



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 OF MANAGERS MEETING

Wednesday, January 27, 2021, 5:30 p.m.

via toll-free videoconference¹

Members of the public may observe and participate in the meeting by connecting to the Ring Central meeting link listed below (copy and paste into your web browser):

<https://meetings.ringcentral.com/j/1485027097?pwd=MmZQUTBQOWVmQUUxdTZjMnJoZ09Sdz09>

Password: 386463

Members of the public may also listen and participate by telephone only:

Dial: (888) 501-0031

Meeting ID: 148 502 7097

Password: 386463

A member of the public who wishes to make comments during Public Communication must properly register with Central Health **no later than 4:00 p.m. on January 27, 2021**. Registration can be completed in one of two ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-up/>, or
- Call 512-978-9190. Please leave a voice message with your full name and your request to comment via telephone at the meeting.

PUBLIC COMMUNICATION

Central Health will conduct Public Communication in the same manner as it has been conducted at in-person meetings, including setting a fixed amount of time per person to speak and limiting Board responses to public inquiries, if any, to statements of specific factual information or existing policy.

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 vote on the motion to adopt the CONSENT AGENDA.

- C1. Approve the minutes of the Central Health Board of Managers November 18 and December 16, 2020 meetings and the minutes of the February 7, 2020 Board of Managers Retreat.
- C2. Receive and ratify Central Health Investments for December 2020.

REGULAR AGENDA²

- 1. Discuss the process for submission of nominations for Treasurer. (*Informational Item*)
- 2. Receive, discuss, and take appropriate action on a presentation of the Central Health Fiscal Year 2020 financial audit. (*Action Item*)
- 3. Receive and discuss a presentation from Colette Holt & Associates on the Central Health HUB Disparity Study. (*Informational Item*)
- 4. Receive a report on fiscal year-to-date healthcare service expenditures made by, and accept the preliminary December 2020 financial statements for, Central Health and the Community Care Collaborative and review historical average revenues and expenses for Central Health. (*Action Item*)
- 5. Receive and discuss the following focus reports related to the Strategic Objective in section (ii)1.b. of the Resolution Adopting the Fiscal Year 2021 Budget:
 - a. current workforce demographics and levels, including new hires and turnover; and
 - b. training and development initiatives. (*Informational Item*)
- 6. Discuss and take appropriate action on the employment contract between Central Health and the President and Chief Executive Officer of Sendero Health Plans, Inc.³ (*Action Item*)
- 7. Receive and discuss an update regarding Sendero Health Plans, Inc., including an update on enrollment for 2021.⁴ (*Informational Item*)
- 8. Discuss and take appropriate action on project plans to advance the Eastern Travis County service expansion.⁵ (*Action Item*)
- 9. Discuss and take appropriate action on Central Health owned or occupied real property and potential property for acquisition, lease, or development in Travis County, including next steps in the redevelopment of the Central Health Downtown Campus, administrative offices of Central Health Enterprise partners, and new developments in Eastern Travis County.⁵ (*Action Item*)
- 10. Receive a briefing regarding Central Health Enterprise information security issues.⁶ (*Informational Item*)
- 11. Receive and discuss the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas.⁷ (*Informational Item*)

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

Notes:

- ¹ By Emergency Executive Order of the Governor, issued March 16, 2020, Central Health may hold a videoconference meeting with no Board members present at a physical meeting location.
- ² The Board of Managers may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Board announces that the item will be considered during a closed session.
- ³ Possible closed session discussion under Texas Government Code §551.074 (Personnel Matters).
- ⁴ Possible closed session discussion under Texas Government Code §551.085 (Governing Board of Certain Providers of Health Care Services).
- ⁵ Possible closed session discussion under Texas Government Code §551.072 (Deliberation Regarding Real Property).
- ⁶ Possible closed session discussion under Texas Government Code §551.089 (Deliberation Regarding Security Devices or Audits).
- ⁷ Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).

A recording of this meeting will be made available to the public through the Central Health website (www.centralhealth.net) as soon as possible after the meeting.

Any individual with a disability who plans to attend this meeting and requires auxiliary aids or services should notify Central Health at least two days in advance, so that appropriate arrangements can be made. Notice should be given to the Board Governance Manager by telephone at (512) 978-8049.

Cualquier persona con una discapacidad que planea asistir o ver esta reunión y requiera ayudas o servicios auxiliares debe notificar a Central Health con la mayor anticipación posible de la reunión, pero no menos de dos días de anticipación, para que se puedan hacer los arreglos apropiados. Se debe notificar al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049.

Consecutive interpretation services from Spanish to English are available during Public Communication or when public comment is invited. Please notify the Board Governance Manager by telephone at (512) 978-8049 if services are needed.

Servicios de interpretación consecutiva del español al inglés están disponibles durante la Comunicación Pública o cuando se le invita al público a comentar. Notifique al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049 si necesita servicios.



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BOARD MEETING

January 27, 2021

AGENDA ITEM C1

Approve the minutes of the Central Health Board of Managers November 18 and December 16, 2020 meetings and the minutes of the February 7, 2020 Board of Managers Retreat.

MINUTES OF MEETING – NOVEMBER 18, 2020
CENTRAL HEALTH
BOARD OF MANAGERS

On Wednesday, November 18, 2020, a meeting of the Central Health Board of Managers convened in open session at 5:30 p.m. remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Committee members present via video and audio: Chairperson Greenberg, Vice Chairperson Bell, Treasurer Oliver, Secretary Valadez, Manager Jones (arrived 5:45 p.m. and left at 8:06 p.m.), Manager Museitif, and Manager Zamora

Absent: Manager Aiken and Manager Zuniga

PUBLIC COMMUNICATION

Clerk’s Notes: Public Communication began at 5:30 p.m. Anais Cruz announced that no speakers signed up for Public Communication.

CONSENT AGENDA

- C1. Approve the minutes of the Central Health Board of Managers October 28, 2020 meeting.**
- C2. Receive and ratify Central Health Investments for October 2020.**

Clerk’s Notes: Discussion on this item began at 5:31 p.m.

Manager Zamora moved that that the Board approve Consent Agenda items C1 and C2.

Manager Valadez seconded the motion.

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

REGULAR AGENDA

- 1. Receive a presentation and discuss coordination and collaboration with CommUnityCare Health Centers, Austin Public Health, and Travis County Health and Human Services on COVID-19 response.**

Clerk’s Notes: Discussion on this item began at 5:32 p.m. Mr. Mike Geeslin, President & CEO; Ms. Stephanie Hayden, Director of Austin Public Health; Ms. Sherri Fleming, Travis County Health and Human Services Executive; and Mr. Jaeson Fournier, CommUnityCare President & CEO, each presented on their coordination and collaboration on the COVID-19 response. Each presentation included very detailed information on COVID-19 responses and initiatives.

No motion necessary.

2. Discuss and take appropriate action on proposed Calendar Year 2021 meeting dates for the Central Health Board of Managers.

Clerk's Notes: Discussion on this item began at 6:55 p.m. Ms. Perla Cavazos, Deputy Administrator, presented the proposed Calendar Year 2021 meeting dates for the Central Health Board of Managers. She briefly highlighted months in which the schedule would deviate from normal, as well as months when the Board would not have a meeting. Manager Museitif proposed changing the time or day of the Strategic Planning Committee meetings. Manager Bell advised a Doodle poll would be sent out to determine the best day and time.

Manager Valadez moved that the Board approve the proposed Calendar Year 2021 meeting dates for the Central Health Board of Managers as recommended by the Executive Committee.

Manager Bell seconded the motion.

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

3. Receive an update on the upcoming legislative session and take appropriate action on proposed Central Health Enterprise Legislative Guiding Principles.

Clerk's Notes: Discussion on this item began at 6:59 p.m. Ms. Perla Cavazos, Deputy Administrator, and Marsha Jones, Hillco Partners, presented on this item. Ms. Jones provided a state government update. The presentation included an overview on the following: Texas voter turnout in 2016 and 2020, the upcoming 87th Legislative Session, legislative priorities, and Medicaid expansion. Lastly, Ms. Cavazos presented a draft of the legislative guiding principles for the 87th regular session of the Texas Legislature. Managers asked that a couple of the guiding principles be modified, and that one be added that addresses health equity and health disparities. Ms. Cavazos will update and send the final version to the Board as soon as it is available.

Manager Valadez moved that the Board adopt the Central Health Enterprise Legislative Guiding Principles for the upcoming legislative session as recommend and modified.

Manager Jones seconded the motion.

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

4. Receive and discuss the following focus reports related to the Strategic Objective in section (ii)1.b. of the Resolution Adopting the Fiscal Year 2021 Budget:

- a. **Current workforce demographics and levels, including new hires and turnover;**
- b. **Enterprise EEOC category reports and demographic background; and**
- c. **Compensation report.**

Clerk's Notes: Discussion on this item began at 7:30 p.m. Ms. Susan Willars, Enterprise VP of Human Resources, presented on headcount demographics for the fiscal year 2020 and the Central Health Compensation Program. Ms. Willars presented several dashboards to show demographics. She also gave a compensation presentation, which included compensation parameters and a look at salary structures for non-exempt, exempt non-management, and exempt leadership and executive management positions.

No motion necessary.

5. Receive and discuss an update on the EPIC Electronic Medical Record system implementation.

Clerk's Notes: Discussion on this item began at 7:46 p.m. Mr. John Clark, Chief Information Officer, presented on the EPIC Electronic Medical Record system implementation. The presentation included background information on the EPIC Electronic Medical Record system, a training timeline, and a list of challenges and mitigations. Lastly, Mr. Clark noted that the anticipated Go-Live date is March 27, 2021.

No motion necessary.

6. Discuss and take appropriate action on Central Health owned or occupied real property and potential property for acquisition, lease, or development in Travis County, including next steps in the redevelopment of the Central Health Downtown Campus, administrative offices of Central Health Enterprise partners, and new development in Eastern Travis County.

Clerk's Notes: Discussion on this item began at 7:57 p.m. Mr. Steven Lamp, Real Estate Consultant, briefly presented on the Central Health Downtown Property in open session. The presentation included an overview on what Central Health is currently trying to accomplish in terms of governmental and regulatory actions with the Downtown Property. Central Health currently needs the Downtown Property to be rezoned from Public to Central Business District. Mr. Lamp also noted that Central Health is in the final stages of negotiating an Interlocal agreement with the City of Austin. Lastly, he noted that once rezoning is in process, Red River Street will need to be relocated.

At 8:06p.m. Chairperson Greenberg announced that the Board was convening in closed session to discuss agenda item 6 under Texas Government Code §551.072 Deliberation Regarding Real Property.

At 8:49 p.m. The Board returned to open session.

7. Receive and discuss an update on an Interlocal Cooperation Agreement between Central Health and the City of Austin for the realignment of Red River Street from 15th Street to 12th Street.

Clerk's Notes: Discussion on this item began at 8:06 p.m.

At 8:06 p.m. Chairperson Greenberg announced that the Board was convening in closed session to discuss agenda item 7 under Texas Government Code §551.072 Deliberation Regarding Real Property.

At 8:49 p.m. The Board returned to open session.

No motion necessary.

8. **Receive and discuss the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas.**

Clerk's Notes: At 5:31 p.m. Chair Greenberg announced that Item 8 would not be taken up at this meeting.

9. **Receive briefing from legal counsel and take appropriate action regarding *Larimen Wallace v. Travis County Healthcare District d/b/a Central Health*, Cause No. D-1-GN-20-006645 (Travis County Dist. Ct.).**

Clerk's Notes: Discussion on this item began at 8:06 p.m.

At 8:06 p.m. Chairperson Greenberg announced that the Board was convening in closed session to discuss agenda item 9 under Texas Government Code §551.071 Consultation with an Attorney.

At 8:49 p.m. The Board returned to open session.

No motion necessary.

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

At 8:49 p.m. Manager Valadez moved that meeting adjourn.

Manager Bell seconded the motion.

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

The meeting was adjourned at 8:49 p.m.

Sherri Greenberg, Chairperson
Central Health Board of Managers

ATTESTED TO BY:

Cynthia Valadez, Secretary
Central Health Board of Managers

MINUTES OF MEETING – DECEMBER 16, 2020
CENTRAL HEALTH
PUBLIC HEARING AND BOARD OF MANAGERS

On Wednesday, December 16, 2020, a meeting of the Central Health Board of Managers convened in open session at 5:31 p.m. remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Committee members present via video and audio: Chairperson Greenberg, Vice Chairperson Bell, Treasurer Oliver, Manager Museitif, and Manager Zamora

Absent: Secretary Valadez, Manager Jones, Manager Zuniga, and Manager Aiken

PUBLIC HEARING

1. Receive public comment on the proposed mandatory payment rate to be assessed on institutional healthcare providers during fiscal year 2021 under the local healthcare provider participation program (LPPF) in Travis County and how the revenue derived from those payments is to be spent, as required by Texas Health & Safety Code §298E.101.

Clerk’s Notes: Discussion on this item began at 5:31 p.m. Ms. Katie Coburn, Director of Regional Healthcare Partnerships, presented on the Travis County LPPF Fiscal Year 2021 proposed mandatory payment rate. The presentation included an overview of what the LPPF Mandatory Payment Rate is used for; the Fiscal Year 2020 rate, which was 2.38%; and a look at the proposed Fiscal Year 2021 rate of 1.66%. She noted that staff anticipates amending the rate later in the year once additional information is available from HHSC.

Anais Cruz announced that no speakers signed up for Public Hearing.

Manager Bell moved that the Board close the Public Hearing.

Manager Museitif seconded the motion.

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

PUBLIC COMMUNICATION

Clerk’s Notes: Public Communication began at 5:37 p.m. Anais Cruz introduced 4 speaker(s) for Public Communication.

Members of the Board heard from: Xaq Webb, Barbara Fetonte, and Latreese Cooke.

Roy Woody, who was also signed up for Public Communication, was called on but had technical difficulties and did not give public comment.

CONSENT AGENDA

- C1. Receive the Quarterly Investment Report and ratify Central Health Investments for November 2020.**
- C2. Receive a report on and accept the preliminary November 2020 financial statements for Central Health and the Community Care Collaborative as recommended by the Budget and Finance Committee.**
- C3. Approve the reappointment of Pilar Sanchez and Tom Coopwood, M.D., to the CommUnityCare Health Centers Board of Directors as recommended by the Executive Committee.**

Clerk’s Notes: Discussion on this item began at 5:49 p.m.

Manager Bell moved that the Board approve Consent Agenda Items C1 through C3.

Manager Zamora seconded the motion.

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

REGULAR AGENDA

- 1. Discuss and take appropriate action on the proposed mandatory payment rate to be assessed on institutional healthcare providers during fiscal year 2021 under the local healthcare provider participation program (LPPF) in Travis County and how the revenue derived from those payments is to be spent, as required by Texas Health & Safety Code §298E.151.**

Clerk’s Notes: Discussion on this item began at 5:50 p.m. Ms. Katie Coburn, Director of Regional Healthcare Partnerships, stated she did not have further comments but was available to answer any questions.

Manager Bell moved that the Board set the FY 2021 Local Provider Participation Fund (LPPF) mandatory payment rate at 1.66% of net patient revenue of Travis County inpatient hospitals.

Manager Museitif seconded the motion.

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

Manager Guadalupe Zamora
Manager Julie Zuniga

For
Absent

2. Discuss and take appropriate action on the Fiscal Year (FY) 2021 budget for Sendero Health Plans, Inc.

Clerk's Notes: Discussion on this item began at 5:54 p.m. Ms. Elizabeth Barreneche, Sendero Chief Financial Officer, presented Sendero's financial statements for 2019 and 2020, as well as an overview of the Fiscal Year 2021 budget and financial issues. The Board convened in Executive Session to discuss the rest of this agenda item.

At 6:03 p.m. Chairperson Greenberg announced that the Board was convening in closed session to discuss agenda item 2 under Texas Government Code §551.085 Governing Board of Certain Providers of Health Care Services.

At 8:17 p.m. The Board returned to open session.

Manager Museitif moved that the Board approve the Fiscal Year (FY) 2021 budget for Sendero Health Plans, Inc., as required by Article 3 of the Sendero Bylaws.

Manager Zamora seconded the motion.

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

3. Discuss and take appropriate action on Central Health owned or occupied real property and potential property for acquisition, lease, or development in Travis County, including possible amendment of the Ground Lease with the 2033 Higher Education Development Fund, next steps in the redevelopment of the Central Health Downtown Campus, administrative offices of Central Health Enterprise partners, and new developments in Eastern Travis County.

Clerk's Notes: Discussion on this item began at 6:03 p.m.

At 6:03 p.m. Chairperson Greenberg announced that the Board was convening in closed session to discuss agenda item 3 under Texas Government Code §551.072 Deliberation Regarding Real Property.

At 8:17 p.m. The Board returned to open session.

Manager Museitif moved that the Board delegate to the President and CEO authority to negotiate and execute an amendment to the Ground Lease with the 2033 Higher Education Development Fund.

Manager Oliver seconded the motion.

Chairperson Sherri Greenberg	Abstain
Vice Chairperson Charles Bell	For
Treasurer Julie Oliver	For
Secretary Cynthia Valadez	Absent

Manager Abigail Aiken	Absent
Manager Shannon Jones	Absent
Manager Maram Museitif	For
Manager Guadalupe Zamora	For
Manager Julie Zuniga	Absent

4. Receive and discuss the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas.

Clerk’s Notes: Discussion on this item began at 6:03 p.m.

At 6:03 p.m. Chairperson Greenberg announced that the Board was convening in closed session to discuss agenda item 4 under Texas Government Code §551.085 Governing Board of Certain Providers of Health Care Services and Texas Government Code §551.071 Consultation with Attorney.

At 8:17 p.m. The Board returned to open session.

No motion necessary.

5. Receive briefing from legal counsel, consider any settlement offers, and take appropriate action regarding *Larimen Wallace v. Travis County Healthcare District d/b/a Central Health, Cause No. D-1-GN-20-006645 (Travis County Dist. Ct.)*.

Clerk’s Notes: Discussion on this item began at 6:03 p.m.

At 6:03 p.m. Chairperson Greenberg announced that the Board was convening in closed session to discuss agenda item 5 under Texas Government Code §551.071 Consultation with Attorney.

At 8:17 p.m. The Board returned to open session.

Manager Bell moved that Board delegate to the President and CEO authority to negotiate and execute a final settlement and release of claims for the referenced lawsuit.

Manager Oliver seconded the motion.

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

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

At 8:32 p.m. Manager Bell moved that meeting adjourn.

Manager Oliver seconded the motion.

Chairperson Sherri Greenberg	For
Vice Chairperson Charles Bell	For

Treasurer Julie Oliver
Secretary Cynthia Valadez
Manager Abigail Aiken
Manager Shannon Jones
Manager Maram Museitif
Manager Guadalupe Zamora
Manager Julie Zuniga

For
Absent
Absent
Absent
For
For
Absent

The meeting was adjourned at 8:32 p.m.

Sherri Greenberg, Chairperson
Central Health Board of Managers

ATTESTED TO BY:

Cynthia Valadez, Secretary
Central Health Board of Managers

MINUTES OF MEETING – FEBRUARY 7, 2020
CENTRAL HEALTH
BOARD OF MANAGERS RETREAT

On Friday, February 7, 2020, a meeting of the Central Health Board of Managers convened in open session at 1:21 p.m. in Building C of the Sustainable Food Center, 2921 E. 17th St., Austin, Texas 78702. Clerk for the meeting was David Duncan.

Board of Managers present: Chairperson Greenberg, Vice Chairperson Bell, Treasurer Oliver, Secretary Valadez, Manager Aiken, Manager Jones, Manager Museitif, Manager Zamora, and Manager Zuniga (arrived at 3:22).

Absent: Manager Aiken and Manager Zamora

AGENDA

1. Receive training on Robert’s Rules of Order and commonly used motions.

Clerk’s Notes: Discussion on this item began at 1:22 p.m.

Ms. Holly Gummert of the Travis County Attorney’s Office presented a training on parliamentary procedure under Robert’s Rules of Order and discussed common motions by governing bodies.

No action was taken on Item 1.

2. Discuss the Code of Conduct & Ethics Policy for Board Members and procedures for requesting (i) information from Central Health employees, including those assigned to Enterprise affiliates, and (ii) the addition of items on Board or Committee meeting agendas.

Clerk’s Notes: Discussion on this item began at 2:01 p.m.

Mr. Mike Geeslin, President and CEO, and Ms. Perla Cavazos, Assistant Administrator, discussed the Board’s current Code of Conduct and Ethics Policy and related it to common scenarios of Board member requests for information or action by Central Health staff, a committee, or the full Board.

No action was taken on Item 2.

3. Receive and discuss a presentation regarding the roles and responsibilities of a hospital district’s board of managers under Subchapter B of Chapter 281 of the Texas Health & Safety Code and Central Health’s Bylaws.

Clerk’s Notes: Discussion on this item began at 2:36 p.m.

Mr. David Duncan of the Travis County Attorney’s Office gave a presentation on the provisions of Texas Health and Safety Code Chapter 281, Subchapter B that either require or allow Board action.

No action was taken on Item 3.

4. Receive and discuss a presentation from Navigant Consulting on the implementation of crucial health care operations functions and steps to ensure long term financial sustainability.

Clerk’s Notes: Discussion on this item began at 3:07 p.m.

Ms. Monica Crowley introduced Mr. Mike Nugent of Navigant Consulting who reviewed the short, medium, and long term strategies recommended by the company for Central Health to maintain continued financial strength.

No action was taken on item 4.

5. Discuss and take appropriate action to identify issues that will be the focus of Board action in FY2020, including actions related to required annual agenda items and Central Health's stated budget priorities.

Clerk's Notes: Discussion on this item began at 3:44 p.m.

The Board members engaged in a wide-ranging discussion of Central Health's mission and priorities with a focus on prioritizing appropriate use of the district's resources. Although motions were made and seconded, all were ultimately withdrawn. The Managers gave direction to the Chair to refer to the Strategic Planning Committee development of a strategy for Central Health to coordinate and interface more directly with all other governmental and non-governmental entities in the district's boundaries. The purpose of the coordination is to ensure the best possible use of resources by all entities while building on current initiatives with a goal of aligning with all partner entities to improve social determinants of health and health equity, and to obtain the best possible health outcomes for the citizens of Travis County.

Manager Valadez moved that the meeting adjourn.

Manager Oliver seconded the motion.

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

The meeting was adjourned at 4:59 p.m.

Sherri Greenberg, Chairperson
Central Health Board of Managers

ATTESTED TO BY:

Cynthia Valadez, Secretary
Central Health Board of Managers



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BOARD MEETING

January 27, 2021

AGENDA ITEM C2

Receive and ratify Central Health Investments for December 2020.

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 \$58,776,883.02 in legally authorized securities as stipulated in the Travis County Healthcare District Investment and Collateral Policy for the periods as indicated in Attachment A, which consists of 21 pages.
- 2.) that the County Treasurer, acting on behalf of Central Health, take and hold in safekeeping all individual security investment instruments, relinquishing same only by order of the Board of Managers or for surrender at maturity.

Date: January 27, 2021

CHAIR, BOARD OF MANAGERS

VICE CHAIR, BOARD OF MANAGERS

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 12/9/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	TexPool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	937,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DAT	N/A	BOND EQ. YIELD:	0.0964%
PRINCIPAL:	937,000.00	PURCHASED THRU:	TexPool
ACCRUED INT	N/A	BROKER:	N/A
TOTAL DUE:	937,000.00	CUSIP #:	N/A
TRADE DATE:	12/9/2020	SETTLEMENT DATE:	12/9/2020

AUTHORIZED BY:

Deborah A. Lauder milk
CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 12/10/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH
	_____		_____
PAR VALUE:	940,000.00	SAFEKEEPING NO:	N/A
	_____		_____
CPN/DISC RATE:	N/A	PRICE:	100%
	_____		_____
MATURITY DATE	N/A	BOND EQ. YIELD:	0.0905%
	_____		_____
PRINCIPAL:	940,000.00	PURCHASED THRU:	TexPool
	_____		_____
ACCRUED INT:	N/A	BROKER:	N/A
	_____		_____
TOTAL DUE:	940,000.00	CUSIP #:	N/A
	=====		_____
TRADE DATE:	12/10/2020	SETTLEMENT DATE:	12/10/2020
	_____		_____

AUTHORIZED BY: Reagan Grimes
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

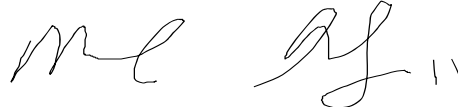
DATE: 12/11/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	5,006,328.77	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.0800%
PRINCIPAL:	5,006,328.77	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	5,006,328.77	CUSIP #:	N/A
TRADE DATE:	12/11/2020	SETTLEMENT DATE:	12/11/2020

AUTHORIZED BY:



CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 12/14/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	TexPool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	846,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DAT	N/A	BOND EQ. YIELD:	0.0916%
PRINCIPAL:	846,000.00	PURCHASED THRU:	TexPool
ACCRUED INT	N/A	BROKER:	N/A
TOTAL DUE:	846,000.00	CUSIP #:	N/A
TRADE DATE:	12/14/2020	SETTLEMENT DATE:	12/14/2020

AUTHORIZED BY: Reagan Grimes
CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 12/15/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	1,632,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.0900%
PRINCIPAL:	1,632,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	1,632,000.00	CUSIP #:	N/A
TRADE DATE:	12/15/2020	SETTLEMENT DATE:	12/15/2020

AUTHORIZED BY: 
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 12/16/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	1,453,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DAT	N/A	BOND EQ. YIELD:	0.0900%
PRINCIPAL:	1,453,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT	N/A	BROKER:	N/A
TOTAL DUE:	1,453,000.00	CUSIP #:	N/A
TRADE DATE:	12/16/2020	SETTLEMENT DATE:	12/16/2020

AUTHORIZED BY:

Deborah A. Lauder milk
CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 12/17/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	4,304,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DAT	N/A	BOND EQ. YIELD:	0.0900%
PRINCIPAL:	4,304,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT	N/A	BROKER:	N/A
TOTAL DUE:	4,304,000.00	CUSIP #:	N/A
TRADE DATE:	12/17/2020	SETTLEMENT DATE:	12/17/2020

AUTHORIZED BY:

Reagan Grimes

CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 12/18/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	2,988,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.1000%
PRINCIPAL:	2,988,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	2,988,000.00	CUSIP #:	N/A
TRADE DATE:	12/18/2020	SETTLEMENT DATE:	12/18/2020

AUTHORIZED BY:  
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 12/17/2020

TIME: 8:30 AM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexasTERM DEC 21	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 5,000,000.00	SAFEKEEPING NO:	P 31317
COUPON RATE: (DISCOUNT)	0.210%	PRICE:	100.0000000
MATURITY DATE:	9/13/2021	US TREASURY CONVENTION YLD	0.2100%
PRINCIPAL:	\$ 5,000,000.00	PURCHASED THROUGH:	TexasDAILY
ACCRUED INT:	\$ 0.00	BROKER:	TexasTERM
TOTAL DUE:	\$ 5,000,000.00	CUSIP #:	TXTERMCP091321
TRADE DATE:	12/17/2020	SETTLEMENT DATE:	12/18/2020

AUTHORIZED BY:

Deborah A. Lauder milk

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 12/22/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	2,353,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.0926%
PRINCIPAL:	2,353,000.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	2,353,000.00	CUSIP #:	N/A
TRADE DATE:	12/22/2020	SETTLEMENT DATE:	12/22/2020

AUTHORIZED BY: 
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 12/23/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
	_____		_____
PAR VALUE:	3,000,000.00	SAFEKEEPING NO:	N/A
	_____		_____
CPN/DISC RATE:	N/A	PRICE:	100%
	_____		_____
MATURITY DATE	N/A	BOND EQ. YIELD:	0.1000%
	_____		_____
PRINCIPAL:	3,000,000.00	PURCHASED THRU:	TexDaily
	_____		_____
ACCRUED INT:	N/A	BROKER:	N/A
	_____		_____
TOTAL DUE:	3,000,000.00	CUSIP #:	N/A
	_____		_____
TRADE DATE:	12/23/2020	SETTLEMENT DATE:	12/23/2020
	_____		_____

AUTHORIZED BY:

Deborah A. Laudermilk
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 12/28/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TEXAS DAILY	FUND NAME:	TEXAS DAILY
PAR VALUE:	1,807,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.0900%
PRINCIPAL:	1,807,000.00	PURCHASED THRU:	TEXAS DAILY
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	1,807,000.00	CUSIP #:	N/A
TRADE DATE:	12/28/2020	SETTLEMENT DATE:	12/28/2020

AUTHORIZED BY: Reagan Grimes
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 12/29/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	4,174,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DAT	N/A	BOND EQ. YIELD:	0.1000%
PRINCIPAL:	4,174,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT	N/A	BROKER:	N/A
TOTAL DUE:	4,174,000.00	CUSIP #:	N/A
TRADE DATE:	12/29/2020	SETTLEMENT DATE:	12/29/2020

AUTHORIZED BY: Deborah A. Lauder milk
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

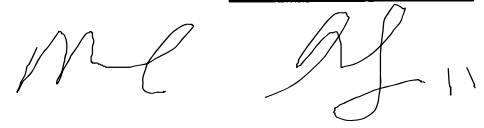
DATE: 12/30/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
<hr/>		<hr/>	
PAR VALUE:	2,895,000.00	SAFEKEEPING NO:	N/A
<hr/>		<hr/>	
CPN/DISC RATE:	N/A	PRICE:	100%
<hr/>		<hr/>	
MATURITY DATE	N/A	BOND EQ. YIELD:	0.0900%
<hr/>		<hr/>	
PRINCIPAL:	2,895,000.00	PURCHASED THRU:	TexDaily
<hr/>		<hr/>	
ACCRUED INT:	N/A	BROKER:	N/A
<hr/>		<hr/>	
TOTAL DUE:	2,895,000.00	CUSIP #:	N/A
<hr/>		<hr/>	
TRADE DATE:	12/30/2020	SETTLEMENT DATE:	12/30/2020
<hr/>		<hr/>	

AUTHORIZED BY:



CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

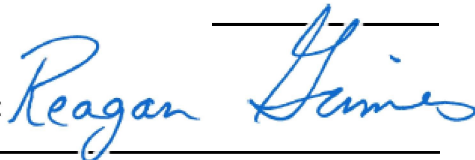
DATE: 12/31/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	13,000,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DAT	N/A	BOND EQ. YIELD:	0.0900%
PRINCIPAL:	13,000,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT	N/A	BROKER:	N/A
TOTAL DUE:	13,000,000.00	CUSIP #:	N/A
TRADE DATE:	12/31/2020	SETTLEMENT DATE:	12/31/2020

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 11/27/2020

TIME: 11:00 AM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	WA DC - INC TAX REV - TAX	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 4,925,000.00	SAFEKEEPING NO:	P 31317
COUPON / DISCOUNT RATE	0.451%	PRICE:	100.3930000
MATURITY DATE:	12/1/2022	US TREASURY CONVENTION YLD	0.2540%
PRINCIPAL:	\$ 4,944,355.25	PURCHASED THROUGH:	WELLS FARGO
ACCRUED INT:	\$ 0.00	BROKER:	MIKE MINAHAN
TOTAL DUE:	\$ 4,944,355.25	CUSIP #:	25477GTJ4
TRADE DATE:	11/27/2020	SETTLEMENT DATE:	12/1/2020

AUTHORIZED BY: *Deborah A. Laudermitte*

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 12/1/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	1,265,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.1030%
PRINCIPAL:	1,265,000.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	1,265,000.00	CUSIP #:	N/A
TRADE DATE:	12/1/2020	SETTLEMENT DATE:	12/1/2020

AUTHORIZED BY: 
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 10/23/2020

TIME: 11:00 AM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	CITY OF HAMPTON, VA GO - TAX	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 1,150,000.00	SAFEKEEPING NO:	P 31317
COUPON / DISCOUNT RATE	0.700%	PRICE:	100.6260000
MATURITY DATE:	9/1/2024	US TREASURY CONVENTION YLD	0.5310%
PRINCIPAL:	\$ 1,157,199.00	PURCHASED THROUGH:	VINING SPARKS
ACCRUED INT:	\$ 0.00	BROKER:	DARLYNE HABA
TOTAL DUE:	\$ 1,157,199.00	CUSIP #:	4095588J5
TRADE DATE:	10/23/2020	SETTLEMENT DATE:	12/2/2020

AUTHORIZED BY: *Deborah A. Lauder milk*

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 12/2/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	TexPool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	171,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DAT	N/A	BOND EQ. YIELD:	0.0976%
PRINCIPAL:	171,000.00	PURCHASED THRU:	TexPool
ACCRUED INT	N/A	BROKER:	N/A
TOTAL DUE:	171,000.00	CUSIP #:	N/A
TRADE DATE:	12/2/2020	SETTLEMENT DATE:	12/2/2020

AUTHORIZED BY:

Deborah A. Lauder milk
CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 12/7/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texpool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	670,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.0993%
PRINCIPAL:	670,000.00	PURCHASED THRU:	Texpool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	670,000.00	CUSIP #:	N/A
TRADE DATE:	12/7/2020	SETTLEMENT DATE:	12/7/2020

AUTHORIZED BY:

Reagan Grimes

CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 12/8/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	Texpool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	234,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.1033%
PRINCIPAL:	234,000.00	PURCHASED THRU:	Texpool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	234,000.00	CUSIP #:	N/A
TRADE DATE:	12/8/2020	SETTLEMENT DATE:	12/8/2020

AUTHORIZED BY: 
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH MONTHLY INVESTMENT REPORT
 PORTFOLIO STATISTICS

DATE: December 31, 2020

By Fund Type			
Operating	\$	219,607,052.40	96.00%
LPPF		9,152,914.45	4.00%
Bond Proceeds		-	0.00%
Other		-	0.00%
Total Portfolio	\$	<u>228,759,966.85</u>	<u>100.00%</u>

By Security Type			
Operating-			
TexasDAILY	\$	40,014,892.06	18.22%
TexPool	\$	57,264,104.95	26.08%
TexSTAR	\$	998,331.94	0.45%
TexasTERM CP		5,000,000.00	2.28%
Non-Int Bearing Bank Account		1,190,000.00	0.54%
Certificates of Deposit		-	0.00%
Treasury Securities		-	0.00%
Government Agencies		77,483,600.00	35.28%
Commercial Paper		-	0.00%
Municipal Bonds		37,656,123.45	17.15%
Total	\$	<u>219,607,052.40</u>	<u>100.00%</u>
LPPF-			
TexPool		9,152,914.45	100.00%
Total	\$	<u>9,152,914.45</u>	<u>100.00%</u>
Bond Proceeds-			
TexPool	\$	-	#DIV/0!
Total	\$	-	#DIV/0!

Compared to Policy Limits		Actual %	Guidelines
TexasDAILY	40,014,892.06	17.58%	30.00%
TexPool	66,417,019.40	29.19%	50.00%
TexSTAR	998,331.94	0.44%	30.00%
TexasTERM CP	5,000,000.00	2.20%	30.00%
Total LGIPS	\$ 112,430,243.40	49.40%	70.00%
Certificates of Deposit	-	0.00%	50.00%
Treasury Securities	-	0.00%	100.00%
Government Agencies	77,483,600.00	34.05%	75.00%
Commercial Paper	-	0.00%	20.00%
Municipal Bonds	37,656,123.45	16.55%	20.00%
	\$ <u>227,569,966.85</u>	<u>100.00%</u>	

Commercial Paper by Entity as a Percentage of Portfolio

		0.00%	5.00%
\$	-	0.00%	20.00%

Municipal Bonds by Entity as a Percentage of Portfolio

Alabama ST Pub Sch & Clg	\$	1,000,000.00	0.46%	5.00%
City of Hampton VA - GO	\$	1,157,199.00	0.53%	5.00%
Chippewa Valley School Go Bonds	\$	2,022,800.00	0.92%	5.00%
Florida St Board Admin Fin Corp Rev	\$	5,871,068.00	2.67%	5.00%
San Bernardino COPS	\$	2,027,420.00	0.92%	5.00%
Harris County TX Transit	\$	1,090,843.20	0.50%	5.00%
Oklahoma County OK ISD	\$	4,662,698.00	2.12%	5.00%
Alabama ST Pub Sch & Clg 2022	\$	1,000,000.00	0.46%	5.00%
Texas Tech Univ	\$	525,840.00	0.24%	5.00%
Commonwealth of Virginia - GO	\$	5,089,600.00	2.32%	5.00%
City of Dallas Waterworks	\$	5,154,300.00	2.35%	5.00%
Upper Occoquan VA - Rev	\$	3,110,000.00	1.42%	5.00%
WA DC INC Tax - Rev	\$	4,944,355.25	2.25%	5.00%
	\$	<u>37,656,123.45</u>	<u>17.15%</u>	<u>25.00%</u>

Investment Revenue & Accrued Interest	December-20	Fiscal YTD
Interest/Dividends-		
TexasDAILY	\$ 1,045.23	\$ 5,388.63
TexPool	4,264.31	\$ 16,727.62
TexSTAR	59.48	\$ 1,590.42
TexasTERM CP	6,328.77	\$ 6,328.77
Certificates of Deposit		\$ -
Treasury Securities		\$ -
Government Agencies		\$ 165,250.00
Commercial Paper		\$ -
Municipal Bonds		\$ 105,758.60
	\$ 11,697.79	\$ 301,044.04
Discounts, Premiums, & Accrued Interest		
TexasTERM CP	\$ 373.97	\$ 1,606.84
-less previous accruals	(5,876.71)	\$ (5,876.71)
Certificates of Deposit	0.00	\$ -
-less previous accruals	0.00	\$ -
Treasury Securities	0.00	\$ -
-less previous accruals	0.00	\$ -
Government Agencies	28,477.57	\$ 63,962.60
-less previous accruals	0.00	\$ (138,333.34)
Commercial Paper	0.00	\$ 5,826.31
-less previous accruals	0.00	\$ -
Municipal Bonds	45,271.19	\$ 102,915.38
-less previous accruals	(24,620.67)	\$ (155,739.01)
	\$ 43,625.35	\$ (125,637.93)
 Total Investment Revenue & Accrued Interest	 \$ 55,323.14	 \$ 175,406.11

STATE OF TEXAS

COUNTY OF TRAVIS

CENTRAL HEALTH - LPPF

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 LPPF demand,

Now, Therefore, the Board of Managers hereby orders

- 1.) that the County Treasurer of Travis County, Texas, acting on behalf of Central Health LPPF, execute the investment of these funds in the total amount of \$436,000.00 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 2 pages.
- 2.) that the County Treasurer, acting on behalf of Central Health LPPF, 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: January 27, 2021

CHAIR, BOARD OF MANAGERS

VICE CHAIR, BOARD OF MANAGERS

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 12/10/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TEXPOOL	FUND NAME:	CENTRAL HEALTH LPPF
PAR VALUE:	282,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.0905%
PRINCIPAL:	282,000.00	PURCHASED THRU:	TEXPOOL
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	282,000.00	CUSIP #:	N/A
TRADE DATE:	12/10/2020	SETTLEMENT DATE:	12/10/2020

AUTHORIZED BY:

Reagan Grimes

CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 12/28/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TEX POOL	FUND NAME:	LPPF TEX POOL
PAR VALUE:	154,000,.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.0768%
PRINCIPAL:	154,000,.00	PURCHASED THRU:	TEX POOL
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	154,000,.00	CUSIP #:	N/A
TRADE DATE:	12/28/2020	SETTLEMENT DATE:	12/28/2020

AUTHORIZED BY:

Reagan Grimes

CASH/INVESTMENT MANAGER

CENTRAL HEALTH - LPPF INVESTMENT REPORT
 PORTFOLIO STATISTICS

DATE: December 31, 2020

By Fund Type		
LPPF	\$ 9,152,914.45	100.00%
Total Portfolio	\$ 9,152,914.45	100.00%

By Security Type		
LPPF-		
TexasDAILY	\$ -	0.00%
TexPool	\$ 9,152,914.45	100.00%
TexSTAR	\$ -	0.00%
TexasTERM CP	\$ -	0.00%
Non-Int Bearing Bank Account	\$ -	0.00%
Certificates of Deposit	\$ -	0.00%
Treasury Securities	\$ -	0.00%
Government Agencies	\$ -	0.00%
Commercial Paper	\$ -	0.00%
Municipal Bonds	\$ -	0.00%
Total	\$ 9,152,914.45	100.00%

LPPF Investment Revenue & Accrued Interest	December-20	Fiscal YTD
Interest/Dividends-		
TexasDAILY	0.00	\$ -
TexPool	689.45	\$ 3,051.94
TexSTAR	0.00	\$ -
TexasTERM CP	0.00	\$ -
Certificates of Deposit	0.00	\$ -
Treasury Securities	0.00	\$ -
Government Agencies	0.00	\$ -
Commercial Paper	0.00	\$ -
Municipal Bonds	0.00	\$ -
LPPF Total Investment Revenue & Accrued Interest	\$ 689.45	\$ 3,051.94



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

January 27, 2021

REGULAR AGENDA ITEM 1

Discuss the process for submission of nominations for Treasurer.



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BOARD MEETING

January 27, 2021

REGULAR AGENDA ITEM 2

Receive, discuss, and take appropriate action on a presentation of the Central Health Fiscal Year 2020 financial audit.



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BOARD MEETING

January 27, 2021

REGULAR AGENDA ITEM 3

Receive and discuss a presentation from Colette Holt & Associates on the Central Health HUB Disparity Study.

Central Health of Travis County Disparity Study

Colette Holt & Associates

27 January 2021

Disparity Study Team

- Colette Holt & Associates
 - Colette Holt, J.D. - Project Manager
 - Nationally recognized expert, educator and author on M/W/DBE issues
 - Steven Pitts, Ph.D. - Economist and Statistician
 - Nationally recognized expert, educator and author on market issues regarding minorities for over 30 years
 - Joanne Lubart, J.D. - Associate Counsel
 - National expert DBE programs
 - Glenn Sullivan - Director of Technology
 - Extensive experience with CHA data collection and website management

Disparity Study Team, cont.

- Ilene Grossman, B.A. - Assistant Project Manager/COO
 - Experienced manager of disparity studies
- Victoria Farrell, M.B.A. - Anecdotal Team Manager
 - Experienced researcher and data manager
- Carol Borst - Contract Data Collection Team Manager
 - Highly experienced coordinator of all contract data collection activities

Disparity Study Objectives

- Comply with constitutional mandate to examine evidence relevant to whether a race- and gender-based program is supportable
- Develop accurate data for annual and contract goal setting
- Gather feedback for program development
- Educate Central Health officials, staff and relevant business owners on these issues

Disparity Study Elements

- Study website
 - Home page
 - Meet Our Team
 - Participate
 - Contact Us and Public Comment
- Legal review
- Central Health's utilization of M/WBEs* as a percentage of all dollars
 - Study period is FY 2013 to FY 2019
 - Step 1: Gather Central Health's prime contracts to create Initial Contact Data File

* Includes HUBs

Disparity Study Elements

- Step 2: Gather any additional data for contracts in the Initial Contract Data File
- Step 3: Contact primes for missing subcontractor data
 - Collect at least 80% of the contract dollars
 - Assign missing race and gender ownership status
 - Assign missing NAICS codes
- Step 4: Determine geographic and product markets
 - Determine the unconstrained product market
 - Analyze data for primes, subs and combined
 - Determine the geographic market for at least 75% of the contracts
 - Determine product market constrained by geographic market
 - Determine detailed utilization by race, gender and 6-digit NAICS codes

Disparity Study Elements

- Availability of M/WBEs in Central Health's markets
 - Sources
 - Create Master List of M/WBEs from multiple entities
 - City of Austin, Travis County, Texas HUB, Texas UCP and other lists
 - Develop list from the Contract Data File
 - Obtain Hoovers/Dun & Bradstreet for initial business universe
 - Estimate detailed, unweighted and weighted availability combined and disaggregated by race, gender and industry codes

Disparity Study Elements

- Disparity analysis
 - Disparity ratio = M/WBE utilization ÷ weighted availability
 - 80% or less is substantive, supporting the inference of discrimination
 - Confidence intervals for statistical significance
 - Calculate disparity indices for:
 - All race and sex groups and all industry groups combined, and race and sex disaggregated
 - To the extent data are available, calculate disparity indices separately for contracts with and without goals

Disparity Study Elements

- Economy-wide disparity analyses
 - Compare M/WBEs' revenues to non-M/WBEs' using the Census Bureau's Annual Business Survey
 - Compare M/WBEs' formation rates and business earnings to non-M/WBEs' using the Census Bureau's American Community Survey
 - Critical for evaluation of effectiveness of race- and gender-neutral measures

Disparity Study Elements

- Anecdotal data collection and analysis
 - Anecdotal evidence gathered as part of the Travis County and City of Austin studies relevant for Central Health
 - Targeted small group business owner interviews
 - Divided into M/WBEs and non-M/WBEs
 - Explore
 - Barriers to M/WBEs' success in Central Health's markets
 - Experiences with discrimination
 - Ability to access Central Health prime and subcontracts
 - Possible race- and gender-neutral measures

Disparity Study Elements

- Recommendations
 - Race- and gender-neutral measures to reduce barriers and increase opportunities
 - Potential narrowly tailored race- and gender-conscious remedies
 - Program eligibility
 - Contract goal setting methodology
 - Bid/proposal evaluation
 - Contract performance policies and processes
 - Monitoring and data collection

How Can the Central Health Staff Assist?

- Provide assistance with identification of contractors to participate in business owner interviews
- Provide assistance in the final stages of contract data collection with non-responsive prime contractors
- Encourage contractors, stakeholders & community groups to participate in the study process

Study Participation Information

- Study information

- <http://centralhealth.disparity-study.com>
- centralhealth-study@mwbelaw.com
- 855-692-3529 (855-MWBELAW)

- Central Health Study Manager

- Monica Montes, Monica.Montes@centralhealth.net



16 Carriage Hills • San Antonio, Texas 78257
773.255.6844 • colette.holt@mwbellow.com
www.mwbellow.com • Twitter: [@mwbellow](https://twitter.com/mwbellow)



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BOARD MEETING

January 27, 2021

REGULAR AGENDA ITEM 4

Receive a report on fiscal year-to-date healthcare service expenditures made by, and accept the preliminary December 2020 financial statements for, Central Health and the Community Care Collaborative and review historical average revenues and expenses for Central Health.



Central Health

Financial Statement Presentation

FY 2021 – as of Dec 31, 2020 (Preliminary)

Central Health Board of Managers

January 27, 2020

Lisa Owens, Deputy CFO



- Slide 2 Index
- Slide 3 Highlights
- Slide 4 Balance Sheet - Assets
- Slide 5 Balance Sheet - Liabilities & Net Assets
- Slide 6 Sources & Uses
- Slide 7 HCD - Summary
- Slide 8 HCD - Blank Page
- Slide 9 HCD - IGT & HCD Services
- Slide 10 HCD - Operating Cost
- Slide 11 HCD - Primary Care
- Slide 12 HCD - Specialty Care

Note: HCD = Health Care Delivery



- Year-to-date through December, collected net property tax revenue is \$90 million compared to \$92 million as of December 2019.
- Tax collected through December 2020 is 37.2% of the adjusted tax levy compared to 42.1% as of December 2019.
- Healthcare Delivery is \$23 million for the three months ending 12/31/2020.
- GAAP reporting Net Assets increased \$88 million year-over-year.
- TCHD LPPF total restricted balance of LPPF as of 12/31/2020 is \$9 million.

GAAP: Generally Accepted Accounting Principles refer to a common set of accounting principles, standards, and procedures issued by the Financial Accounting Standards Board. GAAP primary focus is to improve clarity, consistency, and comparability of the communication of financial information.



Assets	Preliminary as	
	of 12/31/2020	as of 12/31/2019
Current Assets		
Cash and cash equivalents	1,261,495	1,228,980
Short-term investments	212,755,506	154,294,915
Ad valorem taxes receivable	196,237,903	133,350,203
Other receivables	3,534,180	4,447,337
Prepaid expenses	875,440	884,246
Total Current Assets	<u>414,664,525</u>	<u>294,205,679</u>
Restricted Cash and Investments or Noncurrent		
Restricted for capital acquisition	6,527,934	5,577,504
Sendero paid-in-capital	71,000,000	71,000,000
Working capital advance to CommUnityCare	4,000,000	4,000,000
Sendero Surplus Debenture	37,083,000	37,083,000
Restricted TCHD LPPF Cash & Investments	8,622,924	2,116,870
Total Restricted Cash and Investments or Noncurrent	<u>127,233,858</u>	<u>119,777,374</u>
Capital Assets		
Land	13,425,967	12,546,211
Buildings and improvements	132,881,024	130,395,330
Equipment and furniture	10,030,421	9,576,645
Capital Projects in progress	3,960,797	1,872,285
Less accumulated depreciation	(48,598,608)	(44,189,637)
Total Capital Assets	<u>111,699,601</u>	<u>110,200,834</u>
Total Assets	<u><u>653,597,983</u></u>	<u><u>524,183,888</u></u>



Liabilities	Preliminary	
	as of 12/31/2020	as of 12/31/2019
Current Liabilities		
Accounts payable	19,473,619	9,758,178
Salaries and benefits payable	1,707,401	1,283,864
Other Payables	-	99,287
Debt service payable, short-term	1,210,597	1,173,814
Deferred tax revenue	151,340,418	125,902,887
Other deferred revenue	1,438,027	610,794
Total Current Liabilities	175,170,062	138,828,823
Restricted or Noncurrent Liabilities		
Funds held for TCHD LPPF	8,622,924	2,116,870
Debt service payable, long-term	6,105,000	7,285,000
Deferred Revenue	-	610,000
Total Restricted of Noncurrent Liabilities	14,727,924	10,011,870
Total Liabilities	189,897,986	148,840,693
Net Assets		
Unrestricted	352,000,396	265,142,361
Investment in Capital Assets	111,699,601	110,200,834
Total Net Assets	463,699,997	375,343,195
Liabilities and Net Assets	653,597,983	524,183,888



Sources / Uses	Dec 2020	FY21 YTD	FY21 Budget	Percent of Budget Used	FY20 YTD
Sources					
Property Tax Revenue	87,679,200	89,847,131	234,057,519	38%	91,681,162
Lease Revenue	862,753	2,587,229	12,909,866	20%	2,573,523
Other Revenue	55,826	179,794	1,720,000	10%	529,109
Tobacco Settlement Revenue	-	-	2,800,000	0%	-
Contingency Reserve (Carryforward)	-	-	115,856,728	0%	-
Total Sources	88,597,779	92,614,154	367,344,113	25%	94,783,794
Uses of Funds					
Healthcare Delivery	7,414,162	23,260,577	353,858,894	7%	33,197,504
Administrative Program					
Salaries and benefits	439,913	1,116,389	5,561,651	20%	1,143,956
Consulting Fees	11,167	35,258	1,259,570	3%	74,000
Legal Fees	117,601	294,999	1,497,136	20%	207,218
Other Purchase Goods and Services	123,068	299,689	3,081,046	10%	294,279
Total Administrative Program	691,749	1,746,335	11,399,403	15%	1,719,453
Tax Collection Expenses	412,700	612,758	2,085,816	29%	587,891
Total Uses	8,518,611	25,619,670	367,344,113	7%	35,504,848
Excess Sources / (Uses)	80,079,168	66,994,484			59,278,946



Healthcare Delivery Summary	Dec 2020	FY21 YTD	FY21 Budget	Percent of Budget Used	FY20 YTD
Inter-Governmental Transfers (IGTs)	-	-	23,528,575	0%	8,773,729
Healthcare Services					
Primary Care - (see detail on Slide 11)	3,516,254	11,543,190	56,935,000	20%	12,670,036
Specialty Care, incld Dental & Behavioral Health	429,427	1,546,539	14,448,856	11%	2,064,602
Pharmacy	954,803	2,588,267	13,250,000	20%	2,900,000
Post Acute Care	-	-	5,400,000	0%	-
All Other Healthcare Services	208,759	286,759	4,469,990	6%	351,194
Community Health Care Initiatives Fund	-	-	875,000	0%	-
Hospital and Specialty Services & Incentives	-	-	59,700,000	0%	-
Subtotal Healthcare Services	5,109,243	15,964,755	155,078,846	10%	17,985,832
ACA Premium Assist, Education, Enrollment	900,294	2,811,147	12,160,674	23%	1,598,351
Healthcare Facilities and Campus Redevelopment	122,370	453,303	6,097,472	7%	1,224,094
Healthcare Delivery Operating Costs	1,274,606	4,008,424	29,473,028	14%	3,533,888
Debt, Reserves and Transfers	7,649	22,948	127,520,299	0%	81,610
Total Healthcare Delivery	7,414,162	23,260,577	353,858,894	7%	33,197,504



Details for Health Care Delivery on the following slides.

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Healthcare Delivery - Detail	Dec 2020	FY21 YTD	FY21 Budget	Percent of Budget Used	FY20 YTD
Intergovernmental Transfers (IGTs)					
DSH - Disproportionate Share	-	-	-	0%	8,773,729
DSRIP - CCC	-	-	23,528,575	0%	-
Subtotal Intergovernmental Transfers (IGTs)	-	-	23,528,575	0%	8,773,729
Healthcare Services					
Primary Care - (see detail on Slide 11)	3,516,254	11,543,190	56,935,000	20%	12,670,036
Specialty Care, incld Dental - (see detail on Slide 12)	436,060	1,389,839	12,565,000	11%	1,853,352
Specialty Care, Behavioral Health	(6,633)	156,700	1,883,856	8%	211,250
Pharmacy	954,803	2,588,267	13,250,000	20%	2,900,000
Post Acute Care	-	-	5,400,000	0%	-
Reproductive and Sexual Health	37,000	115,000	1,150,000	10%	144,375
Health care services, Pay for Success	-	-	600,000	0%	-
Medical Administration / ICC payment	171,759	171,759	719,990	24%	154,319
Primary & Specialty Care Reserves	-	-	2,000,000	0%	52,500
Community Health Care Initiatives	-	-	875,000	0%	-
Hospital and Specialty Services	-	-	57,000,000	0%	-
Hospital Performance Incentives	-	-	2,700,000	0%	-
Subtotal Healthcare Services	5,109,243	15,964,755	155,078,846	10%	17,985,832

(continued on next page)



Healthcare Delivery Detail (continued)	Dec 2020	FY21 YTD	FY21 Budget	Percent of Budget Used	FY20 YTD
Healthcare Operations and Support					
ACA and Premium Assistance Programs					
High Risk Premium Programs	619,197	1,884,610	8,600,000	22%	727,800
CHAP Program	133,722	520,381	2,959,354	18%	455,392
ACA Enrollment and Education Services	147,375	406,156	601,320	68%	415,159
Subtotal ACA & Premium Assist Program	900,294	2,811,147	12,160,674	23%	1,598,351
Healthcare Facilities and Campus					
Salaries and benefits	8,871	23,572	368,579	6%	85,252
Consulting Services	(52,700)	(26,350)	1,730,000	-2%	-
Legal Fees	(15,827)	19,941	174,500	11%	95,154
Other Goods & Svc incl. UT Ground Lease	182,026	436,140	3,824,393	11%	1,043,688
Subtotal Healthcare Facilities and Campus	122,370	453,303	6,097,472	7%	1,224,094
Healthcare Delivery Operating Costs					
Salaries and benefits	973,311	2,780,666	15,021,176	19%	2,343,650
Consulting Services	27,000	45,522	1,085,500	4%	8,778
Legal Fees	7,406	19,579	332,000	6%	44,980
Other Services and Purchased Goods	266,889	1,162,657	13,034,352	9%	1,136,480
Subtotal HCD Operating Cost	1,274,606	4,008,424	29,473,028	14%	3,533,888
Debt Service, Reserves and Transfers					
Debt Service	7,649	22,948	1,264,357	2%	81,610
FY2021 Capital reserve	-	-	34,100,000	-	-
Health Care Capital Line of Credit	-	-	1,091,773	-	-
FY2021 Hospital Services Reserve	-	-	4,000,000	-	-
FY2021 Contingency reserve appropriation	-	-	87,064,169	-	-
Subtotal Debt, Reserves and Transfers	7,649	22,948	127,520,299	0%	81,610
Total Healthcare Delivery	7,414,162	23,260,577	353,858,894	7%	33,197,504



Healthcare Delivery - Primary Care	Dec 2020	FY21 YTD	FY21 Budget	Percent of Budget Used	FY20 YTD
Primary Care					
CommUnity Care	3,236,949	9,565,052	44,885,000	21%	9,862,500
Lone Star Circle of Care	146,271	1,405,438	6,555,000	21%	1,875,000
People's Community Clinic	77,833	449,500	2,600,000	17%	625,000
Other Primary Care	42,000	110,000	2,895,000	4%	307,536
Subtotal Primary Care Services	3,503,053	11,529,990	56,935,000	20%	12,670,036

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(continued on next page)



Healthcare Delivery - Specialty Care	Dec 2020	FY21 YTD	FY21 Budget	Percent of Budget Used	FY20 YTD
Specialty Care					
Ancillary Services	3,190	11,587	610,000	2%	25,000
Cardiology	15,231	38,194	265,000	14%	37,500
Consultation Services	0	0	500,000	0%	18,750
Dental Specialty	33,733	153,225	1,000,000	15%	250,000
Dermatology	32,459	95,693	550,000	17%	101,685
Durable Medical Equipment	0	0	115,000	0%	22,500
Ear, Nose & Throat ENT	24,584	82,250	350,000	24%	237,500
Endocrinology	21,455	64,365	575,000	11%	75,000
Gastroenterology	96,588	308,802	2,100,000	15%	250,000
General Surgery	7,783	17,183	300,000	6%	75,000
Gynecology IPU	100	2,300	600,000	0%	0
Nephrology	1,308	3,924	200,000	2%	0
Oncology	23,157	106,490	700,000	15%	150,000
Ophthalmology	88,732	251,607	1,575,000	16%	325,000
Orthotics & Prosthetics	11,000	24,000	200,000	12%	50,000
Podiatry	24,150	72,450	350,000	21%	41,667
Pulmonology	28,485	85,456	375,000	23%	93,750
Rheumatology	11,736	35,207	250,000	14%	37,500
Specialty Care	0	0	0	0%	25,000
Musculoskeletal	0	0	1,700,000	0%	0
Neurology	0	0	100,000	0%	0
Wound Care	12,369	37,106	150,000	25%	37,500
Total Specialty Care	436,060	1,389,839	12,565,000	11%	1,853,352



Questions ? Comments ?

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Balance Sheet (Assets) – Slide 4

Current Assets

Cash and Cash Equivalents – \$1.3M compared to \$1.2M December 2019

Short-term Investments – Short-term investments were \$213M at month-end and restricted investments of \$6.5M for capital acquisitions.

Ad Valorem Taxes Receivable – \$196M balance is composed of:

Gross Tax Receivables	\$ 200M
Taxable Assessed Valuation Adjustment	(750)K
Est. Allowance for Doubtful collections	(2.7)M
Total Taxes Receivable	\$ 196M

Other Receivables – Other receivables total \$3.5M and includes intercompany balances:

- CommUnityCare - \$2.5M
- Sendero - \$598K
- Community Care Collaborative - \$227K
- Accrued Interest - \$235K
- Miscellaneous Receivables – \$9K

Prepaid Expenses – \$875M balance composed of:

- Prepaid Tax Collection Fees - \$475K
- Prepaid Insurance - \$43K
- TCAD Appraisal Fees - \$239K
- Software - \$92K
- Memberships - \$6K
- Deposits - \$21K

Total Current Assets – \$415M



December 2020 Preliminary Monthly Financial Statements (unaudited)

Page 2 of 6

Balance Sheet (Assets) – Slide 4 (continued)

Restricted Cash & Investments or Noncurrent

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

Sendero Paid-in-Capital – \$71.0M (unchanged)

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

Sendero Surplus Debenture – \$37.1M (unchanged)

Restricted TCHD LPPF Cash & Investments - \$8.6M

Capital Assets – \$112M, net of accumulated depreciation

Total Assets – \$654M



Current Liabilities – Slide 5

Accounts Payable – Major components of the \$19.5M balance are:

- \$16.4M estimated IBNR for healthcare services.
- \$784K estimated month-end vendor invoices due.
- \$2.3M month-end vendor invoices due.

Salaries and Benefits Payable – \$1.7M balance is comprised of the accrued liability for salary costs unpaid at month-end, the value of accrued personal time off and various fringe benefit amounts withheld and not yet paid.

Debt Service Payable, Short-Term – \$1.2M in Certificates of Obligation Payable.

Deferred Tax Revenue - \$151M pending collection

Other Deferred Revenue - \$1.4M consists of Seton's January rent \$828K and the lease revenue \$610K for Block 164 Yr3 (FY21) from 2033 LLP

Total Current Liabilities – **\$175M**



Restricted or Noncurrent Liabilities – Slide 5 (continued)

Funds held for TCHD LPPF - \$8.6M receipts from participants in the LPPF.

Debt Service Payable, Long-Term – \$6.1M balance of the \$7.285M in General Obligation Bonds, Series 2020. This debt was originally issued in 2011 for the North Central clinic and refunded May 2020. Due annually on 3/1.

Total Restricted or Noncurrent Liabilities – \$14.7M

Total Liabilities – \$189.9M

Net Assets

Unrestricted Net Assets – \$352M

Investment in Capital Assets – \$112M

Total Net Assets – \$463.7M

Total Liabilities and Net Assets – \$654M



Sources and Uses Report – Slide 6

December financials → three months, 25% of the fiscal year.

Sources – Total \$88.7M for the month

Property Tax Revenue – Net property tax revenue for the month was \$87.7M. Net revenue includes \$87.8M current month's collections; \$50k Penalties and Interest; (\$192)K in adjustments for prior year delinquent taxes.

Lease Revenue – \$863K recorded for Seton lease payment and the UT ground lease.

Other Revenue – \$56K investment income for the month, \$180K YTD, compared to \$529K YTD last year.

Uses of Funds – Total \$8.5M for the month

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$7.4M for the month and \$23M YTD compared to \$33M YTD thru December 2019.

Healthcare Delivery Budget includes funds for service expansion in Post-Acute Care \$5.4M Primary & Specialty Care \$3.8m (Musculoskeletal \$1.7M, Neurology \$100k, and Reserves \$2M), Community Health Care Initiatives \$800k and Hospital and Specialty Services \$59.7M.

Administration Program – \$692K in expense for the month, which includes:

- Personnel costs – \$440K
- Consulting services – \$11K
- Legal fees – \$118K
- Other general and administrative – \$123K

Tax Collection Expenses – \$413K for the month.

Excess Sources/(Uses) – \$80M in December. Current YTD is \$67M compared to prior year FY20 YTD of \$59M.

Healthcare Delivery Expense – Slide 7

Healthcare Delivery Expense – Total \$7.4M December; \$23M YTD compared to \$33M December FY20 YTD.

Intergovernmental Transfers (“IGT’s”) – YTD \$0 compared to \$8.8M YTD last year for DSH.

Healthcare Services – Healthcare delivery providers’ expense for December totaled \$5.1M, which includes:

- Primary care – \$3.5M
- Specialty Care (including Dental and Behavioral Health) – \$443K
- Pharmacy - \$955K
- All Other Healthcare Services - \$208K

ACA Premium Assist, Education, Enrollment – \$900K in expenses for the month; \$2.8M YTD compared to \$1.6M December FY20 YTD

Healthcare Facilities and Campus Redevelopment - \$122K in expense for the month and \$453K YTD.

Healthcare Delivery Operating Cost – \$1.3M in expenses for the month and includes:

- Personnel costs – \$973K
- Consulting Services – \$27K
- Legal Fees - \$7K
- Other services and purchased goods – \$267K

Debt, Reserves and Transfer – \$8K in Debt Service expense for the month

Total Healthcare Delivery - for the month of December was \$7.4M.

Community Care Collaborative

Financial Statement Presentation

FY 2021 – as of December 31, 2020 (Preliminary)

Central Health Board of Managers
Board of Managers Meeting
January 27, 2020

Jeff Knodel, Chief Financial Officer
Lisa Owens, Deputy Chief Financial Officer



a partnership of Central Health and Seton Healthcare Family

Preliminary

Highlights Community Care Collaborative

December 2020



- * Cash is at \$22.0 million compared to \$18.6 million last year.
- * Total Liabilities are at \$10.5 million as of the end of December 2020.
- * Net Assets at the end of December are \$11.5 million. This includes the emergency reserve carry forward of \$5 million.

Preliminary

Balance Sheet Community Care Collaborative

As of December 2020



Community Care Collaborative

	as of 12/31/2020	as of 12/31/2019
Assets		
Cash and Cash Equivalents	21,957,644	18,646,725
Other Receivables	21,970	435,681
Prepaid and Other	78,454	46,923
Total Assets	<u>22,058,068</u>	<u>19,129,329</u>
Liabilities		
AP and Accrued Liabilities	5,860,479	5,685,445
Deferred Revenue	4,350,228	1,961,042
Other Liabilities	202,494	245,836
Accrued Payroll	128,611	103,361
Total Liabilities	<u>10,541,812</u>	<u>7,995,684</u>
Net Assets	<u>11,516,256</u>	<u>11,133,645</u>
Liabilities and Net Assets	<u>22,058,068</u>	<u>19,129,329</u>

Preliminary

Sources and Uses Report, Budget vs Actual

Fiscal Year-to-Date through December 2020



Sources of Funds	Approved Budget	YTD Actual	YTD % of Budget	Prior YTD Actual
DSRIP Revenue	61,168,472	0	0%	0
Operations Contingency Carryforward	5,362,495	11,802,979	220%	10,731,787
Other Sources	100,000	6,203	6%	75,398
Total Sources of Funds	66,630,967	11,809,182	18%	10,807,185
Uses - Programs				
Healthcare Delivery	19,630,967	3,467,254	18%	3,950,630
UT Services Agreement	35,000,000	0	0%	0
DSRIP Project Costs	12,000,000	1,338,822	11%	722,909
Total Uses	66,630,967	4,806,076	7%	4,673,540
Net Sources (Uses)	-	7,003,107		6,133,645
Net Assets		12,003,107		11,133,645

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

Preliminary



Healthcare Delivery Costs - Summary

Fiscal Year-to-Date through December 2020

	Approved Budget	YTD Actual	YTD % of Budget	Prior YTD Actual
Healthcare Delivery				
Primary Care & Emergency Transport	921,822	236,270	26%	701
Specialty Care	3,908,000	681,870	17%	510,689
Specialty Behavioral Health	8,000,000	1,600,000	20%	2,028,784
Post-Acute Care	2,675,000	397,971	15%	566,815
Urgent and Convenient Care	475,000	37,935	8%	75,912
Healthcare Delivery - Operations	2,849,742	513,208	18%	767,729
Operations Contingency Reserve	801,403	0	0%	0
Total Healthcare Delivery	19,630,967	3,467,254	18%	3,950,630

Preliminary

Thank You

www.ccc-ids.org

DRAFT



Community Care
COLLABORATIVE

a partnership of Central Health and Seton Healthcare Family

Preliminary



December 2020 FYTD Financial Statements (unaudited)
Page 1 of 4

Balance Sheet

Current Assets

Cash and Cash Equivalents – \$22.0M

Other Receivables – \$22K

Prepaid and Other – \$78K – Atrium Security deposit, Insurance, and MCG license

Total Assets – \$22.1M

Liabilities

Accounts Payable and Accrued Liabilities – \$5.8M, which includes:

- \$5.0M estimated IBNR (Incurred But Not Received) for providers
- \$664K non-provider accruals mainly for HHSC DSRIP recoupment \$487k
- \$227K due to Central Health for July-December 2020

Deferred Revenue – \$4.3M deferred revenue related to DSRIP projects

Other Liabilities – \$202K; includes leasehold improvement allowance liability of \$75K and Deferred Rent of \$128K

Payroll Liabilities – \$129K; includes PTO liability

Total Liabilities – \$10.5M



December 2020 FYTD Financial Statements (unaudited)
Page 2 of 4

Net Assets

Unrestricted Net Assets – \$11.5M

Total Net Assets – \$11.5M

Total Liabilities and Net Assets – \$22.1M

Sources and Uses Report

December financials → three months, 25% of the fiscal year

Sources of Funds, Year-to-Date

DSRIP Revenue - \$0M, anticipated receipt is July 2021

Operations Contingency - \$11.8M from FY2020 (This excludes emergency reserves of \$5M)

Other Sources – \$6K for interest income

Uses of Funds, Year-to-Date

Operating Expenses
Healthcare Delivery
(Excluding DSRIP)

	Approved Budget	YTD Actual	YTD % of Budget	Prior YTD Actual
Healthcare Delivery				
Primary Care & Emergency Transport	921,822	236,270	26%	701
Specialty Care	3,908,000	681,870	17%	510,689
Specialty Behavioral Health	8,000,000	1,600,000	20%	2,028,784
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Urgent and Convenient Care	475,000	37,935	8%	75,912
Healthcare Delivery - Operations	2,849,742	513,208	18%	767,729
Operations Contingency Reserve	801,403	0	0%	0
Total Healthcare Delivery	19,630,967	3,467,254	18%	3,950,630



December 2020 FYTD Financial Statements (unaudited)
Page 4 of 4

UT Services Agreement – Year-to-date \$0M

DSRIP Project Costs – Year-to-date \$1.3M, primarily made up of provider earnings to date of:

- CommUnity Care - \$1.2M
- Lone Star Circle of Care – \$91K
- Hospice Austin – \$0K
- DSRIP Operating Expenses - \$67K

DRAFT



CENTRAL HEALTH

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

BOARD MEETING

January 27, 2021

REGULAR AGENDA ITEM 5

Receive and discuss the following focus reports related to the Strategic Objective in section (ii)1.b. of the Resolution Adopting the Fiscal Year 2021 Budget:

- a. current workforce demographics and levels, including new hires and turnover; and
- b. training and development initiatives.



AGENDA ITEM SUBMISSION FORM

Today's Date: January 21, 2021

Agenda Item Meeting Date: January 27, 2021

Form Prepared By: Briana Yanes, Board Governance Manager

Who will present the agenda item? (Name, Title): Susan Willars, VP of Human Resources

Item Description: Receive and discuss focus reports related to the Strategic Objective in section (ii)1.b. of the Resolution Adopting the Fiscal Year 2021 Budget.

Is this an informational or action item? Informational item

Fiscal Impact: N/A

Proposed Motion: No motion necessary

What backup will you provide to the Board? (Backup is due one week before the meeting. Please notify Briana if your backup will be late.) 1) FY21 Q1 Dashboards on Employee Demographics, Turnover, and Diversity; 2) Slide Deck: Recruitment Strategy Plan & Activity – FY 2021 Quarter 1

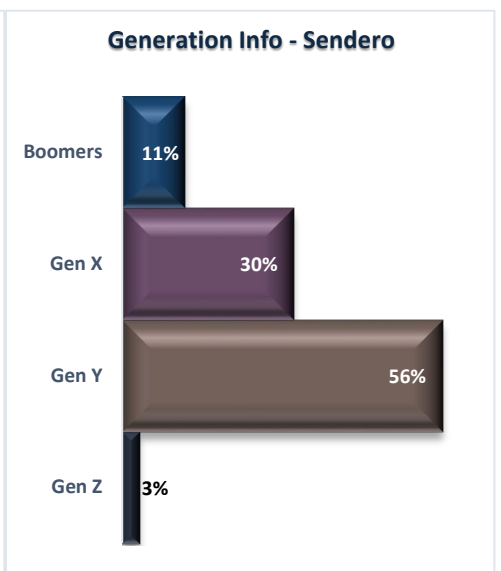
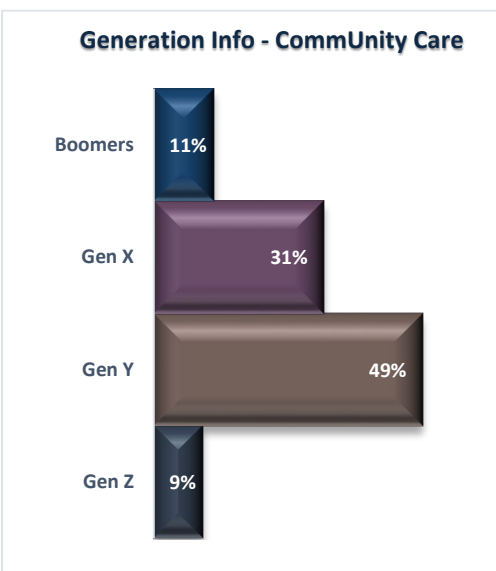
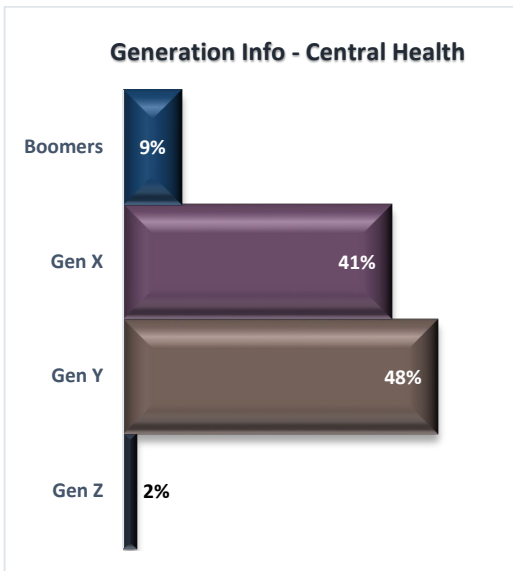
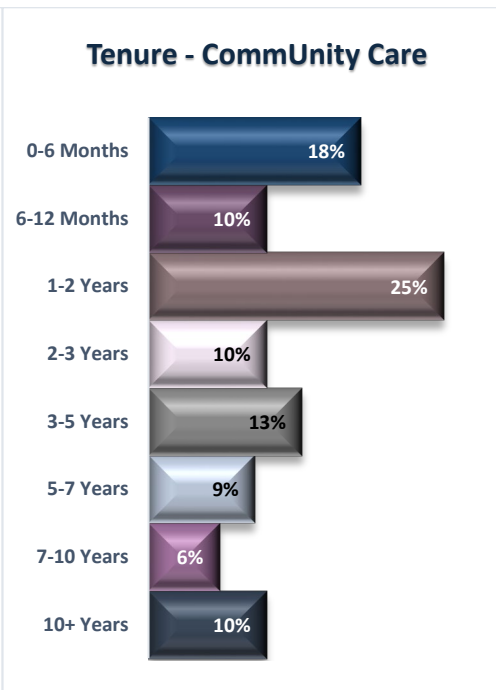
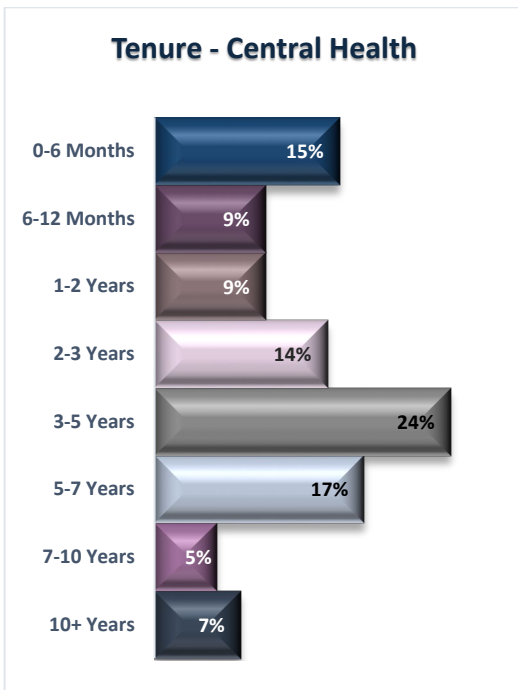
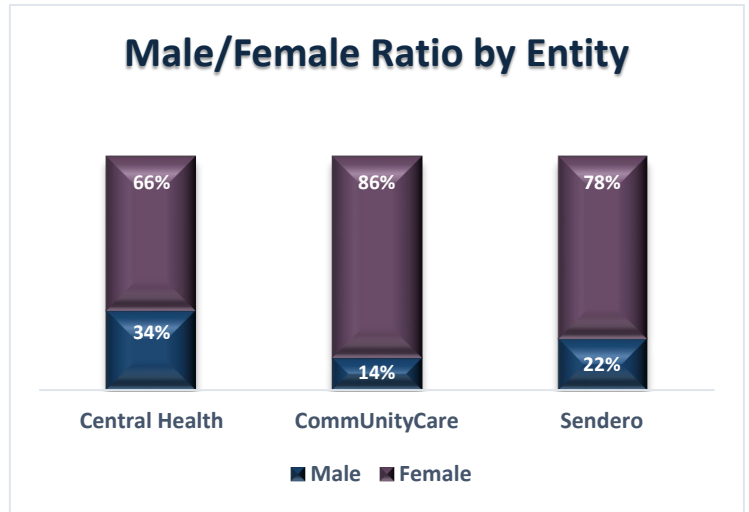
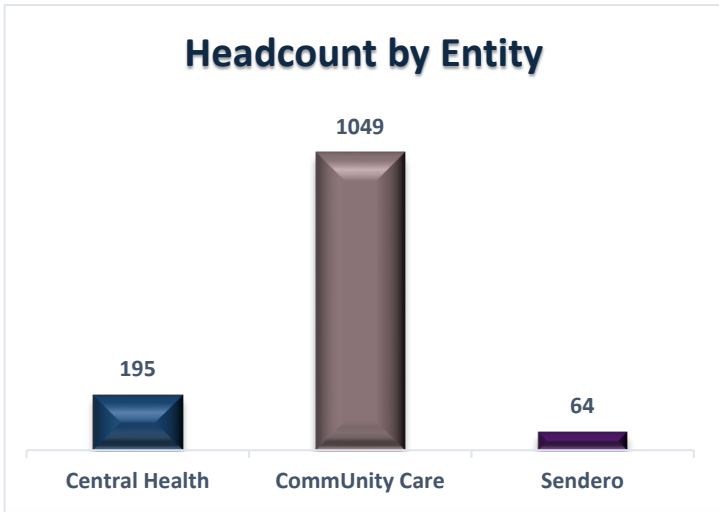
How much time do you think the item will take including presentation & questions? 10 minutes

Key takeaways about agenda item:

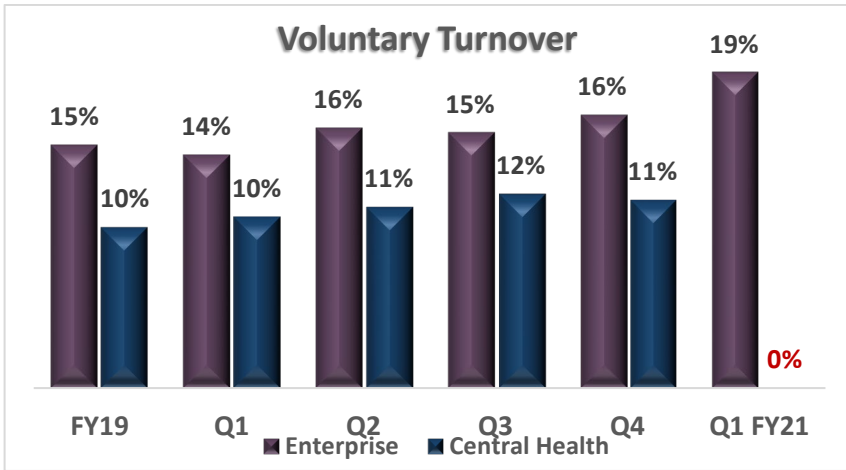
- Five checkboxes with corresponding lines for key takeaways. The first line contains the text: 'This is a quarterly report to update the Board of Managers on Strategic Objective in section (ii)1.b. of the Resolution Adopting the Fiscal Year 2021 Budget. Specifically, the report covers workforce demographics and levels, including new hires and turnover and training and development initiatives.'

Is closed session needed? (You will have to consult with attorneys to ensure closed session is permitted.) Closed session is not necessary.

Headcount Demographics Q1 FY21 = 1,308 Employees



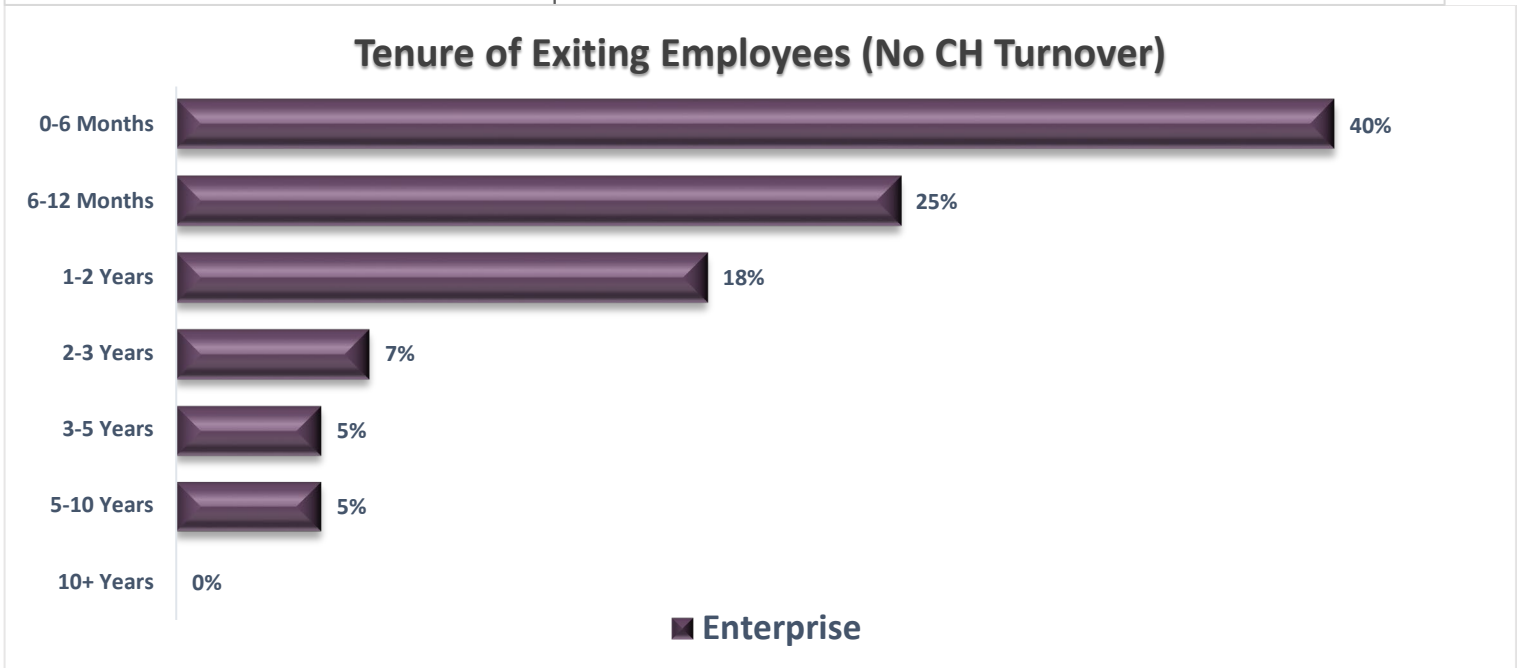
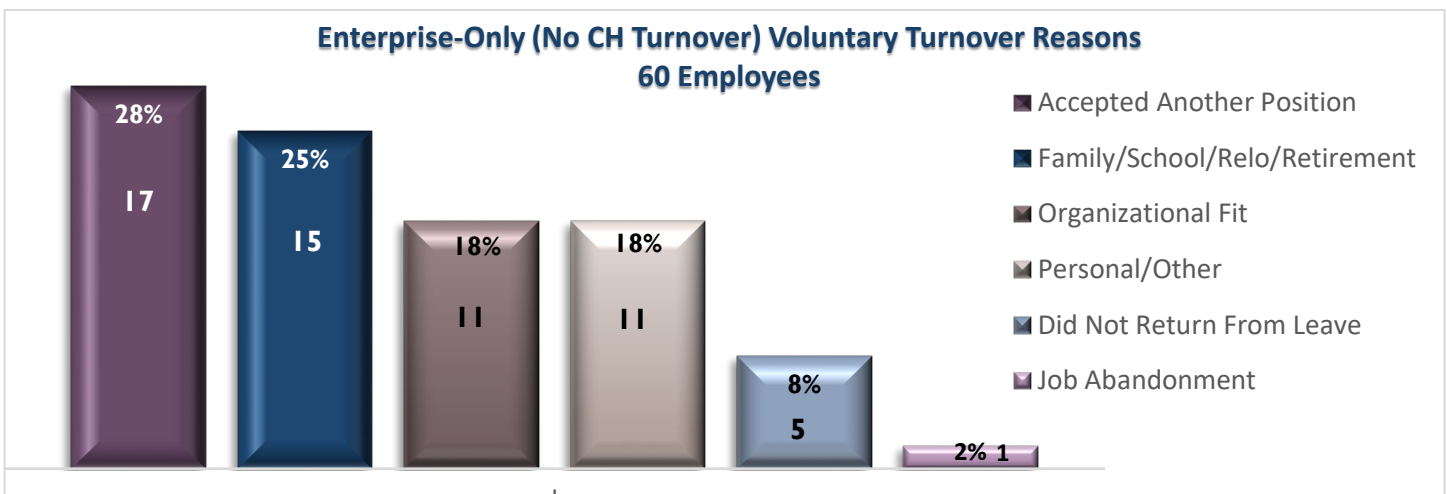
Enterprise & Central Health Voluntary Turnover



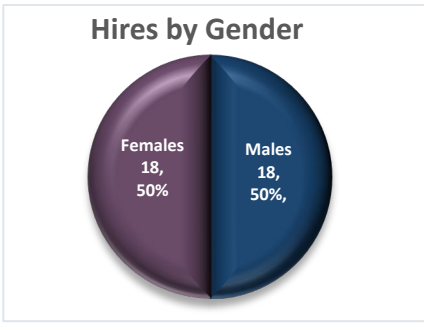
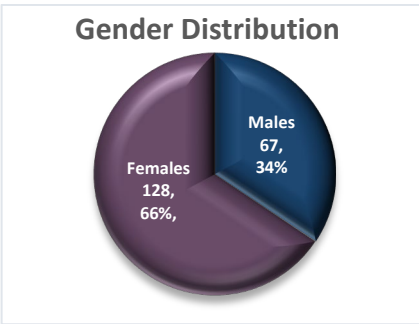
Enterprise Voluntary Turnover Rate	
Q1 FY20 = 14%	Q1 FY21 = 18%

Central Health Voluntary Turnover Rate	
Q1 FY20 = 10%	Q1 FY21 = 0%

CUC and Sendero Voluntary Turnover for FY 2020 & 2021 by Quarter					
Organization	Q1	Q2	Q3	Q4	Q1
CommUnity Care	15%	17%	17%	18%	23%
Sendero	0%	7%	4%	3%	19%

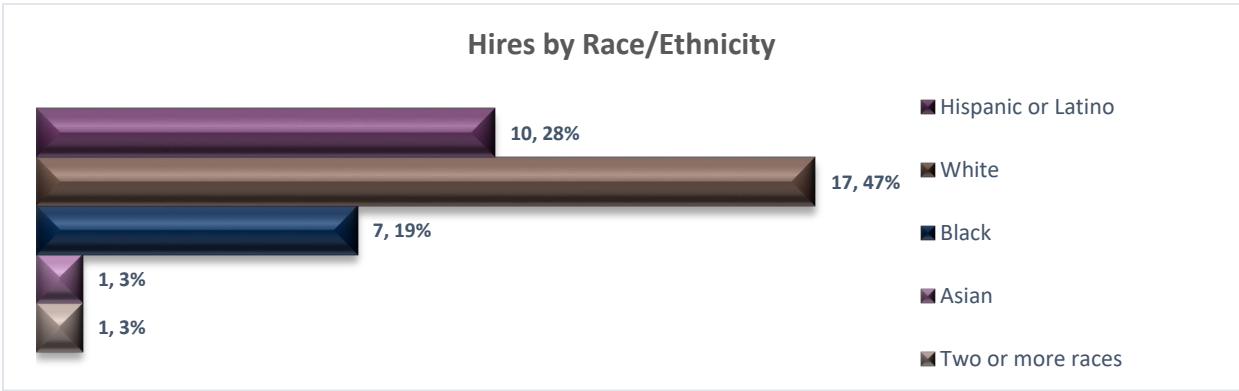
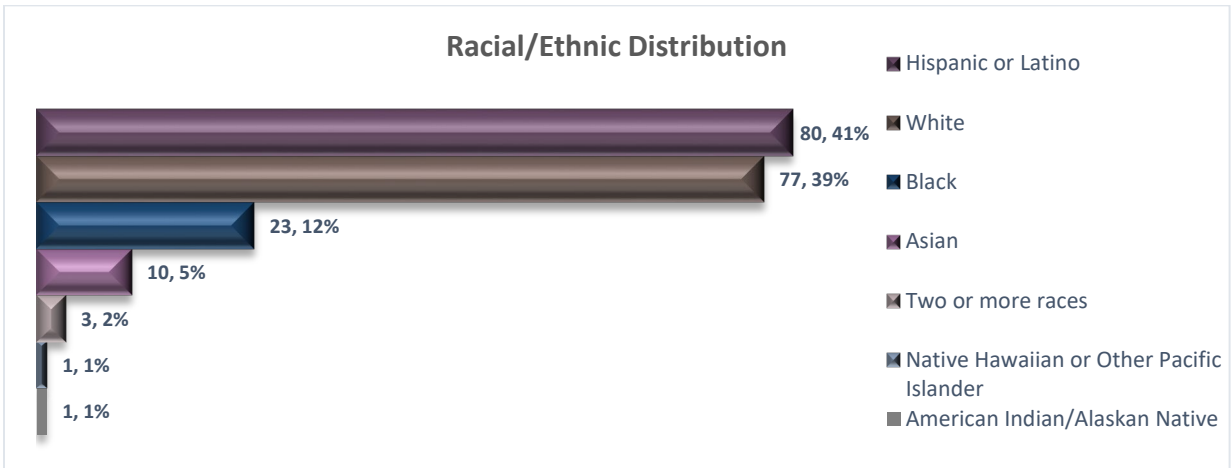


Central Health Diversity for Q1 FY 2021

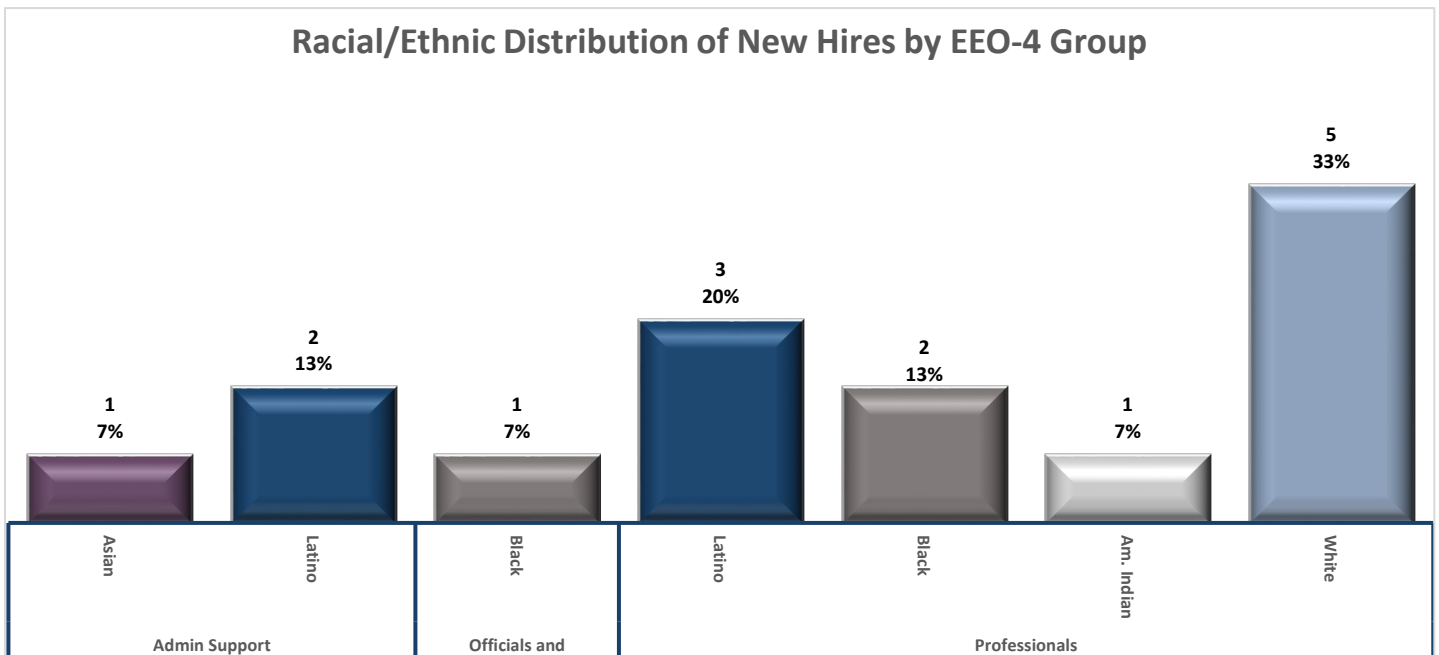
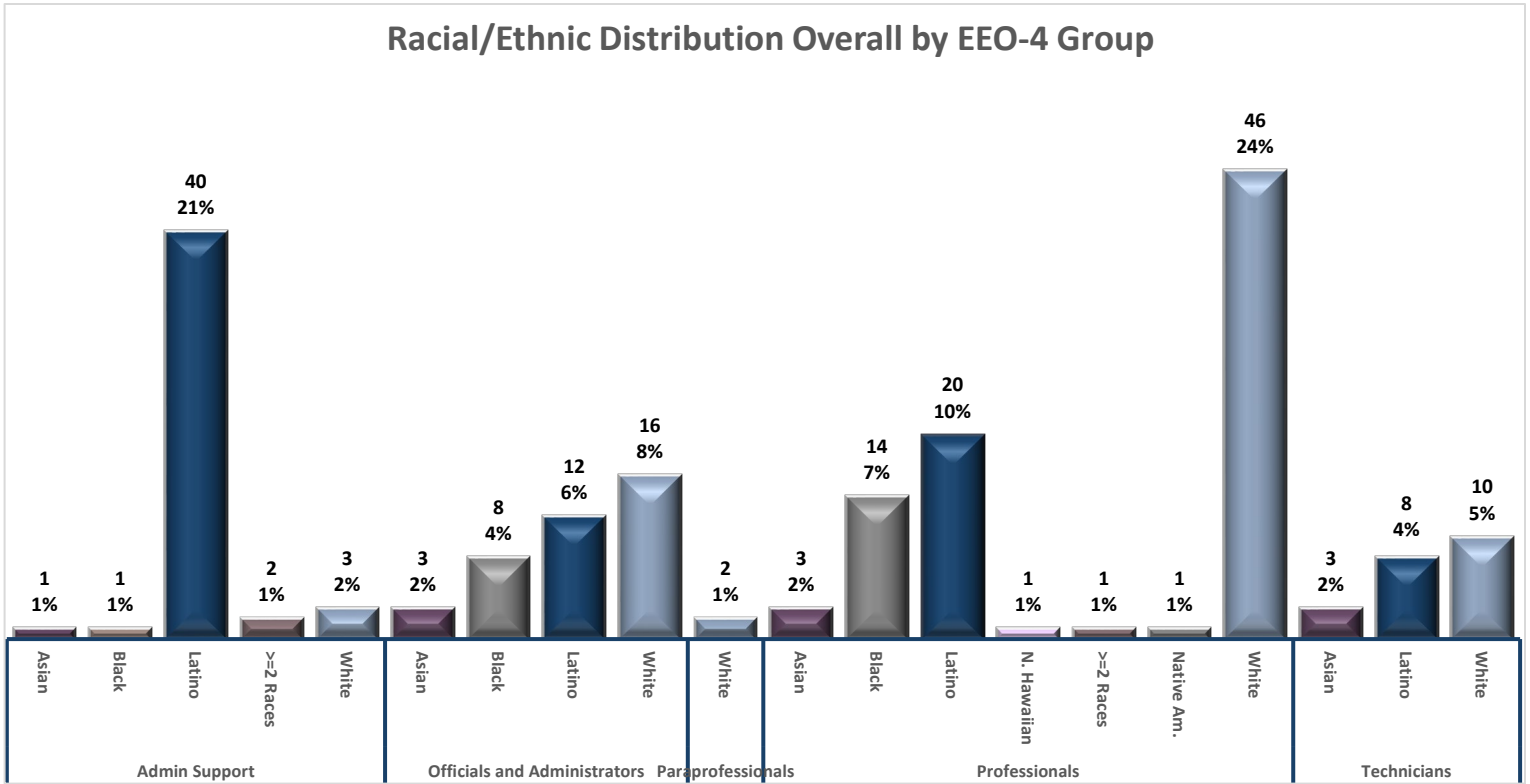


Terms by Gender

No Terminations in Q1 FY21 for Central Health



Central Health Staff Diversity Distribution for Q1 FY 2021



Recruitment Strategy Plan & Activity – FY 2021 Quarter 1

Susan Lara Willars, Enterprise VP of HR
Angela Reyes, Enterprise Senior Recruiter



Recruitment Strategy Plan:

The Human Resources Department has introduced a recruitment strategy plan with one goal in mind – to attract and retain candidates from diverse backgrounds that reflect the members of the communities we serve.

The Recruitment Strategy Plan has two (2) critical components:

- **Develop the Central Health Enterprise Employer Brand To Attract & Retain Top Talent:** Establishing an employer brand that attracts and retains top talent includes the following:
 - A commitment to providing a great place to work
 - Be known as a quality performer in our industry
 - To be recognized for our commitment to diversity and inclusion
- **Enhance Our Talent Management Efforts:** We will develop partnerships with Texas colleges and universities, including those identified as having a diverse student & alumni population. We will increase our visibility by attending career and job fairs that will promote the Enterprise and its career opportunities.
- We will increase our social media and LinkedIn efforts by listing career opportunities directly to each site and providing a monthly newsletter that highlights who we are as an Enterprise, along with the current career opportunities. We will track the success of our recruitment efforts on a quarterly basis.



Operational Plan:

- An operational plan has been included in the 2021 Recruitment Strategy Plan. Quarterly updates will highlight a list of commitments, published newsletters and events that were accomplished and completed within the quarter.
- Tracking began on October 1, 2020

Activity	Date
Texas Workforce Commission Veteran's Career Fair	10/15/2020
ACC Career Fair	10/22/2020
LinkedIn Posting	10/28/2020
Linked In Posting	11/4/2020
Red White and You Career Fair	11/5/2020
St. Edwards Healthcare Career Fair	11/10/2020
LinkedIn Posting	11/16/2020
LinkedIn Posting	12/3/2020
Social Media Post	12/3/2020
ACC Career Fair	12/8/2020
Keep Austin Safe Job Fair	12/10/2020
Festive Friday – CUC Internal Career Fair	12/11/2020
LinkedIn Post	12/13/2020



EEO-4 Categories

- Officials & Administrators – Example: Department heads, chiefs, directors & controllers
- Professionals – Example: Social workers, doctors, registered nurses & accountants
- Technicians - Example: Computer programmers, technicians, medical and dental assistants
- Administrative Support - Example: Clerks, payroll clerks, cashiers

EEO Category - Technician

	# of Applicants	Male / Female	White	Hispanic	Black or AA	Asian	2 or more Races	American Indian/Native Alaskan	Breakdown of hired candidates
Q1-FY2021 8 Positions	428 Applicants Sources: Indeed – 199 LinkedIn – 149 Glassdoor – 6 College or University – 6 Career Fair – 3 Other – 39 Company Website – 16 Other Prof. Org – 10	261 167 Total: 428	108 51 Total:159 or 37%	21 33 Total: 54 or 13%	94 44 Total: 138 or 32%	29 22 Total: 51 or 12%	7 14 Total: 21 or 5%	2 3 Total: 5 or 1%	Male – Did not Disclose Male – White (Internal Candidate) Male – White Male – Black or AA Male – Black or AA Male – Hispanic Female – Hispanic (Internal Candidate) Male – American Indian/Native Alaskan
Q4-FY2020 13 Positions	Q4-FY2020 249 Applicants	179 70 Total: 249	60 9 Total: 69 or 28%	38 20 Total: 58 or 23%%	35 8 Total :43 or 17%	42 27 Total: 69 or 28%	3 6 Total: 9 or 4%	1 0 Total: 1 or 0%	

Note: 179 or 58% more applicants were reached in Q1-2021 compared to Q4-2020

Note: We were able to add 34% more minority applicants and 36% more females in Q1-2001 compared to Q4-2020

EEO Category – Officials and Administrators

	# of Applicants	Male / Female	White	Hispanic	Black or AA	Asian	2 or more Races	American Indian/Native Alaskan	Breakdown of hired candidates
Q1-FY2021 2 Positions	58 Applicants Sources: Indeed – 27 LinkedIn – 25 Colleges/Universities – 1 Other - 3 Company Website – 2	24 48 Total: 58	3 6 Total: 9 or 16%	8 10 Total: 18 or 31%	11 14 Total: 25 or 43%	1 0 Total: 1 or 2%	1 4 Total: 5 or 9%	0 0 Total: 1 or 3%	Female – Hispanic (Internal Candidate) Female – Black or AA (Internal Candidate)
Q4-FY2020 4 Positions	Q4-FY2020 39 Applicants	28 13 Total: 39	7 2 Total: 9 or 23%	9 8 Total: 17 or 44%	5 3 Total: 8 or 21%	4 0 Total: 4 or 10%	0 0 Total: 1 or 3%		

Note: 19 or 33% more applicants were reached in Q1-2021 compared to Q4-2020.

Note: We were able to add 39% more minority applicants & 36% more females in Q1-2021 compared to Q4-2020.

EEO Category - Professionals

	# of Applicants	Male / Female	White	Hispanic	Black or AA	Asian	2 or more Races	American Indian/Native Alaskan	Breakdown of hired candidates
Q1-FY2021 5 Positions	106 Applicants Sources: Indeed – 42 LinkedIn – 45 Other – 10 Company Website – 9	51 55 Total: 106	20 17 Total: 37 or 35%	9 10 Total: 19 or 18%	4 6 Total: 10 or 9%	17 20 Total: 37 or 35%	1 1 Total: 2 or 2%	0 1 Total: 1 or 0%	Male – Hispanic (Rehired) Female – White Female – Hispanic Female – Black or AA Female – Black or AA
Q4-FY2020 12 Positions	Q4-FY2020 241 Applicants	103 138 Total: 241	43 53 Total: 96 or 40%	22 45 Total: 67 or 28%	14 19 Total: 33 or 14%	22 19 Total: 41 or 17%	2 2 Total: 4 or 2%	0 0	

EEO Category – Administrative Support

EEO Category	# of Applicants	Male / Female	White	Hispanic	Black or AA	Asian	2 or more Races	American Indian/Native Alaskan	Breakdown of hired candidates
Q1-FY2021 5 Positions	116 Applicants Sources: Indeed – 45 LinkedIn – 22 Glassdoor – 2 Colleges or Universities - 2 Other – 25 Company Website – 20	36 80 Total: 116	20 17 Total: 37 or 32%	9 45 Total: 54 or 47%	3 13 Total: 16 or 14%	3 5 Total: 8 or 7%	1 0 Total: 1 or 0%	0 0	Female – White Female – Hispanic – (Internal Candidate) Female – Hispanic Female – Black or AA Female - Asian
Q4-FY2020 13 Positions	Q4-FY2020 271 Applicants	88 183 Total: 271	37 81 Total: 118 or 44%	31 80 Total: 111 or 41%	9 14 Total: 23 or 8%	9 7 Total: 16 or 6%	1 0 Total: 1 or 0%	1 1 Total: 2 or 1%	



CENTRAL HEALTH

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BOARD MEETING

January 27, 2021

REGULAR AGENDA ITEM 6

Discuss and take appropriate action on the employment contract between Central Health and the President and Chief Executive Officer of Sendero Health Plans, Inc.³



AGENDA ITEM SUBMISSION FORM

Today's Date: January 21, 2021

Agenda Item Meeting Date: January 28, 2021

Form Prepared By: Susan Lara Willars

Who will present the agenda item? (Name, Title): Dr. Charles Bell (Central Health Vice Chair & Sendero Chair) & Susan Lara Willars

Item Description: Employment contract for Sendero's President & CEO

Is this an informational or action item? Action Item

Fiscal Impact: N/A

Proposed Motion: I move that the Board approve the employment contract for Sendero's President & CEO as presented by staff.

What backup will you provide to the Board? (Backup is due one week before the meeting. Please notify Briana if your backup will be late.) The employment contract will be sent to the Board by Susan Lara Willars.

How much time do you think the item will take including presentation & questions? 10 minutes

Key takeaways about agenda item:

- Section 2.2: The contract will auto renew up to three (3) years as long as the President & CEO scores a minimum of "Met Requirements" on his annual performance review.

Is closed session needed? (You will have to consult with attorneys to ensure closed session is permitted.) I have consulted with Mr. Duncan and this item does not need to be discussed in closed session.



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BOARD MEETING

January 27, 2021

REGULAR AGENDA ITEM 7

Receive and discuss an update regarding Sendero Health Plans, Inc., including an update on enrollment for 2021.⁴



MEMORANDUM

To: Central Health Budget & Finance Committee
From: Kit Abney Spelce Sr. Director of Eligibility Services
CC: Mike Geeslin, President & CEO
Jeff Knodel, Chief Financial Officer
Lisa Owens, Deputy Chief Financial Officer
Jon Morgan, Chief Operating Officer
Date: January 22, 2021
Re: Update on Central Health Premium Assistance for those enrolled in Sendero

Overview:

Open Enrollment for 2021 closed on December 15, 2020. Below is a summary of the number enrolled in Central Health's two premium assistance programs; (1) Central Health Assistance Program Expansion, (CHAP Expansion) and (2) Central Health Assistance Program, (CHAP).

1. **2021 CHAP Expansion (High Risk) Enrollment: 662**
 - o Existing 2020 members re-enrolled: 400
 - o New members enrolled: 262
 - o Average risk score of new members: 17.1
 - o 2020 Enrollment: 540, 2021 net gain: 122
2. **2021 CHAP Enrollment (Non-high-risk MAP and Musicians): 1,221**
 - o Musicians: 1,060
 - o Former MAP Members: 161
 - o 2020 enrollment: 1,195, 2021 net gain: 26

Synopsis:

CHAP Expansion (High Risk): Individuals in the CHAP Expansion program are MAP and MAP BASIC members identified for enrollment based on their health status. Central Health identifies these members using CMS' Risk Adjustment tool which allows organizations to score an individual's risk based on demographics, diagnoses, and medications. Individuals are enrolled in a Sendero Off-Exchange Platinum Plan. The average monthly 2021 premium for a CHAP Expansion member is \$1,124. Central Health pays directly to Sendero the full cost of the premium.

CHAP: CHAP members consist of non-high-risk MAP Members and musicians enrolled in the Health Alliance for Austin Musicians (HAAM) and/or the SIMS Foundation. To receive Central Health premium assistance besides being enrolled in MAP, HAAM or SIMS, an individual must be a Travis County resident living at or below 200% of the Federal Poverty Level and be eligible to receive premium tax credits to help pay their monthly premium.

CHAP members are enrolled in a Sendero Silver Plan offered on the Health Insurance Marketplace. The tax credit amount goes directly to Sendero and Central Health pays Sendero the balance owed by the member. The amount an individual receives in premium tax credits is based on their income and the cost of the second lowest priced Silver plan offered that year.

For 2021 two new insurance companies entered the Travis County Marketplace; Baylor Scott and White and Friday Health Plans. Baylor Scott and White offered the lowest priced Silver plan, Friday Health Plans offered the second lowest priced plan. This lowered the federal premium subsidy for the community, and increased costs for anyone not selecting their plans. The change increased Central Health's premium assistance cost by an average of \$50 per CHAP member per month for 2021.

Due to the fact the cost of enrolling in Sendero in 2021 was more expensive, the overall CHAP enrollment for the year only increased by 26 individuals from 2020.

Action Requested: None

Fiscal Impact: None (Funding is in Approved FY2021 Central Health Budget)

CHAP Expansion (High Risk MAP and MAP BASIC): The Board approved \$8.6 million in premium assistance and we anticipate using all funds allocated.

CHAP (Non-high-risk MAP and Musicians): The Board approved \$2,319,354 in premium assistance for non-high-risk MAP members and musicians enrolled in HAAM/SIMS

At the October 28, 2020 Meeting, the Board approved an additional \$640,000 in premium assistance for musicians enrolled in HAAM. Due to the increase in monthly per member costs to Central Health the 2021 net gain of musicians enrolled in Sendero was 55 over 2020.



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BOARD MEETING

January 27, 2021

REGULAR AGENDA ITEM 8

Discuss and take appropriate action on project plans to advance the Eastern Travis County service expansion.⁵



AGENDA ITEM SUBMISSION FORM

Today's Date: January 18, 2021

Agenda Item Meeting Date: January 27, 2021

Form Prepared By: Stephanie Lee McDonald

Who will present the agenda item? (Name, Title): Stephanie Lee McDonald, Vice-President, Enterprise Alignment & Coordination

Jeff Knodel, CFO

Item Description: Project plans for new service delivery locations in Hornsby Bend, Del Valle, and Colony Park

Is this an informational or action item? Action

Fiscal Impact: \$31,296,809.00* Anticipated currently for three projects as presented

Proposed Motion: Move to advance clinical expansion to Hornsby Bend, Del Valle, and Colony Park as detailed in the project plans.

What backup will you provide to the Board? (Backup is due one week before the meeting. Please notify Briana if your backup will be late.) Presentation and project plans

How much time do you think the item will take including presentation & questions? 25 minutes

Key takeaways about agenda item:

- Budget Priority
- Will have to come back with more detail on Colony Park including ILA with COA for land transaction – tentative 02/2021
- _____
- _____
- _____

Is closed session needed? (You will have to consult with attorneys to ensure closed session is permitted.) If detailed discussion or questions around the projected clinic pro formas is required by the BOM, then closed session may be needed given the competitive nature of the information.

Eastern Travis County Health & Wellness Centers

January 27, 2021

Central Health Board of Managers Meeting



CENTRAL HEALTH

CommUnityCare | Sendero

Hornsby Bend Health & Wellness Center



Hornsby Bend Health & Wellness Center: Background

- **Poverty:**
 - <200% FPL: 21.4% (794/3,703) households
 - <100% FPL: 11.9% (353/2,971) families
- **Central Health enrollees: 16.1% (2,052/12,737)**
 - Latino: 80.1% (1,644/2,052)
 - Black: 6.4% (132/2,052)
- **Utilization: 65.6% (1,347/2,052)**
 - *Highest utilization of all focus areas in Eastern Travis County
 - Primary Care: Southeast Health & Wellness Center and North Central



Hornsby Bend Health & Wellness Center: Service Profile

- **Based on extensive review of available data and information, Central Health anticipates initial services available at facility opening will include comprehensive primary care and integrated behavioral health care.**
 - 2 medical providers
 - Integrated oral health assessment program and mental health
 - Class D pharmacy
 - Telehealth capabilities for select specialty services



Hornsby Bend Health & Wellness Center: Development Executive Summary

1. GENERAL INFORMATION

- A. Owner: Central Health
- B. Location: Gilbert Rd. & Sandifer St., Austin Texas 78725
- C. Architect: BSA LifeStructures

2. PROJECT DESCRIPTION

- A. This project consists of a Health & Wellness Center on a site in Southeast Austin in the neighborhood known locally as Hornsby Bend.
- B. Site: The lot size is approximately 3 acres of a 10.6 acre site, and much of the site is covered with dense existing trees and vegetation. Residential neighborhoods abut the site to the east, and Dailey Middle School is located across Gilbert Rd. to the north. Other neighboring land across Sandifer St. is undeveloped.
- C. Facilities: The project consists of a +/-7,500 square foot Primary Care Clinic, containing approximately 2 healthcare providers, with a focus on Primary, Mental and Behavioral Health care services.



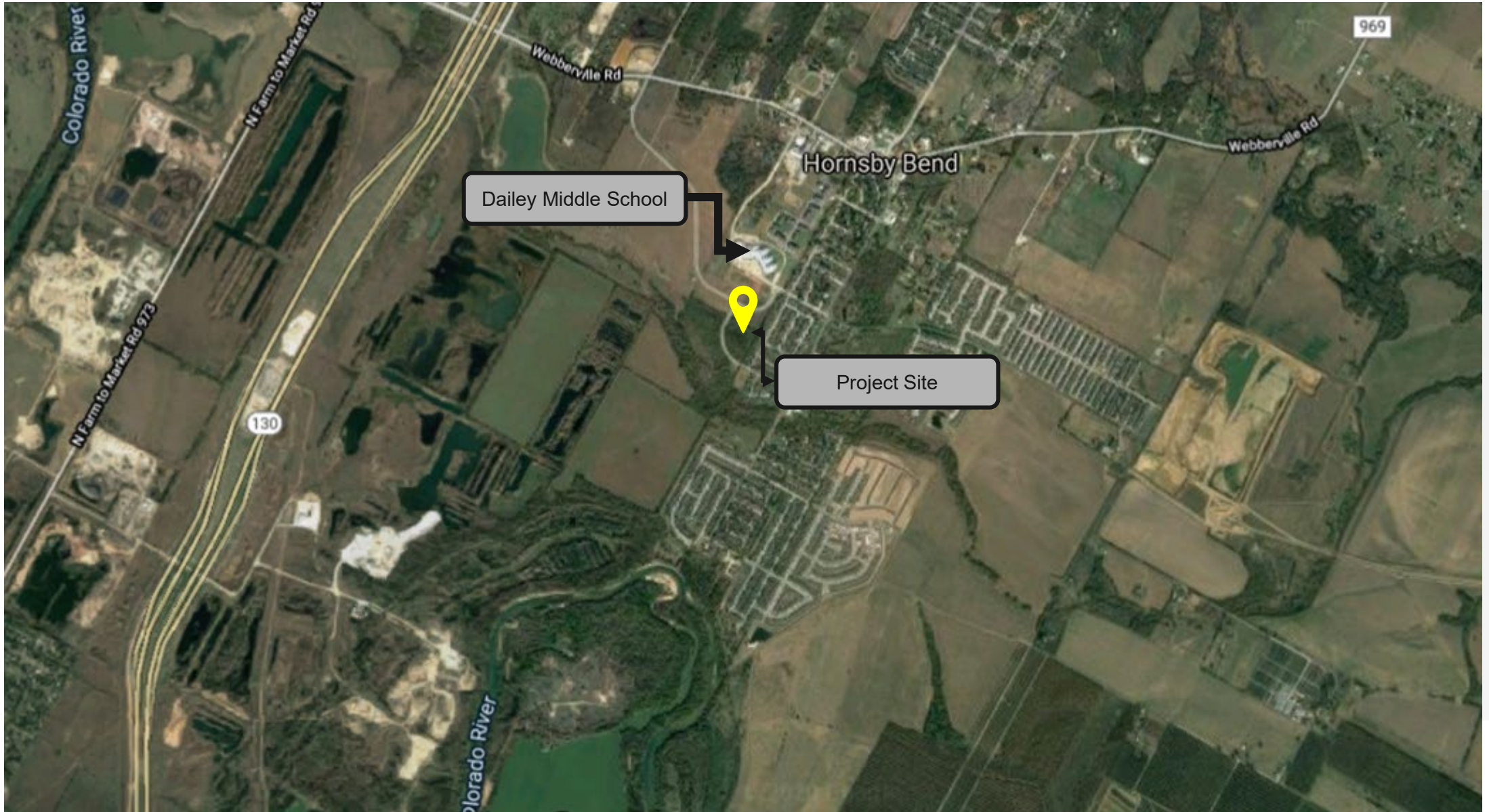


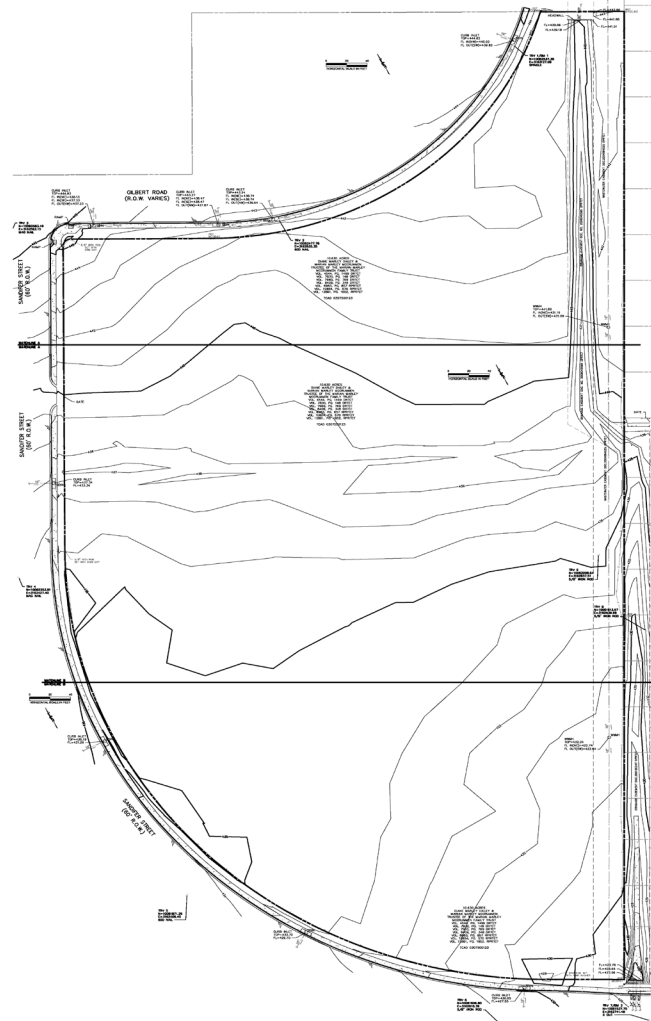
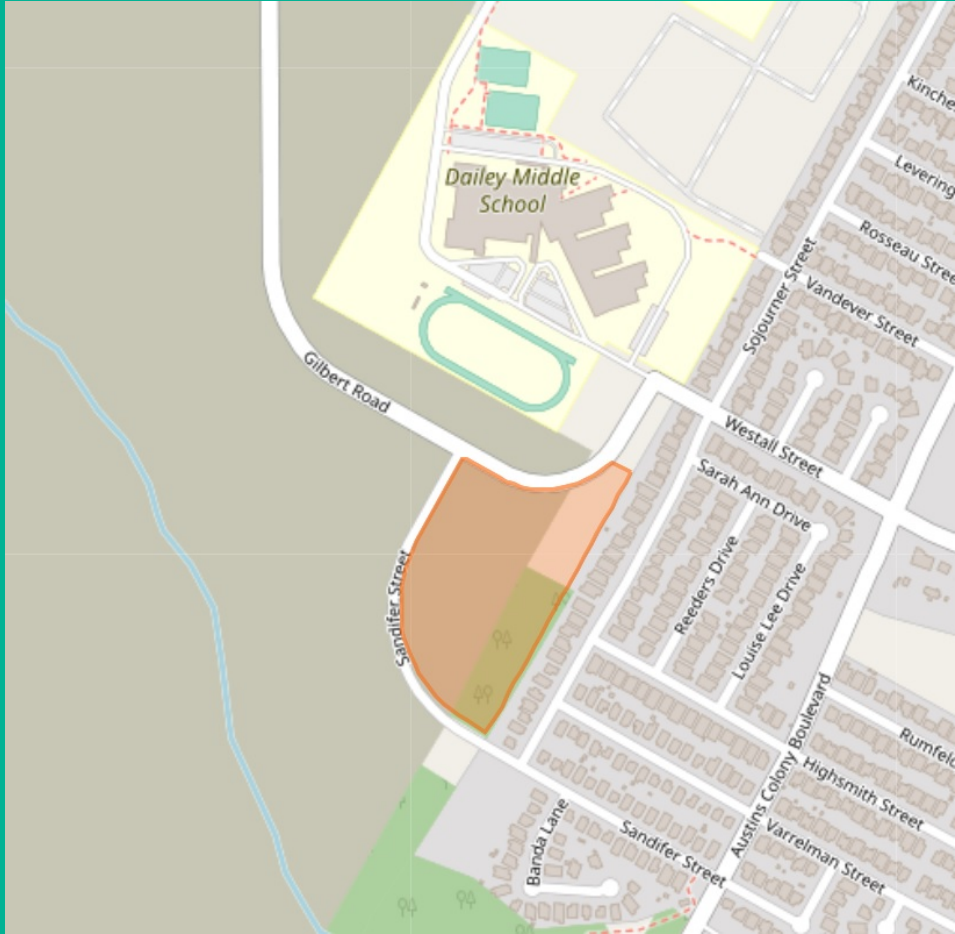
CENTRAL HEALTH

CommUnityCare | Sendero

Hornsby Bend Health & Wellness Center: Project Site







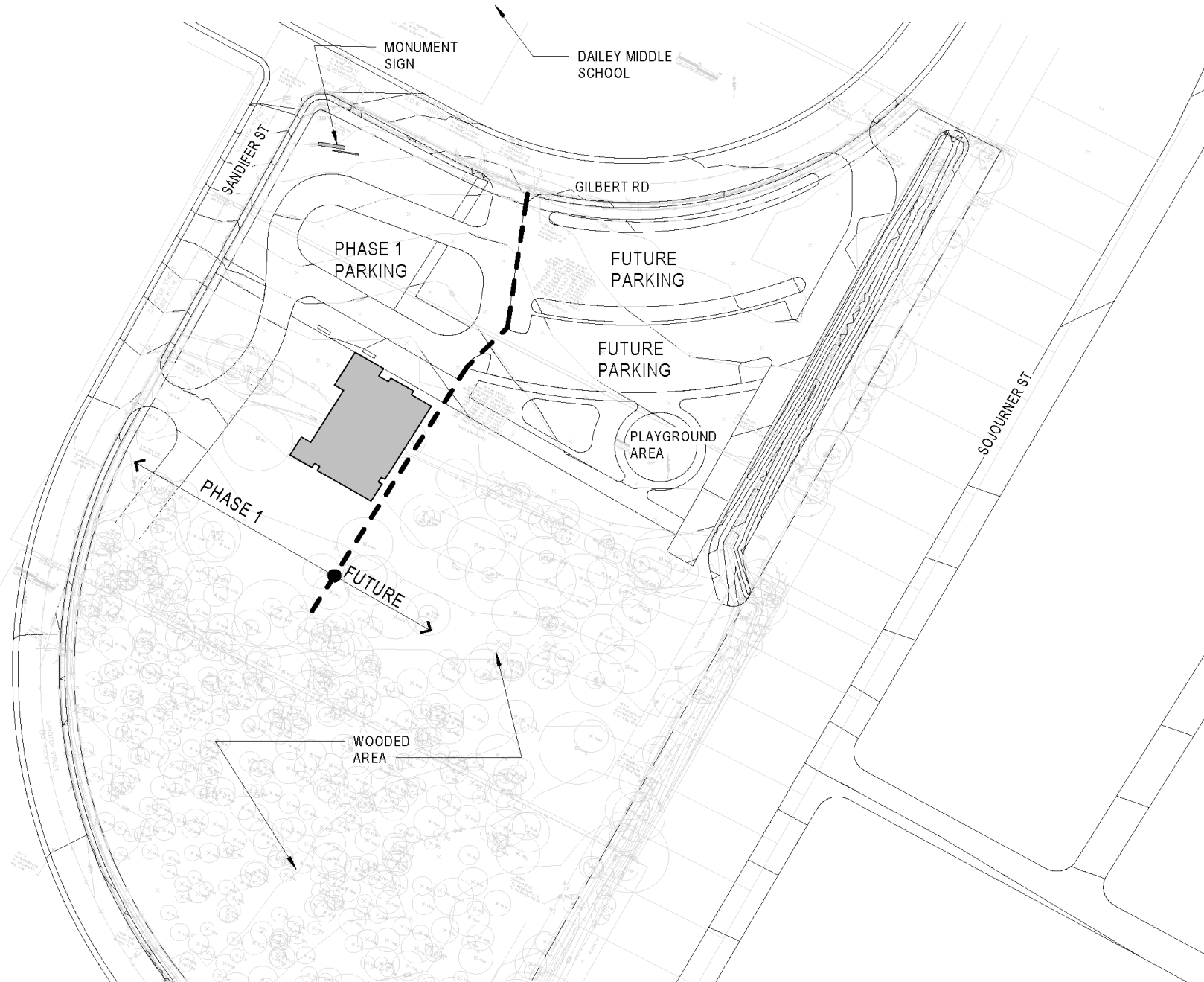


CENTRAL HEALTH

CommUnityCare | Sendero

Hornsby Bend Health & Wellness Center: Concept Design

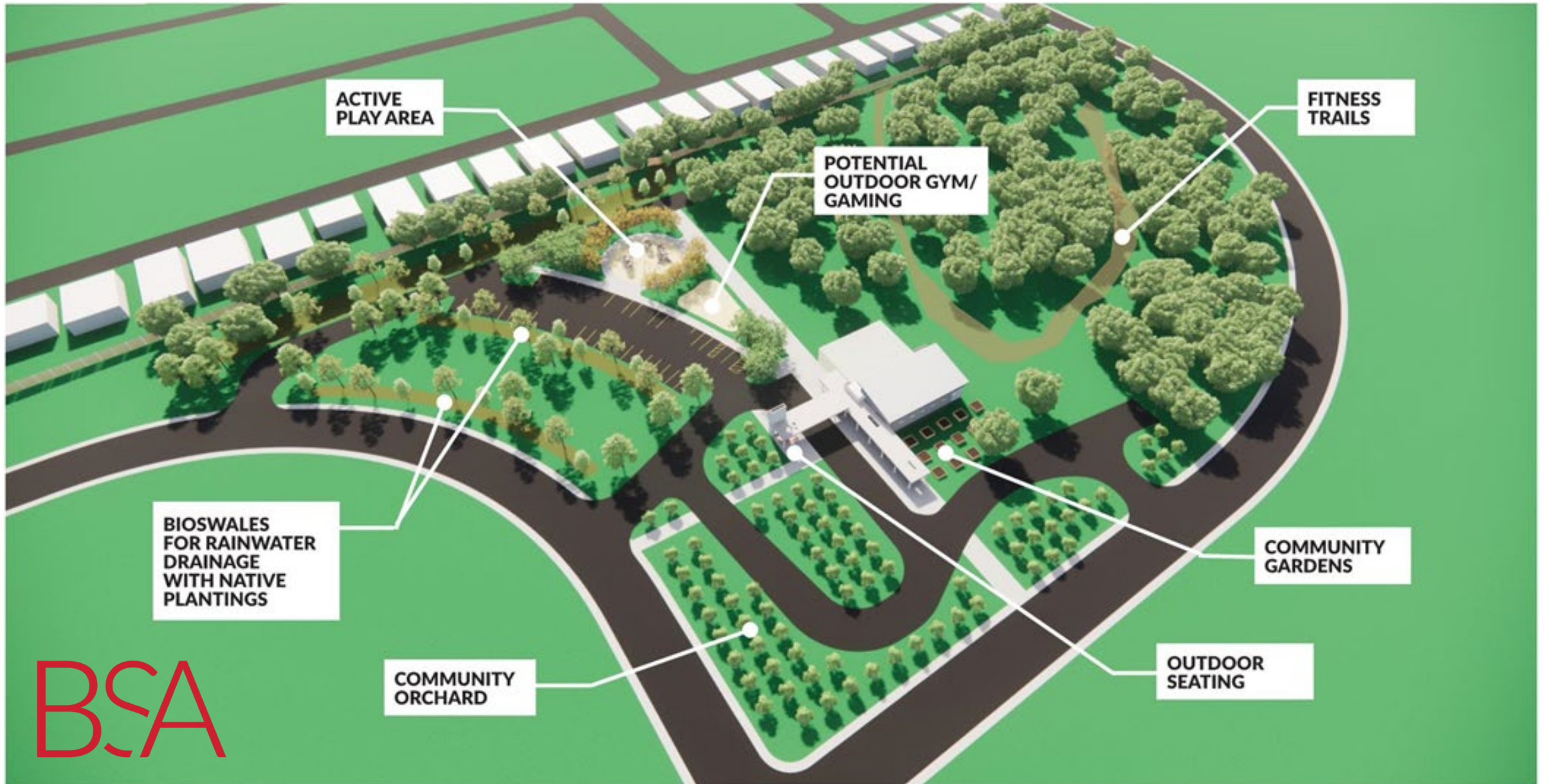






BSA

Hornsby Bend Health & Wellness Center:
Concept Design



BSA

Hornsby Bend Health & Wellness Center:
Concept Design



Hornsby Bend Health & Wellness Center: Building Program

ARCHITECTURAL PROGRAM HIGHLIGHTS

CLINICAL

- 6 EXAM ROOMS + 2 FLEX
- CENTRALIZED CARE TEAM
- PROCEDURE ROOM
- BLOOD DRAW/LAB

CLINICAL SUPPORT

- STAFF BREAK ROOM/LOCKERS
- PHARMACY
- CLEAN, SOILED AND EQUIP. STORAGE

ADMINISTRATION

- 4 OFFICES
- CONFERENCE ROOM

PUBLIC/ COMMUNITY SPACES

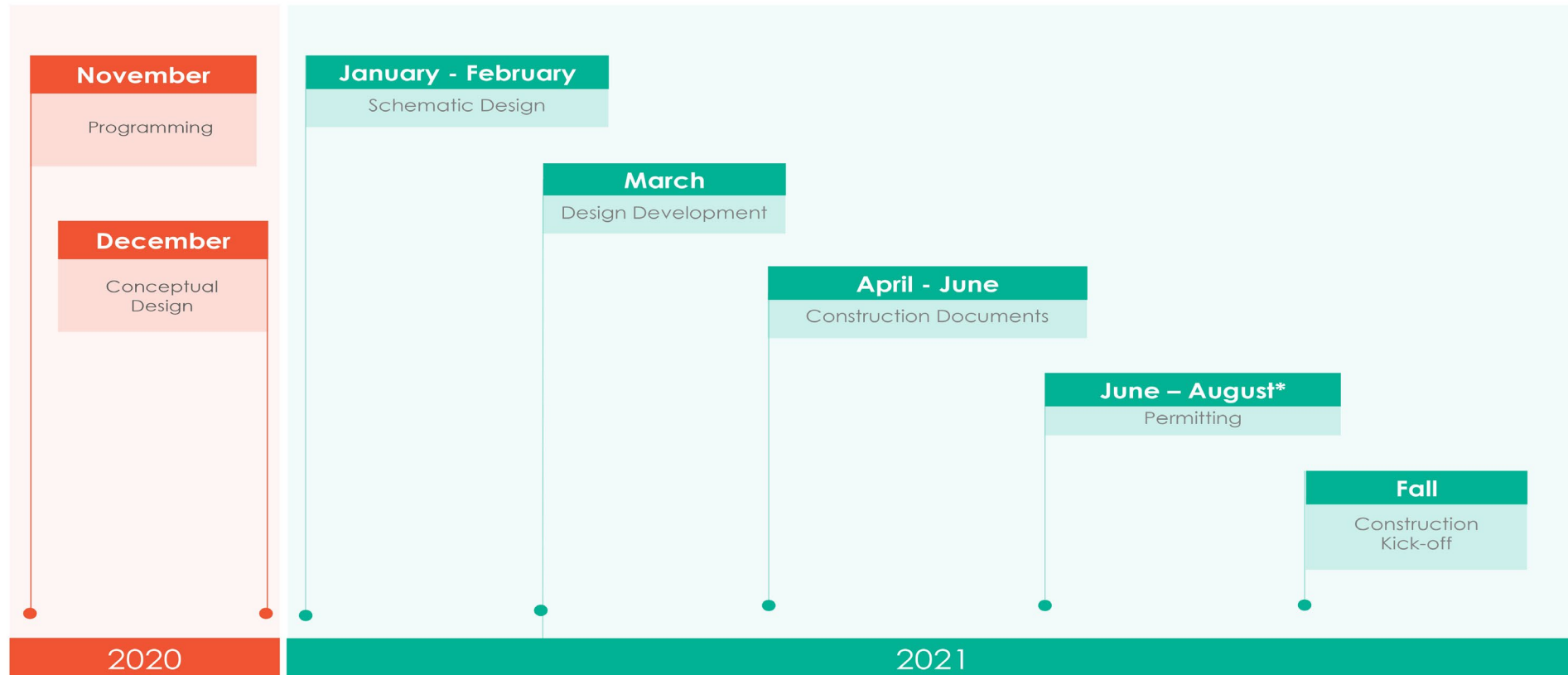
- COMMUNITY ROOM
- COMMUNITY WORKSTATIONS
- SEPARATED SICK/WELL WAITING AREAS



Hornsby Bend Health & Wellness Center: Interior Diagram Concept



Hornsby Bend Health & Wellness Center: Design Schedule



*The site plan and building permit review process is identified as high risk to timeline. Regulatory review process and timeline is dependent upon both the City of Austin and Travis County review.



Hornsby Bend Health & Wellness Center: Community Engagement

Tactics

- One-on-one interviews
- Online/paper survey
- Community Conversations
- Community Advisory Committee & Subcommittee

Dates*

- Feedback Gathering: Jan. 25-Feb. 28
- Report Posted: March 8
- Community Conversations: Feb. 18 & April 17
- Advisory Committee Meetings: Feb. 4, April 1, June 3, Sept. 2, Dec. 2

*Dates are subject to change. Visit CentralHealth.net/Calendar to see the most current dates.



Hornsby Bend Health & Wellness Center: Project Budget

Budget Element	Cost
Due Diligence, Land Acquisition & Regulatory	\$ 843,113
Professional Services	\$ 278,190
Construction	\$ 2,993,000
Furniture, Fixtures & Equipment	\$ 357,342
Other	\$ 600,000
Subtotal	\$ 5,071,645
Total Estimated Project Cost	\$ 5,071,645





CENTRAL HEALTH

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Del Valle Health & Wellness Center



Del Valle Health & Wellness Center: Background

- **Poverty:**
 - <200% FPL: 27.8% (1,678/6,028) households
 - <100% FPL: 15% (726/4,849) families
- **Central Health enrollees: 19.8% (4,289/21,672)**
 - Latino: 84.4% (3,622/4,289)
 - Black: 2.5% (106/4,289)
- **Utilization: 61.4% (2,632/4,289)**
 - Primary Care: Southeast Health & Wellness Center and South Austin



Del Valle Health & Wellness Center: Service Profile

- **Based on extensive review of available data and information, Central Health anticipates initial services available at facility opening will include comprehensive primary care, integrated behavioral health care, and dental services.**
 - 3 medical providers
 - 2 dental providers
 - Integrated mental health care
 - Class A (retail) pharmacy with drive-thru
 - Telehealth capabilities for select specialty services



Del Valle Health & Wellness Center: Development Executive Summary

1. GENERAL INFORMATION

- A. Owner: Central Health
- B. Location: 7050 Elroy Rd., Austin, Texas 78617
- C. Architect: O'Connell Robertson

2. PROJECT DESCRIPTION

- A. This project is a Health & Wellness Center located in Del Valle.
- B. Site: The lot size is approximately 2.5 acres of a 5.026-acre site. Popham Elementary School is adjacent to the site on the west with residential neighborhoods to the south across Apperson Street. In addition, a convenience store is located across Ross Rd. with an undeveloped neighboring land across Elroy Rd.
- C. Facilities: The project consists of an approximate 14,100 GSF Primary Care Clinic, containing three healthcare providers, a drive-thru pharmacy and dental care.



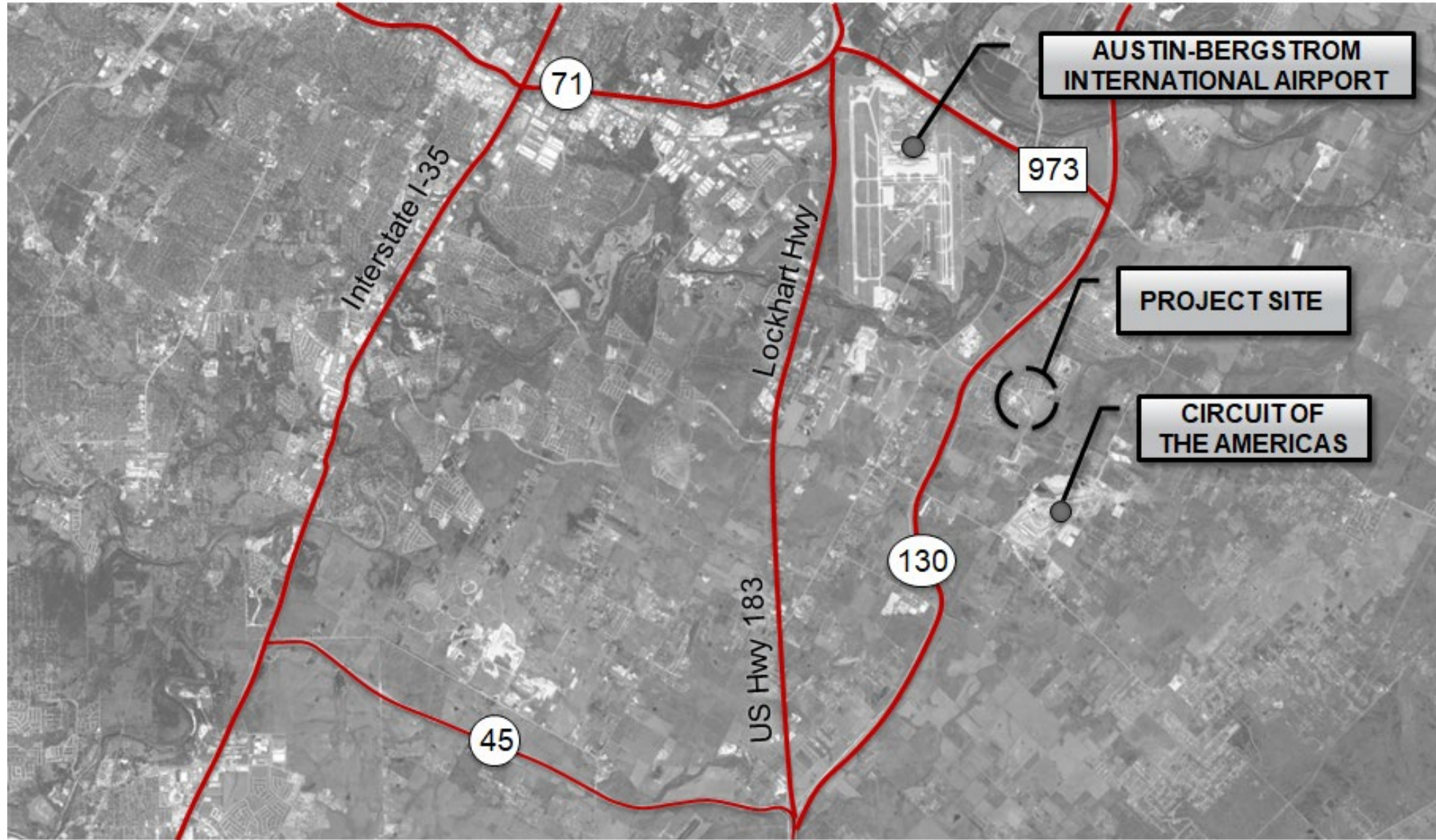


CENTRAL HEALTH

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Del Valle Health & Wellness Center: Project Site





AUSTIN-BERGSTROM
INTERNATIONAL AIRPORT

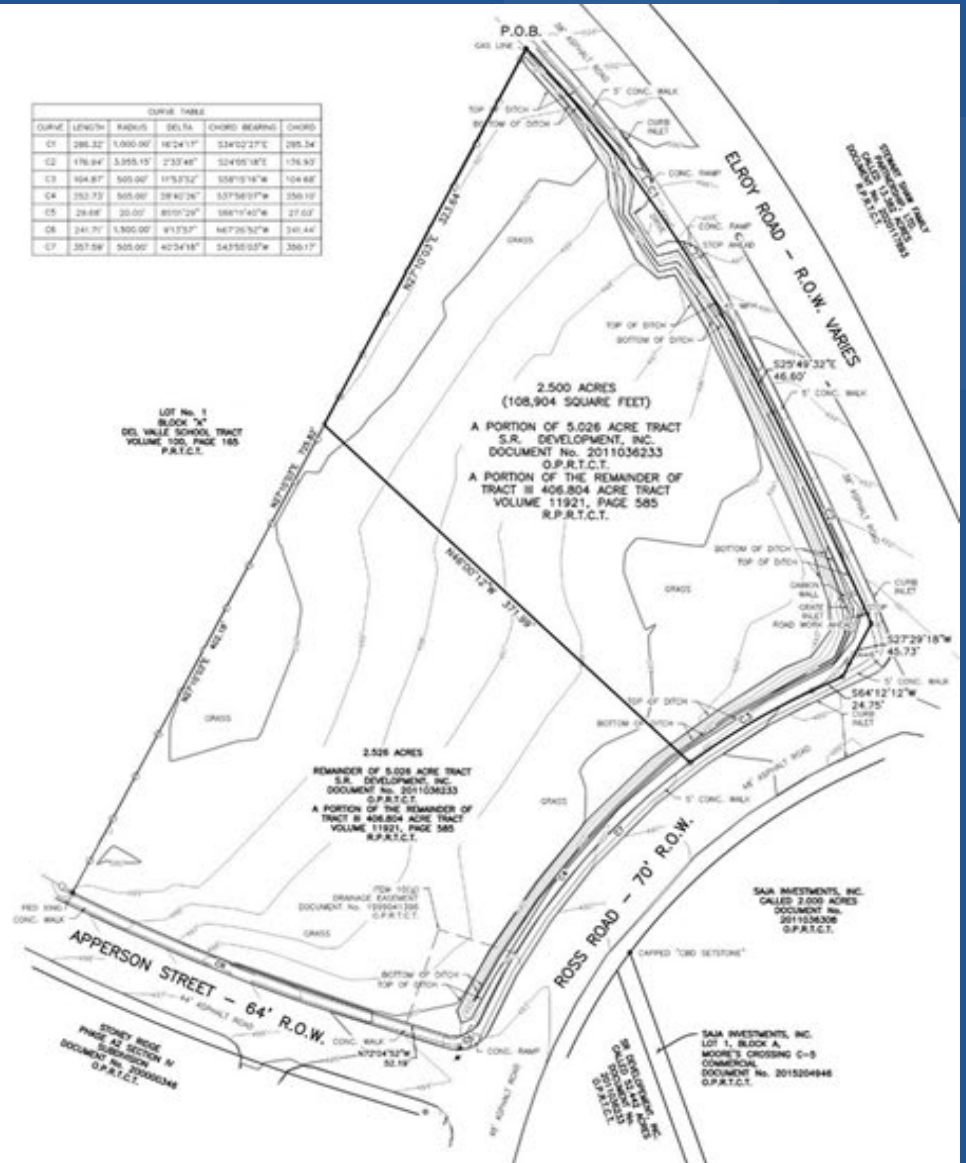
PROJECT SITE

CIRCUIT OF
THE AMERICAS





CURVE TABLE					
CURVE	LENGTH	RADIUS	DELTA	CHORD BEARING	CHORD
C1	286.32	1,000.00	1624'17"	S34°02'27"E	295.24
C2	176.84	3,055.15	2'33'48"	S24°05'18"E	176.83
C3	604.87	505.00	115°32'52"	S58°15'16"W	104.68
C4	253.73	505.00	3840'26"	S37°58'07"W	250.10
C5	28.68	20.00	81°01'29"	S88°11'45"W	27.63
C6	241.71	1,500.00	41°57'57"	N67°26'52"W	241.44
C7	357.59	505.00	40°34'18"	S43°55'03"W	350.17





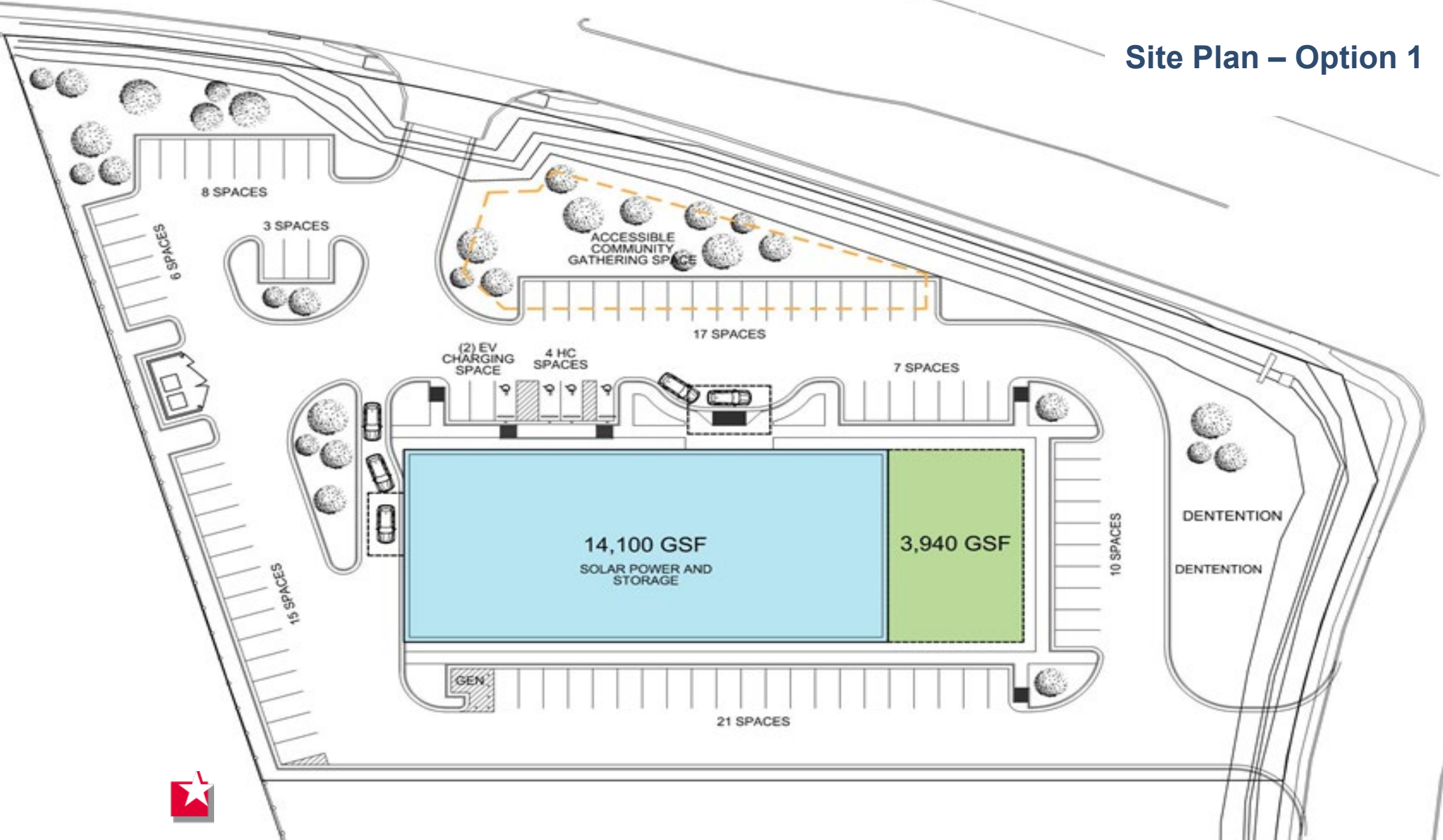
CENTRAL HEALTH

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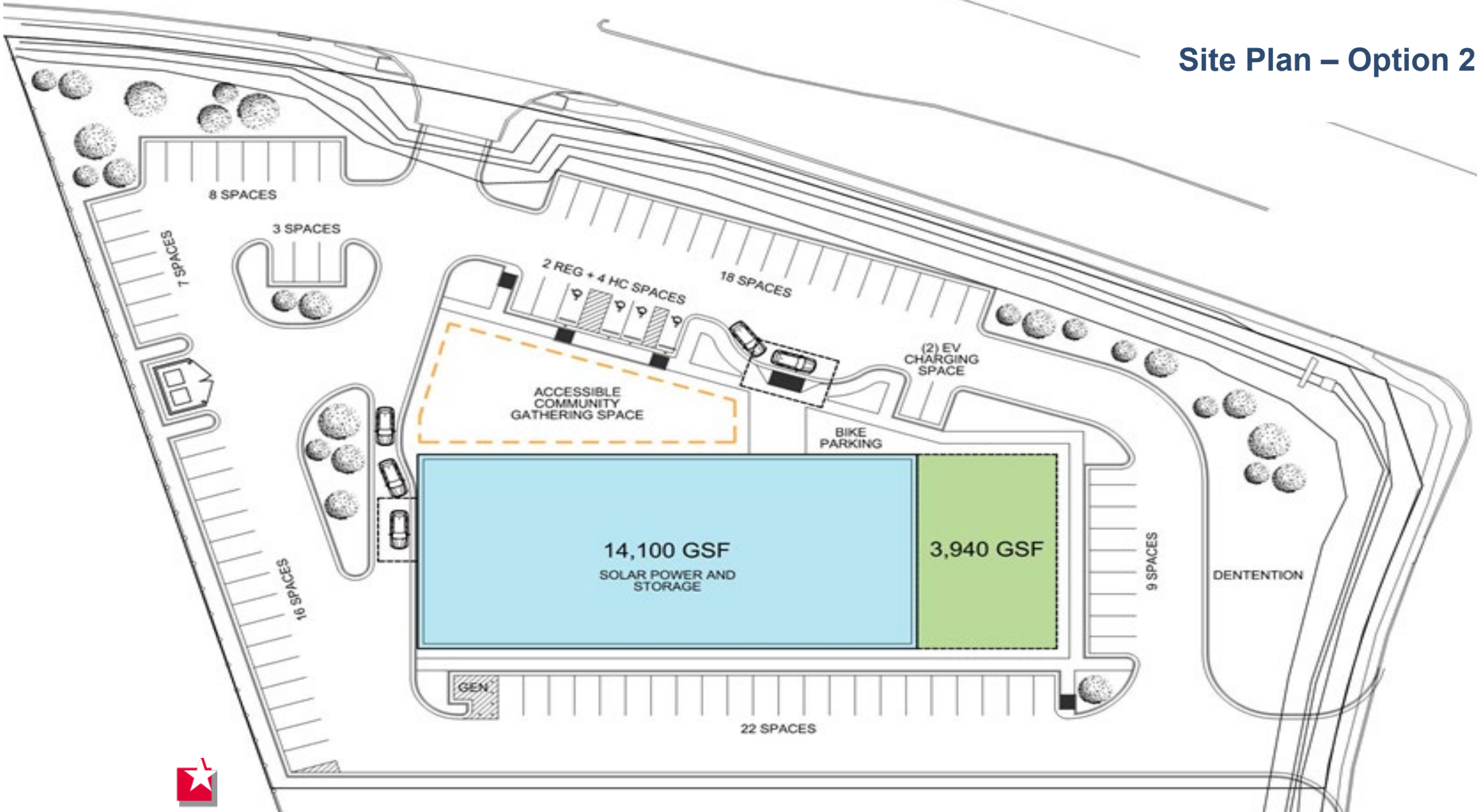
Del Valle Health & Wellness Center: Concept Design



Site Plan – Option 1



Site Plan – Option 2





O'CONNELL
ROBERTSON

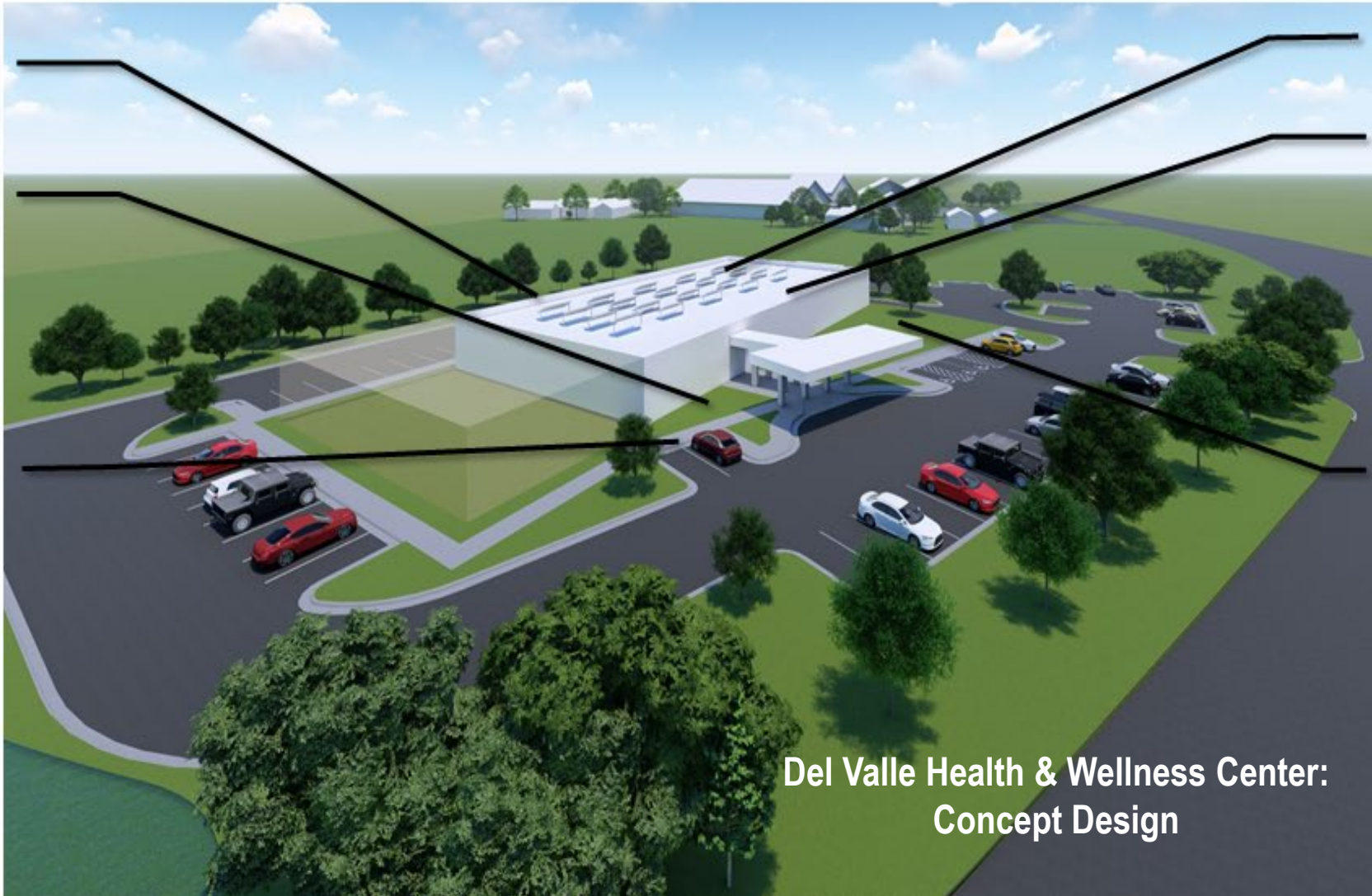


**Del Valle Health & Wellness Center:
Concept Design**

Emergency supplies within building

Bike parking

EV charging spaces



Optional green roof

Solar power and storage

Accessible community gathering space supporting educational programs and shaded community gardens

Del Valle Health & Wellness Center:
Concept Design



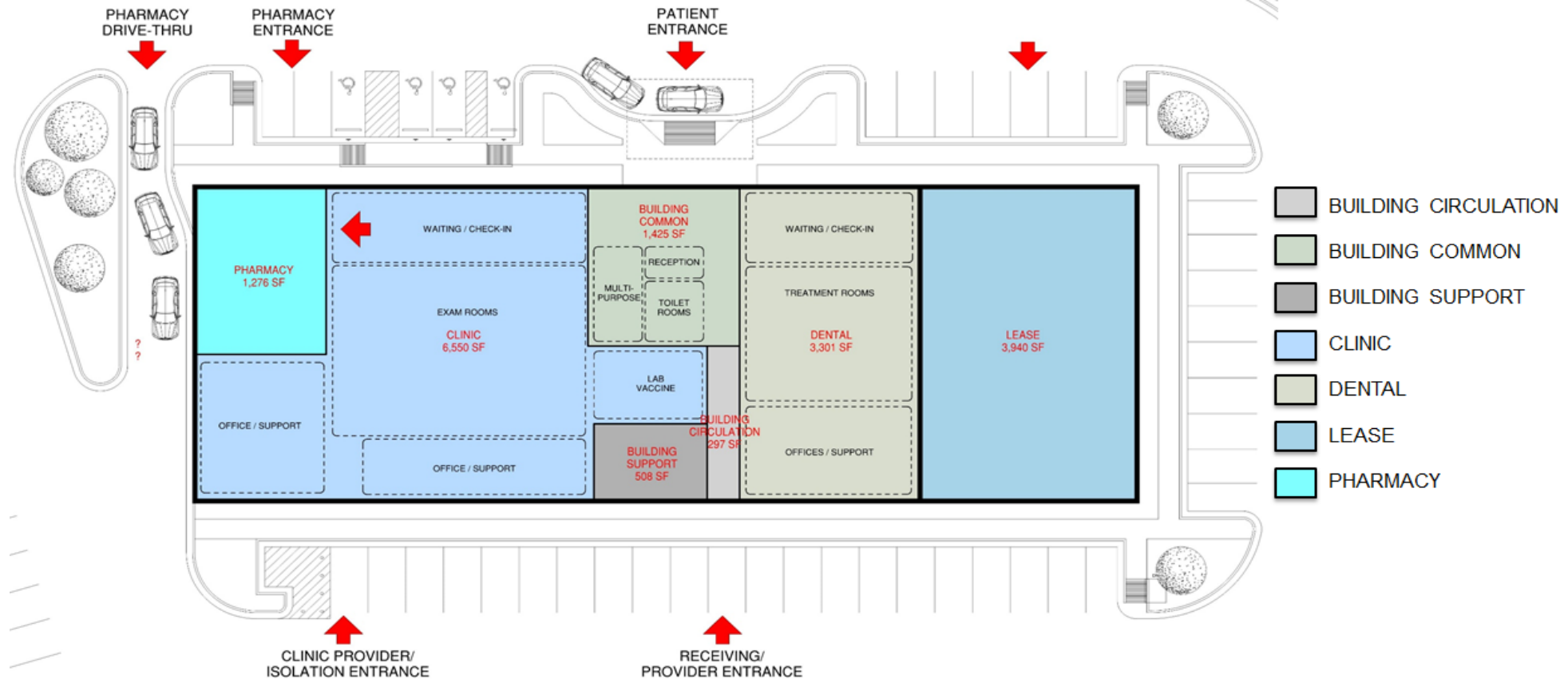
Del Valle Health & Wellness Center: Building Program

Summary

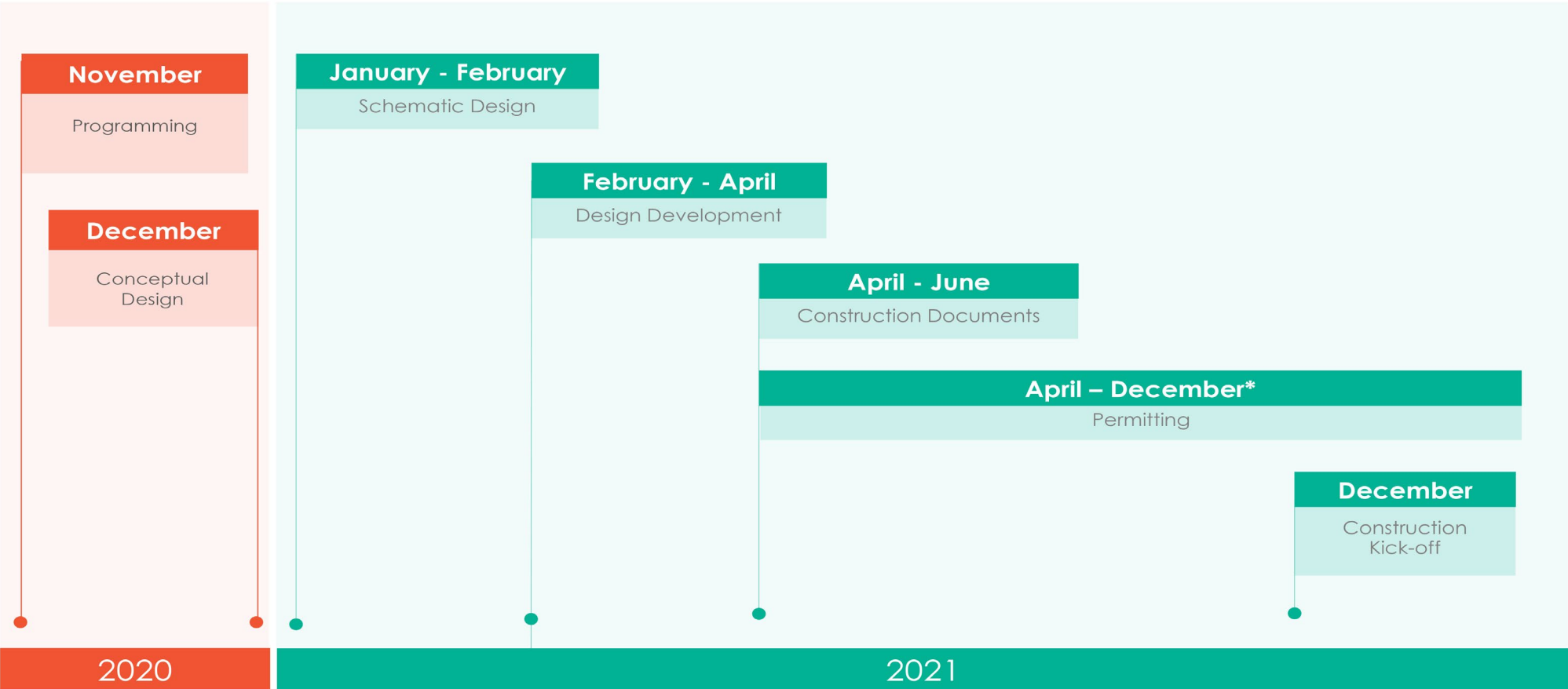
Public Common Areas	1,425 SF
Pharmacy	1,276 SF
Clinic	6,550 SF
Dental	3,301 SF
Building Circulation	1,040 SF
Building Support	508 SF
<u>Lease – Core & Shell Space</u>	<u>3,940 SF</u>
Total GSF	18,040 SF



Del Valle Health & Wellness Center: Blocking Diagram - Concept



Del Valle Health & Wellness Center: Design Schedule



*The site plan and building permit review process is identified as high risk to timeline. Regulatory review process and timeline is dependent upon both the City of Austin and Travis County review.



Del Valle Health & Wellness Center: Community Engagement

Tactics

- One-on-one interviews
- Online/paper survey
- Community Conversations
- Community Advisory Committee

Dates*

- Feedback Gathering: Feb. 1-March 7
- Report Posted: March 15
- Community Conversations: Feb. 25 & April 24
- Advisory Committee Meetings: Feb. 11, April 8, June 17, Sept. 16, Nov. 11

*Dates are subject to change. Visit CentralHealth.net/Calendar to see the most current dates.



Project Budget: Del Valle Health & Wellness Center

Budget Element	Cost
Due Diligence, Land Acquisition & Regulatory	\$ 822,880
Professional Services	\$ 475,125
Construction	\$ 6,449,000
Furniture, Fixtures & Equipment	\$ 1,334,543
Other	\$ 1,000,000
Subtotal	\$ 10,081,548
Total Estimated Project Cost	\$ 10,081,548





CENTRAL HEALTH

CommUnityCare | Sendero

Colony Park Health & Wellness Center



Colony Park Health & Wellness Center: Background

- **Poverty:**
 - <200% FPL: 38.5% (1,915/4,970) households
 - <100% FPL: 21.8% (854/3,926) families
- **Central Health enrollees: 31.2% (5,948/19,064)**
 - *Highest count of enrollees among all focus areas
 - Latino: 86.9% (5,167/5,948)
 - Black: 5.8% (346/5,948)
- **Utilization: 53.9% (3,206/5,948)**
 - Primary Care: North Central and Hancock



Colony Park Health & Wellness Center: Service Profile

- **Based on extensive review of available data and information, Central Health anticipates initial services available at facility opening will include comprehensive primary care, integrated behavioral health care, and dental services.**
 - 3-4 medical providers
 - 2 dental providers
 - Integrated mental health care
 - Class A (retail) pharmacy
 - Telehealth capabilities for select specialty services
 - Mammography



Colony Park Health & Wellness Center: Project Budget

Budget Element	Cost
Diligence, Land Acquisition & Regulatory	\$ 1,608,447
Professional Services	\$ 652,186
Construction	\$ 10,013,012
Furniture, Fixtures & Equipment	\$ 2,182,495
Other	\$ 1,687,446
Subtotal	\$ 16,143,616
Total Estimated Project Cost	\$ 16,143,616



Central Health Capital Budget and Reserves

Eastern Travis County Project Estimates (in millions)	FY21	FY22	FY23	FY24	Project Budget
Hornsby Bend Health and Wellness Center	\$1.3	\$3.8	\$0.0	\$0.0	\$5.1
Del Valle Health and Wellness Center	\$1.5	\$7.6	\$1.0	\$0.0	\$10.1
Colony Park Health and Wellness Center	\$1.5	\$8.1	\$8.1	\$0.0	\$17.7
Total ETC Estimated Capital Investment	\$4.3	\$19.5	\$9.1	\$0.0	\$32.9

	Year One (12 months)		Year Two (Full Operations)	
	Low Estimate	High Estimate	Low Estimate	High Estimate
Hornsby Bend Health and Wellness Center	\$0.4	\$0.6	\$0.6	\$0.8
Del Valle Health and Wellness Center	\$1.2	\$2.0	\$1.7	\$2.5
Colony Park Health and Wellness Center	\$1.2	\$2.5	\$1.3	\$2.9
Total ETC Estimated Operating Expansion	\$2.8	\$5.1	\$3.6	\$6.2



Requested Action:

Approval to commence work to advance clinical expansion in Hornsby Bend, Del Valle, and Colony Park in accordance with the projected capital budgets detailed in the project plans



Preliminary Project Plan:

Central Health Hornsby Bend Health & Wellness Center

Introduction and Overview

The Central Health Hornsby Bend Health & Wellness Center will provide functional and programmatic elements to serve the community by fostering and nurturing both new and existing synergistic relationships among multidisciplinary health and wellness partners. The Health & Wellness Center will provide comprehensive primary care and integrated behavioral health programming for the community. The model will focus on health prevention, chronic disease management, and patient education – with utilization of both physician and non-physician providers such as nurse practitioners, physician assistants, behavioral psychologists, social workers, and nutritionists.

In addition to the core health care programs and services, the facility will house several critical ancillary services designed to promote healthy lifestyles. The Health & Wellness Center will empower individuals to achieve healthier lives and to create healthier communities through sustainable life-long changes in personal health management. Given the nature and purpose of the Health & Wellness Center’s programs, the building design will provide a warm and welcoming environment to patients, guests, and employees alike.

Background

Central Health is a political subdivision of the state of Texas created by taxpayers with the purpose of providing access to health care services to Travis County residents with low income. The southeast region of Travis County has historically been identified as having high levels of poverty and limited health care infrastructure. Approximately 21% of households within the Hornsby Bend community experience annual incomes below 200% of the federal poverty level. To address challenges in the area, Central Health formed the Eastern Travis County Health and Wellness Collaboration in 2015. The collaboration yielded multiple activities in Hornsby Bend:

- In July 2018, Central Health and CommUnityCare launched a shuttle service to help Hornsby Bend residents get to their medical appointments.
- In September 2018, Central Health and CommUnityCare adopted the Fiscal Year 2019 budget, which included \$3.49 million for priority projects in eastern Travis County, including Hornsby Bend.
- In February 2019, Central Health-affiliated CommUnityCare started making medical home visits in Hornsby Bend.
- In July 2019, Central Health purchased 10.63 acres of underdeveloped land in Hornsby Bend (Gilbert Road and Sandifer Street) to build a health and wellness center.
- In March 2020, Central Health, CommUnityCare and community members celebrated the opening of the Hornsby Bend Health Center (14312 Hunters Bend Road), which features three exam rooms and offers primary care, chronic disease management, vaccines, on-site lab, limited pharmacy services, and a flexible space for behavioral health services and enrolling people in health coverage.

Central Health’s Vision, Mission, Strategic Plan and Project Principles

Mission:

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

Vision:

Central Texas is a model healthy community.

Our work is guided by a Strategic Plan, developed by staff and approved by our Board of Managers. This plan will be used and updated through 2024. It is divided into three main objectives:

Objective 1: Develop and execute a health care delivery strategy based on people and place.

Objective 2: Implement a patient focused and coordinated health care system.

Objective 3: Implement a sustainable financial model for health care delivery, including optimizing the former Brackenridge Campus (now known as Central Health's Downtown Property) redevelopment to found Central Health's mission.

In order to create a sustainable system of health and health care, the following six strategic principles are integral to the success of the center:

- Promote improved health outcomes
- Integrate clinical care with community-based health services
- Be data driven
- Leverage and manage resources for maximum impact
- Build capacity of individual and communities to take responsibility for their own health
- Support systems change

The Hornsby Bend Health & Wellness Center will embody Central Health’s vision, mission and strategic principles and exemplify the changing health care delivery system.

Community Engagement

To ensure its strategic priorities, budget and operations align with the health care needs of our community, Central Health staff rely heavily on demographic and clinical data. Staff also annually prioritize involving residents in a robust community engagement process.

As a tax-funded public entity, Central Health uses a systematic approach to community engagement and public participation. This approach employs methods recommended by the Systematic Development of Informed Consent (SDIC) public engagement process from the Institute for Participatory Management & Planning (IPMP), as well as the International Association for Public Participation (IAP2). Both best-practice models are widely used by other local public entities, including the City of Austin, Capital Metro, and Austin Independent School District.

Tactics and Activities

Central Health staff engage with residents to gather their feedback through community conversations, community advisory committees, online/paper surveys and one-on-one interviews (in person or by

phone). In addition, Central Health relies on communications tactics³ as well as outreach tactics⁴ to ensure consumers are involved in the public participation process.

³For details on our communications tactics, see Appendix A.

⁴For a sample list of groups with whom we have engaged, see Appendix B.

Consumer-Focused Conversations

To ensure members of Central Health’s target population have a seat at the table during the planning, research, implementation and evaluation of Central Health’s quality enhancement or service expansion projects, Central Health conducts consumer-focused conversations in Spanish and in English.

Advisory Committees

Central Health formed community advisory committees in early 2018. Members include residents, community partners, advocates, neighborhood association members, representatives of school districts, faith-based organization leaders, and elected officials. Advisory committees help Central Health get to know, and connect with, each unique community – to ensure the collective work will impact the health of people with low income experiencing disparities in their neighborhoods.

Community Conversations

Central Health holds “Community Conversations” – or public meetings – to inform, as well as obtain feedback from community members. For every Community Conversation, staff ensures accommodations for Spanish language translation services.

Website Comments

The public can submit comments or questions about Central Health’s projects on its website: CentralHealth.net.

Surveys and Over-the-Phone Interviews

To capture feedback from individuals unable to attend Community Conversations, Central Health administers online surveys and conducts over-the-phone interviews with members of its target population.

Health Needs Analysis

Methodology

Through extensive analysis of multiple internal and publicly available data sources and reports, Central Health defined the Hornsby Bend service area by ZIP Code and census tract data. Data sources used to evaluate the health needs of the Hornsby Bend community include:

- Uniform Data System (“i.e. UDS”) Mapper reports
- 2020 Central Health Demographic Report
- Internal ad hoc reports including: health risk assessment, enrollment, and utilization reports

Uniform Data System - UDS Mapper

The Uniform Data System (UDS) is a core system of information appropriate for reviewing the operation and performance of health centers. UDS is a reporting requirement for Health Resources and Service Administration (HRSA) grantees, including community health centers, migrant health centers, health

care for the homeless grantees, and public housing primary care grantees. The data are used to improve health center performance and operation and to identify trends over time. UDS data are compared with national data to review differences between the U.S. population at large and those individuals and families who rely on the health care safety net for primary care.

The UDS Mapper was launched in 2010 as a free publicly available mapping tool intended to help users better understand: a) where federally funded health centers currently serve, b) where gaps in the safety net might exist, and c) which neighborhoods or regions might hold the highest priorities for health center expansion. The UDS Mapper is driven primarily by data within the UDS. It is built from ZIP Code level Health Center Program (HCP) reporting data found within the UDS that are paired with other sources of population data. The information available in the UDS Mapper includes estimates of the collective service area of health centers by ZIP Code Tabulation Areas (ZCTA), including the ratio of HCP grantee patients reported in the UDS to the target population, the change in the number of those reported patients over time, and an estimate of those in the target population that remain unserved by HCP grantees reporting data to the UDS (although they may be served by other providers). Due to data limitations, this tool is meant to be only one of many resources available for exploring the geographic extent of health centers.

Central Health Demographic Report

Central Health released its first Demographic Report in the fall of 2015 and a second report in 2017. Each report provided information regarding the areas of Travis County with the highest number of families in poverty, as well as demographic analysis related to age, gender, and race/ethnicity. The purpose of the Demographic Report is to call out where the greatest concentrations of people and families living below the poverty level reside in Travis County. By identifying these dispersions of poverty, and grouping them into 12 geographic locations, Central Health is able to compare the relative need among various communities and understand how prioritizing specific neighborhoods can and may affect health outcomes in others. This approach will ensure the ability to track changes over time, prioritize areas of high need, and right size the services provided. An additional utility of the Demographic Report is to identify where and how many residents with low income are lacking options to access health care services. By analyzing data by census tract, rather than ZIP Code, the report provides a more precise focus on identifying the areas of greatest need among communities and offering targeted assistance to those who lack access to health care and bear the highest burden of disease. The results will assist the Central Health Board of Managers in evaluating the efficacy of programs and guiding future policy directions. Specific elements highlighted within the Demographic Report include:

- MAP, MAP BASIC, and Sliding Fee Scale (SFS) enrollment in Travis County by census tract;
- Families in poverty in Travis County by census tract;
- Twelve defined focus areas for FY2020 based on the highest number of families in poverty;
- Race, ethnicity, enrollment and utilization analysis by focus area;
- Social factors including transportation and insurance access;
- Prevalence of disease burden and total disease diagnosis by focus area;
- Five-year projections for changes in poverty in Travis and surrounding counties.

Findings

Demographics

Demographic data were obtained from the 2020 Central Health Demographic Report and included population, age, gender, race/ethnicity and household size. Among all the focus areas, Hornsby Bend is one of the smallest areas in terms of population density. The total population of Hornsby Bend is 12,737, of which 16.1% (n=2,052) are Central Health enrollees.* The majority of Hornsby Bend residents are between the ages of 18-64.

The Hornsby Bend Latino population account for 62.2% of the total population representing 7,917 individuals, of which 1,644 are Central Health enrollees. The Black population in Hornsby Bend is 3,068 (24.1%), of which 132 individuals are Central Health enrollees.

Approximately 21.4% of households (n=794), are below 200% FPL within the Hornsby Bend community and approximately 353 families are categorized at below 100% FPL.

**Central Health enrollees are defined as individuals who are enrolled in one of the following programs:*

- *The Central Health Medical Access Program (MAP);*
- *The Central Health Medical Access Program BASIC (MAP BASIC);*
- *Local sliding fee scale (SFS) subsidy programs reimbursed by Central Health.*

MAP provides a defined benefit package to eligible residents who are at or below 100 percent of the FPL. MAP BASIC covers uninsured residents who are at or below 200 percent of the FPL. Residents who earn up to 200 percent of the FPL may receive subsidized health care on a sliding fee scale through Central Health's network of primary care providers.

Chronic Disease Prevalence

Chronic diseases are among the most prevalent and costly health problems. More than half of U.S. adults have at least one chronic condition and a quarter have two or more (Boersma, et al). The Central Health Demographic Report includes the prevalence rates of enrollees for eight chronic conditions: asthma, behavioral health, chronic obstructive pulmonary disease (COPD), diabetes, heart failure, hypertension, malignant neoplasm, and renal failure. These chronic conditions were selected for analysis because they are some of the most common and preventable health conditions in Travis County. Results indicate Central Health enrollees residing in the Hornsby Bend community have higher prevalence rates, as compared to all enrollees, for all chronic conditions analyzed, except for behavioral health and malignant neoplasm.

Enrollment and Utilization

According to the 2020 Central Health Demographic Report, over 121,000 people were enrolled in MAP, MAP BASIC, or Sliding Fee Scale programs during FY2019. Nearly two out of every three enrollees in FY2019 resided east of I-35. As mentioned above, 16.1%, or 2,052 individuals, residing in the Hornsby Bend community are Central Health enrollees. The majority of Hornsby Bend enrollees participate in MAP BASIC and SFS programs, rather than MAP.

Health care utilization data were obtained from both the 2020 Central Health Demographic Report and internal ad hoc reports specific to the Hornsby Bend community. The Demographic Report indicates

that 65.6% (n=1,347) of the Hornsby Bend population who are Central Health enrollees utilized health services in the past year. This represents the highest utilization among all 12 focus areas identified in the Demographic Report. The top five providers visited by Central Health enrollees residing in the Hornsby Bend community are listed below.

1. Central Health Southeast Health & Wellness Center
2. CUC North Central Health Center
3. CUC Sandra Joy Anderson Community Health & Wellness Center
4. CUC Hancock Walk-In Care
5. People's Community North Clinic

To better understand access to care and utilization patterns for individuals diagnosed with a chronic condition, Central Health staff evaluated which providers were most visited by patients in the last year. The top five providers visited by Central Health enrollees with chronic condition(s) in Hornsby Bend are listed below.

1. Central Health Southeast Health & Wellness Center
2. CUC North Central Health Center
3. Dell Seton Medical Center at The University of Texas
4. CUC Sandra Joy Anderson Community Health & Wellness Center
5. Ascension Seton Medical Center Austin

Proximity to Care and Services

Research shows that access to primary care and pharmacy services, especially among individuals with chronic disease, is associated with positive health outcomes. However, disparities in access to primary health care exist, and many people face barriers that decrease access to services and increase the risk of poor health outcomes. In Hornsby Bend, geographic and transportation obstacles are significant barriers to primary care. Relative distance to primary care and pharmacy locations for Central Health enrollees residing in the Hornsby Bend community are listed below.

Primary Care:

- Central Health Southeast Health & Wellness Center – 11.2 miles
- CUC North Central Health Center – 17 miles
- CUC Sandra Joy Anderson Community Health & Wellness Center – 10.4 miles
- CUC Hancock Walk-In care – 17.4 miles
- People's Community North Clinic – 16 miles
- Dell Seton Medical Center at The University of Texas 10.1 miles
- Ascension Seton Medical Center Austin – 18.8 miles

Pharmacy (MAP and MAP BASIC in-network):

- CUC Central Pharmacy at Central Health Southeast Health & Wellness Center - 11.2 miles
- Independent Pharmacy:
 - 38th Street Pharmacy – 11.1 miles
- H-E-B Pharmacy:

- 7112 Ed Bluestein Blvd – 8.3 miles
- 1801 E. 51st Street 9.1 miles
- 1000 E. 41st Street – 10.5 miles
- 2701 E. 7th Street – 10.7 miles

Social Determinants of Health

While Central Health’s statutory charge (Chapter 281 of the Texas Health and Safety Code) is the delivery of health care to Travis County residents with low income, it is understood that multiple social and environmental factors contribute to the health of each individual within the overall patient population. As part of routine care at CommUnityCare (CUC), patients complete annual health risk assessments (HRAs) to assess needs, barriers, and overall health status. Patients are asked to complete the assessment during a clinical encounter, answering 17 questions about health, housing, disease, and other pertinent health issues. This information provides additional context for the consideration of strategic interventions to improve health in specified population subgroups and geographic focus areas. The Central Health Analytics and Reporting team conducted an analysis of over 90,261 HRAs over a four-year period, broken down by focus area. Staff analyzed a total of 1,457 HRAs representing established CUC patients residing in Hornsby Bend. Approximately 61% (n=887) of HRAs analyzed were Central Health enrollees (i.e., MAP, MAP BASIC, SFS).

Results from this analysis found that 11.9% of Hornsby Bend Central Health enrollees report their health status as “Poor” and 88.1% of Hornsby Bend Central Health enrollees report their health status as either “Good” or “Average.”

In addition to overall self-reported health status, Central Health staff investigated the impact of responses to other questions in the HRA including questions about missing medical appointments because of problems with transportation, problems paying for food, and problems paying for medications. Analysis included all-payer established CUC patients residing in Hornsby Bend (n=1,457). Results from this analysis found that 12% of the population missed an appointment due to transportation and 12% of the population couldn’t pay for food for themselves/their family. Approximately 16% reported not being able to pay for medicine prescribed by their doctor. Residents of Hornsby Bend reported higher levels of good or average health and had lower odds of having an unmet need negatively impact their health. Additionally, the Demographic Report indicates that the average number of households without a vehicle is about a tenth of the county rate.

Geography	Q1. Missed an appointment due to transportation	Q2. Couldn't pay for food for themselves/their family	Q3. Couldn't pay for medicine prescribed by doctor	Denominator
All patients	11,818	15,661	16,671	90,261
All Patients %	13%	17%	18%	
Hornsby Bend	178	180	235	1,457
Hornsby Bend %	12%	12%	16%	

Service Profile

Based on extensive review of available data and information, Central Health anticipates initial services available at facility opening will include comprehensive primary care and integrated behavioral health

care. Other services are being evaluated – including pediatrics. The specific service profile recommended includes:

- 1 medical provider, ramping up to 2 medical providers within first two years
- Integrated oral health assessment program and mental health
- Class D Pharmacy
- Telehealth capabilities for select specialty services

Potential future needs may include a total of 3 medical providers, 2 dental providers, and conversion from Class D to Class A (retail) pharmacy.

Practice Model and Operational Assumptions

Program Summary

The facility will serve as a vibrant destination offering a full complement of health and wellness services for the community. Central Health will seek partnerships with aligned stakeholders to promote health and wellness throughout the communities they serve.

An enrollment/navigation center positioned near the front entrance will facilitate access to all services. This enrollment/navigation center will serve as a single location portal to access the full range of services available for Central Health's covered population, both at the Hornsby Bend Health & Wellness site and elsewhere in Travis County.

Clinical Services

The Hornsby Bend Health & Wellness Center will provide comprehensive primary care and integrated behavioral health care with telehealth capabilities for select specialties. The design of the facility will support the objectives of the medical home model, in which care is provided in a coordinated, integrated, and patient-focused approach. This approach has been proven to foster a stronger relationship between patients and their provider teams, resulting in regular visits and better adherence to prescribed health and lifestyle regimens.

Ancillary Services

Pharmacy: Limited pharmacy services (Class D Pharmacy) will be provided at the Hornsby Bend Health & Wellness Center.

Lab: The Health & Wellness Center will provide on-site laboratory services, including blood draw.

Standard Pod Layout

The pod layout enables team-based care by providing a physical setting that supports communication and collaboration. The care team will be housed in an open environment with provider and medical assistant (MA) pairs. A typical primary care pod consists of provider/MA pairs working out of three exam rooms per provider (six exam rooms total). Two additional rooms will be incorporated, which can be used for consultation and/or behavioral health visits. Space will be available to accommodate rotating services, visiting specialists and part-time providers. The specific composition of the care team will be determined by the clinical operator and may include the following members:

- Registered nurse

- Behavioral health provider
- Care coordinator
- Pharmacist
- Dietician

Non-Clinical/ Wrap-Around Services

Health Promotions: The health promotions programs engage community members in taking an active role in understanding their personal health profile and foster a sense of responsibility for outcomes based on lifestyle decisions.

Health Screenings: Space will be available to serve as a distribution center for health information, both electronic and paper.

Eligibility Services and Navigation: Removing barriers to access is a central goal to engaging the community in the programs offered at this site. Navigation services for eligibility and financial screening will be provided to the community as a one-stop access point for community members to enroll in coverage.

Community Space

Computer workstations will be available for community members to access virtual health resources.

A multi-purpose community room will be incorporated to accommodate programs such as education, exercise, yoga, dance classes. Events such as forums, meetings and other community celebrations could also be considered. Seasonal activities including flu shots, vaccination events, and special health screenings can be provided in this space, as well. Strategies will be considered for weekend and after-hours access to the multi-purpose room.

Design and Construction Programming

Client Name: Central Health
 Project Name: Hornsby Bend Health & Wellness Center
 Proposed Space Program
 Date: November 05, 2020 | Updated 11.13.2020

19150001.01A

Space Program

Clinic designed for 2 providers to provide primary and behavioral health services. Estimated APV = 3,840. Number of clinical operation days = 260 annually [M-F 8am - 5pm]. Additional support staff = 7

Space Type	Net Sq. Ft.	Quantity	Total Net Area	Comments
Clinic				
Entry / Waiting / Public				
Building Entry Vestibule	150	1	150	
Main Waiting Room	25	12	300	Separate areas w/ small group chair clusters
Wheelchair Alcove	15	1	15	
Public Toilet	60	1	60	Private / uni-sex. WC, lavatory, changing table. ADA compliant. Accessible from Main Waiting Room
			0	
Subtotal			525	
Entry / Waiting / Public				
Community / Multi-Purpose Room	600	1	600	30 person capacity
Storage	40	1	40	Lockable room, accessible from Community / Multi-Purpose Room
Community Resource Workstations	40	3	120	Office area with 3 workstations [semi-private use]
Offices [Private]	80	6	480	Non-clinical users
Subtotal			1,240	
Reception / Registration				
Reception / Registration	60	1	60	Registration, check-in / check-out, co-pay & insurance
Copy / Work Area	20	1	20	Multi-function copier / printer / scanner. Work counter, lockable wall cabinet
			0	
Subtotal			80	
Clinical Space				
Exam Room	125	6	750	3 rooms per Physician / NP. Include hand-washing station, work counter and wall-mounted storage cabinet
Flex Room	125	2	250	Telehealth capable. Include hand-washing station, work counter and wall-mounted storage cabinet
Procedure Room	150	1	150	OBGYN / dermatology, ultrasound
Medication / Nutrition	120	1	120	U.C. refrigerator for vaccines, U.C. freezer for vaccines, ice machine, work counter w/ hand-washing station, lockable cabinets for floor stock
Blood Draw, CLIA Lab Area	120	1	120	Work counters, draw chair, storage cabinetry, tow [2] single bowl sinks [clean & dirty]
Clinic Pharmacy [Class D]	150	1	150	Shell space for future pharmacy w/ potential drive-up window [and possible small retail area]
Scales / Vitals Alcove	20	1	20	
Infant Weigh Station	20	1	20	
Tech Work Area	80	1	80	
Observation	80		0	
Equipment Alcove	25	1	25	Parking space for portable ultrasound. Proximate to Procedure Rm.
Patient Toilet	55	1	55	ADA Compliant. Locate 1 proximate to lab w/ specimen pass-thru
			0	
Subtotal			1,740	

Client Name: Central Health

Project Name: Hornsby Bend Health & Wellness Center

19150001.01A

Proposed Space Program

Date: November 05, 2020 | Updated 11.13.2020

Space Program

Clinic designed for 2 providers to provide primary and behavioral health services. Estimated APV = 3,840. Number of clinical operation days = 260 annually [M-F 8am - 5pm]. Additional support staff = 7

Space Type	Net Sq. Ft.	Quantity	Total Net Area	Comments
Clinic				
Care Team Space				
Care Team Work / Charting	25	5	125	25 NSF / staff member + printer / copier
Private Workstation	65	2	130	Providers
Support Staff - Workstation	35		0	Dietician, Social Worker, Reimbursement, PT Liaison, Scheduler
			0	
Subtotal			255	
Support				
Clean Supply / Storage	100	1	100	Central location to allow convenient stocking of exams
Equipment Storage	100	1	100	
Soiled Holding / Bio-hazard	60	1	60	Clinical service sink, hand-washing station
Staff Break Room	200	1	200	Include 1/2 height lockers [number to be determined] and kitchenette w/ full size refrigerator, coffee maker, microwave, dishwasher and single bowl sink
Staff Toilet	55	1	55	Proximate to Break Room
Conference Room	160	1	160	Accommodates 8 persons
Housekeeping / EVS	60	1	60	Mop service basin, open shelving
Communications / IT Room	80	1	80	Include space for security equipment
Electric Room [Distribution]	80	1	80	
MEP	160	1	160	Water service, water heater, fire sprinkler service [HVAC equipment to be located on the building exterior or rooftop]
Secondary / Staff Entry	60	1	60	
Receiving / Breakdown / General Storage	180	1	180	
			0	
Subtotal			1,295	

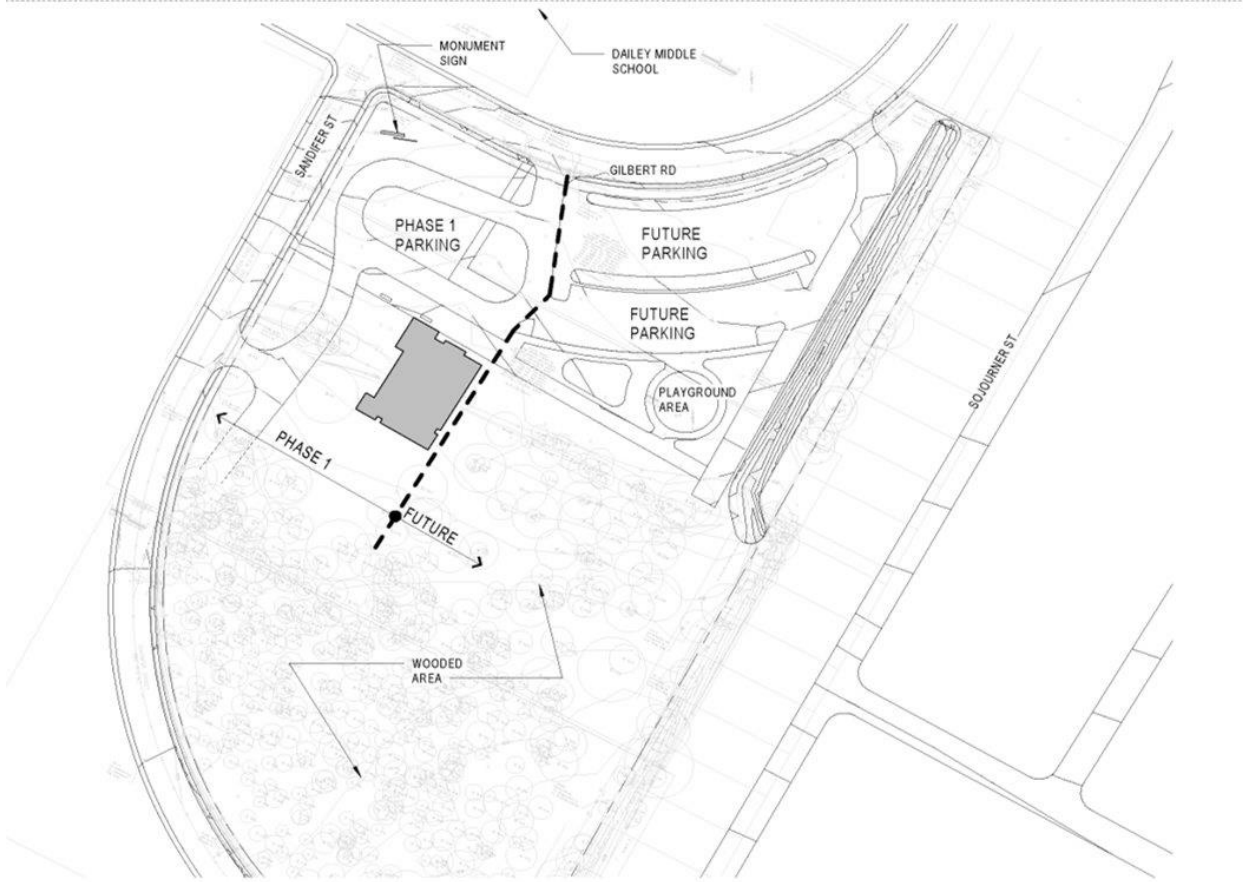
Departmental Net Area Total	5,135	NSF	
Department Grossing Factor	1,795	1.35	Circulation, wall thickness & unused space[s]. 1.30 - 1.40 is usual range.
Program Contingency	70	1%	Undefined program space[s]
Building Grossing Factor	280	4%	Use 3.5 - 5% if project is new construction
TOTAL BUILDING GROSS SQUARE FOOTAGE	7,280	BGSF	

Site

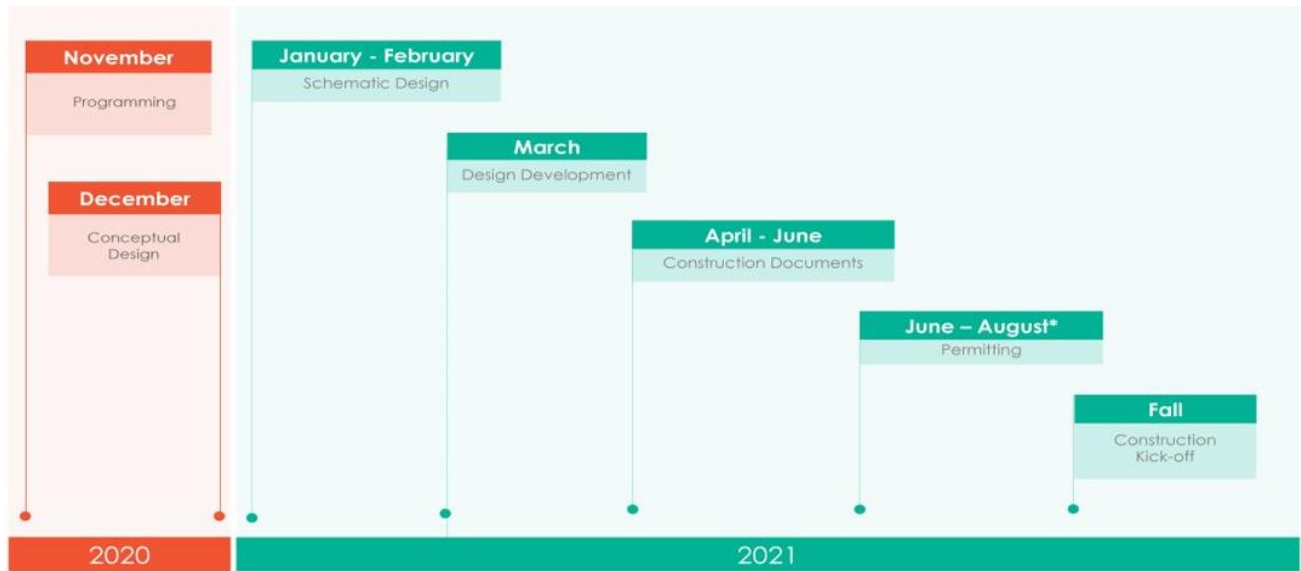


The project site is located in Southeast Austin in the Hornsby Bend neighborhood. The lot size is approximately 3 acres of a 10.6 acre site, and much of the site is covered with dense existing trees and vegetation. Residential neighborhoods abut the site to the east, and Dailey Middle School is located across Gilbert Rd. to the north. Other neighboring land across Sandifer St. is undeveloped.

Conceptual Design



Design Schedule



*The site plan and building permit review process is identified as high risk to timeline. Regulatory review process and timeline is dependent upon both the City of Austin and Travis County review.

Project Budget

Budget Element	Cost
Due Diligence, Land Acquisition & Regulatory	\$ 843,113
Professional Services	\$ 278,190
Construction	\$ 2,993,000
Furniture, Fixtures & Equipment	\$ 357,342
Other	\$ 600,000
Subtotal	\$ 5,071,645
Total Estimated Project Cost	\$ 5,071,645

Operational Costs and Financial Analysis

Central Health staff conducted a preliminary financial analysis to determine estimated operational revenue and expenditures, as well as capital costs for the Health & Wellness Center. To determine revenue, an analysis was performed to review encounter levels based on number of providers and services being performed. Encounters were then assigned to specific payer categories based on the location's historical data. Operational expenses include a comprehensive staffing plan, supplies, and services (including utilities, security and housekeeping). Capital costs are expenses that take place at the beginning of a project and will not be on-going. This includes the purchase of the land, construction as well as necessary furniture and equipment.

References

1. Central Health Demographic Report, 2020. <https://www.centralhealth.net/our-work/2020-demographic-report/#:~:text=The%202020%20Central%20Health%20Demographic,not%20captured%20in%20previous%20reports>.
2. UDS Mapper. <https://udsmapper.org/>
3. Boersma P, Black LI, Ward BW. Prevalence of Multiple Chronic Conditions Among US Adults, 2018. *Prev Chronic Dis* 2020;17:200130. DOI: <http://dx.doi.org/10.5888/pcd17.200130>

Appendices

Appendix A.

Central Health staff use best-practice communication and outreach methods, using a logic model based on the Theory of Change. The model helps ensure we are thoughtful and methodical in the selection, implementation, and evaluation of communications and outreach tactics. Below is a sample of the tactics utilized.

Media Relations

Central Health uses a variety of traditional media outreach strategies to push information out to the community through local media channels.

Paid Digital Advertising

Our paid media efforts target residents with low income living in Travis County. Digital ads are in Spanish and in English. A most recent digital ad reached 1.3 million users, resulting in 7,661 clicks.

Newsletter/Email Invitations

Prior to any Community Conversation, staff send an email invitation and two reminders to a list of about 6,000 contacts, including elected officials, health care partners, nonprofit organizations, community groups, advisory committees, and Community Health Champions.

Social Media

In addition to the email invitation and reminders, Central Health promotes Community Conversations and any online survey on the organization's Facebook, Twitter, and Instagram social media channels. These posts have historically reached about 1,700 users.

Facebook Group Outreach

Staff shares information about Community Conversations and online surveys on 120 Facebook groups targeting communities of color in Travis County.

Weekly Emails

Staff shares information with advisory committee members, Community Health Champions, health care partners, and nonprofit organizations through a weekly email. The information is in both Spanish and English, and it goes to a total of 593 contacts. The emails contain information that is ready to be shared by partners via their social media platforms, newsletters or in person. Information about Community Conversations and online surveys is included in these weekly emails.

Phone Calls

Staff engage with MAP members, as well as representatives from community groups, faith-based centers, schools and organizations by phone. MAP members participate in one-on-one interviews while stakeholders are encouraged to spread the word about online surveys.

Appendix B.

Central Health staff collaborate with a variety of faith-based centers, community groups, schools, and organizations to raise awareness of health care services and health care coverage programs. They also share information about ways to participate in Central Health’s public involvement process to ensure representation from all walks of life in Travis County. Below is only a sample list of faith-based centers, community groups, schools and organizations with whom Central Health has continuously engaged.

Community groups

1. African American Heritage Network
2. Austin’s Colony Homeowner’s Association
3. Austin Latino Coalition
4. Colony Park Neighborhood Association
5. Community Resilience Trust ATX
6. Del Valle Community Coalition
7. Dove Springs Proud
8. HABLA
9. Hermanos de East Austin
10. Hispanic Women's Network of Texas – Austin Chapter
11. Hispanos Network of Austin
12. Latinos Ready to Vote
13. Network of Asian American Organizations
14. Taiwanese American Professionals – Austin Chapter
15. Travis County Hispanic Network

Faith-based centers

Central Health is in continuous communication with about twelve faith-based centers in eastern Travis County that reach communities of color. Central Health provides these faith-based centers with information to share with congregants.

1. Austin Eastview Church of God
2. Center Union Missionary Baptist Church Creedmoor
3. Church of Christ at Eastside
4. David Chapel Missionary Baptist Church
5. Greater Mt. Zion
6. Holy Cross Catholic Church
7. Hornsby Bend Assembly of God
8. New Hope Missionary Baptist Church
9. Pleasant Valley Missionary Baptist Church
10. San Francisco Javier Catholic Church
11. San Juan Diego Catholic Church
12. Santa Barbara Catholic Church

Organizations

1. Asian American Resource Center

2. Asian Family Support Services of Austin
3. City of Pflugerville
4. Commission on Immigration Affairs
5. Community Coalition for Health
6. Go! Austin/Vamos! Austin
7. Greater Austin Asian Chamber of Commerce
8. Greater Austin Black Chamber of Commerce
9. Greater Austin Hispanic Chamber of Commerce
10. Greater Austin LGBT Chamber of Commerce
11. Latino HealthCare Forum
12. OneVoice Central Texas
13. Workers Defense Project
14. Young Hispanic Professional Association of Austin

Schools

1. Austin ISD
2. Austin Achieve Public Schools
3. Barbara Jordan Elementary School
4. Creedmoor Elementary School
5. Decker Middle School
6. Del Valle ISD
7. Dailey Middle School
8. Gilbert Elementary School
9. Hornsby-Dunlap Elementary School
10. KIPP Texas Public Schools
11. Manor ISD
12. Manor Senior High School
13. Volma Overton Elementary School

Appendix C.

Hornsby Bend Data Summary

	UDS (Zip 78725)		Demographic Report (Census Tract)	
	%	N	%	N
Total Population	-	7,886	-	12,737
Central Health Enrolled	-	-	16.1%	2,052
Total Families	-	-	-	2,971
Total Households	-	-	-	3,703
Race/ Ethnicity				
Total Latino	-	-	62.2%	7,917
Central Health Latino	-	-	80.1%	1,644
Total Black	-	-	24.1%	3,068
Central Health Black	-	-	6.4%	132
Total Asian	-	-	0.6%	72
Central Health Asian	-	-	0.8%	16
Total White	-	-	56.0%	7,140
Central Health White	-	-	4.8%	99
Total Other	-	-	19.3%	2,457
Central Health Other	-	-	2.8%	58
Central Health Unreported	-	-	5.0%	103
Age				
< 18 years	26.57%	2,095	32.20%	661
18-64 years	66.88%	5,274	60.80%	1,248
>65 years	6.56%	517	7.00%	144
Poverty				
< 100% FPL (families)	-	-	11.90%	353
< 200% FPL (households)	-	-	21.40%	794
< 100% FPL (individuals)	9.81%	774	-	-
< 200% FPL (individuals)	38.84%	3,063	-	-
Uninsured	17.67%	1,393	-	-
Health Center Programs (HCP) - Market Share				
TCHD/ CUC	68.00%	1,047	-	-
Peoples Community Clinic	18.00%	277	-	-
Lone Star Circle of Care	14.00%	215	-	-
Utilization				
Central Health Utilizers	-	-	65.60%	1,347
Total Residents Served by any HCP	19.52%	1,539	-	-
% of Uninsured Residents served by any HCP	54.98%	766	-	-
% of Low-Income Residents served by any HCP	50.24%	1,539	-	-
% of Medicaid/Public Insurance Residents served by any HCP	36.21%	557	-	-
% of Medicare/Private Insurance Residents served by any HCP	5.94%	91	-	-
Patient Mix				
% of Health Center patients who are uninsured	47.69%	734	-	-
% of Health Center patients who are covered by Medicaid/Public Ins.	33.85%	521	-	-
% of Health Center patients who are covered by Medicare/Private Ins.	18.45%	284	-	-
Population Not Served				
Low-Income Not Served by Health Centers (#)	49.76%	1,524	-	-
Uninsured Not Served by Health Centers (#)	43.14%	601	-	-
Medicaid/ Public Ins. Not Served by Health Centers (#)		918	-	-
Medicare/ Private Ins. Not Served by Health Centers (#)		4,498	-	-
Total Population Not Served by Health Centers (#)	80.48%	6,347	-	-

*UDS defines "Low Income" as <200%FPL and "Poverty" as <100%FPL

Preliminary Project Plan:

Central Health Del Valle Health & Wellness Center

Introduction and Overview

The Central Health Del Valle Health & Wellness Center will provide functional and programmatic elements to serve the community by fostering and nurturing both new and existing synergistic relationships among multidisciplinary health and wellness partners. The Health & Wellness Center will provide comprehensive primary care, integrated behavioral health care, pharmacy, and telehealth services for the community. Additional programming, including dental, obstetric, and pediatric services are being evaluated. The model will focus on health prevention, chronic disease management, and patient education – with utilization of both physician and non-physician providers such as nurse practitioners, physician assistants, clinical pharmacists, behavioral psychologists, social workers, and nutritionists.

In addition to the core health care programs and services, the facility will house several critical ancillary services designed to promote healthy lifestyles. The Health & Wellness Center will empower individuals to achieve healthier lives and to create healthier communities through sustainable life-long changes in personal health management. Given the nature and purpose of the Health & Wellness Center’s programs, the building design will provide a warm and welcoming environment to patients, guests, and employees alike.

Background

Central Health is a political subdivision of the state of Texas created by taxpayers with the purpose of providing access to health care services to Travis County residents with low-income. The southeast region of Travis County has historically been identified as having high levels of poverty and limited health care infrastructure. Approximately 28% of households within the Del Valle community experience annual incomes below 200% of the federal poverty level. To address challenges in the area, Central Health formed the Eastern Travis County Health and Wellness Collaboration in 2015. The collaboration yielded multiple activities in the Del Valle community:

- In November 2017, Central Health and Central Health-affiliated CommUnityCare opened the Del Valle Health Center in the Travis County Employee Wellness Clinic.
- In July 2018, Central Health and CommUnityCare launched a shuttle service pilot to help Elroy residents get to their medical appointments.
- In September 2018, Central Health and CommUnityCare adopted the Fiscal Year 2019 budget, which included \$3.49 million for priority projects in eastern Travis County, including Del Valle.
- In June 2019, Central Health, CommUnityCare, and community members celebrated the opening of the mobile health clinic at the Creedmoor Community Center (12511 FM 1625, Creedmoor), offering primary care, preventive care, vaccines, lab services, chronic disease management, and limited pharmacy services.
- In September 2020, Central Health bought 2.5 acres at 7050 Elroy Road in southeast Travis County to build a new health and wellness center.

Central Health’s Vision, Mission, Strategic Plan and Project Principles

Mission:

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

Vision:

Central Texas is a model healthy community.

Our work is guided by a Strategic Plan, developed by staff and approved by our Board of Managers. This plan will be used and updated through 2024. It is divided into three main objectives:

Objective 1: Develop and execute a health care delivery strategy based on people and place.

Objective 2: Implement a patient focused and coordinated health care system.

Objective 3: Implement a sustainable financial model for health care delivery, including optimizing the former Brackenridge Campus (now known as Central Health's Downtown Property) redevelopment to found Central Health's mission.

In order to create a sustainable system of health and health care, the following six strategic principles are integral to the success of the center:

- Promote improved health outcomes
- Integrate clinical care with community-based health services
- Be data driven
- Leverage and manage resources for maximum impact
- Build capacity of individual and communities to take responsibility for their own health
- Support systems change

The Del Valle Health & Wellness Center will embody Central Health’s vision, mission and strategic principles and exemplify the changing health care delivery system.

Community Engagement

To ensure its strategic priorities, budget and operations align with the health care needs of our community, Central Health staff rely heavily on demographic and clinical data. Staff also annually prioritize involving residents in a robust community engagement process.

As a tax-funded public entity, Central Health uses a systematic approach to community engagement and public participation. This approach employs methods recommended by the Systematic Development of Informed Consent (SDIC) public engagement process from the Institute for Participatory Management & Planning (IPMP), as well as the International Association for Public Participation (IAP2). Both best-practice models are widely used by other local public entities, including the City of Austin, Capital Metro, and Austin Independent School District.

Tactics and Activities

Central Health staff engage with residents to gather their feedback through community conversations, community advisory committees, online/paper surveys and one-on-one interviews (in person or by

phone). In addition, Central Health relies on communications tactics³ as well as outreach tactics⁴ to ensure consumers are involved in the public participation process.

³For details on our communications tactics, see Appendix A.

⁴For a sample list of groups with whom we have engaged, see Appendix B.

Consumer-Focused Conversations

To ensure members of Central Health’s target population have a seat at the table during the planning, research, implementation and evaluation of Central Health’s quality enhancement or service expansion projects, Central Health conducts consumer-focused conversations in Spanish and in English.

Advisory Committees

Central Health formed community advisory committees in early 2018. Members include residents, community partners, advocates, neighborhood association members, representatives of school districts, faith-based organization leaders, and elected officials. Advisory committees help Central Health get to know, and connect with, each unique community – to ensure the collective work will impact the health of people with low income experiencing disparities in their neighborhoods.

Community Conversations

Central Health holds “Community Conversations” – or public meetings – to inform, as well as obtain feedback from community members. For every Community Conversation, staff ensures accommodations for Spanish language translation services.

Website Comments

The public can submit comments or questions about Central Health’s projects on its website: CentralHealth.net.

Surveys and Over-the-Phone Interviews

To capture feedback from individuals unable to attend Community Conversations, Central Health administers online surveys and conducts over-the-phone interviews with members of its target population.

Health Needs Analysis

Methodology

Through extensive analysis of multiple internal and publicly available data sources and reports, Central Health defined the Del Valle service area by ZIP Code and census tract data. Data sources used to evaluate the health needs of the Del Valle community include:

- Uniform Data System (“i.e. UDS”) Mapper reports
- 2020 Central Health Demographic Report
- Internal ad hoc reports including: health risk assessment, enrollment, and utilization reports

Uniform Data System - UDS Mapper

The Uniform Data System (UDS) is a core system of information appropriate for reviewing the operation and performance of health centers. UDS is a reporting requirement for Health Resources and Service Administration (HRSA) grantees, including community health centers, migrant health centers, health

care for the homeless grantees, and public housing primary care grantees. The data are used to improve health center performance and operation and to identify trends over time. UDS data are compared with national data to review differences between the U.S. population at large and those individuals and families who rely on the health care safety net for primary care.

The UDS Mapper was launched in 2010 as a free publicly available mapping tool intended to help users better understand: a) where federally funded health centers currently serve, b) where gaps in the safety net might exist, and c) which neighborhoods or regions might hold the highest priorities for health center expansion. The UDS Mapper is driven primarily by data within the UDS. It is built from ZIP Code level Health Center Program (HCP) reporting data found within the UDS that are paired with other sources of population data. The information available in the UDS Mapper includes estimates of the collective service area of health centers by ZIP Code Tabulation Areas (ZCTA), including the ratio of HCP grantee patients reported in the UDS to the target population, the change in the number of those reported patients over time, and an estimate of those in the target population that remain unserved by HCP grantees reporting data to the UDS (although they may be served by other providers). Due to data limitations, this tool is meant to be only one of many resources available for exploring the geographic extent of health centers.

Central Health Demographic Report

Central Health released its first Demographic Report in the fall of 2015 and a second report in 2017. Each report provided information regarding the areas of Travis County with the highest number of families in poverty, as well as demographic analysis related to age, gender, and race/ethnicity. The purpose of the Demographic Report is to call out where the greatest concentrations of people and families living below the poverty level reside in Travis County. By identifying these dispersions of poverty, and grouping them into 12 geographic locations, Central Health is able to compare the relative need among various communities and understand how prioritizing specific neighborhoods can and may affect health outcomes in others. This approach will ensure the ability to track changes over time, prioritize areas of high need, and right size the services provided. An additional utility of the Demographic Report is to identify where and how many residents with low income are lacking options to access health care services. By analyzing data by census tract, rather than ZIP Code, the report provides a more precise focus on identifying the areas of greatest need among communities and offering targeted assistance to those who lack access to health care and bear the highest burden of disease. The results will assist the Central Health Board of Managers in evaluating the efficacy of programs and guiding future policy directions. Specific elements within the Demographic Report include:

- MAP, MAP BASIC, and Sliding Fee Scale (SFS) enrollment in Travis County by census tract;
- Families in poverty in Travis County by census tract;
- Twelve defined focus areas for FY2020 based on the highest number of families in poverty;
- Race, ethnicity, enrollment and utilization analysis by focus area;
- Social factors including transportation and insurance access;
- Prevalence of disease burden and total disease diagnosis by focus area;
- Five-year projections for changes in poverty in Travis and surrounding counties.

Findings

Demographics

The Del Valle community, for the purposes of this analysis, was defined as residents within the 78617 ZIP Code and includes the Garfield and Elroy communities. Demographic data were obtained from the 2020 Central Health Demographic Report and included age, gender, race/ethnicity and household size. The total population of Del Valle is 21,672, of which 19.8% (n=4,289) are Central Health enrollees.* The majority of Del Valle residents are between the ages of 18-64.

The Del Valle Latino population account for 73.5% of the total population representing 15,938 individuals, of which 3,622 are Central Health enrollees. The Black population in Del Valle is 2,383 (11%), of which 106 individuals are Central Health enrollees.

Approximately 27.8% households (n=6,028), are below 200% FPL within the Del Valle community and approximately 726 families are categorized at below 100% FPL.

**Central Health enrollees are defined as individuals who are enrolled in one of the following programs:*

- *The Central Health Medical Access Program (MAP);*
- *The Central Health Medical Access Program BASIC (MAP BASIC);*
- *Local sliding fee scale (SFS) subsidy programs reimbursed by Central Health.*

MAP provides a defined benefit package to eligible residents who are at or below 100 percent of the FPL. MAP BASIC covers uninsured residents who are at or below 200 percent of the FPL. Residents who earn up to 200 percent of the FPL may receive subsidized health care on a sliding fee scale through Central Health's network of primary care providers.

Chronic Disease Prevalence

Chronic diseases are among the most prevalent and costly health problems. More than half of U.S. adults have at least one chronic condition and a quarter have two or more (Boersma, et al). The Central Health Demographic Report includes the prevalence rates of enrollees for eight chronic conditions: asthma, behavioral health, chronic obstructive pulmonary disease (COPD), diabetes, heart failure, hypertension, malignant neoplasm, and renal failure. These chronic conditions were selected for analysis because they are some of the most common and preventable health conditions in Travis County. Results indicate that Central Health enrollees residing in the Del Valle community have higher prevalence rates, as compared to all enrollees, for two of the eight chronic conditions analyzed: diabetes and hypertension.

Enrollment and Utilization

According to the 2020 Central Health Demographic Report, over 121,000 people were enrolled in MAP, MAP BASIC, or Sliding Fee Scale programs during FY2019. Nearly two out of every three enrollees in FY2019 resided east of I-35. As mentioned above, 19.8%, or 4,289 individuals, residing in the Del Valle community are Central Health enrollees. The majority of Del Valle enrollees participate in MAP, rather than MAP BASIC and SFS programs, within the 78617 ZIP code. However, adjacent communities within the 78719 and 78747 ZIP codes are predominantly MAP BASIC and SFS participants.

Health care utilization data were obtained from both the 2020 Central Health Demographic Report and internal ad hoc reports specific to the Del Valle community. The Demographic Report indicates that 61.4% (n=2,632) of the Del Valle population who are Central Health enrollees utilized health services in

the past year. The top five providers visited by Central Health enrollees residing in the Del Valle community are listed below.

1. Central Health Southeast Health & Wellness Center
2. CUC South Austin Health Center
3. CUC North Central Health Center
4. Southeast Health & Wellness Walk-In Care Center
5. CUC Mobile Medical

To better understand access to care and utilization patterns for individuals diagnosed with a chronic condition, Central Health staff evaluated which providers were most visited by patients in the last year. The top five providers visited by Central Health enrollees with chronic condition(s) in Del Valle are listed below.

1. Central Health Southeast Health & Wellness Center
2. CUC South Austin Health Center
3. Dell Seton Medical Center at The University of Texas
4. CUC Sandra Joy Anderson Community Health & Wellness Center
5. Lone Star Circle of Care Ben White Health Clinic

Proximity to Care and Services

Research shows that access to primary care and pharmacy services, especially among individuals with chronic disease, is associated with positive health outcomes. However, disparities in access to primary health care exist and many people face barriers that decrease access to services and increase the risk of poor health outcomes. In Del Valle, geographic and transportation obstacles are significant barriers to primary care. Relative distance to primary care and pharmacy locations for Central Health enrollees residing in the Del Valle community are listed below.

Primary Care:

- Central Health Southeast Health & Wellness Center – 6.8 miles
- CUC South Austin Health Center – 13.9 miles
- CUC North Central Health Center – 22 miles
- CUC Mobile Medical (Creedmoor and Jordan Elementary) - 10.5 miles and 13.6 miles
- Dell Seton Medical Center at The University of Texas – 12.1 miles
- CUC Sandra Joy Anderson Community Health & Wellness Center – 10.7 miles
- Lone Star Circle of Care Ben White Health Clinic – 13.6 miles

Pharmacy (MAP and MAP BASIC in-network):

- CUC Central Pharmacy at Central Health Southeast Health & Wellness Center – 6.8 miles
- H-E-B Pharmacy:
 - 2508 E. Riverside Drive – 9 miles
 - 2701 E. 7th Street – 9.9 miles
 - 6607 S. IH-35 – 10.9 miles
 - 12860 N. Hwy 183 – 11.8 miles

Social Determinants of Health

While Central Health’s statutory charge (Chapter 281 of the Texas Health and Safety Code) is the delivery of health care to Travis County residents with low income, it is understood that multiple social and environmental factors contribute to the health of each individual within the overall patient population. As part of routine care at CommUnityCare (CUC), patients complete annual health risk assessments (HRAs) to assess needs, barriers, and overall health status. Patients are asked to complete the assessment during a clinical encounter, answering 17 questions about health, housing, disease, and other pertinent health issues. This information provides additional context for the consideration of strategic interventions to improve health in specified population subgroups and geographic focus areas. The Central Health Analytics and Reporting team conducted an analysis of over 90,261 HRAs over a four-year period, broken down by focus area. Staff analyzed a total of 3,241 HRAs representing established CUC patients residing in Del Valle. Approximately 65% (n=2,109) of HRAs analyzed were Central Health enrollees (i.e. MAP, MAP BASIC, SFS).

Results from this analysis found that 12.8% of Del Valle Central Health enrollees report their health status as “Poor” and 87.3% of Del Valle Central Health enrollees report their health status as either “Good” or “Average.”

In addition to overall self-reported health status, Central Health staff investigated the impact of responses to other questions in the HRA including questions about missing medical appointments because of problems with transportation, problems paying for food, and problems paying for medications. Analysis included all-payer established CUC patients residing in Del Valle (n=3,241). Results from this analysis found that 11% of the population missed an appointment due to transportation and 14% of the population couldn’t pay for food for themselves/their family. Approximately 16% reported not being able to pay for medicine prescribed by their doctor. Residents of Del Valle reported higher levels of good or average health and had higher odds of poor health due to problems paying for food and medicine, when compared to other eastern Travis County priority areas. Additionally, the Demographic Report indicates that the average number of households without a vehicle is about a third of the county rate and is predicted to increase by 11%, compared to 8% for Travis County between 2020 and 2025.

Geography	Q1. Missed an appointment due to transportation	Q2. Couldn't pay for food for themselves/their family	Q3. Couldn't pay for medicine prescribed by doctor	Denominator
All patients	11,818	15,661	16,671	90,261
All Patients %	13%	17%	18%	
Del Valle	365	455	528	3,241
Del Valle %	11%	14%	16%	

Service Profile

Based on extensive review of available data and information, Central Health anticipates initial services available at facility opening will include comprehensive primary care, integrated behavioral health care, and dental services. Other services are being evaluated - including pediatrics. The specific service profile recommended includes:

- 3 medical providers
- 2 dental providers
- Integrated mental health
- Class A (retail) drive-thru pharmacy
- Telehealth capabilities for select specialty services

Practice Model and Operational Assumptions

Program Summary

The facility will serve as a vibrant destination offering a full complement of health and wellness services for the community. Central Health will seek partnerships with aligned stakeholders to promote health and wellness throughout the communities they serve.

An enrollment/navigation center positioned near the front entrance will facilitate access to all services. This enrollment/navigation center will serve as a single location portal to access the full range of services available for Central Health’s covered population, both at the Del Valle Health & Wellness Center site and elsewhere in Travis County.

Clinical Services

The Del Valle Health & Wellness Center will provide comprehensive primary care, integrated behavioral health care, dental services, telehealth capabilities, and pharmacy. The design of the facility will support the objectives of the medical home model, in which care is provided in a coordinated, integrated, patient-focused approach. This approach has been proven to foster a stronger relationship between patients and their provider teams, resulting in regular visits and better adherence to prescribed health and lifestyle regimens.

Ancillary Services

Pharmacy: Class A (retail) pharmacy services will be provided at the Del Valle Health & Wellness Center.

Lab: The Health & Wellness Center will provide on-site laboratory services, including blood draw.

Standard Pod Layout

The pod layout enables team-based care by providing a physical setting that supports communication and collaboration. The care team will be housed in an open environment with provider and medical assistant (MA) pairs. A typical primary care pod consists of provider/MA pairs working out of three exam rooms per provider (nine exam rooms total). Two additional rooms will be incorporated, which can be used for consultation and/or behavioral health visits. Space will be available to accommodate rotating services, visiting specialists and part-time providers. The specific composition of the care team will be determined by the clinical operator and may include the following members:

- Registered nurse
- Behavioral health provider
- Care coordinator
- Pharmacist
- Dietician

Non-Clinical/ Wrap-Around Services

Health Promotions: The health promotions programs engage community members in taking an active role in understanding their personal health profile and foster a sense of responsibility for outcomes based on lifestyle decisions.

Health Screenings: Space will be available to serve as a distribution center for health information, both electronic and paper.

Eligibility Services and Navigation: Removing barriers to access is a central goal to engaging the community in the programs offered at this site. Navigation services for eligibility and financial screening will be provided to the community as a one-stop access point for community members to enroll in coverage.

Community Space

Computer workstations will be available for community members to access virtual health resources.

A multi-purpose community room will be incorporated to accommodate a number of programs such as education, exercise, yoga, dance classes. Events such as forums, meetings and other community celebrations could also be considered. Seasonal activities including flu shots, vaccination events, and special health screenings can be provided in this space, as well. Strategies will be considered for weekend and after-hours access to the multi-purpose room.

Design and Construction

Programming

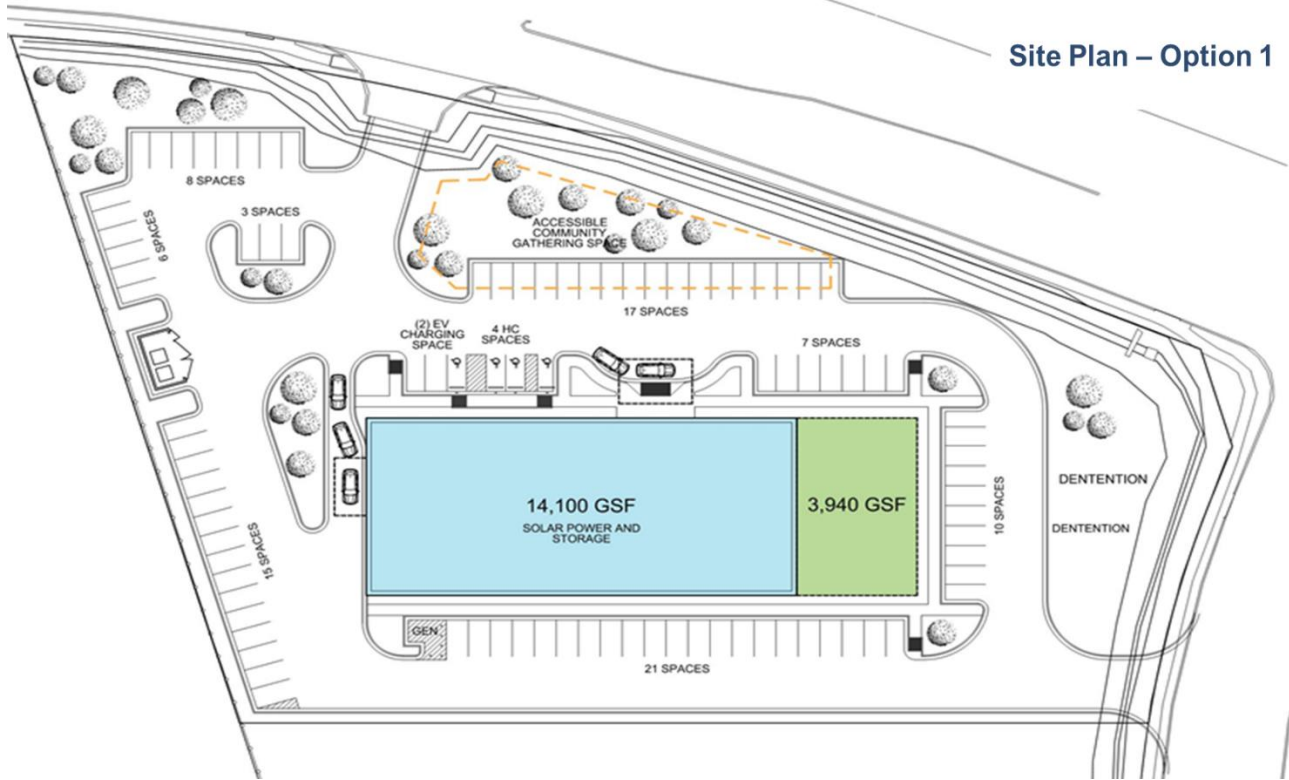
Public Common Areas	1,425 SF
Pharmacy	1,276 SF
Clinic	6,550 SF
Dental	3,301 SF
Building Circulation	1,040 SF
Building Support	508 SF
Lease – Core & Shell Space	3,940 SF
Total GSF	18,040 SF

Site

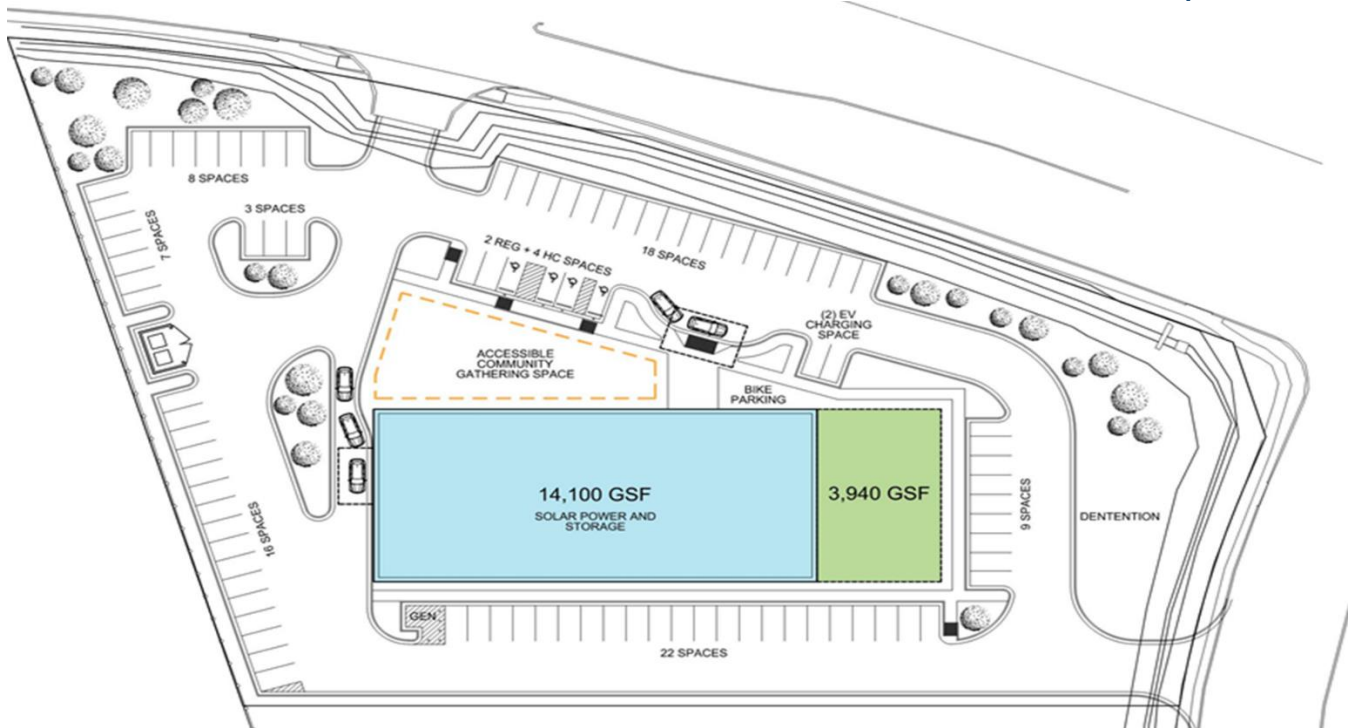


Conceptual Design

Site Plan – Option 1

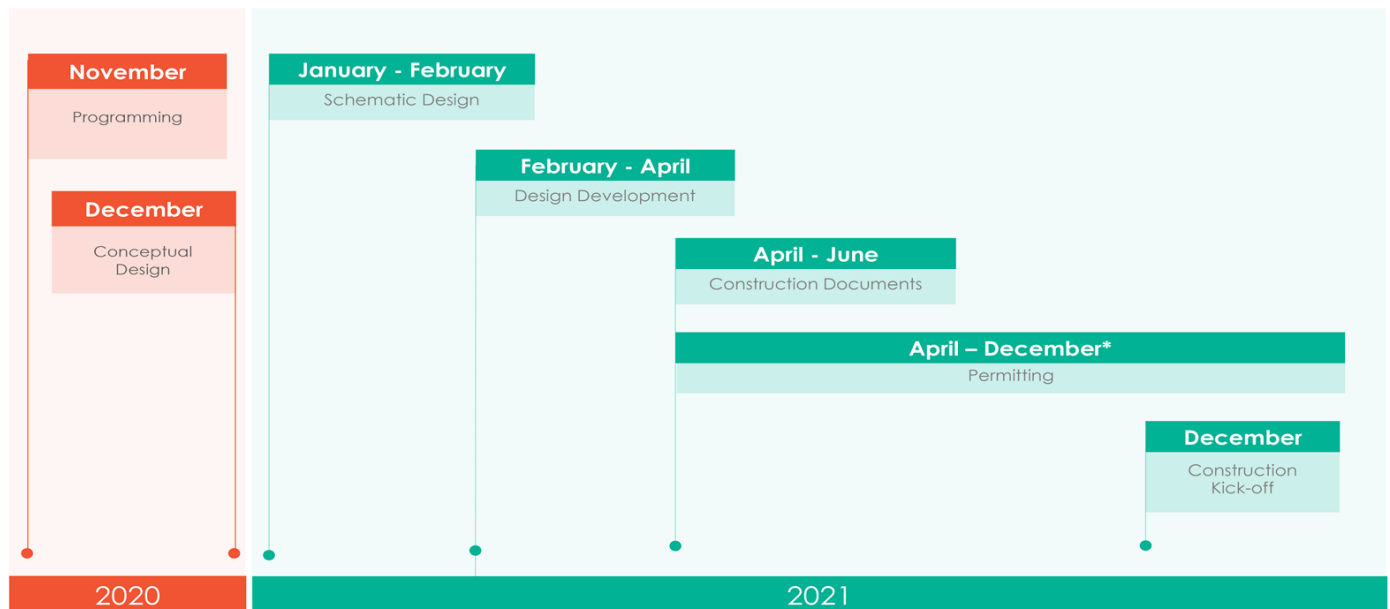


Site Plan – Option 2





Design Schedule



*The site plan and building permit review process is identified as high risk to timeline. Regulatory review process and timeline is dependent upon both the City of Austin and Travis County review.

Project Budget

Budget Element	Cost
Due Diligence, Land Acquisition & Regulatory	\$ 822,880
Professional Services	\$ 475,125
Construction	\$ 6,449,000
Furniture, Fixtures & Equipment	\$ 1,334,543
Other	\$ 1,000,000
Subtotal	\$ 10,081,548
Total Estimated Project Cost	\$ 10,081,548

Operational Costs and Financial Analysis

Central Health staff conducted a preliminary financial analysis to determine estimated operational revenue and expenditures, as well as capital costs for the Health & Wellness Center. To determine revenue, an analysis was performed to review encounter levels based on number of providers and services being performed. Encounters were then assigned to specific payer categories based on the location's historical data. Operational expenses include a comprehensive staffing plan, supplies, and services (including utilities, security and housekeeping). Capital costs are expenses that take place at the beginning of a project and will not be on-going. This includes the purchase of the land, construction as well as necessary furniture and equipment.

References

1. Central Health Demographic Report, 2020. <https://www.centralhealth.net/our-work/2020-demographic-report/#:~:text=The%202020%20Central%20Health%20Demographic,not%20captured%20in%20previous%20reports>.
2. UDS Mapper. <https://udsmapper.org/>
3. Boersma P, Black LI, Ward BW. Prevalence of Multiple Chronic Conditions Among US Adults, 2018. *Prev Chronic Dis* 2020;17:200130. DOI: <http://dx.doi.org/10.5888/pcd17.200130>

Appendices

Appendix A.

Central Health staff use best-practice communication and outreach methods, using a logic model based on the Theory of Change. The model helps ensure we are thoughtful and methodical in the selection, implementation, and evaluation of communications and outreach tactics. Below is a sample of the tactics utilized.

Media Relations

Central Health uses a variety of traditional media outreach strategies to push information out to the community through local media channels.

Paid Digital Advertising

Our paid media efforts target residents with low income living in Travis County. Digital ads are in Spanish and in English. A most recent digital ad reached 1.3 million users, resulting in 7,661 clicks.

Newsletter/Email Invitations

Prior to any Community Conversation, staff send an email invitation and two reminders to a list of about 6,000 contacts, including elected officials, health care partners, nonprofit organizations, community groups, advisory committees, and Community Health Champions.

Social Media

In addition to the email invitation and reminders, Central Health promotes Community Conversations and any online survey on the organization's Facebook, Twitter, and Instagram social media channels. These posts have historically reached about 1,700 users.

Facebook Group Outreach

Staff shares information about Community Conversations and online surveys on 120 Facebook groups targeting communities of color in Travis County.

Weekly Emails

Staff shares information with advisory committee members, Community Health Champions, health care partners, and nonprofit organizations through a weekly email. The information is in both Spanish and English, and it goes to a total of 593 contacts. The emails contain information that is ready to be shared by partners via their social media platforms, newsletters or in person. Information about Community Conversations and online surveys is included in these weekly emails.

Phone Calls

Staff engage with MAP members, as well as representatives from community groups, faith-based centers, schools and organizations by phone. MAP members participate in one-on-one interviews while stakeholders are encouraged to spread the word about online surveys.

Appendix B.

Central Health staff collaborate with a variety of faith-based centers, community groups, schools, and organizations to raise awareness of health care services and health care coverage programs. They also share information about ways to participate in Central Health’s public involvement process to ensure representation from all walks of life in Travis County. Below is only a sample list of faith-based centers, community groups, schools and organizations with whom Central Health has continuously engaged.

Community groups

1. African American Heritage Network
2. Austin’s Colony Homeowner’s Association
3. Austin Latino Coalition
4. Colony Park Neighborhood Association
5. Community Resilience Trust ATX
6. Del Valle Community Coalition
7. Dove Springs Proud
8. HABLA
9. Hermanos de East Austin
10. Hispanic Women's Network of Texas – Austin Chapter
11. Hispanos Network of Austin
12. Latinos Ready to Vote
13. Network of Asian American Organizations
14. Taiwanese American Professionals – Austin Chapter
15. Travis County Hispanic Network

Faith-based centers

Central Health is in continuous communication with about twelve faith-based centers in eastern Travis County that reach communities of color. Central Health provides these faith-based centers with information to share with congregants.

1. Austin Eastview Church of God
2. Center Union Missionary Baptist Church Creedmoor
3. Church of Christ at Eastside
4. David Chapel Missionary Baptist Church
5. Greater Mt. Zion
6. Holy Cross Catholic Church
7. Hornsby Bend Assembly of God
8. New Hope Missionary Baptist Church
9. Pleasant Valley Missionary Baptist Church
10. San Francisco Javier Catholic Church
11. San Juan Diego Catholic Church
12. Santa Barbara Catholic Church

Organizations

1. Asian American Resource Center
2. Asian Family Support Services of Austin

3. City of Pflugerville
4. Commission on Immigration Affairs
5. Community Coalition for Health
6. Go! Austin/Vamos! Austin
7. Greater Austin Asian Chamber of Commerce
8. Greater Austin Black Chamber of Commerce
9. Greater Austin Hispanic Chamber of Commerce
10. Greater Austin LGBT Chamber of Commerce
11. Latino HealthCare Forum
12. OneVoice Central Texas
13. Workers Defense Project
14. Young Hispanic Professional Association of Austin

Schools

1. Austin ISD
2. Austin Achieve Public Schools
3. Barbara Jordan Elementary School
4. Creedmoor Elementary School
5. Decker Middle School
6. Del Valle ISD
7. Dailey Middle School
8. Gilbert Elementary School
9. Hornsby-Dunlap Elementary School
10. KIPP Texas Public Schools
11. Manor ISD
12. Manor Senior High School
13. Volma Overton Elementary School

Appendix C.

Del Valle Data Summary

	UDS (Zip 78617)		Demographic Report (Census Tract)	
	%	N	%	N
Total Population	-	28,558	-	21,672
Central Health Enrolled	-	-	19.8%	4,289
Total Families	-	-	-	4,849
Total Households	-	-	-	6,028
Race/ Ethnicity				
Total Latino	-	-	73.5%	15,938
Central Health Latino	-	-	84.4%	3,622
Total Black	-	-	11.0%	2,383
Central Health Black	-	-	2.5%	106
Total Asian	-	-	1.8%	380
Central Health Asian	-	-	1.2%	52
Total White	-	-	57.5%	12,471
Central Health White	-	-	4.9%	210
Total Other	-	-	29.7%	6,438
Central Health Other	-	-	1.6%	68
Central Health Unreported	-	-	5.4%	231
Age				
< 18 years	30.68%	8,762	32.80%	1,407
18-64 years	65.73%	18,771	60.10%	2,578
>65 years	3.60%	1,028	7.10%	305
Poverty				
< 100% FPL (families)	-	-	15.00%	726
< 200% FPL (households)	-	-	27.80%	1678
< 100% FPL (individuals)	15.32%	4,375	-	-
< 200% FPL (individuals)	42.93%	12,260	-	-
Uninsured	16.15%	4,612	-	-
Health Center Programs (HCP) - Market Share				
TCHD/ CUC	73.40%	4,805	-	-
Lone Star Circle of Care	12.90%	845	-	-
Peoples Community Clinic	11.80%	773	-	-
Utilization				
Central Health Utilizers	-	-	61.40%	2,632
Total Residents Served by any HCP	19.52%	6,547	-	-
% of Uninsured Residents served by any HCP	91.33%	4,212	-	-
% of Low-Income Residents served by any HCP	58.10%	7,123	-	-
% of Medicaid/Public Insurance Residents served by any HCP	34.84%	2,281	-	-
% of Medicare/Private Insurance Residents served by any HCP	4.79%	314	-	-
Patient Mix				
% of Health Center patients who are uninsured	60.52%	3,962	-	-
% of Health Center patients who are covered by Medicaid/Public Ins.	26.67%	1,746	-	-
% of Health Center patients who are covered by Medicare/Private Ins.	12.82%	839	-	-
Population Not Served				
Low-Income Not Served by Health Centers (#)	38.51%	4,721	-	-
Uninsured Not Served by Health Centers (#)	8.15%	376	-	-
Medicaid/ Public Ins. Not Served by Health Centers (#)		3,266	-	-
Medicare/ Private Ins. Not Served by Health Centers (#)		16,678	-	-
Total Population Not Served by Health Centers (#)	77.07%	22,011	-	-

*UDS defines "Low Income" as <200%FPL and "Poverty" as <100%FPL

Preliminary Project Plan:

Central Health Colony Park Health & Wellness Center

Introduction & Overview

The Central Health Colony Park Health & Wellness Center will provide functional and programmatic elements to serve the community by fostering and nurturing both new and existing synergistic relationships among multidisciplinary health and wellness partners. The Health & Wellness Center will provide comprehensive primary care, integrated behavioral health care, pharmacy, dental services, and telehealth services for the community. Additional programming, including imaging and mammography services are being evaluated. The model will focus on health prevention, chronic disease management, and patient education – with utilization of both physician and non-physician providers such as nurse practitioners, physician assistants, clinical pharmacists, behavioral psychologists, social workers, and nutritionists.

In addition to the core health care programs, the facility will also house several critical ancillary services designed to promote healthy lifestyles. The Health & Wellness Center will empower individuals to achieve healthier lives and to create healthier communities through sustainable life-long changes in personal health management. Given the nature and purpose of the Health & Wellness Center’s programs, the building design will provide a warm and welcoming environment to patients, guests, and employees alike.

Background

Central Health is a political subdivision of the state of Texas created by taxpayers with the purpose of providing access to health care services to Travis County residents with low-income. The southeast region of Travis County has historically been identified as having high levels of poverty and limited health care infrastructure. Approximately 39% of households within the Colony Park community experience annual incomes below 200% of the federal poverty level. To address challenges in the area, Central Health formed the Eastern Travis County Health and Wellness Collaboration in 2015. The collaboration yielded multiple activities in the Colony Park community:

- In April 2018, Central Health, Travis County Health and Human Services and Austin Public Health opened the Northeast Health Resource Center (NEHRC) at Volma Overton Elementary School in Colony Park through an agreement with Austin Independent School District
- In September 2018, Central Health and CommUnityCare adopted the Fiscal Year 2019 budget, which included \$3.49 million for priority projects in Eastern Travis County, including Colony Park.
- In June 2019, Central Health, CommUnityCare, and community members from Colony Park and Creedmoor celebrated the opening of the mobile health clinic, offering primary care, preventive care, vaccines, lab services, chronic disease management, and limited pharmacy services.

Central Health’s Vision, Mission, Strategic Plan and Project Principles

Mission:

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

Vision:

Central Texas is a model healthy community.

Our work is guided by a Strategic Plan, developed by staff and approved by our Board of Managers. This plan will be used and updated through 2024. It is divided into three main objectives:

Objective 1: Develop and execute a health care delivery strategy based on people and place.

Objective 2: Implement a patient focused and coordinated health care system.

Objective 3: Implement a sustainable financial model for health care delivery, including optimizing the former Brackenridge Campus (now known as Central Health's Downtown Property) redevelopment to found Central Health's mission.

In order to create a sustainable system of health and health care, the following six strategic principles are integral to the success of the center:

- Promote improved health outcomes
- Integrate clinical care with community-based health services
- Be data driven
- Leverage and manage resources for maximum impact
- Build capacity of individual and communities to take responsibility for their own health
- Support systems change

The Colony Park Health & Wellness Center will embody Central Health's vision, mission and strategic principles and exemplify the changing health care delivery system.

Community Engagement

To ensure its strategic priorities, budget and operations align with the health care needs of our community, Central Health staff rely heavily on demographic and clinical data. Staff also annually prioritize involving residents in a robust community engagement process.

As a tax-funded public entity, Central Health uses a systematic approach to community engagement and public participation. This approach employs methods recommended by the Systematic Development of Informed Consent (SDIC) public engagement process from the Institute for Participatory Management & Planning (IPMP), as well as the International Association for Public Participation (IAP2). Both best-practice models are widely used by other local public entities, including the City of Austin, Capital Metro, and the Austin Independent School District.

Tactics and Activities

Central Health staff engage with residents to gather their feedback through community conversations, community advisory committees, online/paper surveys and one-on-one interviews (in person or by phone). In addition, we rely on communications tactics³ as well as outreach tactics⁴ to ensure consumers are involved in the public participation process.

³For details on our communications tactics, see Appendix A.

⁴For a sample list of groups with whom we have engaged, see Appendix B.

Consumer-Focused Conversations

To ensure members of Central Health's target population have a seat at the table during the planning, research, implementation and evaluation of Central Health's quality enhancement or service expansion projects, Central Health conducts consumer-focused conversations in Spanish and in English.

Advisory Committees

Central Health formed community advisory committees in early 2018. Members include residents, community partners, advocates, neighborhood association members, representatives of school districts, faith-based organization leaders, and elected officials. Advisory committees help Central Health get to know, and connect with, each unique community – to ensure the collective work will impact the health of people with low income experiencing disparities in their neighborhoods.

Community Conversations

Central Health holds “Community Conversations” – or public meetings – to inform, as well as obtain feedback from community members. For every Community Conversation, staff ensures accommodations for Spanish language translation services.

Website Comments

The public can submit comments or questions about Central Health’s projects on its website: CentralHealth.net.

Surveys and Over-the-Phone Interviews

To capture feedback from individuals unable to attend Community Conversations, Central Health administers online surveys and conducts over-the-phone interviews with members of its target population.

Health Needs Analysis

Methodology

Through extensive analysis of multiple internal and publicly available data sources and reports, Central Health defined the Colony Park service area by ZIP Code and census tract data. Data sources used to evaluate the health needs of the Colony Park community include:

- Uniform Data System (“i.e. UDS”) Mapper reports
- 2020 Central Health Demographic Report
- Internal ad hoc reports including: health risk assessment, enrollment, and utilization reports

Uniform Data System - UDS Mapper

The Uniform Data System (UDS) is a core system of information appropriate for reviewing the operation and performance of health centers. UDS is a reporting requirement for Health Resources and Service Administration (HRSA) grantees, including community health centers, migrant health centers, health care for the homeless grantees, and public housing primary care grantees. The data are used to improve health center performance and operation and to identify trends over time. UDS data are compared with national data to review differences between the U.S. population at large and those individuals and families who rely on the health care safety net for primary care.

The UDS Mapper was launched in 2010 as a free publicly available mapping tool intended to help users better understand: a) where federally funded health centers currently serve, b) where gaps in the safety net might exist, and c) which neighborhoods or regions might hold the highest priorities for health center expansion. The UDS Mapper is driven primarily by data within the UDS. It is built from ZIP Code level Health Center Program (HCP) reporting data found within the UDS that are paired with other

sources of population data. The information available in the UDS Mapper includes estimates of the collective service area of health centers by ZIP Code Tabulation Areas (ZCTA), including the ratio of HCP grantee patients reported in the UDS to the target population, the change in the number of those reported patients over time, and an estimate of those in the target population that remain unserved by HCP grantees reporting data to the UDS (although they may be served by other providers). Due to data limitations, this tool is meant to be only one of many resources available for exploring the geographic extent of health centers.

Central Health Demographic Report

Central Health released its first Demographic Report in the fall of 2015 and a second report in 2017. Each report provided information regarding the areas of Travis County with the highest number of families in poverty, as well as demographic analysis related to age, gender, and race/ethnicity. The purpose of the Demographic Report is to call out where the greatest concentrations of people and families living below the poverty level reside in Travis County. By identifying these dispersions of poverty, and grouping them into 12 geographic locations, Central Health is able to compare the relative need among various communities and understand how prioritizing specific neighborhoods can and may affect health outcomes in others. This approach will ensure the ability to track changes over time, prioritize areas of high need, and right size the services provided. An additional utility of the Demographic Report is to identify where and how many residents with low income are lacking options to access health care services. By analyzing data by census tract, rather than ZIP Code, the report provides a more precise focus on identifying the areas of greatest need among communities and offering targeted assistance to those who lack access to health care and bear the highest burden of disease. The results will assist the Central Health Board of Managers in evaluating the efficacy of programs and guiding future policy directions. Specific elements within the Demographic Report include:

- MAP, MAP BASIC, and Sliding Fee Scale (SFS) enrollment in Travis County by census tract;
- Families in poverty in Travis County by census tract;
- Twelve defined focus areas for FY2020 based on the highest number of families in poverty;
- Race, ethnicity, enrollment and utilization analysis by focus area;
- Social factors including transportation and insurance access;
- Prevalence of disease burden and total disease diagnosis by focus area;
- Five-year projections for changes in poverty in Travis and surrounding counties.

Findings

Demographics

The Colony Park community, for the purposes of this analysis, was defined as residents within the 78724 ZIP Code and includes the Sender Hills and Park Place communities. Demographic data were obtained from the 2020 Central Health Demographic Report and included age, gender, race/ethnicity and household size. The total population of Colony Park is 19,064, of which 31.2% (n=5,948) are Central Health enrollees.* The majority of Colony Park residents are between the ages of 18-64.

The Colony Park Latino population account for 69.3% (n=13,202) of the total population (nearly double the Travis County rate), of which 5,167 are Central Health enrollees. The Black population in Colony Park is 4,194 (22%), of which 346 individuals are Central Health enrollees.

Approximately 38.5% households (n=1,915), are below 200% FPL within the Colony Park community and approximately 854 families are categorized at below 100% FPL.

**Central Health enrollees are defined as individuals who are enrolled in one of the following programs:*

- *The Central Health Medical Access Program (MAP);*
- *The Central Health Medical Access Program BASIC (MAP BASIC);*
- *Local sliding fee scale (SFS) subsidy programs reimbursed by Central Health.*

MAP provides a defined benefit package to eligible residents who are at or below 100 percent of the FPL. MAP BASIC covers uninsured residents who are at or below 200 percent of the FPL. Residents who earn up to 200 percent of the FPL may receive subsidized health care on a sliding fee scale through Central Health's network of primary care providers.

Chronic Disease Prevalence

Chronic diseases are among the most prevalent and costly health problems. More than half of U.S. adults have at least one chronic condition and a quarter have two or more (Boersma, et al). The Central Health Demographic Report includes prevalence rates of enrollees for eight chronic conditions: asthma, behavioral health, chronic obstructive pulmonary disease (COPD), diabetes, heart failure, hypertension, malignant neoplasm, and renal failure. These chronic conditions were selected for analysis because they are some of the most common and preventable health conditions in Travis County. Results indicate that Central Health enrollees residing in the Colony Park community have lower prevalence rates, as compared to all enrollees, for all eight chronic conditions analyzed.

Enrollment and Utilization

According to the 2020 Central Health Demographic Report, over 121,000 people were enrolled in MAP, MAP BASIC, or Sliding Fee Scale programs during FY2019. Nearly two out of every three enrollees in FY2019 resided east of I-35. Colony Park represents the highest count of Central Health enrollees, 5,948 individuals, among all twelve priority areas evaluated. The majority of Colony Park enrollees participate in MAP BASIC and SFS programs.

Health care utilization data were obtained from both the 2020 Central Health Demographic Report and internal ad hoc reports specific to the Colony Park community. The Demographic Report indicates that 53.9% (n=3,206) of Central Health enrollees residing in Colony Park utilized health services in the past year. This represents one of the lowest utilization rates among all 12 focus areas identified in the Demographic Report. The top five providers visited by Central Health enrollees residing in the Colony Park community are listed below.

1. CUC North Central Health Center
2. CUC Hancock Walk-In Care
3. People's Community North Clinic
4. Central Health Southeast Health & Wellness Center
5. CUC Sandra Joy Anderson Community Health & Wellness Center

To better understand access to care and utilization patterns for individuals with a chronic condition, Central Health staff evaluated which providers were most visited by patients in the last year. The top

five providers visited by Central Health enrollees with chronic condition(s) in Colony Park are listed below.

1. CUC North Central Health Center
2. Dell Seton Medical Center at The University of Texas
3. Central Health Southeast Health & Wellness Center
4. CUC Sandra Joy Anderson Community Health & Wellness Center
5. CUC Rundberg Health Center

Proximity to Care

Research shows that access to primary care and pharmacy services, especially among individuals with chronic disease, is associated with positive health outcomes. However, disparities in access to primary health care exist and many people face barriers that decrease access to services and increase the risk of poor health outcomes. In Colony Park, geographic and transportation obstacles are significant barriers to primary care. Relative distance to primary care and pharmacy locations for Central Health enrollees residing in the Colony Park community are listed below.

Primary Care:

- CUC North Central Health Center - 11.2 miles
- CUC Hancock Walk-In Care – 8.1 miles
- People’s Community North Clinic - 6.4 miles
- Central Health Southeast Health & Wellness Center – 9 miles
- CUC Sandra Joy Anderson Community Health & Wellness Center – 7.6 miles
- Dell Seton Medical Center at The University of Texas – 7.4 miles
- CUC Rundberg Health Center – 7 miles

Pharmacy (MAP and MAP BASIC in-network):

- CUC Central Pharmacy at Central Health Southeast Health & Wellness Center – 9.1 miles
- H-E-B Pharmacy:
 - 7112 Ed Bluestein Blvd – 3.1 miles
 - 1801 E. 51st Street – 5.1 miles
 - 9414 N. Lamar Blvd. - 7.8 miles
 - 2701 E. 7th Street – 7.9 miles
 - 1000 E. 41st Street – 8.2 miles
 - 5808 Burnet Road – 8.4 miles

Social Determinants of Health

While Central Health’s statutory charge (Chapter 281 of the Texas Health and Safety Code) is the delivery of health care to Travis County residents with low income, it is understood that multiple social and environmental factors contribute to the health of each individual within the overall patient population. As part of routine care at CommUnityCare (CUC), patients complete annual health risk assessments (HRAs) to assess needs, barriers, and overall health status. Patients are asked to complete the assessment during a clinical encounter, answering 17 questions about health, housing, disease, and other pertinent health issues. This information provides additional context for the consideration of strategic interventions to improve health in specified population subgroups and geographic focus areas.

The Central Health Analytics and Reporting team conducted an analysis of over 90,261 HRAs over a four-year period, broken down by focus area. Staff analyzed a total of 3,251 HRAs representing established CUC patients residing in Colony Park. Approximately 68% (n=2,206) of HRAs analyzed were Central Health enrollees (i.e. MAP, MAP BASIC, SFS).

Results from this analysis found that 10% of Colony Park Central Health enrollees report their health status as “Poor” and 90% of Colony Park Central Health enrollees report their health status as either “Good” or “Average.”

In addition to overall self-reported health status, Central Health staff investigated the impact of responses to other questions in the HRA including questions about missing medical appointments because of problems with transportation, problems paying for food, and problems paying for medications. Analysis included all-payer established CUC patients residing in Colony Park (n=3,251). Results from this analysis found that 11% of the population missed an appointment due to transportation and 14% of the population couldn’t pay for food for themselves/their family. Approximately 16% reported not being able to pay for medicine prescribed by their doctor. It should also be noted that the Demographic Report indicates that the average number of households without a vehicle is slightly lower than the Travis County average. Overall, residents of Colony Park reported higher levels of good or average health and had lower odds of having an unmet need negatively impacting their health.

Geography	Q1. Missed an appointment due to transportation	Q2. Couldn't pay for food for themselves/their family	Q3. Couldn't pay for medicine prescribed by doctor	Denominator
All patients	11,818	15,661	16,671	90,261
All Patients %	13%	17%	18%	
Colony Park	371	471	518	3,251
Colony Park %	11%	14%	16%	

Service Profile

Based on extensive review of available data and information, Central Health anticipates initial services available at facility opening will include comprehensive primary care, integrated behavioral health care, dental services, and pharmacy. Other services are being evaluated include imaging and mammography. The specific service profile recommended includes:

- 3-4 medical providers
- 2 dental providers
- Integrated mental health
- Class A (retail) pharmacy
- Telehealth capabilities for select specialty services

Potential future needs may include a total of 6-7 medical providers and 3-4 dental providers.

Practice Model and Operational Assumptions

Program Summary

The facility will serve as a vibrant destination offering a full complement of health and wellness services for the community. Central Health will actively seek partnerships with aligned stakeholders to promote health and wellness throughout the communities they serve.

An enrollment/navigation center positioned near the front entrance will facilitate access to all services. This enrollment/navigation center will serve as a single location portal to access the full range of services available for Central Health's covered population, both at the Colony Park Health & Wellness site and elsewhere in Travis County.

Clinical Services

The Colony Park Health & Wellness Center will provide comprehensive primary care, integrated behavioral health care, dental services, telehealth capabilities, and pharmacy. The design of the facility will support the objectives of the medical home model, in which care is provided in a coordinated, integrated, patient-focused approach. This approach has been proven to foster a stronger relationship between patients and their provider teams, resulting in regular visits and better adherence to prescribed health and lifestyle regimens.

Ancillary Services

Pharmacy: Class A (retail) pharmacy services will be provided at the Colony Park Health & Wellness Center.

Lab: The Health & Wellness Center will provide on-site laboratory services, including blood draw.

Standard Pod Layout

The pod layout enables team-based care by providing a physical setting that supports communication and collaboration. The care team will be housed in an open environment with provider and medical assistant (MA) pairs. A typical primary care pod consists of provider/MA pairs working out of three exam rooms per provider (nine exam rooms total). Two additional rooms will be incorporated, which can be used for consultation and/or behavioral health visits. Space will be available to accommodate rotating services, visiting specialists and part-time providers. The specific composition of the care team will be determined by the clinical operator and may include the following members:

- Registered nurse
- Behavioral health provider
- Care coordinator
- Pharmacist
- Dietician

Non-Clinical/ Wrap-Around Services

Colony Park Health & Wellness Center

Health Promotions: The health promotions programs engage community members in taking an active role in understanding their personal health profile and foster a sense of responsibility for outcomes based on lifestyle decisions.

Health Screenings: Space will be available to serve as a distribution center for health information, both electronic and paper.

Eligibility Services and Navigation: Removing barriers to access is a central goal to engaging the community in the programs offered at this site. Navigation services for eligibility and financial screening will be provided to the community as a one-stop access point for community members to enroll in coverage.

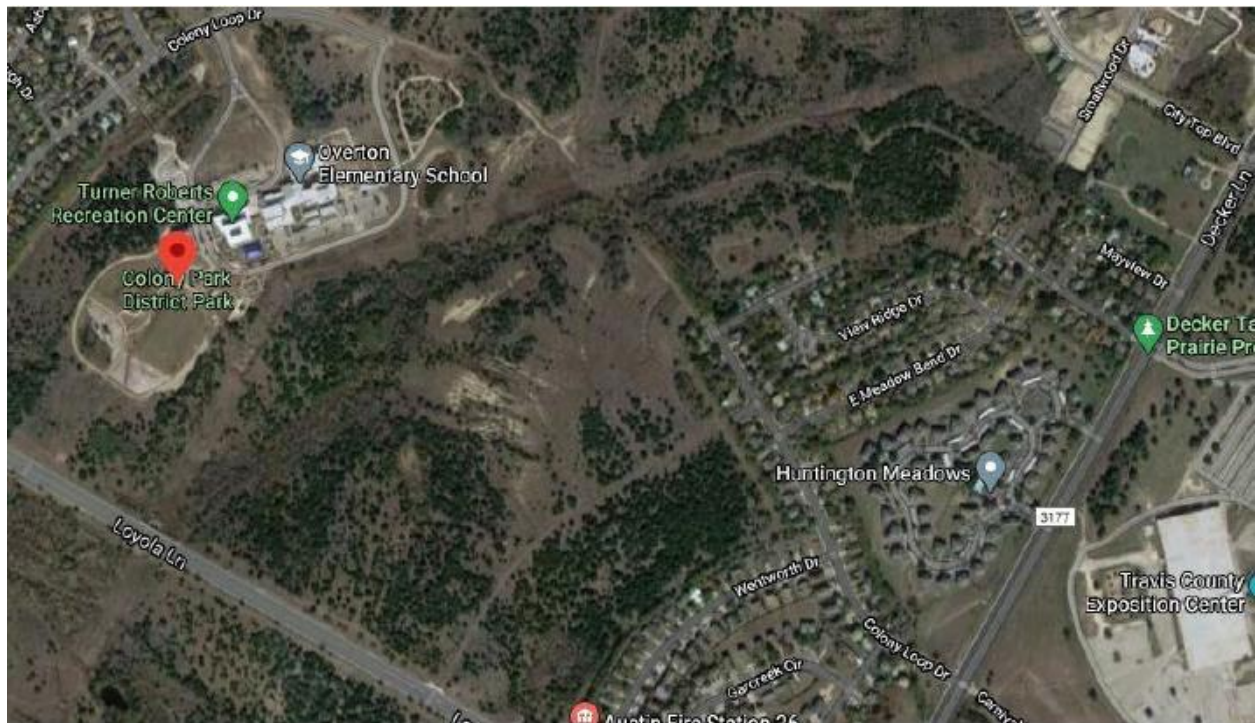
Community Space

Computer workstations will be available for community members to access virtual health resources.

A multi-purpose community room will be incorporated to accommodate a number of programs such as education, exercise, yoga, dance classes. Events such as forums, meetings and other community celebrations could also be considered. Seasonal activities including flu shots, vaccination events, and special health screenings can be provided in this space, as well. Strategies will be considered for weekend and after-hours access to the multi-purpose room.

Design and Construction

Site



Project Budget

Budget Element	Cost
Diligence, Land Acquisition & Regulatory	\$ 1,608,447
Professional Services	\$ 652,186
Construction	\$ 10,013,012
Furniture, Fixtures & Equipment	\$ 2,182,495
Other	\$ 1,687,446
Subtotal	\$ 16,143,616
Total Estimated Project Cost	\$ 16,143,616

Operational Costs and Financial Analysis

Central Health staff conducted a preliminary financial analysis to determine estimated operational revenue and expenditures, as well as capital costs for the Health & Wellness Center. To determine revenue, an analysis was performed to review encounter levels based on number of providers and services being performed. Encounters were then assigned to specific payer categories based on the location's historical data. Operational expenses include a comprehensive staffing plan, supplies, and services (including utilities, security and housekeeping). Capital costs are expenses that take place at the beginning of a project and will not be on-going. This includes the purchase of the land, construction as well as necessary furniture and equipment.

References

1. Central Health Demographic Report, 2020. <https://www.centralhealth.net/our-work/2020-demographic-report/#:~:text=The%202020%20Central%20Health%20Demographic,not%20captured%20in%20previous%20reports>.
2. UDS Mapper. <https://udsmapper.org/>
3. Boersma P, Black LI, Ward BW. Prevalence of Multiple Chronic Conditions Among US Adults, 2018. *Prev Chronic Dis* 2020;17:200130. DOI: <http://dx.doi.org/10.5888/pcd17.200130>

Appendices

Appendix A.

Central Health staff use best-practice communication and outreach methods, using a logic model based on the Theory of Change. The model helps ensure we are thoughtful and methodical in the selection, implementation, and evaluation of communications and outreach tactics. Below is a sample of the tactics utilized.

Media Relations

Central Health uses a variety of traditional media outreach strategies to push information out to the community through local media channels.

Paid Digital Advertising

Our paid media efforts target residents with low income living in Travis County. Digital ads are in Spanish and in English. A most recent digital ad reached 1.3 million users, resulting in 7,661 clicks.

Newsletter/Email Invitations

Prior to any Community Conversation, staff send an email invitation and two reminders to a list of about 6,000 contacts, including elected officials, health care partners, nonprofit organizations, community groups, advisory committees, and Community Health Champions.

Social Media

In addition to the email invitation and reminders, Central Health promotes Community Conversations and any online survey on the organization's Facebook, Twitter, and Instagram social media channels. These posts have historically reached about 1,700 users.

Facebook Group Outreach

Staff shares information about Community Conversations and online surveys on 120 Facebook groups targeting communities of color in Travis County.

Weekly Emails

Staff shares information with advisory committee members, Community Health Champions, health care partners, and nonprofit organizations through a weekly email. The information is in both Spanish and English, and it goes to a total of 593 contacts. The emails contain information that is ready to be shared by partners via their social media platforms, newsletters or in person. Information about Community Conversations and online surveys is included in these weekly emails.

Phone Calls

Staff engage with MAP members, as well as representatives from community groups, faith-based centers, schools and organizations by phone. MAP members participate in one-on-one interviews while stakeholders are encouraged to spread the word about online surveys.

Appendix B.

Central Health staff collaborate with a variety of faith-based centers, community groups, schools, and organizations to raise awareness of health care services and health care coverage programs. They also share information about ways to participate in Central Health’s public involvement process to ensure representation from all walks of life in Travis County. Below is only a sample list of faith-based centers, community groups, schools and organizations with whom Central Health has continuously engaged.

Community groups

1. African American Heritage Network
2. Austin’s Colony Homeowner’s Association
3. Austin Latino Coalition
4. Colony Park Neighborhood Association
5. Community Resilience Trust ATX
6. Del Valle Community Coalition
7. Dove Springs Proud
8. HABLA
9. Hermanos de East Austin
10. Hispanic Women's Network of Texas – Austin Chapter
11. Hispanos Network of Austin
12. Latinos Ready to Vote
13. Network of Asian American Organizations
14. Taiwanese American Professionals – Austin Chapter
15. Travis County Hispanic Network

Faith-based centers

Central Health is in continuous communication with about twelve faith-based centers in eastern Travis County that reach communities of color. Central Health provides these faith-based centers with information to share with congregants.

1. Austin Eastview Church of God
2. Center Union Missionary Baptist Church Creedmoor
3. Church of Christ at Eastside
4. David Chapel Missionary Baptist Church
5. Greater Mt. Zion
6. Holy Cross Catholic Church
7. Hornsby Bend Assembly of God
8. New Hope Missionary Baptist Church
9. Pleasant Valley Missionary Baptist Church
10. San Francisco Javier Catholic Church
11. San Juan Diego Catholic Church
12. Santa Barbara Catholic Church

Organizations

1. Asian American Resource Center
2. Asian Family Support Services of Austin

3. City of Pflugerville
4. Commission on Immigration Affairs
5. Community Coalition for Health
6. Go! Austin/Vamos! Austin
7. Greater Austin Asian Chamber of Commerce
8. Greater Austin Black Chamber of Commerce
9. Greater Austin Hispanic Chamber of Commerce
10. Greater Austin LGBT Chamber of Commerce
11. Latino HealthCare Forum
12. OneVoice Central Texas
13. Workers Defense Project
14. Young Hispanic Professional Association of Austin

Schools

1. Austin ISD
2. Austin Achieve Public Schools
3. Barbara Jordan Elementary School
4. Creedmoor Elementary School
5. Decker Middle School
6. Del Valle ISD
7. Dailey Middle School
8. Gilbert Elementary School
9. Hornsby-Dunlap Elementary School
10. KIPP Texas Public Schools
11. Manor ISD
12. Manor Senior High School
13. Volma Overton Elementary School

Appendix C.

Colony Park Data Summary

	UDS (Zip 78724)		Demographic Report (Census Tract)	
	%	N	%	N
Total Population	-	24,779	-	19,064
Central Health Enrolled	-	-	31.2%	5,948
Total Families	-	-	-	3,926
Total Households	-	-	-	4,970
Race/ Ethnicity				
Total Latino	-	-	69.3%	13,202
Central Health Latino	-	-	86.9%	5,167
Total Black	-	-	22.0%	4,194
Central Health Black	-	-	5.8%	346
Total Asian	-	-	0.4%	79
Central Health Asian	-	-	0.3%	17
Total White	-	-	37.7%	7,195
Central Health White	-	-	1.7%	102
Total Other	-	-	39.9%	7,596
Central Health Other	-	-	2.1%	125
Central Health Unreported	-	-	3.2%	191
Age				
< 18 years	34.73%	8,606	32.60%	1,939
18-64 years	60.79%	15,063	61.40%	3,652
>65 years	4.48%	1,110	6.00%	357
Poverty				
< 100% FPL (families)	-	-	21.80%	854
< 200% FPL (households)	-	-	38.50%	1915
< 100% FPL (individuals)	25.51%	6,321	-	-
< 200% FPL (individuals)	60.68%	15,036	-	-
Uninsured	19.79%	4,904	-	-
Health Center Programs (HCP) - Market Share				
TCHD/ CUC	68.90%	5,347	-	-
Peoples Community Clinic	18.00%	22	-	-
Lone Star Circle of Care	8.90%	691	-	-
Utilization				
Central Health Utilizers	-	-	53.90%	3,206
Total Residents Served by any HCP	31.32%	7,761	-	-
% of Uninsured Residents served by any HCP	87.88%	4,310	-	-
% of Low-Income Residents served by any HCP	53.69%	8,073	-	-
% of Medicaid/Public Insurance Residents served by any HCP	37.32%	2,896	-	-
% of Medicare/Private Insurance Residents served by any HCP	6.59%	511	-	-
Patient Mix				
% of Health Center patients who are uninsured	55.68%	4,321	-	-
% of Health Center patients who are covered by Medicaid/Public Ins.	33.28%	2,583	-	-
% of Health Center patients who are covered by Medicare/Private Ins.	11.04%	857	-	-
Population Not Served				
Low-Income Not Served by Health Centers (#)	44.53%	6,695	-	-
Uninsured Not Served by Health Centers (#)	12.15%	596	-	-
Medicaid/ Public Ins. Not Served by Health Centers (#)		4,339	-	-
Medicare/ Private Ins. Not Served by Health Centers (#)		12,149	-	-
Total Population Not Served by Health Centers (#)	68.68%	17,018	-	-

*UDS defines "Low Income" as <200%FPL and "Poverty" as <100%FPL



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

January 27, 2021

REGULAR AGENDA ITEM 9

Discuss and take appropriate action on Central Health owned or occupied real property and potential property for acquisition, lease, or development in Travis County, including next steps in the redevelopment of the Central Health Downtown Campus, administrative offices of Central Health Enterprise partners, and new developments in Eastern Travis County.⁵



AGENDA ITEM SUBMISSION FORM

Today's Date: January 21,2021

Agenda Item Meeting Date: January 27, 2021

Form Prepared By: Jeff Knodel

Who will present the agenda item? (Name, Title): Jeff Knodel - CFO

Item Description: Red River Re-alignment Capital Budget

Is this an informational or action item? Action

Fiscal Impact: \$3,463,669 (Need to verify with Lisa)

Proposed Motion: Approve Amending the FY2021 Capital Budget by increasing the Red River Re-alignment Project budget in the amount of \$3,463,669 for a total budget of \$8,463,669

What backup will you provide to the Board? (Backup is due one week before the meeting. Please notify Briana if your backup will be late.) Memorandum

How much time do you think the item will take including presentation & questions? 10 minutes

Key takeaways about agenda item:

- Lease Agreement with 2033 Fund to pay 100% of Red River Costs in lieu-of ROW conveyance from City of Austin to Central Health
- Central Health needs to provide a funding commitment letter to 2033 Fund
- Lease Amendment will preserve Central Health's rights to obtain ROW adjacent to Block 168. If the conveyance does not occur, Central Health will only be liable for 2/3rds of the Red River Project Costs
- Amounts reflect latest project budget amounts
- _____

Is closed session needed? (You will have to consult with attorneys to ensure closed session is permitted.) Yes. Still negotiating 2033 lease amendment



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BOARD MEETING

January 27, 2021

REGULAR AGENDA ITEM 10

Receive briefing regarding Central Health Enterprise information security issues.⁶



AGENDA ITEM SUBMISSION FORM

Today's Date: 01/6/2021

Agenda Item Meeting Date: 01/27/2021

Form Prepared By: McKenzie Frazier

Who will present the agenda item? (Name, Title): David Duncan, Attorney (Travis County Attorney's Office); John Clark, CTO; McKenzie Frazier, Compliance Officer

Item Description: Update: Central Health Investigating Cyber Security

Is this an informational or action item? Informational

Fiscal Impact: Unknown

Proposed Motion: None needed

What backup will you provide to the Board? (Backup is due one week before the meeting. Please notify Briana if your backup will be late.) None. A verbal update will be provided in closed session.

How much time do you think the item will take including presentation & questions? 45 minutes

Key takeaways about agenda item:

- Five empty checkboxes with corresponding horizontal lines for notes.

Is closed session needed? (You will have to consult with attorneys to ensure closed session is permitted.) Yes.



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BOARD MEETING

January 27, 2021

REGULAR AGENDA ITEM 11

Receive and discuss the 1115 Medicaid Waiver, Delivery System Reform Incentive Payment (DSRIP) projects, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, and arrangements, including agreements with Ascension Texas.⁷



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BOARD MEETING

January 27, 2021

REGULAR AGENDA ITEM 12

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