



# 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.

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## BOARD OF MANAGERS

### Meeting Agenda

**Wednesday, May 23, 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. April 25, 2018; and
  - b. May 11, 2018.
- C2. Receive a report of the April 2018 financial statements for Central Health, as presented to the Budget and Finance Committee.
- C3. Receive a report of the April 2018 financial statements for the Community Care Collaborative, as presented to the Budget and Finance Committee.
- C4. Receive the April 2018 Investment Report and ratify Central Health Investments for April 2018.
- C5. Approve an interlocal agreement between Central Health and the Public Employee Benefits Alliance for membership in an employee benefits purchasing cooperative, as recommended by the Budget and Finance Committee.

C6. Approve amendments to the agreement between the Community Care Collaborative and CommUnityCare for Primary Care Services, as recommended by the Budget and Finance Committee:

- a. Amendment for expanded dermatology services; and
- b. Amendment for the addition of Community Health Worker services.

C7. Approve the establishment of a vendor pool for Architectural and Engineering services in an amount not to exceed \$150,000 to be allocated as appropriate among the selected firms and authorize Central Health's President and CEO to negotiate and enter into agreements on terms similar to, or more favorable than, those presented with BSA Life Structures, Inc., O'Connell Roberstson, and Page Sutherland;

Approve the establishment of a vendor pool for Civil Engineering services in an amount not to exceed \$25,000 to be allocated as appropriate among the selected firms and authorize Central Health's President and CEO to negotiate and enter into agreements on terms similar to, or more favorable than, those presented with Doucet & Chan, Jose I. Guerra, MWM Design, and UDF; and

Approve the establishment of a vendor pool for Land Surveying services in an amount not to exceed \$100,000 to be allocated as appropriate among the selected firms and authorize Central Health's President and CEO to negotiate and enter into agreements on terms similar to, or more favorable than, those presented with McKim & Creed, MWM Design, Sherwood, and Stantec, as recommended by the Budget and Finance Committee.

## **REGULAR AGENDA\***

### **Presentations and reports:**

1. Receive and discuss an update on the Community Health Needs Assessment for Travis County, the strategy for future health care delivery locations, and current CommUnityCare facilities.<sup>1</sup>
2. Receive and discuss reports from Board committees: Budget and Finance Committee and Strategic Planning Committee.

### **Items for consideration and possible action:**

3. Discuss and take appropriate action on the following items related to Central Health's President and CEO:
  - a. Formal approval of the President and CEO's annual performance evaluation;
  - b. Timeline for adoption of the annual performance evaluation tool to be used in 2019; and
  - c. Renewal and amendment to current employment contract, including changes to compensation package and benefits.<sup>1</sup>

### **Standing Items:**

4. Receive and discuss a report from the President & CEO on Central Health operations and current activities, including: (a) the current strategic plan and related measures or dashboards; (b) an assessment of systems and processes and prioritization of activities and initiatives; and (c) personnel matters.<sup>1</sup>
5. 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.<sup>1</sup>

6. Discuss and take appropriate action on an update regarding Sendero Health Plans, Inc., including the effect of federal legislative and regulatory actions.<sup>1</sup>
7. Discuss and take appropriate action on Central Health owned property, including the Downtown Campus and adjacent properties.<sup>1</sup>
8. 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.

Came to hand and posted on a Bulletin Board in the Courthouse,  
Austin, Travis County, Texas on this the 18<sup>th</sup> day of

May 2018.

Dana DeBeauvoir

County Clerk, Travis County, Texas

By

*A. Macedo* Deputy

**A. MACEDO**



**FILED AND RECORDED**

OFFICIAL PUBLIC RECORDS

*Dana DeBeauvoir*

May 18, 2018 03:10 PM

201880809

FEE: \$0.00

Dana DeBeauvoir, County Clerk

Travis County TEXAS



CENTRAL HEALTH

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**BOARD MEETING**

**May 23, 2018**

**AGENDA ITEM C1**

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

- a. April 25, 2018; and
- b. May 11, 2018

MINUTES OF MEETING – APRIL 25, 2018  
CENTRAL HEALTH  
BOARD OF MANAGERS

On Wednesday, April 25, 2018, a meeting of the Central Health Board of Managers convened in open session at 5:30 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.

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**Board of Managers present:** Chairperson Zamora, Vice-Chairperson Greenberg, Treasurer Bell, Manager Jones, Manager Oliver, and Manager Valadez

**CITIZENS' COMMUNICATION**

**Clerk's Notes:** At 5:32 p.m. Chairperson Zamora introduced seven speakers for Citizens' Communication.

Members of the Board heard from:

Ms. Jo Kathryn Quinn, Executive Director, Caritas of Texas  
and Chair of One Voice Central Texas;  
Mr. Walter Moreau, Foundation Communities;  
Ms. Elizabeth Colvin, Foundation Communities;  
Mr. Mitchell Gibbs, Travis County Resident;  
Mr. JP Eichmiller, Central Health;  
Mr. Richard Franklin, Del Valle Community member; and  
Ms. Stephanie McDonald, Central Health.

**REGULAR AGENDA**

**1. Receive and discuss an update on future health care delivery locations and receive an update on health care service delivery expansion in Eastern Travis County.<sup>1</sup>**

**Clerk's Notes:** Discussion on this item began at 5:49 p.m. Mr. Mike Geeslin, President and CEO of Central Health, introduced the item. Mr. Larry Wallace, CAO of Central Health, presented information on the health services delivery expansion planning. Topics included: current projects; service delivery options; capital requirements; and community engagement activities. Mr. JP Eichmiller, Director of Strategic Communications for Central Health, presented a review of population data for the targeted expansion area and discussed how the Central Health Demographic Report has helped with facility planning. Mr. Wallace described the locations in Eastern Travis County being considered for service expansion and their timelines.

No action was taken on item 1.

**2. Receive and discuss a briefing regarding *Birch, et al. v. Travis County Healthcare District d/b/a Central Health and Mike Geeslin*, Cause No. D-1-GN-17-005824 in the 345th District Court of Travis County.<sup>1</sup>**

**Clerk's Notes:** Discussion on this item began at 6:49 p.m. Chairperson Zamora announced that the Board is convening in executive session to discuss agenda item 2 under Section 551.071 of the Texas Government Code, Consultation with Attorney.

The Board reconvened in open session at 6:58 p.m.

No action was taken on item 2.

**3. Receive, discuss, and take appropriate action on information regarding the Central Health Board of Managers' online message board.**

**Clerk's Notes:** Discussion on this item began at 6:58 p.m. Mr. Geeslin gave an overview of the new Central Health Board of Managers' online message board and explained the reasoning for establishing the message board. Mr. Mike McKinnon, Communications Solutions & Innovation Manager for Central Health, demonstrated how the message board works and how to navigate through the site.

Vice-Chairperson Greenberg moved that the Board empower the President and CEO of Central Health to authorize individual staff members to use the Central Health Board of Managers' online message board. Treasurer Bell 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	For
Manager Maram Museitif	Absent
Manager Julie Oliver	For
Manager Cynthia Valadez	For

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

**Clerk's Notes:** Discussion on this item began at 7:12 p.m. Treasurer Bell gave a report on the matters discussed at the Budget and Finance Committee meeting. Vice-Chairperson Greenberg gave a report on the matters discussed at the Strategic Planning Committee meeting.

No action was taken on item 4.

**5. Receive and discuss a report from the President & CEO on Central Health operations and current activities, including: (a) the current strategic plan and related measures or dashboards; (b) an assessment of systems and processes and prioritization of activities and initiatives; and (c) personnel matters.<sup>1</sup>**

**Clerk's Notes:** Discussion on this item began at 7:14 p.m. Mr. Geeslin presented a mid-year update on the Community Care Collaborative's efforts to improve specialty care in Fiscal Year 2018, which includes an administrative review of wait lists, a new referral management and consultation platform, integrated practice units, and an expanded ear, nose and throat services. Mr. Geeslin spoke on future efforts for the remainder of Fiscal Year 2018 and Fiscal Year 2019.

No action was taken on item 5.

**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.<sup>1</sup>**

**Clerk's Notes:** Item 6 was not discussed.

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

**Clerk's Notes:** Item 7 was not discussed.

8. Discuss and take appropriate action on Central Health owned property, including the Downtown Campus and adjacent properties.<sup>1</sup>

**Clerk's Notes:** Item 8 was not discussed.

**CONSENT AGENDA**

- C1. Approve minutes of the following meeting of the Central Health Board of Managers:
  - a. March 28, 2018; and
  - b. April 14, 2018.
- C2. Receive a report of the March 2018 financial statements for Central Health, as presented to the Budget and Finance Committee.
- C3. Receive a report of the February 2018 and March 2018 financial statements for the Community Care Collaborative, as presented to the Budget and Finance Committee.
- C4. Receive the March 2018 Investment Report and ratify Central Health Investments for March 2018.
- C5. Approve an increase to the disabled and 65 and over homestead exemption for Central Health from \$80,000 to \$85,500, as recommended by the Budget and Finance Committee.

**Clerk's Notes:** Discussion on this item began at 7:17 p.m. Manager Jones requested to pull item C5 from the list of consent items. Manager Valadez moved that the Board approve Consent Agenda items C1-C4. Secretary Greenberg 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	For
Manager Maram Museitif	Absent
Manager Julie Oliver	For
Manager Cynthia Valadez	For

- C5. Approve an increase to the disabled and 65 and over homestead exemption for Central Health from \$80,000 to \$85,500, as recommended by the Budget and Finance Committee.

**Clerk's Notes:** Discussion on this item began at 7:19 p.m. Manager Valadez moved to approve consent agenda item C5 by roll call vote. Secretary Greenberg seconded the motion. The roll was called by meeting clerk, Ms. Emily Farris, and the votes are reflected below.

Chairperson Guadalupe Zamora	For
Vice-Chairperson Sherri Greenberg	For
Treasurer Charles Bell	For
Secretary Abigail Aiken	Absent

Manager Katrina Daniel	Absent
Manager Shannon Jones	Abstain
Manager Maram Museitif	Absent
Manager Julie Oliver	For
Manager Cynthia Valadez	For

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

**Clerk's Notes:** Discussion on this item began at 7:21 p.m. Chairperson Zamora announced that the next Central Health Board of Managers' meeting is scheduled for Wednesday, May 23, 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	For
Manager Maram Museitif	Absent
Manager Julie Oliver	For
Manager Cynthia Valadez	For

The meeting was adjourned at 7:22 p.m.

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Guadalupe Zamora, Chairperson  
Central Health Board of Managers

ATTESTED TO BY:

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Abigail Aiken, Secretary  
Central Health Board of Managers



MINUTES OF MEETING – MAY 11, 2018  
CENTRAL HEALTH  
BOARD OF MANAGERS

On Friday, May 11, 2018, a meeting of the Central Health Board of Managers convened in open session at 11:39 a.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 Stephanie Lee McDonald.

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**Board of Managers present:** Chairperson Zamora, Vice Chairperson Greenberg, Secretary Aiken, Manager Museitif, and Manager Valadez

**REGULAR AGENDA**

**1. Discuss and take appropriate action on the Central Health President and CEO's annual performance evaluation.<sup>1</sup>**

**Clerk's Notes:** Discussion on this item began at 11:39 a.m. Chairperson Zamora announced that the Board is convening in executive session to discuss agenda item 1 under Section 551.074 of the Texas Government Code, Personnel Matters and Section 551.071 of the Texas Government Code, Consultation with Attorney.

The Board reconvened in open session at 12:38 p.m.

No action was taken on item 1.

Secretary Aiken moved adjournment. Vice Chairperson Greenberg seconded the motion.

The meeting adjourned at 12:39 p.m.

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Guadalupe Zamora, Chairperson  
Central Health Board of Managers

ATTESTED TO BY:

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Abigail Aiken, Secretary  
Central Health Board of Managers



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## **BOARD MEETING**

**May 23, 2018**

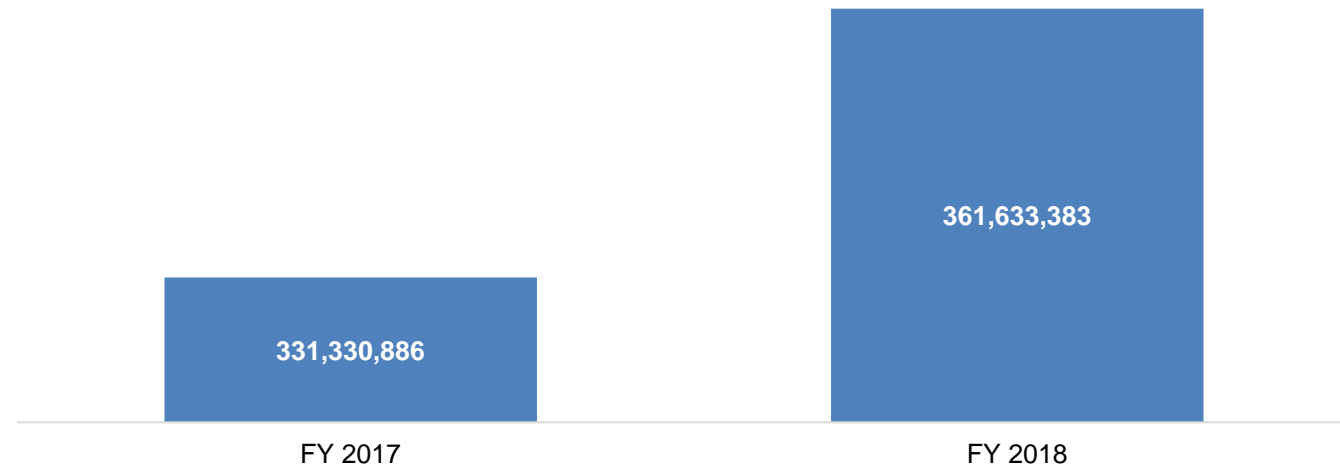
## **AGENDA ITEM C2**

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

# Monthly Financial Dashboard—April 2018\*

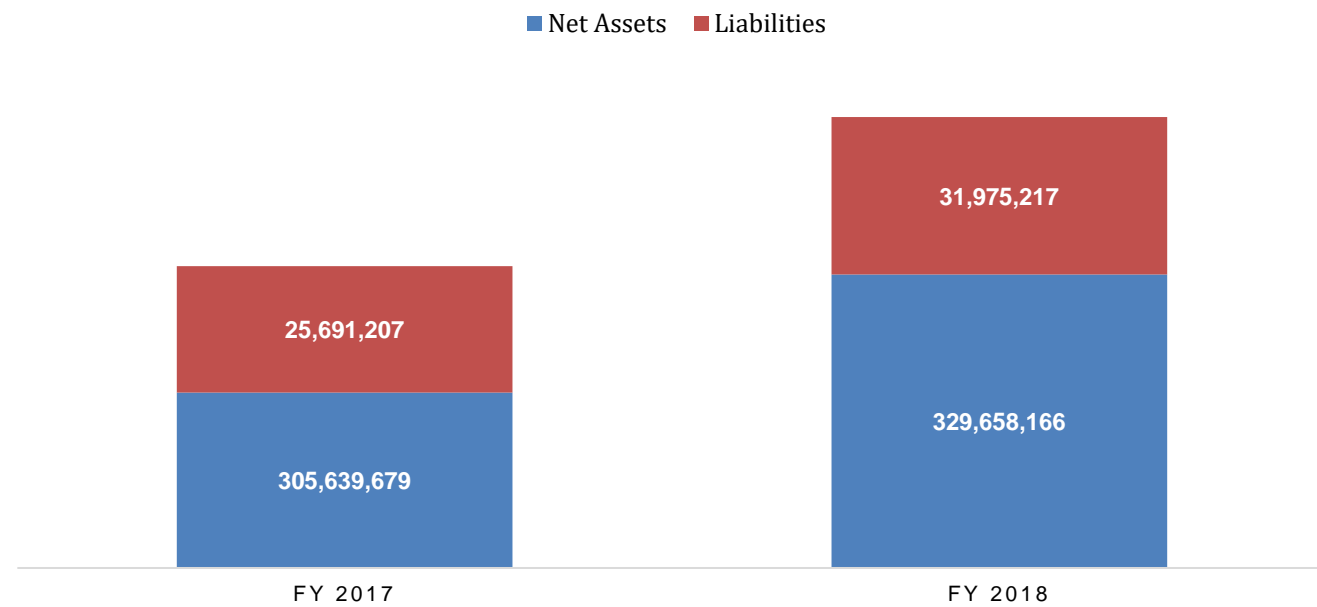
\*Unaudited results

## Assets (April 30, 2018)



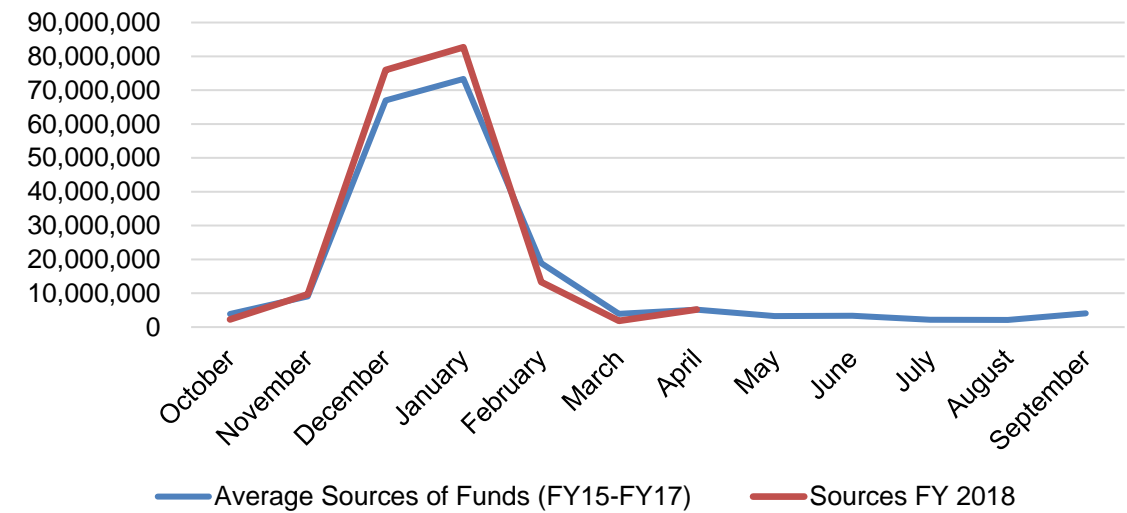
Note: Central Health has a strong cash and short-term investments position. Current assets include cash, investments and accounts receivable which could be converted to cash within one year.

## Liabilities and Net Assets (April 30, 2018)



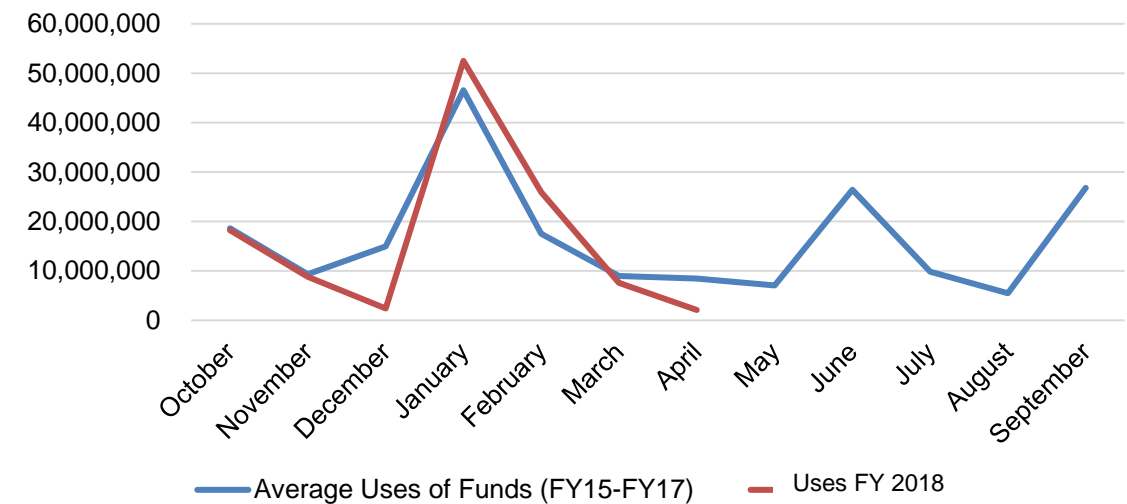
Note: Net assets are equal to total assets minus total liabilities.

## Sources of Funds (Revenue) by Month



FY15-FY17 year-to-date average monthly sources: \$25.9 million  
 FY18 year-to-date average monthly sources: \$27.3 million

## Uses of Funds (Expenses) by Month



FY15-FY17 year-to-date average monthly uses: \$17.8 million  
 FY18 year-to-date average monthly uses: \$16.8 million



**Balance Sheet (Assets) – Slide 3**

**Current Assets**

Cash and Cash Equivalents – \$1.6 million

Short-term Investments – Short-term investments were \$142.7 million at month-end, which is net of restricted investments of \$6.4 million for capital acquisitions.

Ad Valorem Taxes Receivable – \$2.4 million balance is composed of the 2017 tax levy of \$3.5 million, delinquent prior years' taxes of \$2.3 million, and tax distributions in transit from the Travis County Tax Office of \$113 thousand, partially offset by estimated allowances for doubtful collections and adjustments of \$3.5 million.

Other Receivables – Other receivables total \$8.9 million and consists of intercompany balances of \$8.7 million, and interest receivable of \$177K.

Prepaid Expenses – \$335K balance composed of \$324K appraisal and collection fees and \$11K in deposits.

**Total Current Assets – \$156.0 million**

**Noncurrent Assets**

Investments Restricted for Capital Acquisition – \$6.4 million in short-term securities restricted for capital acquisition.

Sendero Paid-in Capital – \$61.0 million (\$10 million accrued for May)

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

Sendero Surplus Debenture – \$17.1 million (unchanged)

Capital Assets – \$117.1 million, net of accumulated depreciation.

**Total Assets – \$361.6 million**



## **Balance Sheet (Liabilities and Net Assets) – Slide 4**

### **Current Liabilities**

Accounts Payable – Major components of the \$1.8 million balance are:

- \$1.2 million in vendor invoices at month-end, and
- \$615 million in estimated healthcare delivery costs for services incurred but not yet billed or paid.

Salaries and Benefits Payable – \$1.2 million 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 – \$17.1 million in other payables is comprised of the amount due to Seton for Charity Care, the distribution of the tobacco settlement proceeds, and accrued risk based capital for Sendero.

Debt Service Payable, Short-Term – \$1.1 million balance is comprised of \$60k is accrued interest and \$1.0 million is Certificates of Obligation Payable.

Capital Lease Obligation, Short-Term – \$84K related to medical equipment leased at Southeast Health and Wellness Center.

Deferred Tax Revenue – \$2.3 million for the uncollected portion of the 2017 tax levy.

### **Total Current Liabilities – \$23.6 million**

### **Noncurrent Liabilities**

Debt Service Payable, Long-Term – \$8.2 million balance of the \$16 million in Series 2011 Certificates of Obligation, reduced by seven 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 – \$143K related to medical equipment leased at Southeast Health and Wellness Center.

### **Total Noncurrent Liabilities – \$8.4 million**

### **Total Liabilities – \$31.9 million**



April 2018 Preliminary Monthly Financial Statements (unaudited)  
Page 3 of 4

### **Net Assets**

Unrestricted Net Assets – \$212.6 million

Investment in Capital Assets – \$117.1 million

**Total Net Assets – \$329.7 million**

**Total Liabilities and Net Assets – \$361.6 million**

### **Sources and Uses Report – Slide 5**

April financials → Seven months, 58.3% of the fiscal year

#### **Sources**

Property Tax Revenue – Net property tax revenue for the month of April was \$715K. Net revenue includes \$846K current month's collections, less \$130K in adjustments for prior year delinquent taxes. Current year's collections were 99.3 % of the fiscal 2018 budget.

Lease Revenue – \$858K recorded for Seton lease payment and UT ground lease.

Other Revenue – \$202K interest income on investments.

#### **Uses of Funds**

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$1.1 million for the month.

Administration Program – \$545K in expense for the month, which includes:

- Personnel costs – \$361K
- Legal fees – \$85K
- Consulting services – \$12K
- Other general and administrative – \$86K

Tax Collection Expenses – \$4.7K

**Excess Sources Over (Under) Uses** – Net assets increased by \$3.5 million in April. Year-to-date, net assets have increased by \$124.3 million.



April 2018 Preliminary Monthly Financial Statements (unaudited)

Page 4 of 4

### **Healthcare Delivery Expense – Slide 6**

Provider Costs – Healthcare delivery providers' expense for April totaled \$217K, which includes:

- Primary care – \$63K
- Medical Administration expense – \$154

Healthcare Delivery Operating Cost – \$487K in expenses for the month and includes:

- Personnel costs – \$307K
- Consulting services – \$11K
- Legal fees – (\$12K)
- Other services and purchased goods – \$181K

Other Costs – \$390K in expense for the month, which includes:

- UMCB Campus Redevelopment – \$215K
- ACA Enrollment and Subsidy – \$145K
- Debt Service – \$29K

**Total Healthcare Delivery for the month of April was \$1.1 million.**



CENTRAL HEALTH

# Central Health

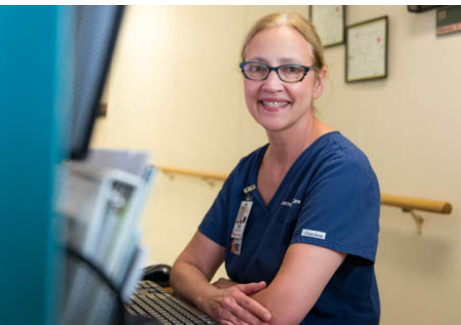
## Financial Statement Presentation

FY 2018 – as of April 30, 2018

Central Health Budget and Finance Committee

May 16, 2018

Lisa Owens, VP of Financial Operations







# April 2018 Financial Highlights

- Through the first seven months of fiscal year 2018.
- Year-to-date, collected net property tax revenue of \$180.5 million (99.3% of fiscal 2018 budget).
- Collected 98.24% of the adjusted tax levy.
- Additional Risk Based Capital was transferred to Sendero in May, accrued in April.
- Tobacco Settlement funds were received in April for \$4.9 million, Central Health \$3.4 million.



**Balance Sheet**  
**As of April 30, 2018**  
*(Page 1 of 2, Assets)*

	<u>FY 2018</u>	<u>FY 2017</u>
<b>Assets</b>		
Current Assets		
Cash and cash equivalents	1,601,032	2,600,963
Short-term investments	142,705,385	141,090,668
Ad valorem taxes receivable	2,382,626	1,987,456
Other receivables	8,998,036	1,403,616
Prepaid expenses	335,069	51,518
Total Current Assets	156,022,148	147,134,221
Noncurrent or restricted cash and investments		
Restricted for capital acquisition	6,429,810	7,123,995
Sendero paid-in-capital	61,000,000	35,000,000
Working capital advance to CommUnityCare	4,000,000	4,000,000
Sendero Surplus Debenture	17,083,000	17,083,000
Total Noncurrent or restricted cash and investments	88,512,810	63,206,995
Capital Assets		
Land	11,770,184	11,770,184
Buildings and improvements	132,393,816	125,096,332
Equipment and furniture	8,909,710	9,078,151
Construction in progress	2,576,028	10,454,537
Less accumulated depreciation	(38,551,313)	(35,409,533)
Total Capital Assets	117,098,424	120,989,671
<b>Total Assets</b>	361,633,383	331,330,886



**Balance Sheet**  
**As of April 30, 2018**  
*(Page 2 of 2, Liabilities and Net Assets)*

	<u>FY 2018</u>	<u>FY 2017</u>
<b>Liabilities</b>		
Current Liabilities		
Accounts payable	1,887,387	5,470,633
Salaries and benefits payable	1,151,449	1,114,055
Other Payables	17,063,191	3,071,555
Debt service payable, short-term	1,089,866	1,064,399
Capital Lease Obligation, Short-Term	83,653	86,098
Deferred tax revenue	2,349,671	2,329,567
Other deferred revenue	-	3,174,900
Total Current Liabilities	<u>23,625,217</u>	<u>16,311,207</u>
Noncurrent Liabilities		
Debt service payable, long-term	8,206,774	9,153,122
Capital Lease Obligation, Long-Term	143,226	226,878
Total Noncurrent Liabilities	<u>8,350,000</u>	<u>9,380,000</u>
Total Liabilities	<u>31,975,217</u>	<u>25,691,207</u>
<b>Net Assets</b>		
Unrestricted	212,559,742	184,650,008
Investment in Capital Assets	117,098,424	120,989,671
Total Net Assets	<u>329,658,166</u>	<u>305,639,679</u>
<b>Liabilities and Net Assets</b>	<u><u>361,633,383</u></u>	<u><u>331,330,886</u></u>



## Sources and Uses Report

### Fiscal Year-to-Date through April 30, 2018

*(Excludes Depreciation Expense)*

	This Month	Fiscal Year-To-Date	Fiscal Year Budget	Percent of Budget Used	Prior Year-To-Date
<b>Sources</b>					
Property Tax Revenue	714,720	180,484,224	181,839,054	99.3%	168,959,374
Lease Revenue <sup>(2)</sup>	857,841	6,454,885	10,303,467	62.6%	22,224,300
Other Revenue	202,819	1,039,018	400,000	259.8%	454,848
Tobacco Settlement Revenue	3,426,346	3,426,346	1,800,000	190.4%	-
Contingency Reserve (Appropriated) <sup>(1)</sup>	-	51,560,311	43,482,960	118.6%	51,876,745
<b>Total Sources</b>	<b>5,201,726</b>	<b>242,964,784</b>	<b>237,825,481</b>	<b>102.2%</b>	<b>243,515,267</b>
<b>Uses of Funds</b>					
<b>Total Healthcare Delivery Program</b>	<b>1,094,437</b>	<b>113,089,319</b>	<b>227,029,205</b>	<b>49.8%</b>	<b>108,500,456</b>
<b>Administration Program</b>					
Personnel Salary and Benefits	361,129	2,105,286	4,413,183	47.7%	2,149,588
Other Purchased Goods and Services					
Legal Fees	84,988	479,109	926,200	51.7%	608,577
Consulting Services	12,107	369,203	1,208,800	30.5%	128,101
Other General and Administrative	86,374	1,055,839	2,595,333	40.7%	949,058
<b>Total Administration Program</b>	<b>544,598</b>	<b>4,009,437</b>	<b>9,143,516</b>	<b>43.9%</b>	<b>3,835,324</b>
Tax Collection Expenses	4,763	1,527,592	1,652,760	92.4%	1,447,693
<b>Total Uses</b>	<b>1,643,798</b>	<b>118,626,347</b>	<b>237,825,481</b>	<b>49.9%</b>	<b>113,783,473</b>
<b>Excess Sources Over (Under) Uses</b>	<b>\$ 3,557,928</b>	<b>\$ 124,338,437</b>	<b>\$ -</b>		<b>\$ 129,731,794</b>

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

(2) Adjusted YTD balance.



## Healthcare Delivery Expense Fiscal Year-to-Date through April 30, 2018 (Excludes Depreciation Expense)

	This Month	Fiscal Year-To-Date	Fiscal Year Budget	Percent of Budget Used	Prior Year-To-Date
<b>Intergovernmental Transfers (IGTs) <sup>(1)</sup></b>	<b>\$ -</b>	<b>\$ 98,734,058</b>	<b>\$ 142,920,000</b>	<b>69.1%</b>	<b>\$ 89,931,678</b>
<b>Provider Costs</b>					
Primary Care	62,909	458,761	1,731,800	26.5%	341,430
DSRIP Project Expense	-	585,985	-		825,016
Charity Care <sup>(6)</sup>	-	1,062,933	4,251,733	25.0%	2,480,178
New Healthcare Initiatives <sup>(5)</sup>	-	-	500,000	0.0%	-
Member Payment to CCC <sup>(2)</sup>	-	-	29,245,166	0.0%	-
Medical Administration	154,319	462,956	666,657	69.4%	462,956
<b>Subtotal Provider Costs</b>	<b>217,228</b>	<b>2,570,635</b>	<b>36,395,356</b>	<b>7.1%</b>	<b>4,109,580</b>
<b>Service Expansion Funds <sup>(3)</sup></b>	<b>-</b>	<b>-</b>	<b>2,000,000</b>	<b>0.0%</b>	<b>-</b>
<b>Total IGTs and Provider Costs</b>	<b>217,228</b>	<b>101,304,693</b>	<b>181,315,356</b>	<b>55.9%</b>	<b>94,041,258</b>
<b>Healthcare Delivery Operating Costs</b>					
Personnel Costs	307,556	1,835,673	3,897,517	47.1%	1,893,857
Consulting Services	11,489	(12,969)	389,000	-3.3%	126,169
Legal Fees	(12,579)	26,774	31,200	85.8%	31,725
Other Services and Purchased Goods <sup>(4)</sup>	180,849	1,012,590	3,894,184	26.0%	853,978
<b>Subtotal HCD Operating Costs</b>	<b>487,315</b>	<b>2,862,069</b>	<b>8,211,901</b>	<b>34.9%</b>	<b>2,905,729</b>
<b>Other Costs</b>					
UMCB Campus Redevelopment <sup>(4)</sup>	214,548	856,050	4,360,644	19.6%	569,371
ACA Enrollment and Subsidy	145,413	1,427,721	2,700,000	52.9%	894,196
Debt Service	29,933	1,220,864	1,372,795	88.9%	1,209,903
<b>Subtotal Other Costs</b>	<b>389,894</b>	<b>3,504,635</b>	<b>8,433,439</b>	<b>41.6%</b>	<b>2,673,470</b>
<b>Subtotal Reserves, Appropriated Uses and Transfers</b>	<b>-</b>	<b>5,417,922</b>	<b>29,068,509</b>	<b>18.6%</b>	<b>8,880,000</b>
<b>Total Healthcare Delivery</b>	<b>\$ 1,094,437</b>	<b>\$ 113,089,319</b>	<b>\$ 227,029,205</b>	<b>49.8%</b>	<b>\$ 108,500,456</b>

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

<sup>(2)</sup> 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.

<sup>(3)</sup> In February 2018, the Board of Managers appropriated \$200K to the CCC.

<sup>(4)</sup> Adjusted YTD balance.

<sup>(5)</sup> In March 2018 the Board of Mangers appropriated \$400K to potential Pay for Success project to support Permanent Supportive Housing.

<sup>(6)</sup> Seton.



## Recap of FY18 IGT Payments Actuals Through April 30, 2018

<i>\$ in millions</i>	<b>This Month</b>	<b>Fiscal Year-To-Date</b>	<b>Fiscal Year Budget</b>	<b>Under (Over) Budget</b>
Private UC	\$ -	\$ 16.0	\$ 24.0	\$ 8.0
UMCB UC	-	12.7	25.0	12.3
DSH	-	20.0	35.0	15.0
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
<b>Total</b>	<b>\$ -</b>	<b>\$ 98.7</b>	<b>\$ 142.9</b>	<b>\$ 44.2</b>



# Questions? Comments?



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.

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

**BOARD MEETING**

**May 23, 2018**

**AGENDA ITEM C3**

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





April 2018 Preliminary FYTD Financial Statements  
Page 1 of 2

## **Balance Sheet**

### **Current Assets**

Cash and Cash Equivalents – \$63 million

Other Receivables – \$221k, which includes:

- \$215k for Seton partial service obligation payment

Prepaid and Other – \$288K

**Total Assets – \$63.7 million**

### **Liabilities**

Accounts Payable and Accrued Liabilities – \$23.6 million, which includes:

- \$16.5 million estimated IBNR to providers
- \$2.8 million non-provider accruals
- \$4.3 million to Central Health

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

Other Liabilities – \$188k; includes leasehold improvement allowance liability of \$163k

Payroll Liabilities – \$328k; includes PTO liability

**Total Liabilities – \$26.9 million**

### **Net Assets**

Emergency Reserve – \$5.0 million

Unrestricted Net Assets – \$31.8 million

**Total Net Assets – \$36.8 million**

**Total Liabilities and Net Assets – \$63.7 million**

\*BOARD PACKET\*



**Sources and Uses Report**

April financials → seven months, 58.3% 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 – \$167k for interest income

**Uses of Funds, Year-to-Date**

Operating Expenses

	Approved Budget	YTD Actual	YTD % of Budget	Prior YTD Actual
<b>Healthcare Delivery Services</b>				
Primary Care	\$ 52,186,817	\$ 28,664,167	55%	\$ 25,688,693
Specialty Care	13,475,915	4,042,395	30%	1,991,991
Specialty Behavioral Health	8,833,856	5,081,948	58%	4,664,130
Specialty Dental Care	629,711	240,326	38%	255,223
Post-Acute Care	2,400,000	730,205	30%	813,400
Pharmacy	6,350,000	2,475,092	39%	2,171,894
Medical Management	2,111,102	1,333,503	63%	893,537
Urgent and Convenient Care	600,000	58,941	10%	109,125
Healthcare Delivery Operations <sup>(1)</sup>	12,931,378	4,740,729	37%	3,970,182
Contingency Reserve	3,613,896	-	0%	-
<b>Total Healthcare Delivery Operations</b>	<b>\$ 103,132,675</b>	<b>\$ 47,367,307</b>	<b>46%</b>	<b>\$ 40,558,174</b>

Change in Net Assets – Year-to-date change in net assets is an increase of \$31.8M.

# Community Care Collaborative

## Financial Statement Presentation

### FY 2018 – as of April 30, 2018

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

**Lisa Owens, Central Health VP of Financial Operations  
Jon Morgan, Interim Executive Director & Chief  
Operations Officer**



a partnership of Central Health and Seton Healthcare Family

# General

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

# Balance Sheet

As of April 30, 2018



	<u>FY 2018</u>	<u>FY 2017</u>
Assets:		
Cash and Cash Equivalents <sup>(1)</sup>	\$ 63,166,343	\$ 56,619,632
Other Receivables	220,998	25,306
Prepaid and Other	288,105	242,190
Total Assets	<u>\$ 63,675,446</u>	<u>\$ 56,887,128</u>
Liabilities and Net Assets:		
AP and Accrued Liabilities	\$ 23,528,251	\$ 14,786,637
Deferred Revenue	2,801,052	2,801,052
Other Liabilities	187,669	236,309
Accrued Payroll	327,802	250,759
Total Liabilities	<u>26,844,774</u>	<u>18,074,757</u>
Net Assets <sup>(1)</sup>	<u>36,830,672</u>	<u>38,812,371</u>
Total Liabilities and Net Assets	<u>\$ 63,675,446</u>	<u>\$ 56,887,128</u>

<sup>(1)</sup> Includes \$5M Emergency Reserve Balance

# Sources and Uses Report, Budget vs Actual

## Fiscal Year-to-Date through April 30, 2018



		<b>Approved Budget</b>	<b>YTD Actual</b>	<b>YTD % of Budget</b>	<b>Prior YTD Actual</b>
<b>Sources of Funds</b>	DSRIP Revenue	\$ 58,000,000	\$ 56,542,764	97%	\$ 56,739,332
	Member Payment - Seton <sup>(1)</sup>	58,800,000	10,000,000	17%	-
	Member Payment - Central Health <sup>(1)</sup>	29,245,166	-	0%	-
	Operations Contingency Carryforward	9,883,321	13,065,346	132%	26,316,998
	Other Sources	100,000	167,265	167%	79,436
	<b>Total Sources of Funds</b>	<b>\$ 156,028,487</b>	<b>\$ 79,775,375</b>	<b>51%</b>	<b>\$ 83,135,766</b>
<b>Uses - Programs</b>	Healthcare Delivery	103,132,675	47,367,307	46%	40,558,174
	UT Services Agreement	35,000,000	-	0%	-
	DSRIP Project Costs	17,895,812	577,396	3%	8,765,223
	<b>Total Uses</b>	<b>\$ 156,028,487</b>	<b>\$ 47,944,703</b>	<b>31%</b>	<b>\$ 49,323,397</b>
<b>Sources Over (Under) Uses</b>	<b>\$ -</b>	<b>\$ 31,830,673</b>		<b>\$ 33,812,369</b>	

<sup>(1)</sup> 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 April 30, 2018



	<u>Approved Budget</u>	<u>YTD Actual</u>	<u>YTD % of Budget</u>	<u>Prior YTD Actual</u>
<b>Healthcare Delivery Services</b>				
Primary Care <sup>(1)</sup>	\$ 52,186,817	\$ 28,664,167	55%	\$ 25,688,693
Specialty Care <sup>(1)</sup>	13,475,915	4,042,395	30%	1,991,991
Specialty Behavioral Health	8,833,856	5,081,948	58%	4,664,130
Specialty Dental Care	629,711	240,326	38%	255,223
Post-Acute Care	2,400,000	730,205	30%	813,400
Pharmacy	6,350,000	2,475,092	39%	2,171,894
Medical Management	2,111,102	1,333,503	63%	893,537
Urgent and Convenient Care	600,000	58,941	10%	109,125
Healthcare Delivery Operations <sup>(1)</sup>	12,931,378	4,740,729	37%	3,970,182
Contingency Reserve	3,613,896	-	0%	-
<b>Total Healthcare Delivery Operations</b>	<b>\$ 103,132,675</b>	<b>\$ 47,367,307</b>	<b>46%</b>	<b>\$ 40,558,174</b>

<sup>(1)</sup> Additional detail provided

# Healthcare Delivery Costs – Primary Care

## Fiscal Year-to-Date through April 30, 2018



	<u>Approved Budget</u>	<u>YTD Actual</u>	<u>YTD % of Budget</u>	<u>Prior YTD Actual</u>
<b>Primary Care</b>				
CommUnityCare	\$41,850,000	\$ 23,491,755	56%	20,921,353
El Buen Samaritano	2,350,000	1,201,679	51%	1,245,598
Lone Star Circle of Care	4,364,995	2,078,522	48%	1,769,386
Peoples Community Clinic	2,500,000	1,390,280	56%	1,281,862
Volunteer Clinic	100,000	91,979	92%	64,083
UT School of Nursing	100,000	3,000	3%	-
Prevention and Wellness	225,000	473	0%	-
City of Austin EMS	696,822	406,480	58%	406,411
	<u>\$ 52,186,817</u>	<u>\$ 28,664,167</u>	<u>55%</u>	<u>\$ 25,688,693</u>



# HCD Providers Expenditures – Specialty Care Detail

## *Fiscal Year-to-Date through April 30, 2018*



	<u>Approved Budget</u>	<u>YTD Actual</u>	<u>YTD % of Budget</u>	<u>Prior YTD Actual</u>
<b>Specialty Care</b>				
Consultation and Referral Platform	\$ 700,000	\$ -	0%	\$ -
Consultation Services	250,000	10,969	4%	-
Cardiology	150,000	40,657	27%	4,000
CommUnityCare Specialty	2,000,000	\$ 1,067,132	53%	\$ 90,064
Dermatology	100,000	-	0%	-
Ear, Nose and Throat	400,000	116,580	29%	-
Gastroenterology	800,000	434,114	54%	130,000
Gynecology IPU	1,500,000	270,998	18%	-
Oncology Services	2,500,000	349,751	14%	426,436
Ophthalmology	950,915	719,621	76%	422,427
Orthopedics	2,000,000	520,305	26%	520,541
Orthotics and Prosthetics	200,000	59,776	30%	95,117
Other Providers	30,000	3,196	11%	3,428
Palliative Care	100,000	-	0%	-
Physical Medicine and Rehabilitation	75,000	-	0%	-
Remote Patient Monitoring	200,000	-	0%	-
Rheumatology	90,000	-	0%	-
Seton Healthcare Family Specialty	300,000	120,566	40%	8,777
Urology	450,000	75,000	17%	98,701
Project Access	330,000	192,500	58%	192,500
Ancillary Services	350,000	61,229	17%	-
	<b>\$ 13,475,915</b>	<b>\$ 4,042,395</b>	<b>30%</b>	<b>\$ 1,991,991</b>

# HCD Operations Expenditures

*Fiscal Year-to-Date through April 30, 2018*



	<b>Approved Budget</b>	<b>YTD Actual</b>	<b>YTD % of Budget</b>	<b>Prior YTD Actual</b>
<b>Healthcare Delivery Operations</b>				
Eligibility and Enrollment	1,478,005	482,614	33%	-
Quality, Assessment and Performance	1,995,199	485,580	24%	375,847
Project Management Office	1,463,784	482,634	33%	-
Operations Department	3,497,608	1,173,707	34%	1,499,443
Health Information Technology	3,236,029	1,359,789	42%	1,192,832
Administration	1,260,753	756,405	60%	902,059
<b>Total Healthcare Delivery Operations</b>	<b>\$ 12,931,378</b>	<b>\$ 4,740,729</b>	<b>37%</b>	<b>\$ 3,970,182</b>

# Thank You

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[www.ccc-ids.org](http://www.ccc-ids.org)



a partnership of Central Health and Seton Healthcare Family



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## **BOARD MEETING**

**May 23, 2018**

## **AGENDA ITEM C4**

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

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 \$6,830,000.00 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 6 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: May 23, 2018

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CHAIR, BOARD OF MANAGERS

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VICE CHAIR, BOARD OF MANAGERS

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MANAGER

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MANAGER

# ATTACHMENT A

CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 4/30/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texas Daily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$744,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.7200%
PRINCIPAL:	\$744,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$744,000.00	CUSIP #:	N/A
TRADE DATE:	4/30/2018	SETTLEMENT DATE:	4/30/2018

AUTHORIZED BY:

  
CASH/INVESTMENT MANAGER

CENTRAL HEALTH  
 INVESTMENT DEPARTMENT  
 SECURITY TRANSACTION FORM

DATE: 4/20/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$3,669,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.6724%
PRINCIPAL:	\$3,669,000.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$3,669,000.00	CUSIP #:	N/A
TRADE DATE:	4/20/2018	SETTLEMENT DATE:	4/20/2018

AUTHORIZED BY:

  
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH  
 INVESTMENT DEPARTMENT  
 SECURITY TRANSACTION FORM

DATE: 4/11/2018  
 \_\_\_\_\_

TIME: 10:30  
 \_\_\_\_\_

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$790,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	YIELD:	1.6645%
PRINCIPAL:	\$790,000.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$790,000.00	CUSIP #:	N/A
TRADE DATE:	4/11/2018	SETTLEMENT DATE:	4/11/2018

AUTHORIZED BY:   
 \_\_\_\_\_  
 CASH/INVESTMENT MANAGER



CENTRAL HEALTH  
 INVESTMENT DEPARTMENT  
 SECURITY TRANSACTION FORM

DATE: 4/5/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Tex Pool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$340,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.6439%
PRINCIPAL:	\$340,000.00	PURCHASED THRU:	Tex Pool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$340,000.00	CUSIP #:	N/A
TRADE DATE:	4/5/2018	SETTLEMENT DATE:	4/5/2018

AUTHORIZED BY:



CASH/INVESTMENT MANAGER

CENTRAL HEALTH  
 INVESTMENT DEPARTMENT  
 SECURITY TRANSACTION FORM

DATE: 4/3/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Tex Pool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$37,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DATE	N/A	YIELD	1.6527%
PRINCIPAL:	\$37,000.00	PURCHASED THRU:	Tex Pool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$37,000.00	CUSIP #:	N/A
TRADE DATE:	4/3/2018	SETTLEMENT DATE:	4/3/2018

AUTHORIZED BY:   
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH  
 INVESTMENT DEPARTMENT  
 SECURITY TRANSACTION FORM

DATE: 4/2/2018

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	\$1,250,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	YIELD:	1.6444%
PRINCIPAL:	\$1,250,000.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	\$1,250,000.00	CUSIP #:	N/A
TRADE DATE:	4/2/2018	SETTLEMENT DATE:	4/2/2018

AUTHORIZED BY:



CASH/INVESTMENT MANAGER

CENTRAL HEALTH MONTHLY INVESTMENT REPORT  
 PORTFOLIO STATISTICS

DATE: April 30, 2018

By Fund Type

Operating	\$	150,799,698.27	100.00%
Debt Service		-	0.00%
Bond Proceeds		-	0.00%
Other		-	0.00%
<b>Total Portfolio</b>	<b>\$</b>	<b>150,799,698.27</b>	<b>100.00%</b>

By Security Type

Operating-

TexasDAILY	\$	31,707,552.38	21.03%
TexPool	\$	32,325,210.45	21.44%
TexSTAR	\$	26,263,953.85	17.42%
TexasTERM CP		5,000,000.00	3.32%
Non-Int Bearing Bank Account		1,500,000.00	
Certificates of Deposit		-	0.00%
Treasury Securities		-	0.00%
Government Agencies		28,998,500.00	19.23%
Commercial Paper		11,871,552.22	7.87%
Municipal Bonds		13,132,929.37	8.71%
<b>Total</b>	<b>\$</b>	<b>150,799,698.27</b>	<b>99.01%</b>

Debt Service-

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

Bond Proceeds-

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

Compared to Policy Limits

		Actual %	Guidelines
TexasDAILY	31,707,552.38	21.24%	30.00%
TexPool	32,325,210.45	21.65%	50.00%
TexSTAR	26,263,953.85	17.59%	30.00%
TexasTERM CP	5,000,000.00	3.35%	30.00%
<b>Total LGIPS</b>	<b>\$ 95,296,716.68</b>	<b>63.83%</b>	<b>60.00%</b>
Certificates of Deposit	-	0.00%	50.00%
Treasury Securities	-	0.00%	100.00%
Government Agencies	28,998,500.00	19.42%	75.00%
Commercial Paper	11,871,552.22	7.95%	20.00%
Municipal Bonds	13,132,929.37	8.80%	20.00%
	<b>\$ 149,299,698.27</b>	<b>100.00%</b>	

Commercial Paper by Entity as a Percentage of Portfolio

Toyota CP 9/12/18	\$ 4,940,533.33	3.28%	5.00%
ING CP 8/6/18	\$ 6,931,018.89	4.60%	5.00%
	<u>\$ 11,871,552.22</u>	<u>7.87%</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	0.70%	5.00%
NY State Dormitory Rev Bond	\$ 1,136,145.67	0.75%	5.00%
City of Cedar Park, TX	\$ 2,478,324.96	1.64%	5.00%
NYC GO Bonds	\$ 4,057,631.11	2.69%	5.00%
Georgia Power Muni Rev Bond	\$ 1,355,899.88	0.90%	5.00%
TX A&M Univ Rev Bond	\$ 3,048,444.50	2.02%	5.00%
	<u>\$ 13,132,929.37</u>	<u>8.71%</u>	<u>20.00%</u>

Investment Revenue & Accrued Interest

	April-18	Fiscal YTD
<u>Interest/Dividends-</u>		
TexasDAILY	\$ 42,520.27	\$ 253,499.93
TexPool	40,673.93	\$ 179,117.96
TexSTAR	35,827.35	\$ 179,003.03
TexasTERM CP	0.00	\$ -
Certificates of Deposit	0.00	\$ -
Treasury Securities	0.00	\$ -
Government Agencies	0.00	\$ 170,150.00
Commercial Paper	0.00	\$ -
Municipal Bonds	0.00	\$ 158,354.15
	<u>\$ 119,021.55</u>	<u>\$ 940,125.07</u>
<u>Discounts, Premiums, &amp; Accrued Interest</u>		
TexasTERM CP	\$ 8,219.17	\$ 24,383.56
-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	37,835.53	\$ 181,370.16
-less previous accruals	0.00	\$ (142,835.83)
Commercial Paper	19,433.33	\$ 55,372.86
-less previous accruals	0.00	\$ -
Municipal Bonds	24,835.95	\$ 154,652.48
-less previous accruals	(8,147.65)	\$ (190,713.56)
	<u>\$ 82,176.33</u>	<u>\$ 82,229.67</u>
<b>Total Investment Revenue &amp; Accrued Interest</b>	<u><b>\$ 201,197.88</b></u>	<u><b>\$ 1,022,354.74</b></u>



# CENTRAL HEALTH

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## **BOARD MEETING**

**May 23, 2018**

## **AGENDA ITEM C5**

Approve an interlocal agreement between Central Health and the Public Employee Benefits Alliance for membership in an employee benefits purchasing cooperative, as recommended by the Budget and Finance Committee.

## MEMORANDUM

**To:** Central Health Budget & Finance Committee  
**From:** Susan Lara Willars, Enterprise VP & Chief Human Resources Officer  
**CC:** Mike Geeslin, President & CEO  
**Date:** May 11, 2018  
**Re:** Agenda item 6: Discuss and take appropriate action on an interlocal agreement between Central Health and the Public Employee Benefits Alliance to participate in an employee benefits purchasing cooperative.  
**ACTION ITEM**

---

### **Overview:**

Since 2007, Central Health has participated in a cooperative purchasing organization to help control costs by using economies of scale for purchases. The initial agreement with the purchasing organization, the Public Employee Benefits Alliance (PEBA), has been renewed on an annual basis since its inception but has been updated this year, prompting the need to execute a new agreement which requires Board approval.

### **Synopsis:**

The Texas Interlocal Cooperation Act, Texas Government Code, Chapter 791 permits Central Health to enter into an interlocal agreement to participate in a cooperative purchasing organization which controls costs by taking advantage of economies of scale. The Interlocal Cooperation Act requires the authorization by the governing body prior to execution of an agreement. Central Health entered into an agreement with PEBA in 2007. Under this Agreement PEBA administers a program which facilitates the cooperative purchasing of goods, services and other items to be used in the Central Health's provision of employee benefits. The agreement has been automatically renewed on an annual basis since 2007.

PEBA's Interlocal Participation Agreement was updated this year and PEBA would like Central Health to execute a new agreement. The updates to the agreement are minor, administrative updates. There are no substantive changes to the agreement. The Interlocal Cooperation Act and the Agreement require Board authorization before executing the new agreement.

### **Action Requested:**

Board approval of the updated interlocal participation agreement with the Public Employee Benefits Alliance (PEBA).

### **Fiscal Impact:**

Human Resources budgeted for the \$150 annual membership fee in the FY18 budget.

## INTERLOCAL PARTICIPATION AGREEMENT

This Interlocal Participation Agreement (the "Agreement") is made by and between [GROUP NAME], a local government of the State of Central TX CHC (the "Member"), acting through its [COMMISSIONERS' COURT, CITY COUNCIL, BOARD OF TRUSTEES OR OTHER GOVERNING BODY], and the Public Employee Benefits Alliance ("PEBA"), as authorized by the Texas Interlocal Cooperation Act, Texas. Gov't Code, Chapter 791.

### 1. RECITALS

- 1.1 The Member is a local government as "local government" is defined in Section 791.003 of the Texas Government Code.
- 1.2 As a local government, the Member performs certain governmental functions and services as those terms are defined in Section 791.003 of the Texas Government Code.
- 1.3 The Member desires to join PEBA in order to cooperatively purchase goods, services and other items to be used in the Member's provision of employee benefits.
- 1.4 The Member acknowledges that this Agreement is a contract with PEBA and that PEBA at its discretion, may contract with other local governments.
- 1.5 Legality of contract. Member represents and warrants that (a) this agreement fully complies with the laws of the state of its principal place of business and (b) Member has full legal authority to enter into this agreement.
- 1.6 The Member's governing body has agreed to the terms and conditions of this Agreement and has acted by majority vote, at a duly called and posted public meeting, to authorize the execution of this Agreement and participation in PEBA.

### 2. AGREEMENT

- 2.1 Entry into PEBA. For and in consideration of the premises and the mutual agreements set forth in this Agreement, and other good and valuable consideration, the Member enters into this Agreement for the purpose of joining PEBA.
- 2.2 PEBA Not an Insurer. PEBA is not an insurer. All benefits and related services purchased through PEBA are authorized pursuant to the Interlocal Cooperation Act (Chapter 791, Texas Government Code) and other applicable provisions of Texas law.
- 2.3 Administrative Contract with the IEBP and HEBP. PEBA may contract with the TML MultiState Intergovernmental Employee Benefits Pool ("IEBP"), the Texas Association of Counties Health and Employee Benefits Pool ("HEBP") or other entity to aid in the performance of the Agreement and the operation of PEBA.



### 3. TERMS AND CONDITIONS

- 3.1 Term and Termination. This term of this Agreement shall be for one year, commencing as of the date of execution by the second party to sign the Agreement. This Agreement shall be automatically renewed annually for an additional one-year term without the necessity of any action by the parties other than payment of the appropriate dues or contribution. Either party may elect not to renew this Agreement by giving written notice at least thirty (30) days prior to the end of the original term or any renewal term.
- 3.2 Agreement Binds Members. Member agrees to be bound by this Agreement and the Bylaws, policies and procedures of PEBA (as they are currently in force or hereafter may be adopted or amended), which collectively establish the conditions for membership in PEBA. The Bylaws of PEBA are incorporated herein by reference and made a part of this Agreement for all purposes as if fully set out herein. Any amendment to the Bylaws shall become binding on the Member immediately upon its adoption.
- 3.3 PEBA's Services. PEBA shall provide the administrative and support services, including drafting bid or request for proposal ("RFP") documents, and conducting negotiations with vendors, to allow Members to cooperatively purchase goods, services and other items to be used in the Members' provision of employee benefits.
- 3.4 PEBA Procedures and Bylaws. Member shall furnish all the information that PEBA deems necessary and useful for the purposes of this Agreement and shall abide by the procedures and Bylaws adopted for the administration of PEBA.
- 3.5 Payments and Conditions. Payments and contributions shall be made by the Member to PEBA at Austin, Travis County, Texas on the dates and in such amounts as PEBA requires. Interest, beginning the first day after the due date and continuing until paid, shall accrue at the maximum rate allowed by law on the balance of any payment or contribution not paid when due. Contributions and other payments received by PEBA from Member will be held and managed for the benefit of the several Members, not the individual officials, employees, retirees of the Member, or the dependents of these officials, employees or retirees. All payments by Member under this Agreement shall be from funds currently available to Member.
- 3.6 Coordinators. Member hereby designates and appoints, as indicated in the space provided below, a PEBA Coordinator of department head rank or above and agrees that PEBA shall not be required to contact or provide notices to any other person. Further, any notice to, or agreement by, Member's PEBA Coordinator, with respect to services hereunder, shall be binding on the Member. Member reserves the right to change its PEBA Coordinator from time to time by giving written notice to PEBA. For purposes of this Agreement, the change of PEBA Coordinator becomes effective when PEBA receives notice of the new coordinator.
- 3.7 Plan Administrator. PEBA is not a plan administrator of any employee benefits plan. Member will serve as its own plan administrator, or designate another entity to carry out the functions of Plan Administrator. Each Member retains the rights, duties and privileges of the Plan Administrator and acknowledges it has all responsibility for

compliance with all state and federal laws applicable to employee benefits for its employees and Plan participants.

- 3.8 Member Responsible. Member acknowledges that it may choose which goods or services or items (if any) it wishes to purchase collectively through PEBA and that there is no obligation to participate in any bid or RFP issued through PEBA. Member further acknowledges that when goods or services or items are purchased through PEBA, the Member, and not PEBA, is responsible for the payment for these goods or services or items. This Agreement shall not be exclusive, and each Member shall be free to make any Interlocal Agreement for services with any other Member or nonmember local government.

#### 4. ADMINISTRATIVE PROVISIONS

- 4.1 Amendment. This Agreement shall represent the complete understanding of the parties and may not be amended or modified other than in a written agreement signed by the parties, or as otherwise provided under this Agreement.
- 4.2 Applicable Law. This Agreement is entered into, is executed and is performable in the State of Texas, County of Travis, and all questions pertaining to its validity or construction shall be determined in accordance with the laws of the State of Texas.
- 4.3 Acts of Forbearance. No act of forbearance on the part of either party to enforce any of the provisions of this Agreement shall be construed as a modification of this Agreement, nor shall the failure of any party to exercise any right or privilege herein granted be considered as a waiver of such right or privilege.
- 4.4 Notices. Any notice required to be given or payment required to be made to PEBA shall be deemed properly sent if addressed to:

(for counties and related entities)  
Public Employee Benefits Alliance  
c/o Texas Association of Counties Health and Employee Benefits Pool  
Attention: HEBP Manager  
1210 San Antonio Street  
Austin, Texas 78701

(For cities, school boards and related entities)  
Public Employee Benefits Alliance  
c/o TML MultiState Intergovernmental Employee Benefits Pool  
PO Box 149190  
Austin, TX 78714-1337

and deposited in the United States mail with proper postage. PEBA may change its address by giving notice to the Members.

- 4.5 Effect of Partial Invalidity; Venue. If any part of this Agreement is declared invalid, void or unenforceable, the remaining parts and provisions shall continue in full force and effect. It is further agreed that venue for any dispute arising under the terms of this Agreement shall be in Austin, Travis County, Texas.

4.6 Exclusive Right to Enforce. PEBA and the Member have the exclusive right to bring suit to enforce this Agreement, and no other party may bring suit, as a third-party beneficiary or otherwise, to enforce this Agreement.

**EXECUTION**

IN WITNESS WHEREOF, we hereunto affix our signatures as of the date indicated below.

**PUBLIC EMPLOYEE BENEFITS ALLIANCE**

\_\_\_\_\_  
MEMBER

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**MEMBER'S PEBA COORDINATOR**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_



# CENTRAL HEALTH

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## **BOARD MEETING**

**May 23, 2018**

## **AGENDA ITEM C6**

Approve amendments to the agreement between the Community Care Collaborative and CommUnityCare for Primary Care Services, as recommended by the Budget and Finance Committee:

- a. Amendment for expanded dermatology services; and
- b. Amendment for the addition of Community Health Worker services.

## 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:** May 9, 2018

**RE:** **Agenda Item 7:** Discuss and take appropriate action on the following amendments to the agreement between the Community Care Collaborative and CommUnityCare for Primary Care Services:

- a. Amendment for expanded dermatology services; and
- b. Amendment for the addition of Community Health Worker services.

---

### **Overview:**

The CCC is seeking approval of an amendment to the current contract with CommUnityCare to account for service delivery enhancements in Dermatology and to reimburse for Community Health Workers as part of an Alternative Care Team. Each of these enhancements requires an amendment to the CCC's contract with CommUnityCare in accordance with the CCC bylaws, despite no additional funding or personnel requirements.

### **Synopsis:**

#### ***Dermatology Service Expansion***

In 2017, the CCC and CommUnityCare transitioned several specialty care clinics, including Dermatology, from the former Brackenridge hospital campus to the Southeast Health and Wellness Center. Over the course of the year, the CCC has engaged in planning efforts with CommUnityCare and other partners to develop solutions to address lengthy wait lists in multiple specialty care service lines. The Dermatology service line currently has a wait list of approximately 900 patients with an average wait time of more than six months for a routine appointment.

The CCC, Seton and CommUnityCare are working together to expand the availability of Dermatology services for our patients. Building on existing Dermatology services and the additional clinics transitioned to CommUnityCare last year, we are jointly planning for additional access to clinics and hospital-based surgical services in 2018. As a first step in this expansion, the CCC and CommUnityCare are increasing the number of Dermatology clinics offered at Southeast Health & Wellness Center. The CCC is pursuing expanded services agreements with Seton Healthcare Family to increase access to Mohs surgeries, a type of surgery used to treat many common types of skin cancer. In FY19, the CCC plans to continue building on this initiative with the introduction of Dermatology telemedicine services.

The CCC is requesting approval to amend its FY18 contract with CommUnityCare to support these additional specialty care services; no additional funding outside of the existing contract is being requested for this service opportunity.

#### ***Community Health Workers***

In order to pilot unique care delivery models and support full care team engagement with our patients, the CCC reimburses contracted primary care providers for a variety of Alternative Care Team visits. These visit types often include nurse, medical assistant, clinical pharmacy, dietician and behavioral health visits in models that are unique to each primary care organization. This type of reimbursement allows each care team member to work at the top of their license and training, supports valuable activities that are unreimbursed in typical models, provides unique

opportunities to address social services needs and social determinants of health, and increases access to primary care by building care team capacity.

In addition to existing Alternative Care Team visits, the CCC would like to support Community Health Worker services to MAP and Sliding Fee Scale patients. CommUnityCare is currently contracted with Latino Healthcare Forum for three Community Health Workers offering a combination of community resource assistance, patient education and population-based outreach. The three Community Health Workers work across the CommUnityCare system at several clinic locations and are fluent in English, Spanish and French and Arabic.

The CCC is requesting approval to amend its FY18 contract with CommUnityCare to include reimbursement for Alternative Care Team visits for Community Health Workers. No additional funding outside of the existing \$43,850,000 contract is requested for this expanded service opportunity.

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:

- Expand Dermatology specialty care services; and
- Provide services through the addition of Community Health Workers.

**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.



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## **BOARD MEETING**

**May 23, 2018**

## **AGENDA ITEM C7**

Approve the establishment of a vendor pool for Architectural and Engineering services in an amount not to exceed \$150,000 to be allocated as appropriate among the selected firms and authorize Central Health's President and CEO to negotiate and enter into agreements on terms similar to, or more favorable than, those presented with BSA Life Structures, Inc., O'Connell Roberstson, and Page Sutherland;

Approve the establishment of a vendor pool for Civil Engineering services in an amount not to exceed \$25,000 to be allocated as appropriate among the selected firms and authorize Central Health's President and CEO to negotiate and enter into agreements on terms similar to, or more favorable than, those presented with Doucet & Chan, Jose I. Guerra, MWM Design, and UDF; and

Approve the establishment of a vendor pool for Land Surveying services in an amount not to exceed \$100,000 to be allocated as appropriate among the selected firms and authorize Central Health's President and CEO to negotiate and enter into agreements on terms similar to, or more favorable than, those presented with McKim & Creed, MWM Design, Sherwood, and Stantec, as recommended by the Budget and Finance Committee.



**MEMORANDUM**

**To:** Central Health Budget & Finance Committee  
**From:** Mike Geeslin, President & CEO  
**CC:** Steven Lamp, Vice President, Real Estate and Facilities  
**Date:** May 11, 2018  
**Re:** Agenda item 8: Discuss and take appropriate action to establish vendor pools for the following services:  
a. Architectural and Engineering Services;  
b. Civil Engineering Services; and  
c. Land Survey Services.

**ACTION ITEM**

---

**Overview:**

The following item, if approved, will authorize the President and CEO to enter into contracts with the entities outlined below. The entities were selected through a competitive Request for Qualification process. Real Estate and Facilities, through our Procurement Officer and legal counsel, will issue task orders within the appropriate pool for capital projects in Eastern Travis County, the Brackenridge Campus, and existing facilities where renovation or physical plant improvements are required.

**Synopsis:**

Central Health has completed RFQs to establish a pool of vendors to provide technical expertise in the following areas:

- a. Architectural and Engineering Services (A&E)
- b. Civil Engineering Services; and
- c. Land Survey Services.

These services are necessary as we bring new health care delivery sites online and as for the redevelopment of the Brackenridge Campus. Items for Fiscal Year 2018 have been budgeted. The Central Health Board of Managers will consider the Fiscal Year 2019 allocations in the upcoming budget approval process.

The RFQ was advertised on BidSync and the number of firms emailed directly from the system were:

- a. Architectural & Engineering Services – 23,799 / 5,244 Historically Underutilized Businesses (HUBs)
- b. Civil Engineering Services - , 14,689 / 3,458 HUBs and
- c. Land Surveying Services – 1,911 /841 HUBs.

The RFQ was also advertised on the Electronic State Bulletin Daily and Central Health’s website. A good faith effort to recruit Historically Underutilized Businesses (HUB) was requested from proposers.

The evaluation team reviewed and ranked proposals based on these factors:

1. Firm Qualifications & Experience,
2. Team’s Structure and Expertise of Personnel,



3. Project Staffing and experience
4. Firm's Approach to Engagement and
5. Quality Control/Quality Assurance.

The following firms were selected:

<b>Architectural &amp; Engineering Services</b>	
Expected total contract award to entire vendor pool:	FY 2018: Estimated under \$150,000
	FY 2019: Estimated \$1,650,000
<b>Firm</b>	<b>Estimated Hub Participation</b>
O'Connell Robertson	38%
Corgan	20-28%
Page Southerland	TBD
BSA Life Structures	TBD

<b>Surveying Services</b>	
Expected total contract award to entire vendor pool:	FY 2018: Estimated under \$100,000
	FY 2019: Estimated under \$100,000
<b>Firm</b>	<b>Estimated Hub Participation</b>
McKim & Creed	TBD
MWM Design	100%
Sherwood	5%
Stantec	TBD

<b>Civil Engineering Services</b>	
Expected total contract award to entire vendor pool:	FY 2018: Estimated under \$25,000
	FY 2019: Estimated under \$3,332,000
<b>Firm</b>	<b>Estimated Hub Participation</b>
D&A Doucet	100%
MWM Design	100%
Jose Guerra	100%
Urban Design Group	100%

**Action Requested:**

Approve the establishment of the vendor pools described above.

**Fiscal Impact:**

All amounts cited in the pools for FY 2018 were allocated in the FY18 budget. FY19 figures will be incorporated into the FY19 budget for Board approval.



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## **BOARD MEETING**

**May 23, 2018**

## **REGULAR AGENDA ITEM 1**

Receive and discuss an update on the Community Health Needs Assessment for Travis County, the strategy for future health care delivery locations, and current CommUnityCare facilities.<sup>1</sup>



# **Strengthening Access to Care for Travis County's Lower Resourced Communities**

Yvonne Camarena MHA, BSN

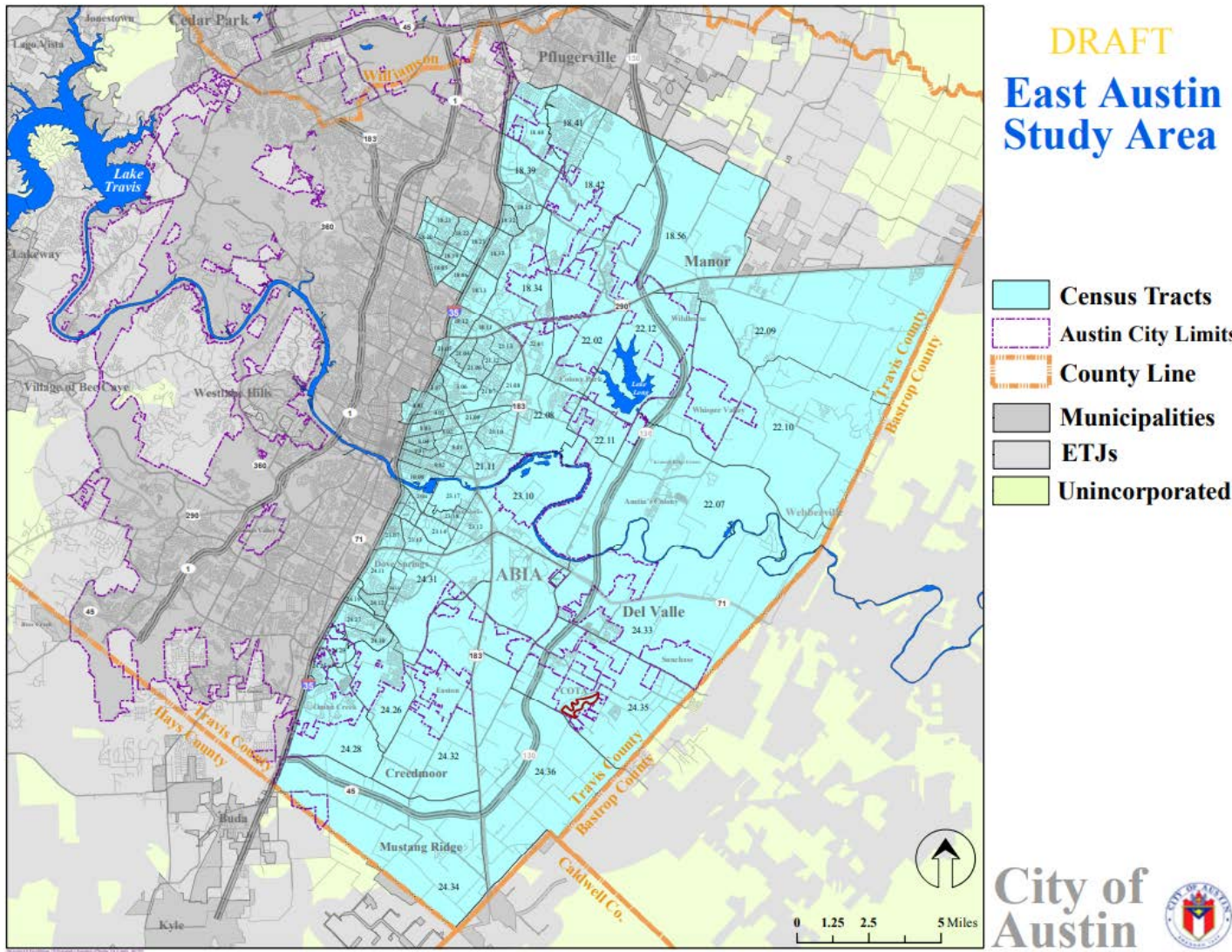
Chief Operating Officer

&

Jaeson T. Fournier, DC, MPH

Chief Executive Officer

# Identifying Community Need: City of Austin Eastern Crescent Census Tracts

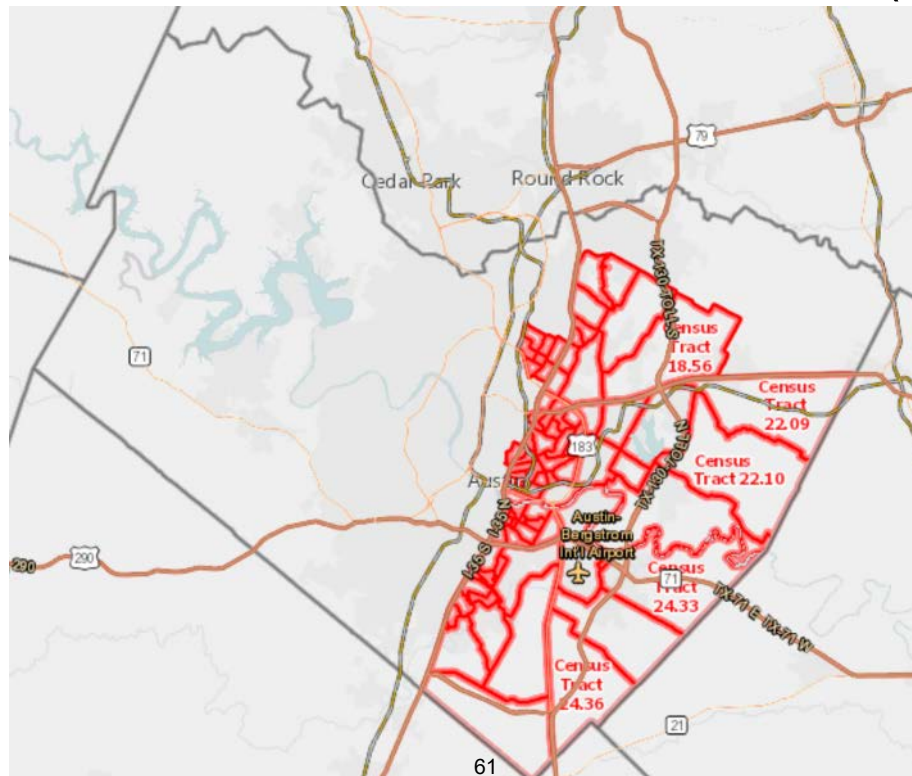


Comprised of 77 census tracts mostly East of I-35 in Travis County Including 9800 (Bergstrom International Airport)



# Data Informed: CommUnityCare Needs Assessment (CHNA)

- Comprehensive review of relevant demographic, socio-economic and health information.
- Compared Travis County to State of Texas and nation and also includes comparisons of Eastern Crescent census tracts (77) vs. non-Eastern Crescent census tracts (140)



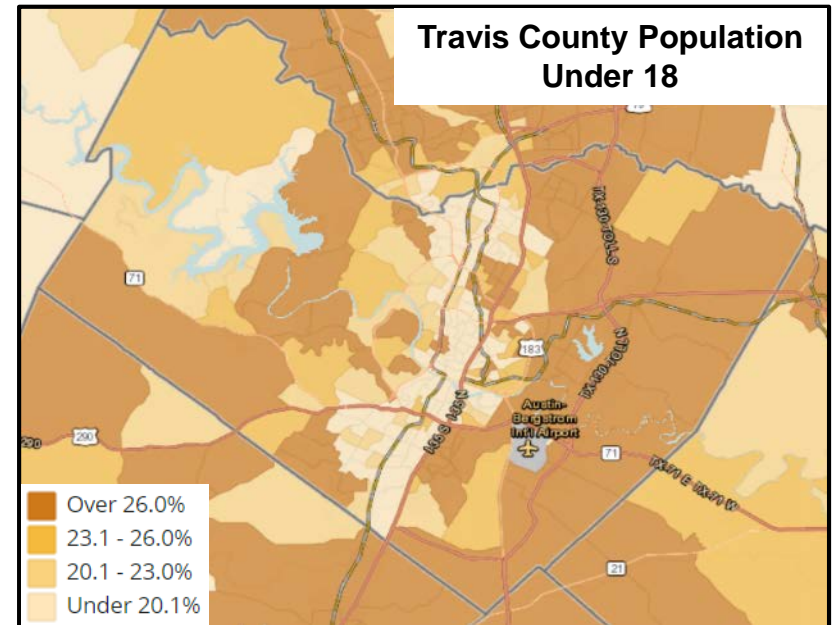
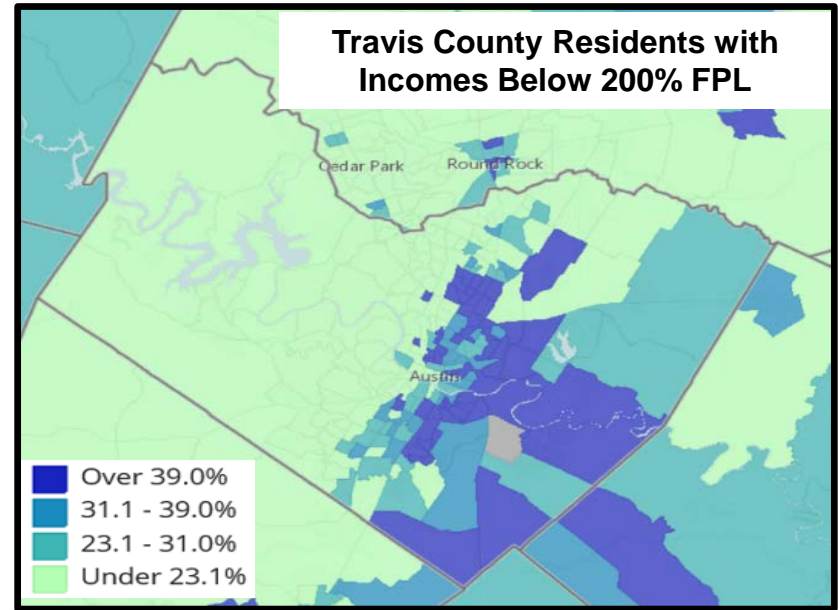
# Data Informed: CHNA Findings

## Travis County: Eastern vs. Non-Eastern Crescent

While only 35.9% of Travis County residents reside in the Eastern Crescent (EC):

- Approximately 57% of Travis County's 171,023 residents with family incomes at or below the federal poverty level (FPL) live in the EC.\*
- Approximately 56% of Travis County's 355,874 Travis County residents with family incomes at or below 200% of the FPL live in the EC.\*
- 59.7% of Travis County's 95,335 African Americans live in the EC.\*
- 59.5% of Travis County's 387,357 Latinos live in the EC.\*
- 41.4% of Travis County's 264,425 children under 18 live in the EC.\*

\*Source: American Community Survey 2012-16



# Data Informed: CHNA Findings

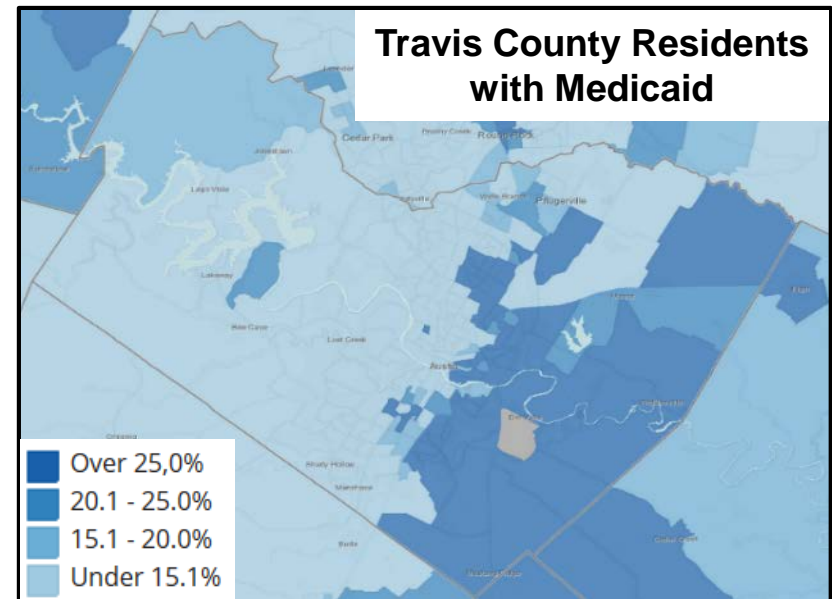
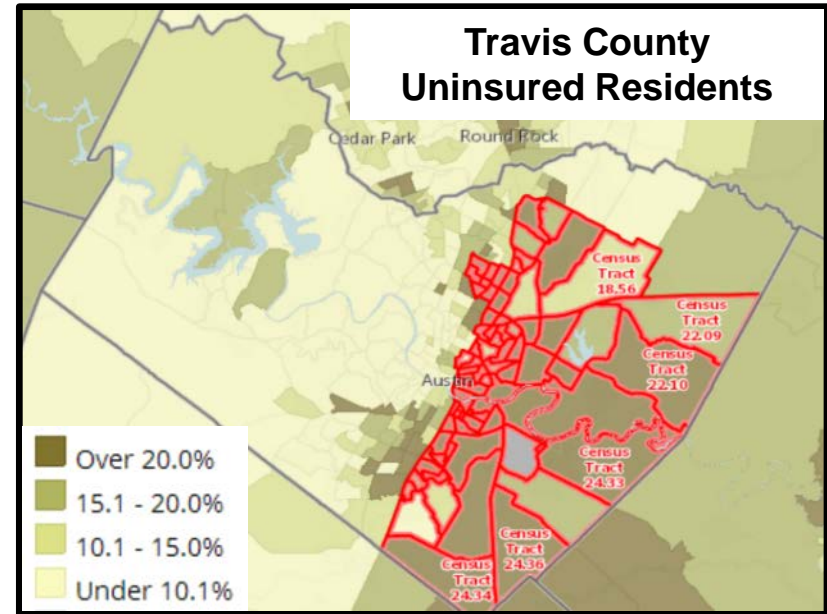
## Travis County: Eastern vs. Non-Eastern Crescent

While only 35.9% of Travis County residents reside in the Eastern Crescent (EC):

- Approximately 57% of Travis County's 183,833 uninsured individuals live in the EC.\*
- 65.7% of Travis County's 147,908 residents receiving Medicaid live in the EC.\*
- 71.5% of Travis County's 110,227 uninsured Latinos live in the EC.\*
- 64.8% of Travis County households receiving SNAP benefits live in the EC.
- 60.5% of Travis County's 94,536 public students eligible for free/reduced lunch live in the EC.\*\*

\* Source: American Community Survey 2012-16

\*\* Source: National Center for Education Studies 2015-16



# Data Informed: CHNA Findings

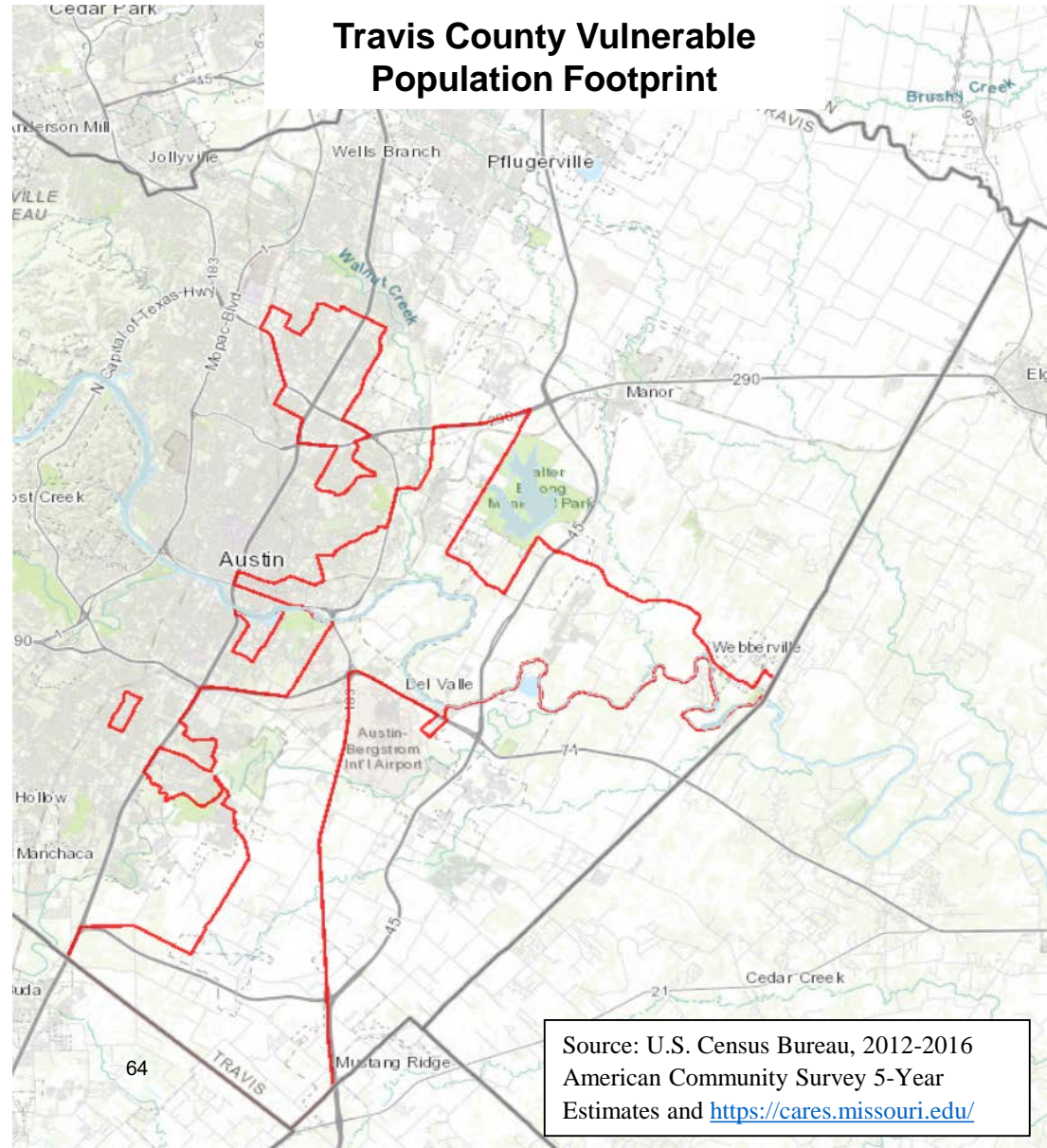
## Travis County's Vulnerable Populations

Two indicators are very predictive for identify a population that is “vulnerable”:

- A geographic area with at least 20% of its residents having incomes  $\leq$  poverty, plus
- The same area having 25% or more of its adult population with less than a high school education.

Travis County's Vulnerable Population Footprint (VPL):

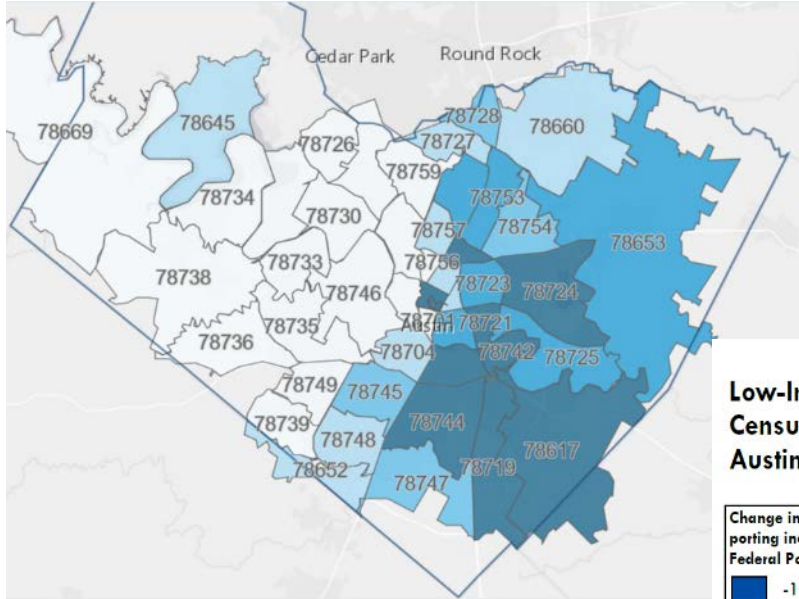
- Population = 208,385
- Person per Sq Mile = 1,690
- 66.55% Latino, 12.08% African American, 18.20% White Only; 1.56% Asian.
- 31.25% are below the FPL with 46.78% of children under 18 in poverty.
- 60.50% are below 200% of FPL.
- 35.07% have no high school diploma
- 22.27% are linguistically isolated.



Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates and <https://cares.missouri.edu/>



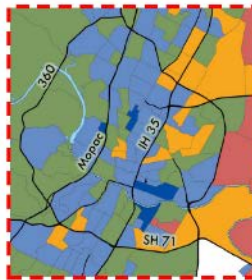
# Data Informed: Other Indicators of Travis County's Vulnerable Populations



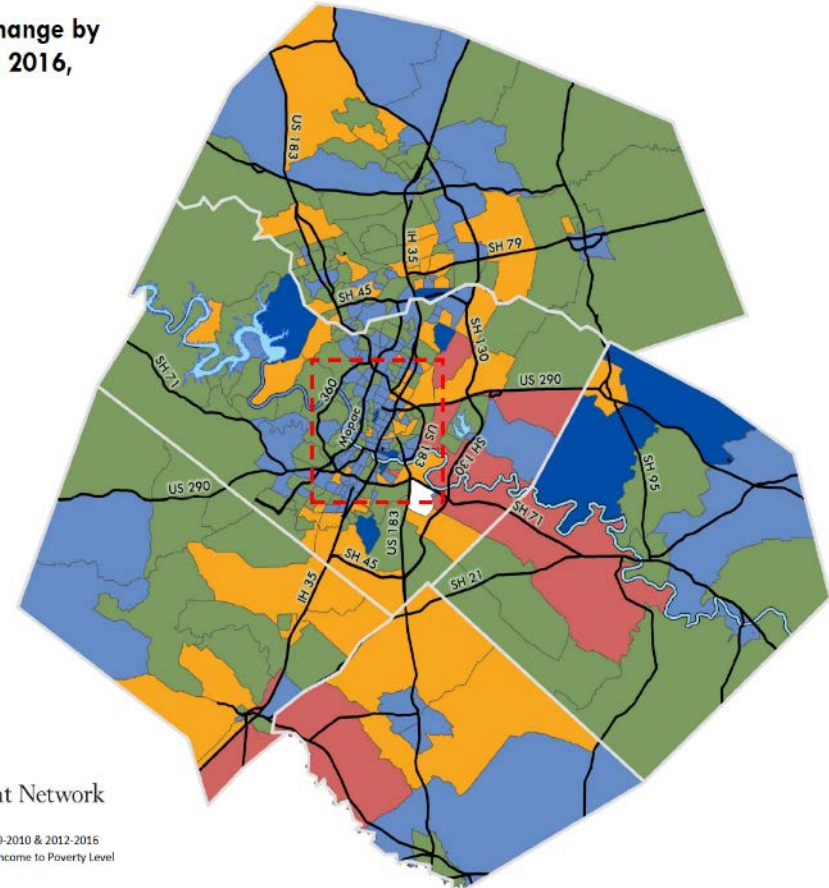
**Low-Income Population Change by Census Tract from 2010 to 2016, Austin MSA**

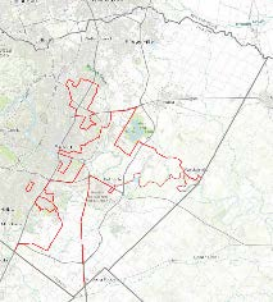
Change in number of individuals reporting incomes below 200% of the Federal Poverty Level (FPL).

- 1841 to -850
- 850 to 0
- 0 to 500
- 500 to 1,500
- 1,500 to 3,628
- Airport

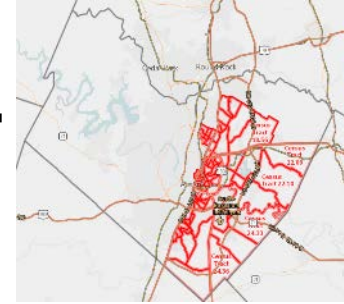


2018 SocioNeeds Index Source  
<http://www.healthyatc.org>

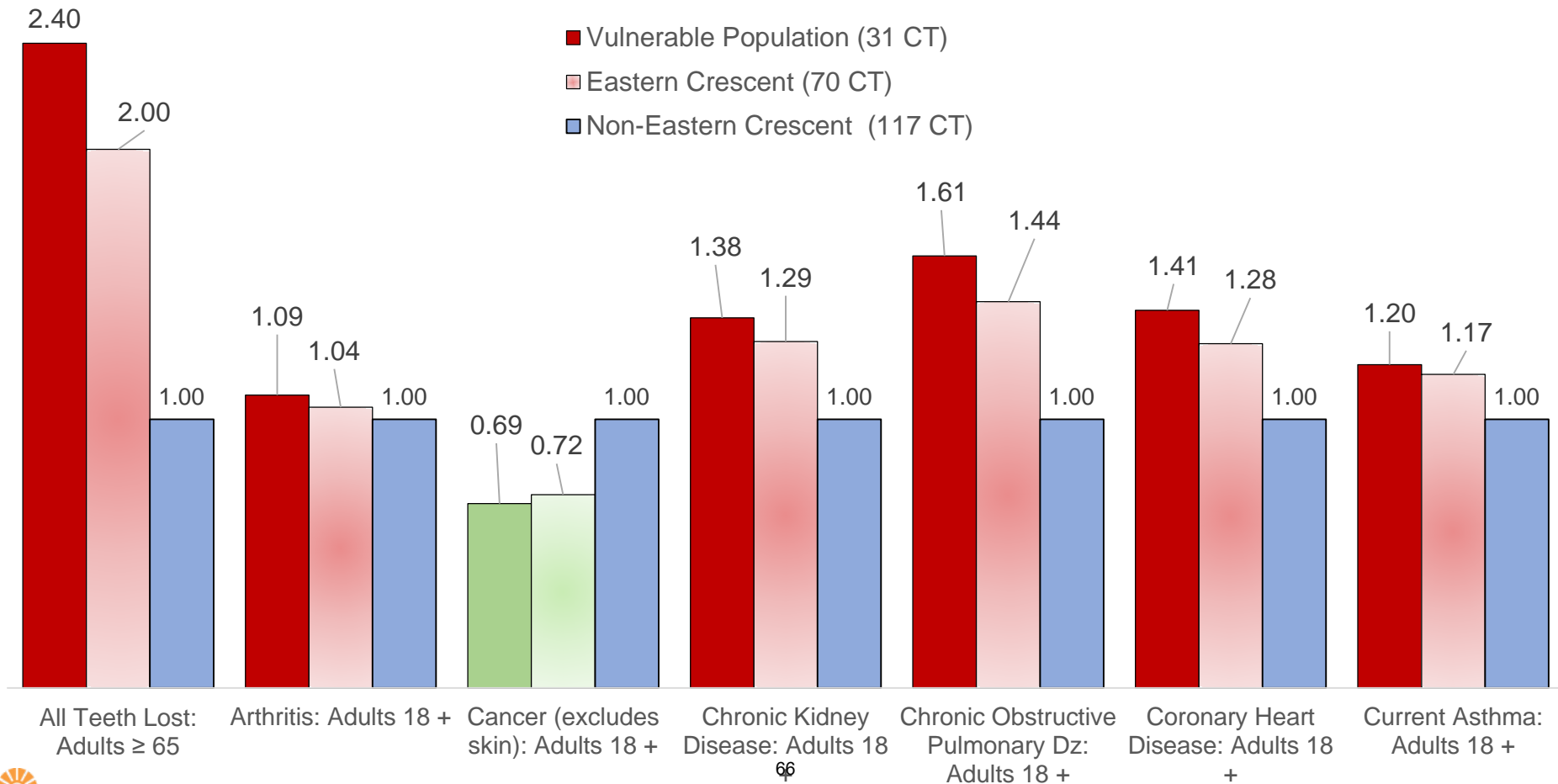




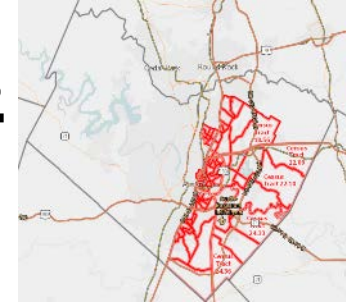
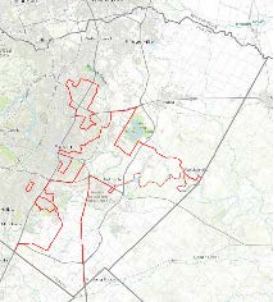
# Data Informed: CHNA Findings Health Outcome Disparities



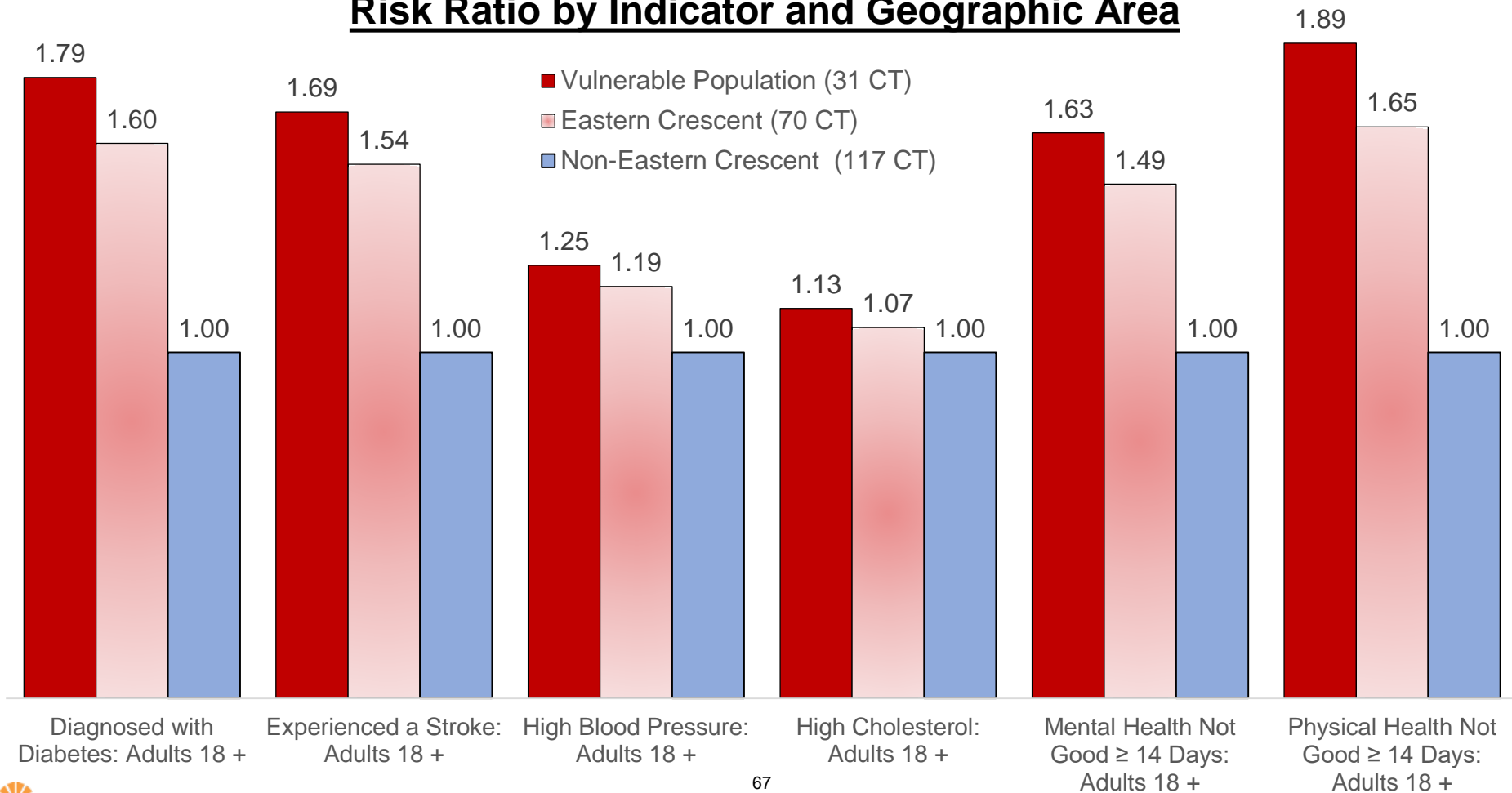
## BRFSS Health Outcomes in Austin: Risk Ratio by Indicator and Geographic Area



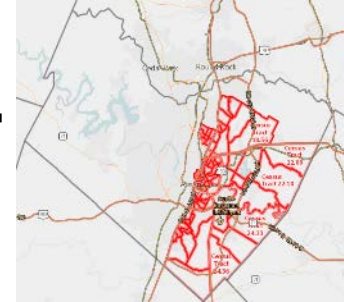
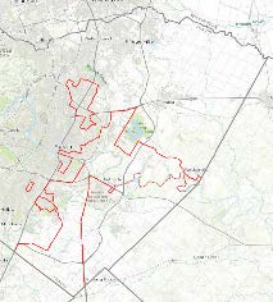
# Data Informed: CHNA Findings Health Outcome Disparities



## BRFSS Health Outcomes in Austin: Risk Ratio by Indicator and Geographic Area

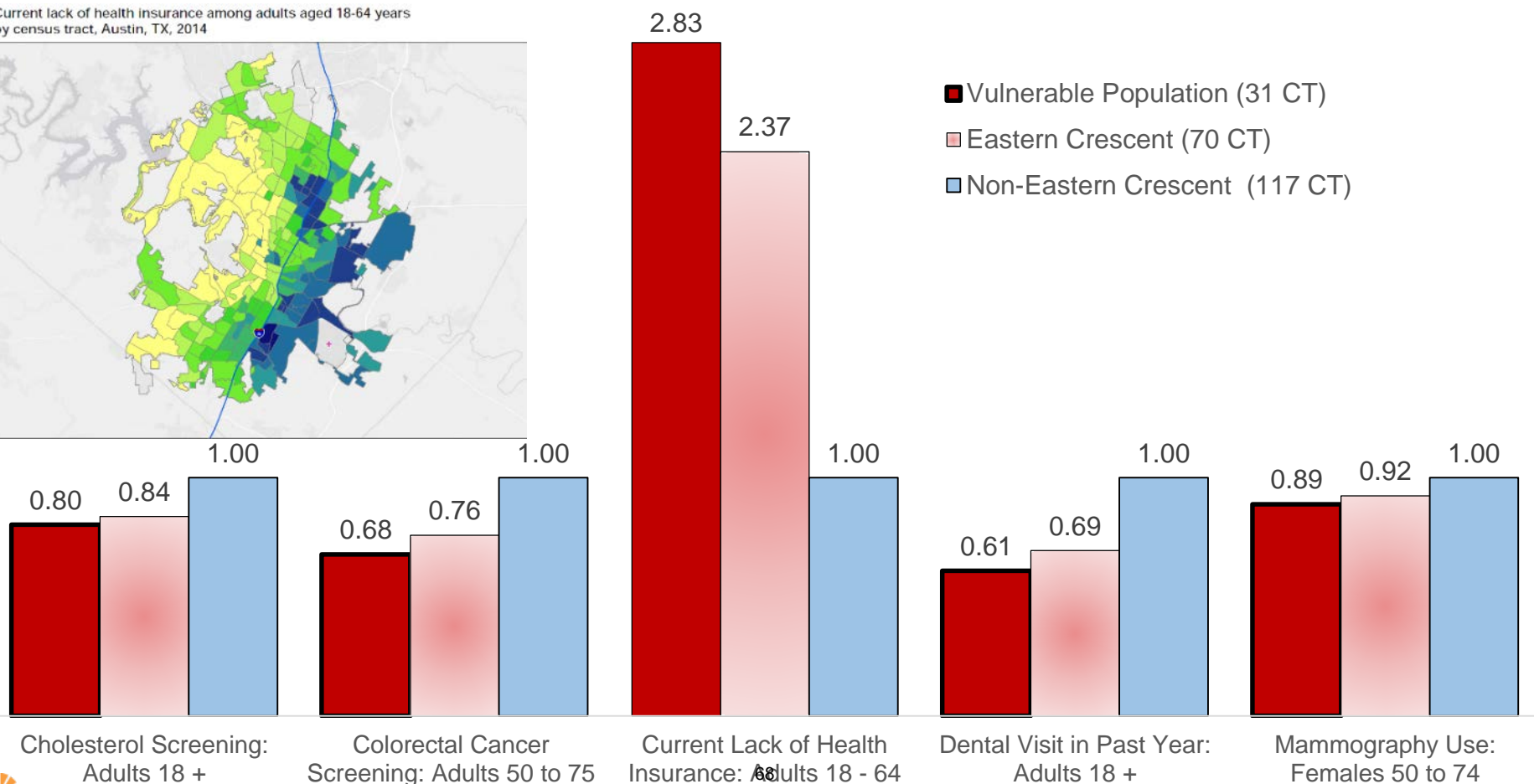
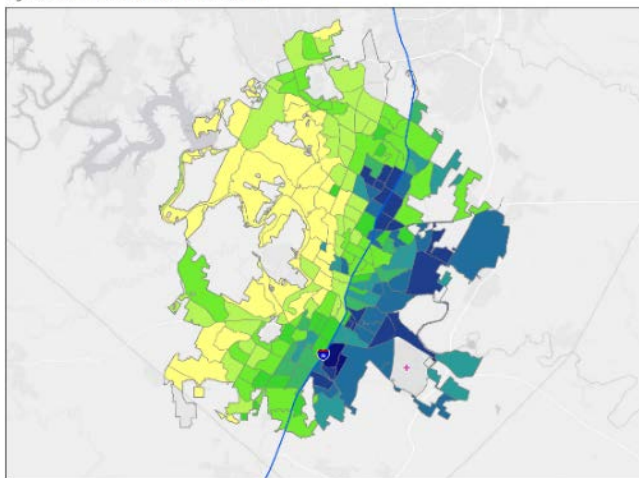


# Data Informed: CHNA Findings Prevention Disparities

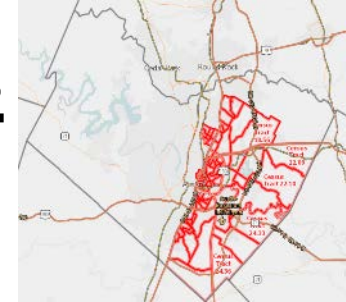
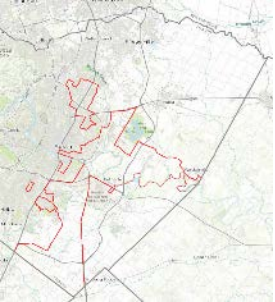


## BRFSS Prevention in Austin: Risk Ratio by Indicator and Geographic Area

Current lack of health insurance among adults aged 18-64 years by census tract, Austin, TX, 2014

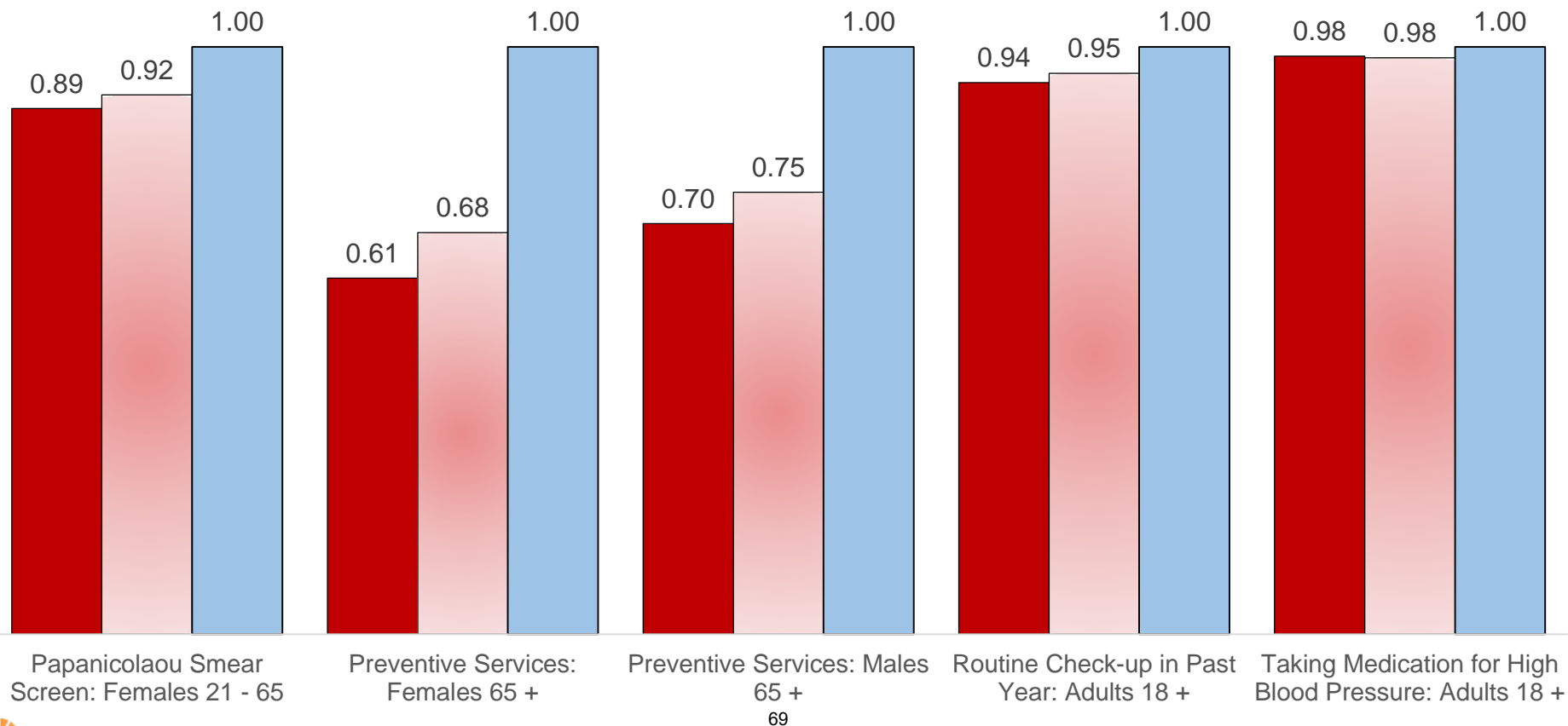


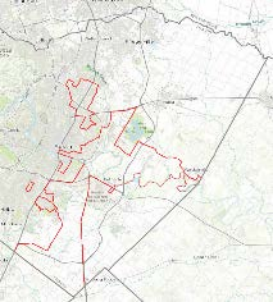
# Data Informed: CHNA Findings Prevention Disparities



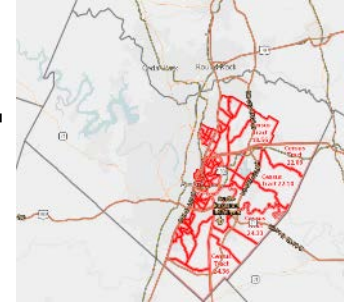
- Vulnerable Population (31 CT)
- Eastern Crescent (70 CT)
- Non-Eastern Crescent (117 CT)

## BRFSS Prevention in Austin: Risk Ratio by Indicator and Geographic Area

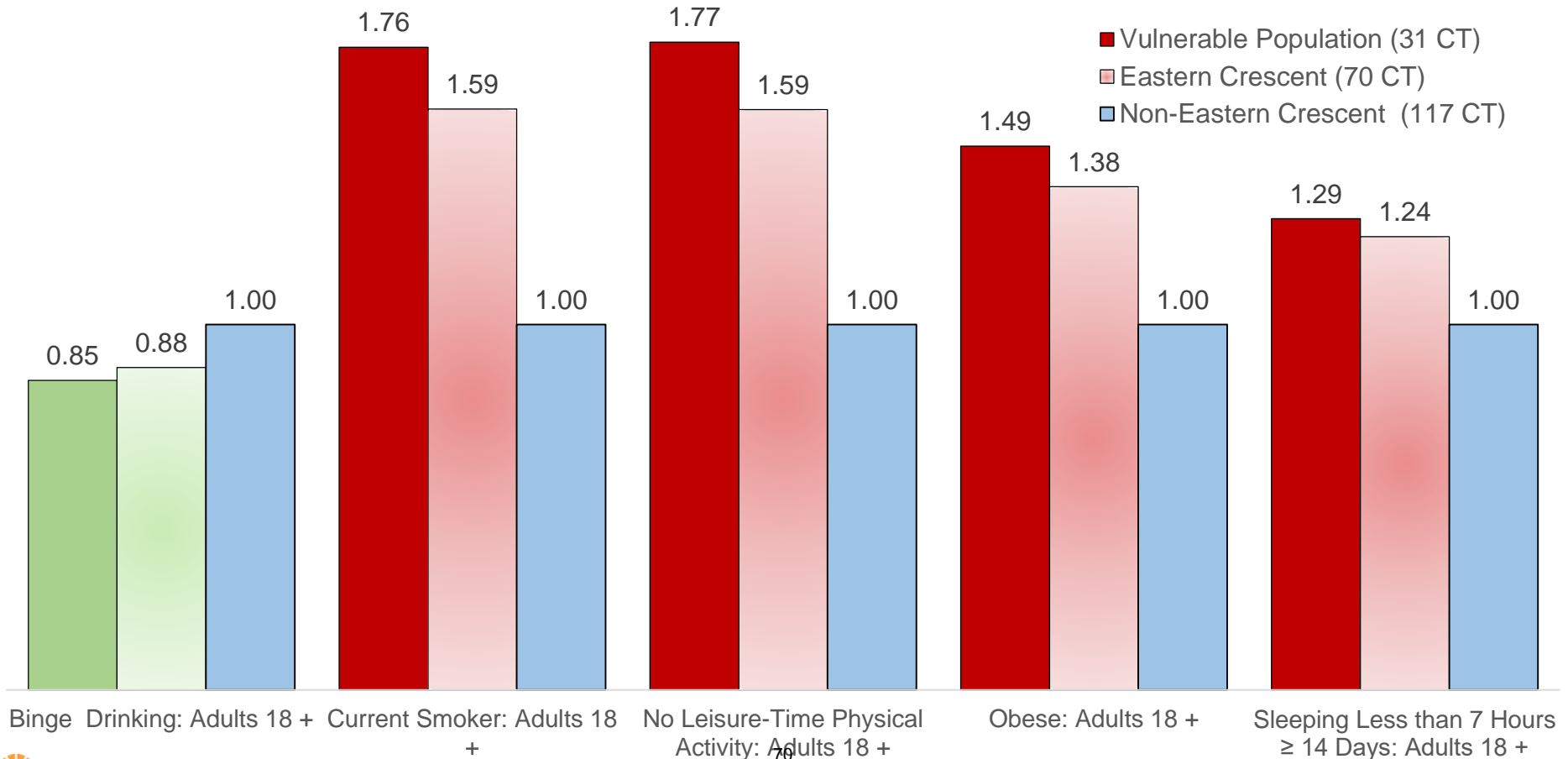




# Data Informed: CHNA Findings Unhealthy Behavior Disparities

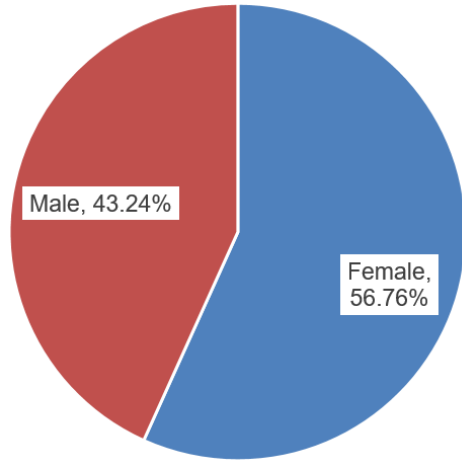


## BRFSS Unhealthy Behaviors in Austin: Risk Ratio by Indicator and Geographic Area

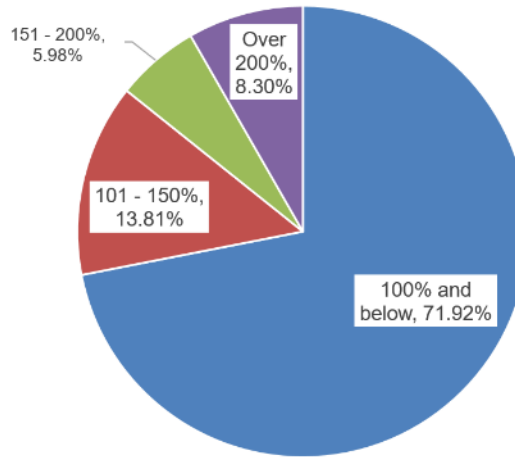


# CommUnityCare: Service Levels and Patient Population Characteristics

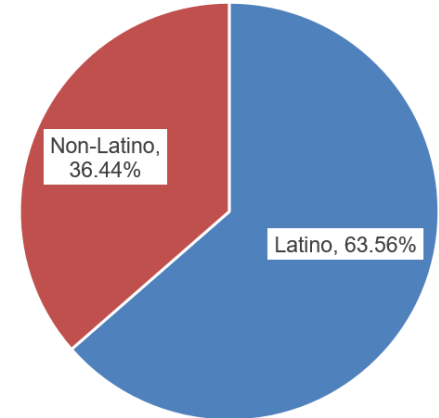
### 2017 Patients by Gender



### 2017 Patients by Income Level

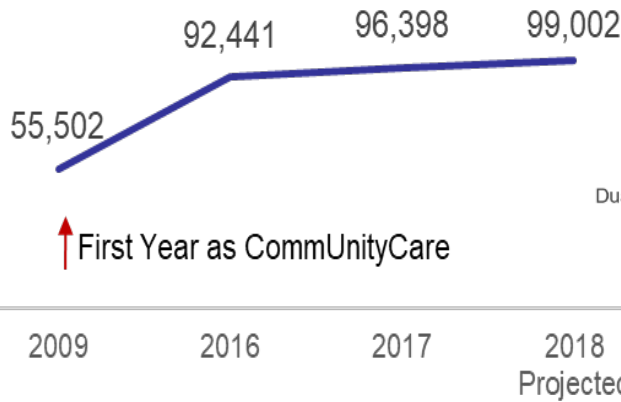


### 2017 Patients by Ethnicity

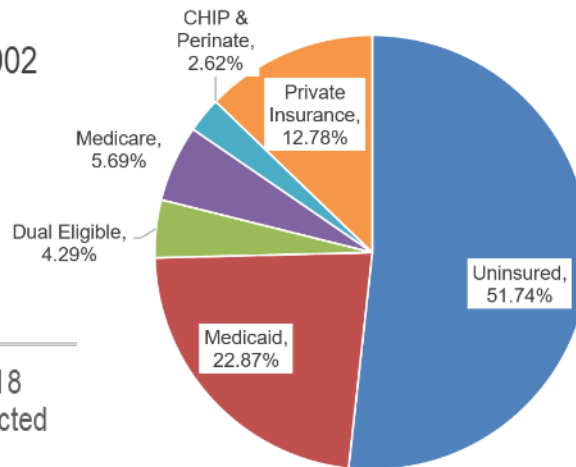


During 2017, 56,474 patients reported their ethnicity as Hispanic/Latino, with 47,063 of these individuals indicated their race as White.

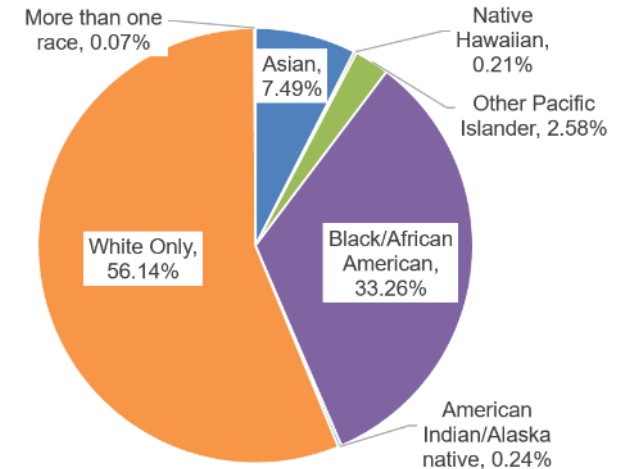
### Unduplicated Patients by Year



### 2017 Patients by Insurance



### 2017 Patients by Race



During 2017, 28,924 patients reported their race. Includes patients that also indicate their ethnicity at Latino except for "White Only".

# Positioning CommUnityCare to Better Meet Travis County's Access to Care Needs

## ➤ Needs:

- ❖ To be Data Informed.
- ❖ To consider shifting demographics and impact of gentrification on those we serve.
- ❖ To be partner and community informed.
- ❖ To be community directed ... CommUnityCare's patient majority Community Health Center Board of Directors.
- ❖ To target underserved populations including uninsured and underserved populations including uninsured and underinsured (Medicaid) and low income (i.e. at or below 200% of FPL).



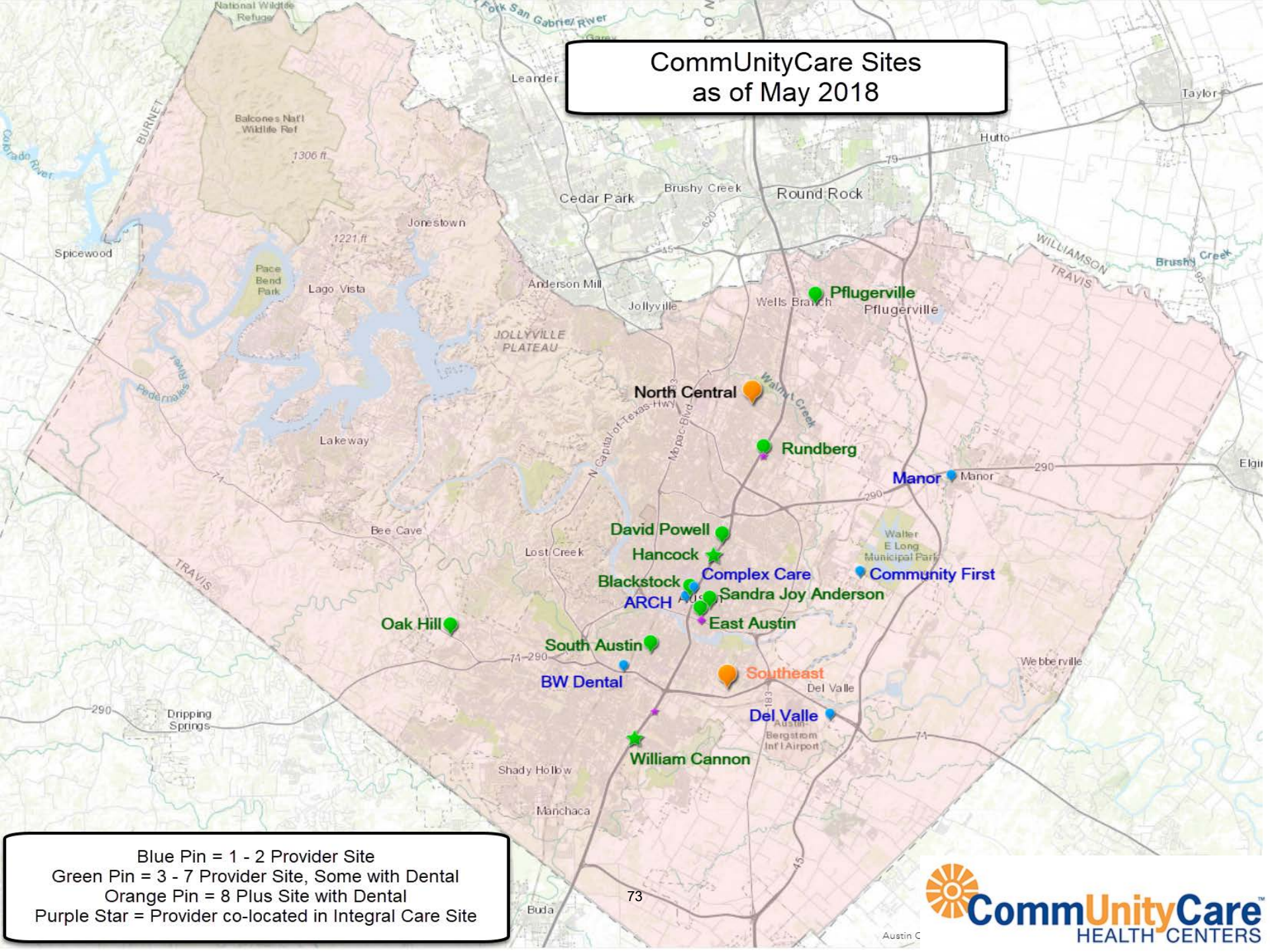
## ➤ Goals:

- ❖ Geographically sensitive.
- ❖ Culturally aware.
- ❖ Population focused with short and long term objectives.
- ❖ Leverages limited resources to strengthen health and well-being.
- ❖ Sustainable in the long term – both financially and clinically.
- ❖ Patients and communities activated into care.
- ❖ Cost Effective.
- ❖ Defined target population by resource/health center.





# CommUnityCare Sites as of May 2018



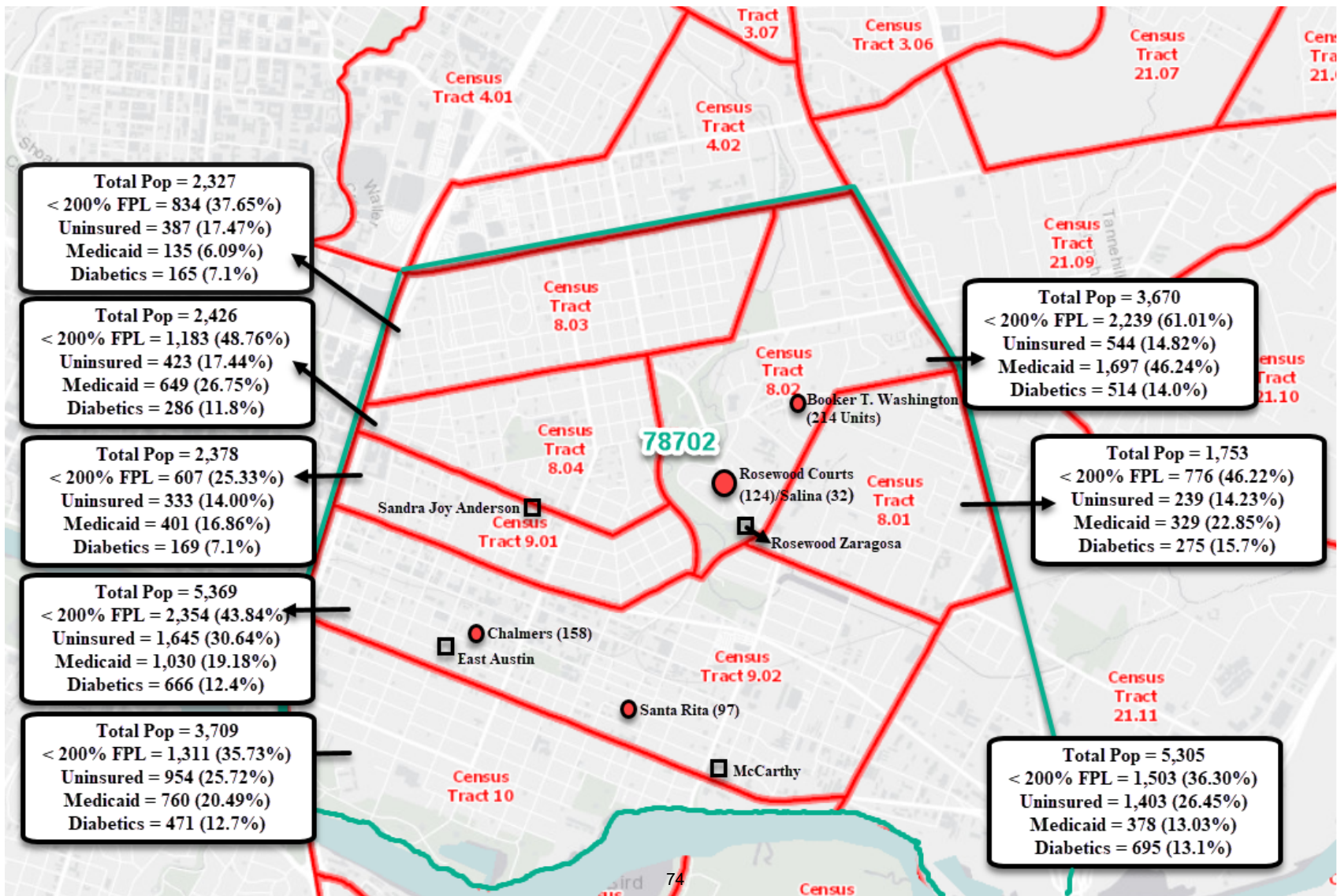
Blue Pin = 1 - 2 Provider Site

Green Pin = 3 - 7 Provider Site, Some with Dental

Orange Pin = 8 Plus Site with Dental

Purple Star = Provider co-located in Integral Care Site

# An Example – The Changing East Side (78702) Service Delivery Consideration



# An Example – East Austin (78702)

## Service Delivery Ramifications – Assumptions / Considerations

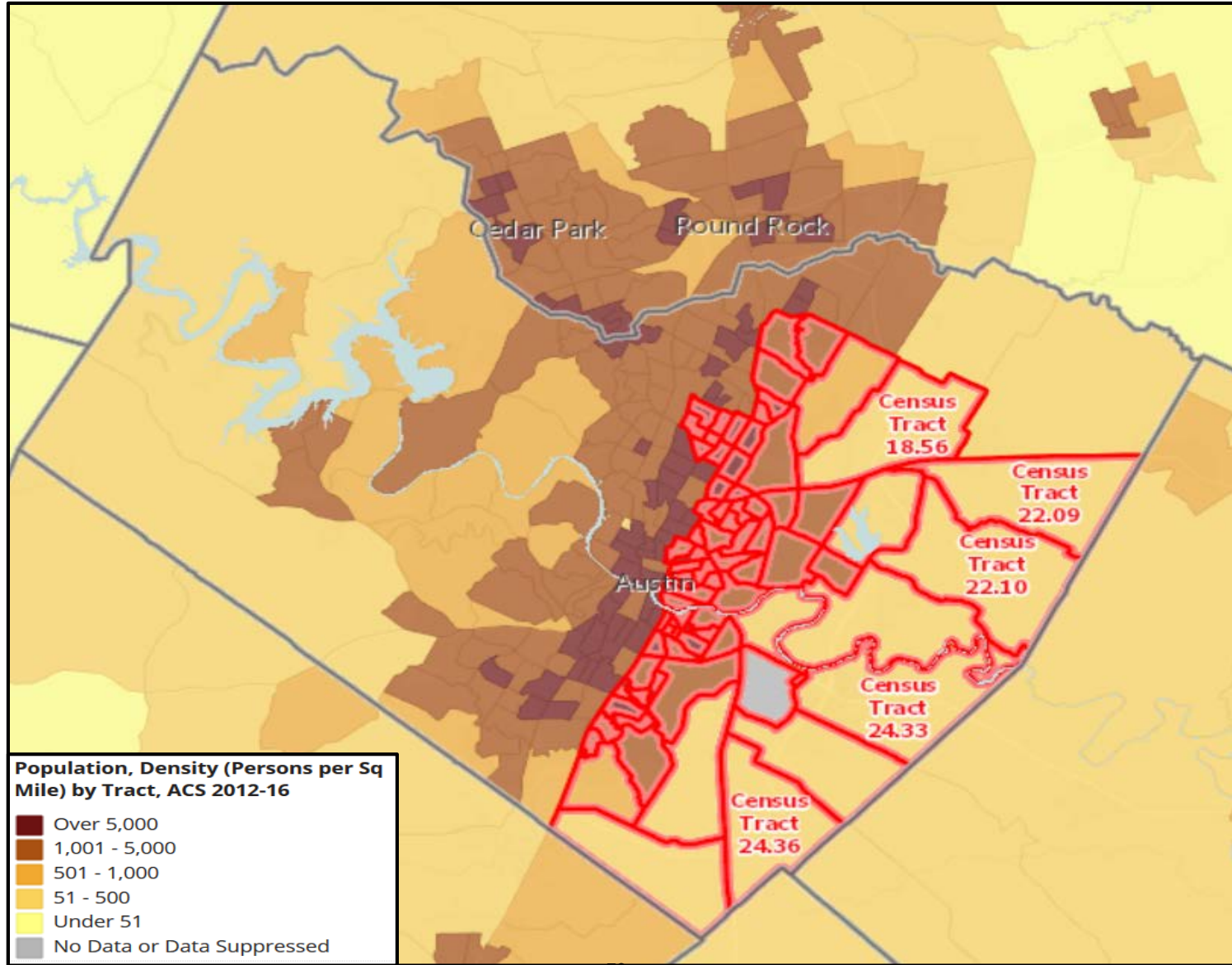
- 100% of Underserved population requires care from CommUnityCare annually. Service capacity must be able to serve 10,253 to 12,612 individuals per year.
- 75% of Underserved population requires care from CommUnityCare annually. Service capacity must be able to serve 7,690 to 9,459 individuals per year.
- 50% of Underserved population requires care from CommUnityCare annually. Service capacity must be able to serve 5,127 to 6,306 individuals per year.

Note – The majority of Census Tract 21.11 is most likely best served by Southeast Health and Wellness Center

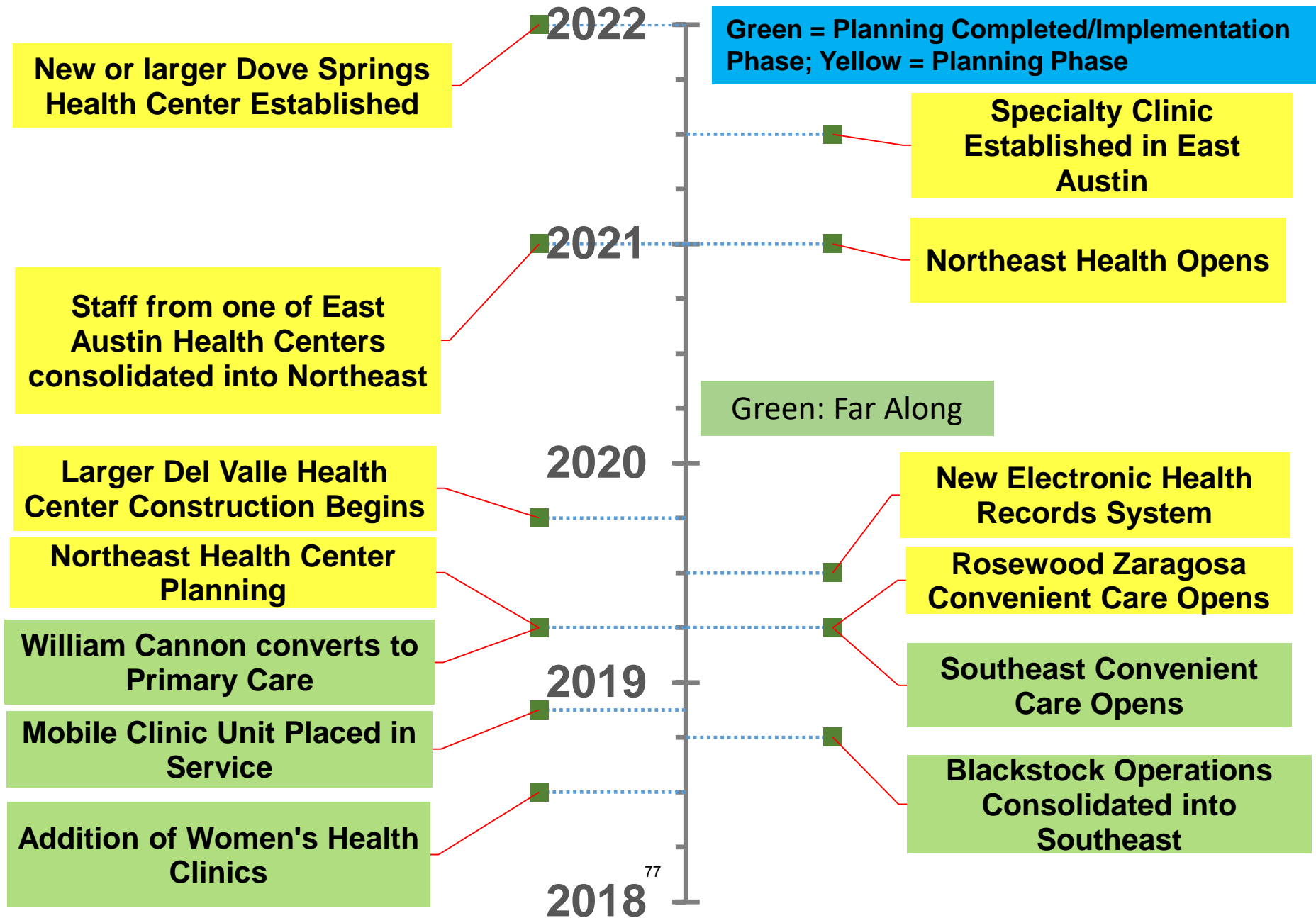
Census Tract ACS 2016 Data	8.03 Census Tract	8.04 Census Tract	9.01 Census Tract	9.02 Census Tract	10.00 Census Tract	8.02 Census Tract	8.01 Census Tract	Total / Average	21.11 Census Tract	Total / Average with 21.11
Health Center / Comment	None	None	Sandra Joy Anderson	East Austin	None	Rosewood Zaragosa	None		Less than 1/2 in 78702	
% < 200%	37.65%	48.76%	25.33%	43.84%	35.73%	61.01%	46.22%	42.65%	36.30%	41.86%
% Uninsured	17.47%	17.44%	14.00%	30.64%	25.72%	14.82%	14.23%	19.19%	26.45%	20.10%
% Medicaid	60.90%	26.75%	16.86%	19.18%	20.49%	46.24%	22.85%	30.47%	13.03%	28.29%
< 200% FPL	878	1,121	548	2,206	1,317	2,132	757	8,806	1,967	10,910
Uninsured	408	401	303	1,541	948	518	233	3,962	1,433	5,238
% Medicaid	1,421	615	365	965	755	1,616	374	6,291	706	7,373

# Data Informed: Other Considerations

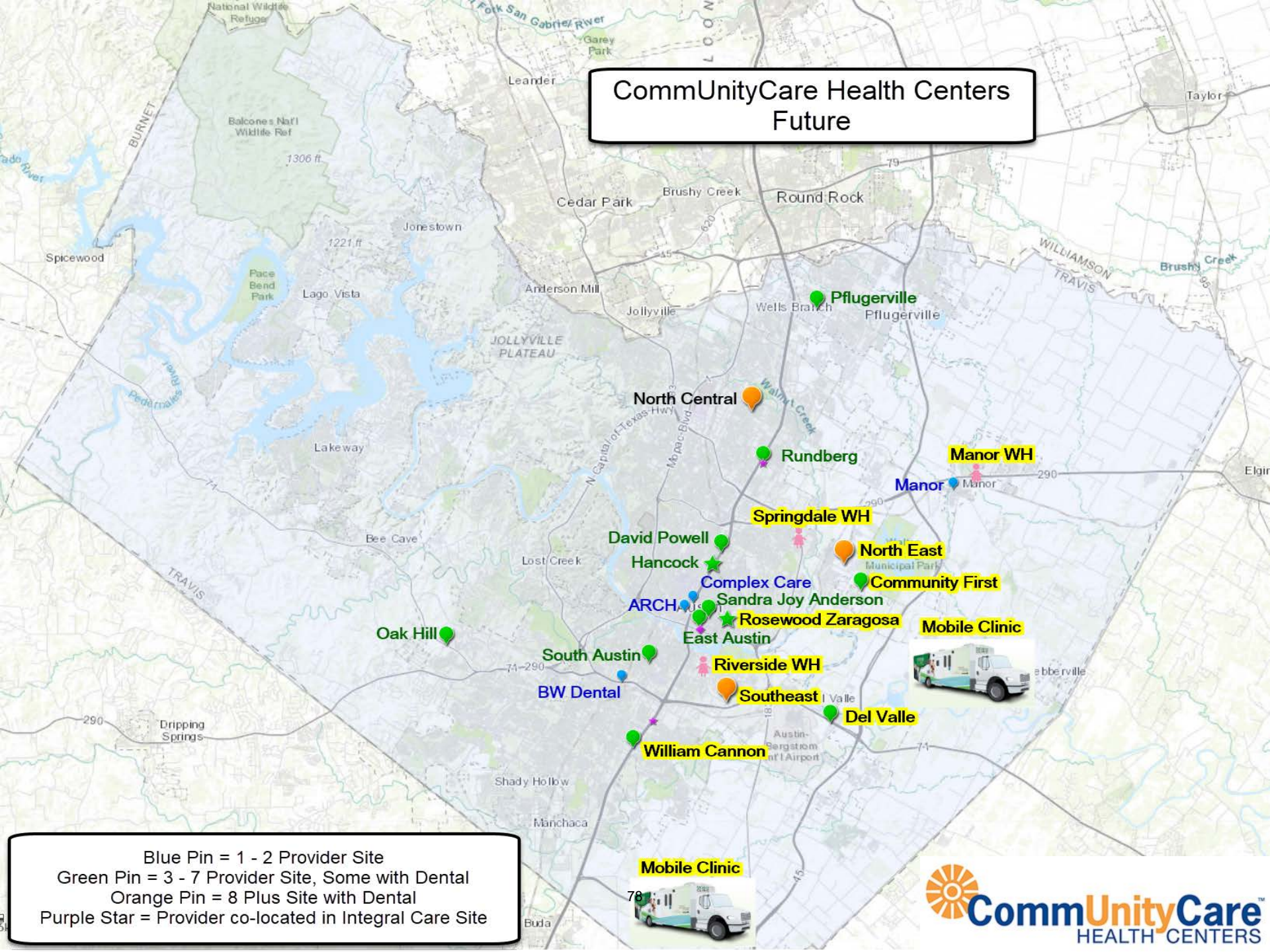
## Population Density



# CommUnityCare Health System Realignment Initiatives



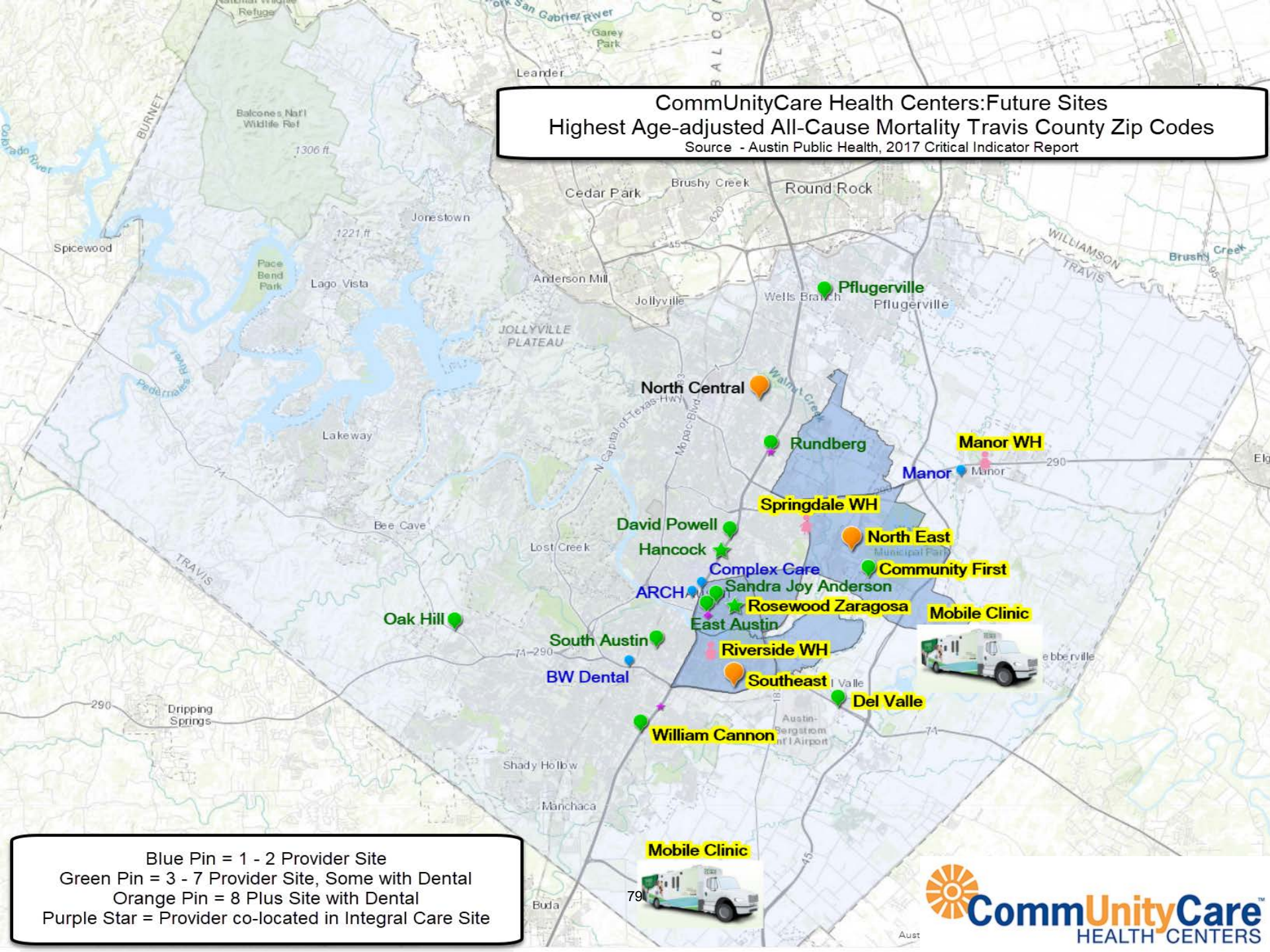
# CommUnityCare Health Centers Future



Blue Pin = 1 - 2 Provider Site  
 Green Pin = 3 - 7 Provider Site, Some with Dental  
 Orange Pin = 8 Plus Site with Dental  
 Purple Star = Provider co-located in Integral Care Site

## CommUnityCare Health Centers: Future Sites Highest Age-adjusted All-Cause Mortality Travis County Zip Codes

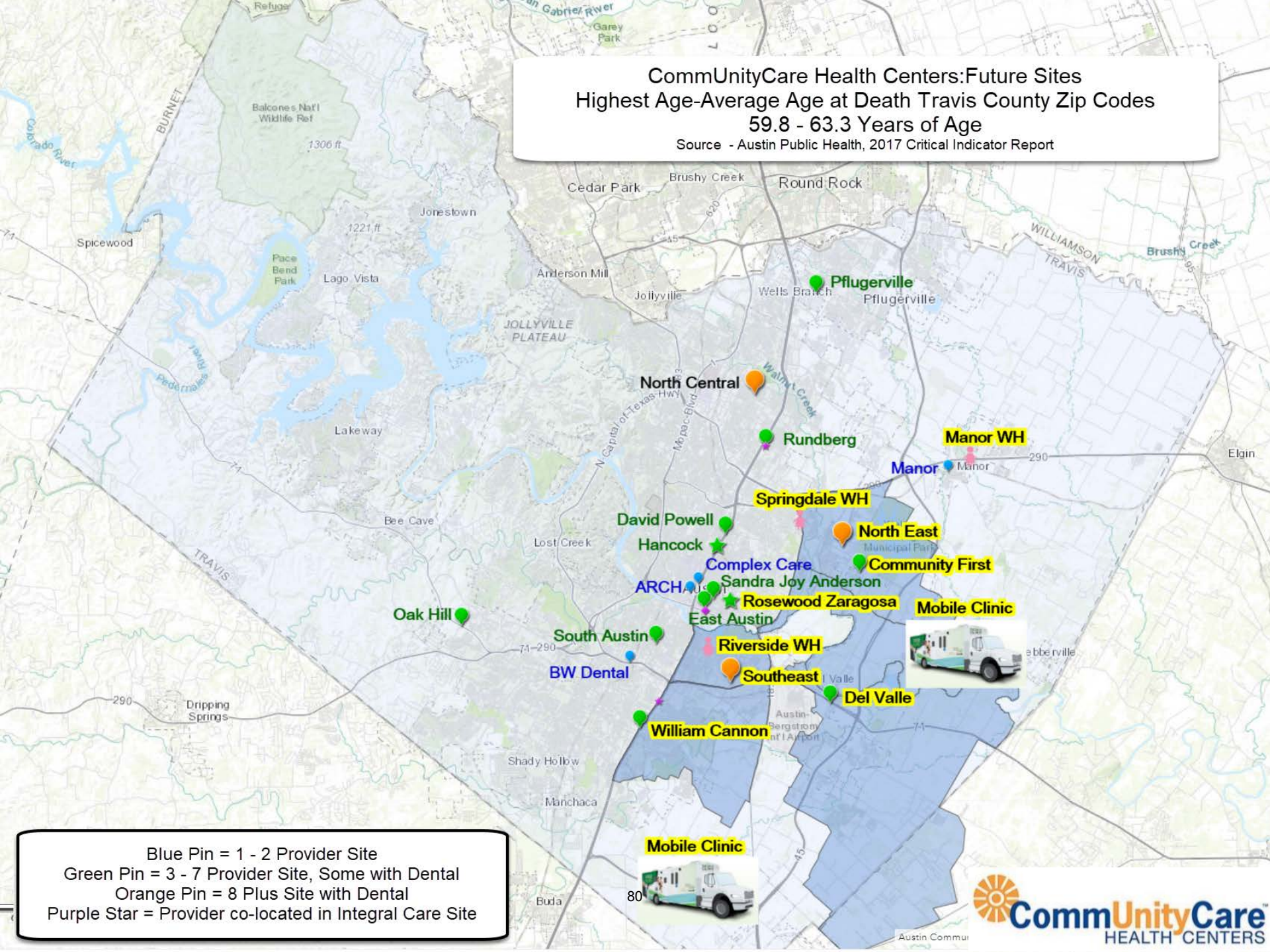
Source - Austin Public Health, 2017 Critical Indicator Report



Blue Pin = 1 - 2 Provider Site  
 Green Pin = 3 - 7 Provider Site, Some with Dental  
 Orange Pin = 8 Plus Site with Dental  
 Purple Star = Provider co-located in Integral Care Site

## CommUnityCare Health Centers: Future Sites Highest Age-Average Age at Death Travis County Zip Codes 59.8 - 63.3 Years of Age

Source - Austin Public Health, 2017 Critical Indicator Report



Blue Pin = 1 - 2 Provider Site  
 Green Pin = 3 - 7 Provider Site, Some with Dental  
 Orange Pin = 8 Plus Site with Dental  
 Purple Star = Provider co-located in Integral Care Site



# Questions?

## **CommUnityCare Mission:**

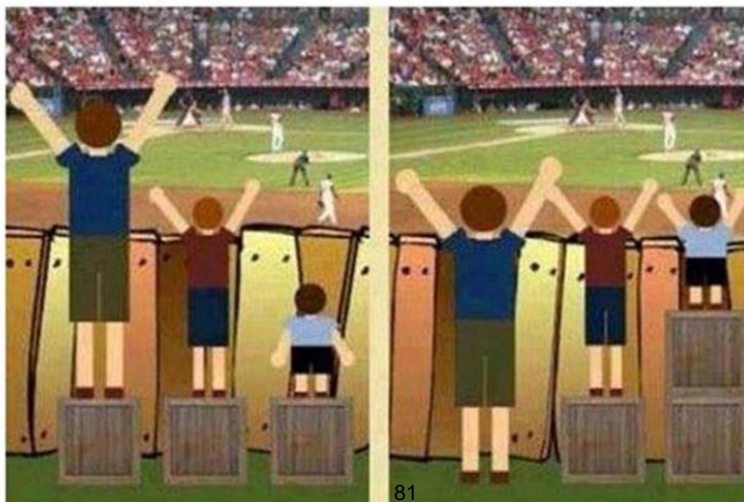
To strengthen the health and well-being of the communities we serve.

## **CommUnityCare Vision:**

Striving to achieve health equity for all by: (1) being the health care home of choice; (2) being a teaching center of excellence; and, (3) providing the right care, at the right time, at the right place.

Equality

Equity





## 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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## **BOARD MEETING**

**May 23, 2018**

## **REGULAR AGENDA ITEM 2**

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



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## **BOARD MEETING**

**May 23, 2018**

## **REGULAR AGENDA ITEM 3**

Discuss and take appropriate action on the following items related to Central Health's President and CEO:

- a. Formal approval of President and CEO's annual performance evaluation;
- b. Timeline for adoption of the annual performance evaluation tool to be used in 2019; and
- c. Renewal and amendment to current employment contract, including changes to compensation package and benefits.<sup>1</sup>



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## **BOARD MEETING**

**May 23, 2018**

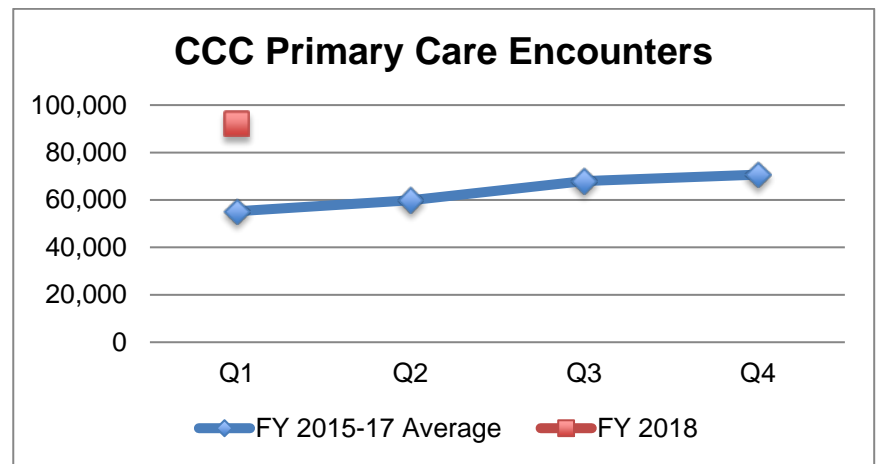
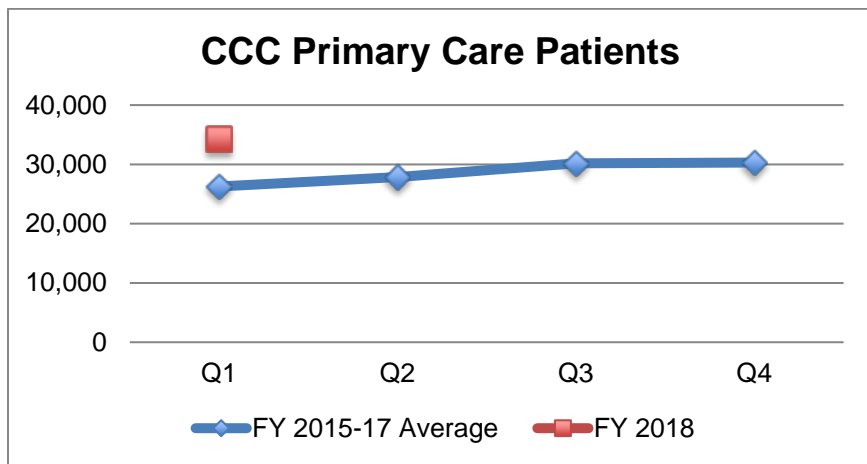
## **REGULAR AGENDA ITEM 4**

Receive and discuss a report from the President & CEO on Central Health operations and current activities, including: (a) the current strategic plan and related measures or dashboards; (b) an assessment of systems and processes and prioritization of activities and initiatives; and (c) personnel matters.<sup>1</sup>

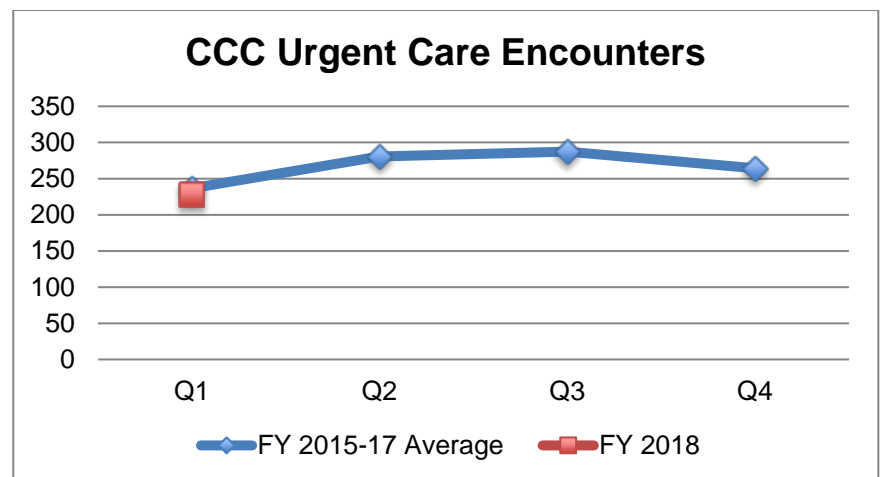
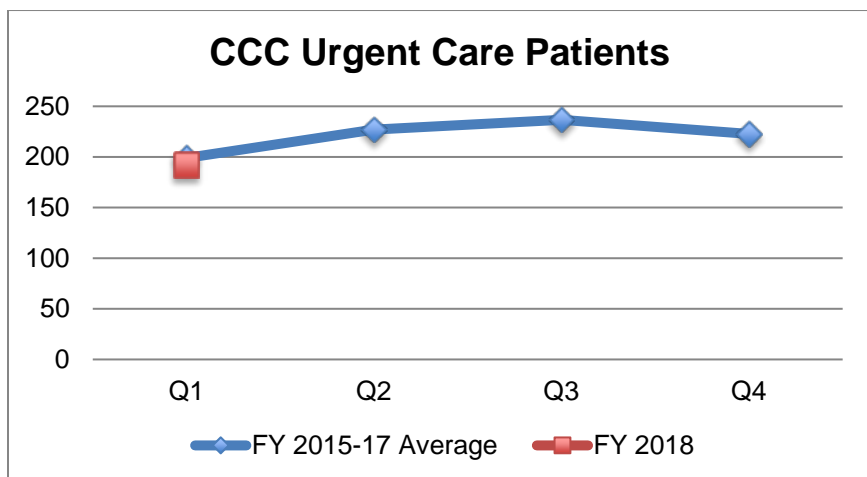
**Community Care Collaborative, Three-Year Trends**

	Q1 FY 2015- Q1 FY 2018	↑ High (Qtr.,Yr.)	↓ Low (Qtr.,Yr.)
Primary Care Patients		34,270 (Q1, 2018)	23,322 (Q1, 2016)
Primary Care Encounters		92,107 (Q1, 2018)	44,756 (Q1, 2016)
Urgent Care Patients		318 (Q3, 2017)	160 (Q1, 2015)
Urgent Care Encounters		383 (Q3, 2017)	201 (Q1, 2015)
Dental Patients		7,642 (Q1, 2018)	4,737 (Q1, 2016)
Dental Encounters		11,853 (Q1, 2018)	7,620 (Q1, 2016)

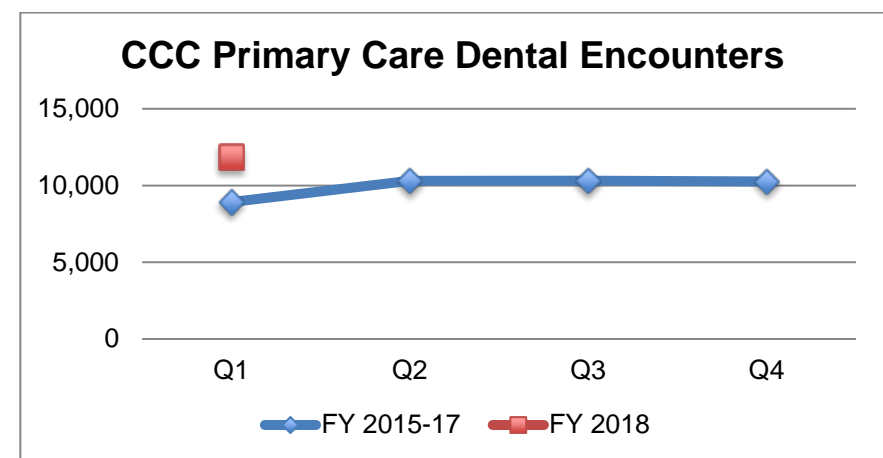
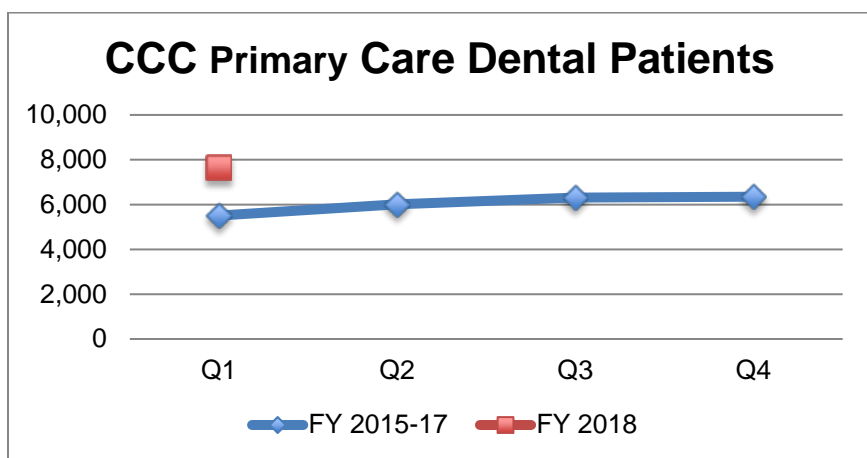
**Community Care Collaborative, FY 2018 Preliminary Reporting**



**\*Primary care summary:** The preliminary patient count for FY 2018, Q1 exceeded the three-year average by 8,001. Encounters for FY 2018, Q1 exceeded the three-year average by 36,881. The increased number of encounters in FY 2018 can be partially attributed to the implementation of new contracting to cover the costs of visits with nutritionists, clinical pharmacists, nurses and medical assistants.



**\*\*Urgent care summary:** The preliminary patient count for FY 2018, Q1 trailed the three-year average by seven. Encounters for FY 2018, Q1 trailed the three-year average by nine.



**\*\*\*Primary care dental summary:** The preliminary patient count for FY 2018, Q1 exceeded the three-year average by 2,133. Encounters for FY 2018, Q1 exceeded the three-year average by 2,929.

**\*Primary care notes:** When multiple services are provided on the same day, each service is counted separately. Additionally, due to a change in billing practice, labs and radiological services were reported as separate encounters starting in Q1 FY18. There is a notable decrease in the number of patients and encounters in Q1 of FY2016 compared to prior quarters. The CCC thoroughly investigated this issue and concluded that this drop in volume reflects data loss due to a transition from one TPA to another in October 2016 rather than an actual decrease in patients served or encounters provided in this time period. A TPA is a vendor responsible for claims collection and processing. Recognizing that patients are best served by access to an interdisciplinary care team, the CCC contracted with our partnering providers in FY2017 to cover the cost of visits with team members such as nutritionists, clinical pharmacists, nurses and medical assistants. The increased number of encounters starting in FY17 Q3 reflects the implementation of this practice as well as contractual reporting requirements.

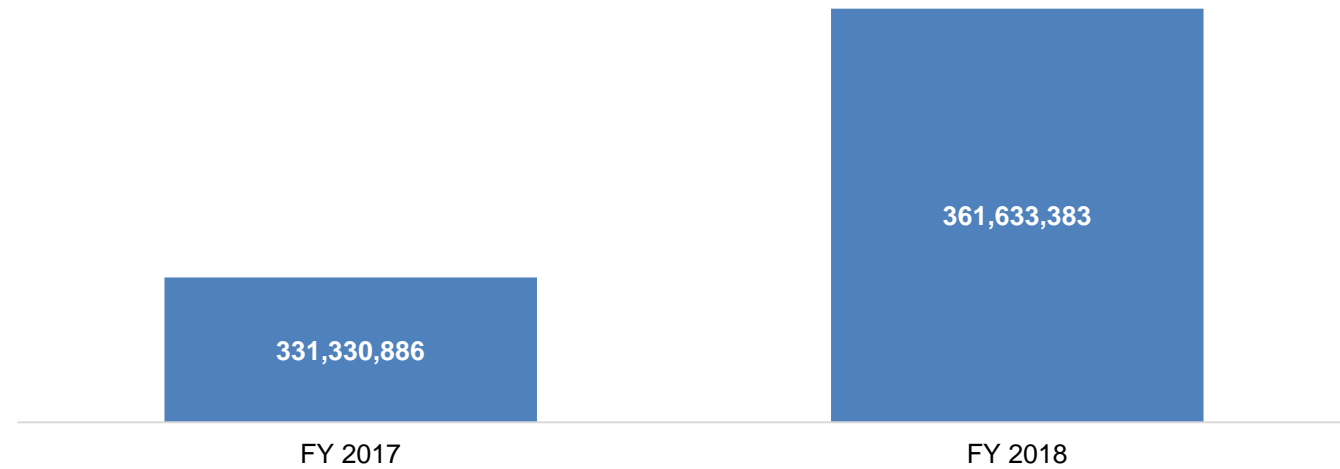
**\*\*Urgent care notes:** Includes the following providers: FastMed, Nextcare, RediClinic and Benchmark. Q1 FY18 represents an undercount of urgent care patients and encounters due to a typical 95-day billing cycle lag.

**\*\*\*Primary care dental notes:** Dental encounters were identified by billing procedure codes that indicated a dental intervention or by place of service that indicated a dental office. Specialty dental is not included.

# Monthly Financial Dashboard—April 2018\*

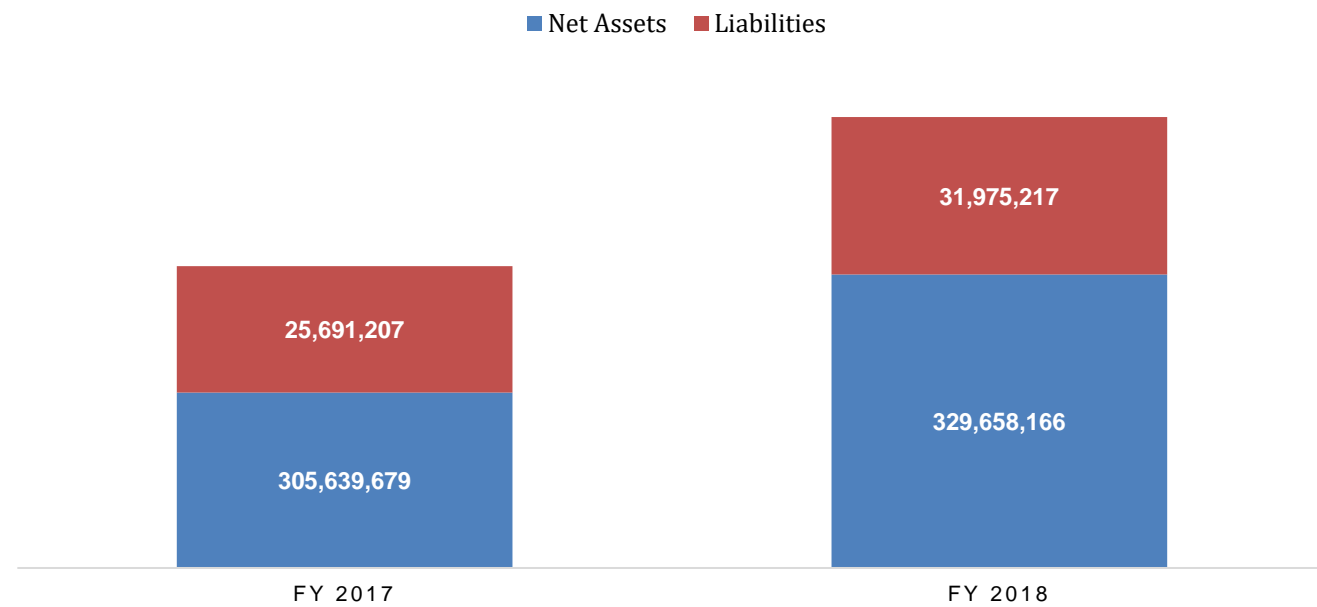
\*Unaudited results

## Assets (April 30, 2018)



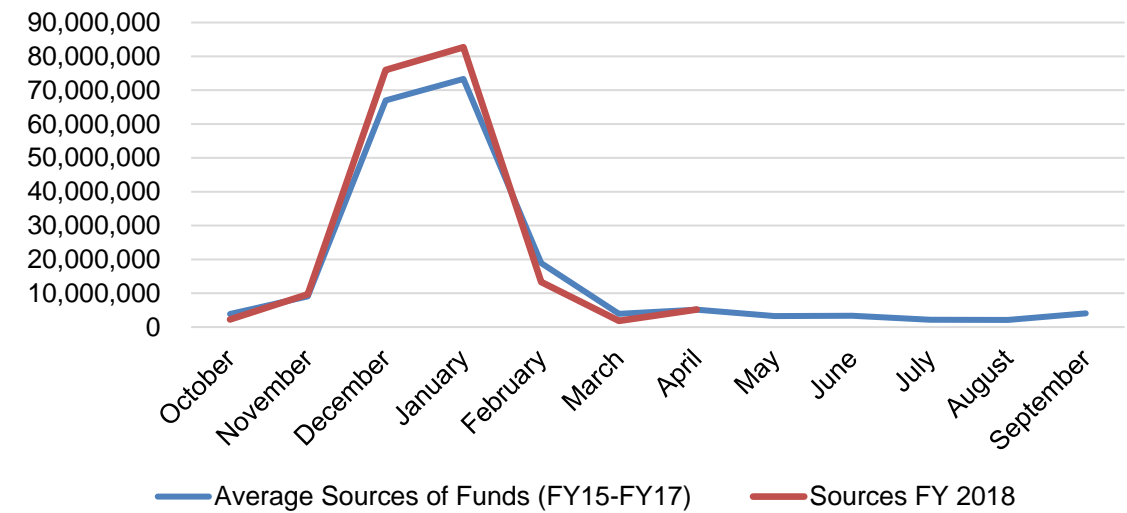
Note: Central Health has a strong cash and short-term investments position. Current assets include cash, investments and accounts receivable which could be converted to cash within one year.

## Liabilities and Net Assets (April 30, 2018)



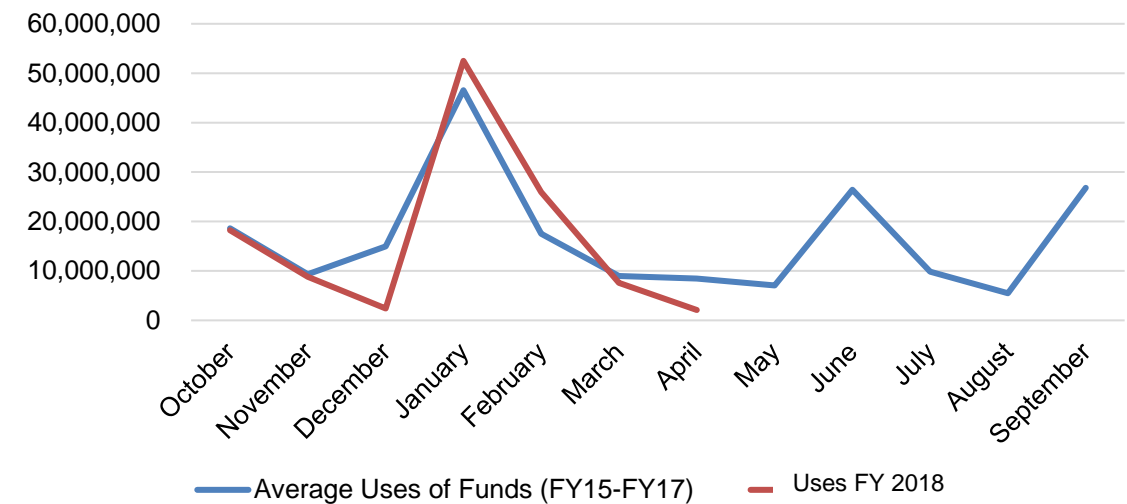
Note: Net assets are equal to total assets minus total liabilities.

## Sources of Funds (Revenue) by Month



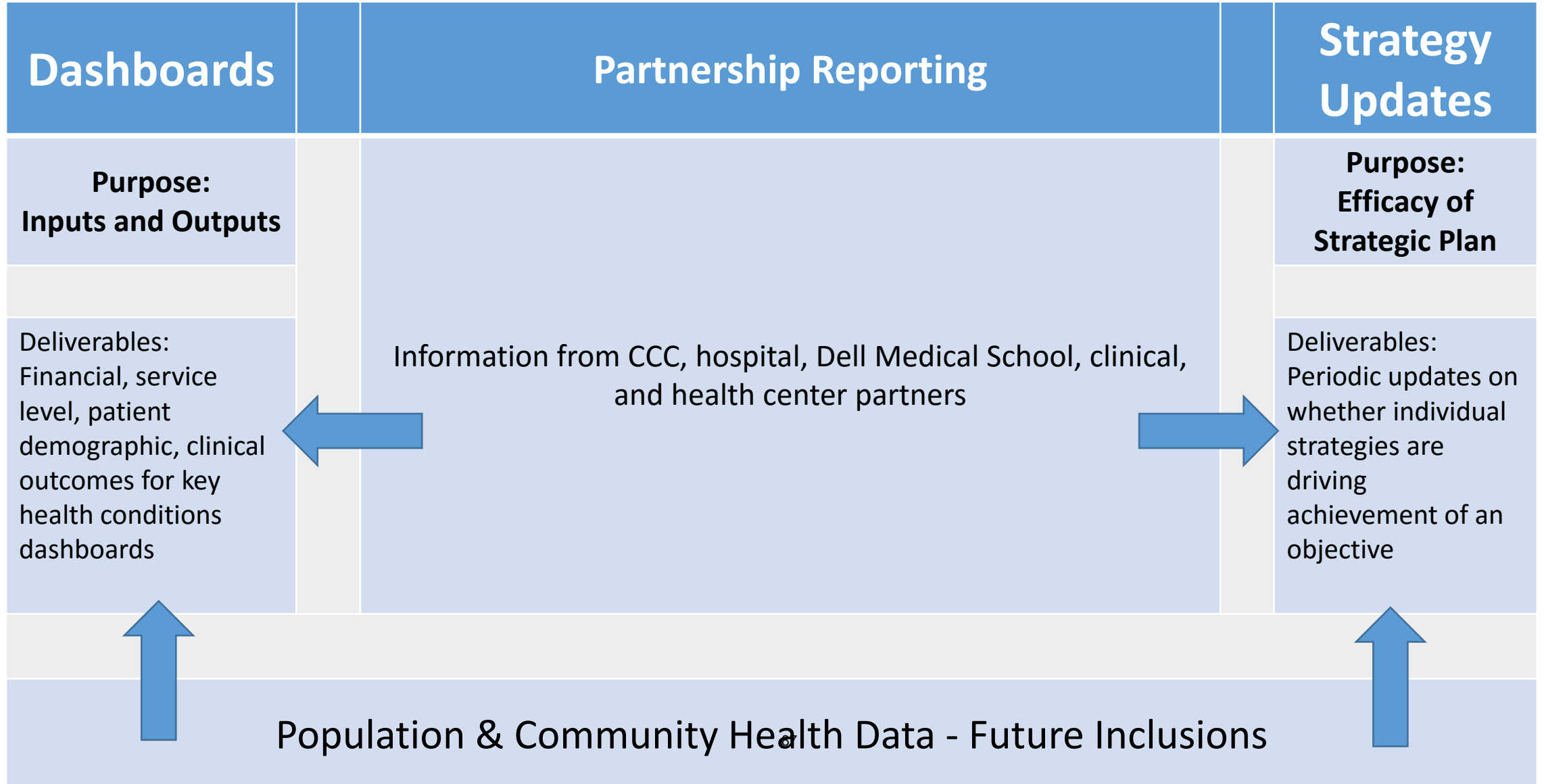
FY15-FY17 year-to-date average monthly sources: \$25.9 million  
 FY18 year-to-date average monthly sources: \$27.3 million

## Uses of Funds (Expenses) by Month



FY15-FY17 year-to-date average monthly uses: \$17.8 million  
 FY18 year-to-date average monthly uses: \$16.8 million

# Board of Managers Information Platforms





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## BOARD MEETING

**May 23, 2018**

## REGULAR AGENDA ITEM 5

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.<sup>1</sup>





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## **BOARD MEETING**

**May 23, 2018**

## **REGULAR AGENDA ITEM 6**

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



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## **BOARD MEETING**

**May 23, 2018**

## **REGULAR AGENDA ITEM 7**

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



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## **BOARD MEETING**

**May 23, 2018**

## **REGULAR AGENDA ITEM 8**

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