



**travis county HEALTHCARE**  
DISTRICT

annual report 2006



# Planning: Our Path to Better Health

## **DISTRICT VISION:**

Central Texas is a model healthy community.

## **DISTRICT MISSION:**

Promote the health and wellness of the residents of our community, especially the uninsured and underinsured, by working together to ensure access to a full range of coordinated healthcare services.



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To all Travis County residents:

Planning: Our Path to Better Health is the theme of this, our second annual report to the community. This year, the District engaged in a year long process of strategic planning to improve the future of healthcare delivery to this community.

The strategic planning process culminated in the Board of Managers' adoption of a set of goals and strategic directions to take us into the future. The Travis County Healthcare District was created to address a daunting set of challenges related to the delivery of adequate healthcare services to the community. An identified lack of adequate public funding, unequal healthcare tax rates between City of Austin and non-City of Austin residents, significant gaps in the availability of crisis mental health services, gaps in primary care and specialty care services as well as concerns regarding the availability of trauma and emergency room services all led to a community effort to create the District.

So how does our new strategic plan affect the average taxpayer? Unlike governmental entities that build bridges or fund local schools, the benefits of providing access to healthcare for those members of our community who can least afford it may not be readily apparent. How does the investment of your tax dollars in these efforts benefit you? Just as good schools and good roads benefit all, providing for basic health needs of the community benefits you as well. Providing good prenatal care for moms ensures healthy babies and avoids expensive hospital costs for premature or low birth weight babies. Providing for "well baby checks" including immunizations reduces the chance of contagious diseases for all of us. Funding increased trauma capacity at Brackenridge Hospital benefits every community member who is brought to that facility in need of critical care. And we all share the cost of those who cannot pay for their care whether it is through increased healthcare premiums or through unplanned visits to crowded local emergency rooms.

This strategic plan aims to re-organize locally delivered healthcare so that it is provided more efficiently and effectively. The plan has far reaching implications for improving the health status of our community members with a goal of increasing access to services. The strategic goals outlined in the plan will take time to achieve and involve complex collaborative processes with our many partners and community supporters. However, the District is committed to doing what it can to ensure that these goals are forwarded to the benefit of the entire community.

Remember, that like good roads and good schools, good health does not "just happen." It takes a coordinated thoughtful plan to guide the way. We believe our new strategic plan does just that.

To good health for all,



*Patricia A. Young*  
**Patricia A. Young Brown, CPA**  
President & CEO



*Clarke*  
**Clarke Heidrick**  
Chairperson, Board of Managers





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## Board of Managers

The Travis County Healthcare District is governed by a nine-member appointed Board of Managers. Four of the members are appointed by the Austin City Council and four are appointed by the Travis County Commissioners Court. Both governmental bodies jointly appoint the ninth member. The members serve our community in a volunteer capacity uncompensated for the work they do on behalf of the District.



**Clarke Heidrick**  
Chairperson



**Carl S. Richie, Jr.**  
Chairperson Elect



**Thomas B. Coopwood, M.D.**  
Vice-Chairperson



**Rose Lancaster**  
Secretary



**Rosie Mendoza, CPA**  
Treasurer



**Bobbie Barker**



**Donald Patrick, M.D., J.D.**



**Frank Rodriguez**



**Eduardo J. Sanchez, M.D., M.P.H.**

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# Fiscal Year 2006

## Progress on Initial Goals and Strategic Directions

Immediately following the inception of the District, initial goals and strategic directions were created as short term measures upon which to focus the District's work. Thus, for 2006, the District directed its operational efforts toward these initial goals and directions. The following is a summary of the goal areas and the programs and progress achieved in fiscal year 2006, including the culmination of multi-year projects from the inaugural fiscal year.

### Goal A

Decrease inappropriate emergency room utilization and increase capacity in Brackenridge trauma center

#### STRATEGIC DIRECTIONS –

##### 1. Establish urgent care capacity

A contract was developed in conjunction with Brackenridge Hospital to create an urgent care center in a building directly connected to the emergency room. The urgent care center became operational in late 2006. In addition to serving the Travis County population at large, the goal of this center is to provide additional urgent care capacity for those patients who receive care through the Community Health Centers, who have need for a same day appointment, but who do not need emergency services. The goal is to treat patient needs as they arise in the most cost effective setting, while improving access to care.

##### 2. Evaluate expansion of Medical Intensive Care Unit

The District contributed \$1.6 million dollars in the inaugural fiscal year toward a total renovation budget of \$6.4 million to expand the service capacity at the Medical Intensive Care Unit at Brackenridge Hospital. The goal of this investment was to create additional bed capacity for those patients requiring admittance from the emergency room into the hospital for intensive care. The outcome of this expansion is increased capacity in the emergency room. The opening took place in January of 2006.



Seton Family of Hospital staff members cut the ribbon to open the expanded medical Intensive Care Unit in January of 2006.  
PHOTO COURTESY OF SETON FAMILY OF HOSPITALS.

## Goal B

Increase appropriate services for people with mental health needs

### STRATEGIC DIRECTIONS—

#### 1. Define roles of TCHD in mental health

The strategic planning process allowed the District an opportunity to further define its role in mental health services, as evidenced by the Mental Health goals and strategic directions established in the plan.

#### 2. Work with Austin Travis County Mental Health Mental Retardation Center (ATCMHMRC) to identify ways to sustain E-Merge program

Integrated Behavioral Health, the E-Merge Program, provides limited scope mental health services to patients in their primary care home. During the first two and one half fiscal years, TCHD has increased its investment in behavioral health staff and psychiatry services for the Community Health Center system by a total of \$730,346 such that by fiscal year 2007, this service will be available at all 15 Community Health Center locations with a total projected annual budget of \$1,073,880. The goal is to maintain mental health stability for those patients who fall outside of the limited diagnostic codes state funding has been confined to treat. The program will be evaluated to determine its effect on patient care outcomes.

#### 3. Participate in planning to establish psychiatric emergency services

In December 2005, TCHD convened a Mental Health Stakeholder group to develop short, interim and long-term solutions to the community's need for mental health crisis services. Over a 10 month period, the Stakeholder Group worked to craft a solution to the lack of inpatient beds and crisis mental health services in the Travis County area. The first outcome of the process was the development of a Mental Health Crisis Interim Plan.

#### 4. Work with ATCMHMRC to use most cost effective methods for providing psychiatric medications

TCHD made available special discounted pharmaceuticals to those patients who are jointly served by the Community Health Centers and the local Mental Health Authority, thereby saving the local Mental Health Authority approximately \$512,000 in medication costs according to their estimate.

#### 5. Make start-up money available for psychiatric emergency services

The District worked collaboratively with the Seton Family of Hospitals and the ATCMHMRC to develop a creative solution to develop inpatient bed capacity in the community by utilizing available capacity at Seton Shoal Creek Hospital. In July of 2006, the TCHD established a contract to fund inpatient crisis stabilization services for the remainder of the District's fiscal year to provide those individuals in Travis County experiencing a mental health crisis and without insurance, a place for treatment beyond the Austin State Hospital. Initial funds of \$326,000 served 105 patients. For fiscal year 2007 the expected investment is \$1.5 million dollars, which is intended to serve approximately 380 patients.

#### 6. Participate in and support community-wide planning efforts to address mental health needs

The District participates in the Mayor's Mental Health Monitoring Committee and continues to host the ongoing work of the Mental Health Stakeholders group whose current focus is on improvements in Mental Health Crisis Services.

## Goal C

Expand availability of specialty and primary care services

### STRATEGIC DIRECTIONS—

#### 1. Expand Federally Qualified Health Center system capacity (primary and specialty care)

In January of 2006, the Far North Clinic was opened in the St. John's neighborhood of Austin to expand primary healthcare services to an underserved African American population whose health disparities are well documented.



Patricia Young Brown and Congressman Lloyd Doggett along with other local dignitaries open the Far North Clinic in the St. John's neighborhood in Austin in January of 2006. PHOTOS COURTESY OF DEBBIE COBALIS.

#### 2. Contract with additional providers to expand primary care capacity

The District continued the funding of key contracts with Project Access and People's Community Clinic to purchase increased access to healthcare for community residents.

#### 3. Work with Seton, Project Access and the University of Texas Medical Branch (UTMB) to expand and more efficiently use specialty care

An initial analysis regarding the most pressing needs for Specialty Care was completed and a plan was developed to expand services in targeted specialties through the expansion of existing contracts.

## Goal D

Improve efficiency and integration of system

### STRATEGIC DIRECTIONS—

#### 1. Collaborate with the Indigent Care Collaboration (ICC)

## Goal D continued

2. Create managed care capability
3. Leverage current and future investments of TCHD funds through use of metrics and performance measures

The District supported the work of the ICC through a contract of \$500,000 to work toward improvement of connectivity of the safety net as a whole. The specific projects involved include the continuing development of the I-Care system, a shared regional data repository of demographic and utilization information of patients treated in the community's safety net system, continuing development of the Medicaider system, a shared eligibility determination tool utilized by safety net providers to assist patients in determining their eligibility for participation in state and local coverage programs and ongoing projects that address the delivery of safety net healthcare services across the region.

## Goal E

Address regional healthcare needs through development of regional collaboration

### STRATEGIC DIRECTIONS—

1. Establish a multi-county planning process that includes the Indigent Care Collaboration and others to envision a regional system of care and identify regional priorities
  - a. Low cost health insurance in partnership with employers
  - b. Electronic medical record
  - c. FQHC expansion/coordination
  - d. Expansion of funding for regional trauma center.

TCHD created the Expanding Coverage Technical Team in collaboration with the ICC which is developing a proposal to create an affordable insurance product targeted at the region's small employers. Additionally, TCHD continued to collaborate with the ICC to identify and create opportunities for the acquisition and implementation of electronic medical records for ICC regional primary care providers.

## Development of the Long-Term Strategic Plan

The Travis County Healthcare District was created in 2004 to provide healthcare to indigent persons residing in Travis County. District sponsored services include those provided at Brackenridge/Children's Hospital, Austin Women's Hospital, 15 Community Health Center locations, and other contracted healthcare entities within the community. Currently, the District does not provide direct healthcare services but contracts with a number of healthcare entities to operate and manage TCHD facilities and to provide other necessary services.

In fiscal year 2006, the District engaged in an extensive long-term strategic planning process which was designed to build on work already accomplished and to establish priorities and initiatives to serve as a road map for the District's work in the coming years. The District engaged the services of Health Management Associates (HMA) to guide the process and to bring their national expertise for use in best practices planning. Members of the Travis County community were also engaged on multiple levels through direct interviews, a

public forum co-hosted by the Community Action Network and public input solicited through an online survey tool. Outreach and input was also specifically requested from the Travis County Commissioners and City of Austin Council Members.

The resulting plan is briefly summarized below. Three documents emerged from the plan including: (a) "Strategic Plan Summary," a ten page summary document; (b) "Strategic Plan Background and Overview" created by the District which is based upon HMA's "Preliminary Strategic Planning Recommendations" but has been modified to reflect the District's consideration of HMA's key findings and recommendations for the strategic goals and strategic directions; and (c) "Preliminary Strategic Planning Recommendations," authored by Health Management Associates providing in-depth analysis of the issues considered in the development of the Strategic Plan.

The documents above are available on the TCHD website.

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## Vision, Mission, and Strategic Plan Outline

**DISTRICT VISION:** Central Texas is a model healthy community.

**DISTRICT MISSION:** Promote the health and wellness of the residents of our community, especially the uninsured and underinsured, by working together to ensure access to a full range of coordinated healthcare services.

**GUIDING PRINCIPLES FOR STRATEGIC PLANNING EFFORTS:** The following overarching principles guided the Healthcare District in establishing its goals and strategic directions.

1. Use the mission of enhancing the health status of all Travis County residents as a guide.
2. Promote an integrated healthcare system that is transparent to consumers, providers, and taxpayers in its delivery of services.
3. Improve access to quality healthcare services in a more transparent and easily accessed system.
4. Drive improvement by tying payments for healthcare services, including those delivered by Healthcare District-owned and/or-operated entities, to measurable performance.
5. Advance the integration of the Travis County indigent care system.
6. Participate with other entities in the search for regional solutions to the challenge of making quality, affordable healthcare available to residents of Central Texas.

### ■ DISTRICT GOALS AND STRATEGIC DIRECTIONS

Goals and strategic directions were developed as follows:

**Primary Care** Analyze the magnitude of the primary care needs and health conditions of the underserved populations of Travis County. Assure all clinics dedicated to serving underserved populations operate at their full capacity. Implement a systematic approach for better utilization and coordination of primary care services.

Organize and link the primary care providers serving medically vulnerable populations throughout the county so they can function as a “virtual safety net” to coordinate the care of patients, and to implement population-based approaches to assuring the health of the community. Create tools to monitor and assure access to appropriate primary care for the underserved.

**Specialty Care** Analyze the demand for specialty care services compared to the current availability of services. Define, clarify and create agreement among all providers in the safety net community on the specific needs for specialty care. Determine targets for appropriateness and timeliness of referrals by specialty. Increase the availability of specialty care services. Promote the alignment of interests among the organizations involved in organizing, providing and funding specialty services to the uninsured and underinsured in Travis County.

**Efficiency and Integration of the Service Delivery Model** Organize and link the various safety net providers within Travis County into a seamless “virtual system of care” for indigent patients which delivers a single coordinated standard of care and identifies a “medical home” when appropriate for persons using the network. Facilitate integrated systems (information, financial, chronic disease management, protocols for referral to specialists) that assure that providers across the continuum avoid duplication, identify gaps in the network and develop collaborative approaches to major healthcare issues. Establish an ongoing collaborative process to include key stakeholders in the community (EMS, social service agencies, schools, churches, public health) and the Indigent Care Collaboration to assist providers in eliminating barriers to effective utilization of the safety net system. Inform the broader community on a regular basis of its health status, the efforts to assure an effective healthcare safety net, current gaps in the system, and priorities to fill those gaps. Maintain and promote the District’s role of “community steward” to further the overall viability of the safety net provider system.

**Mental Health Care** Building on the work of the Mental Health Stakeholders Group convened by the District, continue the collaborative approach to develop a mental health crisis system. Foster enhancements in the overall capacity of the mental health system by supporting the integration of physical and behavioral healthcare.

**Medical Assistance Program (MAP)** Maximize the efficient use of financial resources of both the District and patients served. Utilize the Medical Assistance Program to improve patient access to appropriate care. Maintain the Healthcare District’s identity as a “community steward” by expanding the MAP payor network.

**Regional Healthcare** Redesign the Medical Assistance Program locally while planning regionally. Maximize participation by regional stakeholders in the design, funding, and implementation of proposed regional initiatives. Retain the flexibility to interface/merge with a regional approach for indigent, uninsured and underinsured patients and with any reform of statewide medical assistance programs such as Medicaid and the Children’s Health Insurance Program (CHIP).

## ■ IN CONCLUSION

The ultimate success of the District’s plan will be dependent upon a long-term strategy to match the District’s resources to the community’s needs, and the timeframe under which resources are developed will dictate the level and rate of progress that can be made towards the identified goals.

Much of the next several years will need to be devoted to laying the groundwork for the implementation of the strategic plan. That groundwork will include developing the necessary infrastructure of the District, reaching out to existing and potential partners, making the case to the community about the need for various restructuring initiatives, and performing the necessary analyses to precede changes in the Medical Assistance Program. Ensuring that this initial groundwork is laid thoughtfully will go a long way toward providing for the success of the District’s long-range planning efforts.

# Thank you

## Tom Young

Tom Young completed his two year term on the Travis County Healthcare District Board of Managers at the end of the 2006 fiscal year. Formerly the Chief Administrator of Brackenridge Hospital and COO of Austin Regional Clinic, Mr. Young was instrumental in guiding the board toward the adoption of its inaugural 2005 fiscal budget. His expertise in understanding the complexities of the healthcare needs of Travis County residents served the District well at a critical juncture during inception. His presence on the board of managers will be missed.



Sporting a lei made of calculator tape to honor his accounting prowess, Tom Young's service is recognized at a gathering including TCHD President and CEO Patricia Young Brown, Tom's wife Kay and Clarke Heidrick, TCHD Board Chairperson.  
PHOTOS COURTESY OF CHRISTIE GARBE



## Finances and Funding

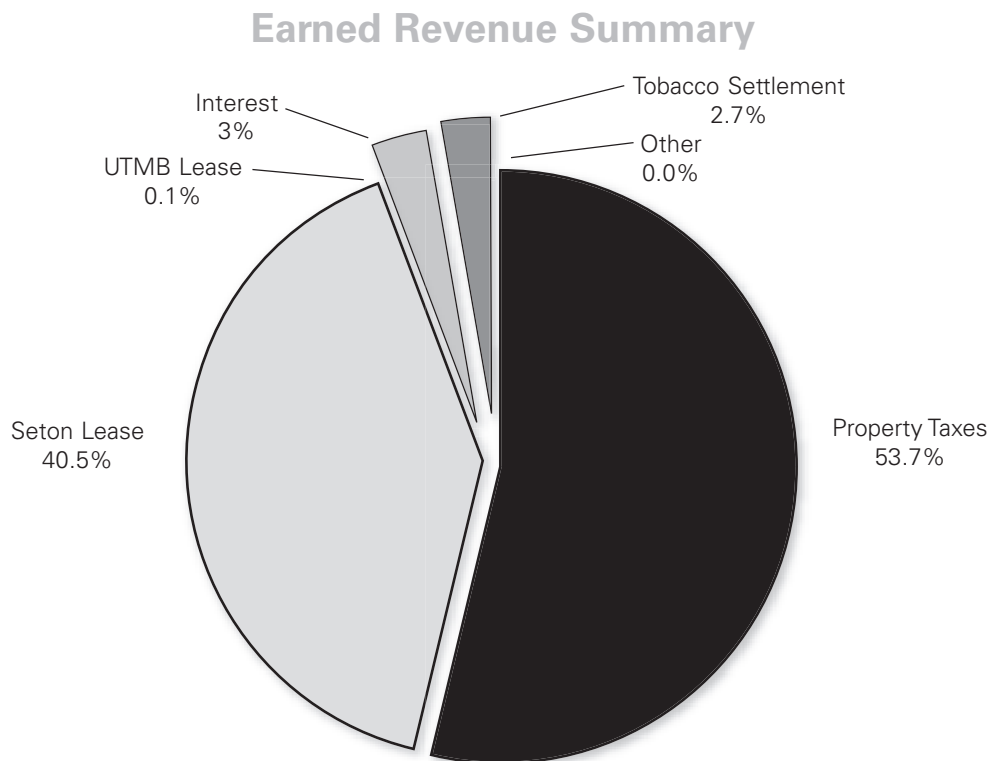
TCHD is a limited-purpose taxing district that levies property taxes to fund healthcare for indigent residents of Travis County. When the District was created in 2004, Travis County and the City of Austin transferred to the TCHD most of their respective tax bases dedicated to indigent healthcare. After this transfer, the District assumed responsibility for levying taxes to finance indigent health care services. State law currently provides that this levy may not exceed 25 cents on each \$100 of the taxable value of property taxable by the District. The District's tax rates are as follows:

2004-2005 .0779 per \$100 valuation  
2005-2006 .0779 per \$100 valuation

During the 2006 fiscal year, the Board of Managers continued a conservative approach toward managing the finances of the Travis County Healthcare District. For fiscal year 2006, revenues of \$93,227,444 exceeded expenses of \$67,523,980 by \$25,703,464. The District operated within its approved expense budget for the fiscal year contributing to the District positive fiscal results.

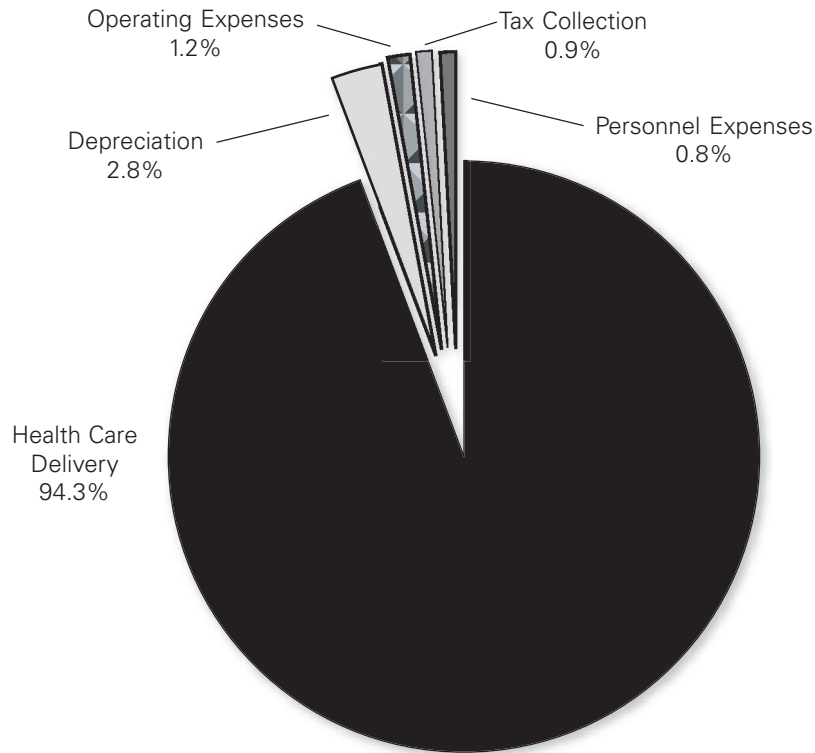
District revenues of \$93,227,444 included the receipt of a one-time payment of \$ 16.8 million from the federal Medicaid Disproportionate Share Hospital/Upper Payment Limit program which was received during the fiscal year but was related to prior years' Medicaid service activity. Such payments will not recur in future years, and therefore, the District has not used these "one-time" receipts to support ongoing service needs.

Key enhancement funding decisions during the year were targeted at making improvements in the healthcare delivery system as outlined by the initial strategic goals and directions. Graphical representations of fiscal year 2006 income and expenses follow below.



\*NOTE: Excludes pass-through revenue to other entities (Disproportionate Share [DSPRO] and Tobacco Settlement)

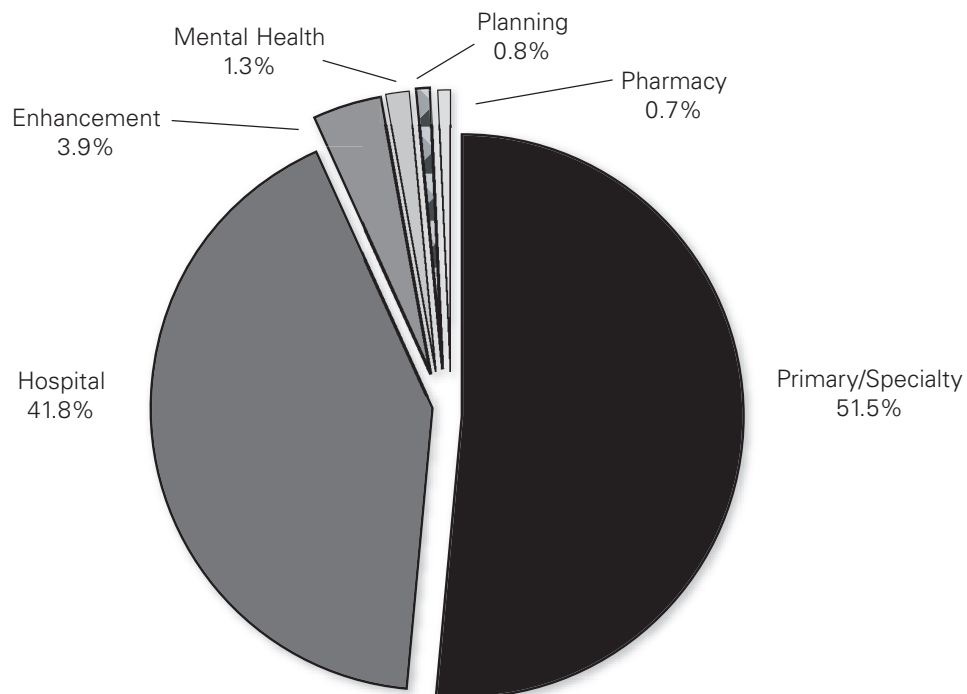
## Expense Summary



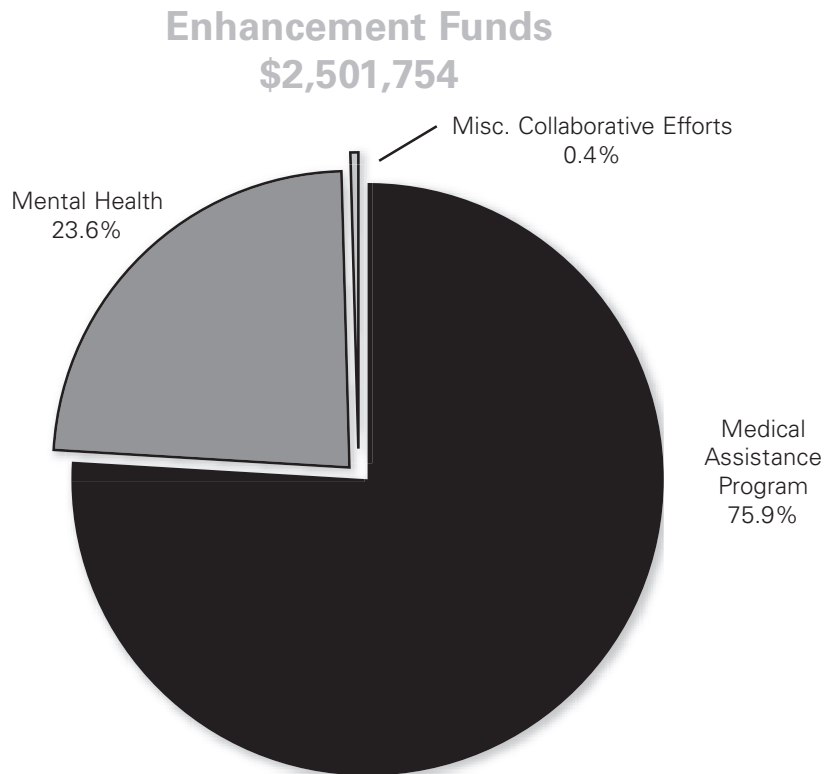
\*NOTE: Excludes pass-through items (Disproportionate Share [DSPRO] and Tobacco Settlement)

The chart below further illustrates the types of Healthcare Delivery expended in fiscal year 2006.

## Actual Healthcare Expenditures by Service Category



In fiscal year 2006, the District had a limited amount of funds to allocate toward the enhancement of healthcare services. The following chart outlines how those enhancement funds were spent.



The District increased the funds for the Medical Assistance Program by 19% including enhancement funds of \$1.9 million over the prior year in order to provide health services to individuals at 100% of the federal poverty level and below. However, the increase is still not meeting the demand for services. The mental health enhancement funds were used to fund inpatient bed capacity at Seton Shoal Creek for medically indigent persons as previously outlined in this report.

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## Summary

As the graphical representations above show, the District spent 94.3% of total expenditures on healthcare services purchased for those individuals who are at 200% of the federal poverty level and below. The data also show that additional base revenue available for the enhancement of those services is limited. The second fiscal year for the District was productive in that a simultaneous process of systems improvement was taking place alongside the strategic planning process. As these two processes unfolded, the need to maximize existing resources continued to be at the forefront, but the planning process made clear that the District's current revenues will not keep pace with present and impending healthcare needs of a rapidly growing Travis County. Additional data gathering and evaluation will take place in the future to better quantify community needs to support ongoing discussion of our healthcare issues and related strategies to most effectively address those needs which currently outstrip available resources.

# Excerpts from the Audited Financial Statements FY 2006

## TRAVIS COUNTY HEALTHCARE DISTRICT (formerly TRAVIS COUNTY HOSPITAL DISTRICT), A COMPONENT UNIT OF TRAVIS COUNTY, TEXAS

### STATEMENTS OF NET ASSETS SEPTEMBER 30, 2006 AND 2005

	2006	2005
<b>ASSETS</b>		
Current assets:		
Cash and cash equivalents	\$ 30,593	38,332
Short-term investments	54,599,411	42,447,382
Ad valorem taxes receivable, net of allowance for uncollectible taxes of \$83,368 and \$50,435	207,657	163,408
Due from other governments	10,467,562	2,876,671
Other receivables	1,023,488	174,288
Prepaid expenses	63,989	1,485
Total current assets	<u>66,392,700</u>	<u>45,701,566</u>
Capital assets:		
Land	8,497,335	8,497,335
Buildings and improvements	90,002,665	90,002,665
Equipment and furniture	402,497	402,497
Less accumulated depreciation	<u>(3,784,990)</u>	<u>(1,892,495)</u>
Total capital assets, net	<u>95,117,507</u>	<u>97,010,002</u>
 Total assets	 <u>161,510,207</u>	 <u>142,711,568</u>
<b>LIABILITIES</b>		
Current liabilities:		
Accounts payable	4,680,457	11,667,695
Salaries and benefits payable	71,635	23,532
Due to other governments	63,498	29,188
Total current liabilities	<u>4,815,590</u>	<u>11,720,415</u>
<b>NET ASSETS</b>		
Invested in capital assets	95,117,507	97,010,002
Unrestricted	<u>61,577,110</u>	<u>33,981,151</u>
Total net assets	<u>\$ 156,694,617</u>	<u>130,991,153</u>

The notes to the financial statements are an integral part of these statements.

# Excerpts from the Audited Financial Statements FY 2006

## TRAVIS COUNTY HEALTHCARE DISTRICT (formerly TRAVIS COUNTY HOSPITAL DISTRICT), A COMPONENT UNIT OF TRAVIS COUNTY, TEXAS

### STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET ASSETS YEARS ENDED SEPTEMBER 30, 2006 AND 2005

	2006	2005
Operating revenues:		
DSH/UPL program	\$ 36,670,256	28,029,577
Operating lease revenue	1,155,396	1,155,396
Total operating revenues	<u>37,825,652</u>	<u>29,184,973</u>
Operating expenses:		
Health care delivery	63,669,603	56,036,996
Salaries and benefits	568,980	160,410
Other purchased goods and services	818,084	423,808
Depreciation	1,892,495	1,892,495
Total operating expenses	<u>66,949,162</u>	<u>58,513,709</u>
Operating loss	<u>(29,123,510)</u>	<u>(29,328,736)</u>
Nonoperating revenues (expenses):		
Ad valorem tax revenue	50,107,980	46,816,179
Tax assessment and collection expense	(574,818)	(517,014)
Tobacco settlement revenue	4,199,541	1,471,021
Tobacco settlement expense	(1,709,821)	(305,250)
Investment income	2,803,272	690,752
Other revenue	820	-
Total nonoperating revenues	<u>54,826,974</u>	<u>48,155,688</u>
Income before other changes in net assets	<u>25,703,464</u>	<u>18,826,952</u>
Contributions:		
Contributions from the City of Austin, Texas	-	109,602,497
Contributions from Travis County, Texas	-	2,560,807
Other contributions	-	897
Total contributions	<u>-</u>	<u>112,164,201</u>
Change in net assets	25,703,464	130,991,153
Total net assets - beginning of year	<u>130,991,153</u>	<u>-</u>
Total net assets - end of year	<u>\$ 156,694,617</u>	<u>130,991,153</u>

The notes to the financial statements are an integral part of these statements.

# Excerpts from the Audited Financial Statements FY 2006

TRAVIS COUNTY HOSPITAL DISTRICT  
(formerly TRAVIS COUNTY HOSPITAL DISTRICT),  
A COMPONENT UNIT OF TRAVIS COUNTY, TEXAS

STATEMENT OF CASH FLOWS  
YEARS ENDED SEPTEMBER 30, 2006 AND 2005

	2006	2005
<b>Cash flows from operating activities:</b>		
Cash received from DSH/UPL program	\$ 77,655,270	85,482,921
Cash payments for DSH/UPL program	(55,234,803)	(48,350,829)
Cash received from operating leases	1,155,396	1,150,501
Cash payments for goods and services	(65,627,984)	(56,913,985)
Cash payments to employees	(520,877)	(136,878)
Net cash used in operating activities	<u>(42,572,998)</u>	<u>(18,768,270)</u>
<b>Cash flows from noncapital financing activities:</b>		
Ad valorem taxes received	50,063,731	46,652,771
Payments for tax assessment and collection	(574,818)	(517,014)
Tobacco settlement received	4,199,541	1,471,021
Tobacco settlement paid	(1,709,821)	(305,250)
Other nonoperating revenue received	820	-
Net cash provided by noncapital financing activities	<u>51,979,453</u>	<u>47,301,528</u>
<b>Cash flows from capital and related financing activities -</b>		
Contributions	<u>-</u>	<u>13,261,704</u>
<b>Cash flows from investing activities:</b>		
Receipts of interest income	2,561,876	631,568
Net sales of investment pools	7,638,122	(47,380,500)
Purchase of investment securities	(22,614,192)	-
Proceeds from maturities of investment securities	3,000,000	4,992,302
Net cash used in investing activities	<u>(9,414,194)</u>	<u>(41,756,630)</u>
Net increase in cash and cash equivalents	(7,739)	38,332
Cash and cash equivalents - beginning of year	38,332	-
Cash and cash equivalents - end of year	<u>\$ 30,593</u>	<u>38,332</u>
<b>Reconciliation of operating loss to net cash used in operating activities:</b>		
Operating loss	\$ (29,123,510)	(29,328,736)
Adjustments to reconcile operating loss to net cash used in operating activities:		
Depreciation expense	1,892,495	1,892,495
Changes in operating assets and liabilities that provided (used) cash:		
Due from other governments	(7,590,891)	(2,876,671)
Other receivables	(783,763)	(174,288)
Prepaid expenses	(62,504)	(1,485)
Accounts payable	(6,987,238)	11,667,695
Salaries and benefits payable	48,103	23,532
Due to other governments	34,310	29,188
Net cash used in operating activities	<u>\$ (42,572,998)</u>	<u>(18,768,270)</u>
<b>Schedule of noncash capital and related financing activities -</b>		
Donated assets	\$ -	98,902,497

The notes to the financial statements are an integral part of this statement.





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For further information, visit the District website at [www.traviscountyhd.org](http://www.traviscountyhd.org)