.

Fiscal Impact:

Funds to be drawn from the existing FY18 CCC contract with CommUnityCare. No additional funding beyond the existing \$43,850,000 contract amount is being requested.



CENTRAL HEALTH

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BOARD MEETING

March 28, 2018

REGULAR AGENDA ITEM 2

Receive and discuss an update from the Community Care Collaborative.

To: Central Health Board of Managers
Mike Geeslin, President & CEO, Central Health

From: Dr. Mark Hernandez, Chief Medical Officer, CCC
Jonathan Morgan, COO & Interim Executive Director, CCC

CC: Larry Wallace, CAO, Central Health & Chairman, CCC Board of Directors

Date: March 20, 2018

RE: Item 2; CCC Update on Central Health FY18 Executive Work Plan Activities

This memo outlines the first two quarters of work performed through the Community Care Collaborative to achieve Central Health’s objectives contained in the FY18 Executive Work Plan.

Objective 2: Coordinated System
Goal: “Implement Coordinated and Patient-Focused Health Care System”
Strategy 1: Patient Wait times. <i>“Through provider partners, establish measures for and improve patient wait times for access to primary and specialty care services.”</i>
<ul style="list-style-type: none"> • The CCC is compiling wait list information across all specialties. This list is being generated through database and document review, and will serve as our baseline for measuring improvement. The general target for all specialties is no more than a 90-day wait to see a specialist when indicated.
<ul style="list-style-type: none"> • To reduce reliance on face-to-face visits with a specialist, the CCC is pursuing an e-consultation solution that will ensure patients who need specialist attention will receive it, and those who should be managed by their primary care provider will be able to stay in their primary clinic setting. This solution will be presented to the Central Health Budget & Finance committee meeting on March 21st.
<ul style="list-style-type: none"> • The same e-consultation tool can be used to track and manage referrals into the specialty care system. This will improve our ability to know exactly how many patients are waiting for services, and how long each has been waiting for an appointment.
<ul style="list-style-type: none"> • The CCC’s primary care providers regularly report appointment availability to the CCC.
Strategy 2: Patient Reported outcomes & experiences. <i>“Through provider partners, establish measures for and improve patient reported health outcomes and experiences.”</i>
<ul style="list-style-type: none"> • The CCC is preparing to launch two nationally recognized surveys to understand its enrollees’ self-assessed Quality of Life as well as their experience as patients. These telephonic surveys will be launched by summer 2018. The Quality of Life survey is the PROMIS tool, and the Patient Experience survey uses questions from the CAHPS Health Plan survey.
<ul style="list-style-type: none"> • In addition, the first quarterly MAP Patient Focus Groups have been held; patient intercept surveys are underway for our second quarter activity. Patient experience discussion groups will be held in the third and fourth quarters to understand health priorities of our covered population.

<ul style="list-style-type: none"> Information from these surveying activities will be folded into contracting discussions and will become part of quality measures.
<p>Strategy 3: Primary & Specialty Care. <i>“Ensure network adequacy and access to care through specialty care expansion.”</i></p>
<ul style="list-style-type: none"> In FY18, the CCC has executed contracts with Dell Medical School for two Integrated Practice Units: Complex Gynecology and Musculoskeletal Disorders. Services for these IPU are being offered at the new Health Transformation Building. Within the first ten weeks of FY18 operations, 113 patients were served through the Complex Gynecology IPU, and 355 patients were served through the Musculoskeletal IPU.
<ul style="list-style-type: none"> The new Ear, Nose and Throat (ENT) clinic has been running at Austin Regional Clinic’s Far West location for 8 months. In January, two additional half-day clinics were added to meet demand. In total, 123 patients have been seen at the clinic. The CCC has taken some administrative responsibilities for the clinic, including patient registration, appointment scheduling, and appointment reminders. Notably, the no show rate for the first clinical expansion was 12%, which is far lower than expected.
<ul style="list-style-type: none"> As of August 2017, a new provider is offering Ophthalmology to MAP patients: Eye Physicians of Austin. 223 patients have received services through this new provider group.
<ul style="list-style-type: none"> The CCC is proposing a new solution to improve Rheumatology access, which is also being presented to the Central Health Board of Managers at the March 28th meeting. This solution increases the ability of patients to be managed within their primary clinic system by training and enabling primary care physicians to manage patients with certain rheumatological conditions within CommUnityCare.
<ul style="list-style-type: none"> Discussions are continuing with new partners to expand specialties, especially in the areas of Gastroenterology, Rheumatology, Dermatology, and Pain Management.
<p>Strategy 4: Contracting & Payment. <i>“Implement reimbursement methods, and related reporting processes, to encourage value and desired health outcomes.”</i></p>
<ul style="list-style-type: none"> The CCC continues to monitor its FY18 contracts for adherence to the value based provisions. Monthly datasets from providers report on clinical quality measures.
<ul style="list-style-type: none"> With the CCC selection of DSRIP measures finalized, contracting has begun with provider partners to ensure achievement of improvement targets across the 29 clinical measures.

While the Health Care Delivery Objective is achieved primarily through strategies lead by Central Health, the CCC is a contributor on this objective through many of our FY18 initiatives, including the activities described below.

<p>Objective 1: Health Care Delivery</p>
<p>Goal: “Refine healthcare delivery strategy based on place and people”</p>
<p>Strategy 1: Service Locations, System Design, and Care Delivery. <i>“Through analysis and stakeholder input, determine future service locations, best site uses, and mobile and technology alternatives for delivering care to served population.”</i></p>

- In conjunction with Central Health, the CCC worked with Lone Star Circle of Care to establish a primary care and convenient care clinic site in Jonestown scheduled to open later this year.

Strategy 2: Social Determinants. *“Enable programs through community partnerships that focus on social determinants with measurable health outcomes. Continue ongoing policy work in support of long term population health goals.”*

- In collaboration with Central Health, the CCC is pursuing a number of opportunities to improve health by addressing social factors. Activities include: maximizing MAP patient enrollment in Austin Energy’s Consumer Assistance Program; establishing a food pantry program for the Complex Primary Care clinic patients and hospital discharges; providing customers of MAP eligibility offices information about community-based free tax preparation centers; and the continued success of the RideAustin transportation pilot, which, in the first 11 weeks of operations, has offered over 400 rides to medical and related appointments for our covered population. This program is being presented to the Central Health Board of Managers on March 28th.

Strategy 3: Enrollment. *“Increase health program awareness efforts and improve enrollment processes through active engagement.”*

- The CCC is proposing creation of a program that would enroll all uninsured Travis County residents up to 200% of poverty who are ineligible for MAP. This program will enable the CCC to reach out and contact members of this population, track and understand their medical needs and utilization patterns, and proactively work to optimize their health. This program
- The CCC is pleased to partner with the Central Health eligibility program to improve the MAP enrollment process as determined necessary. Of note, within the CCC’s FY18 Q1 focus group, many participants praised the MAP eligibility team as helpful, supportive, and compassionate.



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BOARD MEETING

March 28, 2018

REGULAR AGENDA ITEM 3

Receive and discuss the Central Health Performance Review conducted by Germane Solutions.



MEMORANDUM

To: Central Health Board of Managers

From: Iván Dávila, Communications & Community Engagement Manager
Andrea Guerra, Strategy Project Manager

CC: Mike Geeslin, President & CEO

Date: March 23, 2018

Re: Agenda item 3: Receive and discuss the Central Health Performance Review conducted by Germane Solutions.

INFORMATIONAL ITEM

Overview:

As part of Central Health's ongoing commitment to transparency and strengthening ties with the community, the Communications and Community Engagement Department has launched a series of community dialogues, under the brand of "Community Conversations," to obtain feedback from community members. On Monday, March 19, the Department held a Community Conversation to gather feedback from the community on the Germane Solutions performance review recommendations.

Synopsis:

The Community Conversations are part of Central Health's community engagement plan using methods recommended by the Systematic Development of Informed Consent public engagement process from the Institute for Participatory Management & Planning, as well as the International Association for Public Participation.

Communications staff invited 6,911 individuals via email to the event, shared the event on Facebook and Twitter, and distributed flyers to community organizations. All outreach and promotional materials were created in English and Spanish. Forty-five people attended from 30 organizations that included health care providers, nonprofit organizations, institutions of higher learning, and public agencies, as well as community advocates. Some examples include Any Baby Can, LULAC, People's Community Clinic, and Travis County Health and Human Services.

The event took place from 5:30-7 p.m. at Central Health administrative offices. After a report overview by Tracy Kulik with Germane Solutions, attendees were divided into four groups for facilitated conversations on select recommendations. Notes were taken on the feedback gained during the facilitated conversations, and the Board of Managers will receive a report on the feedback during the first week of April 2018.

The next Community Conversations will take place April 3, 2018 and April 5, 2018 at Central Health Southeast Health & Wellness Center and Lanier High School, respectively, and will focus on obtaining community feedback on the current Strategic Work Plan. To maximize participation, the invitations for the Community Conversations promote the availability of translation services and are in both English and Spanish. Feedback from these three Community Conversations will inform the FY2019 Strategic Work Plan and budget.

Action Requested:

This item is informational; no Board or Committee action is required.

Fiscal Impact:

No fiscal impact.



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BOARD MEETING

March 28, 2018

REGULAR AGENDA ITEM 4

Receive and discuss reports from Board committees: Budget and Finance Committee.



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BOARD MEETING

March 28, 2018

REGULAR AGENDA ITEM 5

Receive and discuss a report from the President & CEO on Central Health operations and current activities, including: (a) the Fiscal Year 2018 Central Health Board of Mangers work plan and operational priorities; (b) an assessment of systems and processes; and (c) the Central Health Organizational Chart and other personnel matters.¹

Requests for Expenses related to Outreach and Education
(Effective October 27, 2017 and redistributed March 28, 2018)

For future requests related to outreach and education efforts that require a contribution or expenditure of funds to an outside organization, please route these requests through my office for approval. My office will attempt to quickly respond to your request.

Presented requests may be accompanied by a recommendation from the forwarding executive; however, you are not required to make a recommendation. If you're simply forwarding an outreach or education event as a courtesy to the organization hosting the event, please indicate this fact when forwarding. The Executive Office will work with the Finance Department to ensure that all proper approvals are obtained before a check is issued. Do not use P-Cards to pay for events, unless a check cannot be delivered timely, and continue to follow policy with regard to event registrations, which differ from sponsorships.

The \$500 limit on expenditures for outreach and education efforts, such as events hosted by outside organizations, remains in effect.

Please note that this \$500 limit is not a fixed or guaranteed contribution level. Lessor contributions may be considered depending on the event or organization. Additional factors* in determining whether Central Health may participate in an event or contribute to an organization will include how the event or entity:

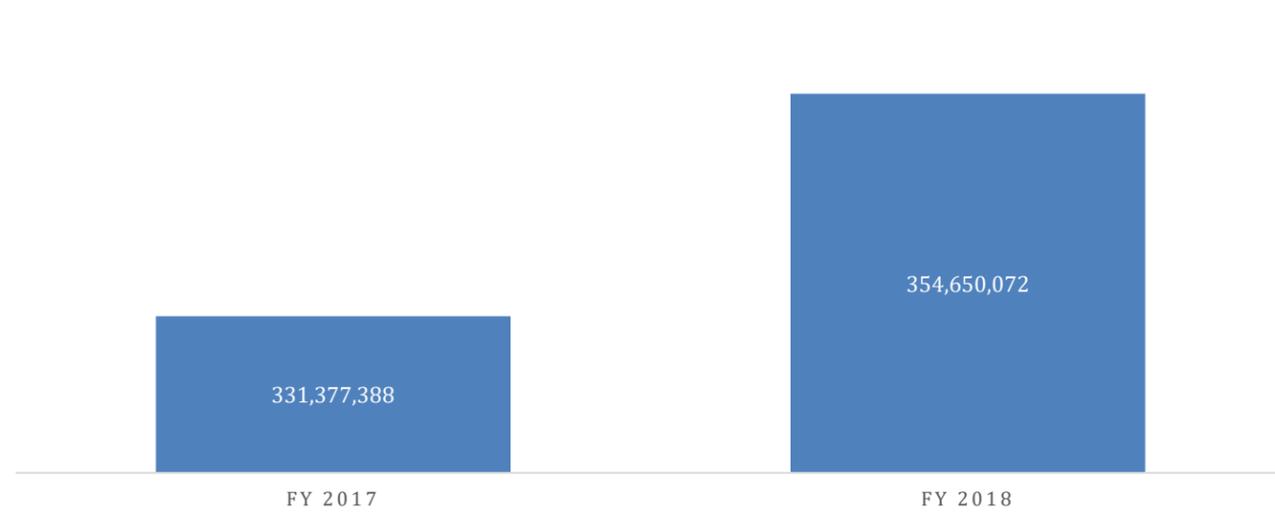
- Serves an outreach or educational purpose
- Benefits the population served by Central Health
- Encourages diversity and inclusion or local sourcing in contracting for services with Central Health; the same parameters apply to job fairs
- Focuses on alleviating a known disparity or inequity that relates or facilitates Central Health's mission
- Affords Central Health or its enterprise partners the ability to educate the community about our work or how we serve the community

**This is not an exclusive list of factors.*

Monthly Financial Dashboard—February 2018*

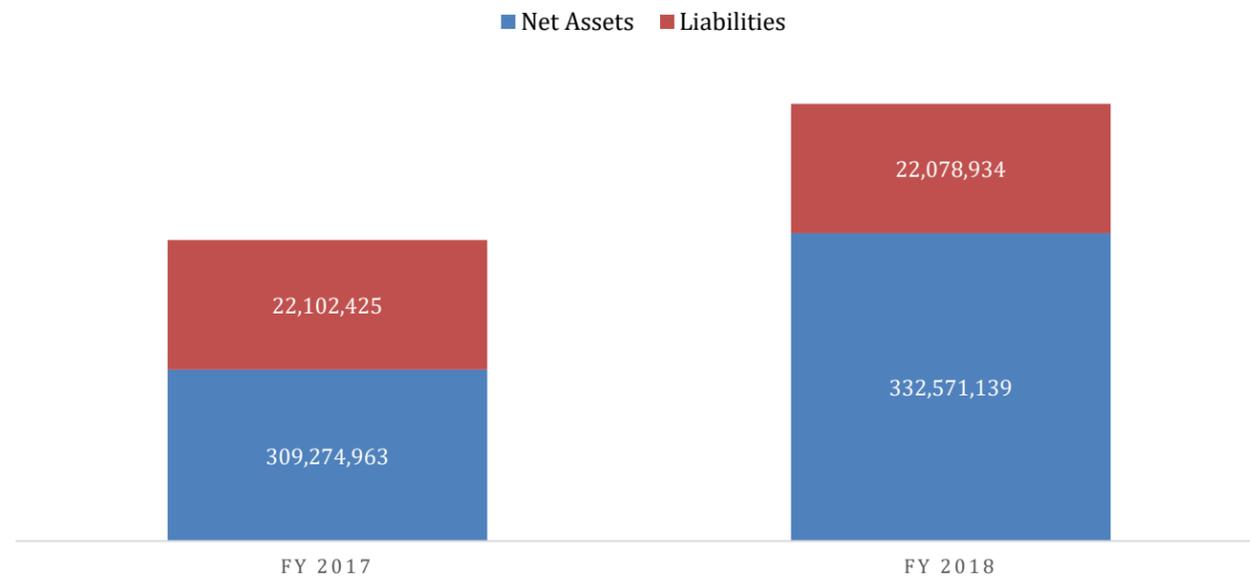
*Unaudited results

Assets (Feb. 28, 2018)



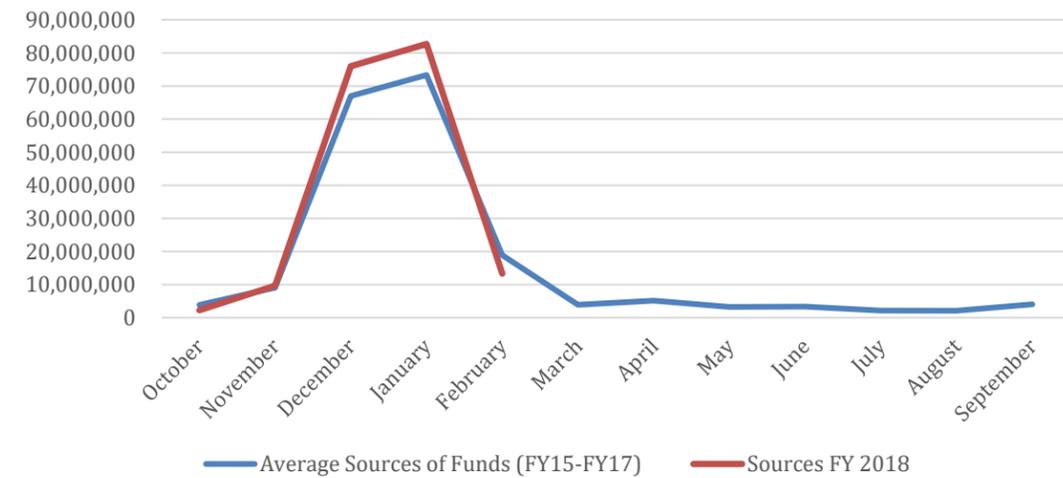
Note: Central Health has a strong cash and short-term investments position. Current assets include cash, investments and accounts receivable which could be converted to cash within one year.

Liabilities and Net Assets (Feb. 28, 2018)



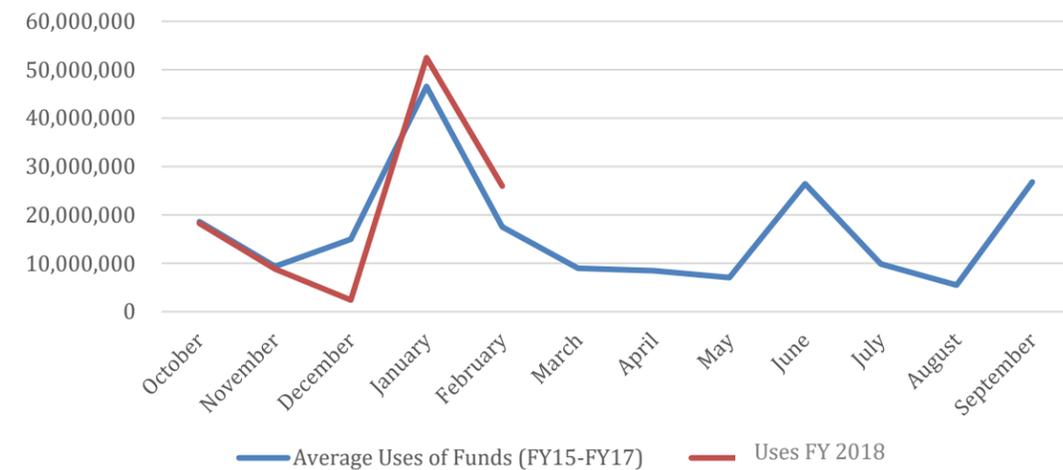
Note: Net assets are equal to total assets minus total liabilities.

Sources of Funds (Revenue) by Month



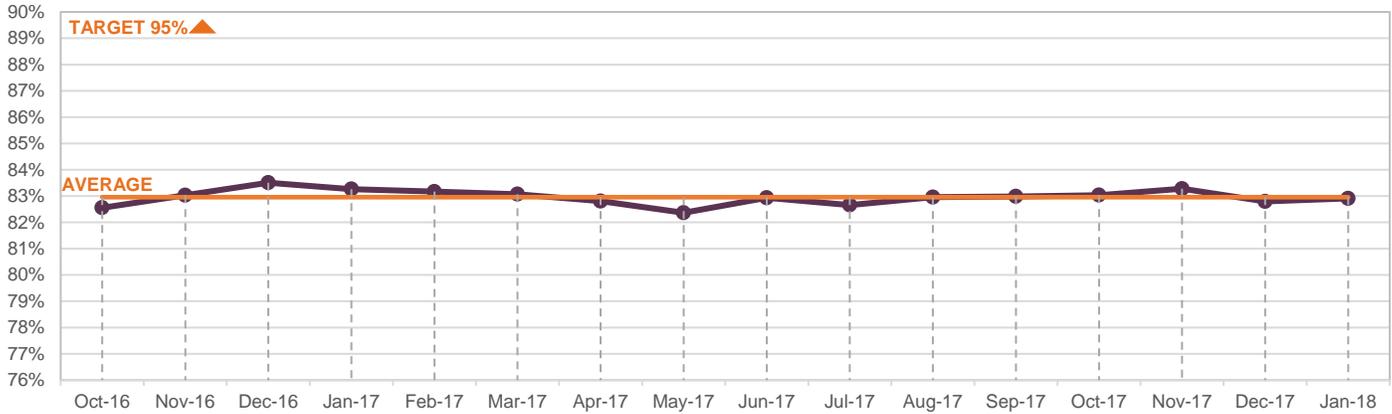
FY15-FY17 year-to-date average monthly sources: \$34.4 million
 FY18 year-to-date average monthly sources: \$36.8 million

Uses of Funds (Expenses) by Month



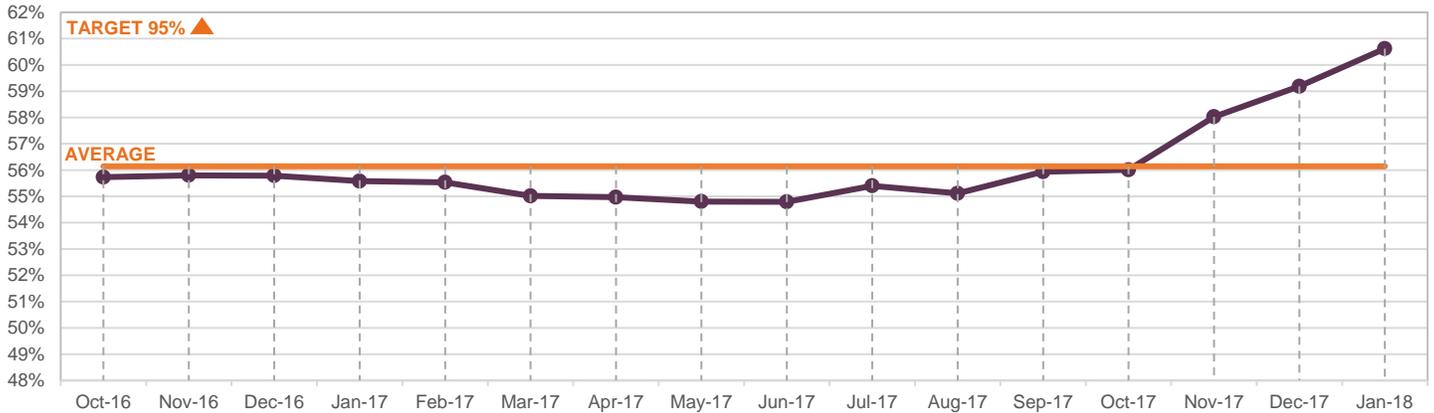
FY15-FY17 year-to-date average monthly uses: \$21.4 million
 FY18 year-to-date average monthly uses: \$21.6 million

ACE/ARB MEDICATION MONITORING



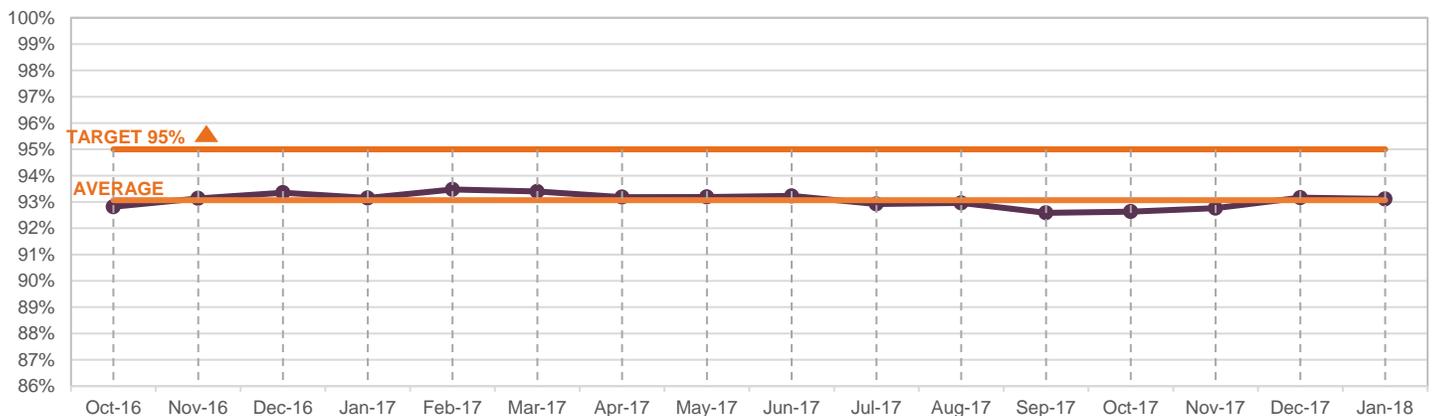
Kidney damage is a rare side effect of these medications which are used to treat high blood pressure. This chart shows the percentage of patients 18 years of age and older with 180 days of treatment whose kidney function was tested as recommended.

ANNUAL FOOT EXAM (DIABETIC PATIENTS)



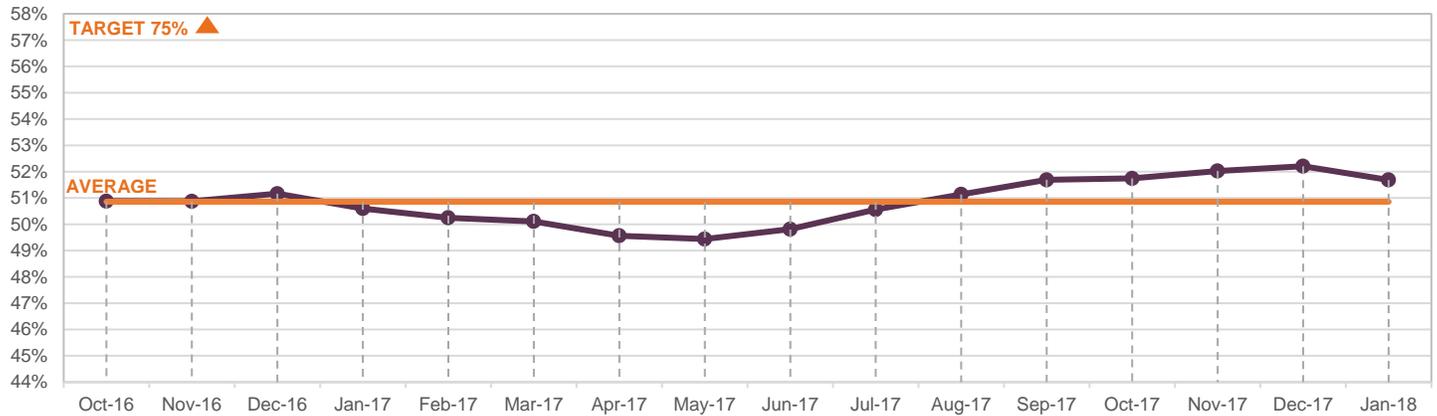
People with diabetes are more prone to circulatory and nerve problems that can affect their feet. This chart shows the percentage of diabetic patients ages 18 - 75 who received a complete foot examination (visual inspection, a sensory exam and a pulse exam) within the last year.

NEPHROPATHY SCREENING (DIABETIC PATIENTS)



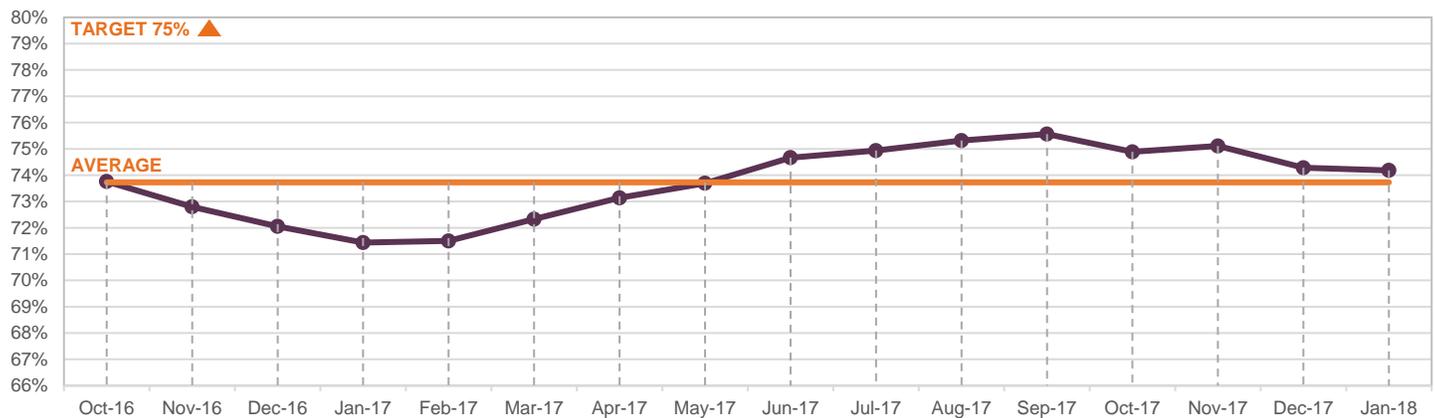
Diabetes can impact a patient's kidney function. This chart shows the percentage of diabetic patients ages 18 - 75 who were screened for nephropathy (kidney damage) as recommended within the last year.

HbA1c CONTROL <8% (DIABETIC PATIENTS)



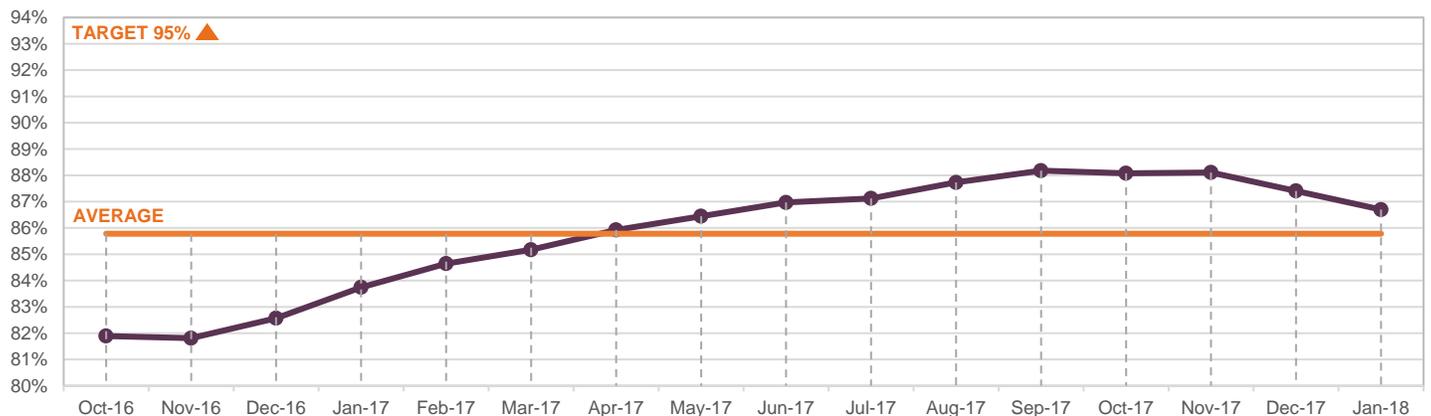
Hemoglobin A1c (HbA1c) is a measure of blood sugar control over the last three months. This chart shows the percentage of diabetic patients ages 18 - 75 whose most recent HbA1c was <8.0 during the measurement year.

BLOOD PRESSURE CONTROL <140/90 (DIABETIC PATIENTS)



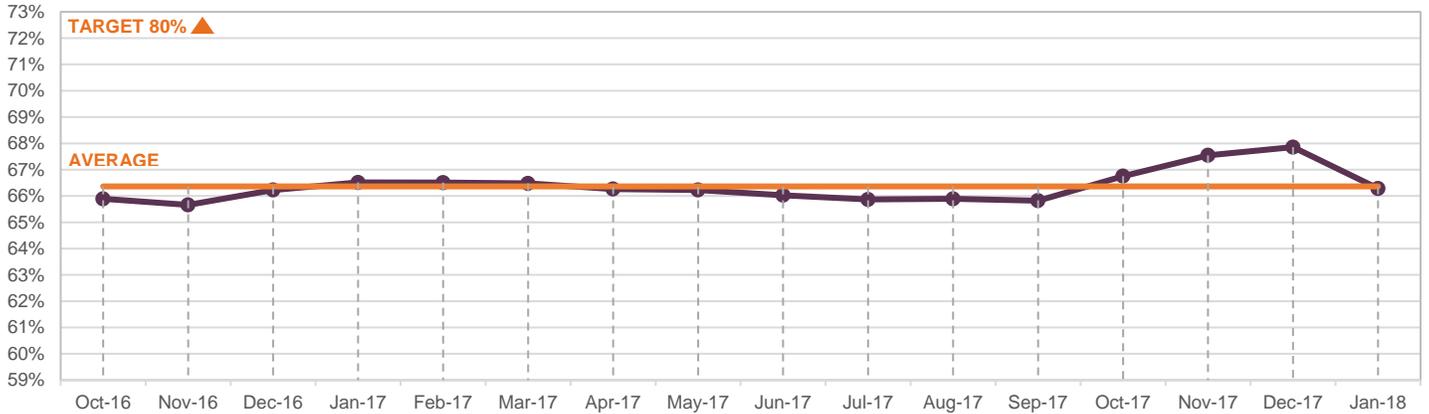
This chart shows the percentage of diabetic patients ages 18 - 75 whose most recent recorded blood pressure during the measurement year was below 140/90.

BODY MASS INDEX (BMI) SCREENING AND FOLLOW UP



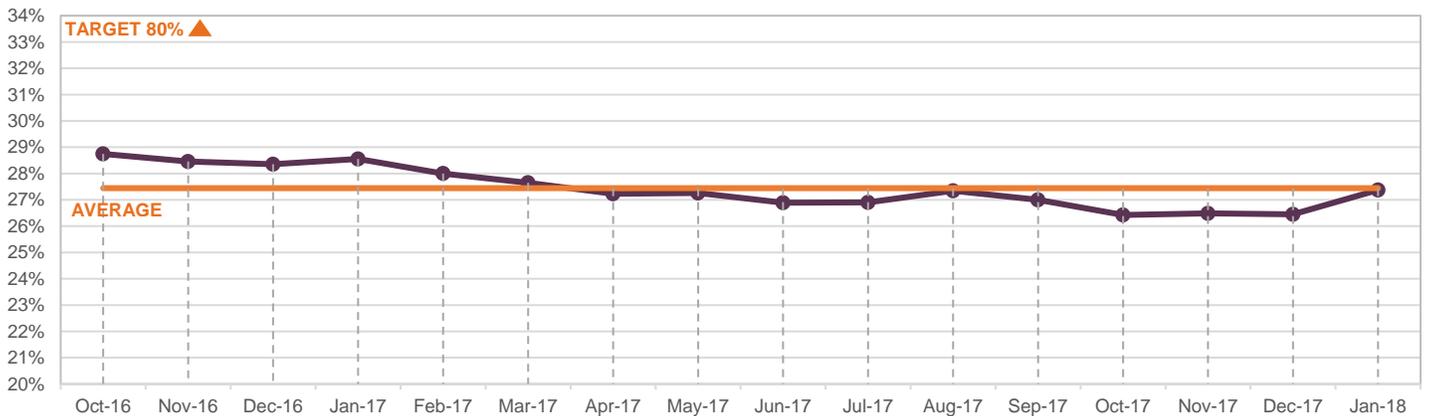
This chart shows the percentage of patients 18 years and older whose BMI was measured at their last visit or within six months before that visit AND when the BMI was out of range (too high or too low), these patients were given a follow-up plan at the visit or within the previous six months.

CERVICAL CANCER SCREENING



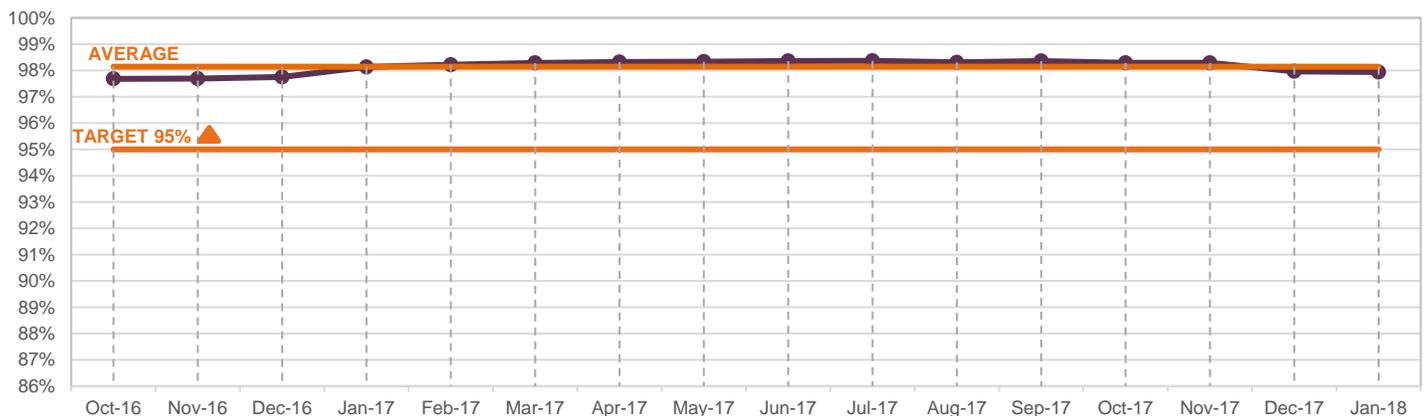
This chart shows the percentage of women ages 21 – 64 who received a Pap test as recommended to screen for cervical cancer.

COLORECTAL CANCER SCREENING



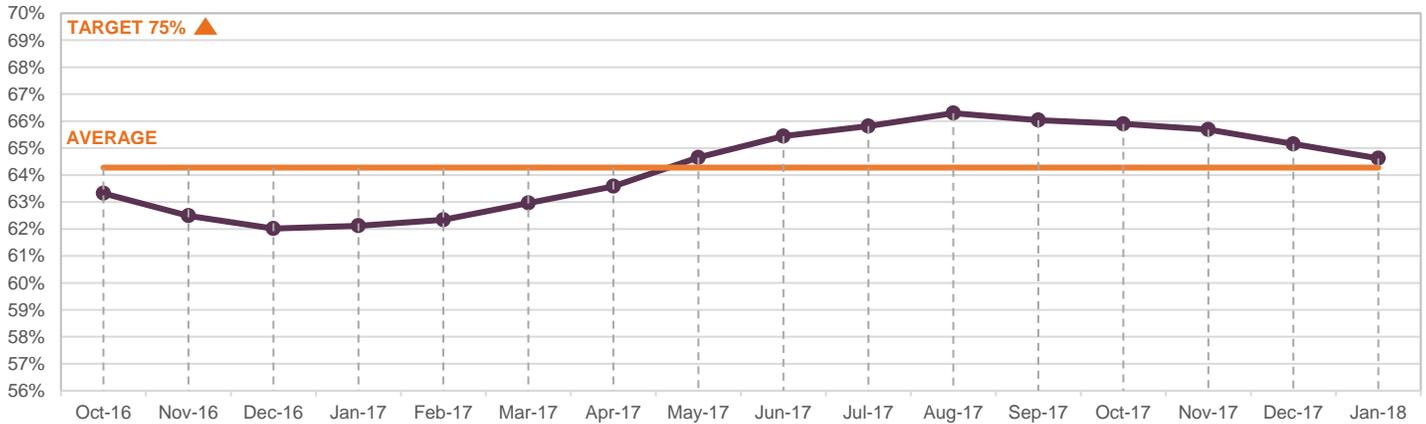
This chart shows the percentage of adults ages 50 - 75 who were screened for colorectal cancer as recommended.

TOBACCO USE SCREENING AND CESSATION INTERVENTION



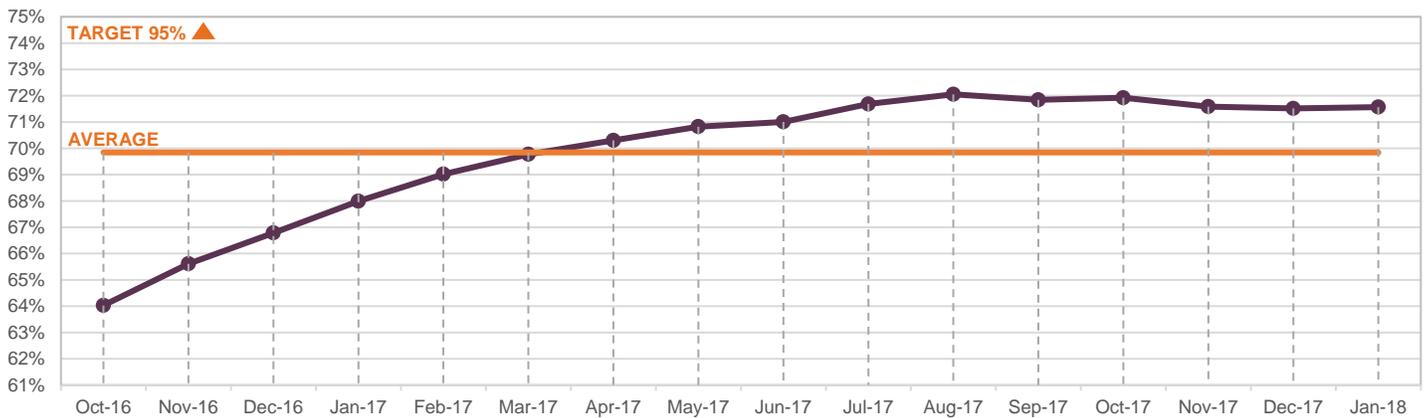
This chart shows the percentage of patients 18 years or older who were screened for tobacco use within the last 24 months AND if they were a tobacco user, these patients were given tobacco cessation counseling.

CONTROLLING HIGH BLOOD PRESSURE



This chart shows the percentage of patients with hypertension ages 18-85 whose most recent recorded blood pressure during the measurement year was below 140/90.

DEPRESSION SCREENING AND FOLLOW UP PLAN



This chart shows the percentage of patients 12 years old or older screened for clinical depression using an age-appropriate standardized tool AND if the screening was positive, these patients were given a follow-up plan on the same day.



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BOARD MEETING

March 28, 2018

REGULAR AGENDA ITEM 6

Discuss and take appropriate action on the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) projects, the Community Care Collaborative, including health care delivery arrangements, and other interrelated community partnerships.¹



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BOARD MEETING

March 28, 2018

REGULAR AGENDA ITEM 7

Discuss and take appropriate action on an update regarding Sendero Health Plans, Inc., including the effect of federal legislative and regulatory actions.¹



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BOARD MEETING

March 28, 2018

REGULAR AGENDA ITEM 8

Discuss and take appropriate action on Central Health owned property, including the Downtown Campus and adjacent properties.¹



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BOARD MEETING

March 28, 2018

REGULAR AGENDA ITEM 9

Confirm the next regular Board meeting date, time, and location.